

Child Abuse and Neglect

About the Title V Block Grant

The federal Title V Maternal and Child Health (MCH) Block Grant helps states ensure the health of all mother and children. As part of Minnesota's Title V Block Grant activity requirements, the MDH conducts a statewide needs assessment every five years. The needs assessment provides guidance to Title V activities for the next five years by identifying priority issues. This fact sheet describes one of Minnesota's priority issues.

Seriousness of the Issue

Child maltreatment is among the most prevalent and far-reaching forms of violence in Minnesota. It includes physical, sexual and emotional maltreatment and physical and emotional neglect. It contributes to fatal and nonfatal injuries, disabilities and mental health disorders and is associated with a range of social and intergenerational issues, including substance abuse and youth violence.

In Minnesota, the number and rate of determined cases of child maltreatment has decreased slightly from 2006 to 2007. Minnesota counties assessed 18,348 reports of child maltreatment in 2007, involving 26,561 children. Of those reports, 7,414 were traditionally investigated and maltreatment was determined to have occurred in 4,370 reports (with 6,584 victims). An additional 10,934 reports in 2007 received a Family Assessment, a strengths-based and family-focused method for working with families in the child protection system, where no determination of maltreatment is recorded.¹

Non-medical neglect was the most common allegation in 64 percent of Family Assessments and 59 percent of Traditional Investigations. African American/Black and American Indian children were six times more likely to be reported as abused or neglected than were White children.

Child deaths are the most tragic results of maltreatment. From 2005-2007 there were 555 non-natural deaths to children in Minnesota recorded in categories of accidental, unexpected infant death, suicide or homicide. American Indian children were

four times more likely to die a non-natural death and African-American children two times more likely to die non-naturally compared to White children.²

All children deserve to be raised in safe, nurturing and loving environments. The impact of child maltreatment can be profound. Studies show that child maltreatment is associated with adverse health and mental health outcomes in children and families and those negative effects can last a lifetime. The long-term effects can be physical, psychological or behavioral. A history of child maltreatment has been associated with increased risk of: mental illness, substance abuse, developmental disabilities and learning problems, social problems with other children and with adults, teen pregnancy, lack of success in school, alcohol and other drug use, domestic violence and chronic illnesses.

In addition to the impact on the child and family, child maltreatment affects various systems-including medical and mental health, law enforcement, judicial, public social services and nonprofit agencies - as they respond to the incident and support the victim. One analysis of the immediate and long-term economic impact of child maltreatment suggest that child maltreatment costs the Nation as much as \$258 million each day or approximately \$94 billion each year.³

Evidence-Based Strategies

Children and families lead complicated lives. There is no one answer that works for everyone. Public and private agencies in Minnesota have supported some promising and evidence-based strategies that have been recognized by Prevent Child Abuse America as effective in the prevention of child maltreatment.⁴

Family Support

Family support is an approach to strengthening and empowering families and communities to foster the optimal development of all family members. Parent support groups help parents to improve their parenting skills and strengthen family relationships.



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Crisis Nurseries

Crisis nurseries offer emergency and short-term childcare and other family support services for children of parents who are facing a life crisis.

Early Intervention

Whether it is screening and intervention for developmental delays, caregiver-child interactions, potential injuries, physical and behavioral developmental milestones or mental health concerns, studies have shown that effective preventive outcomes are maximized for children and families when services are initiated early.

Home Visitation

Home visitation has been an effective strategy for the delivery of public health services to families for more than a century. Current research shows that Public Health Nurse (PHN) home visitation, especially for pregnant women and families with young children, is effective at helping families improve health status, achieve economic self-sufficiency, improve positive parenting, reduce child maltreatment, reduce juvenile delinquency, achieve maternal goals such as child spacing, education and employment, and establish links to community resources.

Public Awareness and Education

Prevention education and public awareness activities can increase knowledge of a topic or issue; increase the awareness and importance of taking action and of how to do so appropriately; and influence community attitudes about the issue.

