

## TYPES OF CHILD MALTREATMENT

The federal Child Abuse Prevention and Treatment Act requires states to develop minimum **definitions of abuse or neglect**. The act states that abuse or neglect are “any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm.”

States have enacted varying definitions of abuse or neglect. In addition to statutory definitions of child abuse or neglect required by federal law, some states define specific types of abuse or neglect, such as emotional abuse, medical neglect, sexual exploitation and abandonment. The majority of states report child abuse or neglect data to the federal National Child Abuse and Neglect Data Systems (NCANDS), which utilizes five major maltreatment categories for reporting: **neglect, physical abuse, sexual abuse, psychological maltreatment and medical neglect**. NCANDS also allows states to report multiple maltreatment, “other” for maltreatment types that are not captured by one of the five major categories, and “data unknown or missing.”

## *Young and Vulnerable: Children Five and Under Experience High Maltreatment Rates*

**By Kerry DeVooght, Marci McCoy-Roth, Madelyn Freundlich**

Although children of all ages can be victims of abuse or neglect, infants and young children are particularly vulnerable. Federal data on child maltreatment from the National Child Abuse and Neglect Data System (NCANDS) show that young children are more likely than older children to be reported to child protective services (CPS) for suspected abuse or neglect, and are more likely than their older peers to be determined victims of maltreatment by CPS.

The data consistently show that child victims most frequently experience maltreatment in the form of neglect (with more than 78 percent of all victims in Federal Fiscal Year (FFY) 2009 experiencing neglect (DHHS, 2010)). Children aged five and younger are at an ever greater risk for neglect than older children: almost 80 percent of all maltreatment victims in the younger age group experienced neglect in FFY2009, compared with two-thirds of children aged six and older. Further, data on child fatalities consistently show that the youngest children (age five and younger) are at greatest risk of death as a result of abuse or neglect, with 87 percent of all child maltreatment fatalities in FFY2009. Children less than a year old comprise 46 percent of all child maltreatment fatalities.<sup>i,ii</sup>

Children who may be victims of abuse or neglect first come to the attention of child welfare agencies when individuals or groups that suspect or identify maltreatment make referrals. Based on federal data, during FFY2009, an estimated 3.3 million referrals involving around six million children were made to CPS agencies (DHHS, 2010). Referrals that meet a state’s initial criteria for meriting investigation or assessment of suspected child maltreatment are “screened-in” and called reports.

<sup>i</sup> Maltreatment data for FFY2009 represent data from October 1, 2008 through September 30, 2009

<sup>ii</sup> Except where noted, data throughout this report were prepared by staff at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University, through a January 2011 data request. Data come from the National Child Abuse and Neglect Data System (NCANDS).

**REPORTING  
CHILD ABUSE  
AND NEGLECT**

Every state in the U.S. (including Puerto Rico) requires Law dictates that certain individuals under certain circumstances must report suspected child maltreatment. These individuals are known as “**mandatory reporters.**” Nearly all states statutorily identify certain professionals who are required to make referrals if maltreatment is suspected. These professionals often include teachers and other school staff, social workers, physicians and other health care workers, or child care workers. In approximately 18 states, any person who suspects child maltreatment must report to CPS.

In FFY2009, professionals submitted more than one-half (58.3 percent) of suspected abuse and neglect reports: educational personnel (16.5 percent), law enforcement and legal personnel (16.4 percent), and social services staff (11.4 percent).

Nonprofessionals, such as parents, relatives, friends and neighbors, alleged victims/perpetrators and anonymous callers submitted 28.1 percent of reports. Unknown or “other” report sources submitted 13.6 percent of reports.



National data for FFY2009 show that CPS agencies screened in nearly 62 percent of the referrals made to them, and investigated or assessed more than two million reports of alleged maltreatment (DHHS, 2010).

This brief reviews the latest data and research on the abuse or neglect of young and vulnerable children (those between the ages of zero and five). Considerable state variation occurs within the overarching national trends, and appendices have been included to provide detailed, state-specific maltreatment data for children from birth to five years old. The brief also examines the short- and long-term impact of abuse or neglect during early childhood in terms of brain development, physical health, emotional and social outcomes, and educational trajectories. Finally, the brief discusses federal and state policies related to preventing maltreatment.

**INFANTS AND CHILDREN UP TO AGE 5 ARE  
DISPROPORTIONATELY REPORTED FOR ABUSE OR NEGLECT**

In FFY2009, infants and children through age five comprised 34 percent of the overall child population in the U.S. but 40 percent of all children who were subjects of a maltreatment report that year. These data, as well as data from previous years, demonstrate that the youngest children consistently make up the largest proportion of abuse or neglect reports.<sup>iii</sup>

**Infants and young children are more likely than older children to experience maltreatment**

Of the approximately three million children who were the subject of a maltreatment report in FFY2009, over 693,000 children (23 percent of all report subjects) were found to be a victim of abuse or neglect.<sup>iv</sup> More than two-fifths (45 percent) of all victims were five years old or younger—approximately 313,500 children. The rate at which infants and young children were maltreated was substantially higher than the rate for older child victims. In FFY2009, the victimization rate for children aged zero to five was 12.4 victims per 1,000 children in this age group compared to 7.6 victims for children aged six to 17 (see Figure 1).<sup>v</sup> Data

<sup>iii</sup> See Appendix A for state-specific data on child maltreatment reports for the 0-5 population in FFY2009

<sup>iv</sup> Based on available data from 50 states, including DC and Puerto Rico. “Victim” refers to a unique child who has had at least one substantiated report of maltreatment during the year. A child is counted only once for this statistic if they had multiple instances of victimization.

<sup>v</sup> Based on available data from 49 states, including DC. The overall rate of victimization for FFY2009 was 9.3 victims per 1,000 children in the general population.

