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Advisory Board

Introduction

The production of the 2012 Mississippi KIDS COUNT Databook marks the fifth Databook produced under the auspices of Mississippi State University's Social Science Research Center. During this time, the encouragement of the Mississippi KIDS COUNT Advisory Board, colleagues across Mississippi, other KIDS COUNT grantees across the country and KIDS COUNT staff at the Annie E. Casey Foundation continue to be tremendous. The release of the 2012 Databook coincides with the fifth annual Mississippi KIDS COUNT Summit. It continues to grow each year in both attendance and sponsorships.

While Mississippi KIDS COUNT continues to focus upon the following broad areas: health, education, safety and economic well-being, we choose one topic each year for the Databook. The theme of the 2012 MS KIDS COUNT Databook is safety, with the following four components highlighted:

- Transportation Safety

- Environmental Safety

- School Safety

- Child Abuse and Neglect

In each of these sections on child safety, prevention is integral to improving the quality of life for children, families and communities. This is true whether the prevention occurs on the individual level (no texting while driving); family (having and practicing a fire safety plan), community level (providing safe schools and environments for children and youth to grow, learn and play).

To be sure, there are numerous categories within each of these topics that are both important and timely; however, it is important that each component includes an overview, data visualization, policy considerations and a success story. Some of the highlights of this year's Databook include:

Transportation Safety

The first section provides an overview of an array of topics that can promote safety and decrease the risks of children and youth being safe in vehicles and on bicycles and other recreational modes of transportation. An overview of the effectiveness of child safety seats (when used properly) and the use of seat belts and bicycle helmets is presented. The safety concerns around distracted driving are also reviewed.

Environmental Safety

Children and youth take risks that fall across an array of topics. Included in this section are: fire play by young children and youth, underage drinking, use of drugs, sexual activity and use of tobacco products. Strategies and policy considerations in reinforcing the importance of prevention are noted in this section.

School Safety

Providing children and youth a safe school environment has become increasingly challenging for parents, educators and communities. Three areas that are covered in this section include: sexting, bullying and school violence. A stellar peer mediation program "Talk About the Problems" (TAP) is also highlighted in this section and can serve as a positive model to other schools throughout Mississippi and the nation.

Child Abuse and Neglect

The continuum of prevention to intervention on the topic of child abuse and neglect is explored, as well as risk factors often associated with environments where abuse and neglect often occur. A program that is highlighted in this section, The Family Resource Center of Northeast Mississippi provides a shining example of how a community has marshaled efforts to provide both prevention and intervention services to children and families they serve.

Success Stories

The success stories herald the tremendous work that individuals do on behalf of children and families all across the state of Mississippi. The notion of "spreading the word" about great work being done by dedicated volunteers, staff and communities across Mississippi to "take root" in other communities is being done each year via the Mississippi KIDS COUNT Success Stories. These stories are reported in the annual Databook and spotlighted at the annual Mississippi KIDS COUNT Summit. The Success Stories this year are again reflective of great outcomes for children, families and communities across Mississippi!

Ten National Indicators

Mississippi ranks 50th in six of the ten national indicators which measure children's overall well-being, as compiled annually by the Annie E. Casey Foundation (www.aecf.org). Mississippi has seen improvement in five categories since the year 2000: Infant mortality, child deaths, teen deaths, teen births, and high school dropouts, but has also made significant progress in the category of teens finishing their education and graduating. This is evidenced by the high school dropout rate which went from 15.4% in 2000 to 9% in 2010, a decrease of 42%. There have been vast improvements in the child and teen death rates from 2000 to 2008. Child (29) and teen death (82) rates have both improved by 21%.

In 2010, 242,000 children were living in poverty in Mississippi. The percentage of children in poverty has shown a striking increase in Mississippi from 26.4% in 2000 to 33% in 2010, a 25% increase. This indicator reflects the percentage of children under 18 who live in families with incomes below the federal poverty level (FPL). Parental employment has also worsened since 2000; in fact Mississippi ranks 50th in the nation among unemployed parents. In 2000, 36% of the state's children were living in households where no parent had full-time, year-round employment. In 2009, the percentage had increased to 39%. The number of children living in single-parent households increased from 42.7% in 2000 to 46% in 2009.

Even though the state has seen improvements in some categories, it still is ranked 50th in the areas of low-birthweight babies; infant mortality; teen births; children living in families where no parent has full-time, year-round employment; children in poverty (100%); and children in single-parent families.

The following map reflects the overall KIDS COUNT ranking in the United States.

**KIDS COUNT Overall Rank
2011**

New Hampshire is ranked # 1
Mississippi is ranked 50th

Overall Rank, 2011

- 1 - 10
- 11 - 20
- 21 - 30
- 31 - 40
- 41 - 50
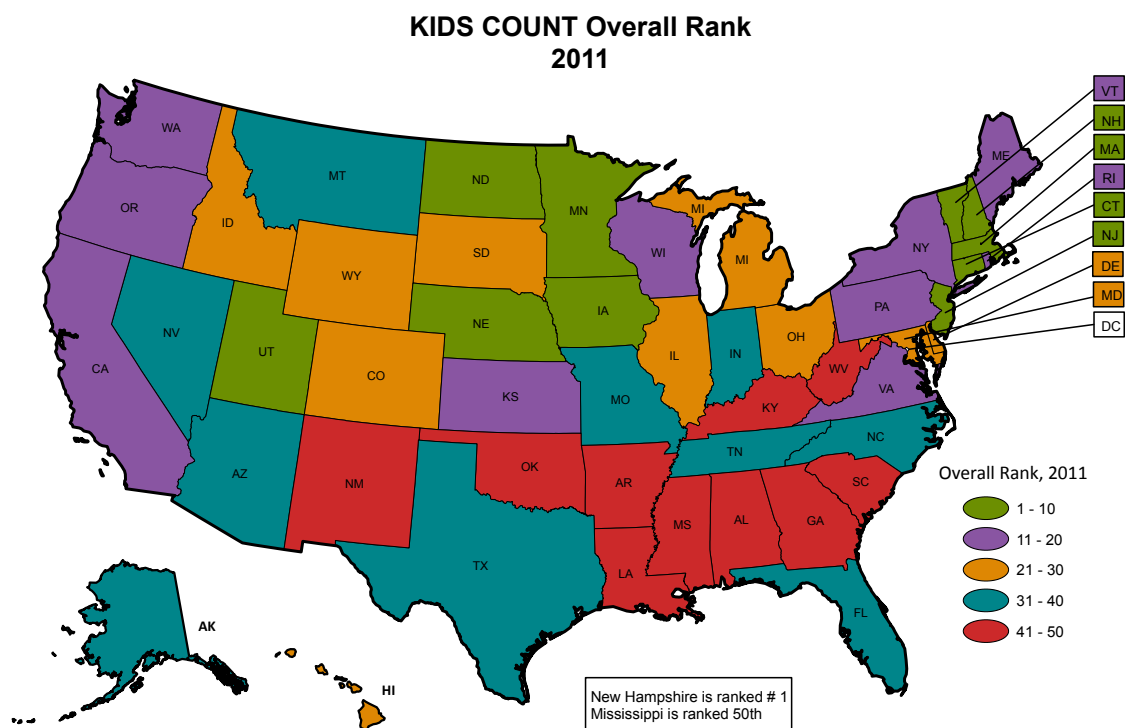
*Excludes the District of Columbia

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center

Indicator	Year 2000 (rate or %)	Current Year	Current Year (rate or %)	Current Year (# of children)	Change since 2000*	MS Rank
KIDS COUNT Data Book Indicators: Mississippi						
Low-birthweight babies (less than 5.5 pounds)	10.7%	2008	11.8%	5,306	Worse	50th
Infant Mortality (per 1,000)	10.7	2008	10.0	448	Better	50th
Child deaths, ages 1-14 (per 100,000)	36.6	2008	29.0	167	Better	46th
Teen deaths from all causes, ages 15-19 (per 100,000)	103.4	2008	82.0	181	Better	43th
Teen births, ages 15-19 (per 1,000)	70.1	2008	66.0	7,193	Better	50th
Teens (16-19) who are high school dropouts	15.4%	2010	9%	16,000	Better	47th
Teens (16-19) not attending school and not working	11%	2010	13%	23,000	Worse	47th
Children living in families where no parent has full-time, year-round employment	36%	2009	39%	300,000	Worse	50th
Children in poverty (100%)	26.4%	2010	33%	242,000	Worse	50th
Children in single-parent families	42.7%	2010	46%	326,000	Worse	50th

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center

Transportation Safety

Introduction

Transportation safety is an integral part of our daily lives. For children, this begins at birth—(i.e., transporting of newborns home from hospital) and continues through childhood, teenage years and beyond; thus the interface of transportation and children's safety is evident. Transportation, for and by children, encompasses a range of transportation opportunities including, but not limited to the following: school buses, bicycles, skateboards, all-terrain vehicles (ATVs) and automobiles. While the engineering of vehicles over the past decades has increasingly promoted safety features, preventable fatalities and injuries continue to be commonplace.

The state of Mississippi had a total of 733 motor vehicle deaths in 2009 (Mississippi State Department of Health [MSDH], n.d.). Only one county (Perry) did not report a motor vehicle fatality. The remaining 81 counties in Mississippi ranged from a low of one death in Jefferson County to a high of 46 deaths in Hinds County. This averages to approximately 14 lives lost each week in Mississippi, due to motor vehicle accidents. Teens (ages 15-19) and young adults (ages 20-34) accounted for approximately 44% of motor vehicle deaths (311) in Mississippi in 2009 (MSDH, 2009). Given these numbers, it is important to not only understand and educate the state's citizenry about the causes of these deaths, but to also promote sound and enforceable policies to curb and decrease these deaths. The cost of motor vehicle deaths in 2009 was $881 million - $8 million in medical costs, and $873 million in work loss costs. The state of Kentucky (population 4.2 million) with almost 1 ½ million more people than Mississippi (2.9 million), had costs of slightly less at $871 million (Centers for Disease Control and Prevention [CDC], n.d.). Prevention, using effective laws and education to reduce this preventable phenomenon seems the best combative strategy.

In this section, the following topics will be reviewed: 1) child restraints (car seats and boosters), 2) use of seat belts, 3) bicycle and helmet safety, 4) All Terrain Vehicle (ATV) safety and 5) texting/phone use while driving. Given that approximately one third of Mississippi's population is under the age of 21, it is vitally important to educate Mississippi's citizenry and to implement effective policies and programs that aid in the prevention of injuries and crashes. The consideration of new legislation and the enforcement of current laws are both important in promoting the safety of Mississippi's children and families.

Child Restraints (Car Seats and Boosters)

Transportation safety remains a significant health risk facing children in Mississippi. In fact, among children aged one year and older, motor vehicle crashes are the leading cause of accidental deaths in the United States and in Mississippi (CDC, 2011; MSDH, 2010). It is likely that the most important safety intervention in the prevention of traffic related injury and deaths in children is the proper use of restraint systems (e.g., child safety seats and seat belts).

Currently, all 50 states and the District of Columbia have child restraint laws in place. The current state level laws for the use of restraint systems in Mississippi are relaxed in comparison to most other states. In 2010, the overall usage of child safety seats in Mississippi was 79.9%, a figure which is also low in comparison to other states (Parrish, Jakins, and Cosgrove, 2010). Preliminary data for 2011, in the overall usage of child safety seats in Mississippi increased to 83% in 2011 (David Parrish, personal communication, October 31, 2011).

Research on the effectiveness of child safety seats has found them to reduce deaths in passenger cars by 71% in children less than one year old and by 54% for children one to three years old (U.S. Department of Transportation, National Highway Traffic Safety Administration [NHTSA], 2010). Additionally, child safety seats have been found to be superior to seat belts in preventing passenger car deaths in children, particularly children less than one year old (Rice and Anderson, 2009). These figures suggest that the use of child safety seats is crucial in reducing motor vehicle injuries and fatalities in children. It is recommended that children sit in the rear seat of a vehicle in an age and size appropriate restraint device that is properly adjusted, such as a rear-facing infant seat, a child safety seat, booster seat, or lap and shoulder seat belt when the child reaches the appropriate size (Howard, 2002). Current child restraint laws in the state of Mississippi require parents to place children three years and younger in a child restraint and children four through six years old and less than 57 inches or 65 pounds in a booster seat (Insurance Institute for Highway Safety, 2011). However, in Spring, 2011, the American Academy of Pediatrics (AAP) recommended that parents keep their toddlers in rear-facing car seats until age two or until they reach the maximum height and weight for their seat and also advised that most children ride in a belt-positioning booster seat until they have reached 4 feet 9 inches tall and are between 8 and 12 years of age.

Misuse of Child Restraint Systems

Although the use of child safety seats has proven to be an effective measure in reducing motor vehicle fatality rates in children, the proper uses of such devices is critical in ensuring their effectiveness. Even though child safety seats are used at relatively high rates, research has found that many parents who are using these devices are doing so improperly. For instance, one observational study found at least one seat belt misuse for 64.8% of the children transported in belt-positioning booster seats (O'Neil, Daniels, Talty, and Bull, 2009). The misuse of child restraint systems not only reduces their effectiveness but also leads to specific patterns of injury. For example, there is an increased risk of abdominal injury when placing young children in seat belts before they are at the proper developmental stage (Winston, Drubin, Kallan, and Moll, 2000). Also, children who are placed in the front seat in a child safety seat are sometimes killed or injured due to airbag injuries (Marshall, Bernadette, and Egelhoff, 1998).

Children should transition from a rear-facing seat to a forward-facing seat with a harness, until they reach the maximum weight or height for that seat. Then a booster will make sure the vehicle's lap-and-shoulder belt fit properly. The shoulder belt should lie across the middle of the chest and shoulder, not near the neck or face. The lap belt should fit low and snug on the hips and upper thighs, not across the belly. Most children will need a booster seat until they have reached 4 feet 9 inches tall and are between eight and twelve years old. Children should ride in the rear of a vehicle until they are 13 years old (AAP Policy Statement, April, 2011).

Transportation Safety

Seat Belt Usage

Nationally, seat belt usage in 2010 was 85%, according to the National Highway Traffic Safety Administration's (NHTSA) National Occupant Protection Use Survey (NOPUS). In Mississippi, the seat belt usage was 81% in 2010 (U.S. Department of Transportation, NHTSA, 2011). While this is lower than the national average, it is noteworthy that this reflects a 5% increase from 2009, with a rate of 76% usage. In 2005, Mississippi's seat belt usage was 60.8% and increased dramatically to 73.6% in 2006, with the Mississippi Legislature enacting a primary seat belt law (Parrish, Cosgrove, Alberson, and Jakins, 2009). Beginning in 2006, drivers could be ticketed for not wearing a seat belt. Prior to that time, drivers could only be ticketed for not wearing a seat belt, when stopped for another traffic offense.

For over a decade, Mississippi has conducted an annual Click It Or Ticket (CIOT) campaign held four weeks prior to the Memorial Day holiday weekend. Research conducted by Mississippi State University's Social Science Research Center has been measuring the effects of this campaign that has been effective, overall.

Observational studies are conducted each year in 16 Mississippi counties in 168 sites for the post-CIOT campaign and are compared to a pre-CIOT sub-sample involving 64 sites. In the 2010 study, females were more likely than males to use seat belts, irrespective of the type of vehicle or whether they were
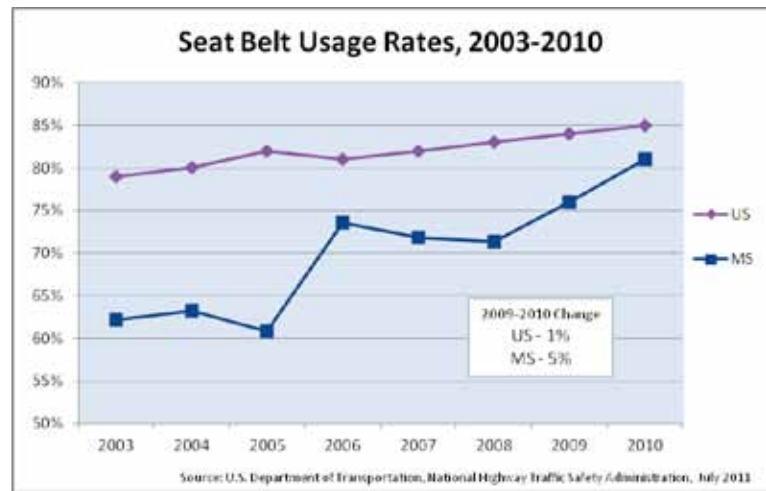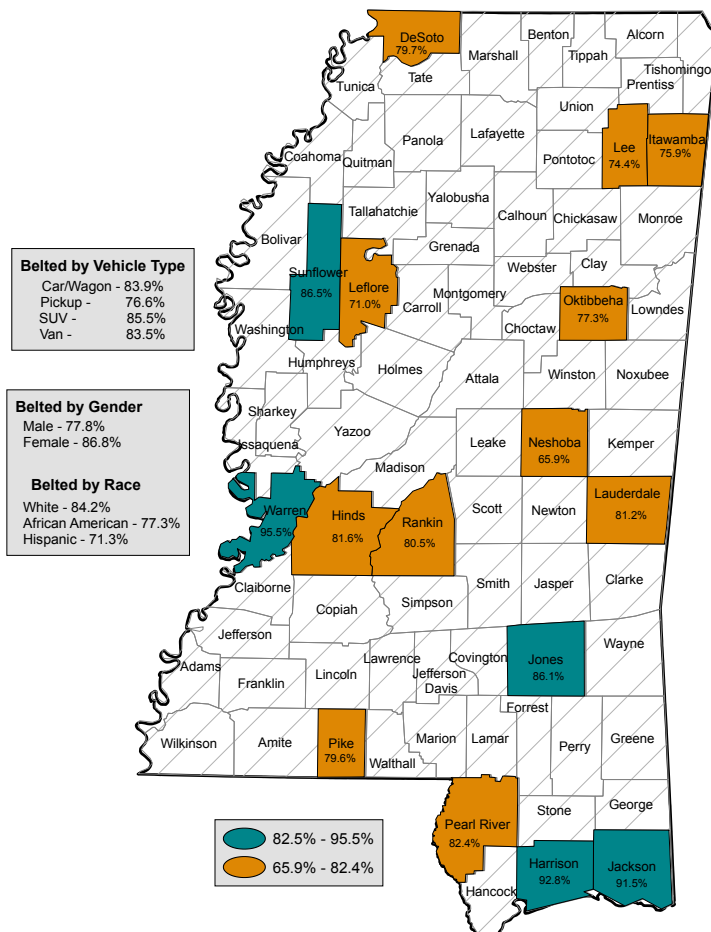
Figure 1

Figure 2

drivers or passengers in the vehicles. Among females, white females were much more likely to use seat belts (89.9%) compared to black females (79.9%). Among males the gap between races was smaller, with white males (78.5%) using seat belts, compared to black males (71.6%) (Parrish, Jakins, and Cosgrove, 2010).

For additional safety information statistics at the county level, refer to the following link: http://www.ssrc.msstate.edu/laboratories/public-safety-data-laboratory/.

These results revealed a wide range of seat belt usage across 16 different counties in the state of Mississippi. Rates of usage ranged from 71% in Leflore County to 95.5% in Warren County. In the counties surveyed, females were belted 86.8% of the time opposed to males who were belted 77.8% of the time. Different rates were also observed by race with whites using seat belts 84.2% of the time, and black drivers 77.3% of the time (J.W. Landrum Observational Survey Laboratory at the Social Science Research Center, Mississippi State University, 2011).

Bicycle and Helmet Safety

In 2010, Mississippi passed its first statewide bicycle safety law, the John Paul Frerer Bicycle Safety Act (Mississippi Code Ann. § 63-3-1309, 2010). The Act requires drivers of motor vehicles to maintain three feet of distance between the vehicle and the bicycle when passing a bicyclist on any public road. It also makes it unlawful for a person to "harass, taunt, or maliciously throw an object" at a bicyclist (Mississippi Code Ann. § 63-3-1313, 2010). The Act was named after John Paul Frerer, an 18 year-old who died in 2009 while biking on Highway 6 near Tupelo, Mississippi (Whitman, 2010). While it at least partially addresses the issue of motor vehicle collisions, the Act requires nothing of bicyclists themselves. Dealing with motor vehicles' interactions with bicycles is important, but combining those efforts with a requirement of helmet use would be a much more comprehensive solution to the major safety issues associated with bicycles nationwide.

In addition to bicycle helmets, the use of helmets to decrease injuries and fatalities for other forms of transportation and/or recreational activities (motorized and non-motorized) include, but are not limited to: motorcycles, in-line skates, roller skates, skateboards, Segways, unicycles and All Terrain Vehicles (ATVs). In the Spring of 2010, the City of Starkville, Mississippi passed a comprehensive, enforceable Safety Helmet Ordinance for residents as well as visitors to the city. Specifically it requires that "all such operators and passengers wear protective safety helmets approved by the U.S. Consumer

Product Safety Commission; that all passengers who weigh less than forty (40) lbs or are less than forty inches (40") in height be seated in separate child passenger seats; and that no person who is unable to maintain an erect, seated position or is less than one year of age shall be a passenger on a restraining seat and all other passengers shall be seated on saddle seats" (City of Starkville Ordinance, 2010-6).

While bicycle injury statistics for Mississippi are less widely available than ATV statistics, various Mississippi policy activists are concerned about bicycle safety for children. The Mississippi Driver's Manual cautions drivers to watch carefully for children riding bicycles and reminds drivers that the bicycle is a vehicle and must be ridden in a lawful manner" (Mississippi Department of Public Safety, 2010). One particular area of concern is the use of helmets. In 2009, 94.4% of Mississippi's high school students reported they "never or rarely" wore a helmet when riding a bicycle (CDC, 2010). To date, helmet laws have been left to municipalities, and only three Mississippi cities (Hernando, Ridgeland, and Starkville) have bicycle helmet laws, all of which were passed in 2010 (Bicycle Helmet Safety Institute, 2011).

The Mississippi State Department of Health conducts pedestrian and bicycle safety activities throughout the state, including classroom and community presentations and helmet distribution (Mississippi State Department of Health, n.d.). The Mississippi State Department of Health also administers the "Safe Routes to School" program, the stated goals of which are to encourage children to bike or walk to school as well as foster community awareness about safe routes for children, bicycles, and pedestrian safety.

ATV Safety

Nationally, of the 135,100 estimated number of emergency room treated injuries involving ATVs in 2008, 28% or 37,700 were for children under the age of 16 (U.S. Consumer Product Safety Commission, 2011b). In 2009, the number of reported deaths from ATV accidents was 376. Of these 376 deaths, 16% involved children less than 16 years of age.

Mississippians are 3.5 times more likely to die from ATV accidents than persons in other states.

Center for Mississippi Health Policy, 2010

In Mississippi, children less than 16 years of age have a 28% higher rate of fatalities from ATV injuries than individuals 16 years and older (Center for Mississippi Health Policy, 2010).

Seventeen percent of the fatal injuries to children and youth on U.S. farms from 1995 to 2000 involved motor vehicles, including all-terrain vehicles (ATVs) (National Children's Center for Rural and Agricultural Health and Safety, 2011). The American Academy of Pediatrics (AAP) recommends that children not drive tractors and ATVs at all, since children do not have the coordination, reflexes, and good judgment needed to avoid crashes and other accidents. Many of these vehicles present especially high risks of injury because they move at high speeds and have no protective covering for the rider. Roll-overs are a common cause of injury and death, especially on slopes (AAP, 2010).

ATVs are particularly dangerous because they roll over easily, often landing on the rider. The three-wheel models are especially prone to roll-overs (AAP, 2000). ATVs are fairly unstable because they have a high center of gravity, poor suspension systems, no rear-wheel differential, and the ability to reach speeds of 30-50 mph. Adding passengers increases the danger: ATVs are made for one person, and additional passengers make them less stable and harder to control (Marshfield Clinic, 2010). Their weight—up to 800 lbs.—makes it difficult for people to escape from under them if they do overturn, and this hazard is especially problematic for children. Other injuries occur when the driver loses control, riders are thrown off, or the ATV collides with a fixed object (AAP, 2000). Injuries are especially likely when the rider is inexperienced, drives too quickly, and/or does not wear a helmet.

About 40,000 children under age 16 nationwide end up in the emergency room each year due to ATV-related injuries (Marshfield Clinic, 2010). According to the Marshfield Clinic in Wisconsin, "Children account for more than one-third of ATV-related injuries and 28% of ATV-related deaths" (2010). Many of these deaths are due to head injuries (American Academy of Pediatrics, 2010). Head injuries are also the cause of about 55% of bicycle fatalities for youth aged 19 and under (Children's Safety Network, 2011).

About 80% of bicycle deaths are due to collision with motor vehicles, and 55.7% of these motor vehicle collision fatalities are due to injuries to the head. The best way to prevent these injuries is to wear a properly secured helmet, which reduces the risk of head and brain injury by 85-88%. The Children's Safety Network suggests helmet give-away programs or subsidies to encourage children to wear helmets, especially in low-income communities. It also suggests that parents wear helmets when riding bicycles because children are more likely to do so if their parents model safe behavior; visibility aids like reflectors or lights are also recommended. Bicycle fairs or skills training can also help train children on how to ride safely and educate them about the relevant laws.

Bicycle injuries to children come with a heavy price aside from the inherent problem of the injuries themselves: the average annual cost of non-fatal bicycle injuries to children is about $4.7 billion (Children's Safety Network, 2011). These injuries are quite frequent, as 50% of all non-fatal bicycle injuries in 2008 affected riders aged five to twenty.

Distracted Driving

In the United States, it is estimated that there are 327.6 million cell phones, reflecting an increase of 177% over the past decade (CTIA, 2011). In a 2010 state-wide random survey of Mississippians conducted by Mississippi State University's Social Science Research Center, Mississippians reported usage of talking on cell phones similar to that of national usage, 68.7% and 67%, respectively (Cross, Hanna, Garrison, and McKee, 2010).

Currently, Mississippi has two state-wide policies relating to cell phone usage among two specific groups. These include banning of cell phone usage for drivers with learner's permits or those with intermediate drivers' licenses, along with banning cell phone usage for bus drivers while transporting youngsters (Mississippi Senate Bill 2280, 2009; Mississippi Senate Bill 2472, 2011).

A recent anti-texting Public Service Announcement (October, 2011) notes that teenage drivers are "already four times more likely than any other age group to be involved in a motor vehicle crash. If you factor in texting, which increases the crash rate by up to 23 times, it's a recipe for disaster."

Consumer Reports, 2011

Promising Programs/Other State Examples:

One study has found that laws requiring ATV riders to wear helmets were not enough to protect child riders from serious head injury or even death and so recommended the extreme step of prohibiting anyone under the age of 16 from driving or riding an ATV (Keenan and Bratton, 2004).That would undoubtedly be an effective response to the problem, but many states have been able to improve safety and keep their childhood death rates from ATV-related injuries far lower than Mississippi's without taking such an extreme step. Because an outright ban might be politically difficult in a state like Mississippi, it is instructive to look at these more nuanced approaches that have succeeded elsewhere. Effective legislation has included restrictions on where ATVs can be used, safety requirements for the vehicles themselves, adult supervision requirements, and other approaches to regulate ATV use by youth.

1. Prohibit ATV use on public roads and highways

Many states have lowered ATV-related child deaths by prohibiting their use on public roads and highways. In fact, this is one of the most common solutions that other states have adopted. In Arkansas, regardless of the operator's age, ATVs may only be driven on public roads or highways in order to get from one field to another (Arkansas Code Ann. § 27-21-106, 2010). Furthermore, when crossing a road or highway, the operator must come to a complete stop and yield to traffic. In combination with other safety laws (discussed below), this

policy has contributed to Arkansas' relatively low rate of just 63 ATV-related deaths of children under age 16 between 1982 and 2006 as compared with Mississippi's 105 deaths over the same period, even though the states have roughly equal populations (U.S. Consumer Product Safety Commission, 2011a; U.S. Census Bureau, 2010).

Tennessee prohibits ATVs on public roads and highways except to cross, and despite a population over twice the size of Mississippi, it had just 98 ATV-related deaths of children under age 16 between 1982 and 2006 (U.S. Consumer Product Safety Commission, 2011a; Tennessee Code Ann. § 27-21-106, 2010). Similar laws have passed in states such as North Carolina, Maine, Oklahoma, and Texas (North Carolina. Gen. Stat. § 20-171.19, 2010; 12 Maine Rev. Stat. §12157-A, 2011; Oklahoma Stat. § 47-1151(E), 2011; 37.1 Texas Admin. Code § 21.8, 2009). All of these states have large rural populations, like Mississippi, but have seen proportionally far fewer ATV-related childhood deaths (U.S. Consumer Product Safety Commission, 2011).

2. Require parental supervision of children operating ATVs

Another common state action that has reduced childhood deaths involving ATVs is to require that children under a certain age be supervised by an adult or a licensed driver. In Arkansas, children under 12 must be supervised by someone over 18 (Arkansas Code Ann. § 27-21-106, n.d.). In Texas, anyone under 14 operating an ATV must be accompanied by an adult (37.1 Texas Admin. Code § 218, 2009). In Georgia, North Carolina, and Maine, the age under which supervision is required is 16 (Raceway ATV, 2005; North Carolina Gen. Stat. § 20-171.19, 2010; Maine Rev. Stat. 12.220, § 13157-A, 2011). Many of these laws have exceptions for children operating ATVs on their parents' land (Maine Rev. Stat. 12. 220, § 12157-A, 2011).

3. Require a headlight and taillights for ATVs operated at night

In North Carolina, anyone (regardless of age) operating an ATV must have a lighted headlight and taillight from half an hour after sunset until half an hour before sunrise (North Carolina Gen. Stat. § 20-171.19, 2010). Between 1982 and 2006, just 98 children under 16 have died in ATV-related accidents in North Carolina compared with Mississippi's 105, despite the fact that North Carolina has over three times the population of Mississippi (U.S. Consumer Product Safety Commission, 2011). Texas and Arkansas, two more of Mississippi's neighbors, have the same headlight and taillight law as North Carolina (37.1 Texas Admin. Code § 21.8, 2009; Arkansas Code Ann. § 27-21-106, 2010). Texas has had 131 deaths of children under 16 over the same period, which again represents a far lower per capita rate than Mississippi's 105 (U.S. Consumer Safety Commission, 2011b).

4. Enforce the laws through reasonable penalties

A key aspect of ATV safety laws is for a state to show that it takes the matter seriously by imposing penalties on violators. States vary in their enforcement, but violations generally result in small fines. In Arkansas, the fine can be as little as $10 or as much as $50 (Arkansas Code Ann. § 27-21-106, 2010). Oklahoma has a similar range of $10 to $100 (Oklahoma Stat. 47-1151[E], 2011). In Georgia, the fine for violation can be more severe—up to $500 (Raceway ATV, 2005). These states all lack a mandatory minimum fine and allow a range of possible penalties, giving law enforcement officers the ability to tailor the punishment to the circumstances. Some states also authorize imprisonment for violators: up to 30 days in Arkansas or even up to six months in Georgia (Arkansas Code Ann § 27-21-106, 2010; Raceway ATV, 2005). Generally, states do not specify whether the penalty may or must be imposed on the child or his or her parent(s).

5. Allow exemptions for non-recreational use

In an agrarian state such as Mississippi, some families may have a legitimate need to use ATVs for farming purposes. ATV safety laws can take account of this situation by exempting ATV operators who are not riding their ATVs for recreational purposes. Texas takes this approach by allowing ATV operators to drive on public roads and highways if they are using the vehicles for agricultural purposes (37.1 Texas Admin. Code § 218, 2009). North Carolina takes a broader approach and exempts operators from all ATV safety laws if using the vehicles for farming, hunting, or trapping (North Carolina Gen. Stat. §20-171.19, 2010). Because children can still be injured or killed while using ATVs for non-recreational purposes, from a health and safety perspective it makes sense for Mississippi to follow a more narrowly-tailored scheme like that of Texas.

6. Restrict use of ATVs for operators under the age of 16

Along with its headlight and taillight requirements, North Carolina has several other ATV regulations that make it a leader in the field. As noted above, children under 16 are not allowed to operate ATVs at all without supervision by someone over 18 (U.S. Consumer Safety Commission, 2011). Even if supervised, they can only operate ATVs with (at most) 90 cubic centimeter engines—sometimes called "mini-ATVs." Regardless of age, North Carolina requires all ATV operators to wear helmets and eye protection. The state also prohibits any ATV use on public roads except to cross. Operators using ATVs for hunting, trapping, or farming are exempt from all these safety regulations. As noted above, North Carolina had 95 children killed in ATV-related accidents from 1982 to 2006—ten fewer than Mississippi despite, North Carolina having a much larger population.

Bicycles' Promising Practices/Programs

The most obvious and most common way to address the safety of children riding bicycles is to require them to wear helmets. Requiring children to wear helmets while riding bicycles is an extremely popular idea: a 2008 poll conducted by Gallup on behalf of the National Highway Traffic Safety Administration (NHTSA) showed that 90% of people over 16 supported such laws (U.S. Department of Transportation, National Traffic Safety Administration, 2008). Such laws' popularity is justified: they have proven to be very effective in the 38 states

where at least some helmet laws exist at the state or local level, or both (Bicycle Helmet Safety Institute, 2011). In addition to passing bicycle helmet laws, as mentioned above, helmet giveaways, helmet subsidies, or bicycle fairs and skills training are also good ways to encourage the use of bicycle helmets (Children's Safety Network, 2011).

New York saw remarkable results after it began requiring bicycle riders under age 14 to wear helmets. In 1990, before the law was passed, 464 children under 14 were hospitalized for traumatic brain injuries resulting from a bicycle accident (Children's Safety Network, 2011). In 1995, after the law was enacted, the number was just 209. This law also seems to have had the benefit of lowering the hospitalization rate for traumatic brain injuries for riders over 14, although the decline was less dramatic. New Jersey passed a similar law and saw the number of children under 14 who died as a result of bicycle accidents drop by 60%. In 1994, California passed a law requiring all riders under the age of 18 to wear a helmet (California Veh. Code § 21212, 2010). A subsequent study found that by the year 2000, the proportion of traumatic brain injuries in children subjected to the law had dropped by 18.2% compared with the period before the law was enacted (Lee, Schofer, and Koppelman, 2003).These examples illustrate the effectiveness of statewide bicycle helmet legislation in increasing child bicycle safety.

There have been equally remarkable results in municipalities that have enacted their own local helmet laws. A study by the NHTSA found a 316% increase in helmet use in children aged 5-14 in Austin, Texas after that city passed a helmet law (U.S. Department of Transportation, National Transportation Traffic Safety Administration, 2000). The same study also found that in Duvall County, Florida, the injury rate fell by 34% after passing a helmet law.

Although a study found that North Carolina experienced only small immediate effects after that state passed a helmet law (Thomas, Hunter, Feaganes, and Foss, 2002), these results are consistent with another study showing that helmet laws are much more effective in the long term than in the short term (Grant and Rutner, 2004). One possible explanation for this slow realization of benefits is that it can take time for citizens to become aware of a newly-passed law, and thus change their activities to conform to the law. This issue can be counteracted by promotional campaigns, such as one that took place in New York (Bicycle Helmet Safety Institute, 2011). This campaign involved individual promotional efforts within New York communities following the passage of the state's first helmet laws in 1989.

Transportation Safety

One issue to consider when crafting a helmet law is what standards helmets must conform to. The U.S. Consumer Product Safety Commission (CPSC) issued a federal standard for all bicycle helmets sold after 1999; however, it does not cover helmets made for other purposes (such as skateboarding), nor does it cover helmets made before 1999 (U.S. Consumer Product Safety Commission, n.d.). Other popular standards used in helmet laws are those of the American Society for Testing and Materials (2009), the American National Standards Institute (2006), and the Snell Memorial Foundation (2010). These competing standards can cause problems for lawmakers, but Louisiana has come up with a replicable solution. Its helmet law requires a CPSC-approved helmet if it was made after 1999, but allows the helmet to meet standards from the other agencies if it was made before then (Bicycle Helmet Safety Institute, 2010). Using broad language can also solve the confusion about which helmets satisfy a law's standards. For an example of this approach, the Bicycle Helmet Safety Institute (2010) recommends the language used in the 2010 ordinance passed by Hernando, Mississippi because it "covers all the bases and has up-to-date language on standards."

Another issue for those putting together a helmet law is what the appropriate penalty should be. Many states and municipalities have adopted fines, enforceable against either the rider or the parent. The city of Vancouver, Washington allows a fine up to $50 for violating the helmet law, which is to be issued to the parent if the child rider is under 11 years old. As such, other Mississippi municipalities (as well as the state legislature) have an exemplary jurisdiction to look to within their own state (U.S. Consumer Product Safety Commission, 2008). Austin, Texas imposes a $20 fine for the first offense and a $40 fine for subsequent offenses (U.S. Department of Transportation, NHTSA, n.d.). In Oregon, the fine is $25. Many, if not most, jurisdictions allow the fine to be waived if the violator can prove that he or she purchased a helmet within 30 days of receiving a ticket. Issuing a fine, however, can lead to problems of enforcement. One such problem is that many are uncomfortable with the image of troopers ticketing children. Another is that it might be practically problematic to enforce: it would be a logistical nightmare for the law enforcement officer to have to ticket the child, then put the bicycle in his or her trunk and drive the child home. On the other hand, it would reduce the law's educational value if officers

gave tickets to helmet-less riders only to allow them to continue riding without a helmet. To solve this issue, some places take a different approach to enforcement. In the State of Maryland and the town of Oakwood, Ohio, for example, police officers have the authority to waive the citation and issue a warning and distribute educational materials (Bicycle Helmet Safety Institute, 2011).

In New Mexico, the state partners with a non-profit organization called "Safe Kids" to help police officers maintain a few helmets in the trunks of their cruisers in order to distribute them to kids riding without helmets (McPhee, 2007). This has the added benefit of providing a positive point of contact between the community and law enforcement, and not penalizing poor families who do not feel they can afford helmets. Mississippi could attempt to forge a similar partnership, as Safe Kids is already active in the state (Safe Kids USA, 2009).

A final issue to consider when drafting a helmet law is which vehicles to cover. While some states only require helmets for bicycles, New Mexico takes a much broader approach. It requires helmets for minors riding bicycles, scooters, skateboards, and in-line skates (McPhee, 2007). The state made this policy choice on the theory that only requiring helmets for bicycles would be discriminatory, confusing, and difficult to enforce. At the time it passed, the law was also the first to require helmets for tricycle riders. Its reason for doing so was two-fold. First, it did so because the three-wheel design is inherently unstable, which is why the U.S. outlawed the manufacture of three-wheel ATVs. Second, it did so because two to five year-olds (those most likely to ride tricycles) are also the most vulnerable to accident and injury.

Of course, the law has the additional benefit of establishing good habits early in children's lives so that continuing to wear helmets as they get older seems only natural. Such a comprehensive approach to self-propelled vehicles principally used by children could have a major impact on helmet use in Mississippi and thereby create a safer environment for the state's children.

Safe Routes to School Program (SRTS) was founded in Denmark more than four decades ago. In the U.S., communities took note with some programs beginning approximately 20 years ago (Boarnet, Day, Anderson, McMillian, and Alfonzo, 2005). The federal Safe Routes to School Program (SRTS) was established in the U.S. in 2005. There are currently more than 10,000 U.S. schools participating in SRTS (Safe Routes, 2011). Since 2005, Mississippi has received more than $10 million in funding to implement SRTS programs (SRTS, 2010). As of September, 2010 Mississippi SRTS awarded 26 projects, totally $7.7 million to communities across Mississippi. In addition, three statewide organizations were awarded more than $500,000.

Policy Considerations:

The proper use of child restraint systems remains the best way to prevent childhood motor vehicle fatalities. Although the state of Mississippi has made significant improvements in increasing the use of child restraints, the lack of use and misuse of these devices still needs improvement. Because the proper use of child restraint systems is complex, clinicians and public health officials should not only continue to advocate the use of child restraint systems but should educate parents on how to use them properly.

The legislature has become aware of problems concerning ATVs and recently has been attempting to address them. In the 2010 legislative session, 14 separate ATV bills were introduced into the Mississippi House or Senate, ranging in content from registration of ATVs to prevent theft, to laws prohibiting the use of ATVs on public highways and streets, to laws requiring helmets and safety certification courses (Mississippi Legislature, 2010). All but two of these bills died in committee. House Bill 504, which proposed amending the Motor Vehicle Commission Law to include ATVs and utility-type vehicles (UTVs) passed the House but died in the Senate Highways and Transportation Committee. That bill would have brought ATV dealers under the authority of the Motor Vehicle Commission, which regulates and controls the sale and distribution of vehicles in the state (Mississippi Code Ann § 63-17-69).

Senate Bill 2215 (2010), which would have required all ATV drivers to have a driver's license or to pass a special course and would have required all drivers under 16 on public property to wear a crash helmet, passed the Senate unanimously but died in the House Transportation Committee. During the 2011 Mississippi Legislative Regular Session, 17 bills concerning ATVs were introduced; all but one died either in committee or on the chamber floor. Thus, no bills about ATVs became law in 2010 (Mississippi Legislature, March 2011).

Senate Bill 2196, signed into law March 30, 2011, requires anyone driving an ATV on public property to have a driver's license or a certificate showing completion of a safety course, which will be available through a course of the Cooperative Extension Service using 4-H curriculum. The law also requires all children under 16 operating or riding ATVs on public property to wear a helmet, and violations of these provisions are punishable by a $50 fine. This new law obviously does not address all the safety issues associated with children's use of ATVs, especially because it applies only to public property, but it serves as an important starting point for state regulation of the vehicles.

Child Restraints:

> Promote passage and implementation of legislation in Mississippi that is consistent with the most recent (April, 2011) American Academy of Pediatrics recommendations on child restraints (see page 2 above).

Distracted Driving (Cell Phone Usage, Talking and Texting while Driving):

> Promote legislation to ban all cell phone use, with a particular focus on texting while driving and hand-held phone use in Mississippi, making both a primary offense.

Promote a strong state-wide education campaign on the consequences associated with all cell phone (whether hand-held or voice-activated) distractions (i.e., texting while driving, dialing while driving, etc.)

Helmet Ordinance:

Promote state-wide passage of comprehensive helmet usage, similar to ordinances passed both in Hernando and Starkville, Mississippi.

All-Terrain Vehicles (ATVs)

The following policy considerations for ATVs are consistent with policy options noted in the September, 2010 policy brief published by the Mississippi Center for Health Policy:

Mandate use of helmets and eye protection while riding;
Prohibit use on public highways, streets, and paved roads except to cross;
Require driver safety certification and supervision of youth by certified adults;
Limit passengers to ATVs designed specifically for them;
Stipulate ATVs be equipped with head and tail lamps for dark hour operation;
Restrict youth to ride only during sunlight hours; and
Ban use of adult-sized ATVs by youth. (p. 4)

Healthy People Goals

Seat Belt Safety:
The national goal for 2020 is 92.4% safety belt usage for all ages, which would be up from 84.0% in 2009. (Objective IVP-15)

Bicycle and Helmet Safety:
The national goal is to increase the number of states (and the District of Columbia) with laws that require bicycle helmets for bicycle riders by 27, which would be up from 19 states in 2009. (Objective IVP-21)

A related national goal for 2020 is to increase the use of helmets for motorcycle riders and passengers from 67% in 2009 to 73.7%. (Objective IVP-22)

Child Restraints (Car Seats and Boosters):
The national goals are to increase the use of child restraint systems for children ages birth-12 months from 86% in 2008 to 95% by 2020; for children ages 1-3 from 72% in 2008 to 79% by 2020; for children ages 4-7 from 43% in 2008 to 47% by 2020; and for children ages 8-12 from 78% in 2008 to 86% by 2020 (Objectives IVP-16.1, IVP-16.2, IVP-16.3 and IVP-16.4) (U.S. Department of Health and Human Services, n.d.).

