This topic-specific chapter is an excerpt from the Washington State Injury and Violence Prevention Guide, January 2013, DOH 530-090. For complete reference and to view the Guide in its entirety, please visit www.doh.wa.gov/Portals/1/Documents/2900/InjuryReportFinal.pdf.

CHILD ABUSE AND NEGLECT

DESCRIPTION:
Behavior that carries 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 children in referrals accepted for investigation by Child Protective Services.[1]

Washington State Goal Statement

To decrease child abuse and neglect, including hospitalizations and deaths

National Healthy People 2020 Objectives

- Reduce child maltreatment victims from 9.4 in 2008 to 8.5 per 1,000 children under age 18 years.
- Reduce child maltreatment fatalities from 2.4 in 2008 to 2.2 per 100,000 children under age 18 years.

Statement of the Problem in Washington State

Child abuse and neglect cause direct suffering and long-term damage to physical and emotional well being. Many fatalities from injuries such as drowning or suffocation can be linked to abuse and neglect. Child abuse and neglect increase the risks of:

- Juvenile delinquency and adult criminality
- Substance abuse
- Adolescent pregnancy
- School failure
- Suicide attempts
- Poor mental and physical health[2]

A review of the effects of child sexual abuse on health found that survivors of sexual abuse are at risk for a wide range of health problems. These include post-traumatic stress symptoms, re-victimization, and high-risk sexual behaviors.[3] A review of 16 long-term studies found that abuse in childhood consistently predicted risk for depression, anxiety and post-traumatic stress disorder in adulthood.[4]

Childhood abuse and other adverse childhood experiences contribute to chronic diseases and poor health decades later.[2]

Washington State Data Compared to United States Data

In 2011, 46,636 individual children were in accepted referrals to Child Protective Services (CPS), for a rate of 30 per 1,000 children under age 18. 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' rates are comparable.

Age and Gender

In the state during 2009–2011, children ages 0–5 had the highest rates of maltreatment, followed by children 6–11, and then children 12–17 years old. Rates were slightly higher for girls than for boys. Nationally, children from 0–3 are at the greatest risk of any abuse. They have the highest abuse and neglect rates and are the most likely to die from the abuse and neglect they experience.[5]

Children birth to age 3 are probably the most important group to target for prevention. Early brain development research and nurturing theory show the huge potential to improve outcomes during the critical first years. Also, during this period, parents are most willing to receive information and support.[6]

Race and Ethnicity

American Indian and Alaska Native children had the highest rates of maltreatment, followed by African American and multiracial children. Asian and Pacific Islander children had the lowest rates of maltreatment; this may vary by subgroup.

Children in Referrals Accepted for Investigation by CPS (2009–2011)	Washington State Rate per 1,000
Total Rate	28.2
Gender	
Boys	27.8
Girls	28.5
Age Group	
0–5	36.5
6–11	28.0
12–17	20.2
Race/Ethnicity	
Non-Hispanic African American	49.4
Non-Hispanic American Indian/Alaska Native	67.6
Non-Hispanic Asian & Pacific Islander	11.2
Non-Hispanic Multiple Races	39.6
Non-Hispanic White	23.9
Hispanic	23.8

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

In a 2010 survey of adults, about 19 percent of Washington State women and 8 percent of men reported a childhood history of sexual abuse. About 18 percent of men and women reported a childhood history of physical abuse.[7] In 2010, about 18 percent of Washington State youth surveyed in 10th and 12th grades and 16 percent of those in 8th grade reported being physically abused by an adult at some point in their lives.[8]

Child Death Review

Child death review (CDR) is a process used to collect information about injury and death, including child abuse and neglect, to inform prevention efforts. Local health jurisdictions may voluntarily convene CDR teams to review deaths of children, under the age of 18, who have unexpectedly lost their lives. Teams identify circumstances in these deaths and consider strategies to improve health and safety for all children. Experts from many backgrounds, such as local public health, healthcare, social services, law enforcement, and others, serve on local teams. The State Department of Health is required under RCW 70.05.170 to assist local teams with data collection, respond to requests for CDR data, and provide technical assistance to teams.

