Child Safety Forward

Reducing Child Fatalities and Recurring Serious Injuries Caused by Crime Victimization

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- Regina Dyton, MSW, Principal Investigator
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- Kendra Williams, Research Staff
- Delmarys Serrano, Parent Lead
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- Social Current - Technical Assistance Team
Child Safety Forward

A National Initiative to Reduce Child Abuse and Neglect Injuries and Fatalities Through a Collaborative, Community-Based Approach
Disclaimer

This document was produced by the Child Safety Forward Project under 2019-V3-GX-K001, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this document are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.
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    - Specific Breakdown of Responses
    - Responses About Parents With Substance Abuse
Description

- Child Safety Forward was a three-year demonstration initiative through Office for Victims of Crime, which is part of the Department of Justice.

- Saint Francis Hospital in Hartford CT (part of THONE) was chosen as one of 5 national demonstration sites. We represent area GA 14.

- Our Technical Assistance Lead is the Alliance for Strong Families and Communities, now known as Social Current. Our primary contact throughout the project was Amy Templeman.

- The **PURPOSE** of the CSF project is to develop a possible means of decreasing child fatality by:
  - Improving standardization of language and codes among child protective agencies and other providers.
  - Promoting data sharing via MOUs with state agencies, hospitals, law enforcement, and other agencies and providers.
  - And we subsequently added a strong community engagement and empowerment component.
Project Components

National -- OVC Project Components

• Retrospective Child Maltreatment Data Review
• Stakeholder Group

Local -- Saint Francis Hospital Project Components

• Retrospective Child Maltreatment Data Review
• Stakeholder Group composed of community & state agencies
• Community Data Collection
• Parent Engagement Group
• Community Member Empowerment in Child Safety
Year One
Original Goals, Objectives & Logic Model

- Increase community awareness of child fatality.
- Improve familiarity and common purpose among stakeholders regarding child safety.
- Decrease community reticence towards child welfare agencies and best safety practices.
- Facilitate data sharing with local child welfare agencies and create ways to advocate for agencies.
- Improve data collection, analysis, sharing, utilization.
- Establish enduring networks, policies and practices to preventable child injury and death.
- Develop best practice recommendations for responding to risk of fatality and repeated injuries.
- Develop best practice for risk reduction of child fatality.
- Develop data sharing network.
- Distribute report with best practice and exploratory recommendations.
- Develop action plan.
Original Goals & Objectives

Year Two

- Increase citizen reports of suspected abuse/neglect
- Implement Action Plan
- Update/Improve data collection
- Finalize curricula for specific populations
- Document intervention and prevention needs of GA14

Year Three

- Reduce citizen reluctance to report child abuse
- Develop strategic plan to reduce fatalities and injuries in GA14
- Establish a standard digital networking system
- Advocate for best practice
DEVELOPMENTAL EVALUATION

Act → Evaluate → Learn → Act

Act → Learn → Evaluate → Act

REPEAT
Theory of Change: A committed and sustained relationship between traditional systems responsible for policy, administration, detection, investigation, and response to child and neglect with affected communities -- can improve outcomes for child safety and reduce repeated injuries, fatalities, and other forms of child death.
Implementation Plan: **Revised** Goals & Objectives

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve</td>
<td>Improve familiarity and common purpose among stakeholders regarding child safety.</td>
</tr>
<tr>
<td>Decrease</td>
<td>Decrease community reticence towards child welfare agencies and best safety practices.</td>
</tr>
<tr>
<td>Facilitate</td>
<td>Facilitate data sharing with local child welfare agencies. Create ways to advocate for agencies.</td>
</tr>
<tr>
<td>Improve</td>
<td>Improve Data Collection, Analysis, Sharing, Utilization.</td>
</tr>
<tr>
<td>Establish</td>
<td>Establish enduring networks, policies &amp; practices to prevent child injury and death.</td>
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<tr>
<td>Empower</td>
<td>Empower community members to conduct research and take ownership of project objectives.</td>
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</tbody>
</table>
Measures/Deliverables (from Revised Implementation Plan)

- Stakeholder meetings
- Interviews
  - Agency Leaders
  - Child Protective Agencies
  - Hospital Programs
  - Law Enforcement
  - Community Members
- Focus Groups
- Clinical Interview
- Parental Engagement Group
Trinity Health of New England, St. Francis Hospital, and The Greater Hartford Family Advocacy Center invite you to:

**A Community Conversation:**
Preventing Child Maltreatment and Child Fatalities

**Mission:** The U.S. Department of Justice awarded the Greater Hartford Family Advocacy Center a grant to remedy challenges in strategic coordination and inter-organizational disconnect through a community-based, public health approach. The Child Safety Nurtured project seeks to actively engage a multidisciplinary team of stakeholders that include state agencies, community-based organizations, and families to: share data, coordinate services, facilitate community participation, and develop an implementation plan of best practices.