**MANDATORY REPORTING LAWS**

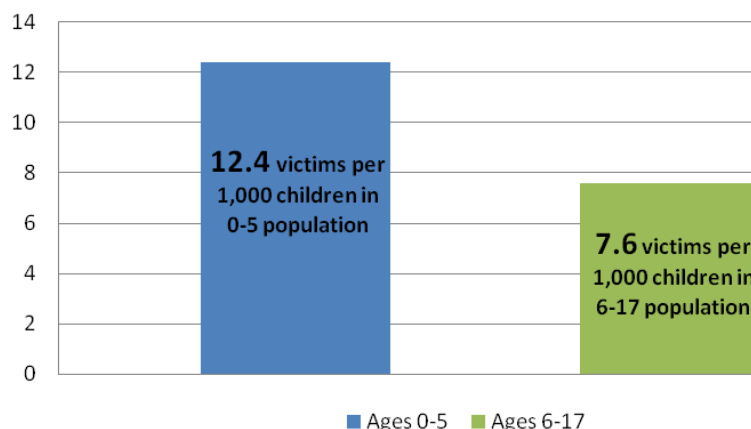
For information on each state’s mandatory reporting laws, as well as other laws related to making reports (including privileged communications and report confidentiality), please see Mandatory Reporters of Child Abuse and Neglect: Summary of State Laws (Child Welfare Information Gateway, State Statute Series) at

[http://www.childwelfare.gov/systemwide/laws\\_policies/statutes/mandaall.pdf](http://www.childwelfare.gov/systemwide/laws_policies/statutes/mandaall.pdf)



also show that the risk of re-reporting is highest for the youngest children, particularly infants and toddlers (Waldfoegel, 2009).

**Figure 1. Rates of Child Maltreatment per 1,000 population, FFY2009**



The younger a child is, the greater the risk of maltreatment. In FFY2009, infants (children aged birth to one year) had the highest rate of victimization of any age group of children: nearly 21 victims per 1,000 children. The rate of victimization declined with each subsequent year through age five.

Younger boys are more likely to experience abuse or neglect than younger girls. In FFY2009, the youngest boys (birth to one year old) had the highest victimization rate of any age/sex subgroup: 20.9 victims per 1,000 children. Boys aged zero to five had a higher victimization rate (12.5 per 1,000) than their female counterparts (12.1 per 1,000). This pattern, however, reversed after age five, when girls aged six and older had higher victimization rates (8.4 per 1,000) than their male peers (6.7 per 1,000) (See Table 1).


**Table 1: Victims of Child Maltreatment by Age and Sex, with Rate per 1,000 Population**

Age	Boys		Girls		Sex N/A	All	
	Victims	Rate	Victims	Rate	Victims	Victims	Rate
0	44,864	20.9	41,275	20.1	911	87,050	20.7
1	26,205	12.1	24,096	11.6	382	50,683	12.0
2	25,050	11.5	22,501	10.8	298	47,849	11.2
3	22,486	10.6	21,036	10.3	262	43,784	10.5
4	20,995	10.0	20,163	10.0	244	41,402	10.0
5	20,786	9.8	19,798	9.8	195	40,779	9.9
<b>Ages 0-5</b>	<b>160,386</b>	<b>12.5</b>	<b>148,869</b>	<b>12.1</b>	<b>2,292</b>	<b>311,547</b>	<b>12.4</b>
<b>Ages 6-17</b>	<b>167,087</b>	<b>6.7</b>	<b>198,762</b>	<b>8.4</b>	<b>1,791</b>	<b>367,640</b>	<b>7.6</b>
<b>Age Missing</b>	<b>1,284</b>		<b>1,265</b>		<b>302</b>	<b>2,851</b>	
<b>Total (49 States):</b>	<b>328,757</b>	<b>8.7</b>	<b>348,896</b>	<b>9.7</b>	<b>4,385</b>	<b>682,038</b>	<b>9.3</b>

Sources: Prepared by the National Data Archive on Child Abuse and Neglect; Data from NCANDS Child File FFY2009; Population from U.S. Census,

<http://www.census.gov/popest/states/asrh/files/SC-EST2009-AGESEX-RES.csv>

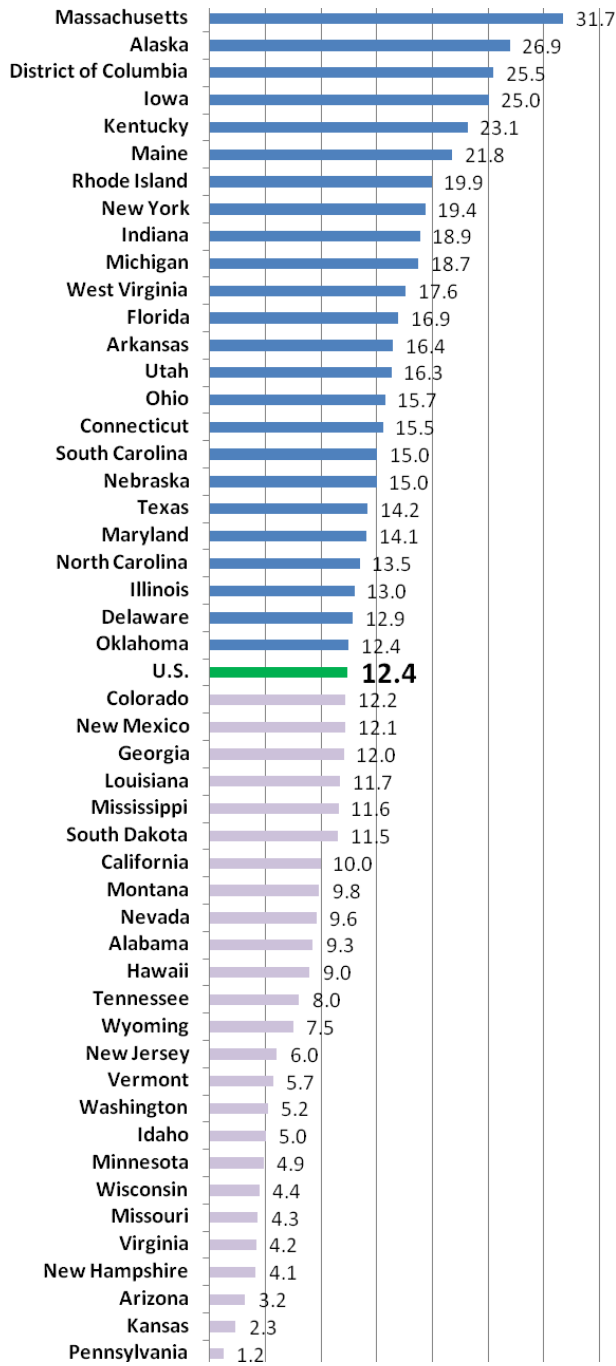
Notes: (1) Data are from the 49 states where both NCANDS child file and population data were available (excludes Puerto Rico, because population data not available; thus, total number of distinct victims is lower than the number referenced above).

