The Oklahoma State Plan for the Prevention of Child Abuse and Neglect

State Fiscal Years 2014 - 2018

The Oklahoma Interagency Child Abuse Prevention Task Force

The Office of Child Abuse Prevention, OSDH

The Oklahoma State Plan for the Prevention of Child Abuse and Neglect

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VISION: By 2018, the state envisions increased family stability and enhanced child development for all families thereby contributing to a decrease in the incidence of child abuse and neglect.

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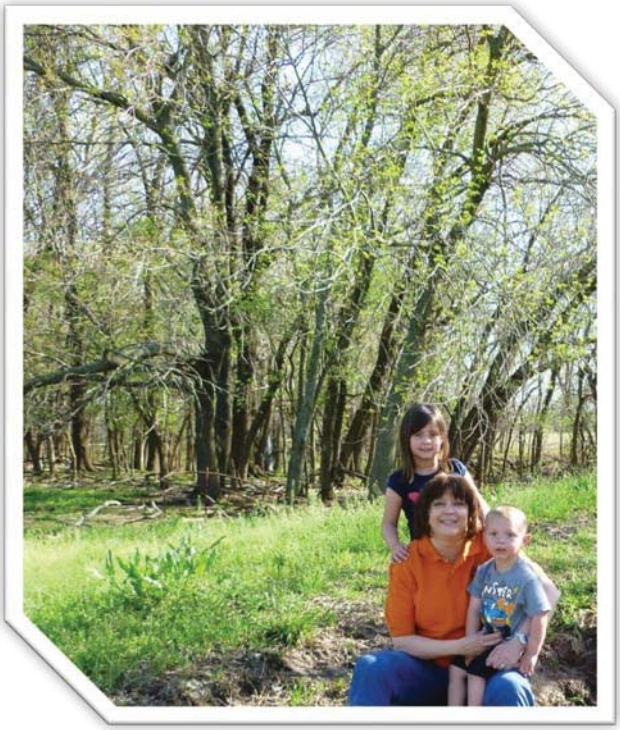
MESSAGE FROM THE INTERAGENCY CHILD ABUSE PREVENTION TASK FORCE CHAIR

Dear Reader:

Oklahoma is a land rich in resources…fresh water, clean air, fertile soil, abundant minerals, and our most valuable resource...our children. It seems instinctive to me that all the efforts necessary to protect and develop our natural resources are even more essential when it comes to creating an environment that allows our children to reach their full potential. Failure to devote time and energy to meeting the needs of Oklahoma's precious children is as unthinkable as allowing our beautiful fields to lie fallow or our streams to be polluted.

Early childhood experiences are the foundation upon which kids develop and ultimately shape the future of our great state, not unlike the importance of structural planning and the integrity of our roadways and bridges. Would you agree that it is our obligation as Oklahomans to do whatever it takes to provide effective programs and services that support the growth and development of our future leaders and prevent the life-long devastation of child abuse?

I have fond memories as a kid in rural Oklahoma of throwing rocks into the flat, shiny surface of a pond and watching how far the ripples would travel. This document, in many ways, is that pebble, ready to set into motion great things for Oklahoma's kids. Created by the dedicated staff and volunteers of the Office of Child Abuse Prevention and the Interagency Child Abuse Prevention Task Force, this information is your opportunity to be the driving force in the reduction of child maltreatment in our state. When we, as Oklahomans, educate ourselves on what is best for children, as well as increase our awareness of the costly long-term consequences of child neglect and abuse, we have no choice but to accept our responsibilities to protect and develop our most important resource…our children!



Respectfully,

Maggi Midgley Hutchason, M.Ed.

EXECUTIVE SUMMARY

PLANNING THE PLAN

This current State Plan has evolved over the last few years and builds on earlier work done by various entities within the Oklahoma State Department of Health (OSDH).

First, the Office of Child Abuse Prevention (OCAP) and the Interagency Child Abuse Prevention Task Force (ITF) laid the groundwork with the creation of the (2010 – 2013) comprehensive Oklahoma State Plan for the Prevention of Child Abuse and Neglect. While the roadmap was set a few years ago, some goals and objectives have been successfully achieved and celebrated while others remain unfulfilled due to unforeseen obstacles. One of the challenges completing and impacting *this* Plan, was the recent changing of the guard mid-Plan with House Bill 1467 eliminating the ITF who shares responsibility for creating this Plan (explained in further detail in later paragraphs). The OCAP and ITF along with state and local partners have worked diligently on this Plan over the course of a year which culminated at an annual retreat last October (2012) to help springboard their findings into a final draft, developing a framework for this four year plan. The ITF represents a diverse group of professionals (child welfare services, child guidance, child advocacy, education, pediatricians, law enforcement, mental health, early intervention and parents).

It was during this period that the group agreed on the targeted vision statement: *"By 2018, the state envisions increased family stability and enhanced child development for all families, thereby, contributing to a decrease in the incidence of child abuse and neglect".* Ideas generated from the retreat stressed the importance of the community in caring for its children and families. A Positive Community Norms (PCN) framework is consistent with this view in its approach that cultural transformation necessitates addressing many audiences in the community to improve health and safety.[1] This builds on prevention science's discovery about the importance of the spirit of the community in producing systemic change. The power of community coupled with scientific knowledge about best practices positions states to effectively reduce child maltreatment.[2]

Second, in 2010, the leadership of OSDH along with its partner agencies (striving to improve health outcomes in the state) worked to develop the Oklahoma Health Improvement Plan (OHIP). OHIP addresses improving health outcomes in three targeted "flagship initiatives": 1) child health, 2) tobacco use prevention, and 3) obesity reduction. A subsequent report in 2011, *The Oklahoma Children's Health Plan*, focused on children with a specific section dedicated to goals and objectives for reducing child abuse and/or neglect.

Anatomy of the Plan

This plan begins by identifying the extent of the known problem with a review of current rates of child abuse and neglect. A socio-ecological framework is then used to identify risk factors for child maltreatment as well as preventive protective factors to mitigate those risks. This model recognizes the shared role of individuals, families, communities, and society in preventing maltreatment. Best practices are identified using the socio-ecological framework.

Following this review, the plan identifies Oklahoma's accomplishments in this arena using three general prevention levels: 1) primary prevention which uses universal strategies to create awareness and influence attitudes; 2) secondary prevention which are targeted strategies to high risk groups to prevent maltreatment and 3) tertiary prevention which are interventions to prevent maltreatment from re-occurring. A comprehensive system of care for improving outcomes for children and families needs to include strategies that coordinate resources across the entire continuum, from infrastructure to primary to secondary to tertiary prevention.[3] A more detailed report documents the state's accomplishments as well as challenges in accordance with strategies identified in the SFY 2010-2013 State Plan – included as **Appendix I**.

Appendix II includes a comprehensive inventory of the Oklahoma child abuse prevention and neglect services as well as details, such as, program description, funding source, numbers served, outcomes, map, and contact information.

Recommendations in this plan are informed and driven by input from the ITF, state and local partners, as well as outreach efforts including online input and consumers of services. All of this analysis culminates in the following plan which has recommended strategies, goals and objectives. Strategies cover the entire continuum of prevention interventions in order to increase awareness, serve families in need and support local communities in their efforts to improve the health and safety of children.

Winds of Change - House Bill 1467 and the Impact on this Plan

Legislative actions during the Plan's development have resulted in future changes to the structure of Oklahoma's child abuse planning and engagement activities. House Bill 1467, passed during the 2013 legislative session, replaced the ITF with the Infant and Children's Health Advisory Council which will have jurisdiction over child abuse prevention issues in the future as well as other child health issues. The four year plan being presented at this time has a two-fold purpose: The first is to comply with statutory requirements. Additionally, it is our hope this strategic plan will prove a useful guide to the newly created Advisory Council as members engage in their statutory responsibilities.

The core section of the plan outlines goals, objectives and strategies to guide prevention efforts. Typically, OSDH and the ITF are mutually identified as key collaborating partners in these activities along with other stakeholders (with of course the ITF actually being many partners with members representing a wide range of programs and services – see Acknowledgement page for members represented). With this being a transitional period with the close out of the ITF and the introduction of the new Infant and Children's Health Advisory Council, one of the 2014 goals will be seeking new partners to fill any gaps as this new structure is developed and put in place.

Why House Bill 1467? In an effort to streamline government and reduce costs, House Bill 1467 was signed into law on May 6, 2013. The new statute, effective November 1, 2013, collapses, eliminates or relocates over 40 different public health, statutorily-created advisory boards, councils and task forces. Three of these advisory groups were associated with the Family Support and Prevention Service: 1) **the Interagency Child Abuse Prevention Task Force (ITF)**; 2) the Child Abuse Training and Coordination Council (CATCC); and 3) the Shaken Baby Prevention Education Initiative Task Force (SBTF). The ITF was eliminated. Instead, a seven member "Infant and Children's Health Advisory Council" will be appointed by the Governor, Senate Pro Tempore, the Speaker of the House of Representatives and the State Board of Health. The members shall consist of:

- One who works for the state or for a political subdivision on child abuse issues;
- One member is knowledgeable about childhood immunizations;
- One who is knowledgeable about newborn screening issues;
- One who is licensed by the state as an optometrist who has knowledge of vision screening for children;
- One who is licensed by the state as a physician and works as a pediatrician;
- One who is licensed by the state as a genetic counselor; and
- One who is a physician licensed by the state who specializes in the diagnosis and treatment of childhood injuries in a trauma setting.

While the ITF had shared responsibilities with staff from the OSDH Office of Child Abuse Prevention relating to the development of the State Plan for the Prevention of Child Abuse and the granting of awards for child abuse prevention services, it is unknown how much involvement the new yet-to-be created Infant and Children's Advisory Council will have although it is assumed there will be limited involvement in the OCAP activities to the extent the ITF was involved. This body will be addressing numerous issues for the OSDH – not only child abuse prevention issues.

Child Abuse Prevention and Neglect Plan
2014-2018 Goals and Strategies

The Oklahoma State Plan for the Prevention of Child Abuse and Neglect is an opportunity to build upon Oklahoma's strengths and focus on *prevention*. The 2014 – 2018 State Plan includes broad goals and needed strategies (with measurable objectives listed in the Strategic Plan section). Innovative actions will be necessary to sustain as well as enhance the service system. Partnerships will be critical given state and federal fiscal challenges and changes. The Oklahoma State Department of Health (OSDH) and all prevention partners stand ready to employ the most current best practices to serve and support parents.

INFRASTRUCTURE		
Category	**Goals**	**Strategies**
Leadership by Oklahoma Stakeholders	**Goal 1** Identify new key partners throughout the Prevention Plan for all activities within the prevention spectrum and who will serve as a prevention liaison as needed regarding the State Prevention Plan, reviewing the Start Right contracts, and represent their target group as it relates to prevention, etc.	**Strategy 1** The OSDH will seek and engage new and existing stakeholder partners to work collaboratively within the various areas outlined in the State Prevention Plan. **Strategy 2** The OSDH will work with current ITF members to maintain relationships, striving to continue the work of the task force in an organized fashion on a voluntary basis while also recruiting new members/ partners.
Leadership by Oklahoma Service Providers	**Goal 2** Increase the capacity, ownership and leadership within the child abuse prevention professional community.	**Strategy 1** The OSDH, Home Visitation Leadership Advisory Coalition (HVLAC) and stakeholder partners will work collaboratively, continuing to stay informed and grow in their knowledge of current best practice, policies and models that positively impact the field of child abuse prevention and enhance the landscape of Oklahoma's children. **Strategy 2** The OSDH, HVLAC and partners will collaborate and provide technical assistance and training to professionals in related fields that have the ability to impact child abuse prevention.
Parent Leadership	**Goal 3** Establish a Parent Advisory/Leadership Group.	**Strategy 1** The OSDH with the support of the Family Resource Information, Education and Network Development Services (FRIENDS) will research, seek and secure speakers, training opportunities, technical assistance and information on the importance of a parent advisory leadership group (representative of different children's ages, children with special needs and demographic variation), the process involved with creating such a group, and how best to collaborate with said group once it is achieved.

		Strategy 2 The OSDH will work with programs in the child abuse prevention network (Appendix II), such as, Children First, Start Right, Child Guidance, Head Start, Parents as Teachers, Healthy Start, Family Expectations, etc, to take the necessary steps to institutionalize and put into operation a parent advisory/leadership group.
Category	**Goals**	**Strategies**
Evaluation	**Goal 4** Support the evaluation of social services including child abuse and neglect services and other social services provided to children and families.	**Strategy 1** OSDH will conduct evaluations in an objective fashion providing widespread dissemination of evaluation results.
PRIMARY PREVENTION		
Category	**Goals**	**Strategies**
Create a Culture of Change	**Goal 5** Create a culture of change that values the health, safety, and well-being of children.	**Strategy 1** The OSDH will work on a community development approach that builds on the *Positive Community Norms Framework* with experts using the "Science of the Positive" approach to educate and mobilize communities to shift community norms towards positive child development and family functioning so that child abuse and neglect is viewed as preventable and unacceptable. **Strategy 2** The OSDH, Smart Start Oklahoma and stakeholder partners will continue to seek and explore effective, creative Community Engagement Initiatives/Models, sharing them statewide as they are available with traditional and non-traditional target groups (i.e. faith-based population, libraries, businesses, etc.) **Strategy 3** The OSDH will continue to seek training opportunities and technical support through the Community-Based Child Abuse Prevention Grant (CBCAP) as funds are available and the FRIENDS network related to community-building and community engagement, sharing professional talents of experts in the field with statewide stakeholders. **Strategy 4** The OSDH will work with Smart Start Oklahoma and other stakeholder partners to support the implementation of quality early childhood programs. **Strategy 5** The OSDH and Smart Start Oklahoma will collaborate to assure Strengthening Families Protective Factors are introduced, made

		available, and integrated into all prevention programs serving children and families. **Strategy 6** The OSDH will generate a campaign focusing on the Adverse Childhood Experiences Study (ACES), including inviting participation of stakeholder partners, conducting preliminary research and gathering data to put measurable objectives in place, and creating a presentation package that will be made available statewide. **Strategy 7** The OSDH, the Child Abuse Prevention (CAP) Action Committee, and other stakeholder partners will engage non-traditional partners to get involved in and support general and/or all child abuse prevention efforts (i.e. business community, libraries, civic groups, faith-based groups, etc).
Supporting Parents	**Goal 6** Assure that general parent education and family support are universally available across the state.	**Strategy 1** The OSDH, Smart Start Oklahoma and other stakeholder partners will engage others to work collaboratively in seeking and implementing various vehicles for providing education information to parents and caregivers to assist them in providing safe, stable and nurturing environments for children. **Strategy 2** The OSDH, Smart Start Oklahoma and other health and human service partners will assist parents and caregivers in meeting the basic needs (sometimes called "concrete supports") of their family/children.
Category	**Goals**	**Strategies**
Prevention and Treatment of Sexual Abuse	**Goal 7** Implement strategies to prevent child sexual abuse.	**Strategy 1** The OSDH and Bethesda, Inc. in Norman will work with partners across the state to implement programs that emphasize adult education and responsibility in keeping children safe from sexual predators.
SECONDARY PREVENTION		
Identify Best Practices	**Goal 8** Identify best practices, programs and models that show evidence of improving child health, safety and well-being.	**Strategy 1** The OSDH and state partners will seek and provide to interested partners best practice and evidence-based/evidence informed models on a continual basis to assure quality services are provided and prevention dollars are well spent, when available.
Comprehensive System	**Goal 9** Work towards the establishment of a comprehensive system of prevention programs available across the state to families with risk factors for child abuse and neglect.	**Strategy 1** The OSDH and Smart Start Oklahoma will work with other community partners to increase the number and quality of center-based parent support groups and parent education programs.

		Strategy 2 The OSDH, Home Visitation Leadership Advisory Coalition (HVLAC) and other networking partners from across the state will work to increase the number and quality of home visitation services.
TERTIARY PREVENTION		
Category	**Goals**	**Strategies**
Inclusion of Families known by Child Serving Agencies	**Goal 10** Include in the comprehensive system, prevention programs focused on serving families identified by the child welfare, mental health, substance abuse, and/or domestic violence systems.	**Strategy 1** The OSDH will support OKDHS, Child Welfare as they continue to implement the Pinnacle Plan emphasizing child safety. **Strategy 2** The OSDH will provide support when appropriate to collaborative partners in increasing the number and quality of mental health services available to both children and adults. **Strategy 3** The OSDH will work to identify new partners and provide support when appropriate to collaborative partners already in place in increasing the number and quality of substance abuse treatment services for both children and adults. **Strategy 4** The OSDH will work to identify new partners and provide support when appropriate for existing partners already in place in increasing the number and quality of domestic violence services. **Stategy5** The OSDH will work to identify new partners and provide support when appropriate for existing agencies working in the field to continue to explore the overlap between child abuse and domestic violence incidents, investigations, as well as best practices for prevention and intervention.
Cultural Competence in System	**Goal 11** Promote and/or provide culturally appropriate services that maximize the participation of various cultural and ethnic populations.	**Strategy 1** The OSDH and state and local partners will seek and provide to interested partners best practice & evidence-based/evidence informed models on a continual basis to assure appropriate services are available to culturally diverse populations. Strategy 2 The OSDH and state and local partners will continue to redefine the components needed for the comprehensive system as child abuse prevention programs' populations evolve.

FUTURE ACTIONS

These recommendations recognize prevention efforts and policies must address children, their caregivers and the environments in which they live in order to prevent potential abuse from occurring. Coordinated efforts across sectors are necessary to have success.[4]

State and local partnerships are critical to this endeavor. Sustaining alliances with other state agencies is critical to leverage the necessary resources to address strategies in the report. However, this plan will only move forward by supporting communities' capacities to help families in need through the involvement of local leaders, coordination between service providers and advocacy at the local and state levels. This report is a call for ongoing action. Engaged stakeholders must come together in a spirit of shared responsibility to invest in Oklahoma's families to improve the future for our state's children.[5]

THE NEED FOR PREVENTION: INTRODUCTION

For State Fiscal Year 2012, over 65,000 families were reported to the Oklahoma State Department of Human Services (OKDHS) for allegations of child abuse and neglect. Abuse and/or neglect were substantiated in almost 10,000 cases. This, however, does not measure the full extent of the problem. All children who are maltreated do not always come into the child protective system. Maltreatment can have a profound effect on children's health and development and can lead to physical and mental impairments. Beyond the immediate consequences for children's health and well-being, studies have linked child maltreatment with poor cognitive and educational development, physical aggression, adolescent pregnancy, substance abuse, juvenile or adult criminal behavior, and later impairments in adult physical health.[6,7]

Services through the child protective service system are expensive. They include the costs of child protective system staff, the courts that make placement decisions and private and not for profit organizations which provide services to families.[8] The direct cost to society of child maltreatment is estimated to be well over $9 billion annually when one includes the impact of these problems on public assistance, child protection, criminal justice, behavioral health and educational systems at the local, state, and federal levels.[9, 10]

Given the costs and consequences associated with child maltreatment, there is a growing national consensus about the importance of investing in the prevention of child abuse and neglect with a focus that includes children, families and communities.[11,12] The Oklahoma State Plan on the Prevention of Child Abuse and Neglect builds on this consensus by describing the magnitude of the problem in the state, risk factors contributing to those problems coupled with findings that can mitigate those risks. The Plan's findings culminate with recommendations proposed by local and state partners as well as national experts that identify key goals and strategic directions the state can take to mitigate entry into the child protective system as well as strengthen families in their communities.