The purpose of this initiative is to standardize and improve datacollection, increase community awareness and participation in reducing child fatalities, and identify and initiate best practices.

For more information, please contact: Maria Flores at maria.flores@trinityhealthnh.org or call the Greater Hartford family advocacy center at 506-734-3052.

Trinity Health

**Tuesday, August 24**
4:30 - 6:00 p.m.

**ZOOM LINK**

ALL ARE WELCOME!
LET YOUR VOICE BE HEARD!

We invite our grassroots organizations, parents, and community members to share their thoughts, ideas, and feelings on how our community needs and wants to be served.

**Disclaimer:** This product was supported by cooperative agreement number 290-VF-17-14 with the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily reflect the official position or actions of the U.S. Department of Justice.

Stakeholder and Data Work Group Meetings

- September 15, 2021
- October 20, 2021
- November 12, 2021
- February 16, 2022
- January 25, 2022
# Interviews

**Child Protective Agencies**

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<thead>
<tr>
<th>DCF</th>
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<tbody>
<tr>
<td>• Fred North DCF</td>
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<tr>
<td>• Nicole Dionis DCF</td>
</tr>
<tr>
<td>• Treena Mazzotta DCF</td>
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</table>

**Office of Child Advocate**

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<tr>
<td>• Faith Van Winkle OCA</td>
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**Hospital Programs**

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<tbody>
<tr>
<td>• Dr. Gregory Vincent OME</td>
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<tr>
<td>• Dr. Rebecca Moles CCMC</td>
</tr>
<tr>
<td>• Kevin Burrops CCMC</td>
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<tr>
<td>• Dr. Nina Livingston CCMC</td>
</tr>
<tr>
<td>• Amy Watkins CCMC</td>
</tr>
<tr>
<td>• Amy Hunter CCMC</td>
</tr>
<tr>
<td>• Dr. David Shapiro THONE</td>
</tr>
<tr>
<td>• Dr. Jennifer Martin THONE</td>
</tr>
</tbody>
</table>
Interviews

Board of Education

• Joanna Trebly Jackson
• Milly Ramons

Law Enforcement

Sgt. Matthew S. Corcoran
Detective Unit Supervisor
Farmington Police Department

Sgt. Ivys Arroyo
Special Investigations
Hartford Police Department

Sgt. Zachary Klomberg
Support Services Division
Detective Unit
## Interviews with Child Safety Agencies

<table>
<thead>
<tr>
<th>Top 10 Topics</th>
<th>Very Negative</th>
<th>Moderately Negative</th>
<th>Moderately Positive</th>
<th>Very Positive</th>
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<tbody>
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<td>Abuse</td>
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<td>Children</td>
<td>8</td>
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<td>Parents</td>
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<td>Services Available</td>
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<td>Staffing</td>
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<td>3</td>
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<td>Reporting/Records</td>
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<td><strong>26</strong></td>
<td><strong>11</strong></td>
<td><strong>2</strong></td>
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</table>
Summary of Interviews with Child Safety Agencies

Child Safety agencies are dedicated to children, parents, and social justice.

However, they share concerns about maintaining the well-being of children.

While conscious that fatality occurs at a low level, they note that the potential for maltreatment persists, especially in stressful circumstances.

Seek recognition for their efforts but remain vigilant about the continuity of available services for all children.

Report a persistent lack of staffing, nonetheless, they believe they make do and generally follow through in data collection and reporting.

Finally, they see child safety as more than an unfortunate reality, but as a matter of “social justice.”
Summary of Interviews with Medical Facilities

Medical Providers see themselves as entering the issue after maltreatment occurs.

They gather data and report out as required using established codes.

Review information regularly.

There are lots of restrictions on sharing data due to hospital confidentiality rules.

However, they share with authorities where required and authorized.

They would like to have more cooperative agreements across medical facilities and with other agencies to share information and learn to help track at risk children.
<table>
<thead>
<tr>
<th>Top 10 Topics</th>
<th>Very Negative</th>
<th>Moderately Negative</th>
<th>Moderately Positive</th>
<th>Very Positive</th>
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<td>Information Gathering</td>
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<td>Reporting Information</td>
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<td>Administrators</td>
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<td>School</td>
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<td>Children</td>
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<td>Close Gaps</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Officers</td>
<td>1</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>School</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Incidents</td>
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<td>3</td>
<td>1</td>
<td>0</td>
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<td><strong>TOTAL</strong></td>
<td><strong>14</strong></td>
<td><strong>24</strong></td>
<td><strong>6</strong></td>
<td><strong>7</strong></td>
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</table>
Summary of Interviews with Law Enforcement

They are concerned about closing gaps in current data systems.

Gathering data may not be the problem, as most departments make it very easy for officers to collect information in the field.

