

Child Abuse and Neglect

This packet is provided for anyone interested in learning more about child abuse and neglect.

Contents include:

- What is Child Abuse and Neglect?
- Preventing Child Abuse and Neglect
- Leaving Your Child Home Alone
- Recognizing Child Abuse and Neglect: Signs and Symptoms
- How the Child Welfare System Works
- Long-Term Consequences of Child Abuse and Neglect
- *Child Maltreatment 2006: Summary of Key Findings*
- Toll-Free Crisis Hotline Numbers

Child Welfare Information Gateway offers many other resources about child abuse and neglect and child welfare. For more information or to order additional publications, visit the Information Gateway website at www.childwelfare.gov, email Information Gateway at info@childwelfare.gov, or call Information Gateway at 703.385.7565 or 800.394.3366.

If you are concerned that a child is being harmed by abuse or neglect, you can report your concerns to your local child welfare or law enforcement agency. For more information or assistance with reporting, please call Childhelp® at 800.4.A.CHILD (800.422.4453).



Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

FACTSHEET

April 2008

Disponible en español
www.childwelfare.gov/pubs/factsheets/ques.cfm

What Is Child Abuse and Neglect?



Each State provides its own definitions of child abuse and neglect based on minimum standards set by Federal law.

What's Inside:

- How is child abuse and neglect defined in Federal law?
- What are the major types of child abuse and neglect?
- Resources

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



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Children's Bureau/ACYF
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How Is Child Abuse and Neglect Defined in Federal Law?

Federal legislation lays the groundwork for States by identifying a minimum set of acts or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended by the Keeping Children and Families Safe Act of 2003, defines child abuse and neglect as, at minimum:

- 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.

Most Federal and State child protection laws primarily refer to cases of harm to a child caused by parents or other caregivers; they generally do not include harm caused by other people, such as acquaintances or strangers.

What Are the Major Types of Child Abuse and Neglect?

Within the minimum standards set by CAPTA, each State is responsible for providing its own definitions of child

abuse and neglect.¹ Most States recognize four major types of maltreatment: physical abuse, neglect, sexual abuse, and emotional abuse. Although any of the forms of child maltreatment may be found separately, they often occur in combination. In many States, abandonment and parental substance abuse are also defined as forms of child abuse or neglect.

The examples provided below are for general informational purposes only. Not all States' definitions will include all of the examples listed below, and individual States' definitions may cover additional situations not mentioned here.

Physical abuse is nonaccidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person who has responsibility for the child.² Such injury is considered abuse regardless of whether the caregiver intended to hurt the child. Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child.

Neglect is the failure of a parent, guardian, or other caregiver to provide for a child's basic needs. Neglect may be:

¹ See *Definitions of Child Abuse and Neglect*, from the Child Welfare Information Gateway State Statutes Series, at www.childwelfare.gov/systemwide/laws_policies/statutes/define.cfm

² Nonaccidental injury that is inflicted by someone other than a parent, guardian, relative, or other caregiver (i.e., a stranger), is considered a criminal act that is not addressed by child protective services.

- Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision)
- Medical (e.g., failure to provide necessary medical or mental health treatment)³
- Educational (e.g., failure to educate a child or attend to special education needs)
- Emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs)

These situations do not always mean a child is neglected. Sometimes cultural values, the standards of care in the community, and poverty may be contributing factors, indicating the family is in need of information or assistance. When a family fails to use information and resources, and the child's health or safety is at risk, then child welfare intervention may be required. In addition, many States provide an exception to the definition of neglect for parents who choose not to seek medical care for their children due to religious beliefs that may prohibit medical intervention.⁴

³ *Withholding of medically indicated treatment* is a specific form of medical neglect that is defined by CAPTA as "the failure to respond to the infant's life threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) that in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions." CAPTA does note a few exceptions, including infants who are "chronically and irreversibly comatose"; situations when providing treatment would not save the infant's life but merely prolong dying; or when "the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane."

⁴ The CAPTA amendments of 1996 (42 U.S.C.A. § 5106i) added new provisions specifying that nothing in the act be construed as establishing a Federal requirement that a parent or legal guardian provide any medical service or treatment that is against the religious beliefs of the parent or legal guardian.

Sexual abuse includes activities by a parent or caregiver such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials.

