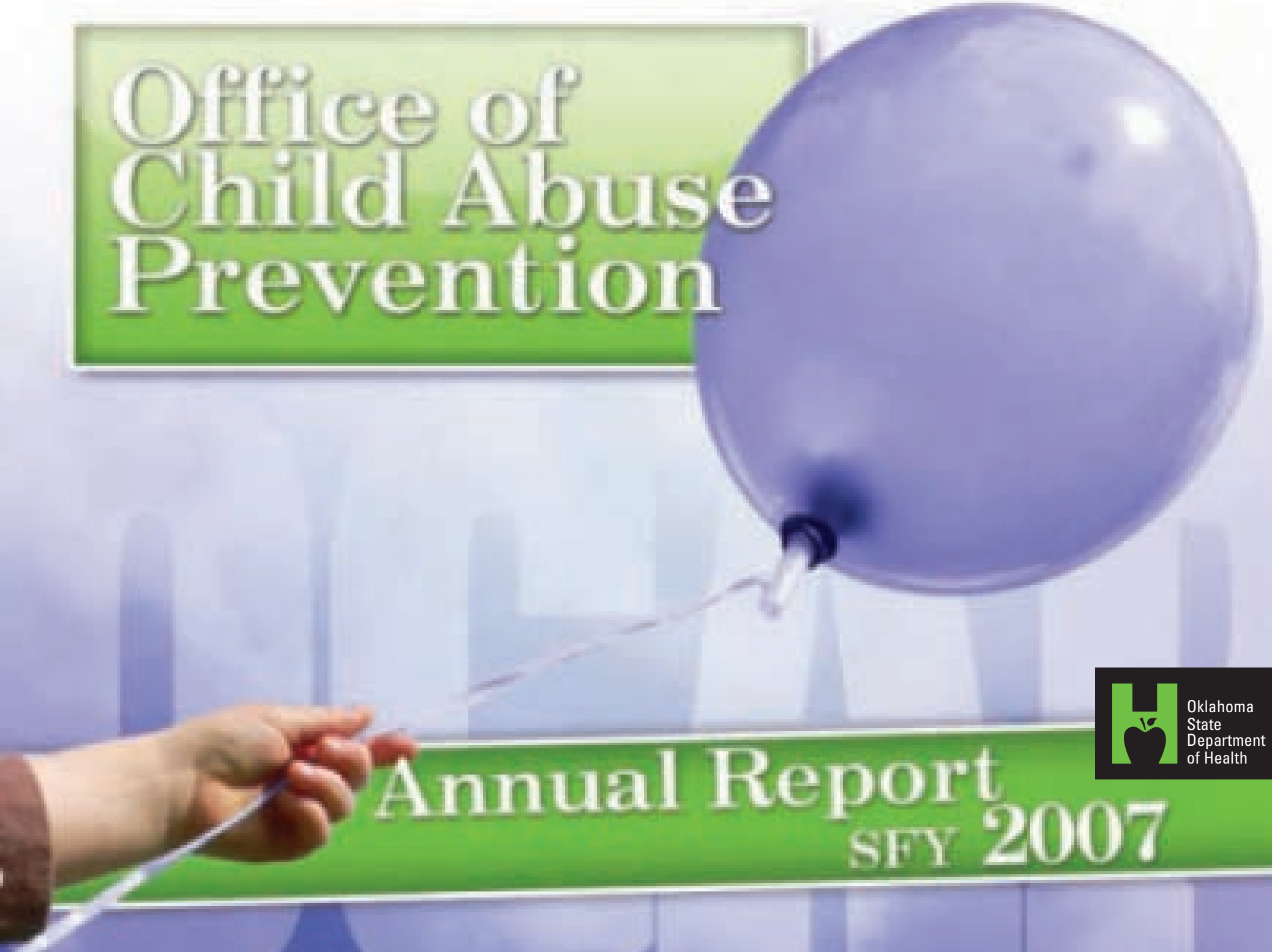
Office of Child Abuse Prevention



Oklahoma State Department of Health

Annual Report SFY 2007

Message from the Secretary and Commissioner of Health

Most of Oklahoma's children grow to be healthy and happy. Sadly, some do not due to physical and/or sexual abuse or even neglect. While such child maltreatment has traditionally been thought of as a legal or child welfare issue, it is also very much a public health issue.

