

Child Safety Forward

Reducing Child Fatalities and Recurring Serious Injuries
Caused by Crime Victimization



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- **Stacy Phillips, DSW , Victim Justice Program Manager**
- **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

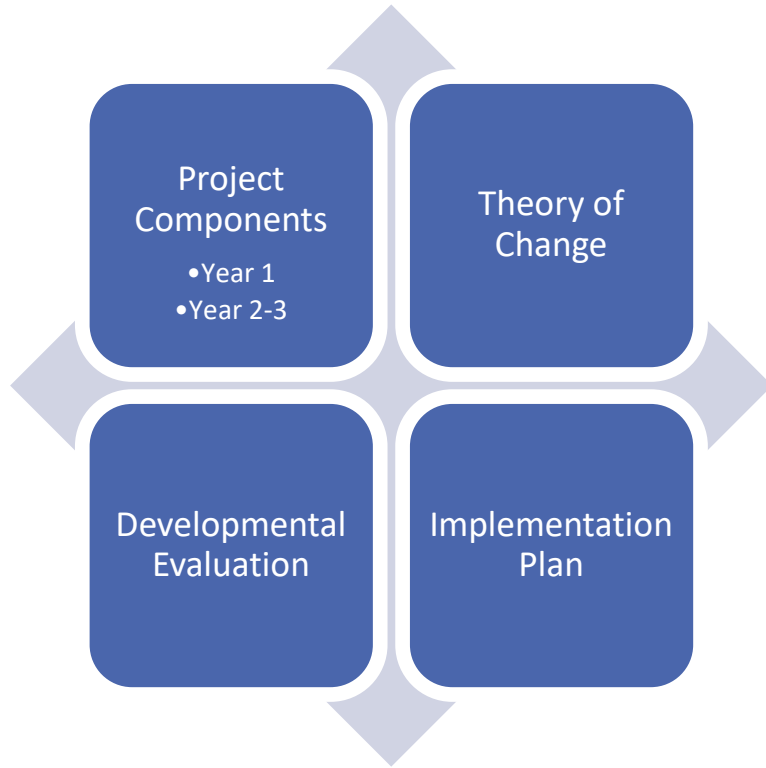


Disclaimer



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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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

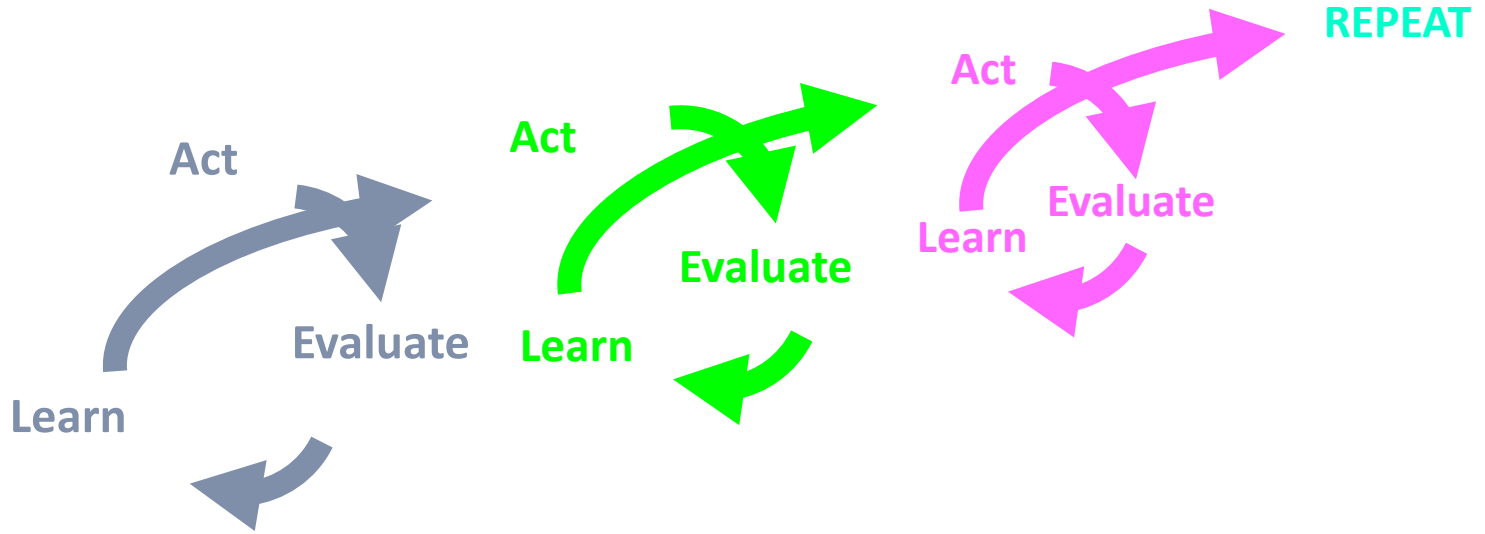
Year Two

- 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

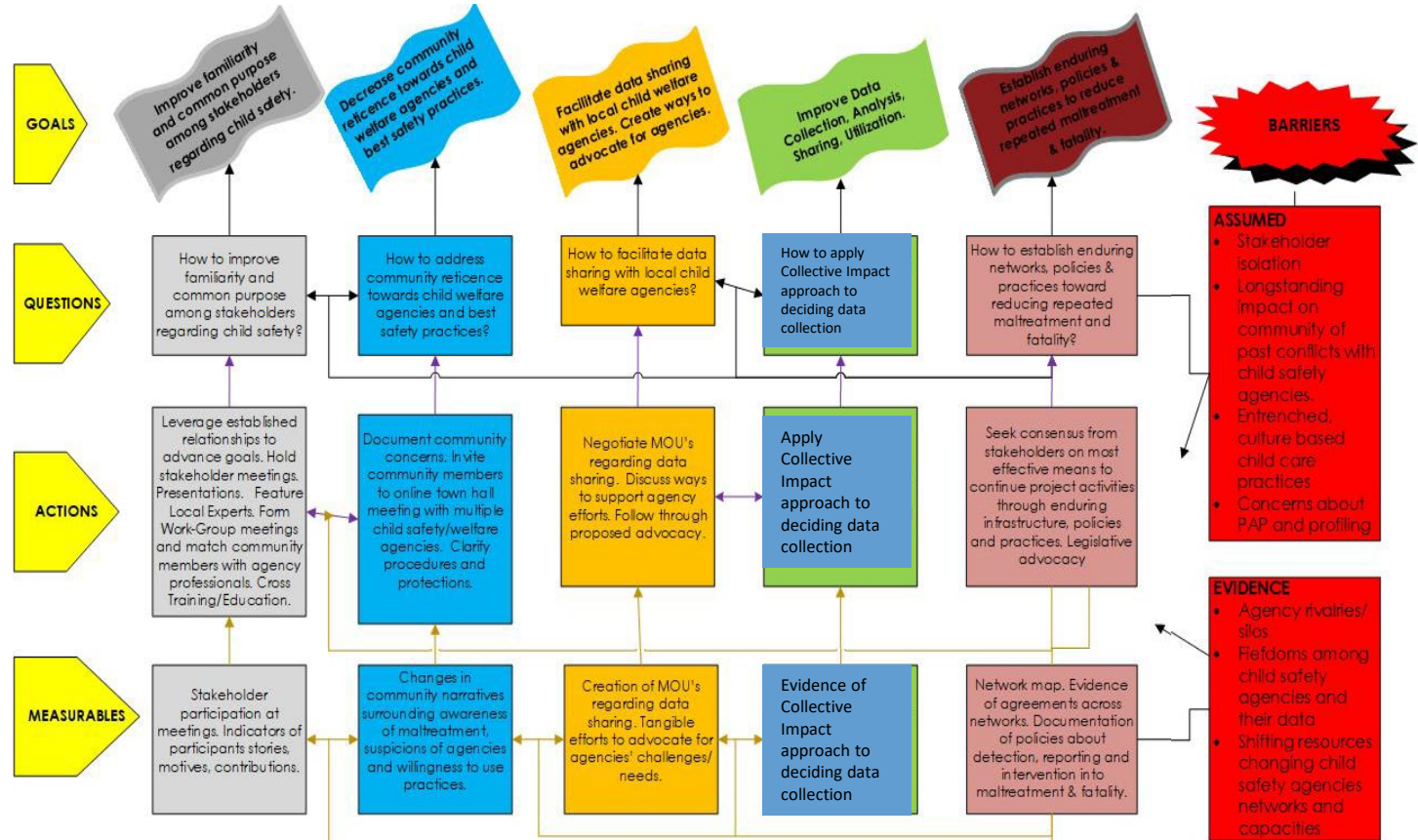
Year Three

- 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



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

Improve	Improve familiarity and common purpose among stakeholders regarding child safety.
Decrease	Decrease community reticence towards child welfare agencies and best safety practices.
Facilitate	Facilitate data sharing with local child welfare agencies. Create ways to advocate for agencies.
Improve	Improve Data Collection, Analysis, Sharing, Utilization.
Establish	Establish enduring networks, policies & practices to prevent child injury and death.
Empower	Empower community members to conduct research and take ownership of project objectives.

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 Forward* 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 data collection, increase community awareness and participation in reducing child fatalities, and identify and initiate best practices.

For more information, please contact: Mario Florez at mario.florez@trinityhealthofne.org or call the Greater Hartford Family Advocacy Center at 860-714-5052.

Trinity Health



Saint Francis Hospital

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 2019-VJ-03-0005 Reducing Child Fatalities and Recurring Injuries Caused by Crime Victimization, 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 product are those of the contributors and do not necessarily represent the official position or policies 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

DCF

- | | |
|------------------|-----|
| •Fred North | DCF |
| •Nicole Dionis | DCF |
| •Treena Mazzotta | DCF |

Office of Child Advocate

- | | |
|-------------------|-----|
| •Faith Van Winkle | OCA |
|-------------------|-----|

Hospital Programs

- | | |
|----------------------|-------|
| •Dr. Gregory Vincent | OME |
| •Dr. Rebecca Moles | CCMC |
| •Kevin Burrops | CCMC |
| •Dr. Nina Livingston | CCMC |
| •Amy Watkins | CCMC |
| •Amy Hunter | CCMC |
| •Dr. David Shapiro | THONE |
| •Dr. Jennifer Martin | THONE |

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

OCA/DCF Interviews (6 Interviews)	Positive or Negative Sentiment Expressed about the topic listed on the left.			
Top 10 Topics	Very Negative	Moderately Negative	Moderately Positive	Very Positive
Abuse	2	2	1	0
Authority	0	2	1	0
Justice	1	3	0	1
Community	0	1	1	0
Children	8	9	2	0
Parents	0	3	1	1
Information	1	0	0	0
Services Available	3	2	2	0
Staffing	2	2	3	0
Reporting/Records	2	2	0	0
TOTAL	19	26	11	2

Interviews with Child Safety Agencies

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.

Law Enforcement Interviews (3 Interviews)	Positive or Negative Sentiment Expressed about the topic listed on the left.			
Top 10 Topics	Very Negative	Moderately Negative	Moderately Positive	Very Positive
Information Gathering	0	1	0	0
Reporting Information	3	1	1	0
Administrators	2	2	1	1
Agencies	1	0	0	1
School	3	3	1	2
Children	0	6	0	0
Close Gaps	0	3	0	0
Officers	1	2	1	1
School	3	3	1	2
Incidents	1	3	1	0
TOTAL	14	24	6	7

Qualitative Analysis of Interviews with Law Enforcement

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.			
Top 10 Topics	Very Negative	Moderately Negative	Moderately Positive	Very Positive
Children	7	3	1	3
Violence	5	7	4	0
Abuse	5	3	1	3
Support (Emotional)	2	2	2	6
Neglect	1	4	2	0
Relationship	0	3	1	0
Positive Change	0	0	4	0
Psychological Aggression	1	3	0	0
Community	2	0	1	0
Safety	2	2	1	0
TOTAL	25	27	17	12

Qualitative Analysis of Interviews with Parents

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 (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%).

Focus Groups	Positive or Negative Sentiment Expressed about the topic listed on the left.			
	Very Negative	Moderately Negative	Moderately Positive	Very Positive
Top 10 Topics				
Community	35	29	24	14
DCF	3	3	2	1
Organizations	2	0	0	2
Schools	11	4	2	0
Children	6	5	4	2
Abuse	5	7	2	0
Law Enforcement	2	2	3	1
Education	2	1	3	3
Information	2	0	1	0
Hospitals	0	0	0	0
TOTAL	68	51	41	23

Qualitative Analysis of Interviews of Focus Group Participants

Focus Group Data

IRB #164887-0002(1)
IRB APPROVAL DATE: 11/03/2016

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.

	Strongly Agree (A)	Generally Agree (B)	Neutral (C)	Generally Disagree (D)	Strongly Disagree (E)
1. It is not my place to get involved in this.					
2. I believe most parents in this situation would be receptive to my expression of concern.					
3. I believe that if I were to express my concern to parents in this situation, it would lead to a positive change.					
4. If I chose to take action in this situation, I know what to do to make a difference.					
5. 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

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.

Summary of Focus Group Items

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.

Summary of Focus Group Items

Your sense of personal power and effectiveness in addressing abuse/neglect Intimate Partner Violence.

- Respondents overwhelming 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 to 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).

Summary of Focus Group Items

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.

What's in a Word Cloud?

(The Potential of Word Associations/Map)

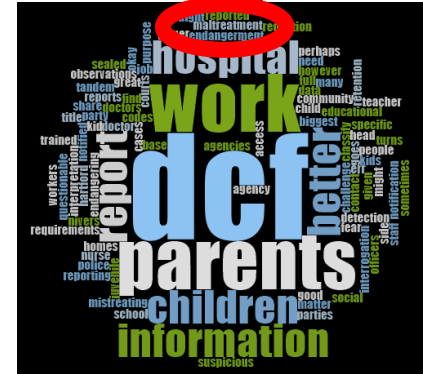
Findings

- 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.

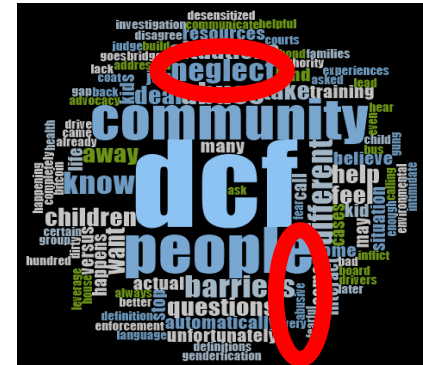
Community Focus
Group



Child Protect Agencies



Law Enforcement



What's in a Word Cloud?

(The Potential of Word Associations/Map)

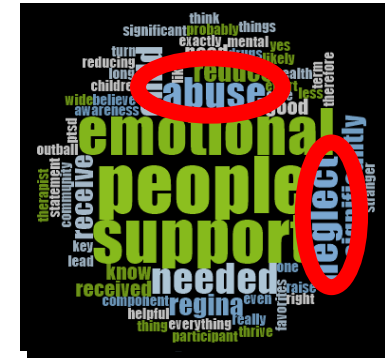
Findings

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- 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.

Parents



Child



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

Finalize a Continuation Plan and Funding



Work with a Local Community Research Provider



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

END OF PRESENTATION



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!

Appendices

- 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 (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?