CHILD ABUSE AND NEGLECT: THE PROBLEM, PREVALENCE AND TRENDS

Federal legislation provides guidance to states by identifying a minimum set of acts or behaviors that define child abuse and neglect as follows: 1) "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation" or 2) "any act or failure to act which presents an imminent risk of serious harm".[13]

The Oklahoma State Department of Human Services (OKDHS) Child Abuse and Neglect Statistics Report for SFY 2012 provides information on the prevalence of reported and substantiated child abuse. For SFY 2012, the OKDHS received 68,111 reports on families concerning abuse and/or neglect. Of those, OKDHS found 32,241 reports that had allegations that met the definition of abuse and neglect and required an investigation and assessment. There were 44,232 children who had an investigation or assessment completed in SFY 2012. Of those, 9,842 children (22.25%) had substantiated findings of abuse and/or neglect.[14]

Since the last publication of the State Child Abuse Prevention Plan, there has been a 17.2% decline in the number of investigations/assessment from 2009 to 2012. However, the trend in substantiated findings has increased from 16.12% to 22.25%.

Chart 1

Substantiated Child Abuse and Neglect by Category

State Fiscal Year 2012

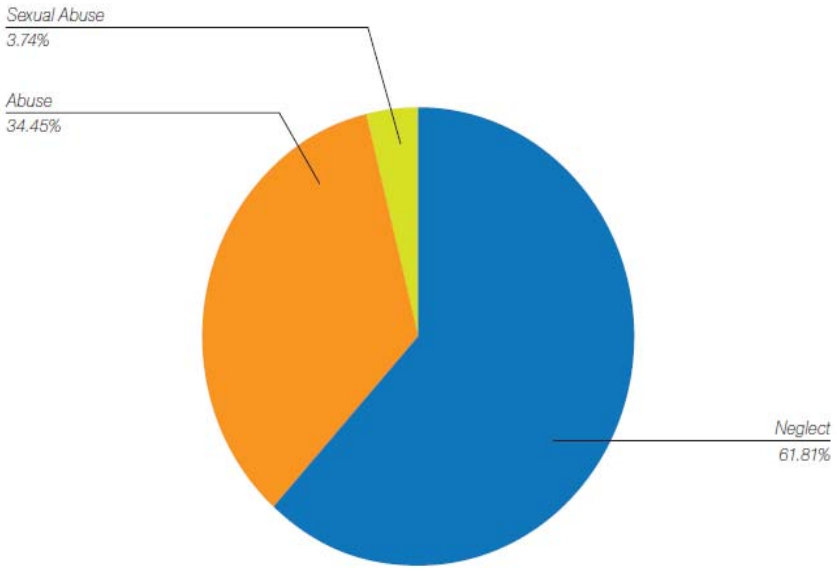


Chart 1 shows neglect continued to be the highest single category of substantiated reports, followed by physical abuse and sexual abuse. This is consistent with national figures where neglect is the most prevalent form of child maltreatment. [15, 16]

Chart 2

Substantiated Child Neglect by Type

State Fiscal Year 2012

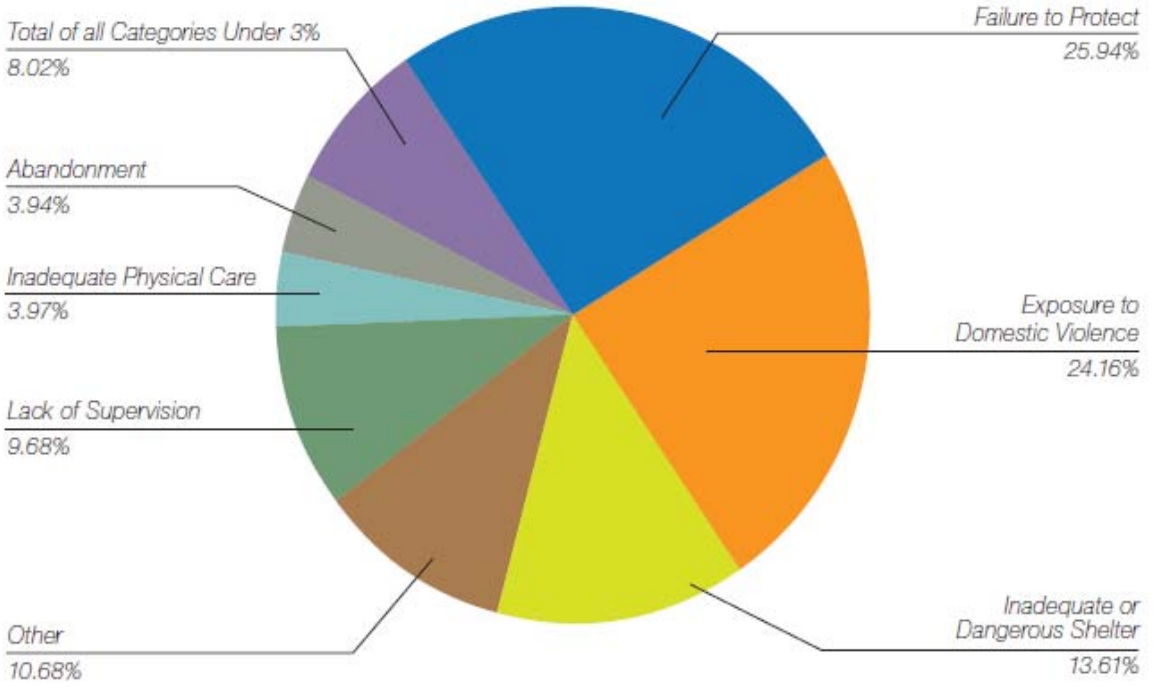
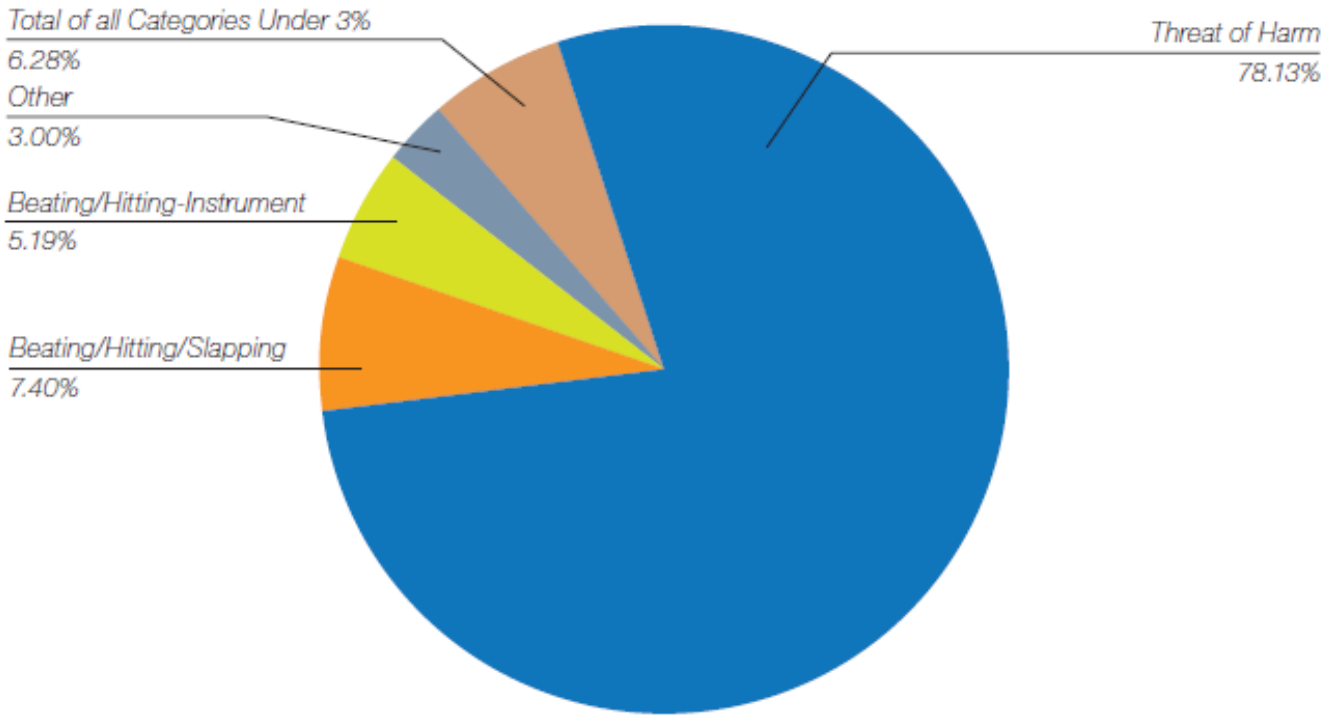


Chart 2 identifies the most prevalent causes of neglect were failure to protect followed by exposure to domestic violence.

Chart 3

Substantiated Child Abuse and Neglect, Physical Abuse by Type

State Fiscal Year 2012



The most frequent cause for children who were physically abused was *threat of harm**. It predominated over other categories. For sexual abuse, the most frequent types were fondling (26.32%) and exposure to adult sexuality (16.20%).

Human trafficking of children is another source of sexual abuse. While state-specific numbers are not available, child trafficking is a growing problem in Oklahoma because of its location at the intersection of I-35 and I-40. The state has become well known as a high-trafficking state because of its number of truck stops that contribute to generating this illicit activity.[17]

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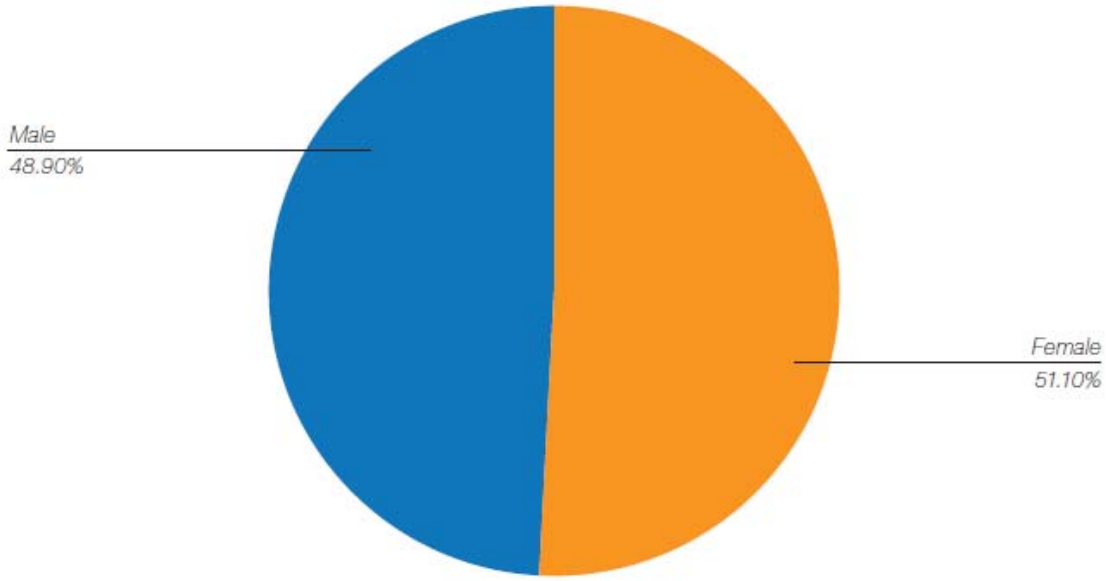
*Threat of harm: *When a person responsible for children either intended to act, omitted to act, or knew about conditions that placed the child in imminent or impending danger and those intentions, actions, omissions, or conditions could have resulted in serious physical injury, sexual abuse, or serious neglect.*

Chart 4

Substantiated Child Abuse and Neglect by Gender of Child

State Fiscal Year 2012



During SFY 2012, abuse and neglect of Oklahoma boys and girls occurred with almost the same frequency. Consistent with national findings, children under the age of one year of age had the highest single age rates of substantiated abuse and neglect at 15.22%. Children under three years of age represented 31.78% of all substantiated cases.

Chart 5

Substantiated Child Abuse and Neglect by Race

State Fiscal Year 2012

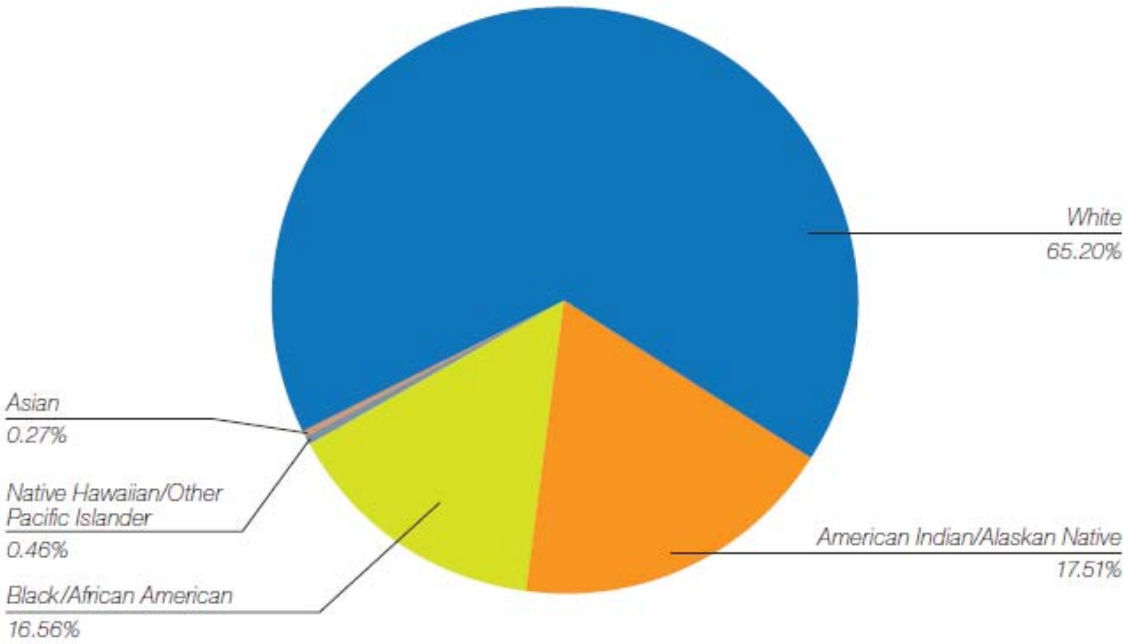


Chart 5 shows the majority of child victims were white. Proportions by race have remained fairly constant over recent years.

Child Abuse and Neglect Perpetrators

Chart 6

Substantiated Child Abuse and Neglect, Alleged Perpetrator by Relationship to Child

State Fiscal Year 2012

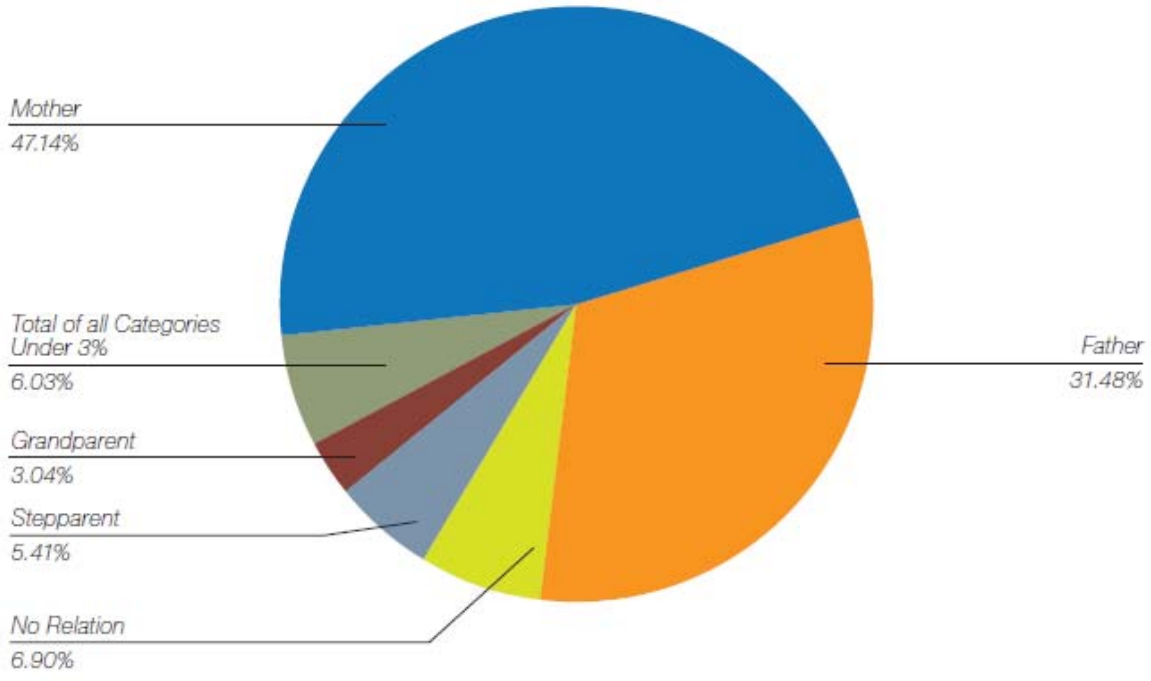
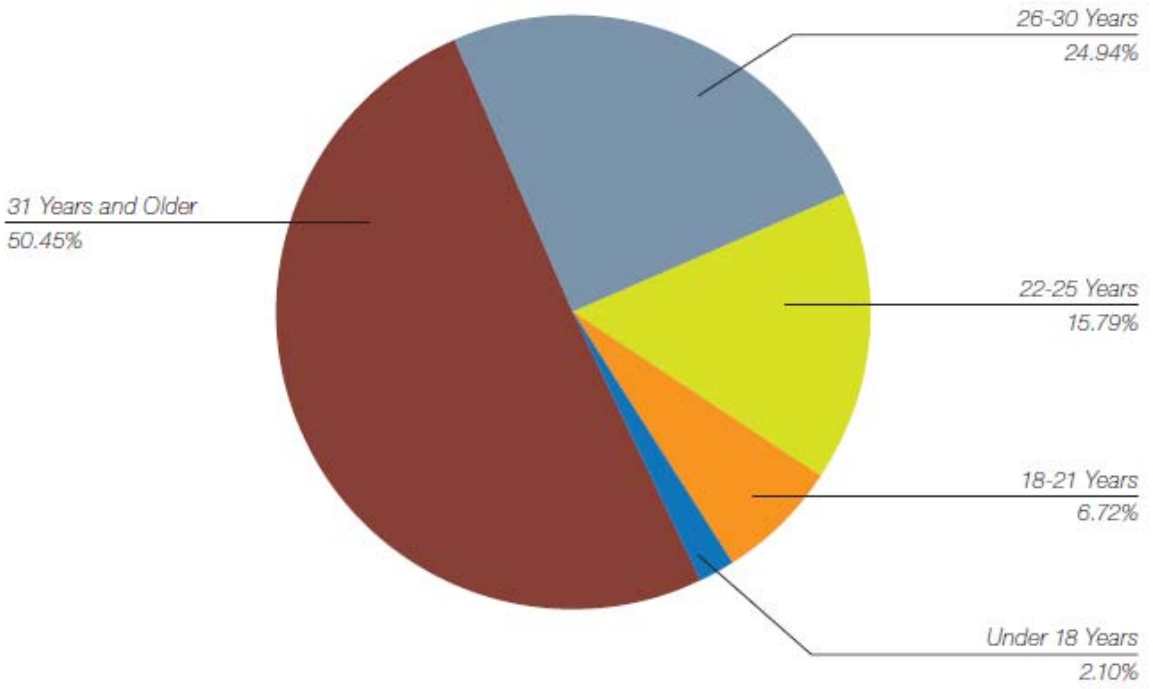


Chart 6 identifies during SFY 2012, women were more often named as perpetrators of abuse and neglect of children than men. The most frequent relationship of the perpetrators to the victim was being the mother. Perpetrator statistics have remained fairly static over the past five years.

