

# CHILD ABUSE AND NEGLECT

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## DESCRIPTION:

Behavior that is outside the norms of conduct and entails a substantial risk of causing a child physical or emotional harm. Four categories of maltreatment are: physical abuse, sexual abuse, neglect, and emotional maltreatment. In this report, child maltreatment (child abuse and neglect) is measured by the rate of substantiated victims of abuse and neglect as reported by Child Protective Services.

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## Washington State Goal Statement

To decrease deaths and hospitalizations due to child abuse and neglect

## National Healthy People 2010 Objectives

- Reduce child maltreatment victims from 12.9 in 1998 to 10.3 per 1,000 children under age 18 years
- Reduce child maltreatment fatalities from 1.6 in 1998 to 1.4 per 100,000 children under age 18 years

## Statement of the Problem in Washington State

Child abuse and neglect causes direct suffering and does long-term damage to physical and emotional well being.<sup>1, 2, 3, 4, 5</sup> Even fatalities due to injuries such as drownings or suffocation can be associated with abuse and neglect. Child abuse and neglect increases the risks of:

- Delinquency.
- Substance abuse.
- Adolescent pregnancy.
- Adverse health behaviors.
- Suicide attempts.
- Human Immunodeficiency Virus (HIV) risk behaviors as the affected child grows.

Abused or neglected children are arrested four to eight times more often for juvenile crimes and are twice as likely to be arrested as adults. They are also at higher risk for school failure.<sup>6</sup> Maltreated children are 25% more likely to suffer from mental illness.<sup>6</sup> Childhood

abuse and other adverse childhood experiences contribute to the development of chronic diseases and poor health decades later.<sup>7</sup>

## Washington State Data Compared to United States Data

In 2006, 41,455 children were referred to Child Protective Services (CPS) for a rate of 26.8 per 1,000 children under age 18 (unduplicated data). Only a portion of child maltreatment is reported to CPS and not all referrals are investigated. Therefore, the number of child maltreatment cases is underestimated. Because states process and report cases differently, we do not know if the Washington State CPS rate and the United States rate of substantiated are comparable.

## Age and Gender

Children ages 0-5 had the highest rates, followed by children 6-11 and then children 12 to 17-years-old. Children from 0-3 are at the greatest risk of any abuse. They have the highest abuse and neglect rates, are the most likely to experience recurrence, and are the most likely to die from the abuse and neglect they experience.

Children 0-3 are probably the most important group to target for prevention. Early brain development research and nurturing theory demonstrate the huge potential to improve developmental outcomes during the critical first years. In addition, during this period, parents are most willing to receive information and support.

## Race and Ethnicity

American Indian and Alaska Native children had the highest rates of maltreatment, followed by African-American, Hispanic, white, and Asian/Pacific Islander children. Rates were slightly higher for girls than for boys.

<b>Children in Referrals Accepted for Investigation by CPS Washington</b>	<b>Washington State Rate per 1,000</b>
Total Rate (2004-2006)	27.7
Gender (2004-2006)	
Boys	27.0
Girls	28.3
Age Group (2004-2006)	
0-5	39.9
6-11	28.2
12-17	18.8
Race/Ethnicity (2003-2005)	
Non-Hispanic African American	49.1
Non-Hispanic American Indian Alaska Native	75.1
Non-Hispanic Asian & Pacific Islander	10.3
Non-Hispanic White	25.1
Non-Hispanic Multiple Races	39.7
Hispanic	31.3

## Washington State Child Death Review Data

The Child Death Review (CDR) process is a tool used in local communities to identify circumstances leading to children's deaths; collect and report accurate, uniform information; and improve communication and collaboration around children's safety. In 2003, local child death review teams identified 24 children (a rate of 1.6 per 100,000) for whom physical abuse or neglect was a factor in their deaths. In 2003, the estimated national rate was 2.0 per 100,000. Because states vary in how they investigate and report child fatalities, we cannot compare these rates.

