Breaking the Cycle of Child Abuse & Reducing Crime in Elgin, Illinois

COACHING PARENTS THROUGH HOME VISITING





Acknowledgements

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A Report by Fight Crime: Invest in Kids Illinois

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Executive Summary

Abuse and neglect increases crime. Nothing can fully prepare an officer or deputy to walk into a home where child abuse has taken place. The terrible experience of being involved in removing children from their homes is one reason why the law enforcement leaders who are members of FIGHT CRIME: INVEST IN KIDS ILLINOIS are so committed to preventing abuse or neglect before children are hurt. Almost 30,000 Illinois children were victims of abuse or neglect in 2009, over 500 per week, and 77 Illinois children died from that abuse or neglect. In Elgin, 181 young children were victims of abuse or neglect in 2009. The true numbers are almost certainly much higher due primarily to underreporting. The other major reason why law enforcement leaders want to see abuse and neglect prevented before it starts is that abuse and neglect contributes to future crime. While most of the victimized children who survive never become violent criminals, research shows that an estimated 1,100 victims of abuse and neglect in Illinois in 2009 will become violent criminals as adults who otherwise would have avoided such crimes if not for the abuse and neglect they endured as children.

Home visiting can cut abuse and neglect and reduce future crime. Research on the Nurse-Family Partnership (NFP) voluntary home visiting program demonstrated that it worked. Abuse and neglect was cut in half, and the children not in the program, compared to those served, were more than twice as likely to be convicted of a crime by the time they were 19 years old. Home visiting can save far more than it costs in large part because it so effectively cuts abuse and neglect and future crime.

State and federal funding for home visiting is a critical crime prevention strategy. As law enforcement leaders, we urge state lawmakers to direct federal and state funding to maintain and expand existing home visiting programs even

in these challenging financial times. The good news is that because of the proven success of some home visiting programs, the federal health care reform law includes \$1.5 billion in new money over five years to fund the expansion of evidence-based home visiting programs nationally. Preserving existing state efforts is required to ensure that Illinois can take full advantage of these new federal funds. The evidence is in and our elected leaders are urged to seize this opportunity to help more children succeed while helping to eliminate half of all abuse and neglect in high-risk families.

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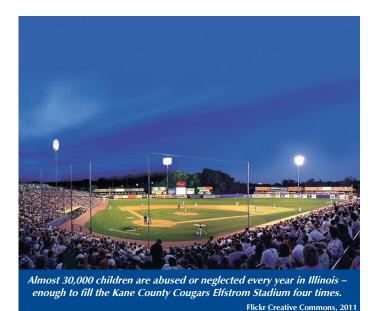
Finding the Victims

Most people in Illinois hear of severe cases of abuse on the evening news. Few in Illinois, however, know how widespread the problem is. According to figures reported to the United States Department of Health and Human Services, almost 30,000 children were confirmed victims of abuse or neglect in 2009, over 500 per week. Nationally, a third of all victims are under age four. At least 77 children in Illinois died from abuse or neglect. Unfortunately, the *Fourth National Incidence Study of Child Abuse and Neglect* shows that the true number of children exposed to abuse or neglect is well over three times as high, meaning there may be over 89,000 victims in the state.

More Violence, Suicides and Abuse in the Future

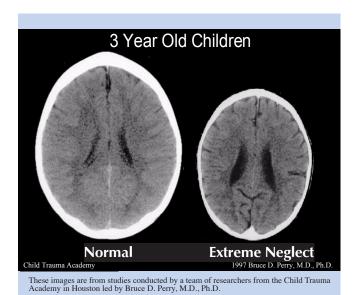
Most children who are victims of abuse or neglect are resilient and do not grow up to be more violent than children not experiencing abuse or neglect, but some do. Physical abuse can cause post-traumatic stress disorders leaving children quicker to switch into a fight or flight mode.³ Dr. Bruce Perry,

Being abused or neglected almost doubles the odds that a child will commit a crime as a juvenile. Widom, 2000



a neurobiologist and authority on brain development and children in crisis has written, "The systems in the human brain that allow us to form and maintain emotional relationships develop during infancy and the first years of life ... With severe emotional neglect in early childhood, the impact can be devastating." Perry explains that severely neglected children frequently respond to mild provocation with aggression and cruelty that "is often accompanied by a detached, cold lack of empathy." Perry further warns: "The most dangerous children [and adults] are created by a malignant combination of experiences. Developmental neglect and traumatic stress during childhood create violent, remorseless children."