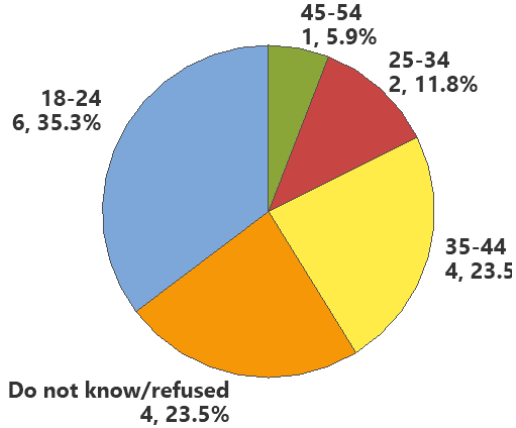
- a. 0-4
- b. 5-8
- c. 9-11
- d. 12-14
- e. 15-18
- f. [Do not know/refused]

Q4. How many cases of child neglect do you think are reported in your community each year?

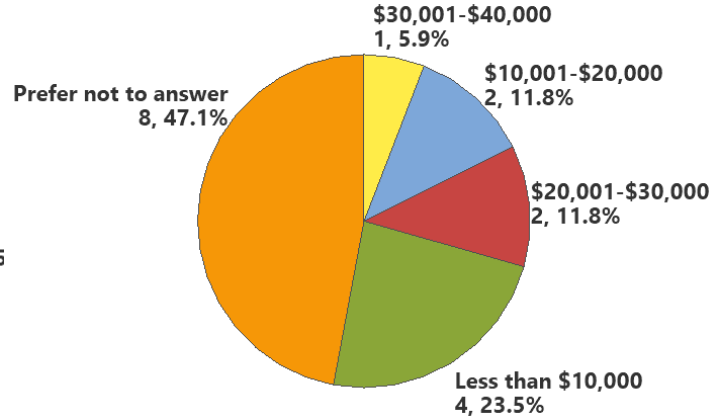
- a. 0-500
- b. 501-1000
- c. 1001-1500
- d. 1501-2000
- e. More than 2000
- f. [Do not know/refused]

Respondent Demographics

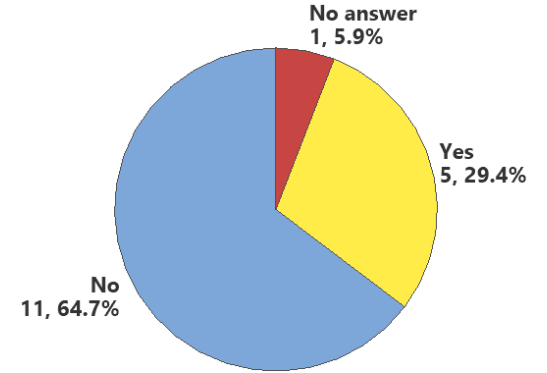
Age



Annual Income



Parent/Caregiver Child < 18y



Gender

Female 75.5%
Male 23.5%

Languages

English 76.5%
Spanish 23.0%

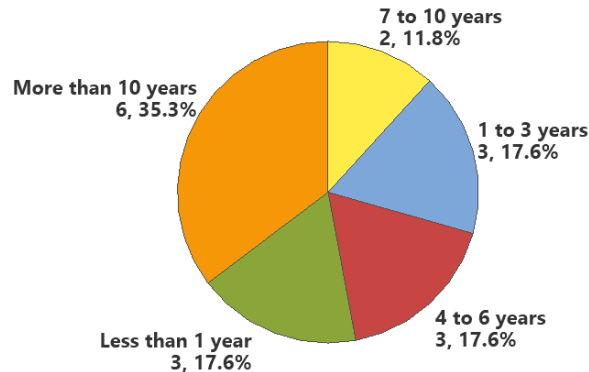
Ethnicity

Non Hispanic 52.9%
Hispanic 29.4%
Unknown 17.6%

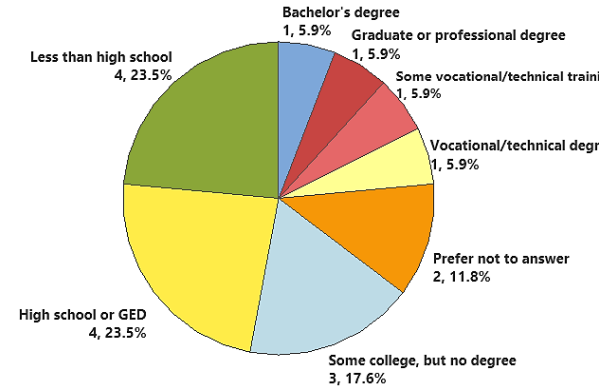
Race

Black 70.6%
White 5.9%
Other 17.6%
UNK 5.9%

How Long a Resident

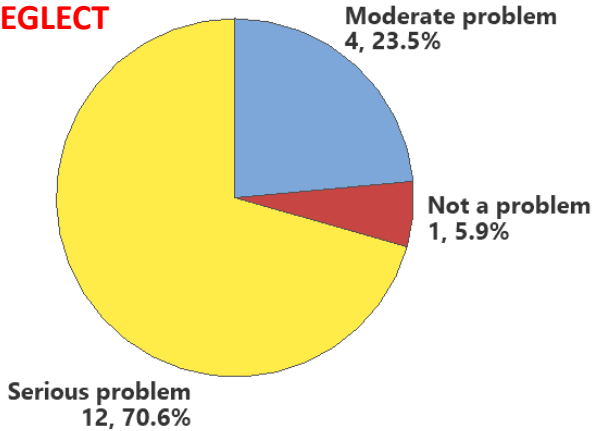


Formal Education

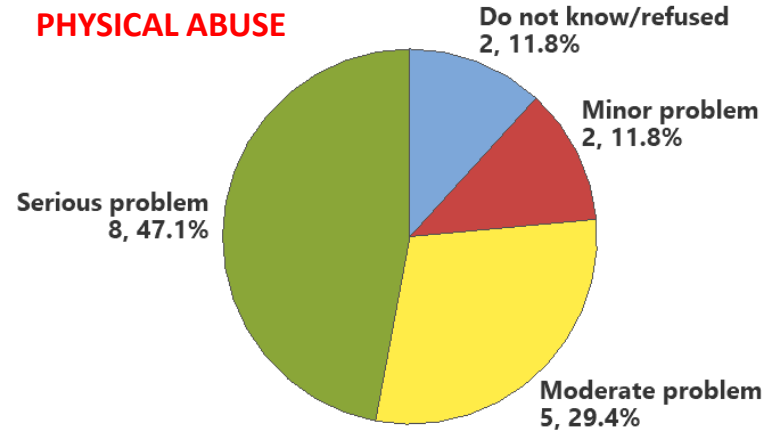


How much of a problem do you think X is in your community?

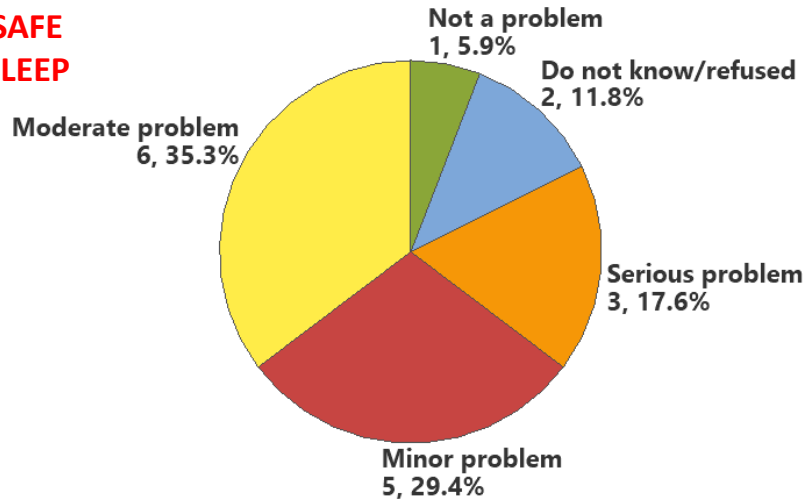
NEGLECT



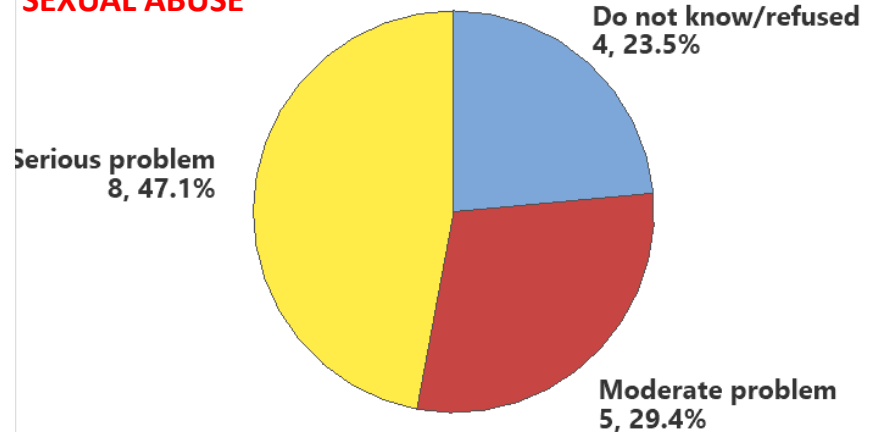
PHYSICAL ABUSE



SAFE SLEEP

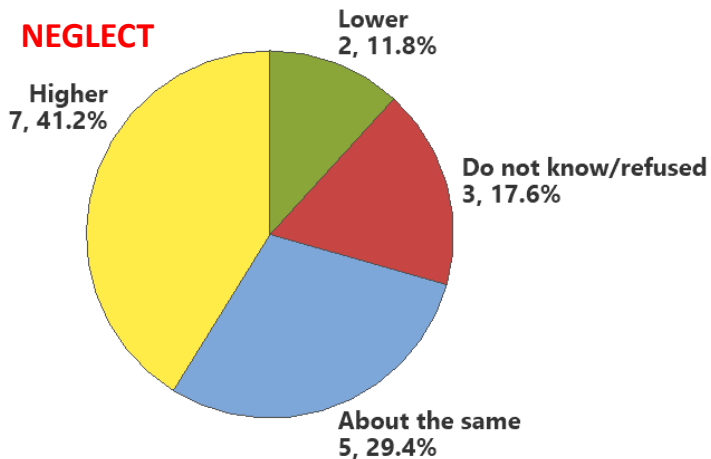


SEXUAL ABUSE

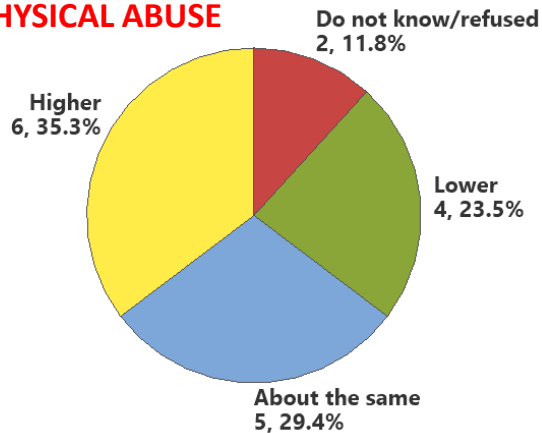


Compared to other parts of the country, the rate X in your community is:

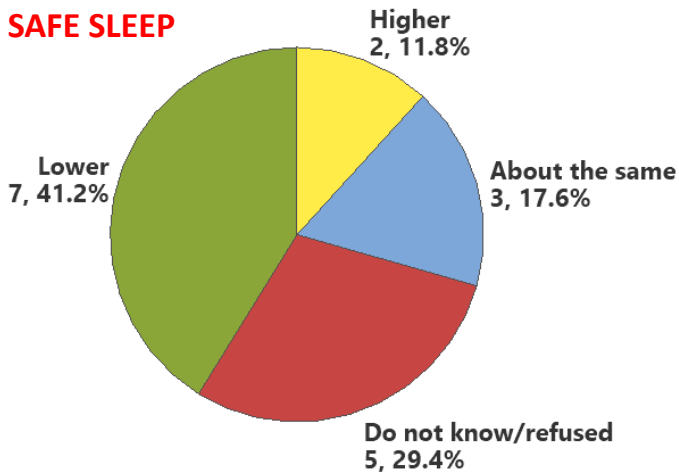
NEGLECT



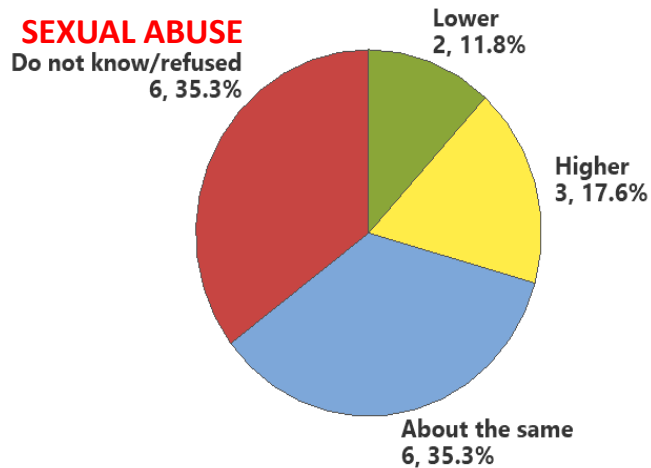
PHYSICAL ABUSE



SAFE SLEEP

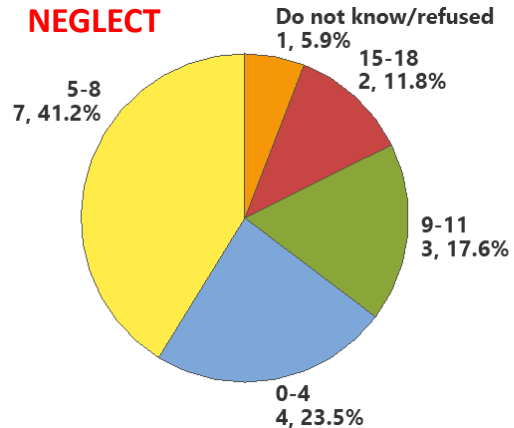


SEXUAL ABUSE

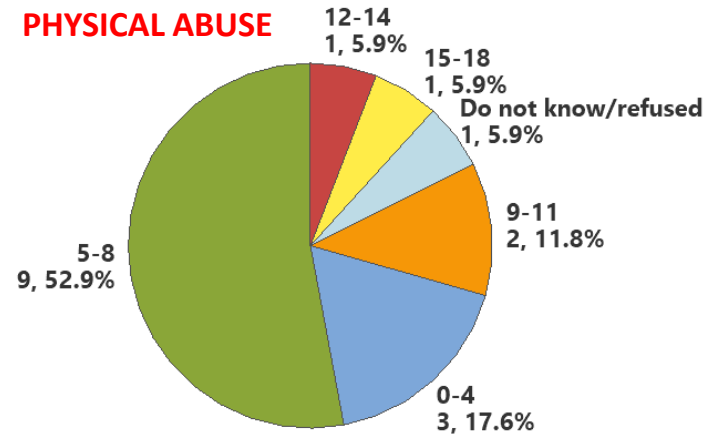


At what age do you think a child is most likely to be X?

