

**KRONKOSKY CHARITABLE FOUNDATION
ROUNDTABLE DISCUSSIONS**

TOPIC: Child Abuse
DATE: February 13, 1998
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PARTICIPANTS

Invited Agency Representatives

Lyndi Bordini	Chief Prosecutor	District Attorney's Office
Jack Downey	Executive Director	Children's Emergency Shelter of San Antonio
Olga C. Guerra	Executive Director	Child Abuse Prevention Services
Nancy Kellogg, M.D.	Medical Director	Alamo Children's Advocacy Center
Rose Orsborn	Regional Director	Texas Department of Protective & Regulatory Services (TDPRS)

Foundation Staff and Trustees

Palmer Moe	Executive Director
Kenny Wilson	Trustee
Megan Kromer	Director of Programs & Evaluation
Michael Bacon	Grants Manager
Mark Carmona	Grants Manager
Yolanda Uranga	Student Intern

OVERVIEW

Prevention /Intervention

Children who have been abused enter the system and are identified at different points

Prevention and intervention occur through:

- Crisis Intervention
- Parent Education (Parents of newborns & adolescents)
- Medical care
- Social Services

Contributing factors to child abuse

- Alcohol/drug abuse in family environment
- Family dysfunction, single parents, unstable living environments
- Domestic violence
- Women who leave their husbands due to abuse are more likely to be killed immediately following their separation
- Professionals rely on Child disclosures of abuse
- Offenders (domestic violence) are not generally being diagnosed or treated for other dysfunctions (e.g. chemical dependency). Because of this, incidents of reoccurrence are more likely
- Females have higher incidence as perpetrators of physical child abuse and neglect but this could be related to role as caregivers (many are also single creating a highly stressful caregiver role)

- Females are more typically victims of sexual abuse, however the incidence of male sexual abuse is rising (possibly due to higher rates of reporting)
- Poverty is a factor in child abuse
- Sexual abuse causes precocious puberty which can lead to earlier sexual activity and can lead to teen pregnancy
- Risk factors for teenage pregnancy
 - a. low self-esteem
 - b. poor decision making skills
 - c. no effective defense mechanisms
 - d. physical and sexual abuse
 - e. substance abuse/dependency

Parental Rights Cases

- Cases terminated in court must be very carefully investigated; The Judge considers: the allegations, home environment, best interests of child, and proof of abuse
- In cases where children have been placed in temporary foster care, the goal of the TDPRS is to preserve the family and place the child back in the home. There is a legal mandate to have the child permanently placed (either returned to his/her home or in an adoptive home) within a 12 month period
- Legal permanency (state custody) can be long term because of child's severe emotional issues, counseling needs; however, the goal is to place the children in adoptive homes as soon as possible
- The older a child gets, the more difficult it is to find adoptive homes. If a child has not bonded with An adult by his/her teen years, the child is more likely to run away, drop out of school, or become pregnant
- Area shelters for children awaiting adoption when not in foster care include: Baptist Children's Home, Youth Alternatives, Boys Town, Boysville, The Bridge, Meadowlands

Sibling Groups

- Due to neglectful supervision, siblings can become caregivers
- Siblings are the future parents continuing the cycle of abuse

TDPRS Field Staff

- TDPRS employs 300 caseworkers
- Most employees are entry level employees between the ages of 23-25
- Employee turn-over is high; there are few caseworkers with 4 or more years of experience

Statistics

- **In Bexar County in 1996** less than 400 children were removed from their homes due to abuse. In 1997 more than 745 children were removed from their homes. This increase is due in part to increased way in which a child may be removed
- **In Bexar County in 1996**, there were 1300 persons whose parental rights were terminated with 2300 additional awaiting decision
- **In Bexar County in 1997**, there were 10,000 cases of child abuse reported; 8,000 investigated; 30% confirmed (2400 cases)
- **Of the 8,000** cases investigated, 50% involved substance abuse, and 80% were at the poverty level
- **In Texas in 1996**, 286,000 cases of child abuse were reported; 45,000 were confirmed
- Many child abuse cases are found when parent is teen and when there is no father in the home
- State resources are concentrated on children < 18 months

- Sources for reporting incidents of child abuse:

Schools	20%
Law Enforcement	12%
Relatives	11%
Social Service Agencies	9%

- At the present time, there are about 500 pending felony child abuse cases in Bexar Co.
- 80% of docket are child abuse cases including sexual abuse cases
- A typical sexual abuse case is described as: a female between the ages of 6 and 12 yrs, with a young mom and multiple siblings; multiple perpetrator
- Perpetrators are usually family members or someone close to the family (dad, step-dad, grandparent, uncle, friend, very few “strangers”)
- 1200 children were referred to the San Antonio Emergency Children’s Shelter in 1997; of these, 638 were referred by police (the average length of stay at this facility is 4-5 wks.)
- There are 35 TDPRS approved foster homes in Bexar County; 85% of those foster parents want to adopt, 60% of children in homes want to be adopted
- 40% of sexually abused children are abused again
- More than 50% of parents who are required to attend parenting classes dropout due to alcohol/substance abuse; in such cases, the judge makes a decision regarding the disposition of the case

How to Implement Systemic Change

- Identify young mothers with children (at-risk young parents)
- Offer opportunities to perform longitudinal casework for parents and children
 - a. Parent Education
 - b. Socialization
 - c. Child Development
 - d. Medical Care
 - e. Stabilize family environment through establishing support systems, assist in obtaining appropriate housing
 - f. Teach decision making skills
- Begin systemic change with highest risk cases and young parents
- Understand that systemic changes will take time; there is no one solution; implement strategies at different levels
- Consider ethnic/cultural differences and ambiguity regarding child abuse
 - a. Educate on child and sexual abuse
 - b. Educate the community, policy makers
- Implement a Continuum of Care
 - a. Identify coordinated efforts in the city/county
 - b. For systemic change a dialogue needs to be established (issues: competition between service providers, funding driven environment)
 - c. Explore “One-Stop” shopping concept (issues: centralized data bank, client confidentiality)
- Spend time, provide funding, provide services
- Focus on preventing teenage pregnancy

Needs

- Funding needed for Family Preservation efforts
- Concentration of staff needed for emergency intervention cases
- Triage System: Medical, psychological, physical needs can be assessed (issue: substance abuse not being diagnosed or treated)
- After crisis follow-up needed: medical care, schools, basic needs etc.

- Mentors for adults: Home Visitation Programs (long term, intensive)

Attachments

- Definition of Child Abuse/Neglect (Texas Family Code)
- Fact Sheets submitted by Olga Cisneros Guerra