

Child Abuse and Neglect

Definition: Child abuse and neglect are behaviors that are outside the norms of conduct and entail a substantial risk of causing a child physical or emotional harm. Four categories of maltreatment are physical abuse, sexual abuse, neglect, and emotional maltreatment.¹ In this report, child abuse and neglect are measured by the number of children in referrals accepted for investigation by Child Protective Services following an initial screening. Unless otherwise stated, each child is counted only once per year regardless of the number of referrals.

Summary

In 2006, Washington State's Child Protective Services accepted 36,882 referrals for investigation of child abuse and neglect. These involved 41,455 different children ages 0–17. Child maltreatment causes immediate suffering, affects long-term physical and emotional well-being,^{2,3,4,5} and increases the risks of delinquency, substance abuse, adolescent pregnancy, suicide attempts, and HIV-risk behaviors as the affected child grows up.^{6,7,8,9} Nurse home visits to high-risk families during pregnancy and infancy reduced maltreatment for at least 15 years in one study.¹⁰ Although some programs show promising results, additional research is needed to identify other effective approaches to prevent child maltreatment.

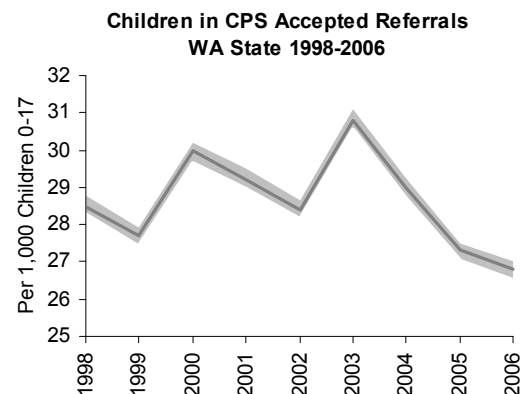
Child abuse is difficult to measure accurately. Challenges include underreporting, varying definitions, changes in community perceptions over time, and changes in capacity to accept referrals.¹¹

Time Trends

In 2006, 41,455 children in Washington were victims or alleged victims in referrals that Child Protective Services (CPS) accepted for investigation following an initial screening. The rate of children in accepted referrals was 27 per 1,000 children. These rates have been constant since at least 1998, the first year that CPS provided data which counted each child only once regardless of the number of referrals. Comparable rates for the United States are not available because of differences among states in compiling and reporting cases.

CPS compiles information on specific types of abuse reported in accepted referrals. This count can include a child more than once in a given year. Of all children reported in accepted

referrals in 2006, 73% were involved in referrals for physical neglect, 22% for physical abuse, 5% for sexual abuse, and less than 1% for other forms of abuse, such as sexual exploitation or abandonment.