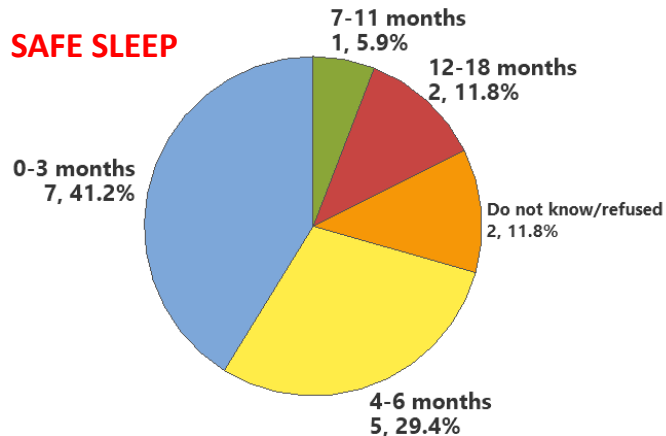
NEGLECT



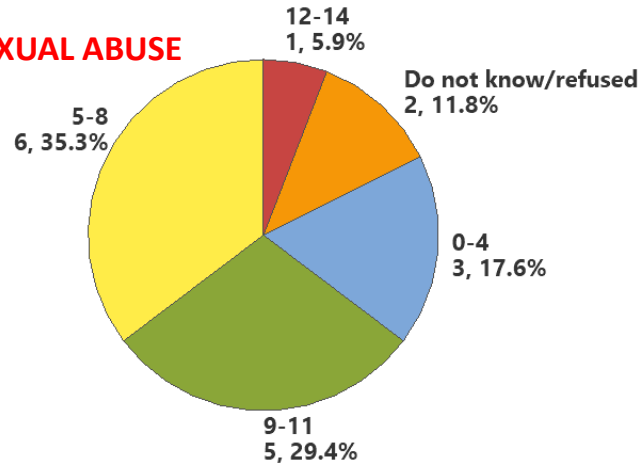
PHYSICAL ABUSE



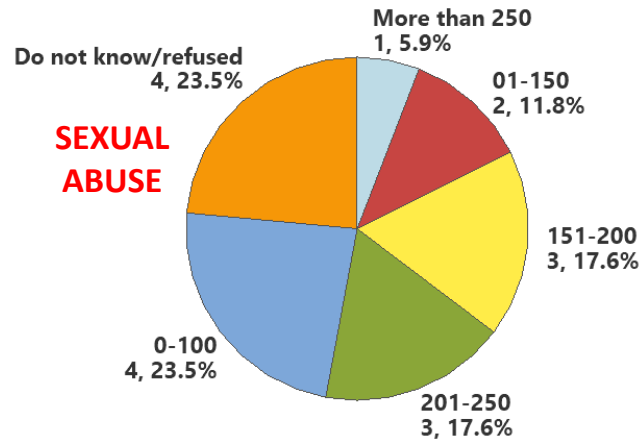
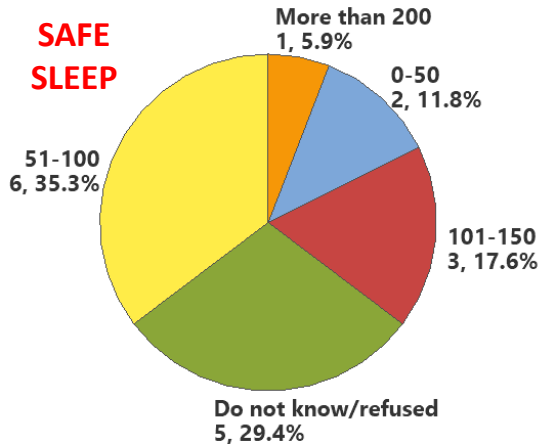
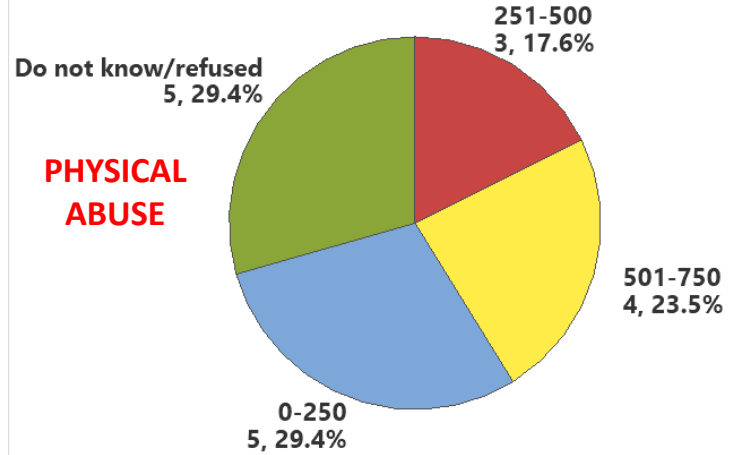
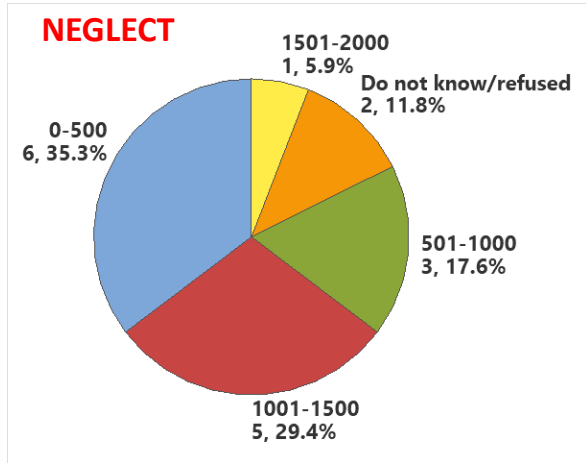
SAFE SLEEP



SEXUAL ABUSE

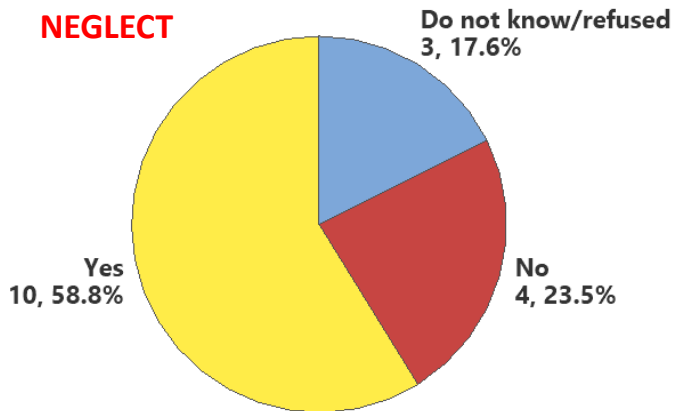


How many cases of X do you think are reported in your community each year?

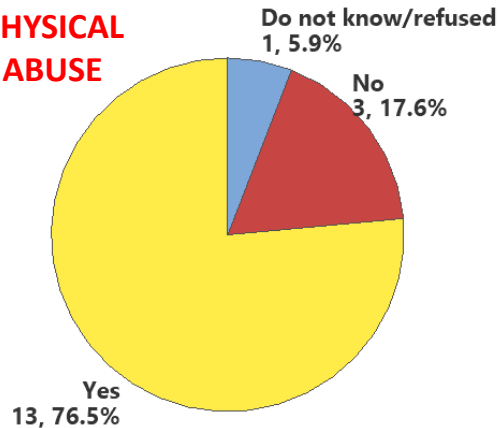


Do you think that children who are X are more likely to Y their children when they become parents?

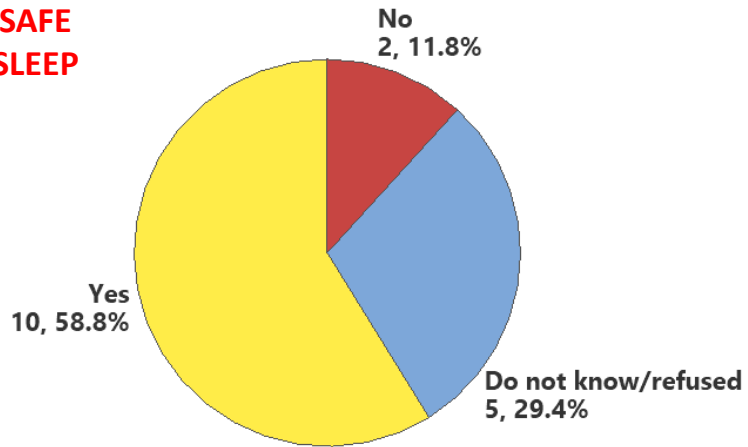
NEGLECT



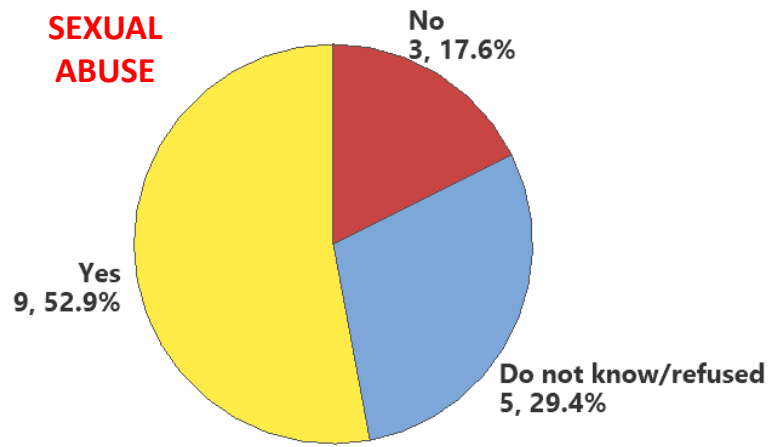
PHYSICAL ABUSE



SAFE SLEEP

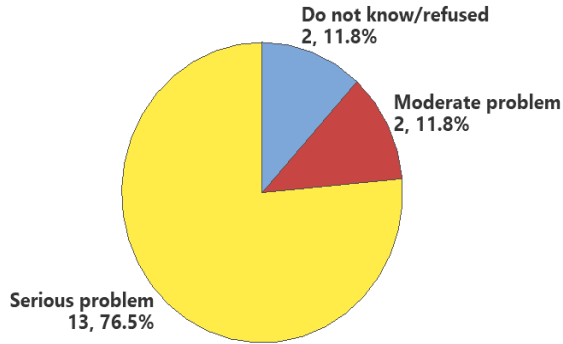


SEXUAL ABUSE

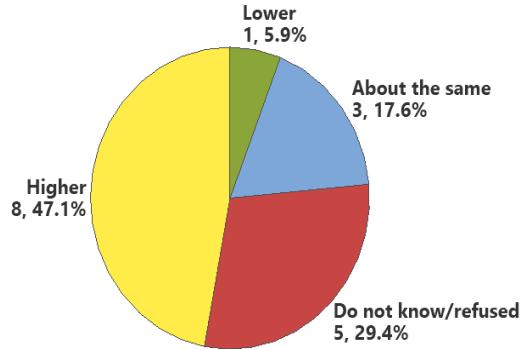


Parental Substance Abuse

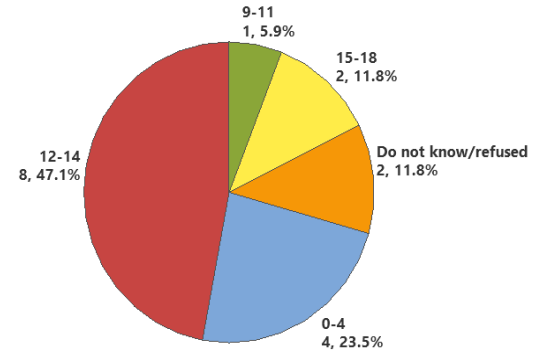
How Much of a Problem



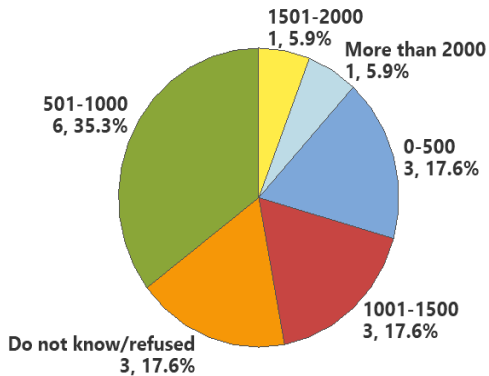
Compared to Other Communities



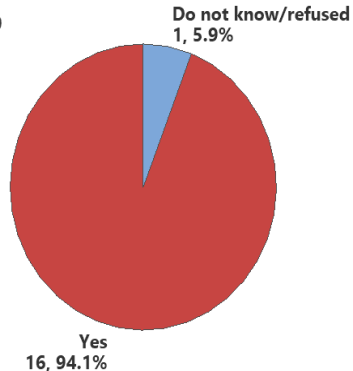
Age Most Impacted



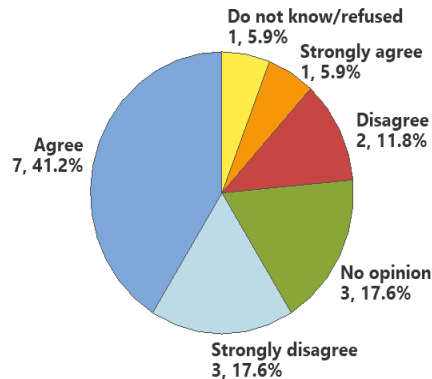
Estimated Cases Per Year



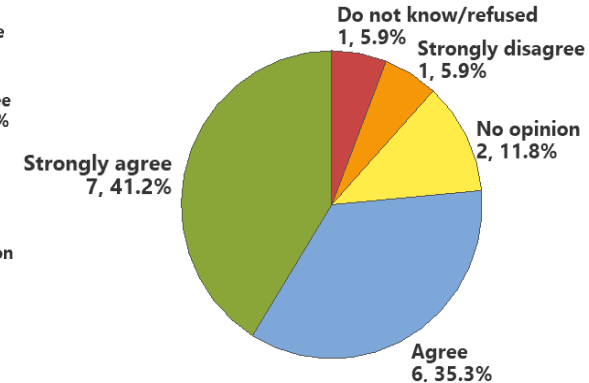
Like Parent Like (adult) Child



Agencies Involved

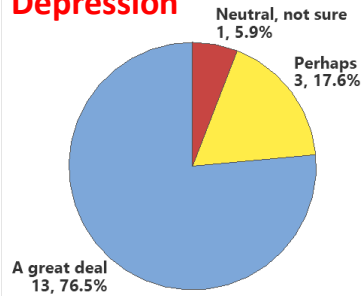


Should Be Involved

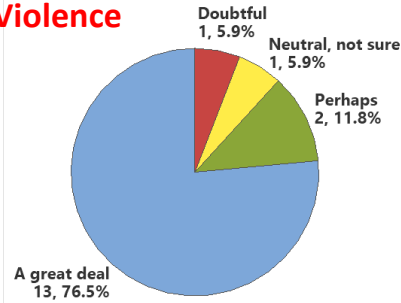


To what extent do you think childhood neglect contributes to the following:

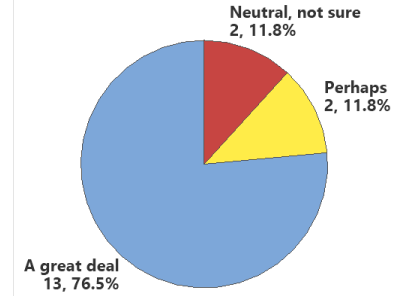
Depression



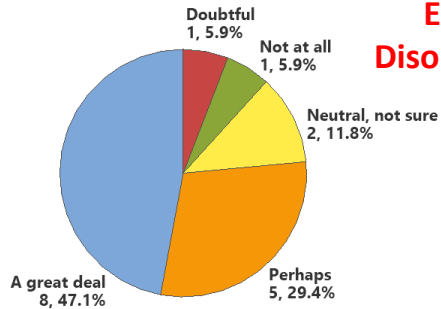
Violence



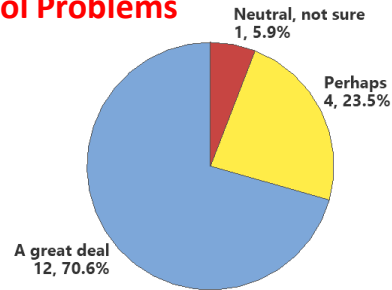
Substance Abuse



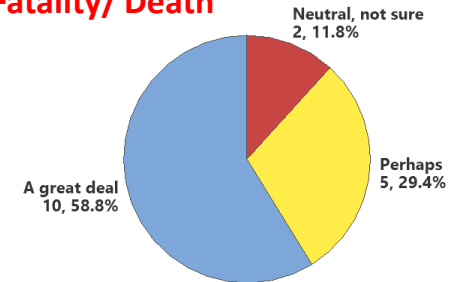
Eating Disorders



School Problems

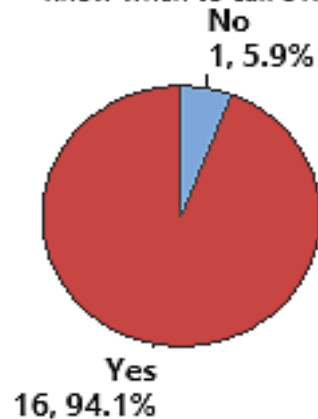


Fatality/ Death

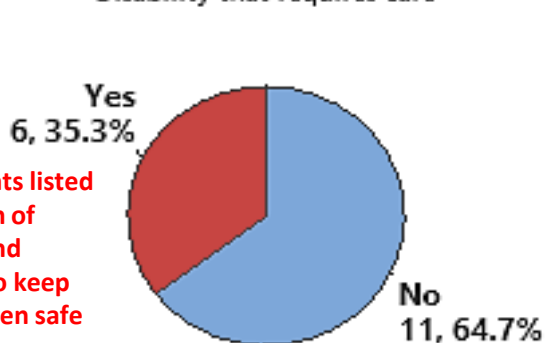


What should you consider when trying to decide if your child can safely stay at home alone? (Respondents listed a collection of contexts and practices to keep their children safe.)

Know when to call 911



Disability that requires care

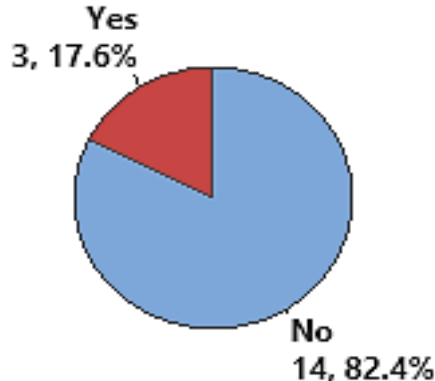


Get to neighbors home quickly

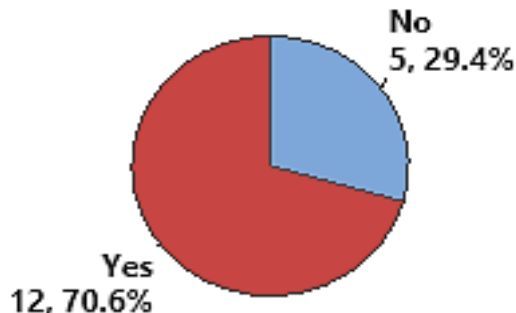


Respondents listed a collection of contexts and practices to keep their children safe at home alone.

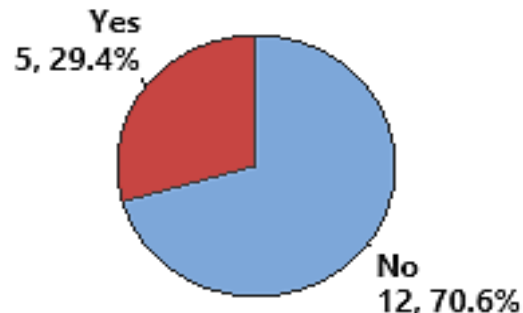
Recent drug/alcohol abuse



Current age or grade in school

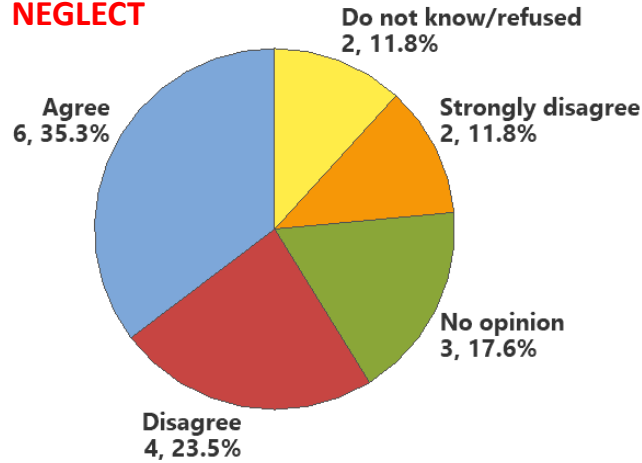


Left home without permission

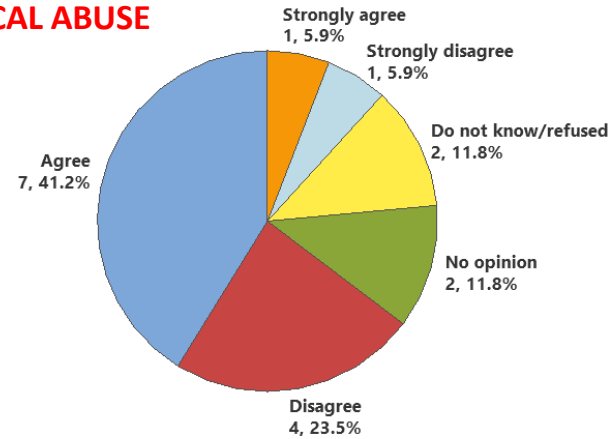


Community and state agencies are actively involved in preventing X.

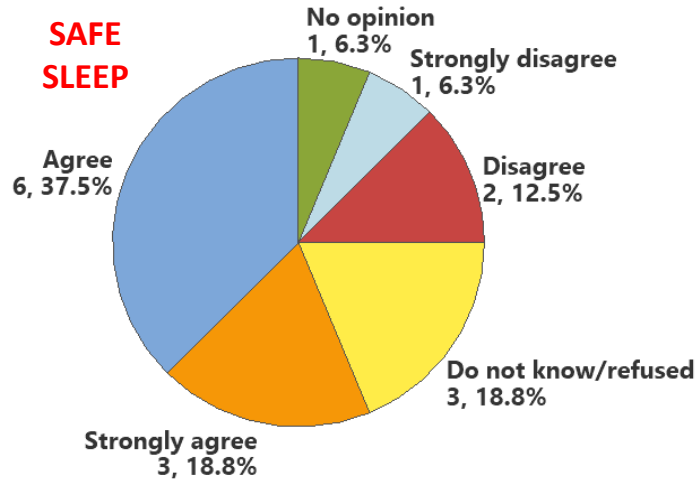
NEGLECT



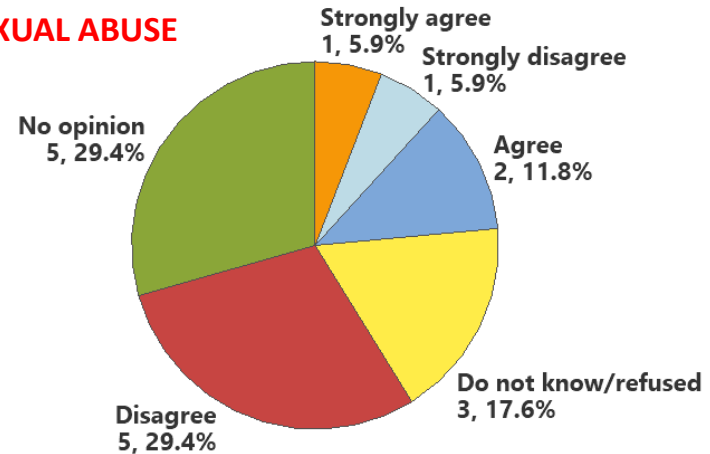
PHYSICAL ABUSE



SAFE SLEEP

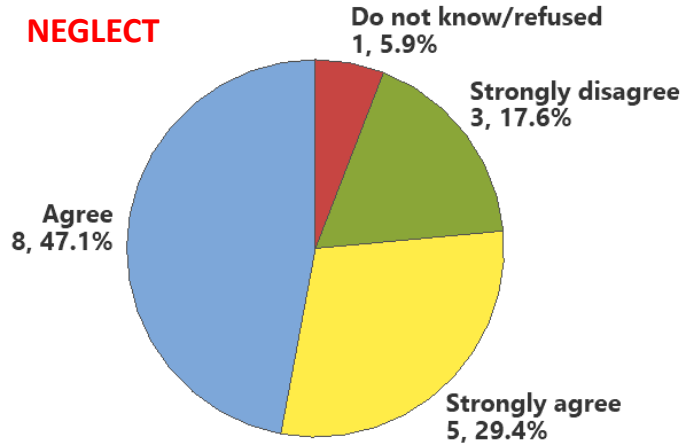


SEXUAL ABUSE

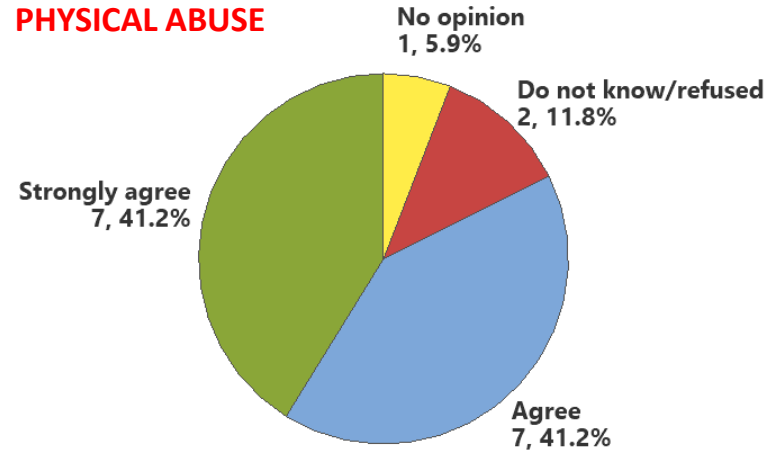


Community and state agencies should be more involved in preventing X.

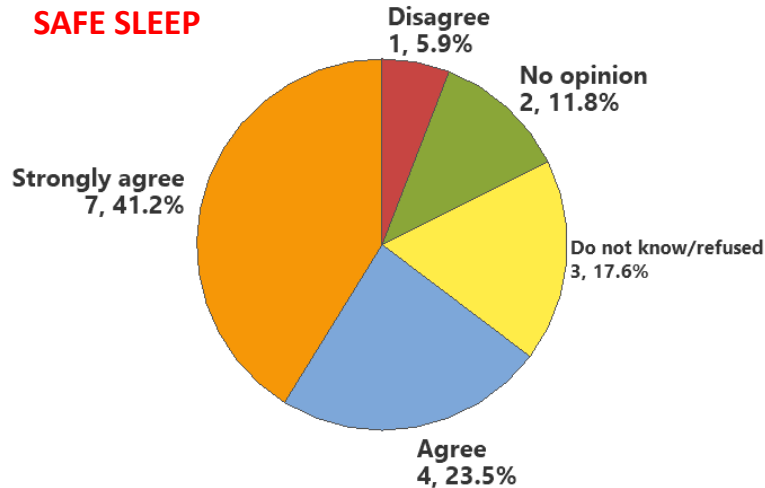
NEGLECT



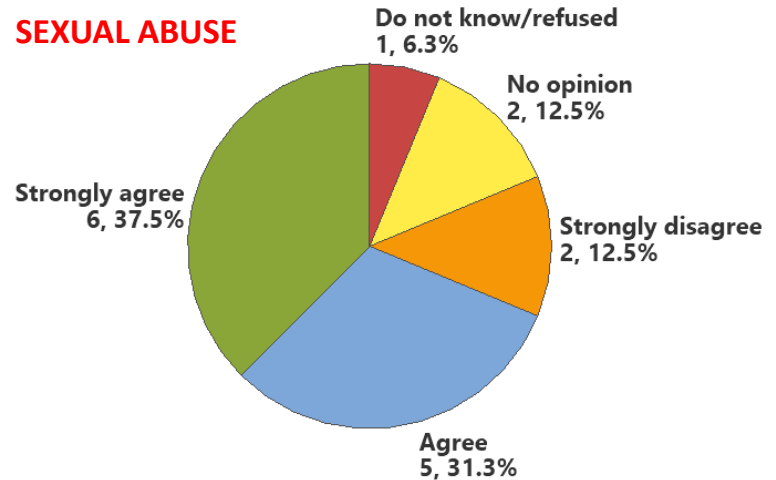
PHYSICAL ABUSE



SAFE SLEEP



SEXUAL ABUSE



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.