Sexual abuse is defined by CAPTA as "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children."

Emotional abuse (or psychological abuse) is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove and, therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child. Emotional abuse is almost always present when other forms are identified.

Abandonment is now defined in many States as a form of neglect. In general, a child is considered to be abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period of time.

Substance abuse is an element of the definition of child abuse or neglect in many

States.⁵ Circumstances that are considered abuse or neglect in some States include:

- Prenatal exposure of a child to harm due to the mother's use of an illegal drug or other substance
- Manufacture of methamphetamine in the presence of a child
- Selling, distributing, or giving illegal drugs or alcohol to a child
- Use of a controlled substance by a caregiver that impairs the caregiver's ability to adequately care for the child

Resources

Child Maltreatment 2006

www.acf.hhs.gov/programs/cb/pubs/cm06/index.htm

This report summarizes child abuse statistics submitted by States to the National Child Abuse and Neglect Data System (NCANDS) during 2006. It includes information about child maltreatment reports, victims, fatalities, perpetrators, services, and additional research.

RESOURCES ON THE CHILD WELFARE INFORMATION GATEWAY WEBSITE

Child Abuse and Neglect

www.childwelfare.gov/can/index.cfm

Defining Child Abuse and Neglect

www.childwelfare.gov/can/defining/

Laws and Policies

www.childwelfare.gov/systemwide/laws_policies/

Preventing Child Abuse and Neglect

www.childwelfare.gov/preventing/

Reporting Child Abuse and Neglect

www.childwelfare.gov/responding/reporting.cfm

⁵ For more information about this issue, see Child Welfare Information Gateway's *Parental Drug Use as Child Abuse* at www.childwelfare.gov/systemwide/laws_policies/statutes/drugexposed.cfm



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April 2008

Disponible en español
www.childwelfare.gov/pubs/factsheets/preventingcan_sp.cfm

Preventing Child Abuse and Neglect



The statistics can feel overwhelming. In 2006, an estimated 905,000 children in the United States were found to be victims of child abuse and neglect. However, child abuse and neglect can be prevented. State and local governments, community organizations, and private citizens take action every day to protect children. You can help.

Research has shown that parents and caregivers who have support—from family, friends, neighbors,

What's Inside:

- Prevention programs
- Protective factors
- How you can help

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and their communities—are more likely to provide safe and healthy homes for their children. When parents lack this support or feel isolated, on the other hand, they may be more likely to make poor decisions that can lead to neglect or abuse.

Increasingly, concerned citizens and organizations are realizing that the best way to prevent child abuse is to help parents develop the skills and identify the resources they need to understand and meet their children’s emotional, physical, and developmental needs and protect their children from harm.

Prevention Programs

Prevention activities are conducted by many State, local, and Tribal governments, as well as community and faith-based organizations. The services they provide vary widely.

Some prevention services are intended for everyone, such as public service announcements (PSAs) aimed at raising awareness about child abuse within the general population. Others are specifically targeted for individuals and families who may be at greater risk of child abuse or neglect. An example of this might be a parenting class for single teen mothers. Some services are developed specifically for families where abuse or neglect has already occurred, to reduce the negative effects of the abuse and prevent it from happening again.

Common activities of prevention programs include:

- **Public awareness**, such as PSAs, posters, and brochures that promote healthy parenting, child safety, and how to report suspected abuse
- **Skills-based curricula** that teach children safety and protection skills. Many of these programs focus on preventing sexual abuse
- **Parent education** to help parents develop positive parenting skills and decrease behaviors associated with child abuse and neglect
- **Parent support groups**, where parents work together to strengthen their families and build social networks
- **Home visitation**, which focuses on enhancing child safety by helping pregnant mothers and families with new babies or young children learn more about positive parenting and child development
- **Respite and crisis care programs**, which offer temporary relief to caregivers in stressful situations by providing short-term care for their children
- **Family resource centers**, which work with community members to develop a variety of services to meet the specific needs of the people who live in surrounding neighborhoods

Two elements have been shown to make prevention programs more effective, regardless of the type of service or intended recipients. Involving parents in all aspects of program planning, implementation, and evaluation helps ensure that service

providers are working in true partnership with families. Parents are more likely to make lasting changes when they are empowered to identify solutions that make sense for them.