Rather, the issue is identifying effective codes and other shorthand to help officers include more child safety information in their reports.

They believe that more reporting of child safety issues at schools is essential but varies and is possibly withheld if it is believed to reflect negatively on the school.

To change this, we must approach key staff at each school.
### Parent Interviews (n = 5 Interviewees)

Positive or Negative Sentiment Expressed about the topic listed on the left.

<table>
<thead>
<tr>
<th>Top 10 Topics</th>
<th>Very Negative</th>
<th>Moderately Negative</th>
<th>Moderately Positive</th>
<th>Very Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
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<td>3</td>
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<tr>
<td>Violence</td>
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<td>7</td>
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<td>Abuse</td>
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<td>1</td>
<td>3</td>
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<tr>
<td>Support (Emotional)</td>
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<td>2</td>
<td>2</td>
<td>6</td>
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<tr>
<td>Neglect</td>
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<td>4</td>
<td>0</td>
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<tr>
<td>Psychological Aggression</td>
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<td>0</td>
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<tr>
<td>Community</td>
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<td>0</td>
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<tr>
<td>Safety</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>25</strong></td>
<td><strong>27</strong></td>
<td><strong>17</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>
Proposed Child Treatment Questionnaire

The first portion of the survey contains questions about child neglect. Child neglect is defined as “Creating or allowing a situation in which a child is prone for an excessive period of time and/or failing to provide for their physical needs to the extent that there is harm or risk of harm to the child’s health or safety given their age and cognitive abilities.”

All of the questions we ask you about child neglect will be based on this definition (choose the answer that most closely matches your opinion).

Q1. To begin, how much of a problem do you think childhood neglect is in your community?
   a. Not a problem
   b. Minor problem
   c. Moderate problem
   d. Serious problem
   e. (Do not know/refused)

Q2. Compared to other parts of the country, the rate of child neglect in your community is:
   a. Higher
   b. Lower
   c. About the same
   d. (Do not know/refused)

Q3. At what age do you think a child is most likely to be neglected?
   a. 0-4
   b. 5-8
   c. 9-11
   d. 12-14
   e. 15-18
   f. (Do not know/refused)

Q4. How many cases of child neglect do you think are reported in your community each year?
   a. 0-500
   b. 501-1000
   c. 1001-1500
   d. 1501-2000
   e. More than 2000
   f. (Do not know/refused)
Summary of Community Survey

How much of a problem is X in your community?
Most respondents cited Neglect (94.1%) and Parental Substance Abuse (88.3%), while Physical and Sexual Abuse were also cited by many (76.5%). Unsafe Sleep was only cited by half (52.9%).

Rate of X in your community compared to other parts of the country:
In comparing the child safety in other communities, Neglect (41.2%) and Parental Substance Abuse (47.1%) and Physical Abuse (35.5%) were rated as occurring more than in other communities. Safe Sleep was rated as less (41.2%). A third 29.4% indicated that they did not know.

At what age do you think children are vulnerable to X?
Five to eight year olds were cited as more vulnerable to Neglect, Physical and Sexual Abuse, while newborns were more vulnerable to Safe Sleep Practices and 12-14 year olds were most likely to be neglected by Parents with Substance Abuse.
Summary of Community Survey

**How many cases of X occur in your community each year?**

For all categories of child safety, respondents’ estimates were much lower than local and national averages, except for Substance Abuse (500-1000 cases), which respondents reported close to local averages. This suggests a significant lack of information.

**Do you think that children who X are more likely to Y their children when they become parents?**

Respondents rated this conspicuously highly for children exposed to Parents with Substance Abuse (94.1%) and Physical Abuse (76.5%), while about half implicated Neglect (58.8%), Safe Sleep (58.8%) and Sexual Abuse (52.9%).
Summary of Targeted Community Survey Items

To what extent do you think childhood neglect contributes to the following?

Respondents reported childhood neglect contributes a great deal to a range of personal problems, particularly Depression (76.5%), Violence (76.5%), Substance Abuse (76.5%), and School Problems 70.6%; less so Fatality/death (58.8%) and Eating Disorders (47.1%).

What should you consider when trying to decide if your child can safely stay at home alone?

Most respondents indicated children could stay at home safely when the child Can Get To Neighbors Quickly (97.1%) and less so by virtue of their Age (70.6%). However, there was less support for leaving a child alone if they had a History of Alcohol/Drug Abuse (82.4%) or Leaving Home without Permission (70.6%). Note, 64.7% of parents supported leaving a disabled child home alone.
Summary of Targeted Community Survey Items

With respect to physical abuse, I believe that when a child misbehaves, hitting the child is okay.

About half of respondents (52.9%) strongly disagreed or disagreed that when a child misbehaves, hitting them is okay, compared to fewer who agreed (11.8%). Note, 35.3% either did not know or had no opinion about corporal punishment.

