

The Institute

Turning Information into Insight

A collaboration among Geisinger Commonwealth School of Medicine, Johnson College, Keystone College, King's College, Lackawanna College, Luzerne County Community College, Marywood University, Misericordia University, Penn State Scranton, Penn State Wilkes-Barre, The Wright Center for Graduate Medical Education, University of Scranton & Wilkes University

This report, prepared by The Institute for Public Policy and Economic Development, examines the scope of child abuse and neglect and strategies for preventing abuse and mitigating its consequences.

The State of Child Abuse and Neglect in our Region and Beyond

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The Institute is a non-profit research organization dedicated to empowering business and community leaders with research based strategies for informed decision making. We conduct independent, non-biased research to identify the opportunities, issues and challenges unique to the region and find innovative solutions to help solve the problems facing our communities. The Institute also offers a wide array of research, consulting and support services to help organizations boost productivity, increase profitability and be successful in their missions.

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Executive Summary

Child abuse and neglect are one form of adverse childhood experiences (ACEs) that can have an immediate and long term impact on children. The Center for Disease Control and Prevention (CDC) reports that one in seven children have experienced child abuse and/or neglect in the past year, which is likely an underestimate.¹ One out of every four girls and one out of every six boys will be sexually assaulted before they reach age 18.² Ninety percent of sexual abuse happens at the hands of someone the child knows.³ The CDC also reports that children who live in poverty are five times more likely to experience abuse and neglect than those with higher socio-economic status.⁴

In the Lackawanna and Luzerne County region, reports of child abuse have steadily increased annually since 2013, while the percent of substantiated reports has declined.⁵ This increase was partly due to the changes made in Pennsylvania legislation in 2014, which led to an increase in reports as public awareness of child abuse and neglect increased and improvements were made in mandated and permissive reporter requirements.

According to the PA Department of Human Services Child Protective Services 2018 Annual Report, there were over 44,000 reports of child abuse statewide in 2018, including nearly 2,000 reports in Lackawanna and Luzerne County, and 12 percent of these reports were substantiated. Overall, there were over 5,000 victims of child abuse statewide in 2018 and 233 children in our region.⁶ In Lackawanna County, 2.5 out of 1,000 children were victims of child abuse, and 2 children out of 1,000 were victims in Luzerne County.⁷ Tragically, seven children's lives were lost to child abuse in this region from 2016-2018, and six of those deaths occurred in Luzerne County.⁸

The majority of child abuse victims are female, and children ages 5 to 8 make up the largest age group of substantiated cases of abuse, accounting for 26 percent of abuse victims regionally in 2018.⁹ The proportion of victims ages 9 to 11 also increased noticeably in our region, accounting for 22 percent of victims.¹⁰ In nearly half of all substantiated reports of child abuse statewide from 2016 to 2018, the perpetrator was the child's mother or father.¹¹ In 50 percent of cases, the child was living in a single parent home at the time of the abuse.¹² The majority of allegations in Lackawanna County relate to

¹ (Centers for Disease Control and Prevention, 2020)

² (National Sexual Violence Resource Center, 2015)

³ (Children's Advocacy Center of NEPA, 2020; Darkness to Light, 2015)

⁴ (Centers for Disease Control and Prevention, 2020)

⁵ (Pennsylvania Partnerships for Children, 2019)

⁶ (Pennsylvania Department of Human Services, 2018)

⁷ (Pennsylvania Department of Human Services, 2018)

⁸ (Pennsylvania Department of Human Services, 2018)

⁹ (Pennsylvania Partnerships for Children, 2019)

¹⁰ (Pennsylvania Partnerships for Children, 2019)

¹¹ (Pennsylvania Department of Human Services, 2018)

¹² (Pennsylvania Department of Human Services, 2018)

physical abuse (51 percent) while the allegations in Luzerne County (64 percent) and statewide (47 percent) are predominantly related to sexual abuse.¹³

General protective services (GPS) reports related to neglect outpace reports of child abuse. According to the PA Department of Human Services Child Protective Services 2018 Annual Report, there were nearly 170,000 GPS reports received statewide in 2018, an increase of 12 percent from 2016. Of these reports, 24 percent were found to be valid, amounting to over 40,000 victims of neglect statewide. In Lackawanna and Luzerne Counties, there were over 8,300 GPS reports in 2018, an increase of 19 percent from 2016. Twenty-six percent were valid, resulting in over 2,100 victims of neglect regionally.¹⁴

According to statewide data on GPS reports, children ages 5 to 9 are the most common victims, accounting for 27 percent of reports. Another quarter of victims are between ages 10 and 14, and 22 percent are between ages 1 and 4.¹⁵ The most common GPS allegations in the region related to parent substance abuse, followed by parental conduct that places the child at risk, homelessness/inadequate shelter, and child and parent behavioral health concerns.¹⁶

An analysis of data on substantiated child abuse and neglect cases shows that across the Commonwealth, counties that have smaller populations and are classified as rural generally have higher rates of child abuse than those counties that are larger or urban.¹⁷ Higher rates of abuse are also correlated with higher levels of poverty and lower median income.

Child abuse and neglect does not just have immediate adverse effects; it is devastating and can be debilitating for victims as they get older. Past research has found a causal relationship between experiencing early adversity and later in life health, social, and behavioral complications. These subsequent, lasting impacts of ACEs include injury, mental and maternal health, infectious and chronic disease, risk behaviors, and lost opportunities.¹⁸ Furthermore, there are societal costs. Poverty and abuse are closely correlated; both are also highly intergenerational. If families, parents, and children do not unlearn learned abusive behavior with help of social services they may fall back into the cycle of poverty and abuse and may also write the fate of their future generations.

There is also an economic impact associated with child abuse and neglect. Research has shown that ACEs can negatively impact education and job opportunities. According to the CDC, the total lifetime economic burden associated with child abuse and neglect was approximately \$428 billion in 2015 in the United States.¹⁹ However, treatment and prevention programs are estimated to have a positive economic impact, potentially eliminating some of the damaging consequences of abuse and neglect.

¹³ (Pennsylvania Department of Human Services, 2018)

¹⁴ (Pennsylvania Department of Human Services, 2018)

¹⁵ (Pennsylvania Department of Human Services, 2018)

¹⁶ (Pennsylvania Department of Human Services, 2018)

¹⁷ (Pennsylvania Department of Human Services, 2018)

¹⁸ (Centers for Disease Control and Prevention, 2020)

¹⁹ (Centers for Disease Control and Prevention, 2020)

Throughout this analysis, service shortages, gaps, and barriers to preventing and treating child abuse and neglect were identified. They included a high workforce turnover rate among employees of agencies providing welfare services, a lack of parental skill training, a lack of mental health services and therapy services for children, and barriers in accessing basic needs, including housing, transportation and childcare.

In order to address the challenges identified in this analysis and improve efforts to address and prevent child abuse and neglect The Institute proposes a variety of recommendations:

- Reduce gaps and shortages in services
- Provide training to enhance parenting skills
- Improve awareness and understanding of child abuse
- Explore centralization, regionalization, or coordination of child welfare services
- Increase availability of mental health services and support
- Expand access to treatment to lessen the harms of abuse and neglect
- Increase support for stronger family engagement programs
- Improve data collection and reporting.

COVID-19 Effects

During primary data collection and writing this report, COVID-19 began to affect the area with school closures, mandated closures of non-life sustaining businesses, and shelter-in-home policies. The effects of these on child abuse are not yet known but all of the individuals and groups who were interviewed noted how they believe these safety precautions will cause spikes in child abuse and subsequent reports once schools re-open and normal life begins again. These effects cannot yet be quantified or verified.

All parties contacted for this study made sure to note that rates of child abuse and neglect would unquestionably be affected by COVID-19. Many noted that the rates would exponentially rise as not only are children home as school has been relegated to the home but because many parents may have lost jobs, are unable to pay bills and provide basic needs, lost childcare, are now having to homeschool children, have unstable transportation, and much more. Some stated that rates would rise but there would be a delay in reporting as children are not able to visit with friends, go to school and interact with teachers, or attend extracurricular activities during which mandated and permissive reporters might notice a change in a child or would be told by the child that some type of abuse had occurred.

There have been several reports on the national level that the rates of child abuse and domestic violence would be on the rise during stay at home orders and after people were furloughed or laid off. Though, again at the national level, these assumptions have been confirmed, reports from the Women's Resource Center counter this; they have stated that their phones are not ringing when they fully expected them to do so.²⁰ There could be several reasons for this but one may be if a victim is living and

²⁰ Personal communication.

quarantined with their abuser they may be unable to report due to proximity to abuser and/or being provided for by abuser in these strange, trying times.

Research Methodology

This report required a mixed methods approach in order to garner the best possible understanding of child abuse in the area. First, a literature review of the topic was conducted which provided historical detail and significance of past child abuse studies and other factors that influence this issue. Federal and state legislation related to child abuse and neglect was also reviewed and summarized.

Most data presented in this report is quantitative, and the analysis primarily focuses on short term trends of less than five years. Although there are limitations in tracking short term trends, revisions to data collection and reporting, and changes to statewide legislation in 2014 which led to an increase in reports, made it difficult to analyze data over a longer term. Data on child abuse was collected from the Children's Advocacy Center of NEPA, Pennsylvania's Department of Human Services (DHS), and PA Partnerships. The data is presented over multiple years based on availability in order to show the trends in abuse and neglect metrics. Including data from both PA DHS and PA Partnerships may seem redundant since both are sourced from county children and youth agencies, however there are some slight discrepancies between the two reports, and there are differences in how the data is tabulated and presented which are important to understand when interpreting child abuse data.

A bivariate analysis was conducted using PA DHS's rate of substantiated child abuse reports per 1,000 children (CPS) and various demographic factors. Rural/urban county distinctions and size of population were taken from PA DHS 2018 State of Child Welfare Report and all other data was collected from the Census Bureau's ACS 5-year estimates (1-year estimates were not available for less populated counties). The analysis shows data from all Pennsylvania counties except Cameron, due to lack of data as a result of population size.

Over the course of several months, five focus groups and interviews were conducted with a variety of social service organizations in the region including Maternal Family Health Services, Children's Advocacy Center, Family Services Association, Lackawanna County Children and Youth, and Children's Center for Susquehanna and Wayne Counties. Other organizations were contacted but did not return requests. The first two, with Maternal Family Health Services and Children's Advocacy Center of NEPA, were conducted in person as they were before the state-mandated stay at home order. The following two were conducted over video conference call, and the final one was conducted via conference call. These sessions provided invaluable insights into the current state of child abuse and the struggles that come with operating an organization designed to help mitigate and heal from it. Summaries of respondents' answers and questions were analyzed and their input was included throughout this report.

Child Abuse and Neglect Data

DEFINITIONS OF CHILD ABUSE AND NEGLECT

Federal and state laws provide definitions of child abuse and neglect. Federal CAPTA legislation defines child abuse and neglect as “any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm.”²¹ State civil laws define the conduct, acts, and omissions that constitute child abuse or neglect that must be reported to child protective agencies. The detailed definitions of child abuse and neglect used in Pennsylvania are included in the appendix.

The four common types of abuse and neglect as described by the CDC include:

Child Abuse

- **Physical abuse:** the intentional use of physical force that can result in physical injuries. Examples include hitting, kicking, shaking, burning, or other shows of force against a child.
- **Sexual abuse:** pressuring or forcing a child to engage in sexual acts. It includes behaviors such as fondling, penetration, and exposing a child to other sexual activities.
- **Emotional abuse:** behaviors that harm a child’s self-worth or emotional well-being. Examples include name calling, shaming, rejection, withholding love, and threatening.

Neglect

- **Neglect** is the failure to meet a child’s basic physical and emotional needs. These needs include housing, food, clothing, education, and access to medical care.

SIGNS OF ABUSE AND NEGLECT

The Children’s Advocacy Center of NEPA provided informational materials to the Institute including detailed definitions and signs of abuse and neglect:

DESCRIPTION	PHYSICAL SIGNS	BEHAVIORAL SIGNS
Physical abuse is non-accidental injury of a child by a parent or caretaker.	<ul style="list-style-type: none"> • Bruises, welts, swelling • Sprains or broken bones • Burns • Lacerations or abrasions • Bite marks 	<ul style="list-style-type: none"> • Attempts to hide injuries • Difficulty sitting or walking • Wariness of physical contact • Reluctance to go home • Fear of parent(s) or caregiver(s)

²¹ (CAPTA Reauthorization Act of 2010 (P.L. 111-320), 42 U.S.C. § 5101, Note (§ 3).)

DESCRIPTION	PHYSICAL SIGNS	BEHAVIORAL SIGNS
Sexual abuse is exploitation of a child for the sexual gratification of an adult or older child.	<ul style="list-style-type: none"> • Torn, stained or bloody clothing • Genital pain or itching • Sexually transmitted diseases 	<ul style="list-style-type: none"> • Difficulty sitting or walking • Precocious sexual behavior • Self-mutilation
Neglect occurs when parents or caregivers do not provide proper food, clothing, shelter, supervision, medical care, and education for healthy development.	<ul style="list-style-type: none"> • Poor hygiene • Inappropriate or ill-fitting clothing • Obvious lack of necessities 	<ul style="list-style-type: none"> • Chronic hunger and sleepiness • Clinging behavior • Frequent complaints of feeling ill

DATA ON CHILD ABUSE AND NEGLECT

This section provides an overview of statewide, regional, and county level quantitative data on child abuse and neglect and highlights changes in trends over the time period analyzed. Additionally, it includes qualitative data gathered from focus groups and interviews with various social services in the region regarding the root cause and attributing factors of abuse and neglect.

Quantitative data on child abuse and neglect was collected from a variety of sources: PA Department of Human Services, and PA Partnerships, and Children’s Advocacy Center of NEPA. The regions and time periods covered by these sources may vary based on the data collection and availability. In some cases, data was not collected every year, data collection changed, or data reports could not be found. Although some of the data may seem repetitive, it is included from multiple sources to demonstrate the variations in data reporting and highlight the need for consistency in data collection and sharing. PA DHS and PA Partnerships data is both are sourced from county children and youth agencies, however there are some discrepancies between the two reports, and there are differences in how the data is tabulated and presented which are important to understand when interpreting child abuse data.

The Children’s Advocacy Center of Northeastern Pennsylvania merges data together for a statistical overview of their center and their work. Data from PA DHS are available at the county, regional, and statewide level. Data from PA Partnerships is available for three different geographies: county level, county type (urban/rural/mix), and statewide. For the purposes of this analysis, county-level and statewide data is included. For both the PA DHS and PA Partnerships data sets, data from Lackawanna and Luzerne Counties was combined in some cases in order to present a regional view.

Pennsylvania's Department of Human Services

Data provided to the PA Department of Human Services (PA DHS) comes directly from the Commonwealth's county children and youth agencies (CCYA), which is then compiled into Annual Child Protective Services Reports. The data reported by PA DHS includes statewide, regional, and county-level data on child abuse. For this analysis, data from Lackawanna and Luzerne Counties were combined in some cases in order to present a regional view.

The Child Protective Services report covers two types of services: child protective services (CPS) and general protective services (GPS). CPS reports are "those that allege a child might have been a victim of child abuse," including children under 18 years of age, although reports are accepted for investigation when made prior to the victim's 20th birthday. CPS reports include sexual abuse, physical abuse or serious physical neglect. General protective services are defined as "reports that do not rise to the level of suspected child abuse but allege a need for intervention to prevent serious harm to children."²² GPS reports include less severe reports of general neglect (e.g. lack of adequate housing, truancy, parent-child conflict, etc.).

Note: The 2018 Child Protective Services annual report is based on referrals received in the 2018 calendar year. Data in reports prior to 2016 were based on the year the status determination was received at ChildLine. Although the methodology changed, the trended data including these prior years is reported by DHS, and included in this analysis.

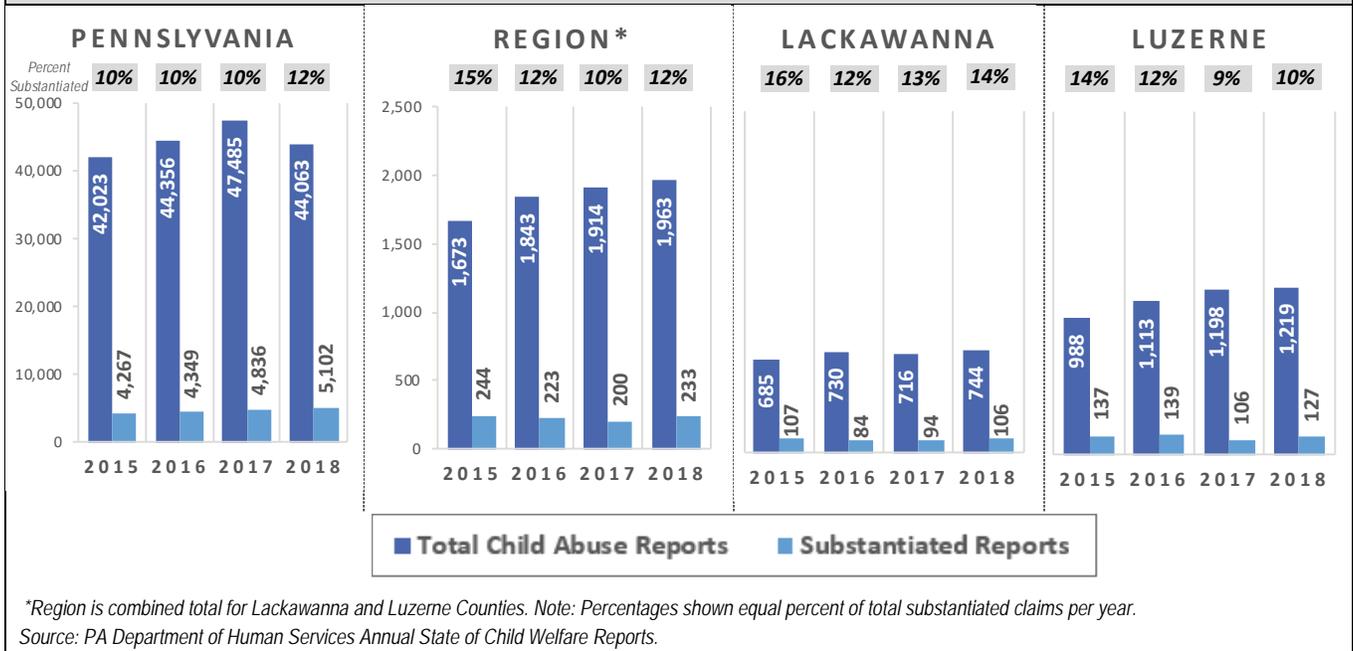
Child Protective Services

Each report of suspected child abuse that is received is assigned to the appropriate local county children and youth agency. The agency begins an investigation when the alleged perpetrator meets the definition as laid out by the Commonwealth's Child Protective Services Law. Abuse can be caused by acts committed against a child or by failing to prevent abuse. These investigations are to be completed within 30 days unless there is a documented reason for needing more time.

Child Abuse Reports - Statewide, there were over 44,000 total child abuse reports received in 2018, and 12 percent of these were substantiated. While the number of total reports received declined in 2018 after steadily increasing in the prior two years, the percent of substantiated reports has increased. Regionally, there were nearly 2,000 reports of alleged child abuse received in 2018, and 12 percent were substantiated. The number of child abuse reports received regionally has steadily increased annually since 2016, while the percent of substantiated reports has remained stable compared to the 2016 rate of 12 percent. The volume of child abuse reports received in Luzerne County in 2018 was more than one-third higher than the number received in Lackawanna County. However, Lackawanna County has consistently had a higher percentage of substantiated reports, reaching 14 percent in 2018, which exceeded the statewide rate of 12 percent and Luzerne County's rate of 10 percent.

