



Lee County

# **Child Maltreatment Needs Assessment**

**August 2021**

Funded by Resilient Communities Demonstration Grant from Prevent Child Abuse Iowa

# Lee County Child Maltreatment Needs Assessment

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- Lee County parents, caregiver, and concerned citizens



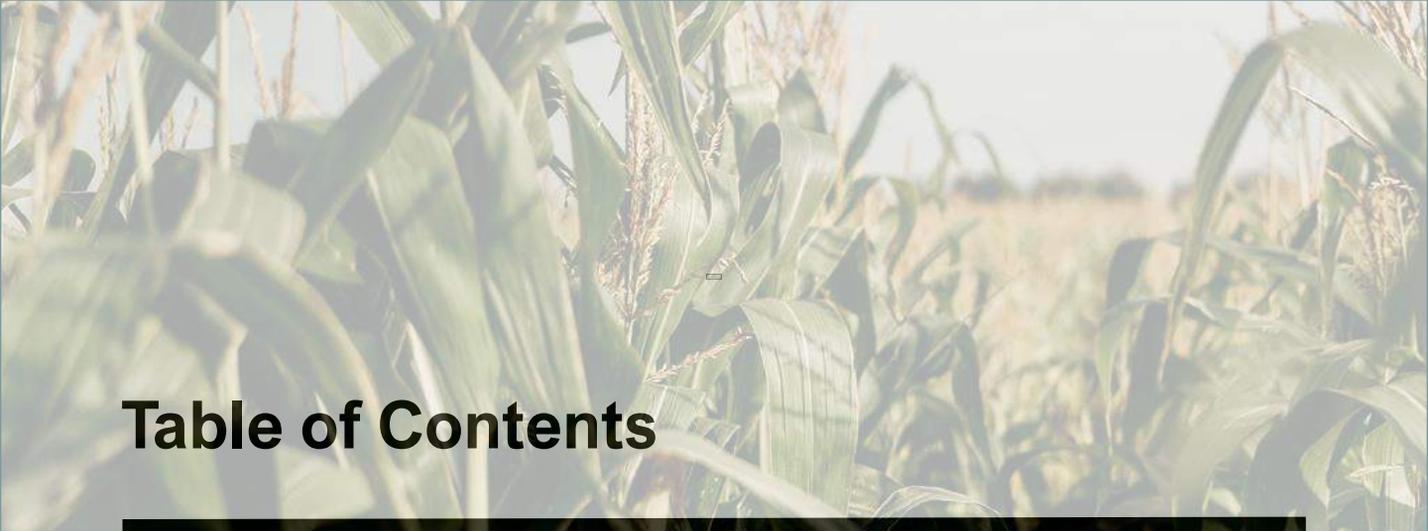
# Acknowledgements

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- Rape Victim Advocacy Program (RVAP)
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# Executive Summary

The Resilient Communities Demonstration Project funds the completion of a community-wide needs assessment, strategic plan, and media campaign to prevent child abuse and neglect in Lee County. The grant stresses broad-based stakeholder, community, and parent engagement in the project to ensure the strategic plan is well-informed and efficacious.

The Lee County Child Maltreatment Needs Assessment presents data and community context across socio-ecological levels to better understand the current landscape of child maltreatment protective and risk factors in Lee County. The goal of such analyses is to help understand why Lee County has one of the highest rates of child maltreatment in Iowa, and identify potential targets for community-wide prevention efforts.

A truly coveted part of the Resilient Communities Demonstration Grant was the provision of time and capacity to collect primary data and gain community context to publicly available data from parents/caregivers and a wide array of stakeholders. Community context was collected through 4 main avenues:

- ✓ Parent/Caregiver Survey
- ✓ Community Engagement Events
- ✓ Parent/Caregiver Interview
- ✓ Empowering Families Workgroup

A handful of risk and protective factors stood out with alarming statistics in comparison to the rest of the state and had reoccurring themes among workgroup, community, and parent context.

- ❖ Child care capacity, quality, & cost
- ❖ Substance abuse & norms
- ❖ Mental health & suicide
- ❖ Parent characteristics
- ❖ Poverty
- ❖ Violence & crime
- ❖ Community support for parents and families

# Executive Summary

A short-list of key recommendations has been developed based on the Lee County Child Maltreatment Needs Assessment findings.

- 1. Reduce child maltreatment by decreasing key risk factors** that may exacerbate Lee County's child maltreatment rates. Based on data presented here, substance abuse, mental health, educational attainment, violence and crime, poverty, and teen births would be high priority risk factors to address.
- 2. Improve community resiliency by strengthening the 5 protective factors** in all families, with special efforts on families known to have lower protective factors. This could include families in poverty, single-parents, parents with low educational attainment, disability in the household, or more depending on the protective factor.
- 3. Use the Socio-Ecological Model to coordinate child maltreatment-associated prevention activities in Lee County and address gaps in prevention efforts.**
- 4. Work to remove barriers in accessing services and supports**, this includes reducing stigma and improving awareness of resources.
- 5. Increase workforce development opportunities and participation around ACEs, cultural humility, and trauma informed practices to community partners and resource providers across sectors.** This knowledge helps mitigate stigma, judgements or unconscious bias, and impact of child maltreatment through prevention and early intervention.

The Lee County Child Maltreatment Needs Assessment will give stakeholders and community members a shared understanding of the complex child maltreatment risk and protective landscape, This document will help facilitate a data-driven strategic planning process in the Fall of 2021.

# Introduction

The mission of the Child Abuse Prevention Council of Lee County is to prevent child abuse and neglect. The volunteer-based council also serves as the county planning committee for the Quad-County Community Partnership for Protecting Children. In the remainder of this report we will refer to this partnership as CAPC/CPPC. The overall goals of the CAPC/CPPC are to;

- provide family support services,
- raise awareness in the community regarding child abuse and neglect,
- evaluate current young family needs,
- make known the services available.

The CAPC/CPPC collaborates extensively with other community organizations in their efforts. This includes quarterly awareness activities including pinwheel displays and Connections Matter banner displays at banks, hospitals and libraries throughout the county. During the month of April CAPC/CPPC uses Prevent Child Abuse Iowa (PCAI) templates to issue press releases and gain a proclamation from our local county board of supervisors. CAPC/CPPC also partners with Rape Victim Advocacy Program (RVAP) and Domestic Violence Intervention Program (DVIP) and a local speedway to host twice yearly awareness nights at the races. In 2019, the council, through use of reserved funding, was able to provide funding and support towards specific prevention activities including car seat safety, respite child care, tutoring an at-risk child, and forming a Drug Free Communities (DFC) committee to explore the possibility of addressing substance abuse in the county that ultimately led to receiving a 5-year high dollar grant to address youth substance use in Lee and Van Buren Counties.

Furthermore, CAPC/CPPC council members feel strongly about regularly reviewing local needs to engage or advocate for community support and the prevention of child maltreatment. The council strives to reduce stigma for families to receive help, and raise awareness of community needs with key stakeholders and/or policy makers. This helps establish and maintain prevention strategies and intervention services needed to positively affect the health and well-being of our families and children.

# Introduction

The council president and one other council member actively serve on the Southeast Iowa Children's Mental Health and Well-being Collaborative. The primary focus of the collaborative is to strengthen and sustain the regional prevention and responsive mental health system, and break down barriers to access those services. The collaborative also works to dismantle stigma and strengthen mental wellness at all ages and stages of life.

Another focus area is the council's efforts to impact policy changes within businesses or other community systems. For example, Parent Partners have been able to facilitate a shift in the way in which referrals to this program are made within the Department of Human Services (DHS) system in the area. CAPC/CPPC have made it possible for there to be increased awareness and communication between Parent Partners and DHS, which has increased the utilization of the Parent Partners program. The council has also engaged members in discussion of possible strategies to address the lack of family friendly business policies with major employers (Lee County Health Dept., 2020).

In order to build on existing collaborations and increase efforts to prevent child maltreatment in Lee County, the CAPC/CPPC contracted with the Lee County Health Department (LCHD) to apply for and manage the Resilient Communities Demonstration Project grant and process. CAPC/CPPC and LCHD were awarded the grant for fiscal years 2021 and 2022. The initial project is a two-year contract to complete a community needs assessment, strategic plan, and media campaign. The grant stresses broad-based stakeholder, community, and parent engagement in the project to ensure the strategic plan is well-informed and efficacious.

# Background

Prevention of child maltreatment is a central component of Iowa Department of Human Services' (IDHS) mission to help Iowans achieve healthy, safe, stable and self-sufficient lives (Iowa Dept. of Human Services, 2021). In 2018, IDHS streamlined funding sources to support prevention activities by combining the Iowa Child Abuse Prevention Program, established in Iowa Code in 1982, and the Community-Based Child Abuse Prevention, funded through a provision of the federal Child Abuse Prevention and Treatment Act (Iowa Dept. of Human Services, 2019).

In preparation for the combination of these funds in 2017, IDHS tasked PCAI to conduct a needs assessment and develop a strategic plan to guide future requests for proposals for ICAPP and CBCAP and provide a framework for IDHS' prevention strategies in the fall of 2017 (Hornby Zeller Assoc. & PCAI, 2017). In 2019, IDHS had an update to the 2017 assessment in order to identify the highest risk counties for child maltreatment. Lee County was ranked 91 of 99 counties with a risk assessment score of 9.49 (Table 1). Furthermore, Lee County ranks 99 of 99 counties in child neglect, and 79 of 99 for child abuse (Public Consulting Group & PCAI, 2019). The 17 counties identified in the Iowa Maltreatment Needs Assessment as the highest risk for child maltreatment were eligible to apply for a Resilient Community Demonstration Project Grant.

**Table 1.** High-risk counties identified in the 2017 and 2019 Iowa Child Maltreatment Prevention Needs Assessments

Rank	2017 County	2019 County
90	Clarke	Wayne
91	Lee	Lee
92	Pottawattamie	Woodbury
93	Union	Scott
94	Appanoose	Des Moines
95	Woodbury	Appanoose
96	Clinton	Decatur
97	Des Moines	Clinton
98	Wapello	Emmet
99	Montgomery	Wapello

*Source: (Public Consulting Group & PCAI, 2019)*

# Background

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Lee County was one of four counties to receive the Resilient Community Demonstration grant. Applications were assessed based on risk for maltreatment outlined above and strength of existing efforts and community collaborations of the CAPC/CPPC.

Demonstration Projects shall include the following Community Development priority activities (Lee County Health Dept., 2020; Iowa Dept. of Human Services, 2019):

## **Applying data-driven community planning;**

- Establishing a collaborative, broad-based stakeholder workgroup to engage in assessing needs and prioritizing strategies
- Engaging sector-specific populations
- Engaging parents, caregivers, and at-risk populations

## **Mobilizing communities to take action;**

- Increasing community capacity to strengthen economic supports for families
- Increasing awareness of child maltreatment and prevention
- Addressing community/organizational policies and practices that impact families

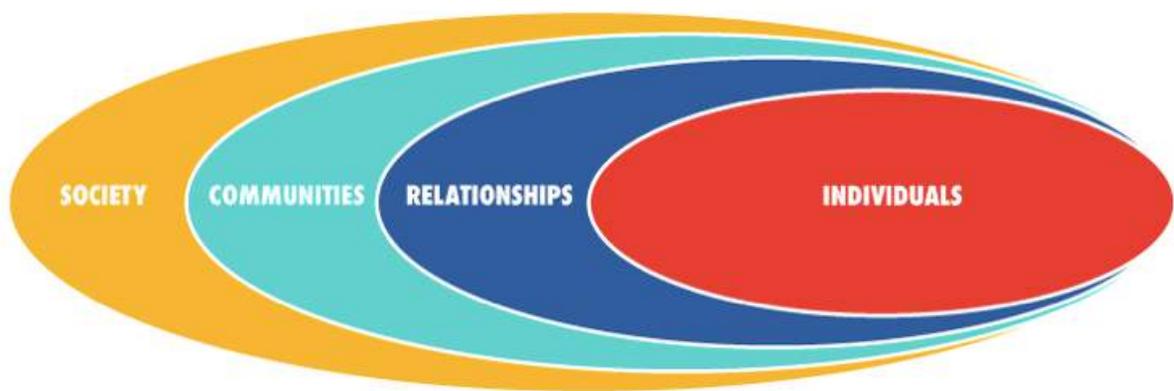
**Understanding social norms, attitudes, and beliefs in the community, and promoting positive parenting and community responsibility for children.**

# Model of Prevention Practice

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A commonly applied framework within child maltreatment prevention is the Socio-Ecological Model. This model conceptualizes the complex interaction between individual, relationship, community, and societal factors that work together and individually to increase risk of child maltreatment. The Socio-Ecological Model suggest that multiple efforts across all levels need to be implemented in order to effectively address child maltreatment.