Chart 7

Substantiated Child Abuse and Neglect by Age of Perpetrator

State Fiscal Year 2012



Finally, **Chart 7** shows the largest proportion of perpetrators is over 31 years of age. The majority of perpetrators are white (71.56%), followed by African Americans (15.13%), American Indians/Alaskan Native (12.26%), "unable to determine (0.37%) and Asians (0.24%).

Child Deaths or Near Deaths in Oklahoma

The SFY 2010 Child Abuse and Neglect Statistics Addendum: Child Deaths and Near Deaths documented 38 child deaths substantiated to be the result of child abuse and neglect. Twenty-four (63.16%) cases were ruled neglect, 9 (23.68%) cases were ruled neglect, and 5 (13.16%) were ruled both. The 2010 report shows the majority of deaths from child abuse and neglect were for children less than one year old (42.11%) followed by children 1-2 years of age (28.95%). The leading causes of deaths were trauma (28.95%) followed by drowning-lack of supervision (18.42%). The genders of those who

died were males (53.63 %) and females (47.37%). The racial composition was white (57.90%), equal percentages of Black and American Indian/Alaskan Native (18.42%), and equal percentages for Asian and Native Hawaiian/Pacific Islander (2.63%). The majority of child death perpetrators as a result of child abuse were live-in boyfriends (33.33%) and biological mothers (33.33%). The majority of perpetrators of deaths as a result of child neglect were biological mothers (59.52%).

For 2010 there were 31 near death cases substantiated to be the result of child abuse or neglect. The majority of injuries in near death cases were 12 with head trauma (38.69%) followed by 7 with poisoning-lack of supervision (22.57%). The gender in near death cases were 18 males (58.06%) and 13 female (41.94%). The racial composition was white (45.16%), American Indian/Alaskan native (25.81%), black (19.35%), and Hispanic (9.68%).[18]

CONSEQUENCES OF CHILD ABUSE AND NEGLECT

Abuse and neglect have profoundly negative consequences for children and society at large. Maltreatment harms the physical, psychological, cognitive and behavioral development of children. Its consequences include minor to severe physical injuries, brain damage, chronic low self-esteem, problems with bonding and forming relationships, developmental delays, learning disorders, and aggressive behaviors. Clinical conditions associated with abuse and neglect includes depression, post-traumatic stress disorder, and conduct disorders. Maltreated children are at increased risk of low academic achievement, drug use, teen pregnancy, juvenile delinquency,[19] adult criminality and later impairments in adult physical health.[20]

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction.[21] The ACE Study suggests that childhood maltreatment and household dysfunction contributes to the development-decades later-the chronic diseases that are the most common causes of death and disability in the United States.[22,23] Childhood experiences of physical, emotional or sexual abuse, as well as neglect also predisposes individuals to develop high risk health behaviors such as tobacco and alcohol use, drug use, and neglect of one's own physical and mental health.[24]

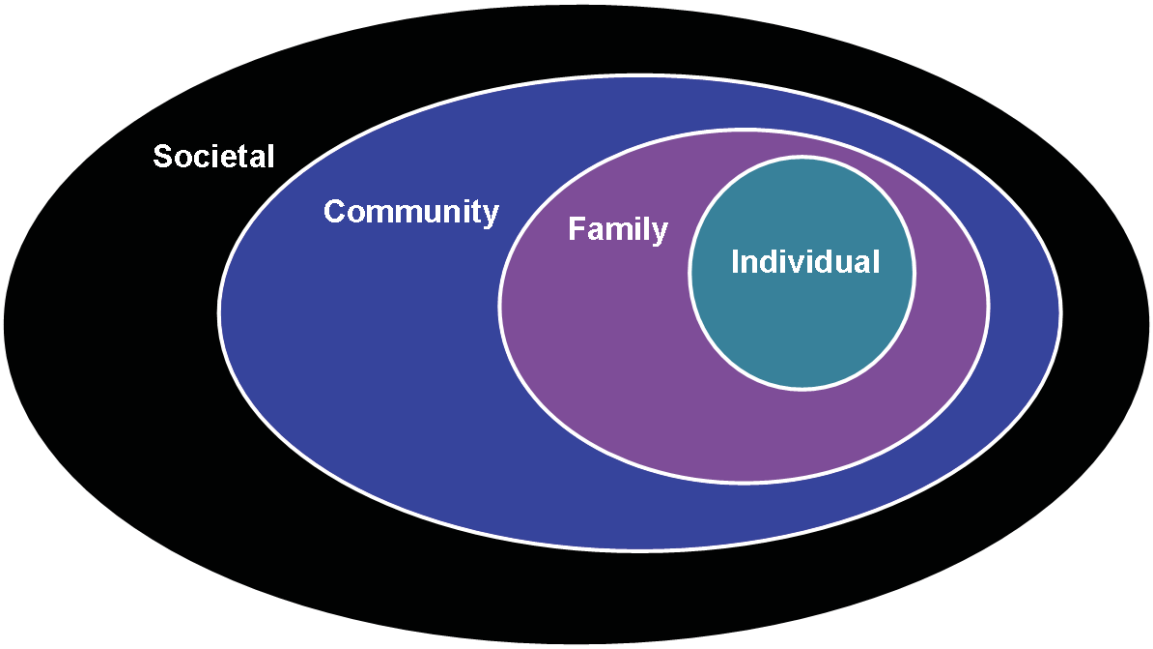
Over the last decade researchers have enhanced the field's understanding of the adverse effects of maltreatment on early brain development. Brain research has established a foundation for the neurobiological explanation for many of the physical, cognitive, social an emotional difficulties exhibited by children who experienced maltreatment in their early years.[25] Science tells us that repeated and persistent periods of prolonged unresponsiveness from primary caregivers will lead to excessive activation of a young child's psychological and physiological stress response system. This in turn can lead to toxic stress and its consequences-a lifetime of impairments in learning, behavior and both physical and mental health.[26] The 2000, Institute of Medicine report *"Neurons to Neighborhoods"* cites that young children who experience toxic stress—including those who have been abuse or neglected have brains that become structurally different than those without those experiences. In fact children who experience stimulating environments in the context of safe, stable, nurturing relationships develop denser interconnections between brain regions. These results provide a biological mechanism for the ACE Study observations.[27]

Society pays for many of the consequences of child abuse and neglect. There are large monetary costs for maintaining child welfare systems, judicial systems, law enforcement, special education programs and physical and mental health systems that are needed to respond to treat victims of child neglect and their families.[28]

FACTORS RELATED TO CHILD ABUSE AND NEGLECT: SOCIO-ECOLOGICAL FRAMEWORK

A balance of risks and protective factors influence the likelihood that a parent will harm his or her child.[29] A variety of theories and models have been developed to explain the occurrence of abuse within families. The most widely adopted explanatory model is the socio-ecological model in which multiple factors contribute to child abuse and neglect. This perspective considers not only characteristics of the individual child and the family, but also the societal and environmental variables contributing to the parent's inability to provide for the basic needs of the child. The socio-ecological model is valuable because it recognizes the shared responsibility among individuals, families, communities, and society, thereby enabling a more constructive approach and targeting interventions on multiple levels.[30, 31]

Social-Ecological Model of Child Abuse and Neglect



↑↓ Adapted from the Centers for Disease Control Social-Ecological Model – Framework for Prevention. Available at www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html ↓↑

Societal	Community	Family	Individual
RISK FACTORS • Accepted violence and exploitation • Corporal punishment • Lack of children's rights • Lack of supportive policies and funding	RISK FACTORS • Unemployment • Poverty • Lack of adequate housing and other support services	RISK FACTORS • Parental stress • Parental discord • Isolation from family • Domestic violence • Child/parent interaction	RISK FACTORS • Lack of parenting skills/capacities • Lack of child development knowledge • Past history of abuse • Parental substance abuse/mental illness • Special needs child
PROTECTIVE FACTORS • Culture of non-violence and exploitation • Supportive policies and funding • Proactive vs. reactive • Societal support of families and children	PROTECTIVE FACTORS • Stable and cohesive neighborhoods • Access to adequate health care, quality education, and employment services • Support of child abuse prevention	PROTECTIVE FACTORS • Positive adult role models • Marital harmony • Available caring, supportive network	PROTECTIVE FACTORS • Social networks of relatives or friends • Emotionally satisfying relationships • Birth/childcare support • Parenting education

What follows is a review of these factors. Again it is important to emphasize that child maltreatment arises from the intersection of multiple factors across several of these dimensions.

RESEARCH ON RISK AND PROTECTIVE FACTORS

RISK FACTORS

Individual Child-Related Risk Factors

- **Age:** Many studies indicate that the younger a child is, the higher the risk for severe or fatal maltreatment. Infants and young children due to their small physical size, early developmental status and need for constant care can be particular vulnerable to child maltreatment. Retrospective studies also show an increased risk of maltreatment in premature and ill newborns.[32] Teenagers are at greater risk for sexual abuse.[33]

- **Race:** There is no simple explanation for racial differences in maltreatment rates. Studies have shown however those higher rates for black children are mediated by family social-economic status with no statistical significant between ethnic groups when living in similar social circumstances.[34]

- **Disabilities/Special Characteristics:** Children with physical, cognitive and/or emotional disabilities appear to experience higher rates of maltreatment than do children without a disability. A special analysis of data about child maltreatment in 2004 revealed that children with a disability were 1.68 times more likely to experience abuse or neglect than children without a disability.[35] The demands for caring for these children, especially if they exhibit challenging behaviors or have intensive medical needs may overwhelm their parents. Disruptions may occur in the bonding or attachment process particularly if children are unresponsive to affection or if they are separated by frequent hospitalizations.[36]

  It is important to note children with disabilities encompass a broad number of conditions. According to the United States Code ((20 U.S.C. Section 1401(3) (A)) "the term 'children with a disability' means a child with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, …orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities, and who, by reason thereof, needs special education and related services".

  Studies found children with emotional or behavioral disorders were at the greatest risk for maltreatment. Another literature review concluded children with communication or sensory impairments and learning disabilities were at increased risk for abuse. Other studies found children with mild impairments at greater risk for maltreatment than those with more severe impairments. All of the studies underscore the importance of rejecting a global idea of "disability". There are nuances in the type of abuse children experience in relation to their disability and the severity of the disability.[37]

Additional factors leading to abuse among children with disabilities are the same as those found in general population, i.e., single parents, teen patents, levels of stress. Stress can include 1) feeling unprepared to handle the care of a child with disabilities, including understanding the impact of having a child with special needs 2) financial or time demands due to additional medical and educational activities 3) job instability caused by additional family demands and 4) lack of necessary social supports.[38, 39]

Individual/Parent/Caregiver and Family Characteristics

- **Age of Parent/Caregiver:** Findings are mixed in this area. Some studies of physical abuse have found that mothers who were younger at the birth of their child exhibited higher rates of child abuse than older mothers. Other contributing factors such as lower economic status, lack of social support and high stress levels may influence the link between younger child birth, particularly teenage parenthood and child abuse.[40]
- **Educational Level of Parent/Caregiver:** Educational level of Parent/Caregiver: A low educational level has also been identified as a risk factor for potential child maltreatment.[41]
- **Substance Abuse:** Parental substance abuse is reported to be a contributing factor for between one and two thirds of maltreated children in the child protective system. Substance abuse can interfere with a parent's mental functioning, judgment, inhibition and protective capacity leading to neglect as well as jeopardizing a child's health and safety. Studies suggest that substance abuse can influence parental discipline choices and child-rearing styles. Substance abuse and child maltreatment often co-occur with other problems including mental illness, domestic violence, poverty and prior child maltreatment producing complex situations that can be difficult to resolve. Identifying and obtaining appropriate resources to address these needs are a challenge in many communities.[42]
- **Mental Illness:** Relatively little has been written about the effect of serious and persistent parental mental illness on child abuse, although many studies show that substantial proportions of mentally ill mothers are living away from their children. Much of the discussion about the effect of maternal mental illness on child abuse focuses on the poverty and homelessness of mothers who are mentally ill, as well as on the behavior problems of their children—all issues that are correlated with involvement with child protective services. Research shows maternal depression interferes with parenting and is linked with the development of emotional regulation and behavior problems in children, making subsequent parenting more difficult. Research also concludes that as symptoms of mental illness lessened, a mother's parental stress decreased and her nurturance increased. Contextual factors—on the positive side, more education and social support; on the negative side, a history of substance abuse and increased daily stress—predict both

symptoms and parenting styles. Taking these contextual factors into account helps to weaken the relationship between psychiatric symptoms and poor parenting.[43]

- **Marital Conflict and Domestic Violence:** According to published studies, in thirty to fifty percent of families where spouse abuse takes place, child maltreatment also occurs. Children in violent homes may witness parental violence, may be victims of physical abuse themselves and may be neglected by parents who are focused on their partners or unresponsive to their children due to their own fears. Children may be victimized and threatened as a way of punishing and controlling the adult victim of domestic violence. They may be injured unintentionally when acts of violence occur in their presence. Often episodes of domestic violence expand to include attacks on children.[44]

- **Homelessness:** There are links between children who enter the child protective system and homelessness. Violence at home is one of the major predictors of whether children and youth will experience homelessness. Women with children in homeless shelters and domestic violence shelters are found to have very similar characteristics, including their exposure to traumatic experiences. More youth in runaway and homeless programs report fights and physical or emotional abuse from their family members, compared with those without such experiences. The majority of youth in runaway and homeless youth programs report their biological mothers as a main perpetrator of maltreatment.[45] Homelessness can play a part in child trafficking. Contributing factors are the state's number of incarcerated women and a high divorce rate. Broken or dysfunctional families often lead to children being abused or neglected, and they often run away. Their situation at home may be bad, but running away from home makes them even more vulnerable to sex trafficking.[46]

- **Family Structure:** Children living with single parents may be at higher risk of experiencing physical and sexual abuse and neglect than children living with two biological parents. Single parent households are more likely to have incomes below the poverty level with the increased stress thought to contribute to the risk of single mothers maltreating their children. A strong positive relationship between the child and father whether residing in the home or not contributes to the child's development and may lessen the risk of abuse. Additional studies have found neglectful families tend to have more children or greater numbers of people living in the household. Children who have a permanent sense of connection to their families fare much better on average, even if they experience poverty, when compared to children who are removed from their families because of abuse, neglect or criminal behavior or who grow up disconnected from one or both parents.[47]

- **Parental Histories and the Cycle of Abuse:** A parent's childhood history plays a large part in how he or she may behave as a parent. Individuals with poor parental role models or those who did not have their own needs met may find it difficult to meet the needs of their children. The child maltreatment literature does support

the finding that some maltreating parents or caregivers were victims themselves as children. However an incorrect conclusion from this finding is that a maltreated child will always grow up to become a maltreating parent. There are those who were not abused as children who become abusive. The research shows that two-thirds of all individuals who were maltreated as children did not subject their children to abuse or neglect.[48]

- **Parent Child Interaction:** Families involved in child maltreatment seldom recognize or reward their child's positive behavior, while having strong responses to their child's negative behaviors. Maltreating parents have been found to be less supportive, affectionate, playful and responsive with their children than parents who do not abuse their children. Research on maltreating parents, particularly physically abusive mothers found these parent were more likely to use harsh discipline strategies and less likely to use positive parenting strategies.[49] Literature on corporeal punishment indicates an association between corporal punishment and mental health problems as well as aggressive behaviors including violence toward others.[50]

Environmental Factors

- **Poverty and Unemployment:** Research suggests a direct link between social stressors, especially perceived economic stress and higher rates of child abuse.[51] Poverty and unemployment show strong association with child maltreatment, particularly neglect. It is important to note that most people living in poverty do not maltreat their children. However, poverty particularly when interacting with other risk factors such as unemployment, inadequate housing, depression, substance abuse and social isolation increase the likelihood of maltreatment.[52,53, 54]
- **Social Isolation and Social Support:** Greater isolation and loneliness by parents can contribute to their maltreatment of children. Social isolation may contribute to maltreatment because parents have less material and emotional supports, do not have positive parent role models and feel less pressure to conform to conventional standards of parenting behaviors.[55]
- **Violent Communities:** Children living in dangerous neighborhoods have been found to be at higher risk than children from safer neighborhoods for severe neglect and physical abuse as well as child sexual victimization. Some risk may be associated with the poverty found in dangerous neighborhoods. However, concerns remain that violence may seem an acceptable response or behavior or to individuals who witness it more frequently.[56]

Societal Factors

- **Cultural Norms:** This includes social acceptance of violence and norms of familial privacy and noninterference.[57] Suffering reproduces itself as new generations learn

from the past especially if the social conditions that nurture violence are allowed to continue.[58]

- **Child and Family Policies:** Strength and Availability of Health and Social Safety Net System – This includes policies that relate to parental leave, maternal employment and child care arrangements. [59]

Protective Factors Framework

The Efficacy of Prevention

Just as there are factors that place families at risk for maltreating their children, there are other factors that may protect them from vulnerabilities.[60] Early attachment is a basic building block for many aspects of early development. Neglect or trauma in early childhood can have an impact on ongoing development, but research shows that protective factors identified in the Center for the Study of Social Policy's Strengthening Families Framework™ are buffers that can mitigate the impact of trauma. The protective factors are also "promotive" factors that build family strengths and promote optimal child development.[61] Research studies support when protective factors are well established in a family, the likelihood of child abuse and neglect diminishes.[62] The following five protective factors are the foundation of the Strengthening Families approach.