²² (Pennsylvania Department of Human Services, 2018)

Total and Substantiated Child Abuse Reports by Area, 2016-2018

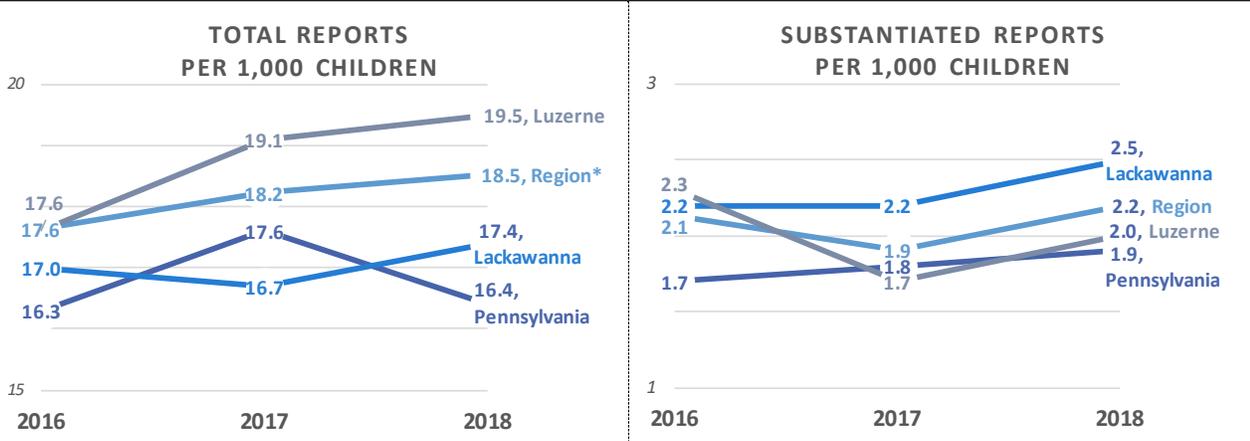


Percentage Change in Total and Substantiated Reports, 2016-2018

	PENNSYLVANIA	REGION	LACKAWANNA	LUZERNE
■ Total Child Abuse Reports	-0.7%	6.5%	1.9%	9.5%
■ Substantiated Reports	17.3%	4.5%	26.2%	-8.6%

Reports per 1,000 Children - The total number of child abuse reports per 1,000 children has steadily increased in the region from 2016-2018, and climbed to a high of 18.5 reports per thousand children in 2018. The rate in Luzerne County has been consistently higher, reaching 19.5 reports per thousand children in 2018 compared to 17.4 in Lackawanna County. The number of substantiated reports of child abuse in Lackawanna and Luzerne Counties combined was 2.2 per thousand children in 2018, exceeding the statewide rate of 1.9. Lackawanna County has a higher rate of substantiated reports, reaching 2.5 reports per thousand children in 2018, compared to 2 per thousand children in Luzerne County. The rates declined in both counties and the overall region in 2017, but rebounded in 2018.

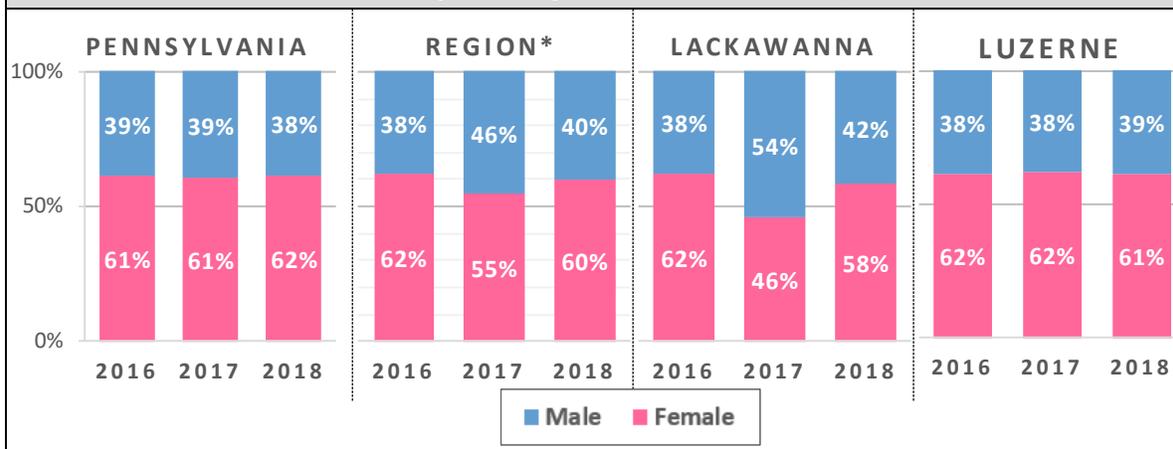
Child Abuse Reports Per 1,000 Children by Area, 2016-2018



*Region is combined total for Lackawanna and Luzerne Counties. Source: PA Department of Human Services Annual State of Child Welfare Reports.

Substantiated Reports by Gender – At the state, regional, and county levels, females victims routinely account for the majority of substantiated reports of abuse. There was one exception; in Lackawanna County in 2017, males accounted for 54 percent of substantiated abuse victims. In the most recent two years, males accounted for a higher proportion of substantiated reports in Lackawanna County than in Luzerne County and in the overall statewide proportion.

Substantiated Reports by Gender and Area, 2016-2018



*Region is combined total for Lackawanna and Luzerne Counties. Source: PA Department of Human Services Annual State of Child Welfare Reports.

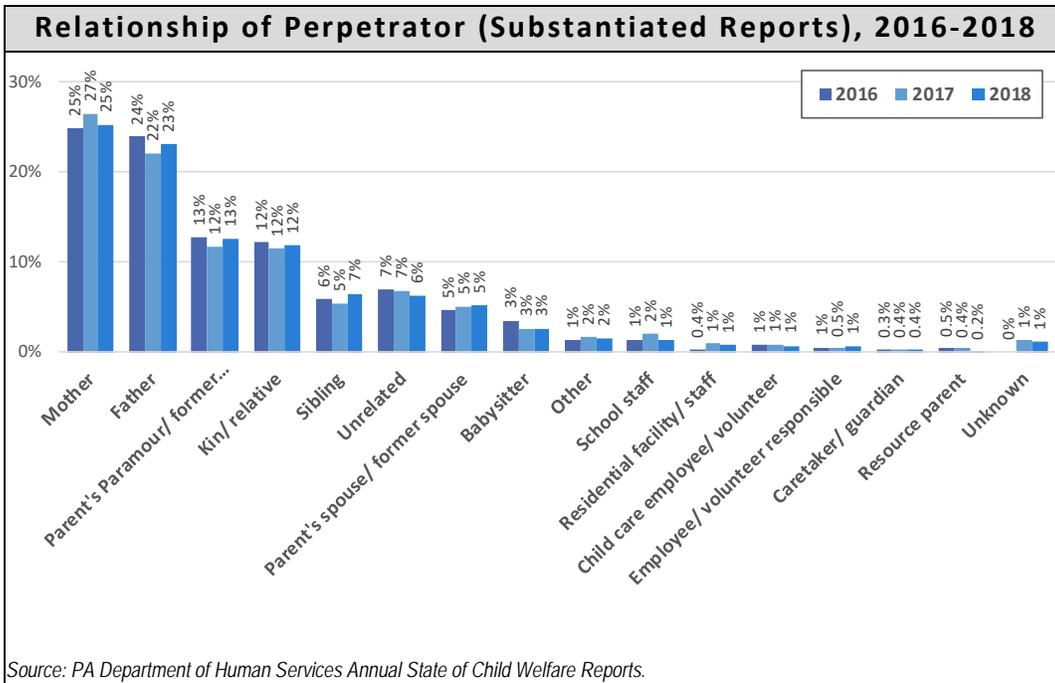
Types of Abuse Allegations - The majority of abuse allegations statewide and regionally in 2018 related to physical abuse and sexual abuse. In both Lackawanna and Luzerne Counties, these types of abuse accounted for over 80 percent of allegations from substantiated report. However, there were differences within the region. The majority of allegations in Lackawanna County relate to physical abuse (51 percent) while the allegations in Luzerne are predominantly related to sexual abuse (64 percent).

Types of Abuse Allegations by Area (Substantiated Reports), 2018			
	PENNSYLVANIA	LACKAWANNA	LUZERNE
Physical abuse/bodily injury	2,176 (28%)	72 (51%)	55 (19%)
Sexual abuse	3,646 (47%)	44 (31%)	188 (64%)
Reasonable likelihood of bodily injury	652 (9%)	11 (8%)	24 (8%)
Serious physical neglect	720 (9%)	10 (7%)	15 (5%)
Engaging in per se acts	246 (3%)	2 (1%)	6 (2%)
Likelihood of sexual abuse/exploitation	105 (1%)	1 (0.7%)	3 (1%)
Munchausen Syndrome by proxy/medical abuse	6 (0.1%)	1 (0.7%)	1 (0.3%)
Serious mental injury	103 (1%)	0 (0%)	0 (0%)
Severe form of trafficking in persons or sex trafficking	42 (0.5%)	0 (0%)	0 (0%)

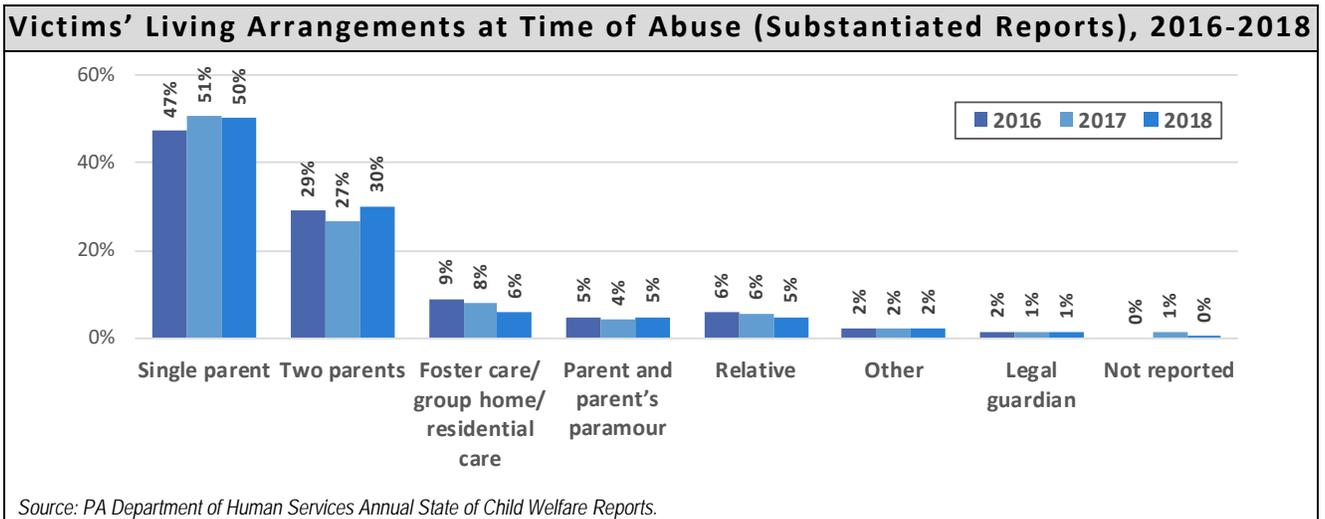
Source: PA Department of Human Services Annual State of Child Welfare Reports.

Relationship of Perpetrator - Statewide data indicates that for nearly half of all substantiated reports of child abuse from 2016 to 2018, the perpetrator was the child’s mother or father. This has remained fairly consistent over the three-year period, with the mother of the child identified as the perpetrator slightly more often than the father. In 2018, the mother was the perpetrator in 25 percent of reports, and the father in 23 percent. One potential reason for the higher likelihood of mothers to be perpetrators of abuse is that they are more likely to head single-parent households with children. In Pennsylvania, at least three-fourths of single-parent households with children under the age of 18 are headed by women.²³ Other commonly identified perpetrator groups include parent’s paramour/former paramour (13 percent), kin/relative (12 percent), siblings (7 percent), and parent’s spouse/former spouse (5 percent). Individuals responsible for the care of a child outside of the home, including school staff, residential facility staff, childcare employees, and volunteers are seldom identified as perpetrators of child abuse.

²³ (U.S. Census Bureau, American Community Survey, 2018)

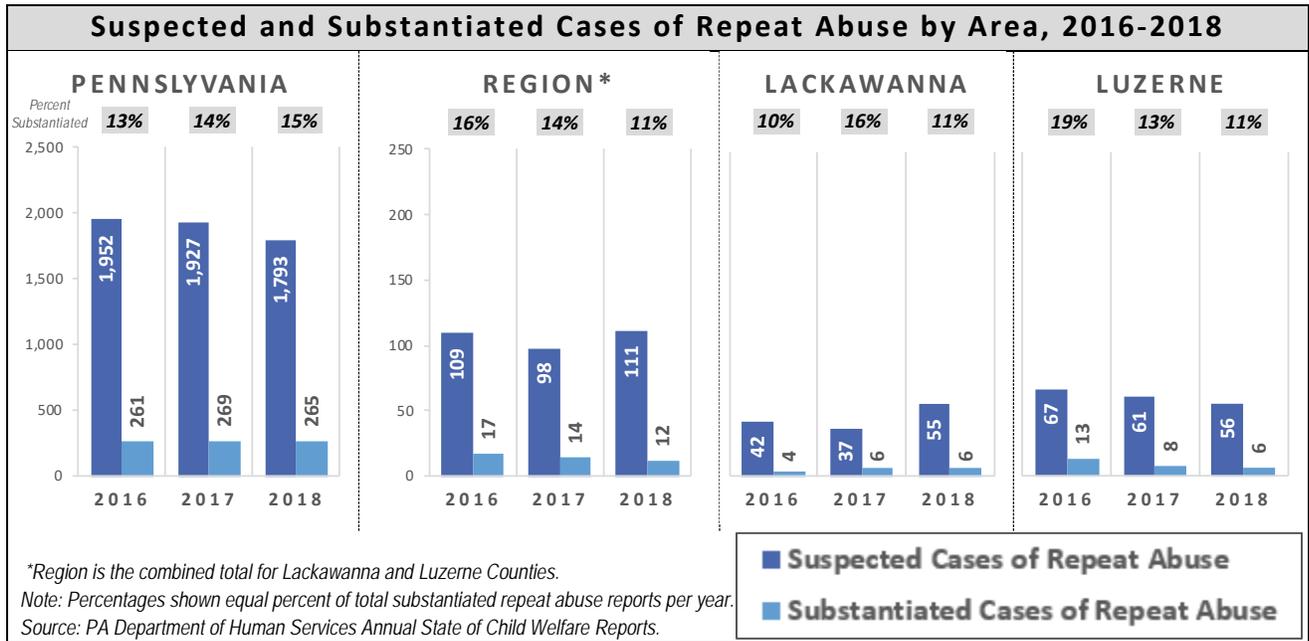


Victims' Living Arrangements at Time of Abuse – According to statewide data, victims of substantiated reports of child abuse were living in single parent homes at the time of the abuse half of the time in 2018, and this has increased from 2016. In another 30 percent of cases, victims lived with two parents. Substantiated reports of victims living in foster care/group home/residential care settings have been occurring less frequently, and only represented six percent of cases in 2018.

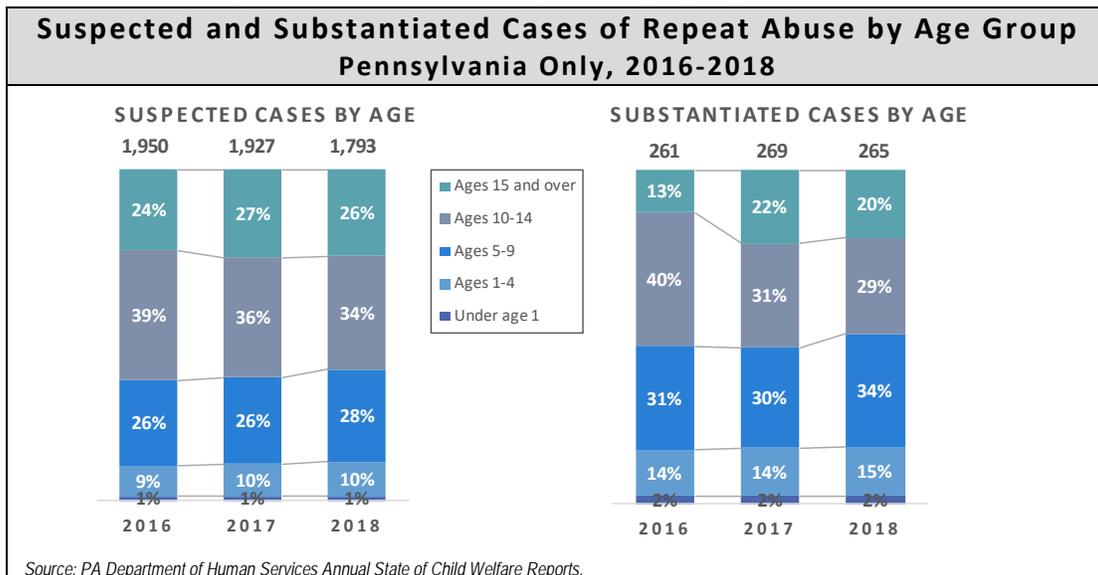


Cases of Repeat Abuse – Statewide, the number of suspected cases of repeat abuse have declined to nearly 1,800 cases in 2018, however the percentage of substantiated reports increased to 15 percent, representing 265 cases of repeat abuse. Regionally, there were over 111 suspected cases of repeat abuse in Luzerne and Lackawanna Counties combined in 2018, and 11 percent of suspected cases of

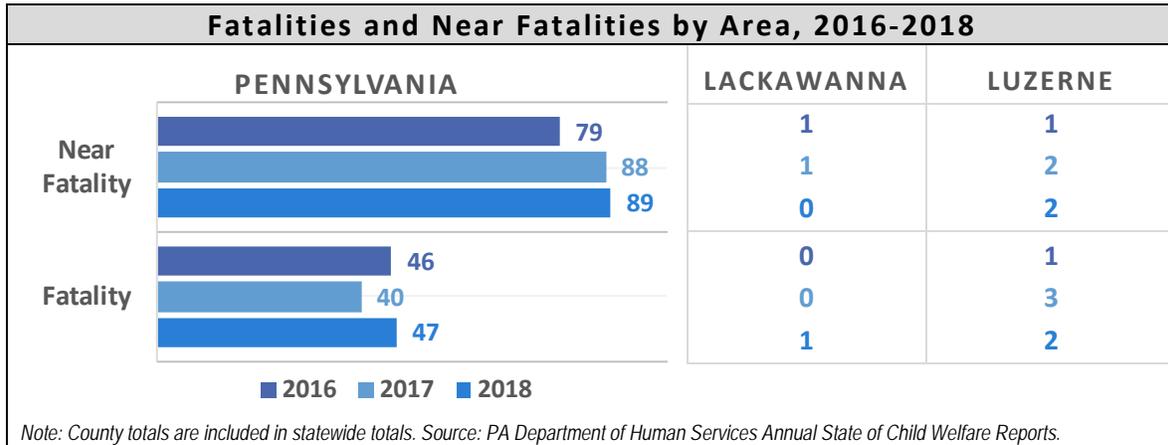
repeat abuse were substantiated, affecting six children in each county. The suspected number of cases of repeat abuse have increased in Lackawanna County, while declining in Luzerne County.