Figure 1. Socio-Ecological Model



*Source: (Child Abuse & Neglect Prevention Board, 2021)*

Efforts to impact the levels may include the following:

## **1. Individual**

An individual's personal history and characteristics (child or perpetrator) can increase the likelihood of child maltreatment. For example, child under the age of 4, young parents, substance use, and income are individual level risk factors. **Prevention strategies could include promoting attitudes, beliefs, and behaviors that prevent abuse and neglect. This could include conflict resolution and life skills training, social-emotional learning, and encouraging accurate developmental expectations for their child.**

# Model of Prevention Practice

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## ***2. Relationship***

Close relationships and social circles may increase or reduce the risk of child maltreatment. Risk factor examples include a parent/caregiver experiencing social isolation or perpetrating domestic violence. A protective factor at this level could be a child who has a supportive relationship with an adult other than a parent. **Prevention efforts may include strengthening social connections, positive mentoring and peer programs, evidence-based parent education programs, increasing communication skills, and positive parenting strategies.**

## ***3. Community***

The community in which families live and work can impact risk of child maltreatment. Community factors such as poverty, violence, and quality of early childhood education and schools impact child maltreatment. **Prevention work at this level could be improving economic resources, reducing poverty, and creating safe places for families to live, work, learn, and play.**

## ***4. Society***

Laws, resource allocation, grant requirements and constraints, and social norms impact child maltreatment prevention. Other societal factors include the health, economic, educational, and social policies that contribute to economic or social inequalities. **Prevention strategies could include social norms and public awareness campaigns, and advocating for increased funding for child maltreatment prevention funding or early childhood education.**

A Socio-Ecological Model approach to child maltreatment prevention involves implementing efforts that target risk and protective factors on all different levels. Coordinating efforts among different organizations, agencies, and community programs can help identify gaps in the continuum of care and identify strengths and opportunities in the prevention landscape of Lee County. Collaboration is key to developing broad-spectrum prevention efforts and impact child abuse and neglect rates (CDC, 2021; Child Abuse & Neglect Prevention Board, 2021).

# Model of Prevention Practice

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Another key resource considered in planning prevention efforts is the Center for Disease Control and Prevention (CDC) Essentials for Childhood Framework. The framework lists the following goals as critical to creating “safe, stable, nurturing relationships and environments for children and families (National Center for Injury Prevention, 2021).”

“Goal 1: Raise awareness and commitment to promote safe, stable, nurturing relationships and environments for all children

Goal 2: Use data to inform actions

Goal 3: Create the context for healthy children and families through norms change and programs

Goal 4: Create the context for health children and families through policies (National Center for Injury Prevention, 2021)”

These goals align with the Social-Ecological Framework approach by identifying strategies to impact different levels of the Social-Ecological Model. The context of the Essentials framework lends itself to supporting both evidence-based practices with individuals and families, in addition to community development initiatives designed to raise awareness, address norms change, and impact policies.

The Social-Ecological Model and Essentials for Childhood Framework serve as the theoretical basis for informing the development and implementation of the Lee County Child Maltreatment Needs Assessment and subsequent strategic plan.

# About This Report

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The Child Maltreatment Needs Assessment for Lee County will be used to inform the coordination and strategic planning effort for child abuse prevention in the county. To conduct the needs assessment, LCHD hired a Community Outreach and Development Project Coordinator to coordinate grant deliverables, coalition-building, and parent outreach activities such as individual interviews, survey administration, and community engagement events. To facilitate the process, the health department subcontracted with Iowa State University Extension and Outreach to assist with data collection, host work group meetings, and synthesize the results.

In partnership, the organizations took the following steps to develop a comprehensive picture of Lee County's child maltreatment risk factors and prevention landscape:

- Virtual monthly workgroup meetings with stakeholders, resource providers, and community members;
- Collection and analysis of publicly available data and partner organizations' data;
- Inventory of existing child abuse prevention programs and organizations providing support and services to families.
- Collection and analysis of caregiver/parent community survey to gain insight on prevalence of risk factors, social supports, and knowledge of resource programs.
- Collection and thematic analysis of parent interviews and community engagement input.

This report will present data and community context to better understand the current landscape of child maltreatment protective and risk factors in Lee County. The goal of such analyses is to help understand why Lee County has one of the highest rates of child maltreatment in Iowa, and identify potential targets for community-wide prevention efforts.

## **Methodology**

A truly coveted part of the Resilient Communities Demonstration Grant was the provision of time and capacity to collect primary data and gain community context to readily available data from parents/caregivers and a wide array of stakeholders. Community context was collected through 4 main avenues:

Parent/Caregiver Survey	Parent/Caregiver Interviews
Community Engagement Events	Workgroup Participation

Synthesis of data and community context from these sources has informed the risk and protective factor analysis presented later in this need assessment.

### ***Parent/Caregiver Survey***

Initially, ISU Extension and LCHD analyzed a wide array of community data for gaps in information on understanding risk and protective factors at the county level. Major gaps identified were:

- Awareness of available resources
- Barriers to utilization of resources
- Social supports and family-level protective factors
- Perceived community support and/or stigma
- Prevalence of Adverse Childhood Events (ACEs)

A Parent/Caregiver Survey was developed with input from workgroup participants and key stakeholders, including CAPC/CPPC, to fill the identified data gaps. The Parent/Caregiver Survey underwent Institutional Review Board (IRB) of Iowa State University and was deemed exempt from further IRB approval.

However, when undergoing the IRB application process, insightful conversations around confidentiality and risk of harm to participant lead to removing ACEs related questions. This was to avoid inciting harm for participant in recalling ACEs without provision of resources to aid in healing from the traumas. In addition, the group did not want the question to be a deterrent in responding to the survey out of fears for confidentiality. In the future, LCHD and CAPC/CPPC hope to develop a survey to understand prevalence of ACEs in Lee County while addressing these concerns. The full survey instrument can be found in Appendix A.

The Parent/Caregiver Survey was distributed using a variety of methods throughout Lee County from January 28, 2021 to March 31, 2021. The survey was distributed heavily on social media through the LCHD and CPPC pages, local gossip and buy/sell/trade groups, community partners, stakeholders, school districts, and community members. Flyers for the survey were distributed through the local mobile food pantry, Head Start programs, COVID Vaccination Clinics, the Interagency group, and LCHD newsletter recipients. Printable versions of the survey were distributed upon request by a daycare center, Parent Partners, and Community Health Centers. With these efforts, there were 309 responses to the survey.

To analyze the survey, Nora Ladjahasan with ISU Extension and Outreach performed several descriptive statistics on the responses, such as mean, valid percent, and standard deviation. Additionally, 2-tailed t-tests and analysis of variances were completed on several demographic characteristics (disability, geography, income, education, and more) to analyze impact of such characteristics on responses. For example, those who have an income under \$50,000 were significantly less likely to report having others to ask for help in a crisis compared to respondents with a household income of \$100,000 or more. The descriptive statistics and results of the Parent/Caregiver Survey can reviewed in full in Appendix B.

Amy Logan with ISU Extension and Outreach performed content analysis of the open-ended questions for the Parent/Caregiver Survey using inductive thematic analysis. Responses were coded into major categories with visualizations developed to easily view common responses. The Parent/Caregiver Survey open-ended responses and codes can be reviewed in Appendix C.

## ***Parent/Caregiver Interview***

At the end of the Parent/Caregiver Survey, respondents had the opportunity to provide contact information for a follow-up interview. 42 respondents agreed to be contacted and 14 respondents were successfully interviewed. Interviews typically took between 20 and 45 minutes to complete. The full interview questionnaire can be reviewed in Appendix D. Breanna Kramer-Riesberg with LCHD performed inductive thematic analysis of the interview responses, as presented in Appendix E.

## ***Community Engagement Events***

At the end of March 2021, COVID-19 Pandemic restrictions began to ease as vaccinations became readily available. Breanna Kramer-Riesberg was able to engage the community through face-to-face interactions and events. She began partnering with existing community events to meet parents and attempt to engage them in the Resilient Communities Project (Table 2).

At first, Breanna held short conversations with parents/caregivers regarding the project. However, it was difficult to receive valuable feedback from parents through open-ended questions. Breanna then developed a short, 2-question multiple choice survey where respondents circle their top choices. One question asks respondents to choose their top three concerns for Lee County, and the second question asks for them to circle the protective factor that they believe would be most beneficial to families. The full Community Engagement Survey instrument can be reviewed in Appendix F.

The Community Engagement Survey provided an opportunity to respond to a set-list of choices and provide feedback without the difficulty and extensive thought open-ended questions require. In addition, the survey served as a jumping off point for more in-depth conversations. For example, questions like “What about substance abuse in Lee County concerns you?” can prompt respondents to provide additional feedback. It also provided several new community connections for involvement in the workgroup.

Through nine community events, 207 Community Engagement Surveys were completed. Responses were analyzed using valid percent, and additional feedback was compiled for inductive thematic analysis. All results are provided in Appendix G.

**Table 2. Community Engagement Events.**

<b>Date</b>	<b>Event</b>	<b># of Community Engagement Surveys Completed</b>
March 27, 2021	Family Fixin's – Ft. Madison	NA
April 24, 2021	YMCA Soccer Games - Keokuk	NA
April 24, 2021	Hy-Vee Table – Ft. Madison	NA
May 12, 2021	Ft. Madison Food Pantry COVID Clinic	NA
May 14, 2021	LCHD COVID Clinic- Ft. Madison	5
May 16, 2021	Staying Ahead Resource Fair – Ft. Madison	3
June 19, 2021	Juneteenth Celebration - Keokuk	26
June 21-29, 2021	Pen City Current (newspaper) Online Poll	68
June 26, 2021	Family Swim Day – Ft. Madison	24
July 9, 2021	Kid's Day @ Lee County Fair - Donnellson	42
July 10, 2021	New Bethel Church Christmas in July - Keokuk	14
July 26, 2021	Farmer's Market – Ft. Madison	13
July 27, 2021	Farmer's Market - Montrose	12
<b>Total Events</b>	<b>13</b>	<b>207</b>

**Picture 1 & 2. Tabling at Community Engagement Events**



## ***Workgroup Participation***

Each month, workgroup members (including stakeholders, resource providers, and community members) met virtually to provide community context and direction to the Resilient Communities project. This broad-based group includes 38 unique individuals representing over 25 organizations and 7 parents/caregivers. Representation from the faith community, education, domestic violence and sexual assault advocacy, substance abuse prevention, local government, medical/mental health, business, child welfare, and parents/caregivers have contributed considerably to the needs assessment.

Workgroup participants provided input from their different perspectives through group and individual meetings. While this feedback was not formally analyzed through a thematic approach, the workgroup held open-discussions in response to prepared material (for example, Parent/Caregiver Survey results). These discussions gave members the opportunity to provide community context and share individual responses. These discussions helped guide additional analyses, provide strengths and challenges to available data, give insight to gaps in data, and generally inform the direction of the needs assessment and project.

# Lee County Overview

Lee County, Iowa has an estimated population of 34,227, with an approximate population decline of 6.1% since the 2010 census. This population decline is in stark contrast of a 3.6% increase in population statewide. Like many rural counties, Lee County's population is skewed towards older ages. However, 6.0 % of Lee County's population is under 5 years old, and 23.1% of county residents are under 18 years. There are an estimated 4,099 households that include a child under the age of 18, which is 28.8% of all households.

Compared to the rest of the state, Lee County tends to have a less diverse population, lower participation in the civilian labor force, lower educational attainment, lower per capita income and median household income, and a higher percentage of people in poverty and people with disabilities under age 65 (U.S. Census, 2019).

**Table 3.** Lee County and Iowa Population Demographics, ACS 5-Year Estimates 2015-2019.

	Lee County	Iowa
Population Estimates (2019)	34,227	3,139,508
Population Percent Change (2010-2019)	-6.1%	3.6%
Population Under 5 Years	6.0% (n=2,051)	6.3%
Population Under 18 Years	23.1% (n=7,448)	23.2%
Total Households	14,233	1,265,473
Household With 1 or More People Under 18	28.8% (n=4,099)	27.6%

*Source: (U.S. Census, 2019)*

# Incidence of Abuse and Neglect

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Child maltreatment is a serious issue in Lee County. In the 2017 Iowa Child Maltreatment Prevention Needs Assessment, Lee County ranked 99 out of 99 counties for highest rates of child neglect and 79 for highest rates of child abuse (Hornby Zeller Assoc. & PCAI, 2017). Additionally;

- Lee County's child maltreatment rate is 32.6 per 1,000 children ages zero to 17 in 2020. This is more than double the Iowa child maltreatment rate of 14.5 per 1,000 children ages zero to 17 in 2020.
- 52.5% of confirmed and founded cases from 2018-2020 were Denial of Critical Care or Neglect in Lee County. This is comparable to the statewide percentage of 53.9%.
- 39.2% of confirmed and founded cases from 2018-2020 in Lee County were directly attributed to substance abuse. Statewide, 33.6% of confirmed and founded cases are directly attributed to substance abuse in this same time frame (Table 4). Substance abuse related categories include: Manufacturing or Possession of Dangerous Substances and Presence of Illegal Drugs in Child's System.
- From 2018-2020, nearly 50% of confirmed or founded abuse and neglect was perpetrated against children 5 or younger (Iowa Dept. of Human Services, 2020).
- 77.7% of child abuse and neglect perpetrators are parents to the victim. (U.S. Dept. of Health & Human Services, 2021).

Similar to heart disease or cancer, child maltreatment has protective and risk factors. To prevent child abuse and neglect, the community needs to improve the protective factors and decrease the risk factors among multiple levels of the Social-Ecological Model. It is important to note that the presence of risk factors do not cause or automatically lead to child abuse and neglect. Similarly, the presence of protective factors does not ensure that child will be kept safe.

This report will present data and community context to better understand the current landscape of protective and risk factors in Lee County. The goal of such analyses is to help understand why Lee County has one of the highest rates of child maltreatment in Iowa, and identify potential targets for community-wide prevention efforts.