Parental Resilience

Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. Sometimes the pressures parents face are so overwhelming that their ability to manage stress is severely compromised. This is the case with parents who as children experienced strong, frequent and prolonged adversity without the buffering protection of nurturing adult support. As a result, these parents may display symptoms of depression, anxiety, or other clinical disorders that inhibit their ability to respond consistently, warmly and sensitively to their child's needs. However, numerous research studies show parents can be helped to manage clinical symptoms and reactions to their own histories of poor attachments and trauma, to protect children from adversity and trauma as best they can and to provide more nurturing care that promotes secure emotional attachment and healthy development in their children.

Social Connections

Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Constructive and supportive social connections help buffer parents from stressors and support nurturing parenting behaviors that promote secure attachments in young children.

Concrete Support in Times of Need

Meeting basic economic needs like food, shelter, clothing and health care. Likewise,

when families encounter a crisis, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis. Assisting parents to identify, find and receive concrete support in times of need helps to ensure they and their families receive the basic necessities to grow as well as specialized medical, mental health, social, educational or legal services. Access to concrete support in times of need must be accompanied by a quality of service coordination and delivery that is designed to preserve parents' dignity and to promote their and their family's healthy development, resilience and ability to advocate for and receive needed services and resources.

Knowledge of Parenting and Child Development

Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. New knowledge about parenting and child development enables parents to evaluate the impact of their experiences on their own development and their current parenting and to consider more effective ways of guiding and responding to their children. The mounting evidence of early brain development enables parents and those who work with children to know what young children need most to thrive: Nurturing, responsive, reliable and trusting relationships; regular, predictable and consistent routines, interactive language experiences; a physically and emotionally safe environment and opportunities to explore and learn by doing.

Social and Emotional Competence of Children

A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers.[63] A growing body of research has demonstrated the strong link between young children's social-emotional competence and their cognitive development, language skills, mental health and school success. The course of social-emotional development depends on the quality of nurturing attachment and stimulation that a child experiences. Research shows children who do not have adults in their lives who actively promote social-emotional competence may not be able to feel remorse or show empathy and may lack secure attachments, have limited language and cognitive skills and have a difficult time interacting effectively with their peers. Early and appropriate interventions that focus on social-emotional development can help mitigate the effects of negative experiences in ways that lead to improved cognitive and social-emotional outcomes.

THE EFFICACY OF PREVENTION

Research suggests prevention efforts are having an impact. The fourth federal National Incidence Study on Child Maltreatment reported a nineteen percent reduction in the rate of child maltreatment from that reported in a similar survey in 1993. Substantial and significant drops in the rates of sexual abuse, physical abuse and emotional abuse observed by survey respondents occurred between 1993 and 2006. While there was no significant declines in cases of child neglect, data reported from local child protection agencies also show a similar drop in physical and sexual abuse cases.[64]

Prevention programs aim to mitigate risks mentioned earlier (e.g., domestic violence, substance abuse, mental illness or poverty) while boosting protective factors (e.g., social connections, knowledge of effective parenting and access to supports in times of need).

A wide range of prevention strategies have demonstrated an ability to reduce child abuse and neglect as well as other child safety outcomes. Prevention efforts have strengthened key protective factors associated with a reduced incidence of child maltreatment.[65] Given the interdependence of multiple causes of child maltreatment effective interventions must incorporate cross sector approaches.[66]

What follows are specific prevention strategies categorized within the socio-ecological framework.

PREVENTION STRATEGIES ALONG THE SOCIO-ECOLOGICAL FRAMEWORK

Individual /Family Strategies

- Integration of Home-Visiting Programs into Prevention Efforts: Home visiting programs are family-based interventions in which trained professionals visit parents in their homes and administer a standard program that can range in intensity from one visit to multiple visits over months or even years. In addition to working with participants around a set of parenting and child development issues, home visitors often serve as gatekeepers to the broader array of services families may need to address various economic and personal needs. Reviews of these programs have reached differing conclusions. Some home visiting programs have been shown to have positive effects in areas of family life related to child abuse risk. Reviewers have concluded that home visitation programs, when well implemented, do produce significant and meaningful reduction in child-abuse risk and improves child and family functioning. Others are more modest in their conclusions.[67,68]

  Research suggests home visitation programs are effective at preventing maltreatment among low income teenage mothers. Researchers also indicate programs are more likely to reduce child maltreatment if service providers follow protocols of the programs, employ well-trained staff and evaluate their program's outcomes continuously.

- **Strengthening Families Framework** (also is a community/environmental strategy)**:** The Strengthening Families framework is designed to reduce child abuse by enhancing the capacity of child care centers and early intervention programs to offer families the support they need to develop protective factors. Since its inception, Strengthening Families has broadened its focus beyond early care and education to include building links between these programs and child protective services.[69] The program uses focused assessments, technical assistance and collaborative relationships to enhance the capacity of programs to promote the five protective factors cited earlier in this report. Four of these five—increasing parental resilience, building social connections, increasing knowledge of parenting and child development, and providing concrete support in times of need—are primarily directed towards parents. Parent education occurs through general education programs and parent education and support groups to increase knowledge of child development and effective child rearing practices including the use of positive discipline in lieu of corporal punishment. The remaining protective factor, supporting the social and emotional competence of the child, complements these parent-directed supports by focusing on the developmental needs of children and the quality of their primary relationships.

- **The Incredible Years Program:** The program includes parent, teacher and child social skills training. It is an effective intervention for reducing child conduct

problems. Research shows it reduces children's physical aggression and harsh parenting practices. The program also increases parents' responsiveness and their stimulation of their children's learning.[70, 71]

- **Respite Care:** This service provides help for caregivers who could benefit from a break from the demands of caring for a child with special needs or a parent who is in an at-risk parenting situation to reduce stress and the risk of child abuse or neglect.[72]
- **Alternative Approaches for Families with Substance Abuse:** A comprehensive approach is needed to address the social and economic risks to child well-being beyond the harms associated with parental substance abuse. Rather than solely focusing on substance abuse, consideration should be given to other co-occurring factors, such as mental illness, domestic violence and homelessness that may be more directly implicated in causing harm to the child.[73]
- **Differential Response System in Child Protective Service system:** This system is for lower risk families whose cases are not opened or who are kept open for services. Suggested services are family counseling, respite care, parenting education, home visiting, housing assistance, substance abuse, treatment and day care.
- **Parent-Child Interaction Therapy**: PCIT uses observation and direct audio feedback to parents to build parental competence in interaction with children whose behaviors are difficult and disruptive. It teaches parents to give their children positive attention and manage their problem behavior. Research showed it improved parenting competence and lower rates of repeated reports and reinvestigations for child abuse and neglect in Oklahoma. Success was best when parents were allowed to focus on learning how to use positive parenting and discipline methods rather than address multiple problems.

Environmental Strategies

Even intensive interventions cannot fully address the needs of the most challenged population- those struggling with serious mental illness, domestic violence and substance abuse, as well as those rearing children in violent and chaotic neighborhoods. Increased emphasis is being place on approaches that seek changes at a community or systems level to tackle environmental factors.[74] Community interventions at this level foster community wide norms of positive parenting and coordinate individualized family services in communities. Linking parents to local support networks (both formal and informal) addresses risk factors associated with social isolation and community context.[75] Some strategies seek to expand public services and resources available in a community by instituting new services, streamlining the service delivery process or fostering greater collaboration among local service providers. Other strategies focus on altering the social norms that govern personal interaction among neighbors, parent-child relationships and personal and collective responsibility for child protection. In each case, the goal is to build communities with a rich array of formal and informal

resources and a normative cultural context that is capable of fostering positive child and youth development.[76]

A term used in research is *"building social capital"* which is developing a network that identifies norms and social trust that facilitate coordination and cooperation for the mutual benefit of those involved. Researchers believe that a community's level of social capital is a critical determinant of the quality of life for its children and families.[77] The most promising community interventions are social capital development and community coordination of individualized services.[78] What follows are examples of comprehensive community initiatives as well as targeted strategies. This list is by no means exhaustive of community-based interventions but identify some necessary components in development of this intervention approach.

- **Multifaceted Campaigns that include Family Training**: These types of campaigns show modest but important effects at the population level.[79] Research on effective child maltreatment prevention programs stresses campaigns need to focus on educating the public about child development, utilizing messages that focus on increasing parental support in local communities. Parent information campaigns need to be targeted to all types of parents, not just abusive parents. These campaigns need to start promoting short-term benefits, such as less family stress and better-behaved children. Messages need to connect families to communities in positive ways to build community responsibility for kids. These messages should help the community remember the ways in which they interact with families and the importance of families in raising children. Messages need to use strength-based language and focus on the positive factors of family life. When communicating directly about child maltreatment, campaigns should focus on situations which many parents find themselves (e.g., divorces, unemployed, stressed, etc.) and connect parent education and family support to these situations.
  The media need to be carefully and strategically educated on child maltreatment prevention and new messages about positive parenting, child protection and family support by blending into existing media outreach efforts patterns.[80] Micro-targeting may be in order.

- **Triple-P-Positive Parenting Program** (also incorporates individual/family level strategies): Triple P is a community-wide multi-level system of parenting interventions. The initiative has several levels of interventions, combining universal and targeted elements. The universal feature is a media based social marketing campaign targeting the entire community that teaches the basics of positive parenting. There are intensive treatments for progressively smaller groups of families that are at greater risk for maltreatment as well as individual family treatment. Targeted strategies include formal group parenting seminars and individualized behavioral interventions. To better integrate services and have providers operate from a shared understanding of Triple P values and practice principles, the program offers training to local service providers. U.S. Triple P trial

results in South Carolina found a reduction in substantiated abuse cases, child out-of-home placements, and hospitalizations and emergency room visits for child injuries. There were fewer children with behavioral and emotional problems and reduced parental stress associated with having school age children.[81, 82]

- **Strengthening Families**: Protective factors are designed to work with parents, children and communities in a cross reinforcing comprehensive way. Community strategies include building community capacity to support families.[83] Other strategies include building social networks among families participating in the program to reduce social isolation and build social capital. The social capital focus is to facilitate the community maintaining a common set of positive childrearing norms that includes shared standards as well as sanctions for violating these norms. These social relationships also determine the quality of the neighborhood environment for children. Other community interventions include parents' interactions with providers who act as resource guides about available services in their community. This enables the provision of concrete supports in times of need to families coping with the stresses of poverty.[84]
- **School-Prevention Programs:** Teachers and other school staff are in an optimal position to prevent, identify and assist victims of child abuse and neglect because of their frequent contacts with students.[85] A school's involvement in prevention can be divided into school-based programs, school community programs and individual educator actions. Common school based programs for children and adolescents include life skills training, socialization skills, problem solving and coping skills, preparation for parenthood and self protection training. Researchers found children grasped the basic concepts and also communicated more openly about abuse both in classrooms and with their parents. There are also school-based programs for families using strength-based philosophy. Some examples of school-community partnerships are the Families and Schools Together (FAST) Program which joins parents and schools to reduce delinquency and Community Schools which provide a forum for collaboration between educators, social service agencies, parents and the wider community. School involvement is encouraged for public awareness strategies through parent teacher groups and other community organizations. Finally school facilities can be used for numerous purposes: self-help groups such as Parents Anonymous or COP, public forums and workshops on child abuse and neglect prevention, adult education offered on alternative disciplinary methods and early childhood growth and development or school use for child care, crisis care and after-school programs.[86] All of these programs as well as mentoring initiatives, youth leadership development and athletic/recreational programs can support violence prevention initiatives.
- **Violence Prevention:** Violence prevention efforts contribute to empowerment, educational and economic progress, while fostering healthy communities in which people can grow in dignity and safety. These efforts realign institutions to be more

inclusive and receptive in responding to community needs. A mobilized and engaged community is imperative for community violence prevention. It requires involving people most involved in crime, identifying root causes to target strategies, and developing a plan for increasing participation in community action. The planning team should reflect the community's racial, ethnic and socioeconomic diversity. What constitutes evidence of success should be identified and documented.[87]

- **Programs to Prevent Sexual Abuse**: Schools, religious groups, and youth organizations are now operating programs that teach children what to do in situations of potential abuse, how to stop potential offenders, and how to find help. Such programs also teach children not to blame themselves if they are victimized, a prevention strategy designed to head off emotional problems often triggered by abuse. Although there is little evidence that these programs prevent sexual abuse, there is evidence the programs produce other benefits such as increased disclosure and less self-blame following abuse.[88] Strategies that incorporate positive youth development should also be considered. [89]

- **Systems of Care:** Systems of Care is a community approach in the mental health sector. It has four parts that includes a continuum of services ranging from outpatient therapies to in-home family preservation, coordination of services so that a family can move from one to another without disruption, service individualization where services are *"wrapped around"* the child and family and cultural competence in services so professionals understand the community and culture of families.[90]

These examples underscore the importance of strategies that strengthen families by mitigating a family's underlying economic distress and addressing the well-being of both parents and children. Families exist in and are affected by neighborhoods and communities. When communities have strong social and cultural institutions; good role models for children; and the resources to provide safety, good schools and quality support services, families and their children are more likely to thrive.[91]

Societal Strategies

- **Using Risk Factors to Create More Accurate Risk Assessments**: This approach will better identify and serve families and communities at elevated risk for child maltreatment. As it relates to sexual abuse, recommendations also include assessment to distinguish high risk from low offenders in order to improve offender management programs and enhanced efforts to detect and arrest previous undetected offenders. [92, 93, 94, 95]

- **Positive Cultural Norms**: One model is the Positive Community Norms (PCN). The core tenant of PCN is to improve health and safety one must focus on growing positive community norms, attitudes and behaviors through cultural transformation. This approach uses the *"Science of the Positive"* to refocus the message onto

positive healthy normative attitudes and behaviors. A core tenant of the *"Science of the Positive"* is that solutions are in the community with three core elements: spirit (commonality of purpose), science (measurable outcomes and learning from efforts) and action (efficient and effective) that make up the core of the transformation process. Mechanisms for these changes are leadership development, communication and integration of prevention resources.[96, 97, 98]

- **Trauma-Informed Child Welfare Systems**: The Chadwick Trauma-Informed Systems Project defines a trauma-informed child welfare system as one "in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness and skills into their organizational cultures, policies and practices. They act in collaboration, using the best available science to facilitate and support resiliency and recovery."[99]
- Improving Educational Levels and Employment Opportunities.[100]
- Encouraging Establishment of Family-Friendly Policies in Workplaces including Maternity and Paternity Leave Practices.[101, 102]
- Increasing Availability and Quality of Child Care including Provision of Subsidies when Needed.[103, 104]
- Ensuring Availability of Preventive Health Care and Social Safety Net Systems.[105]
- Development of prevention programs tied to characteristics of racial or cultural groups that are supported by informal support systems.[106, 107, 108]
- Appropriate Use of Technology to Expand Provider-Participant Contact and Service Access (e.g., cell phone usage, videotaping and internet linkage capabilities).
- Achieving a Balance between Enhancing Formal Services and Strengthening Informal Supports.[109]

CHARACTERISTICS OF A SUCCESSFUL PREVENTION RESPONSE

Prevention of child abuse and neglect occurs at three distinct levels:

Primary Prevention (Universal): Raises public awareness about child maltreatment in an effort to influence the attitude and behavior of the general population-The goal is to stop the occurrence of maltreatment before it starts.[110, 111] Primary prevention as outlined in Oklahoma statutes means programs and services designed to promote the general welfare of children and families.[112, 113]

Examples include public education campaigns, public service announcements, parenting education accessible to all, parent warm lines and parenting resources on websites.[114, 115]

Secondary Prevention (Selective): Targets families with risk factors for abuse and neglect through early identification-[116,117, 118]It focuses efforts and resources on children known to be at higher risk of maltreatment and provides an intervention to stop the problem from occurring. Oklahoma statues define secondary prevention as the identification of children who are in circumstances where there is a high risk that abuse will occur and assistance, as necessary and appropriate, to prevent abuse or neglect from occurring.[119, 120]

> Examples include home visitations programs for new or expectant families meeting specific eligibility criteria, family support programs, parent education and support groups, and respite care to allow at risk caregiver a break from the stresses of parenting.[121, 122 ,123, 124]

Tertiary Prevention (Indicated): Focuses efforts on families in which maltreatment has already occurred-The goal is to prevent maltreatment from re-occurring and to reduce the negative consequences associated with maltreatment.[125] Oklahoma statutes define such services as those provided after abuse or neglect has occurred which are designed to prevent the re-occurrence of abuse or neglect.[126, 127]

> Examples include services to parents reported to OKDHS but are not court involved (known as differential response services).[128] Tertiary prevention can incorporate intensive family preservation services with trained mental health counselors, parent mentor programs to serve as role models and provide support to families in crisis and mental health services for children and families to improve family communication and functioning.[129]

All prevention services need to embrace a commitment to a set of practice principles that have been found effective across diverse disciplines and service delivery systems. They include:

- A strong theory of change that identifies specific outcome and pathways for addressing core outcomes including specific strategies and curriculum content.
- A recommended duration and dosage or clear guidelines for determining when to discontinue or extend services that is systematically applied to all enrolled in services.
- A clear well-defined target population with identified eligibility criteria and strategy for reaching and engaging this target population.
- A strategy for guiding staff in balancing delivery of program content while being responsive to a family's cultural beliefs and immediate circumstances.
- A method to train staff on delivering the model with a supervisory system to support direct service staff and guide their ongoing development.
- Reasonable caseloads that are maintained and allow direct service staff to accomplish core program objectives.

- The systematic collection of information on participant characteristics, staff characteristics and participant service experiences to ensure services are being implemented with fidelity to the mode, program intent, and structure.[130]

Oklahoma's Prevention Response

Oklahoma has a long history of successful prevention strategies. What follows are major accomplishments currently underway in the state which align with effective strategies identified earlier in this report. Many of these activities will intersect across prevention domains. A more detailed report of the state's accomplishments over the past three years is found under Appendix I. This report provides extensive qualitative and quantitative information describing accomplishments according to strategies in the current child abuse prevention plan.