Although surveys report varying numbers, one review of the literature on prior abuse and neglect concluded that approximately half of the youths arrested for delinquency had been abused and/or neglected earlier in their lives.⁶ Research



by Dr. Cathy Spatz Widom, a professor of psychology at the John Jay College of Criminal Justice, found that even after isolating other risk factors for crime, such as growing up in poverty or with high-crime peers, child abuse and neglect significantly contributes to crime rates. Compared to youth from similar backgrounds and neighborhoods, being abused or neglected almost *doubles the odds* that a child will commit a crime as a juvenile.⁷

As for violent crime, Widom found that 18 percent of the abused or neglected youngsters went on to be arrested for a violent crime either as juveniles or as adults, compared to 14 percent of similar individuals who shared the same other advantages and disadvantages as these children but who had not been abused or neglected as children—that was a difference of four percentage points.⁸

Applying Widom's four percentage point figure to Illinois' 29,836 cases of abuse and neglect in 2009 produces a figure of over 1,100 additional individuals who will be arrested for at least one violent crime beyond the number of those who would have been arrested had the abuse or neglect never occurred.⁹

Perhaps most disturbing, researchers who have extensively interviewed extremely violent offenders are convinced that severe abuse or neglect was a defining influence in almost all of these violent offenders' lives. ¹⁰ Dorothy Lewis and Jonathan Pincus interviewed 14 of the 37 juveniles facing death sentences in 1986 and 1987. They found that only one of those interviewed had not suffered childhood family violence

and severe physical abuse.¹¹ John Douglas, one of the experts who helped the FBI develop violent criminal profiles, reached similar conclusions from his studies.¹²

Widom's research shows an increased risk of criminality is not the only risk abused or neglected children face. She found that children who had *not* been exposed to abuse or neglect were 40 percent more likely to be employed and 50 percent more likely to have stable marriages than individuals who were abused or neglected. Victims of abuse or neglect were also more than twice as likely to attempt suicide.

Many abused or neglected children grow up to lead happy, productive lives, and these children can often be helped with proper care and services. Unfortunately, some injuries cannot be undone. So, the best and most cost effective way to help abused or neglected children is to make sure they are never injured in the first place.

The Cycle of Violence

Research on how many victims go on to abuse or neglect their own children varies, but one rigorous study showed that poor mothers who had been severely physically abused as children were 13 times more likely to abuse their own children than mothers who had emotionally supportive parents.¹³

What Works to Cut Abuse and Neglect and Crime?

Nurse-Family Partnership

Research has shown that home visiting can prevent child abuse and neglect, give kids the right start in life and reduce crime. The Nurse-Family Partnership (NFP) conducted a long-term study of their Elmira, New York program tracking abuse and neglect and crime results. NFP, a program operating in Illinois, pairs nurses with young, poor women who are experiencing their first pregnancy. The voluntary visits start before the birth of their child and last until their child is two. A randomized controlled group trial of this program showed that the children of mothers in the program had 48 percent fewer substantiated reports of abuse or neglect than the children of mothers in the control group, meaning that home visiting can cut abuse and neglect nearly in half among at-risk children.¹⁴

The latest research from Elmira shows that those children who did not participate in the program had more than twice as many convictions by age 19 as those who received NFP.

FIGHT CRIME: INVEST IN KIDS

These results are concentrated among the young women in the program – the young women who did not receive services from NFP averaged nine times more convictions than those who received NFP. The nurse-visited girls also had a much lower childbearing rate as teenagers than the young women who had *not* participated in NFP as children (11 percent vs. 30 percent), reducing the intergenerational risks of bad outcomes from teen parenting.