For Physical Abuse and Sexual Abuse and (Parental) Substance Abuse:
Most respondents (70%+) indicated they were uncertain about the psychological and social effects of these forms of abuse.
Summary of Community Survey Items on Agency Commitment

Community and state agencies are actively involved in preventing X.
For most categories of child safety, there was more agreement than disagreement that agencies were actively involved; less so for Sexual Abuse (17.7%).

Community and state agencies should be more involved in preventing X.
Respondents strongly agree or agreed for all categories, especially Physical Abuse (82.4%), Neglect (76.5%), Parental Substance Abuse (76.5%), Safe Sleep (64.7%), and Sexual Abuse (68.5%).
Qualitative Analysis of Interviews of Focus Group Participants

<table>
<thead>
<tr>
<th>Focus Groups</th>
<th>Positive or Negative Sentiment Expressed about the topic listed on the left.</th>
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<tbody>
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<td>Very Negative</td>
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<td>Schools</td>
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<td>Children</td>
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<td>Abuse</td>
<td>5</td>
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<td>Law Enforcement</td>
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<td>Education</td>
<td>2</td>
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<td>Information</td>
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<tr>
<td>Hospitals</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>68</td>
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</table>
Focus Group Data

Focus Group Survey Questions

Please answer the questions offered below. For some questions we would like you to first read the definition and example provided for a particular type of challenge to child safety.

A. Your sense of personal power and effectiveness in addressing abuse/neglect.

**Child Neglect is defined as:**

“Failure to provide for a child’s physical needs to the extent that there is harm or risk of harm to the child’s health or safety. This refers to children under 18 years of age.”

All of the questions we ask you about neglect will be based on this definition.

**EXAMPLE:**

You notice that a 7-year old child frequently plays outside in the front yard, alone and unsupervised. Car traffic is heavy, it is fairly cold outside, and the child is wearing a t-shirt.

You are concerned about this child in this particular situation.

Below, please put a check in the box that best matches what you believe.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree (A)</th>
<th>Generally Agree (G)</th>
<th>Neutral (N)</th>
<th>Generally Disagree (D)</th>
<th>Strongly Disagree (S)</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>It’s not my place to get involved in this.</td>
<td></td>
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<tr>
<td>2.</td>
<td>I believe most parents in this situation would be receptive to my expression of concern.</td>
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<tr>
<td>3.</td>
<td>I believe if I were to express my concern to parents in this situation, it would lead to a positive change.</td>
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<tr>
<td>4.</td>
<td>If I chose to take action in this situation, I know what to do to make a difference.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>If I chose to take action in this situation, I am confident in my ability to do it well.</td>
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</table>

**Intimate Partner Violence** is defined as:

Intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship. “Intimate partner” refers to both current and former spouses and dating partners. IPV can vary in how often it happens and how severe it is. It can range from one episode of violence that could have lasting impact to chronic and severe episodes
Summary of Focus Group Items

D. To what degree are you aware of abuse and neglect, and whether it is actually a problem?

- Only a quarter of respondents (22%) strongly or generally agree that personally experienced abuse and neglect.
- About half (57%) strongly disagree or disagree that they experienced it.
- About 2/3 of respondents strongly agree or agree that child abuse and neglect occurred in their neighborhood (65.5%).
- About a third (25.9%) were neutral or unsure.
A. Your sense of personal power and effectiveness in addressing Chile Abuse & Neglect.

• Most respondents indicated a strong or general disagreement (69.0%) that it was not their place to get involved.

• However, they were split on whether most parents would be receptive to them expressing concern (about someone else’s child).

• More respondents believed that in expressing concern they would know what to do, they would do it well and that it would result in positive change.
Your sense of personal power and effectiveness in addressing abuse/neglect Intimate Partner Violence.

- Respondents overwhelmingly indicated a strong or general disagreement (82.8%) that it was not their place to get involved.
- However, they were split on whether most parents would be receptive to them expressing concern (about someone else’s child).
- More respondents believed that in expressing concern they would know what to do and do it well (35% vs. 7% who disagreed), though respondents were somewhat split on whether it would lead to positive change (23% vs. 13% who disagreed).
C. To what degree are individuals and community responsibility for child abuse and neglect prevention?

- Respondents overwhelmingly strongly agree or generally agree that:
  - Child safety is one of the most important responsibilities of adulthood (98.3%).
  - People at all levels have a role in reducing child abuse and neglect (87.9%).
  - All adults should do everything they can to ensure children are safe (98.3%).

- Slightly fewer respondents strongly agree or agree that it is important to live in a community where child abuse and neglect are rare (82.7% with 13% neutral). This may reflect a lack of confidence that making child abuse rare is a doable challenge.
Summary of Focus Group Items

B. Your awareness of key steps that help reduce abuse & neglect and the likelihood that your community can put these steps in place to prevent the outcomes of abuse & neglect.