Data Section:

Motor Vehicle Death Rate
2009

MS = 24.8

Rate

- 0 Deaths
- 9.6 - 23.3
- 23.4 - 39.6
- 39.7 - 71.9
- 72.0 - 124.1
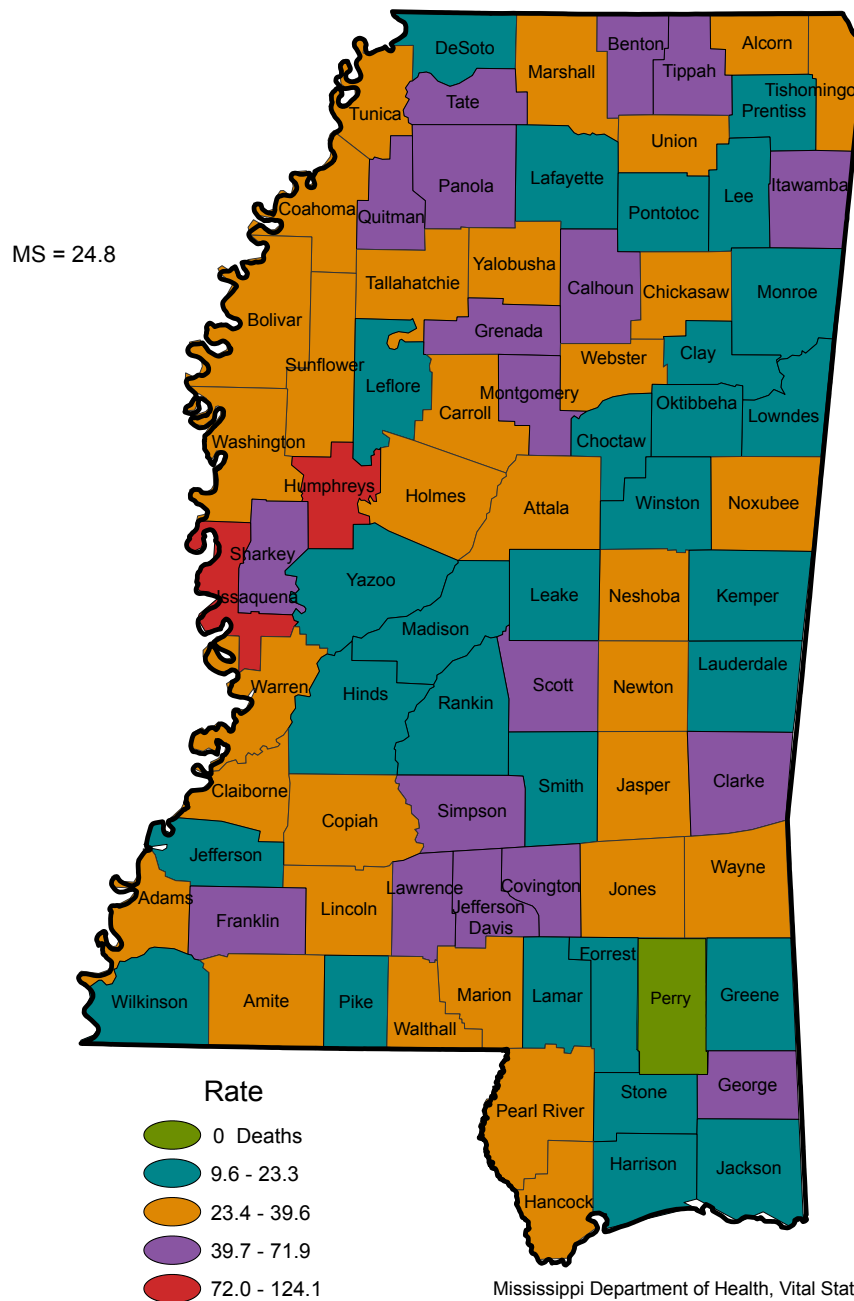
Mississippi Department of Health, Vital Statistics, 2009

Figure 3

According to data from the Mississippi State Department of Heath, the state of Mississippi had an average motor vehicle death rate of 24.8 (per 100,000) in 2009. The counties with the highest motor vehicle death rates were Humphreys and Issaquena. The county with the lowest was Perry which had no motor vehicle deaths (Mississippi State Department of Health, n.d.).

Motor Vehicle Death by Race, 2009
Mississippi

Number

448 (White)

285 (Nonwhite)

■ White
■ Nonwhite

Source: MS Department of Health, Vital Statistics, 2009
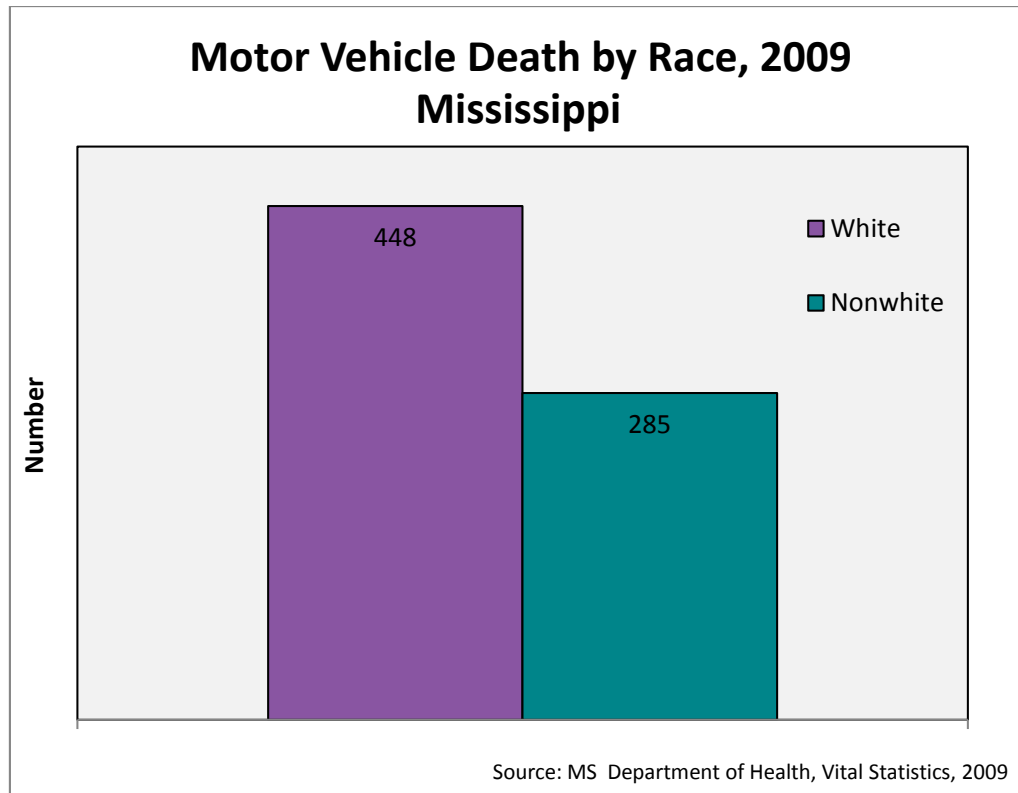
Figure 4 illustrates the number of fatalities resulting from motor vehicle deaths accidents for Mississippi residents. White individuals (448) suffered a larger total of accidents resulting in fatalities than black individuals (285) (Mississippi State Department of Health, n.d.).

U.S. Percent of Passenger Vehicle Occupants Involved in Fatal Crashes, by Restraint Use and Age Group, 2009							
Restraint Use (%)	Age <1	Age 1-3	Age 4-7	Age 8-14	Age 15-20	All Other	Total
Restraint Used	89	86	78	71	58	68	67
Restraint Not Used	11	14	22	29	42	32	33

Note: Excluding unknown age and unknown restraint use.

In 2009, 5,366 people were involved in fatal passenger vehicle accidents. In cases where restraint use was known, a total of 68% of passenger vehicle occupants were using restraints whereas 33% were not. A higher percentage of unrestrained passenger vehicle occupants were involved in fatal crashes in older groups compared to younger groups (e.g., 14% in ages 1-3 vs. 42% in ages 15-20) (National Highway Traffic Safety Administration, 2010).

U.S. Children Age Four and Younger Killed in Passenger Vehicle Crashes, by Type of Restraint and Age Group, 2009			
Type of Restraint	Age<1	Age 1- 4	Total
None Used	16	76	92
Adult Seat Belt	1	26	27
Child Seat	48	130	178
Restraint Used - Unknown	0	1	1
Unknown	3	21	24
Total	68	254	322

National Highway Safety Administration, 2010

Figure 6

During 2009, in cases where restraint use was known, there were a total of 322 passenger vehicle fatalities among children aged four and younger. Unrestrained passengers accounted for 31% of the fatalities in this age group. A total of 178 (55%) children who were killed in passenger vehicle crashes were restrained in a child seat, although without child restraints the fatality percentage would have been higher (National Highway Traffic Safety Administration, 2010).

Seat Belt Usage Rates
2010

US = 85%

MS = 81%

Legend:
- 90.8% - 97.6%
- 84.2% - 90.7%
- 78.4% - 84.1%
- 72.2% - 78.3%
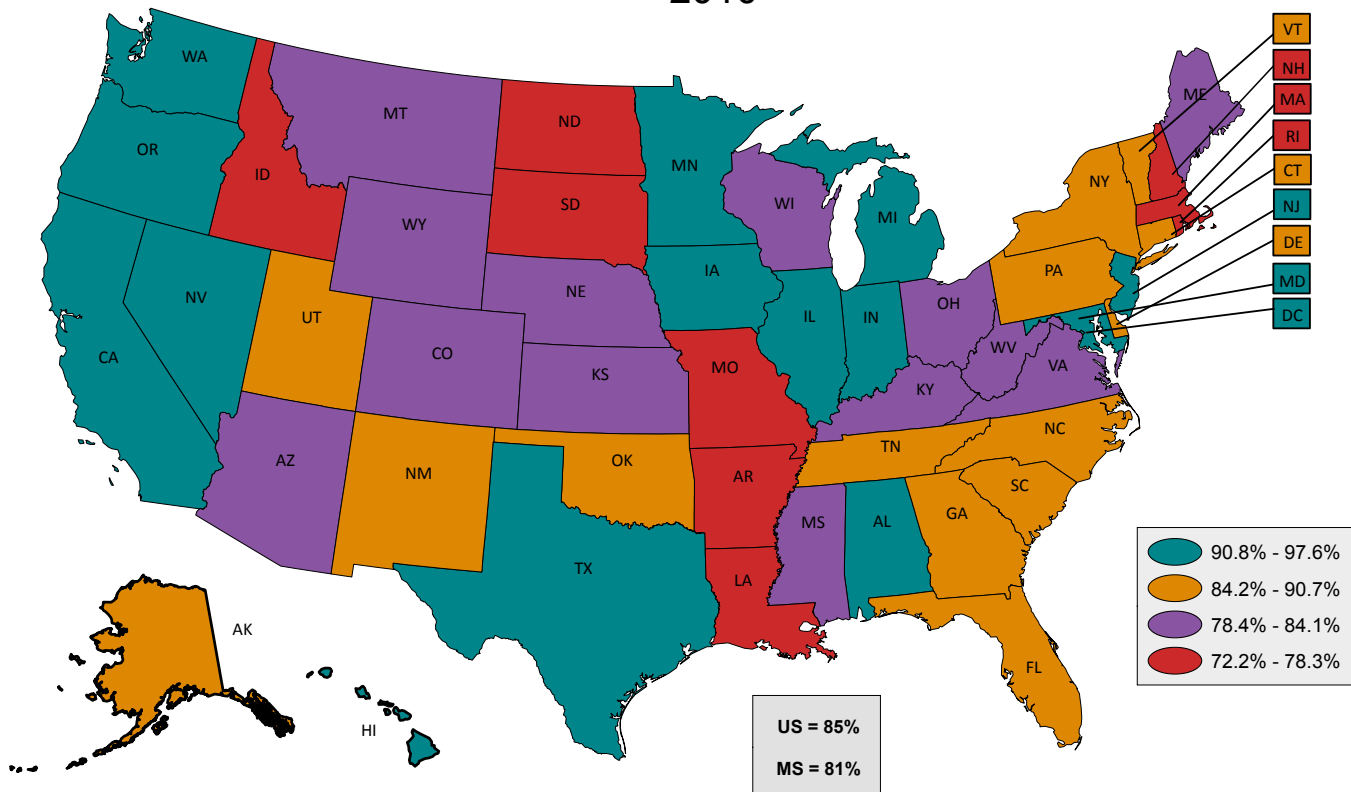
Source: U.S. Department of Transportation, National Highway Traffic Safety Administration, July 2011

Figure 7

In 2010, the nationwide seat belt use was 85% as reported by the National Highway Traffic Safety Administration's (NHSTA) National Occupant Protection Use Survey (NOPUS). Mississippi's seat belt use rate was ranked 38th in the nation (81%), somewhat lower than the national average. Top ranked states included: Hawaii (97.6%), Washington (97.6%), Oregon (97%), California (96.2%), and Michigan (95.2%). Bottom ranked states included: New Hampshire (72%), Massachusetts (73.7%), South Dakota (74.5%), North Dakota (74.8%), and Louisiana (75.9%) (U.S. Department of Transportation, NHTSA, 2011).

2009 Youth Risk Behavior Surveillance Survey (YRBSS)			
Questions	**Mississippi %**	**United States %**	**MS more likely than the US**
Rarely or never wore a bicycle helmet (among students who had ridden a bicycle during the 12 months before the survey)	94.4	84.7	†
Rarely or never wore a seat belt (when riding in a car driven by someone else)	15.5	9.7	†
Rode with a driver who had been drinking alcohol one or more times **(in a car or other vehicle during the 30 days before the survey)**	29.1	28.3	
Drove when drinking alcohol one or more times (in a car or other vehicle during the 30 days before the survey)	10.7	9.7	

† Significant

Source: YRBSS, CDC, 2009

Figure 8

According to data from the 2009 Youth Risk Behavior Surveillance Survey, students (grades 9-12) in Mississippi were more likely to report having rarely or ever worn a bicycle helmet (among students who had ridden a bicycle during the last 12 months) than the U.S. as a whole (94.4% compared to 84.7%). Also, students in Mississippi were more likely having rarely or ever worn a seat belt when riding in a car at 15.5% compared to 9.7% nationwide (CDC, YRBSS, n.d.).

Motor vehicle crashes are the leading cause of death for children from three to fourteen years old.

National Highway Traffic Safety Administration, 2010

Transportation Safety

Mississippi Motor Vehicle Death by Age, 2009

Age Group	Number
Unknown	1
65 +	110
55 to 64	71
45 to 54	109
35 to 44	101
25 to 34	128
15 to 24	173
10 to 14	16
5 to 9	9
1 to 4	14
Under 1	1

Source: MS Department of Health, Vital Statistics, 2009
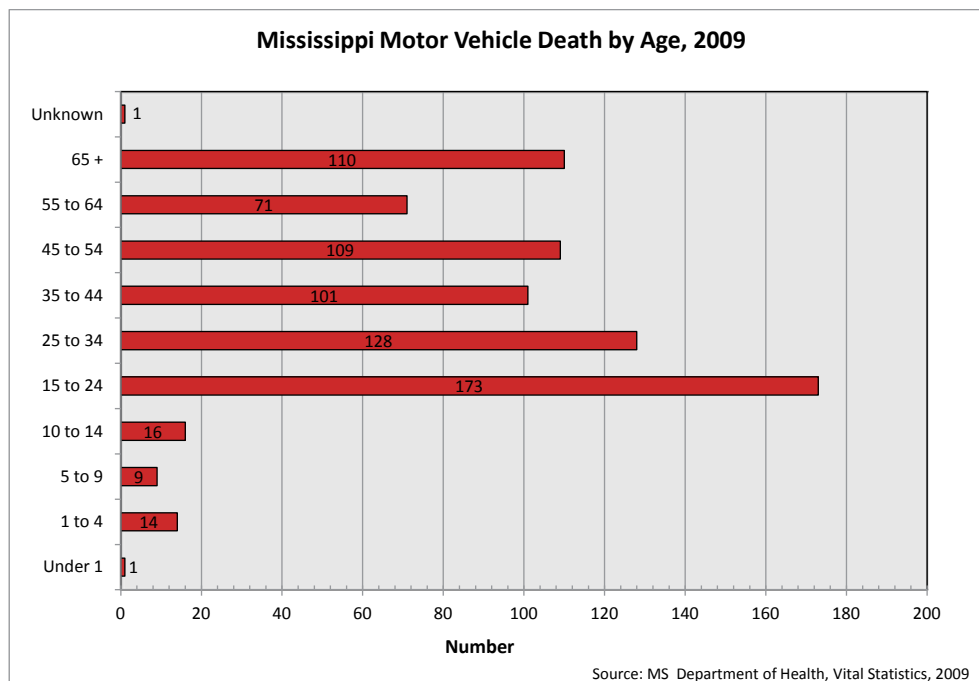
Figure 9

Figure 9 illustrates the number of deaths for Mississippi residents from motor vehicle accidents by age group in 2009. Teenagers and young adults (ages 15-24) were the highest (173); adults (age 25-34) were the second highest age group with 128 fatalities (Mississippi State Department of Health, n.d.).

Person Type Killed in Traffic Accidents, 2009

Person Type	Number
Driver	440
Passenger	145
Motorcyclist	47
Pedestrian	58
Pedalcyclist	10

Source: National Highway Traffic Safety Administration, 2010
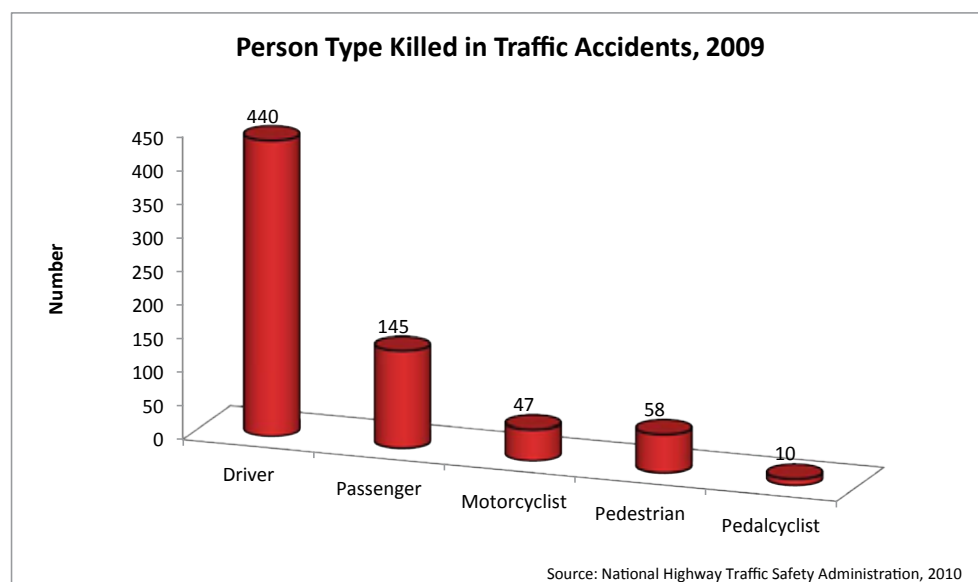
Figure 10

According to the National Highway Traffic Safety Administration, drivers were most frequently killed in traffic accidents with 440 traffic deaths in 2009. Drivers were followed by passengers (145), pedestrians (58), motorcyclists (47), and pedalcyclists (47) in traffic accident deaths (National Highway Traffic Safety Administration, 2010).

All-Terrain Vehicle Average Death Rates
1999-2008

Category	Death Rate Per Million
All Ages US	20.9
All Ages MS	71.2
US 16+ Years	20.2
MS 16+ Years	66.7
US < 16 Years	21.1
MS <16 Years	85.6
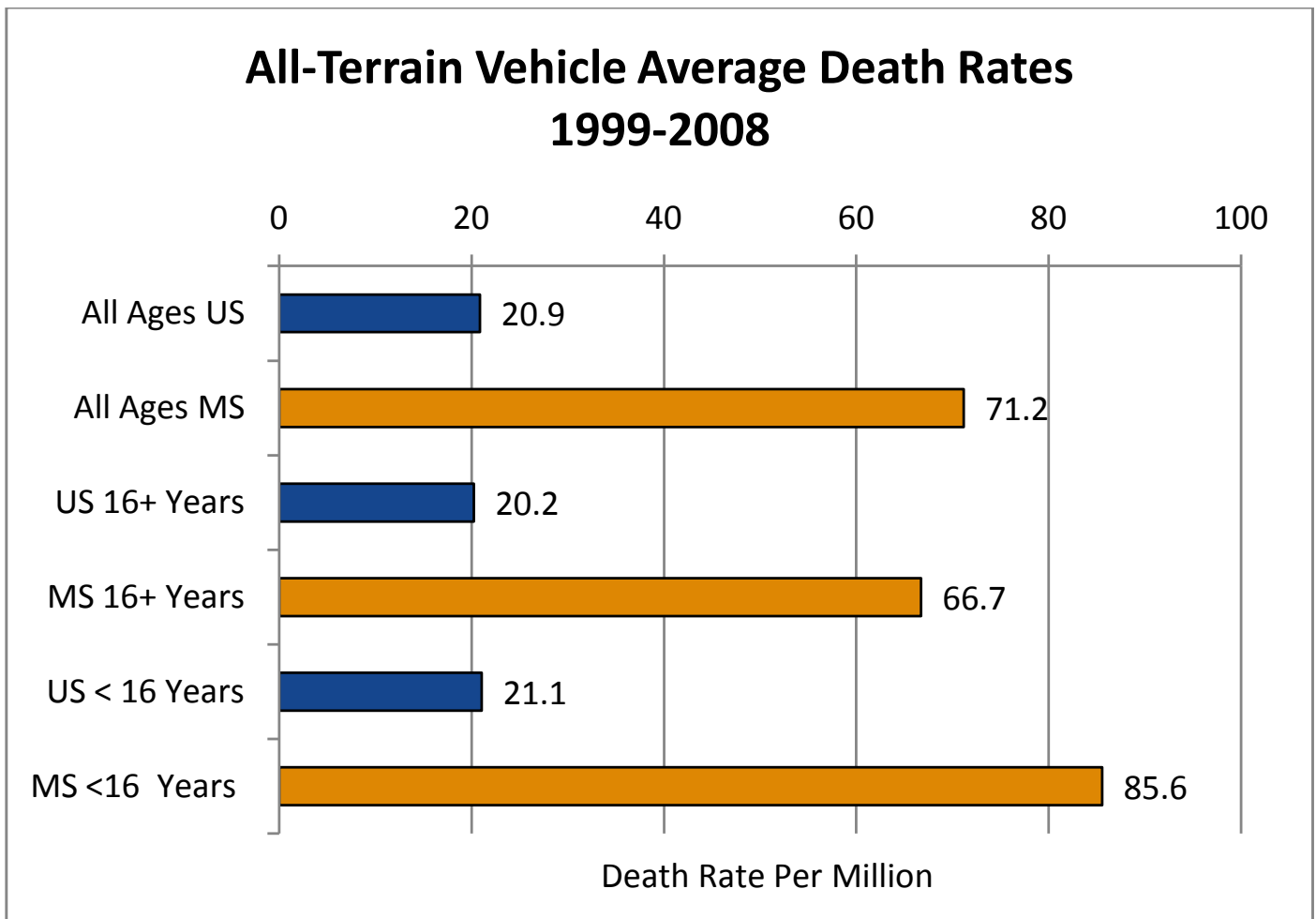
Death Rate Per Million

Figure 11

Research by The Center for Mississippi Heath Policy, conducted in 1999-2008, revealed that Mississippians had an overall death rate of 71.2 (persons per million) from all-terrain vehicles (ATVs), making them 35% more likely to die from an ATV accident than persons in other states. The risk of death from an ATV accident was particularly high for children and youth in Mississippi with a death rate of 85.6 children under sixteen years of age. This represents a 28% higher rate of death than from an ATV accident than people age 16 and older (66.7) (Mississippi State Department of Health, n.d.).

Bans on Texting While Driving
2011
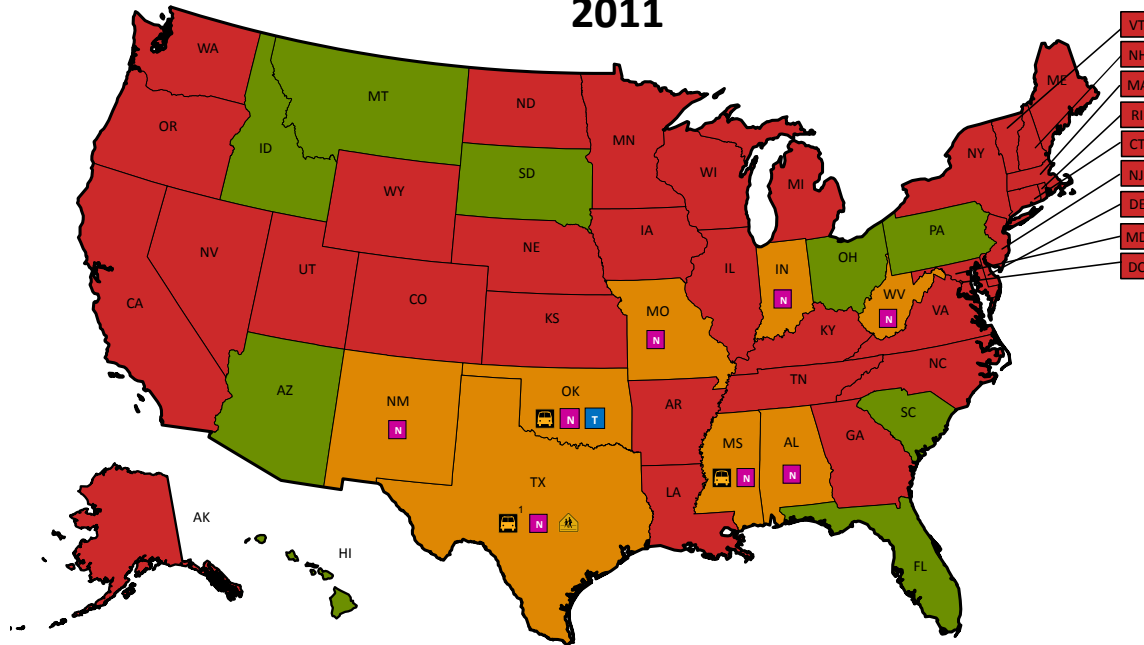
Figure 12

1 Texas bans texting for bus drivers with passengers <18

Source: Insurance Institute for Highway
Safety, Highway Loss Data Institute, www.iihs.org

Symbols

🚌 School bus drivers
Ⓝ Novice/Young drivers
Ⓣ Public transportation/Transit operators
⚠ School crossing/Speed zone

Ban:

🟥 Complete (all drivers and zones)
🟧 Partial (some drivers or some zones)
🟩 No ban

Distracted Driving Laws (as of July, 2011)

State	Bans Specific to Hand-held Cell Phones			Bans on ALL Cell Phones			Bans on Texting		
	Ban	Details	Enforcement	Ban	Details	Enforcement	Ban	Details	Enforcement
Alabama	No ban	N/A	N/A	Partial	(16, 17 with IL< 6 mo.)	Primary	Partial	(16, 17 with IL< 6 mo.)	Primary
Alaska	No ban	N/A	N/A	No ban	N/A	N/A	Complete	All drivers	Primary
Arizona	No ban	N/A	N/A	Partial	school bus drivers	Primary	No ban	N/A	N/A
Arkansas	Partial	≥18 but <21; school and highway work zones	Primary; Secondary: school and works zones	Partial	<18, school bus drivers	Primary: school bus drivers; Secondary: <18	Complete	All drivers	Primary
California	Complete	All drivers	Primary	Partial	<18, school bus and public transit vehicle drivers	Primary: <18 (handheld), school bus and transit vehicle drivers; Secondary: <18 (hands free)	Complete	All drivers	Primary
Colorado	No ban	N/A	N/A	Partial	<18	Primary	Complete	All drivers	Primary
Connecticut	Complete	All drivers	Primary	Partial	<18, school bus drivers	Primary	Complete	All drivers	Primary
Delaware	Complete	All drivers	Primary	Partial	LP, IL, school bus drivers	Primary	Complete	All drivers	Primary
D.C.	Complete	All drivers	Primary	Partial	LP, school bus drivers	Primary	Complete	All drivers	Primary
Florida	No ban	N/A	N/A	No ban	N/A	N/A	No ban	N/A	N/A
Georgia	No ban	N/A	N/A	Partial	<18, school bus drivers	Primary	Complete	All drivers	Primary
Hawaii	No ban	N/A	N/A	No ban	N/A	N/A	No ban	N/A	N/A
Idaho	No ban	N/A	N/A	No ban	N/A	N/A	No ban	N/A	N/A
Illinois	Partial	SZ/CZ	Primary	Partial	<19, LP<19, school bus drivers	Primary	Complete	All drivers	Primary
Indiana	No ban	N/A	N/A	Partial	<18	Primary	Partial	<18	Primary
Iowa	No ban	N/A	N/A	Partial	LP, IL	Primary	Complete	All drivers	Secondary
Kansas	No ban	N/A	N/A	Partial	LP, IL	Primary	Complete	All drivers	Primary
Kentucky	No ban	N/A	N/A	Partial	<18, school bus drivers	Primary	Complete	All drivers	Primary

Figure 13

Figure 12 indicates current laws concerning texting and driving in each state. Text messaging is banned for all drivers in 34 states and the District of Columbia. Seven states have texting bans for novice drivers (Alabama, Mississippi, Missouri, New Mexico, Oklahoma, Texas, and West Virginia) and three states have texting bans for school bus drivers (Mississippi, Oklahoma, and Texas) (Insurance Institute for Highway Safety, 2011).

State	Bans Specific to Hand-held Cell Phones			Bans on ALL Cell Phones			Bans on Texting		
	Ban	Details	Enforcement	Ban	Details	Enforcement	Ban	Details	Enforcement
Louisiana	Partial	<18	Primary; Secondary: ≥18	Partial	LP, IL; <18, school bus drivers, 1st license for 12 mo.	Primary: <18, school bus drivers; Secondary: ≥18	Complete	All drivers	Primary
Maine	No ban	N/A	N/A	Partial	LP, IL	Primary	Complete	All drivers	Primary
Maryland	Complete	All drivers	Secondary	Partial	LP and PL<18	Secondary	Complete	All drivers	Primary
Massachusetts	No ban	N/A	N/A	Partial	<18, school bus drivers, public transportation operator	Primary	Complete	All drivers	Primary
Michigan	No ban	N/A	N/A	No ban	N/A	N/A	Complete	All drivers	Primary
Minnesota	No ban	N/A	N/A	Partial	LP and PL for 1st 12 mo., school bus drivers	Primary	Complete	All drivers	Primary
Mississippi	No ban	N/A	N/A	Partial	School Bus drivers	Primary	Partial	LP, IL, school bus drivers	Primary
Missouri	No ban	N/A	N/A	No ban	N/A	N/A	Partial	≤ 21	Primary
Montana	No ban	N/A	N/A	No ban	N/A	N/A	No ban	N/A	N/A
Nebraska	No ban	N/A	N/A	Partial	LP and IL<18	Secondary	Complete	All drivers	Secondary
Nevada	Complete	All drivers	Primary	No ban	N/A	N/A	Complete	All drivers	Primary
New Hampshire	No ban	N/A	N/A	No ban	N/A	N/A	Complete	All drivers	Primary
New Jersey	Complete	All drivers	Primary	Partial	LP, IL, school bus drivers	Primary	Complete	All drivers	Primary
New Mexico	No ban	N/A	N/A	Partial	LP, IL	Primary	Partial	LP, IL	Primary
New York	Complete	All drivers	Primary	No ban	N/A	N/A	Complete	All drivers	Primary
North Carolina	No ban	N/A	N/A	Partial	<18, school bus drivers	Primary	Complete	All drivers	Primary
North Dakota	No ban	N/A	N/A	Partial	<18	Primary	Complete	All drivers	Primary
Ohio	No ban	N/A	N/A	No ban	N/A	N/A	No ban	N/A	N/A

Figure 14

State	Bans Specific to Hand-held Cell Phones			Bans on ALL Cell Phones			Bans on Texting		
	Ban	Details	Enforcement	Ban	Details	Enforcement	Ban	Details	Enforcement
Oklahoma	Partial	LP, IL	Primary	Partial	School bus drivers	Primary	Partial	LP, IL, school bus drivers, public transit drivers	Primary
Oregon	Complete	All drivers	Primary	Partial	<18	Primary	Complete	All drivers	Primary
Pennsylvania	No ban	N/A	N/A	No ban	N/A	N/A	No ban	N/A	N/A
Rhode Island	No ban	N/A	N/A	Partial	<18, school bus drivers	Primary	Complete	All drivers	Primary
South Carolina	No ban	N/A	N/A	No ban	N/A	N/A	No ban	N/A	N/A
South Dakota	No ban	N/A	N/A	No ban	N/A	N/A	No ban	N/A	N/A
Tennessee	No ban	N/A	N/A	Partial	LP, IL, school bus drivers	Primary	Complete	All drivers	Primary
Texas	Partial	SZ	Primary	Partial	<18; passenger bus w/minors	Primary	Partial	<18; passenger bus w/minors, SZ	Primary
Utah	Complete	All drivers	Secondary	No ban	N/A	N/A	Complete	All drivers	Primary
Vermont	No ban	N/A	N/A	Partial	<18	Primary	Complete	All drivers	Primary
Virginia	No ban	N/A	N/A	Partial	<18, school bus drivers	Primary: school bus drivers; Secondary: <18	Complete	All drivers	Secondary (Primary for school bus drivers)
Washington	Complete	All drivers	Primary	Partial	LP, IL	Primary	Complete	All drivers	Primary
West Virginia	No ban	N/A	N/A	Partial	<18 with LP or IL	Primary	Partial	<18 with LP or IL	Primary
Wisconsin	No ban	N/A	N/A	No ban	N/A	N/A	Complete	All drivers	Primary
Wyoming	No ban	N/A	N/A	No ban	N/A	N/A	Complete	All drivers	Primary
SUMMARY	**Complete**	**11**		**Complete**	**0**		**Complete**	**34**	
	Partial	**5**		**Partial**	**34**		**Partial**	**8**	
	No ban	**35**		**No ban**	**20**		**No ban**	**9**	

Source: Insurance Institute for Highway Safety, Highway Loss Data Institute (http://www.iihs.org)
CZ = Construction Zone; IL = Intermediate License; LP = Learner's Permit; PL = Provisional License; SZ = School crossing/speed zone

Figure 15

CELL PHONES AND TEXTING					
Handheld Ban	All Cell Phone Ban		Text Messaging Ban			Crash Data
	School Bus Drivers	Novice Drivers	All Drivers	School Bus Drivers	Novice Drivers	
	Yes (Primary) (eff. 7/1/11)			Yes (Primary) (eff. 7/1/11)	Learner or Provisional License (Primary)	

CHILD PASSENGER SAFETY		
Child Restraint Required unless indicated, # refers to Years, (Lbs.)	Adult Safety Belt Permissible unless indicated, # refers to Years, (Lbs.)	Maximum Fine 1st Offense
<4 in child restraint; 4 - 6 (and <57" or <65 lbs.) in booster seat	>7 (or >57" or >65 lbs.)	25

DRUG IMPAIRED DRIVING	
Per Se Laws for Drugs (Forbidding Prohibited Substances in Driver's Body)	DEC/DRE Programs DEC/DRE Programs (Providing Law Enforcement Training)
Yes	Yes

DRUNK DRIVING						
Inc. Penalty for High BAC	Admin. License Susp. on 1st Offense	Limited Driving Privileges During Susp.	Ignition Interlocks	Vehicle and License Plate Sanctions	Open Container Laws	Repeat Offender Laws
					Meeting Federal Requirements	
	90 days		Discretionary	Impoundment, vehicle confiscation	Yes	Yes

GRADUATED DRIVER LICENSING (GDL)						
Learner Stage			Intermediate Stage			Full Privilege Min. Age (Years/ Months)
Min. Age (Years/ Months)	Min. Duration (Months)	Required Supervised Driving Hours (Night Hours)	All Drivers	School Bus Drivers	Novice Drivers	
15	12	None	16	Su-Th 10 pm - 6 am Fr-Sa 11:30 pm - 6 am	No Restriction	16 / 6

Figure 16

Figures 16 and 17 list several key Mississippi highway safety laws. A complete ban on cell phone use is currently in place for school bus drivers. Texting and driving was recently banned for novice drivers (learner or provisional license). In all cases, cell phone and texting bans have a primary enforcement in Mississippi (i.e., an officer may cite a driver for these offenses without any other traffic offense taking place). The current seat belt laws require that anyone older than seven years of age who is in the front seat be restrained in a seat belt. Children under age 4 are required to be placed in a child restraint and children ages 4-6 (or between 57 and 65 lbs) to be placed in a booster seat (Governors Highway Safety Association [GHSA], 2011).

HELMETS			
Motorcyclists			**Bicyclists**
Universal Helmet Law (Year Enacted)	Partial Law	Universal Helmet Law Repeated	
1974			
MATURE DRIVERS			
Length of Regular Renewal Cycle (Yrs.)		Provisions for Mature Drivers	
Choice of 4 or 8 *(eff. 10/1/11)*			

SEAT BELTS			
Type of Law	Who Is Covered (Yrs.)	In What Seat	Maximum Fine 1st Offense
Primary	>7	Front	$25

SEGWAYS
State Law
Permitted

SOBRIETY CHECKPOINTS		
Checkpoints Conducted?	Frequency	Legality
Yes	Weekly	Upheld Under Federal Constitution

SPEED LIMITS					
Rural Interstates		Urban Interstates		Other Limited Access Roads	
Cars (mph)	Trucks (mph)	Cars (mph)	Trucks (mph)	Cars (mph)	Trucks (mph)
70	70	70	70	70	70

SPEED AND RED LIGHT CAMERAS				
Violation / State Law	Permitted Locations/Criteria	Citation Issued to/Liability	Image Taken	Penalties (Traditional Penalties)
Speed: Prohibited				
Red Light: Prohibited				

WORK ZONES			
Violation Affected	Enhanced Penalties	Workers Must Be Present	Signs Must Be Present
Speeding	Up to $250 (1st offense), double original fine (subsequent offenses)	Yes	Yes

Figure 17

Source: Governors Highway Safety Association (GHSA), JULY 2011

Success Story: Mississippi Gulf Coast Child Safety Coalition

Infants rely on their parents and caregivers for their every need. These first "teachers" provide nurturing care that actually helps babies feel more secure and cognizant of new ideas and information (AAP). They spend the first year of their lives learning to feel secure about being loved by their parents and caregivers (AAP). It is the responsibility of every caregiver to provide shelter, food, and security, and that responsibility includes properly restraining children when they are passengers in a motor vehicle. The number of injuries related to motor vehicle crashes is the leading cause of death to children ages 3-14 in the United States and the leading cause of injury death for children under the age of 3 (See Safe Kids Checkup Events: A National Study). The good news is these numbers can be and have been reduced when parents and caregivers understand the importance of properly restraining their children in a moving vehicle. In fact, the National Highway Traffic Safety Administration (NHTSA) reports that the use of car seats can reduce the risk of death by 71% in children less than one year old and by 54% for children ages one to four (NHTSA, 2009).

Nearly one-third of children ride in the wrong restraint for their age and size, and an estimated 73% of car seats are not installed or used correctly.

Safe Kids: U.S. Summer Safety Ranking Report

When a child or infant is placed in a motor vehicle, the responsible driver becomes a protective "shield" for their precious passengers. That shield works when the driver obeys traffic laws, maintains a proper speed, buckles himself/herself in a safety belt, and makes sure that the child passenger is properly restrained also. But sometimes there are chinks in that protective shield. Parents and caregivers are often unaware of the importance of the use of car seats, uninformed of the proper use of them, or they don't see the real need. Economics often plays a role. Many cannot afford a new car seat and often purchase one at a garage sale that may not be the proper fit for their child. They may be unaware of the size regulations regarding child restraint systems. When one or more of these factors occur, the protective barrier is broken, leaving the child more vulnerable.

The Mississippi State Department of Health's (MSDH) Office of Preventive Health is actively working to educate adults about the importance of child passenger safety. "We remind parents that knowledge is power," says Jay Thompson, Director of the Division of Injury and Violence Prevention. "Once that knowledge is received, we tell the parents to activate it by making sure their child is safely restrained in a car seat." In 2008, 76% of children under the age of 16 who died in a motor vehicle crash in Mississippi were riding unrestrained (MSDH). In an effort to reduce that number, the state now has over 200 certified Child Passenger Safety (CPS) technicians

who check child restraints to ensure they fit properly, are installed correctly, and are not damaged or expired, and often will provide a new child restraint if needed (MSDH).

Funded by the National Highway Safety Administration and developed by Safe Kids USA, the 30 hour CPS certification course combines a standardized curriculum in a classroom setting with hands-on opportunities in the areas of crash dynamics, injury prevention strategies, child restraint selection and installation, and new car safety regulations (Safe Kids). Upon certification, the CPS technician is qualified to inspect and install car seats at safety fairs, check points, and even in day-to-day encounters with neighbors. "Your interference can alter a reality later on," says Brad Williams, Health Educator for MSDH's District IX which serves six counties on the Mississippi Gulf Coast. "I might have just saved that kid's life by noticing that his car seat wasn't installed properly." Williams recalls a story of a Hancock County social worker who noticed an improperly installed car seat during a routine home visit. She contacted a CPS technician who, in turn, installed a new one on Friday afternoon. The next day, the mother and child were involved in an accident in which her van flipped over. The children inside were safely restrained. "When something like that happens, you know the outcome could have been so much worse without our intervention."

Brad Williams, Mississippi Gulf Coast Child Safety Coalition Coordinator

Williams coordinates the Mississippi Gulf Coast Child Safety Coalition made up of 25 CPS Technicians in a five county area (Harrison, Hancock, Jackson, Pearl River, and Stone) and their employers who support them in the effort to educate and inform the public of child restraint usage. Three certified instructors keep technicians updated on advancements in car seats and automotive safety trends and conduct CPS training throughout the year for those new to the program.

The coalition started in 2008 when agencies such as the Bay St. Louis Police Department, Singing River, Biloxi Regional, and Ocean Springs Hospitals and the Moss Point School District recognized a real need among their clients for new car seats as well as a need to educate the public about the proper use of them. "The agencies were given the opportunity to receive free car seats from MSDH if they would, in return, agree to inspect and install," says Williams. "We didn't want to be a roving band of technicians out there doing our own thing, so we decided to start our own coalition."

Generally the member agency pays the $75 training certification fee and allows their employees to spend work hours in the role of a CPS technician. Duane Caughlin, a Bay St. Louis police officer and CPS technician spends about 80 working hours per month checking, educating, and installing car seats. His boss, Police Chief Mike DeNardo, believes it is money and time well spent. "We see the final results of his work. We support him and push him and give him anything we can. In the end, it makes our job easier." The Moss Point School District (MPSD) supports Patrice McCullum, who is employed by the district as a Home School Liaison Aide. "It was the MPSD that paid for and allowed me to use professional development days to attend the CPS Technician course. The safety of the children is at the top of the list of importance here in the Moss Point School District."

Transportation Safety

The members of the loosely organized coalition network with each other and share ideas on how to reach out to their communities, be a more visible presence, and obtain literature and even car seats for distribution. According to Williams, "Each agency in the coalition does their own thing their own way," but all share one common goal: to save lives and prevent injuries through the education of the public. The Centers for Disease Control and Prevention reports strong evidence reveals that safety seat distribution and education programs, community-wide education and enforcement campaigns, and incentive-plus-education programs such as the distribution of child restraints are effective in increasing child safety seat use, all of which the members of the coalition are providing in their own ways (CDC).

Mike DeNardo, Chief, Bay St. Louis Police Department

The Bay St. Louis Police Department, an active member of the coalition, participates in the Bay St. Louis Safety Day, an annual event held in September which draws more than 1000 participants from surrounding counties and even some Louisiana parishes. During the September 2011 event, 94 car seats were installed, many more inspected, and participants were taught the correct installation techniques. The Moss Point School District hosts a similar event each year.

> *"You have to wonder how many kids would be riding around without a car seat if we weren't doing this."*

Christine Johnson, Bay St. Louis Assistant Police Chief

Technicians often find that one-on-one encounters are very effective in educating the public about child safety. "Most of the time clients come to the Health Department for other services and wind up getting a car seat," says Roshundra Goss, a Pearl River County Health Department nurse and certified CPS technician. She says that she often notices that a client will bring in a child in a carrier that does not fit properly. "I'll stop and ask them if they need any help. Most of them don't have a clue that they had a problem." That's a common issue across the country. Nearly one-third of children ride in the wrong restraint for their age and size, and an estimated 73% of car seats are not installed or used correctly (Safe Kids U.S. Summer Safety Ranking Report).

Cost is another factor in the lack of buckling up. In a 2007 survey of parents assessing their knowledge, attitudes and behavior regarding child safety, Safe Kids USA reports that the number one reason parents in low income households do not do everything possible to buckle up

Duane Caughlin and Christine Johnson, Bay St. Louis Police Department

is that many safety devices cost too much. Cost was cited as an obstacle by 20% of parents with household incomes under $25,000 and by 9% of parents with higher household incomes (Safe Kids Report to the Nation). The Gulf Coast Child Safety Coalition members see these needs on a daily basis and are ready to assist. "The way the economy is right now, this gives parents a relief to know that we can provide them with a car seat, and it's safe for a child. That's one less thing they have to worry about," says Officer Caughlin. The District IX office receives a supply of new car seats from MSDH which Williams spreads among the CPS technicians. That's a good return investment considering that estimates say every dollar spent on a child safety seat saves this country $32 in medical and work loss costs due to accidents (Safe Kids).

"Most of the time clients come to the Health Department for other services and wind up getting a car seat. Most of them don't have a clue that they had a problem."