Another key to success is providing prevention services that are evidence based. This means that rather than relying on assumptions or “common sense,” research has been conducted to demonstrate that a particular service improves outcomes for children and families. This helps service providers feel confident in what they are doing. It can also help justify a program’s continued funding when resources are scarce.

Protective Factors

Prevention programs have long focused on reducing particular risk factors, or conditions that have been found through research to be associated with child abuse and neglect in families. Increasingly, prevention services are also recognizing the importance of promoting protective factors, conditions in families and communities that research has shown to increase the health and well-being of children and families. These factors help parents who might otherwise be at risk of abusing or neglecting their children to find resources, supports, or coping strategies that allow them to parent effectively, even under stress.

The following protective factors have been linked to a lower incidence of child abuse and neglect:

- **Nurturing and attachment.** When parents and children have strong, warm feelings for one another, children develop trust that parents will provide what they need to thrive.
- **Knowledge of parenting and of child and youth development.** Parents who understand how children grow and develop can provide an environment where children can live up to their potential.
- **Parental resilience.** Parents who are emotionally resilient have a positive attitude, creatively problem solve, effectively address challenges, and are less likely to direct anger and frustration at their children.
- **Social connections.** Trusted and caring family friends provide emotional support to parents by offering encouragement and assistance in facing the daily challenges of raising a family.
- **Concrete supports for parents.** Parents need basic resources such as food, clothing, housing, transportation, and access to essential services that address family-specific needs (such as child care, health care, and mental health services) to ensure the health and well-being of their children.

How You Can Help

Parenting is one of the toughest and most important jobs in America, and we all have a stake in ensuring that parents have access to the resources and support they need to be successful. Entire communities play a

role in helping families find the strength they need to raise safe, healthy, and productive children.

Here are some things you can do:

- **Get to know your neighbors.** Problems seem less overwhelming when support is nearby.
- **Help a family under stress.** Offer to babysit, help with chores and errands, or suggest resources in the community that can help.
- **Reach out to children in your community.** A smile or a word of encouragement can mean a lot, whether it comes from a parent or a passing stranger.
- **Be an active community member.** Lend a hand at local schools, community or faith-based organizations, children's hospitals, social service agencies, or other places where families and children are supported.
- **Keep your neighborhood safe.** Start a Neighborhood Watch or plan a local "National Night Out" community event. You will get to know your neighbors while helping to keep your neighborhood and children safe.
- **Learn how to recognize and report signs of child abuse and neglect.** Reporting your concerns may protect a child and get help for a family who needs it.

RESOURCES ON THE CHILD WELFARE INFORMATION GATEWAY WEBSITE

Child Abuse and Neglect

www.childwelfare.gov/can/index.cfm

Identifying Child Abuse and Neglect

www.childwelfare.gov/can/identifying/

Preventing Child Abuse and Neglect

www.childwelfare.gov/preventing/

Reporting Child Abuse and Neglect

www.childwelfare.gov/responding/reporting.cfm



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www.childwelfare.gov/pubs/factsheets/homealone_sp.cfm

Leaving Your Child Home Alone



Every parent eventually faces the decision to leave their child home alone for the first time. Whether they are just running to the store for a few minutes or working during after-school hours, parents need to be sure their children have the skills and maturity to handle the situation safely. Being trusted to stay home alone can be a positive experience for a child who is mature and well prepared. It can boost the child's confidence and

What's Inside:

- What to consider before leaving your child home alone
- Tips for parents
- Resources



promote independence and responsibility. However, children face real risks when left unsupervised. Those risks, as well as a child's ability to deal with challenges, must be considered. This factsheet provides some tips to help parents and caregivers when making this important decision.

Depending on the laws and child protective policies in your area, leaving a young child unsupervised may be considered neglect, especially if doing so places the child in danger. If you are concerned about a child who appears to be neglected or inadequately supervised, contact your local child protective services (CPS) agency. If you need help contacting your local CPS agency, call the Childhelp® National Child Abuse Hotline at 800.4.A.CHILD (800.422.4453). Find more information on their website: www.childhelp.org

What to Consider Before Leaving Your Child Home Alone

When deciding whether to leave a child home alone, you will want to consider your child's physical, mental, and emotional well-being, as well as laws and policies in your State regarding this issue. There are many resources you can refer to for guidance. (See the end of this factsheet for some of them.) These resources typically address the considerations below.