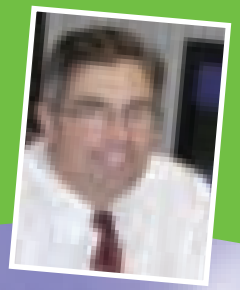
The personal and societal consequences of child maltreatment are severe. It is a problem that can affect any family regardless of race, ethnicity or socioeconomic status. Victims often indulge in negative behaviors such as smoking, drinking alcohol in excess, abusing substances or engaging in sexual promiscuity. They may also experience adverse health effects as adults such as severe obesity, depression, cardiovascular disease as well as other unhealthy conditions.

For these reasons, the Oklahoma State Department of Health is deeply dedicated to preventing and reducing the reoccurrence of child maltreatment. Our public health system, including our community contractors, provided over 1,500 at-risk families with home visits and/or center-based services, high quality training for well over 4,000 professionals and support for 49 multidisciplinary teams during this past fiscal year.

I commend all of our public health partners across the state working so tirelessly to create safer, more nurturing environments for Oklahoma's children.

Sincerely,

James M. Crutcher, MD, MPH
Secretary of Health and Commissioner of Health



Message from the Chief of Family Support and Prevention Service

In 1983, a small group of child advocates, concerned with rising child abuse and neglect rates, had a vision of preventing child abuse – not merely responding to it. Those advocates assured the passage of the Oklahoma Child Abuse Prevention Act in 1984. The Act was a monumental step in affirming Oklahoma's commitment to making child abuse prevention a priority in the State of Oklahoma.

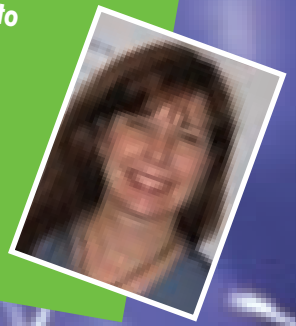
This report focuses on information gathered during State Fiscal Year 2007. It provides an overview of the Office of Child Abuse Prevention's (OCAP) activities, demographics of the families served and the costs associated with these activities and services.

The OCAP continues to incorporate the nation's best practices into it's programming. For the next five-year contract period (SFY 2008- 2012), community contractors will utilize the Healthy Families America 12 Critical Elements and training to assure high-quality home visitation services and the acclaimed "Circle of Parents" center-based service model is being brought to Oklahoma. The Child Abuse Training and Coordination Program (CATC), as in the past, will bring the state and nations' leading experts in prevention, intervention and investigation to all corners of our state in order to educate a variety of professionals.

As the field of child abuse prevention evolves and improves, Oklahoma's efforts move forward as well. It is an honor to serve with such dedicated, professional individuals.

Sincerely,

Annette Wisk Jacobi, JD
Chief, Family Support & Prevention Service



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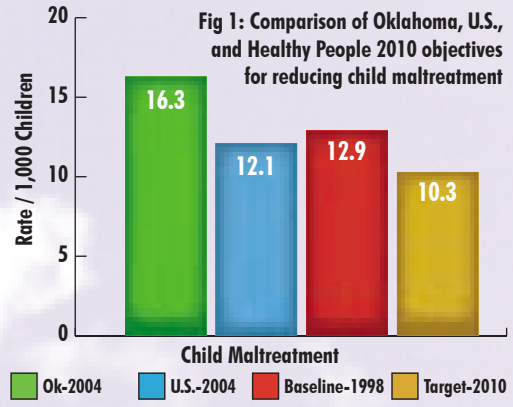
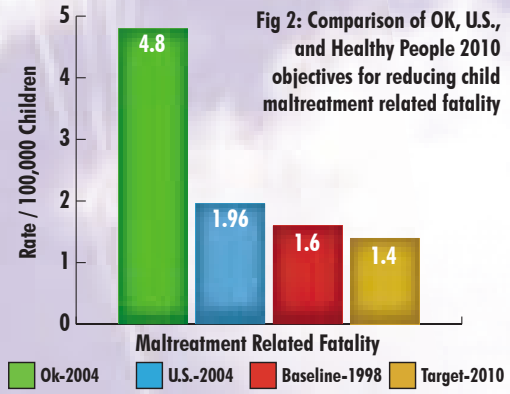
Scope of Child Abuse & Neglect