Primary Prevention

Public Awareness

- ***Media Campaigns:*** The Community-Based Child Abuse Prevention (CBCAP) program has implemented numerous media campaigns as part of its annual Child Abuse Prevention (CAP) Days at the Capitol and corresponding mini summits. The program also sponsors speakers promoting child abuse prevention strategies. Through the campaigns there has been dissemination of prevention promotion materials statewide (e.g., posters, wristbands, resource guides, etc.) that include information on family protective factors. Campaigns include the *"Build a Blue Ribbon Tree"* and McDonald's positive family relationship campaign.
- CBCAP also initiated the *Period of Purple Crying* Project aimed at reducing abusive head trauma. Staff provided delivery hospitals across Oklahoma with the *Period of PURPLE Crying®*. DVD to help parents and caregivers understand the frustrating features of crying in normal infants that can lead to shaking or abuse. Collaborating closely with the Oklahoma Hospital Association, the University of Oklahoma Health Sciences Center, the Office of Perinatal Quality Improvement and Medical Center Trauma Unit, the group chose the ***Period of Purple Crying*** materials to distribute to Oklahoma birthing hospitals along with other resources. Materials were purchased to assure that hospitals had enough materials to distribute for one full year (60,000 Period of Purple Crying DVD's).
- Other public awareness occurs through the monthly CAP E-Blast Newsletter.
- ***Training*****:** CBCAP has made available extensive training and technical assistance by experts in the field. Priorities for training topics are established by local and state partnerships with the CAP ACTION Committee and Home Visitation Leadership Advisory Coalition (HVLAC). Areas of training and technical assistance include: Lead poisoning, mental and behavioral health, child development, infant safe sleep environment, impact of tobacco, trauma-informed care, and distribution of home visiting safety guidelines to child abuse prevention programs.

- ***Leadership Development***
  - CBCAP and the Interagency Child Abuse Prevention Task Force (ITF) worked together to bring important topics and speakers to address trends in child abuse prevention as well as resources available in Oklahoma. Each ITF meeting includes cross-discipline training and presentations on current best practices.
  - The Oklahoma State Department of Health Family Support and Prevention Service (FSPS) facilitates and coordinates the CAP ACTION committee where service providers and program staff meet to plan and prepare not only CAP Month/Day at the Capitol activities, but also ongoing prevention efforts.
  - FSPS supports the HVLAC created to drive best practices in home visitation programs. Membership recruitment targets community-based family support programs with a home visitation component. During federal fiscal year 2011, over 100 participants attended these meetings.
  - Examples of topics presented as part of the annual CAP day and corresponding mini summits have included: Preventing child sexual abuse, consequences of ACE experiences, role of media, messaging and marketing in prevention of child abuse, impact of poverty and domestic violence, community building and engagement, Circle of Parents (COP®) and Strengthening Families to name a few.
  - CBCAP strategies have incorporated the importance of community development and transformation through the work of Jeff Linkenbach, Director of the Center for Health and Safety Culture at Montana State University on *Positive Community Norms* at the 2012 ITF retreat.

Community Capacity Building

Smart Start Oklahoma

- **Strengthening Families**: Smart Start Oklahoma, in partnership with the Oklahoma Department of Health, piloted the Strengthening Families approach to child abuse prevention in seven Smart Start Communities (South Central Oklahoma, North Central Oklahoma, North West Oklahoma, Kay County, Stephens County, Logan/Kingfisher Counties and Tulsa). The approach used early childhood programs to provide families with the support and resources they need. Child care providers received training to be able to identify risk factors in families such as parental isolation, lack of knowledge about child development and mental, physical or financial crises in the family. The sites were able to infuse the protective factors in many ways by expanding to other programs and events in their communities. Core elements were:
  - Engagement with an existing Smart Start governance structure;
  - Participation by early care and education programs - Opportunities were created in child care centers for parents to come together to develop their skills and build support networks with other parents and child care providers.

- Families learned about attachment and bonding, nutrition, and social and emotional needs of their children;
- Collaboration and engagement of community partners; and
- Media involvement to provide awareness to the general public.

Examples of some activities include:

- Protective factors being included in requests for proposals of Smart Start Oklahoma, MIECHV and Child Care Resource and Referral;
- Video and PSAs about Strengthening Families protective Factors used by communities;
- Community cafés held in communities geared around protective factors;
- Numerous trainings held throughout the state; and
- Parenting classes provided in all the Strengthening Family sites.
- An evaluation of Oklahoma's Strengthening Families initiative identified the following ingredients for a successful program: 1) Strong leadership and governance at local sites, 2) linkages that support collaboration and community; 3) policy and practices to institutionalize changes supportive of protective factors; and 4) professional development being received by child care staff at each site and Strengthening Families coordinators.[131]

- **Smart Start Community Activities** There are currently 18 Smart Start communities throughout the state. These communities work to enable family needs being met and that children enter school ready to succeed by strategies supporting: 1) early care and education; 2) health and mental health; 3) business engagement; 4) family support; and 5) public awareness.[132]

Story ***Kay County Parent Cafés***

Staff knew making Strengthening Families work in Kay County required an "at ease" environment for parents, children and staff to come together to support each other in raising young children. The greatest success at all three sites was seeing parents talk with each other about what they were going through and experiencing the building of relationships with the staff at each center. Smart Start Kay County started Parent Cafés which were well received at the Head Start facility. Parents received new ideas and education materials all related to the family. The parents started numerous times that they gained advice, learned better ways and heard new ideas on how to handle difficult situations within their family. Friendships formed. Adults were able to have conversations with their children being present; children were able to interact with each other. Staff surveyed parents to determine if they would commit to participation in Parent Cafés once every two months. Parents answered NO on the surveys. Instead, they requested a monthly Café meeting. The parent group in Kay County has continued to build these relationships outside of the Head Start facility, working on bettering themselves as individuals.

- **Community Connectors:** Connectors market home visiting programs, distribute referrals, and facilitate coordination and collaboration between home visiting programs and other community resources to meet family's needs. Connectors are established in six counties (Oklahoma, Tulsa, Comanche, Muskogee, Kay and Garfield counties).

- **Oklahoma Center for Community-Based Initiatives:** The Oklahoma State Department of Health (OSDH) has made significant progress in improving access to parent training programs across the state. However, many individual communities continue to face challenges, including gaps in services, shortages of financial resources and short term and long term sustainable issues. Addressing these needs requires an increase in community leadership ad engagement in planning, implementing, supporting, coordinating and monitoring local programs.

  To assist with these needs, OSDH is partnering with the Oklahoma Commission on Children and Youth (OCCY) in forming the *Oklahoma Center for Community Based Initiatives*. This center is initiating pilot community projects to provide technical assistant to local leaders and groups in 1) identifying gaps and shortfalls in parenting services at the local level; 2) assisting to secure local and state resources and 3) forming public/private partnerships to address these needs. Currently projects are being developed in Payne and Pottawatomie counties, with additional sites being considered in Oklahoma, Washington and Rogers counties.

  The center also has a "Promising Practices Team, which is identifying a full range of evidence-based programs for communities to implement for parent training. The team is composed of representatives from the University of Oklahoma Health Sciences Center, Smart Start Oklahoma, the OKDHS, and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). The purpose of the entire initiative is to improve outcomes for children by strengthening the infrastructure for planning and service delivery to children and youth at the local level.

Secondary Prevention

Home Visitation

- Maternal, Infant and Early Child Home Visitation Program grants implement multiple service models. They include the 1) Nurse-Family Partnership (known as Children First (C1) in Oklahoma); 2) Healthy Families America (HFA) (known as Start Right (SR) in Oklahoma), 3) Oklahoma Parents as Teachers (OPAT) and 4) the Safe-Care Augmented. All of these programs have been recognized by the U.S. Department of Health and Human Services Home Visiting Evidence of Effectiveness as being effective in specific outcomes relevant to mitigating risks for child abuse and neglect. There has been extensive evaluation of these programs which are described in more detail in Appendix I.

Some of this data reveals the following:

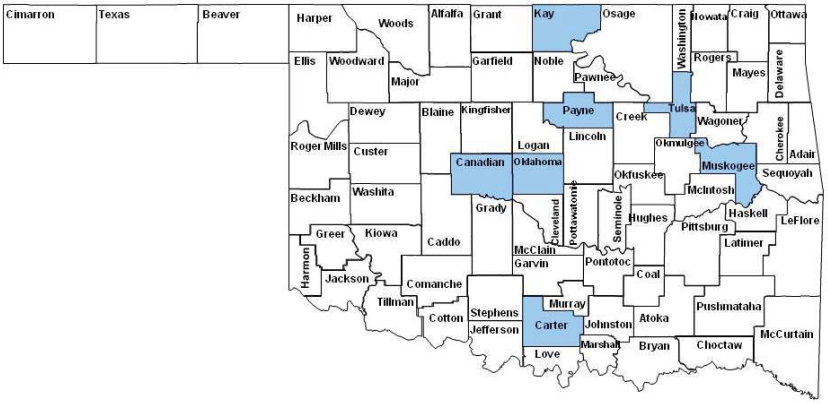
- Children First participants had: 1) high rates of vaccinations; 2) decreased levels of smoking from baseline measures; 3) almost all participants using car seats; and 4) lower rates of infant mortality than the general population. One hundred eighty six (186) participants were referred to other services. According to the In SFY 2011 C1 annual report, 3,616 families were served with a total of 34, 217 visits.
- Results with SR participants found the following changes from baseline measures: 1) an increased percentage of participants attempting to stop smoking as well as consume vegetables on a daily basis; 2) a reduction in the percentage of participants with low wages; 3) an increase in the percentage of participants applying safe sleeping practices with their infants; and 4) an increase in the percentage of participants with safety seats. Participants had high immunization and breastfeeding rates. Participants referred to other services included: 786 for depression, 158 for car safety and car seats and 16 to domestic violence intervention services.
- OPAT participants had positive outcomes in child development and school. Children enrolled in OPAT showed gains in cognitive language, social and motor development. During SFY 2011, there were 33,182 visits in the program serving 4,303 families and 4,966 children.
- Safe Care Augmented participant results showed a reduction in subsequent child maltreatment.
- In the Child Guidance program a high percentage of families receiving a service reported a decrease in inappropriate social and emotional behaviors. In 2012 there were 23,501 child guidance encounters compared to 17,555 in 2011. This represented a thirty-two percent increase from the prior year.

Parent Education/Support (in addition to Home Visitation)

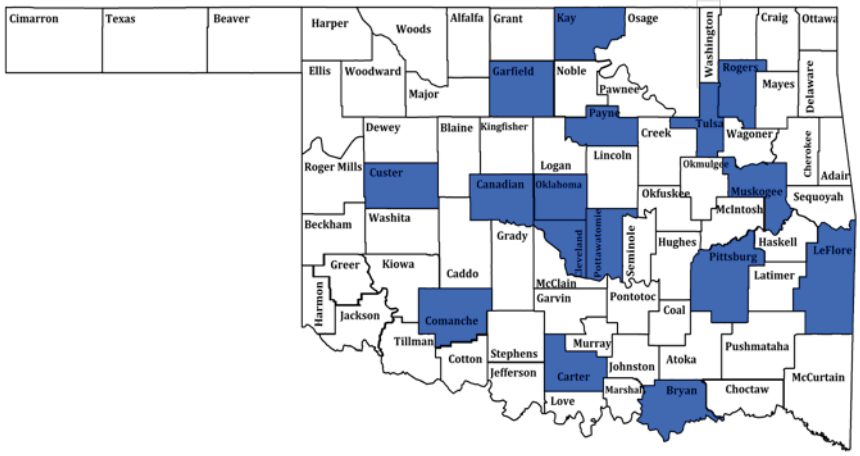
- COP® under the auspices of the OSDH Child Guidance Division is a national network of statewide non-profit organizations and parent leaders dedicated to using mutual self-help support group model to support parents as a means of preventing child abuse and neglect and strengthening families. COP offers anyone in a parenting role the opportunity to participate in weekly group meetings with other parents to exchange ideas, share information, develop and practice new parenting skills, learn about community resources, and give and receive support. Groups are parent-led with the support of a trained group facilitator, are conducted in a confidential and non-judgmental manner, are free of charge, and provide developmentally-appropriate children's programs or child care concurrent with the parent group meetings. Participants share leadership and accountability for the success of the group and each participant. Consequently, parents are expected to apply new ideas

and skills at home and report back to the group what worked and what did not. Parents are also responsible for following up with recommended community resources that are shared or discussed. Overall, developing leadership on the individual, family, community, and societal levels, as desired by parent participants, is a central theme of the COP model. This program is typically conducted in a community agency, community daily living setting, outpatient clinic, prison, religious organization, or school setting.

Locations of current groups:



- The Incredible Years is a research-based, proven effective parent training, teacher training and child social skills training program administered by child guidance staff. The Incredible Years Parent Program is a 12 to 16 week, evidence-based program for parents of children birth to eight years of age. The focus of the program is strengthening positive and nurturing parenting skills, as well as reducing challenging behaviors in children and increasing their social and self-control skills. The map indicates where groups are available.



- Oklahoma data indicates children whose parents participated in the Incredible Years groups saw an improvement in communication skills.

Oklahoma Respite Voucher Program: The Respite Voucher Program is a state-funded program in Oklahoma that provides financial assistance to family caregivers in the form of vouchers that can be used to pay for respite care so the caregiver can take a break. A family caregiver is the person that is providing ongoing care for a loved-one. It can be a parent, grandparent, spouse, or adult child/grandchild. The voucher program is NOT designed to pay for ongoing care such as day care, therapy, in home assistance, housekeeping or home health services. More specifically, the Start Right and Children First (NFP) programs with (OSDH) are both a part of the Respite network and will continue to utilize the DHS voucher system to provide respite care. In SFY 2012, 133 families served by child abuse prevention programs received respite using the OKDHS respite voucher system.

Income Guidelines:

- For caregivers who are taking care of someone who is age 60 and over, there are no income qualifications.
- For those caring for someone who is under the age of 60 and has a developmental disability:
    - If the household income is under $45,000 per year they may be eligible for a $400.00 voucher for three months.

Story **Brooke and Mel**

The Incredible Years Program has really transformed me and my husband's relationship with our children. I have four children: ages one, two, six and twelve Since beginning the program I have started playing with my children more, using the child directed play method and it has proven to help me and my children have a more pleasurable bonding experience. The emotion coaching has helped my two year old to be more verbal about her feelings and recognize the feelings of others as well.

Another thing that has been a game changer of this program is that my husband has become more patient and more active with all of the children. I think watching some of the vignette's helped him to be more aware of his actions and behaviors with the children.

In my opinion one of the best things about the program has been being around other parents with children the same age as mine. In this environment we were able to share our experiences, it always helps to know that you are not alone; being a good parent is not an easy task.

The teachers] were absolutely awesome! The dynamic duo came every week full of information, and helpful advice to guide us on our quest. It is very obvious that they care and believe in this program, as well as the families that they work with.

I hope that this program will be around for many other parents, and I hope that it can be done in a way that more new parents could attend. Every new parent needs this class.

Thank you for helping us to be better and more effective parents!!!

- If the household income is over $45,000 but less than $60,000 per year they may be eligible for a $300.00 voucher for three months.

Who May Qualify For the Program?

- Grandparents raising grandchildren or other relative as a parent. Grandparent must be 55 or over, or the grandchild must have a developmental disability.
- Caregivers including spouses, adult children, or other relative caring for a person age 60 or older who needs assistance with daily living due to chronic health problems including Alzheimer's, dementia or other condition.
- Families who have adopted a child with special health care needs who was once in the custody of the Department of Human Services (DHS).
- Families with a member of any age with a developmental disability and NOT receiving either the Home & Community Based Waiver, the In-Home Support Waiver; or the Family Support Subsidy ($250 monthly payment).
- Families who have a child receiving SSI and services through the SSI-Disabled Children's Program (DCP) at DHS.

The approval process may take several weeks, depending on availability of funds.

Tertiary Prevention

Chadwick Trauma Informed Systems Project: Oklahoma was selected as one of three sites in the nation to become a trauma informed system. This project seeks to move Oklahoma's child welfare system forward in recognizing, treating and preventing additional trauma to children, families and child welfare staff. The assessment of the current system was initiated in December 2010 and the final assessment was received in May, 2011. After the assessment, OKDHS created a state plan for improving services and enhancing the OKDHS child welfare practice model. Components of the practice model are reviewed against current practice to determine whether there is a need for modifications to be more in line with research and practice related to treating trauma. The project runs through September 2013.

Another project is the ODMHSAS's "**Child Victims of Trauma**" wherein eleven providers in multiple countries provide trauma-specific children's services including Trauma-Focused Cognitive Behavioral Therapy and PCIT when appropriate. As resources become available, the goal is to train more behavioral health providers in these practices, and continue to expand the program. Other activities are cited in the accomplishments section in Appendix I.

Oklahoma Children's Services (OCS) offered by OKDHS is comprised of two programs: Comprehensive Home-Based Services (CHBS) and Parent Aide Services (PAS). Child protection specialists authorize services delivered by local contractors. Case management and brokering services promote family access to such supports as parent

education and assistance, substance abuse education and referral for treatment, financial and household management, crisis intervention, and education with an average six-month support interval. The Parent Aide program provides paraprofessional, in-home services to help families gain parenting and homemaking skills.

Parent Assistance Center/sexual abuse treatment services are offered by OKDHS. Parent Assistance Center services provide education, support, and child care while parents attend education and counseling sessions. Sexual abuse treatment services provide individual, family, and group counseling for children and families affected by sexual abuse.

PCIT is an empirically-supported treatment that places an emphasis on improving the quality of the parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. Research findings confirm its effectiveness in reducing subsequent child maltreatment.

Domestic Violence Services: The Office of Attorney General (OAG) contracts with community-based programs, to provide services for victims of domestic violence, sexual assault and stalking. At a minimum, they provide crisis intervention, safety planning and temporary shelter in a safe environment. Additionally these programs help battered women and their children navigate the court system, obtain protective orders, find legal counsel, seek jobs, childcare, new living arrangements, and locate additional community resources. The intervention strategies for the Domestic Violence Sexual Assault (DVSA) agencies working with adult domestic violence, sexual assault and stalking victims is to provide SAFETY from physical, emotional, financial, and psychological harm with the ultimate goal of eliminating violence from their lives and their children. DVSA agencies recognize and promote partnerships with community resources such as law enforcement and the courts in order to reduce violence within society, promote victim safety, reinforce abuser accountability, and advance the ethic of zero tolerance for domestic violence, sexual assault, and stalking in our communities.