Roshundra Goss, Pearl River County Health Department Nurse

The community partnerships are another reason the Gulf Coast Child Safety Coalition is a success. "Who better to make a statement about child safety by leading by example than law enforcement officers, fire personnel and other city and state officials," says Jay Thompson. When the city of Bay St. Louis identified child safety as a community goal a few years ago, the police department realized the opportunity to bring all stakeholders closer together. "It's good for the whole community to chip in and work together on something," says Chief DeNardo. "It shows the community that we are interested in more than just writing tickets."

There are nine MSDH Districts across the state of Mississippi, and all have a Health Educator who is a CPS technician. Every public health district receives new car seats for distribution through the Mississippi Health and Health Services Block Grant (PHHS). With the Health Educators already in place and car seats available for distribution, coalition director Brad Williams insists that replicating the Gulf Coast Child Safety Coalition is relatively simple. Williams suggests that anyone with an interest in increasing child safety could be the driving force behind the implementation

of a coalition. He recommends that Safe Kids and the local Health Educator should be the starting point. A little bit of creativity and a lot of passion are key ingredients to establishing a permanent coalition dedicated to improving child safety. "Once you've established a presence in a community, everybody knows about you, and they know where to go to get their car seats checked," says Williams. "You become one of those resources that the community depends on."

In 2010, the Mississippi Gulf Coast Child Safety Coalition inspected, corrected and/or replaced over 1000 child restraints (Williams personal communication). The coalition operates with no formal budget, only committed technicians and their employers and community partners who are working to decrease the number of injuries and deaths related to vehicle accidents. All avenues are explored whether it's word of mouth, a billboard on a casino, or check points at a safety fair. The coalition members are resolved. As Bay St. Louis Assistant Police Chief Christine Johnson adds, "You have to wonder how many kids would be riding around without a car seat if we weren't doing this. If it saves just one kid from getting injured in a car accident, then it's all worth it."

Correctly installed car seats reduce fatal injury by 71% for infants under one year old and by 54% for toddlers ages one to four.

NHTSA, 2009

In 2008, 76% of children under the age of 16 who died in a motor vehicle crash in Mississippi were riding unrestrained.

MSDH

Mississippi Health Districts

District I Office
240 Tower Drive
Batesville, MS 38606
(662) 563-5603

District 2 Office
532 S. Church St.
P.O. Box 199
Tupelo, MS 38802
(662) 841-9015

District 3 Office
701 Yalobusha Street
Greenwood, MS 38930
(662) 453-4563

District 4 Office
732 Whitfield St.
P.O. Box 1487
Starkville, MS 39760
(662) 323-7313

District 5 Office
5963 I-55 N.
P.O. Box 1700
Jackson, MS 39215
601-978-7864

District 6 Office
3128 Eighth St.
P.O. Box 5464
Meridian, MS 39302
601-482-3171

District 8 Office
602 Adeline Street
Hattiesburg, MS 39401
601-544-6766

District 7 Office
303A Mall Drive
McComb, MS 39648
601-684-9411

District 9 Office
1141 Bayview Ave.
Suite 102
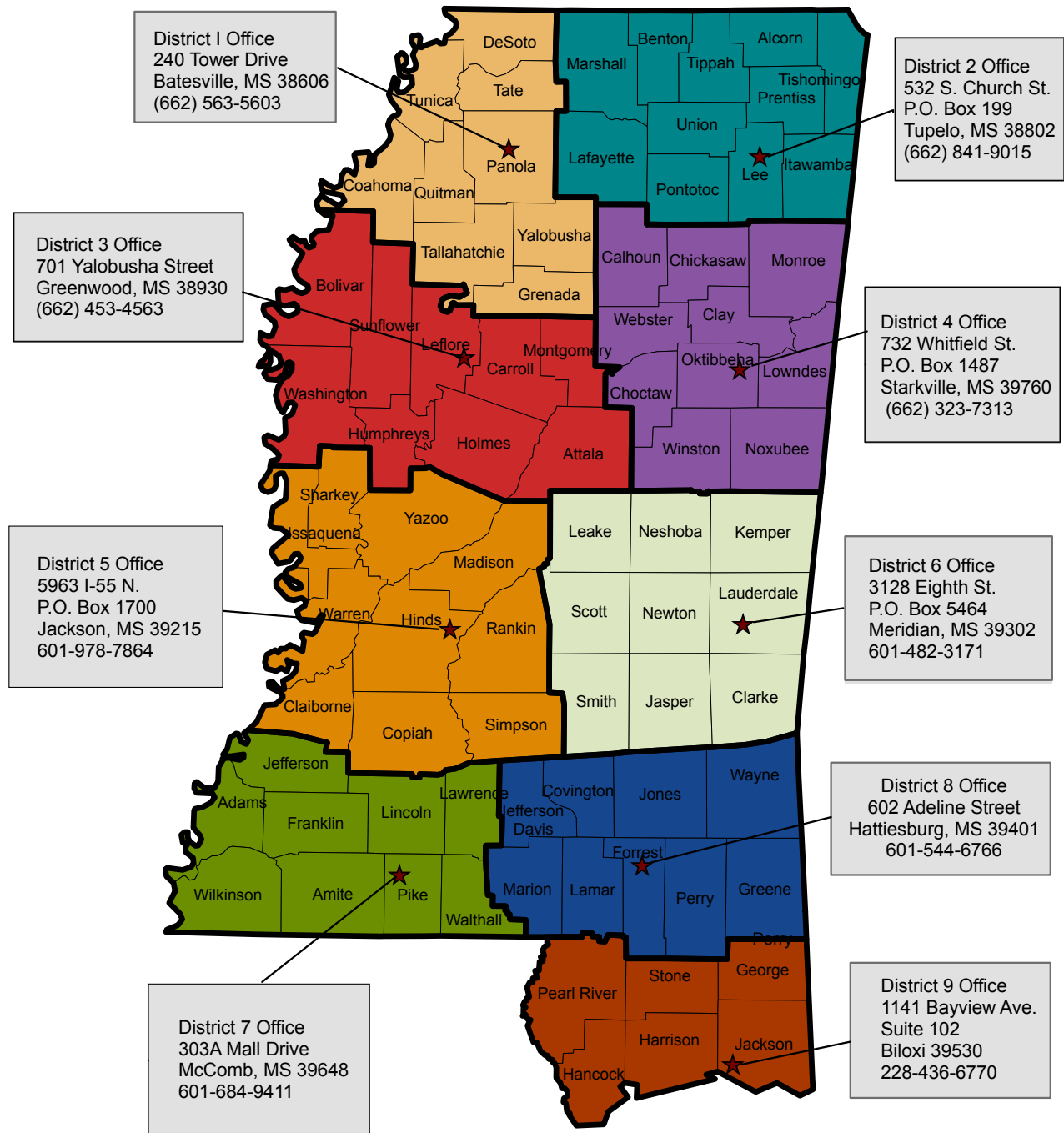Biloxi 39530
228-436-6770

Figure 18

Source: Mississippi State Department of Health (MSDH)

Environmental Safety

Introduction

Environmental influences upon children's health and well-being are multi-faceted. Historically, research on environmental influences specifically designed to measure how various factors impact children's health and development has been limited. Recognizing the need to measure a wide array of environmental variables influencing children's health and development, federal legislation was passed more than a decade ago that established *The National Children's Study (NCS)* (United States Environmental Protection Agency [EPA], n.d.). The NCS tracks 100,000 children from before birth until age 21 across the United States to determine a myriad of influences impacting children's health outcomes. One NCS study site is located at the University of Mississippi's Medical Center in Jackson, Mississippi. The goal of the NCS is "to improve the health and well-being of children and contribute to understanding the role various factors have on health and disease" (NCS, 2011a). It is anticipated that the results of the NCS will provide parents, researchers, policy-makers, and health providers with new data about the interaction of children and their environments upon an array of health conditions such as: diabetes, asthma, injuries, as well as behavioral and learning disorders (NCS, 2011b).

"The current generation of children born in Mississippi will be the first to be less healthy than their parents. The National Children's Study offers us a great opportunity to understand the factors that influence child health, including everything from child safety to environmental and biological hazards. By having a study center in Hinds County, we are ensuring that Mississippi's children will be represented and hopefully help us find new ways of improving child health in our state."

Sharon B. Wyatt, PhD, Principal Investigator, National Children's Study-Hinds County

While it is clear that environmental safety encompasses a wide range of possible topics (second hand smoke, unsafe cribs and sleeping positions, choking, drowning, sports and recreation safety, environmental toxins, falls, firearms, carbon monoxide, non-fluoridated water, etc.) that impact children and their families, the following are presented in this section: fire safety, drug and alcohol use, and suicide.

Fire safety

According to research, on average, a death by fire occurs somewhere in the United States every 2.8 hours, and someone is injured every one half hour (Karter, 2011). On average, one child per day dies from a fire in the United States. An additional 90,000 plus children suffer injuries resulting from burns per year. The Centers for Disease Control and Prevention (CDC) note the following categories and/or groups of individuals at "increased risk" of fire-related injuries and death: the youngest (under four years old); the oldest (65 years

and older); the poorest; individuals/families who live in substandard housing and/or manufactured homes; African Americans and Native Americans and individuals living in rural areas (CDC, 2011; Flynn, 2010). Given the demographics of Mississippi, many of which are reflective of these "increased risk" factors, it is important to review behaviors and contextual circumstances that if modified, could substantially decrease the number of fire-related injuries and deaths in Mississippi and the country.

The National Fire Protection Association (NFPA) notes that almost all households in the United States report having a smoke alarm in their residence. However, the problem arises when many are non-working, have maintenance issues, or have old or missing batteries. Most distressing is that the NFPA reports the following: "Almost two-thirds of home fire deaths resulted from fires in properties without working smoke alarms" (Ahrens, 2011, p. 4).

Nationally, the fire death rate (per million) has decreased from 13.2 in 2007 to 12.0 in 2008. Mississippi's fire death rate in 2008 (per million) was 22.5 (U.S. Fire Administration, n.d.). Exposure to smoke and fire is the fifth leading cause of death within Mississippi (Mississippi State Department of Health [MSDH], n.d.).

Fire Death Rates
2008
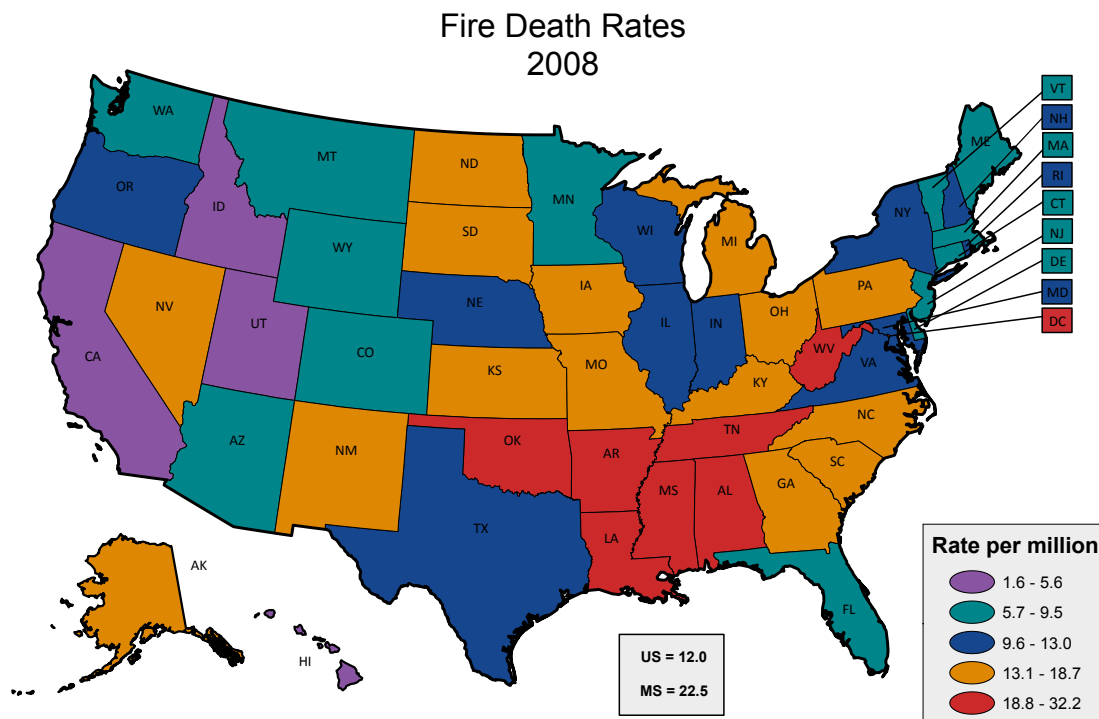
Source: U.S. Fire Administration (USFA), Department of Homeland Security

Figure 1

During 2008, the national death rate by fire was 12.0 (per million). The fire death rate in Mississippi was nearly twice the national average (22.5). The rate for Mississippi was higher in 2007 than 2008 (28.4 vs. 22.5). The highest fire death rates were found in the District of Columbia (32.2), Oklahoma (26.4), Arkansas (24.1), West Virginia (23.7), and Mississippi (22.5). The lowest rates were found in Hawaii (1.6), Idaho (3.9), Utah (5.1), California (5.6), and Vermont (6.4) (U.S. Fire Administration [USFA], n.d.).

Fire and Smoke Inhalation Deaths
2009

Total = 74 deaths

Number of deaths

- 0
- 1
- 2 - 5
- 6 - 11
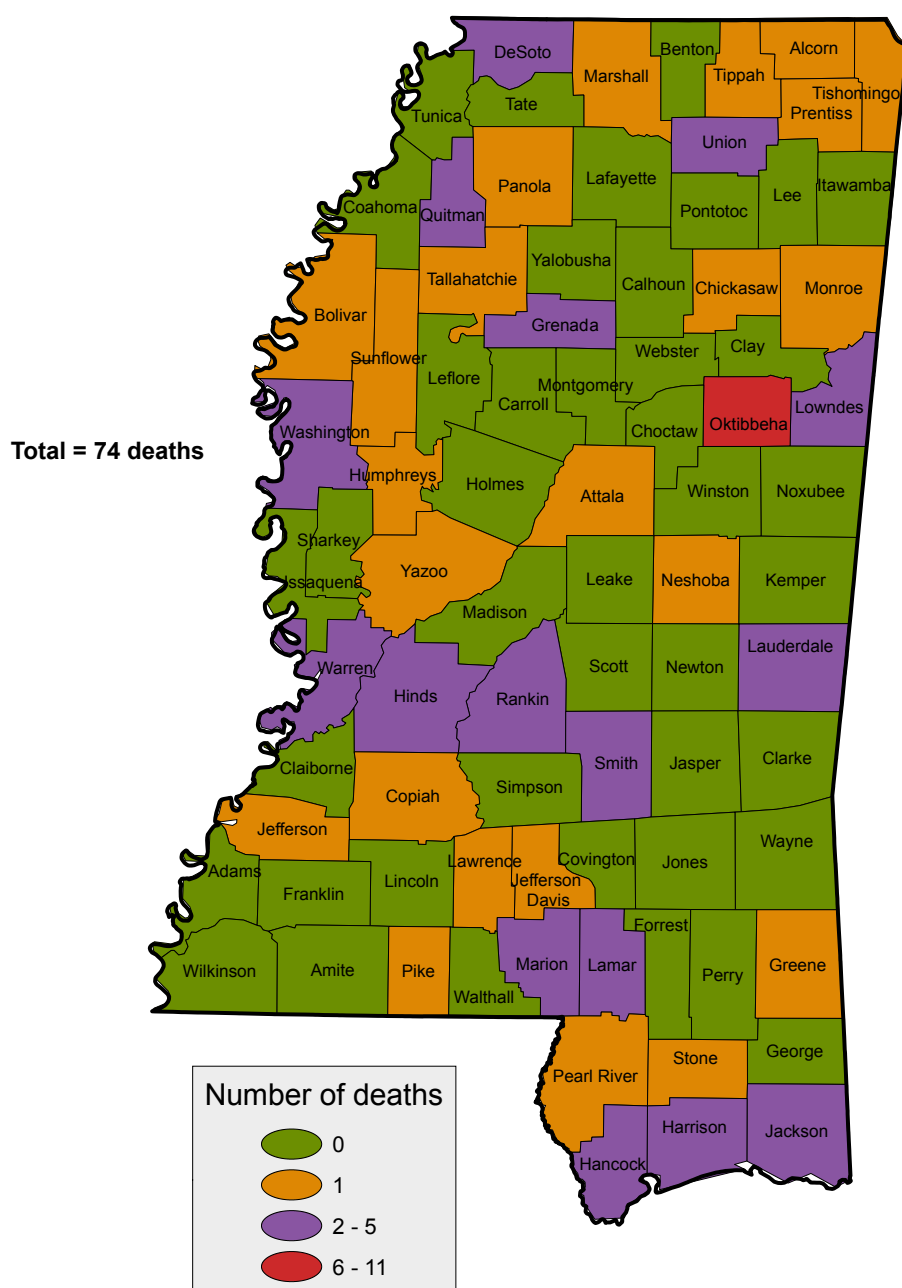
Figure 2

Source: Mississippi State Department of Health (MSDH)

In 2009, there were a total of 74 deaths from fire or smoke inhalation in Mississippi. Oktibbeha County had the largest number of deaths (11), followed by Hinds County (5). Other counties with more than two deaths included Jackson, DeSoto, Lowndes, Washington, and Quitman (each with three deaths) (MSDH, n.d.).

The total deaths due to fire, smoke inhalation and fire-related injuries among Mississippians in 2009 totaled 79. Among these deaths, 74 occurred within Mississippi counties in 2009. Middle-age adults (ages 45-64) and elderly (ages 65+) made up the largest age group in 2009 (respectively, 25 and 17) of people who died from smoke, fire and flames. The third largest age group of fire and fire-related deaths was children ages one to four (13), and seven deaths for children ages five to fourteen (MSDH, Office of Vital Statistics, n.d.).
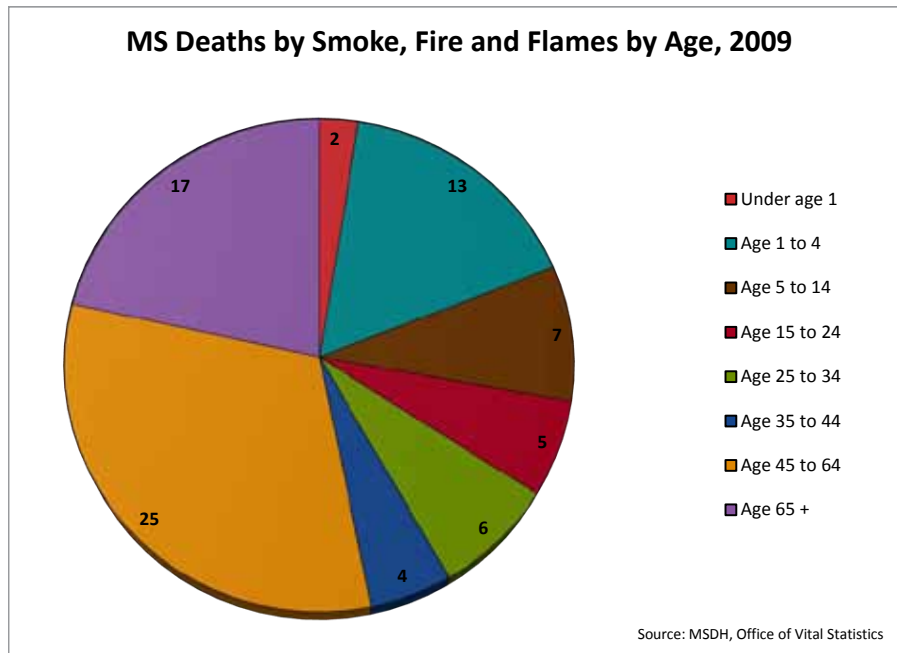
Figure 3

The national Healthy People 2020 goal is to reduce residential fire deaths from 95 deaths per 100,000 in 2007 to 86 deaths per 100,000 by 2020.

Objective IVP-28

Research conducted by NFPA found the following, specific to children and fires:

- The majority of set fires (77%) do not result from children involving fire-playing; yet approximately two-thirds (65%) of deaths resulting from child-playing home fires involve very young children—five years of age and younger

- Among home fires resulting from child-playing, the context and items include the following: 41% of child-playing home fires begin in a bedroom, with items first ignited mattresses and bedding (24%); papers (9%); clothing (8%) and waste/trash (8%) (Hall, 2010)

In addition, when comparing home fire victims overall, children who are unsupervised and under ten years of age are: "more likely to be male (68% vs 56%); less likely to die in a fire with operating smoke alarms (21% vs. 37%) and more likely to suffer from both burns and smoke inhalation (73% vs. 13%)" (Evarts, 2011).

Environmental Safety

Fireproof Children/Prevention First researchers (Cole, Crandall and Kourofsky, n.d.) answer an age-old question with a fact sheet of the same title, "Why are Children Fascinated with Fire?" These researchers provide the following insights:

> "Fire is colorful and dynamic. Its movement is gentle and soothing. . . From a child's point of view, fire seems the perfect toy: colorful, animated, and responsive."

In addition, researchers note that fire is such an integral component of our culture (i.e., birthday parties, holiday meals, cook-outs/barbeques, campfires, etc.) that resultant fireplay activities by children are not surprising; yet they caution that "children's fireplay should be taken seriously. Even when started without any intention to do harm, fires set by children can cause serious damage and injury" (Cole, Crandall, and Kourofsky, n.d., para. 6).

Prevention First researchers also note the following ways to decrease the probability of children playing with fire:

- Keep matches and light out of sight and reach, even child-resistant lights

- Be aware of your own modeling of fire use

- Supervise children at home as well as outside

- Stick to clear rules about fire

- Install and maintain smoke alarms, and plan and practice your escape (Cole, Crandall, Kourofsky, n.d.)

Prevention First has produced a video After the Fire: The Teachable Moment. The YouTube video http://www.youtube.com/watch?v=ElpuhvRU8SU provides a firsthand account of a student and his family, who have experienced a home fire. This video and the three modules (http://prevention1sr.org/AftertheFire.htm) provide valuable information to educators and their students.

Programs That Work

Nearly 30 years ago, The American Academy of Pediatrics (AAP) began The Injury Prevention Program (TIPP) and has expanded it through the years as a solid program to educate parents of children (birth-12 years of age) on ways to prevent common childhood injuries. These injuries include: burns, choking, bicycle crashes, drowning, falls, firearms, motor vehicles, pedestrian hazards and poisoning. A safety checklist for each stage of a child's development, including a range of questions and counseling guidelines are included and can be found at http://www.aap.org/family/TIPPGuide.pdf. It is noteworthy that fire safety is recommended for discussion at each stage of child development within the pediatric setting.

Specific guidelines related to fire safety include encouraging parents to: check heating systems and fireplaces at least annually; purchase a home fire extinguisher; install smoke alarms; limit drinking or carrying hot liquids while holding children; use protective barriers around space heaters; develop a family escape plan in case of fire; keep matches and lighters, electrical cords and appliances away from children; adjust hot water temperature to no more than 120 degrees Fahrenheit; keep hot cooking items out of reach of children; prohibit children from playing with fireworks or fire and increase awareness of association between smoking and household fires. TIPP recommends that parents discuss the following with their pediatrician and health care providers during preventive health visits:

Prenatal/Newborn	Infant Car Safety Seat, Smoke Alarm and Crib Safety
Two Months	Burns-Hot Liquids/Choking/Suffocation
Six Months	Poisonings, Burns/Hot surface
Nine months	Water/Pool Safety; Convertible Car Safety Seats; Firearm Hazards

TIPP guidelines also suggest that pediatricians and other health care providers reinforce on-going safety issues such as burns, falls, and firearms during well-child visits beginning at age one and continuing through age four (AAP, 1994).

Recent Legislation

In 2011, the states of Nevada and Maryland passed legislation requiring all school buses purchased in 2014 and after to have fire resistant seating (Fire Safety for All, 2011). According to the National Transportation Safety Board (NTSB), between the years 1999 and 2003, more than 2000 fires occurred on buses or school buses every year (Ahrens, 2006).

Alcohol Use and Underage Drinking

Alcohol continues to be the most pervasive abused substance among youth across the nation as well as in Mississippi. Of particular significance is the use of alcohol by those who are under the legal drinking age of 21. The importance of expanding research and potential interventions with younger aged children and pre-adolescents on alcohol use is warranted, given that the "onset of alcohol use in childhood predicts alcohol problems in adolescence, as well as alcohol abuse and dependence in adulthood" (Zucker, Donovan, Masten, Mattson and Moss, 2008). These researchers also concluded that exploring the risk factors associated with young children's environments, prior to the initiation of their first

drink are necessary to determine antecedents of underage alcohol use. Given the increasing awareness of the profound impacts that early social, emotional and psychological influences have upon children's long-term health and well-being, it is clear that antecedents to underage drinking are multifaceted. Zucker et al. (2008) reinforce this notion:

"By ten years of age, however, many fundamental adaptive systems of the human organism, both those embedded in the person and those embedded in relationships and connections to the social world, have assembled and exhibit some stability. Children arrive at the transitions and challenges of adolescence with the personality and human and social capital they have accumulated in childhood, as well as their record of achievements and failures in meeting the various developmental tasks of childhood. Therefore, it is not surprising that many of the influential factors associated with early drinking emerge and are shaped during the first decade of life" (p. 253).

"The onset of alcohol use in childhood predicts alcohol problems in adolescence, as well as alcohol abuse and dependence in adulthood."

Zucker, Donovan, Masten, Mattson and Moss

The Centers for Disease Control and Prevention reports that "alcohol is a factor in an average of approximately 4,700 deaths among underage youth in the United States every year, shortening their lives by an average of 60 years" (CDC, 2009). In 2006, Public Law 109-422, known as the Sober Truth on Preventing Underage Drinking Act (STOP) was passed as one measure to address this critical health and safety issue of youth in the United States. The most recent report by U.S. Health and Human Services via the Substance Abuse and Mental Health Services Administration (SAMHSA) as a response to STOP was made to Congress in May, 2011. This report entitled, "Report to Congress on the Prevention and Reduction of Underage Drinking" also includes a state-by-state status of prevention activities and state policies to curb underage alcohol use.

There are approximately 407,000 Mississippians who are between the ages of 12-20. Based upon this number, the following graph reflects both the percentage and number who reported having used alcohol or did binge drinking of alcohol within the month prior to the survey.

Almost one quarter (23%) of the Mississippi traffic fatalities for the 15-20 year old drivers resulted from blood alcohol content greater than .01, resulting in 28 deaths (U.S. Department of Health and Human Services, SAMHSA, 2011). The report also noted that there were 73 alcohol-attributable deaths with an estimated 4,391 years of potential life lost for youth under the age of 21. It should be noted that subsequent to the publishing of the above mentioned report (May, 2011), Mississippi has enacted a new law known as the "social host" legislation (MS Senate Bill 2597) that went into effect July 1, 2011. In essence, this legislation holds adults criminally liable for hosting and/or being aware of underage drinking on their private property, that includes not only their homes, but camps, lake houses, etc. (Insurance Journal, 2011, April 18).

Policy-wise, this is clearly an important move in the right direction for Mississippi, given that more than one in four (26.4%) of Mississippi's youth reported drinking alcohol for the first time before age 13 compared to slightly more than one in five (21.1%) of youth, nationally, reflecting a statistically significant difference (Source: CDC, YRBSS, n.d.).

In the release of *The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking* (March, 2007), Acting Surgeon General Kenneth Moritsugu noted that too many Americans consider underage drinking a rite of passage to adulthood (U.S. Department of Health
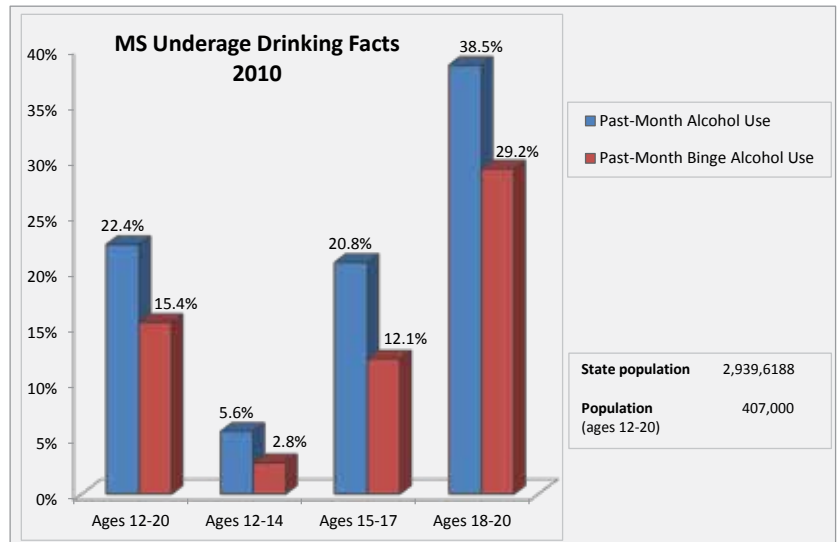
Source: U.S. Department of Health and Human Services; Substance and Mental Health Services Administration

Figure 4

Costs of Underage Drinking by Problem, Mississippi, 2010

Problem	Total Costs (in millions)
Youth Violence	$275.6
Youth Traffic Crashes	$178.3
High-Risk Sex, Ages 14-20	$56.2
Youth Property Crime	$47.3
Youth Injury	$15.3
Poisonings and Psychoses	$4.6
*FAS Among Mothers Age 15-20	$15.9
Youth Alcohol Treatment	$38.7
Total	**$631.9**

*Fetal Alcohol Syndrome

Source: Pacific Institute for Research and Evaluation (PIRE)

Figure 5

and Human Services). Research shows that young people who start drinking before the age of 15 are five times more likely to have alcohol-related problems later in life. New research also indicates that alcohol may harm the developing adolescent brain. Dr. Moritsugu also noted the additional consequences associated with underage drinking, citing problems and concerns such as:

- Short-term and long-term cognitive functioning

- Increased academic failure

- Injuries and death

- Risky sexual behavior

The sexual and reproductive health of America's adolescents is a critical public health concern. Risky sexual behavior is related to a variety of negative health outcomes including sexually transmitted diseases (STDs), teen pregnancies, and sexual violence (CDC, 2009a). Although adolescents (ages 15-25) represent only 25% of the sexually active population, they accounted for nearly half of all new incidences of STDs in 2009 (CDC, 2010). According to the 2009 Youth Risk Behavior Surveillance Survey (YRBSS), 46% of high school students reported having had sexual intercourse (CDC, 2009b). Mississippi is the highest in the nation for this indicator (61%). In addition to reporting high rates of sexual intercourse, Mississippi students reported having not used a condom during their last sexual intercourse (34%) or having used birth control pills or Depo-Provera to prevent pregnancy (82%).

The YRBSS (2009) also includes survey items on drug and/or alcohol use by students. The percentage of Mississippi students who reported using drugs or alcohol closely reflects the nation as a whole. Nearly three-quarters (72.5%) of U.S. high school students (9th–12th grade) reported having at least one drink of alcohol in their lives, slightly higher than students in Mississippi (70%). However, Mississippi students reported they started drinking at an earlier age (before 13) than the rest of the nation (26.4% vs. 21.1%) (CDC, 2009).

Figure 6 indicates the percentage of affirmative responses to items in the most recent Youth Risk Behavior Surveillance Survey (YRBSS). YRBSS involves questions concerning the safety of students (grades 9-12) within their physical and developmental environments. The chart reveals significant

2009 Youth Risk Behavior Surveillance Survey (YRBSS)			
Alcohol and Other Drug Use During the 30 days before the survey	Mississippi %	United States %	MS more likely than the US
Ever had at least one drink of alcohol on at least 1 day (during their life)	70.0	72.5	
Drank alcohol for the first time before age 13 years (other than a few sips)	26.4	21.1	†
Had at least one drink of alcohol on at least 1 day	39.2	41.8	
Had five or more drinks of alcohol in a row within a couple of hours on at least 1 day	19.7	24.2	
Had at least one drink of alcohol on school property on at least 1 day	4.3	4.5	
Ever used marijuana one or more times (during their life)	35.1	36.8	
Tried marijuana for the first time before age 13 years	8.4	7.5	
Used marijuana one or more times	17.7	20.8	
Used marijuana on school property one or more times	2.5	4.6	
Ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times (during their life)	9.7	11.7	
Ever used any form of cocaine one or more times (for example, powder, crack, or freebase)	3.8	6.4	
Ever used ecstasy one or more times (also called "MDMA", during their life)	5.3	6.7	
Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)	18.0	22.7	
† Significant		Source: CDC, YRBSS	

Figure 6

differences between Mississippi and the United States on a variety of issues. It reveals that Mississippi students considered suicide more often than students in the rest of the U.S. (15.4% vs. 13.8%); they also attempt suicide more often (9.3% vs. 6.3%). Another notable difference is that 17.5% of students in Mississippi reported having never been taught in school about AIDS or HIV infection compared to 13% nationwide, indicating that Mississippi is behind when it comes to sexual education. Furthermore, the vast majority (92.8%) of students in Mississippi who were sexually active reported not using condoms and birth control pills or Depo-Provera before their last sexual encounter, slightly higher than the nation as a whole (91.1%) (CDC, 2009).

One of the factors often believed to influence the likelihood that adolescents will engage in risky sexual behavior is the use of illicit substances. Several studies have established a relationship

2009 Youth Risk Behavior Surveillance Survey (YRBSS)			
Suicide During the last 12 months before the survey	Mississippi %	United States %	MS more likely than the US
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey)	29.0	26.1	
Seriously considered attempting suicide	15.4	13.8	†
Made a plan about how they would attempt suicide	11.4	10.9	
Attempted suicide one or more times	9.3	6.3	†
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	2.7	1.9	
Sexual Behaviors			
Ever had sexual intercourse	61.0	46.0	†
Had sexual intercourse for the first time before age 13 years	13.4	5.9	†
Had sexual intercourse with four or more persons (during their life)	23.7	13.8	†
Had sexual intercourse with at least one person (during the 3 months before the survey)	44.9	34.2	†
Did not use a condom during last sexual intercourse (among students who were currently sexually active)	34.3	38.9	
Did not use birth control pills before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	85.7	80.2	†
Did not use birth control pills or Depo-Provera before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	82.0	77.1	†
Did not use both a condom during last sexual intercourse and birth control pills or Depo-Provera before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	92.8	91.1	
Were never taught in school about AIDS or HIV infection	17.5	13.0	†
† Significant		Source: CDC, YRBSS	

Figure 7

between illicit drugs and risky sexual behavior, particularly with adolescents engaging in increased risky sexual behavior under the influence of marijuana (Anderson and Stein, 2011; Guo et al., 2002; Poulin and Graham, 2001; Turner, Russell, and Brown, 2003). However, substance abuse or misuse can be far reaching, affecting sexual behavior beyond its acute influence. For instance, binge drinking during early adolescence has been shown to predict higher levels of risky sexual behavior into late adolescence (Wu, Witikiewitz, McMahon, and Dodge, 2009). However, research suggests that interventions aimed at reducing the use of illicit substances may have the added benefit of reducing risky sexual behavior. A study by Ellickson, McCaffrey, and Klein (2009) demonstrated that the reduction in drug use from drug prevention programs during adolescence can have long-term effects in the reduction of risky sexual behavior. These studies taken together suggest attention to adolescent substance abuse may aid in the prevention of risky sexual behavior and the negative outcomes associated with it.

Environmental Safety

Determining differences between alcohol abuse and alcohol dependence is important for parents and those working with youth to understand. *The Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition, Text Revision)- (DSM-IV-TR) uses the following criteria for alcohol abuse disorder. Please note that these are shortened criteria and the full descriptions and definitions can be found in the DSM-IV-TR.

Alcohol abuse—One or more of the following occurs, due to on-going and chronic alcohol use:

- Exhibits deficiencies and failure to perform major obligations at home, work or school

- Physical endangerment (e.g., drinking and driving or operating equipment)

- Chronic legal problems (e.g., arrests related to alcohol use)

- Persistent social or interpersonal problems

Alcohol dependence—During a 12 month period, three or more of the following problems related to alcohol use must occur in order to meet the criteria for being alcohol dependent:

- Increased tolerance meaning that more alcohol is needed to yield the desired level of intoxication

- Avoidance of withdrawal symptoms by taking alcohol or other substance to decrease/minimize withdrawal symptoms

- Increased amounts of substance or using longer

- Experiences difficulties in reducing amount used or unsuccessful attempts to control use

- Spends increased time in alcohol activities to obtain, use and recover

- Decreases time in work, social and recreation activities

- Continues usage, regardless of the on-going physical and psychological concerns

Mississippi Programs

With the assistance of SAMHSA funding of the Substance Abuse Prevention and Treatment Block Grant channeled through the Mississippi Department of Mental Health's Bureau of Alcohol and Drug Abuse, there have been a number of programs implemented to focus on the prevention of both underage drinking and illegal drug abuse. As noted on their website, the Substance Abuse Prevention and Treatment (SAPT) Block Grant funds are being used to:

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time

- Fund those priority treatment and support services not covered by Medicaid, Medicare or private insurance for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery

- Fund primary prevention – universal, selective and indicated prevention activities and services for persons not identified as needing treatment

- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and plan the implementation of new services on a nationwide basis (NCADD,n.d.)

Beginning in 2008, the Mississippi Underage Drinking Prevention Coalition of Madison and Rankin Counties was established to achieve the following four goals:

1. Prevent and/or reduce underage drinking consumption of alcohol and its related consequences

2. Reduce alcohol-related expulsions and suspensions

3. Reduce DUI arrests under age 21

4. Reduce alcohol-related motor vehicle crashes/deaths (thinkb4youdrink)

The Mississippi Department of Public Safety (MDPS), through its Teens on the Move Program sponsors an annual state-wide conference, involving approximately 5,000 high school students. Designed to spotlight alcohol and drug awareness programs throughout the state of Mississippi, the conference is planned by both the Student Advisory Board and the Special Projects Coordinator of the MDPS. While not a program, per se, the *Mississippi Underage Drinking Prevention in Mississippi: A Collective Perspective* (http://www.youtube.com/ watch?v=XA70z6ja1Yw) is a video with the twofold purpose:1) to increase awareness of underage drinking and its consequences and 2) to promote a call to action by parents, other stakeholders and communities throughout Mississippi. Production of the video is a SAMHSA/CSAP Underage Drinking Prevention Education Initiative (UADPEI) in collaboration with states that support underage drinking prevention at the local level.

Policy Considerations

The environmental safety topics reviewed in this section included fire safety and underage drinking—as well as an outline of problems and consequences associated with each. Given the problems and continual costs associated with underage drinking in Mississippi, additional policies to curb and reverse this problem should be addressed. According to the Pacific Institute for Research and Evaluation (PIRE, 2011), the problems related to underage drinking in Mississippi and associated financial costs were more than $639,900,000.00 in just 2010 alone. The 2011 Mississippi legislature is to be commended for passing social hosting legislation (Senate Bill 2597), making it illegal for underage drinking to knowingly occur in their residence and/or their personal property.

Environmental Safety

Policy Considerations for Mississippi

- Increase the number of fire departments participating in Fire Academy for Kids by sharing resources, equipment, and materials, particularly to volunteer fire departments across the state

- Conduct a state-wide assessment on the type and working conditions of fire safety equipment found in child care centers and schools and disseminate findings

- Review state policies (or lack thereof) that allow for promotion of any alcoholic beverages (i.e., happy hour prices, drink specials)

- Implement state-wide policy to register or tag beer kegs so that the keg identification number is linked to purchaser's name and contact information, as well as driver's license number

- Consider state policies requiring adult purchasers of beer and alcohol to sign statements acknowledging liability issues associated with underage drinking

- Review state policies that allow serving any individual more than two drinks at one time for consumption of said individual (or for consumption by one person) of any alcoholic beverages and drink specials across the state

- Review state policies in the serving of alcohol to promote more alcohol consumption in establishments within or nearby schools, technical institutions, community colleges, colleges and/or universities

- Promote longitudinal research to assess (at both a county-level and state-level) the percentage of underage drinking, following the enactment of the social-hosting legislation

- Promote research to determine the level of enforcement regarding underage drinking in Mississippi, with a particular emphasis on college and university campuses

Data Section

2009 Youth Risk Behavior Surveillance Survey (YRBSS)			
Tobacco Use During the 30 days before the survey	Mississippi %	United States %	MS more likely than the US
Ever tried cigarette smoking (even one or two puffs)	53.7	46.3	†
Smoked a whole cigarette for the first time before age 13 years	16.6	10.7	†
Usually obtained their own cigarettes by buying them in a store or gas station	18.8	14.1	
Smoked cigarettes on at least 1 day	19.6	19.5	
Smoked more than 10 cigarettes per day	6.1	7.8	
Smoked cigarettes on 20 or more days	8.5	7.3	
Did not try to quit smoking cigarettes (among students who currently smoked cigarettes, during the 12 months before the survey)	42.6	49.2	
Used chewing tobacco, snuff or dip on at least 1 day	8.6	8.9	
Smoked cigars, cigarillos, or little cigars on at least 1 day	15.4	14.0	
Smoked cigarettes; smoked cigars, cigarillos, or little cigars; or used chewing tobacco, snuff, or dip on at least 1 day	27.6	26.0	
† Significant			Source: CDC, YRBSS

Figure 8

Data from the 2009 YRBSS shows that 53.7% of Mississippi students have ever tried cigarettes, higher than the national average of 46.3%. Additionally, the data shows that Mississippi students are more likely to begin smoking at an earlier age with 16.6% of students smoking their first cigarette before age 13, compared to 10.7% nationally. However, once students start using tobacco, similar rates of tobacco usage can be observed between Mississippi students and the rest of the nation (CDC, 2009).

National Child Asthma Statistics
2010

Children ages 0-17

- 8.6% - 11.0%
- 11.1% - 13.6%
- 13.7% - 16.9%
- N/A
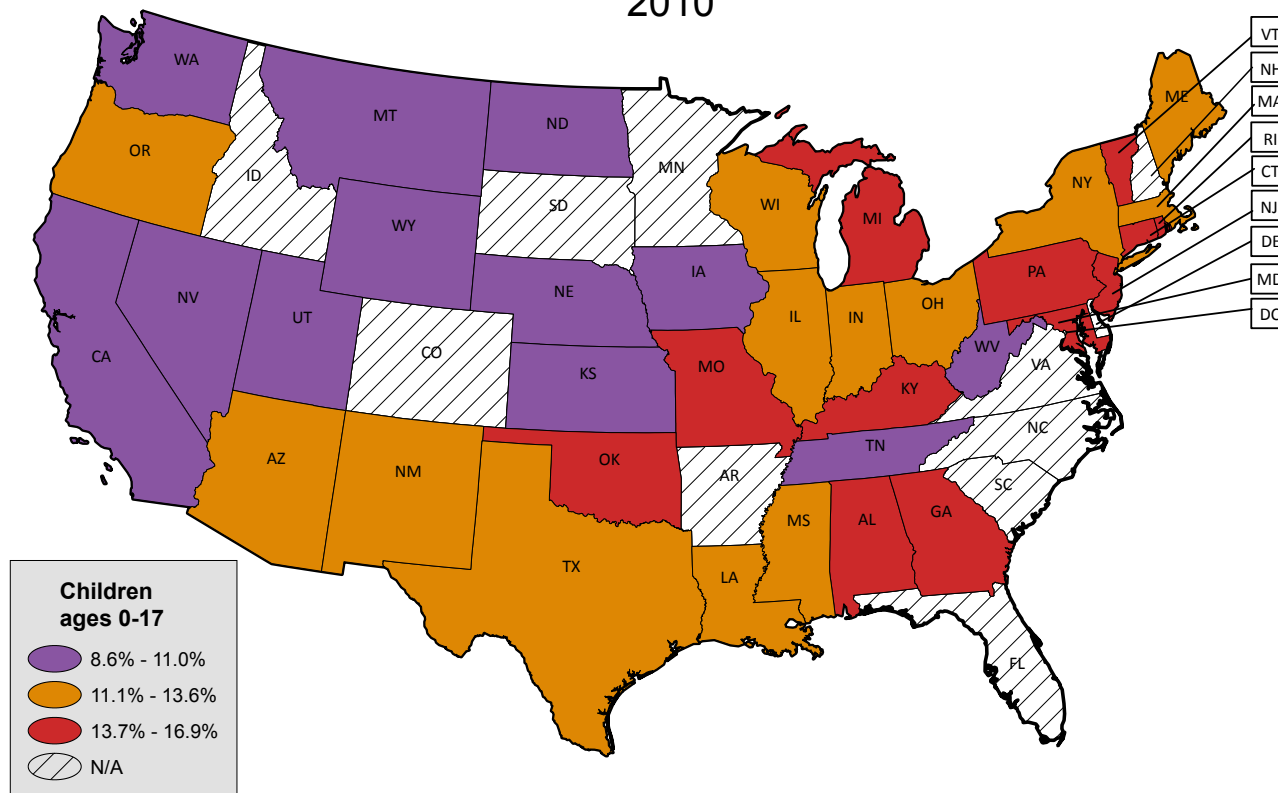
*Excludes the District of Columbia

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS)

Figure 9

According to the national 2010 Behavioral Risk Factor Surveillance Survey (BRFSS), 12.6% of children (age 0-17) in the United States suffer from asthma. The prevalence of asthma in Mississippi was found to be 13.2% during 2010. Among other participating states, the percentages of asthma were found in Maryland (16.5%), Connecticut (15.3%), Rhode Island (15.1%), and Kentucky (14.7%). States with the lowest percentages of asthma were found in Nebraska (8.6%), Iowa (8.8%), Wyoming (9.3%), Utah (9.5%), and Montana (9.6%) (CDC, BRFSS, n.d.).