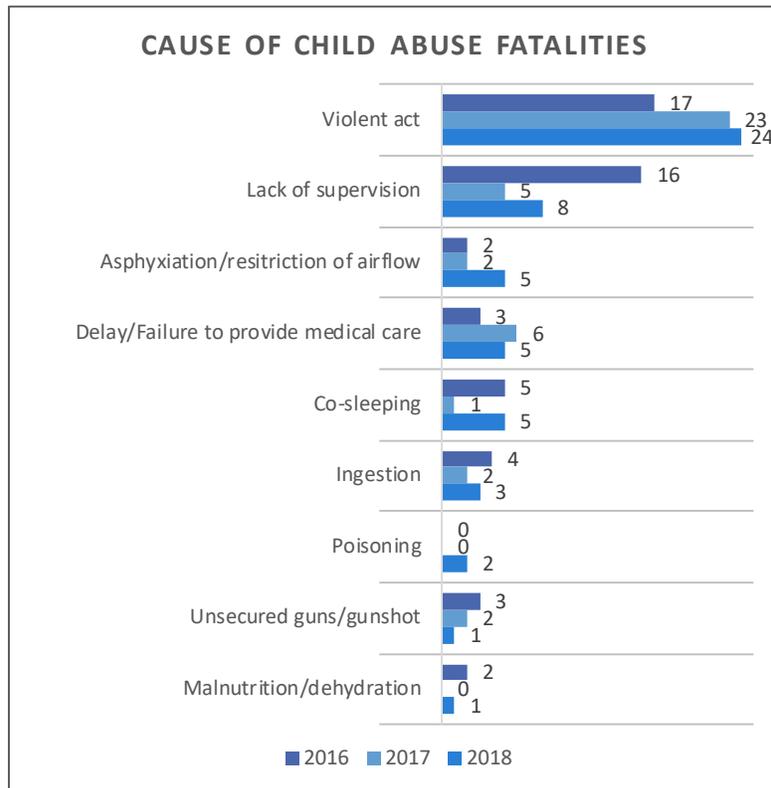
Reports of Repeat Abuse by Age - Data on suspected and substantiated reports of repeat abuse by age group is available at the state level only. From 2016 to 2018, children ages 10 to 14 years old accounted for the most cases of suspected repeat abuse, making up more than one-third of cases. Although this age group represents a declining share of cases of substantiated abuse, it still represented nearly 30 percent of repeat abuse victims in 2018. Children in the age 5 to 9 group have historically accounted for more than one quarter of suspected cases of repeat abuse, and represent a growing share of substantiated cases of repeat abuse. In 2018, children ages 5 to 9 accounted for over one-third of substantiated cases of repeat abuse, more than any other age group.



Fatalities and Near Fatalities - The Lackawanna and Luzerne County region has accounted for three percent or less of the statewide near fatalities from child abuse over the last several years. However, it represented six percent of the state’s fatalities from child abuse in 2018, and eight percent in 2017, mostly all of which occurred in Luzerne County.

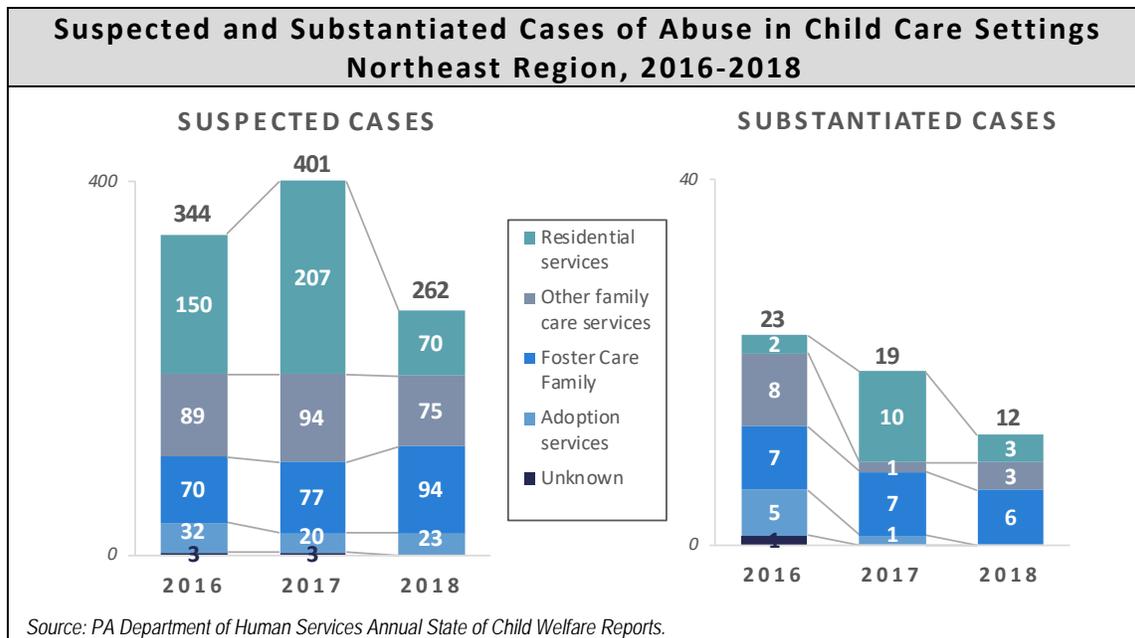


According to statewide data, child abuse fatalities are most often caused by a violent act. This was determined to be the cause of more than half of fatalities in 2017 and 2018. Lack of supervision is the next most common cause, although this has declined in recent years. Other frequent causes include asphyxiation/restriction of airflow, which increased in 2018, delay/failure to provide medical care, and co-sleeping.

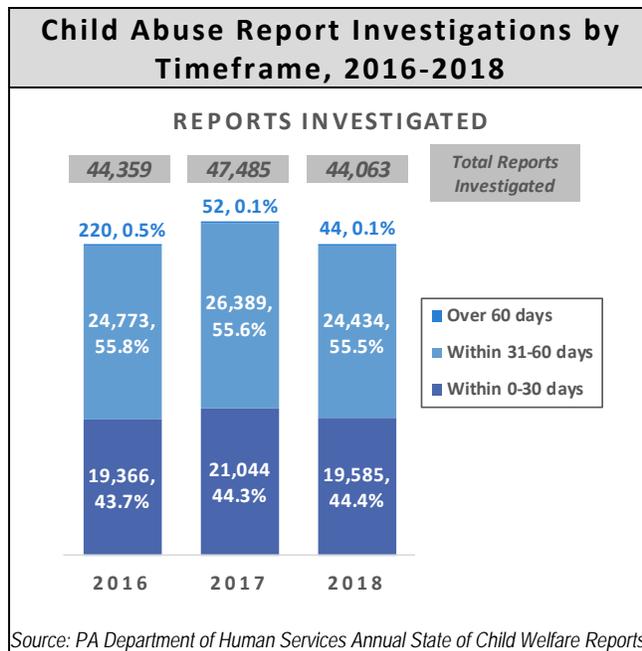


Northeast Regional Office Investigations of Abuse by Agents of the County - County children and youth agencies conduct child abuse investigations unless the alleged perpetrator is an agent of the county. DHS’s Office of Children, Youth and Families has four regional offices that investigate suspected child abuse involving agents of a county agency. In the Northeast Region, which includes: Bradford, Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Sullivan, Susquehanna, Tioga, Wayne, and Wyoming Counties, the number of suspected and substantiated cases of abuse in child care settings involving agents of the CCYA declined overall from 2016 to 2018.

In 2018, there were 262 suspected cases of abuse in child care settings in the Northeast region, which declined 24 percent from 2016 levels. The number of substantiated cases declined by almost half to 12 cases. Suspected cases in residential services have declined dramatically, and accounted for just over one-quarter of cases in 2018. Of the 70 suspected cases of abuse in residential services, four percent of cases (three cases total) were substantiated. The suspected number of cases in foster care family settings increased by more than one-third to 94 cases in 2018. Of these 94 cases, six percent (six total cases) were substantiated. These accounted for half of the substantiated cases of abuse in child care settings in the Northeast region in 2018. There are very few suspected cases of abuse in adoption services, and none were substantiated in 2018.

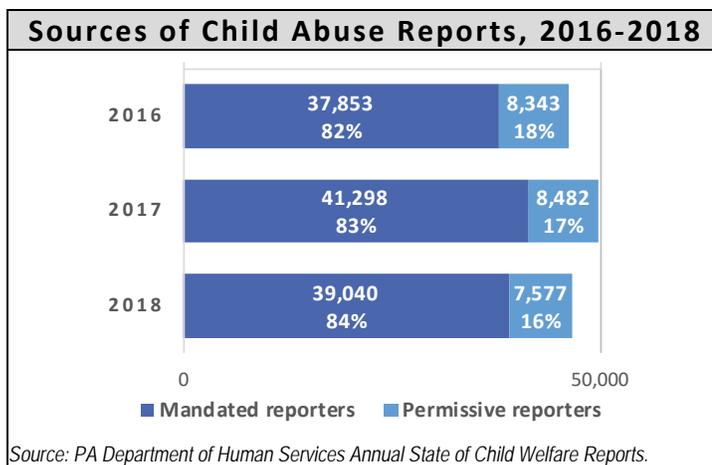


Child Abuse Reports Investigated by Timeframe - County children and youth agencies are given thirty days to complete an investigation once they receive a child abuse report, and in extenuating circumstances, they are given sixty days. According to statewide data, the majority of investigations were completed within 31-60 days over the past three years, closely followed by those completed within the 30 day limit. A very small amount, 0.1 percent in 2018, took over 60 days to complete.

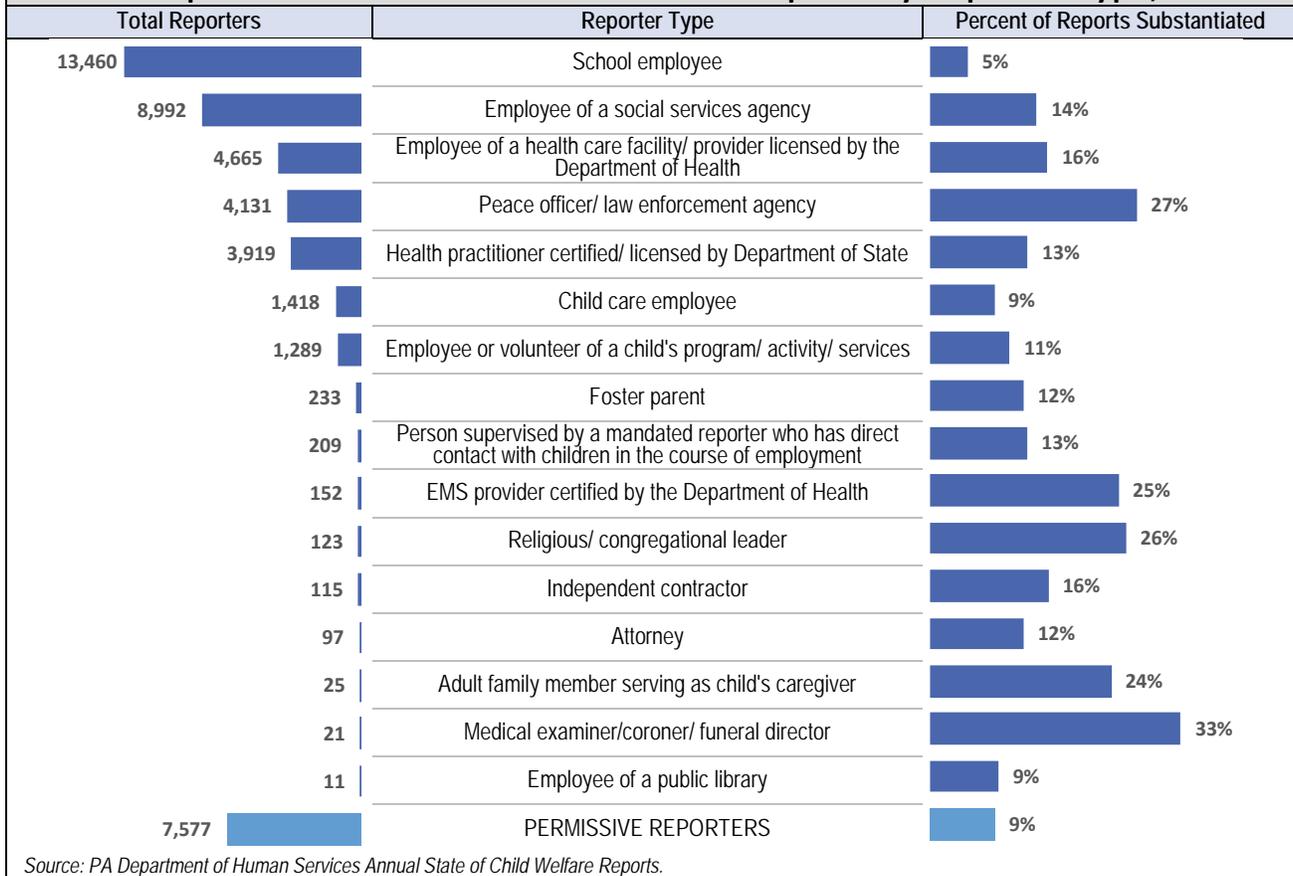


Source of reports - Incidents of child abuse are reported by mandated and permissive reporters. Mandated reporters are adults who work or volunteer with children and are legally required to report suspected abuse if they have reason to believe a child is a victim of child abuse. A permissive reporter is anyone who is not a mandated reporter; these individuals can make a report by calling ChildLine. Over the most recent three years analyzed, more than 80 percent of child abuse reports statewide were made by mandated reporters. Educating employees and volunteers who work with children on how to recognize and report abuse is critical to ensure suspected cases are reported.

Out of all mandated reporters, reports made by the medical examiner/coroner/funeral director were most often substantiated statewide in 2018, although they represented a small volume of reports. Reports made by peace officers/law enforcement agencies, religious/congregational leaders, EMS providers, and adult family member caregivers also have a high rate of substantiation, with around one-quarter of reports made by each of these groups in 2018 being substantiated. Although school employees represent the largest group of mandated reporters, accounting for more than one-third of mandated reporters in 2018, only five percent of reports were substantiated.



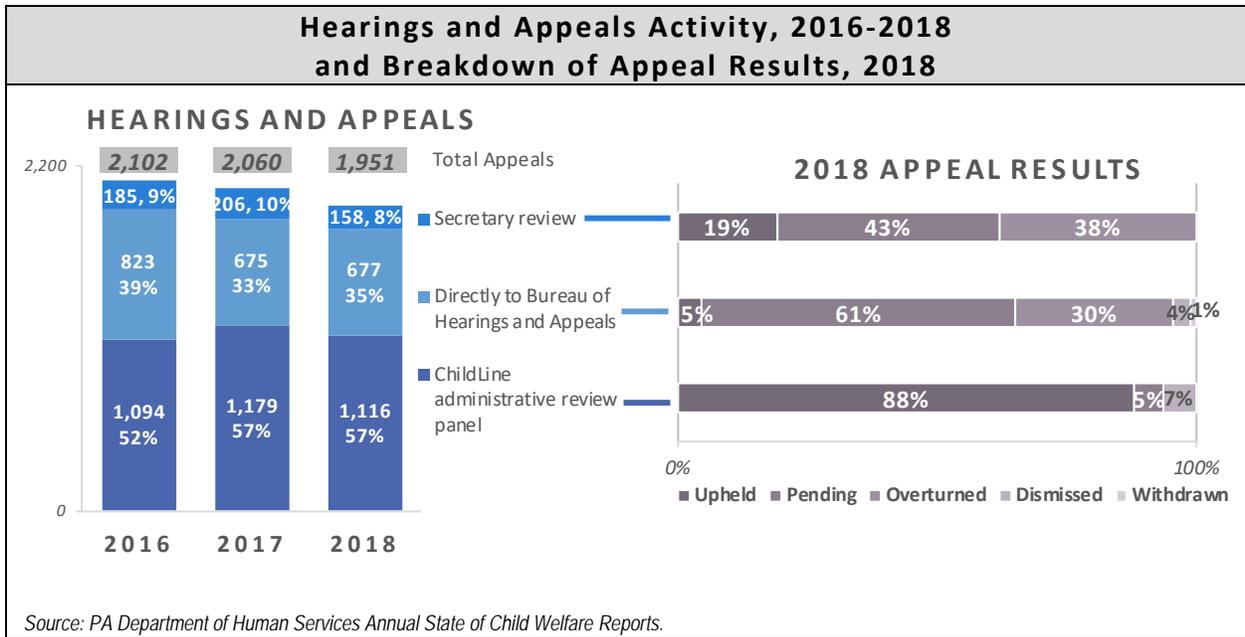
Total Reports and Percent of Substantiated Reports by Reporter Type, 2018



Hearings and Appeals - After a report of child abuse is filed, the person named the perpetrator is given notice. They are able to file an appeal within 90 days of being notified; only the person listed as perpetrator is able to file an appeal. They can request an administrative review or bypass the administrative review and request a hearing before the Bureau of Hearings and Appeals (BHA). If the named perpetrator disagrees with the findings from the BHA hearing, they are able to request reconsideration by a secretary within 15 calendar days of the mailing of the BHA order.

In 2018, nearly 2,000 appeals of child abuse reports were submitted, representing 4 percent of total child abuse reports received. While the number of appeals filed has declined in recent years, the types of appeals that are requested has remained relatively consistent. The majority of appeals (57 percent) were requested through the ChildLine administrative review panel. Another 35 percent were requested through the BHA. Ten percent or less go through a secretary review.

The outcome of the appeals made in 2018 varied considerably depending on which appeal route an alleged perpetrator took. The overwhelming majority (88 percent) of appeals to the ChildLine administrative review panel were upheld in 2018, and none were overturned. Those who appealed to the Bureau saw more variation in decisions. Most are pending (61 percent), but 30 percent were overturned while 5 percent were upheld. Similarly to the Bureau appeals, of those who requested a secretary review most (43 percent) are pending and 38 percent were overturned.

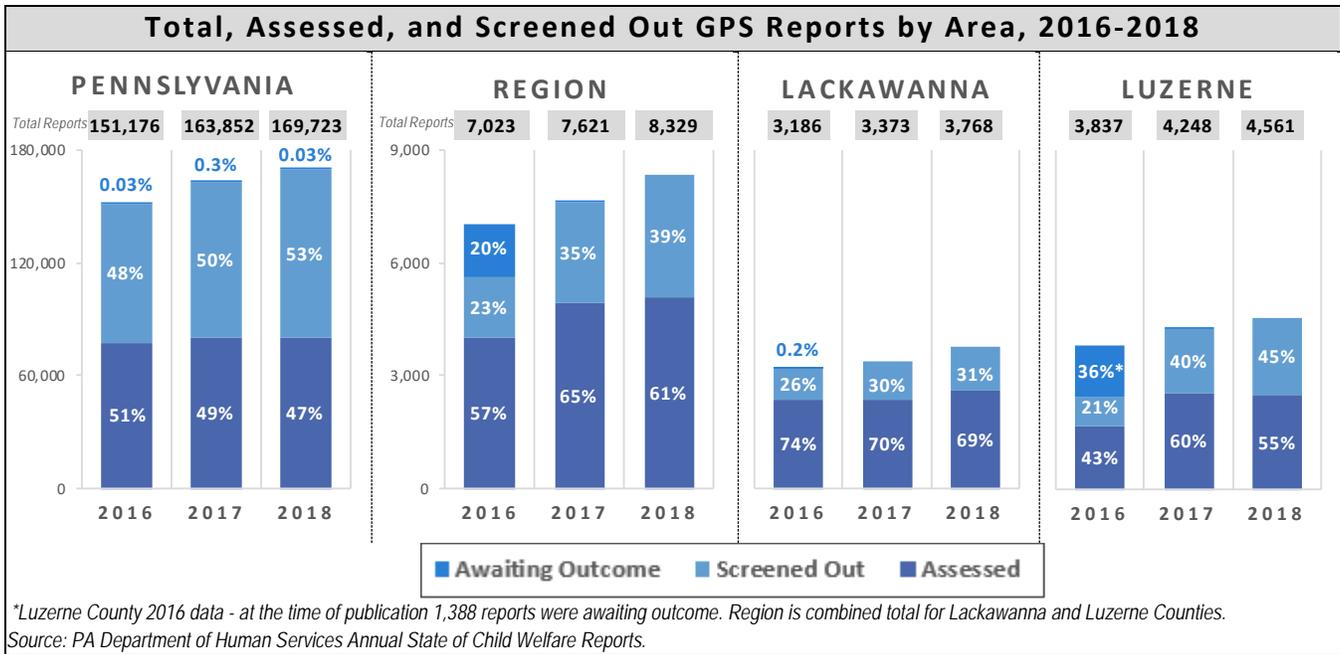


General Protective Services

The Department of Human Services' Annual Child Protective Services report also includes data on General Protective Services (GPS) reports. The DHS receives GPS reports and forwards them to the appropriate county child and youth agency, which assesses reports in order to provide services to prevent abuse or neglect, monitor the provision of these services to ensure the child's well-being, and preserve and stabilize family life when appropriate.²⁴ GPS reports can be made by both mandated and permissive reporters, and can be submitted through ChildLine, a toll free hotline for all reports of suspected child abuse and general protective services. The investigation of the valid reports must be completed within 60 days of receipt.

