



Strategic Focus Area

Health: All people are able to achieve optimal physical, mental and social-emotional health and well-being.

Identified Challenges, Opportunities & Objectives

Challenges

“Child abuse and neglect” refers to child maltreatment, including chronic neglect or physical, emotional or sexual abuse. Child abuse, neglect and other adverse childhood experiences (ACEs) can literally change the physical chemistry of the brain, resulting in lifelong impacts to individuals, families and communities. By 2008, across the United States it was estimated that:

- Approximately 80% of children that die from abuse are under the age of four.
- About 30% of abused and neglected children will later abuse their own children, continuing the cycle of abuse.
- About 80% of 21-year-olds that were abused as children met criteria for at least one psychological disorder.
- The total lifetime cost of child maltreatment is \$124 billion each year.

The U.S. has the worst record in the industrialized nation – losing five children every day due to abuse-related deaths. With respect to the life course, abuse and neglect have particularly severe consequences. Children exposed to family distress and abuse are negatively affected for a lifetime, starting with their earliest development, behavioral patterns and mental health – including in the womb. They also have been shown to experience increased health complications as adults.

Prevention efforts are critical and should focus not only on helping families avoid or get out of abusive situations, but also on role modeling to teach nurturing and appropriate behaviors. If a non-abusive parent or primary caregiver is consistent and supportive, children can learn new behaviors. If there are systems in place to help them, parents who are at risk for abusing or neglecting their children can instead break the cycle and provide safe, nurturing environments.

Child abuse occurs at every socioeconomic level, across ethnic and cultural lines, within all religions, and at all levels of education. While the root causes of child abuse and neglect are complex and multifaceted, local experts have anecdotally identified several contributing factors, including but not limited to:

- Generational abuse
- Lack of positive parental role modeling and/or parenting knowledge
- Untreated mental illness and/or alcohol or other drug abuse
- Prolonged economic hardship coupled with an inability to cope
- Isolation; stress; lack of a social support system

In Brown County in 2012, the raw number of child abuse and neglect reports neared 5,000 for the first time. On average, 37% of these reports met the legal standard for formal Child Protection contact and intervention. In addition, an estimated 1,300 to 1,500 families with children and youth (an additional 25-30% of the annual reported total) were falling through the cracks because there was no large-scale mechanism to reach families whose circumstances do not meet the legal standard to be formally investigated, but who may still be at risk and/or could potentially benefit from community supports.

Opportunities

Both unintentional injury and child abuse and neglect are highly preventable. Educating and providing resources to caregivers and children – before abuse or injury occurs – is a critical task that the Brown County community must embrace on a larger scale.

Objectives

The Brown County Child Abuse & Neglect Initiative began in 2012 in response to the need to take intentional, solution-focused action to address the issue of child abuse and neglect in the community. Convened by Brown County United Way and Brown County Human Services, the objective of the initiative is to reduce and ultimately prevent the incidence and impact of child abuse and neglect over the long term. This will be accomplished through coordinated efforts to deliver effective strategies where they will have the greatest impact, through increased family and community engagement and a network of skilled and knowledgeable service providers.

Initiative History, Goal and Outcomes

Brown County Human Services and Brown County United Way hosted a summit on child abuse and neglect on December 14, 2012 and subsequently convened a task force that met for one year during 2013 and 2014. Shortly after its convening, the task force formed three subcommittees which examined information gleaned from the December 2012 summit. Additional data was gathered and innovative ideas generated. From there, a community plan was created, including action steps that the entire community could rally around. The plan was made public at a second summit on March 21, 2014.

Bold Goal: All Brown County children and youth will live and thrive in safe, nurturing environments.

The **target population** is families with children at-risk for child abuse and neglect. The subcommittees (now known as action teams) proposed thirteen community-based strategies based on identified service gaps with a particular focus on prevention. The **collective outcomes** associated with these strategies are:

- 1) Brown County families with children will live in safe home environments.
- 2) Brown County families with children will have timely access to help and information in times of stress and/or hardship.
- 3) Brown County families with children will have timely access to positive, empowering social supports.
- 4) Brown County families will connect to learning opportunities that increase their knowledge of how to foster their children's optimal growth and development.
- 5) All sectors of the Brown County community will share responsibility for the safety and well-being of children.

Team Structure

<p style="text-align: center;">Advisory Council: Purpose and Composition</p>	<p>The purpose of the advisory council is to support the community plan and the work of the action teams, providing leverage, advocacy, feedback, direction and resources. The council is comprised of Brown County leaders from all sectors of the community, and includes the action team chairs.</p> <p><u>Advisory Council Members as of January 2016</u> Patrick Evans, Brown County Supervisor Sue Lockwood, Child Advocacy Center/Sexual Assault Center Debbie Armbruster, De Pere Health Department Chris Bivins, Advocates for Healthy Independent Living Todd Delain, Brown County Sheriff's Office Jeff Dickert, CESA 7 Mark Kasper, Amerhart Dr. Karen Lane, Bellin Health David Lasee, Brown County District Attorney Dr. Greg Maass, Brown County United Way Erik Pritzl, Brown County Health & Human Services Dr. John Taylor, Prevea Health Pastor Ricardo Torres, Peace United Methodist Church Teresa Wargo, Wisconsin Family Ties Jennifer Yates, Children's Hospital of Wisconsin</p> <p><i>*Recruitment still underway</i></p>
<p style="text-align: center;">Action Teams and Strategic Priorities</p>	<p>Systems Development Team David Lasee, Brown County District Attorney, Chair Sarah Inman, Brown County United Way, Project Manager</p> <ul style="list-style-type: none"> • Community Response and Priority Referral • Systems-change MOUs/business agreements, intake process flow, etc. <p>Family Engagement Team Debbie Armbruster, De Pere Health Department, Chair Jill Sobieck, Brown County United Way, Project Manager</p> <ul style="list-style-type: none"> • Parent cafés • Parent peers/mentors <p>Community Trainings and Tools Team Chris Bivins, Advocates for Healthy Independent Living, Chair Shromona Bose-Bigelow, Brown County United Way, Project Manager</p> <ul style="list-style-type: none"> • Identification, organization and promotion of training opportunities • Communitywide charter for trauma-informed care (current training focus)