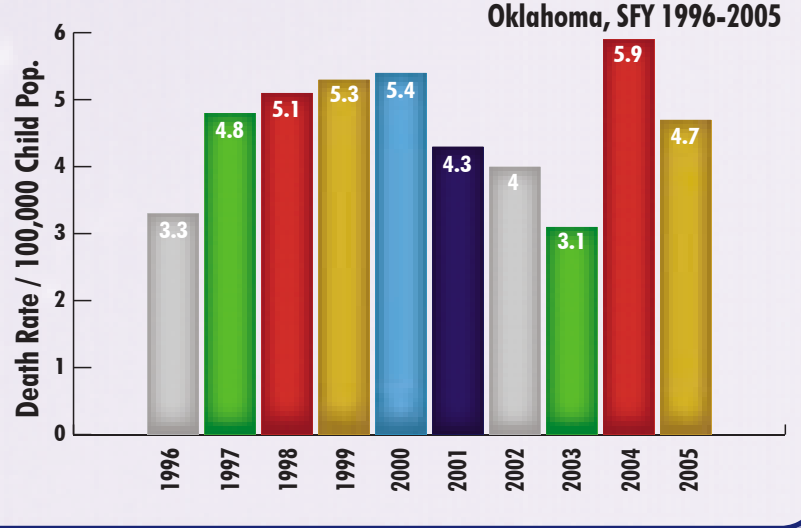
Oklahoma State law recognizes child abuse as "harm or threatened harm to a child's health, safety, or welfare by a person responsible for the child's health, safety, or welfare, including sexual abuse and sexual exploitation." Harm or threatened harm includes, but is not limited to non-accidental physical or mental injury, sexual abuse, sexual exploitation, neglect, failure or omission to provide protection from harm or threatened harm or abandonment. Neglect is defined as "abandonment or failure or omission to provide adequate food, clothing, shelter, medical care or supervision or special care made necessary by the physical or mental condition of the child." [1]

The US Department of Health and Human Services' Healthy People 2010 objectives related to child abuse and neglect target a 20% reduction of child maltreatment and a 12% reduction of maltreatment fatalities by the year 2010. [2] In 2005, Oklahoma's maltreatment rate (16.3/1,000) and fatality rate (4.8/100,000) was higher than the U.S. rate and the Healthy People 2010 baseline rate (Figure 1 and 2). [3,4]



National trends in the last 5 years depict a 3.2% decrease in child maltreatment victimization rate, from 12.5/1,000 children in 2001 to 12.1/1,000 children in 2005. The rate of child maltreatment fatalities has remained static between 2001 and 2005 at 1.96/100,000 children. [4]

In Oklahoma, there was a 42% increase in the rate of child maltreatment fatalities from 3.3 deaths per 100,000 children in SFY 1996 to 4.7 deaths per 100,000 children in SFY 2005 (Figure 3).



Note: Rates derived from data available on child abuse and neglect statistics from OKDHS

In FFY 2005, of the 50 states and two territories reporting to the National Child Abuse and Neglect Data System (NCANDS), Oklahoma ranked 44th in the number of child maltreatment victims (16.3/1,000 children) with rank 1 having the lowest rate. Oklahoma ranked the worst out of the 50 states reporting to NCANDS on child maltreatment fatalities (4.8/100,000 children).[4]

Research has shown that very young children (ages 3 and younger) are the most frequent victims of child abuse and neglect fatalities.[5] NCANDS data for FFY 2005 illustrates that children 3 years of age and under accounted for approximately 77% of all child maltreatment fatalities, while children under one year of age accounted for approximately 42% of the child fatalities.[4]

In SFY 2006, The Oklahoma Department of Human Services (OKDHS) reported that 58% of the total confirmed child abuse and neglect victims (n=13,827) were six years old or younger.[6] Approximately 85% of the cases were due to neglect with the biological parents of the child named as the perpetrator in nearly 79% of the cases.[6] Mothers were identified as perpetrators more often than fathers.

Table 1: Individual and Societal Consequences of Child Abuse and Neglect[7]

Individual consequences
Physical health effects –
• Shaken baby syndrome
• Impaired brain development
• Poor physical health
Psychological effects –
• Poor mental and emotional health
• Cognitive difficulties
• Social difficulties
Behavioral effects –
• Difficulties during adolescence
• Juvenile delinquency and adult criminal
• Alcohol and other drug abuse
• Abusive behavior
Societal Consequences
Direct costs –
• Child welfare system for investigations
• Judicial, law enforcement, health, and mental health expenses
• Approximately $24 billion per year
Indirect costs –
• Long-term costs due to criminal activity, mental illness, substance abuse, and domestic violence.
• Loss of productivity due to unemployment and underemployment
• Special education services expenses
• Increased use of health care system
• More than $69 billion per year

OKDHS Child Abuse and Neglect Statistics: SFY 2005-2006

Each year the Oklahoma Department of Human Services, Division of Children and Family Services, Child Welfare Services publishes the *Child Abuse and Neglect Statistics*. In SFY 2006, OKDHS received 63,128 reports on families, and 36,445 (57.7%) reports had allegations that met the definition of abuse and neglect. There were 51,739 children for whom an investigation was completed, and 11,369 for whom assessments were made.