## Washington State Behavioral Risk Factor Surveillance System and Healthy Youth Survey Data

In a 2004 survey of adults, about 20% of Washington State women (ages 18 and over) and 8% of men reported a childhood history of sexual abuse. Males and females reported a similar prevalence of childhood physical abuse; about 12% of men and 10% of women reported physical abuse as a child.<sup>8</sup> In 2006, about 23% of Washington State youth (about 15,000-21,500 students) surveyed in 8th, 10th, and 12th grades report being physically abused by an adult at some point in their lives.<sup>9</sup>

## Risk and Protective Factors

Child abuse and neglect has been consistently associated with:<sup>10, 11</sup>

- Parental poverty.
- Unemployment.
- Lack of parental education.
- Young maternal age.

Other family characteristics that contribute to abuse risk include:<sup>12, 13</sup>

- Substance abusing parents.
- Parents who were abused as children.
- Parents with psychological diagnoses such as antisocial personality or depression.

Children in families with domestic violence are also at increased risk for abuse. Being exposed to domestic violence may be abusive in itself.<sup>14</sup> Since child abuse and neglect is a complex problem with a multitude of causes, we must respond to a range of needs in our prevention approaches.

Parents who are sensitive and responsive to their children's needs, keep a safe and healthy home environment, and have strong communications and problem-solving skills are unlikely to be abusive or neglectful.<sup>15</sup>

# Recommended Strategies

## Evidence-Based Strategy

### Provide support programs for parents, especially for first time parents

The purpose of new parent or prenatal support programs is to prepare people for the job of parenting. Such programs should include support during both the prenatal and postnatal periods to ease the difficulties associated with having a new infant at home.

The most innovative and holistic prevention approach for of educating and supporting the at-risk family is the Early Childhood Home Visiting Program.<sup>16</sup> Early childhood home visiting programs are effective in addressing the needs for education and support of at risk families. Home visiting is one of the few-evidence-based programs shown to reduce child abuse and neglect. Several national programs such as the Nurse Family Partnership that also reduce child abuse and neglect.<sup>17</sup> Studies have shown that home visiting has reduced child maltreatment episodes by 40%.<sup>18,19</sup> Currently, there are Nurse Family Partnership Programs in Jefferson, King, Mason, Pierce, Skagit, Snohomish, Thurston, and Yakima Counties. All the programs enroll first time, low-income mothers early in their pregnancy and provide frequent home visits through their child's second birthday. In addition, most home visiting programs seek to create change parenting:

- Social support.
- Practical assistance, sometimes in the form of case management that links families with other community services.
- Education about parenting or child development.

## Promising or Experimental Strategies

### Train parents in promoting positive child and youth development

Parent-focused interventions improve child-rearing competence. Stress management is effective at reducing risk factors associated with physical child abuse. The Incredible Years<sup>20</sup> is a research-based program that has reduced children's aggression and behavior problems and increased social competence at home and at school. The Family Connections Project provides:

- Emergency assistance.
- Social support.
- Family assessment.
- Customized interventions.

In one well-designed study, The Family Connections Project reduced child abuse and neglect.<sup>21</sup> Other programs with varying levels of research support include:

- Parents as Teachers.
- The Nurturing Parent Programs.
- Triple-P-Positive Parenting Program.
- Strengthening Multi-Ethnic Families.
- Stewards of Children.

Another promising intervention is Parent-Child Interaction Therapy. This is a parent training and skills building program for parents of young children with conduct disorders that focuses on the quality of the child-parent relationship and interactions. One randomized trial with physically abuse parents has shown fewer future physical abuse reports after training.<sup>22</sup>

## Improve identification and screening

Professionals who work with children, such as health care providers and teachers, are required by Washington State law to report suspected child abuse to Child Protective Services (CPS). Expertise in identifying and reporting child abuse varies. Many health care facilities use multidisciplinary teams to improve identification and case management of maltreated children. Health care professional organizations have initiated training programs to increase knowledge for recognizing, diagnosing, documenting, and treating child abuse.<sup>23</sup> In Washington State, you can report child abuse and neglect by calling **1-866-ENDHARM**.