NFP studies in Memphis and Denver also have demonstrated meaningful and significant results for the children. The Nurse-Family Partnership web site reports that their research found the following significant outcomes in at least two of their three randomized NFP trials:

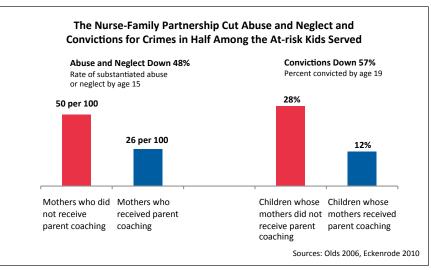
- Improved prenatal health
- Fewer childhood injuries
- Fewer subsequent pregnancies
- Increased intervals between births
- Increased maternal employment, and
- Improved school readiness.¹⁵

Three other primary programs are funded in Illinois at the state level: Healthy Families America (HFA), Parents as Teachers (PAT) and Early Head Start (EHS). Although studies of these programs have not yet followed the children long enough to obtain crime outcomes, they do have other data showing they can be effective in giving children a better start in life.

Healthy Families America

Healthy Families America, has data from a randomized controlled trial in New York State showing that mothers in the program reported less frequent serious physical abuse than mothers not receiving the program's services, but these differences were not found in official records of abuse.¹⁶

There is further evidence that high-quality home visiting can save lives. In Cincinnati, Dr. Frank Putnam and his team of practitioners and researchers have worked with and studied two different programs operating in the Cincinnati area: NFP and Healthy Families. Their data from both programs combined, published in the journal *Pediatrics*, showed that,



"Infants whose families did not receive home visiting ... were 2.5 times more likely to die in infancy compared with infants whose families received home visiting." While not a randomized controlled trial, this is further evidence that home visiting can dramatically cut deaths among young children.

Parents as Teachers

Parents as Teachers (PAT) is the most widely available home visiting program in America. PAT serves families from before the child's birth up to when their child is five. A randomized controlled group trial found that teen mothers who participated in PAT, combined with case management to help families find any needed psychological, health, educational or vocational services, were less likely to be investigated for child abuse and neglect than teen mothers who did not participate.¹⁸

In another randomized controlled group trial, PAT found that children who participated in PAT were less likely to be treated for injuries, a possible sign of abuse, compared to the children not served. For example, 13 percent of children *not* in the program had been treated for an injury in the first year of the study compared to 3 percent of the children in PAT.¹⁹

Early Head Start

Early Head Start is a federally funded child development program for young children that can begin with home visits before birth, but typically starts at 4 months and goes to age 3. Early Head Start can be delivered either at a center, as home visits or as a combination of center care and home visits. The program was evaluated through a randomized controlled

Home Visiting can Reduce Hospitalizations

Hospitalizations of children up to age 2 for which injuries or ingestions were detected in the Memphis, TN Nurse-Family Partnership Trial

Measure	Children of mothers who received parent coaching (n=228)	Children of mothers who did not receive parent coaching (n=515)
Hospital Admissions Per 100 Children	1 per 100	3 per 100
Days in Hospital Per 100 Children	3 per 100	17 per 100
Type of Injuries	burns; coin ingestion; and ingestion of iron medication.	head trauma; fractured fibula/congenital syphilis; strangulated hernia w/ delay in seeking care for burn; bilateral subdural hematoma; fractured skull; coin ingestion; child abuse/neglect suspected; fractured tibia; burns to face and neck; burns to bilateral leg; gastroenteritis/head trauma; burns (splinting/grafting) 2nd hospitalization; and finger injury/osteomyelitis.

trial of over 3,000 families participating in 17 EHS programs across the country. This evaluation found notable positive effects of the program at ages 3 and 5, including higher levels of cognitive and language development and lower levels of aggressive behavior. However, when the researchers studied the children and families again at age 10, after attending elementary schools of varying quality, these significant positive effects were not sustained.²⁰ It may be that effects of Early

The Washington State Institute for Public Policy found that NFP produced a net savings of almost \$21,000 for each family served.