• A majority of respondents indicated strong agreement that *doing away with* Parental Substance Abuse would reduce child abuse and neglect (76.8%) followed by Discrimination (60.3%), Poverty (58.6%).

• Half cited *increasing* Parental Emotional Support (50%) and Raising Awareness of Abuse (47%).

• In terms of agency, respondents indicated that a long term and communitywide effort to raise awareness about child abuse and neglect would be helpful in reducing it (81%) and that this *could be* accomplished (81%).

• However, there was less confidence that it *would be* accomplished (46% with 44.8% neutral) ... (continue next slide)
Summary of Focus Group Items

While there was confidence in the factors promoting abuse in the community AND that there exist identifiable steps to reduce it:

• Only half of respondents indicated that they knew key steps that must be taken to help reduce child abuse and that it could be accomplished (55.2% with 35.5% neutral).

• Just under half indicated that they did not know steps to reduce child abuse (46.5% with 36.2% neutral).

• Perhaps most important, respondents indicated far less confidence that the community and local agencies possessed the capacity to follow through the steps.
Focus Group Discussion Findings

• Participants reported strong negative sentiments towards both DCF and school systems.

• Interestingly, they expressed less criticism towards the police regarding dealing with child safety and maltreatment.

• Finally, participants expressed concerns about a lack of awareness and access to information about the prevalence of maltreatment and ways to prevent it.
Findings

• Asked how many times in all the sentences coded for Community Focus Groups, the word “abuse” or “neglect” appeared.
• Compared to how many times those same words appeared in the School or DCF codes.
• This information is easily depicted in the form of a word map.
Findings

- Asked how many times in all the sentences coded for Community Focus Groups, the word “abuse” or “neglect” appeared.
- Compared to how many times those same words appeared in the School or DCF codes.
- This information is easily depicted in the form of a word map.

What’s in a Word Cloud?
(The Potential of Word Associations/Map)
Sustainability Goals

- Wrap up agency interviews
- Conduct FETI clinical interviews
- Wrap up focus group surveys
- Conduct community surveys (e.g., HPU and community group participants)
- Complete comprehensive reporting
Continuation Goals & Objectives

1. Finalize a Continuation Plan and Funding
2. Work with a Local Community Research Provider
3. Follow up with Ongoing and New Project Elements

- Community FETI-Based Interviews
- Train Community Members as Researchers
- Allocate Community Members into 13 Different Community Sites in Greater Hartford
- Agency Interviews
- Follow-Up Supports to Agencies
This is the end of the CSF Final Report.

It’s been our pleasure to serve in the project and share our findings with you.

Thanks for your kind attention!
Appendicies

- Community Survey Finding
- Focus Group Findings
Community Survey Findings

Proposed Child Treatment Questionnaire

The first portion of the survey contains questions about child neglect. Child neglect is defined as
“creating or allowing a situation in which a child is alone for an excessive period of time
and/or failing to provide for their physical needs to the extent that there is harm or risk of
harm to the child’s health or safety given their age and cognitive abilities.”

All of the questions we ask you about child neglect will be based on this definition
(please choose the answer that most closely matches your opinion).

Q1. To begin, how much of a problem do you think childhood neglect is in your community?
   a. Not a problem
   b. Minor problem
   c. Modest problem
   d. Serious problem
   e. [Do not know/refused]

Q2. Compared to other parts of the country, the rate of child neglect in your community is:
   a. Higher
   b. Lower
   c. About the same
   d. [Do not know/refused]

Q3. At what age do you think a child is most likely to be neglected?
   a. 0-4
   b. 5-8
   c. 9-11
   d. 12-14
   e. 15-18
   f. [Do not know/refused]

Q4. How many cases of child neglect do you think are reported in your community each year?
   a. 0-500
   b. 501-1000
   c. 1001-1500
   d. 1501-2000
   e. More than 2000
   f. [Do not know/refused]
Respondent Demographics

**Gender**
- Female: 75.5%
- Male: 23.5%

**Race**
- Black: 70.6%
- White: 5.9%
- Other: 17.6%
- Unknown: 5.9%

**Ethnicity**
- Non Hispanic: 52.9%
- Hispanic: 29.4%
- Unknown: 17.6%

**Languages**
- English: 76.5%
- Spanish: 23.5%

**Annual Income**
- Less than $10,000: 2, 11.8%
- $10,001-$20,000: 2, 11.8%
- $20,001-$30,000: 2, 11.8%
- $30,001-$40,000: 1, 5.9%
- Prefer not to answer: 8, 47.1%