(2) See Appendix B for state-specific information for child victims 0-5, by sex, and rate per 1,000 population in the state

Although national data show a maltreatment rate for children aged zero to five as 12.4 victims per 1,000 children of this age group, state maltreatment rates for this population vary considerably. Figure 2 illustrates this state variation in FFY2009 for zero to five year olds. As shown in Figure 2, the rate varies from 31.7 victims per 1,000 in Massachusetts to 1.2 victims per 1,000 children within this age group in Pennsylvania. Many reasons contribute to this wide state variation including, for example, differences in reporting standards, resources available for investigations and prevention services, and economic conditions.



**Figure 2: Child Maltreatment Victims Aged zero to five per 1,000 Population in FFY 2009, by state**



Sources: Prepared by the NDACAN; Data from NCANDS Child File FFY2009; Population from U.S. Census, <http://www.census.gov/popest/states/asrh/files/SC-EST2009-AGESEX-RES.csv>

Notes: (1) Data are from the 49 states where both NCANDS child file and population data were available

**WHAT IS  
NEGLECT?**

Child neglect can take many forms, and can stem from a range of underlying conditions affecting families. These can include mental health issues, substance abuse disorders, issues involving domestic violence and poverty. There is no single definition of neglect; in fact, varying definitions appear in federal and state statutes. The federally-supported Child Welfare Information Gateway, provides this definition: “neglect is frequently defined as the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision such that the child's health, safety, and well-being are threatened with harm” (2011).

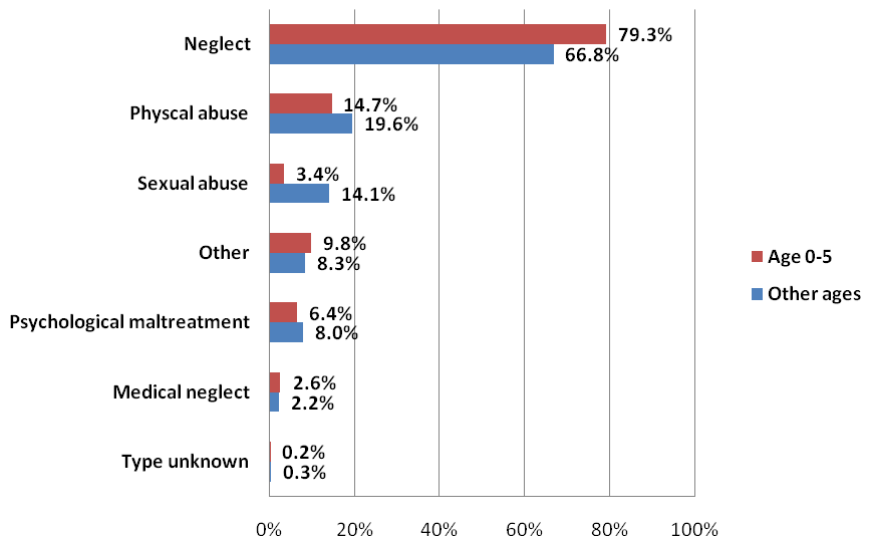
Learn how neglect is defined in your state statute here: [http://www.childwelfare.gov/systemwide/laws\\_policies/state/index.cfm?event=stateStatutes.processSearch](http://www.childwelfare.gov/systemwide/laws_policies/state/index.cfm?event=stateStatutes.processSearch)



**Infants and young children experience more neglect than other maltreatment types**

According to federal data (DHHS, 2010), the majority of child victims – 78 percent – experienced neglect in FFY2009. Smaller percentages experienced other types of maltreatment: 18 percent experienced physical abuse, 10 percent experienced sexual abuse, and eight percent experienced psychological abuse (DHHS, 2010). Children aged zero to five were more likely to experience neglect—79 percent compared to 67 percent of older children aged six to 17—but were less likely to experience physical (15 percent vs. 20 percent), sexual (3 percent vs. 14 percent), or psychological (6 percent vs. 8 percent) abuse than older children. Figure 3 illustrates the proportion of maltreatment victims in FFY2009 who experienced various types of maltreatment, for both the zero to five and six to 17 age groups.

**Figure 3. Maltreatment Types Experienced by Victims, by age groups, in FFY2009**



Sources: Data prepared by the NDACAN; Counts from NCANDS Child File FFY2009;

- Notes:
- (1) Data are from 50 states, including DC and Puerto Rico
  - (2) Totals across age groups may not add to 100 percent, because a child may appear in more than one category if he/she experienced more than one type of maltreatment.
  - (3) See Appendix C for state-specific information for child victims aged 0-5 by maltreatment type



**QUICK FACTS**

**HOW MANY CHILDREN ARE HARMED?**

The fourth National Incidence Study of Child Abuse and Neglect (NIS-4) Report to Congress, in 2005-2006, stated that **one out of every 58 children in the U.S. experienced demonstrable harm from abuse or neglect, and one out of every 25 children who experienced demonstrable harm was endangered** by maltreatment, or had a substantiated or indicated CPS report.

**The vast majority of children who die as a result of abuse or neglect are aged five or younger according to the Department of Health and Human Services.** Data from 44 states (including DC and Puerto Rico) where age-specific analyses were possible in FFY2009 indicate that approximately 87 percent of all maltreatment fatalities occurred to infants and children aged five and under.

Research has documented the detrimental impact of neglect during a child’s early years of development (Knitzer & Johnson, 2005). Scientists have described “toxic stress” for babies and toddlers whose earliest experiences, environments, and relationships are not nurturing and who experience such high and consistent levels of stress that their growing brains cannot integrate their experiences in ways that promote growth and learning (National Scientific Council on the Developing Child, 2007; Knitzer & Lefkowitz, 2006).