	Strongly Agree (A)	Generally Agree (B)	Neutral (C)	Generally Disagree (D)	Strongly Disagree (E)
1. It is not my place to get involved in this.					
2. I believe most parents in this situation would be receptive to my expression of concern.					
3. I believe that if I were to express my concern to parents in this situation, it would lead to a positive change.					
4. If I chose to take action in this situation, I know what to do to make a difference.					
5. 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

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

Child Neglect is defined as:

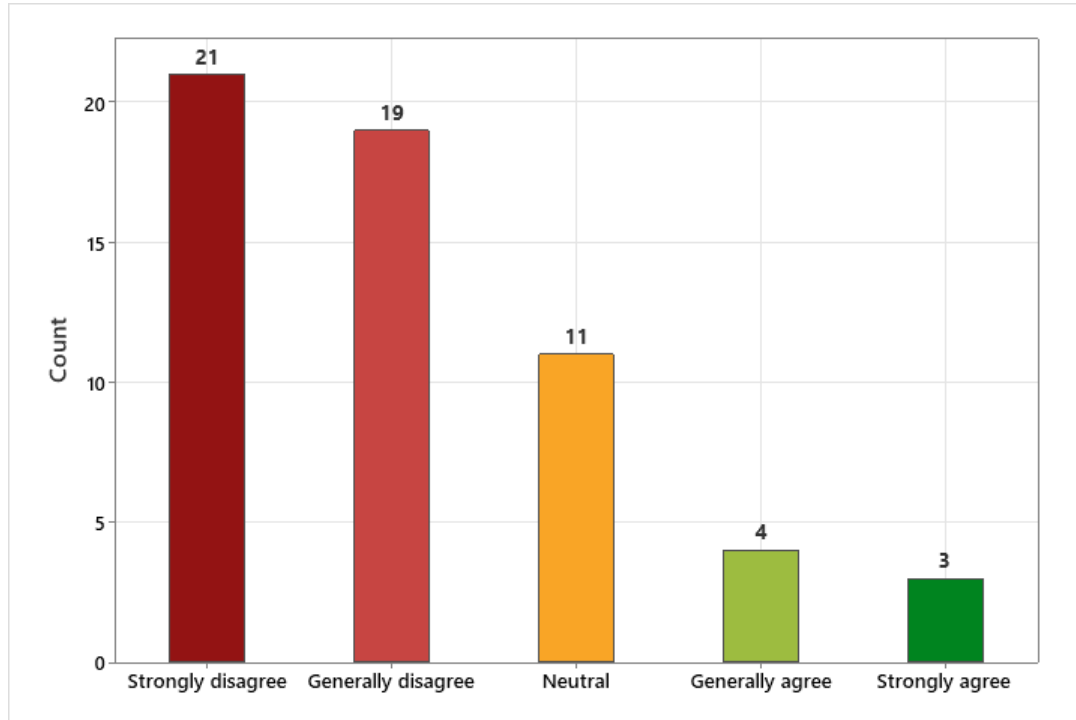
- “Failure to provide for a child’s physical needs to the extent that there is harm or risk of harm to the child’s health or safety. This refers to children under 18 years of age.” All of the questions we ask you about neglect will be based on this definition.

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.

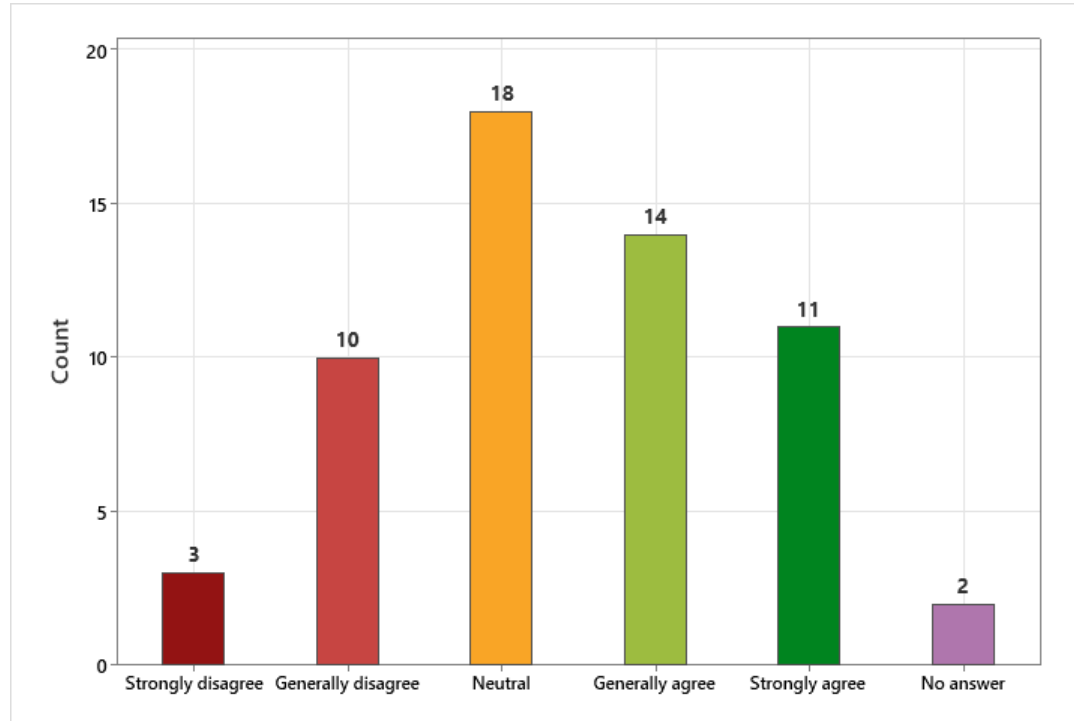
[Abuse & Neglect].

It is not my place to get involved in this



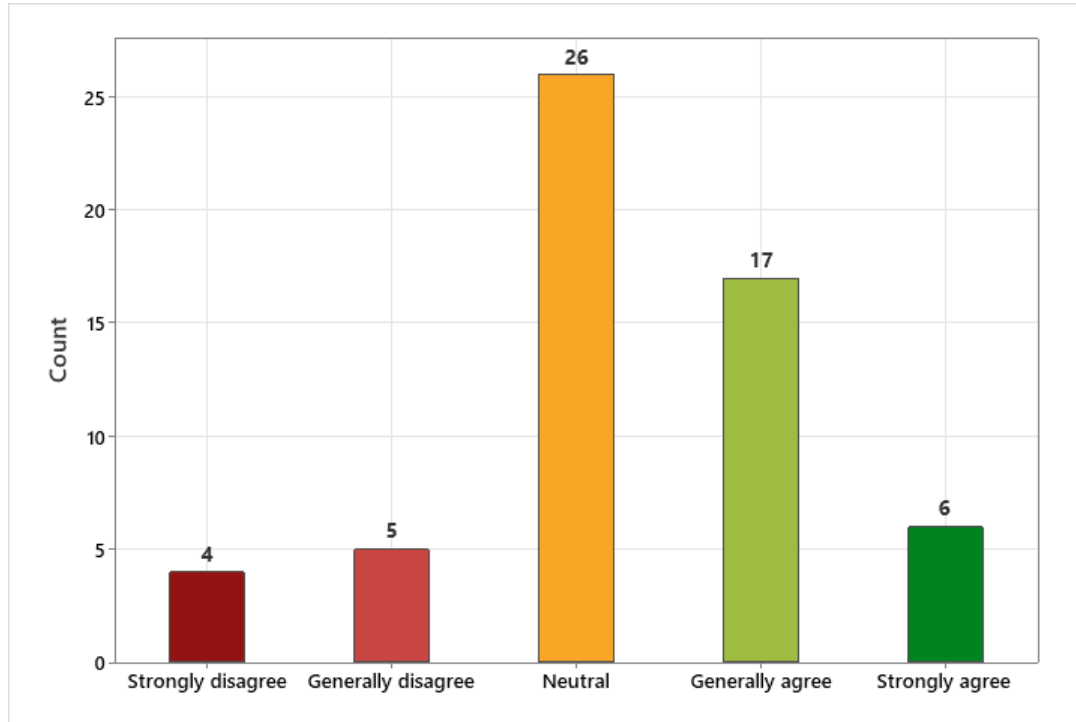
[Abuse & Neglect].

I believe most parents in this situation would be receptive to my expression of concern.



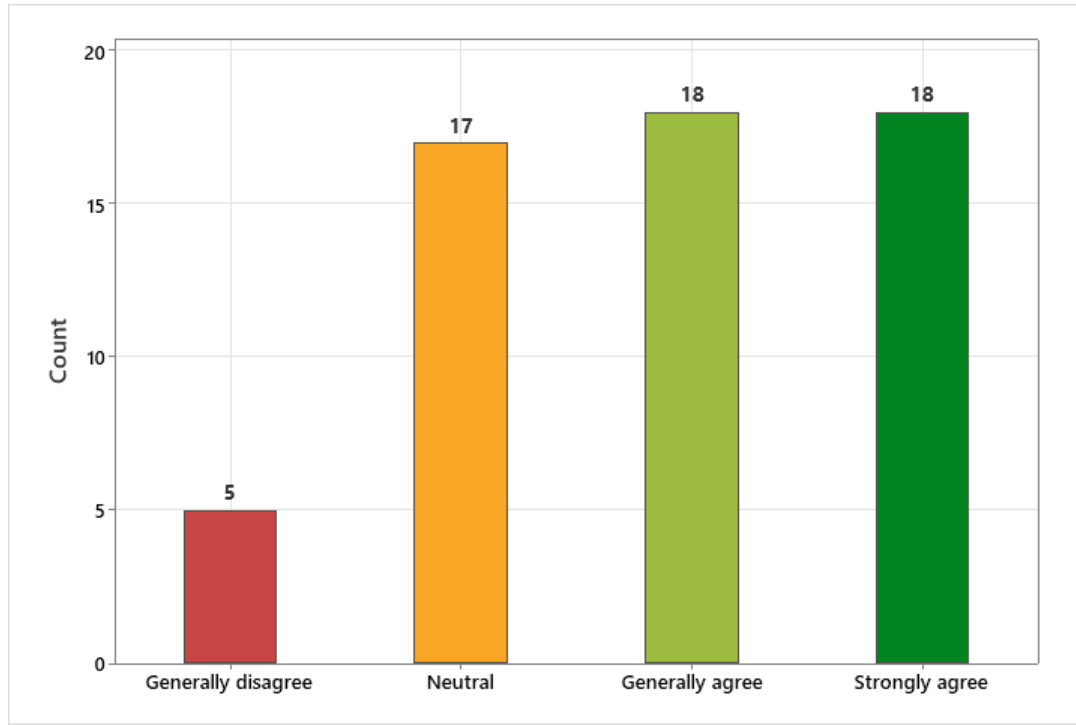
[Abuse & Neglect].

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



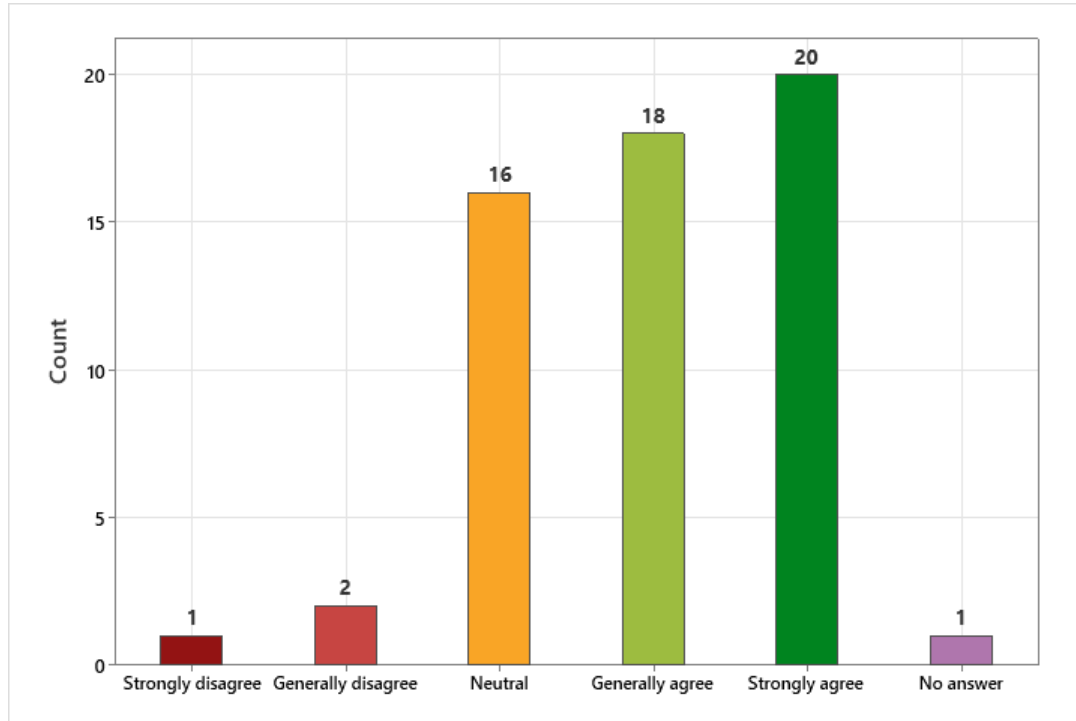
[Abuse & Neglect].

If I chose to take action in this situation, I know what to do to make a difference.



[Abuse & Neglect].

If I chose to take action in this situation, I am confident in my ability to do it well.

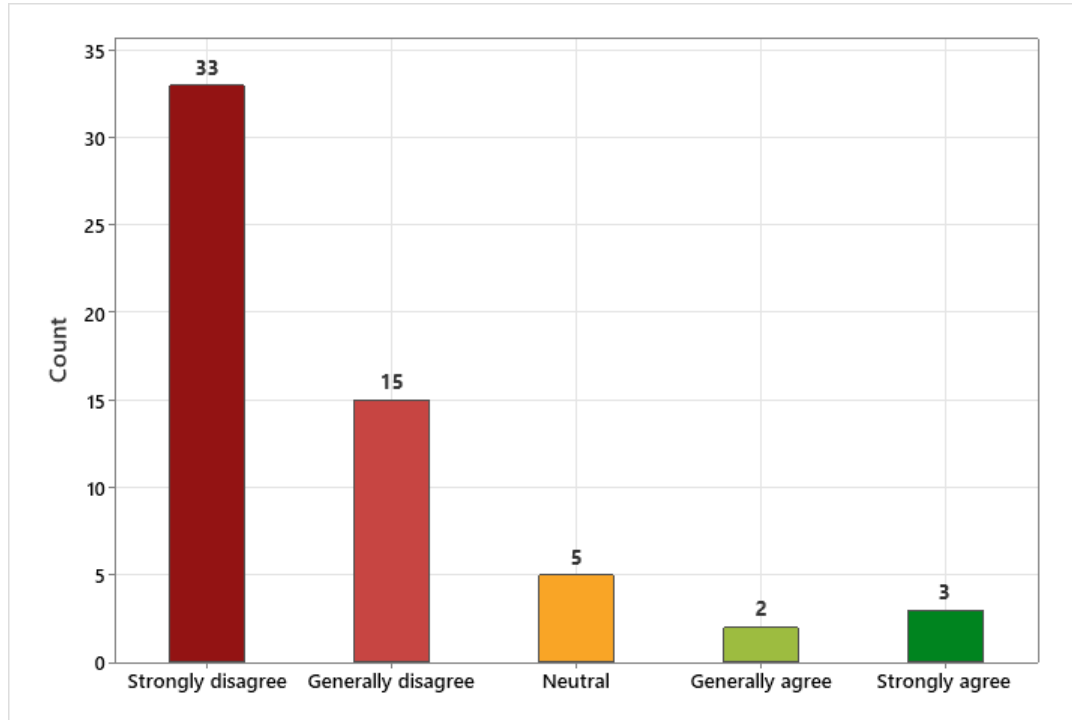


Intimate Partner Violence is defined as: Intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship. “Intimate partner” refers to both current and former spouses and dating partners. IPV can vary in how often it happens and how severe it is. It can range from one episode 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.