**How Long a Resident**
- Less than 1 year: 3, 17.6%
- 1 to 3 years: 3, 17.6%
- 4 to 6 years: 3, 17.6%
- 7 to 10 years: 2, 11.8%
- More than 10 years: 2, 11.8%

**Parent/Caregiver Child < 18y**
- No answer: 1, 5.9%
- Yes: 5, 29.4%
- No: 11, 64.7%

**Formal Education**
- Bachelor’s degree: 1, 5.9%
- Graduate or professional degree: 1, 5.9%
- Some vocational/technical: 1, 5.9%
- Vocational/technical degree: 1, 5.9%
- Prefer not to answer: 2, 11.8%
- High school or GED: 4, 23.5%
- Some college, but no degree: 3, 17.6%
- Less than high school: 4, 23.5%
How much of a problem do you think X is in your community?

**NEGLECT**
- Serious problem: 12, 70.6%
- Moderate problem: 4, 23.5%
- Not a problem: 1, 5.9%

**SAFE SLEEP**
- Serious problem: 3, 17.6%
- Moderate problem: 6, 35.3%
- Not a problem: 1, 5.9%

**PHYSICAL ABUSE**
- Serious problem: 8, 47.1%
- Moderate problem: 5, 29.4%
- Minor problem: 2, 11.8%

**SEXUAL ABUSE**
- Serious problem: 8, 47.1%
- Moderate problem: 5, 29.4%
- Do not know/refused: 4, 23.5%
Compared to other parts of the country, the rate X in your community is:

**NEGLECT**
- Higher: 7, 41.2%
- Lower: 2, 11.8%
- Do not know/refused: 3, 17.6%
- About the same: 5, 29.4%

**PHYSICAL ABUSE**
- Higher: 6, 35.3%
- Do not know/refused: 2, 11.8%
- Lower: 4, 23.5%
- About the same: 5, 29.4%

**SAFE SLEEP**
- Higher: 2, 11.8%
- Lower: 7, 41.2%
- Do not know/refused: 5, 29.4%
- About the same: 3, 17.6%

**SEXUAL ABUSE**
- Higher: 3, 17.6%
- Do not know/refused: 6, 35.3%
- Lower: 2, 11.8%
- About the same: 6, 35.3%
At what age do you think a child is most likely to be X?

**NEGLECT**
- 0-4: 4, 23.5%
- 4-6 months: 5, 29.4%
- 7-11 months: 1, 5.9%
- 12-18 months: 2, 11.8%
- 9-11: 3, 17.6%
- 5-8: 7, 41.2%
- Do not know/refused: 1, 5.9%

**PHYSICAL ABUSE**
- 0-4: 3, 17.6%
- 5-8: 9, 52.9%
- 9-11: 2, 11.8%
- 12-14: 1, 5.9%
- 15-18: 1, 5.9%
- Do not know/refused: 1, 5.9%

**SAFE SLEEP**
- 0-3 months: 7, 41.2%
- 4-6 months: 5, 29.4%
- 7-11 months: 1, 5.9%
- 12-18 months: 2, 11.8%

**SEXUAL ABUSE**
- 0-4: 2, 11.8%
- 5-8: 6, 35.3%
- 9-11: 5, 29.4%
- Do not know/refused: 1, 5.9%
How many cases of X do you think are reported in your community each year?

**NEGLECT**
- 0-500: 6, 35.3%
- 501-1000: 3, 17.6%
- 1001-1500: 5, 29.4%
- 1501-2000: 1, 5.9%
- Do not know/refused: 2, 11.8%

**PHYSICAL ABUSE**
- 0-250: 5, 29.4%
- 251-500: 3, 17.6%
- 501-750: 4, 23.5%

**SAFE SLEEP**
- 51-100: 6, 35.3%
- 101-150: 3, 17.6%
- 150-200: 1, 5.9%
- Do not know/refused: 2, 11.8%

**SEXUAL ABUSE**
- 0-100: 4, 23.5%
- 101-150: 2, 11.8%
- 151-200: 3, 17.6%
- 201-250: 3, 17.6%
- More than 250: 1, 5.9%
- Do not know/refused: 4, 23.5%
Do you think that children who are X are more likely to Y their children when they become parents?