**Table 4.** Lee County and Iowa Child Maltreatment Cases by Type of Abuse

	# of Confirmed or Founded Reports, Lee County	% of Total Confirmed or Founded Reports, Lee County	% of Total Confirmed or Founded Reports, Iowa
Denial of Critical Care	656	52.5%	53.9%
Dangerous Substance	387	31.0%	25.7%
Physical Abuse	53	4.2%	6.8%
Presence of Illegal Drugs in Child's System	102	8.2%	7.9%
Sexual Abuse	39	3.1%	4.2%
Allows Access by Registered Sex Offender	11	0.9%	0.8%
Allows Access to Obscene Materials	0	0	0.4%
Mental Injury	0	0	0.2%
Child Sex Trafficking	1	0.1%	0.1%
Prostitution of Child	0	0	0.0%
Bestiality in Presence of Minor	0	0	0.0%
<b>Total</b>	<b>1,249</b>		<b>55,151</b>

Source: (Iowa Dept. of Human Services, 2020)

**Table 5.** Perpetrators by Relationship to Their Victims in Iowa, Fiscal Year 2020.

Type of Perpetrator	Number of Unique Perpetrator	% of Total Perpetrators
Parent	6,472	77.72
Child Daycare Provider	48	0.58
Foster Parent	12	0.14
Group Home and Residential Facility Staff	16	0.19
Legal Guardian	50	0.60
Multiple Relationships	348	4.18
Other	320	3.84
Relative	443	5.32
Unmarried Partner of Parent	614	7.37
Unknown	4	0.05
<b>Total Perpetrators</b>	<b>8,327</b>	

Source: (U.S. Dept. of Health & Human Services, 2021)

# Protective Factors & Prevention

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Protective factors may lessen the likelihood of children being abused or neglected. Identifying and understanding protective factors are equally as important as researching risk factors. The Parent/Caregiver Survey developed and distributed for this needs assessment focused on collecting information around protective factors, along with the Community Engagement Survey.

There are 5 widely recognized protective factors for child maltreatment that were well described by Prevent Child Abuse North Carolina (n.d.):

**“Social and Emotional Competence:** Children’s early experiences of being nurtured and developing a positive relationship with caring adult affects all aspects of behavior and development.

**Knowledge of Parenting and Child Development:** Children thrive when parents provide not only affection, but also respectful communication and listening, consistent rules and expectations, and safe opportunities that promote independence.

**Social Connections:** Parents with a social network of emotionally supportive friends, family, and neighbors often find that it is easier to care for their children and themselves.

**Concrete Support:** Families who can meet their own basic needs for food, clothing, housing, and transportation – and who know how to access essential services such as childcare, health care, and mental health services to address family-specific needs – are better able to ensure the safety and well-being of their children.

**Resilience:** Parents who can cope with the stresses of everyday life, as well as an occasional crisis, have resilience, they have the flexibility and inner strength necessary to bounce back when things are not going well.”

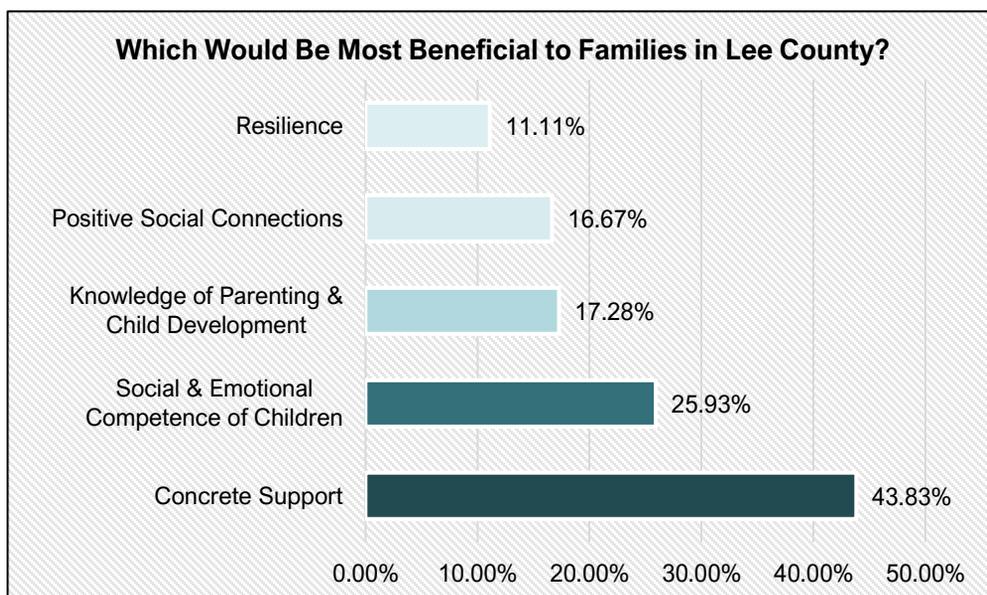
# Protective Factors & Prevention

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Through the Community Engagement Survey, 43.8% of respondents thought Concrete Supports to be the most beneficial for families. At the community events, many respondents justified this choice by highlighting the necessity to meet basic needs first before priority can be placed elsewhere.

The next most beneficial protective factor as identified by the community, is Social and Emotional Competence. 25.9% of respondents thought Social & Emotional Competence would help families the most. This indicates community support for encouraging positive parenting strategies, positive communication with children, and developing the parent-child bond.

**Figure 2.** Community Support for Protective Factors



*Source: Community Engagement Survey Results*

To further analyze protective factors in Lee County, the Socio-Ecological Model was applied to protective factors recognized by the CDC in which county-level data was available. Protective factors to the perpetration of child maltreatment are separated and analyzed on the individual/relationship and community level.

# Protective Factors & Prevention

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## Individual/Relationship Level



Concrete Supports



Social Connections



Positive Parenting  
Communication &  
Strategies

## Community Level



Quality, Safe Child  
Care & Preschool



Safe, Engaging After  
School Programs &  
Activities



Community Support

# Individual/Relationship Protective Factors: Access to Concrete Supports

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The Parent/Caregiver Survey provided invaluable information regarding access and barriers to community resources and concrete supports in Lee County. There seems to be an increased ability to access supports for food, healthcare, and employment. However, less respondents knew where to get help with concrete needs for housing, domestic violence intervention, financial education, transportation, and rental assistance.

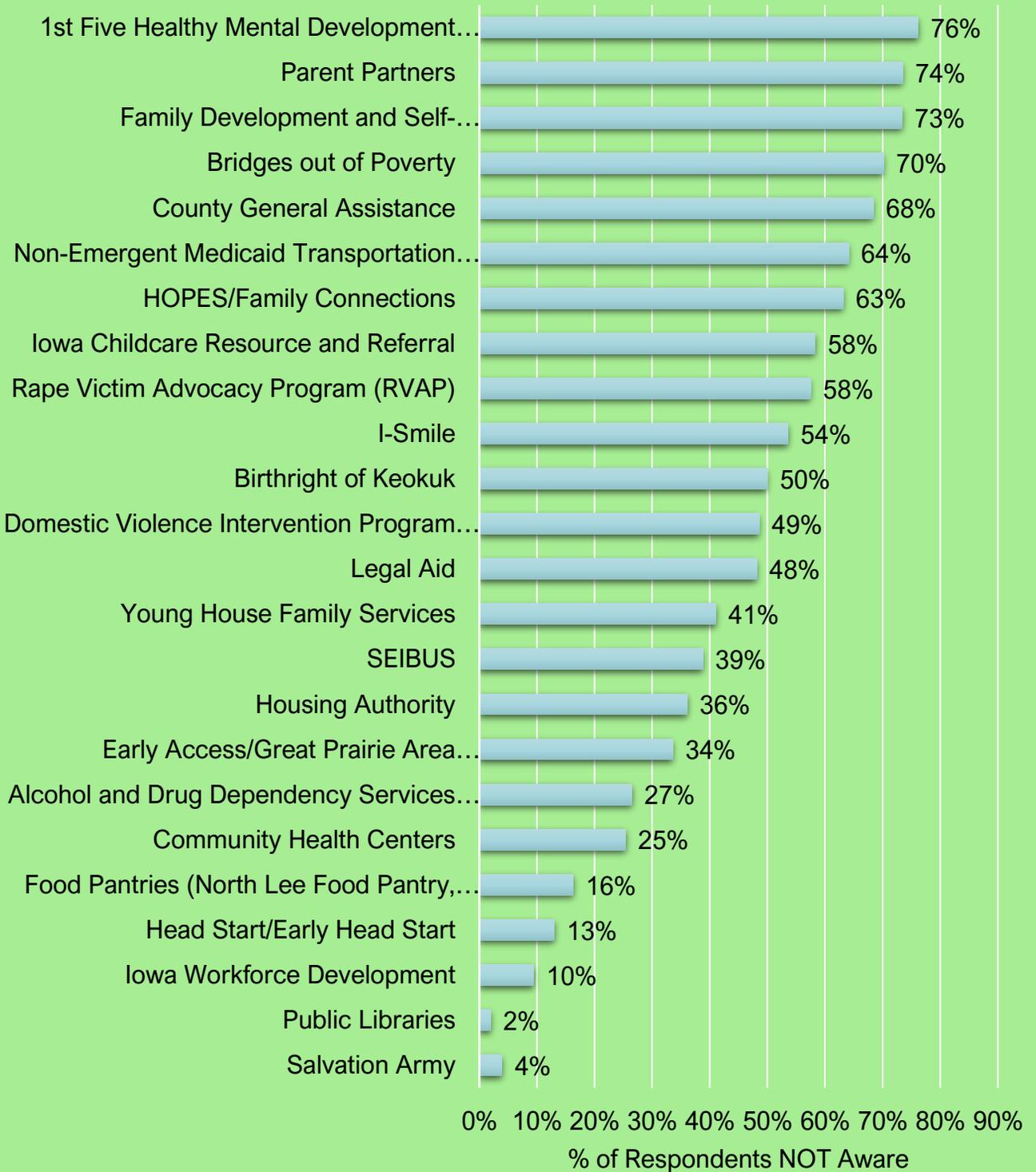
Awareness of resources may be a factor of lower accessibility. Most respondents were aware of highly visible and longstanding resources in the community such as public libraries, Salvation Army, Iowa Workforce Development, Head Start, and food pantries. However, programs with tighter eligibility criterion and intended for a specific subset of the population have less community awareness. This includes 1<sup>st</sup> Five Health Mental Development Initiative, Parent Partners, Family Development and Self Sufficiency, and Bridges Out of Poverty (Table 6).

When stratified by income, generally speaking, higher income earners were more likely to be aware of community programs compared to lower-income households on the Parent/Caregiver Survey. Specifically, food pantries, SEIBUS, and Early Access/Great Prairie Area Education Agency had statistically significant higher awareness among higher income householders. It is important to note that 1<sup>st</sup> Five, Non-Emergent Medical Transport, Family Development and Self-Sufficiency, and Parent Partners had greater awareness among lower income household respondents.

It is important to consider both widespread community awareness and awareness among target populations like low-income households. 65% of respondents use friends and family as a source for finding help or community resources. With an emphasis on referring to informal sources for help, widespread community awareness is key to increasing word-of-mouth referrals. On the other hand, if the program targets families with children under the age of 5 or low-income households, then improving awareness among that target population is also important.

Figure 3. Lack of Awareness of Specific Community Resources

## Percent of Respondents NOT Aware of Program



Source: Parent/Caregiver Survey Results

# Individual/Relationship Protective Factors: Access to Concrete Supports

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Awareness of resources doesn't always lead to getting help when needed. When asked what barriers may have stopped respondents from getting help, over 25% of stated they were embarrassed to get help. Just under 25% stated the cost related to getting help was a barrier. 17.4% didn't know help existed and 16.2% didn't want others to know they were getting help. 16.2% stated office availability or scheduling was a barrier.

During Parent/Caregiver Interviews, several quotes provided deeper look into the complexity of barriers. For instance, people don't feel embarrassed about asking for help solely because of their friends and family. Services, programs, and resources can make people feel embarrassed too. One interviewee astutely noted **"people want to walk away with some integrity. They don't want to be looked down upon. If they can feel good when they walk away, then it will be successful. If they walk away, feeling less than, they are not going to have a positive image."** Resource providers in the workgroup expressed that many families facing challenges may have had a poor experience with officials of DHS, education system, law enforcement, and resource providers in the past. These experiences have created a distrust of resource providers and families are hesitant to seek assistance.

Secondly, awareness of resources goes beyond community awareness. There also has to be inter-agency awareness and up-to-date information to aid in referrals and building community connections for those reaching out to help. One interviewee's story highlights the complexity that can come from asking for help. **"Just recently, [he] had issue with employer and he can't afford legal help, just looking for advice on what to do. Called 211, and they sent him to Iowa Legal Aid. They wouldn't help so they recommended he go to Iowa Lawyers. Called 12 different people. Either they didn't know about the program, the number is not in service. Hours and hours looking stuff up and got nowhere."** The inaccurate information provided to him led to him wasting hours of time and ultimately discouraged him from asking for help and self-advocating in his legal dilemma.

# Individual/Relationship Protective Factors: Access to Concrete Supports

Access and awareness of resources is also limited by availability. Lee County boasts a wide array of programs through public and private funding sources. However, workgroup participants noted some gaps in services. Lee County does not have a homeless shelter. The Emma Cornelius Hospitality House provides short-term stays, typically 3 days maximum, and local churches have historically provided temporary shelters during cold weather. However, the closest homeless shelter is in Burlington, Iowa (30 to 60 minute drive) and the closest domestic violence emergency shelter is 1.5 to 2 hours away).