The Department of Social and Health Services (DSHS) is also required to conduct a death review and submit a report on any suspected abuse or neglect related child fatality if the child was under the care of DSHS (RCW 74.13.640).

Risk and Protective Factors

Child abuse and neglect has been consistently linked with:[9]

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

Other family characteristics that contribute to abuse risk include:[10, 11]

- Substance abusing parents
- Parents who were abused as children
- Parents with mental health diagnoses, such as antisocial personality or depression
- Domestic violence

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 less likely to be abusive or neglectful.[12]

Recommended Strategies

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.

Evidence-Based Strategy

Provide support programs for parents, especially for first time parents

The purposes of new parent or prenatal support programs are to improve parenting quality, promote child health and development, and prevent child abuse and neglect. These programs target new and expectant parents because abuse prevention should ideally start before problems develop. There are many new challenges in the transition to parenthood, and the first months of a child's life are crucial for attachment development.[13]

A recent review of randomized trials of parenting education programs for expectant and new parents found a small effect on reducing child abuse and neglect.[14] The programs also showed small positive effects on parenting quality and child physical and social development. Most of these effects were maintained over follow-up periods averaging about two years.

Home visiting programs generally include a parent education component. They may also provide links to community resources and social support. Some programs provide help in teen pregnancy prevention, achieving educational and occupational goals, and reducing substance use. The Task Force on Community Preventive Services recommends early childhood home visiting programs to reduce child maltreatment among high risk families.[14] In particular, the Nurse-Family Partnership has shown significant reductions in child abuse and neglect.[15, 16] However, not all home visiting programs are similarly effective.[17] Several local health jurisdictions in Washington State are implementing Nurse-Family Partnership programs. The programs enroll first time, low-income mothers early in their pregnancy and provide frequent home visits through their child's second birthday.

Promising or Experimental Strategies

Train parents in promoting positive child and youth development

Parent-focused interventions emphasize improving child-rearing skills and reducing child maltreatment. Although many interventions have not been carefully evaluated or have shown little effect, several programs have shown promise in at least one study:[18]

- The Incredible Years is a research-based program that has reduced harsh parenting, increased positive discipline, and reduced children's aggression and behavior problems. It has been adapted for abusive and neglectful parents but has not been evaluated for its ability to reduce child abuse and neglect.[19]
- In one well designed study, Family Connections reduced child abuse and neglect.[20] Family Connections provides emergency assistance, social support, family assessment, and customized interventions.
- Parent-Child Interaction Therapy is a parent training and skills building program for parents of young children with conduct disorders. This program focuses on the quality of the child-parent relationship. One randomized trial with physically abusive parents has shown fewer future physical abuse reports after training.[21]
- In a large-scale dissemination study of the Triple-P-Positive Parenting Program, 18 South Carolina counties were randomly assigned to dissemination of the program or to services as usual. Results showed lower rates of confirmed abuse and emergency room visits for child injuries in the counties where parent interventions were conducted.[22]
- Parent Management Training[23] is a behavioral intervention for young children with disruptive behaviors and their parents. The program is intended to improve child behavior by increasing parental involvement and responsiveness. The program has been shown to improve parent-child interactions. However, it has not been evaluated for its ability to reduce child abuse and neglect.
- Child-Parent Centers, a program for preschool children and their parents, was one of the most effective programs cited in one review.[24] The program showed reduced maltreatment reports.

- The Period of PURPLE Crying, a program intended to reduce shaken baby syndrome, has been shown to increase knowledge and in one study, increased walking away from a crying baby. Its ability to reduce injury or abuse is unknown.[25]

Other programs with varying levels of research support include:

- Parents as Teachers
- The Nurturing Parent Programs
- Stewards of Children

Improve identification and screening

Professionals who work with children, such as healthcare providers and teachers, are required by Washington State law to report suspected child abuse to Child Protective Services. Expertise in identifying and reporting child abuse varies. Many healthcare facilities use multi disciplinary teams to improve identification and case management of maltreated children. Healthcare professional organizations have initiated training programs to increase knowledge for recognizing, documenting, and treating child abuse.[26] In Washington State, reports of child abuse and neglect can be made by calling 1-866-ENDHARM.

