Child Abuse and Neglect

Definition: Behavior which 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.[1]

Summary

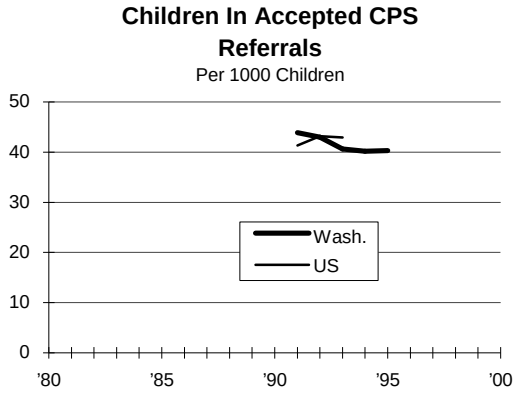
There were 39,180 accepted referrals to child protective services for child abuse and neglect in Washington in 1995. These involved 58,946 children and youth age 0-17. Child maltreatment causes suffering directly, has long-term effects on physical and emotional well-being, and increases the risks of delinquency, substance abuse, adolescent pregnancy, suicide, and other problems in the next generation.[2]

Child abuse is a serious problem by any measure, but accurate measurement is hindered by underreporting, varying definitions, and other issues. There is a need for more accurate measures and for development and evaluation of long-term, multifaceted programs that are effective in preventing maltreatment.

Rates of Maltreatment

In 1995, almost 59,000 children in Washington were involved as victims for potential victims in a Child Protective Services (CPS) accepted referral (one which passed an initial screening to determine whether investigation is required), equivalent to a rate of 40.3 per 1000 children. Some children may be involved in more than one referral. These numbers suggest that, compared to many factors affecting the health of children, child maltreatment is relatively common.

Of the children involved in accepted referrals, 51% were involved in referrals for neglect, 28% for physical abuse, 13% for sexual abuse, and 9% for other forms of abuse such as emotional abuse, mental injury, exploitation, or abandonment.



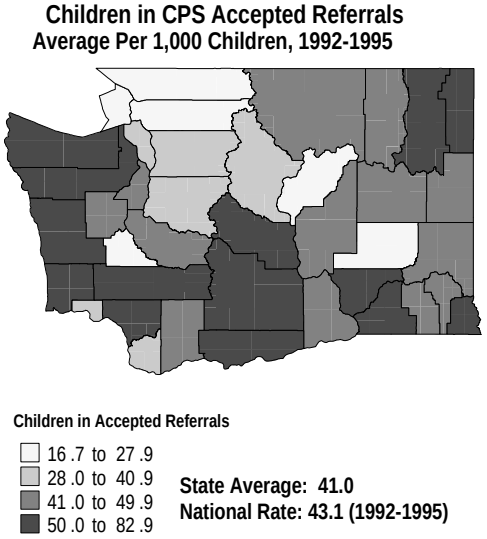
In 1993, the rates of total maltreatment in Washington, as measured by the number of children in CPS accepted referrals, were similar to the national levels. Although there appears to have been a slight drop in the Washington rates from 1991 to 1995, this may be due to changes in referral acceptance rates (i.e. a decline from 60% in 1991 to 51% in 1995.)

Year 2000 Goal

The national year 2000 goal is to reduce total abuse and neglect and four specific types of abuse and neglect to below their 1986 baseline rates per 1000 children: 25.2 for all abuse and neglect, 5.7 for physical abuse, 2.5 for sexual abuse, 3.4 for emotional abuse, and 15.9 for neglect. These 1986 national baselines were based on a combination of data sources, including police, hospitals and schools as well as CPS records.[3] No directly comparable rates are available for Washington because the same combination of data sources has not been used.

Geographic Variation

The map below shows average rates of children in CPS accepted referrals for 1992 through 1995 combined. Apparent county-to-



county variation in CPS accepted referrals might be due to differing levels and methods of reporting, differing organizational policies for dealing with maltreatment, and other factors, as well as actual differences in rates of maltreatment.

Age and Gender

. Data from a study in Washington State[4] suggest that physical abuse and neglect are most often reported for children ages 0-2 years, and generally decline with increasing age among both male and female children. Sexual abuse rates are higher for females than males, and abuse occurs at later ages (peaking at 11-14 years for girls and 3-6 years for boys). National data[3] indicate that, nationally, girls are 3.5 times more likely than boys to be sexually abused, and 1.6 times more likely to receive any form of abuse.

Both nationally and in Washington State, children under two years of age are at increased risk of death due to maltreatment. This is presumably because they are more physically vulnerable (for example, infants have a relatively large head size with poor head control, and are unable to care for or defend themselves).

Race and Ethnicity

In Washington in 1995, the population was predominantly white, and the majority of children in accepted CPS referrals were also white. The rate of children in accepted CPS referrals was lowest in Asian Americans, followed by Hispanics, Whites, African Americans, and Native Americans. The reasons for racial/ethnic differences are not known and may be due to associated risk factors, such as poverty. A nationwide survey found no consistent differences in child abuse or neglect by race or ethnicity of the child.[3]

Income and Education

State data are not available. National data indicate that low income and education are risk factors for maltreatment. (See risk and protective factors, below.)