Fig 4: Confirmed Child Abuse and Neglect Cases by Category, Oklahoma SFY 2006.

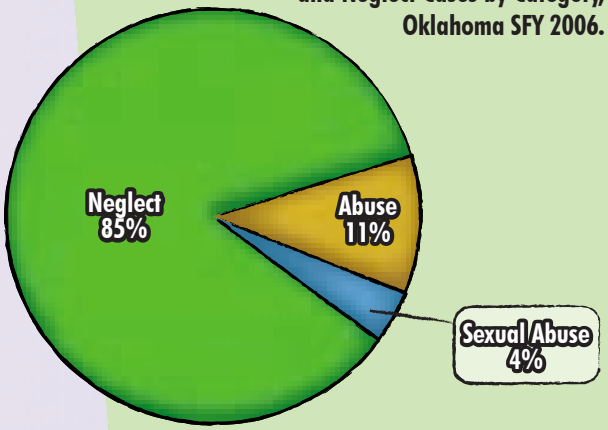


Table 2: Child Abuse and Neglect Cases Investigated and Confirmed by OKDHS in SFY 2001-2006, Oklahoma

State Fiscal Year	Investigated/ Assessed	Confirmed	Confirmation Rate
2001	50,683	13,394	26%
2002	62,795	13,903	22%
2003	62,626	12,971	21%
2004	60,770	12,347	20%
2005	61,926	13,328	22%
2006	63,103	13,827	21%

The reporting source of confirmed child abuse and neglect cases has remained relatively constant since 1996. For SFY 2006, law enforcement continued to be the most frequent reporting source of child maltreatment (21.7%). Neglect continued to be the leading type of child maltreatment (84.9%) (Figure 4).

In SFY 2006, child abuse and neglect was most often confirmed for children younger than three years of age (31%); followed by children three to six years of age (27.4%) (Figure 5).

Oklahoma statistics on deaths due to child abuse and neglect for SFY 2006 have not yet been made available by OKDHS. However, in SFY 2005, 40 children died from abuse and neglect. Children less than one year of age (35.5%) and children one to two years of age (40%) accounted for the majority of child abuse and neglect deaths. Among the confirmed child abuse and neglect deaths in SFY 2005, 50% were females and 50% were males. In addition, 45% of the children were Caucasian, 37.5% were American Indian, 15% were African American, and 2.5% were Hispanic. Please refer to Figure 6 for confirmed deaths by perpetrator in SFY 2005.