Systems of Care through ODMHSAS is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals, and that address each person's cultural and linguistic needs. A system of care helps children, youth and families function better at home, in school, in the community and throughout life. ODMHSAS has recently received a planning grant to expand Trauma-Informed Services to Systems of Care communities statewide.

Child Advocacy Centers/Free Standing Multi-Disciplinary Teams (CACs and MDTs): CACs and MDTs are child-focused teams that work to prevent further victimization of children who have been sexually or physically abused or neglected. These teams work

towards more immediate follow-up to reports of child abuse, collaborative investigations, efficient referrals to medical and mental health professionals, reduction of child interviews, increased successful prosecution and support for the child and family. The state of Oklahoma has 26 Free Standing Teams and 20 Child Advocacy Centers.

Stakeholder AND COMMUNITY OUTREACH/FEEDBACK

STAKEHOLDER AND COMMUNITY OUTREACH/FEEDBACK

The content of this multiyear is based on an analysis of 1) the most current national evidence on effective strategies; 2) accomplishments achieved during the last 3 years; and 3) feedback from local and state partners as well as citizens in the community. This plan's development was informed by outreach efforts to local and state stakeholders through 1) provision of input during an environmental scanning process (see Appendix I for results) and 2) written and online survey responses (a copy of the survey is included at the end of this document). The plan's recommended goal, strategies and objectives are also included in this document.

Several activities took place to solicit ideas and input on priorities to include in this multi-year Plan. The process itself has been an epigenetic transformation beginning with the last Plan (2010 – 2013) and continuing/concluding with the activities that took place as recently as the last few months. This year's plan builds on earlier work done through the leadership of the OSDH in improving health outcomes in the state. In 2010, The Department and its partner agencies developed the Oklahoma Health Improvement Plan (OHIP). OHIP addresses improving health outcomes in three targeted "flagship initiatives": 1) child health, 2) tobacco use prevention, and 3) obesity reduction. Also in 2010, the OSDH and the ITF developed the comprehensive State Plan for the Prevention of Child Abuse and Neglect. A subsequent report in 2011 (Oklahoma Children's Health Plan) focuses on children with a specific section dedicated to goals and objectives for reducing child abuse and/or neglect.

The ITF was actively engaged in the planning process throughout the year by structuring meeting time on each agenda, bringing in speakers that were consistent with the directions of the comprehensive Plan, and through an annual retreat with the focus on content and components comprising the State Plan. During the retreat (held October 2012), the vision and framework was put in place with the help of keynote speaker Dr. Jeff Linkenbach, Director of the Center for Health and Safety Culture with the Montana State University. The ITF is a diverse group of professionals representing numerous sectors including child protective services, child guidance, child advocacy, education, medical community, law enforcement, mental health, early intervention and parents.

Additional feedback was received from subject matter experts. OCAP staff solicited information from ITF members, partner agencies in the areas of child welfare and social policy, child guidance, home visitation, mental health, domestic violence, local public health as well as advocates. This culminated in Appendix I, a document identifying child abuse prevention accomplishments for the SFY 2010-2013 time period. Additionally, Appendix II continues the comprehensive inventory of child abuse prevention services in the state.

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Beginning of Public Survey Information

Public Survey Seeking Input – Goes Viral

The OSDH and ITF wanted to hear what Oklahomans thought about child abuse, and prevention along with needed resources for children and families in creating this State Plan. In an effort to invoke a large, more diverse possibly hard-to-reach population, a public online survey was created and promoted through the OSDH Office of Communications via a press release. [A copy of the two-page survey utilized can be found at the back of this document.] During the kick off of April (National Child Abuse Prevention (CAP) Month) the release was picked up by several television broadcasts and other media outlets, which shared the news and link to the survey as well as information about Oklahoma's State Prevention Plan. Television stations found the topic (Engaging Citizen Input on the State Plan to Prevent Abuse) to be a popular one with the press release resulting in approximately 20 television stories around the state. Also in April, the CAP Day at the Capitol (April 9, 2013), proved to be an opportune time to query a large number of participants with a requirement that every participant complete a survey.

Further dissemination of the survey occurred through a wide variety of electronic distribution lists.

Public Input – Survey Results

A total of 448 citizens/child abuse and neglect advocates of Oklahoma were surveyed for public input regarding child abuse and neglect. Those most likely to complete the survey were family service providers in Oklahoma. The survey was a form made available both as a hard paper copy and via an online survey.

The survey asked questions regarding the perception of child abuse and neglect in America. There was also one open-ended question, prompting ways to address abuse and neglect if the responder had a magic wand.

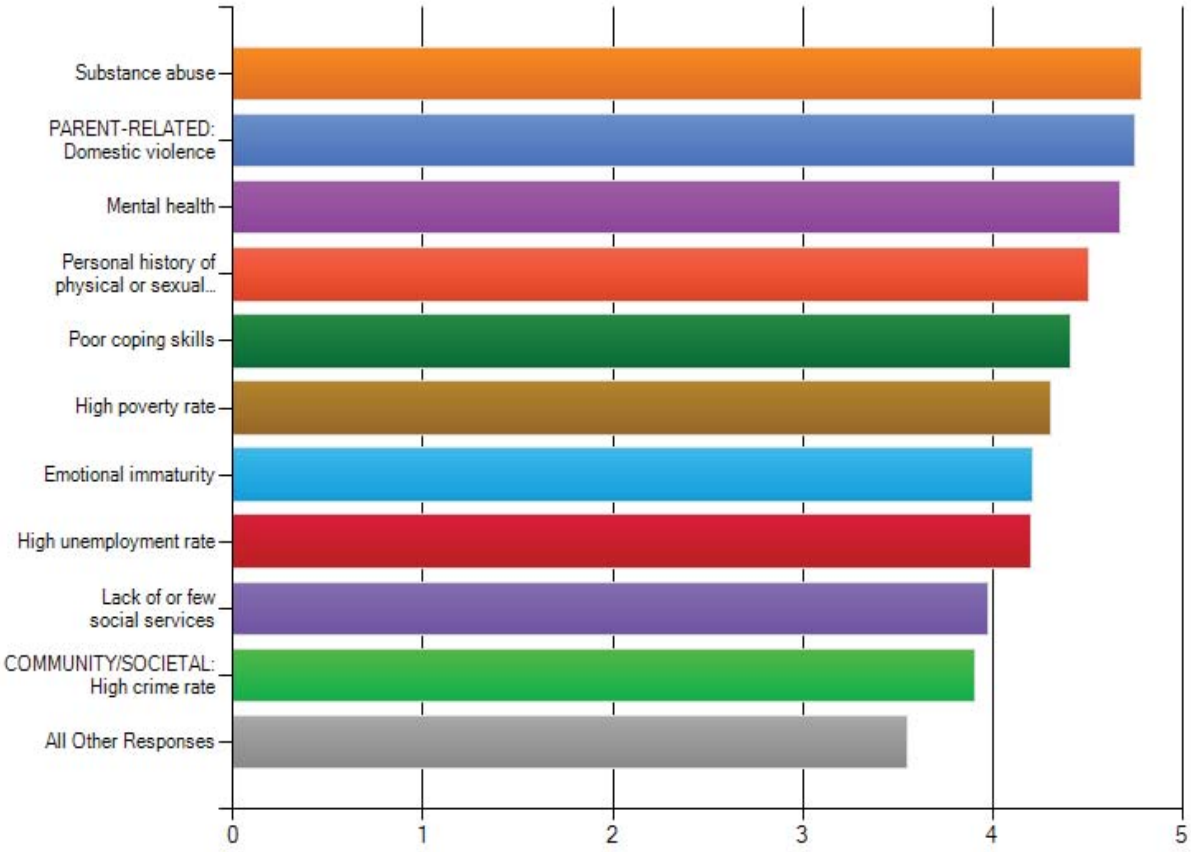
The following is a review of the survey results.

Child abuse and neglect is a complex issue with many parts. Its complexity often leads to confusion regarding what factors are important to include when thinking about prevention efforts. Question #1 of the survey addresses the perceived knowledge of influencing factors. All the factors listed have direct influence on child abuse and neglect, their perceived influence is noted below. Out of 448 responses, 447 people answered this question:

Question 1: Child abuse and neglect is a complex issue. The following list includes factors that can increase family stress. Please rate how much impact you think each issue has in relation to child abuse from (1) being NOT CONNECTED AT ALL to (5) being VERY CONNECTED.

Child abuse and neglect is a complex issue. The following list includes factors that can increase family stress. Please rate how much impact you think each issue has in relation to child abuse from (1) being NOT CONNECTED AT ALL to (5) being VERY CONNECTED.

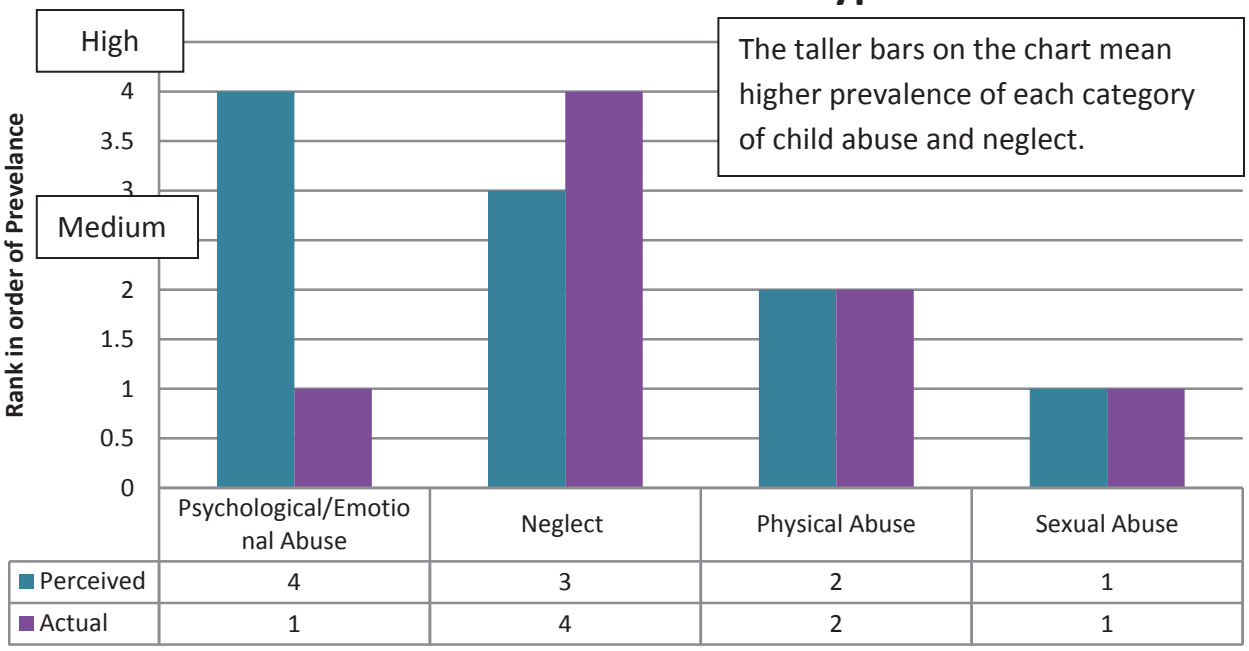
F A C T O R S



Amount of influence:
0 = Not Connected, 5 = Very Connected

The second question of the survey compares the perceived prevalence of abuse by type to what actually happened across the United States in 2011. In 2011, Neglect occurred in 75% of all child abuse reports, Physical abuse occurred in 25%, while emotional abuse and sexual abuse occurred in 10% of reports that were actually made.[133]

Question 2: There are four types of child abuse, put the types of child abuse in the order that you believe is the most common beginning with #4 for the most common to #1 for the least common.*



	Psychological/Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse
Perceived	4	3	2	1
Actual	1	4	2	1

(Four is the most prevalent, while 1 is the least)

Those surveyed thought that Psych/Emotional abuse is the most common type of abuse followed by neglect, physical abuse and then sexual abuse it the least common. The most current actual national statistics show:

- More than 75 percent of victims/survivors suffered neglect. (Rank 4)
- More than 15 percent of the victims/survivors suffered physical abuse. (Rank 3)
- Fewer than 10 percent of the victims/survivors suffered sexual abuse. (Rank 1)
- Fewer than 10 percent of the victims/survivors suffered psychological maltreatment. (Rank 1)

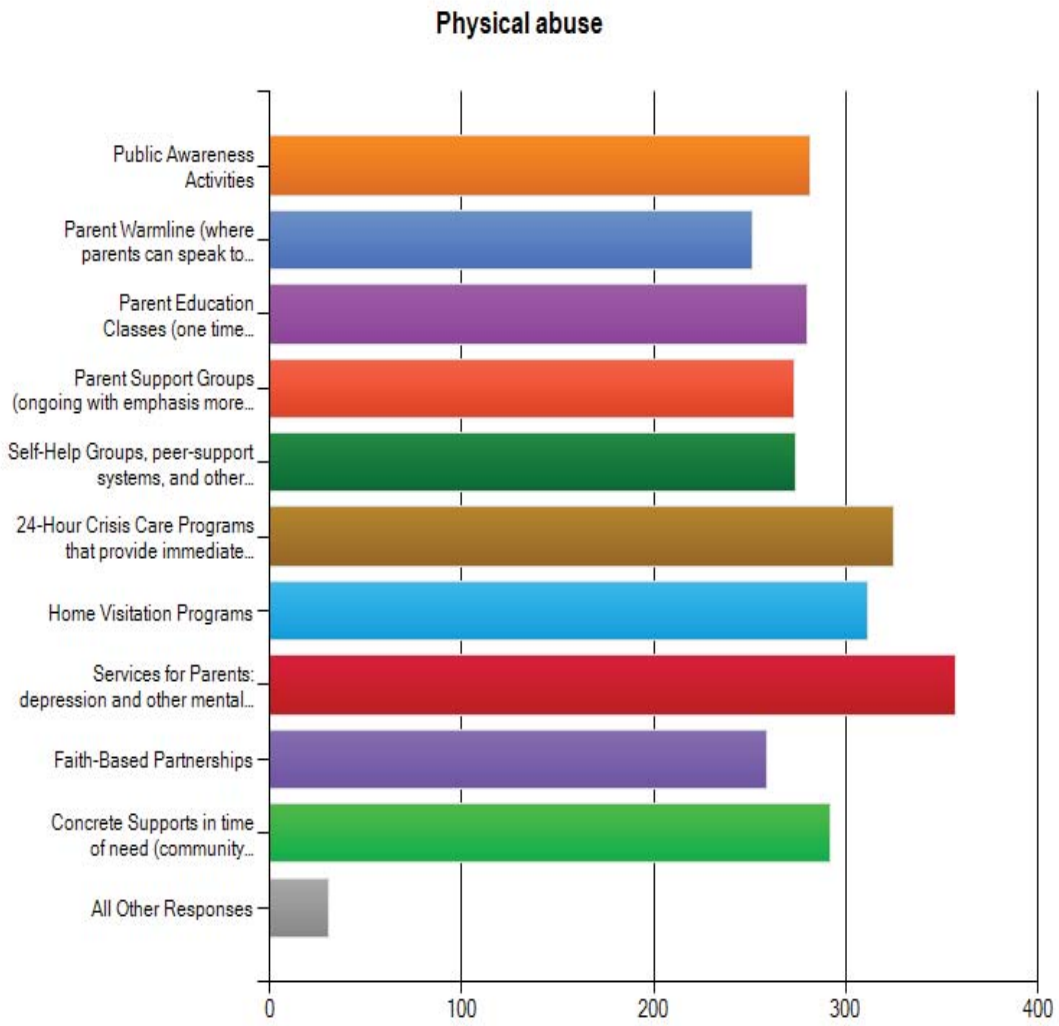
*(some victims/survivors experience more than one type of abuse):

Family service providers who answered this survey questions had a good idea of the types and the frequency of neglect and abuse types. Psychological abuse was ranked significantly higher than what is actually occurring. The rest of the categories were understood well or within one ranking order of the actual occurrence.

Child abuse and neglect is preventable in nearly every case. Question three on the public input survey asked "what works when trying to prevent child abuse". Each Physical abuse, Sexual abuse, Emotional Abuse, and Neglect is listed below in a chart detailing the perceived best way to prevent each type of abuse.

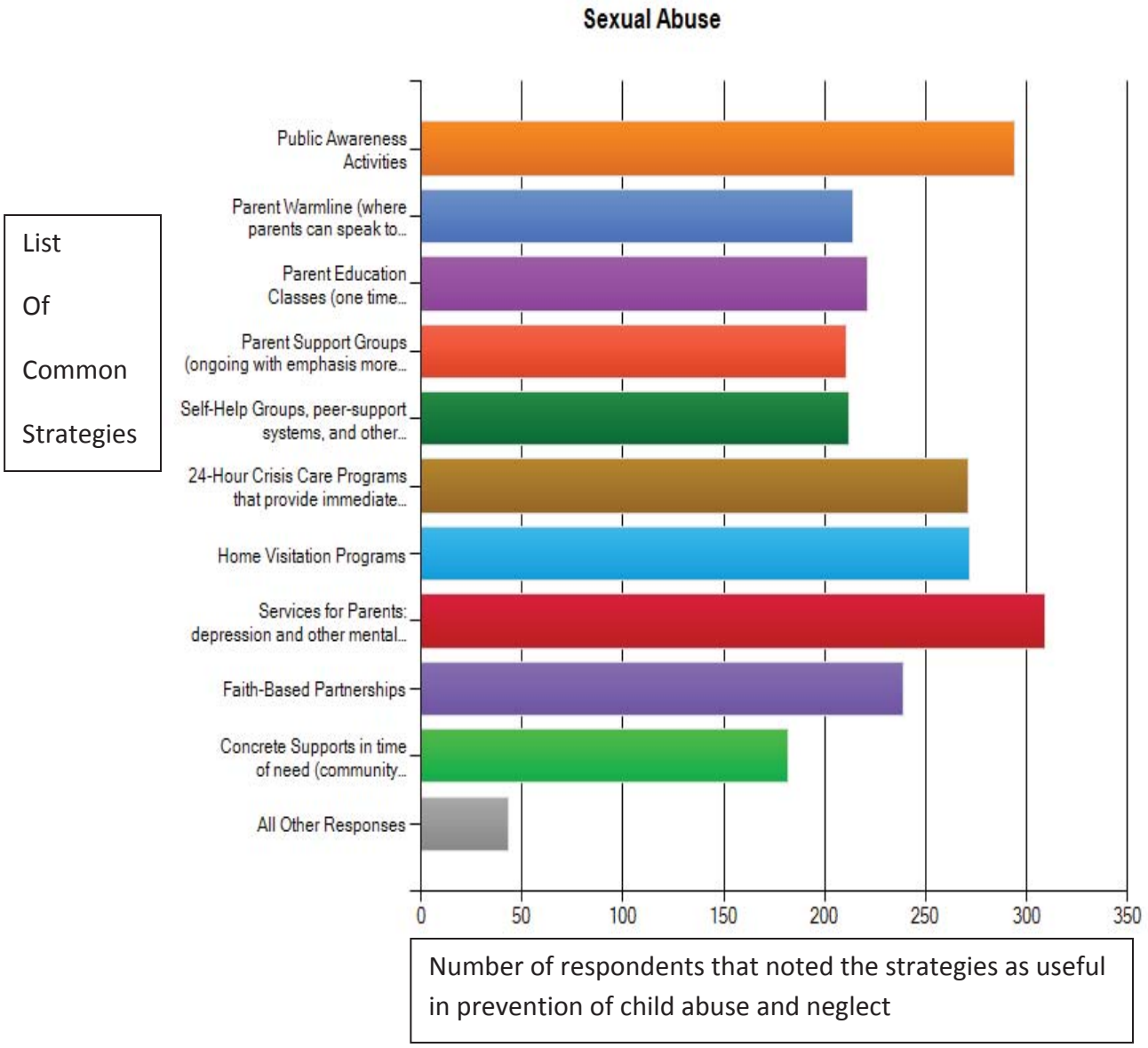
Question 3: What works when trying to PREVENT child abuse? For each type of abuse, select which prevention strategy, if any, maybe help prevent abuse.