Provide support and services for maltreated children

Mental health treatment for maltreated children reduces post-traumatic stress symptoms, depression and behavior problems. This is especially true for trauma- and abuse-focused cognitive behavioral therapy and Parent Child Interaction Therapy.[27, 28] Mental health services for children are generally effective, although other efforts are needed to protect the child from further maltreatment. As many as half of children with substantiated physical abuse do not receive mental health services.[26]

Adverse childhood experiences

The Adverse Childhood Experiences (ACEs) Study[29] has shown that ACEs, including child abuse and neglect, are related to poor mental and physical health outcomes in adults. The stress of ACEs leads to these poor outcomes, including negative impact on brain development and weakened immune systems.
The Family Policy Council and Community Networks, many local public health agencies, and communities in Washington have been working to prevent and reduce the negative impact of ACEs for several years. The Department of Health has funded work in Eastern Washington to assess ACEs awareness and intervention development. The Department of Health's Office of Healthy Communities is working to apply what is learned about ACEs to integrated maternal child health and chronic disease prevention work.

For More Information

Washington State

Washington State Department of Social and Health Services, Children's Administration, Child Abuse Prevention Tips:
www1.dshs.wa.gov/ca/safety/prevAbuse.asp?1

Seattle Children's Protection program – Seattle Children's Hospital:
www.seattlechildrens.org/clinics-programs/protection-program/

Reporting Abuse: Hotline – Call 1-866-ENDHARM (1-866-363-4276), Washington State's toll-free, 24 hour, 7 day-a-week hotline 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).

Centers for Disease Control, National Center for Injury Prevention and Control, Child Maltreatment: Fact Sheet:
www.cdc.gov/ViolencePrevention/childmaltreatment/index.html

Child Welfare Information Gateway:
www.childwelfare.gov/

Nurse-Family Partnership:
www.nursefamilypartnership.org/

Endnotes

[1] Washington statute defines child abuse or neglect as: 'Abuse or neglect' means sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety… or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child, Revised Code of Washington 26.44.020.

[2] U.S. Department of Health & Human Services Child Welfare Information Gateway, "Long-Term Consequences of Child Abuse and Neglect," www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm, accessed on July 30, 2012.

[3] R. Maniglio, "The impact of child sexual abuse on health: A systematic review of reviews," Clinical Psychology Review, 2009, Vol. 29, pp. 647-657.

[4] S. Welch, et al., "Family Relationships in Childhood and Common Psychiatric Disorders in later life: systematic review of prospective studies," British Journal of Psychiatry, 2009, Vol. 194, pp. 392-398.

[5] U.S. Department of Health and Human Services, Children's Bureau, "Child Maltreatment," www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment, accessed on November 29, 2011.

[6] J.S. Middlebrooks and N.C. Audage, "The Effects of Childhood Stress on Health Across the Lifespan," www.cdc.gov/ncipc/pub-res/pdf/Childhood_Stress.pdf, accessed on June 4, 2012.

[7] Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) data, www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/BehavioralRiskFactorSurveillanceSystemBRFSS.aspx, accessed on September 17, 2012.

[8] Washington State Department of Health, Healthy Youth Survey (HYS) 2010 data, www.askhys.net/layout.asp?page=intro, accessed on September 17, 2012.

[9] O.W. Barnett, et al., *Family Violence Across the Lifespan*, 3rd ed., Sage, Thousand Oaks, 2011.

[10] J. D. Osofsky, *Adaptive and maladaptive parenting: Perspectives on risk and protective factors,* 2000, cited by J. P. Shonkoff and S. J. Meisels (eds.), Handbook of Early Childhood Intervention, 2nd ed., Cambridge University Press.