Fig 5: OKDHS Confirmed Child Abuse and Neglect Cases by Age, Oklahoma, SFY 2006

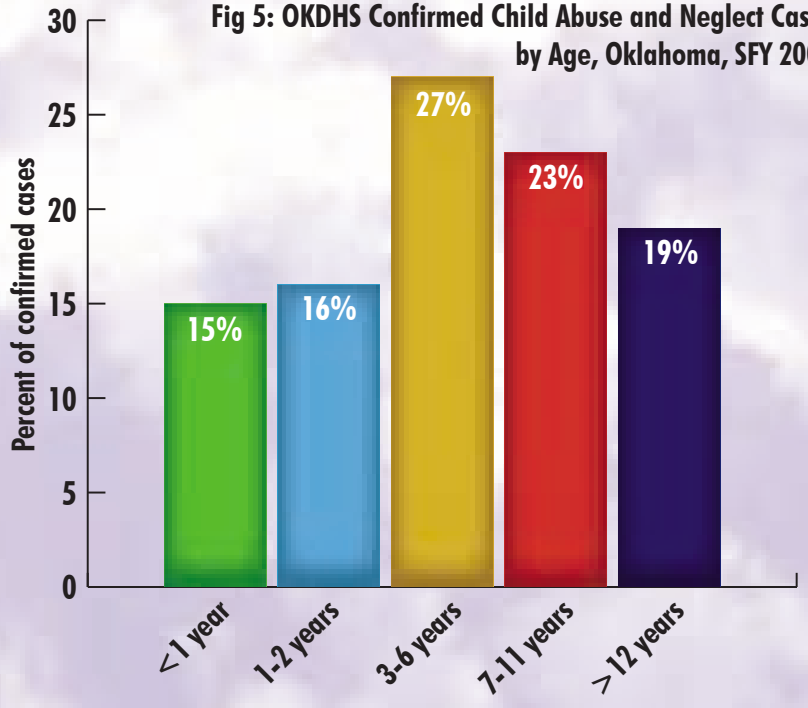
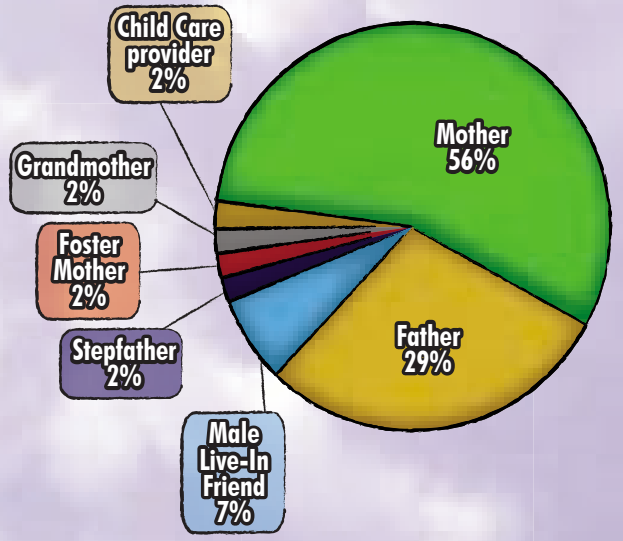


Fig 6: OKDHS Confirmed Child Abuse and Neglect Deaths by Perpetrator, Oklahoma, SFY 2005



The Office of Child Abuse Prevention (OCAP)

The Office of Child Abuse Prevention was created in 1984 by the Oklahoma Child Abuse Prevention Act, Title 63, O.S. Section 1-227.[8] The Act declared that the prevention of child abuse and neglect was a priority in Oklahoma. In accordance with the Act, OCAP was placed within the Oklahoma State Department of Health to emphasize prevention as the focus rather than "after-the-fact" intervention.

OCAP utilizes a public health framework for providing prevention services, which includes:

- Primary services to promote child abuse prevention statewide and raise the awareness of the general public, program providers and decision-makers on issues related to child maltreatment;
- Secondary services that consist of community-based child abuse prevention programs geared towards families that have one or more risk factors associated with child maltreatment; and
- Tertiary services by training professionals involved in the child welfare system and child abuse multidisciplinary teams in the identification, reporting and investigation of child maltreatment.

OCAP's mission is to promote the health and safety of children and families by reducing child abuse and neglect through 1) the funding of direct services (OCAP Programs, page 5); 2) the training of professionals that work in the child abuse prevention and protection arenas (Child Abuse Training and Coordination Program – CATC, page 21); and 3) conducting activities that educate the public about child maltreatment and enhance the infrastructure that supports prevention efforts (Additional OCAP Activities, page 24).

The Office of Child Abuse Prevention Programs

The Office of Child Abuse Prevention receives specific state appropriations each year into the Child Abuse Prevention Fund for direct services to families that exhibit risks associated with child abuse or neglect. During SFY 2007, the Oklahoma State Legislature provided approximately $3.3 million to be distributed to 21 community contractors (hence referred to as OCAP Programs). These OCAP Programs had been awarded a five-year renewable contract in SFY 2003 based upon a competitive bid process. SFY 2007 was the last year of the contract cycle (see Table 6, page 19).