**NEGLECT**
- Yes: 10 (58.8%)
- No: 4 (23.5%)
- Do not know/refused: 3 (17.6%)

**PHYSICAL ABUSE**
- Yes: 13 (76.5%)
- No: 3 (17.6%)
- Do not know/refused: 1 (5.9%)

**SAFE SLEEP**
- Yes: 10 (58.8%)
- No: 2 (11.8%)
- Do not know/refused: 5 (29.4%)

**SEXUAL ABUSE**
- Yes: 9 (52.9%)
- No: 3 (17.6%)
- Do not know/refused: 5 (29.4%)
Parental Substance Abuse

How Much of a Problem

- Serious problem: 13, 76.5%
- Moderate problem: 2, 11.8%
- Do not know/refused: 2, 11.8%

Compared to Other Communities

- Lower: 1, 5.9%
- About the same: 3, 17.6%
- Higher: 8, 47.1%
- Do not know/refused: 5, 29.4%

Age Most Impacted

- 9-11: 9, 15.9%
- 12-14: 8, 47.1%
- 15-18: 2, 11.8%
- Do not know/refused: 2, 11.8%
- 0-4: 4, 23.5%

Estimated Cases Per Year

- 0-500: 3, 17.6%
- 501-1000: 6, 35.3%
- 1001-1500: 3, 17.6%
- More than 2000: 1, 5.9%
- 1501-2000: 1, 5.9%
- Do not know/refused: 3, 17.6%

Like Parent Like (adult) Child

- Yes: 16, 94.1%
- Do not know/refused: 3, 17.6%

Agencies Involved

- Strongly agree: 7, 41.2%
- Agree: 4, 23.5%
- Disagree: 2, 11.8%
- No opinion: 3, 17.6%
- Strongly disagree: 3, 17.6%
- Do not know/refused: 1, 5.9%

Should Be Involved

- Strongly agree: 7, 41.2%
- Agree: 6, 35.3%
- Strongly disagree: 1, 5.9%
- No opinion: 2, 11.8%
To what extent do you think childhood neglect contributes to the following:

- Depression
- Violence
- Substance Abuse
- Eating Disorders
- School Problems
- Fatality/Death
What should you consider when trying to decide if your child can safely stay at home alone? (Respondents listed a collection of contexts and practices to keep their children safe.)

- Know when to call 911
  - Yes: 16, 94.1%
  - No: 1, 5.9%

- Disability that requires care
  - Yes: 6, 35.3%
  - No: 11, 64.7%

- Get to neighbors home quickly
  - Yes: 16, 94.1%
  - No: 1, 5.9%

- Recent drug/alcohol abuse
  - Yes: 3, 17.6%
  - No: 14, 82.4%

- Current age or grade in school
  - No: 5, 29.4%
  - Yes: 12, 70.6%

- Left home without permission
  - No: 12, 70.6%
  - Yes: 5, 29.4%

Respondents listed a collection of contexts and practices to keep their children safe at home alone.
Community and state agencies are actively involved in preventing X.

NEGLECT
- Agree: 6, 35.3%
- Strongly disagree: 2, 11.8%
- Do not know/refused: 2, 11.8%
- No opinion: 3, 17.6%
- Disagree: 4, 23.5%

SAFE SLEEP
- Agree: 6, 37.5%
- No opinion: 1, 6.3%
- Strongly disagree: 1, 6.3%
- Disagree: 2, 12.5%
- Do not know/refused: 1, 6.3%

PHYSICAL ABUSE
- Strongly agree: 1, 5.9%
- Strongly disagree: 1, 5.9%
- Agree: 7, 41.2%
- Do not know/refused: 2, 11.8%
- No opinion: 2, 11.8%
- Disagree: 4, 23.5%

SEXUAL ABUSE
- Strongly agree: 1, 5.9%
- Strongly disagree: 1, 5.9%
- Agree: 2, 11.8%
- No opinion: 5, 29.4%
- Disagree: 5, 29.4%
- Do not know/refused: 3, 17.6%
Community and state agencies should be more involved in preventing X.

**NEGLECT**
- Agree 8, 47.1%
- Strongly agree 5, 29.4%
- Strongly disagree 3, 17.6%
- Do not know/refused 1, 5.9%

**SAFE SLEEP**
- Strongly agree 7, 41.2%
- Agree 4, 23.5%
- Disagree 1, 5.9%
- No opinion 2, 11.8%

**PHYSICAL ABUSE**
- Agree 7, 41.2%
- Strongly agree 7, 41.2%
- Do not know/refused 2, 11.8%
- No opinion 1, 5.9%

**SEXUAL ABUSE**
- Strongly disagree 2, 12.5%
- Strongly agree 6, 37.5%
- Do not know/refused 3, 17.6%
- Agree 5, 31.3%
- No opinion 2, 12.5%
Focus Group Survey Questions

Please answer the questions offered below. For some questions we would like you to first read the definition and example provided for a particular type of challenge to child safety.

A. Your sense of personal power and effectiveness in addressing abuse/neglect.

Child Neglect is defined as:

“Failure to provide for a child’s physical needs to the extent that there is harm or risk of harm to the child’s health or safety. This refers to children under 13 years of age.”

All of the questions we ask you about neglect will be based on this definition.

EXAMPLE:
You notice that a 7-year-old child frequently plays outside in the front yard, alone and unattended. Car traffic is heavy, it is fairly cold outside, and the child is wearing a t-shirt.

You are concerned about this child in this particular situation.