**More young children experience abuse or neglect than are reported to child welfare agencies**

*“The true prevalence rate of child abuse and neglect is much higher than what is reported or substantiated by child protective services (CPS) agencies.”*

*-Tyler, Allison & Winsler, 2006*

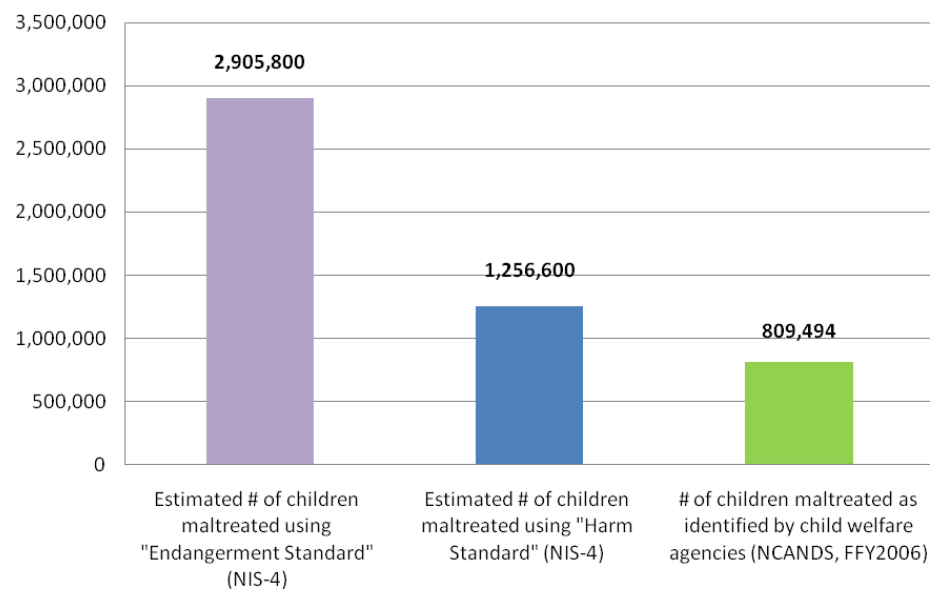
Experts agree that public reporting systems and datasets underestimate the true scope of child maltreatment. Data from the National Child Abuse and Neglect System (which aggregates data from CPS agencies across the U.S.) include only those incidents of maltreatment that are actually referred to the agencies and do not capture maltreatment incidences that are not brought to the attention of CPS. It is generally accepted that the actual incidence of child abuse or neglect exceeds the cases that CPS agencies identify. To address this acknowledged discrepancy, the U.S. Congress mandates periodic research (the National Incidence Study (NIS) of Child Abuse and Neglect) to estimate the true incidence of child abuse or neglect in the U.S.

The NIS gathers information from multiple sources to estimate the number of children who are abused or neglected, and it provides information about the nature and severity of the maltreatment; the characteristics of the children, perpetrators and families; and the extent of changes in the incidence or distribution of child maltreatment since the time of the last NIS. The NIS uses two standards in determining how many children experience maltreatment: the “*Harm Standard*” (a strict definition of abuse or neglect as an act or omission that resulted in demonstrable harm to a child) and the “*Endangerment Standard*” (which includes both children who met the Harm Standard and children who were not yet harmed by abuse or neglect but the maltreatment endangered the children or a CPS investigation substantiated or indicated



the maltreatment). According to the Fourth NIS (NIS-4), the most recent NIS data available, in 2005-2006 more than 1.25 million children experienced maltreatment using the “Harm Standard”, and nearly three million children experienced maltreatment using the broader “Endangerment Standard” (Sedlak et al., 2010).

**Figure 4. Children maltreated according to National Incidence Study (NIS-4) and National Child Abuse and Neglect Data System (NCANDS, 2006)**



Sources: Fourth National Incidence Study of Child Abuse and Neglect (NIS-4); NCANDS data prepared by the NDACAN

Notes: (1) NCANDS data are from 49 “states” in 2005 and 51 in 2006 (out of 52 “states,” including DC and Puerto Rico)

These numbers are substantially higher than the number of children whom child welfare agencies determined to be victims of child abuse or neglect during the same time period. NCANDS data from FFY2006 show that nearly 809,500 children were victims of maltreatment that year, a difference of more than 445,000 victims (see Figure 4).<sup>vi</sup> The NIS-4 also found that in 2005-2006, child protective service agencies investigated only 32 percent of children who experienced maltreatment based on the Harm Standard and 43 percent of children who experienced maltreatment based on the Endangerment Standard. These data suggest that the formal maltreatment reports that child welfare agencies receive

<sup>vi</sup> Based on data from 51 states in 2006 (out of 52 “states,” including DC and Puerto Rico)



and the extent to which reports of child and abuse are substantiated may represent only the tip of the iceberg.

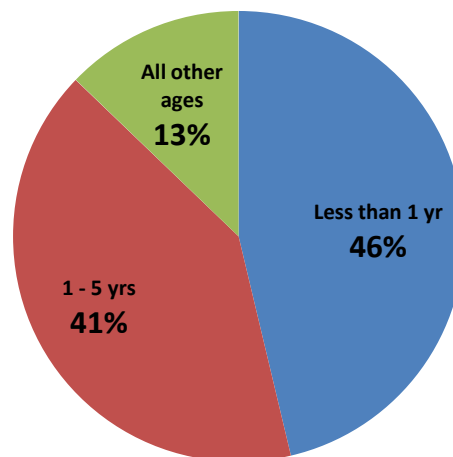
**The youngest children are at the greatest risk of dying from abuse or neglect**

*“Child fatalities due to abuse and neglect remain a serious problem in the United States. Fatalities disproportionately affect young children and most often are caused by one or both of the child’s parents.”*

*Child Welfare Information Gateway, 2008*

The vast majority of children who die as a result of abuse or neglect are age five or younger. In FFY2009, it was estimated that 1,770 children in the United States died as a result of abuse or neglect (DHHS, 2010). Data from 44 states (including DC and Puerto Rico) where age-specific analyses were possible in FFY2009, indicate that approximately 87 percent of all maltreatment fatalities occurred with infants and children to age five.<sup>vii</sup> The largest percentage of children who died were younger than one year (comprising 46 percent of maltreatment fatalities). Figure 5 depicts the child maltreatment fatalities by age group for FFY2009.

**Figure 5. Maltreatment Fatalities in FFY2009, by age group (N=1,342)**



Sources: Data prepared by the NDACAN; Counts from NCANDS Child File FFY2009;  
 Notes: (1) Data are from 44 states that provided fatality information in the NCANDS Child File FFY2009

<sup>vii</sup> Based on data from 44 states (including DC and Puerto Rico) that provided fatality information in the NCANDS Child File FFY2009. Excludes AK, CA, MA, ME, NC, ND, OR, and WA.