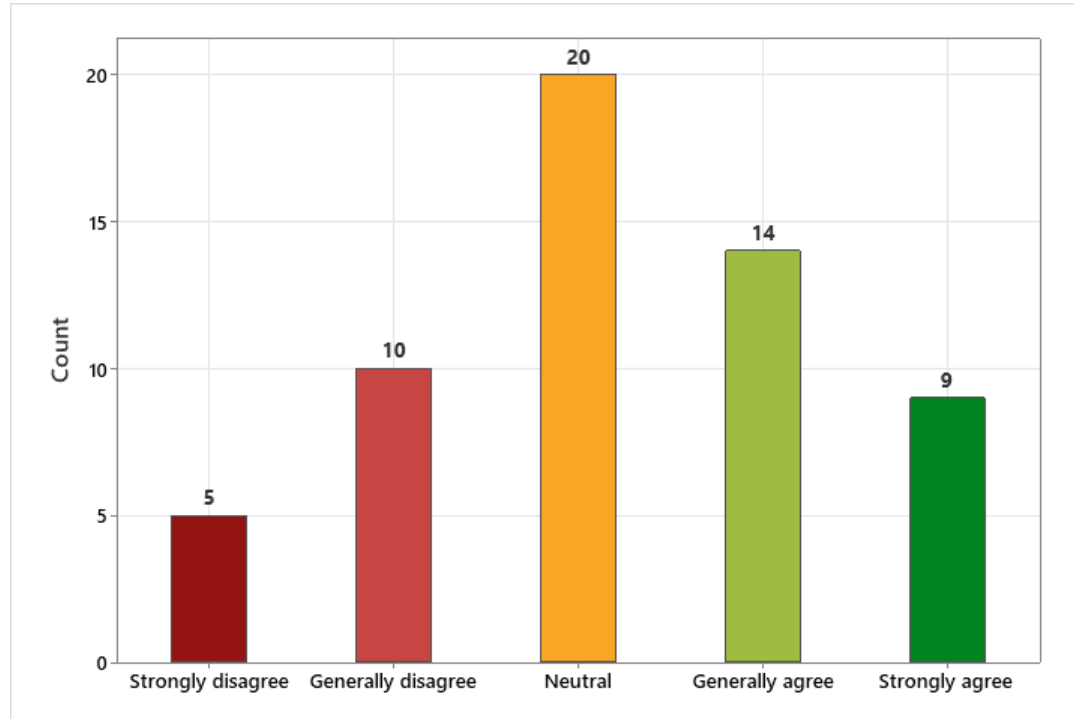
[Intimate Partner Violence]

It is not my place to get involved in this.



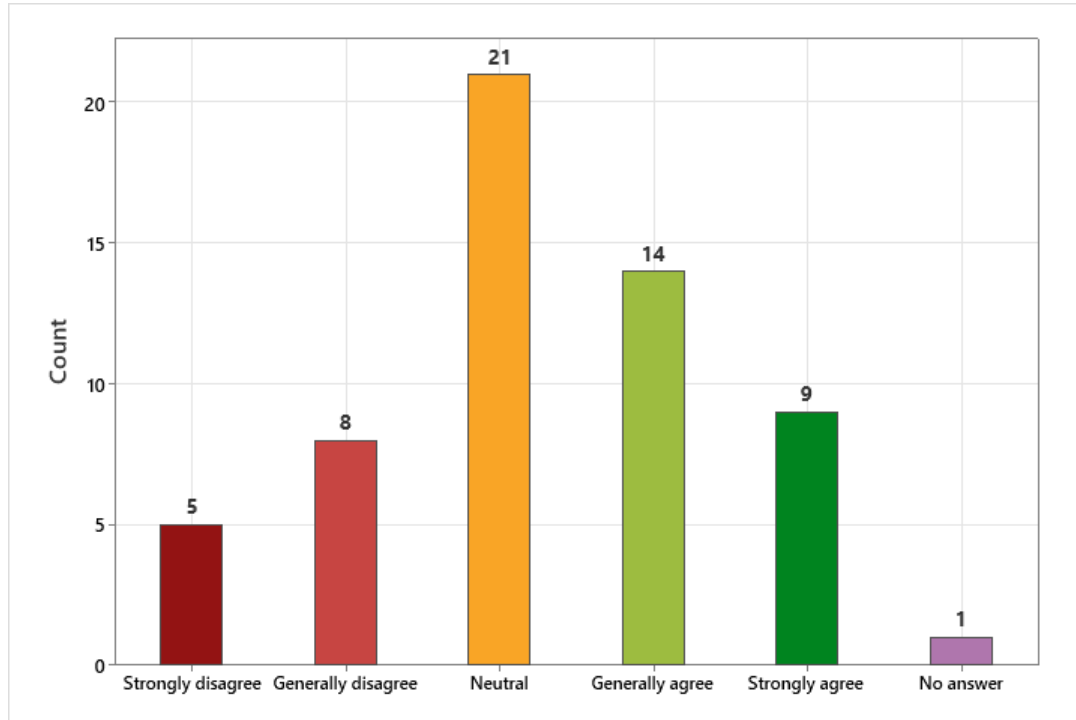
[Intimate Partner Violence]

I believe most parents in this situation would be receptive to my expression of concern.



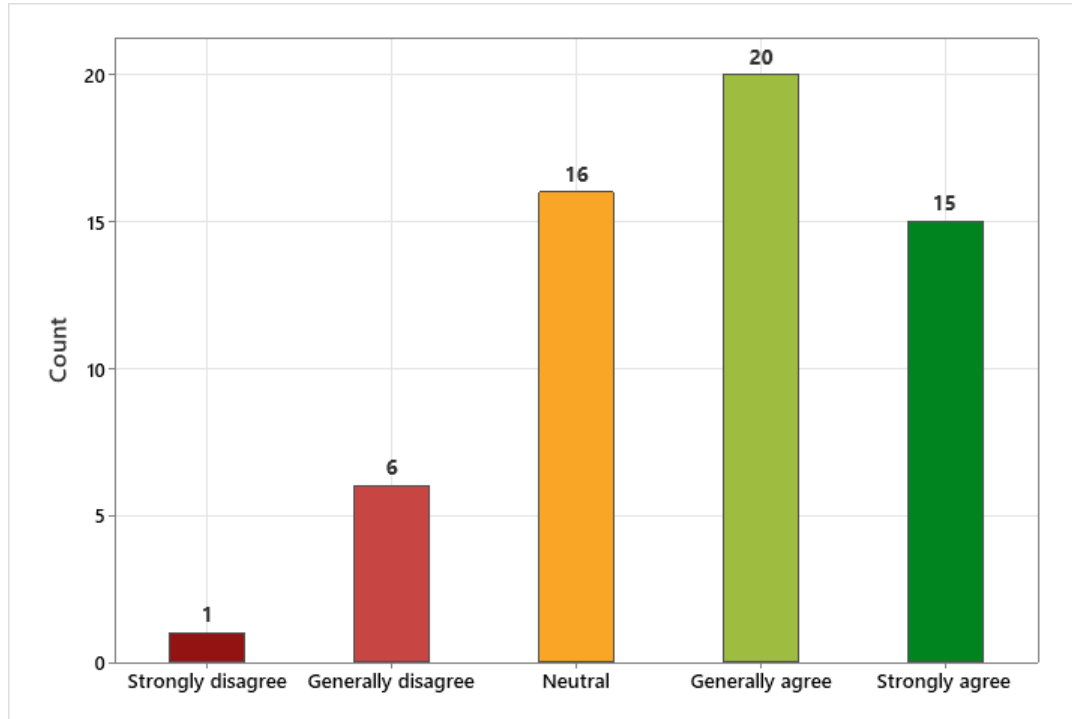
[Intimate Partner Violence]

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



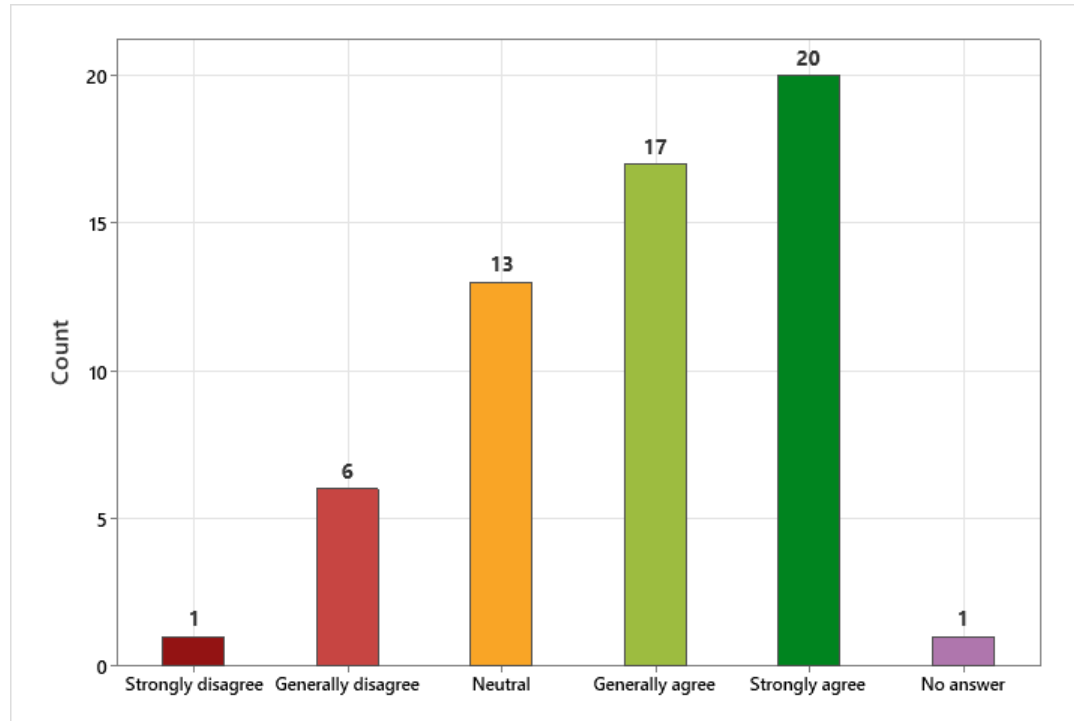
[Intimate Partner Violence]

If I chose to take action in this situation, I know what to do to make a difference.



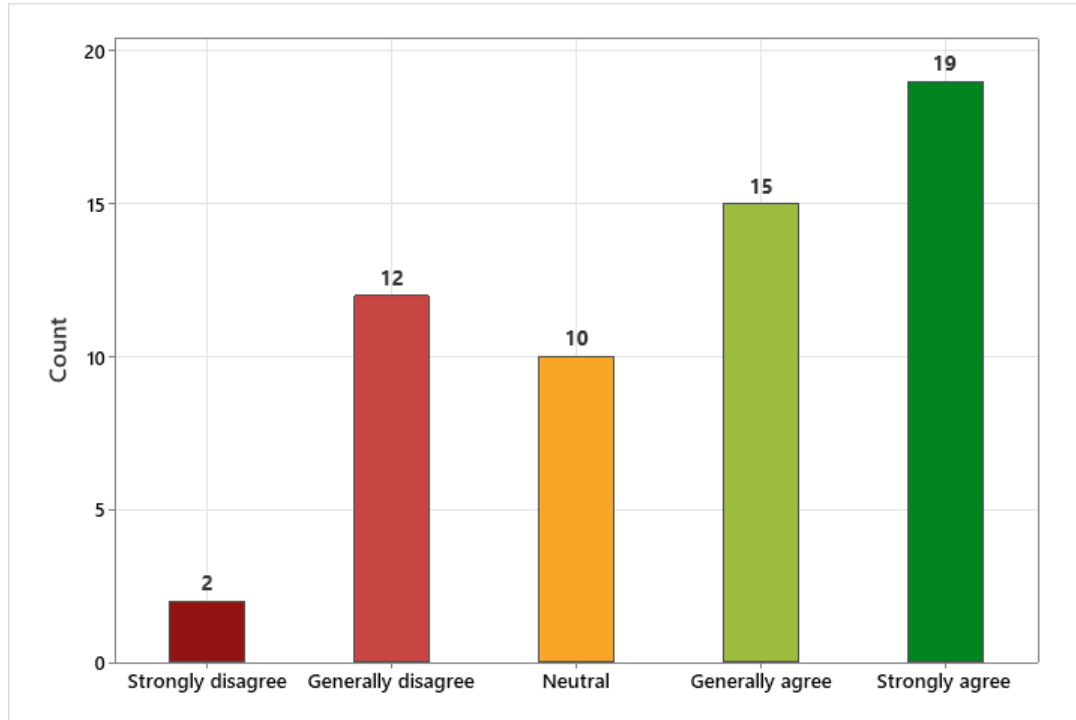
[Intimate Partner Violence]

If I chose to take action in this situation, I am confident in my ability to do it well.

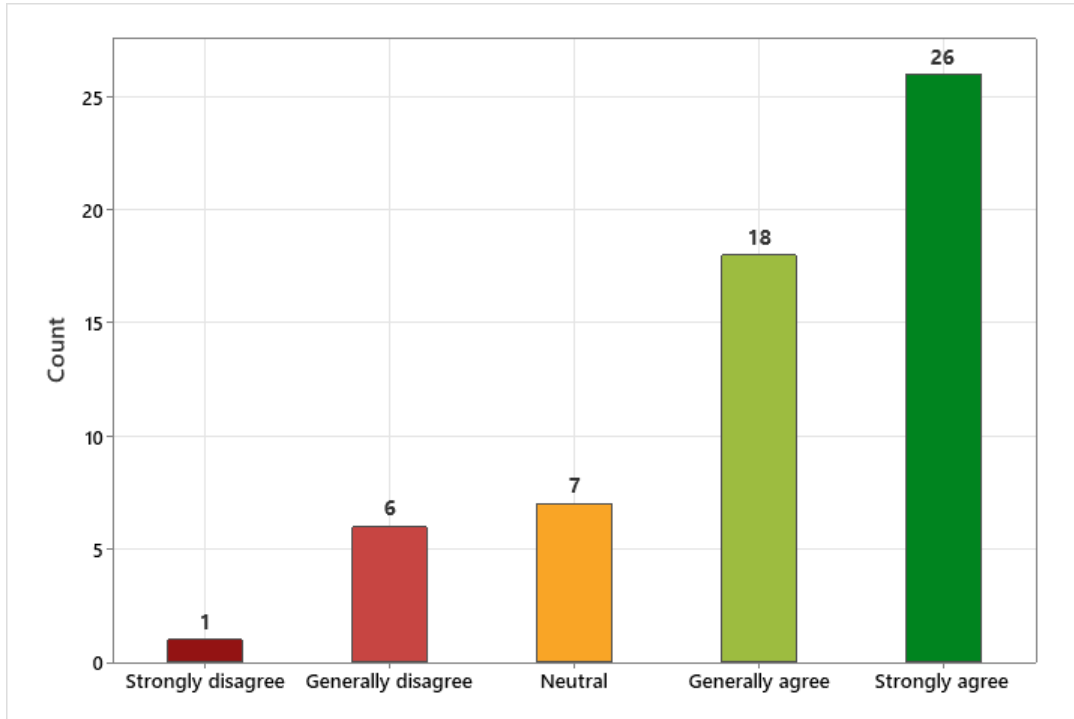


B. Your awareness of key steps that help reduce abuse/neglect and the likelihood that your community can put these steps in place to prevent the outcomes of abuse/neglect.