Lee County does not have a family planning or Planned Parenthood clinic. In fact, Lee County has fewer medical, dental, and mental health providers compared to the state (County Health Rankings, 2021).

**Table 6.** Number of People Per Provider.

	Lee County	Iowa
<b>Primary Care Physicians</b>	1,550:1	1,360:1
<b>Dentists</b>	1,980:1	1,450:1
<b>Mental Health Providers</b>	1,120:1	610:1

*Source: (County Health Rankings, 2021)*

Lastly, several prevention programs in Lee County target families prenatally or those with children under the age of 5. However, workgroup and survey participants noted a need for parenting education and support for families with older kids, particularly teenagers. Inflexibility with grants can make it difficult to serve families and provide a continuum of care for children age 0-17.

# Individual/Relationship Protective Factors: Access to Concrete Supports Summary

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## #1

Increased awareness of highly visible and longstanding resources in the community such as public libraries, Salvation Army, Iowa Workforce Development, Head Start, and food pantries. However, programs with tighter eligibility criterium and intended for a specific subset of the population have less community awareness

## #2

Embarrassment and stigma around getting help is a major barrier for parents/caregivers.

## #3

Access and awareness of resources are limited by availability of services. Some major gaps in concrete support include long-term housing assistance, family planning clinic, and continuum of care for children age 0-17.

# Individual/Relationship Protective Factors: Strong, Positive Social Connections

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According to Behavioral Risk Factor Surveillance System (BRFSS) 2006-2012, 12.8% of Lee County adults self-report they receive insufficient social and emotional support all or most of the time, which is lower than Iowa's 15.3% of all adults (Center for Applied Research, 2020).

Regarding support outside of the household, the average Parent/Caregiver Survey respondent agreed that they have others who will listen to them and who they can ask for help. However, there were still 7.6%, or 22 people, who felt they did *not* have people they can talk to when they feel lonely. Additionally, 6.9%, or 20 people, did not have people they could ask for help in a crisis. Upon further analysis of survey data, the following groups were less likely to report “strongly agree” to having social supports outside of the household:

- Respondents who reported a disability in the household
- Respondents located in Ft. Madison and Keokuk
- Household income under \$50,000
- Educational attainment less than college graduate
- Unemployed or stay-at-home parents

Single households did not have substantial difference among perceived social connections outside of the household. However, respondents who reported they did not need help were more likely to “strongly agree” to having social supports available during crises or when they need to talk.

The Iowa Youth Survey provides insight to social supports of Lee County's students. Having a caring, trusted adult outside of the home is a strong protective factor for child maltreatment. In 2018, 85.5% of all grades felt there was at least one adult at school they could go to for help. However, 34% of 11<sup>th</sup> graders in Lee County felt like their teachers did not care about them, which is higher than the state average of 28% (Iowa Consortium, 2019).

It is important to note that social support is perceived by the respondent, and the support may not be a positive or strong connection. However, this provides an idea of groups that may need additional social support and connections.

# Individual/Relationship Protective Factors: Strong, Positive Social Connections Summary

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## #1

An estimated 6.9-12.8% of Lee County has insufficient support. Certain groups may be more likely to have insufficient support including:

- Disability in the household
- Residents of Ft. Madison and Keokuk
- Household income under \$50,000
- Educational attainment less than college graduate
- Unemployed or stay-at-home parents

## #2

A majority of students (85.5%) have at least one adult at school they can go to for help with 11<sup>th</sup> graders feeling a little more disconnected from teachers and staff.

# Individual/Relationship Protective Factors: Positive Parenting Communication & Strategies

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One matrix question in the Parent/Caregiver Survey inquired about family communication, resiliency, and parent-child bond to learn more about social norms, attitudes, and beliefs when it comes to positive parenting.

In general, the average respondent felt their family talks about problems, listens to each other, and pulls together when things are stressful “most of the time”. Respondents report very high parent-child bond indicators with almost 68% reporting “always” feeling close to their child and 77% “always” feeling happy being with their child. Similarly, 77.7% of all grades from the 2018 Iowa Youth Survey felt they could talk with someone in their home (Iowa Consortium, 2019).

However, the average single-family household reported significantly lower frequency of family communication, resiliency, and felt slightly less connected to their child. Educational attainment had little to no effect on parent-child bond, but respondents with a college degree or higher reported a higher frequency of talking about problems, pulling together when things are stressful, and solving problems as a family – all of which are key resiliency indicators. There was no significant or distinct impact of disability, gender, location, or income on family communication, resiliency, or bond.

During Parent/Caregiver Interviews, parents were asked “what does it mean to be a good parent?” Out of 14 interviews, 11 parents responded that “good” parents provide their child with attention and experiences. Some parents did mention it can be difficult to maintain healthy life balance between competing priorities, but they recognized the importance of spending time with their child and making the effort. 8 parent interviewees mentioned “good” parents provide guidance, advice, and open communication with their children. 7 parents specified the importance of “good” parents meeting the mental and emotional needs of their child.

Together, all of these responses indicate support for positive parenting strategies as the gold standard for what “good parenting” looks like for Lee County - developing the parent-child bond, maintaining open communication, and meeting emotional/mental health needs of the child.

# Individual/Relationship Protective Factors: Positive Parenting Communication & Strategies Summary

---

## #1

“Good parents,” according to Lee County parents/caregivers, develop the parent-child bond, maintain open communication, and meet emotional/mental health needs of the child.

## #2

Single-family households reported significantly lower frequency of family communication, resiliency, and felt slightly less connected to their child.

## #3

Educational attainment had little to no effect on parent-child bond, but those with a college degree or higher reported a higher frequency of talking about problems, pulling together when things are stressful, and solving problems as a family – all of which are key resiliency indicators.

# Community Protective Factors: Quality, Safe Child Care

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In a report conducted by the US Chamber of Commerce Foundation on child care issues in the state of Iowa, more than half of parents reported missing work due to childcare issues, and absences and employee turnover cost Iowa employers \$781 million per year (U.S. Chamber, 2020). The Iowa Child Care Resource and Referral 2020 Lee County report, states that 75% of families have all parents working and children under age of 6 (Iowa Child Care, 2020a). Additionally, almost 50% of Parent/Caregiver Survey respondents believe access to affordable, quality child care would make them a better parent. Child care is key to developing economic stability for families and communities, and developing healthy and happy family units.

## ***Capacity***

There are a total of 1,260 child care slots for 2,437 children under the age of 6 in Lee County (Iowa Child Care, 2020a). Since 2015, there has been a 38% decline in total child care programs listed with Iowa Child Care Resource and Referral. However, there has been only a 5% decline in total child care spots, likely due to an increase in center-based care (Iowa Child Care, 2020b). In 2020, 83% of child care spots are in center-based programs, 17% are Registered Child Development Homes, and 1% are Child Care Homes (Iowa Child Care, 2020a). Unregistered child care providers also advertise frequently over social media, particularly on “Buy, Sell, Trade” or “gossip” pages.

**Table 7. Child Care Supply and Demand, Lee County vs. Iowa, 2015-2020.**

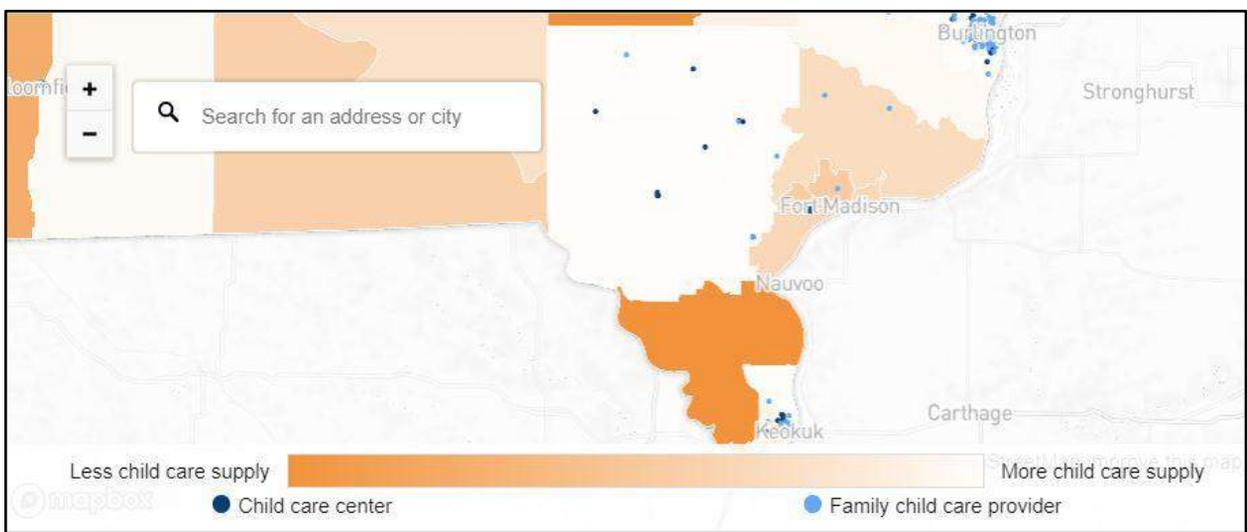
	Lee County			Iowa		
	2015	2020	Percent Change	2015	2020	Percent Change
<b>Total # of child care programs listed with CCR&amp;R</b>	65	40	-38%	7,560	5,101	-33%
<b>Total # of child care spaces listed with CCR&amp;R</b>	1,326	1,260	-5%	170,777	173,253	1%
<b>Total # of children ages 0-5</b>	2,552	2,437	-5%	236,256	238,569	1%
<b>Families with all parents working and children under age 6</b>	71%	75%	4%	75%	75%	0%
<b>Total children x % of families with all parents in the workforce</b>	1,812	1,828	1%	177,192	178,927	1%

*Source: (Iowa Child Care, 2020b)*

# Community Protective Factors: Quality, Safe Child Care

A child care desert is defined by any census tract with greater than 50 children under 5 years of age that has no child care providers or 3 children for every 1 licensed child care spot. As you can see in Figure 4, Fort Madison and Montrose census tracts are considered child care deserts by this definition (Center for American Progress, n.d.).

**Figure 4.** Lack of Awareness of Specific Community Resources



**Source:** (Center for American Progress, n.d.)

According to the Iowa Department of Human Services Child Care Client Portal (2021), there are no licensed or registered child care providers that provide evening or overnight care in Lee County. With Lee County's economy and job market relying heavily on manufacturing and industry, quality and safe child care options are needed for off-shift workers. This topic has been discussed in workgroup meetings, community engagement events, and the Parent/Caregiver Survey. In fact, one parent on the survey reported they struggle most with "Finding affordable and reliable childcare services for different times of the day/night during various work hours."

# Community Protective Factors: Quality, Safe Child Care

## Quality

13 childcare programs in Lee County participate in the voluntary Quality Rating System (QRS). The goal of QRS was to improve the quality of child care by rating providers (1 to 5 stars) based on the number of improvement steps they have completed.

Iowa Child Care Resource and Referral described the QRS ratings succinctly “1 star in QRS means the program is meeting standard licensing or regulatory requirements. To reach 2 stars, the provider must meet a set of specific criteria including participation in the Child and Adult Care Food Program (CACFP), ChildNet Certification for Child Development Homes and requires trainings for staff. Levels 3-5 are based on a point system where the points are broken into categories. In order to receive any level 3-5 rating, you need to have at least one point in each category and the remainder of points can be in any categories. Level 5 requires a minimum of 25 points for Child Development Homes and a minimum of 34 points for licensed centers, preschools and school based programs as well as an Environment Rating Scale (ERS) score of 5.0 or greater from an Iowa State University (ISU) Assessor (Iowa Child Care, 2021).”

43% of the total child care slots for Lee County have a QRS rating. About 22% of total child care slots are within a QRS 4 Star program. Only 1 of the 13 QRS-participating programs are not approved for Child Care Assistance payments (Iowa Dept. of Human Services, 2021).

**Table 8.** Quality Rating System and Child Care Spots, Lee County

	# of Child Care Spots	% of Child Care Spots
<b>Not Participating</b>	715	56.7%
<b>QRS Level 1</b>	66	5.2%
<b>QRS Level 2</b>	200	15.9%
<b>QRS Level 3</b>	0	0%
<b>QRS Level 4</b>	279	22.1%
<b>Total Child Care Spots in Lee County</b>	1,260	

*Source: (Iowa Dept. of Human Services, 2021)*

# Community Protective Factors: Quality, Safe Child Care

## Cost

For families earning the median family income (\$62,648) with an infant in child care they would pay 11% of their income before taxes in a registered home and 14% if their child was in a licensed center. This is comparable to the statewide cost of child care as a percent of income, 10% for child development home, 15% for center (Iowa Child Care, 2020b). According to Child Care Aware of America, 7% of income is considered affordable childcare. Of the 40 registered child care programs, 32 are willing to discuss Child Care Assistance as a form of payment (Iowa Child Care, 2020a).

**Table 9.** Cost of Child Care, 2015 and 2020 Comparison

Cost of Child Care	Lee County			Iowa		
	2015	2020	% Change	2015	2020	% Change
<b>Weekly cost for an infant in a Child Development Home</b>	122.45	130	6%	132.58	142.72	8%
<b>Percent of income if child was in a Child Development Home</b>	12%	11%	-1%	11%	10%	-1%
<b>Weekly cost for an infant in a Licensed Center</b>	120.67	165.00	37%	184.93	209.70	13%
<b>Percent of income if child was in Licensed Center</b>	11%	14%	3%	16%	15%	-1%

*Source: (Iowa Child Care, 2020b)*

# Community Protective Factors: Quality, Safe Child Care Summary

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## #1

There are roughly 2 children ages 0-5 for every 1 child care opening in Lee County. However, child care openings are not spread equally throughout the county. There is a particular capacity issue for Fort Madison and Montrose that are identified as child care deserts in Image 1. There is also limited availability for licensed care outside of typical hours (7AM-5PM), which can be difficult for families that work second or third shift.