**OTHER RESOURCES**

**APRIL IS NATIONAL CHILD ABUSE PREVENTION MONTH**

The Office on Child Abuse and Neglect, within the U.S. Department of Human Services, coordinates activities and information related to Child Abuse Prevention Month. A resource guide, tips sheets for parents and caregivers and more is available here:

<http://www.childwelfare.gov/preventing/preventionmonth>

**THE QUALITY IMPROVEMENT CENTER ON EARLY CHILDHOOD**

The QIC-EC is a service of the Children’s Bureau, Administration for Children and Families (ACF), U.S. Department of Human Services (DHHS). It is managed by the Center for the Study of Social Policy, partnering with ZERO TO THREE: National Center for Infants, Toddlers, and Families, and the Alliance of Children’s Trusts and Prevention Funds. The QIC-EC disseminates a wide range of information on programs and strategies to prevent child maltreatment and promote optimal development for infants, young children and their families.

Visit: <http://www.qic-ec.org/>

**IMPLICATIONS FOR CHILD OUTCOMES**

**Abuse and neglect take a substantial toll on the youngest children**

Infants and toddlers are the most vulnerable to the effects of maltreatment, and its impact on all aspects of development can have life-long implications (Zero to Three, 2006). Child neglect can have pervasive negative consequences on all aspects of children's development, effects that are exacerbated when children are neglected during their first three years of life (Scannapieco, 2008). Researchers have known for some time that children who have been abused as infants and toddlers are at greater risk for developmental delays, even years after the initial abuse occurred (FPG Child Development Institute, 2008).

**Poor physical health and developmental outcomes**

Studies show that infants and young children who are abused or neglected are at risk of developing significant physical health problems. The immediate physical effects of abuse or neglect can be relatively minor (bruises or cuts) or severe (broken bones, hemorrhages, or even death). In some cases, the physical effects are temporary; however, the pain and suffering they cause a child should not be discounted. Meanwhile, the long-term impact of child abuse or neglect on physical health is just beginning to be explored (Child Welfare Information Gateway, 2008). Among the physical health problems that research has identified are: shaken baby syndrome, a common form of child abuse, which may result in bleeding in the eye or brain, damage to the spinal cord and neck, rib and/or bone fractures (National Institute of Neurological Disorders and Stroke, 2007); and longer-term physical ailments such as allergies, arthritis, asthma, bronchitis, high blood pressure and ulcers (Springer, Sheridan, Kuo, & Carnes, 2007).

Histories of adverse childhood experiences, known as ACEs, are strongly associated with leading causes of death later in life, including heart disease, cancer, diabetes, liver disease and emphysema. The more ACEs an individual experiences (such as physical violence, sexual abuse, exposure to domestic violence and a substance abusing parent), the greater that individual’s risk of having one or more of these medical conditions and the more likely he or she will die at a younger age than someone without these adverse experiences (Felitti, 2002).



A growing body of research demonstrates that child abuse and neglect negatively impact children’s neurodevelopment (the physical and biological growth of the brain’s nervous and endocrine systems). Studies find that children’s brain development is significantly impacted by traumatic experiences. Children who are traumatized remain in a state of fear and engage in emotional, behavioral and cognitive functioning to promote their very survival. Chronic activation of this adaptive fear response can result in a persistent state of fear with the child becoming overly vigilant, focused on possible threats, anxious and impulsive (Perry, 1995, 2009).

Neglect of infants in the form of absence of stimulation interferes with the growth and development of the brain and can result in generalized cognitive delays. Infants who are abused or neglected often are apathetic and listless, lack curiosity and do not explore their environments. They may not develop basic problem solving skills. Studies show that toddlers who are abused and neglected often exhibit language and speech delays with some children failing to use language to communicate with others and some children not speaking at all. Research has shown that children who experience abuse or neglect during infancy and early childhood have noticeable differences in overall brain size. The longer the experience of abuse or neglect, the greater the differences in brain structure as compared to children who have not been maltreated (Perry, 2001a; Shore, 2001).

### Poor educational outcomes

Research is clear that early abuse or neglect negatively impact children’s cognitive development and may significantly affect their ability to succeed academically. Early developmental communication and self-regulation skills set the stage for later school readiness and development (Shonkoff & Phillips, 2000). Neglect and under-stimulation during infancy and early childhood impede normal cognitive development (Weinstein & Weinstein, 2000). A recent study found that infants and toddlers investigated for maltreatment are a population at high risk for poorer school-age outcomes, particularly an increased likelihood for placement in special education as compared to the overall school-age population (Scarborough & McCrae, 2010). Another study compared the IQ scores of children with histories of abuse with those of children who had not been abused (Smith, 2000). The verbal IQ scores were very different between the two groups of otherwise matched peers: the children who had been abused had an average total IQ score of 88, whereas the average overall IQ of their non-abused peers was 101. The researchers concluded that



abuse led to brain damage, which in turn disrupted language development. That disruption may have been the source of permanent and profound effects on language ability and cognition (Smith, 2000).

### Poor emotional and social outcomes

Infants who are abused and/or neglected often do not develop basic trust because their caregivers are unavailable, nonresponsive or abusive (Zero to Three, 2009). The absence of the opportunity to attach and develop trust can impair the child's ability to later develop healthy relationships. Infants who are abused often are in a state of "frozen watchfulness," remaining passive and immobile but intently observing the environment based on a fear of attack. They may be unresponsive to adults and may refuse to engage in babbling (Perry, 2001b). Toddlers who are abused or neglected may be fearful and anxious, or depressed and withdrawn. Abuse in response to their normal development—for example, exploring with curiosity—may undermine the development of a healthy personality. These children may become dependent or openly rebellious (Tableman & Paradis, 2008). Studies suggest that children who are neglected during early childhood, compared to children who are abused, may later have more significant difficulties in interacting with peers and may socially withdraw (Hildyard & Wolfe, 2002).

Depression and withdrawal symptoms have been found to be common among children as young as three who have experienced emotional, physical or environmental neglect (Dubowitz, Papas, Black, & Starr, 2002). In one long-term study, as many as 80 percent of young adults who had been abused as young children met the diagnostic criteria for at least one psychiatric disorder at age 21. These young adults exhibited many problems, including depression, anxiety, eating disorders, and suicide attempts (Silverman, Reinherz, & Giaconia, 1996). Other psychological and emotional conditions associated with abuse or neglect include panic disorder, dissociative disorders, attention-deficit/hyperactivity disorder, depression, anger, post-traumatic stress disorder, and reactive attachment disorder (Teicher, 2000; De Bellis & Thomas, 2003; Springer, Sheridan, Kuo, & Carnes, 2007).

## DISCUSSION OF PUBLIC POLICIES

How best to help prevent abuse or neglect of children has been a key question for policy makers at the state and federal levels. For states, approaches to preventing maltreatment vary greatly with respect to



**TITLE IV - B**

**PROMOTING SAFE AND STABLE FAMILIES PROGRAM (PSSF)**

The PSSF program is designed to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. States are to spend most of the funding for services that address: family support, family preservation, time-limited family reunification and adoption promotion and support. The services are designed to help State child welfare agencies and eligible Indian tribes establish and operate integrated, preventive family preservation services and community-based family support services for families at risk or in crisis. Funds go directly to child welfare agencies and eligible Indian tribes to be used in accordance with their five-year plans. Prevention services often include: home visiting services, parent education and training, respite care or crisis nurseries, financial supports such as child care assistance, mental health services, substance abuse assessments and treatment, and services for families affected by domestic violence.

program approaches, available funding sources, and array of service providers. Who is eligible for these services also varies from state to state, as does the way in which services are administered (statewide or locally). In many cases, only those children and families who have already come to the attention of the child welfare system are eligible for prevention services. Prevention services—sometimes known as “family support” or “family preservation” activities—often include one or more of the following: home visiting services; parent education and training; respite care or crisis nurseries; financial supports such as child care assistance, mental health services, substance abuse assessments and treatment; and services for families affected by domestic violence.

While states have primary responsibility for the care and protection of abused and neglected children, the federal government is a key partner and offers governance and funding to states with respect to preventing maltreatment and assisting vulnerable families. Two federal programs directly involved in addressing maltreatment are the Child Abuse Prevention and Treatment Act (CAPTA) and Title IV-B of the Social Security Act (see Side Bar). A variety of other federal programs also fund services that are critically important in preventing child maltreatment, including Medicaid, the Temporary Assistance for Needy Families program, the Social Services Block Grant and Maternal and Child Health Title V grants. In addition, there are a number of federal programs that address underlying issues associated with child maltreatment, such as domestic violence, substance use and housing instability. Therefore, programs administered by the Substance Abuse and Mental Health Services Administration, the Office of Juvenile Justice and Delinquency Prevention and the Department of Housing and Urban Development are key to state efforts to prevent child maltreatment.

Finally, due to the importance of early detection of abuse or neglect, programs that provide early care and education play an important role in supporting vulnerable children and families and in preventing child abuse and neglect. These include Early Head Start, Head Start and the Child Care Development Grant. One promising example of cross-program collaboration was the recent joint issuance of an Information Memorandum by the Commissioner for the Administration on Children, Youth and Families, Bryan Samuels, and the Office of Head Start Director, Yvette Sanches Fuentes (ACF, 2011).



**TITLE IV - B**

**RESOURCES FOR STATES**

The Children’s Bureau, within the Administration of Children and Families at the U.S. Department of Health and Human Services, is the federal agency with primary responsibility of child welfare. The Child Welfare Information Gateway, a project of the Children’s Bureau, makes a vast array of resources available to states. See here <http://www.childwelfare.gov/Pr eventing> for resources on:

- Strengthening Families
- Public awareness
- Prevention programs
- Developing and sustaining prevention programs
- Evaluating prevention programs

Information on standards on prevention programs and reports on state child abuse and neglect prevention programs and activities can be found here: <http://www.childwelfare.gov/Pr eventing/programs/reports.cfm>

On the national level, there is mounting interest among policy makers and stakeholders in improving support for and access to prevention services through Title IV-E of the Social Security Act, the major source of federal child welfare funding. Title IV-E currently does not fund prevention services; it supports children only once they have been removed from their homes and placed in foster care. Last year (2010) and again this year (2011), in the new 112<sup>th</sup> Congress, legislation has been introduced to renew IV-E waiver authority to permit states to use Title IV-E funds more flexibly, such as to support activities that help to prevent abuse or neglect. Although there is support among key stakeholders for renewing IV-E waiver authority, influential leaders in the field continue to speak about the need for broad comprehensive reform of the federal child welfare financing system. This reform could include securing new dedicated federal resources for the prevention of child maltreatment and for early intervention with families when the safety of their children is compromised and the children are at risk of entering foster care.

In 2010, the 111th Congress enacted several pieces of important legislation related to preventing maltreatment and supporting vulnerable families. This includes the passage of new federal home visiting grants, enacted as part of the Affordable Care Act of 2010, which provide states with \$1.5 billion in grants over the next five years to support evidence-based home visiting services. In addition, the 111<sup>th</sup> Congress reauthorized the Child Abuse Prevention and Treatment Act of 2010, and included new provisions such as requiring that newborns diagnosed with fetal alcohol spectrum syndrome receive appropriate referrals to CPS by health-care providers.<sup>viii</sup> State and local dollars also support prevention services. State general funds or special state funds such as tobacco settlement funds may be used specifically for child abuse or neglect.

A national survey of state child welfare agencies is currently being conducted to identify state policies aimed at preventing child maltreatment. Findings from the survey, being administered by Child Trends and sponsored by Casey Family Programs, are expected to be published before the end of 2011 and available at: [www.childwelfarepolicy.org](http://www.childwelfarepolicy.org).

<sup>viii</sup> Full text of this legislation is available at <http://www.gpo.gov/fdsys/pkg/BILLS-111s3817enr/pdf/BILLS-111s3817enr.pdf>



#### FOR MORE INFORMATION

Child Trends research staff has expertise in child welfare and early childhood development and is available to answer questions.

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#### Conclusion

The vulnerability of infants and young children to abuse or neglect and the significant toll of maltreatment on the youngest children underscore the critical importance of early and effective interventions that support and strengthen their families and ensure that these children are protected and nurtured. At the same time, reduction in the incidence of abuse or neglect among these very young children holds the promise of substantial government savings, benefitting children and families as well as society as a whole.

#### About the Authors and Acknowledgments

Kerry DeVooght is a senior research analyst at Child Trends; Marci McCoy-Roth is Senior Director of Public Policy and Communications at Child Trends; and Madelyn Freundlich is a partner with Excal Consulting Partners LLC. This brief was developed with contributions from Hope Cooper and Megan Fletcher of Child Trends and also from Christine Calpin, an independent consultant.

**Appendix A: Children who were Subjects of a Report of Child Maltreatment in FY2009: State-by-State**

State	Children age 0-5	Other Ages	Total	% of all children who were subjects of a maltreatment report who were age 0-5
Alabama	10,421	15,825	26,246	40%
Alaska	3,842	4,974	8,816	44%
Arizona	24,301	37,535	61,836	39%
Arkansas	19,929	34,187	54,116	37%
California	135,816	233,219	369,035	37%
Colorado	19,102	25,639	44,741	43%
Connecticut	11,902	19,398	31,300	38%
Delaware	4,662	7,337	11,999	39%
District of Columbia	5,155	9,389	14,544	35%
Florida	112,519	161,748	274,267	41%
Georgia	26,360	36,637	62,997	42%
Hawaii	2,193	2,913	5,106	43%
Idaho	3,916	5,285	9,201	43%
Illinois	51,068	76,482	127,550	40%
Indiana	37,733	54,924	92,657	41%
Iowa	14,357	16,513	30,870	47%
Kansas	9,073	13,612	22,685	40%
Kentucky	26,066	34,079	60,145	43%
Louisiana	14,361	18,693	33,054	43%
Maine	4,599	4,628	9,227	50%
Maryland	14,180	22,321	36,501	39%
Massachusetts	26,634	43,171	69,805	38%
Michigan	55,757	87,188	142,945	39%
Minnesota	9,616	12,915	22,531	43%
Mississippi	10,901	16,063	26,964	40%
Missouri	22,296	36,256	58,552	38%
Montana	4,287	6,606	10,893	39%
Nebraska	10,152	14,116	24,268	42%
Nevada	9,053	12,300	21,353	42%
New Hampshire	3,709	6,139	9,848	38%
New Jersey	25,286	45,443	70,729	36%
New Mexico	7,326	12,432	19,758	37%
New York	77,446	147,095	224,541	34%
North Carolina	49,886	68,154	118,040	42%
North Dakota			***Data not available***	
Ohio	41,236	58,577	99,813	41%
Oklahoma	22,482	21,965	44,447	51%
Oregon			***Data not available***	
Pennsylvania	6,338	16,762	23,100	27%
Rhode Island	3,334	4,479	7,813	43%
South Carolina	15,164	22,205	37,369	41%
South Dakota	2,969	3,416	6,385	46%
Tennessee	31,436	44,134	75,570	42%
Texas	121,770	138,716	260,486	47%
Utah	11,105	16,691	27,796	40%
Vermont	1,427	2,081	3,508	41%
Virginia	22,806	35,793	58,599	39%
Washington	15,555	22,041	37,596	41%
West Virginia	15,393	25,418	40,811	38%
Wisconsin	12,310	19,028	31,338	39%
Wyoming	1,860	2,889	4,749	39%
Puerto Rico	11,998	24,481	36,479	33%
<b>National Total</b>	<b>1,201,087</b>	<b>1,801,892</b>	<b>3,002,979</b>	<b>40%</b>

Sources: Data prepared by the NDACAN through a January 2011 request; Counts from NCANDS Child File FFY2009.

Notes: (1) NCANDS Child File FFY2009 data not available for North Dakota or Oregon

**Appendix B: Child Maltreatment Victims Age 0-5, FY2009: State-by-State Total Victims, Victims by Sex, and Rate per 1,000 Population**

State	Boys			Girls			Unknown	All		
	Population	Victims	Rate	Population	Victims	Rate	Victims	Population	Victims	Rate
Alabama	192,435	1,750	9.1	184,682	1,741	9.4	3	377,117	3,494	9.3
Alaska	32,947	898	27.3	31,705	824	26.0	20	64,652	1,742	26.9
Arizona	315,707	1,059	3.4	303,696	908	3.0	2	619,403	1,969	3.2
Arkansas	124,444	2,052	16.5	119,916	1,960	16.3	3	244,360	4,015	16.4
California	1,680,616	16,881	10.0	1,604,077	15,808	9.9	39	3,284,693	32,728	10.0
Colorado	222,845	2,795	12.5	212,715	2,521	11.9	-	435,560	5,316	12.2
Connecticut	129,772	2,018	15.6	124,203	1,912	15.4	16	253,975	3,946	15.5
Delaware	36,125	470	13.0	35,132	447	12.7	-	71,257	917	12.9
DC	22,625	585	25.9	21,438	535	25.0	3	44,063	1,123	25.5
Florida	711,622	12,281	17.3	679,775	11,236	16.5	50	1,391,397	23,567	16.9
Georgia	461,199	5,509	11.9	439,116	5,311	12.1	21	900,315	10,841	12.0
Hawaii	55,186	474	8.6	51,013	475	9.3	4	106,199	953	9.0
Idaho	76,321	404	5.3	72,659	348	4.8	-	148,980	752	5.0
Illinois	548,022	7,093	12.9	525,232	6,739	12.8	104	1,073,254	13,936	13.0
Indiana	273,377	5,284	19.3	261,226	4,779	18.3	23	534,603	10,086	18.9
Iowa	124,332	3,136	25.2	118,581	2,942	24.8	-	242,913	6,078	25.0
Kansas	124,822	295	2.4	119,901	273	2.3	-	244,723	568	2.3
Kentucky	175,697	4,106	23.4	168,746	3,757	22.3	108	344,443	7,971	23.1
Louisiana	195,717	2,327	11.9	187,027	2,113	11.3	44	382,744	4,484	11.7
Maine	43,700	992	22.7	41,545	859	20.7	6	85,245	1,857	21.8
Maryland	232,739	3,300	14.2	222,847	3,081	13.8	30	455,586	6,411	14.1
Massachusetts	236,444	7,482	31.6	226,913	6,908	30.4	312	463,357	14,702	31.7
Michigan	379,200	7,317	19.3	363,224	6,584	18.1	-	742,424	13,901	18.7
Minnesota	222,025	1,108	5.0	213,398	1,004	4.7	-	435,423	2,112	4.9
Mississippi	135,941	1,525	11.2	129,559	1,541	11.9	6	265,500	3,072	11.6
Missouri	246,449	1,148	4.7	235,905	944	4.0	-	482,354	2,092	4.3
Montana	37,945	368	9.7	36,261	336	9.3	24	74,206	728	9.8
Nebraska	82,484	1,240	15.0	78,325	1,171	15.0	-	160,809	2,411	15.0
Nevada	124,503	1,266	10.2	118,516	1,066	9.0	-	243,019	2,332	9.6
New Hampshire	45,584	182	4.0	44,288	190	4.3	-	89,872	372	4.1
New Jersey	342,688	2,079	6.1	327,776	1,939	5.9	19	670,464	4,037	6.0
New Mexico	92,607	1,164	12.6	88,728	1,036	11.7	3	181,335	2,203	12.1
New York	749,246	14,655	19.6	716,278	13,557	18.9	149	1,465,524	28,361	19.4
North Carolina	405,201	5,580	13.8	388,083	5,095	13.1	-	793,284	10,675	13.5
North Dakota										***Data not available***
Ohio	453,391	7,218	15.9	434,092	6,659	15.3	88	887,483	13,965	15.7
Oklahoma	165,215	2,055	12.4	158,206	1,966	12.4	-	323,421	4,021	12.4
Oregon										***Data not available***
Pennsylvania	457,971	539	1.2	438,594	549	1.3	-	896,565	1,088	1.2
Rhode Island	37,175	727	19.6	35,522	711	20.0	9	72,697	1,447	19.9
South Carolina	189,653	2,821	14.9	181,163	2,700	14.9	59	370,816	5,580	15.0
South Dakota	36,103	428	11.9	34,816	387	11.1	-	70,919	815	11.5
Tennessee	258,883	1,523	5.9	248,995	1,512	6.1	1,033	507,878	4,068	8.0
Texas	1,269,336	18,150	14.3	1,213,754	17,040	14.0	73	2,483,090	35,263	14.2
Utah	167,544	2,709	16.2	158,328	2,594	16.4	9	325,872	5,312	16.3
Vermont	20,004	132	6.6	19,136	92	4.8	-	39,140	224	5.7
Virginia	326,326	1,412	4.3	311,911	1,264	4.1	3	638,237	2,679	4.2
Washington	274,686	1,481	5.4	263,425	1,314	5.0	5	538,111	2,800	5.2
West Virginia	65,217	1,188	18.2	62,283	1,047	16.8	5	127,500	2,240	17.6
Wisconsin	222,762	1,017	4.6	213,344	899	4.2	19	436,106	1,935	4.4
Wyoming	24,419	163	6.7	23,184	195	8.4	-	47,603	358	7.5
<b>Totals / Averages</b>	<b>12,849,252</b>	<b>160,386</b>	<b>12.5</b>	<b>12,289,239</b>	<b>148,869</b>	<b>12.1</b>	<b>2,292</b>	<b>25,138,491</b>	<b>311,547</b>	<b>12.4</b>