Parent Education

The focus of parent education is on improving family strengths and functioning. Skill-building can help parents guide their children and can assist parents in sorting, choosing and applying parenting information.

Current Resources and Capacity

The prevention of child maltreatment is a Minnesota public health priority and has been identified as a Minnesota Public Health Improvement Goal: Reduce by 15 percent child maltreatment cases in Minnesota. The prevention of child maltreatment is also a current MCH Block Grant state performance measure: Incidence of substantiated child maltreatment by persons responsible for a child's care.

Circle of Parents Program coordinates family support groups in Minnesota and is funded and supported by Prevent Child Abuse Minnesota (PCAMN). A network of parent and children's support groups meet weekly across the state. Groups provide non-

judgmental support to parents as well as organized programming for children.⁵

Crisis nurseries in Minnesota offer a first line of defense against child maltreatment by providing a safe and nurturing environment for children. Since 2004, as part of the Community Services Block Grant, funding for Minnesota crisis nurseries is distributed to each of the 87 counties.⁶

Early Intervention and screening services available through the Help Me Grow Program at Minnesota Department of Education (MDE) provide services to children experiencing delays in their development. Early childhood specialists work with eligible children and families to plan the services and arrange community supports they need to help their children succeed including special instruction, speech, physical and occupational therapy. Referrals for early intervention services come from assessments done prenatally and at the time of birth; CTC exams; preschool screening; home visiting; day care settings and early childhood family education classes.⁷

Since 2001, the Minnesota Legislature, through the MDH Family Home Visiting (FHV) Program has allocated TANF funds to local public health agencies and tribal governments to support home visiting services for families with identified risk factors including risk for child maltreatment. In 2008, the FHV team received an Administration of Children and Families (ACF) grant supporting evidence-based home visitation programs to prevent child maltreatment. The goal for this five year funding is to enhance, expand and sustain evidence-based home visiting programs in Minnesota by supporting infrastructure development and the implementation of the Nurse-Family Partnership (NFP) model among a population group experiencing health disparities that has not previously been part of the NFP trials. NFP has shown a 48 percent reduction in child maltreatment by improving health and life-course development of enrolled low-income, first time mothers and their children.⁸

PCAMN produces and distributes child abuse prevention materials throughout the year and plans and sponsors an annual statewide child abuse prevention conference.

MDH staff developed materials and identified videos required for birthing hospitals to educate parents of newborns on the dangers of shaking an infant or young child. MCH staff distributes "Babies Cry" cards to local public health departments and tribal governments to further remind parents and other

caregivers of newborns how to safely manage inconsolable crying of young infants.

Minnesota's Early Childhood Family Education Program (ECFE) is funded and supported by MDE. ECFE is offered in all 341 school districts in Minnesota and 4 tribal schools. The core components of the program are parent education, early childhood education and parent-child together learning activities.⁹

¹ Minnesota's Child Welfare Report, 2007; #08-68-11;

<http://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-5408-ENG>

² Minnesota Child Mortality Annual Report, 2007

³ Strengthening Families and Communities, 2009 Resource Guide; www.cjchildwelfare.gov/parenting

⁴ Promising Practices for Preventing Child Abuse and Neglect;

http://www.promisingpractices.net/briefs/briefs_childabuse.asp

⁵ Circle of Parents Program; www.pcamn.org

⁶ Crisis Nurseries in Minnesota;

http://ga3.org/lssmn/alert-description.tcl?alert_id=5609386

⁷ Minnesota help my GROW, *information and special services for you and your child*, brochure;

www.MNParentsKnow.info

⁸ Nurse-Family Partnership, Overview;

www.nursefamilypartnership.org

⁹ Early Childhood Family Education (ECFE) in Minnesota;

<http://www.parentsknow.state.mn.us/newborn/topicsAZ/index.html>