Asthma (all ages) Based on Emergency Room Discharges
2003-2007

Rate per 10,000
- 6.0 - 19.8
- 19.9 - 40.4
- 40.5 - 63.0
- 63.1 - 121.1
- N/A
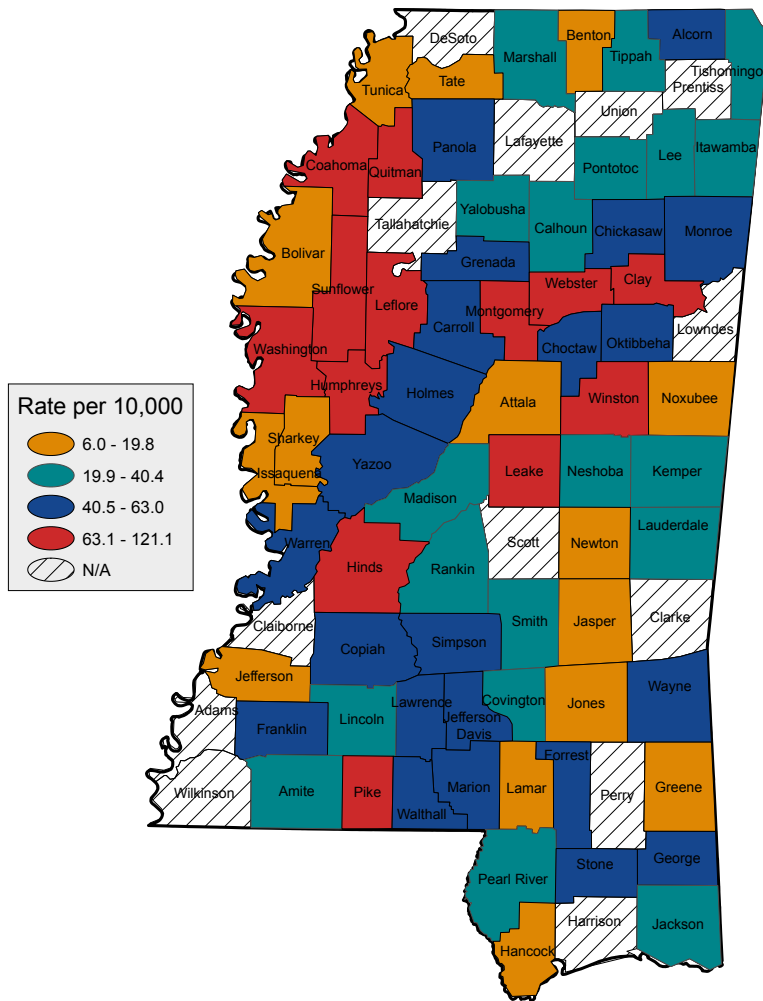
Mississippi Emergency Room Discharge Asthma		
Characteristic		**Rate per 100 with Asthma**
Total		1.9
Sex		
Male		2
Female		1.8
Race		
White		1.4
Black		2.2
Other		1.7*
Age Group (years)		
0-4		4.6
5-11		1.5
12-17		0.5

Source: Mississippi State Health Department of Health,
 Mississippi Asthma Hospital Discharge Database

*The estimate is unreliable because the relative
standard error of the estimate is 30%-50%. All other
relative standard errors are less than 30%.

Figure 11

Figure 10   Source: Mississippi State Department of Health (MSDH), Asthma Surveillance Report, 2009

The above map shows the emergency department discharge rate (per 10,000) by county of residence for cases (all ages) for asthma in Mississippi during 2003-2007. Statewide, the average yearly rate of asthma related emergency department visits was 44.3, the counties with the highest rates of asthma related emergency room visits were as follows: Humphreys (121.1), Washington (113.4), Leflore (93.8), Sunflower (89.4), and Winston (83.9). The counties with the lowest Asthma related emergency department visits were as follows: Tunica (6), Jasper (8.3), Attala (10.2), Jefferson (10.6), and Sharkey (12.1). Thirteen counties did not have a hospital reporting this information (MSDH, 2009).

The data in the above chart was reported in the 2009 Mississippi State Department of Health (MSDH) Asthma Report. The chart shows that rates of emergency room discharges for asthma (per 100) were higher for black children than white children during 2007 (2.2 vs. 1.4). Additionally, higher rates were found in males than females (2.0 vs. 1.8). The highest rates of childhood Asthma (4.6) were found in the youngest age group (ages 0-4) (MSDH, 2009).

Accidental Death
2009

MS = 55.4

Rate

- 24.9 - 42.7
- 42.8 - 64.8
- 64.9 - 99.8
- 99.9 - 143.0
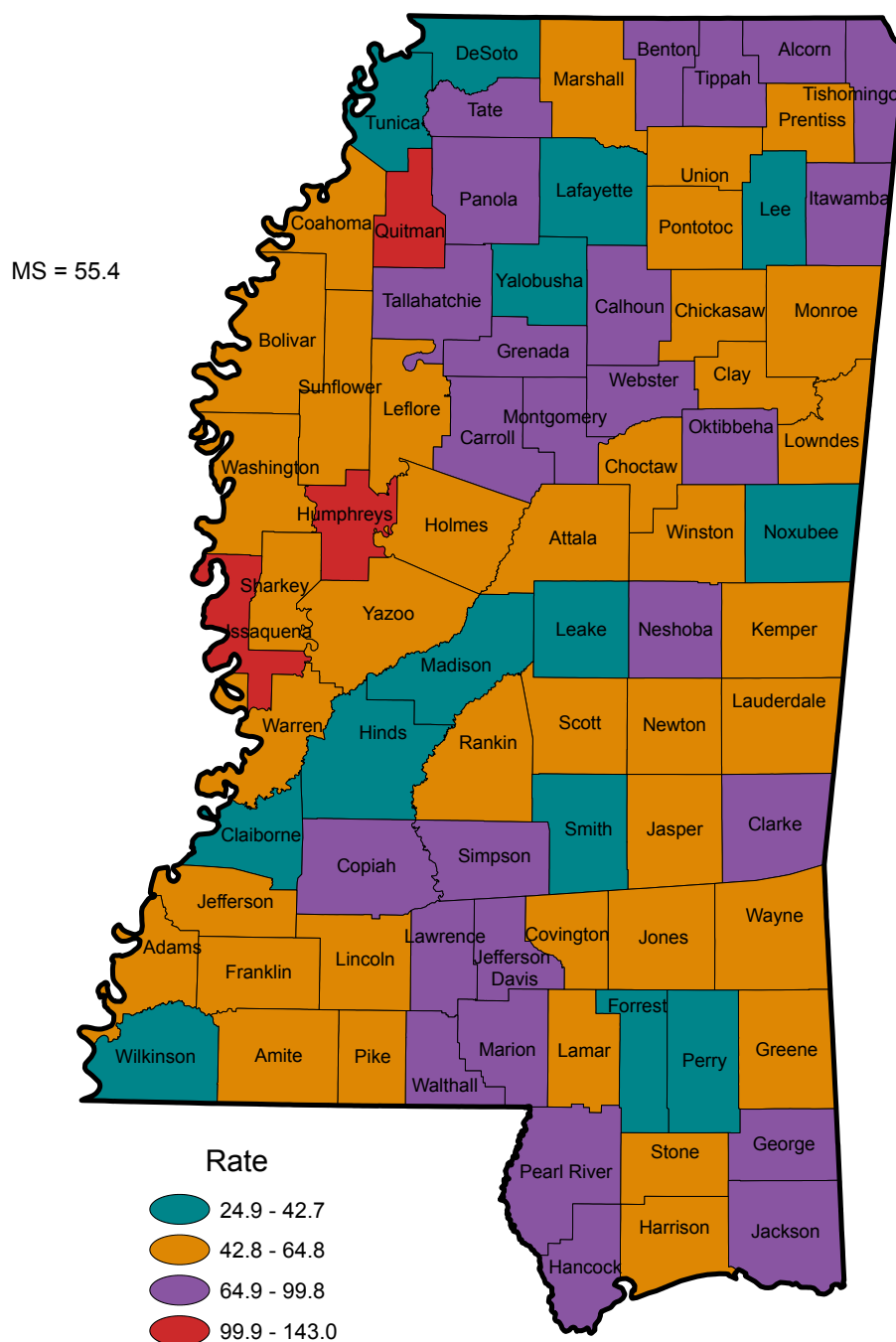
Figure 12

The above map illustrates the rate of deaths in Mississippi (55.4) during 2009 from accidents such as motor vehicle, exposure to smoke, fire and flames, water transport, poisoning, falls, choking, discharge of firearms, electric current, drowning, air and space transport, other land transport, contact with heat and hot substances, inhalation and ingestion of food, and all other accidents totaling 1,635 accidental deaths.

MS Accidents by Type 2009

733
270
239
108
79
74
54
23 19 16 9 7 3 1

Total = 1,635 Accidents

- MOTOR VEHICLE
- POISONING
- FALLS
- ALL OTHER ACCIDENTS
- EXPOSURE TO SMOKE, FIRE AND FLAMES
- INHALATION AND INGESTION OF FOOD
- DROWNING AND SUBMERSION
- OTHER AND UNSPECIFIED THREATS TO BREATHING
- WATER TRANSPORT
- DISCHARGE OF FIREARMS
- OTHER LAND TRANSPORT
- AIR AND SPACE TRANSPORT
- CONTACT WITH HEAT AND HOT SUBSTANCES
- EXPOSURE TO ELECTRIC CURRENT

Source: Mississippi Department of Health, Vital Statistics

Figure 13

According to the Mississippi State Department of Health, there were 1,635 accidental deaths in 2009. Motor vehicle accidents accounted for the largest number of accidental deaths (733), followed by: poisoning (270), falls (239), all other accidents (108), exposure to smoke, fire and flames (79), and inhalation and ingestion of food (74) (MSDH, 2009).

Drowning and Submersion Deaths 2009

MS = 51 deaths

Number of deaths
- 0
- 1
- 2
- 3 - 5
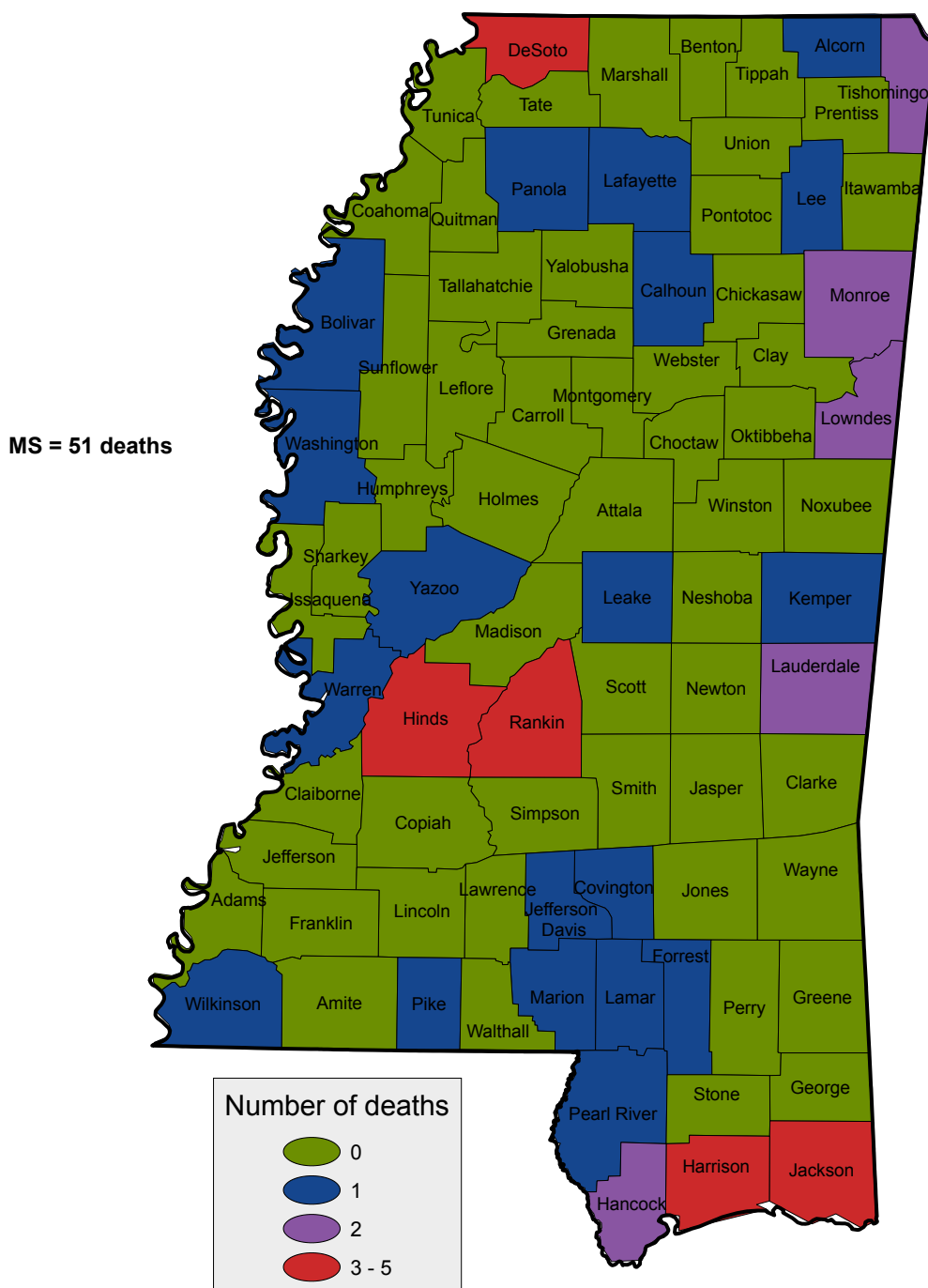
Figure 14

Source: Mississippi State Department of Health (MSDH)

According to the Mississippi State Department of Health, there were a total of 51 drowning and submersion deaths in 2009. The counties with the highest number of drowning deaths were as follows: Hinds (5), Jackson (5), DeSoto (4), Harrison (4), and Rankin (4) (MSDH, n.d.).

Accidental Poisoning Deaths
2009

MS = 277 deaths

Number of deaths
- 0
- 1 - 7
- 8 - 16
- 17 - 45
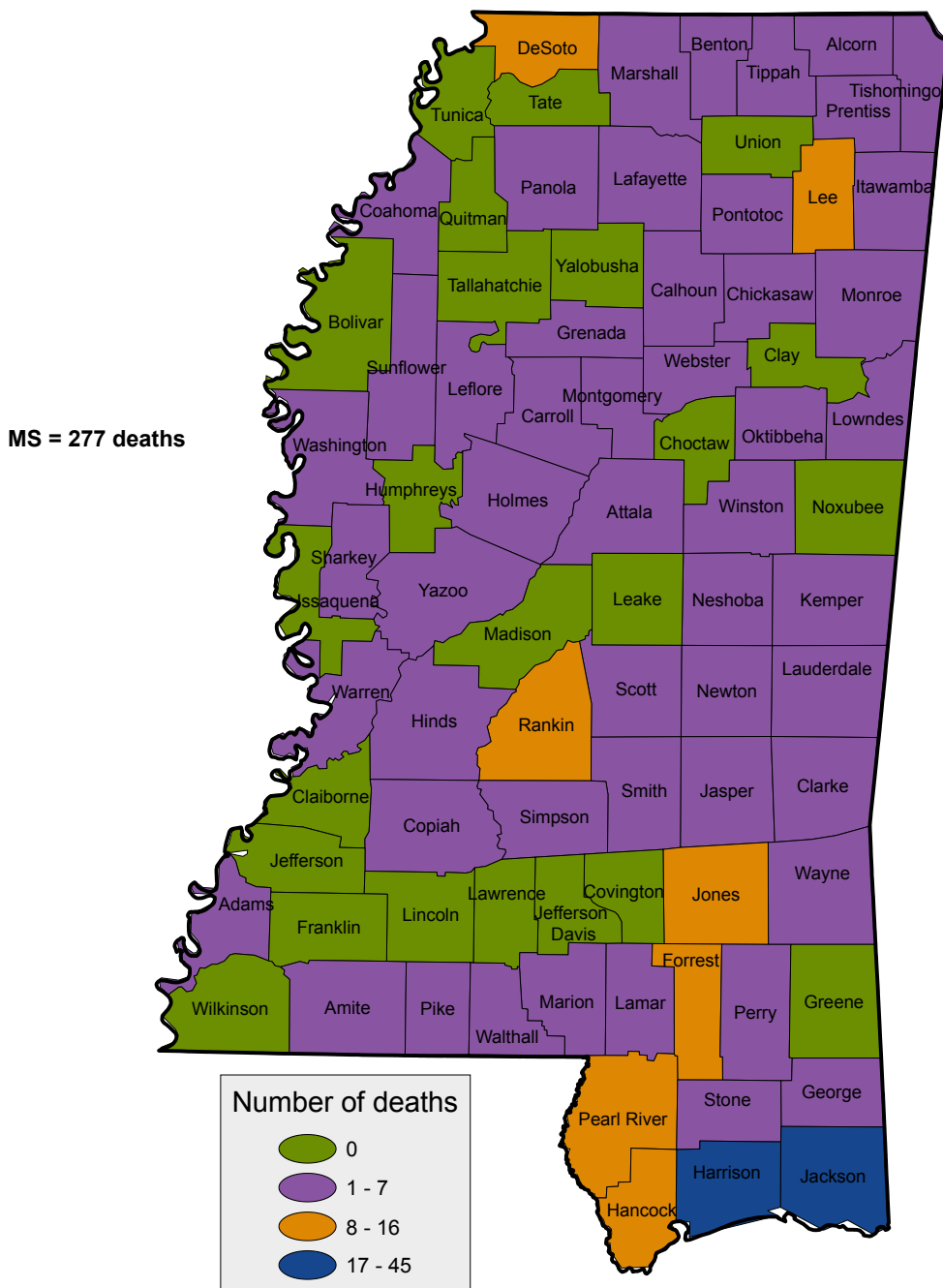
Figure 15

Source: Mississippi State Department of Health (MSDH)

Accidental poisoning represents a substantial accidental death risk, accounting for the largest proportion of accidental deaths in Mississippi (17%) surpassed only by motor vehicle deaths (45.83%). The counties with the largest number of poisoning deaths were Jackson (45), Harrison (31), Rankin (16), DeSoto (14), and Hancock (12) (MSDH, n.d.).

All Other Accidental Deaths
2009

MS = 183 deaths

Number of Deaths

0
1 - 5
6 - 11
28
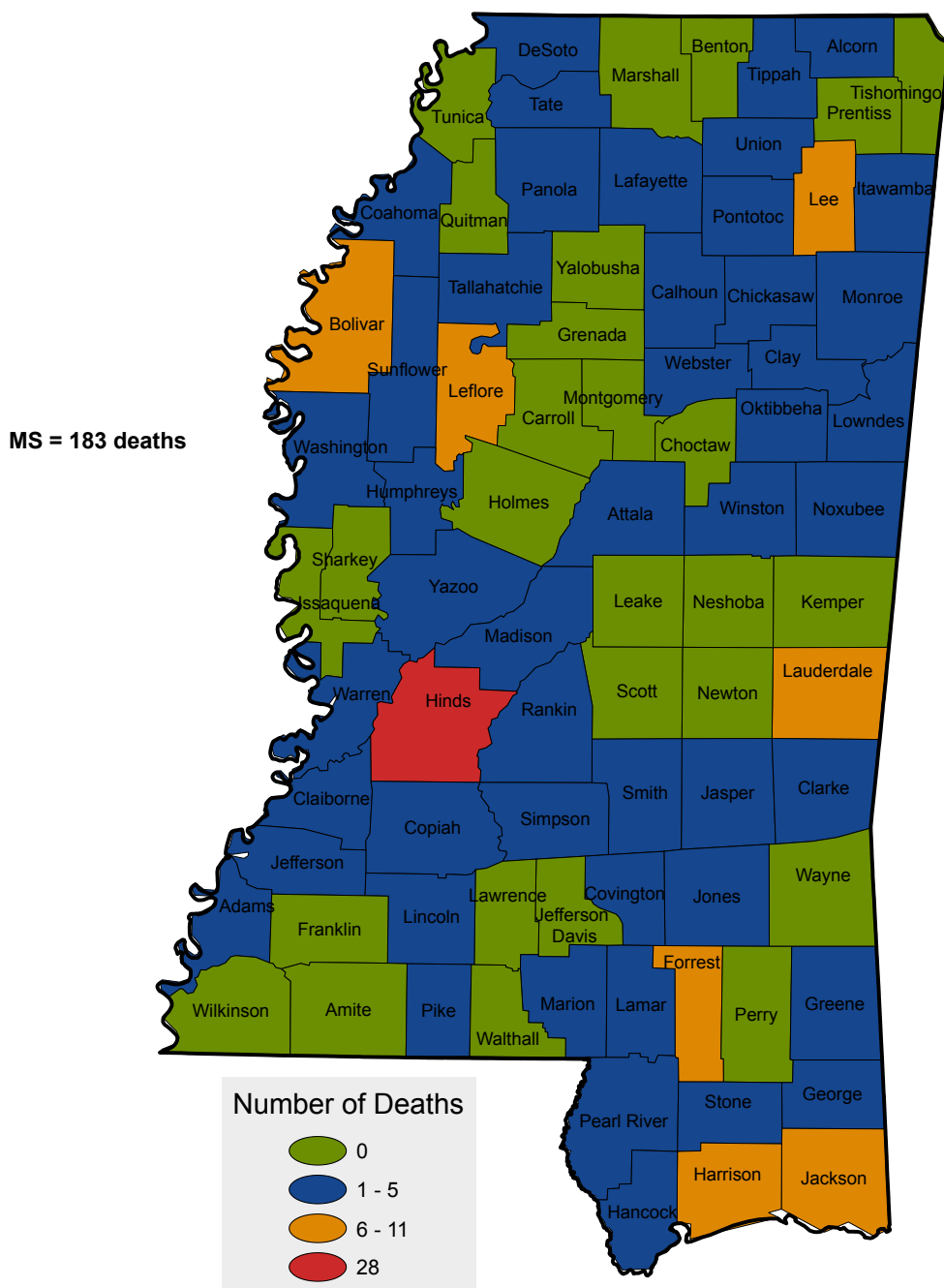
Figure 16

Source: Mississippi State Department of Health (MSDH)

Figure 16 indicates the total number of accidents that fall into the "all other accidents" category. The MSDH reporting of "all other accidents" includes unspecific transport accidents, exposure to radiation, lightning, deaths from natural disasters, and "unspecified accidents." In 2009, there were a total of 183 deaths that occurred as a result of accidents in this category (MSDH, n.d.).

Children (age 6 and under) Tested for Levels of Lead
2008

27.3% - 44.2%

20.6% - 27.2%

15.4% - 20.5%

9.8% - 15.3%

3.5% - 9.7%

Figure 17

Source: Centers for Disease Control and Prevention (CDC)

Figure 17 indicates the proportion of children (age 6 and younger), who were tested for blood lead levels in 2008. Counties where the largest percentages of children were tested are as follows: Tallahatchie (44.2%), Coahoma (36.5%), Humphreys (35.4%), Tunica (35.4%), and Leflore (33.6%). Counties where the lowest percentage of children were tested are as follows: Hancock (3.5%), Pearl River (4.5%), Rankin (7.5%), Harrison (7.6%), and Lincoln (7.8%) (CDC, 2008).

Children (age 6 and under) with Elevated Blood Lead Levels, 2008

Elevated blood level : >10pg/dl divided by the number of children tested, multiplied by 100

Legend:
- < 0.1%
- 0.1% - 0.6%
- 0.7% - 1.0%
- 1.1% - 1.6%
- 1.7% - 2.5%
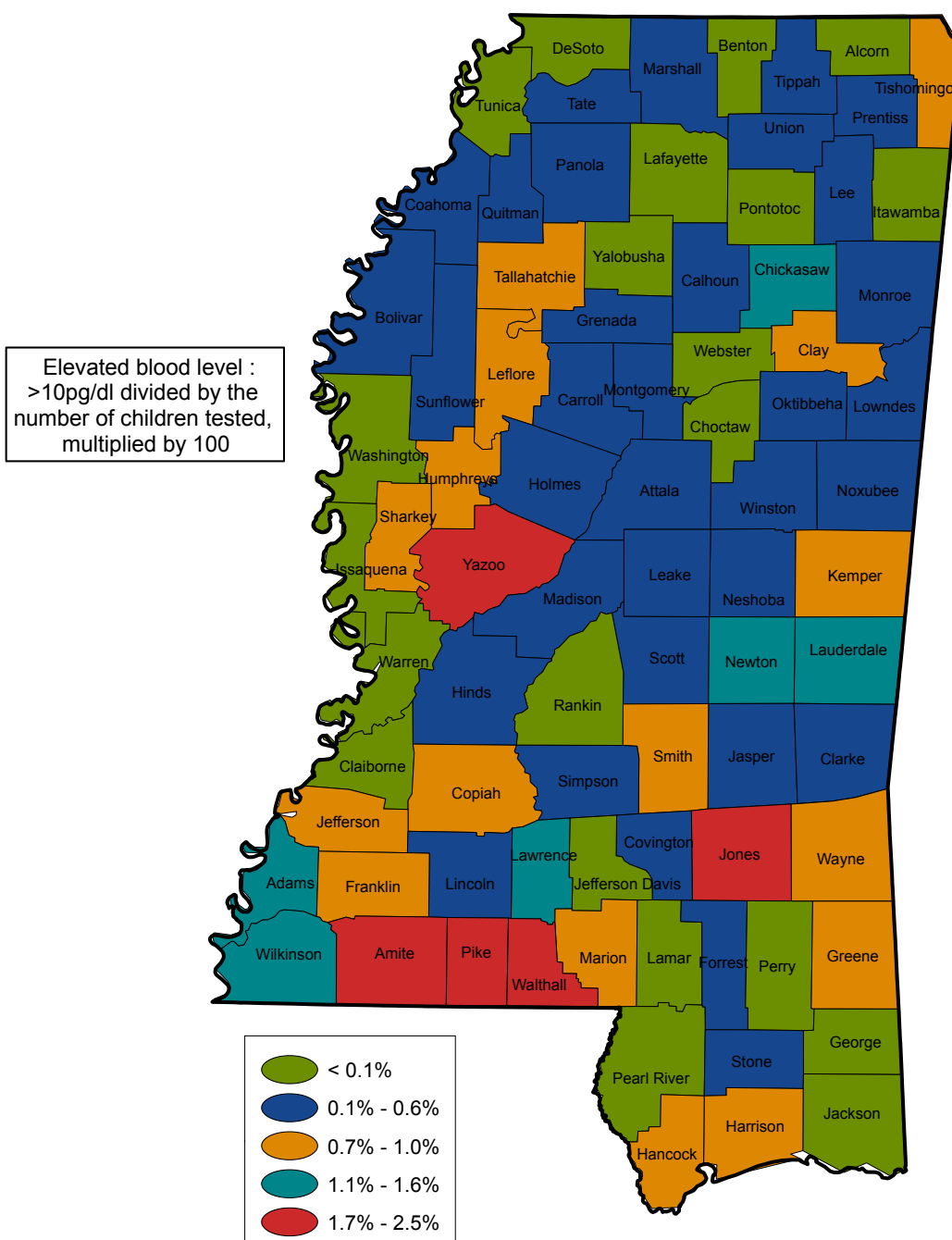
Figure 18

Source: Centers for Disease Control and Prevention (CDC)

In 2008, Walthall County had the highest percentage (2.5%) of children (age 6 and younger) with confirmed elevated blood lead levels. Other counties with elevated levels of lead in children included: Yazoo (2.2%), Amite (2%), Jones (1.9%), Pike (1.9%), and Wilkinson (1.6%) (CDC, 2008).

Suicide Rates
2007

Rate per 100,000
5.8 - 9.0
9.1 - 12.7
12.8 - 16.4
16.5 - 22.2

US = 11.3
MS = 13.7
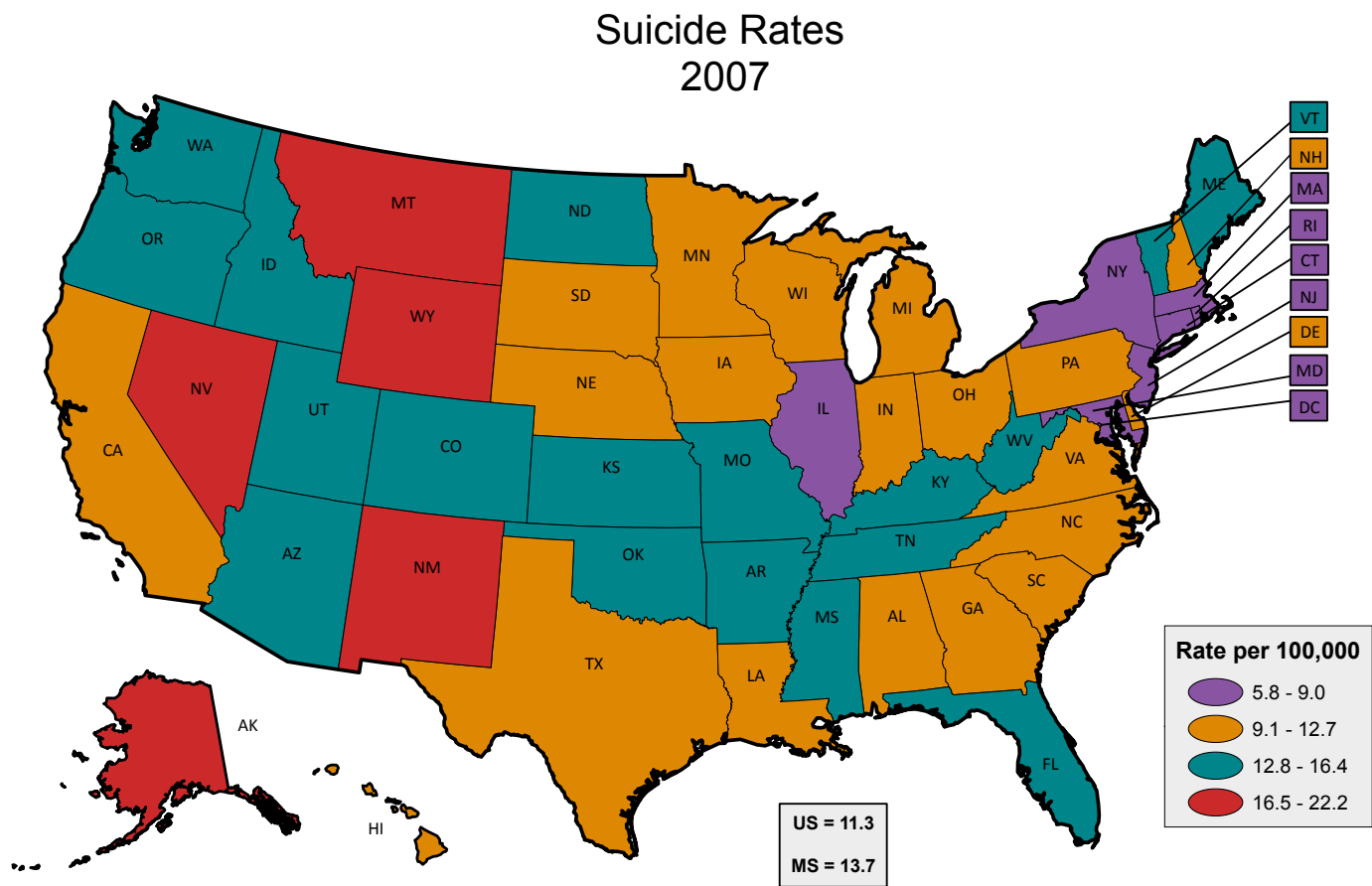
Source: CDC, Wonder Compressed Mortality Data

Figure 19

The above map illustrates the suicide rate (per 100,000) per state in 2007. The national suicide rate was 11.3. Mississippi exceeded the national average at a rate of 13.7. During 2009, suicide was one of five leading causes of death in teenagers and young adults (ages 15-24) in Mississippi (MSDH, n.d.). The states with the highest suicide rates were as indicated: Alaska (22.2), New Mexico (20.5), Wyoming (19.7), Montana (19.4), and Nevada (18.4). States with the lowest suicide rates were: District of Columbia (5.8), New Jersey (6.7), New York (6.9), Connecticut (7.4), and Massachusetts (7.6) (CDC, n.d.).

Teen Death Rates (all causes)
2007
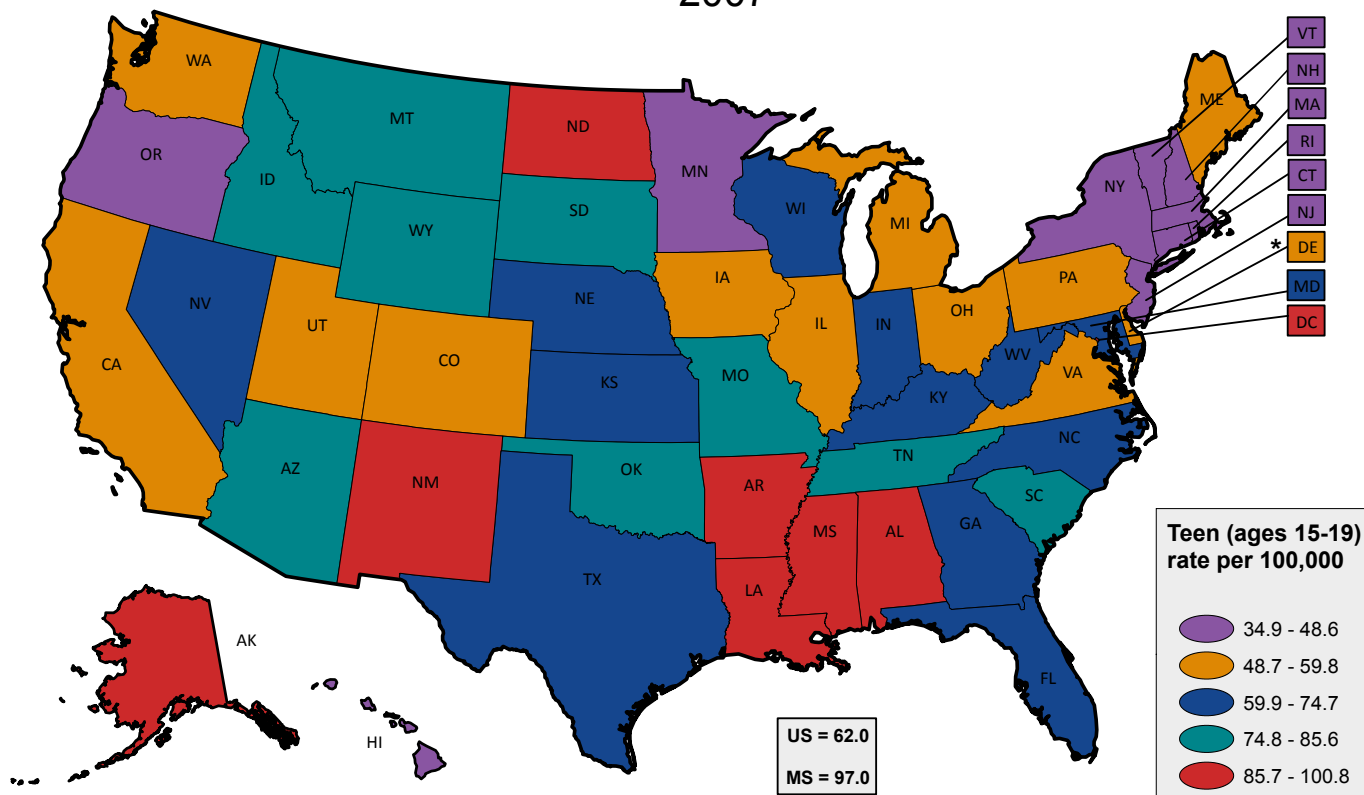
Teen (ages 15-19) rate per 100,000

- 34.9 - 48.6
- 48.7 - 59.8
- 59.9 - 74.7
- 74.8 - 85.6
- 85.7 - 100.8

US = 62.0
MS = 97.0

Source: CDC, Wonder Compressed Mortality Data

＊ Unreliable (when rate is calculated with a numerator of 20 or less)

Figure 20

In 2007, the national death rate for teenagers (ages 15-19) was 62 deaths (per 100,000), in comparison, the death rate for teens in Mississippi was significantly higher with 97 deaths (per 100,000). In fact, Mississippi had the second highest rate in the nation, following Alaska (100.8). In general, teen death rates were worse in the Southeast than the rest of the nation. Other Southeastern states with teen death rates over 85 included: Arkansas (93.5), Alabama (93.1), and Louisiana, (92.8) (CDC, n.d.).
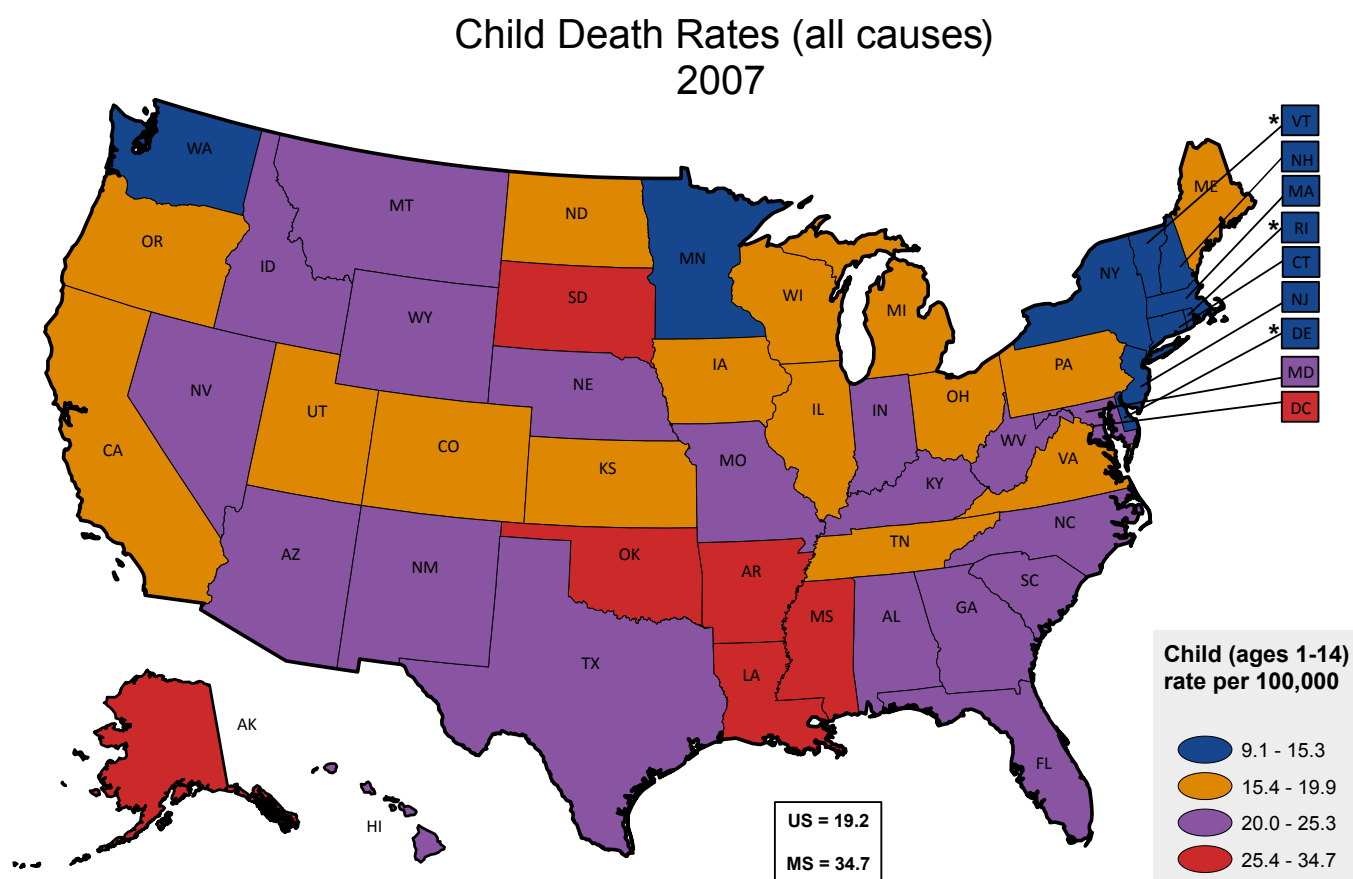
Child Death Rates (all causes)
2007

Child (ages 1-14) rate per 100,000

- 9.1 - 15.3
- 15.4 - 19.9
- 20.0 - 25.3
- 25.4 - 34.7

US = 19.2

MS = 34.7

Source: CDC, Wonder Compressed Mortality Data

* Unreliable (when rate is calculated with a numerator of 20 or less)

Figure 21

Figure 21 indicates the national death rates for children (ages 1-14) were 19.2 (per 100, 000 deaths). The death rate (all causes) for children in Mississippi was 34.7, the highest in the nation. Other states with high child death rates included: Alaska (30.5), District of Columbia (29.3), Oklahoma (28.7), Arkansas (28.5), Louisiana (28.4), and South Dakota (27.3) (CDC, n.d.).

Environmental Safety

Success Story: The Fire Academy for Kids
Mississippi State Department of Health
Division of Injury and Violence Prevention
Office of Preventive Health

Merriam-Webster's Collegiate Dictionary defines the word environment as "circumstances, objects, or conditions by which one is surrounded." The lives of children are enhanced when the "circumstances" surrounding them are positive. Nurturing families, access to quality education, healthy food to eat, and secure homes in which to live ensure optimal living environments. Without these factors, children cannot prosper. It is incumbent upon parents and guardians to familiarize themselves with fire related safety precautions within their home settings to keep their homes safe. Noting that a residential fire occurs every 82 seconds somewhere in the nation, the National Fire Protection Association (NFPA) reports that fire safety initiatives targeted in homes are imperative, and that public fire safety education for parents and children is the number one strategy in preventing fires and avoiding serious injury in the home (Karter, 2011).

Each year in the United States an estimated 116,600 children ages 14 or younger are injured by fire or burn related incidents, and 488 are killed in residential fires (Safe Kids USA). Mississippi's death rates due to fire are among the highest in the nation. In 2010, fourteen children ages 14 and younger were injured by fire/flames in the state, and nine were killed (Thompson, personal communication). Recognizing that fire safety education is key to reducing these numbers, the Injury and Violence Prevention Division of the Mississippi State Department of Health's Office of Preventive Health is teaching valuable safety lessons to children ages 5-13 in communities across the state.

Public fire safety education for parents and children is the number one strategy in preventing fires and avoiding serious injury in the home.

National Fire Protection Association

They are using the communities' valuable assets, like the fire department personnel, to teach those lessons through a community led program called Fire Academy for Kids. "They [firefighters] are the ones actually doing the hands-on activities with the kids every day, providing them with the education and the safety materials they need," says Nikki Johnson, Fire Prevention Coordinator for the Mississippi State Department of Health (MSDH). Combining nationally recognized safety curriculum from the NFPA's "Learn Not to Burn" and "Risk Watch" programs with a local flair, the Fire Academy for Kids program offers a summer experience for children in communities across the state.

Nikki Johnson, Fire Prevention Coordinator

Over 70 Fire Academies have been held since its inception in 1999, and over 4000 children have been reached. Usually held over a five day period, the Fire Academy for Kids teaches children fire safety and prevention, acquaints them with their local firefighters, and gives them an overall view of a firefighter's job. The academy is much more than the traditional visit to the fire station or the standard lecture. The participants engage in hands-on activities such as working with smoke alarms, hoses, extinguishers and ladders, and they even crawl through mazes wearing masks to simulate the dark conditions that firefighters encounter. "I think we make more of an impact with kids when we use community volunteers in uniform to convey a message, like firefighters and police personnel rather than an ordinary person in a suit and tie," says Jay Thompson, Director for MSDH's Injury and Violence Prevention Division. Firefighters participate in the program on a volunteer basis. "I schedule our Fire Academy for Kids during my vacation," says Tchula Fire Chief Alphonso Greer. "The week I'm off, I give to the kids." Greer's reason for participating is a personal one. He lost five young relatives in a house fire a few years ago and notes that "if they would have known what to do, they could have been saved."

Jay Thompson, Director, MSDH Injury and Violence Prevention Division

Local fire departments receive mini-grants to assist with their Fire Academy for Kids programs and personalize their programs to fit the needs of their communities. The individual grants, provided through a reimbursement process, range from $500 to $1000 and are used to supplement the individual programs rather than pay salaries or purchase equipment. "It's not a lot of money, but our vendors and community partners help out and make up the difference," says Chief Greer. "It's fun for the children, but the parents are learning too. It's a good investment." The mini grants are funded by The Centers for Disease Control and Prevention's (CDC) Prevention of Fire Related Injuries Program. Initially designed to provide smoke detectors in high risk communities across 17 states, the program also allows MSDH to provide the Fire Academy for Kids mini-grants. To receive a mini-grant, a local fire department must send MSDH a letter of interest, a proposed date for the Fire Academy, and a projected number of attendees. Fire Prevention Coordinator, Nikki Johnson then prepares a contract outlining the requirements in exchange for an agenda, sign in sheets, any other curriculum used outside of those provided by MSDH, and a promise of pictures from the event. "Each fire department does their own thing," says Ms. Johnson. "All we [MSDH] do is provide the funding and the curriculum outline that they can go by. We let them cater it to their own community."

"We try to reach them on their level," says Kenna Pierce, Training Officer for the Canton Fire Department. "We tell them what a fire is, how the fire can start, and what the fire can do to you if you run." While teaching the children the safety precautions, the firefighters are also teaching the participants to trust the firefighters. "I have a granddaughter who sees me every day, but once I put my uniform on, she's scared of me," says Chief Greer. "She knows that it's me in it, but once I put everything on, she runs away. So this course teaches them [the participants] not to be afraid of the firemen. If you see them in the house, don't get under the bed because they are coming in to help you."

Alphonso Greer, Tchula Fire Chief and Kenna Pierce, Canton Fire Department

"It's huge for those kids to be able to look up to those guys and to know too that there is nothing scary about anything they do," says Tracy Bryant, whose children attended the Horn Lake Fire Academy for Kids last summer. "These guys are always here to help, and that's what they do." Bryant says she was looking for summer activities for her nine year old daughter and ten year old son and read about the Fire Academy in the local paper. Her children enjoyed the program so much that they are recruiting their friends for next summer's academy. Even the homework component was a big hit. "When I first told them about the Fire Academy, they were just like, 'well you know that's gonna take away from play,' but after the very first day, they were so excited. They came home; they had homework which is about the only time they have actually enjoyed doing homework."

Assigning homework each night is a strategic move to involve parents in the education process. Fire Academy participants must work with their parents to develop a home evacuation plan, practice family fire drills, test smoke detectors, hunt for safety hazards in their homes, and even encourage older members of the family to take CPR classes. Michael Casey, Battalion Chief for the Horn Lake Fire Department and Coordinator for their local Fire Academy for Kids, says that the homework is meant to educate the entire family. "As adults, you get complacent and say it's not gonna happen to me, it will be alright. We've got to go to softball practice, and cheerleading practice, and gymnastics, and soccer, so I'll do it later. So the homework assignments get the parents involved and it brings them back to reality and makes them

Michael Casey, Horn Lake Fire Department and Tracy Bryant, Parent

realize, 'You're right; we do need to do this'." Since only 23% of U.S. households practice fire escape plans in their homes, the homework assignments reinforce the need to not only develop them but also to practice them often (Safe Kids USA).

Collaboration among fire departments is key to making the Fire Academy for Kids program a success. Neighboring units often support departments who are starting a Fire Academy for Kids by lending equipment and offering assistance. Noting that the Batesville Fire Department helped him start his program in Horn Lake, Battalion Chief Casey says, "You've got to share your ideas and your equipment with another department until they can afford their own." The Tchula department got its start from observing the Canton fire department in action. In fact, the MSDH itself got the entire concept of the Fire Academy for Kids from a local program in Laurel. Fire Chief David Chance had the idea in the late 1990's after a number of fires claimed the lives of local residents. In 1999 following Laurel's lead, MSDH began its first Fire Academy for Kids program with five participating fire departments; today there are between 15 and 20 annually involved.

"The Fire Academy for Kids is volunteer-based. They [firefighters] aren't doing it because they have to do it; they are doing it because they want to do it."

Nikki Johnson, MSDH Fire Prevention Coordinator

Each spring, Nikki Johnson coordinates an informative workshop for career and volunteer firefighters to learn about the work of the Fire Academy for Kids. She relies on those who are already conducting academies to speak and share ideas. Word of mouth is usually the most effective way to spread the word across the state. Career fire departments are also encouraging the volunteer fire departments to come on board. "A volunteer fire department may have very little funding, but they may partner up with someone that is already doing the program that's close by that can bring their material to them and say 'hey I'll let you use my stuff.' You have to share, and that's what the fire service is all about," says Casey. Ms. Johnson adds that her office can assist and offer suggestions for volunteer firefighters who, because of smaller staffs, may have to do some creative planning and scheduling. "We get volunteer firemen who have conducted one [fire academy] to let them know it can be done," says Ms. Johnson. "We let them know we can share information with them and help them pull it off and encourage them to go to their board and get approval."

In addition to the mini-grants, the fire departments depend on help from community partners to provide food, lumber materials, prizes and even advertising for their Fire Academies. In Canton, Officer Pierce says the Fire Academy for Kids is a community effort. "The businesses have no problem donating to the Fire Academy for Kids. The dollar stores give us prizes to give to the kids when they turn in their homework, and the lumber company gives us materials so we can show them how to get out of a window or door if they are hot."

Even though the CDC grant program which funds the Fire Academy for Kids mini-grants will soon come to an end, Ms. Johnson and the participating fire departments see expansion of the program in the future. The MSDH Office of Preventive Health is currently identifying grants that may be used for mini-grants, and they are approaching potential partners. "It [the Fire Academy for Kids] has such an impact on the children, on the parents, and on the community," says Ms. Johnson. "We have been looking at other funding sources to continue the program." Expansion ideas include adding Fire Academy for Kids programs specifically designed for special needs children, an idea that came from the Horn Lake program, which already has a model in operation. Additional sites representing a broader cross section of the state are also planned.

The Fire Academy for Kids program provides a cost effective means to educate parents and children and to encourage pro-active measures to improve home safety. "It's definitely more expensive to treat an injured victim than it is to provide awareness of injury prevention," adds Mr. Thompson. "We want to change the mindset, make the public aware that it is more feasible for us to educate in order to reduce the burden of injury in the state." The heart of the program is its volunteers: the firefighters themselves. "Often you only hear about them [firefighters] when they are going out to a scene or getting a call. But they are doing more community involvement than the state is aware of," says Ms. Johnson. "The Fire Academy for Kids is volunteer-based. They [firefighters] aren't doing it because they have to do it; they are doing it because they want to do it." Fire department volunteers and their local community partners combined with the assistance of the Mississippi State Department of Health have taken a simple concept and have made it into a successful program which ultimately can save lives. And they are enthusiastically spreading that message across the state.

"I think we make more of an impact with kids when we use community volunteers in uniform to convey a message, like firefighters and police personnel rather than an ordinary person in a suit and tie."

Jay Thompson, Director, MSDH Injury and Violence Prevention Division

Fire Departments Participating
in Fire Academy for Kids 2011

Southhaven Fire Dept.
Southhaven, MS
662-393-7466

Horn Lake Fire Dept.
Horn Lake, MS
662-342-0858

City of Batesville Fire Dept.
Batesville, MS
662-563-4703

Oxford Fire Dept.
Oxford, MS
662-232-2413

Houston Volunteer
Fire Dept.
Houston, MS
662-456-4190

Tchula Volunteer Fire Dept.
Tchula, MS
662-235-5112

Columbus Fire &
Rescue Dept.
Columbus, MS
662-329-5121

Yazoo City Fire Department
Yazoo City, MS
662-746-2841

Louisville Fire Dept.
Louisville, MS
662-773-9402

Canton Fire Dept.
Canton, MS
601-859-3112

Meridian Fire & Rescue
Meridian, MS
601-485-1822

Jackson Fire Dept.
Jackson, MS
601-960-2101

City of Crystal Springs
Fire Dept.
Crystal Springs, MS
601-892-1313

City of Ridgeland Fire Dept.
Ridgeland, MS
601-856-7004

Wesson Volunteer Fire Dept.
Wesson, MS
601-643-5002

City of Biloxi Fire Dept.
Biloxi, MS
228-435-6200

Picayune Fire Dept.
Picayune, MS
601-799-0614

Source: Mississippi State Department of Health

Counties shown on map: Benton, Alcorn, DeSoto, Tippah, Tishomingo, Tunica, Tate, Marshall, Union, Prentiss, Panola, Lafayette, Coahoma, Quitman, Pontotoc, Lee, Itawamba, Yalobusha, Calhoun, Chickasaw, Monroe, Tallahatchie, Bolivar, Grenada, Webster, Clay, Leflore, Montgomery, Oktibbeha, Lowndes, Sunflower, Carroll, Choctaw, Washington, Humphreys, Holmes, Attala, Winston, Noxubee, Sharkey, Yazoo, Leake, Kemper, Issaquena, Madison, Neshoba, Scott, Newton, Lauderdale, Warren, Hinds, Rankin, Claiborne, Smith, Jasper, Clarke, Copiah, Simpson, Jefferson, Covington, Jones, Wayne, Adams, Franklin, Lincoln, Lawrence, Jefferson Davis, Wilkinson, Amite, Pike, Marion, Lamar, Forrest, Perry, Greene, Walthall, George, Pearl River, Stone, Jackson, Harrison, Hancock
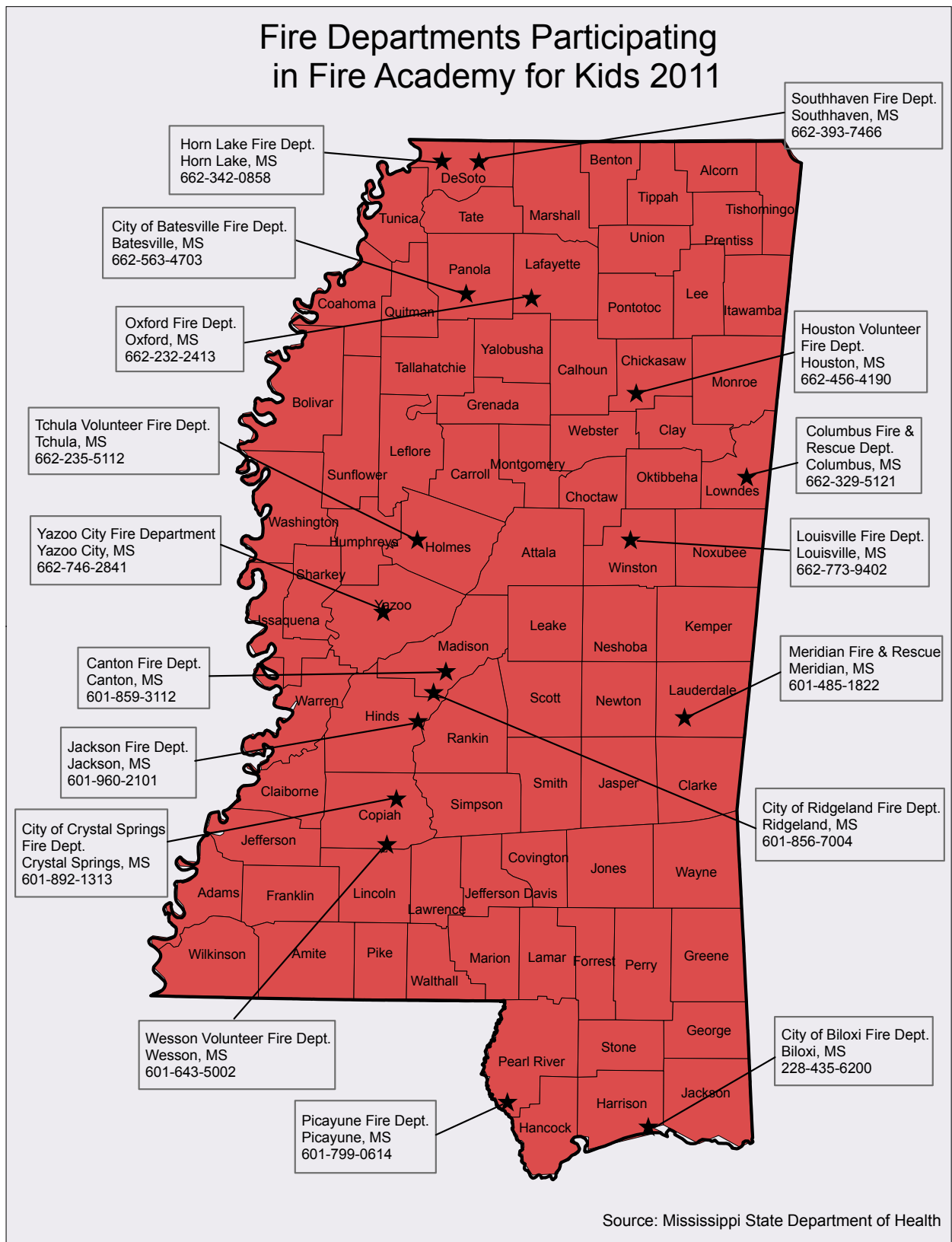
Figure 22

School Safety

Introduction

As United States citizens and as parents, we have a basic expectation that our schools are secure and safe places for all children. Safe and orderly classrooms are needed for students to be able to learn and reach their full potential. Many organizations, on the national and statewide levels, make it part of their mission to improve safety in our schools. The National Education Association (NEA) is one such organization that is working, along with its affiliates, for safe schools in our nation. The NEA provides effective strategies in order to:

- Reduce and eliminate bullying and harassment

- Expand access to counseling, anger management and peer mediation

- Provide ways for students to communicate with adults about rumors and threats

- Develop instruction that teaches values like respect and responsibility, and expand opportunities for kids to work with adult role models in after-school education and recreation programs (NEA, 2011)

One of the top priorities of the Mississippi Department of Education (MDE), Division of School Safety, is to "provide a safe and orderly school environment." This division addresses school safety through a comprehensive approach, focusing on three areas: prevention, intervention and response planning (MDE, 2008). Even though schools tend to be a safe place for children, there are times when a crisis will arise. When that happens, there needs to be a crisis response plan. The Office of Healthy Schools, within the Mississippi Department of Education, provides assistance to local school districts in developing these plans. In recognizing the importance of safe school environments for our children, the Mississippi Attorney General's office has developed a school violence prevention guide. In the words of Attorney General Jim Hood, "our children deserve to go to school in a safe environment, and it is my goal to make sure that happens" (Office of the Attorney General, n.d.).

In this section, the following topics will be reviewed: 1) bullying, 2) Internet safety (sexting and predators) and 3) school violence. Schools nationwide should be safe for both teachers and students and free of violence and crime. Any such disruptions in the educational process can have lasting effects on students, teachers and the communities. It is important that parents, school staff, and policymakers are educated on the nature and context of these problems in order to effectively address these issues.

"Our children deserve to go to school in a safe environment, and it is my goal to make sure that happens."

Attorney General Jim Hood

Bullying

Bullying is a problem that affects students daily. In school year 2006–07, some 8,166,000 U.S. students ages 12 through 18, or about 31.7% of all such students, reported they were bullied at school, and about 940,000, or about 3.7%, reported they were cyberbullied either on or off school property (U.S. Department of Education, May 2011). Although the definitions of bullying vary from state to state, the Centers for Disease Control and Prevention (CDC) categorizes it as a form of youth violence that includes:

- Attack or intimidation with the intention to cause fear, distress, or harm that is either physical, verbal, or psychological

- A real or perceived imbalance of power between the bully and the victim, and

- Repeated attacks or intimidation between the same children over time (CDC, 2011c)

Bullying is not just a danger to the physical well-being of a child. It can also have mental and psychological repercussions, resulting in haltering a child's ability to learn and the school's ability to provide a safe environment to teach (Hutton, 2011). Educators are concerned that the effects of bullying may cause a poor adjustment to school for students that have been bullied. Those who have been bullied report a decrease in their liking of school and an increase in their avoidance of school. In addition, it has been found that a student's academic attainment is compromised as a result of having been bullied (Boulton, Trueman, and Murray, 2008). Although anyone can end up being a victim of bullying, some are singled out more than others. Usually those children who are different in some way or not considered to be part of the mainstream are easy targets (The Mississippi Link, n.d.). Children and teens are often harassed for various reasons including 1) their appearance and body size, 2) their sexual preferences or perceived preferences, 3) their masculinity or femininity, 4) their academic achievements 5) their race/ethnicity, 6) their family income, and 7) their religion (National Conference of State Legislatures, 2010).

"School officials, bus operators, and parents in every community must understand that bullying can involve serious psychological and physical harm. All must work diligently to create effective deterrents and responses."

Dr. Linda F. Bluth, President, National Association for Pupil Transportation

A recent study on bullying revealed that high school students who had been bullied were more likely to score lower on standardized tests. Researchers in Virginia found that on three different standardized tests (Algebra I, Earth Science and World History), passing rates were 3% to 6% lower in schools where students reported severe bullying climates. Taking into account that students must receive passing grades on standardized tests in order to graduate, teachers in Virginia feel that even these small percentage drops in test scores are significant (Health Day News, 2011, August 8).

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"We have always had bullying in our schools. Our society does not permit harassment and abuse of adults in the workplace, and the same should be afforded to children in school."

Dewey Cornell, Clinical Psychologist and Professor of Education at the University of Virginia

According to the CDC, bullying has become a public health problem. A 2009 nationwide survey revealed that nearly 20% of high school students had been bullied on school property 12 months preceding the survey (CDC, 2011). Additionally, almost one in three teens (12-17) reported that they had been victims of some type of online harassment (National Center for Missing and Exploited Children, n.d.). Some parents are beginning to speak out against bullying and teen harassment. Parents of one high school youth who committed suicide spoke out against bullying recently on the *Today Show*. The teen had posted video diary entries online describing how his classmates had bullied him because he was gay. Not only was their son bullied, but others began to bully the teen's sister after he had taken his life. As a result, New York legislators are considering a bill to make bullying via the Internet a crime that can be punished as second-degree manslaughter, should it be determined that the bullying aided/caused suicide (Goodwin, 2011, September 27).

Cyberbullying

Because of the technological savvy of youth today, coupled with their involvement of almost constant online activity, this places them in a position of engaging in behaviors that are high risk. Some of these high risk behaviors lead to their being exposed to such things as pornography, substance use, violence and cyberbullying (Agatston, Kowalski, and Limber, 2007). Instead of happening face-to-face, cyberbullying occurs through the use of modern technology such as cell phones, computers or other electronic devices. This can include emails, instant messages, and exchanges in chat rooms, posts to websites or messages/images sent to a cell phone. These are incidences where individuals use these technologies to threaten, harass or humiliate their peers. One of the most common types of cyberbullying occurs when adolescents develop web sites, videos or some type of profile on a social networking site to make fun of others. For example, adolescents may take a picture of someone in a location that is considered private, and post these pictures online for others to see (Hinduja and Patchin, 2011).

Even though cyberbullying has received much attention lately in the news, there have been only a few studies to look at the nature and extent of this new type of bullying. Most existing research has focused on frequency of teens' use of the Internet and their experience with online bullying. This early research tends to point to an over-representation of girls, as both perpetrators and victims of

cyberbullying, whereas boys have been shown to engage more in direct forms of harassment (Kowalski and Limber, 2007). Similar results were reported in a study by Wang, Iannotti, and Nansel (2009), where it was found that "boys engage more in physical or verbal bullying, whereas girls use spreading rumors and social exclusion as bullying tactics."

*Boys engage more in physical or verbal bullying,
whereas girls use spreading rumors and social exclusion as bullying tactics.*

Wang, Iannotti, and Nansel, 2009

Recent research at the Cyberbullying Research Center (CRC) provides the following definition: cyberbullying occurs when someone "repeatedly makes fun of another person online or repeatedly picks on another person through email or text messages or when someone posts something online about another person that they don't like." Their research indicates that the number of youth who have been cyberbullied ranges from 10% to 40% (Hinjuda and Patchin, 2010). This estimate is dependent on the age of the group being studied and their definition of cyberbullying. The CRC reported that from a group of more than 4,400 randomly-selected students (11-18 years old) in 2010, 20% admitted to being a victim of cyberbullying. About the same number indicated they had cyberbullied others, and 10% said they had been both a victim and an offender.

It has been shown through research that cyberbullying is linked to many negative effects on the victims. Some of these include: low self-esteem, family problems, problems with school academics, violence at school and delinquency. In addition, some who have been cyberbullied have also reported suicidal thoughts. In fact, there have been examples in recent U.S. news of youth taking their lives after being repeatedly harassed in this manner (Cyberbullying Research Center 2011). Some of the ways that cyberbullying is different from traditional bullying include the following:

- Anonymity. The victim of cyberbullying may have no idea of who the person is which can add to the stress level that is already associated with the event, whereas the traditional bully is readily identified.

- Accessibility. Cyberbullies can strike any time, day or night. Traditional bullies are usually limited to a certain place and/or time of day to terrorize their victims.

- Punitive Fears. Many times, victims of cyberbullying do not report it because they are afraid of losing their phone or computer privileges; also, some victims may fear some type of retribution from the bully.

- Bystanders. The number of bystanders in the cyberworld can be astounding when forwarding emails, viewing web pages and forwarding images. Although there are bystanders with traditional bullying, the numbers are not likely to reach the proportions of cyberbullying.

- Dis-inhibition. Because of the anonymity surrounding the Internet, some individuals are more likely to behave in ways they ordinarily would not do face-to-face (Hazelden Foundation, 2011b).

School Safety

State Anti-Bullying Laws

Although the Safe and Drug-Free Schools and Communities Act provides federal support to promote school safety, it does not specifically address bullying in schools. However, most states have passed laws to address bullying, harassment, and hazing. Mississippi's anti-bullying law, SB2015, became effective July 1, 2010. Designed to prohibit bullying or harassing behavior in public schools, it "requires all local school districts to adopt a policy prohibiting bullying and harassing behavior." This bill defined bullying as "any pattern of gestures or written, electronic or verbal communications, or any physical act or any threatening communication, or any act reasonably perceived as being motivated by an actual or perceived differentiating characteristic, that takes place on school property, any school-sponsored function or on a school bus" (National Association of State Boards of Education, 2010).

The state of Alabama has a similar law (HB199) that was passed in 2009. HB199 defined harassment as a "continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function. This includes, but is not limited to, written, electronic, verbal or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic defined in the local board's model policy." Alabama's HB199 puts the requirement on the Alabama Department of Education to develop a policy to prohibit harassment, violence and threats of violence. This law also makes it the sole responsibility of the student who is bullied or the parent/guardian of the student who is bullied to report these incidences to school personnel. Alabama also addresses hazing (Code 16-1-23), stating that "no person shall engage, encourage, aid, or assist another person in hazing on or off any school, college, university, or other educational premises. Further, no person shall knowingly permit, encourage, aid, assist or fail to report any person engaged in hazing" (National Association of State Boards of Education, 2010a).

In its anti-bullying law (SB250), the state of Georgia describes bullying as "an act that occurs on school property, on school vehicles, at designated bus stops, or at school related functions or activities, or by use of data or software that is accessed through a computer, computer system, computer network or other electronic technology." As compared to Alabama, the state of Georgia also requires their Department of Education to develop a model policy to address bullying in the schools. Additionally, Code 16-5-51 "makes it unlawful for any person to haze any student in connection with or as a condition or precondition of gaining acceptance, membership, office or other status in a school organization" (National Association of State Boards of Education, 2010b).

Bullying Prevention Programs

The Olweus program is known as one of the foremost bullying prevention programs, designed to prevent or reduce bullying in the elementary, middle, or junior high school setting, as well as to improve peer relations among school children. To successfully address bullying in the schools, it involves individuals, classrooms, schools, parents and communities (Clemson University Institute on Family and Neighborhood Life, 2011). Statistics from the successful implementation of this program include the following:

- Fifty percent or more reduction in student reports of being bullied and bullying others

- Significant reductions in student reports of general antisocial behavior such as school bullying, vandalism, school violence, fighting, theft and truancy

- Significant improvements in the classroom social climate as reflected in students' reports of improved order and discipline, more positive social relationships, and more positive attitudes toward schoolwork and school

- Greater support for students who are bullied, and stronger, more effective interventions for students who bully (The Hazelden Foundation, 2011a)

Another bullying prevention program is the Steps to Respect program. It was designed to teach elementary students "to recognize, refuse, and report bullying, be assertive, and build friendships." Lessons from the Steps to Respect program focus on helping kids to feel safe and feel the support of adults around them. This is intended to help them build stronger bonds to school and encourage academic achievement. A recent study of this program showed a 31% decrease in bullying and a 70% decrease in destructive bystander behavior (Committee for Children, 2010).

The CDC uses a four-step approach to address bullying:

1. Define and monitor the problem. Because they need to know how prevalent the problem is, where it is occurring, and whom it affects, CDC first gathers and studies the data, to learn about the problem.

2. Identify risk and protective factors. It is important to know why bullying affects a certain group of individuals in certain areas. Therefore, CDC conducts research to answer those questions. Then programs can be developed to reduce those risk factors.

3. Develop and test prevention strategies. Information that is gained from research is then used to develop and test their bullying prevention strategies.

4. Assure widespread adoption. The best prevention strategies are shared by CDC to communities. In some cases, CDC may also provide funding to help adopt these strategies (CDC, 2011c).

School Safety

Resources for Schools and Communities

The following is a list of resources that are available to schools and communities to educate those who want to help in the fight to keep our children safe.

1. Center for Safe and Responsible Internet Use: Addresses issues of safe and responsible use of the Internet (www.cyberbully.org)

2. Cyberbullying Research Center: This is a clearinghouse for published research on cyberbullying (www.cyberbullying.us.)

3. National School Safety Center: Provides several resources on school safety (www.schoolsafety.us)

4. U.S. Department of Education: Schools and communities may obtain free information on violence prevention from the Office of Safe and Drug-Free Schools (www.ed.gov/about/offices/list/osdfs)

5. U.S. Department of Health Resources and Services Administration (HRSA): A variety of resources from the "Stop Bullying Now!" campaign is available (http://stopbullyingnow.hrsa.gov)

Internet Safety (Sexting and Predators)

Today's use of the Internet in the daily lives of kids and teens can be a positive and powerful influence. This media technology can be used for learning, socializing and engaging in almost any type of public life. Young people are able to increase their knowledge on many different topics. It also allows young people to communicate on a regular basis with friends and family. In addition, it provides a way for those who have difficulty in traditional settings in developing friendships to make social connections that they normally would not have. However, this readily available media technology also comes with increasing risks to the well-being of youth. For example, this type of media usage has, on several occasions, encouraged youth to develop relationships with people they have never met (CDC, 2011b). This increases their risks to safety including, but not limited to, online harassment, sexual solicitation, sexting and exposure to illegal content.

"MySpace is like the Super Wal-Mart for predators. Parents should be involved and accessible in their children's lives and to know what's going on. It's just so important that you play an active role in your kid's life."

John Gay, Cheyenne Police Officer, Internet Crime Specialist

Online Predators

It is highly likely that teens spend time online talking with someone they do not know. A 2007 Cox Communications survey found that 69% of teens they surveyed admitted that they regularly received personal messages from people they did not know and furthermore, most of them did not tell an adult about it (McIntosh, 2011). In a 2008 study by Harris Interactive-McAfee, it was found that the number of teens who had given out personal information, such as personal photo and/or physical descriptions of themselves was as high as 52%. This information was given to someone online that they did not know. Often, intentions behind these kinds of exchanges are totally innocent. One of the dangers is that because a child does not always know with whom he or she is chatting, it could very well be an Internet predator (McIntosh, 2011).

Kids usually seek out sites like Facebook or MySpace because they want to have a place of their own and express their independence. In addition, the Internet has become a popular place to look for support from peers. Even places that seem safe can be harmful, and kids who think they are meeting new friends may be oblivious to the dangers they face. While some plans by teens to run away and/or leave with "friends" met online are intercepted by authorities and have relatively happy endings, many others have been taken in by predators and have not had happy endings (Ramsland, n.d.).

Sexual predators are a very real threat in our society today. They function with relative ease by using the anonymity of the Internet. This allows them to be whomever they want to be and "many are master manipulators with skills that can cripple any child's sense of awareness" (Family Safe Computers, n.d.). To lure their targets, a tactic known as "grooming" is used. According to Donna Rice Hughes, President of Enough Is Enough, a nonprofit organization that helps educate parents about the dangers of the Internet, "the goal of grooming is to develop an online relationship and build trust and create secrecy and then introduce and have an online sexual relationship, with the desired goal of an offline encounter." They have been known to spend weeks and months with this process before bringing up the subject of a sexual relationship (McIntosh, 2011).

Online predators normally look for children who seem emotionally vulnerable, either from situations related to personal issues or school issues. Using these issues, they empathize with the victim and work on building a friendship and trust. With the use of Instant messaging and chat rooms, it is easy for predators to search user profiles and find information on their potential victims, especially if children list personal information and are not thinking about safety. Information such as where a child attends school, if they're involved in a particular sport, a picture of their car or a photo of them in front of their house can allow predators to target them. Once a predator gains a child's trust, inappropriate pictures are sent or inappropriate requests are made (Family Safe Computers, n.d.).

Sexting

Sexting is a relatively new concept and is defined as "the act of sending a sexually suggestive or explicit text message to someone else." Usually, the intended recipient is a boyfriend or girlfriend. Sexting may include messages, photos or short videos and can be sent to a phone or an email address (SafetyWeb, Inc., 2010).

In a report by The National Campaign to Prevent Teen and Unplanned Pregnancy, a 2008 survey of 1,280 teens and young adults found that 75% of teens and 71% of young adults believe that sexting poses serious negative consequences. In spite of these findings, 39% of the teens and 59% of the young adults admitted sending or posting sexually suggestive texts or emails. In addition, 20% of the teens and 33% of the young adults had sent or posted nude/semi-nude photos of them. What is also alarming is that approximately 38% of teen girls and 33% of teen boys reported that "they have had sexually suggestive text messages or emails—originally meant for someone else—shared with them" (The National Campaign, 2008).

Many times young people don't seem to grasp the seriousness of sexting. When a young person sends a picture to someone else, basically they give up control of what is done with it. Once a picture is sent into cyberspace, it cannot be retrieved. Once an Internet predator gets his/her hands on a photo or video of a teen, they are used to threaten their well-being by making all kinds of demands. Usually this involves sending nude photos to the predator. However, if the teen decides not to obey these demands, the predator threatens to send the photo or video to family and friends (Yoursphere Parent Newsletter, 2010).

Peer Pressure and Sexting

We have seen much research reporting that young people are being pressured to smoke, drink, do drugs or engage in sexual activity. More recently there is research suggesting that sexting is driven by peer pressure. According to a study presented at the Australasian Sexual Health Conference in 2011, many teens have been pressured to sext. Conducted at the University of Melbourne, researchers concluded the following from interviews with 33 youth between the ages of 15 and 20:

- A highly sexualized media culture bombarded young people with sexualized images and created pressure to engage in sexting

- There is pressure that boys place on each other to have girls' photos on their phones and computers. The young people surveyed said if boys refrained from engaging in the activity they were labeled 'gay' or could be ostracized from the peer group

- Both genders talked about the pressure girls experienced from boyfriends or strangers to reciprocate on exchanging sexual images

- Some young women talked about the expectation (or more subtle pressure) to be involved in sexting, simply as a result of having viewed images of girls they know

Although research in this area is in its early stages, researchers believe that gaining knowledge from the perspectives of young people will aid them in helping to deal with this problem (Usigan 2011).

On the National Campaign to Prevent Teen and Unplanned Pregnancy (2008) Sex and Tech survey, responses to the question "Why do teens and young adults send or post sexually suggestive content?" revealed the following:

- 51% of teen girls say pressure from a guy is a reason girls send sexy messages or images; only 18% of teen boys cited pressure from female counterparts as a reason

- 23% of teen girls and 24% of teen boys say they were pressured by friends to send or post sexual content

What Parents Can Do

Why should parents be concerned? Because of the alarming statistics about teenage sexting, parents should not only be concerned but also learn as much as they can to help educate their teens about the dangers of sexting. From the results of the Sex and Tech survey of teens and young adults, five tips were developed to help parents talk to their teens about sexting:

1. Talk to your kids about what they are doing in cyberspace. Just as talking with kids about real life relationships, parents should also talk to them about cell phone and Internet relationships. Parents should make sure that their kids understand that what they send on their cell phones or online is not private information. They need to be reminded that many times others will forward their information to people they do not know and especially to those they do not want to see their information. In addition, kids need to know that many times prospective employers may check online profiles to help make their decisions about hiring. It is very important that parents help their kids understand both the short- and long-terms consequences of sexting.

2. Know with whom your kids are communicating. It is safe to say that most parents are concerned with whom their children are spending time with when parents are not at home. Likewise, parents should be concerned with whom their kids are hanging out with on the Internet and their cell phones. Some parents may feel that this is an invasion of privacy but, in reality, it is just a part of responsible parenting.

3. Consider limitations on electronic communication. One way to do this is to set a limit on the amount of time your kids spend on the Internet and on their cell phones. For example, a parent might require their child to leave his/her cell phone and laptop in a designated place–other than their bedroom before they go to bed. This will cut down on the temptation to log onto the Internet or call friends at all hours of the night.

4. Be aware of what your teens are posting publicly. Parents can check out public information on their teen's MySpace and Facebook profiles. This is information that everyone can look at, and parents are not excluded. Parents are encouraged to discuss with their teens what they consider public and private information. Even though parents and teens' views will sometimes differ, the tone is set for discussion.

5. Set expectations. Parents set the rules in their households. For example, certain clothing/makeup may be off-limits to teens and certain language may be unacceptable in the home. In the same way, parents need to let their kids know what they consider to be appropriate "electronic" behavior. They may also need to give reminders from time to time. These types of parental expectations do not mean a lack of trust. It means that a parent cares about the safety of their kids (The National Campaign, 2008).

School Violence

School violence has gotten more attention in the past ten years than in previous years. This is partly due to the tragic incidents of school shootings that made the headlines all over the United States. It is a topic that affects us all, not only because of the long range negative effects it has on its victims and their families, but because it interferes with the child's learning process (National Center for Children Exposed to Violence, 2006). Schools should be safe places for our children and our teachers, free of crime and violence. Any type of crime or violence in schools affects: 1) the students, 2) the teachers, 3) the educational process, 4) the school, 5) bystanders and 5) the community. The effects on students who are victimized at school can be devastating. These long-lasting effects can include loneliness, depression and difficulty adjusting. Crime and violence at school may also cause teachers to become discouraged and leave the profession (National Center for Education Statistics, 2010).

What Is School Violence and Where Does It Occur?

According to the Centers for Disease Control and Prevention (2011a), "school violence is a subset of youth violence, a broader public health problem." Youth violence is described as the "intentional use of physical force or power by a young person, between the ages of 10 and 24, against another person, group, or community, with the youth's behavior likely to cause physical or psychological harm." Youth violence is the second leading cause of death for youth between the ages of 10 and 24. There should not be a surprise that it is considered a public health problem (CDC, 2010). Some examples of youth violent behavior include the following:

- Bullying
- Fighting (e.g., punching, slapping, kicking)
- Weapon use
- Electronic aggression
- Gang violence

Where school violence occurs includes the following locations/venues: on the way to or from school and/or school-sponsored events and on school property and can happen at any time.

According to the 2009 National Youth Risk Behavior Survey, 27.1% of males reported that they carried a weapon to school on at least one day during the 30 days before the survey, compared to 7.1% of females. Thirty-nine percent of males reported they had been in a physical fight one or more times during the 12 months before the survey, compared to 22.9% of females (CDC, 2009).

During the school year 2008-09, among youth ages 5-18, 38 school-associated deaths occurred from July 1, 2008-June 30, 2009. Furthermore, among students 12 to 18 years of age, there were 1.2 million victims of non-fatal crimes at school. In addition, 8% reported that they had been threatened or injured with a weapon in 2009 (National Center for Education Statistics, 2010).

Some schools have experienced the activity of youth gangs, which have been around as long as the nation itself. Gangs are more violent than ever and are spreading to different locations. They are no longer formed in just the poorer communities but are also showing up in more affluent areas. Youth seek membership in gangs for a number of reasons, including promoting a members' sense of status, acceptance and self-esteem that they have not been able to find anywhere else (Keep Schools Safe, 2007). According to the Office of Juvenile Justice and Delinquency Prevention, 23% of 12-18 year olds reported a presence of street gangs at their school during the previous six months (Do Something.org, n.d.).

Given that schools are an integral component of a community, it becomes difficult to prevent gang activities that occur in the community from spilling over into the schools. Therefore, both the school and the community have a responsibility for preventing gangs in the schools. This requires a combined approach of prevention, intervention and enforcement (National School Safety and Security Services, 2007).

"It is imperative that we collaborate to develop and implement sound policies that ensure healthy, safe, orderly, and positive environments for all children to ride, learn, and play during school."

Shane McNeill, Office of Safe and Orderly Schools, Mississippi Department of Education

School Safety

Risk Factors for Youth Violence

Why do young people become involved in violence? There is no simple answer to this question. The risk factors can stem from individual/behavioral factors, influences by family and friends, or social and cultural factors. The Centers for Disease Control and Prevention, through their research on youth violence, has developed a partial list of risk factors that may increase the risk of youth participating in violence.

- Prior history of violence

- Drug, alcohol, or tobacco use

- Association with delinquent peers

- Poor family functioning

- Poor grades in school

- Poverty in the community

Although these risk factors can exist, it does not always mean that a youth will engage in violent behavior (CDC, 2010).

Prevention of Youth Violence
National Initiatives to Reduce Violence

Youth violence plays a major role in destroying an individual's quality of life. It also decreases the amount of freedom, health status and economic status of individuals. The U.S. Conference of Mayors recognized this problem by stating, "We can't arrest our way out of this problem. Prevention is the key to long-term success." One of the national initiatives, led by the Centers for Disease Control and Prevention, to prevent youth violence before it starts is a program called STRYVE, or Striving To Reduce Youth Violence Everywhere. Their goals are to: 1) increase awareness that youth violence can and should be prevented, 2) promote the use of youth violence prevention approaches that are based on the best available evidence, and 3) provide guidance to communities on how to prevent youth violence. Communities interested in preventing youth violence can receive more information on how to plan, implement and evaluate a youth violence prevention program by visiting www.SafeYouth.gov (Centers for Disease Control and Prevention, n.d.).

School-Based Programs to Reduce Violence

School-based programs to reduce violence are developed to teach students about violence and prevention using one or more of the following topics: 1) emotional self-awareness, 2) emotional control, 3) self-esteem, 4) positive social skills, 5) social problem solving, 6) conflict resolution, or 7) team work. The Task Force on Community Preventive Services strongly recommends school-based programs because of their strong evidence in preventing or decreasing violence. School-based interventions are offered to students from pre-kindergarten to high school (Task Force on Community Preventive Services, 2007). Reported by the University of Wisconsin, School of Medicine (2011) the following examples of school-based programs that have produced success include the Olweus Bullying Prevention Program (mentioned previously) and the Skills, Opportunities, and Recognition program.

These two programs have been used because of their effectiveness in the following areas:

- Decreased bullying

- Decreased fighting

- Decreased theft

- Decreased vandalism

- Decreased violent behavior

- Improved school social climate

- Increased communication skills

- Increased school performance

Policy Considerations

Every student who attends school deserves to have a place that they can feel physically and emotionally safe, feel that they are valued and that they belong. This holds true also for school faculty and staff. Therefore, it is essential that parents and school officials and others in the community communicate with each other about issues related to school safety. A safe school environment will increase chances that young people will succeed in attaining their fullest potential.

Bullying/Cyberbullying

Any policy that is developed for a school should include input from administrators, students, parents, teachers, community organizations and legal counsel. This policy needs to be focused on providing a positive school environment. The California School Board Association (CSBA) has a policy (BP 5131) that includes language that prohibits cyberbullying and outlines their response should cyberbullying occur. Other schools districts may want to consider the CSBA's example when developing or revising policies.

- **Educate students, parents and staff.** Students need to be aware of the dangers of cyberbullying, what to do if they are being bullied or someone they know is being bullied, and what the policy is on use of school technology, including consequences of breaking the rules. Also, school staff and parents should receive education on bullying and prevention and intervention strategies.

- **Accept use/agreement of the district's technological resources.** Students and parents should be required to sign an agreement to use the school's technological resources and should clearly prohibit the use of school property to bully or harass other students.

- **Use filters to block Internet sites.** Many schools have already blocked students' access to social networking sites, since these are regularly involved in sending negative content to others.

- **Supervise and monitor students' online activity.** It is reasonable to supervise students when they are using the school's Internet services. This supervision can be done by classroom teachers, computer lab teachers, library teachers or other staff whose responsibility it is to supervise students.

- **Establish mechanisms for reporting cyberbullying.** Schools should have in place a protocol for students to report incidents of bullying or cyberbullying anonymously and confidentially. It is important for them to understand that any threat could turn out to be serious.

- *__Ability to assess imminent threat.__* Any school's policy should have procedures that quickly determine whether anything viewed by a student as a threat is real, and not something meant to be a joke.

- *__Investigate reported incidents.__* Students who are being bullied should be encouraged to obtain as much information as possible for evidence, such as printing out messages. Should the school suspect criminal activity, they should report to law enforcement.

- *__Respond appropriately to incidents of cyberbullying.__* Usually, school rules for student discipline are the same for students who have become involved in cyberbullying. Depending on the type of harassment, schools may decide on what actions to take on a case-by-case basis (CSBA Governance and Policy Services, 2007).

Most states have implemented laws to address bullying, harassment and hazing.

In 2011 there were 21 states who introduced bills aimed at sexting. By September 2011, legislative bills related to sexting had been enacted in the following five states: 1) Florida, 2) North Dakota, 3) Nevada, 4) Rhode Island and 5) Texas. Mississippi and Arkansas also introduced bills but were not passed (National Conference of State Legislatures, 2011). Mississippi and other southern states (Alabama, Louisiana, Georgia, Arkansas and Tennessee) have all addressed bullying and cyberbullying through state laws. This is an indication that policymakers are aware of the seriousness of these issues and are willing to take action on helping to protect our children.

Mississippi school districts would fare well in this arena by developing their anti-bullying policies to be consistent with the U.S. Department of Education, as presented at the National Conference of State Legislatures Webinar (2010). Every school should:

1. Educate faculty, staff and parents about bullying

2. Establish a clear policy against bullying behaviors, and communicate this policy early and often to students, staff, and parents

3. Train all staff who interact with students (including bus drivers, school resource officers, school nurses, and cafeteria workers) on how to recognize bullying behaviors and intervene effectively to stop them

4. Ensure that all staff members take immediate action when bullying is observed, and

5. Gather data to assess bullying, the level of staff commitment to address bullying, and parental interest and concerns.

Data Section

2009 Youth Risk Behavior Surveillance Survey (YRBSS)			
School Violence During the last 12 months before the survey	Mississippi %	United States %	MS more likely than the US
Bullied on school property	16.0	19.9	
Threatened or injured with a weapon on school property one or more times	8.0	7.7	
In a physical fight on school property one or more times	12.6	11.1	
Carried a weapon on school property on at least 1 day (for example, a gun, knife, or club during the 30 days before the survey)	4.5	5.6	
Did not go to school because they felt unsafe at school or on their way to or from school on at least 1 day (during the 30 days before the survey)	4.1	5.0	
Violence			
Carried a weapon on at least 1 day (for example, a gun, knife, or club during the 30 days before the survey)	17.2	17.5	
Carried a gun on at least 1 day (during the 12 months before the survey)	7.4	5.9	
In a physical fight one or more times (during the 12 months before the survey)	34.1	31.5	
Injured in a physical fight one or more times (treated by doctor or nurse, during the 12 months before the survey)	3.5	3.8	
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (during the 12 months before the survey)	14.2	9.8	†
Ever physically forced to have sexual intercourse (when you did not want to)	10.1	7.4	†
† Significant		Source: CDC, YRBSS	

Figure 1

Figure 1 shows the percentage of students' (grades 9-12) affirmative responses to questions about personal and school safety from the 2009 Youth Risk Behavior Surveillance Survey (YRBSS). Responses to the survey indicate that, in general, students in Mississippi report similar levels of safety to the rest of the nation. However, when asked if they had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend, Mississippi students responded yes 14.2% of the time compared to 9.8% nationwide, a statistically significant difference. When asked if they were ever physically forced to have sexual intercourse, students from Mississippi responded yes 10.1% of the time compared to the rest of the nation (7.4%), also a statistically significant difference (CDC, 2009).

2009 Youth Risk Behavior Surveillance Survey (YRBSS)						
School Violence During the last 12 months before the survey	MS Female %	US Female %	MS more likely than the US	MS Male %	US Male %	MS more likely than the US
Bullied on school property	17.9	21.2		14.0	18.7	
Threatened or injured with a weapon on school property one or more times	6.0	5.5		9.9	9.6	
In a physical fight on school property one or more times	9.8	6.7	†	15.5	15.1	
Carried a weapon on school property on at least 1 day (for example, a gun, knife, or club during the 30 days before the survey)	2.3	2.9		6.8	8.0	
Did not go to school because they felt unsafe at school or on their way to or from school on at least 1 day (during the 30 days before the survey)	4.3	5.3		3.9	4.6	
Violence						
Carried a weapon on at least 1 day (for example, a gun, knife, or club during the 30 days before the survey)	7.0	7.1		28.0	27.1	
Carried a gun on at least 1 day (during the 12 months before the survey)	1.9	1.7		13.1	9.8	
In a physical fight one or more times (during the 12 months before the survey)	26.2	22.9		42.2	39.3	
Injured in a physical fight one or more times (treated by doctor or nurse, during the 12 months before the survey)	2.8	2.2		4.1	5.1	
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (during the 12 months before the survey)	15.0	9.3	†	13.2	10.3	†
Ever physically forced to have sexual intercourse (when you did not want to)	13.8	10.5	†	6.1	4.5	
† Significant						Source: CDC, YRBSS

Figure 2

School Safety by Gender

Responses to the 2009 Youth Risk Behavior Surveillance Survey (YRBSS) indicate that bullying is a pervasive issue for both male and female students. In 2009, 19.9% of females and 18.7% of males reported being bullied on campus. Female students from Mississippi reported statistically significantly higher rates of affirmative responses to the following issues: Being in a physical fight on school property one or more times (9.8%); being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (15%); and whether they had ever been physically forced to have sexual intercourse (13.8%). Male students from Mississippi reported having been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend 13.2% of the time compared to 10.3% nationwide, a statistically significant difference (CDC, 2009).

School Safety

2009 Youth Risk Behavior Surveillance Survey (YRBSS)						
School Violence During the last 12 months before the survey	**MS White %**	**US White %**	**MS more likely than the US**	**MS Black %**	**US Black %**	**MS more likely than the US**
Bullied on school property	19.9	21.6		12.0	13.7	
Threatened or injured with a weapon on school property one or more times	6.3	6.4		9.0	9.4	
In a physical fight on school property one or more times	9.8	8.6		15.3	17.4	
Carried a weapon on school property on at least 1 day (for example, a gun, knife, or club during the 30 days before the survey)	5.5	5.6		3.2	5.3	
Did not go to school because they felt unsafe at school or on their way to or from school on at least 1 day	3.0	3.5		4.7	6.3	
Violence						
Carried a weapon on at least 1 day (for example, a gun, knife, or club during the 30 days before the survey)	20.0	18.6		14.0	14.4	
Carried a gun on at least 1 day (during the 12 months before the survey)	6.3	5.8		7.8	7.6	
In a physical fight one or more times (during the 12 months before the survey)	30.1	27.8		37.4	41.1	
Injured in a physical fight one or more times (treated by doctor or nurse, during the 12 months before the survey)	1.8	2.9		4.9	5.7	
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (during the 12 months before the survey)	10.9	8.0		17.1	14.3	
Ever physically forced to have sexual intercourse (when you did not want to)	9.3	6.3	†	10.4	10.0	
† Significant						Source: CDC, YRBSS

Figure 3

School Safety by Race

In 2009, white students from Mississippi reported having ever been forced to have sexual intercourse 10.9% of the time whereas white students nationwide responded yes 8% of the time, a statistically significant difference. The types of safety issues that students are concerned with may be different depending on the race of the student. For instance, in Mississippi whites tend to report being bullied more often than blacks (19.9% vs. 12.0%), whereas blacks tend to report being involved in a physical fight on school property more often than whites (9.0% vs. 6.3%) (CDC, 2009).

Reported Prevalence of Violence (disorderly conduct,* fighting* and weapons) 2009/2010
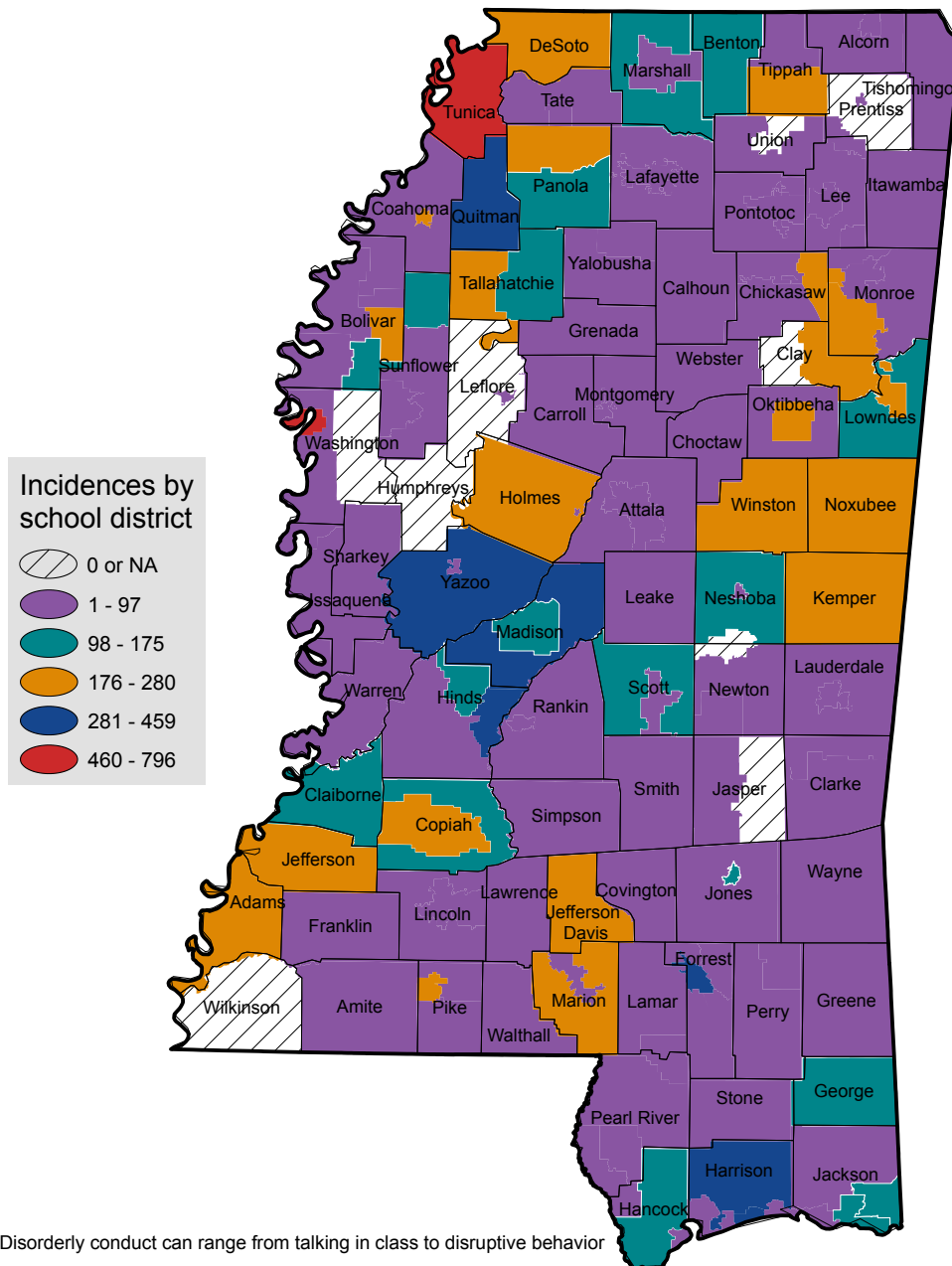
* Disorderly conduct can range from talking in class to disruptive behavior

* Fighting is an assault that does not result in arrest and/or prosecution

Source: Mississippi Department of Education

Figure 4

Figure 4 indicates the prevalence of school violence (an index combining total incidents of disorderly conduct, fighting, and possession of weapons) in Mississippi during the 2009-2010 school year. School districts that scored highest on this index included: Tunica County (796), Greenville Public (755), Quitman County (459), Gulfport (420), and Harrison County (351) (Mississippi Department of Education, n.d.).

Suspended Students by School District
2009/2010

Source: Mississippi Department of Education
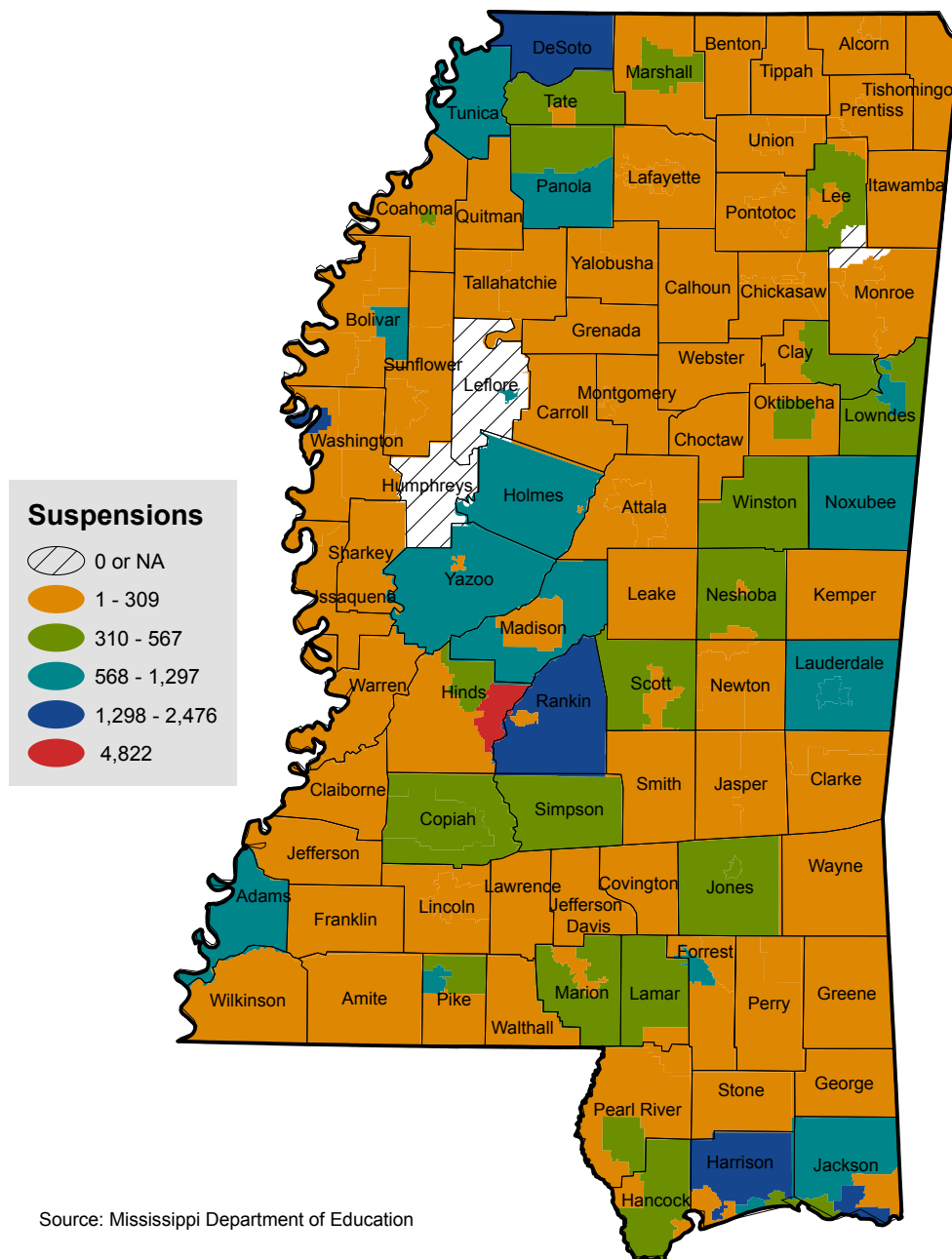
Figure 5

Figure 5 indicates the number of school suspensions issued per district, during the 2009-2010 school year in Mississippi. A suspension is defined by the Mississippi Department of Education as the temporary termination of all educational services for a period of time not to exceed 10 days. During the 2009-2010 school year, there was a total of 50,970 school suspensions issued statewide. School districts with the most suspensions included: Jackson Public (4,822), DeSoto County (2,476), Harrison County (2,230), Greenville (1,956), and Rankin County (1,486) (Mississippi Department of Education, n.d.).

Reported Incidence of Firearms*, Assaults*, Drugs* and Thefts* by School District 2009-2010

Incidences
- 0 or NA
- 1 - 32
- 33 - 97
- 179
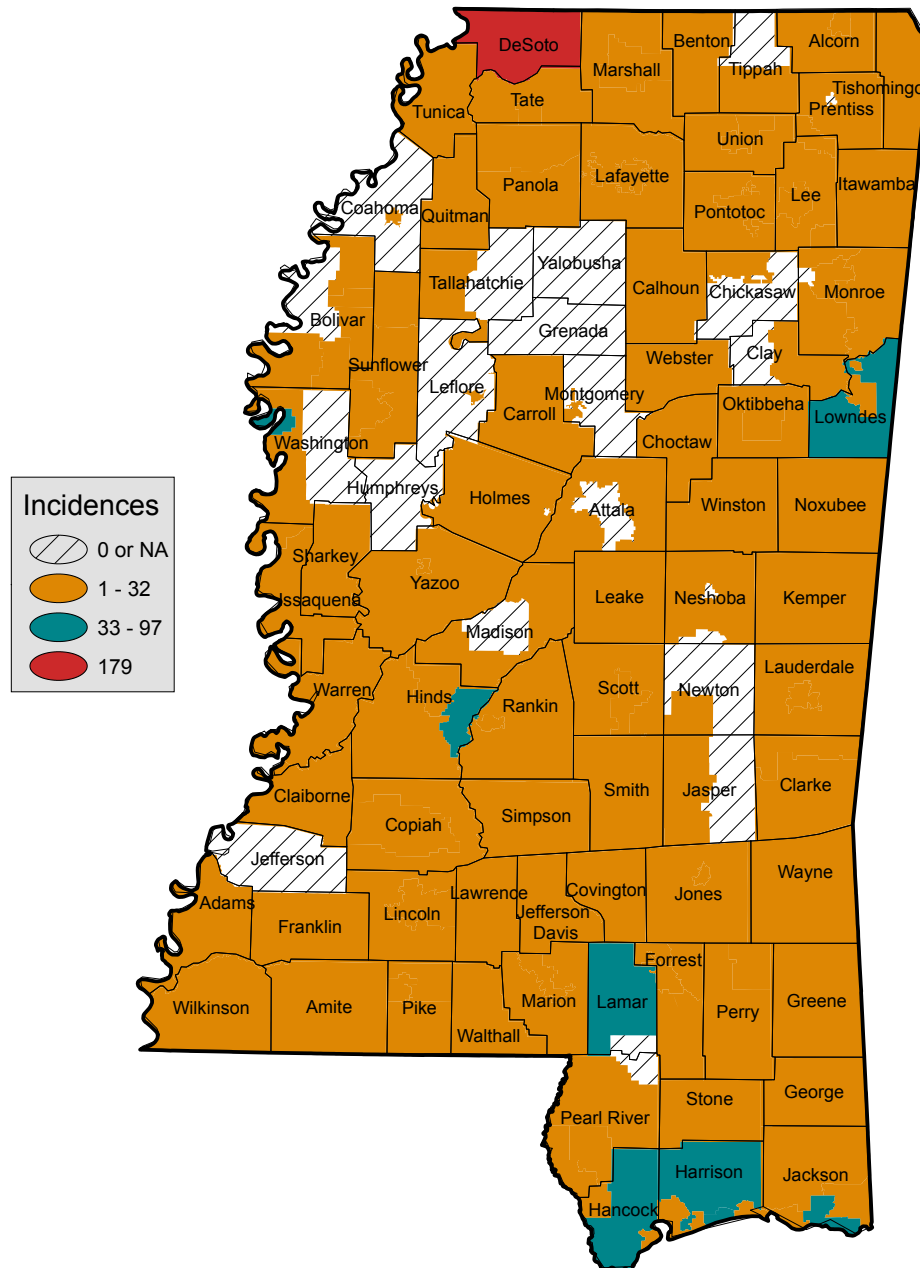
* These incidents usually result in an arrest

Source: Mississippi Department of Education

Figure 6

During the 2009-2010 school year, there were 1,906 incidences in Mississippi schools which involved offenses that qualified for arrests. Incidents included possession of firearms, assault, possession of drugs, and theft. School districts with the highest number of arrest-able offenses included: DeSoto County (179), Gulfport (97), Jackson Public (77), Forrest County (70), and Greenville Public (68). There were 38 school districts with zero incidences (Mississippi Department of Education, n.d.).

U.S. Students Who Reported Being Bullied at School (2006-2007)

Male	Female	Primary	Middle	High	Other
30.3%	33.2%	44%	37.1%	28.6%	32.9%

Bullied — Level

Ages 12-18 | **n=25,721,000** | Source: U.S. Department of Education, May 2011
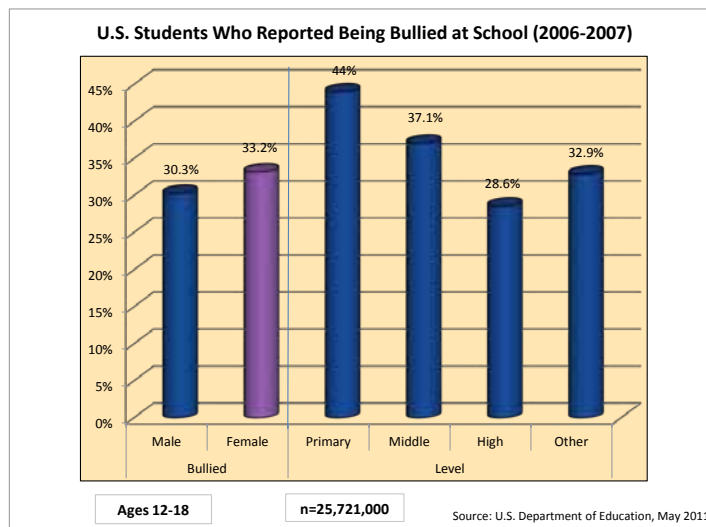
Figure 7

Figure 7 indicates the percentage of students, per grade level, who reported being bullied in the 2007 School Crime Supplement (SCS) to the National Crime Victimization Survey (NCVS). Grade levels in the survey are defined were defined as follows: "Primary" (low grade = PK through 03; high grade = PK through 08); "Middle" (low grade = 04 through 07; high grade = 04 through 09); "High" (low grade = 07 through 12; high grade = 12 only); and "Other" (any other configuration not falling within the above three categories, including ungraded). According to this data, in 2006-2007 children in Primary school report the most bullying (44%), followed by Middle school (37.1%), Other (32.9%), and High school (28.6%). Males and Females reported similar rates of bullying (30.3% vs. 33.2%) (U.S. Department of Education, National Center for Education Statistics, 2011).

Types of Bullying in U.S. Schools (2006-2007)

Made fun of, called names, or insulted	Subject of rumors	Pushed, shoved, tripped, and the like	Threatened with harm	Excluded from activities on purpose	Destroyed property	Made to do things he or she did not want to do	Cyber-bullied
21.0%	18.1%	11%	21%	5.2%	4.2%	4.1%	3.7%

Ages 12-18 | **n=8,166,000** | Source: U.S. Department of Education, May 2011
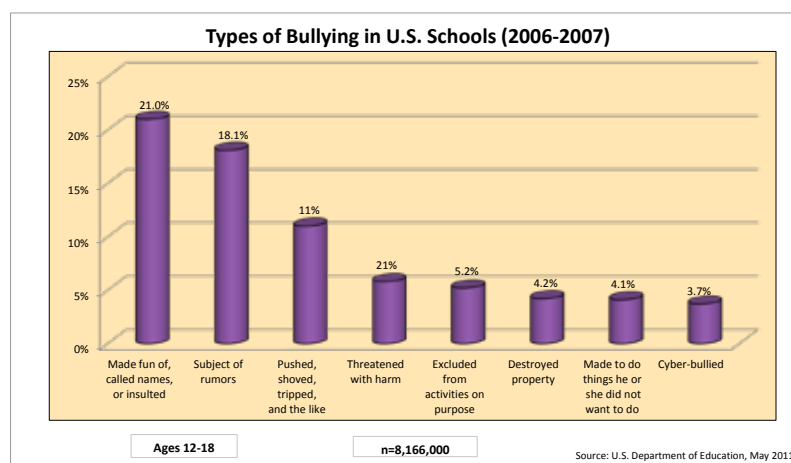
Figure 8

Figure 8 shows the percentage of students ages 12 through 18 who reported being bullied at school by type of bullying during the 2006-07 school year. According to the U.S. Department of Education, the most commonly reported types of bullying are being made fun of, called names, or insulted (21.0%), followed by being the subject of rumors (18.1%) and being pushed, shoved, or tripped (11%) (U.S. Department of Education, National Center for Education Statistics, 2011).

Responding to Cyberbullying	
Top Ten Tips for Educators	
1) Thoroughly investigate all incidents so that you can direct resources and, if necessary, discipline to students who require it.	**7) Keep all evidence** of cyberbullying. Keep a file with screen shots, message logs, or any other evidence so that you can demonstrate the seriousness of the behavior and its impact on the school. This is especially critical if you intend to formally punish students (e.g., suspension expulsion).
2) Enlist the support of a school liaision officer or another member of law enforcement to help, especially when it involves a possible threat to the safety of your students or staff.	**8) Contact and work with** MySpace, Facebook, or any other web environment where the bullying occurred. By now they are used to working through cyberbullying cases and can be a resource to assist you in removing offending content, gathering evidence, or put you in touch with someone who can help.
3) Once you identify the offending party, **develop a response that is commensurate with the harm done** and the disruption that occurred.	**9) Solicit advice from neighboring schools** or districts about incidents they may have dealt with in the past.
4) Work with parents to convey to the student that cyberbullying behaviors are taken seriously and will not be tolerated at your school.	**10) Use creative informal response strategies**, particularly for relatively minor forms of cyberbullying that do not result in significant harm. For example, students may be required to create anti-cyberbullying posters to be displayed throughout the school. Older students might be required to give a brief presentation to younger students about the importance of responsibly using technology. It is important to condemn the behavior while sending a message to the rest of the school community that bullying in any form is wrong.
5) Instruct parents to contact an attorney. Some instances of cyberbullying just don't fall under the purview of the school. In these cases, parents may want to pursue other avenues for redress. All states allow for parties to sue others in civil court for harassment, or a number of other torts.	
6) Contact cell phone providers if threats or explicit content are transmitted via these devices. These companies keep data that may serve as evidence on their servers for a limited period of time before deleting it.	Source: Hinduja & Patchin, 2009. Cyberbullying Research Center www.cyberbullying.us

Figure 9

Responding to Cyberbullying: Top Ten Tips for Educators

Figure 9 lists the top ten tips for educators in responding to cyberbullying, as outlined by Hinduja and Patchin (2009). The foremost recommendation is that all incidents are thoroughly investigated and that if necessary discipline—commensurate with the harm done—should be administered to students who require it. It is also recommended that educators involve parents to help convey the message that cyberbullying is unacceptable.

Cyberbullying by Gender

Random sample of 10-18 year olds from large school districts in the Southern U.S.

Victimization

Perpetration

Category	Male (n=2,212)	Female (n=2,162)
I have been cyberbullied (lifetime)	16.6%	25.1%
I have been cyberbullied (previous 30 days)	7.0%	7.9%
Someone posted mean or hurtful comments online	10.5%	18.2%
Someone posted a mean video about me online	3.6%	2.3%
I have cyberbullied others (lifetime)	17.5%	21.3%
I have cyberbullied others (previous 30 days)	9.3%	7.9%
I spread rumors online about others	6.3%	7.4%
I posted a mean /hurtful picture online	4.6%	3.1%

Source: Hinduja & Patchin, Cyberbullying Research Center, February 2010

Figure 10

Cyberbullying is a repeated harassment or mistreatment of another person online or while using cell phones or other electronic devices. Adolescent girls are more likely to report having experienced cyberbullying during their lifetime than boys (25.8% vs. 16%). Girls also report having engaged in cyberbullying in their lifetime more than boys (21.1% vs. 18.3%). The type of cyberbullying that students engage in also differs by gender with boys reporting having posted mean and hurtful pictures more than girls (4.6% vs. 3.1%) and girls reporting having spread rumors online about others more than boys (7.4% vs. 6.3%) (Hinduja and Patchin, 2010).

Internet Usage Among Teens (ages 12-17)
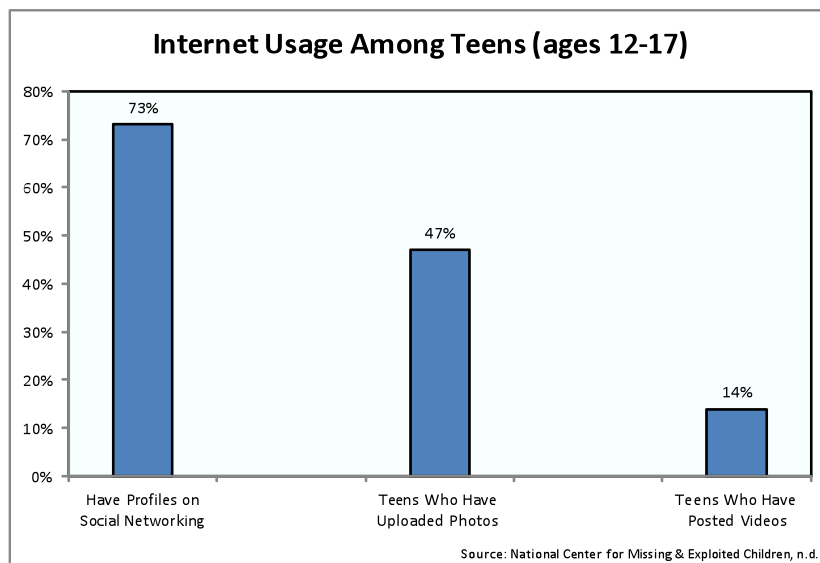
Figure 11

Children and teens today live in a socially virtual world as well as a face-to-face world. Social interactions online can be dangerous and hurtful as well as informative and instantaneous. In the United States, almost three out of four teens are connected online with their personal information. Almost half of the teenagers in the U.S. have pictures of themselves online in forums such as Facebook, MySpace and other social sites.

Sexting Statistics (ages 12-17)
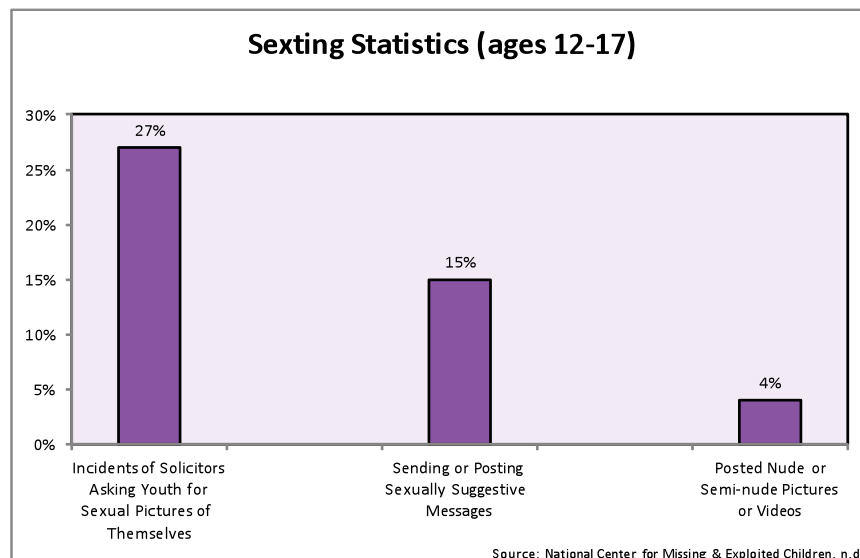
Figure 12

Predators troll the Internet looking for innocent children according to the National Center for Missing and Exploited Children. "Boys who are gay or questioning their sexuality are particularly at risk. Twenty-five percent of victims are boys and almost all offenders are male" (Internet Safety Statistics, n.d.). In **Figure 12**, 27% of youth have reported that someone has asked for a sexual picture of themselves. Fifteen percent of youth admit to sending or posting sexually suggestive messages, while 4% admit to sending sexual pictures or videos of themselves.

Success Story: Talk About the Problems (TAP)
The Goldring/Woldenberg Institute of Southern Jewish Life

Conflict is a normal part of life of which adolescents are not immune. Over the course of a typical day, it is estimated that adolescents are involved in three to four conflicts with their parents and one to two with friends (Adams and Laursen, 2007). Often these disagreements occur within the classroom setting and can lead to a disruption in academic instruction. With 35 to 60 percent of teacher time being spent intervening and managing disruptive behavior, it is important that a meaningful avenue of resolving arguments, teasing, gossiping and other forms of conflict be implemented in our schools today (CREducation, n.d.). When both parties negotiate a positive resolution, conflict can be viewed as an opportunity rather than an obstacle; a possibility rather than a problem. A positive strategy that has been used in classrooms across the country since the 1970's is peer mediation in which students involved in a disagreement resolve their issues with the assistance of peers trained as conflict managers. The results often end in a "win-win" situation in which both sides are heard, and a resolution is found that is satisfactory to everyone involved.

The use of peer mediation can substantially change how students approach and settle conflicts. In one middle school, 83% of students trained in peer mediation reported 'win-win' settlements, while 86% of untrained controls reported that conflicts resulted in a 'win-lose' outcome."

Safe and Responsive Schools

Malkie Schwartz, Director of Community Engagement, Goldring/Woldenberg Institute of Southern Jewish Life

"The point is not to find out who's right or wrong; the point is to acknowledge that there is conflict, understand that people have different feelings about it, and then allow the students themselves to come up with a resolution that will work and determine how to

proceed," says Malkie Schwartz, Director of Community Engagement for the Goldring/Woldenberg Institute of Southern Jewish Life (ISJL), located in Jackson, Mississippi. The Institute has partnered with Blackburn Middle School to implement a creative peer mediation pilot program that has involved students in every step of the process including naming the program itself. It's called TAP, "Talk About the Problems," a reference to the wrestling world when one "taps out" to voluntarily submit to the opponent.

Michele Schipper, Chief Operating Officer, Goldring/Woldenberg Institute of Southern Jewish Life

The Hebrew phrase "Tikkun Olam" encourages efforts to "repair our world" through working hand-in-hand with local communities to address issues that concern us all. With that in mind, in 2009, the newly formed ISJL Community Engagement Department began to explore ways to make meaningful contributions to the Jackson community without duplicating work already being done. "In most Southern towns, we [the Jewish community] are a small percentage of the greater community," says Michele Schipper, ISJL Chief Operating Officer. "There is a history of community involvement, not just sitting in our own little enclave, but to really be a part of the overall community in a variety of civic ways." After a series of brainstorming sessions with community leaders, Schwartz was particularly impacted by conversations she had with then Blackburn Middle School Principal, Bobby Brown. "He [Brown] had heard about peer mediation, and he really wanted it to be launched at his school, but with everything else going on, he had not managed to get it started," says Schwartz. "So we jumped on that and said that this [peer mediation] is something that Blackburn wants, and it's something that we see that can be potentially replicated in additional schools."

Bridget Harkins (L), Learning Strategies Teacher, Blackburn Middle School, and Marietta Carter, Principal, Blackburn Middle School

In the beginning, Blackburn school administrators, counselors and teachers selected 24 students representing a broad snapshot of the 500 member student body to participate in a series of informational workshops examining the various ways to handle conflict. After learning about the qualifications of a student mediator and understanding the responsibilities it brings, the students chose ten out of the larger group to serve as the first class of TAP mediators. Schwartz, experienced in conflict resolution, conducted training sessions over a three week period in which the newly selected mediators learned communication and problem solving strategies such as role-playing, brainstorming, and storytelling. Mediators even had the chance to visit the Mississippi College School of Law and discussed peaceful, rather than adversarial responses to conflict with the Dean.

Marketing the TAP program was also a charge given to the newly formed mediators. After naming the program, they started a media campaign within the school to promote TAP, informed the student body of the services provided, and partnered with Mad Genius a

Malkie Schwartz and Michele Schipper, Goldring/Woldenberg Institute of Southern Jewish Life

Ridgeland-based company to produce a promotional video demonstrating the steps of the mediation process. By November 2010, the TAP program was in place and ready to begin mediation sessions, and even though the number of sessions has been smaller than at first anticipated, the outcomes of those sessions have been positive. "It's going to take a little while for the students to buy into this because it's really a new thing," says Bridget Harkins, a Learning Strategies teacher at Blackburn. "Actually talking about their problems with student mediators is a new tool for them." Schwartz agrees once students as well as teachers have direct experience with TAP, the program will take hold. "It's really about incorporating mediation into the culture of the school. When the school community makes peer

Dazhia Stewart, Malcolm Nelson, and Jessica Stewart, Blackburn Middle School Peer Mediators

mediation the accepted norm, the program will grow," says Schwartz. Noting that Blackburn held 13 peer mediation sessions during its first year, Schwartz adds, "That's 13 less recurring conflicts in the school, and that's a big deal. In class all you need is one disturbance, one fight to break out, and the kids don't learn for the next 45 minutes because all the attention is focused on that conflict. So they are definitely seeing the positive results and the potential for the growth of the program."

Marietta Carter, Blackburn's principal believes that TAP is a perfect complement to the positive behavior intervention system now in place in the Jackson Public Schools and says that the other 11 middle schools in the district have expressed an interest in starting similar programs. "TAP is a great teaching tool for students and a way to empower them to take care of their community," says Carter. "I tell them, 'Irrespective of what goes on outside these buildings, this right here is your community, and you can decide if it's a good or a bad one.'"

Dazhia Stewart, Peer Mediator

Students involved in a conflict such as arguing, teasing, gossiping or threatening are given the option to participate in the peer mediation process or handle it in the more traditional manner of serving detention or out-of-school suspensions. During a session, two student mediators guide their peers through the process. Adults are not present, and everything said during the session is kept confidential. After arriving at a reasonable solution, both parties sign an agreement committing to certain actions to resolve their conflict. "We tell them it's okay to talk about your problems to us [the mediators], and since we are their age we may understand better than teachers do," says Jessica Stewart, a peer mediator. She has seen firsthand that the program works. Recalling a session she mediated last year between two girls who had each been the topic of gossip, Jessica noted, "They were mad at the beginning, and at the end they started talking to each other and became friends again." Schwartz agrees that the student-led sessions take the burden off the teachers and empower the students at the same time. "What's great is that the students who are

involved in the conflict become the experts on what the resolution can be," says Schwartz. They come up with the resolution and make sure it's enforced. Once they come up with it, they are very likely to follow through with it because they thought it would work, and usually they are right."

"The point is not to find out who's right or wrong; the point is to acknowledge that there is conflict, understand that people have different feelings about it, and then allow the students themselves to come up with a resolution that will work and determine how to proceed."

Malkie Schwartz, Director of Community Engagement, Goldring/Woldenberg Institute of Southern Jewish Life

Malcolm Nelson, Peer Mediator

The ISJL prepares materials and curriculum, conducts training sessions and assists with developing a process that facilitates the effective implementation of the program in the school. "We don't come in with a formula of how the program will work," says Schwartz. "We want to make sure that the objectives are met, but in a way that really complements what the school is trying to do." The Blackburn faculty and administration are equally grateful for the partnership. Principal Carter says that schools should welcome faith-based organizations such

as the ISJL. "Anytime we can have community stakeholders such as the Institute of Southern Jewish Life come over and lend a hand and help us to get a program started such as this mediation program, it is much welcomed." "I knew what I wanted to do, but I just didn't know how to get it together," says Harkins about starting a peer mediation program. "Malkie brings all of her strategies and skills to the table. I didn't know how to train the children, but she did." And so merging the strengths of both the ISJL with those of the school community has resulted in a peer mediation program with great potential for replication in the Jackson Public Schools and beyond.

The process for expansion and replication of the TAP program is already in place. Blackburn mediators are taking their negotiation and communication skills with them as they advance to Jim Hill High School where administrators are eager to implement TAP. As those students progress to the upper grades, incoming Blackburn students are selected and trained to serve as mediators. The ISJL is also looking at ways to make TAP available to other interested schools in the Jackson Public School District and throughout the state. They want to establish a Community Engagement Fellowship Program in which fellows, selected and employed by ISJL, would provide training services to participating schools and insure that TAP programs are launched successfully in Jackson schools and across Mississippi. Similar to the existing ISJL Education Fellows program which provides Jewish educational support to local congregations, the Community Engagement fellows would make regular site visits to the schools in which they are assigned. Since the ISJL represents 13 states, (Mississippi, Louisiana, Alabama, Arkansas, Tennessee, Kentucky, Georgia, South Carolina, North Carolina, Virginia, Texas, Oklahoma, and the Florida Panhandle), the TAP program could be expanded beyond the borders of Mississippi. "We want to replicate the fellowship piece and also eventually bring mediators from across the region together for youth-led conferences," says Schwartz. "It could turn into a much larger force than ten students located in isolated schools; instead they would be a part of a youth movement that is working towards more peaceful schools across the South."

"TAP is a great teaching tool for students
and a way to empower them to take care of their community."

Marietta Carter, Principal, Blackburn Middle School

Expansion of TAP creates the need for additional funding. The ISJL, established in 2000 by Macy Hart, was created to promote Jewish life in Southern communities, preserve the history of the Jewish South, and offer Rabbinic services, as well as cultural and educational programs to smaller congregations. Although much of their work is rooted in preserving the past, a major focus is on the future through the educational services offered to Jewish children and the work of the Community Engagement Department in recognizing their role in local communities. "We are all responsible for raising this next generation" says Schipper. "We want to make sure we're doing our part to invest in our collective future." The ISJL is funded by the New Orleans-based Goldring Family Foundation and the Woldenberg Foundation for whom the Institute is named, and receives substantial gifts from foundations across the country including one from a New York foundation which funds the community engagement work. A partnership with

AmeriCorps, a division of the U.S. government's Corporation for National and Community Service provides one member to assist in the current operation of the TAP program, and a reading program at Blackburn. TAP, including the on-site support of the AmeriCorps member, comes at no charge to the Blackburn community for TAP's operating expenses, and the ISJL hopes that future partnerships with local and regional foundations will allow the implementation of new TAP programs without any expenses from the schools themselves.

"We are all responsible for raising this next generation."

Michele Schipper, Chief Operating Officer,
Goldring/Woldenberg Institute of Southern Jewish Life

When carefully planned, a peer mediation program such as TAP can reap positive outcomes. Research tells us that peer mediation can improve school climates resulting in fewer fights, fewer referrals to the office, a decrease in school suspensions, and even an improvement in self-esteem and academic achievement among the mediators themselves (Safe and Responsive Schools, 2000). It is a slow process in making it succeed, and those interested in starting a peer mediation program must be committed to a significant amount of planning and training prior to full implementation. When students as well as faculty are open to the concept of peer mediation, an environment is created that calls on the students themselves to seek resolution. According to Principal Carter, "It gives them [students] the opportunity to determine what will happen in their community and have a part in making it a more positive place to be."

Reflections on Peer Mediation

"It's another way to solve a problem. Instead of a negative way, it's positive."

Dazhia Stewart

"I think you see less fights in school, and you don't have to worry about other students having problems being safe in school."

Jessica Stewart

"When you get sent to the principal's office, you really don't want to go home because you don't want to miss your work. With the peer mediation program, you will still be in class and can do your work."

Malcolm Nelson

Child Abuse and Neglect

Introduction

The National Perspective

While the overall number of children subject to abuse or neglect has dropped during the past decade, it is undoubtedly the case that child abuse and neglect remain one of the most serious problems in the United States. Nationwide, nearly 702,000 children (or 9.3 out of 1,000) were subject to some form of abuse in Fiscal Year 2009 (U.S. Department of Health and Human Services, 2010), a drop from the year before (10.3 victims per 1,000 children) (U.S. Department of Health and Human Services, 2009a), and a significant drop from earlier recorded findings in 1995 (15 victims per 1,000) (U.S. Department of Health and Human Services, 2009b). Still, the numbers remain alarmingly high, particularly given the dire consequences associated with child abuse and neglect.

A number of studies have noted that the impact of abuse and neglect can be quite severe, even lasting an entire lifetime. The negative impact can include, among other things, physical health issues (such as damage to a child's brain), psychological complications (such as cognitive delays, depression, and anxiety), behavioral consequences (such as increased likelihood of involvement in high-risk behaviors and greater likelihood of juvenile crime and delinquency), and societal consequences (such as increased costs to maintain a robust child welfare system) (Child Welfare Information Gateway, 2008a). Sexually abused children tend to have problems as adults concerning sexual adjustment, multiple marriages, lack of intimacy and sustaining long-term relationships, sleep disorders, lack of trust, as well as other post traumatic stress behaviors (Mullen and Flemming, n.d.; RAINN, n.d.). In short, the victims of child abuse include not only the abused themselves, but society as a whole.

Whether a victim will experience long-term effects, what exactly those effects will be, and the severity of the effects depend on a variety of factors including the age and developmental level of a child at the time of abuse, the type of abuse involved, the intensity level of the abuse, and the relationship between the victim and the abuser (U.S. Department of Health and Human Services, 2009b).

> *"It is easier to build strong children than to repair broken men."*
>
> **Frederick Douglass, Abolitionist, Author, Editor, Diplomat**

With regard to the relationship between the victim and the abuser, national data on child fatalities tells us that 14.8% of the abuse is done by the father, 27.3% by the mother, 22.5% by both mother and father, and 35.4% by someone other than the mother and/or father (U.S. Department of Health and Human Services, 2010). Nationally, most of the perpetrators (66.8%) of child abuse are between the ages of 20 and 40, and younger children suffer the most, with 2009 data indicating that nationally 80.8% of the victims who died as

a result of abuse were age three or under. Documented cases of abuse/neglect show that nationally white children are more impacted (39.2% of the documented cases), followed by African American children (29.1%) and Hispanic children (17%). And, male children are more likely to be a victim (53.4%) than female children (45.8%). As for the type of maltreatment, data indicates 78.3% suffered neglect, 17.8% physical abuse, 9.5% sexual abuse, and 7.6% psychological maltreatment.

The key mitigating factor that contributes to reduced long-term detrimental impact is a child's "resilience," defined as his or her ability to "cope, and even thrive, following a negative experience" (Child Welfare Information Gateway, 2008a). Resilience is developed through a mix of innate characteristics and outside influences like community stability and the support of other adults (Child Welfare Information Gateway, 2008a).

Children who lack resilience and a centralized adult role model subsequently suffer major consequences. Child abuse and neglect have both physical and psychological impacts. Both types of effects can be divided into short-term and long-term categories. In the short term, the physical impact spans the spectrum from minor scrapes and bruises to extremely severe injuries or even death (U.S. Department of Health and Human Services, 2010). The long-term physical effects of abuse are the subject of emerging research, and they include impaired brain development, allergies, asthma, arthritis, high blood pressure, and ulcers (Springer, Sheridan, Kuo, and Carnes, 2007). On the psychological side, short-term effects of abuse include isolation, fear, and an inability to trust (Child Welfare Information Gateway, 2008a). These in turn can lead to long-term impacts, including low self-esteem, depression, and relationship difficulties that can last well into adulthood. Abuse can even result in reduced cognitive abilities that are manifested in language development and academic achievement, as well as personality disorders and other antisocial behavior (Child Welfare Information Gateway, 2008a).

The individual impacts on the victims of child abuse—physical, emotional, and behavioral—are severe enough to make this a wide-ranging societal problem, and, as such, we pay a collective price for the abuse and neglect of some of our most vulnerable members. Direct costs alone, including the costs of investigating child abuse and neglect via child welfare services and expenditures by various government entities in responding to instances of abuse and neglect, are estimated at $24 billion per year (Child Welfare Information Network, 2008a). The indirect costs—those resulting from juvenile and adult criminal activity, mental illness, substance abuse, and domestic violence connected to child abuse and neglect—are as high as $69 billion per year.

"We are willing to spend the least amount of money to keep a kid at home, more to put him in a foster home and the most to institutionalize him."

Marian Wright Edelman, President and Founder of Children's Defense Fund

Child Abuse and Neglect

It is obvious that when dealing with an issue at the scope and scale verified by child abuse and neglect data, federal legislation and resources are required. The most significant piece of federal legislation to date is the Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 93-247, 1974, as codified at 42 U.S.C. §§ 670, 5101-15, 2003). CAPTA was enacted to aid the states, in their individual capacities, in developing child protection systems tailored to their communities (42 U.S.C.A. § 5101-12, 2011). One goal of the legislation is to ensure that child protection systems are "comprehensive, child-centered, family-focused, and community-based, should incorporate all appropriate measures to prevent the occurrence or recurrence of child abuse and neglect, and should promote physical and psychological recovery and social re-integration in an environment that fosters the health, safety, self-respect, and dignity of the child" (U.S. Department of Health and Human Services, n.d.). The CAPTA legislation, most recently amended by the Keeping Children and Families Safe Act of 2003, has been crucial in preventing abuse and neglect throughout the country and has been continuously reauthorized by Congress since its adoption in 1974. Under CAPTA, child abuse and neglect is defined as "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm" (42 U.S.C.A. § 5106g, 2011).

Other federal legislation provides funding to states to support the prevention, investigation, and prosecution of abuse and neglect through the Children's Bureau of the U.S. Department of Health and Human Services. The Children's Bureau also acts as a clearinghouse, culling information (through the National Child Abuse and Neglect Data System (NCANDS) from various states about abuse within their particular localities. Additionally, Congress implemented the Adoption and Safe Families Act of 1997, which states that all children have the right to live in a permanent home that is free of abuse and neglect (42 U.S.C.A. § 5106g, 2011).

Even though CAPTA provides broad parameters for defining child abuse and neglect, states are ultimately responsible for adopting their own definitions of abuse and neglect (Child Welfare Information Gateway, 2008b). State civil definitions of neglect refer to the grounds upon which state child protective agencies can intervene in order to prevent the abuse or neglect of a child. And, criminal definitions (a separate body of law) provide the grounds upon which the state can prosecute offenders. States, through their laws, have generally recognized four major types of child maltreatment:

physical abuse, neglect, sexual abuse, and emotional abuse (Child Welfare Information Gateway, 2008b). Physical abuse is often defined as "any non-accidental physical injury to the child," including striking, hitting, and biting of children, or any other action that causes injury (Child Welfare Information Gateway, 2011). Neglect involves "the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision such that the child's health, safety, and well-being are threatened with harm" (Child Welfare Information Gateway, 2011, p. 3). Many states (including Mississippi) acknowledge the failure to educate as being part of the definition of neglect (Child Welfare Information Gateway, 2011). Sexual abuse, an element of the laws of every state, includes various physical acts as well as the sexual exploitation of children (including allowing children to engage in prostitution and pornography) (Child Welfare Information Gateway, 2011). Finally, emotional abuse is typically defined as "injury to the psychological capacity or emotional stability of the child as evidenced by an observable or substantial change in behavior, emotional response, or cognition" (Child Welfare Information Gateway, 2011, p. 3). A number of states (not including Mississippi) have included parental substance abuse as an element of their definitions, while a smaller number (also not including Mississippi) have termed "abandonment" as grounds for a finding of abuse or neglect (Child Welfare Information Gateway, 2008a).

"If our American way of life fails the child, it fails us all."

Pearl S. Buck, Nobel Prize winning author

The Mississippi Perspective

Given that Mississippi's definition includes physical, sexual and emotional abuse, neglect, and failure to educate, it is important to examine state data in order to get a picture of the scope of the problem.

The Mississippi Division of Family and Children Services (DFCS) investigated 21,582 reports of child abuse and neglect during Fiscal Year 2010 (Mississippi Department of Human Services, n.d. a). Of this number, 5,915 of the reports, or 27%, were evidenced, meaning that investigations of the reports indicated there was credible evidence to substantiate the reported incident(s). It is important to note, however, that within the 5,915 reports, the actual number of children who were abused or neglected was 8,158 (some reports included multiple victims from the same household). The evidenced reports were divided as follows:

Reports of physical neglect	2,799
Reports of physical abuse	1,501
Reports of sexual abuse	997
Reports of emotional abuse	366
Reports of medical neglect	240
Reports of exploitation	12

In addition to these statistics provided by DFCS, the state Child Death Review Panel (CDRP) provides data on infant and child mortality and, through its annual report, makes connections between child abuse and neglect

and the number of deaths of young children in Mississippi. According to the 2010 Annual Report, there were 706 child deaths in Mississippi during 2009, 372 of which were reviewed by the CDRP (Mississippi Child Death Review Panel, Mississippi State Department of Health, 2010). Of the 372 deaths that were reviewed, 13 were found to be due to "inflicted injury" and one was due to "lack of adequate care." In keeping with the pattern noted in the national data, most of the victims (69%) of inflicted injury in Mississippi were under the age of three. It is worth noting that data shows that while deaths occurring for "inflicted injury" were primarily in younger children, most of the non-death cases of child abuse and neglect involved children ages four and older (69.7%). The overall number of deaths due to abuse and neglect in the 2010 report (reflecting 2009 statistics) reflected a slight increase over the 2009 Annual Report: 709 children died in 2008 and 369 of the deaths were reviewed (Mississippi Child Death Review Panel, Mississippi State Department of Health, 2009). Eight deaths were due to "inflicted injury," and two were due to "lack of adequate care"; as in 2009, the majority of the victims were under age three.

In terms of pure numbers, the U.S. Department of Health and Human Services' data indicates that Mississippi's child abuse and neglect situation is close to the national rate. According to the Department's Child Welfare Information Gateway, 9.3% of children in the United States were victims of abuse and/or neglect in 2009 (Child Welfare Information Gateway, 2010). Mississippi's rate was slightly higher at 9.6%. However, three of the four states that border Mississippi had significantly lower rates: 7.2% of children in Alabama were victimized, 8.1% in Louisiana, and Tennessee reported the lowest number at 5.9%. Arkansas, however, was among the worst states in the nation, with 14% of its children falling victim to abuse or neglect. No other Deep South state reported a percentage in double digits.

The data show that the perpetrators of abuse in Mississippi are most likely to be one or both of the biological parents (92.7%); followed by a step parent (5.6%) and an adoptive parent (1.7%) (U.S. Department of Health and Human Services, 2010). The age of the victim is different for Mississippi victims when compared to the nation in that most victims in Mississippi are age four or older (69.7%), while nationally most victims are under age three (80.8%). With regard to race, Mississippi has a higher percentage of African American victims (46.2%) as compared to 29.1% nationally. Mississippi also has a higher percentage of white victims (45.2%) as compared to 39.2% nationally. Female children are more likely to be abused (54%) than males (45.8%) in Mississippi, and the most prevalent categories of abuse/neglect include neglect (69.4%) followed by physical abuse (19%), sexual abuse (14.7%) and psychological maltreatment (11%). While all counties in Mississippi have substantiated cases of child abuse and neglect, the highest numbers for 2010 were in Harrison County (651) and Jackson County (501). The counties with the lowest numbers were Issaquena (2) and Sharkey (4).

Mississippi State Legislation

It is clear that child abuse and neglect is a significant problem in Mississippi just as it is throughout the U.S. (Hopper, 2004). Mississippi's legislature has addressed the issue from several angles. First, it has defined an abused child as "a child whose parent, guardian or custodian. . . has caused or allowed to be caused upon said child sexual abuse, sexual exploitation, emotional abuse, mental injury, non-accidental physical injury or other maltreatment" (Mississippi Code Ann. § 43-21-105, 2010). The same statute notes physical discipline, including spanking, is not deemed abuse if performed "in a reasonable manner" (Mississippi Code Ann. § 43-21-105, 2010). In other words, under Mississippi law, parents, guardians, and custodians may use corporal punishment, but they are not allowed to cause bruises, marks, or other injuries (Mississippi Department of Human Services, n.d. b). Other important legislation includes statutes creating the crimes of "contributing to the neglect and delinquency of a child" and "felonious abuse and/or battery of a child" (Mississippi Code Ann. § 97-5-39, 2010). Convictions for felonious child abuse are punishable by up to 20 years in jail. If a child is intentionally hurt, but not seriously injured, then the crime is a misdemeanor punishable by up to one year in jail.

The Mississippi legislature enacted the Mississippi Children's Justice Act (CJA) in 1997 (Mississippi Department of Human Services, n.d.). Federal guidelines mandated that every state create a Children's Justice Act Task Force to "develop, establish, and operate programs designed to improve the investigation, prosecution, and judicial handling of child abuse and neglect cases." Task Forces around the country, including Mississippi's, have advocated for laws geared toward improving systems responses, increasing the penalties for sexual offenses against children, requiring mandatory sentencing, permitting victims to make statements prior to sentencing, and allowing the admission of indirect testimony of children into evidence. Aside from the Task Force, the major project Mississippi has undertaken with its CJA money is one focused on streamlining the handling of child abuse cases by establishing the statewide Multidisciplinary Child Abuse Review Team Network. DHS notes that this new network provides opportunities for more collaboration across disciplines and for increased specialized training for professionals working on child abuse cases.

Mississippi Responds to the Problem

Reporting of Child Abuse and Neglect

One of the most critical aspects of addressing child abuse and neglect is providing an appropriate reporting mechanism that allows **concerned citizens and mandatory reporters** to anonymously report incidences of child abuse and neglect. Along with most other states, Mississippi's definition of mandatory reporters includes social workers, school employees (including teachers), health care and mental health professionals, child care providers, medical examiners, and police officers (Child Welfare Information Gateway, 2010). Mississippi is also one of 26 states now requiring members of the clergy to report abuse and neglect (Child Welfare Information Gateway, 2010).

Child Abuse and Neglect

The state's current reporting system includes a centralized reporting and intake program which is composed of a phone hotline that is available 24 hours a day and a website, www.msabusehotline.mdhs.ms.gov (1(800)222-8000) that allows reports to be filed online. All reports of abuse and neglect are routed through this central program and then sent to the county offices for investigation and handling (Child Welfare Information Gateway, 2010). All reports are investigated within 72 hours of the initial report, although most are handled within the 24 hour range (MS Department of Health and Human Services, n.d.).

Mississippi also maintains the Child Abuse/Neglect Central Registry, a database of perpetrators of abuse and neglect identified through "evidenced" investigations (Child Welfare Information Gateway, 2010). The listing of a name on the registry requires criminal prosecution of that individual. Additionally, the Registry allows childcare providers and placement organizations to check the names of employment applicants and potential foster/adoptive parents. Currently, there are over 51,000 names listed in the registry.

Mississippi's Public Sector Efforts to Reduce Child Abuse and Neglect

Prevention

Clearly, the ideal situation with regard to child abuse and neglect is to prevent it before it occurs. If effective education and family/child support services could be provided to those "at risk" before an incident occurs, the less likely it is that an intervention, possibly resulting in removing the child from the home, would occur. In Mississippi, just as in the rest of the nation, much attention and resources are focused on the prevention of child abuse and neglect.

The fundamental elements of a child abuse and neglect prevention program include raising awareness among the general public about the problem, educating the public about the signs of abuse and neglect and providing appropriate and effective support and resources to families that need them. With regard to educating the public about the signs of abuse and neglect, key indicators include bruising, broken bones, leaving children unattended, having children dressed inappropriately for the weather, inadequate hygiene, and consistent complaints of hunger from children (Mississippi Department of Human Services, n.d. b).

Research has also shown the following to be risk factors for families/caregivers that, if known, can help determine the most appropriate and effective support/resources for preventing abuse/neglect: (1) a history of mistreatment as a child; (2) depression; (3) anxiety; (4) marital conflict or single parenting; (5) domestic violence; (6) financial stress; (7) social isolation; (8) lower parental

education; (9) alcoholism or other forms of substance abuse; (10) a child in the family who was born prematurely or who is developmentally or physically disabled; and (11) young children in the family, especially multiple children under age five (Mayo Clinic, 2010).

It is well worth noting, however, that recent research regarding prevention shows that thinking about prevention only in terms of alleviation of risk factors is not adequate. The Center for the Study of Social Policy (CSSP), which is headquartered in Washington, DC, began exploring the possibility of developing an entirely new approach to child abuse prevention in 2001. This work was funded through the Doris Duke Charitable Foundation and has resulted in a new framework for prevention based on focusing not on what causes child abuse and neglect, but rather what factors prevent it from occurring. The basic question to be answered when the research was begun, according to Judy Langford at CSSP, was "why is it that some children, some families who have everything going against them survive and thrive and are successful in spite of all kinds of risk factors and other things that would say this child really doesn't have much of a chance?"

After conducting and reviewing an extensive amount of research and talking with local and national experts, as well as on-the-ground practitioners working to prevent child abuse and neglect, CSSP now advocates for prevention programs that help build "protective factors," the presence or absence of which can help predict good or bad outcomes for children in the family. According to CSSP, there are five core protective factors that have been identified as critical to the prevention of child maltreatment: (1) social connections or parental integration into strong social networks that provide supportive relationships; (2) parental resilience or the ability of parents to cope with stress; (3) knowledge of parenting and child development through resources beyond what parents learn on the job; (4) concrete support in times of need; and (5) children's social and emotional development which reflects a child's ability to positively interact and communicate with others.

CSSP notes that the Strengthening Families framework for preventing child maltreatment can be implemented through multiple community programs, most notably those organizations providing early care, child abuse prevention, and education services. However, the same principles can be applied through public child welfare systems as well, and currently CSSP is working with 12 states (AK, CT, IL, MA, ME, MI, MO, NC, NH, NJ, PA, and TN) as they integrate protective factors into their training for child welfare workers, include it in their assessment tools, build public/private sector Family Strengthening partnerships, develop public Family Strengthening resources, and/or move toward making it part of their comprehensive child welfare practice model (Badger, 2010, December 7).

Child Abuse and Neglect

Human Services' Community-Based Child Abuse Prevention
Efforts in Mississippi are centered in The Mississippi Department of Human Services' Community-Based Child Abuse Prevention (CBCAP) program which promotes public education and awareness to prevent child abuse (Mississippi Department of Human Services, n.d. e). The key goals of the program are comprehensive support for parents, including development of parenting skills, improved access to resources, promotion of meaningful parent leadership, and providing referrals for early health and development services. Efforts are also targeted toward at-risk families, including families with children with disabilities, racial and ethnic minorities, and members of underserved groups. It is important to note, however, that the CBCAP list does not include families with teen parents. This is noteworthy because data shows that children born to mothers age 15 and younger are twice as likely to become "indicated cases" of child abuse and neglect in the first five years of life as those born to mothers age 20-21 (FSU Center for Prevention and Early Intervention Policy, 2005).

The Mississippi Children's Trust Fund
Programs and initiatives funded by The Mississippi Children's Trust Fund (CTF) are part of a nationwide network of community-based programs that seek to prevent child abuse and neglect (Mississippi State Department of Human Services, Division of Family and Children's Services, n.d. c). The Mississippi Legislature created CTF in 1989, with its primary purpose being to provide financial assistance in the provision of direct services to prevent child abuse and neglect. The CTF is designed to carry significant political clout: its 13-member Advisory Council automatically includes the directors of the Mississippi Departments of Health, Mental Health, Education, and Human Services. These four agency directors and their nine colleagues on the Council work to improve coordination among the various agencies addressing issues of child abuse and neglect and authorize disbursements of CTF funds. They also submit recommendations to the governor and legislature regarding changes to policy and legislation. Resources for the Children's Trust Fund come from a $1.00 fee for birth certificates and a $1,000 fine imposed by the court on each person committing certain crimes against a minor.

The Blue Ribbon Campaign
Each year the month of April is designated as National Child Abuse Prevention month. Mississippi, like all other states, participates in education and awareness efforts during April. This is done through a statewide effort called the Blue Ribbon Campaign. This Campaign began in 1989 when a grandmother from Virginia started wearing a blue ribbon symbolizing the bruises she had seen on her three year old grandson who was killed as a result of abuse.

The Campaign spread nationwide and is now focused not only on recognizing and remembering the victims of abuse/neglect, but also on promoting a positive message about the family and community supports that are needed to prevent abuse and neglect. There are numerous special education/awareness activities in Mississippi during the Blue Ribbon Campaign, and the efforts are coordinated through the Department of Family and Children's Services. Examples of activities associated with the Blue Ribbon Campaign include the involvement of volunteers in making blue ribbons to be worn in order to promote awareness and engaging school children and businesses in education efforts related to child abuse/neglect.

Intervention

Foster Care

One of the most common responses to child abuse and neglect across the country is the foster care system, in which children are temporarily placed with substitute families or in institutional or group home care until they can either be returned to their own families or placed in a permanent adoptive home. Placing children with families rather than in institutional or group home care is emerging as the preferred approach for providing foster care (The Annie E. Casey Foundation, KIDS COUNT Data Center, 2011). This is because family care is more likely to provide a setting where the trauma of being removed from the child's parental home is lessened, and it is more likely to provide the child with the positive experience of being in a safe, nurturing and supportive family environment.

Some argue that placing a child in foster care with relatives (kinship care) is the most preferred approach since that environment likely provides more opportunity to remain in contact with other family members, friends, and siblings. Studies also show that children placed in kinship care feel less stigmatized, report feeling loved at a higher rate, are less likely to run away, experience greater stability and fewer placement changes, and are more likely to be reunited with their parents (Gleeson, 2007).

Mississippi, like the rest of the nation, has three out of four of its foster children placed with families rather than in an institution or group home. Data shows that in 2009, 2096 of the total 3307 in foster care in Mississippi were placed with a family—17% with a relative foster care family and 46% in a non-relative foster family. Other foster placements include group homes or institutions (23%) and other settings such as supervised independent living and pre-adoptive homes (14%).

While the foster care system provides critically needed services for abused or neglected children, there are also challenges in the system. Removing a child from the biological family is always a traumatic experience, and the adjustment to a new family can be difficult. If there are multiple children who are removed from a family, it is not always possible to keep the siblings together

in a single foster home. Separation from siblings can add even more uncertainty and trauma to the situation. And, placement in a foster home does not always mean stability for a child, in that circumstances often lead to multiple foster home placements. The uncertainty, confusion and lack of family connections that come with multiple placements can contribute to short- and long-term problems for the foster child. Data shows that these multiple placement children are more likely to drop out of high school, more likely to commit violent crimes, and that they have more difficulty finding stable long-term employment, thereby increasing the risk of dependency on public assistance as adults.

Finally, older children who are forced to leave the foster care system and who have no permanent home to go to can face significant challenges. Often these older children are ill-prepared to face the challenges of adulthood and independent living, and they find themselves at high-risk for difficulties like homelessness, depression, and substance abuse. In 2007, 93 Mississippi children aged out of foster care without a permanent, legal family of any kind.

While it is critically important for children and foster families to receive effective supports from the state, it has been claimed that many times those needed supports are at best minimal and at worst, nonexistent in Mississippi. In the *Olivia Y. et al. vs. Haley Barbour, et al.* court case, whose recommendations are now being implemented by the state, it was noted that the children who are in the foster system in Mississippi are not receiving adequate oversight and supervision from the state. The assertion is that the state's child welfare system does not have the capacity or the effectiveness to ensure that children are receiving the optimal care through the foster care system. One simple example of this is that current child welfare policy calls for two home visits per month from their caseworker to check on the well-being of all foster children (Mississippi Department of Human Services, 2010). In 2010 only 81% of the children in foster care received one visit per month. This violation to the scope of care to Mississippi's foster children is evident as shown in **Figure 19**. Stated in the Mississippi Department of Human Services 2010 annual report (page 76) is the following, "DFCS shall maintain weekly contact with therapeutic foster parents who have one or more foster children residing in their home, and shall make a minimum of two visits per month to the home…" Face to face bi-monthly visits for home, therapeutic and non therapeutic (monthly) care settings are all part of the requirements of the *Olivia Y. et al. Settlement Agreement* SA p31.II.B10 (Mississippi Department of Human Services, 2010).

Adoption

For children whose family situation is such that they cannot return to the birth parents, permanent placement through adoption is typically the best possible outcome. However, finding an appropriate family for a child and completing the adoption process are not quick or easy. Great attention and care must be devoted to ensuring that the adoptive "match" is as successful as possible. While waiting for adoption, most children who eventually are adopted spend at least three years in foster care prior to the adoption being finalized.

And, unfortunately, all children who are available for adoption in Mississippi do not get adopted. In 2007, only 15% of children in foster care who were available for adoption ended up being adopted. Particularly troubling is the plight of older children in foster care awaiting adoption. Data shows that youth over the age of nine have a significantly lower chance of being adopted than younger children (Mississippi Department of Human Services, n.d. c). It is worth noting, however, that of those children adopted in 2007, 78% of them were adopted by their foster families, thereby providing more stability in their lives.

Records show that during October 1, 2009 and September 30, 2010, 355 children were adopted in Mississippi (U.S. Department of Health and Human Services, 2011, June). A large portion of children were identified special needs children (98.9%). Characteristics of the children adopted during this time frame show that 54.9% were males and 45.1% were females. And, the racial breakdown indicates that 42.5% were black and 50.1% were white.

As shown in **Figure 17**, the majority of children adopted went to married families (70.4%), while single females adopted 27.9% of the children and males adopted 1.7%. Once parental rights were terminated, the average time children spent in foster care before the adoption was finalized was 10 months. The time between the parental termination and the finalization of the child's adoption process was as follows: < 1 month (1.7%), 1-5 months (43.9%), 6-11 months (31%), 12-17 months (11%), 18-23 months (5.4%), 24 – 29 months (3.1%), 30-35 months (1.4%), 3-4 years (2%), and 5+ years (.6%).

While this chapter has focused primarily on the public sector responses to child abuse and neglect in Mississippi, it should also be noted there is a network of private, not-for-profit organizations that also work in the area as well. While some of these private sector organizations do their work independently from the public sector, others are engaged in contractual arrangements with the Department of Human Services. This network of public and private sector responses is critical for the effective design and delivery of services to all those impacted by child abuse and neglect.

Child Abuse and Neglect

"If we don't stand up for children, then we don't stand for much."

Marian Wright Edelman, President and Founder of Children's Defense Fund

A Major Challenge to the System
Olivia Y. et al. Settlement and the Future of the Child Welfare System in Mississippi

While the public sector services and systems noted above are available to abused children and their families in Mississippi, many such victims have found the state's responses severely lacking. The issues with Mississippi's handling of child abuse and neglect on an official level led to a class action lawsuit in 2004 over alleged inadequacies in the system. The *Olivia Y., et al. v. Haley Barbour, et al.* (No. Civ. A. 3:04 CV 251LN) settlement is the result of this lawsuit against the Governor of Mississippi, the Director of the Department of Human Services and the Director of the Division of Family and Children Services. The plaintiff class in the lawsuit was defined as "Mississippi's abused and neglected children," and the lawsuit alleged that the Mississippi child welfare system's "lack of management," "lack of leadership," "deliberate indifference," and "under funding" was so egregious that it deprived the plaintiffs of several constitutional and civil rights (Mississippi Department of Human Services, n.d. f).

The lawsuit was protracted over several years and eventually settled out of court after the judge refused to grant the state's motions for dismissal or summary judgment on the plaintiffs' substantive due process claims (though he did dismiss all their other claims) (S.D. Mississippi, 2004). The settlement agreement was signed in January 2008, and it prescribed standards and outcomes to be met by January 2013 (Mississippi Department of Human Services, n.d. g). The settlement agreement calls for an incremental remedial process that measures progress in terms of annual benchmarks tied to annual implementation plans, and a court monitor was appointed to oversee implementation.

Key issues to be addressed in the annual implementation plan included raising the qualifications of the director of the Division of Family and Children Services, raising the qualifications of caseworkers, placing a cap on caseworker case loads, implementing an intense training schedule for all personnel to keep them up-to-date on the services provided by state agencies, implementing standards for agencies that contract with the Division of Family and Children Services, creating a continuous quality improvement system, and creating an information management system (Mississippi Department of Human Services, n.d. g). Another crucial requirement of the plan is that the Department of Human Services must seek accreditation from the Council on Accreditation, the largest independent accrediting body for organizations that provide services to children, youth, seniors, and families.

At the end of the first implementation year in June 2009, the court monitor found that the "pace of progress did not meet the Settlement Agreement's requirements" (Mississippi Department of Human Services, n.d. g). However, the monitor noted that a new executive team had been formed at the Division of Family and Children Services and that the new team was committed to implementing the required reforms. But, the monitor also noted that the new executive team needed to expedite progress in order to meet the reform requirements by the end of the five-year period. At the end of the second implementation year in June 2010, the court monitor found that even with the new leadership team in place, the Division of Family and Children Services did not have "many of the basic tools in place to manage and promote the reform effort effectively and thereby provide a reasonable assurance the Settlement Agreement's requirements will be satisfied" (Mississippi Department of Health, n.d. g).

After intense negotiations, the parties agreed to a four-month corrective action in June 2010 that placed a series of requirements on the state, including a narrow subset of unmet requirements from the first and second implementation plans (Mississippi Department of Human Services, n.d. g). At the end of the four month period, the court monitor's report showed that the Division of Family and Children Services had met most, but not all, of the requirements of this "Bridge Plan." As a result, the plaintiffs filed a Motion for Contempt and for the Appointment of a Receiver in October 2010 (Mississippi Department of Human Services, n.d. f).The state filed a Memorandum of Law in Opposition to the Plaintiff's Motion in December 2010 (Mississippi Department of Human Services, n.d. f).

"We've got to work to save our children and do it with full respect for the fact that if we do not, no one else is going to do it."

Dorothy Height, Social Activist, Educator, and Visionary

In May, 2011, the court refused to up hold the contempt charge even though it did acknowledge that the Department is behind schedule in reaching some of the agreed upon benchmarks. As a result, the original timeline for meeting the terms of the agreement (January 2013) remains in effect. In summary, it is clear that the *Olivia Y. et al.* settlement has the potential to significantly improve the lot of Mississippi's thousands of abused and neglected children. The state remains under court order to improve its prevention and response system both in terms of funding, infrastructure and human resources, meaning the state's answer to abuse and neglect will necessarily get better as a result of the settlement.

Conclusion

It is clear that child abuse and neglect produce a plethora of negative outcomes, both for the individual victims and for society as a whole. Because of the profound, life-long impacts abuse and neglect can have on victims and the societal costs associated with child welfare and related issues, abuse and neglect need to continue to remain a top priority in the U.S. While Mississippi has engaged in some effective prevention and response in its own right, at least some of the state's action has been forced by the *Olivia Y. et al.* settlement. It is hopeful that with a stronger state leadership team in place at the Department of Human Services and the Division of Family and Children's Services, much of the needed infrastructure and services for victims and at-risk children in Mississippi can be improved.

"...in serving the best interests of children,
we serve the best interests of all humanity."

Carol Bellamy, former Executive Director of the United Nations Children's Fund (UNICEF),
and President and CEO of World Learning.

Policy Considerations

1. Commit the resources, time and talent necessary to meet the requirements of the *Olivia Y. et al.* case, thereby ensuring adequate and appropriate supports, services, technology, management and oversight of Mississippi's child welfare system.

2. Strengthen efforts to recruit more families, particularly kinship care families, to serve as foster families for children removed from their homes, thereby reducing dependency on group homes and other institutional care settings.

3. Strengthen efforts to remove barriers that may slow down the adoption process and recruit more adoptive families for children needing permanent placement, thereby ensuring safe, secure and nurturing environments for children impacted by abuse and/or neglect.

4. Develop "best practice" approaches for effectively dealing with issues confronting those children who are "aging out" of the foster care system with no permanent family or plan for the future.

5. Strengthen, enhance and better align the public-private sector network of prevention and intervention services and supports, building on the strengths of each, thereby ensuring comprehensive, culturally-competent services for both children and families that are part of the child welfare system.

6. Identify and implement appropriate "best practices" that have been shown to produce results in other states, such as planned and crisis respite care, home visitation programs, and child-parent centers.

7. Commit resources to adequately provide services and supports focused on the prevention of child abuse/neglect for "at risk" families.

8. Intensify efforts to secure adequate resources from both public and private sources to effectively address child abuse and neglect issues. This includes providing adequate and appropriate technology to support management and professionals in the field who are part of the child welfare system.

9. Consider revisions to existing policies that hinder or limit effective responses to child abuse and neglect.

10. Promote new policies and frameworks impacting both public and private sector organizations that focus on strengthening families and focusing on protective factors as a way to address the prevention of child abuse and neglect.

"There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want and that they can grow up in peace."

Kofi Annan, former Secretary General of the United Nations and Nobel Peace Prize winner

Data Section

Child Abuse and Neglect Statistics
October 1, 2009 through
September 30, 2010 (Federal Fiscal Year)

Unduplicated Number of Evidenced Child Victims - 8,158

County	Value
DeSoto	348
Benton	38
Alcorn	164
Marshall	92
Tippah	167
Tishomingo	68
Tate	50
Tunica	20
Prentiss	73
Union	138
Lafayette	99
Itawamba	90
Panola	70
Pontotoc	134
Lee	285
Coahoma	64
Quitman	21
Yalobusha	17
Calhoun	69
Chickasaw	134
Monroe	269
Tallahatchie	33
Bolivar	79
Grenada	39
Webster	10
Clay	46
Sunflower	43
Leflore	56
Montgomery	26
Oktibbeha	86
Lowndes	53
Carroll	31
Choctaw	17
Washington	402
Humphreys	44
Holmes	54
Attala	16
Winston	57
Noxubee	7
Sharkey	2
Issaquena	4
Yazoo	37
Leake	35
Neshoba	117
Kemper	8
Madison	66
Warren	109
Hinds	435
Rankin	424
Scott	52
Newton	37
Lauderdale	341
Claiborne	11
Copiah	68
Simpson	30
Smith	24
Jasper	47
Clarke	30
Jefferson	17
Wayne	109
Adams	90
Franklin	15
Lincoln	63
Lawrence	33
Jefferson Davis	18
Covington	23
Jones	149
Wilkinson	21
Amite	32
Pike	184
Walthall	53
Marion	47
Lamar	87
Forrest	134
Perry	23
Greene	15
Pearl River	180
Stone	64
George	61
Hancock	202
Harrison	651
Jackson	501

Source: National Data Archive on Child
Abuse & Neglect (NCANDS) Child File 2010

Figure 1

There were a total of 8,158 evidenced child victims in Mississippi during the 2010 FFY (October 1, 2009 through September 30, 2010). Counties with the most evidenced child abuse and neglect victims included: Harrison (651), Jackson (501), Hinds (435), Rankin (424), and Washington (402) (AFCARS, National Data Archive on Child Abuse and Neglect, n.d.).

Unique Victims of Child Maltreatment
2009

Rate per 1,000
- 1.4 - 4.3
- 4.4 - 8.6
- 8.7 - 12.9
- 13.0 - 19.3
- 19.4 - 28.8
- N/A

US = 9.3
MS = 9.6

Source: U.S. Department of Health & Human Services, Youth and Families Children's Bureau

Figure 2

Figure 2 illustrates the rate (per 1,000 child population) of individual victims of child maltreatment in the United States in 2009. Child maltreatment includes neglect, physical abuse, psychological maltreatment, and sexual abuse. Mississippi is slightly above the national average for this indicator at 9.6 compared to 9.3 nationwide. The District of Columbia had the highest rate of child maltreatment with a rate of 28.8 followed by Massachusetts (24.2). The state with the lowest rate of child maltreatment was Pennsylvania (1.4) followed by Kansas (1.9) (U.S. Department of Health and Human Services, 2010).

*Types of Child Maltreatment, 2009

Figure 3
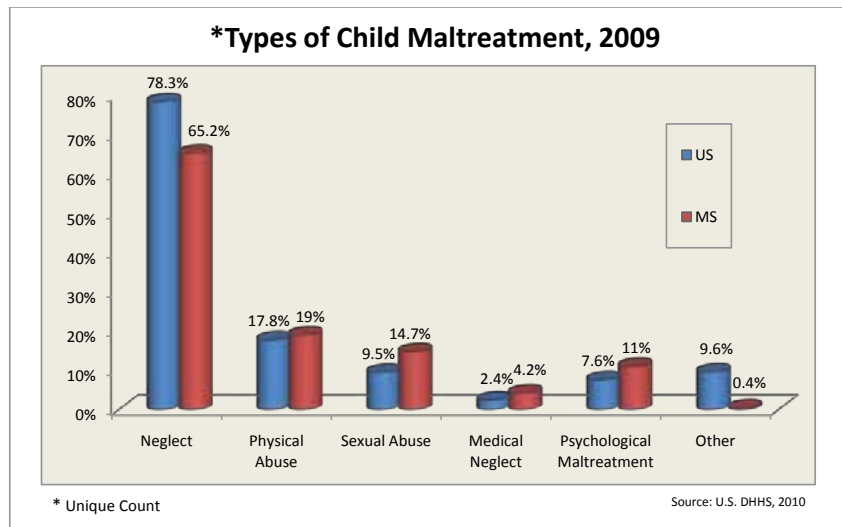
The Child Abuse Prevention and Treatment Act (CAPTA; 42 U.S.C.A §5106g), as amended by the Keeping Children and Families Safe Act of 2003 defines child abuse and neglect as "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm." In 2009, the most common type of child maltreatment nationwide was neglect (78.5%). In Mississippi, physical abuse makes up a smaller percentage of child maltreatment than the rest of the nation (19% compared to 17.8% nationwide) whereas psychological maltreatment figures more prominently in child maltreatment in Mississippi (11% compared to 7.6% nationwide) (Department of Health and Human Services, 2010).

*Child Victims of Maltreatment by Race, 2009
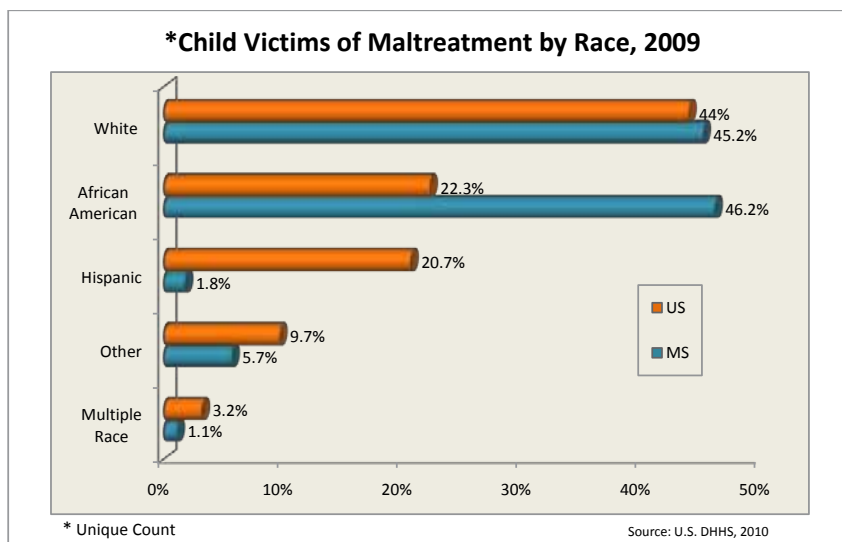
Figure 4

Figure 4 shows the percentage of child maltreatment by victim race in Mississippi and nationwide in 2009. Blacks made up the largest percentage of child maltreatment victims in Mississippi (46.2%) followed closely by whites at 45.2%. Nationwide the trend was reversed with whites making up the largest percentage of child victims (44%) and blacks making up a smaller percentage (22.3%) (Department of Health and Human Services, 2010).

Child Victims by Gender, 2009

* Unique Count
Source: U.S. DHHS, 2010
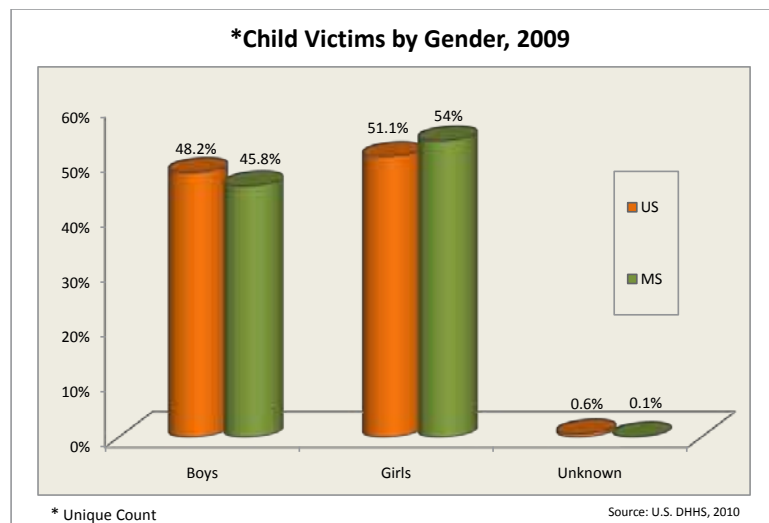
Figure 5

Figure 5 shows the percentage of child maltreatment by victim gender in 2009. Nationwide, boys account for 48.2% of victims whereas girls account for 51.1% of victims. In Mississippi, this relationship is reversed with boys accounting for 45.8% of victims and girls accounting for 54% of victims (Department of Health and Human Services, 2010).

Child Victims by Age, 2009

* Unique Count
Source: U.S. DHHS, 2010

Figure 6

MS Child *Victims of Maltreatment by Age, 2009

* Unique Count
Source: U.S. DHHS, 2010
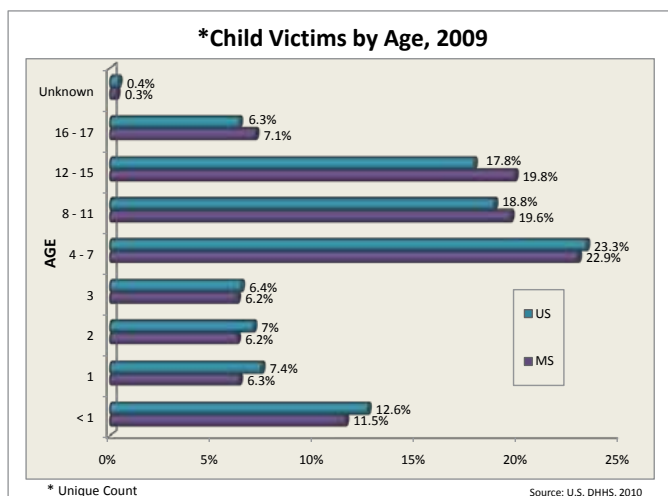
Figure 7

In Mississippi, younger children make up a larger percentage of maltreatment victims than nationally. The largest percentage of Mississippi child victims were age 4-7 (22.9%), age 12-15 (19.8%), age 8-11 (19.6%), and age 16-17 (7.1%). In comparison, the largest percentages of victims nationwide were age 1 and younger (12.6%), age 1 (7.4%), and age 2 (7%), and ages 4-7 (23.3%) (Department of Health and Human Services, 2010).

Perpetrators of Maltreatment by Race and Gender 2009

Source: U.S. Department of Health & Human Services; Child Maltreatment 2009
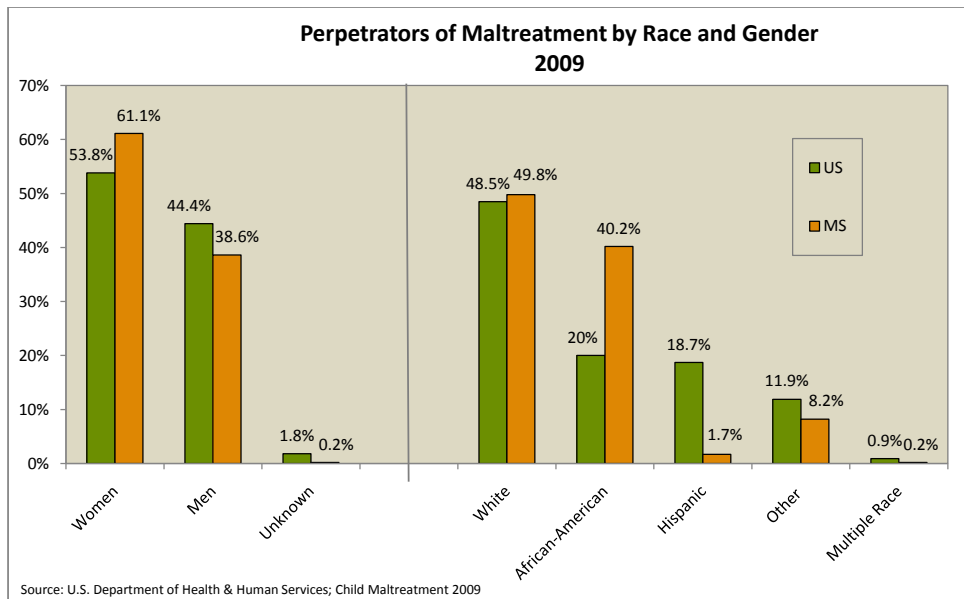
Figure 8

As illustrated in **Figure 8**, rates of child maltreatment perpetration are higher for women than men (53.8% vs. 44.4%), particularl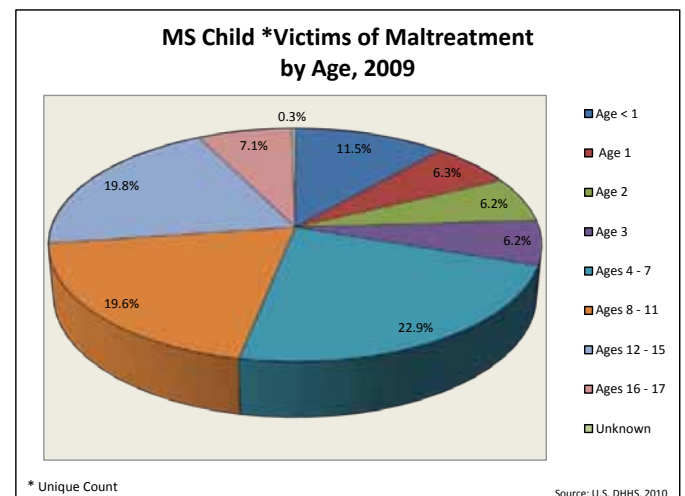y in Mississippi (61.1% vs. 38.6%). Rates of perpetration between Mississippi and the nation as a whole also vary by race with a larger percentage of black perpetrators in Mississippi compared to the national average (40.2% vs. 20%). Hispanics make up a very small percentage of perpetrators in Mississippi compared to the national average (18.7% vs. 1.7%) (U.S. Department of Health and Human Services, 2010).

Perpetrators of Maltreatment by Age 2009

Source: U.S. Department of Health & Human Services; Child Maltreatment 2009
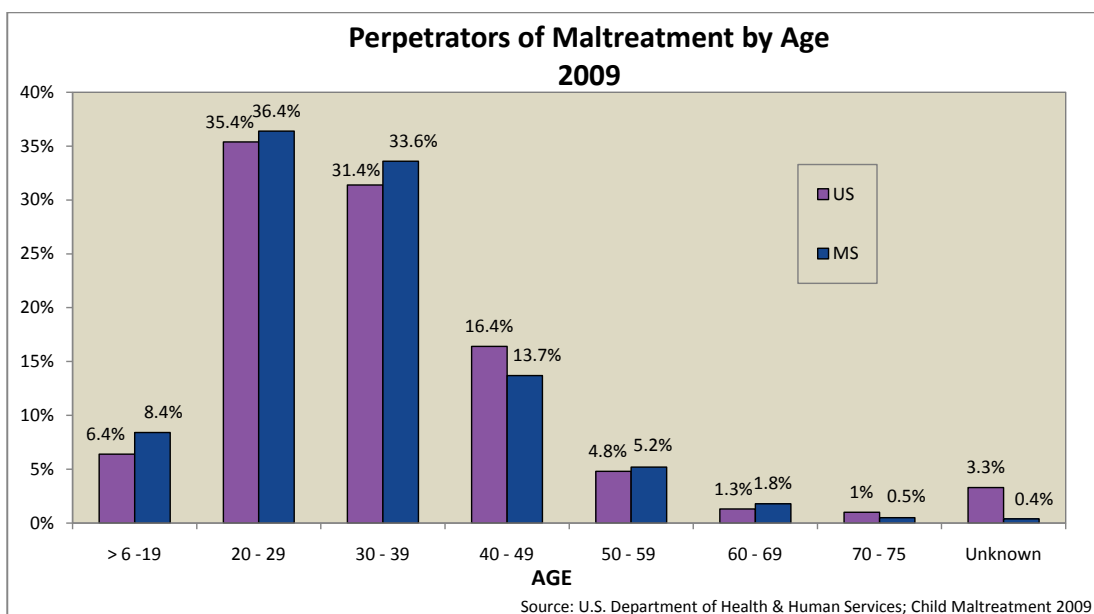
Figure 9

The highest percentage of perpetrators can be found in the 20-29 year old and 30-39 year old age groups, regardless of whether it is Mississippi or the United States as a whole. However, when analyzing geographical differences in age of perpetrators, Mississippi has more child perpetrators (ages 6-19) than the national average (8.4% vs. 6.4%) (Department of Health and Human Services, 2010).

Perpetrators by Relationship to Victims (duplicate count), 2009
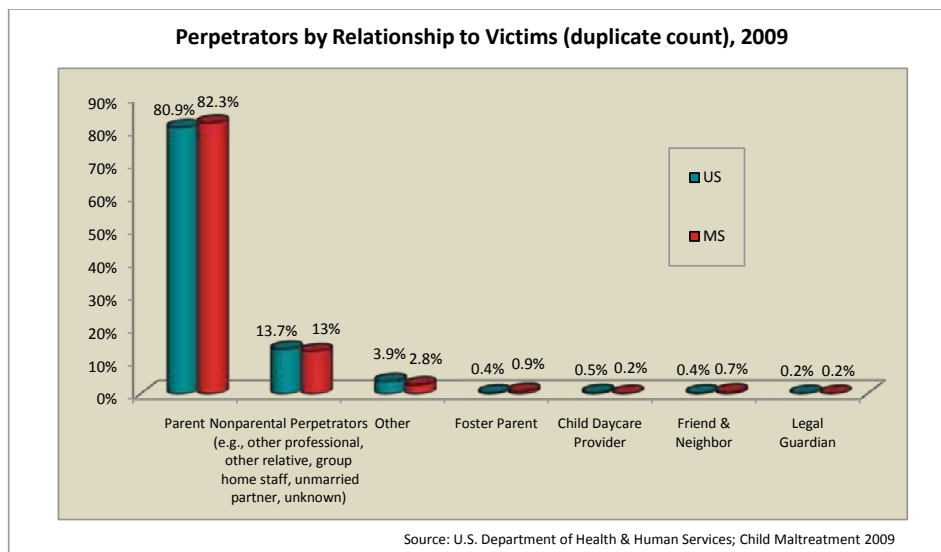
Figure 10

By far, the most common perpetrators of child maltreatment are parents, both in the U.S. and Mississippi (80.9% and 82.3%, respectively). The next most prevalent category of perpetrators are nonparental perpetrators (e.g., other professional, other relative, group home staff, unmarried partner, or unknown), who make up 13.7% of perpetrators in the U.S. and 13% of perpetrators in Mississippi (U.S. Department of Health and Human Services, 2010).

Perpetrators by Parental Type (duplicate count), 2009
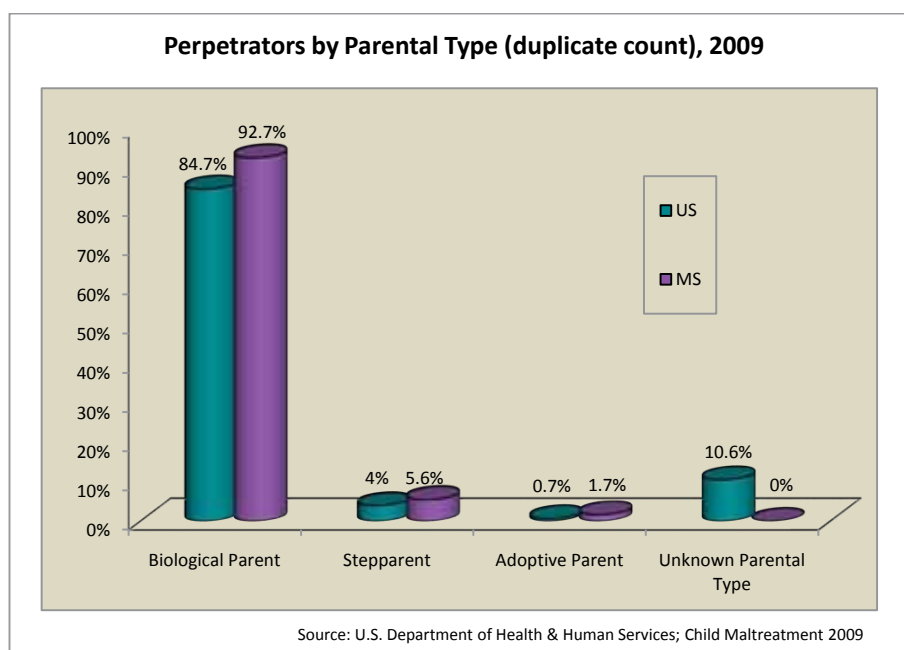
Figure 11

Among parents who are perpetrators of child maltreatment, biological parents account for the largest percentage of perpetrators in the nation (84.7%) as well as Mississippi (92.7%). In Mississippi, stepparents are a distant second to biological parents in the perpetration of child maltreatment (5.6%). Adoptive parents only account for a very small percentage of perpetrators in the U.S. or Mississippi (.07% or 1.7%) (U.S. Department of Health and Human Services, 2010).

Adoption Statistics
October 1, 2008 thru September 30, 2009

II-East
Children Adopted: 8
Children Freed for Adoption: 20
Children in Adoptive Homes: 12

II - West
Children Adopted: 9
Children Freed for Adoption: 34
Children in Adoptive Homes: 15

III - North
Children Adopted: 4
Children Freed for Adoption: 18
Children in Adoptive Homes: 4

III - South
Children Adopted: 23
Children Freed for Adoption: 60
Children in Adoptive Homes: 28

V - West
Children Adopted: 43
Children Freed for Adoption: 60
Children in Adoptive Homes: 9

V - East
Children Adopted: 9
Children Freed for Adoption: 36
Children in Adoptive Homes: 4

VI
Children Adopted: 19
Children Freed for Adoption: 61
Children in Adoptive Homes: 17

I - North
Children Adopted: 25
Children Freed for Adoption: 46
Children in Adoptive Homes: 7

I - South
Children Adopted: 46
Children Freed for Adoption: 29
Children in Adoptive Homes: 6

IV - North
Children Adopted: 15
Children Freed for Adoption: 21
Children in Adoptive Homes: 11

IV - South
Children Adopted: 15
Children Freed for Adoption: 37
Children in Adoptive Homes: 15

VII - East
Children Adopted: 32
Children Freed for Adoption: 58
Children in Adoptive Homes: 17

VII - West
Children Adopted: 71
Children Freed for Adoption: 110
Children in Adoptive Homes: 80

State Totals
Children Adopted: 319
Children Freed for Adoption: 598
Children in Adoptive Homes: 432

Source: Mississippi Department of Human Services

Figure 12

During the 2009 FFY, a total of 319 children were adopted in Mississippi. In addition, 598 children were freed for adoption and 432 children were placed in pre-adoptive homes. The district with the most adopted children was VII-West (71) which encompassed Hancock and Harrison counties (Mississippi Department of Human Services, 2009).
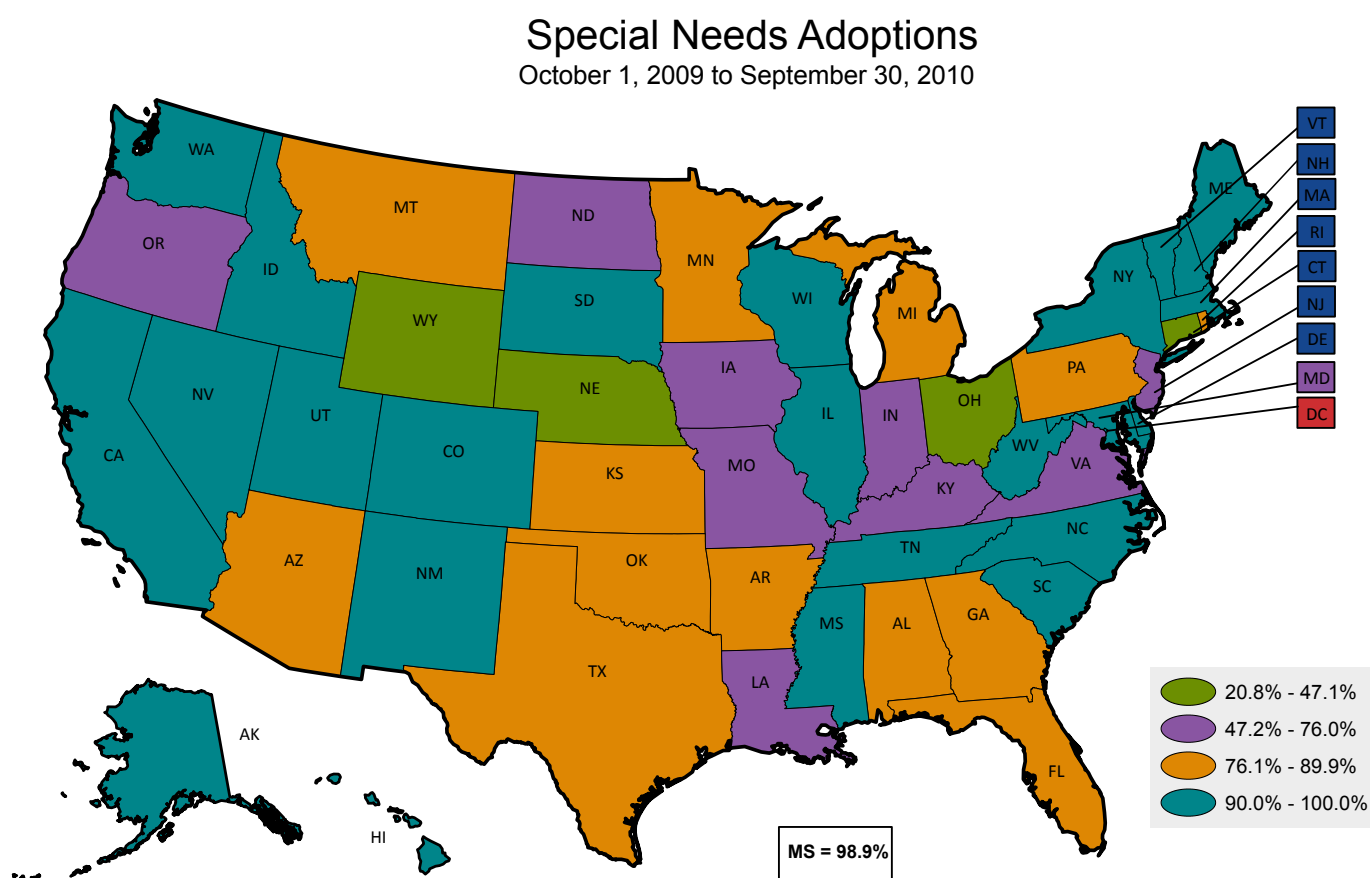
Special Needs Adoptions
October 1, 2009 to September 30, 2010

Legend:
- 20.8% - 47.1%
- 47.2% - 76.0%
- 76.1% - 89.9%
- 90.0% - 100.0%

MS = 98.9%

Figure 13

Souce: U.S. Department of Health and Human Services, 2011 June

Child characteristics included in the special needs category **vary from state to state**. In all states, adopted children with disabilities are considered special needs children. However, many states include in their special needs category **additional** characteristics such as being part of a sibling group or minority group, or being in an older age category. In Mississippi, 98.9% of adopted children were identified as a special needs adoption during the 2010 FY (October 1, 2009 to September 30, 2010). Nationwide, there were several states where 100% of adoptions were considered special needs. States with the lowest rates of special needs adoptions were as follows: Connecticut (20.8%), Wyoming (21.7%), Ohio (25.3%), Nebraska (47.1%), and Iowa (67.1%) (U.S. Department of Health and Human Services, 2011).

Percent of Children in Foster Care by Placement Type, 2009

The Annie E. Casey Foundation, KIDS COUNT, 2011

Figure 14

Mississippi Children in Foster Care by Placement Type, 2009
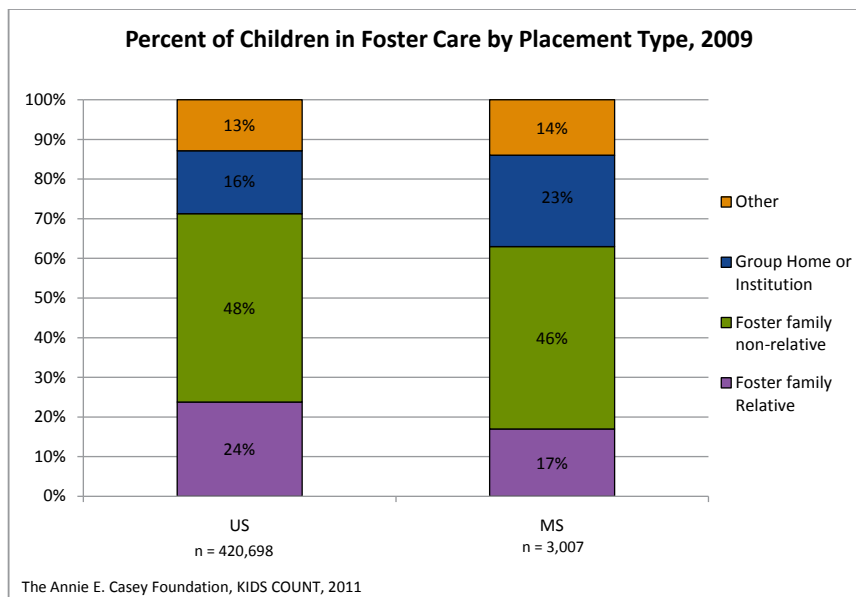
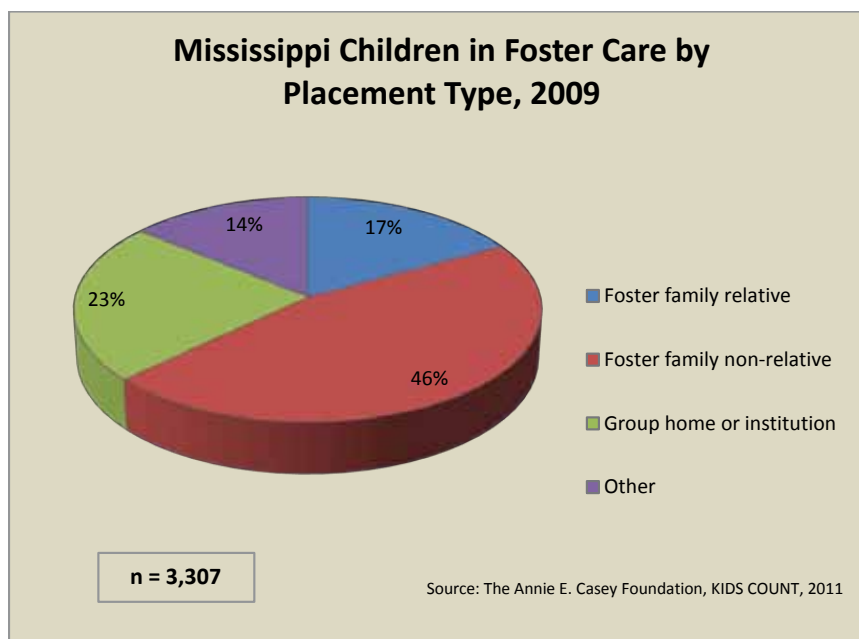Source: The Annie E. Casey Foundation, KIDS COUNT, 2011

Figure 15

Figure 15 shows the percentage of children in foster care by type of placement in Mississippi and the U.S. as a whole. In 2009, there were 3,007 children placed in foster care in Mississippi. Forty-six percent of those children were placed in a foster family with non-relatives, 23% were placed in a group home or institution, 17% were placed in a foster family with relatives, and 14% were placed in other settings (i.e., supervised independent living, runaways, pre-adoptive homes, and trial home visits). Mississippi places more children in a group home or institution than the U.S. taken as a whole (23% vs. 16%) with less being placed in foster homes with non-relatives (46% vs. 48%) or relatives (17% vs. 24%) (The Annie E. Casey Foundation, KIDS COUNT, 2011).
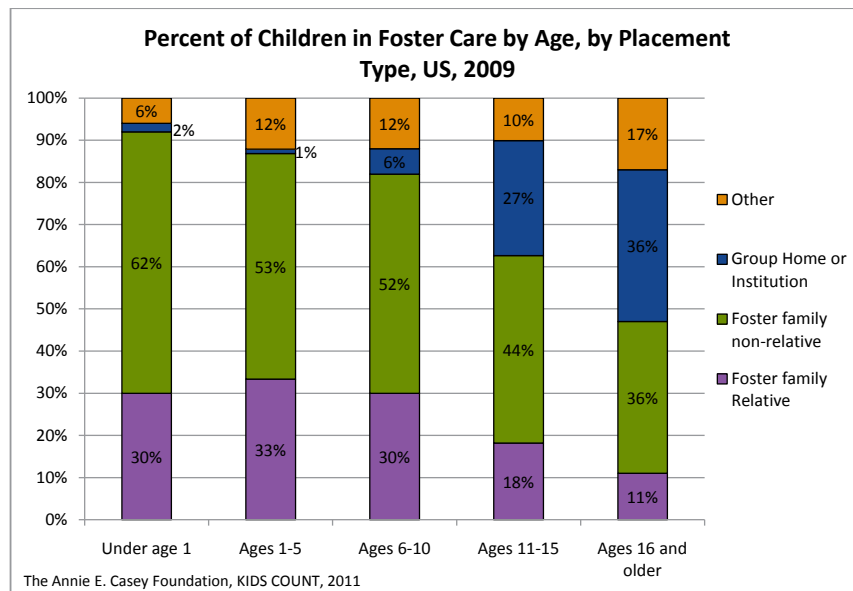
Percent of Children in Foster Care by Age, by Placement Type, US, 2009

The Annie E. Casey Foundation, KIDS COUNT, 2011

Figure 16

Data from the Adoption and Foster Care Reporting System (AFCARS) shows that the majority of foster children are placed in a foster home with non-relatives; this is particularly true for younger children. Sixty-two percent of children less than one year of age were placed in a foster family with non-relatives. However, as the age of children increases, the proportion of children who are placed in a group home or institution increases. Children ages 16 and older account for the largest percentage of children in a group home or institution (36%) followed by ages 11-15 (27%) (The Annie E. Casey Foundation, KIDS COUNT 2011).

MS Adoptive Family Structure

October 1, 2009 to September 30, 2010

Single Male, 1.7%
Single Female, 27.9%
Married Couple, 70.4%

- Married Couple
- Single Female
- Single Male

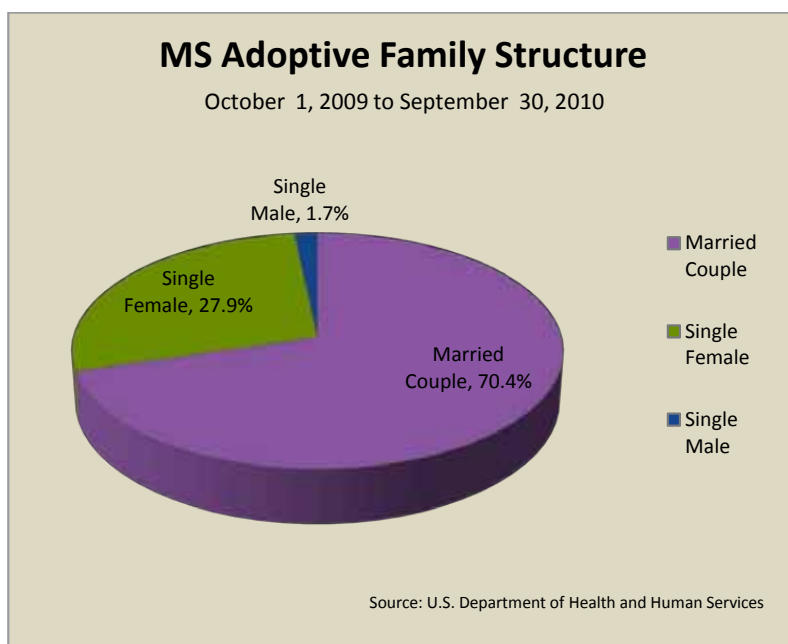Source: U.S. Department of Health and Human Services

Figure 17

As shown in **Figure 17**, the adoptive family structure is primarily married couples (70.4%). However, over a quarter of adoptive parents are single females (27.9%); the rest of the adoptions were to single men (1.7%) (U.S. Department of Health and Human Services, 2010).

Child Abuse and Neglect

2007 National Survey of Children's Health					
Parents often felt aggravated with child (parental stress)					
Family Structure		Two-parent (biological or adoptive)	Two-parent (at least one step-parent)	Mother only (no father present)	All other (family structures)
United States	%	8.1	13.4	16	11.9
Mississippi	%	8	13	19.8	12.2
Age Groups		0-5 yrs old	6-11 yrs old	12-17 yrs old	
United States	%	9.3	9.3	12	
Mississippi	%	12.2	11.6	13.5	
Household Income Level *		0 - 99% FPL	100 - 199% FPL	200 - 399% FPL	400% FPL or higher
United States	%	17.4	13.1	8.4	5.7
Mississippi	%	21.9	11.8	6.3	6.2
Race/Ethnicity of Child		White	Black	Hispanic	Other
United States	%	7	14.8	16.1	18.6
Mississippi	%	8	16.5	27.5	45.4
Source: National Survey of Children's Health		Estimates based on small sizes too small for standard reliability. The relative standard error is greater than 30%.			
		*Family Poverty Level (FPL)			

Figure 18

According to the 2007 National Survey of Children's Health, 10.2% of parents nationwide and 12.5% of parents in Mississippi reported having often felt aggravated with their child during the month before the survey. Results of the survey also indicate differences in parental stress by several demographic factors such as family structure, age groups, household income level, and race of the child. In the United States, parental stress is lowest in two-parent households (8.1%) and then highest in households with single mothers (16%). Similarly in Mississippi, parental stress is lowest in two-parent households (8%) and then highest in households with single mothers (19.8%), higher than the national percentage. Trends of parental stress in Mississippi can also be observed by family poverty level (FPL), with the highest rate of parental stress reported for those at 0-99% FPL (21.9%) and the lowest rate of parental stress at 400% FPL (6.2%). Finally, in Mississippi race appears to factor into rates of parental stress with whites experiencing the lowest percentage of parental stress (8.0%) and blacks reporting more than twice the amount of stress of whites (16.5%). Individuals whose race falls into the other category report the highest percentage of parental stress (45.4%) (National Survey of Children's Health, 2007).

Foster Care Statistics
October 1, 2009 thru September 30, 2010

II-East
Children in
Foster Care: 128
Children Visited
Each Month: 126

II - West
Children in
Foster Care: 178
Children Visited
Each Month: 167

III- North
Children in
Foster Care: 278
Children Visited
Each Month: 261

III - South
Children in
Foster Care: 583
Children Visited
Each Month: 431

V - West
Children in
Foster Care: 230
Children Visited
Each Month: 211

V - East
Children in
Foster Care: 379
Children Visited
Each Month: 345

VI
Children in
Foster Care: 574
Children Visited
Each Month: 494

I - North
Children in
Foster Care: 499
Children Visited
Each Month: 418

I - South
Children in
Foster Care: 473
Children Visited
Each Month: 431

IV - North
Children in
Foster Care: 291
Children Visited
Each Month: 269

IV - South
Children in
Foster Care: 379
Children Visited
Each Month: 345

VII - East
Children in
Foster Care: 462
Children Visited
Each Month: 244

VII - West
Children in
Foster Care: 677
Children Visited
Each Month: 413

County labels: DeSoto, Benton, Alcorn, Marshall, Tippah, Tishomingo, Prentiss, Tunica, Tate, Union, Lafayette, Lee, Itawamba, Panola, Pontotoc, Coahoma, Quitman, Yalobusha, Calhoun, Chickasaw, Monroe, Tallahatchie, Grenada, Bolivar, Sunflower, Leflore, Montgomery, Webster, Clay, Carroll, Choctaw, Oktibbeha, Lowndes, Washington, Humphreys, Holmes, Attala, Winston, Noxubee, Sharkey, Yazoo, Leake, Neshoba, Kemper, Issaquena, Madison, Warren, Hinds, Rankin, Scott, Newton, Lauderdale, Claiborne, Copiah, Simpson, Smith, Jasper, Clarke, Jefferson, Lawrence, Covington, Jones, Wayne, Adams, Lincoln, Jefferson Davis, Wilkinson, Amite, Pike, Walthall, Marion, Lamar, Forrest, Perry, Greene, Pearl River, Stone, George, Harrison, Jackson, Hancock, Franklin

State Totals
Children in Foster Care: 5,057
Children Visited Each Month: 4,094
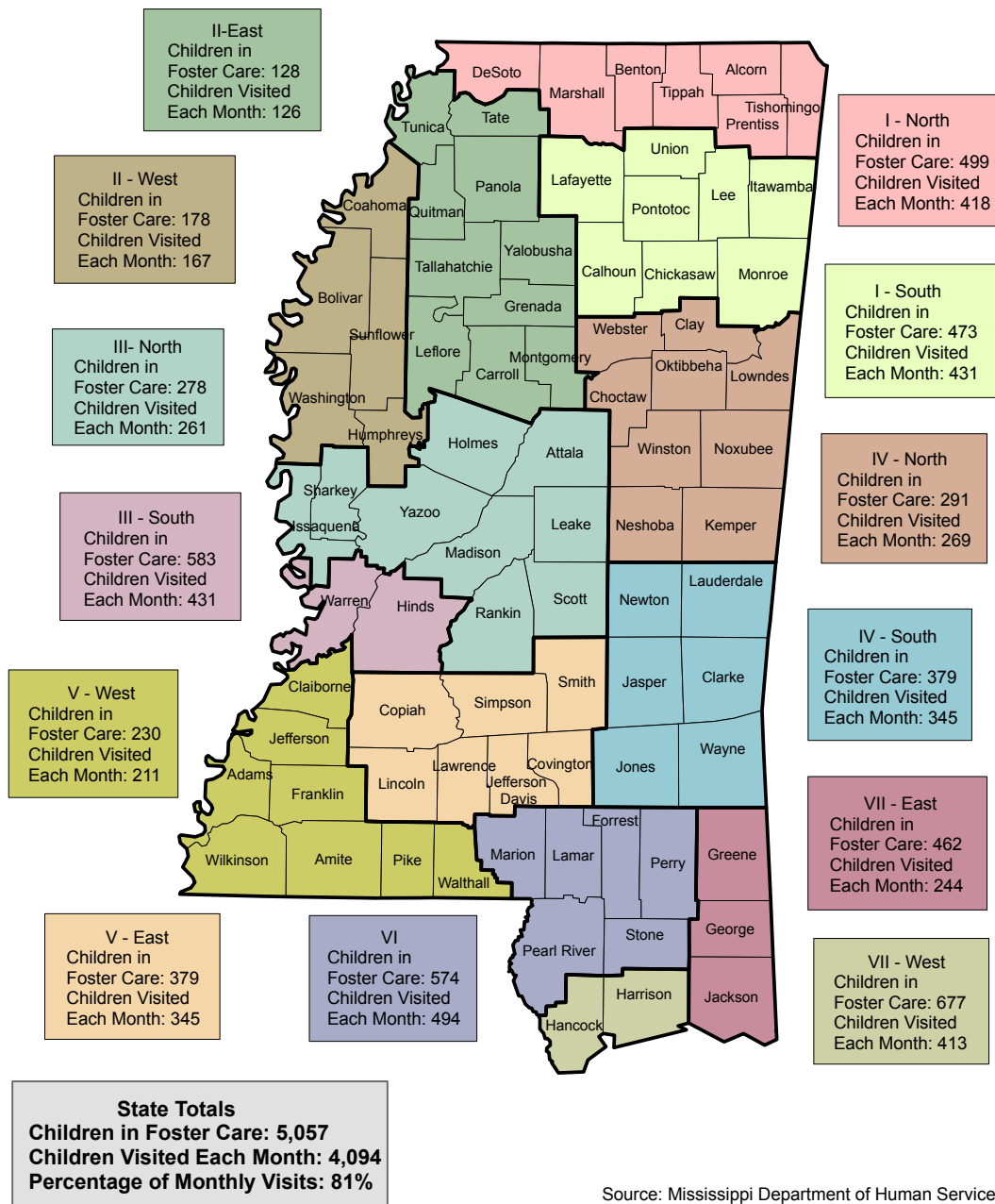**Percentage of Monthly Visits: 81%**

Figure 19

Source: Mississippi Department of Human Services

According to the Mississippi Department of Human Services, Division of Family and Children's Services, case workers are required to visit their assigned foster care children in person **at least twice a month** to assess their safety and well being. **Figure 19** shows the number of children in foster care by region and the number of children who received monthly face-to-face visits during the 2010 FFY (October 1, 2009 to September 30, 2010). Of the 5,057 children in Mississippi's foster care system, 4,094 (81%) received monthly visits.

Child Abuse and Neglect

Success Story: The Family Resource Center of Northeast Mississippi
Children's Advocacy Center

When we are surrounded by darkness, even a small amount of light is welcomed. It can help us find our way and provide a pathway to a better place. Light helps us see what is ahead of us, identifies obstacles blocking our way, and allows us to move forward. Perhaps in some small way, victims of child abuse and neglect can relate to this simple analogy. At the time, they must feel that darkness envelopes them. When approximately five children die every day in America from abuse and neglect (Every Child Matters Education Fund 2009), and approximately 700,000 children are victims annually of maltreatment (U.S. Department of Health and Human Services, 2010), we wonder how we as a society can find a pathway out of such darkness.

Children's Advocacy Centers (CAC) Nationwide are often the light to hundreds of thousands of victims and their families. Accredited by the National Children's Alliance (NCA), the network of nearly 700 community-based agencies offers a child-focused approach in which victims receive investigation, intervention and prevention services in safe and child-friendly environments. The services are provided at no cost to the child or family. Prior to the establishment of the first Children's Advocacy Center in Huntsville, Alabama in 1,985, children were subjected to repetitive interviews by law enforcement officials, medical professionals, child protective services and others. Although unintentional, the system often further victimized a child when he or she had to repeatedly recount the abuse during the interview process. Huntsville was the first to create multidisciplinary teams (MDT's) composed of law enforcement, child protective services, prosecution, mental health services, medical professionals, and victim advocacy groups to team up with Children's Advocacy Centers in an effort to coordinate services and share prosecutorial information thereby reducing further trauma to the victim. The team approach took hold across the country. In 2010, Children's Advocacy Centers served over 266,000 victims and their families (Children's Advocacy Centers, 2011).

In 2010, Children's Advocacy Centers in Mississippi provided services to 3,285 child abuse victims and their families.

Children's Advocacy Centers of Mississippi, 2011

Christi Webb, Executive Director, Family Resource Center of Northeast Mississippi

In 2002, the Mississippi legislature adopted Senate Bill 2413 endorsing the multidisciplinary team approach to investigating, prosecuting, and servicing child abuse cases and recognized the Children's Advocacy Centers as members of those teams. To date, there are five accredited Children's Advocacy Centers and two associate members in the state of Mississippi. The Family Resource Center of Northeast Mississippi (FRC), located in Tupelo serves families in Lee and 23 surrounding counties and houses one Children's Advocacy Center. "It takes an entire community to help a family," says Christi Webb, Executive Director of the center. Staff at the Family Resource Center partner with law enforcement agencies, the district attorney's office, and a number of non-profit agencies in the Tupelo area to provide not only the multidisciplinary team services, but also forensic interviews, referrals for medical exams and counseling, educational opportunities, court preparation, and family advocacy. "They go all the way from A to Z," says Lee County Sheriff Jim Johnson about the services the Family Resource Center provides to victims and their families. "They can evaluate a victim and tell them when they are ready to get back out there in society on their own or identify if they need more treatment. I can tell you they are an absolute blessing to the children and their families."
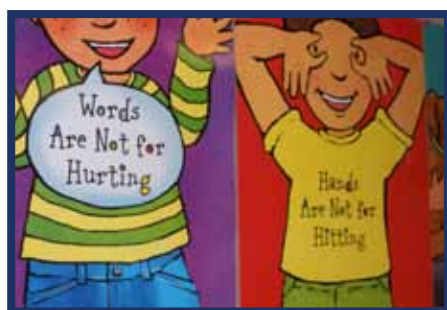

Jim Johnson, Sheriff, Lee County

When a child is referred to the Family Resource Center for alleged abuse, a forensic interviewer asks a series of non-leading questions in order to seek disclosure. Law enforcement personnel, Mississippi Department of Human Services (DHS) and prosecutors observe the interview via a one-way mirror in an adjacent room and can even ask the interviewer to clarify some of the details provided by the child during the interview session. All interviews are video-taped and then given to the proper law enforcement officials for their use in building a case against a perpetrator. "We ask a number of non-judgmental questions that are open-ended," says Beverly Moorehead, Forensic Interview Specialist and Multidisciplinary Team (MDT) Coordinator. "We want to hear the child's point of view." If law enforcement

Beverly Moorehead and Guy Gardner, Forensic Interview Specialists and Multidisciplinary Team Coordinators

determines there is a case, the multidisciplinary team in that county follows through to assure that the victim's needs are met. "The case is closed only when we know that The Department of Human Services (DHS) has placed the child in foster care, and he or she is thriving," says Guy Gardner, another Forensic Interview Specialist and MDT Coordinator. "For the perpetrator, there has to be some finality too. Either charges were dropped, or he or she was sentenced, and we have to know why."

When disclosure is not revealed during one interview, and specialists feel there is more to be discovered, a full evaluation is ordered. The process can take up to six weeks. "It's an extension of an interview with a lot more details and a lot more structure," says Nakimia Agnew, Forensic Evaluator and Children's Advocacy Center Director. "Our main goal is to find out the facts, find out what happened, and find out who the perpetrator is and what the acts were." One parent's five year old daughter disclosed sexual abuse during a series of six play therapy sessions with Agnew. "It's made

a world of difference in her [the daughter]," says the parent. "It has just helped her so much to deal with what happened to her, and it has helped me as well because I know that there is somebody who loves my baby and cares about my baby and wants what is best for her."

"I can't help but believe that as a victim, knowing that all these services exist must be very comforting."

Jim Johnson, Lee County Sheriff

The Family Resource Center staff members assist victims and their families with victim compensation applications and help them receive proper intervention services. Parenting classes, anger management sessions, marriage/healthy relationship education, family and group counseling, crisis intervention, domestic violence support groups, a fatherhood initiative, and conflict resolution classes are all offered onsite at the Family Resource Center and are provided free of charge. "After the suspect is caught, charged, and convicted, there is still a lot of healing for the victim that law enforcement just cannot provide," says Sheriff Johnson. "The victims need so much more. I can't help but believe that as a victim, knowing that all these services exist must be very comforting."

Shelia Davis, Forensic Interview Specialist

The forensic specialists and staff are quick to point out that child abuse knows no socio-economic status and is not indigenous to one particular race or area of the state. It occurs in every county represented by the Family Resource Center. During the month of October 2011 alone, 41 forensic interviews were conducted (Mississippi State Department of Public Safety, 2011). Cognizant of the numbers, the Family Resource Center staff is working to provide the education needed to break the cycle of domestic violence and child abuse. "It's like a cat trying to catch its tail," says FRC Director Webb. "If we can educate one generation within the family, then hopefully we can keep domestic violence or child abuse from happening again." Successfully completing the classes offered by FRC contributes to the turnaround for many families. Shelia Davis, a Forensic Interview Specialist says that every day she sees hope. "They [clients] come in afraid, and their fears turn to anger. They resist at first, but after we build a rapport with them, they see we are here to help," she says. "We give them the tools they need to become empowered, and then all the walls come down."

The Family Resource Center is the only center in North Mississippi to offer forensic interviews to clients. Although their official service area includes Lee and 23 surrounding counties, the center continues to provide services to children and their families from other counties in North Mississippi. No child or family has ever been turned away even though the case load continues to increase. Sometimes children must wait three weeks for a forensic interview. "When something happens to a child, it's not just the child, but the entire family who is suffering," says Director Webb. "We would love to be able to take these calls and say 'come on, we've got your forensic interview set up; come on today.'" Contingent upon additional funding sources, Webb plans to double the staff size of the Children's Advocacy Center to allow quicker response time for interviews as well as an increase in victim advocacy services. A goal of the National Children's Alliance Mississippi chapter is to

have a Children's Advocacy Center located within an hour's drive time for a child and family. "Just last week, I had a six year-old who had to ride with his mother and a social worker from the Delta to Tupelo for a forensic interview," says Gardner. "That child had endured a lot, he knew why he was coming and was dreading it the whole way. He was nervous, and he didn't know what to expect." Gardner says that even though a child's fears are relieved once he or she enters the child-friendly atmosphere provided at the FRC, no child should have to wait anxiously for an extended period of time. Recognizing the need for a center in the Delta, Webb and her staff worked with community members in Greenwood to establish The Mississippi Community Education Center. As a developing member of the state Children's Advocacy Center network, the Greenwood center will soon be able to provide services to the surrounding area.

Plans are also being made to expand the services offered by the Family Resource Center. Itawamba Community College has partnered with the center to provide a ten week online parenting course in addition to the onsite parenting classes already in existence. "So many people can't physically get here to the center to take the parenting course, but have expressed an interest in taking a course that can be done at home," says Webb. "Itawamba will provide the technology and the money to build the course, and we will provide the curriculum and the instructor." Webb also believes that an online high school could enhance and complement the traditional GED courses already being offered at the center.

The Mississippi Department of Human Services Division of Children and Family Services and Economic Assistance Division provides substantial funding for the Family Resource Center through the Families First grant program. Additionally the center receives funding from the Mississippi Department of Public Safety Planning and the United Way of North Mississippi. Building expansion projects have been funded primarily by His Way, Inc. located in Jackson. Local community partners include the County Board of Supervisors from Lee, Tippah and Union Counties along with the CREATE, Carpenter, and Stubbs Foundations as well as the Lee County and Tupelo City Schools. Mike Clayborne, President of the Tupelo-based CREATE Foundation believes that a community should be willing to invest in services that may aid its most vulnerable citizens. "Do you value your children? Do you value the children who are experiencing difficulties and hardships, and how are you as a community going to respond to them?" says Clayborne. "It says a lot about a community that is willing to invest in meeting the needs of kids and families in such a comprehensive way."

Mike Clayborne, President, CREATE Foundation

"We give them the tools they need to become empowered, and then all the walls come down."

Shelia Davis, Forensic Interview Specialist

Child Abuse and Neglect

The Family Resource Center of Northeast Mississippi and its partners believe that they are making "a sound investment in community growth and development" by providing a vast array of services to children and families in need of a little "light." As children and their families move from the initial forensic interviews to counseling services and beyond, the staff members are there to "lift them up from where they are" and in the process lift an entire community. "We have to encourage and empower our clients and give them a voice to speak out for themselves," says Nakimia Agnew. "I want to be a part of a community that is strong and growing and supportive, and when we do that, our community is better."

Their Stories:

"They gave me advice on how to be a better parent to my kids and how to handle my anger. They helped me to see I should not let it out in front of my kids…not to get physical and not to argue and do stuff later on that I'm going to regret in my life. I would like people to know that if you are having problems and you think that there is no way out, there is. You just have to find the right people who can give you advice to help you make it out."

A mother of four (with one child placed in protective services) who has successfully completed anger management and parenting classes at the FRC and now serves as a peer mentor

"When I come here, I talk to Ms. Nakimia, and we talk about my problems and why I'm angry and who made me angry. I take out my frustration on people I care about the most. Nakimia tells me that I can't do that to the people who love me and are trying to protect me. She tells me that even though people hurt me before, that doesn't mean that the people around me now are going to hurt me. She tells me that they love me and that she loves me and cares about me and wants the best for me."

Teenager, age 16

"I think it takes a village to raise a family, and that's what they [FRC staff] have been, like a family to us. Our young people need to know that they are loved and wanted and that not everybody is here to hurt them. Now I want her [teen noted above] to be able to give back to the community as it was given to her. I want her to love people and to be a giver."
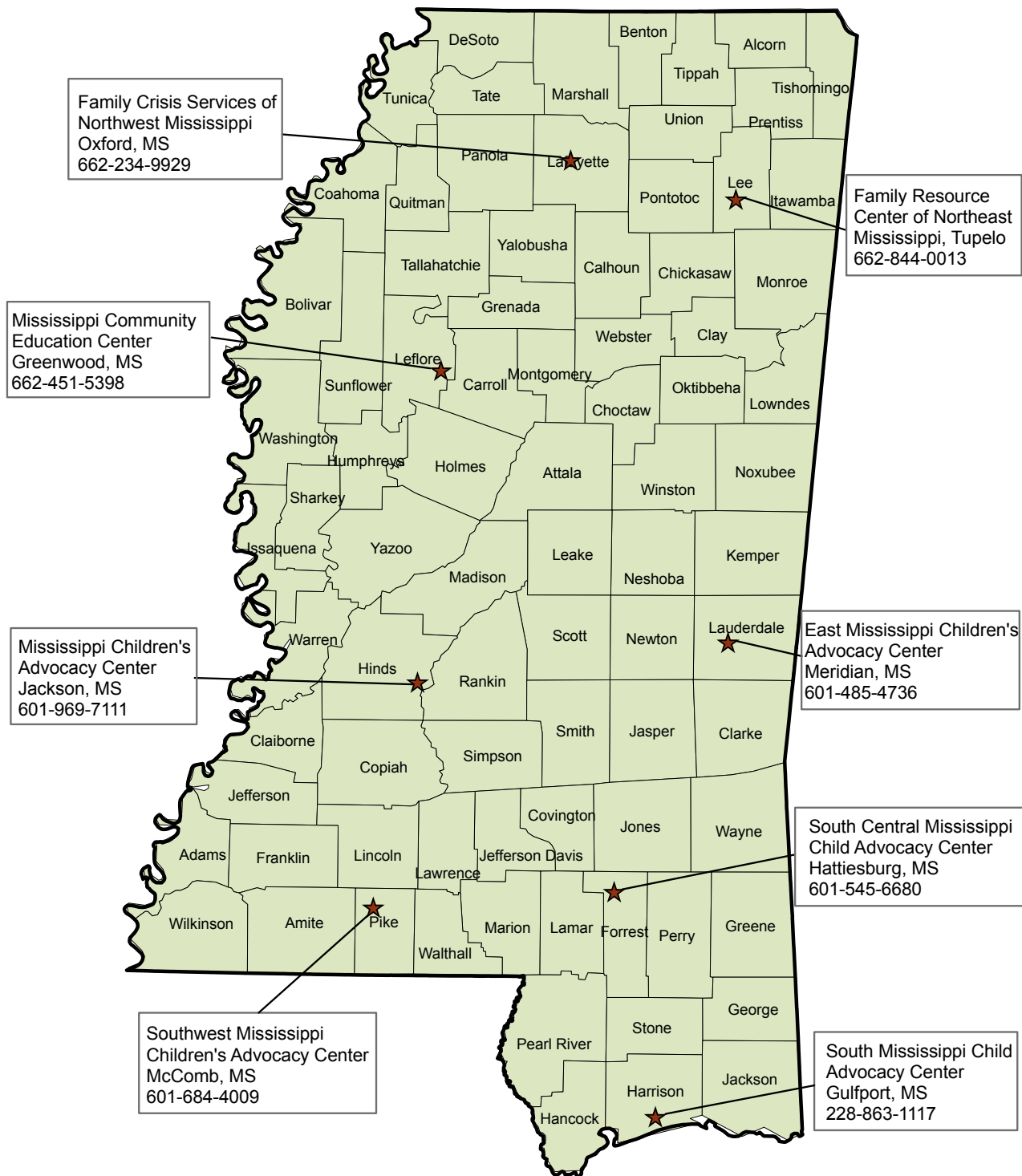
Legal Guardian to 16 year-old-teen

"Without these services, you're going to have children who just fall through the cracks all the time. No one's going to believe them; they are probably not even going to tell anybody their stories because like my daughter was told if she told anybody, there would be repercussions for that. She [the daughter] comes here, and these people make her feel safe and make her feel like she can tell her story and she will be protected. Because of what they do, they protect all these innocent babies who have just had horrible things happen to them."

Parent of a five-year-old who disclosed sexual abuse

National Children's Alliance
MS Children's Advocacy Centers

Family Crisis Services of
Northwest Mississippi
Oxford, MS
662-234-9929

Family Resource
Center of Northeast
Mississippi, Tupelo
662-844-0013

Mississippi Community
Education Center
Greenwood, MS
662-451-5398

Mississippi Children's
Advocacy Center
Jackson, MS
601-969-7111

East Mississippi Children's
Advocacy Center
Meridian, MS
601-485-4736

South Central Mississippi
Child Advocacy Center
Hattiesburg, MS
601-545-6680

Southwest Mississippi
Children's Advocacy Center
McComb, MS
601-684-4009

South Mississippi Child
Advocacy Center
Gulfport, MS
228-863-1117

Source: National Children's Alliance

Nakimia Agnew, Forensic Evaluator

Appendix

Introduction

Note:

Overall Rank Table and Map

Overall Ranks for 2000 through 2010 for each state using a consistent set of indicators; namely those used to derive the rank reported in the 2011 KIDS COUNT Data Book.

The Indicators used in the KIDS COUNT Data Books have changed over time, making year-to-year comparisons of state ranks problematic. Overall Ranks are the best source of information to see whether a particular state improved in ranking over the past few years. Note that state ranks in each year are based on data from the previous year for five measures and data from the current year for the other five measures. In other words, data for the Percent Low-Birthweight Babies, Infant Mortality Rate, Child Death Rate, Teen Death Rate, and Teen Birth Rate lag one year behind the other measures.

The District of Columbia, Puerto Rico, and the U.S. Virgin Islands are not included in maps and rankings because they are not states and therefore comparisons on many indicators of child well being are not meaningful.

Transportation Safety

Introduction

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Note:

Child Abuse and Neglect Statistics

The unique count of children counts an incidence of child maltreatment only once during the reporting period, regardless of how many times the child was reported. Evidenced victims of child maltreatment include allegations of maltreatment or risk of maltreatment that have been supported or founded by State law or State policy.

Success Story

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