Sources: Data prepared by the NDACAN through a January 2011 request; Counts from NCANDS Child File FFY2009.

Notes: (1) NCANDS Child File FFY2009 data not available for North Dakota or Oregon. Puerto Rico excluded from this table due to lack of population data.

**Appendix C. Child Maltreatment Types for Victims Age 0-5, FY2009: State-by-State**

State	Neglect	Medical Neglect	Physical	Sexual	Psychological	Other Abuse	Type Unknown	Distinct Victims
Alabama	1,600	-	1,977	217	5	-	-	3,489
Alaska	1,501	26	124	18	274	-	-	1,729
Arizona	1,631	-	354	36	3	-	-	1,955
Arkansas	2,837	614	647	281	19	1	-	3,991
California	27,717	-	2,216	662	4,947	27	-	32,521
Colorado	4,552	100	502	198	173	-	38	5,282
Connecticut	3,747	110	166	51	90	-	-	3,923
Delaware	463	18	91	29	339	67	-	910
District of Columbia	675	72	142	17	4	453	-	1,117
Florida	12,539	600	1,695	252	101	13,392	-	23,425
Georgia	8,265	572	805	216	1,969	1	-	10,820
Hawaii	121	22	45	4	2	906	-	950
Idaho	589	5	133	13	-	58	-	744
Illinois	11,025	372	2,401	1,216	3	-	-	13,874
Indiana	9,339	246	838	538	57	-	-	10,085
Iowa	5,353	76	402	107	18	515	-	6,063
Kansas	150	25	155	84	34	190	-	562
Kentucky	7,363	-	587	149	11	-	-	7,899
Louisiana	3,860	-	976	166	10	29	-	4,461
Maine	1,472	-	295	83	616	-	-	1,844
Maryland	5,292	-	981	364	4	-	-	6,408
Massachusetts	14,186	-	1,089	144	5	8	-	14,641
Michigan	12,644	432	2,920	179	3,853	4,560	-	13,776
Minnesota	1,671	36	380	176	10	-	-	2,103
Mississippi	2,280	175	330	189	283	5	-	3,051
Missouri	1,486	78	633	195	65	-	-	2,075
Montana	603	16	89	19	112	3	-	721
Nebraska	2,253	2	182	65	1	-	-	2,391
Nevada	1,742	44	726	71	52	-	-	2,319
New Hampshire	318	9	40	22	1	-	-	365
New Jersey	3,400	115	550	124	1	-	-	4,007
New Mexico	1,826	56	257	58	329	-	-	2,188
New York	26,246	1,497	2,105	253	73	8,891	-	28,176
North Carolina	9,030	190	961	480	15	40	25	10,606
North Dakota	***Data not available***							
Ohio	7,210	235	5,523	975	763	-	-	13,893
Oklahoma	3,511	111	664	117	727	-	-	3,991
Oregon	***Data not available***							
Pennsylvania	131	63	607	341	3	-	-	1,085
Rhode Island	1,289	22	153	25	-	14	-	1,438
South Carolina	4,174	244	1,813	203	16	7	-	5,571
South Dakota	760	-	69	15	12	-	-	812
Tennessee	3,020	170	580	491	62	-	-	4,040
Texas	29,592	1,200	7,521	1,004	105	-	-	35,081
Utah	1,472	21	459	294	2,804	1,274	-	5,285
Vermont	8	6	170	46	5	-	-	224
Virginia	1,978	92	704	116	21	-	-	2,671
Washington	2,481	-	422	47	-	-	-	2,790
West Virginia	1,215	33	604	54	650	318	-	2,220
Wisconsin	1,358	40	383	220	5	-	-	1,924
Wyoming	286	5	22	15	44	14	-	357
Puerto Rico	2,213	298	668	63	1,422	14	531	3,676
<b>Totals</b>	<b>248,474</b>	<b>8,048</b>	<b>46,156</b>	<b>10,702</b>	<b>20,118</b>	<b>30,787</b>	<b>594</b>	<b>313,529</b>

Sources: Data prepared by the NDACAN through a January 2011 request; Counts from NCANDS Child File FFY2009.

Notes: (1) NCANDS Child File FFY2009 data not available for North Dakota or Oregon



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