GPS Reports – Total, Assessed and Screened Out - GPS reports increased by 12 percent statewide and by 19 percent within the Lackawanna and Luzerne County region from 2016 to 2018. Before reports are substantiated, or found valid, GPS reports are assessed and screened out by county children and youth agencies. Statewide, slightly more than half of the reports received were screened out in 2018, and the percentage that are screened out has steadily increased over this period. Regionally, a larger portion of reports are assessed compared to the statewide activity, and fewer are screened out. In 2018, six in ten reports were assessed regionally, and the rate was slightly higher in Lackawanna County at 69 percent.

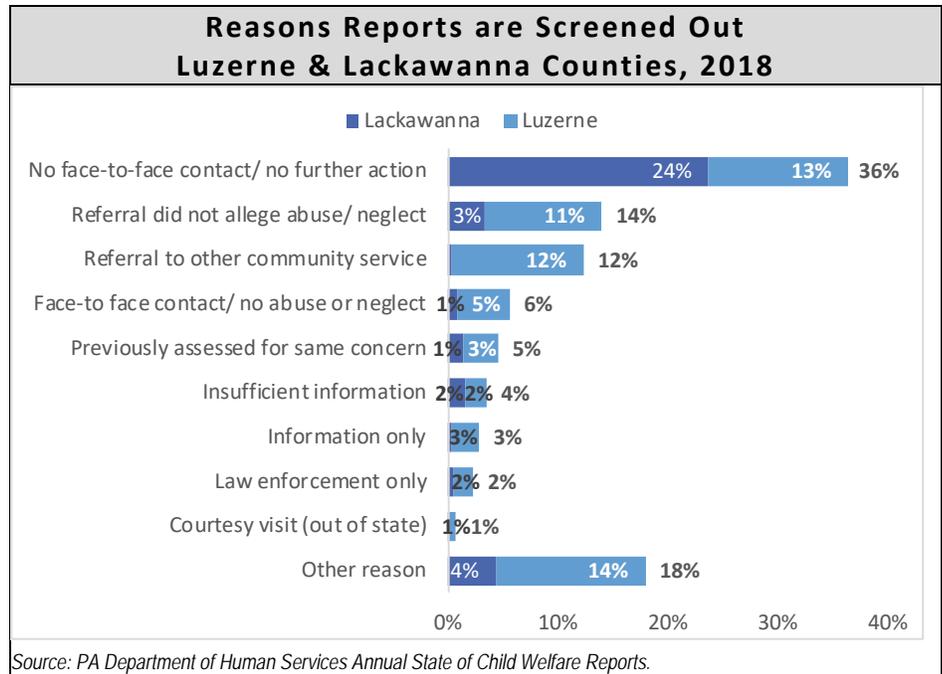
²⁴ (Pennsylvania Department of Human Services, 2018)



While the total number of GPS received has increased in all regions from 2016-2018, the growth in reports that are screened out has exceeded the growth in assessed reports. In Luzerne County in 2016, there were 36 percent of reports awaiting outcome at the time the annual State of Child Welfare report was published. According to published reports, the agency was facing an increased caseload and was understaffed following the introduction of new state laws in 2014. It also went through a period of staff transition following an investigation by the state that resulted in the department’s license being downgraded in 2015. This contributed to the dramatic changes in the percentage of reports that were awaiting outcome and screened in both Luzerne County and the combined Region group.

Percentage Change in Total, Assessed and Screened Out Reports, 2016-2018				
	PENNSYLVANIA	REGION	LACKAWANNA	LUZERNE
Total GPS Reports	12%	19%	18%	19%
■ Awaiting Outcome	-4%	-100%	-100%	-100%
■ Screened Out Reports	22%	101%	42%	162%
■ Assessed Reports	3%	27%	10%	50%

Reports can be screened out by CCYA for a variety of reasons. In both Luzerne and Lackawanna Counties, the largest portion of reports (36 percent) were screened out after the CCYA made contact via phone and determined no further action was needed. Lackawanna County accounted for two-thirds of these cases. A high proportion of reports in Luzerne County were screened out because the referral did not allege abuse or neglect concerns (14

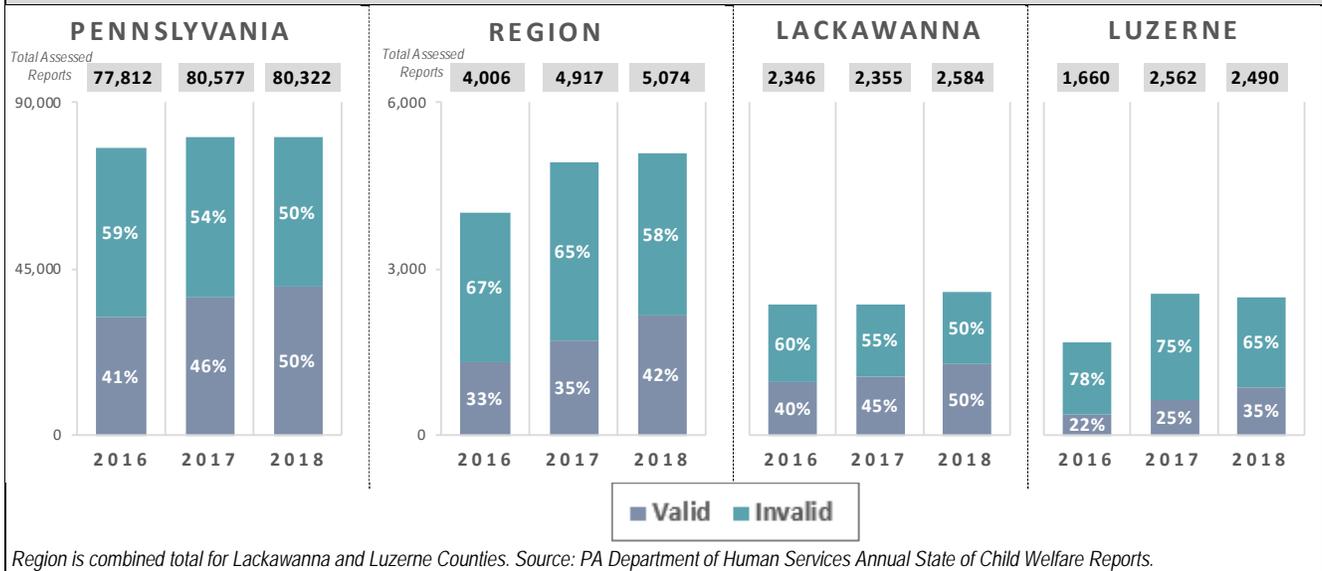


percent), and in 12 percent of cases, the referral was forwarded to other community services. Overall, 18 percent of referrals in the region were screened out for reasons other than those specified.

Valid GPS Reports - After all submitted reports are screened out, the validity of the remaining assessed reports is determined. If a report is valid, it was determined that there is merit to the allegations. Allegations found to be without merit are considered invalid reports. Statewide, half of assessed reports were found to have valid allegations in 2018. Overall, this amounted to 40,101 reports, or 24 percent of the total 169,723 GPS reports received in 2018. Regionally, the proportion of assessed GPS reports determined to be valid was 42 percent in 2018. This amounted to 2,156 reports, or 26 percent of the total 8,329 GPS reports received in 2018.

Although there has been a steady increase both statewide and regionally in the proportion of GPS reports determined to be valid over the three years analyzed, the regional distribution of valid reports has consistently trailed statewide proportions over the three year period. When looking at the counties individually, reports in Lackawanna County are more evenly distributed, with half of reports in 2018 found to be valid. Conversely, Luzerne County has consistently had a higher proportion of invalid reports, with nearly two-thirds found to be invalid in 2018.

Validity of Assessed GPS Reports by Area, 2016-2018



Valid GPS Allegations by Type – According to statewide and county-level data on GPS allegations, the largest proportion of allegations in 2018 related to parent substance abuse. While this accounted for 23 percent of allegations statewide, the proportion was higher in Luzerne County, where it accounted for 27 percent of allegations. Opioid abuse continues to be a problem statewide and regionally, especially in Luzerne County, which has consistently had the highest overdose death rate of the three regions over the past several years. The next most common type of GPS allegation in all three regions related to parental conduct that places the child at risk. Other common types of GPS allegations included: homelessness/inadequate shelter, and child and parent behavioral health concerns. While truancy accounted for seven percent of allegations statewide, it is cited less often in Lackawanna County, where it accounted for two percent of allegations.

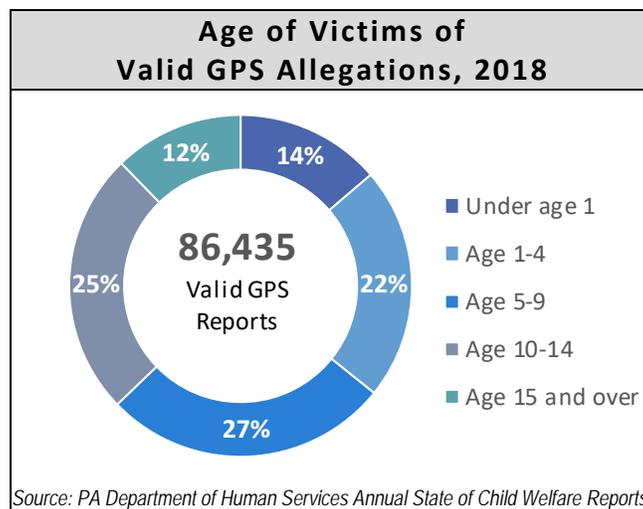
Types of Valid GPS Allegations by Area, 2018

	PENNSYLVANIA	LACKAWANNA	LUZERNE
Parent substance abuse	19,946 (23%)	711 (20%)	520 (27%)
Conduct by parent that places child at risk	8,103 (9%)	499 (14%)	291 (15%)
Experiencing homelessness/inadequate shelter	8,046 (9%)	331 (9%)	159 (8%)

Types of Valid GPS Allegations by Area, 2018			
Child behavior problems/ behavioral health concerns	7,523 (9%)	298 (8%)	111 (6%)
Parental behavioral health concerns/ inability to cope	6,188 (7%)	201 (6%)	133 (7%)
Truancy/ educational neglect	5,902 (7%)	57 (2%)	100 (5%)
Domestic violence	5,081 (6%)	236 (7%)	120 (6%)
Inadequate basic needs	3,614 (4%)	154 (4%)	102 (5%)
Lack of supervision	3,437 (4%)	168 (5%)	72 (4%)
Inadequate caregivers	3,325 (4%)	162 (5%)	51 (3%)
Inappropriate discipline	2,986 (3%)	156 (4%)	55 (3%)
All Other Categories	12,194 (14%)	543 (15%)	219 (11%)

Source: PA Department of Human Services Annual State of Child Welfare Reports.

Age of Victims in GPS Reports – According to statewide data on GPS reports, children ages 5 to 9 are the most common victims, accounting for 27 percent of reports. Another quarter of victims are between ages 10 and 14, and 22 percent are between ages 1 and 4. Although children in the youngest and oldest age groups represent the smallest proportion of victims, each of these age groups still accounts for over ten percent of cases. The age distribution of victims was similar to results from 2017. County-level data on victims’ ages was not available.



Pennsylvania Partnerships

PA Partnerships for Children (PPC) is a statewide, independent, non-profit organization focused on improving the health, education and well-being of children and youth in Pennsylvania. PA Partnerships also collects data from county children and youth agencies which is included in an annual report. The following information is from PA Partnership's 2019 State of Child Welfare report²⁵, and includes statewide and county-level data from 2013-2017. Data from 2018 was sourced from the Kids Count Data Center.²⁶ For this analysis, data from Lackawanna and Luzerne Counties were combined in some cases in order to present a regional view. As noted previously, the data from PA Partnerships should align with the data reported by PA DHS in their Child Protective Services report since both are sourced from county children and youth agencies, however there are some slight discrepancies between the two reports, and there are differences in how the data is tabulated and presented.

Child Protective Services

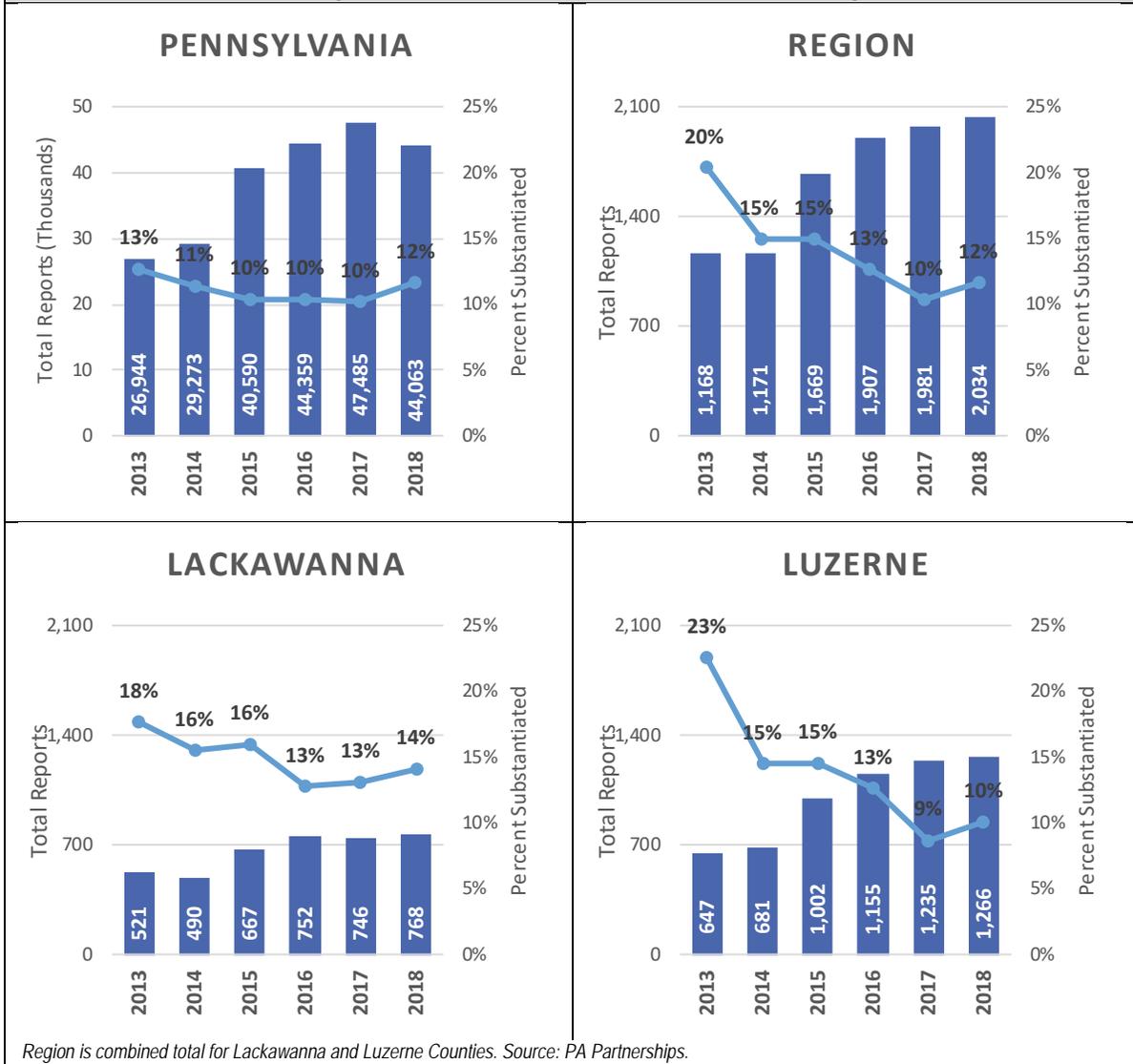
The total number of child abuse reports and the percent substantiated according to the PA Partnerships report is in line with the data trends presented previously in the report from DHS for the 2016-2018 time period, although there are some slight variations in some of the data points. However, the PA Partnerships data presented here provides a further look back at historical trends, and highlights the sharp increase in the number of child abuse reports since 2013 in all regions. This increase was partly due to the changes made in Pennsylvania legislation in 2014, which led to an increase in reports as public awareness of child abuse and neglect increased and improvements were made in mandated and permissive reporter requirements.

Statewide, the number of reports increased 64 percent, and regionally they increased 74 percent from 2013 to 2018. This increase was even more pronounced in Luzerne County, where the total number of reports almost doubled from 2013 to 2018. While the number of child abuse reports has increased, there has been a significant decline in the number of substantiated reports regionally compared to 2013, falling by 43 percent. In Luzerne County, the percent of substantiated reports decreased by 55 percent. These rates far exceed the statewide decline in the percentage of substantiated reports.

²⁵ (Pennsylvania Partnerships for Children, 2019)

²⁶ (The Annie E. Casey Foundation)

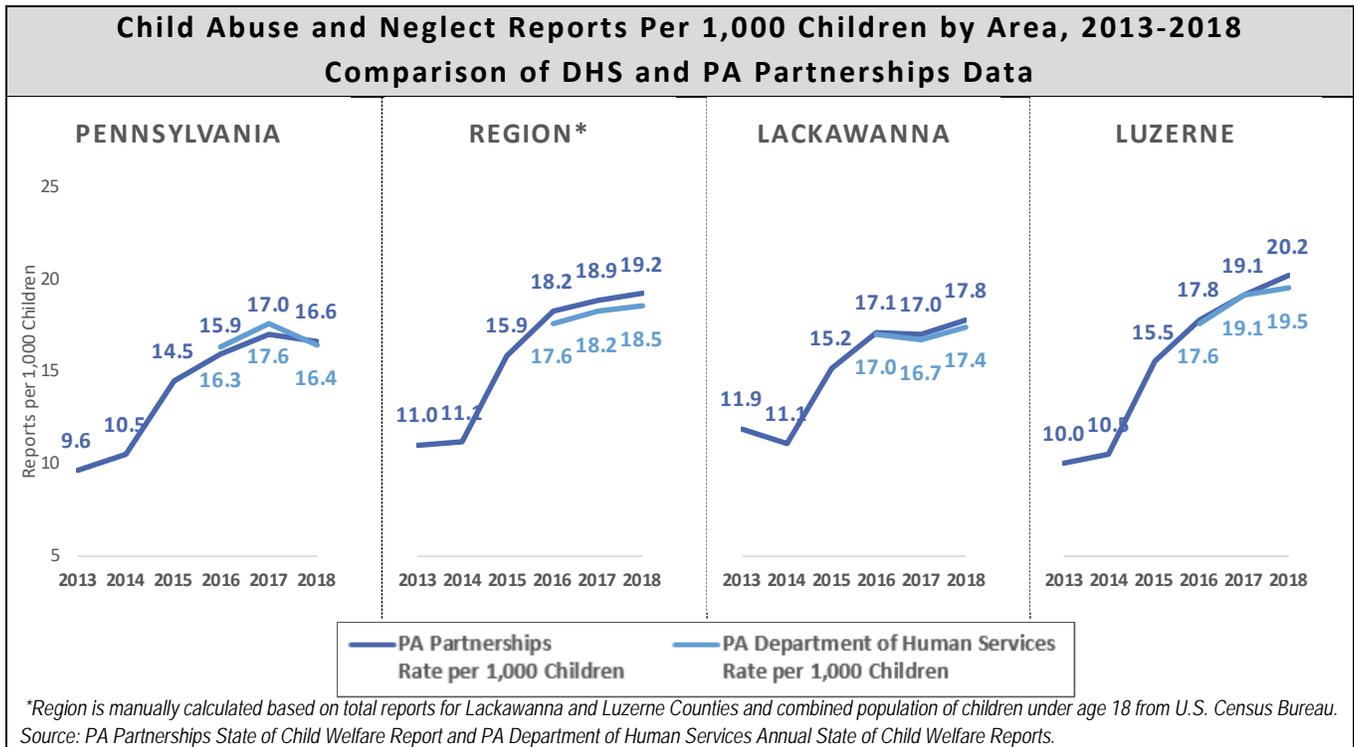
Total Child Abuse Reports and Percent Substantiated by Area, 2013-2018



Reports per 1,000 Children – Since 2013, the rate of child abuse and neglect reports per 1,000 children has increased by nearly 75 regionally and statewide according to data reported by PA Partnerships. The data reported by PA Department of Human Services earlier in this report, and shown in the following chart, has followed similar trends over the most recent three-year period, although the actual rates reported vary. Differences in the total number of reports recorded, and variations in the population base sizes used to calculate these rates may have contributed to the discrepancies between the two sources.