## #2

It is difficult to determine quality of the Lee County child care programs as a majority of child care slots are not in a QRS participating program. However, 22% of slots are in a QRS Level 4 Program. QRS participation should continue to be encouraged to all child care providers.

## #3

While the cost of child care is comparable to the rest of the state in regards to percent of income, it is still 157-200% higher than what is considered “affordable child care” by Child Care Aware.

# Community Protective Factors: Safe, Engaging After-School Programs

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From the Community Engagement Surveys, Parent/Caregiver Survey, and Parent/Caregiver Interviews, after-school and extracurricular programs are a major need for parents. 43.7% of Community Engagement Survey respondents identified Childcare/Youth Programs as a major concern for Lee County. Several parents elaborated further to detail limited after-school child care options, and the struggle between paying for after-school daycare or keeping them unsupervised at home for a period of time before they get home from work.

In the Parent/Caregiver Survey, 18 parents identified finding child care and activities for their children is what they struggle with most as a parent. One parent struggles “finding affordable programs for youth/young children” and another explained the need for “daycare through summer when there is no school, free after school program, free no school-day programs.” Four parents out of 14 Parent/Caregiver Interviews expanded on the need for after-school programs or child care for school-age children as a major support to parents. School-aged children tend to “age-out” of some daycares, or have limited supervised peer interactions after-school or during school breaks. There are several sports-related after-school or extracurricular programs available, but those can come with high costs for some families or be of limited interest to non-athletic children.

Providing more well-rounded opportunities for supervised peer interaction and after-school programs, particularly during school breaks, can fill a major child care gap identified by parents. Through CARES Act funding, all three public school districts in Lee County have hired a 2-year youth program coordinator position in summer of 2021 to implement different after-school programs in the upcoming school year. The after-program at Central Lee will be available for K-6 students for free to provide academic support, activities, and enrichment opportunities (Central Lee, 2021). Fort Madison’s program is open to K-8 students, and are partnering with the local YMCA to provide the program on early out and in-services days as well (Fort Madison, 2021). The next two years will be telling for utilization and success of the after-school programs in Lee County.

# Community Protective Factors: Safe, Engaging After-School Programs Summary

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## #1

Public school districts are using CARES Act funding to implement after-school programs and meet a need identified by parents. Parents/caregivers previously had limited options for safe, engaging after-school programs as children “age out” of daycare but still require supervision.

## #2

There are several sports-related after-school or extracurricular programs available, but those can come with high costs for some families or be of limited interest to non-athletic children.

# Community Protective Factors: Community Support for Parents/Families

From Parent/Caregiver Interviews, 11 of the 14 parent/caregiver interviewees felt that Lee County was a good place to raise a family because of the community support and small-town nature of the social interactions. However, from the Parent/Caregiver Survey, perceived community support for families struggling with stigma-associated challenges was quite low. This indicates a general support for families, but a maintenance of stigma

and judgement for common child maltreatment risk factors including financial insecurity, mental health, substance abuse, domestic violence, and parenting support. On the Parent/Caregiver Survey, 25 parents identified parenting-related stressors, concerns, and worries as what they are struggle with the most. Lee County needs to be supportive to families in all situations to help reduce the burden and stress associated with being parent - particularly being a parent in high-stress situations where substance abuse, mental health, financial insecurities, or domestic violence are present.

In the 2018 Iowa Youth Survey, Lee County 11<sup>th</sup> graders perceived less community support and community responsibility of children compared to statewide averages (Iowa Consortium, 2019).

**Table 10.** How Well Does the Community Support Families With the Following Issues?

	Mean (1=Poor, 5=Excellent)
<b>Financial insecurity</b>	2.29
<b>Mental Health</b>	1.82
<b>Alcohol and/or drug abuse</b>	2.14
<b>Domestic Violence</b>	2.29
<b>Parenting support needed</b>	2.41

*Source: Parent/Caregiver Survey*

**Table 11.** Perceived Community Support for Children

	% of Lee County 11 <sup>th</sup> Graders	% of Iowa 11 <sup>th</sup> Graders
<b>Adults in my community care about people my age</b>	31% disagree	26% disagree
<b>Adults in my community let me know they are proud of me when I do something well</b>	51% disagree	46% disagree
<b>Adults in my community help me when I need help</b>	45% disagree	38% disagree
<b>Adults in my community spend time talking to me</b>	51% disagree	45% disagree

*Source: (Iowa Consortium, 2019)*

# Community Protective Factors: Community Support for Parents/Families

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There are several key parent support programs offered in Lee County. Please note: additional programs and agencies offer family centered support programming in Lee County, however, this list focuses on child maltreatment prevention programs with evidential support of success.

- **HOPES (Healthy Opportunities for Parents to Experience Success)** is an evidence-based program that provides family support through home visiting for families that begin during pregnancy or at birth, can continue through age 4 of the child.
- **Family Connections** connects expectant parents or with children 0-5 years of age with education, support, and resources.
- **1st Five Healthy Mental Development Initiative** supports healthy mental development for young children during the first five years through standardized developmental tools, and referrals to community resources.
- **Maternal Health** program gives additional support and education to expectant mothers with visits during each trimester and postpartum.
- **Child Health/Care for Kids** services for children ages 0-22 to assist with finding medical/dental care, healthcare coverage, and community resources.
- **24/7 Dads** an evidenced-based program to improve the knowledge, behavior, and skills of dads.
- **FaDSS (Family Development and Self Sufficiency)** provides services that promote, empower, and nurture families towards economic and emotional self-sufficiency.
- **Parent Partners** is a mentoring program for families who have children in foster or kinship care.

# Community Protective Factors: Community Support for Parents/Families

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There are several long-standing, successful community groups in Lee County that provide family/parent support programs and advocate for various child maltreatment prevention efforts in the county.

- **Child Abuse Prevention Council of Lee County (CAPC)** is a volunteer organized nonprofit that has operated for around 40 years to provide parent education to prevent child abuse and neglect. The overall goal of the CAPC is to provide family support services, raise awareness in the community regarding child abuse and neglect, evaluate current young family needs, and make known the services available. CAPC also serves as the county CPPC planning council.
- **Quad-County Community Partnerships for Protecting Children (CPPC)** is a community-based approach to strengthening families, keeping children safe, and creating community connections and collaborations. Community Partnerships work to reduce negative childhood experiences, promote everyone's responsibility in protecting our children, and build safety networks. The long-term focus of Community Partnerships is to protect children by changing the culture to improve child welfare processes, practices and policies.
- **Lee County Health Department is a strong organization.** The health department is a leader in the county and region. LCHD focuses on the population-level health through collaborating and coordinating with other organizations in the assessment of the community, development of programs to meet needs, and implementing and evaluating those programs.
- **Long existing agency partnerships and collaborations.** Lee County has a collaborative environment with great involvement and engagement in the monthly interagency meetings, Southeast Iowa Link (SEIL) Mental Health Region, Decategorization, The Best You Coalition and CAPC/CPPC to name a few. Organizations regularly develop resilient partnerships on the county and regional level to provide supports to families and children.

# Community Protective Factors: Community Support for Parents/Families Summary

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## #1

Many parents and caregivers detailed the strong sense of community in Lee County and family ties to the area. However, there is low perceived community support for stigma associated challenges and community support of children.

## #2

Lee County's major strength comes from broad availability of child maltreatment prevention programs that are supported by research and evidence of success. Additionally, Lee County boasts several interagency collaborations on child abuse and neglect prevention, including mental health and substance abuse specific collaboratives. Prevention is a priority in Lee County!

# Risk Factors & Prevention

Risk factors increase the likelihood of child maltreatment, but they may or may not be direct causes. Iowa Maltreatment Prevention Needs Assessment analyzed and identified 8 risk factors that have a statistically significant relationship to abuse/neglect, shown in Table 12. The factors had sufficient county-level data available to be analyzed and have been identified as potential risk factors within child maltreatment research (Hornby Zeller Assoc. & PCAI, 2017; Public Consulting Group & PCAI, 2019).

**Table 12.** Statistically Significant Risk Factors Identified in the Iowa Maltreatment Prevention Needs Assessment.

Factors for Increasing Risk of Neglect	Lee Rank 2017	Lee County	Iowa
*Births Under 20, rate per 1,000 women aged 15-19 (Iowa Dept. of Public Health, 2021)	97	9.7	6.4
*Children Living in Poverty, aged 17 and under (U.S. Census, 2019)	92	21.5% (n=1,562)	13.8%
*Low-Birthweight Births, rate per 1,000 live births (Iowa Dept. of Public Health, 2020)	90	84.5	64.3
Children Living with Domestic Violence (Hornby Zeller Assoc. & PCAI, 2017)	15	Below .15%	1%
*Adults with Four or more ACEs (Hornby Zeller Assoc. & PCAI, 2017)	68	Between 8.95% to 12.04%	9%
Children Whose Family Pay More than 35% of Income on Rent (Hornby Zeller Assoc. & PCAI, 2017)	65	Between 12.25% to 15.08%	15.9%
Children Under 5, as a % of all children (U.S. Census, 2019)	87	27.4% (n=2,051)	27%
Child Living With Serious Mental Illness in Family (Hornby Zeller Assoc. & PCAI, 2017)	76	5.05%	3.1%

*Note: The Lee County and Iowa percentages and rates are updated with the most recent data sets available. The Lee County Rank is from the 2017 report (Hornby Zeller Assoc. & PCAI, 2017).*

*\*Also significant factor for increasing risk of abuse.*

To further analyze risk factors in Lee County, the Socio-Ecological Model was applied to risk factors recognized by the CDC in which sufficient county-level data was available. The goal of the analyses was to determine the extent to which common risk factors of abuse and neglect were of concern in Lee County families.

# Risk Factors and Prevention

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## Individual/Relationship Level

### *Risk factors for victimization*



Children Under 4

Children With Special Needs

### *Risk factors for perpetration*



Mental Health



Parent/Caregiver Characteristics



Substance Abuse

## Community Level



Violence & Crime



Poverty



Economic Opportunities



Housing Instability

# Individual/Relationship Risk Factors: Risk Factors for Victimization

There are two risk factors that put children at greater risk for being victimized. Children under the age of 4 and children with special needs. Both characteristics put increased burden on the caregiver, at no fault of the child (CDC, 2021; Child Abuse & Neglect Prevention Board, 2021).

In Lee County, there are an estimated 2,051 children under the age of 5 (U.S. Census, 2019). From 2018-2020, nearly 50% of confirmed or founded abuse and neglect was perpetrated against children 5 or younger (Iowa Dept. of Human Services, 2020). Additionally, 5.66% of children under the age of 18 have a disability, which is greater than the statewide percentage of 4.15%. This means there is an estimated 420 children with disabilities at greater risk for child maltreatment (U.S. Census, 2019).

Pre-mature births and low-birth weight babies tend to have higher health care needs, costs, and potential for developmental or disability concerns later in life. This places financial and emotional strain on caregivers. Again, at no fault of the child. Almost 1 in 10 singleton births in Lee County are premature, or born before the 37<sup>th</sup> completed week of pregnancy. On a state level, multiple births, teen births, geriatric births, and black maternal race are at an increased risk for prematurity (Iowa Dept. of Public Health, 2021).

Lee County has a higher rate of low birthweight babies compared to the state rate, 74.7 vs. 63.8 per 1,000 live births (Iowa Dept. of Public Health, 2020). On a state level, multiple births, teen births, Hispanic or Latino ethnicity, and non-white race is correlated to higher percentage of low birthweight births (Iowa Dept. of Public Health, 2021).

**Table 13.** Risk factors for victimization.

	Lee County	Iowa
<b>Population Under 5 Years (U.S. Census, 2019)</b>	6.0% (n=2,051)	6.3%
<b>Population with Any Disability Under Age 18 (U.S. Census, 2019)</b>	5.66% (n=420)	4.15%
<b>Low Birthweight, rate per 1,000 live births (Iowa Dept. of Public Health, 2020)</b>	74.7	63.8
<b>Premature Singleton Births (Iowa Dept. of Public Health, 2021)</b>	9.39%	8.09%

*Sources cited in table*

# Individual/Relationship Risk Factors: Risk Factors for Victimization Summary

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## #1

Lee County is home to 2,051 children under the age of 5 that are more vulnerable to child maltreatment due to their young age.

## #2

Lee County has increased rates of pre-mature births and low-birth weight babies. These children tend to have higher health care needs, costs, and potential for developmental or disability concerns later in life, which places financial and emotional strain on caregivers.

# Individual/Relationship Risk Factors:

# Substance Abuse

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Parental substance abuse is associated with child maltreatment and with re-referral and recurrence (Korbin & Krugman, 2014). From 2018-2020, 39.2% of confirmed and founded child maltreatment cases in Lee County were directly attributed to substance abuse. Statewide, 33.6% of confirmed and founded cases are directly attributed to substance abuse in this same time frame (Iowa Dept. of Human Services, 2020). Between 2014 and 2017, Lee County had a rate of 4.6 per 1,000 of children with drugs present in blood (2 of 99 counties, with 1 being the highest) (Iowa Dept. of Human Services, 2018a). In 2017, Lee County had a rate of 10.3 per 1,000 children for dangerous substances in household, ranking 3<sup>rd</sup> out of 99 counties (Iowa Dept. of Human Services, 2018b).