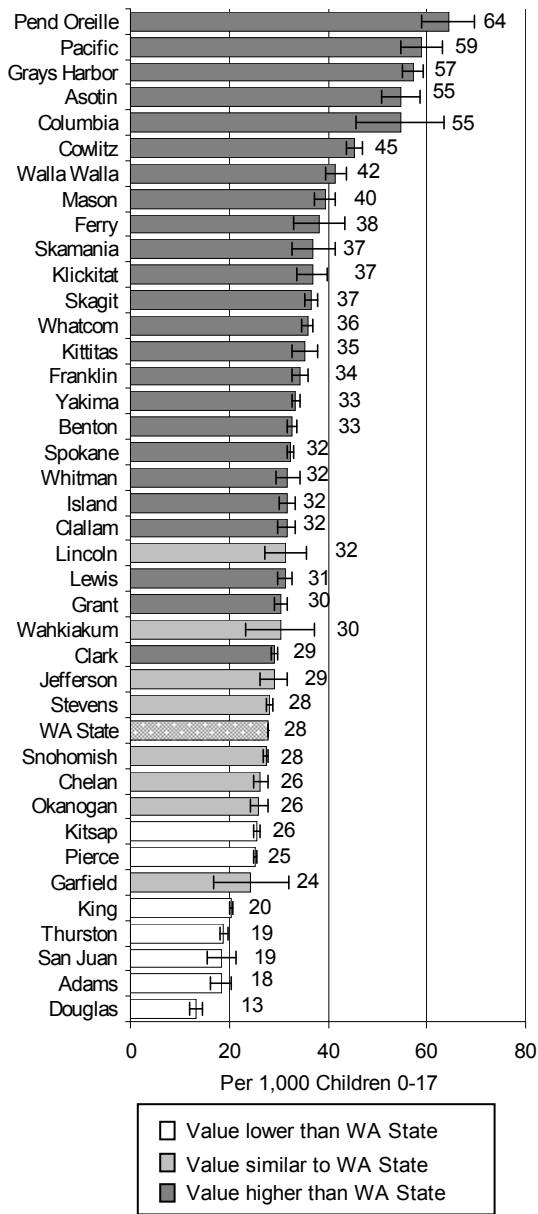
Year 2010 Goals

The national *Healthy People 2010* targets are to reduce verified abuse to 10.1 per 1,000 children and to reduce child maltreatment fatalities to 1.4 per 100,000 children. Washington data comparable to these goals are not available because of differences among states in processing and reporting cases, such as the level of investigation of child deaths.

Geographic Variation

In 2004–2006, counties varied widely in their rates of children in CPS accepted referrals from [less than 20](#) per 1,000 children in Thurston, San Juan, Adams, and Douglas counties to more than 55 per 1,000 children in Pend Oreille, Pacific, and Grays Harbor counties. The county-to-county variation in CPS accepted referrals might be due to differences in levels and methods of reporting, organizational policies for accepting referrals, and other factors as well as actual variation in rates of maltreatment.

**Children in CPS Accepted Referrals
County Data
WA State 2004-2006**

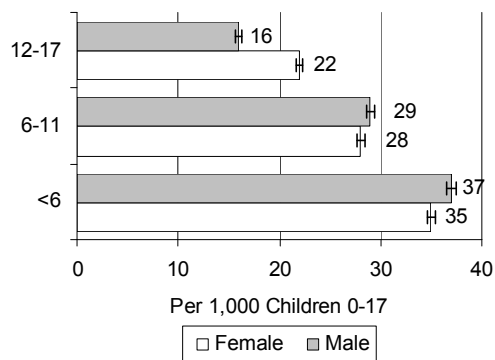


Age and Gender

In 2004–2006, children ages five and younger were most likely to be victims in accepted referrals (36 per 1,000), followed by children ages 6–11 (28 per 1,000) and adolescents ages 12–17 (19 per 1,000). Adolescent girls were more likely to be victims in accepted referrals than boys, but boys were more likely to be victims in the two younger age groups.

National 2004 child abuse data suggest that abuse type varies by age.¹² Neglect becomes a smaller portion of abuse as age increases. Nearly three-fourths of child victims ages three and younger were neglected; physical and sexual abuse accounted for most cases among adolescents ages 12 and older.

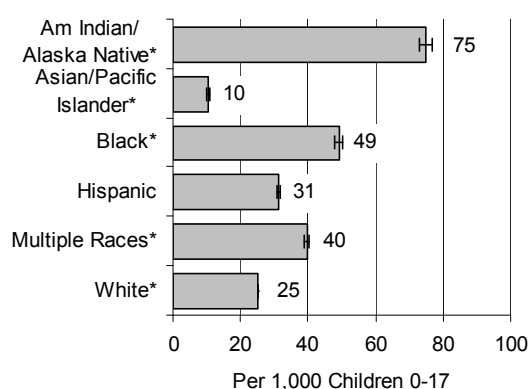
**Children in CPS Accepted Referrals
Age and Gender
WA State 2004-2006**



Race and Hispanic Origin

In Washington in 2003–2005 (the most recent years for which population estimates by race and age are available), the highest rates of child maltreatment were among American Indians and Alaska Natives (75 per 1,000 children), followed by blacks (49), Hispanics (31), and whites (25). Asians and Pacific Islanders had the lowest rates (10 per 1,000 children), but these rates might vary by subgroup.