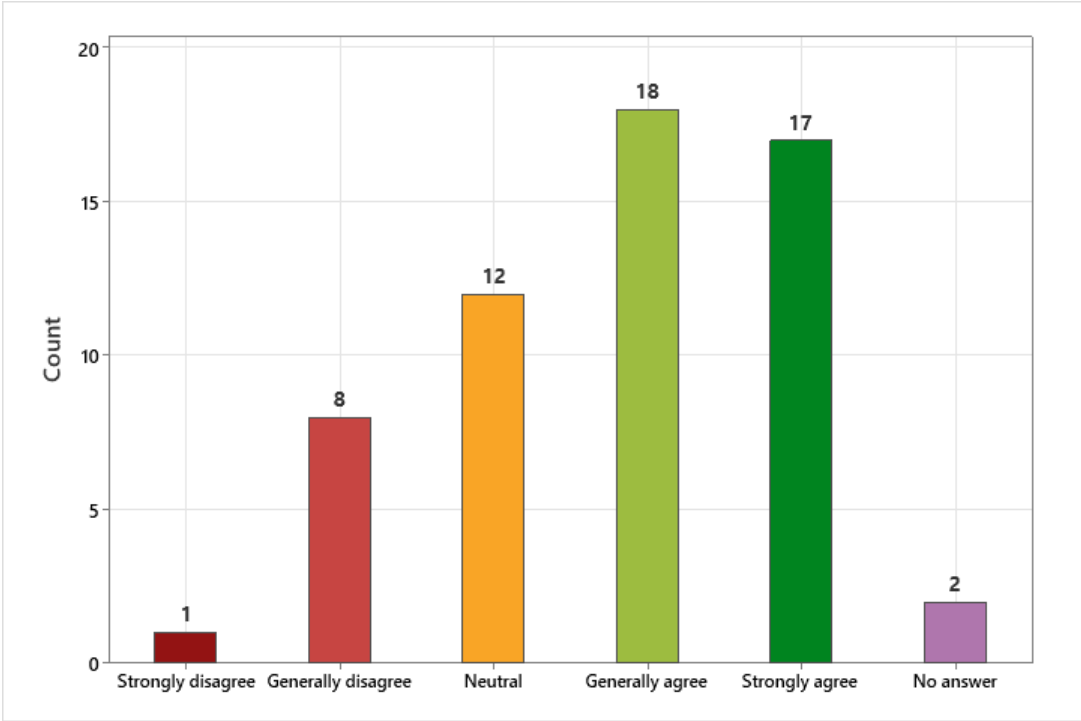
If we did away with poverty, we would significantly reduce child abuse and neglect.



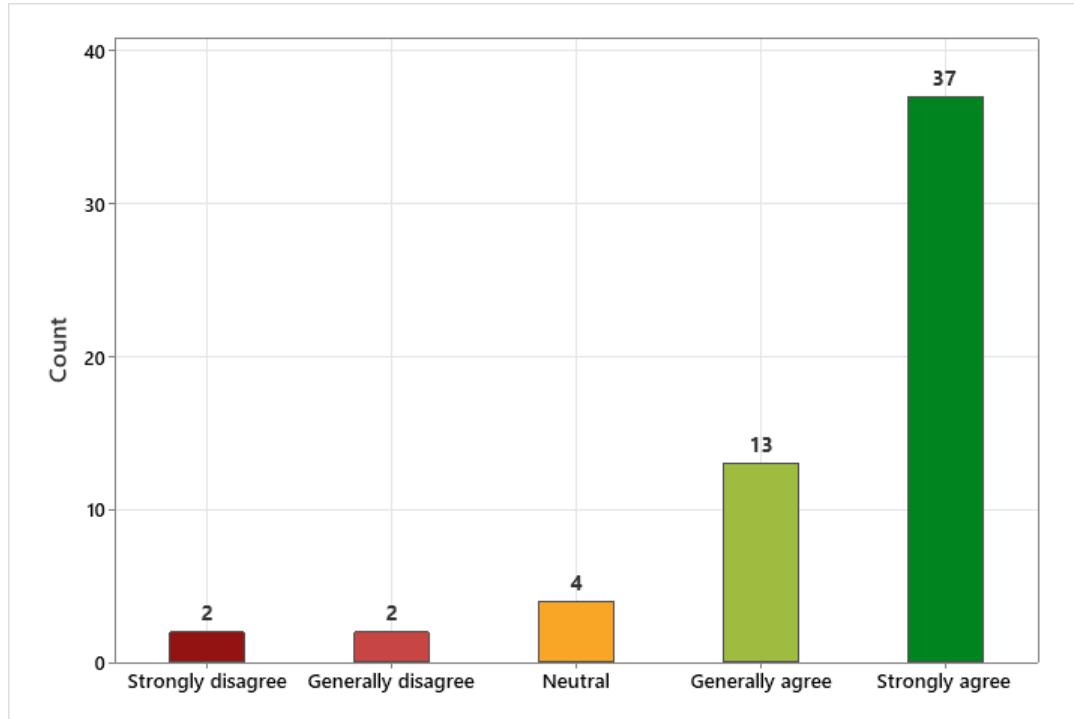
If we did away with drug abuse, we would significantly reduce child abuse and neglect.



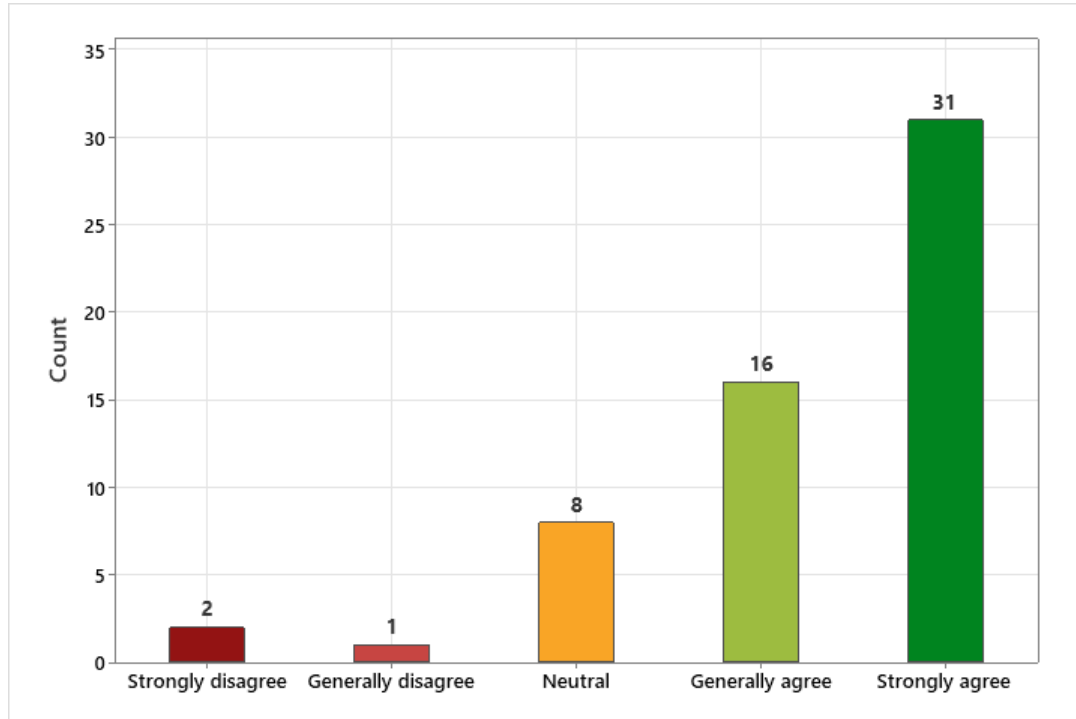
If we did away with all forms of discrimination, we would significantly reduce child abuse and neglect.



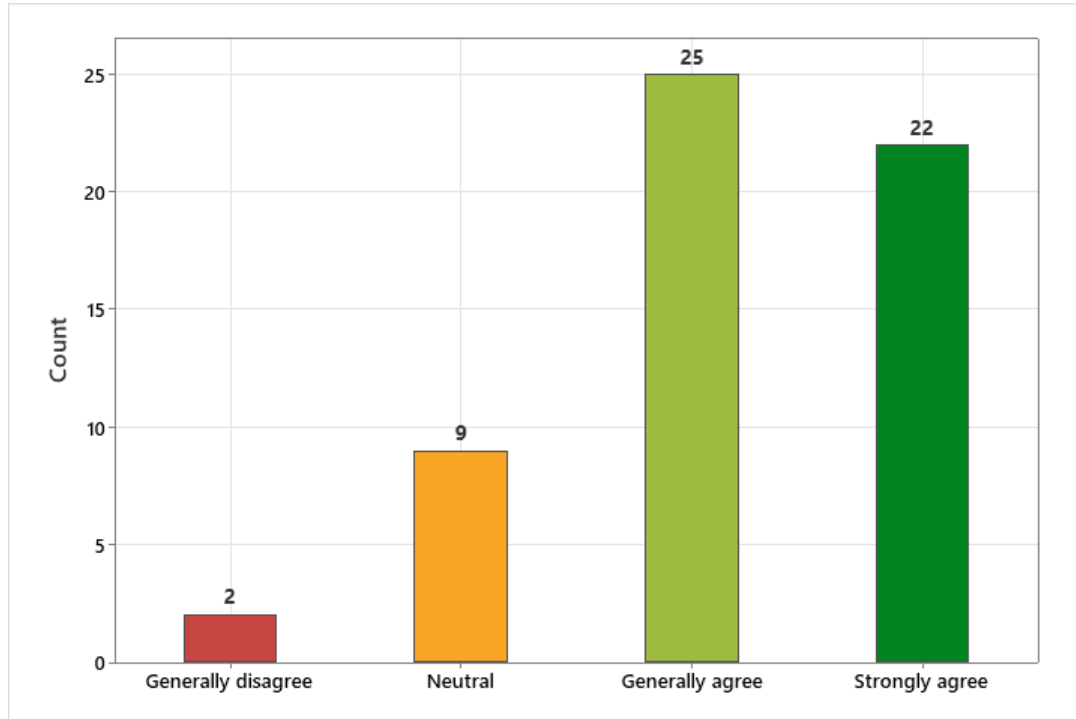
If all people received the emotional support, they needed we would significantly reduce child abuse and neglect.



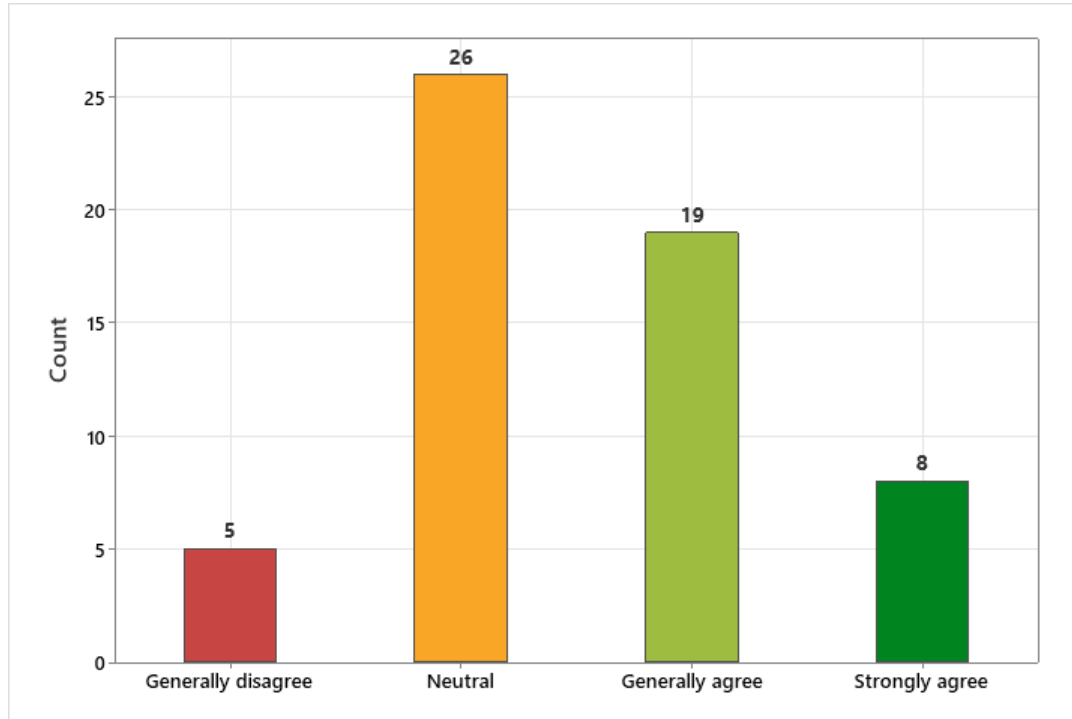
A long-term and communitywide effort to raise awareness about child abuse and neglect would be helpful in reducing it.



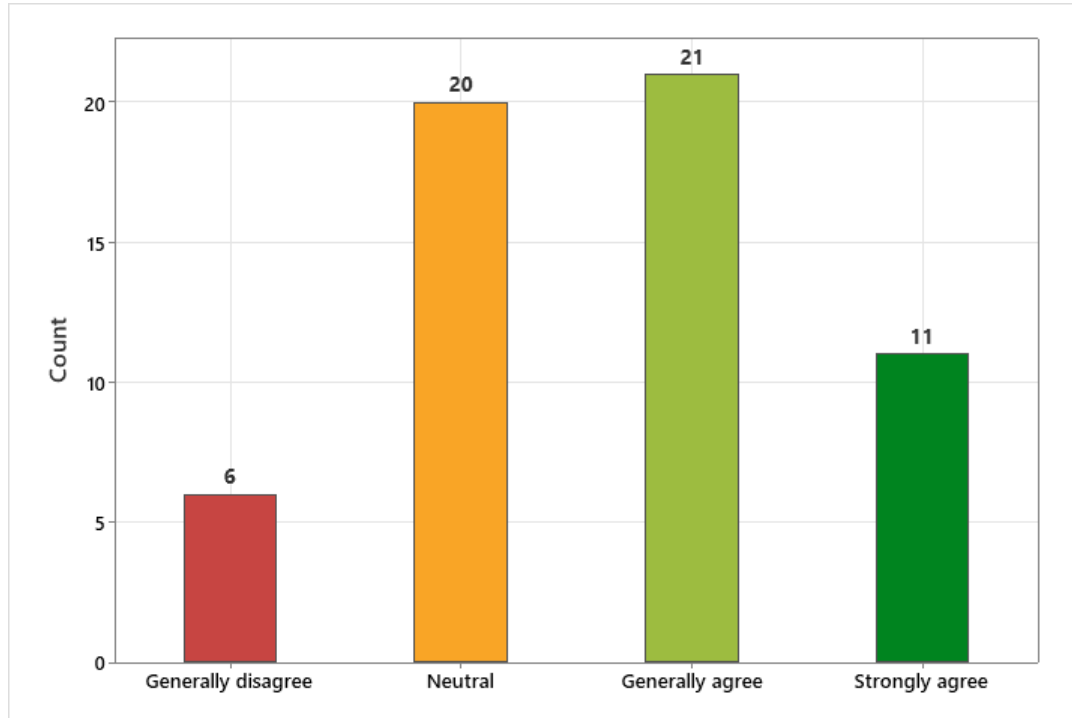
Child abuse and neglect can be significantly reduced
in your community.