## Provide support and services for maltreated children

Treatment for maltreated children includes:

- Therapeutic day school programs.
- Day hospital programs.
- Residential programs.
- Home and clinic setting treatment.

These programs most often focus on, improving younger children's cognitive and developmental skills, and psychodynamic treatment for older children.<sup>23</sup>

## Coordination of child protective and domestic violence services

Child maltreatment and domestic violence often occur in the same families. An approach for coordinating services and support to both the adult domestic violence victim and to the children is being tested. It aims to keep the adult domestic violence victim with the children. However, the effects on child abuse are unknown at this time.<sup>24</sup>

## Strengthen legal approaches

Child abuse by individuals other than the caretakers, such as sexual abuse by an unrelated adult, is under law enforcement's rather than CPS' purview. If they prevent re-offense, child advocacy programs and systems for effective investigation and prosecution of perpetrators reduce risk to other children.

## For More Information

### Washington State

#### Children's Hospital Child Protection Program:

[www.seattlechildrens.org/our\\_services/support\\_services/childrens\\_protection\\_program](http://www.seattlechildrens.org/our_services/support_services/childrens_protection_program)

#### Washington Council for Prevention of Child Abuse and Neglect web site:

[www.wcpcan.wa.gov](http://www.wcpcan.wa.gov)

#### The Washington State Childhood Injury Report web site:

[www.doh.wa.gov/hsqa/emstrauma/injury/pubs/wscir/WSCIR\\_child\\_abuse\\_and\\_neglect.pdf](http://www.doh.wa.gov/hsqa/emstrauma/injury/pubs/wscir/WSCIR_child_abuse_and_neglect.pdf)

#### The Washington State Department of Health, Health of Washington State web site:

[www.doh.wa.gov/HWS/](http://www.doh.wa.gov/HWS/)

#### Washington State Department of Social and Health Services, Children's Administration web site:

[www1.dshs.wa.gov/ca/safety/prevAbuse.asp?1](http://www1.dshs.wa.gov/ca/safety/prevAbuse.asp?1)

**Reporting Abuse:** Hotline - Call **1-866-ENDHARM** (1-866-363-4276), Washington State's toll-free, 24 hour, 7 day-a-week hotline that will connect you directly to the appropriate local office to report suspected child abuse or neglect

### National

**Childhelp USA® National Child Abuse Hotline** at 1-800-4-A-CHILD® (1-800-422-4453)

#### Child Maltreatment, Child Trends DataBank, web site:

[www.childtrendsdatabank.org/pdf/40\\_PDF.pdf](http://www.childtrendsdatabank.org/pdf/40_PDF.pdf)

#### Child Maltreatment: Fact Sheet, prepared by the Centers for Disease Control, National Center for Injury Prevention and Control, web site:

[www.cdc.gov/ncipc/dvp/cmp/default.htm](http://www.cdc.gov/ncipc/dvp/cmp/default.htm)

#### National Association of Counsel for Children, web site:

[www.naccchildlaw.org](http://www.naccchildlaw.org)

#### Nurse Family Partnership web site:

[www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)

#### Parent Child Interaction Therapy web site:

<http://pcit.phhp.ufl.edu>

#### Prevention Through Education and Awareness, web site:

[www.childabuse.com](http://www.childabuse.com)

#### Prevent Child Abuse America, web site:

[www.preventchildabuse.org](http://www.preventchildabuse.org)

## Endnotes

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- <sup>17</sup> The Nurse Family Partnership, website: [www.nursefamilypartnership.org/index.cfm?fuseaction=home](http://www.nursefamilypartnership.org/index.cfm?fuseaction=home).
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