Other Measures of Impact and Burden

Population-based survey of physical abuse. National population-based surveys in which parents were asked about their physical abuse of children revealed much higher rates of abuse than official records. In 1985, 10.7% of parents surveyed reported they had performed some violence toward their child, including 1.3% kicked, bit, or hit with a fist; 9.7% hit or tried to hit with something; 0.6% beat up, 0.2% threatened with gun or knife, and 0.2% used gun or knife.[5]

National Incidence Survey(NIS).[3] A national study was conducted in which a variety of sources (such as police, hospitals, and schools) were surveyed about child abuse cases, which may or may not have been reported to CPS. The results of the study were used to define the year 2000 goals. The study revealed considerable under-reporting to CPS, with fewer than half of the NIS cases documented by CPS. However, the total number of NIS cases was smaller than the number of CPS accepted referrals because NIS did not include unsubstantiated cases. The level of evidence required for substantiation is high (requiring physical evidence or an admission of guilt), so some unsubstantiated cases may nevertheless involve abuse. Another National Incidence Survey was conducted in 1993, and a report is expected in 1996.

Risk and Protective Factors

Child maltreatment is associated with other family and community problems. Emotional maltreatment may underlie all other kinds of abuse and neglect in that it involves a lack of responsiveness to the child's needs.

Family characteristics. Child maltreatment has been consistently associated with poverty, unemployment, lack of education, young maternal age, unplanned pregnancies, large family size, and short intervals between births. The reasons for these associations are not known, but relatively scarce economic and psychological resources for each child may play a role.[6]

Poverty. Low-income children are 4.1 times more likely to be physically abused, 4.4 times more likely to be sexually abused, 5.1 times more likely to be emotionally abused, and 9.0 times more likely to be neglected compared to other children.[3] Differential ascertainment and reporting may contribute to this apparent difference, as results of one study suggested that hospitals are more likely to report abuse that occurs in low-income families.[7]

Intergenerational patterns. Parents who were maltreated themselves as children are more likely

to maltreat their own children than are other parents, though the exact level of risk is not known.[8] Disrupted parent-child relationships may manifest themselves in a variety of ways. For example, among teenage mothers, a history of being sexually abused appears to increase the likelihood that a mother will be neglectful—but not sexually abusive—toward her own children.[9] A positive relationship with someone other than the maltreater can counteract the negative effect of received abuse on parenting in the next generation.

Psychological and attitudinal factors. Psychological diagnoses including depression, antisocial personality, and substance abuse have been associated with child maltreatment in some studies, although findings are not consistent.[1]

Job loss. High rates of job loss precede increases in child abuse at a community level.[10] It is hypothesized that stresses associated with job loss contribute to maltreatment. As noted earlier, unemployment, like low income, is also associated with child abuse and neglect within families.

Poor social relationships. Maltreating parents are described as isolated and they report less social support than other parents. The causal relationships are not known.[6]

Domestic violence. Domestic violence and child abuse often occur in the same families. Research on battered women in shelters suggests that as many as 45% to 70% of the children of battered women are abused.[11] However, abused women in shelters may be one extreme of the spectrum of domestic violence. Further research would be necessary to better assess what percentage of children of victims of domestic violence are abused.

Child characteristics. Although it has been hypothesized that children who were born prematurely, with low birth-weight, or with an illness or handicap were more likely to be maltreated, research in this area has had inconsistent results, and it is likely that any apparent effect is due to the association of child characteristics with poverty and other risk factors.[6] Children with behavior problems are also more likely than other children to be maltreated, but the behavior problems may be the result, rather than the cause, of maltreatment.

High Risk Groups

Lower socioeconomic groups. Most programs aimed at preventing maltreatment have been targeted at poor and young mothers. Poverty (especially extreme poverty) is a strong predictor of neglect, and to a lesser extent, physical abuse.

Parents who have been abused themselves. Parents who have been abused themselves are an important risk group. Studies of parents who were themselves maltreated suggest that those who received therapy or had a supportive spouse are less likely to maltreat their own children

Families with other problems. Families with other problems such as domestic violence, parental psychological problems, or child health or behavior problems appear to have an increased likelihood of maltreatment. Although the problems may not cause maltreatment directly (and in the case of child behavior problems may be a result of maltreatment), they may nevertheless be helpful in targeting interventions.

Intervention Points, Strategies and Effectiveness

There has been relatively little research on interventions to prevent maltreatment, compared to the large amount of research on causes and effects. However, several programs have shown positive effects on parenting behavior and other measures related to maltreatment.

Home visiting. At least seven well-conducted evaluations[12] showed positive effects of home visiting programs on reducing serious injuries and other health care utilization measures. This program involved nurse home visitors who provided high-risk mothers with information and support. One such program (the Hawaii Healthy Start program) also demonstrated a significant reduction in official rates of child abuse.

Parenting training. At least four well-conducted evaluations of programs teaching child management skills, either alone or along with stress management and other skills, have shown positive effects on the parenting behavior of maltreating parents.[13] Parent behavior training has also been effective in reducing problem behavior of adolescents who were not known to be maltreated. However, the programs have not been adequately evaluated as to their ability to reduce maltreatment.

Early childhood education. Programs that include parenting support or information have

produced positive effects on behavioral measures of parenting in ten out of eleven studies of early childhood education,[14] and they appear to reduce delinquency as well. However, their effect on preventing maltreatment is not known.

Services to maltreated children. Programs to prevent adverse consequences of child maltreatment on the child appear to be generally effective, although other efforts are necessary to protect the child from further maltreatment. Maltreated children who attended therapeutic day care showed better developmental progress than other maltreated children in two sets of small studies.[15] Also, reviewers of over 250 evaluations of the effectiveness of psychotherapy with children have concluded that psychotherapy is generally helpful in reducing a variety of problems, including some problems that are associated with maltreatment, such as aggression.

Future directions. Most programs to prevent child abuse focus on mothers. However, men are over-represented as perpetrators of serious physical abuse, and are responsible for the vast majority of sexual abuse. The US Advisory Board on Child Abuse and Neglect[16] recommends that programs linking child abuse and domestic violence prevention be developed for men. Research to delineate the relationship between child abuse and domestic violence would be needed.

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