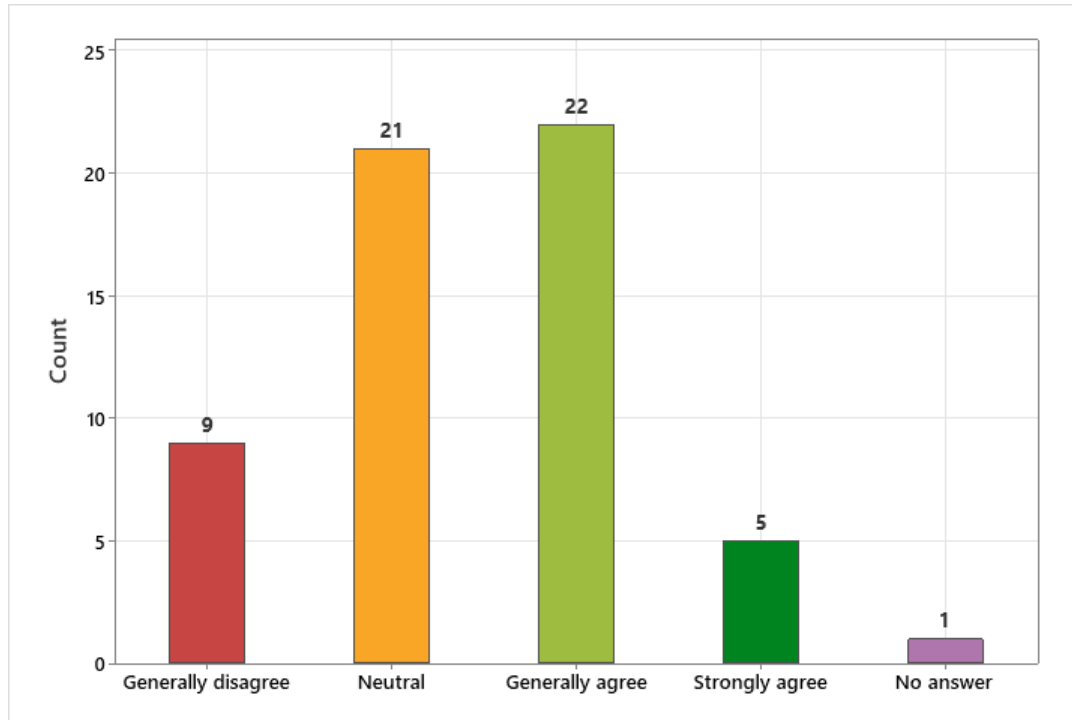
Child abuse and neglect will be significantly reduced
in your community.



I know the key steps that must be taken to significantly reduce child abuse and neglect in my community.

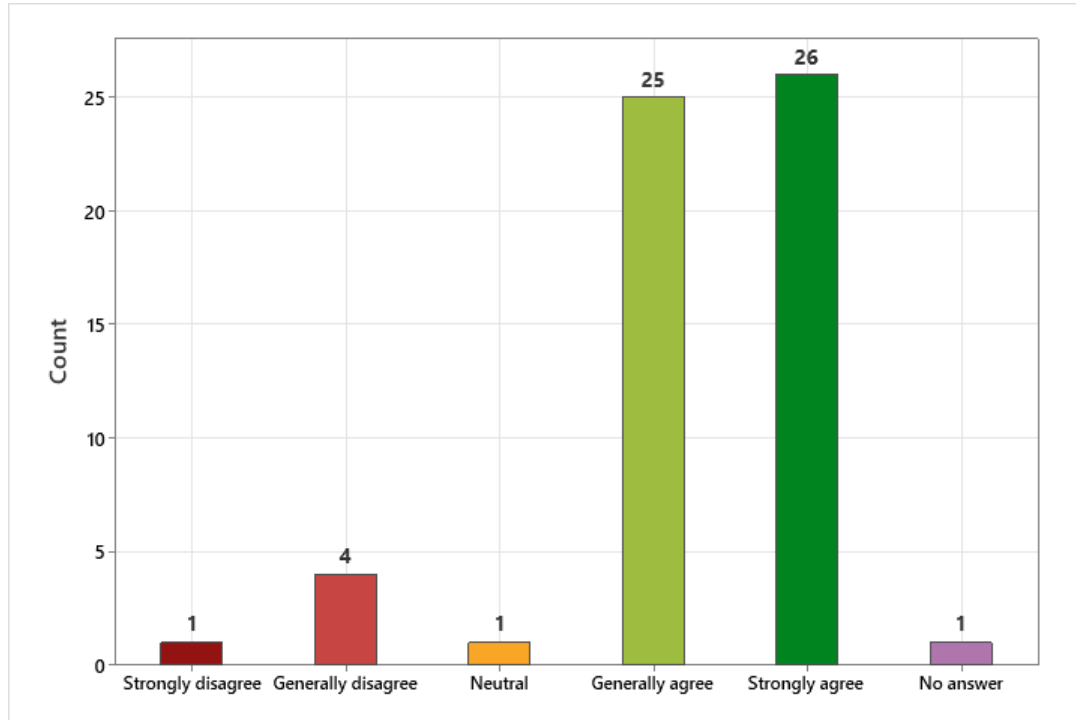


I know what I can do to significantly reduce child abuse and neglect in my community.

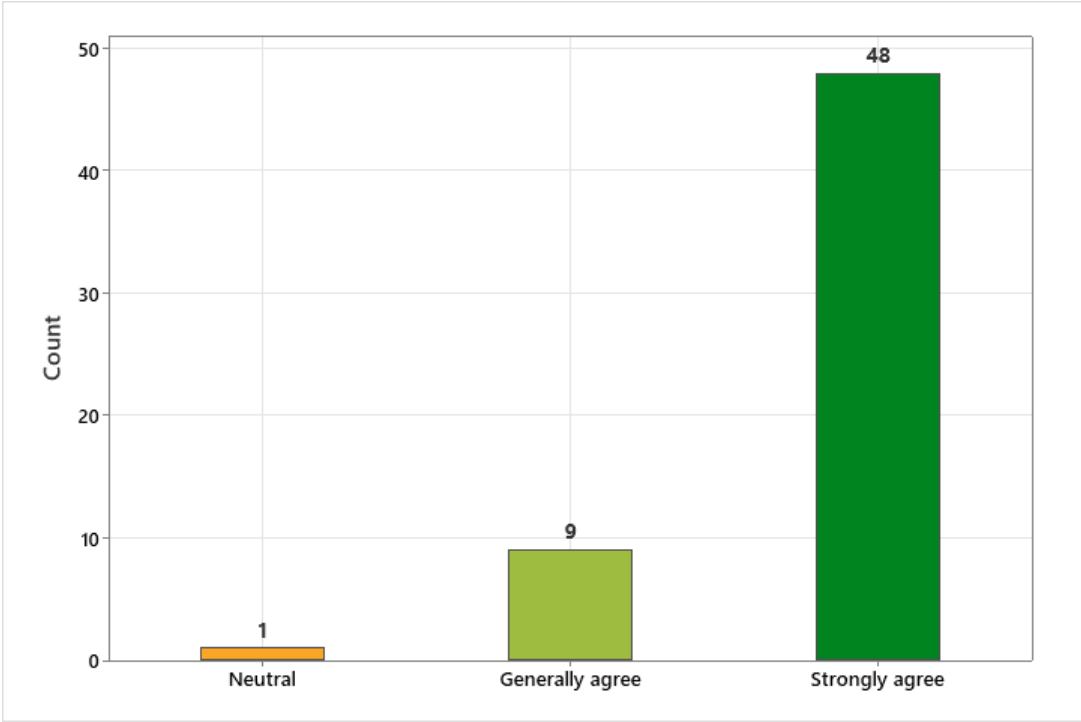


C. To what degree are individuals and community responsibility for child abuse and neglect prevention?

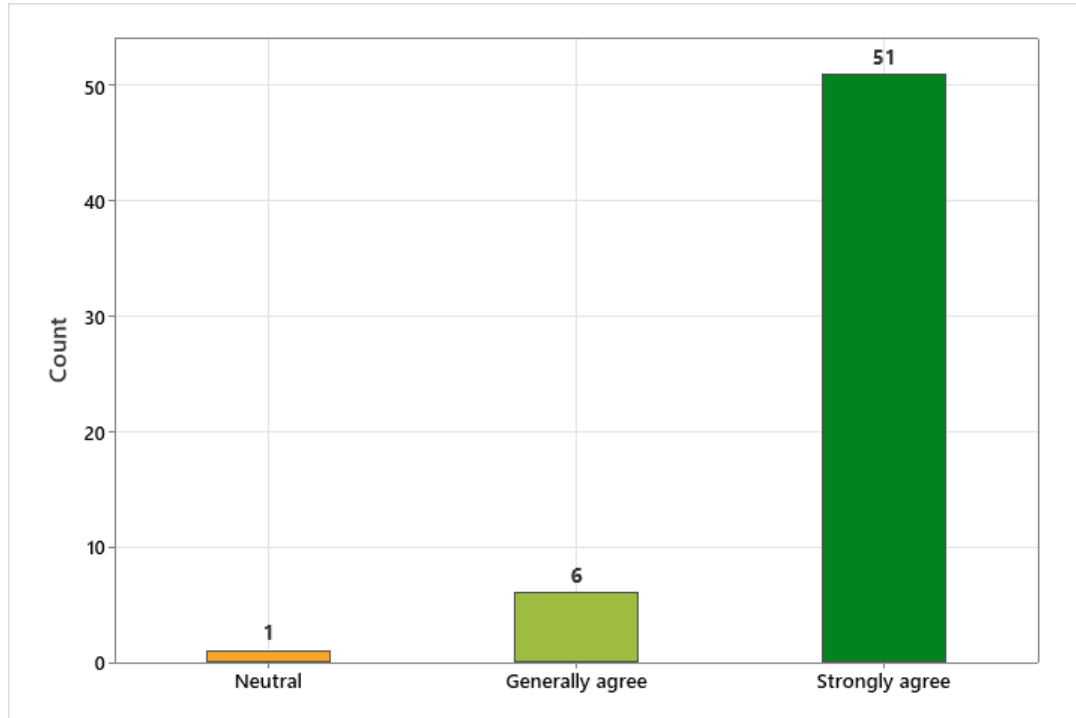
There is a role for each and every person, neighborhood, group, and organization, business and entity to prevent child abuse and neglect.



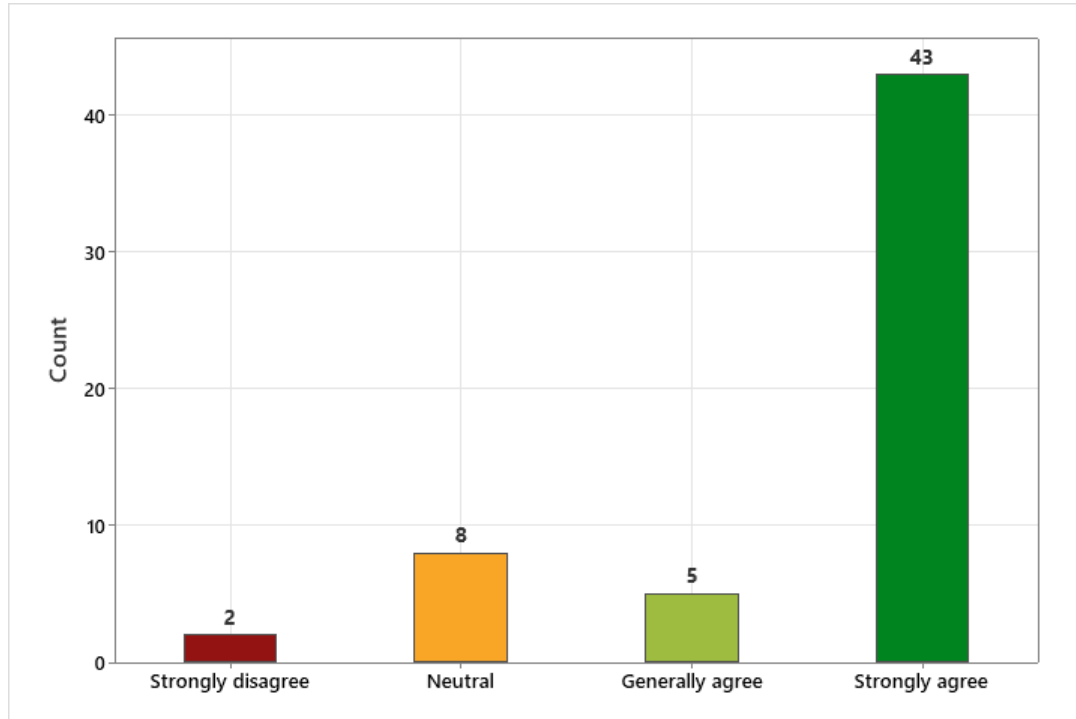
Adults should do everything they can to ensure that children in their community are safe.



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.

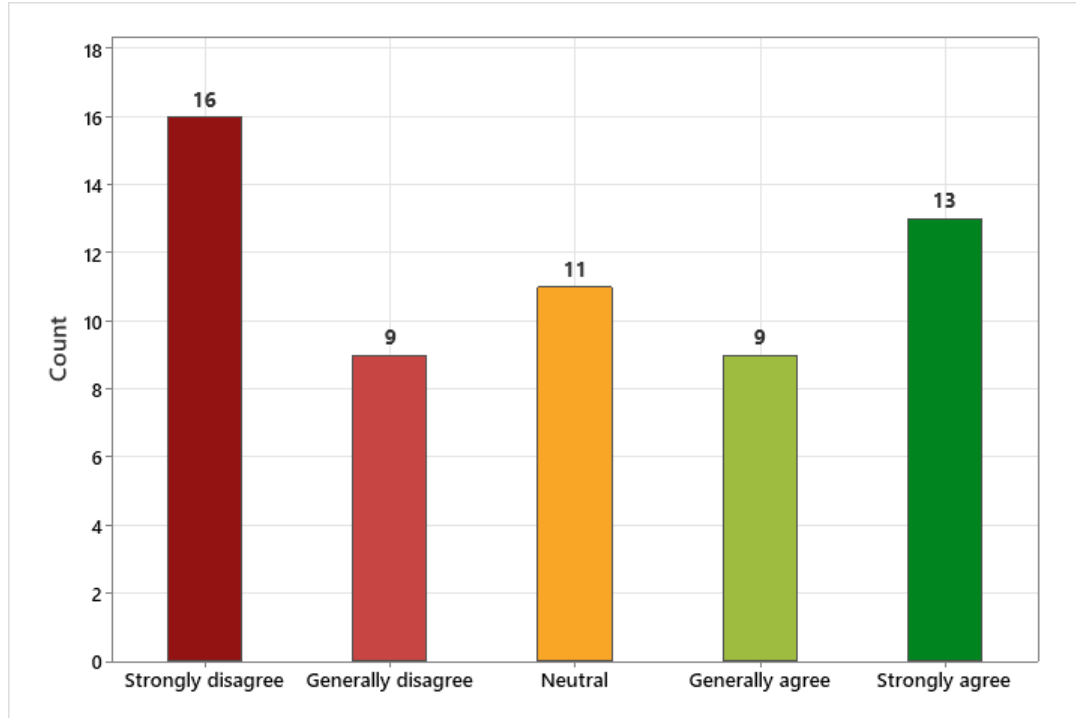


D. To what degree are you aware of abuse and neglect, and whether it is actually a problem?

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.

[Child Abuse & Neglect]

Based on the definition provided, did you experience child abuse or neglect in your childhood?



[Child Abuse & Neglect]

Is child abuse and neglect a problem in your
[neighborhood, city, county and state]?