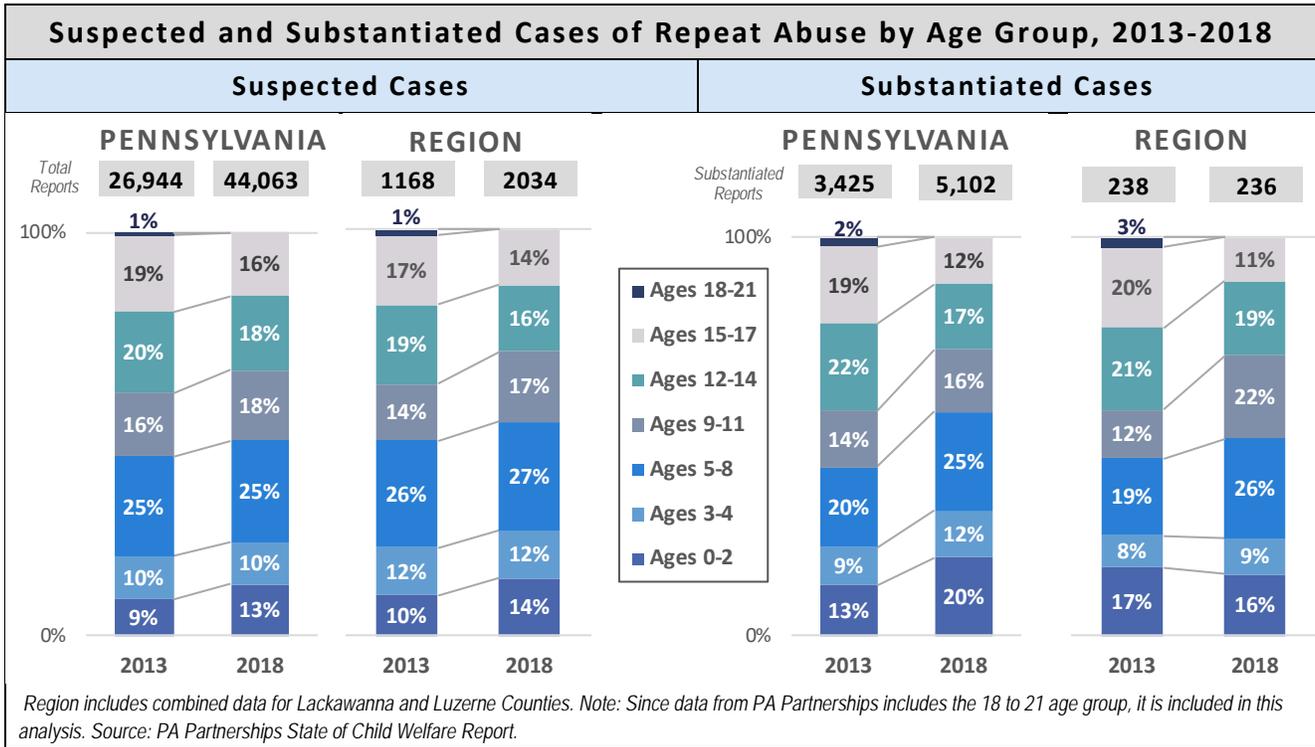
Inclusion of the historical data from PA Partnerships highlights the increasing trend in child abuse reports in our region, which has historically outpaced the statewide rate per 1,000 children. In our

region, there were 19.2 reports per 1,000 children in 2018, up from 11 in 2013. In Luzerne County, the rate more than doubled, while in Lackawanna County, it increased by almost 50 percent.



Suspected and Substantiated Reports by Age Group – From 2013 to 2018, there was an increase in the proportion of suspected cases of child abuse among children age 2 and younger, both statewide and regionally. There was also an increase in suspected cases among children ages 9 to 11, while cases among children ages 12 and over decreased. Children ages 5 to 8 continue to make up the largest group of victims of suspected abuse, accounting for one-quarter of suspected cases statewide and 27 percent of cases regionally in 2018.

Children ages 5 to 8 also made up the largest group of substantiated cases of abuse, and they represent a growing proportion of abuse victims regionally and statewide. The proportion of victims ages 9 to 11 also increased noticeably in our region, accounting for 22 percent of victims in 2018. Similar to the trends in suspected abuse cases, there has been a decline in substantiated reports among children ages 12 and over.



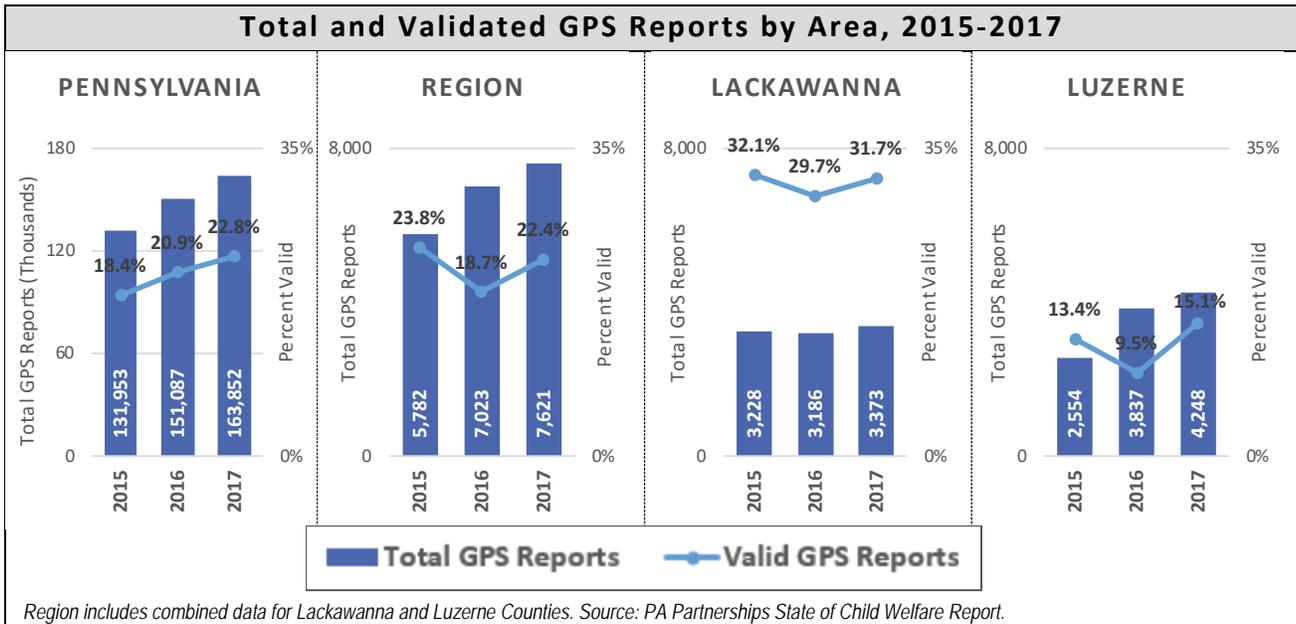
General Protective Services

GPS reports do not allege child abuse but address concerns related to child safety and wellbeing. These types of reports allow the child to remain at home with their family while services are provided to help lessen the possibility of harm to the child.

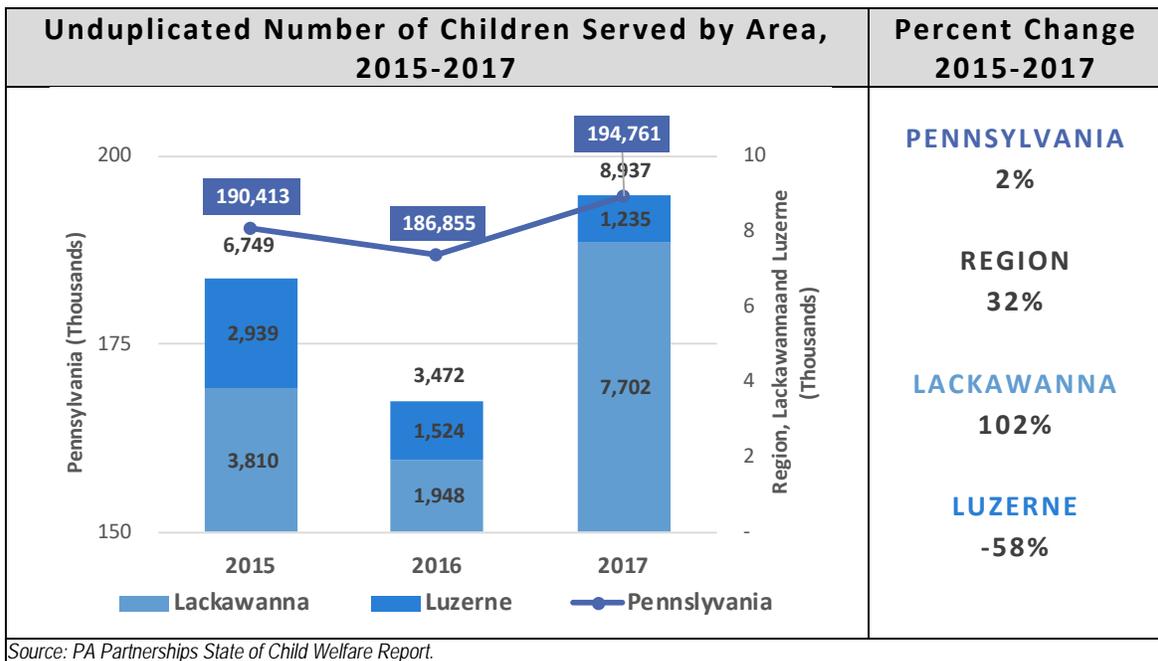
GPS reports started to be collected by the Department of Human Services (DHS) in 2015. In prior years, this information was maintained by county children and youth agencies but was not required to be submitted to DHS. Statewide, there was a 24 percent increase in GPS reports from 2015 to 2017, and regionally the total number of reports received increased 32 percent. Of the nearly 164,000 reports received statewide in 2017 and the more than 7,600 reports received regionally, over 22 percent were validated. Over the three-year period, Lackawanna County has surpassed Luzerne County in the rate of reports that are validated, with nearly 32 percent validated in 2017 compared to 15 percent in Luzerne County.

The data reported by PA Partnerships in their State of Child Welfare Report aligns with the data reported by DHS, however there are differences in how the percentage of valid GPS reports is presented. From the total GPS reports, DHS breaks out the number of reports that are assessed after reports are screened out. From the assessed reports, DHS reports what percentage of these are considered valid GPS reports. PA Partnerships reports the percentage of valid reports from the overall total GPS reports received. While both are reporting valid GPS reports, it is important to note the

differences in how these totals are being calculated when comparing the reports in order to interpret the data correctly.



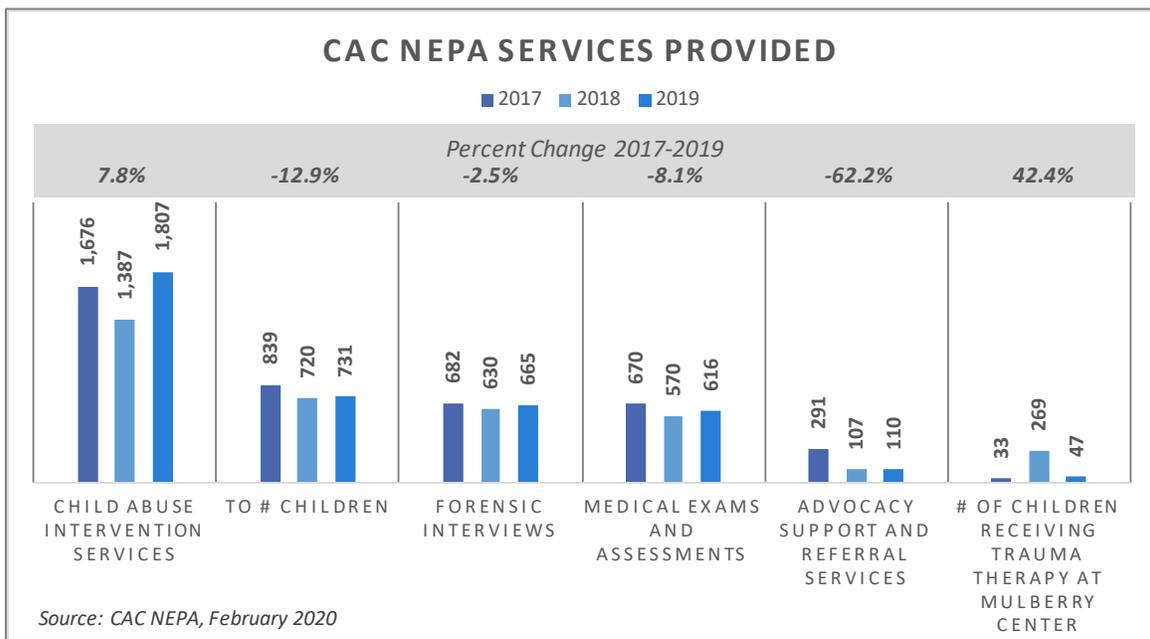
As the number of GPS referrals increased, the number of unduplicated children served increased two percent statewide and 32 percent regionally from 2015 to 2017, despite a decline in 2016. Most of the increase regionally was due to the significant increase in the number of children served in Lackawanna County, which more than doubled over the three-year period to over 7,700 children in 2017. At the same time, there has been a steady decline in the number of children served in Luzerne County to just over 1,200 in 2017.



Children’s Advocacy Center of NEPA

The Children’s Advocacy Center of Northeastern Pennsylvania (CAC NEPA) is a private, non-profit organization that provides medical assessments and child forensic interviews for victims of abuse and neglect, and coordinates a multidisciplinary team response to child abuse and neglect. CAC NEPA is located in Lackawanna County, but also serves those referred from Monroe, Wayne, Carbon, Susquehanna, Luzerne, Pike, and Wyoming counties. In 2019, the organization provided 1,807 child abuse intervention services to 731 children and adolescents.

The number of child abuse intervention services provided by CAC NEPA and the number of children served has fluctuated from 2017 to 2019. On average, CAC NEPA has provided over 1,600 intervention services per year over the three-year period to more than 760 children. Compared to 2017, there has been a slight decline in the number of forensic interviews and medical exams and assessments completed. While advocacy support and referral services have declined, the number of children receiving trauma therapy increased dramatically in 2018, and continues to be higher than 2017 levels.



According to data from CAC NEPA²⁷, in 2018, 65 percent of victims experienced sexual abuse, 34 percent experienced physical abuse, and one percent experienced both physical and sexual abuse, and/or neglect. The majority of victims (64 percent) were girls. Victims did not belong to a predominant age group – 29 percent were between ages 0-6, 36 percent were between ages 7-12, and 35 percent were between ages 13-18. Nearly three-quarters of victims (72 percent) were Caucasian, eleven percent were Hispanic and eight percent were African American. Nine percent were another race or not provided.

Ninety-three percent of perpetrators of abuse were a person known to the child or family, with the parent (31 percent) and stepparent (4 percent) acting as the perpetrator more than one-third of the

²⁷ (Children's Advocacy Center of NEPA, 2018)

time. Other categories of known perpetrators included: Other known person (30 percent), other relative (18 percent), and parent’s paramour (10 percent).

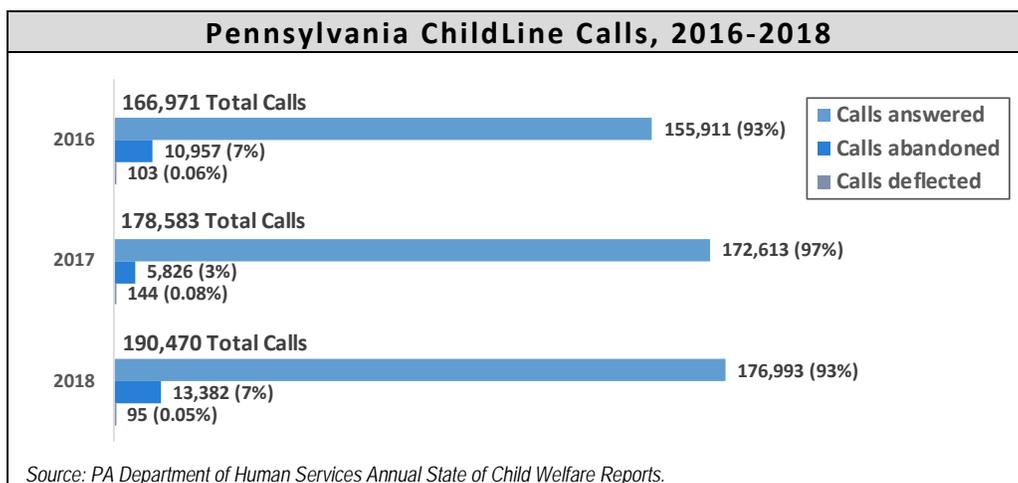
Challenges in Data Reporting

The previous section describing data on child abuse and neglect highlights some of the challenges with assessing the extent of the child abuse and neglect situation in our region. There are multiple sources which publish data on child abuse and neglect. However, there are variances in how the data is quantified and presented that can cause confusion in how the data is interpreted and reported. In some cases, data is only reported on a statewide basis, leaving gaps in county level reporting. In addition, differences in county level reporting and collection methods, as well as varying definitions of abuse according to one organization interviewed, can also create challenges in comparing results. Accurate, consistent reporting is needed in order to assess the level child abuse and neglect, identify trends in those most likely to be victims, reporters and perpetrators of abuse and neglect, and ensure adequate funding is in place to investigate reports of abuse and neglect and provide services to try and prevent it from occurring.

CHILD PROTECTION MECHANISMS

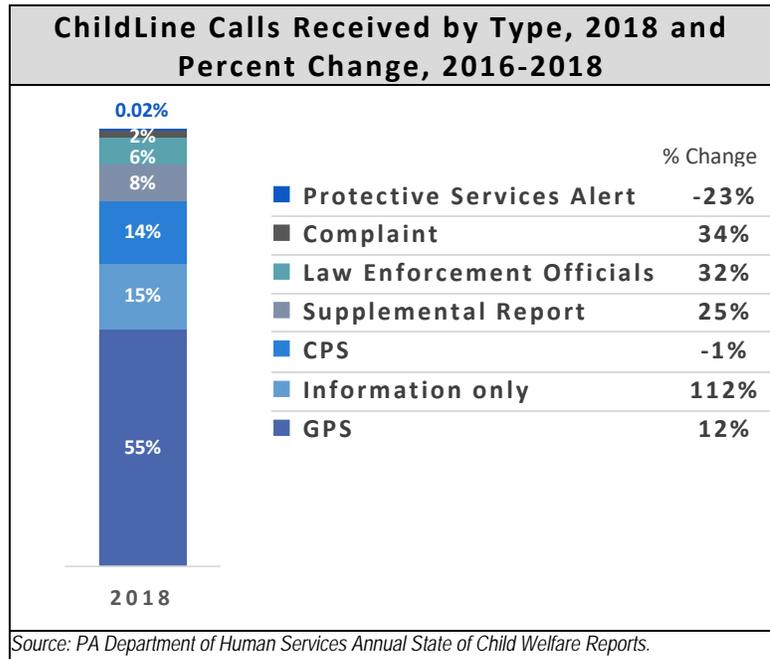
ChildLine

ChildLine is the telephone hotline and central clearinghouse for reports of suspected child abuse and general protective services reports, and it is available 24 hours a day, seven days a week. Throughout the entire Commonwealth, over 190,000 ChildLine calls were received in 2018. Total calls received increased 14 percent from 2016 to 2018. While the majority of calls (93 percent) were answered, seven percent of the calls received in 2018 were abandoned, and less than one percent were deflected. A call is abandoned when the caller hangs up before they reach a caseworker, and includes callers waiting in the queue as a result of high call volume. A deflected call occurs when a call is unable to be placed in the queue as all caseworkers are engaged in a call and all wait/hold slots are already filled as well. Improvements were made to ChildLine staffing and call tracking following an audit in 2015-2016 which found that 22 percent of calls went unanswered, according to a 2017 report by the Auditor General²⁸.



