

Child Abuse and Neglect

Definition: Child abuse and neglect are behaviors by a parent or caregiver that result in harm or potential harm to a child. These include physical, sexual and psychological abuse and neglect.¹ This report measures child abuse and neglect as the number of children in referrals accepted for investigation by Child Protective Services per 1,000 children. Unless otherwise stated, each child is counted only once per year regardless of the number of referrals.

Summary

In 2011, Washington State's Child Protective Services accepted 38,649 referrals for investigation of child abuse and neglect. These involved 46,636 different children under 18 years old. Child maltreatment causes immediate suffering and affects long-term physical and emotional well-being.² It increases the risks of delinquency, youth violence, teen pregnancy, substance abuse, suicide attempts, HIV-risk behaviors, poor health and premature death.^{3, 4, 5} Parental poverty, unemployment and lack of education have been consistently shown to increase risk of child abuse. These factors might, in part, explain racial and geographic disparities in Washington. Parent training programs can reduce child maltreatment. Mental health services for abused children can reduce anxiety, depression and aggression, and can increase self-esteem. Additional research is needed to identify other effective approaches.

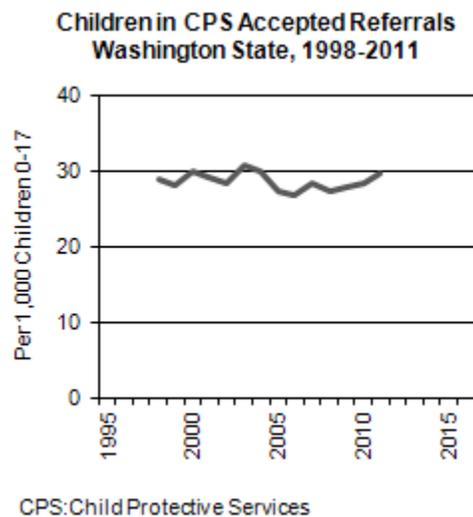
Child abuse is difficult to measure accurately. Challenges include underreporting, varying definitions, changes in community perceptions over time, and changes in capacity to accept referrals.⁶

Time Trends

In 2011, 46,636 children in Washington were in accepted referrals to Child Protective Services (CPS). Referrals are accepted for investigation following an initial screening. In 2011, there were 30 children in accepted CPS referrals per 1,000 children. These rates have been constant since at least 1998, which was the first year that CPS provided data which counted each child only once regardless of the number of referrals. Only a portion of child maltreatment is reported to CPS, and not all referrals are investigated.

(See [Technical Notes](#).) The rate or number of children in accepted referrals is not available nationally. Two related measures that are available nationally are total referrals and accepted referrals. These count each referral as one event irrespective of the number of children involved, and count children in more than one referral more than once. The rate of total referrals in Washington in 2010 was 48 per 1,000 children compared to 44 per 1,000 children nationally, and the rate of accepted referrals was 22 per 1,000 children compared to 27 per 1,000 children nationally.⁷

CPS also compiles data on specific types of abuse reported in accepted referrals. This count can include a child more than once in a given year. In 2011, 70% of the children were in referrals for physical neglect, 25% for physical abuse, 5% for sexual abuse, and less than 1% for other forms of abuse (such as emotional abuse and abandonment).



2010 and 2020 Goals

The national *Healthy People 2020* targets are to reduce CPS-verified child maltreatment to 8.5 per 1,000 children and maltreatment fatalities to 2.2 per 100,000 children. The national *Healthy People 2010* targets were to reduce CPS-verified child maltreatment to 10.1 per 1,000 children and fatalities to 1.4 per 100,000 children.

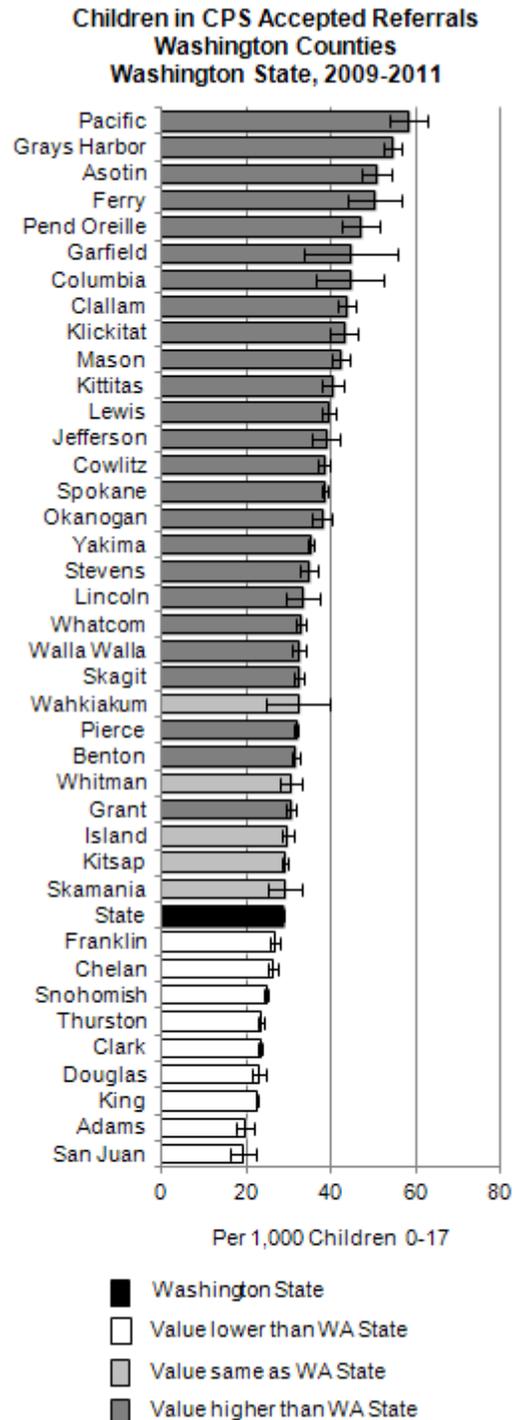
In 2010, Washington CPS reported 4.2 children with CPS-verified maltreatment per 1,000 children and 0.8 fatalities per 100,000 children,⁸ suggesting that Washington met both *Healthy People 2010* and *2020* goals. However, Washington data may not be comparable to the goals because states define, process and report cases differently. For example, only 46% of referrals in Washington were accepted for investigation in 2010 compared to 61% nationally.⁷ Fatality data may not be comparable because states also vary in the level of child death investigation.

Geographic Variation

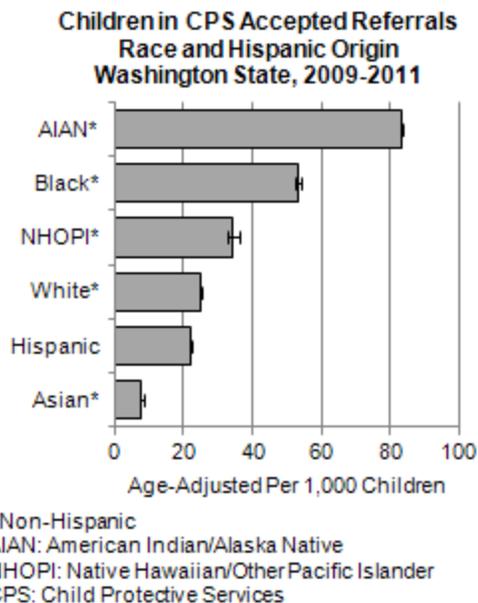
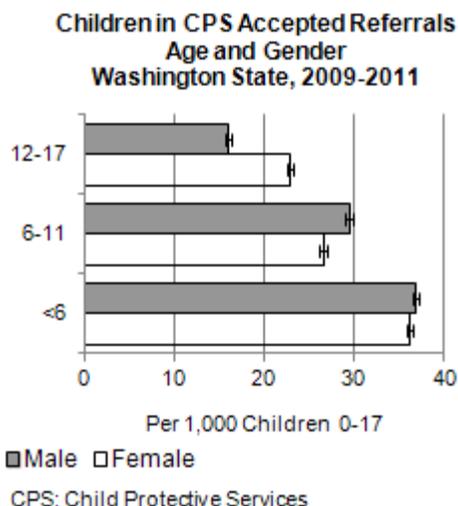
In 2009–2011, counties varied widely in their rates of children in CPS accepted referrals. They ranged from less than 20 per 1,000 children in San Juan and Adams counties to 50 or more per 1,000 children in Pacific, Grays Harbor, Asotin and Ferry counties. Some of the county variation is likely related to socioeconomic factors. For example, compared to the state as a whole, larger proportions of Pacific, Grays Harbor and Ferry County residents live below the federal poverty limit⁹ and there is higher unemployment in those counties compared to the state.¹⁰ For all four counties with rates of 50 or more children in accepted referrals per 1,000 children, lower proportions of the population have completed college compared to the state.¹¹ The county variation might also reflect differences in the way cases are processed.

Age and Gender

In 2009–2011, the highest rates of child maltreatment were among children ages five and younger (36 per 1,000). These were followed by children ages 6–11 (28 per 1,000) and adolescents ages 12–17 (20 per 1,000). Adolescent girls had higher maltreatment rates than boys, but boys had higher rates in the two younger age groups. Nationally, child abuse decreases with age, with the highest rates for children under one year old.⁷



CPS: Child Protective Services



Economic Factors and [Education](#)

CPS does not collect information about parental income or education. Generally, lower income and education are linked with higher rates of maltreatment. In a recent national study, children whose parents had few economic resources or low levels of education had about three times the risk of injuries from abuse and about seven times the risk of neglect compared to other children.¹²

[Race and Hispanic Origin](#)

In Washington in 2009–2011, the highest rates of child maltreatment were among American Indians and Alaska Natives (83 per 1,000 children). These were followed by blacks (53), Native Hawaiian and other Pacific Islanders (34), whites (25) and Hispanics (22). Asians had the lowest rates (8 per 1,000 children). National data also show relatively high rates for black, American Indian and Alaska Native, and Native Hawaiian and other Pacific Islander children, and low rates for Asian children.⁷ Researchers have not clearly identified the root causes for these differences. It is not known to what extent these differences are due to variations in income and education, amount of contact with social service agencies, or reporting or screening bias.¹³

Other Measures of Impact and Burden

About a quarter of Washington adults reported a history of childhood physical or sexual abuse on the 2009–2010 [Behavioral Risk Factor Surveillance System](#) (BRFSS). Because females are more often sexually abused, lifetime rates of any abuse are higher for females than males.

Rates for Types of Child Abuse Reported by Men and Women WA BRFSS, 2009-2010

	Women	Men
Sexual abuse only	11% ±1%	4% ±1%
Physical abuse only	9% ±1%	15% ±1%
Sexual and physical abuse	8% ±1%	3% ±1%
Any abuse	28% ±1%	23%* ±1%

* Does not add due to rounding.

Sexual abuse rates reported in the 2009–2010 Washington BRFSS are similar to rates in the 2004 Washington BRFSS. There are not data to assess whether reported physical abuse has changed over time.

An analysis combining the findings of 120 studies in the United States and Canada found that 20% of women and 8% of men reported being sexually

abused in childhood, similar to Washington rates.¹⁴ Comparable information is not available for physical abuse.

In the 2010 Healthy Youth Survey, 16% ($\pm 1\%$) of Washington youth in grade 8 and 18% ($\pm 2\%$) in grades 10 and 12 reported being physically abused by an adult at some point in their lives. These are similar to the 18% ($\pm 1\%$) of Washington adults who report on the BRFSS that they were physically abused as children.

Long-term effects. Children who have been abused or neglected are more likely than other children to have emotional and behavioral problems such as post-traumatic stress disorder, aggression, and suicidal thoughts and behavior. They are more likely to have learning difficulties and do poorly in school. Children who have been physically abused also may have medical conditions such as traumatic brain injury. Adolescents and adults who have been abused as children are at increased risk for delinquency, youth violence,¹⁵ teen pregnancy,¹⁶ alcohol abuse, violent relationships, and HIV-risk behaviors such as unprotected sex and many partners.² They are at increased risk for neurological, musculoskeletal and respiratory problems; cardiovascular disease; gastrointestinal, immunological and metabolic disorders in adulthood;^{17,18} and premature death.^{19,20}

Risk and Protective Factors

Child maltreatment is more likely to occur in families and communities with other problems. Emotional maltreatment might underlie all other maltreatment because it involves a lack of responsiveness to a child's needs. Conversely, parents who are sensitive and responsive to their children's needs, keep a safe and healthy home, and have strong communication and problem-solving skills are unlikely to be abusive.^{21,22,23}

The following sections examine risk factors for child abuse and neglect. These factors can act alone or in combination to increase risk of maltreatment.

Family characteristics. Child maltreatment has been consistently linked with parental poverty, unemployment, lack of education and single-parent homes.³ A warm and supportive relationship with a nonabusive parent can help reduce the negative effects of maltreatment on a child.²⁴

Intergenerational patterns. Most studies find that having been abused as a child increases the risk for abusing children as an adult.²⁵ Possible reasons for this include that child abuse harms the ability to form positive attachments, creates emotional instability or trauma symptoms, or that the adult models the learned behavior. One 18-year three-generational study found that the mothers and children of a sample of sexually abused women had higher rates of childhood maltreatment than the mothers and children of a sample of demographically similar women who had not been sexually abused.²⁶

Psychological and attitudinal factors and substance abuse. Most research finds that depression, lack of empathy, and substance abuse are associated with child maltreatment.² Parents who physically abuse children generally have high levels of hostility and low levels of self-esteem. They may also assign more negative intent to children's behavior than parents who are not abusive.³

Poor social relationships. Maltreating parents are more likely to have other problems with relationships. They are likely to have high levels of family conflict and low levels of family commitment and support, and to show anger and hyper-reactivity in laboratory studies. They also report less social support.²⁷

Domestic violence. In 30% to 60% of cases, domestic violence and child abuse occur in the same families.²⁸ Experiencing these two together is linked with a further increase in risk for emotional and behavioral problems in children.²⁹

Child characteristics. Physical and mental disabilities have been linked with physical abuse. However, this research generally does not show whether the disabilities might be the result of earlier maltreatment.^{2,30,31} Parental poverty and poor mental health are related to both child disabilities and maltreatment and might also contribute to the link.³⁰

Community factors. There is more maltreatment in neighborhoods that are poor and have other factors related to poverty, such as unemployment and childcare expenses that are high relative to income.³² It is not known whether community poverty contributes to child maltreatment above and beyond the effects of individual poverty. This is because most studies of community factors do not also measure individual factors.

Intervention Strategies

Evidence of program effectiveness for preventing or reducing child abuse is limited. The following types

of interventions have shown some success or have been recommended based on addressing known risk factors for child abuse.

Parent training and support. A recent analysis combining the results of many studies found that parent education with expectant and new parents had a small effect on reducing child abuse.³³ These programs include parenting skills, coping with stress, promoting positive interactions, stimulating child development, information on promoting child health, discussion of family planning, or promoting couple adjustment. Triple P Positive Parenting Program, which provides services ranging from information for the general public to intensive family intervention for at-risk families, and programs involving both parents and children, such as Child-Parent Centers, seem to be more effective than other educational approaches.^{34,35}

Parent support can also be provided through home visits. A well-designed evaluation of the Nurse-Family Partnership program with low-income first-time adolescent mothers in Elmira, New York, found that it reduced cases of child maltreatment over a 15-year period. In this evaluation, mothers were randomly assigned to participating in the program or not receiving home visits. However, other studies have shown mixed results. Although there is not strong evidence that home visiting reduces abuse, there is stronger evidence that it strengthens other aspects of positive parenting.^{2,36}

Identification and screening. Health professionals are often the first point of contact for abused children and their families when children sustain physical injuries. Many healthcare facilities use multidisciplinary teams to improve identification and case management of maltreated children. The American Academy of Pediatrics provides guidelines on when to suspect child maltreatment and how to intervene.³⁷ Although research evidence is limited, one experimental study suggests that screening parents of children under six years old for partner violence, depression or substance abuse and providing appropriate referral resources may help prevent child maltreatment.³⁸

Mental health services for abused children. Evidence-based mental health services to address potential negative consequences of child maltreatment are generally effective in reducing symptoms such as anxiety, depression and aggressive behavior. However, for these to

be effective, the child needs protection from further maltreatment. A 2009 review identified trauma- and abuse-focused cognitive behavioral therapy and Parent-Child Interaction Therapy (which involves coaching parents as they interact with their children) as the child treatment approaches with the strongest evidence of effectiveness.³⁹ An analysis combining 39 studies found that a variety of treatment approaches for sexually abused youth were effective at reducing post-traumatic stress disorder and trauma symptoms, behavioral problems, inappropriate sexual behavior and other problems.⁴⁰ In spite of the effectiveness of this approach, only a fraction of maltreated children receive mental health services.³⁹

Public policy. The World Health Organization and International Society for the Prevention of Child Abuse and Neglect recommend implementing public policies to prevent child abuse and neglect. These include reducing economic inequalities through economic policies, changing cultural norms that support violence through public awareness campaigns, and providing parent education and training.⁴¹

See Related Chapters: [Domestic Violence](#)

Data Sources (For additional detail, see [Appendix B](#))

Child maltreatment data are from Washington State Department of Social and Health Services, Children's Administration, and population denominators are from the 1998-2011 intercensal estimates, Washington State Office of Financial Management, Forecasting Division (OFM), released December, 2011.

Washington State Behavioral Risk Factor Surveillance System (BRFSS) Data: 2009-2010. Olympia, Washington: Washington State Department of Health, under federal cooperative agreement number U58/DP001996 (2009-2010); data prepared by Washington State Department of Health, Non-Infectious Conditions Epidemiology.

For More Information

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Washington State Department of Social and Health Services, Children's Administration website, <http://www1.dshs.wa.gov/ca/safety/prevAbuse.asp?1>

Technical Notes

The Department of Social and Health Services Children's Administration provided the CPS data used in this report to measure child abuse and neglect. CPS investigates reports of child abuse or neglect in Washington. Washington law defines abuse or neglect as "the injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment of a child."

Professionals such as doctors and teachers who work with children are required to report suspected child abuse. But some child abuse, particularly less severe cases, is undetected.

This chapter includes information on referrals to CPS, specifically, referrals that are “accepted” for investigation. In the case of multiple referrals for the same incident, we have assumed that only one referral was accepted. Not all referrals are accepted for investigation. Reports that do not provide enough information, or have no legal basis for complaint are not accepted for investigation or further intervention. Also, if the suspected perpetrator is not a caretaker, the case might not be accepted by CPS but might instead be referred to law enforcement authorities for investigation. CPS can become involved if the perpetrator is a licensed caretaker or if the child’s parent or guardian refuses to remove the child from a potentially abusive situation. These data do not include findings of the subsequent investigation.

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Unless otherwise noted, authors and reviewers are with the Washington State Department of Health

Author:

Lillian Bensley, PhD

Reviewers:

Joanne Klevens, MD, PhD

Centers for Disease Control and Prevention

Keli Drake, MSW

Washington State Department of Social and Health Services

Endnotes

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