Substance abuse was identified as a major concern in the most recent Lee County Community Health Needs Assessment (CHNA) from 2018. The CHNA Community Survey shows:

- 19% of adults surveyed reported Excessive Drinking;
- 63% of adults surveyed reported that Alcohol/Drug Abuse is a health concern;
- 63% of adults surveyed reported that Alcohol/Drug Abuse has the greatest impact on health (Lee County Health Dept., 2019).

Similarly, 48.5% of Community Engagement Survey responses identified Substance Abuse as a major concern for Lee County. These concerns are not without merit. The percent of heavy drinking in Lee County adults is 43.8% higher than the state of Iowa (Center for Applied Research, 2020). While the rate of opioid prescriptions filled has been decreasing in Lee County since 2016, the 2019 rate is still 20.5% higher than Iowa (Iowa Dept. of Public Health, 2021). The annual rate of drug and narcotic violations in Lee County is 26.4% higher than the state of Iowa (Iowa Dept. of Public Safety, 2021).

The Lee County Narcotics Task Force initiated 478 investigations, 255 felony arrests, 263 misdemeanor arrests, 100 convictions and 52 children referred to DHS from 2017 through 2020 (Lee County Narcotics Task Force, 2021).

# Individual/Relationship Risk Factors: Substance Abuse

In the 2018 Iowa Youth Survey, 16.7% of all grades reported there is someone in their home with a serious alcohol or drug problem. This is comparable to the 16% reported statewide. However, substance abuse is also a concern for Lee County's youth. In the 2018 Iowa Youth Survey, Lee County 11<sup>th</sup> graders had significantly higher rates of substance use compared to the state (Table 14).

**Table 14.** Substance Use by 11<sup>th</sup> Graders, 2018.

	Lee County	Iowa
Drinking in the last 30 days	42%	20%
Binge drinking in the last 30 days	33%	11%
Have ever smoked or used smokeless tobacco	33%	17%
Marijuana use in the last 30 days	14%	11%
Vaped in the last 30 days	32%	23%

**Source:** (Iowa Consortium, 2019)

Furthermore, 11<sup>th</sup> graders in Lee County perceived a greater sense of popularity and less risk with alcohol, drug, and tobacco use compared to the statewide averages. Lee County 11<sup>th</sup> graders are also less likely to view underage or illegal substance use as “wrong.” In fact, 32% of 11<sup>th</sup> graders believed their parents would think it’s “a little wrong” or “not at all wrong” for them to drink alcohol, almost double the state average of 18%. Furthermore, 18% of 11<sup>th</sup> graders report receiving alcohol from a parent/guardian in the last 30 days (Iowa Consortium, 2019).

Substance use among youth can impact their health, development, and mental well-being, but also increases their chance of continuing substance use and developing addictions. This may be a factor in generational poverty and substance abuse noted by Lee County families by workgroup participants.

# Individual/Relationship Risk Factors: Substance Abuse Summary

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## #1

Lee County is one of the worst counties for rate of child maltreatment cases for dangerous substances in the home and drugs present in child's system.

## #2

Lee County has higher rates of heavy drinking, opioid prescriptions, and drug and narcotic violations than the rest of the state.

## #3

Lee County has higher rates of youth substance use. Additionally, 11<sup>th</sup> graders in Lee County perceive less parental disapproval, improved popularity, and less risk of harm with substance abuse than their peers statewide. There is a culture of acceptance or tolerance towards underage substance use that does not occur in other parts of the state.

# Individual/Relationship Risk Factors: Mental Health

Caregivers with mental health issues, including depression, are a known risk factor for child maltreatment. Mental health was identified by 49% of Community Engagement Survey respondents as a top concern for Lee County. 75% of respondents to the Parent/Caregiver Survey reported yes or maybe to having experienced mental health issues in their family. This has been exacerbated by COVID-19 with increased isolation, virtual education and working, and societal trauma. In fact, 46.9% of respondents to the Parent/Caregiver Survey reported COVID-19 has worsened mental health in their household. Between 2012 and 2015, 5.05% of Lee County children live with serious mental illness in the family (Hornby Zeller Assoc. & PCAI, 2017), however, that percentage has likely become outdated over the last 6 years.

Lee County adults report an average of 3.8 mental health days monthly and 11% report frequent mental distress. Access to mental health providers is limited with 1 for every 1,120 residents (County Health Rankings, 2021).

There are 8 average annual deaths due to suicide among the total population of Lee County. The age adjusted suicide death rate of 22.6 per every 100,000 people is 45.7% greater than the state’s report of 14.2, and has been increasing at a faster rate compared to the state between 2012 and 2018 (Iowa Dept. of Public Health, 2021). According to the 2018 Iowa Youth Survey, 38% of Lee County 11<sup>th</sup> graders considered suicide in the past 12-months, 37.5% higher than the statewide average (Iowa Consortium, 2019).

**Table 15.** Rate of Suicide Per 100,000 Population.

	2012-2016		2013-2017		2014-2018	
	Number of Suicide Deaths	Rate Per 100,000	Number of Suicide Deaths	Rate Per 100,000	Number of Suicide Deaths	Rate Per 100,000
<b>Lee County</b>	29	16.6	34	19.5	39	22.6
<b>Iowa</b>	2,092	13.5	2,187	14	2,226	14.2

*Source:* (Iowa Dept. of Public Health, 2021)

# Individual/Relationship Risk Factors: Mental Health Summary

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## #1

Nearly 3 out of 4 respondents to the Parent/Caregiver Survey reported yes or maybe to having experienced mental health issues in their family.

This has been exacerbated by COVID-19 with increased isolation, virtual education and working, and societal trauma. In fact, 46.9% of respondents to the Parent/Caregiver Survey reported COVID-19 has worsened mental health in their household.

## #2

Lee County's age-adjusted suicide death rate is 45.7% greater than the statewide rate and has been increasing in recent years.

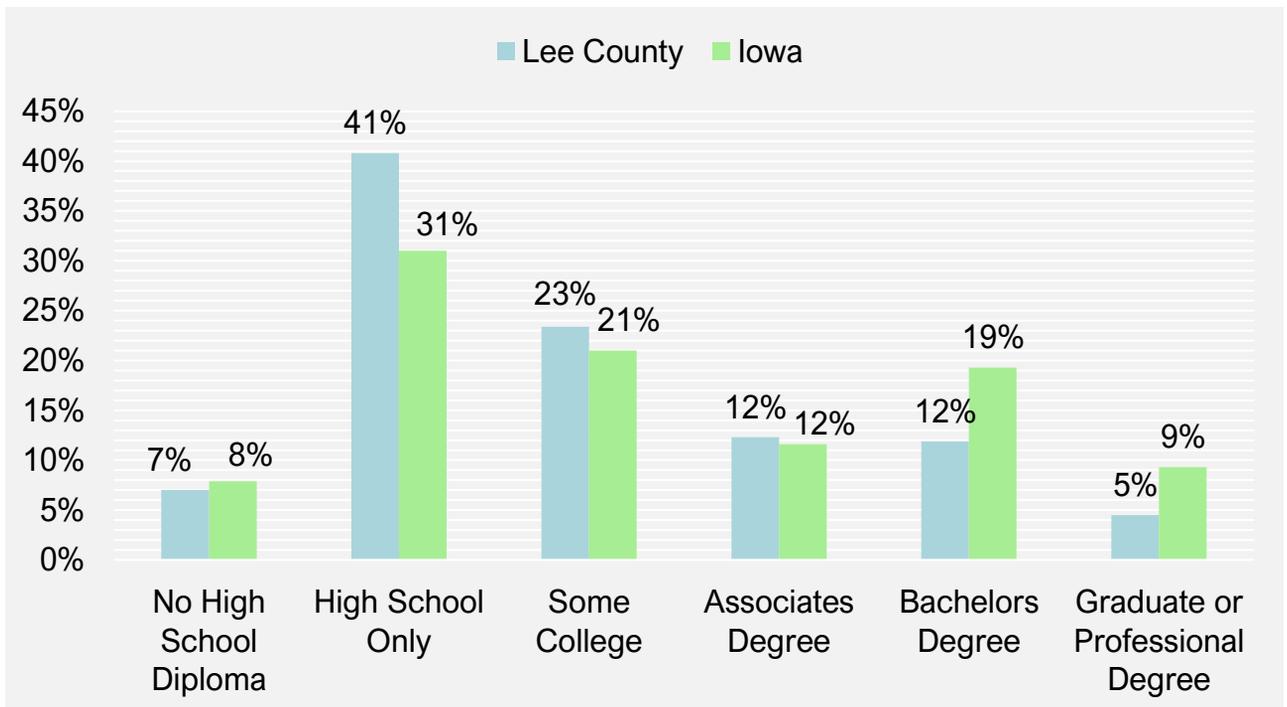
# Individual/Relationship Risk Factors: Parent/Caregiver Characteristics

There are several parent/caregiver characteristics that have been correlated to increased risk of perpetrating child maltreatment, including lower educational attainment, young age of parents/caregiver, non-biological caregiver, and single parent households.

## Educational Attainment

Lee County has a slightly lower percentage of people without a high school diploma than Iowa (7.0% vs 7.9%). However, only 16.4% of Lee County's population aged 25 and older have a Bachelor's level degree or higher. This is almost half of the statewide percent of 28.6% (U.S. Census, 2019). This could indicate limited economic opportunity or educational opportunity past an Associates Degree level.

**Figure 5.** Educational Attainment, Lee County vs. Iowa, ACS 5-Year Estimates, 2015-2019.



*Source:* (U.S. Census, 2019)

# Individual/Relationship Risk Factors: Parent/Caregiver Characteristics

## Young Parents

Lee County has a high rate of teen births. In 2019, there were 70 births to mothers under age of 20 per every 1,000 live births in the county. This is almost double the state rate of 39.0 per every 1,000 live births (Iowa Dept. of Public Health, 2020). This means a higher percentage of all births in Lee County are to young parents. Another way to analyze teen births is rate by population. In Lee County, there are 9.7 births for every 1,000 women aged 15-19. This means 1 out of 100 teen women gave birth in 2020 in Lee County. Lee County has a younger average maternal age, 27.4 years, compared to the rest of the state, 28.7 years old (Iowa Dept. of Public Health, 2021).

## Single Parents

Children living with single parents may be at higher risk for child maltreatment compared to pers living with both biological parents. Lee County has a lower percentage of children living with married parents and a higher percentage of children living with single householders (U.S. Census, 2019).

**Table 16.** Percent of Single Parent and Married Family Households.

	Lee County	Iowa
Households with one or more people under 18 years	4.103	375,451
Single female householder with own children	17.9% (n=734)	15.2%
Single male householder with own children	8.1% (n=331)	4.8%
Cohabiting couple household with own children	9.9% (n=405)	8.4%
Married-couple with own children	53.4% (n=2,192)	64.7%

*Source: (U.S. Census, 2019)*

## Non-Biological Caregiver

In Iowa, “unmarried partner of parent” was the second highest perpetrator-victim relationships with 7.4% of perpetrators in this category. Parents are the top perpetrator of abuse accounting for 77.7% of all perpetrators in Iowa (U.S. Dept. of Health, 2021). In Lee County, 10.6% of children under 18 lives with an unmarried partner of the householder. Furthermore, 45.7% of children in single male households live with an unmarried partner of the householder while only 19.1% of children in a single female household do (U.S. Census, 2019)

# Individual/Relationship Risk Factors: Parent Characteristics Summary

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## #1

Lee County has lower educational attainment past a high school diploma.

## #2

Lee County's birth rate to mothers under 20 is almost double that of the state. This means a higher percentage of all births in Lee County are to young parents.

## #3

Lee County has a lower percentage of children living with married parents and a higher percentage of children living with single householders compared to statewide averages. Living with single parents also increases the likelihood of having a non-biological caregiver in the home, which is another risk factor.

# Community Risk Factors: Violence & Crime

Research has shown an association between community violence and child maltreatment (Wilkins, et al., 2014). Through Community Engagement Surveys, 32.5% of respondents highlighted Crime/Violence as a top concern for Lee County. Lee County has an annual violent crimes rate of 485 per 100,000 population. This is 44% higher rate than the state of Iowa. Violent crimes include murder, rape, robbery, and aggravated assault (Iowa Dept. of Public Safety, 2021).

Table 17. Rate of Violent Crime.

	Total Population	Violent Crimes, 3-year total	Annual Rate Per 100,000 Population
<b>Lee County</b>	34,227	498	485.00
<b>Iowa</b>	3,139,508	29,165	309.66

Source: (Iowa Dept. of Public Safety, 2021)

9.4% of Parent/Caregiver Survey respondents stated they may or did experience domestic violence. The Domestic Violence Intervention Program served 172 Lee County individuals in domestic violence situations in fiscal year 2021 alone (Domestic Violence, 2021). From the 2017 Iowa Child Maltreatment Prevention Needs Assessment, less than 0.15% of children live in domestic violence situations thereby ranking Lee County among the 15 lowest counties for this indicator (Hornby Zeller Assoc. & PCAI, 2017).

In the 2018 Iowa Youth Survey, 29% of Lee County 11<sup>th</sup> graders believed their parents would think it's "a little wrong" or "not at all wrong" for them to start a physical fight. The state average is 20%. Only 71% of 11<sup>th</sup> graders agree that violence is the worst way to solve problems. Only 77% of students in Lee County feel safe at school, compared to 84% statewide. Furthermore, 14% of Lee County students do not feel safe in their neighborhood, almost double the 8% statewide (Iowa Consortium, 2019).

## Community Risk Factors:

# Violence & Crime Summary

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### #1

Lee County has a 44% higher rate of violent crime than the state of Iowa. This translates to almost 1 violent crime for every 200 people in Lee County.

### #2

Domestic violence, while likely underreported, is still occurring in many households. Almost 1 in 10 survey respondents stated they may or have experienced domestic violence with DVIP serving 172 Lee County individuals in just one year.

### #3

From the Iowa Youth Survey, perpetuation of violence and aggression is occurring at higher rates than the rest of the state. Additionally, less students feel safe at school and in their community compared to all Iowa students.

# Community Risk Factors: Poverty

Poverty and child maltreatment, specifically neglect, are strongly associated with each other. Research shows the rate of neglect for children in low socioeconomic status households is nearly seven times higher than for other children (46.5 vs. 6.7 per 1,000). Poverty, of course, is not distributed randomly. Children who are African American or Hispanic, live in single-mother families, or are under age five are most likely to be in poverty (Korbin & Krugman, 2014). In addition, poverty is not a stand-alone construct. It is closely associated with several other factors including age, education, and family structure.

41.5% of Community Engagement Survey respondents identified Poverty/Income as a top concern for Lee County. 14.2% of Lee County’s total population lives in poverty (estimated 4,658 people). 20.8% of all families are in poverty (estimated 4,026 families). This rate is almost double the poverty rate of Iowa’s families (U.S. Census, 2019). Certain demographic characteristics in Lee County can increase the poverty rate.

## *Single Parent Poverty*

Poverty is more prevalent in single-parent families. 40.2% of families with children are headed by a single parent in Lee County. An estimated 41.3% of female headed households with children and no spouse present live below the poverty line compared to 12.1% of married couples with children (U.S. Census, 2019).

**Table 18.** Single Parent Poverty.

	<b>Lee County</b>	<b>Iowa</b>
<b>All Families in Poverty</b>	20.8% (n=4,026)	11.9%
<b>Married Family w/ Children</b>	12.1% (n=2,408)	4.3%
<b>Female Householder w/ Children, No Spouse</b>	41.3% (n=1,046)	34.1%
<b>Male Householder w/ Children, No Spouse</b>	Data not available	Data not available

# Community Risk Factors: Poverty

## Youth Poverty

1,562 children under 18 years of age and an estimated 1 in 4 children age 5 and under in Lee County live below the federal poverty line. The child poverty rate is 43.6% higher than the statewide average. 44.19% population under age 18 at or below 200% FPL or 3,243 children. 88.2% of Lee County black or African American children are in poverty, compared to 20.1% of white children. 11.4% of Hispanic or Latino children are in poverty, compared to 22.2% of non-Hispanic or Latino children (U.S. Census, 2019). 54.0% of children in Lee County community school districts receive free or reduced lunch (Annie E. Casey, 2020).

Table 18. Youth Poverty.

	Lee County	Iowa
<b>Children Living in Poverty (17 and under)<sup>10</sup></b>	21.5% (n=1,562)	13.8%
<b>Children under 5 below poverty level</b>	28.1% (n=566)	16.0%
<b>Sex</b>		
<b>Male</b>	19.8% (n=731)	14.0%
<b>Female</b>	23.4% (n=831)	13.6%
<b>Race</b>		
<b>Non-Hispanic White</b>	20.1% (n=1,252)	9.8%
<b>Black or African American</b>	88.2% (n=157)	42.9%
<b>NA or Alaskan Native</b>	NA	32.5%
<b>Asian</b>	NA	10.9%
<b>Native Hawaiian or Pacific Islander</b>	NA	36.8%
<b>Some Other Race</b>	23.1% (n=3)	28.0%
<b>Multiple Race</b>	33.1% (n=115)	22.7%
<b>Ethnicity</b>		
<b>Hispanic or Latino</b>	11.4% (n=44)	26.7%
<b>Not Hispanic or Latino</b>	22.2% (n=1,518)	12.3%

# Community Risk Factors: Poverty

## *Black or African American Poverty*

Poverty is extremely high for Black and African American population in Lee County. 53.9% of Black or African American population live in poverty compared to 13.3% of the white population. This is 51.3% higher than the State of Iowa rate of poverty for the black population, (U.S. Census, 2019).

**Table 19.** Black or African American Poverty.

<b>Race/Ethnicity</b>	<b>Total Population, Lee County</b>	<b>Population in Poverty, Lee County</b>	<b>% in Poverty, Lee County</b>	<b>% in Poverty, Iowa</b>
<b>White</b>	31,074	4,135	13.3	10.1
<b>Black or African American</b>	595	321	53.9	31.9
<b>American Indian and Alaska Native</b>	81	0	0.0	24.5
<b>Asian</b>	210	4	1.9	16.1
<b>Native Hawaiian and Other Pacific Islander</b>	6	0	0.0	31.2
<b>Some other race</b>	181	10	5.5	21.1
<b>Two or more races</b>	698	188	26.9	22.1
<b>Hispanic or Latino</b>	1216	121	10	20.8
<b>Non-Hispanic or Latino</b>	30,117	4,030	13.4	9.5

# Community Risk Factors: Poverty Summary

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## #1

Lee County families are more likely to live in poverty compared to all lowan families with 1 in 5 families living below the poverty line.

## #2

Certain populations disproportionately experience poverty in Lee County:

- The rate of female single-parent households with children in poverty is 241.3% higher than married families with children.

- The child poverty rate is 43.6% higher than the statewide rate.

- African American or Black population in poverty is 51.3% higher than the State of Iowa rate of for African American or Black.

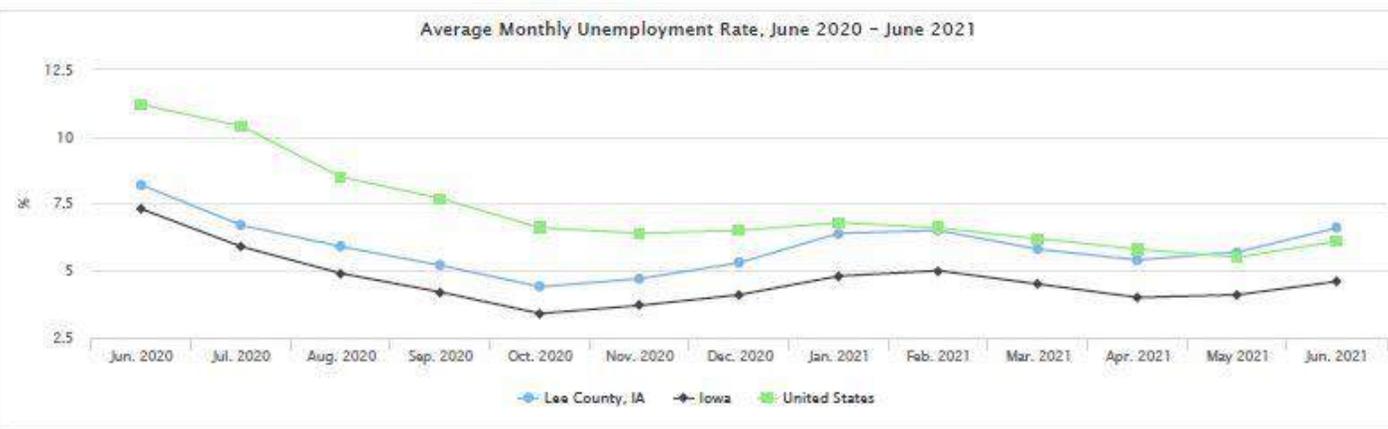
# Community Risk Factors: Economic Opportunities

Limited economic opportunities are a risk factor for child maltreatment perpetration. For example, unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to risk of child maltreatment. Historically, Lee County has had higher unemployment rates than the state average. After the onset of the COVID-19 Pandemic, unemployment spiked to a high of 13.6% in April of 2020, more than triple the pre-pandemic rate for Lee County. As of June 2021, the unemployment rate is 6.6% for the county which is 2% higher than the statewide average (Center for Applied Research, 2020).

**Table 20.** Unemployment Rate, 2016-2020.

	2016	2017	2018	2019	2020
<b>Lee County</b>	6.0%	5.4%	4.1%	4.0%	6.5%
<b>Iowa</b>	3.6%	3.1%	2.6%	2.8%	5.3%

**Figure 6.** Average Monthly Unemployment Rate, June 2020-June 2021.



*Source: (Center for Applied Research, 2020)*

# Community Risk Factors: Economic Opportunities

In 2017, workforce development data reported the average weekly wage in Lee County as \$876 and wages in Lee County were lower in nearly every industry category compared to the state of Iowa (Iowa Workforce, 2021). Female labor force participation and earnings are lower. 56% of females 16+ participate in the labor force in Lee County. Female median earnings are an estimated \$21,879 versus males at \$38,840 (U.S. Census, 2021).

Black or African American householder's in Lee County have a median household income one-third that of non-Hispanic White householders (\$16,458 vs \$49,115). Other race/ethnicities including Asian and Hispanic or Latino, have higher median household incomes in Lee County. Regardless, the median household income for the county (\$49,564) is significantly lower than that of the state (\$60,523) (U.S. Census, 2019). Increased economic stress exists for many Lee County families and could put them at increased risk for perpetration of child maltreatment.

Table 21. Median Household Income by Race/Ethnicity.

	Lee County	Iowa
<b>Overall</b>	\$49,564	\$60,523
<b>Non-Hispanic White</b>	\$49,115	\$62,628
<b>Black or African American</b>	\$16,458	\$32,139
<b>Asian</b>	\$80,368	\$59,890
<b>Some Other Race</b>	\$105,100	\$47,938
<b>Multiple Race</b>	\$39,028	\$44,727
<b>Hispanic or Latino</b>	\$67,986	\$47,502

Currently, many employers in Lee County are struggling with recruiting and retaining work force. At the same time, families are struggling to balance work and family obligations including child care and unexpected illnesses, as detailed by parents in the Parent/Caregiver Survey. Family friendly policies can help employers recruit and retain workforce and alleviate some of the challenges parents and caregivers face (CO4Kids, n.d.).

# Community Risk Factors: Economic Opportunities Summary

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## #1

Lee County has higher unemployment, lower labor force participation rates, lower wages, and lower median household income compared to statewide averages.

## #2

Two main disparities exist in economic opportunities based on available data:

- Female labor force participation and earnings are lower.
- Black or African American householder's in Lee County have a median household income one-third that of non-Hispanic White householders.

## #3

There is a labor shortage due to the pandemic and family friendly policies can help employers recruit and retain workforce while alleviating some of the challenges parents and caregivers face

# Community Risk Factors: Housing Instability

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A growing body of evidence indicates housing problems elevate risk for child maltreatment. Housing instability represents a uniquely distressing experience, particularly with children as they undergo school changes and disruption of social networks, while adjusting to new environments (Marcal, 2018).

46% of Lee County renters moved into their current unit within the last 5 years. While this is lower than the state average (50.9%), only 9.8% of Lee County owner-occupied units moved within the last 5 years (U.S. Census, 2019). Based on court records for 2016, there were 143 eviction filings and 95 evictions in Lee County. 2.38% of renter occupied households underwent the formal eviction process in 2016 alone (Center for Applied Research, 2020). Renters experience more instability compared to owners in Lee County, which may elevate risk for child maltreatment.

Renters account for 25.6% of occupied units in Lee County. A disproportionate amount of Hispanic or Latino and non-white households are renters. For example, 5.7% of rent-occupied units have a Black or African American head of household compared to just 0.6% of owner-occupied housing in Lee County. Furthermore, owner-occupied units tend to have a higher level of education. 52.8% of rent-occupied head of households have a high school diploma or less compared to 40.1% of owner-occupied housing (U.S. Census, 2019).

Housing quality issues families face in Lee County include substandard living conditions and lead exposure. 22.6% of Lee County occupied housing units have at least one substandard living condition. Over 53.7% of houses in Lee County were built before 1959 compared to 40.75 in the state, which may increase sources of lead exposure for children (Center for Applied Research, 2020). In fact, in the 2013 Under 6 Birth Cohort, 11 children in Lee County had confirmed elevated blood lead levels, 2.59% of children. Statewide, only 0.63% of the same birth cohort year had confirmed elevated blood lead levels (Iowa Dept. of Public Health, 2021).

# Community Risk Factors: Housing Instability

**Table 22.** Occupied Housing With Substandard Living Conditions.

	<b>Occupied Housing Units with One Substandard Condition</b>	<b>Occupied Housing Units with TWO OR THREE Substandard Conditions</b>	<b>Occupied Housing Units with FOUR Conditions</b>
<b>Lee County</b>	22.6% (n=3,217)	0.47% (n=67)	0.0% (n=0)
<b>Iowa</b>	22.3%	1.06%	0.0%

Housing affordability is another issue families face. In Lee County, 17.5% of owner occupied and 40.6% of renter occupied have a cost burden of 30% or more of household income (U.S. Census, 2019).

**Table 23.** Cost-Burdened Households.

	<b>Lee County</b>	<b>Iowa</b>
<b>Rental Household Cost-Burdened</b>	40.6% (n=1,478)	39.5%
<b>Owner Occupied Households w/ Mortgages Cost-Burdened</b>	23.3% (n=1,314)	19.5%
<b>Owner Occupied Households w/o Mortgages Cost-Burdened</b>	10.9% (n=540)	10.9%

There are housing resources available in Lee County, however, there is not have a homeless shelter. The Emma Cornelius Hospitality House provides short-term stays, typically 3 days maximum, and local churches have historically provided temporary shelters during cold weather. However, the closest homeless shelter is in Burlington, Iowa (30 to 60 minute drive) and the closest domestic violence emergency shelter is 1.5 to 2 hours away).

Rental and energy assistance is available within constraint of grant guidelines and funding availability. Public housing and Section 8 Vouchers are options in Lee County, but come with a hefty waitlist (7 months – 1 year) and limited availability.

## Community Risk Factors:

# Housing Instability Summary

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### #1

Almost half of Lee County renters moved into their current unit within the last 5 years, but only 1 out of 10 owner-occupied units moved in the same time period. Renters experience more instability compared to owners in Lee County. A disproportionate amount of Hispanic or Latino and non-white households are renters.

### #2

Housing quality issues families face in Lee County include substandard living conditions and lead exposure.

### #3

There is no homeless shelter in Lee County for longer stays. Other resources like rental assistance and public housing are limited by available grant funding and available units.

# Brief Overview of Societal Factors

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Much of what has already been presented can also be analyzed at the societal level because society influences community, relationship, and individual factors. However, social norms and resource allocation are two main societal level factors that will be presented here.

Social norms, attitudes, and beliefs impact each level of the Socio-Ecological Framework. The Lee County Child Maltreatment Needs Assessment has identified the following social norms through this process:

- Hesitancy or embarrassment in asking for help. Low perceived support for stigma associated challenges (mental health, poverty, domestic violence, etc.).
- “Good parents,” according to Lee County parents/caregivers, develop the parent-child bond, maintain open communication, and meet emotional/mental health needs of the child.
- Low perceived support community responsibility of children.
- Normalization of underage substance abuse
- Perpetuation of violence and aggressive behaviors and attitudes, lower sense of safety among youth

Lee County has a considerable amount of resource allocation towards child maltreatment prevention through evidence-based prevention programs and interagency collaboratives. However, more can be done to advocate at the state level for increased funding for Child Care Assistance, child abuse prevention, maternal child health, and additional economic supports.

Additionally, workgroup participants noted that funding for programs can change with policies and grant timeframes. Privately funded programs through churches, Salvation Army, etc. also experience turbulence in funding, leading to inconsistencies in what programs are offered and for how long.

Furthermore, several prevention programs specifically serve families with children under the age of 5. However, resource providers in the workgroup and a couple of parents detailed how families with older children may still need assistance. Inflexibility with grants can make it difficult to serve families and provide a continuum of care for children 0-17.

# Community Challenges

Certain discussions and key themes from workgroup meetings and community engagement events lack concrete, available data on the county level to support the gathered community context. However, these perspectives of the community cannot go unacknowledged. Instead, future data collection efforts should strive to address some of these key themes repeated during workgroup and community engagement discussions.

***Child Maltreatment Awareness and Education.*** The general public is not aware or educated about child maltreatment and prevention strategies related to risk factors and family supports. Families with DHS involvement are often misunderstood, and thus hesitant to reach out for assistance. There seems to be an underlying assumption that child maltreatment cannot be prevented and only “bad parents” perpetrate child maltreatment. In reality, there are risk factors that can be prevented and protective factors that can be strengthened in all families.

***Lack of diversity in resource providers work force.*** Participants in the workgroup stated that traditionally and currently the workforce for resource providers and DHS in Lee County is not diverse related to their socioeconomics, lived experiences, and race and ethnicity. This lack of diversity impacts the ability for individuals to build understanding, relationships, and trust. Additionally, many of the jobs related to providing direct service provision and family support are low paying and high stress. This results in high turn-over, and shortage of skilled staff

***Virtual service delivery.*** Some people believe virtual service delivery removed barriers to accessing resources and programs, while other claimed virtual meetings decreased interactions and engagement during COVID-19.

# Limitations of Assessment

There are 4 major limitations of this assessment: small data, Parent/Caregiver Survey representation, gaps in available data, and COVID-19 impact on assessment.

1. Lee County is a fairly small county in Iowa with a population around 34,227 people. This makes population estimates for certain characteristics and situations less reliable with larger margins of error. For example, Lee County has a predominantly white population and little diversity in race. There's an estimated 83 American Indian and Alaskan Natives living in Lee County, but there is a considerable margin of error of 57 (U.S. Census, 2019). This means the true value could be between 26 and 140. Thus, analyses regarding race/ethnicity and other minority groups have less reliable data and higher margins of error.

2. The Parent/Caregiver Survey had 309 total responses. While this is historically a high response rate for Lee County surveys, this only represents less than 1% of the entire county population. This is a tiny subset of the population at-large and conclusions should not be expanded to represent the entire county.

3. Certain risk and protective factors identified by CDC and the Iowa Child Maltreatment Prevention Needs Assessment could not be further analyzed on the county level due to limited available data. This includes ACE-related information, families with high conflict, families that use corporal punishment, and communities with family friendly work policies. Additionally, many factors discussed in this assessment carry substantial stigma and numbers are likely to be underreported including data for child maltreatment, mental illness, substance abuse, and domestic violence.

# Limitations of Assessment

4. Last but not least, the COVID-19 pandemic brought new challenges with the community health needs assessment process. Collaborations and meetings were all completed virtually. Rethinking efforts like parent outreach – how to engage parents when normal meetings spots (schools, libraries, churches) were closed – were reviewed on a regular basis and constantly evolved throughout the assessment process. Despite these challenges, a strong, multi-sectoral workgroup was formed with several engaged parents/caregivers to provide direction, feedback, and context to the Lee County Child Maltreatment Assessment.

In addition to impacting the assessment process, the COVID-19 Pandemic also impacted the data. As part of the Parent/Caregiver Survey, 46.9% of respondents stated the COVID-19 Pandemic worsened their household mental health. Similarly, 34.5% of respondents states their household financial insecurity is worse due to the pandemic. It is highly probable that the conversations, priorities, concerns, and general data collected during 2020 and 2021 are different than what it would have been in 2018-2019 and constantly evolving. On a positive note, there is a influx of funding to child maltreatment prevention associated services, including mental health capacity and after-school programs, due to COVID-19 exposing gaps in infrastructure and investments.

# Recommendations

This report presented available data and community context to better understand the current landscape of child maltreatment protective and risk factors in Lee County. The goal of such analyses is to help understand why Lee County has one of the highest rates of child maltreatment in Iowa, and identify potential targets for community-wide prevention efforts.

A handful of risk and protective factors stood out with alarming statistics in comparison to the rest of the state and had reoccurring themes among workgroup, community, and parent context.

- ❖ Challenges with child care capacity, quality, and affordability. Limited after-school program and activities.
- ❖ Increased rates of substance use for adults and youth. Iowa Youth Survey results indicate normalization/acceptance of youth alcohol use.
- ❖ Increased rates of mental health indicators and deaths from suicide. Mental health challenges have been exacerbated by COVID-19.
- ❖ Increased rates of at-risk parental characteristics including young parents, low educational attainment, single-parent households, and non-biological caregivers.
- ❖ Increased rate of poverty, particularly among families, single-parents, and Black or African American population.
- ❖ Increased rate of violent crime. Perpetuation of violence and aggressive behaviors and attitudes, lower sense of safety among youth.
- ❖ Hesitancy or embarrassment in asking for help. Low perceived community support for stigma associated challenges (mental health, poverty, domestic violence, etc.).

# Recommendations

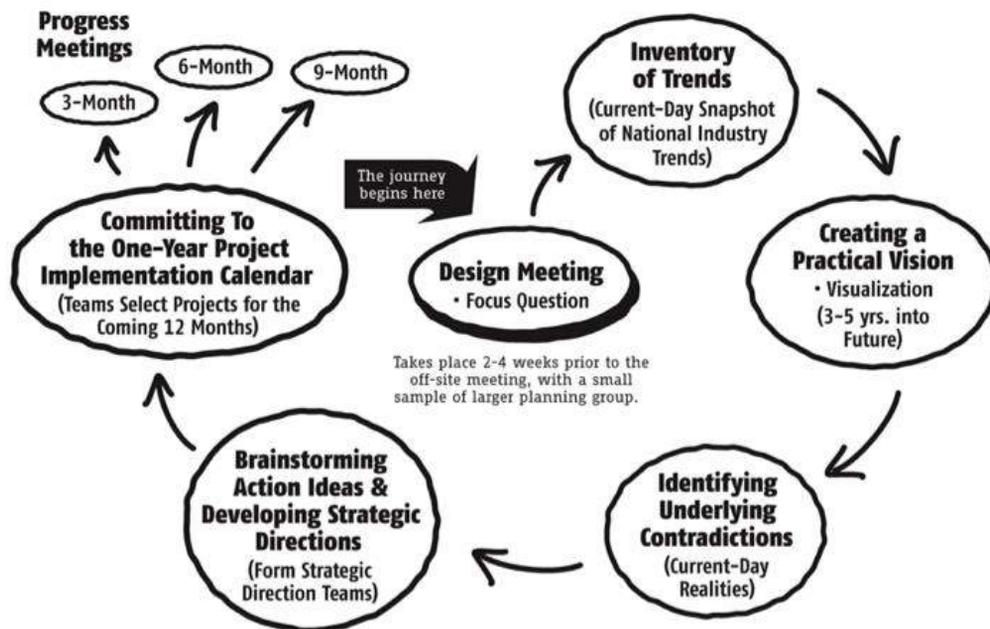
A short-list of key recommendations has been developed based on this report's findings.

- 1. Reduce child maltreatment by decreasing key risk factors** that may exacerbate Lee County's child maltreatment rates. Strategic risk factors to prioritize would be those where Lee County has disproportionately higher rates and frequencies compared to Iowa, and those the Iowa Child Maltreatment Prevention Assessment found to be most closely correlated with abuse and neglect. Based on data presented here, substance abuse, mental health, educational attainment, violence and crime, poverty, and teen births would be high priority risk factors to address.
- 2. Improve community resiliency by strengthening the 5 protective factors** in all families, with special efforts on families known to have lower protective factors. This could include families in poverty, single-parents, parents with low educational attainment, disability in the household, or more depending on the protective factor.
- 3. Use the Socio-Ecological Model to coordinate current child maltreatment-associated prevention activities in Lee County.** Develop partnerships and align goals with present initiatives. Innovate new strategies to build upon existing strengths or address gaps in prevention efforts.
- 4. Work to remove barriers in accessing services and supports**, this includes reducing stigma and improving awareness of resources. When possible, analyze inequities in the target population *and* the utilization of resources to better prioritize efforts.
- 5. Increase workforce development opportunities and participation around ACEs, cultural humility, and trauma informed practices to community partners and resource providers across sectors.** This knowledge helps mitigate stigma, judgements or unconscious bias, and impact of child maltreatment through prevention and early intervention. These trainings improve the quality of the prevention workforce and family and child outcomes by promoting a supportive, compassionate environment for all.

# Next Steps

The Lee County Child Maltreatment Needs Assessment will give community partners a shared understanding of child maltreatment risk and protective factors for individuals and families in our community, as well as introduce research-based approaches and framework to develop a strategic plan that will build on current strengths and opportunities.

The strategic planning process is a research-based approach called Technology of Participation (ToP). This approach is participatory and focuses on consensus building to create a practical vision, identify barriers to reach the vision, moving to 2-3 strategic directions and finally to focused implementation plans for each of these strategic directions. The process includes context setting, individual and small group free thinking, posting and clustering ideas, naming clusters, and a brief reflection.



Based on the Institute of Cultural Affairs' (ICA) work as part of the Technology of Participation (ToP) series.

# Next Steps

A majority of the decision-making will be made during an all-day planning session on September 29, 2021, with follow-up focused implementation workshops to finalize the fine details in the strategic plan from October to December 2021. The following chart explains the step-by-step ToP process that will be followed in the meetings.

## All Day Session – September 29, 2021

<b>Current Reality (30 minutes)</b>	<b>Shared Practical Vision (2 hours)</b>
Produce a shared picture of your history and discuss its significance on relation to your future using needs assessment.	Identify what the group wants to see in place in 3-5 years as a result of their actions.
<b>Barriers to the Vision (2 hours)</b>	<b>Strategic Directions (2 hours)</b>
Identify barriers and underlying contradictions that will get in the way of achieving your vision.	Identify 2-4 strategic directions that will move you toward your vision and address the barriers.

## Focused Implementation Workshops – October to December 2021

<b>Implementation Planning</b>	<b>Focused Implementation</b>
Implementation teams create 1 <sup>st</sup> year action plan to achieve the strategic directions.	Teams fill out first 90 day implementation project charts

In order to collect parent/caregiver feedback, a tentative strategic plan to prevent child abuse and neglect in Lee County will be presented to parents/caregivers at local school district's parent-teacher conferences and parent-teacher organizations in October/November of 2021. Additional input and feedback will be requested through newspaper articles, social media, and community partners.

At this time Lee County is positioned to build on existing collaborative efforts related to supporting families and preventing child maltreatment. There are several strong agencies, organizations, and individuals that have committed to conducting this Lee County Child Maltreatment Needs Assessment, forming the subsequent strategic plan, and supporting focused implementation strategies.

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