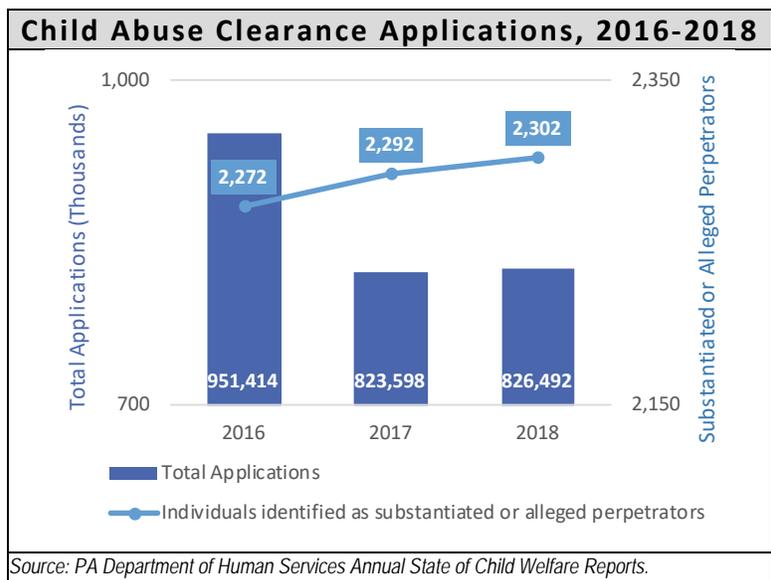
²⁸ (DePasquale, September 2017)

The majority of the calls received in 2018 (55 percent) were categorized as general protective services reports, and this was consistent in the prior two years. The volume of GPS calls to ChildLine increased 12 percent from 2016 to 2018. Child protective services reports represented a much smaller portion of ChildLine calls, accounting for 14 percent of calls in 2018, and call volume decreased one percent from 2016. Fifteen percent of calls were categorized as 'Information only'. 2017 was the first full year that this call type was reported, which led to the significant increase in this call type from 2016.



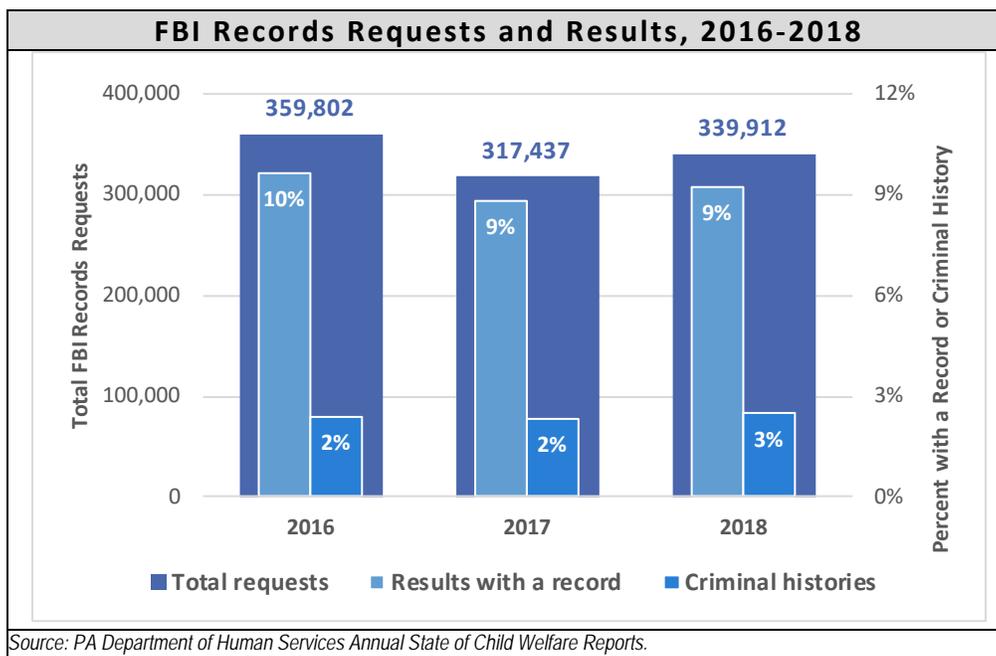
Clearances for Employees and Volunteers

The Child Protective Services Law require individuals to obtain clearances in order to be employed if they will be responsible for a child’s welfare or will be working directly with children. From 2016 to 2018, although the statewide total number of clearance applications received declined by 13 percent, there was a slight increase in the number of individuals identified as substantiated or alleged perpetrators. Overall, around 2,300 or 0.24% of the over 826,000 applications received in 2018 identified substantiated or alleged perpetrators.



FBI Records Requests

In some circumstances, individuals are required to obtain a Federal Bureau of Investigation (FBI) background check before working or volunteering with children. Over 300,000 FBI background checks were submitted annually between 2016 and 2018. Between nine and ten percent of these background checks produced results with a record, and between two and three percent were records with criminal histories that would disqualify an applicant from working or volunteering with child.



FOCUS GROUP & INTERVIEW DATA

As part of this analysis, focus groups and interviews were conducted among various organizations, agencies, and service providers in the region in order to collect primary data from those who work with children and families. Prior to the stay at home mandate being implemented in Pennsylvania, in-person focus groups were conducted with two agencies. Following this order, interviews and focus groups were conducted via conference calls with three additional agencies. The following summary describes the qualitative insights that were gathered on child abuse trends and root causes.

Of those individuals and groups who were interviewed, most had not seen an increase in the number of child abuse cases but noted that they do see many cases, and specifics varied by agency. One agency noted they have seen a 148 percent increase in referrals since 2018 but also noted that increase does not necessarily mean there is an increase in abuse in the area. They attribute this to a new, broader definition of abuse as well as higher levels of awareness and education of child abuse and neglect. Another agency noted they see more neglect than abuse and also see more false accusations of abuse. Data provided by another agency shows there has been a decrease in the number of children receiving child abuse intervention services since 2017.

When asked what the root cause of abuse/neglect is, or what the attributing factors are, all respondents talked about generational abuse in one way or another. One interviewee noted that he/she has seen the children of children he/she helped years ago, and now even some grandchildren, indicating that the cycle of abuse had continued. One person stated that children raise their children the same way they were raised, which perpetuates abuse. Poverty, particularly intergenerational poverty, was also mentioned as much. Many noted that increased levels of poverty positively correlates with increased levels of abuse. One noted that poverty tends to causes increases in physical abuse. Indigence is not just a cause but also an attributing factor. A respondent said it is impossible to separate all the issues and/or point to one thing as a single cause. All of the factors work in conjunction with one another. Another noted he/she was not sure if it were possible to separate poverty from substance abuse (drugs and alcohol). A couple noted that opioids are still present but they find there has been a shift towards methamphetamine. One stated that in their experience, the use of meth correlates more with active abuse, compared with heroin, which they felt was more associated with neglect. The prevalence of drug abuse in the region was mentioned by all.

In general, any hardships a family may face can create a situation in which some type of abuse may occur. The presence of multiple hardships only multiplies this possibility. Interviewees listed several types of hardships they see their clients and/or patients most often face: homelessness (more specifically, the intersection of homelessness and opioids), housing insecurities, lack of transportation, lack of education (on parenting skills and about child abuse), mental health issues, along with omnipresent financial hardships. In addition to these hardships, others mentioned immaturity, absent parent/ fathers, and domestic violence.

Bivariate Analysis

A short bivariate analysis was conducted to look at the relationship between the rates of substantiated abuse and various demographic and economic factors.

DEMOGRAPHIC CHARACTERISTICS

The data in the following section was taken from the 2018 Annual State of Child Welfare report released by the PA Department of Human Services. The urban and rural county classifications used in the Child Welfare report are from the Center for Rural Pennsylvania and are based on population density.²⁹ According to these classifications, Lackawanna and Luzerne Counties are classified as urban counties.

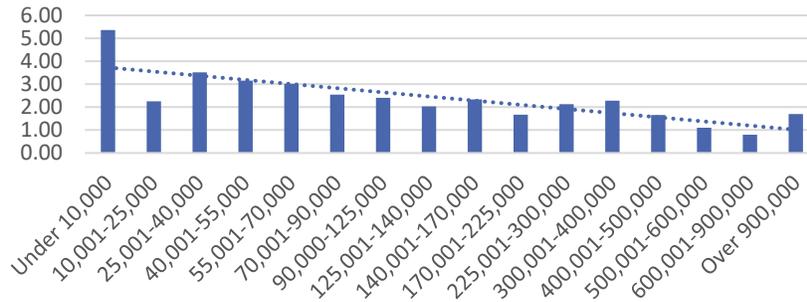
Rural counties have an average rate of abuse per capita almost twice that of urban counties. When speaking with some of the organizations who help victims of child abuse, some noted that rural areas tend to have more persistent and intense levels of poverty than urban areas. As previously mentioned, low socioeconomic status is linked with higher rates of child abuse. These organizations also noted that rural areas must have the same elaborate system for child welfare as urban

Rate of Abuse per 1,000 Children by Type of County	
	Average of substantiated reports
Rural	3.0
Urban	1.7
<i>Source: PA DHS 2018 Annual State of Child Welfare report</i>	

²⁹ Center for Rural Pennsylvania (www.rural.palegislature.us/demographics_rural_urban_counties.html)

counties which is costly, both financially and in terms of personnel, to maintain. Rural child welfare systems might not always have the same coverage and levels of outreach as other systems that could have more finances available.

SUBSTANTIATED REPORTS PER 1,000 CHILDREN BY POPULATION



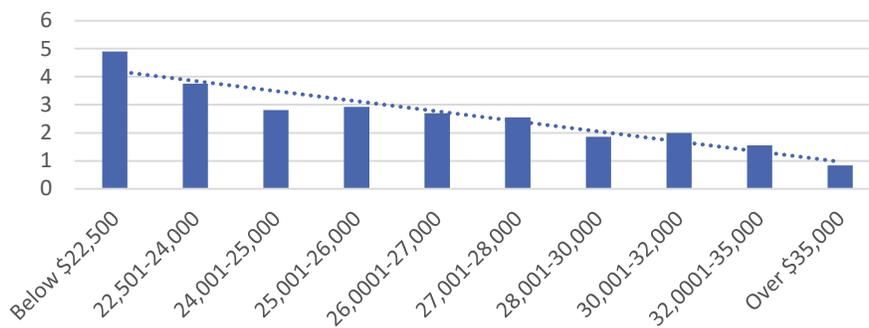
As the population decreases so, too, does the rate of substantiated reports. This correlates with the table above showing that average of substantiated reports of child abuse is higher in rural counties (3.0 per 1,000 children) compared to urban counties (1.7 per 1,000 children). The average rural county has a population of 72,428 persons whereas the average urban county has 396,893 persons.

ECONOMIC CHARACTERISTICS

The U.S. Census Bureau does not have household income or poverty data available for single year estimates for the smallest 27 counties in Pennsylvania (all have less than 62,000 residents). All of these counties except Montour are classified as rural. Of the 40 counties with reported data, 21 are classified as rural and the remaining are urban. The average rate of substantiated reports for these counties is 3.3 per 1,000 children.

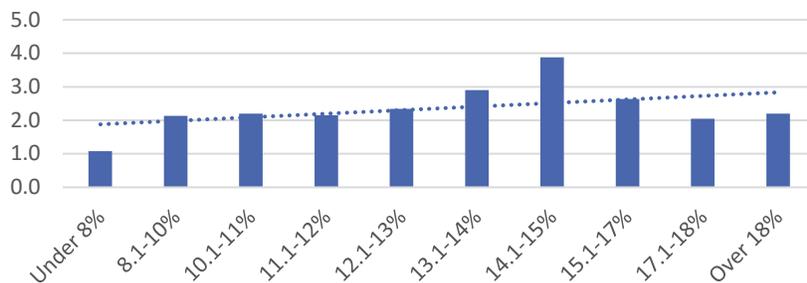
In order to conduct a valid analysis, data was taken from the 2018 American Community Survey 5-year estimates. Here, median individual income and percent of the population 100% below poverty level are measured. The following two charts include all but one Pennsylvania County: Cameron (which has population of 4,754).

SUBSTANTIATED REPORTS PER 1,000 CHILDREN BY MEDIAN INDIVIDUAL INCOME



Rural counties have an average \$26,090 median individual income and urban counties have an average of \$31,572. The lowest recorded income is Forest County at \$16,617 and the highest is Chester County at \$41,522. Among the 67 counties in the state, Luzerne County ranked 30th from highest to lowest and Lackawanna County ranked 34th.

SUBSTANTIATED REPORTS PER 1,000 CHILDREN BY PERCENTAGE OF THE POPULATION 100 PERCENT BELOW FPL



There is slightly more variation in this chart than the previous charts. Though the trend line shows that as the percentage of the population 100 percent below the federal poverty level increases, so does the rate of substantiated reports per 1,000 children, the highest percentage of poverty does not correlate with the highest rate of abuse. Counties with over 18 percent of their population living in poverty have an abuse rate of 2.2 out of 1,000 children. This is the same rate as counties with between 10-12 percent of their population living in poverty. Counties with 14.1-15 percent of the population in poverty have the highest rate of abuse at 3.9 children out of every 1,000. Lackawanna and Luzerne Counties both fall into this category. In Lackawanna County, 14.4 percent of the population is below the poverty level and there were 2.5 substantiated reports of abuse per 1,000 children in 2018. In Luzerne County, 14.5 percent are in poverty, and there were 2.0 substantiated reports per 1,000 children. Counties with poverty rates higher than 15 percent all have lower abuse rates than counties with 13 to 15 percent in poverty. The trend line is accurate in showing that counties with less than eight percent of their population in poverty have the lowest rate of abuse, at an average of 1.1.

Data on substantiated child abuse and neglect cases shows that across the Commonwealth, counties that have smaller populations and are classified as rural generally have higher rates of child abuse than those counties that are larger or urban. Higher rates of abuse are also correlated with higher levels of poverty and lower median income.

Child Welfare System Structure and Legislation

The administrative framework for child welfare services and programs varies in States. While all States are responsible for compliance with Federal and State requirements, they may differ in the way they operate and deliver child welfare services. The majority of States have a centralized administrative system and are classified as **state** administered. In nine States, including Pennsylvania, the child welfare system is **county** administered.³⁰

STRUCTURE OF THE CHILD WELFARE SYSTEM IN PA

The overall structure of the child welfare system in Pennsylvania is supervised by the state and administered at the county-level. Each of Pennsylvania's 67 counties has its own children and youth services agency, which are all overseen by the state DHS through the Office of Children, Youth and Families (OCYF). OCYF operates four regional offices: Southeast, Northeast (which includes Lackawanna and Luzerne Counties), Central, and Western.³¹ Staff in each of the Pennsylvania's 67 county children and youth agencies are county employees.

Within this state-led, county-administered system, the Commonwealth provides the statutory and policy framework for delivery of child welfare services and monitors county implementation. This structure allows for flexibility in developing county-specific solutions to address their individual community needs, it also presents challenges in ensuring policies and regulations are applied consistently, and in pursuing and adopting initiatives to improve outcomes statewide.

These challenges were highlighted in focus group discussions. Lackawanna County Children and Youth explained that the state only works as oversight for county children and youth agencies. Each county develops their own system and definitions; therefore, there can be large philosophical and policy differences county to county, making it difficult to compare variables across counties. They also stated that the Commonwealth separates abuse and neglect, which is unique to Pennsylvania. Additionally, any data recorded prior to December 31, 2014 is non-comparable as the definition of abuse changed dramatically.

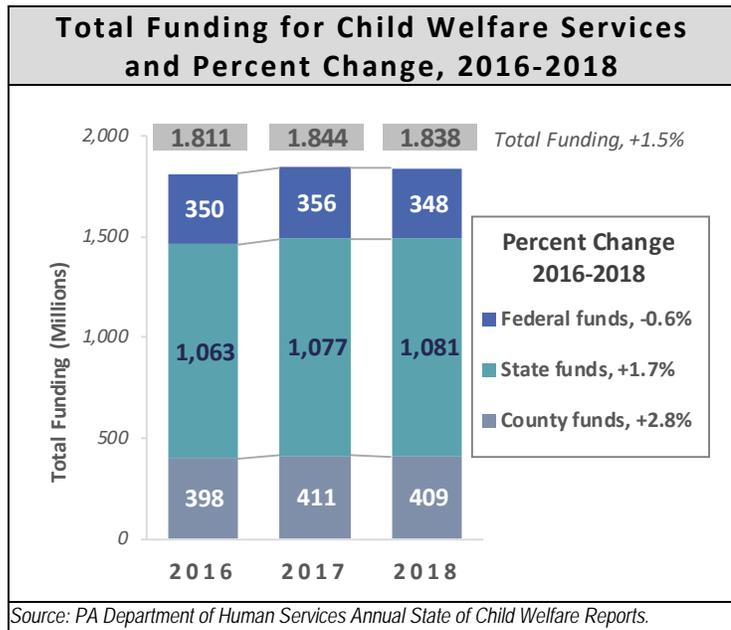
Additional feedback collected from area organizations suggested a need for a centralized system and definitions of abuse, as each county has their own so data is not comparable. A centralized system would allow smaller, more rural counties to have a framework to set up their agency and policies. The respondent also noted that a regionalized system would also be beneficial to less populated counties. Regionalization would allow these counties to have all aspects of the child welfare system instead of having to choose only some parts due to financial and personnel restrictions.

³⁰ (Child Welfare Information Gateway, 2018)

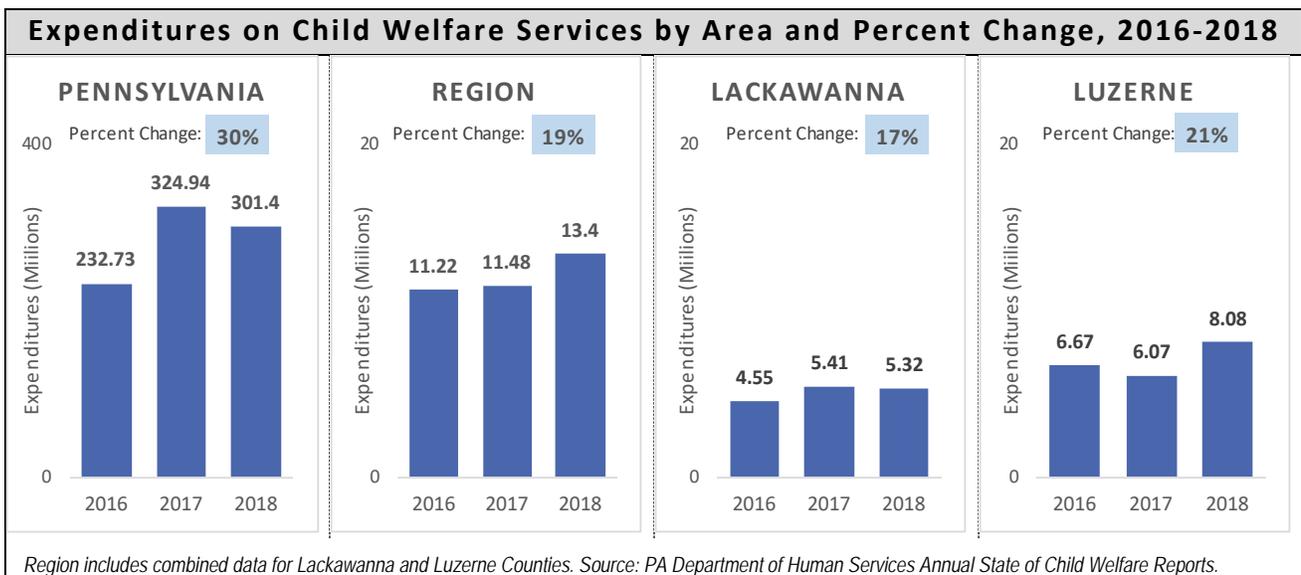
³¹ (Child Welfare Information Gateway, 2013)

FUNDING AND EXPENDITURES

Funding for child welfare services was \$1.838 billion in 2018. The majority of funding is provided by the state, which accounted for 59 percent of overall funding in 2018. Federal funds accounted for 19 percent of overall funding, and county funds accounted for 22 percent. The distribution of funding has remained consistent since 2016. As the number of CPS and GPS reports has increased, there has been a slight increase in the overall funding of 1.5 percent from 2016 to 2018. This was driven by an increase in state and county funding, which grew 1.7 and 2.8 percent, respectively, while federal funding decreased by 0.6 percent.