Washington State Institute for Public Policy, 2011 Head Start will re-emerge in adulthood, as has been found for pre-kindergarten programs, although it is unclear whether programs for infants and toddlers are as likely to follow the same pattern.²¹ Changes to Early Head Start as part of the 2007 reauthorization of the program are already underway to improve program quality.

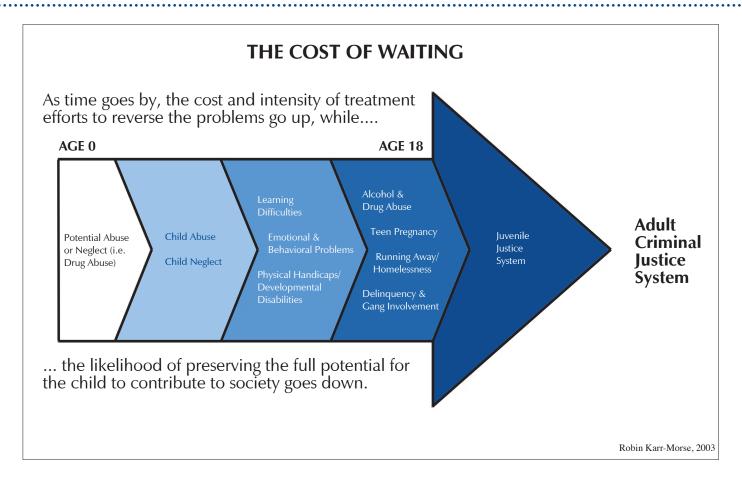
Source: Olds, 1997

Cost Savings

The direct taxpayer costs alone of paying for child abuse and neglect in Illinois are huge. In Fiscal Year (FY) 2006, the total cost to taxpayers from federal, state and local child welfare spending reached over \$1.241 billion.²² When the Washington State Institute for Public Policy (WSIPP) looked at the costs and savings of NFP, they found that the program produced a net savings of almost \$21,000 for each family served.²³

Home Visiting in Illinois

Illinois provides home visiting services through four major program models: Nurse-Family Partnership, Healthy Families Illinois, Parents as Teachers, and Early Head Start.²⁴ The four home visiting programs together served approximately 20,000 Illinois families in FY 2009.²⁵ Illinois state agencies have



invested in home visiting, with two Nurse-Family Partnership sites, 42 Healthy Families Illinois sites and 232 Parents as Teachers sites. There are also 25 Early Head Start sites throughout the state.²⁶

Illinois' state home visiting programs are funded through the Department of Human Services and the Illinois State Board of Education using state general funds. These funds also support several different state-level home visiting initiatives, including Parents Too Soon, Targeted Intensive Case Management, and the Prevention Initiative (see below)²⁷

The Early Childhood Block Grant (ECBG) in the Illinois State Board of Education budget supports programs serving infants and toddlers through a set-aside of 11 percent of the annual appropriation. Since 2005, all new investments in infants and toddlers made by the ECBG have been directed to the Prevention Initiative. Prevention Initiative funds go to parent-coaching programs that support at-risk families with children age 0 to 3. Models with a home visiting component currently eligible for Prevention Initiative funds include Parents as Teachers, Healthy Families Illinois and Baby TALK. Prevention

Initiative also funds programs using Early Head Start Standards and two Nurse-Family Partnership projects.

Elgin Programs

In the Elgin area, there are three home visiting programs serving young children and families. The Kane County Health Department operates a Nurse-Family Partnership program with a capacity to serve 45 families. The Elgin School District U46 provides home visiting using the Parents as Teachers program model, with a capacity to serve 110 families. An Early Head Start program also serves Elgin, with a capacity to serve 50 families. These three home visiting programs combined can serve only 205 children and families, just two percent of the 9,056 children from birth to age five living in Elgin.²⁸ (See text box, on opposite page, for additional information about the need for home visiting in Elgin.)

Additionally, new federal funding may allow an expansion of Healthy Families Illinois services in Kane County to serve Elgin.

The Need for Home Visiting in Elgin

Young children and families growing up in Elgin face risks to their health and safety. Local data on birth outcomes, child abuse and neglect and crime illustrate these risks.