Legal Guidelines

Some parents look to the law for help in deciding when it is appropriate to leave a

child home alone. According to the National Child Care Information Center, only Illinois and Maryland currently have laws regarding a minimum age for leaving a child home alone.¹ Even in those States other factors, such as concern for a child's well-being and the amount of time the child is left alone, are considered. States that do not have laws may still offer guidelines for parents. For information on laws and guidelines in your State, contact your local CPS agency. If you need help contacting your local CPS agency, call Childhelp® at 800.422.4453.

Age and Maturity

There is no agreed-upon age when all children are able to stay home alone safely. Because children mature at different rates, you should not base your decision on age alone.

You may want to evaluate your child's maturity and how he or she has demonstrated responsible behavior in the past. The following questions may help:

- –Is your child physically and mentally able to care for him- or herself?
- –Does your child obey rules and make good decisions?
- –Does your child feel comfortable or fearful about being home alone?

Circumstances

When and how a child is left home alone can make a difference to his or her safety and success. You may want to consider the following questions:

¹ See *Children Home Alone and Babysitter Age Guidelines*, from the National Child Care Information Center: www2.nccic.org/poptopics/homealone.html

- How long will your child be left home alone at one time? Will it be during the day, evening, or night? Will the child need to fix a meal?
- How often will the child be expected to care for him- or herself?
- How many children are being left home alone? Children who seem ready to stay home alone may not necessarily be ready to care for younger siblings.
- Is your home safe and free of hazards?
- How safe is your neighborhood?

Safety Skills

In addition to age and maturity, your child will need to master some specific skills before being able to stay home alone safely. In particular, your child needs to know what to do and whom to contact in an emergency situation. Knowledge of basic first aid is also useful. You may want to consider enrolling your child in a safety course such as one offered by the Red Cross.² The following questions may also help:

- Does your family have a safety plan for emergencies? Can your child follow this plan?
- Does your child know his or her full name, address, and phone number?
- Does your child know where you are and how to contact you at all times?
- Does your child know the full names and contact information of other trusted adults, in case of emergency?

² For information on course offerings from the Red Cross, visit www.redcross.org/services/hss/courses/community.html

Tips for Parents

Once you have determined that your child is ready to stay home alone, the following suggestions may help you to prepare your child and to feel more comfortable about leaving him or her home alone:

- **Have a trial period.** Leave the child home alone for a short time while staying close to home. This is a good way to see how he or she will manage.
- **Role play.** Act out possible situations to help your child learn what to do.
- **Establish rules.** Make sure your child knows what is (and is not) allowed when you are not home. Some experts suggest making a list of chores or other tasks to keep children busy while you are gone.
- **Check in.** Call your child while you are away to see how it's going, or have a trusted neighbor or friend check in.
- **Talk about it.** Encourage your child to share his or her feelings with you about staying home alone.
- **Don't overdo it.** Even a mature, responsible child shouldn't be home alone too much. Consider other options, such as programs offered by schools, community centers, youth organizations, or churches, to help keep your child busy and involved.

Resources

American Academy of Child and Adolescent Psychiatry

Home Alone Children (Facts for Families No. 46) ↵

[www.aacap.org/page.ww?section=Facts%20for%20Families&name=Home%20Alone%20Children](http://www.aacap.org/page/ww?section=Facts%20for%20Families&name=Home%20Alone%20Children) ↵

Childhelp®

www.childhelp.org

KidsHealth (The Nemours Foundation's Center for Children's Health Media)

Leaving Your Child Home Alone

www.kidshealth.org/parent/firstaid_safe/home/home_alone.html

National Child Care Information Center

Children Home Alone and Babysitter

Age Guidelines

www2.nccic.org/poptopics/homealone.html

National Network for Child Care

Home Alone

www.nncc.org/SACC/sac31_home.alone.html

Prevent Child Abuse America

"Home Alone" Child Tips

www.preventchildabuse.org/publications/parents/downloads/home_alone.pdf



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www.childwelfare.gov/pubs/factsheets/sp_signs.cfm

Recognizing Child Abuse and Neglect: Signs and Symptoms



The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. The presence of a single sign does not prove child abuse is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination.