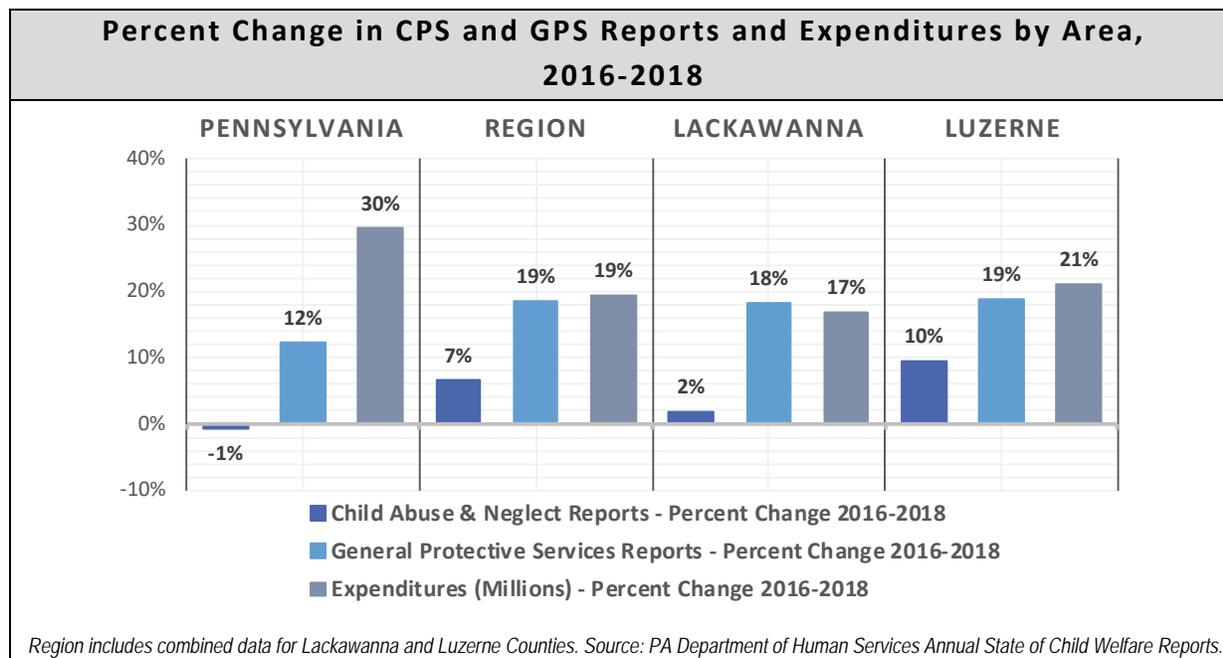


Expenditures by state and county agencies to investigate child abuse and GPS reports have increased at a much higher rate than overall funding levels. In Pennsylvania, expenditures increased 30 percent from 2016, reaching \$301.4 million in 2018. The majority of these expenditures (94 percent) were for county investigations, while 6 percent were for state personnel costs. Expenditures increased 19 percent regionally, growing at a higher rate in Luzerne County than Lackawanna County.



Regionally, the growth in expenditures aligns with the growth in the volume of child abuse neglect reports and general projective services reports during the 2016-2018 period. Expenditures increased 19

percent as the total number of general protective services report also grew by 19 percent and the child abuse and neglect reports increased 7 percent. Statewide, the growth in expenditures exceeded the growth rate for general protective services reports, while child abuse and neglect reports declined. Although the expenditures are not directly correlated to the volume of reports received, as the volume of reports increases, expenditures to assess and investigate these reports are likely to increase as well.



LEGISLATION

Federal Legislation

The key Federal legislation addressing child abuse and neglect is the Child Abuse Prevention and Treatment Act (CAPTA), originally enacted on January 31, 1974 (P.L. 93-247). This act has been amended several times, and most recently, certain provisions of the act were amended on January 7, 2019, by the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424).³²

CAPTA provides Federal funding and guidance to States in support of prevention, assessment, investigation, prosecution, and treatment activities related to abuse and neglect. It also provides grants to public agencies and nonprofit organizations for demonstration programs and projects. In addition, CAPTA establishes the Office on Child Abuse and Neglect and a national clearinghouse of information relating to child abuse and neglect, which operates as the Child Welfare Information Gateway.

State Legislation

The Commonwealth of Pennsylvania has implemented different programs, policies, and laws towards protecting children who are abused and neglected. Following the adoption of federal CAPTA legislation,

³² (Child Welfare Information Gateway, 2019)

Pennsylvania enacted the Child Protective Services Law (CPSL) in 1975. CPSL addresses the reporting, investigating and recording of child abuse and the delivery of protective services.

It was amended in 1994 to provide assistance and protection by having rehabilitative services to help stabilize family life. Further, the CPSL amendments enacted ways that materials, training, and educational programs were made accessible to professionals that report child abuse, otherwise known as mandated reporters. These professionals are licensed and are authorized by the Bureau of Professional and Occupational Affairs. Besides these licensed professionals, volunteers can also help abused and re-abused children under the Volunteer Health Services Act, established in 1998. The 1998 Act was later amended in 2002 to allow for non-retired professionals to be included. Additionally, other programs that have been brought about to address these issues of abuse in childhood in the Pennsylvania legislature. Act 48 of 1993 created the citation programs in which citizens were penalized for having minor infractions of misconduct in regards to abused children.³³

In December 2014, the Commonwealth implemented several changes to the CPSL which increased the number of mandated reporters of child abuse, and added additional persons who could be identified as perpetrators of child abuse. The adopted amendments also expanded and clarified the definition of child abuse and expanded those required to pass a state background check to work or volunteer with children. These changes led to an increase in reports as public awareness of child abuse and neglect increased and improvements were made in mandated and permissive reporter requirements.

Other reforms and changes were made to Pennsylvania laws so more children could be protected. Some of these changes included that if actions are done intentionally, knowingly, or recklessly to harm a child below the age of 18, there would be consequences for the perpetrator. There were also alterations made to the definition in regards to an uptick in child sex or labor trafficking. Senate Bill 1311, signed in 2016, addressed this increase in child trafficking victims. This bill, Act 115 of 2016, made law that if a child were engaged in any form of human trafficking it would be charged as a form of child abuse.³⁴

Implications of Child Abuse and Neglect

HEALTH AND BEHAVIORAL IMPACT

A review of the research on the long-term impact of adverse childhood experiences (ACE) on health status and behaviors indicates a child who faces ACEs involving abuse and neglect will often find a dangerous road ahead. They will need to overcome changes to their lifestyle, relearn learned negative behaviors, and deal with various trauma and challenges. A child's well-being and health can impact their lives during adulthood as the harsh effects of neglect and abuse may appear in different ways at different points during their lifetime. Not only will their childhood affect their adult selves, but also society as a whole.

Many studies have researched the effects of ACEs through the use of confidential surveys to assess a large amount of information. The CDC-Kaiser ACE Study (1998) examined adverse childhood experiences

³³ (Pennsylvania Department of State, 2020)

³⁴ (Pennsylvania Family Support Alliance, 2020)

(ACEs) within three major categories: abuse, household challenges, and neglect.³⁵ The study took a sample of 17,337 individuals and sent out two waves of questions from 1995 to 1997 concerning experiences in childhood and, later, their present health status and behaviors. This study is considered to be the original, longitudinal adverse childhood experience study; though published in 1998, it remains heavily significant today.

The study concluded that all types of abuse were common across all populations relating to gender, race, age range, and educational attainment. The CDC noted that about 61 percent of adults had experienced at least one type of ACE and nearly 1 in 6 had experienced four or more types of ACEs. There was a gender difference in the amount of people who had a score of four or more. Over 15 percent of women had four or more ACEs and just 9.2 percent men did. Several racial/ethnic minority groups are at greater risk for having experienced four or more types of ACEs.

Researchers found a causal relationship between experiencing early adversity and later in life health, social, and behavioral complications. These subsequent, lasting impacts of ACEs include injury, mental and maternal health, infectious and chronic disease, risk behaviors, and lost opportunities. As the count of ACEs increases, so too does the number of negative outcomes of a participant's lifecycle. These experiences can increase the risks of injury, STIs, maternal and child health issues, teen pregnancy, involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide. Preventing ACEs could potentially reduce a large number of health conditions.

ACEs trend data collected by various sources and states has been documented through the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS within the U.S. was implemented in 1984 and there are now over 400,000 interviews conducted each year from all 50 states, the District of Columbia, and in three U.S. territories.³⁶ The demographic trends and the count of reported ACEs were similar to the findings from the CDC-Kaiser ACE Study. BRFSS data shows that two-thirds of the adults had one ACE or less. Findings from the surveyed adults also indicated that more than one in five individuals stated they suffered three or more different categories.

³⁵ (Centers for Disease Control and Prevention, 2020)

³⁶ (Behavioral risk factor surveillance system, 2019)

Past research into child abuse and neglect also refers to the concepts behind the ACE Pyramid, a visual representation of the ways ACE-related trauma manifest throughout the lifespan. To conceptualize the largest investigation into adverse childhood experiences, the CDC-Kaiser Study and other research use this pyramid to look at

how these ACE factors influence one’s perspective on life and harm the health and well-being of individuals. It was determined, via the study’s findings and the pyramid, that abused and neglected children are at risk of impairment in brain functioning and neurodevelopment, unhealthy behaviors, disease, and disabilities, or even early death. Adverse



childhood experiences, including child abuse and neglect, can cause a prolonged activation of the stress-response system, otherwise known as toxic stress.³⁷ Toxic stress from ACEs can change brain development and affect things such as attention, decision-making, learning, and response to stress. Toxic stress is particularly relevant for children in early childhood, since it can damage brain architecture during a critical period of brain development and lead to lifelong problems. The CDC reports that ACEs are linked to chronic health problems, mental illness, and substance abuse in adulthood. Early intervention is needed to help children who are suffering from these experiences, and will subsequently impact their future communities and economy.

Several other academics have expanded the research on the intersection of health and ACEs. A study, authored by Felitti, in *Academic Pediatrics*, researched adverse childhood experiences and the health of adults.³⁸ The research showed early intervention is necessary to lower the health risks of a population with a history of ACEs. The author warned that ACEs can lead to and transform into different biomedical diseases. For instance, coronary artery disease and Type 2 Diabetes can result from overeating as a coping mechanism for depression and anxiety – a common occurrence with ACEs. Additionally, the study concluded that pediatricians should play a significant part in being the first line of primary care in everyday practice and academics. Pediatricians are one of many mandated reporters.

Research has shown that populations who live in severe social and economic conditions experience more ACEs. Many investigations into these living conditions have referred to the CDC-Kaiser ACE Study. Some of the conditions associated with ACEs and toxic stress are: living in under-resources or racially

³⁷ (Centers for Disease Control and Prevention, 2020)

³⁸ (Felitti, 2009).

segregated neighborhoods, frequently moving, and experiencing food insecurity. According to the CDC, rates of child abuse and neglect are 5 times higher for children in families with low socio-economic status compared to children in families with higher socio-economic status. Efforts to strengthen household financial security and provide economic support to families have demonstrated direct effects on child abuse and neglect, according to the CDC.³⁹

ECONOMIC COSTS

Exposure to adverse childhood experiences are costly. The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year. According to the CDC, the total lifetime economic burden associated with child abuse and neglect was approximately \$428 billion in 2015 in the United States.⁴⁰

Adverse childhood experiences can negatively impact education and job opportunities. Children experiencing ACEs may have unstable work histories as adults and struggle with finances, jobs, and depression throughout life. A research study by Anda et al. analyzed the relationships between eight different adverse childhood experiences with job performance as an adult.⁴¹ To show this relationship, 9,633 employed adults were surveyed. The eight ACEs included one broader category of abuse which consisted of emotional, physical, and sexual abuse. Additional factors related to household dysfunction included having a battered mother, substance abuse, mental illness, parental separation or divorce, and having an incarcerated household member. Indicators of job performance include serious job problems, financial problems, and absenteeism. The analysis showed 11.5 percent of respondents had job-related problems, 15.5 percent had financial problems, and 8.7 percent suffered from absenteeism.

The study found a strong relationship between a higher ACE score and impaired worker performance. They discovered that these childhood experiences have a strong impact on adults later in their lives, such as a disruption in brain functioning and early death. Abuse victims face long-term health implications and employment struggles. Researchers determined that a biopsychosocial approach should be used to help victims heal to ensure a healthy/productive workforce where an individual's experiences, well-being, and risk-related behavior are evaluated. People who have had one or more adverse childhood experience unknowingly endure human and economic costs, which would also affect those without ACEs. This can be prevented with this new shift in approach.

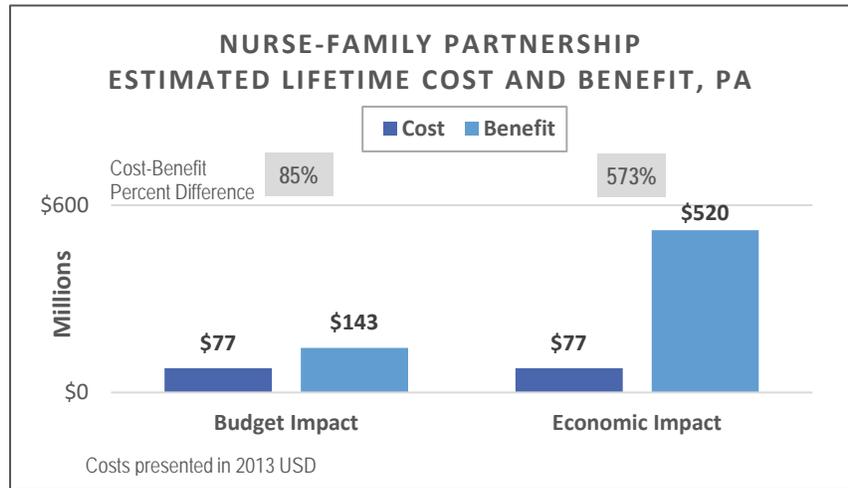
These effects can also be passed on to the victim's own children. Some children may face further exposure to toxic stress from historical and ongoing traumas due to systemic racism or the impacts of poverty resulting from limited educational and economic opportunities.

³⁹ (Fortson, Klevens, Merrick, & Gilbert, 2016)

⁴⁰ (Centers for Disease Control and Prevention, 2020)

⁴¹ (Anda, et al., 2004)

Child abuse and neglect prevention programs can have a positive economic impact. The Center for Disease Prevention and Control’s Web-based Injury Statistics Query and Reporting System (WISQARS) has a Child Abuse and Neglect Prevention Program Cost Calculator that helps estimate local health and financial impacts of selected child abuse and neglect prevention programs, including the Nurse-Family Partnership program.⁴² This program typically serves low-income, first-time mothers because they are at increased risk for adverse outcomes, including child abuse and neglect.



According to the calculator’s estimate for Pennsylvania of the nearly 10,000 low-income, first-time mothers served from pregnancy until child age 2 years, the program resulted in a positive budget and economic impact, with the estimated lifetime benefits exceeding the lifetime costs of the program. From a budget perspective, the estimated benefits of the program exceeded the cost by 85 percent. The economic impact is even greater, with the estimated benefits nearly six times higher than the costs. Though the data shown is from 2013, it can be adjusted to figures that are put in manually to match the current situation. The data is provided as an example of the positive impact child abuse and neglect prevention programs can have from an economic perspective.

⁴² (Centers for Disease Control and Prevention, 2020)

Resources

AVAILABLE SERVICES

There are a variety of agencies and organizations in the region that offer services and programs to families, children, and parents. This list is not exhaustive. It was gathered from research collected for this report as well as previous knowledge.

▪ 211	▪ District Attorney’s office	▪ Head Start	▪ SCA
▪ Bridges out of Poverty	▪ Day cares, coordinated child care	▪ Healthy MOMs	▪ School districts
▪ CEO	▪ Drug and alcohol facilities	▪ Home visiting programs	▪ SHINE
▪ ChildLine	▪ Early Head Start	▪ Hope Center	▪ United Way of Wyoming Valley
▪ Children and Youth agencies	▪ Family Service Association	▪ Interfaith	▪ Women’s Resource Center
▪ Children’s Advocacy Center of NEPA	▪ Food kitchens and pantries	▪ Lackawanna County Teen Advocate	
▪ Church groups		▪ LCCC KEYS program	
		▪ Outreach	
		▪ Police agencies	
		▪ Pre-K Counts	

SERVICE SHORTAGES, GAPS, AND BARRIERS

Though there are many services listed above, research and conversations with social services leaders identified some of the shortages, gaps in services, and barriers to service. Respondents noted a lack or loss of certain services related to transportation, housing, education, affordable childcare, mental health services, and drug and alcohol counseling services that can contribute to a child growing up in an abusive environment. Low wage jobs, joblessness and lack of affordable housing all impact a family’s ability to function and meet basic needs. Poverty also impacts substance abuse, mental health, and access to treatment, which can lead to abuse and neglect.

Respondents also noted the lack of a skilled workforce to address child abuse and neglect reports. This is further exacerbated by low wages and burnout as a result of the nature of the work. Respondents cited the lack of availability and accessibility of resources due to transportation, costs, and waitlists, and a lack of knowledge of available resources. Some respondents noted that the lack of coordination between organizations and services providers makes it seem like resources are not available. Specific services that were noted as lacking include:



Transportation, education, and housing were the most frequently mentioned items by individuals that were interviewed. Most did say that although county children and youth agencies give families bus passes, families often are not able to access the location they need to get to on the existing bus routes and that the process of loading a child/ren onto a bus, especially if car seats are involved, is a hassle and can be threatening to the health of the children. One program stated they spend \$20,000 per month at a hotel to house homeless clients. Someone else pointed out that though housing continues to be a problem, CEO has a program that has been a large help to the community she works with.

One participant said that there is a need for increased drug and alcohol counseling services, but there has been a noticeable increase in availability over the last few years. According to one nurse, children with mental and/or developmental disabilities like autism have a harder time getting support services. Another specifically noted that moms having depression and anxiety could contribute to abuse in the home. Furthermore, some noted a loss of a parenting center that used to be funded by DHS and neighborhood watch groups that no longer have the personnel needed to operate.

There are also inherent problems to how agencies are able to provide services to children and families. Many spoke about child welfare worker turnover due to burnout, low pay, and lack of training. One said their therapists stay less than a year as they cannot handle the levels of abuse and trauma.