**Children in CPS Accepted Referrals
Race and Hispanic Origin
WA State 2003-2005**



Nationally, in 2004, rates for Pacific Islanders were among the highest, while those for Asians were the lowest. The national data also show relatively high rates for black and American Indian and Alaska Native children.¹² Researchers have not clearly identified the root causes for these differences.

Variations in income and education levels among groups might explain some of the difference.^{13,14} Also, some studies suggest that race may be a factor in referral acceptance rates.¹⁴

Income and [Education](#)

Child Protective Services does not collect information about parental income or education. Some research suggests that low education and income increase the risk for physical abuse and neglect but not for sexual abuse.^{15,17,18}

Other Measures of Impact and Burden

A fifth to a quarter of Washington adults reported a history of childhood physical or sexual abuse on the 2004 [Behavioral Risk Factor Surveillance System](#) (BRFSS). Because females are more often sexually abused, lifetime rates of any abuse are higher for females than males.

[Age-Adjusted Rates](#) for Types of Child Abuse Reported by Men and Women 2004 WA BRFSS

	Women	Men
Sexual abuse only	14% ±1%	5% ±1%
Physical abuse only	5% ±1%	9% ±1%
Sexual and physical abuse	5% ±1%	3% ±1%
Any abuse	24% ±2%	17% ±2%

Self-reported childhood abuse rates from the 2004 Washington BRFSS are similar to those reported in the 1997 Washington BRFSS. Rates of self-reported sexual abuse are comparable to those found in other national and state surveys.¹⁸ Information is not available to compare Washington to the United States for rates of self-reported childhood physical abuse.

In the 2006 Healthy Youth Survey, about 16% ([±2%](#)) of youth in grade 8, 23% ([±1%](#)) in grade 10, and 21% ([±2%](#)) in grade 12 reported being physically abused by an adult at some point in their lives. The difference between these rates and rates reported by adults might reflect changing values (for example, differences in adolescent and adult attitudes toward spanking),

willing to report, selective memory, or other factors as well as a real increase in abuse.

Risk and Protective Factors

Child maltreatment is more likely to occur in families and communities with other problems. Emotional maltreatment might underlie all other kinds of abuse and neglect in that it involves a lack of responsiveness to the child's needs. Conversely, parents who are sensitive and responsive to their children's needs, keep a safe and healthy home environment, and have strong communication and problem-solving skills are unlikely to be abusive or neglectful.¹⁶

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

Family characteristics. Child maltreatment has been consistently associated with parental poverty, unemployment, lack of education, and young maternal age.^{17,18} Poverty is a stronger predictor of neglect and physical abuse than sexual abuse. The presence of caring adults appears to be a protective factor for children who are exposed to childhood adversity.¹⁹

Intergenerational patterns. Parents who were abused as children are about four times more likely to maltreat their own children compared to parents who did not experience child abuse.²⁰ Being abused as a child can affect later parenting through mechanisms such as harming the ability to form positive attachments, modeling negative behaviors, or creating emotional instability.²¹

Psychological and attitudinal factors and substance abuse. Most research finds associations between depression, antisocial personality, lack of empathy, and substance abuse with perpetrating child maltreatment.²² Parents who physically abuse children generally have high levels of hostility and low levels of self-esteem, and they attribute more negative intent to children's behavior than parents who are not abusive.¹⁸

Poor social relationships. Maltreating parents are more likely to have other problems in interpersonal relationships, such as isolation from friends and family, spousal conflict, and negative family interactions.¹⁸

Domestic violence. In 30% to 70% of cases, domestic violence and child abuse occur in the same families.²³ Exposure to violence between parents in itself appears to be harmful to children's emotional and behavioral development.²⁴