List Of Common Strategies

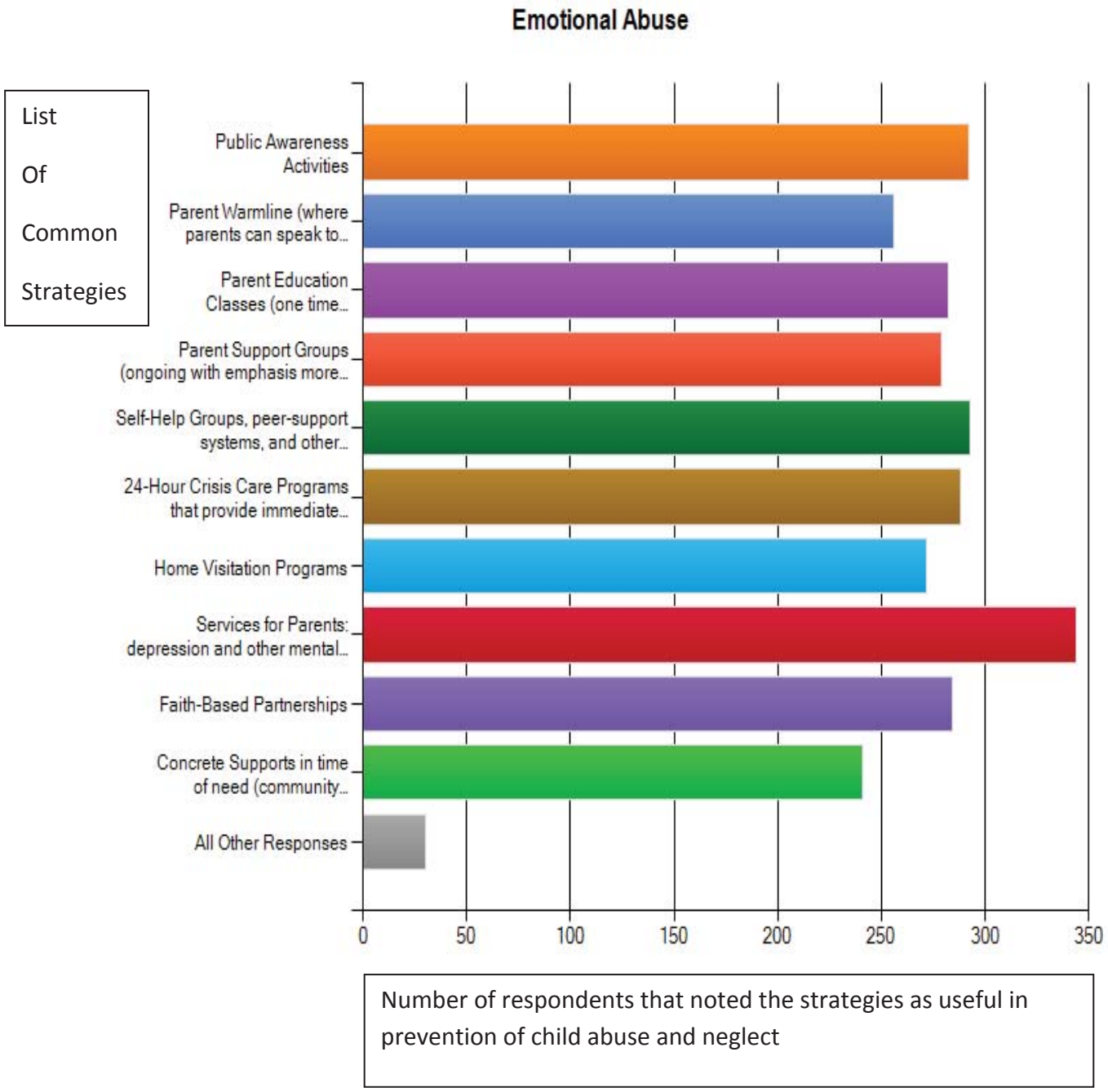


Number of respondents that noted the strategies as useful in prevention of child abuse and neglect.

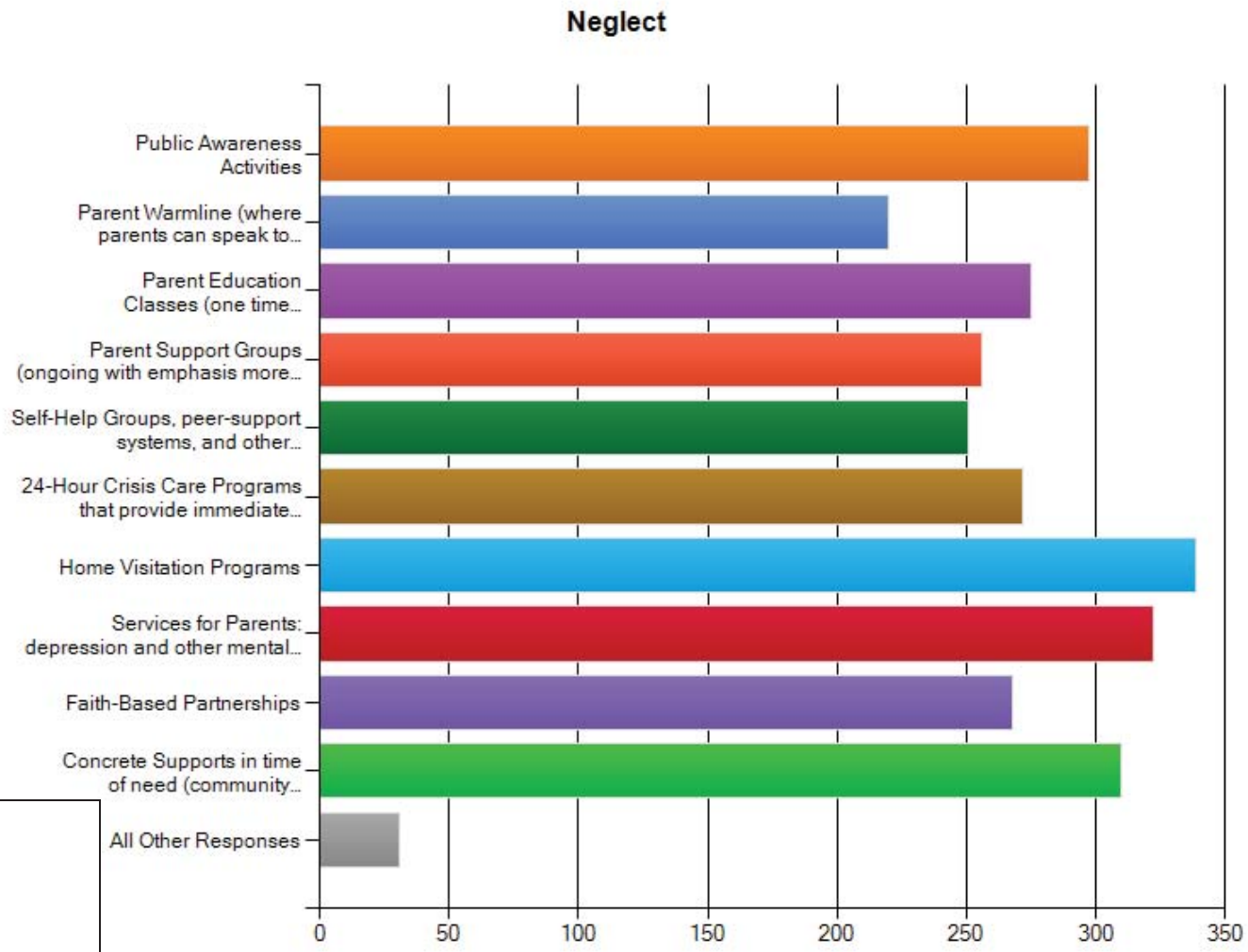
Service for parents regarding depression and other mental health issues and a crisis care program rank the highest by those surveyed. While Faith-based partnerships and other ranked the lowest on "what works to prevent child abuse and neglect".



Public awareness and services for parents related to mental health were perceived to be what works in preventing sexual abuse. Concrete support in time of need and parent support groups ranked lowest in “what works to prevent child abuse and neglect”.



Public awareness and services for parents related to mental health were perceived to be what works in preventing emotional abuse. Concrete support in time of need and parent warmline ranked lowest in “what works to prevent child abuse and neglect”.



List Of Common Strategies

Number of respondents that noted the strategies as useful in prevention of child abuse and neglect

Public awareness and home visitation programs were perceived to be what works in preventing emotional abuse. Self-help groups and parent warm line ranked lowest in "what works to prevent child abuse and neglect".

The final question was open-ended. We wanted to know if their options were limitless what the respondent would do to help Oklahoman families.

Question 4. If you had a magic wand that you could wave over Oklahoma families, what would you wish?

Distribution of topics:

Topic	Percentage of Responses
Resources	40%
Service	19%
Economic	18%
Hopeful	15%
No more child abuse	9%
Safety	6%
Community	5%
Early Intervention	3%

Sampling of Responses to Question 4: Magic Wand Wishes

Our respondents had a variety of answers when asked what they would wish for if they had a magic wand. The most common topic was the availability and access to resources for families and for services to support families.

Regarding *their* "wish", participants talked about basic resources:

- "Families all had enough food to feed all members",
- "Every parent and foster parent would take parenting classes",
- "mental health care and ongoing support available to anyone at anytime which could interrupt the downward spiral of stress, neglect, violence and abuse"
- "That everyone's individual needs could be met without regard to whether they were physical, psychological or emotional. That every individual could wake up every morning know that they were safe and that their needs were going to be met!"
- "That <u>every family in Oklahoma had access to a program</u> that would provide the family with resources when needed".

Services were mentioned regularly in different context, it was the second most discussed topic:

- "To be able ***to receive the services that they need***".
- "All parents be required to have a guidance ***class***".
- "That each baby born had someone to help that family transition to parenthood with physical (diapers, formula) and emotional (home-based education) ***support,***

and that each family could ease that infant into an NAEYC-accredited child care center as the parents work to create safe and stable housing."

- "Moral support for families, more jobs. ***Education programs for the parents, school facilities could be used for this, after hours'***.
- "that every first time mother and family would go through a parenting home visitation program"

Along with resources and services, economic factors were a common topic:

- "That parents would have the ***money and the education*** to raise their children in a safe and caring environment."
- "More ***jobs and housing***"
- "***Appropriate funding*** for effective prevention and intervention programs".
- "That every family had enough money for food, clothing, and shelter".
- "Livable Wages!"
- " Housing, transportation, food & enough money to live on, & medical care."

Feelings of hope were another common topic:

- "for children to have parents who love and care about them"
- "Every parent to see ***how truly awesome their child is*** therefore preventing abuse and neglect in Oklahoma."
- "That the parents could see how the child feels when any of the forms of abuse affects them. To see they can stop this pain."
- " I wish for the well-being for all children."
- "***Every person is worthy of love, respect and is valued***. If parents have these things, they can share them with their children "and others they come in contact with."
- "That all children be awarded with unalienable childhood rights, love, nurturing, equal chances at a happy childhood."

The rest of the categories dealt with:

No more child abuse:

- No more abuse ever!
- That there would be no more child abuse.
- I wish that all kinds of abuse were not happening.

Safety:

- Protection, **safety**
- That all families could feel ***safe*** in and out of their own home.
- for all children to live in a ***safe*** nurturing environment

Community:

- To have families that are supportive, work well in the ***community*** and raise children who are loved and supported.
- I wish families had more support from our ***community*** and services that were offered to help them. I wish that families could see and know the impact they are having on their children's lives and how it affects the generations to come.

- A ***community*** in which all the different agencies (CW, MH, OHCA, schools, law enforcement, etc) came together and thought of ways to complete prevention work together....a true multidiscipline approach. To be allocated the funding and resources needed to provide the work force, support and resources to the families and children we serve.

Early intervention:

- *Early intervention* with families that provide evidenced based services preventing separation of kids.
- That parents would understand the damage they do to their children when abuse of any kind is a part of their environment, and make them care about it
- For the state to seriously take a look at the *ACE Study* as it relates to the state's statistics around health and wellness-integrate physical and mental health strategies in meaningful ways.

the strategic PLAN

Plan to Prevent child abuse and neglect in Oklahoma

The Centers for Disease Control and Prevention (CDC) has, as a key strategic direction in preventing child maltreatment, the promotion of safe, stable, and nurturing relationships between children and their parents or caregivers. Their key strategies include emphasizing primary prevention, developing a rigorous science base, incorporating cross-cutting perspectives and applying a population-based approach. CDC priorities include: 1) measuring impacts; 2) creating and evaluating new approaches to prevention; 3) applying and adapting effective practices; and 4) building community readiness.[154]

This State Prevention Plan is consistent with the CDC strategy and is an opportunity to build upon Oklahoma's strengths and focus on PREVENTION. The 2014 – 2018 State Plan includes broad goals, needed strategies and measurable objectives to achieve those goals. Innovative actions will be necessary to sustain as well as enhance the service system. Partnerships will be critical given state and federal fiscal challenges. The OSDH and all prevention partners stand ready to employ the most current best practices to serve and support parents.

INFRASTRUCTURE

The prevention of child abuse and neglect is broader than just programs. It is the responsibility of our communities and neighborhoods to keep all children safe, and caregivers to raise children in healthy, safe environments. Leadership requires a commitment at all levels to keep children safe and assure that they reach their optimal potential.

LEADERSHIP BY STAKEHOLDERS

During this transition period with the elimination of the ITF, it will be imperative for state agencies and programs with a prevention component to collaborate regarding prevention efforts statewide.

Goal 1: Identify new key partners throughout the Prevention Plan for all activities within the prevention spectrum and who will serve as a prevention liaison as needed regarding the State Prevention Plan, reviewing the Start Right contracts, and represent their target group as it relates to prevention, etc.

Strategy 1
The OSDH will seek and engage new and existing stakeholder partners to work collaboratively within the various areas outlined in the State Prevention Plan.

Strategy 2
The OSDH will work with current ITF members to maintain relationships, striving to continue the work of the task force in an organized fashion on a voluntary basis while also recruiting new members/collaborating partners.

LEADERSHIP BY SERVICE PROVIDERS
Leadership is needed to engage a broad array of partners. These include traditional state and local partners such as social services, substance abuse/mental health, health and education. Leaders need to reflect the variation in children's needs including representation for youth as well as caregivers of children with special needs. Additionally, it will take the support of non-traditional partners using home-grown local leaders to engage communities as well as contributions from financial and other private sector representatives.

Goal 2: Increase the capacity, ownership and leadership within the child abuse prevention professional community.

Strategy 1
The OSDH, Home Visitation Leadership Advisory Coalition (HVLAC) and stakeholder partners will work collaboratively, continuing to stay informed and grow in their knowledge of current best practice, policies and models that positively impact the field of child abuse prevention and enhance the landscape of Oklahoma's children.

Strategy 2
The OSDH, HVLAC and stakeholders will collaborate and provide technical assistance and training to professionals in related fields that have the ability to impact child abuse prevention.

Measurable Objectives

1. Continue funding for home visitation programs for FY 2014 and beyond.
2. Continue presentations given on topics related to prevention of child abuse to interested stakeholders at the annual CAP day and mini-summits tied to strategies identified in the 2014-2018 Plan.
3. Continue training that increases the skills of providers delivering home visitation services in recognizing and responding to high risk high stress families.

Parent Leadership
Meaningful parent leadership occurs when parents address the challenges of parenting, gain the knowledge and skills to function in meaningful leadership roles and represent a "parent voice" to help shape the direction of their families,

programs and communities. Shared leadership is successfully achieved when parents and professionals build effective partnerships and share responsibility, expertise and leadership in decisions being made that affect families and communities.[155]

A strategic project by Circle of Parents (COP)/FRIENDS is developing a collection of effective strategies for building and sustaining parent partnerships and evaluating the impact of parent leadership on organizations, communities and states. The strategic project seeks to offer the "what" in terms of available tools that promote effective strategies for parent leadership and engagement as well as the "why" these tools and strategies have impact through identifying and measuring evidence of family, community and systems change.[156]

Goal 3: Establish a Parent Advisory/Leadership Group

Strategy 1
The OSDH with the **F**amily **R**esource **I**nformation, **E**ducation & **N**etwork **D**evelopment **S**ervices (FRIENDS) will research, seek and secure speakers, training opportunities, technical assistance and information on the importance of a parent advisory leadership group (representative of different children's ages, children with special needs and demographic variation), the process to creating such a group, and how best to collaborate with said group once it is achieved.

Strategy 2
The OSDH will work with programs in the child abuse network and the Home Visitation Leadership Advisory Coalition (HVLAC) to take the necessary steps to institutionalize and operationalize a parent advisory/leadership group.

Measureable Objectives

1. Establish a functioning Parent Advisory Group that provides input and leadership in the area of the prevention of child abuse and neglect by July 1, 2015.

EVALUATION
Evaluation is a critical element of child abuse prevention program sustainability, as funders and policymakers increasingly ask for evidence of the effectiveness of the programs they fund. It is also necessary for child abuse and neglect prevention and family support programs to conduct evaluation activities as part of their ongoing quality assurance efforts. Currently, there is widespread acceptance among many social science fields that the use of evidence-based or evidence-informed practices promotes the efficiency and effectiveness of funding, as there is an increased chance that the program will produce its desired result. In turn, research suggests that effective programs often have long-term economic returns that far exceed the initial investment. There are various types of evaluation. Program evaluation is a systematic study that assesses how well a program is working; process evaluation assesses the extent to which the program is operating as intended;

and outcomes evaluation, which assesses the intended results of the program. Evaluation of programs leads to replication that maintains model fidelity and uniformity of implementation thus achieving the intended outcomes that make a difference for children and families.

Goal 4: Support the evaluation of social services including child abuse and neglect services and other social services provided to children and families.

Strategy 1
OSDH will conduct evaluations in an objective fashion providing widespread dissemination of evaluation results.

Measurable Objectives

1. Sustain process used to review and assess a program's effectiveness, including continuous monitoring of evaluation activities with an annual program report.

PRIMARY PREVENTION

Primary prevention activities are directed at the general population and attempt to stop maltreatment before it occurs. All members of the community have access to, and may benefit from, these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers and decision-makers about the scope and problems associated with child maltreatment.[157]

CREATE A CULTURE OF CHANGE

We must mobilize a critical mass of policy makers, employers, community leaders, educators and providers to act on a commitment to families and to the health and safety of all children.

A public engagement campaign can fuel this change and is a structured, organized initiative to garner public support for a problem as a way of achieving needed change and sustaining this change as a community norm. Public engagement campaigns that include social marketing features have been shown to mobilize communities, organizations and individuals to call for policy or program changes in order to deal with problems. Educating the public about an issue and giving them the information and course of action to address the problem has driven many of the social changes that have occurred in our country. A public engagement campaign can focus on strategies ranging from media campaigns to policy changes and providers sharing the merits of their approaches to strengthening families or sponsoring community events focused on positive parenting. Prevent Child Abuse America and other national partner organizations have been compiling promising practices and strategies for public awareness and education campaigns.[158]

We must also recognize the informal supports offered in our neighborhoods and broader communities. Communities know best the needs of its families and the informal and formal resources available to meet their needs.

Building the capacity of communities to support its families at all levels leads to safer, healthier communities with more productive citizens.

Goal 5: Create a culture of change that values the health, safety, and well-being of children.

Strategy 1
The OSDH will work on a community development approach that builds on the *Positive Community Norms* Framework with experts using the "Science of the Positive" approach to educate and mobilize communities to shift community norms towards positive child development and family functioning so that child abuse and neglect is viewed as preventable and unacceptable.

Strategy 2
The OSDH, Smart Start Oklahoma and stakeholder partners will continue to seek and explore effective, creative Community Engagement Initiatives/Models, sharing them statewide as they are available with traditional and non-traditional target groups, such as, the faith-based population, libraries, businesses, etc.

Strategy 3
The OSDH will continue to seek training opportunities and technical support through the Community-Based Child Abuse Prevention Grant (CBCAP) as funds are available and the FRIENDS network related to community-building and community engagement, sharing professional talents of experts in the field with statewide stakeholders.

Strategy 4
The OSDH will work with Smart Start Oklahoma and other stakeholder partners to support the implementation of quality early childhood programs.

Strategy 5
The OSDH and Smart Start Oklahoma will collaborate around assuring Strengthening Families Protective Factors are integrated into all prevention programs serving children and families.

Strategy 6
The OSDH will generate a campaign focusing on the Adverse Childhood Experiences Study (ACES), including inviting participation of stakeholder partners, conducting preliminary research and gathering data to put measurable objectives in place, and creating a presentation package that will be made available statewide.

Strategy 7
The OSDH, the Child Abuse Action (CAP) Action Committee, Smart Start Oklahoma and other stakeholder partners will engage non-traditional partners to get involved in and support child abuse prevention efforts (i.e. business community, libraries, civic groups, faith-based groups, etc).

Measurable Objectives

1. Maintain attendance at the Annual Child Abuse prevention (CAP) Day at the Capitol.
2. Implement a statewide multi-media campaign with the following focus (see next section):

a. Stress the importance of children being given opportunities for healthy growth and development.
b. Recruit non-traditional partners at the local and state levels (business, civic groups and faith-based organizations).
c. Create awareness about the breadth of effective child abuse prevention strategies reflecting different age groups, children with special needs, and cultural and ethnic diversity in the state.
d. Provide information on effective community engagement strategies to promote positive community norms, including school-based approaches as well as violence prevention programs.

3. Increase the number of communities developing community engagement strategies to prevent child abuse and neglect by 10%.
4. Explore with Turning Point communities the feasibility of community-based child abuse prevention strategies tied to local community needs assessment results.

SUPPORTING PARENTS

All parents and caregivers need support in the job of raising healthy, productive citizens. Support can be informal, such as parents sharing information with each other, or formal, such as parenting classes or home visitation. The continuum from prenatal to high school would include programs that strengthen parenting skills and improve outcomes in the following areas: parent-child interactions (cognizant of the variation required for children with behavioral/emotional problems as well as children with special needs), effective communication, positive discipline, stress and anger management, self-awareness and empathy building, early learning, and family literacy. Additional supports for low income parents can incorporate referrals to job supports in the community.

Goal 6: Assure that general parent education and family support is universally available across the state.

Strategy 1

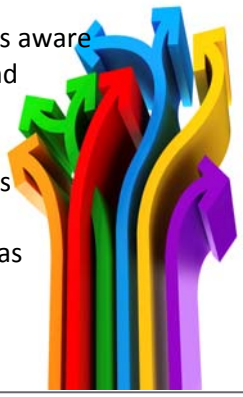
The OSDH, Smart Start Oklahoma and other stakeholder partners will engage others to work collaboratively in seeking and implementing various vehicles for providing education information to parents and caregivers to assist them in providing safe, stable and nurturing environments for children.

Strategy 2

The OSDH, Smart Start Oklahoma and other health and human service agencies will assist parents and caregivers in meeting the basic needs (sometimes called "concrete needs") of their family/children.

Measurable Objectives

1. Increase the number of venues for providing information regarding parenting and child development to parents and caregivers.
2. Increase the number of families aware of and able to access formal and informal community resources and concrete supports.
3. Increase the number of families receiving referrals to specific individuals at service agencies as



well as transportation to those services, as needed.

4. Increase the number of hospitals providing information on parenting and child development to all parents of newborns with information about abusive head trauma and safe sleep.

PREVENTION AND TREATMENT OF SEXUAL ABUSE

Prevention and treatment of sexual abuse is a special challenge, different in many of its dimensions from other types of child maltreatment. Enormous strides have been made to understand the problem, educate the public and mobilize resources to address it. Recent research has indicated that current strategies may not be the most effective. Additional research and program development is needed to prevent initial harm to children and reduce occurrences.[159]

Goal 7: Implement strategies to prevent child sexual abuse.

Strategy 1

The OSDH and Bethesda, Incorporated of Norman will work with partners (education, faith-based, etc) across the state to implement community-based programs that emphasize adult education and responsibility in keeping children safe from sexual predators.

Measurable Objectives

1. Increase the number of partners working on sexual abuse prevention.
2. Increase the number of child sexual abuse prevention programs in place and available statewide by 10%.
2. Expand the number of stakeholder groups including school systems and non-traditional partners receiving information on how to prevent child sexual abuse.

SECONDARY PREVENTION

Secondary prevention activities with a high-risk focus are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services for communities or neighborhoods that have a high incidence of any or all of these risk factors.

IDENTIFY BEST PRACTICES

Currently, there is an emphasis across human services that evidence-based or evidence-informed practices promote the efficiency and effectiveness of funding, as there is an increased chance the program will produce its desired result. In turn, research suggests that effective programs often have long-term economic returns that far exceed the initial investment.[160]

Understanding what evidence-based or evidence informed practice is, and is not, is a necessary step for programs, as they continue to strive towards providing the best, most effective

services. This focus on effective use of resources leading to positive outcomes for families will create a culture of accountability among all of those involved in the prevention of child abuse and neglect. The process of continually educating, evaluating and informing, not only professionals, but communities, will contribute to a focus on quality programs and services.

Goal 8: Identify best practices, programs and models that show evidence of improving child health, safety and well-being.

Strategy 1

The OSDH and state partners will seek and provide to interested partners, best practice and evidence-based/evidence informed models on a continual basis to assure quality services are provided and prevention dollars are well spent.

Measurable Objectives

1. Complete Comprehensive Plan for the Prevention of Child Abuse and Neglect and conduct a review on an annual basis.
2. Implement programs with measurable outcomes that meet the needs of children and families with an assessment conducted on an annual basis.

COMPREHENSIVE SYSTEM

Prevention is a long–term investment in the wellbeing of children and families. Various public agencies have responsibilities for prevention programs with different funding streams, policies and procedures and populations served. We know that piecemeal, single focused solutions do not address the complex issues that families face. A coordinated, interagency approach is needed to provide the supports that families need. Coordination and collaboration strategies can range from those that are easy to implement to those that are multi-faceted. Interagency coordination can lead to efficient use of resources and a coordinated response to family needs.

Oklahoma has a broad array of public and private services focused on the needs of families. We are recognized for the evidence-based programs implemented and our history of helping our neighbors in need. In order to develop a four year comprehensive plan, it is first necessary to identify all of our current resources, gaps in resources, needed resources, assess the best strategies to support families and develop a clear plan with identified actions and measurable results to prevent abuse and neglect among our families.

One key component of supporting parents and child development is through statewide home visiting implemented through various state agencies, such as the OSDH and/or the Oklahoma State Department of Education. Voluntary home visiting programs tailor services to meet the needs of individual families, and offer information, guidance and support directly in the home environment. While home visiting programs, such as Healthy Families

America, the Nurse-Family Partnership, the Parent-Child Home Program and Parents as Teachers, share similar overall goals of enhancing child well-being and family health, they vary in their program structure, specific intended outcomes, content of services and target populations.
A growing body of research demonstrates home visiting programs that serve infants and toddlers, can be an effective method of delivering family support and child development services, particularly when services are part of a comprehensive and coordinated system of high quality, affordable early care and education, health and mental health, and family support services for families prenatally through pre-kindergarten.[161]

Goal 9 Work towards the establishment of a comprehensive system of prevention programs available across the state to families with risk factors for child abuse and neglect.

Strategy 1
The OSDH and Smart Start Oklahoma will work with other community partners across the state to increase the number and quality of center-based parent support groups and parent education groups.

Strategy 2
The OSDH, Home Visitation Leadership Advisory Coalition (HVLAC) and other networking partners from across the state will work to increase the number and quality of home visitation services.

Measurable Objectives

1. Implement programs with measurable outcomes that meet the needs of children and families through collaboration local and state entities as well as non-traditional partners.
2. Increase the number of home visitation services available and funded statewide by 10%.
3. Explore with OKDHS the possibility of a) expanding its respite care voucher program to families known to the child welfare system who are at risk of child abuse and neglect as part of family preservations services and b) increasing household income eligibility standards for the respite care voucher program to expand access to such services for families with children with special needs.

TERTIARY PREVENTION

Tertiary prevention activities focus on families where maltreatment or identified challenges have already occurred, seek to reduce the negative consequences of the maltreatment and to prevent its re-occurrence.

INCLUSION OF FAMILIES KNOWN BY CHILD SERVING AGENCIES

Linkages across all child serving agencies are essential to addressing the multiple factors affecting child abuse and neglect. Oklahoma has key elements in place with a: 1) comprehensive array of home visitation programs; 2) statewide child care infrastructure; 3) Child Welfare Pinnacle plan calling for smaller caseloads and collaboration between agencies offering family supports (including mental health and substance abuse treatment services)

and 4) trauma informed framework to mitigate entry into the child protective service system. There are community strategies in place through the work of Smart start Strengthening Family communities and localities participating in the Oklahoma Center for Community-Based Initiatives. Given historical recessionary conditions, strengthening strategies to reduce poverty are needed. Public awareness occurs with multiple public and private sector partners through summits and CAP days at the capitol. All of these initiatives need ongoing support and expansion with linkages necessary to have a systemic response to child abuse and neglect prevention.

Goal 10 Include in the comprehensive system, prevention programs focused on serving families identified by the child welfare, mental health, substance abuse, and/or domestic violence systems

Strategy 1
The OSDH will support OKDHS, Child Welfare as they continue to implement the Pinnacle Plan emphasizing child safety.

Strategy 2
The OSDH will provide support when appropriate to collaborative partners in increasing the number and quality of mental health services available to both adults and children.

Strategy 3
The OSDH will work to identify new partners and provide support when appropriate to collaborative partners already in place in increasing the number and quality of substance abuse treatment services for both adults and children.

Strategy 4
The OSDH will work to identify new partners and provide support when appropriate for existing partners already in place in increasing the number and quality of domestic violence services.

Strategy 5
The OSDH will work to identify new partners and provide support when appropriate for existing agencies working in the field to continue to explore the overlap between child abuse and domestic violence incidents, investigations, as well as best practices for prevention and intervention.

Measurable Objectives

1. Explore with OKDHS Child Welfare ways to collaborate on prevention strategies as they continue to implement the Pinnacle Plan emphasizing child safety.
2. Increase the number of mental health and domestic violence services available to meet the needs of all children and families.
3. Integrate child abuse prevention strategies into mental health & domestic violence programs.

CULTURAL COMPETENCE IN SYSTEM
Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those

professionals to work effectively in cross–cultural situations. Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes.
There are five essential elements that contribute to a system's ability to become more culturally competent. The system should (1) value diversity, (2) have the capacity for cultural self–assessment, (3) be conscious of the "dynamics" inherent when cultures interact, (4) institutionalize cultural knowledge, and (5) develop adaptations to service delivery reflecting an understanding of diversity between and within cultures. Furthermore, these five elements must be manifested in every level of the service delivery system. They should be reflected in attitudes, structures, policies and services. Valuing diversity means accepting and respecting differences. People come from very different backgrounds and their customs, thoughts, ways of communicating, values, traditions, and institutions vary accordingly. The choices that individuals make are powerfully affected by culture. Cultural experiences influence choices that range from recreational activities to subjects of study. As we further define a comprehensive approach for the prevention of child abuse and neglect, we must attend to the unique culture of Oklahoma, recognizing our strengths and weaknesses.[162]

Goal 11: Promote and/or provide culturally appropriate services that maximize the participation of various cultural and ethnic populations.

Strategy 1
The OSDH, state and local partners will seek and provide to interested partners best practice and evidence-based/evidence informed models on a continual basis to assure appropriate services are available to culturally diverse populations.

Strategy 2
The OSDH, state and local partners will continue to redefine the components needed for the comprehensive system as child abuse prevention programs' populations evolve.

Measurable Objectives

1. Increase by the number of families able to access needed services
2. Monitor how the workforce reflects the diversity of families served.
3. Increase program training regarding cultural diversity issues.

FUTURE ACTIONS

The Oklahoma Child Abuse and Neglect Prevention Plan for State Fiscal Year 2014-State Fiscal Year 2018 has ambitious strategies to drive improvements across multiple sectors involving children, families and communities. The plan will be monitored on a regular basis both internally and with CBCAP's partners. This report recognizes that prevention efforts and policies must address children their caregivers and the environments in which they live in order to prevent potential abuse from occurring. Coordinated efforts across sectors are necessary for success.[134]

State and local partnerships are critical to this endeavor. Sustaining alliances with other state agencies will continue our efforts to leverage resources to address strategies in the report. As important, this plan will only move forward by increasing communities' capacities to help families in need through the involvement of local leaders, coordination between local service providers and advocacy at the local and state levels. This report is a call for ongoing action. Engaged stakeholders must come together in a spirit of shared responsibility to invest in Oklahoma's families to improve the future for our state's children.[135]

Acknowledgements

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APPENDIX I: STATE PLAN ACCOMPLISHMENTS

APPENDIX II:
DIRECTORY OF PROGRAMS – OKLAHOMA PREVENTION NETWORK

ENDNOTES

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OCAP PUBLIC INPUT SURVEY

Please take a moment to provide feedback on child abuse/neglect & prevention. Thank you!

1. **Child abuse and neglect is a complex issue. The following list includes factors that can increase family stress. Please rate how much impact you think each issue has in relation to child abuse from (1) being NOT CONNECTED AT ALL to (5) being VERY CONNECTED.**
   Please circle which number best fits.

COMMUNITY/SOCIETAL					
High crime rate	1	2	3	4	5
Lack of or few social services	1	2	3	4	5
High poverty rate	1	2	3	4	5
High unemployment rate	1	2	3	4	5
Housing	1	2	3	4	5
Childcare	1	2	3	4	5
PARENT-RELATED					
Domestic violence	1	2	3	4	5
Substance abuse	1	2	3	4	5
Mental Health	1	2	3	4	5
Personal history of physical or sexual abuse as a child	1	2	3	4	5
Emotional immaturity	1	2	3	4	5
Poor coping skills	1	2	3	4	5
Low self-esteem	1	2	3	4	5
CHILD-RELATED					
Prematurity	1	2	3	4	5
Handicap	1	2	3	4	5

Other Comments:

2. **There are four types of child abuse. Rank which type you believe is the most common.**

☐ Physical abuse - is the use of physical force, such as hitting, kicking, shaking, burning, or other shows of force against a child.

☐ Sexual abuse - involves engaging a child in sexual acts. It includes behaviors such as fondling, penetration, and exposing a child to other sexual activities.

☐ Emotional abuse - refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name calling, shaming, rejection, withholding love, and threatening.

☐ Neglect - is the failure to meet a child's basic physical and emotional needs. These needs include housing, food, clothing, education, and access to medical care.

Oklahoma State Department of Health
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OCAP PUBLIC INPUT SURVEY

3. **What works when trying to PREVENT child abuse?**
   For each type of abuse, select which prevention strategy, if any, may help prevent abuse (check all that apply).

Public Awareness Activities
☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ Neglect

Parent Warmline (where parents can speak to someone about concerns)
☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ Neglect

Parent Education Classes (one time or time limited)
☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ Neglect

Parent Support Groups (ongoing with emphasis more on support than education)
☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ Neglect

Self-Help Groups, peer-support systems, and other neighborhood support programs to reduce the isolation experienced by many parents
☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ Neglect

24-Hour Crisis Care Programs that provide immediate assistance to parents by offering a telephone helpline, caretakers, nurseries, and counseling
☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ Neglect

Home Visitation Programs
☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ Neglect

Services for Parents: depression and other mental health issues, domestic violence and substance abuse
☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ Neglect

Faith-Based Partnerships
☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ Neglect

Concrete Supports in time of need (community response to a family crisis for food, shelter, clothing, diapers)
☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ Neglect

Other _____

_____

4. **If you had a magic want that you could wave over Oklahoma families, what would you wish?**

_____

_____

Thank you for providing public input to the Oklahoma State Plan for the Prevention of Child Abuse & Neglect! We appreciate your comments.

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