If you do suspect a child is being harmed, reporting your suspicions may protect the child and get

What's Inside:

- Recognizing child abuse
- Types of abuse
- Signs of physical abuse
- Signs of neglect
- Signs of sexual abuse
- Signs of emotional maltreatment



help for the family. Any concerned person can report suspicions of child abuse and neglect. Some people (typically certain types of professionals) are required by law to make a report of child maltreatment under specific circumstances—these are called mandatory reporters. For more information, see the Child Welfare Information Gateway publication, *Mandatory Reporters of Child Abuse and Neglect*: www.childwelfare.gov/systemwide/laws_policies/statutes/mandatory.

For more information about where and how to file a report, contact your local child protective services agency or police department. An additional resource for information and referral is the Childhelp® National Child Abuse Hotline (800.4.A.CHILD).

Recognizing Child Abuse

The following signs may signal the presence of child abuse or neglect.

The Child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen

- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

The Parent:

- Shows little concern for the child
- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

The Parent and Child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

Types of Abuse

The following are some signs often associated with particular types of child abuse and neglect: physical abuse, neglect, sexual abuse, and emotional abuse. It is important to note, however, that these

types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well, and a sexually abused child also may be neglected.

Signs of Physical Abuse

Consider the possibility of physical abuse when the **child**:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

Consider the possibility of physical abuse when the **parent or other adult caregiver**:

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as "evil," or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child

Signs of Neglect

Consider the possibility of neglect when the **child**:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of neglect when the **parent or other adult caregiver**:

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

Signs of Sexual Abuse

Consider the possibility of sexual abuse when the **child**:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting

- Experiences a sudden change in appetite
- –Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- –Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- –Reports sexual abuse by a parent or another adult caregiver

Consider the possibility of sexual abuse when the **parent or other adult caregiver**:

- –Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- –Is jealous or controlling with family members

Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the **child**:

- –Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- –Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- –Is delayed in physical or emotional development

- –Has attempted suicide
- –Reports a lack of attachment to the parent

Consider the possibility of emotional maltreatment when the **parent or other adult caregiver**:

- –Constantly blames, belittles, or berates the child
- –Is unconcerned about the child and refuses to consider offers of help for the child's problems
- –Overtly rejects the child

RESOURCES ON THE CHILD WELFARE INFORMATION GATEWAY WEBSITE ▸

Child Abuse and Neglect

www.childwelfare.gov/can/index.cfm

Defining Child Abuse and Neglect

www.childwelfare.gov/can/defining/

Preventing Child Abuse and Neglect

www.childwelfare.gov/preventing/

Reporting Child Abuse and Neglect

www.childwelfare.gov/responding/reporting.cfm ▸

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FACTSHEET

April 2008

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www.childwelfare.gov/pubs/factsheets/spcpswork.cfm

How the Child Welfare System Works



The child welfare system is a group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to successfully care for their children. While the primary responsibility for child welfare services rests with the States, the Federal Government plays a major role in supporting States in the delivery of services through funding of programs and legislative initiatives.

What's Inside:

- What happens when possible abuse or neglect is reported?
- What happens after a report is "screened in"?
- What happens in substantiated (founded) cases?
- What happens to people who abuse children?
- What happens to children who enter foster care?
- Resources

U.S. Department of Health and Human Services
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Administration on Children, Youth and Families
Children's Bureau



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www.childwelfare.gov

The primary responsibility for implementing Federal child and family legislative mandates rests with the Children's Bureau within the Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The Children's Bureau works with State and local agencies to develop programs that focus on preventing the abuse of children in troubled families, protecting children from abuse, and finding permanent families for those who cannot safely return to their parents.

THE CHILD ABUSE PREVENTION AND TREATMENT ACT

The Child Abuse Prevention and Treatment Act (CAPTA), originally passed in 1974, brought national attention to the need to protect vulnerable children in the United States. CAPTA provides Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities as well as grants to public agencies and nonprofit organizations for demonstration programs and projects. Additionally, CAPTA identifies the Federal role in supporting research, evaluation, technical assistance, and data collection activities. CAPTA also sets forth a minimum definition of child abuse and neglect. Since it was signed into law, CAPTA has been amended several times. It was most recently amended and reauthorized on June 25, 2003, by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36). To see the 2003 amendment to CAPTA, visit: www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta03/index.htm