[11] J.S. Milner, et al., "Do trauma symptoms mediate the relationship between childhood physical abuse and adult child abuse risk?" Child Abuse & Neglect, 2010, Vol. 34, pp. 332-344.

[12] S.R. Wilson, et al., "Comparing physically abusive, neglectful, and non-maltreating parents during interactions with their children: A meta-analysis of observational studies," Child Abuse & Neglect, 2008, Vol. 32, pp. 897-911.

[13] M. Pinquart and D. Teubert, "Effects of parenting education with expectant and new parents: a meta-analysis," Journal of Family Psychology, 2010, Vol. 24, pp. 316-327.

[14] The Guide to Community Preventive Services, "Early childhood home visitation to prevent violence," www.thecommunityguide.org/violence/home/homevisitation.html, accessed on June 4, 2012.

[15] The Nurse Family Partnership, www.nursefamilypartnership.org, accessed on June 4, 2012.

[16] R.A. Hahn, et al., "First reports evaluating the effectiveness for strategies for preventing violence: early childhood home visitation," Morbidity and Mortality Weekly Report, 2003, Vol. 52, Sec. RR-14, pp. 1-9.

[17] K.S. Howard and J. Brooks-Gunn, "The role of home-visiting programs in preventing child abuse and neglect," Future of Children, 2009, Vol. 19, pp. 119-144.

[18] R.P. Barth, "Preventing child abuse and neglect with parent training: evidence and opportunities," Future of Children, 2009, Vol. 19, pp. 95-118.

[19] C. Webster-Stratton and J.M. Reid, "Adapting the Incredible Years, an evidence-based parenting programme, for families involved in the child welfare system," Journal of Children's Services, 2010, Vol. 5, pp. 25-42. Also see The Incredible Years, www.incredibleyears.com.

[20] Department of Health and Human Services (DHHS), Administration on Children, Youth, and Families (ACF), "Emerging practices in the prevention of child abuse and neglect," www.childwelfare.gov/preventing/programs/whatworks/report, accessed on September 17, 2012.

[21] M. Chaffin and S. Schmidt, "An evidence-based perspective on interventions to stop or prevent child abuse," 2006, cited by J. R. Lutzker (ed.), "Preventing Violence: Research and Evidence-Based Intervention Strategies," American Psychological Association, Washington D.C., pp. 49-68.

[22] Centers for Disease Control and Prevention, "Broad access to parenting support reduces risk of child maltreatment," www.cdc.gov/violenceprevention/pub/triple_p.html, accessed September 17, 2012.

[23] A.E. Kazdin, Parent Management Training, Oxford University Press, New York, 2008.

[24] A.J. Reynolds, et al., "Do early childhood interventions prevent child maltreatment?" Child Maltreatment, 2009, Vol. 14, pp. 182-206.

[25] R.G. Barr, et al., "Do educational materials change knowledge and behavior about crying and shaken baby syndrome?" Canadian Medical Association Journal, 2009, Vol. 180, pp. 727-733.

[26] Washington State Department of Health, "Health of Washington State: Child Abuse and Neglect," www.doh.wa.gov/DataandStatisticalReports/HealthofWashingtonStateReport/MostRecentReport.aspx, accessed on September 17, 2012.

[27] K. Shipman and H. Taussig, "Mental health treatment of child abuse and neglect: the promise of evidence-based practice," Peatr Clin N Am, 2009, Vol. 56, pp. 417-428. Pediatric Clinics of North America, 56:417-428.

[28] S.T. Harvey and J.E. Taylor, "A meta-analysis of the effects of psychotherapy with sexually abused children and adolescents," Clinical Psychology Review, 2010, Vol. 30, pp. 517-535.

[29] Centers for Disease Control and Prevention, "Adverse Childhood Experiences Study," www.cdc.gov/ace, accessed on May 29, 2012.

Washington State Department of Health