SERVICES PROVIDED BY OCAP PROGRAMS

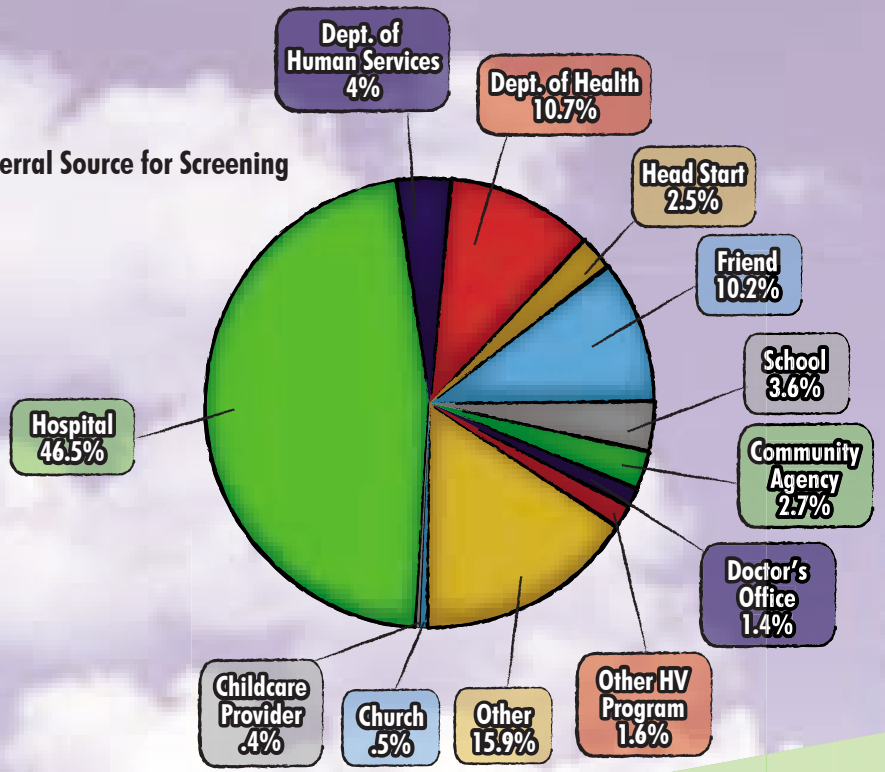
In general, OCAP Programs provided the following services:

- Screenings and assessments to determine eligibility for OCAP Program services
- Intensive home visitation services and/or center-based parent education and support
- Referrals to intensive services related to issues such as mental health, domestic violence or substance abuse
- Education regarding positive parent-child interaction
- Child developmental screenings and assessments with linkages to appropriate remediation services
- Referrals and connections to community resources such as Medicaid, food banks, quality childcare, job training, immunizations, etc.
- Respite vouchers for families experiencing great stress or acute crisis
- Transportation to and from necessary appointments

Screenings

In order for a family to participate in either center-based services or home visitation services, they must complete the OCAP Program screening. During SFY 2007, 2,947 persons were contacted and screened for potential indicators of child abuse and neglect. Most of these referrals to OCAP Programs came from hospitals (~47%), health departments (~11%), and other sources (~16%) such as Children First, SoonerStart, WIC, family members and self-referral (Figure 7).

Fig 7: Referral Source for Screening



FAMILIES AT RISK FOR CHILD ABUSE AND NEGLECT

A family is screened to be at risk for potential child abuse and neglect on the basis of the following indicators:

- Young age or single, separated, divorced or widowed*
- Late or no prenatal care, poor compliance*
- Abortion unsuccessfully sought or attempted*
- History of abortions
- Education under 12 years
- Partner unemployed
- Inadequate income
- Unstable housing
- History of or current depression
- History of psychiatric care
- Relinquishment for adoption sought or attempted
- Marital or family problems
- Inadequate emergency contacts
- No phone
- History of substance abuse

A screening is considered positive if two or more of the above risk factors are present. Additionally, the screening is positive if any of the asterisked (*) factors are present or if there are seven or more unknowns.

Of those who screened positive during SFY 2007:

- 63% had low income
- 56% were either a teen, single, separated, divorced, or widowed
- 40% had unknown history of abortions and adoption relinquishment
- 39% had unknown history of substance abuse
- 37% had unknown history of family problems
- 37% had unknown history of psychiatric care
- 36% had unknown history of depression
- 32% had education less than 12 years
- 27% had unknown information on late or no prenatal care

Table 3: Reason For A Positive Screen Not Resulting in Further Assessment

Reason	n	%
Individual lives outside program service area	196	17.4
Individual not interested in participating further	172	15.3
OCAP Program was unable to contact individual	113	10.0
Individual not within target population	107	9.5
Individual referred to another program	59	5.2
Individual referred to the Children First Program	45	3.9
Individual could not communicate in English	29	2.6
Individual did not feel need for program	25	2.2
Individual was participating in another program	24	2.1
Individual did not believe she/he had time to participate	19	1.7
OCAP Program did not have staff to serve	6	0.6
Individual/Family involved with DHS Child Welfare Services	6	0.5
Pregnancy ended in miscarriage	3	0.3
Pregnancy ended in adoption	2	0.2
Other	320	28.4
Total	1127	100

Positive screen results were seen in 2,492 (85%) individuals. Of the positive-screen results, 1,453 (58%) individuals were referred for further assessment. Reasons for positively screened individuals not continuing onto assessment are shown in Table 3.

Center-based Services

Many young, developing families feel isolated. Isolation can be particularly devastating to a new mother if she is not in school or employed outside of the home. At times, this sense of loneliness can lead to overstressed parents and the potential for a child to be abused increases. For this reason, the OCAP Programs provided a variety of opportunities for families to connect with others for social and educational purposes.

ELIGIBILITY FOR CENTER-BASED SERVICES:

In order for a family to be eligible to participate in any center-based services, the family must have had:

a) a child under the age of five years; and
b) completed the OCAP Program screening process as previously described.

Families were allowed to participate in center-based services regardless of their score on the screening tool. Families that participated in home visitation services were also encouraged to attend center-based services as well.

TYPES OF CENTER-BASED SERVICES:

OCAP Programs were required to provide the following:

1. Structured Parent Education Groups
   - Utilized an approved curriculum and follows a course of lessons such as budgeting, health, discipline, family dynamics, domestic violence, substance abuse, basic parenting skills, child development, special needs, etc.
   - Met for four weeks to twelve weeks for a minimum of one hour each
   - Includes the same group of parents until the conclusion of the curriculum

2. Weekly and Monthly Ongoing Parent Education/ Support Groups
   - Parents can joined at any time and sessions were held year-round
   - Sessions utilized a discussion format and focus on developing social and emotional support among parents
   - Sessions incorporated an educational component and may have included a guest speaker
   - Typically held at another facility or agency in the community

3. Parent-Child Drop In Activities
   - Special events were provided to promote and role-model positive parent-child interaction
   - Age-appropriate activities were organized for children via play, stories, games, songs and art
   - Parents were encouraged to continue the activities with their children at home

Numbers Served During SFY 2007

- 622 families attended center-based parent education and/or support groups
- 992 center-based parent education or support activities were provided by the OCAP Programs.

Assessments

If a family screens positively, the OCAP Program will request that an assessment be conducted in order to determine if intensive home visitation services (more intensive services than the center-based services) should also be offered.

During SFY 07, 931 families were further assessed for child maltreatment risk factors. Of these, 577 (62%) individuals assessed positively and chose to enroll in OCAP home visitation services during SFY 2007. Of the remaining families:

- **16.6% had a positive assessment, but refused services**
- **7.3% had a positive assessment, but were referred to another program or services**
- **5.2% had a negative assessment and were referred to other services**
- **4.9% had a positive assessment, but the OCAP Program did not have staff to serve them**
- **3.0% had a negative assessment and were referred to OCAP center-based services**
- **1.0% had a negative assessments and no services or referrals were needed**

The 16.6% of the families who positively assessed, the following reasons are provided for the family not enrolling in home visitation services:

- **The OCAP Program was not able to locate 32% of families after assessment**
- **32% of the families were not interested in home visitation services**
- **21% of the families did not want to commit to home visitation services**
- **11% of the families did not feel that they needed home visitation services**
- **3% of the families were currently participating in another home visitation program**
- **1% of the families, had a family member that refused to let any family members participate in home visitation services**

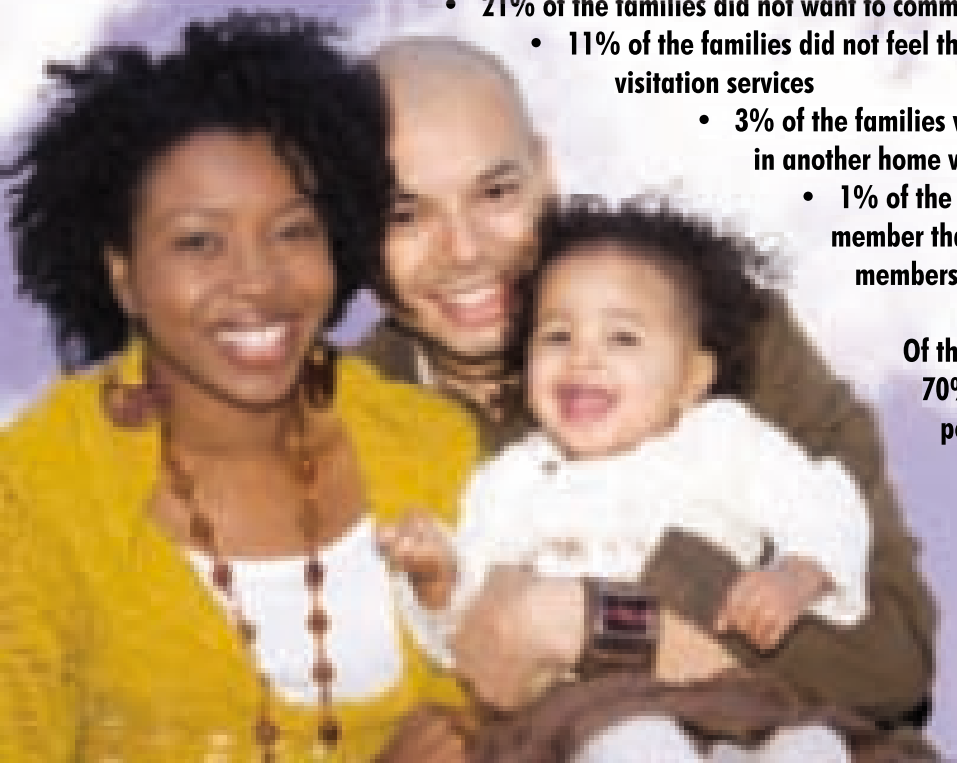
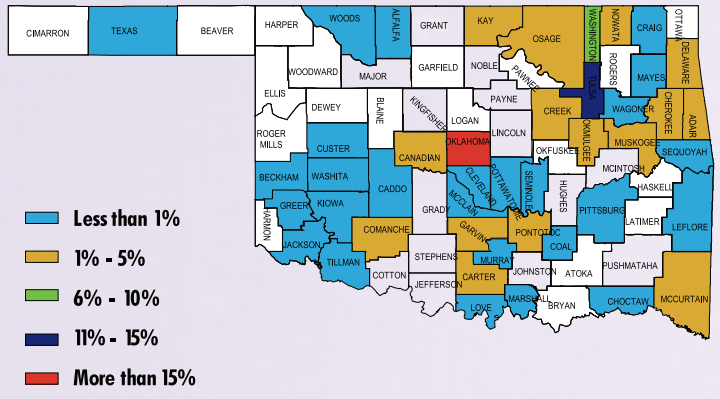


Figure 8: Geographic Distribution of Positive Assessments by County, Oklahoma, SFY 2007



Source: Oklahoma State Department of Health, Office of Child Abuse Prevention, 2007

Of the reported positive assessments (n=835; 90% of the assessments conducted), approximately 70% of all positive assessments were conducted in the rural parts of Oklahoma; 19% of the positively assessed families resided in Oklahoma County, while 11% were in Tulsa County. There was missing information on place of residence for 1.3% of the positive assessments (Figure 8).

Home Visitation Services Provided by OCAP Programs

The OCAP Programs were required to utilize the Healthy Families America (HFA) approach to voluntary home visitation. Healthy Families America is an approach developed and promoted by Prevent Child Abuse America (PCA). The primary purpose of HFA is to promote positive parenting and child health and development, thus preventing child abuse and other poor childhood outcomes. Evaluations of HFA in multiple states have demonstrated:

- **Reduced substantiated reports of child maltreatment [9]**
- **Improved health for family members, an increase in the number of insured and more appropriate use of medical services[10]**
- **Higher immunization rates than comparison groups [10]**
- **Better birth outcomes for those participating mothers enrolled prenatally[10]**
- **Reduced subsequent pregnancies [11]**
- **More conducive home environments for early childhood learning [12]**
- **Improved child development scores [12]**
- **Improved positive parenting [13]**
- **Improved educational and socioeconomic conditions [14]**
- **Reduced dependency on public resources [14]**

ELIGIBILITY FOR HOME VISITATION SERVICES

In order for a family to have been enrolled in home visitation services, the following criteria was to be met:

The mother was pregnant with her first child and beyond her 28th week of pregnancy *; or

The mother was pregnant with a second or other subsequent child; or

The mother/family had a child less than six months of age.

*** Mothers pregnant with their first child and not beyond their 28th week of gestation are referred to another state-funded program, *Children First*. *Children First* is specifically designed to work with this population and there is no need ot duplicate services.**