Most families first become involved with their local child welfare system due to a report of suspected child abuse or neglect (sometimes called "child maltreatment"). Child maltreatment is defined by CAPTA as serious harm (neglect, physical abuse, sexual abuse, and emotional abuse or neglect) caused to children by parents or primary caregivers, such as extended family members or babysitters.¹ Child maltreatment also can include harm that a caregiver allows to happen or does not prevent from happening to a child. In general, child welfare agencies do not intervene in cases of harm to children caused by acquaintances or strangers. These cases are the responsibility of law enforcement.²

The child welfare system is not a single entity. Many organizations in each community work together to strengthen families and keep children safe. Public agencies, such as departments of social services or child and family services, often contract and collaborate with private child welfare agencies and community-based organizations to provide services to families, such as in-home family preservation services, foster care, residential treatment, mental health care, substance abuse treatment, parenting skills classes, employment assistance, and financial or housing assistance.

¹ Each State has its own laws that define child abuse and neglect for purposes of stating the reporting obligations of individuals and describing required State/local child protective services agency interventions. For State-by-State information about civil laws related to child abuse and neglect, visit the Child Welfare Information Gateway website at www.childwelfare.gov/systemwide/laws_policies/state

² While some States authorize child protective services agencies to respond to all reports of alleged child maltreatment, other States authorize law enforcement to respond to certain types of maltreatment, such as sexual or physical abuse.

Child welfare systems are complex, and their specific procedures vary widely by State. The purpose of this factsheet is to give a brief overview of the purposes and functions of child welfare from a national perspective. Child welfare systems typically:

- Receive and investigate reports of possible child abuse and neglect
- Provide services to families who need assistance in the protection and care of their children
- Arrange for children to live with foster families when they are not safe at home
- Arrange for adoption or other permanent family connections for children leaving foster care

Appendix A provides a graphic overview of the process described in the following sections.

What happens when possible abuse or neglect is reported?

Any concerned person can report suspicions of child abuse or neglect. Most reports are made by people who are required by State law to report suspicions of child abuse and neglect—mandatory reporters.³ In approximately 18 States and Puerto Rico, any person who suspects child abuse

³ See *Mandatory Reporters of Child Abuse and Neglect* (www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm) and *Making and Screening Reports of Child Abuse and Neglect* (www.childwelfare.gov/systemwide/laws_policies/statutes/repproc.cfm), available from Child Welfare Information Gateway.

or neglect is required to report.⁴ Reports of possible child abuse and neglect are generally received by child protective services (CPS) workers and either “screened in” or “screened out.” A report is screened in if there is sufficient information to suggest an investigation is warranted. A report may be screened out if there is not enough information on which to follow up or if the situation reported does not meet the State’s legal definition of abuse or neglect.⁵ In these instances, the worker may refer the person reporting the incident to other community services or law enforcement for additional help.

In 2006, an estimated total of 3.3 million referrals involving 6 million children were made to CPS agencies. Approximately 61.7 percent were screened in, and 38.3 percent were screened out (U.S. Department of Health and Human Services [HHS], 2008).

What happens after a report is “screened in”?

CPS workers, often called investigators, respond within a particular time period, which may be anywhere from a few hours to a few days, depending on the type of maltreatment alleged, the potential

⁴ The word *approximately* is used to stress the fact that States frequently amend their laws. The information in this publication is current through June 2007.

⁵ See *Definitions of Child Abuse and Neglect* (www.childwelfare.gov/systemwide/laws_policies/statutes/define.cfm), available from Child Welfare Information Gateway.

severity of the situation, and requirements under State law. They may speak with the parents and other people in contact with the child, such as doctors, teachers, or childcare providers. They also may speak with the child, alone or in the presence of caregivers, depending on the child's age and level of risk. Children who are believed to be in immediate danger may be moved to a shelter, foster care placement, or a relative's home during the investigation and while court proceedings are pending. An investigator's primary purpose is to determine if the child is safe, if abuse or neglect has occurred, and if there is a risk of it occurring again.

Some jurisdictions now employ an alternative response system. In these jurisdictions, when risk to the children involved is considered to be low, the CPS caseworker may focus on assessing family strengths, resources, and difficulties and identifying supports and services needed, rather than on gathering evidence to confirm the occurrence of abuse or neglect.