Child characteristics. Children born prematurely, those with low birth weight or with physical, mental, or developmental disabilities might be abused more often than other children. Research findings are inconsistent, however.¹⁸ The National Center on Child Abuse and Neglect found that children with disabilities were about twice as likely to be maltreated as other children; some children were disabled as a result of abuse, whereas for others, a pre-existing disability might have contributed to the maltreatment.¹⁸ Other factors associated with child abuse and neglect such as domestic violence and poverty might also play a role in these associations.²⁵

Community factors. There is more maltreatment in neighborhoods that are impoverished and have housing stress (inadequate income for housing expenses). Other community factors related to poverty, such as unemployment and childcare expenses that are high relative to income, might also be associated with child abuse.²⁶ It is not known whether community poverty contributes to child maltreatment above and beyond the effects of individual poverty because most studies of community factors do not include individual-level measures.

Intervention Strategies

Other than home visits for children at high risk of child abuse, there is little research on interventions to prevent maltreatment. Existing research shows mixed effectiveness; some studies find positive effects but others do not.²⁷ Some programs that aim to provide parenting information, reduce stress, or change attitudes may also reduce child abuse, but they have not been evaluated for this outcome.²⁷

Home visits. Home visiting programs can reduce child abuse and neglect by about 40%.^{28,29} Effects can be long-lasting: one study found that high-risk families receiving home visits during pregnancy and infancy had significantly fewer child maltreatment reports than other families when examined 15 years later.¹⁰ In this program, nurses visited homes and provided low-income, young, unmarried mothers with information and support (such as information on child development and linkages to community resources) until the child was two years old.

Parent training. Evaluations of programs to reduce maltreatment among physically abusive

or neglectful parents are lacking or have had disappointing results.³⁰ A recent review of seven short-term treatment programs found insufficient evidence to determine their effectiveness in reducing maltreatment, but some programs did improve related behaviors such as discipline practices.³¹ Limited evidence suggests that specific types of behavioral training or cognitive-behavioral therapy might be able to reduce physical abuse.²⁷

Identification and screening. Health professionals are often the first point of contact for abused children and their families when children sustain physical injuries. Many health care facilities use multidisciplinary teams to improve identification and case management of maltreated children. Health care professional organizations have begun offering programs to increase knowledge and improve recognition, diagnosis, documentation, and treatment of child abuse. Research is needed to determine whether these approaches reduce subsequent child maltreatment.

Mental health services for abused children. Mental health services to address potential adverse consequences of child maltreatment are generally effective, although other efforts are necessary to protect the child from further maltreatment. Trauma-focused cognitive-behavioral therapy relieved symptoms of post-traumatic stress disorder in sexually abused children.^{32,33} Therapeutic day care programs have also improved developmental progress in maltreated children.³⁰ Psychotherapy is generally helpful in reducing problems, including some problems associated with maltreatment, such as aggression.³⁴ As many as half of children with substantiated physical abuse do not receive mental health services, however.³⁵

Public policy. A recent report by the World Health Organization and International Society for the Prevention of Child Abuse and Neglect recommends implementing public policies to prevent child abuse and neglect. These include reducing economic inequalities, changing cultural norms that support violence against children and adults, and providing early childhood education and care.¹

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 State Office of Financial Management.

For More Information

Barnett O, Miller-Perrin CL, Perrin RD (2005). *Family Violence Across the Lifespan: An Introduction*, 2nd Edition. Thousand Oaks, CA: Sage.

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

Technical Notes

Child abuse and neglect data are from Child Protective Services (CPS) data and were provided by the Department of Social and Health Services Children's Administration. 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 deal 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. In addition, reports that do not provide enough information, or have no legal basis for complaint, or where the child cannot be located 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. Some cases that are accepted for investigation but considered to be "low risk" are referred to an alternative response without CPS investigation.

Endnotes

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