Birth Risk Factors

- There were 181 premature births in Elgin in 2007.
 Premature births represented 9.4 percent of all 1,933 births in Elgin worse than the average rate for communities in suburban Cook County and the collar Counties.²⁹
- 137 babies were born with low birthweights in Elgin in 2007. Low birthweight births represented 7.1 percent of all Elgin births.³⁰
- 91 babies were born to teen mothers in Elgin.
 Births to teen mothers in Elgin represented 4.7
 percent of all births worse than the average rate for communities in suburban Cook County and the collar Counties.³¹

Child Abuse and Neglect

- In Elgin, 181 children age 5 and under were indicated as victims of abuse and neglect in 2009 32
- Elgin's rate of indicated abuse and neglect for children under age 5 was 19.9 per 1,000 children.³³



Crime in Elgin

• There were 355 violent crimes reported in Elgin in 2010. Of these crimes, there were 4 murders, 99 robberies and 166 aggravated assaults.³⁴

Children born in Elgin face higher than average risk for poor birth outcomes and other problems during their early years.³⁵ The need for high-quality home visiting in Elgin to help protect young children and cut future crime is clear.

wNew Federal Money

Because of the proven success of some home visiting programs, the federal health care reform law includes \$1.5 billion in new money over five years to fund the expansion of evidence-based home visiting programs nationally. These federal home visiting grant funds available to states began in 2010 with \$100 million and are slated to rise to \$400 million in 2014. In FY 2011, \$244 million was awarded to states, with \$124 million in formula funding and \$100 million in competitive grants. Illinois was awarded \$4.3 million in formula funding and \$2.7 million in competitive grant funding.³⁶ Illinois already uses home visiting models approved as eligible for evidence-based home visiting funding by the Health Resources and Services Administration (HRSA) of the

U.S. Department of Health and Human Services: the Nurse-Family Partnership, Healthy Families America, Early Head Start and Parents as Teachers, so it is in a strong position to win additional home visiting competitive grant funding in subsequent years through this new federal funding stream. Other home visiting programs not currently designated by HRSA as evidence-based may qualify for funding if they agree to do rigorous evaluations in order to continue receiving funds in the future.

A requirement in the legislation is that federal dollars supplement – not supplant – state home visiting funding. So it is crucial for Illinois to maintain existing funding for its state programs in order to remain eligible for this new funding in coming years.

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Conclusion

The over 320 law enforcement and crime survivor members of Fight Crime: Invest in Kids *Illinois* and the over 5,000 members nationally know that the most powerful weapons we have against crime are the proven programs that help kids get a good start in life. We know that high-quality home visiting can deliver strong crime-fighting results, in part by cutting abuse and neglect, so it is essential to ensure that home visiting funding continues to be supported in Illinois and that new federal funding for home visiting is fully utilized. If Illinois and Elgin invest wisely in what works, fewer of our officers and deputies will find themselves carrying children away from abusive or neglectful homes, and fewer residents of Illinois and Elgin will become victims of violence in the future. We need to find the funding for what works.

Maintaining funding for home visiting during tough financial times while expanding home visiting programs using new federal funding and private sector investment will require a firm commitment on the part of the governor and legislature. But the payoff will be significant as Illinois and Elgin begin to reach more of the eligible families who choose to take advantage of these voluntary programs.

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- 35 A needs assessment conducted by Chapin Hall researchers identified Elgin as one of several high-risk communities, in greatest need of home visiting services based on increased risk of poor outcomes for young children and their families. Daro, D., Hart, B., Bell, A., Seshadri, R., Smithgall, C., & Goerge, R. (2010). Implementing home-based interventions: Assessment of current need and capacity. Chicago, IL: Chapin Hall at the University of Chicago.
- 36 Formula funding grants are determined based on the number of children under age 5 in poverty in each state. Health Resources and Services Administration, U.S., Department of Health and Human Services. (2011, September 22). Maternal, Infant and Early Childhood Home Visiting Program FY 2011 Grant Awards. Washington, DC: Author. Retrieved on September 26, 2011 from http://www.hrsa.gov/about/news/2011tables/110922homevisiting.html

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