Shortages	Gaps in Services	Barriers to Service
<ul style="list-style-type: none"> • Skilled workforce • Support services for children • Mental health services/resources 	<ul style="list-style-type: none"> • Programming to develop parenting skills • Therapy services for children 	<ul style="list-style-type: none"> • Large waitlists for both children (Head Start, Early Head Start) and parents (support services) • Transportation • Childcare • Inflexible or nontraditional work schedules • Inability to report (lack of knowledge, threats, unable to reach someone due to abuser)

Best Practices and Recommendations

The CDC has provided models to effectively prevent child abuse and neglect and mitigate its consequences. The following are identified strategies for preventing ACEs:

Preventing ACEs	
Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none"> • Strengthening household financial security • Family-friendly work policies
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none"> • Public education campaigns • Legislative approaches to reduce corporal punishment • Bystander approaches • Men and boys as allies in prevention
Ensure a strong start for children	<ul style="list-style-type: none"> • Early childhood home visitation • High-quality child care • Preschool enrichment with family engagement
Teach skills	<ul style="list-style-type: none"> • Social-emotional learning • Safe dating and healthy relationship skill programs • Parenting skills and family relationship approaches
Connect youth to caring adults and activities	<ul style="list-style-type: none"> • Mentoring programs • After-school programs
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none"> • Enhanced primary care • Victim-centered services • Treatment to lessen the harms of ACEs • Treatment to prevent problem behavior and future involvement in violence • Family-centered treatment for substance use disorders

Source: CDC Child Abuse and Neglect, Adverse Childhood Experiences Fast Facts

MODEL PRACTICES

When focus groups were asked about places, groups, or organizations that handle child abuse very well, they noted that our region is very well equipped to help victims. Several local agencies are ranked as among the best in the Commonwealth. While some agencies are better equipped to provide services in response to child abuse and neglect in our region, shortages, gaps, and barriers to service exist. A review of some best practices provides models of initiatives used to address child abuse and neglect.

In terms of research and policy making, two states have set forth best practices regarding prevention, juvenile offenders, and awareness. The state of Washington took data from the CDC-Kaiser Permanente ACE study as well as from BRFSS, and investments from stakeholders to provide information for preventative action.⁴³ An ACE reduction law was passed in 2011, known as HB 1965, which helped advance the prevention of the harsh treatment of children and engage the community to improve

⁴³ (Centers for Disease Control and Prevention)

policies for public health. They found that maltreatment of children can be prevented while efforts can be made to minimize adverse childhood experiences. Washington and an additional five states have been funded by the CDC for different community prevention initiatives and actions focusing on child maltreatment. Research supporting the bill found that juvenile offenders have a high number of ACEs and found that programs like Functional Family Therapy (FFT) helped high-ACE offenders and their families. These programs facilitated improvement in individuals on probation. Functional Family Therapy is a family-based prevention and intervention program that works to improve family communication by promoting positive family interactions, with sessions conducted in the home or community setting. The Compassionate (Trauma-Informed) Schools Initiative, a program started in 2008, took a trauma-informed approach to help children who experienced trauma. Those who attended the program received fewer suspensions and expulsions in school.

Wisconsin also used ACE and BRFSS data to increase awareness of child abuse and neglect, as well as its subsequent long-term effects on health. This state obtained valuable ACE information from an ACE and trauma workshop during which 45 representatives from various social service sectors were brought together by the Children's Trust Fund in 2009. Upon discovering that 30 percent of Wisconsin residents reporting four or more ACEs also receives BadgerCare, the state's Medicaid Program, the state hosted nine other states for a Midwest Regional ACE Summit in 2014 which discussed policies and practices to prevent ACE. With more and enhanced support and strategies to gain further information on negative health effects of ACE, there has been more attention and recognition of child maltreatment prevention for struggling children.

States besides Washington and Wisconsin, including Pennsylvania, could enact policies to mitigate maltreatment and assist families most in most need. States should continue using ACE data to build their own platforms. Ultimately, a comprehensive approach will be able to do more than subsequently react to children and adults who exhibit symptoms of ACE; it will move ahead of the curve to prevent such circumstances altogether.

RECOMMENDATIONS

The Institute proposes a variety of recommendations In order to address and prevent child abuse and neglect:

Reduce Gaps and Shortages in Services

Nearly all respondents mentioned there was a lack in transportation, education, and housing with all the families they see. Some do not have access to a personal vehicle and must rely on public transportation or otherwise to arrive to appointments. Families face barriers using public transportation, including difficulty accessing bus routes and challenges transporting children. As a result, they may avoid seeking services or attending appointments with children and youth agencies. Lobbying for local transportation authorities to adjust or create new bus routes could be extremely beneficial to these families.

Additionally, perhaps service centers can provide transportation for families like Head Start or Geisinger.

In addition, increase efforts to provide access to affordable housing, as this is an issue for many families and commonly cited in reports of neglect. Increasing access to subsidized child care can also help improve families' economic well-being.

Provide Training to Enhance Parenting Skills

Respondents also mentioned education as something that these families are lacking. The lack is not necessarily traditional school education but parenting skills and healthy family dynamics. Parents who have inadequate parenting skills may have more difficulty caring for their children and providing a safe home environment. Awareness and education on positive parenting skills and behavior management techniques can help prevent abuse and neglect. Many individuals interviewed for this study reported that they see many cases of intergenerational child abuse. Learning how to overcome abusive behaviors will help these families now and will help their future generations. Some stated that there used to be parenting skills classes that were offered and are now no longer; starting these classes again, free-of-charge, can help families relearn their behaviors. One person stated that the county children and youth agencies are especially equipped to take on this task.

Improve Awareness and Understanding of Child Abuse

Apart from parents, children, and community members need to have an increased awareness and understanding of child abuse. An increase in community engagement from social services to teach schools, organizations, and businesses on what abuse and neglect is can help stem it and allow families to get help. Launch public engagement and education campaigns using a range of communication channels including mass media, social media and community based events like town hall meetings to change the way people think and talk about abuse and neglect, and collaborate on solutions. In addition, strengthen efforts to educate children on what abuse and inappropriate behavior are, and where to go for help if they are a victim.

Explore Centralization, Regionalization, or Coordination of Services

One interviewee called for centralization and regionalization of services. Lackawanna County Children and Youth is located on the same floor as some other services so families can easily go from one appointment to another. Purposefully creating hubs of social services can reduce the barriers to service that many families experience and can allow more families to access some services they might not have been able to before. One respondent called for regionalization of child welfare services. Doing this would group counties together so they can pull their resources and strengths together. It would allow counties to better serve rural populations as smaller counties would not need to have every aspect of the child welfare system, which is a burdensome cost for smaller counties.

Increase Availability of Mental Health Services and Supports

One focus group heavily concentrated on the availability of mental health services and supports. One nurse stated that children with mental and/or developmental disabilities have a harder time finding and getting support services. One nurse stated that she waited several months on the waitlist for Early

Intervention for her son. Another said that moms who suffer from depression and anxiety could lead to abuse and/or neglect in the home, or an increase in them.

Expand Access to Treatment to Lessen the Harms of Abuse and Neglect

Therapeutic treatment can lessen the potential physical and emotional consequences of abuse and neglect, and stop the spread of abuse to future generations.⁴⁴ Data from the Children’s Advocacy Center shows that there was a 42 percent increase in children receiving trauma therapy. Unfortunately, this is the only data we have on children’s therapy, in relation to abuse and neglect. If this trend is the same for other social services in the region, there needs to be an increase in the amount of trauma therapy that is made available to children.

Increase Support for Stronger Family Engagement Programs

Many interviewees noted that there should be more of a focus and further education on how programs that would allow families to stay together before separation occurs are better for the child and family. One of the programs said they are shifting to using kinship placement instead of foster care citing that 7/ 10 children in foster care go to jail.⁴⁵ In Lackawanna County, following the implementation of stronger family engagement programs such as the use of Family Group Decision Making, Motivation Interviewing, the creation of our School Liaison and Parenting/Visitation Units, numbers of children in placement have decreased from nearly 400 children in 2004-05, 19.5 percent of which were placed with relatives or kin, to 127 children in 2020, 58 percent of which are with relatives or kin. Increase support for the statewide Family Engagement Initiative, which Lackawanna County is participating in, to increase collaborative efforts between the judiciary and child welfare agencies to enhance family involvement in the child welfare system. If successful, expand the program into other counties.

Improved, Collaborative Data Collection and Reporting

Enhance county-level reporting of abuse and neglect data in order to identify and monitor trends at the county level. In some cases, only statewide data is published through publicly available sources, although it is reported at the county level by children and youth agencies. Rectify gaps in data collection, particularly in demographic characteristics of suspected abuse and neglect victims. There is limited data on the breakdown of child abuse and neglect by age and the county level, and there are variations in age groupings used in reporting. There was also no data available on child abuse by race and/or ethnicity. After seeing disproportionate measures of non-white populations in the population living under poverty and subsequent bivariate analysis of substantiated reports by median income, data on race and ethnicity is necessary in order to help identify and educate populations most likely to be impacted by abuse and neglect.

Additional community-level strategies and legislative recommendations may be explored in future research and policy briefs will be developed as appropriate.

⁴⁴ (Fortson, Klevens, Merrick, & Gilbert, 2016)

⁴⁵ (Lackawanna County Children and Youth, 2020)

Conclusion

Child abuse and neglect is a persistent problem in our society, and it can have a profound and long-lasting impact on the individual victims and the overall community. It is a preventable problem that requires a comprehensive approach involving not only child welfare and social service agencies, but a broad cross-section of society including the government, the judicial system, the education community, and the healthcare system. Strategies to reduce gaps in basic services to families, provide positive parenting support, and strengthen family engagement can help establish safe, stable environments for children. Improving awareness of abuse and strengthening efforts to address and investigate reports of abuse and neglect can help identify victims of abuse and ensure they receive the proper support. This includes strengthening the structure of the child welfare system by exploring efforts to coordinate resources and improve reporting. Child abuse and neglect is preventable, and it is our responsibility as a society to protect the safety and welfare of children.

References

- Anda, R., Felitti, V., Fleisher, V., Edwards, V., Whitfield, C., Dube, S., & Williamson, D. (2004, Winter). Childhood abuse household dysfunction, and indicators of impaired adult worker performance. *The Permanente Journal*, 8(1), 30-8.
- Behavioral risk factor surveillance system*. (2019, November 5). Retrieved from www.cdc.gov/brfss/index.html
- Behavioral risk factor surveillance system ACE data*. (2019). Retrieved from www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-brfss.html
- CAPTA Reauthorization Act of 2010 (P.L. 111-320), 42 U.S.C. § 5101, Note (§ 3). (n.d.).
- Centers for Disease Control and Prevention. (2020). *About the CDC-Kaiser ACE Study*. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>
- Centers for Disease Control and Prevention. (2020). *Child Abuse and Neglect Prevention Program Cost Calculator*. Retrieved from <https://wisqars.cdc.gov:8443/CANcalc/initWizard?buttonName=mainPage>
- Centers for Disease Control and Prevention. (2020). *Preventing Adverse Childhood Experiences*. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>
- Centers for Disease Control and Prevention. (2020, April 7). *Preventing Child Abuse and Neglect*. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>
- Centers for Disease Control and Prevention. (n.d.). *Learning from Washington's adverse childhood experiences (ACE) story*. Retrieved from https://www.cdc.gov/violenceprevention/acestudy/pdf/ACE_Case_Study_Washington.pdf
- Centers for Disease Control and Prevention. (n.d.). *Learning from Wisconsin's adverse childhood experiences (ACE) story*. Retrieved from www.cdc.gov/violenceprevention/acestudy/pdf/ACE_Case_Study_Wisconsin.pdf
- Child Welfare Information Gateway. (2013, February). *How the Child Welfare System Works*. Retrieved from <https://www.childwelfare.gov/pubPDFs/cpswork.pdf#page=9&view=Appendix:%20The%20Child%20Welfare%20System%20>
- Child Welfare Information Gateway. (2018). *State vs. County Administration of Child Welfare Services*. Retrieved from <https://www.childwelfare.gov/pubs/factsheets/services/>
- Child Welfare Information Gateway. (2019). *About CAPTA: A Legislative History*. Washington, D.C. Retrieved from <https://www.childwelfare.gov/pubPDFs/about.pdf#page=2&view=Summary%20of%20legislative%20history>
- Child Welfare Information Gateway. (2019). *Definitions of Child Abuse and Neglect*. Washington, DC. Retrieved from <https://www.childwelfare.gov/pubPDFs/define.pdf#page=6&view=Summaries%20of%20State%20laws>
- Children's Advocacy Center of NEPA. (2017 - 2019). *Services Provided*.
- Children's Advocacy Center of NEPA. (2018). Retrieved from <https://www.cacnepa.org/about-us/facts/>
- Children's Advocacy Center of NEPA. (2020, March).
- Darkness to Light. (2015, December 22). *Child Sexual Abuse Statistics Perpetrators*. Retrieved from http://www.d2l.org/wp-content/uploads/2017/01/Statistics_2_Perpetrators.pdf

- DePasquale, E. (September 2017). *State of the Child*. Retrieved from https://www.paauditor.gov/Media/Default/Reports/RPT_CYS_091417_FINAL.pdf
- Felitti, V. (2009). Adverse childhood experiences and adult health. *Academic Pediatrics*, 131-2.
- Fortson, B. L., Klevens, J. M., Merrick, M. T., & Gilbert, L. K. (2016). Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities. Atlanta, GA. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf>
- Lackawanna County Children and Youth. (2020).
- National Sexual Violence Resource Center. (2015). Statistics About Sexual Violence. Retrieved from https://www.nsvrc.org/sites/default/files/publications_nsvrc_factsheet_media-packet_statistics-about-sexual-violence_0.pdf
- Pennsylvania Department of Human Services. (2018). *Child Protective Services Annual Report*. Retrieved from http://www.keepkidssafe.pa.gov/cs/groups/webcontent/documents/document/c_289620.pdf
- Pennsylvania Department of State. (2020). *Programs and Policies*. Retrieved from <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Pages/Programs-and-Policies.aspx>
- Pennsylvania Family Support Alliance. (2020). *Abuse & Neglect Definition*. Retrieved from <https://www.pafsa.org/Mandated-Reporters/Recognizing-Child-Abuse-Neglect/Abuse-Neglect-Definition>
- Pennsylvania Partnerships for Children. (2019, April). State of Child Welfare 2019. Retrieved from <https://www.papartnerships.org/wp-content/uploads/2019/04/2019-State-of-Child-Welfare-PA.pdf>
- The Annie E. Casey Foundation. (n.d.). Kids Count Data Center. Retrieved from <https://datacenter.kidscount.org/data#PA/2/35/36,37,38,41,40/char/0>
- U.S. Census Bureau, American Community Survey. (2018). Children Characteristics, Table ID: 20901. Retrieved from data.census.gov

Appendix

PENNSYLVANIA DEFINITIONS OF CHILD ABUSE AND NEGLECT⁴⁶

Current through March 2019

Physical Abuse

Citation: Cons. Stat. Tit. 23, § 6303

The term 'child abuse' shall mean intentionally, knowingly, or recklessly doing any of the following:

- Causing bodily injury to a child through any recent act or failure to act
- Fabricating, feigning, or intentionally exaggerating or inducing a medical symptom or disease that results in a potentially harmful medical evaluation or treatment to the child through any recent act
- Causing sexual abuse or exploitation of a child through any act or failure to act
- Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act
- Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act
- Causing serious physical neglect of a child
- Engaging in any of the following recent acts:
 - Kicking, biting, throwing, burning, stabbing, or cutting a child in a manner that endangers the child
 - Unreasonably restraining or confining a child, based on consideration of the method, location, or the duration of the restraint or confinement
 - Forcefully shaking a child younger than age 1
 - Forcefully slapping or otherwise striking a child younger than age 1
 - Interfering with the breathing of a child
 - Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement
 - Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
 - Is required to register as a tier II or tier III sexual offender, when the victim of the sexual offense was younger than age 18 when the crime was committed
 - Has been determined to be a sexually violent predator
 - Has been determined to be a sexually violent delinquent child
- Causing the death of the child through any act or failure to act
- Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under Federal law (22 U.S.C. § 7102)

Neglect

Citation: Cons. Stat. Tit. 23, § 6303

'Serious physical neglect' means any of the following when committed by a perpetrator that endangers a child's life or health; threatens a child's well-being; causes bodily injury; or impairs a child's health, development, or functioning:

- A repeated, prolonged, or egregious failure to supervise a child in a manner that is appropriate, considering the child's developmental age and abilities

⁴⁶ (Child Welfare Information Gateway, 2019)

- The failure to provide a child with adequate essentials of life, including food, shelter, or medical care

Sexual Abuse/Exploitation

Citation: Cons. Stat. Tit. 23, § 6303

'Sexual abuse or exploitation' means any of the following:

- The employment, use, persuasion, inducement, enticement, or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct, including, but not limited to, the following:
 - Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual
 - Participating in sexually explicit conversation either in person, by telephone, by computer, or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual
 - Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual
 - Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting, or filming
- Any of the following offenses committed against a child:
 - Rape, as defined in 18 Pa.C.S. § 3121
 - Statutory sexual assault, as defined in 18 Pa.C.S. § 3122.1
 - Involuntary deviate sexual intercourse, as defined in 18 Pa.C.S. § 3123
 - Sexual assault, as defined in 18 Pa.C.S. § 3124.1
 - Institutional sexual assault, as defined in 18 Pa.C.S. § 3124.2
 - Aggravated indecent assault, as defined in 18 Pa.C.S. § 3125
 - Indecent assault, as defined in 18 Pa.C.S. § 3126
 - Indecent exposure, as defined in 18 Pa.C.S. § 3127
 - Incest, as defined in 18 Pa.C.S. § 4302
 - Prostitution, as defined in 18 Pa.C.S. § 5902
 - Sexual abuse of children, as defined in 18 Pa.C.S. § 6312
 - Unlawful contact with a minor, as defined in 18 Pa.C.S. § 6318
 - Sexual exploitation of children, as defined in 18 Pa.C.S. § 6320

Emotional Abuse

Citation: Cons. Stat. Tit. 23, § 6303

The term 'child abuse' includes causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.

'Serious mental injury' means a psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment that results in the following:

- Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic, or in reasonable fear that the child's life or safety is threatened
- Seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks

Abandonment

This issue is not addressed in the statutes reviewed.

Standards for Reporting

Citation: Cons. Stat. Tit. 23, § 6311

A report is required when a mandatory reporter has reasonable cause to suspect that a child is a victim of child abuse.

Persons Responsible for the Child

Citation: Cons. Stat. Tit. 23, § 6303

'Perpetrator' means a person who has committed child abuse, as defined in this section. The term includes only the following:

- A parent of the child
- A spouse or former spouse of the child's parent
- A paramour or former paramour of the child's parent
- A person age 14 or older and responsible for the child's welfare
- An individual who is age 14 or older who resides in the same home as the child
- An individual age 18 or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption to the child
- An individual age 18 or older who engages a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined in Federal law (22 U.S.C. § 7102)

Only the following may be considered a perpetrator for failing to act, as provided in this section:

- A parent of the child
- A spouse or former spouse of the child's parent
- A paramour or former paramour of the child's parent
- A person age 18 or older who is responsible for the child's welfare
- A person age 18 or older who resides in the same home as the child

A 'person responsible for the child's welfare' is a person who provides permanent or temporary care; supervision; mental health diagnosis or treatment; training; or control of a child in lieu of parental care, supervision, and control.

Exceptions

Citation: Cons. Stat. Tit. 23, §§ 6303; 6304

The term 'sexual abuse' does not include consensual activities between a child who is age 14 or older and another person who is age 14 or older and whose age is within 4 years of the child's age.

No child shall be deemed to be abused based on injuries that result solely from environmental factors, such as inadequate housing, clothing, and medical care, which are beyond the control of the parent.

If, upon investigation, the county agency determines that a child has not been provided needed medical care because of sincerely held religious beliefs of the child's parents, which beliefs are consistent with those of a bona fide religion, the child shall not be deemed to be physically or mentally abused. In such cases, the county agency shall closely monitor the child and the child's family and shall seek court-ordered medical intervention when the lack of medical care threatens the child's life or long-term health. The family shall be referred for general protective services, if appropriate. This subsection shall not apply if the failure to provide needed medical care causes the death of the child.

The use of reasonable force on or against a child by the child's own parent or person responsible for the child's welfare shall not be considered child abuse if any of the following conditions apply:

- The use of reasonable force constitutes incidental, minor, or reasonable physical contact with the child that is designed to maintain order and control.
- The use of reasonable force is necessary:
 - To quell a disturbance or remove the child from the scene of a disturbance that threatens physical injury to persons or damage to property
 - To prevent the child from self-inflicted physical harm
 - For self-defense or the defense of another individual
 - To obtain possession of weapons, dangerous objects, or controlled substances or paraphernalia that are on or within the control of the child