At the end of an investigation, CPS workers typically make one of two findings—"unsubstantiated" ("unfounded") or "substantiated" ("founded"). These terms vary from State to State. Typically, a finding of "unsubstantiated" means there is insufficient evidence for the worker to conclude that a child was abused or neglected, or what happened does not meet the legal definition of child abuse or neglect. A finding of "substantiated" typically means an incident of child abuse or neglect, as defined by State law, is believed to have occurred. Some States have additional categories, such as "unable to determine," that suggest there was not enough evidence

to either confirm or refute that abuse or neglect occurred.

The agency will initiate a court action if it determines that the authority of the juvenile court (through a child protection or dependency proceeding) is necessary to keep the child safe. To protect the child, the court can issue temporary orders placing the child in shelter care during the investigation, ordering services, or ordering certain individuals to have no contact with the child. At an adjudicatory hearing, the court hears evidence and decides whether maltreatment occurred and whether the child should be under the continuing jurisdiction of the court. The court then enters a disposition, either at that hearing or at a separate hearing, which may result in the court ordering a parent to comply with services necessary to ameliorate the abuse or neglect. Orders can also contain provisions regarding visitation between the parent and the child, agency obligations to provide the parent with services, and services needed by the child.

In 2006, approximately 905,000 children were found to be victims of child abuse or neglect (HHS, 2008).

What happens in substantiated (founded) cases?

If a child has been abused or neglected, the course of action depends on State policy, the

severity of the maltreatment, an assessment of the child's immediate safety, the risk of continued or future maltreatment, the services available to address the family's needs, and whether the child was removed from the home and a court action to protect the child was initiated. The following general options are available:

- **No or low risk**—The family's case may be closed with no services if the maltreatment was a one-time incident, the child is considered to be safe, there is no or low risk of future incidents, and any services the family needs will not be provided through the child welfare agency but through other community-based resources and service systems.
- **Low to moderate risk**—Referrals may be made to community-based or voluntary in-home CPS services if the CPS worker believes the family would benefit from these services and the child's present and future safety would be enhanced. This may happen even when no abuse or neglect is found, if the family needs and is willing to participate in services.
- **Moderate to high risk**—The family may again be offered voluntary in-home CPS services to address safety concerns and help ameliorate the risks. If these are refused, the agency may seek intervention by the juvenile dependency court. Once there is a judicial determination that abuse or neglect occurred, juvenile dependency court may require the family to cooperate with in-home CPS services if it is believed that the child can remain safely at home while the family addresses the issues contributing to the risk of future maltreatment. If the child has been seriously harmed, is considered to be at

high risk of serious harm, or the child's safety is threatened, the court may order the child's removal from the home or affirm the agency's prior removal of the child. The child may be placed with a relative or in foster care.

In 2006, an estimated 312,000 children were removed from their homes as a result of a child abuse investigation or assessment. Nearly two-thirds (63.6 percent) of the victims who were removed from their homes suffered from neglect; 8.6 percent from physical abuse; 3.2 percent from sexual abuse; and 16.8 percent from multiple types of maltreatment (HHS, 2008).

What happens to people who abuse children?

People who are found to have abused or neglected a child are generally offered support and treatment services or are required by a juvenile dependency court to participate in services that will help keep their children safe. In more severe cases or fatalities, police are called upon to investigate and may file charges in criminal court against the perpetrators of child maltreatment. In many States certain types of abuse, such as sexual abuse and serious physical abuse, are routinely referred to law enforcement.

Whether or not criminal charges are filed, the perpetrator's name may be placed on a State child maltreatment registry if abuse

or neglect is confirmed. A registry is a central database that collects information about maltreated children and individuals who are found to have abused or neglected those children.⁶ These registries are usually confidential and used for internal child protective purposes only. However, they may be used in background checks for certain professions, such as those working with children, so children will be protected from contact with individuals who may mistreat them.

What happens to children who enter foster care?

Most children in foster care are placed with relatives or foster families, but some may be placed in group homes. While a child is in foster care, he or she attends school and should receive medical care and other services as needed. The child's family also receives services to support their efforts to reduce the risk of future maltreatment and to help them, in most cases, be reunited with their child. Parents may visit their children on a predetermined basis. Visits also are arranged between siblings, if they cannot be placed together.

Every child in foster care should have a permanency plan that describes where the child will live after he or she leaves foster care. