



DATA BRIEF
Early Childhood Basic Needs

WHO IS CPCM?

The Center for the Prevention of Child Maltreatment (CPCM) is developing sustainable solutions to reduce all forms of child maltreatment in South Dakota.

Creating safe, stable, and nurturing relationships and environments paves the way for all children and families to flourish.

THERE ARE THREE PILLARS OF OUR WORK

KNOW:

Building knowledge of best practices, data, and research

RESPOND:

Fostering multidisciplinary response and intervention

PREVENT:

Uniting South Dakotans in prevention efforts by creating trauma- and healing-informed communities and systems

WHAT IS THE DATA INITIATIVE?

In 2021, CPCM launched the State of South Dakota Children’s Well-being Data Initiative through support from the South Dakota Department of Education. The initial project spans from June 2021 to September 2023 and seeks to investigate data in South Dakota surrounding the health and wellness of children for the purpose of:

- Improving state- and local-level tracking and monitoring of children’s well-being data in South Dakota;
- Improving statewide access to timely and relevant data on the well-being of South Dakota children; and,
- Increasing state-level data-driven decision-making to promote the well-being of South Dakota children.

PURPOSE OF THIS REPORT

To prevent child abuse and neglect and help children reach their full potential, it is crucial to provide them with safe, stable, and nurturing relationships and environments.

This report uses the Centers for Disease Control and Prevention’s (CDC’s) *Connecting the Dots* framework to draw a roadmap for caring adults to align efforts and enhance the prevention of youth violence. *Connecting the Dots* does this by focusing on shared factors across multiple forms of violence that **protect** individuals against violence (protective factors) and decrease the **risk** of violence (risk factors).

This report compares South Dakota to the nation, and where the data is available, differences seen across counties in South Dakota on these shared risk and protective factors. This report contains over 100 indicators to measure shared risk and protective factors across all forms of violence.

“The different forms of violence — child abuse and neglect, youth violence, intimate partner violence, sexual violence, and elder abuse — are interconnected and often share the same root causes.”¹

HIGHLIGHTED DATA

Children who witness violence or live in homes or communities where violence is prevalent are at **higher risk** for experiencing violence themselves or perpetrating violence against themselves or others.

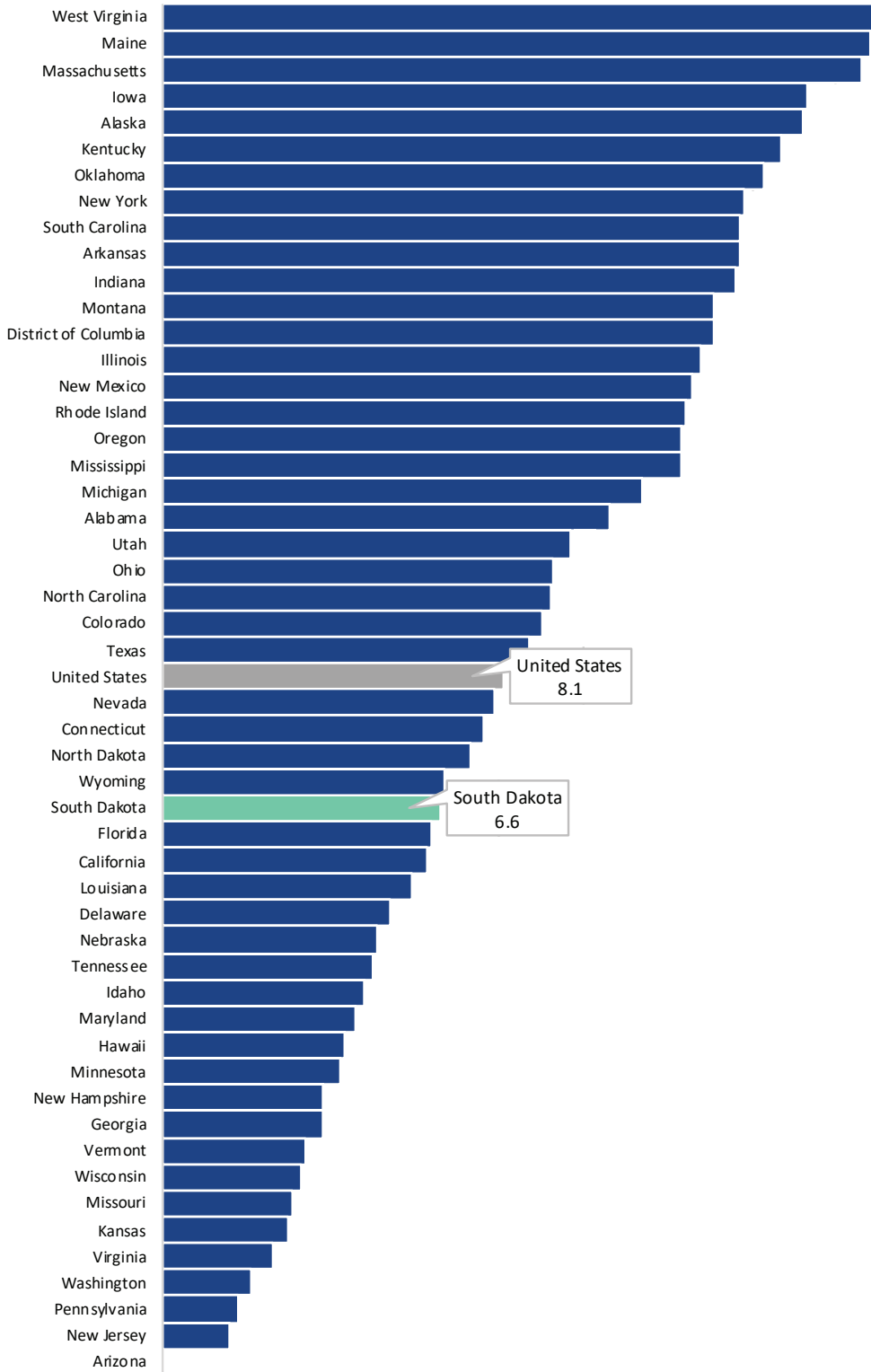
South Dakota youth are experiencing violence, witnessing violence, and perpetrating violence against themselves and others; however, according to the Centers for Disease Control and Prevention, most victims of violence do not act violently.



FOCUS ON EARLY CHILDHOOD

Infancy and early childhood are a time of immense learning and brain development. It is also a time marked by vulnerability and dependence on caregivers and systems of care to ensure children have the right resources to thrive in their environments.

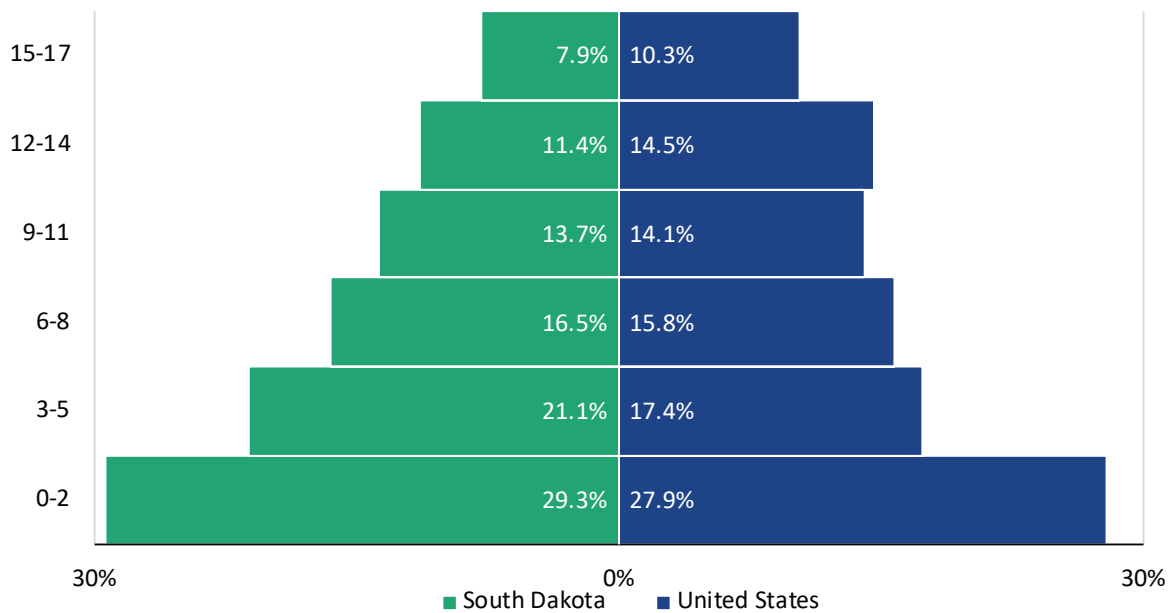
The child maltreatment rate in South Dakota is slightly lower than the national rate²



Definition: Rates are calculated per 1,000 children (ages 0-18 years). Each state has its own definitions of child abuse and neglect that are abuse and neglect. Federal legislation provides a foundation for states by identifying a set of acts or behaviors that define child abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294), as amended by the CAPTA Reauthorization Act of 2010 (P.L. 111–320), retained the existing definition of child abuse and neglect as, at a minimum: “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.”

Child maltreatment impacts families in all economic situations. The CDC notes³ that children under the age of four and children and youth with special health care needs are at higher risk for child maltreatment, specifically neglect. This is also true in South Dakota. The table below shows the most common maltreatment type by age range, and the percentage of the 2022 maltreatment incidents that fell under that age range.

Nearly 30% of child maltreatment victims in South Dakota and the U.S. are under the age of 3⁴



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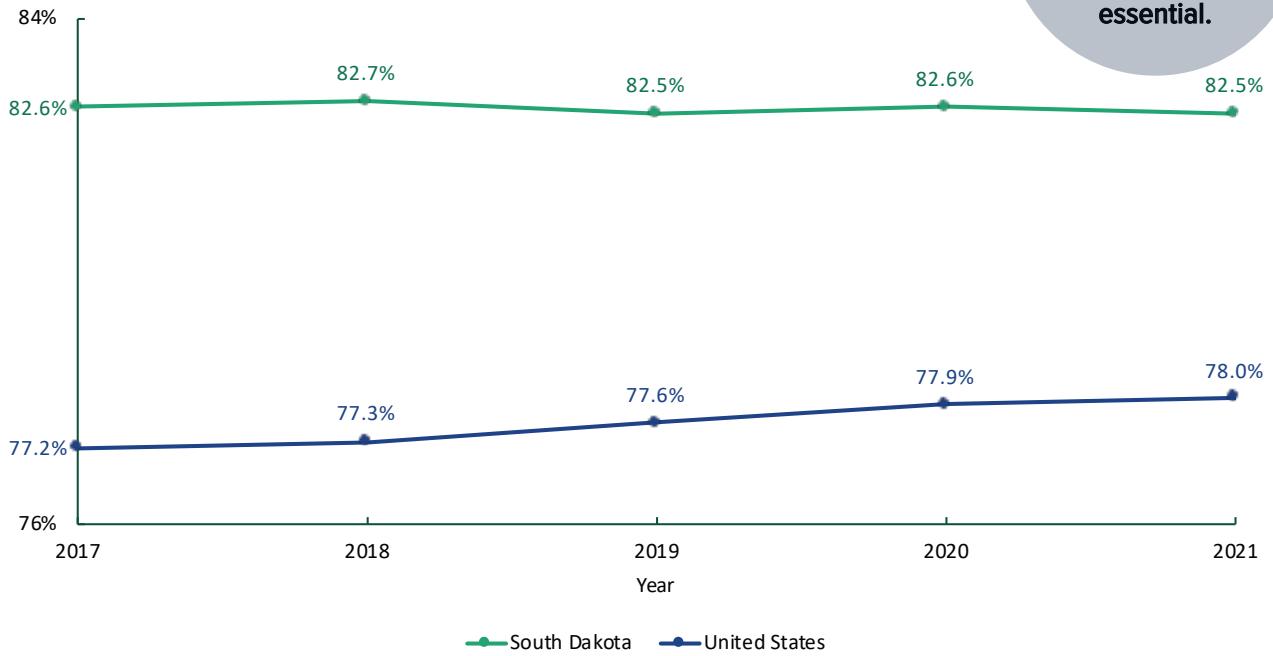


South Dakota is well above the national average in labor force participation, meaning most adults are working outside of the home. Still, in many areas of the state, we see vast differences in economic security, and families may be at risk of not meeting their young child’s basic needs.

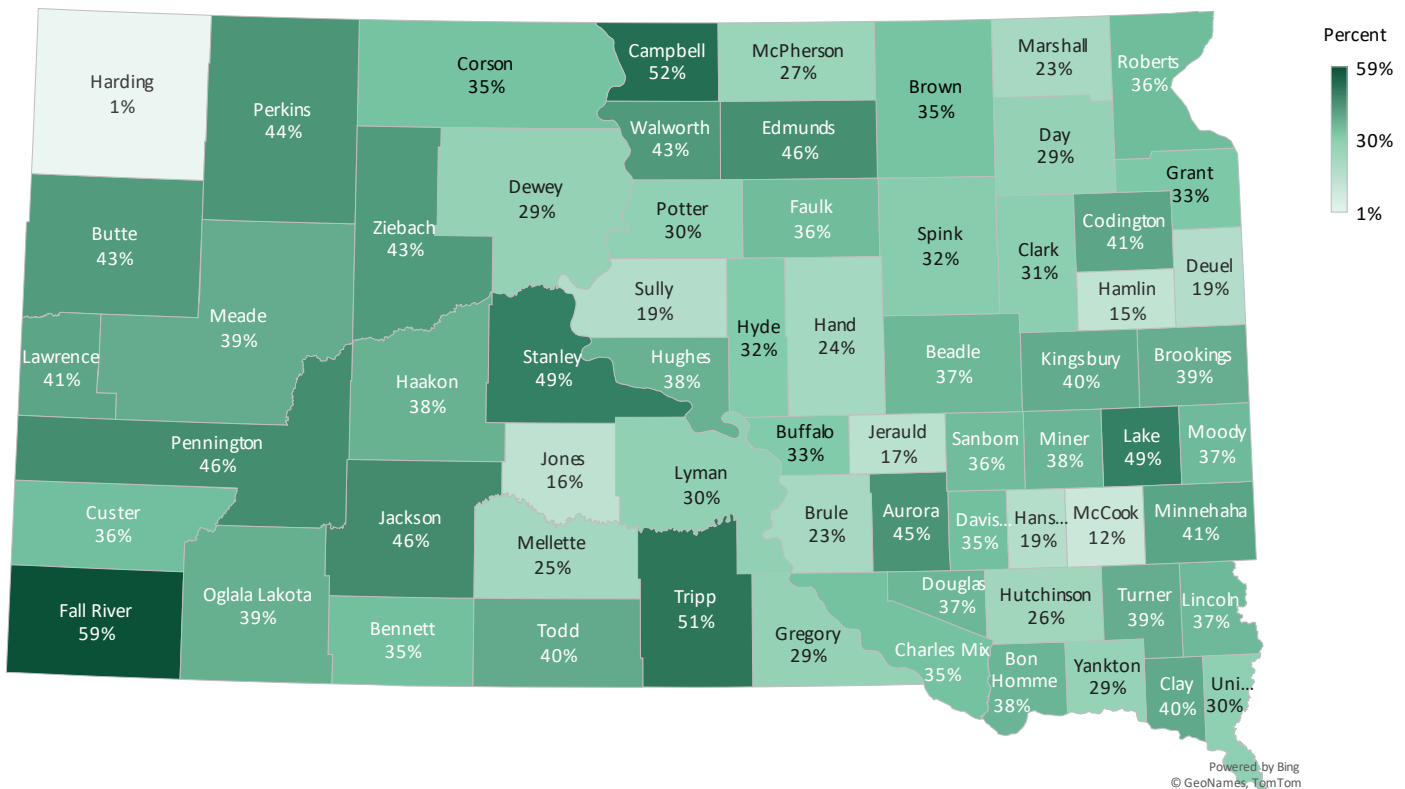
Stress felt by the caregiver can result in stress for the child. Caregivers that can meet a child’s basic needs, like food, shelter, education, childcare, and health services, are a **protective factor** against child maltreatment. The reverse is also true, when a caregiver cannot meet these needs, it **increases the risk** of child maltreatment.

Labor force participation remains higher in South Dakota than the U.S.⁵

To support South Dakota's high labor force participation childcare is essential.

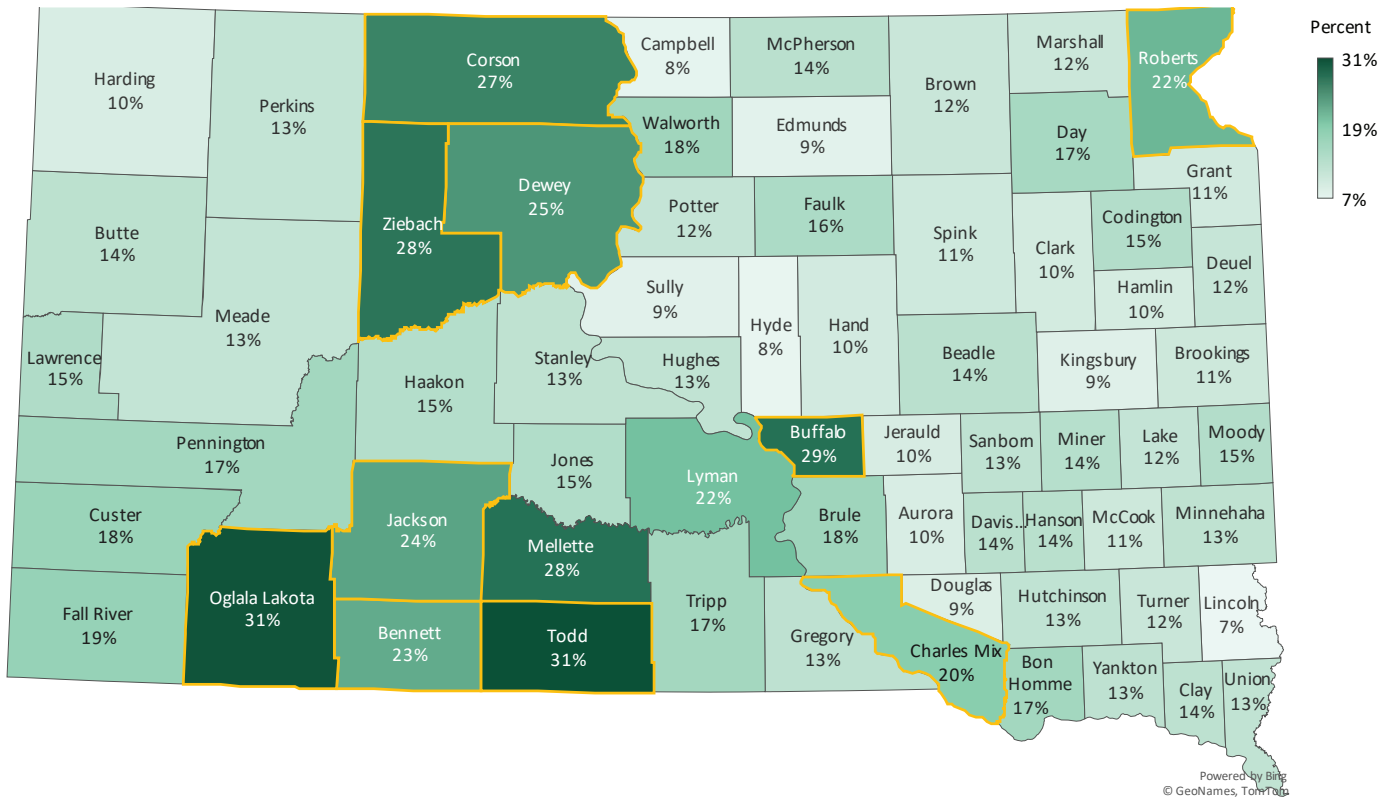


Fall River, Campbell, and Tripp counties experienced the greatest severe housing cost burden in 2021⁶



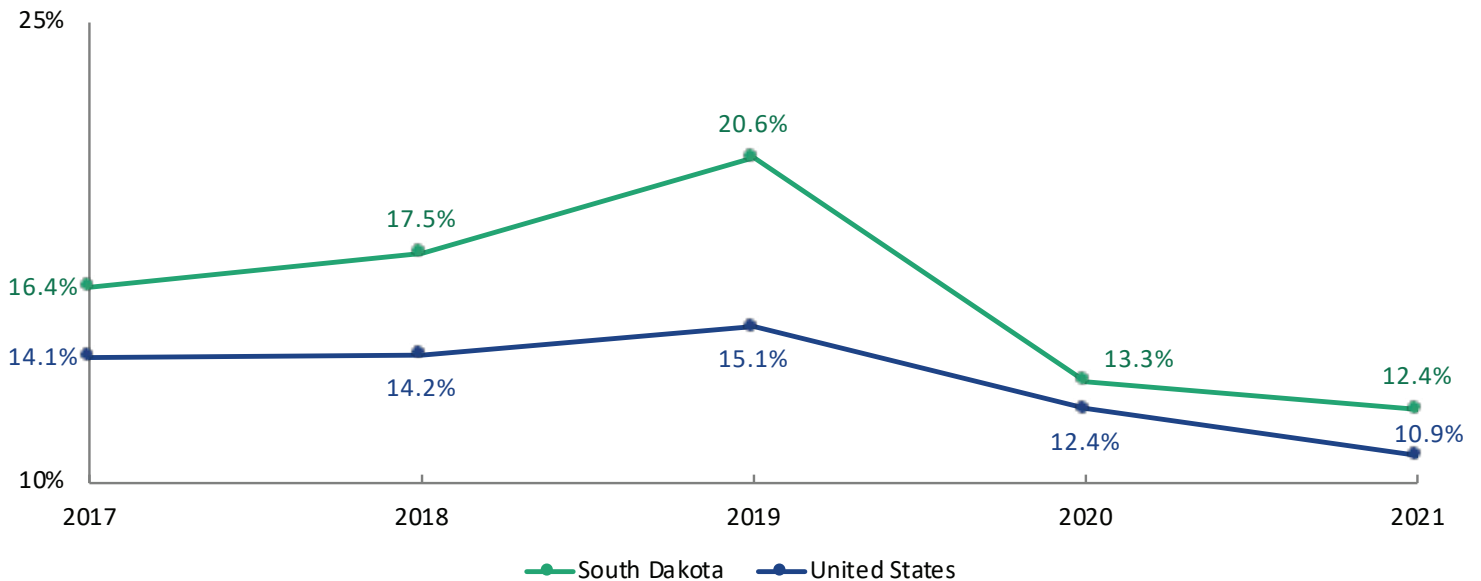
Definition: Gross rent as a percentage of household income. Housing cost burden is defined as spending more than 30% of income on housing.

Tribal areas are experiencing the highest percentages of food insecurity in South Dakota⁷




Definition: Percent of children (under 18) who are food insecure. Food insecurity is defined by the United States Department of Agriculture as the lack of access, at times, to enough food for an active, healthy life. The estimates from the study are at the individual level - reflecting the number of individuals (or children) who live in a food-insecure household.

South Dakota families are finding it more difficult to pay for their child's medical and health care bills compared to families nationally⁸



Definition: This question was asked only among parents with children who had out-of-pocket costs for health care during the past 12 months, "During the past 12 months, did your family have problems paying for any of this child's medical or health care bills?" A response of "Had problems paying medical bills" indicates the family meets the criteria.



In South Dakota, anyone can call 1-877-244-0864 to report child abuse and neglect. Intake Specialists with SD Department of Social Services will be available from 8 a.m. to 5 p.m., Monday through Friday.

If reporting before 8 a.m., after 5 p.m., on the weekends or during a holiday, please contact local law enforcement. Always call 911 if a child is in immediate danger!

CONNECTING THE DOTS: HOW TO WORK TOGETHER ON VIOLENCE PREVENTION EFFORTS

“It is important to consider individuals in the context of their home environments, neighborhoods, and larger communities when preventing violence.”¹⁹ Caring adults who lead communities and institutions will need to work together between programs, disciplines, and community initiatives to align efforts across multiple forms of violence prevention. This report highlights where we are doing well in our state, and where we can make improvements. The data indicators in the report can be utilized to work across all forms of violence prevention. Collaborating to address multiple forms of violence will improve child health outcomes and create opportunities for individuals and communities to thrive.

To learn more about *Connecting the Dots* to prevent violence, visit <https://vetoviolence.cdc.gov/apps/connecting-the-dots/content/home>. To read full reports from the Data Initiative, visit <https://sdcpcm.com/data>.

REFERENCES

- ¹⁹ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.
- ²⁴ U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2019-2023). *Child Maltreatment 2017-2021*. Washington, D.C.: U.S. Government Printing Office. https://www.acf.hhs.gov/cb/resource-library?f%5B0%5D=program_topic%3A938&f%5B1%5D=type%3Areport
- ³ Risk and Protective Factors | Child Abuse and Neglect | Violence Prevention | Injury Center | CDC. www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html.
- ⁵⁶ U.S. Census Bureau. (2021). 2021 American Community Survey 5-year estimates subject tables (Table DP04). https://data.census.gov/table?t=Financial+Characteristics&g=010XX00US_040XX00US46&tid=ACSDP5Y2021.DP04
- ⁷ Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2022). Map the Meal Gap: Food insecurity among child (<18 years) population in South Dakota. Feeding America. <https://map.feedingamerica.org/>
- ⁸ Child and Adolescent Health Measurement Initiative. (2016-2020). 2016-2020 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org