Below, please put a check in the box that best matches what you believe.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Generally Agree</th>
<th>Neutral</th>
<th>Generally Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It is not my place to get involved in this.</td>
<td>2. I believe most parents in this situation would be receptive to my expression of concern.</td>
<td>3. I believe that if I were to express my concern to parents in this situation, it would lead to a positive change.</td>
<td>4. If I chose to take action in this situation, I know what to do to make a difference.</td>
<td>5. If I chose to take action in this situation, I am confident in my ability to do it well.</td>
</tr>
</tbody>
</table>

Intimate Partner Violence is defined as:

Intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship. “Intimate partner” refers to both current and former spouses and dating partners. IPV can vary in how often it happens and how severe it is. It can range from one episode of violence that could have lasting impact to chronic and severe episodes.
A. Your sense of personal power and effectiveness in addressing abuse/neglect.

Child Neglect is defined as:

• “Failure to provide for a child’s physical needs to the extent that there is harm or risk of harm to the child’s health or safety. This refers to children under 18 years of age.” All of the questions we ask you about neglect will be based on this definition.

EXAMPLE:

• You notice that a 7-year-old child frequently plays outside in the front yard, alone and unsupervised. Car traffic is heavy, it is fairly cold outside, and the child is wearing a t-shirt. You are concerned about this child in this particular situation.
It is not my place to get involved in this

[Abuse & Neglect].

Bar-graph version of Focus Group data analysis.

Count

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>21</td>
</tr>
<tr>
<td>Generally disagree</td>
<td>19</td>
</tr>
<tr>
<td>Neutral</td>
<td>11</td>
</tr>
<tr>
<td>Generally agree</td>
<td>4</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>3</td>
</tr>
</tbody>
</table>
I believe most parents in this situation would be receptive to my expression of concern.
I believe that if I were to express my concern to parents in this situation, it would lead to a positive change.
If I chose to take action in this situation, I know what to do to make a difference.
If I chose to take action in this situation, I am confident in my ability to do it well.
**Intimate Partner Violence** is defined as: Intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship. “Intimate partner” refers to both current and former spouses and dating partners. IPV can vary in how often it happens and how severe it is. It can range from one episode of violence that could have lasting impact to chronic and severe episodes over multiple years. IPV can include any of the following types of behavior: physical violence, sexual violence, stalking, psychological aggression (Centers for Disease Control, 2021).

**EXAMPLE:** In your opinion, a friend of yours is too strict with his 9-year-old son and 11-year-old daughter. You’ve also seen him be very rude toward his wife. You have good reason to believe that he recently shoved her into a wall during an argument, leading to three bruised ribs. The kids saw this happen. You’ve been worried about this for a long time and things seem to be getting worse.
It is not my place to get involved in this.
[Intimate Partner Violence]

I believe most parents in this situation would be receptive to my expression of concern.
I believe that if I were to express my concern to parents in this situation, it would lead to a positive change.

[Intimate Partner Violence]
If I chose to take action in this situation, I know what to do to make a difference.
[Intimate Partner Violence]

If I chose to take action in this situation, I am confident in my ability to do it well.
B. Your awareness of key steps that help reduce abuse/neglect and the likelihood that your community can put these steps in place to prevent the outcomes of abuse/neglect.
If we did away with poverty, we would significantly reduce child abuse and neglect.
If we did away with drug abuse, we would significantly reduce child abuse and neglect.
If we did away with all forms of discrimination, we would significantly reduce child abuse and neglect.
If all people received the emotional support, they needed we would significantly reduce child abuse and neglect.
A long-term and communitywide effort to raise awareness about child abuse and neglect would be helpful in reducing it.
Child abuse and neglect can be significantly reduced in your community.
Child abuse and neglect will be significantly reduced in your community.
I know the key steps that must be taken to significantly reduce child abuse and neglect in my community.
I know what I can do to significantly reduce child abuse and neglect in my community.
C. To what degree are individuals and community responsibility for child abuse and neglect prevention?
There is a role for each and every person, neighborhood, group, and organization, business and entity to prevent child abuse and neglect.
Adults should do everything they can to ensure that children in their community are safe.
One of the most important responsibilities of adulthood is to ensure the safety of children.
It is important to me to live in a community where child abuse and neglect rarely happens.
D. To what degree are you aware of abuse and neglect, and whether it is actually a problem?

**Definition of child abuse and neglect:** The Centers for Disease Control (CDC) generally defines child abuse (also called child maltreatment) as any act, series of acts, or failure to act by a parent or other caregiver (for example: babysitter, coach, teacher or religious representative) that results in harm, potential for harm, or threat of harm to a child.
Based on the definition provided, did you experience child abuse or neglect in your childhood?
Is child abuse and neglect a problem in your [neighborhood, city, county and state]?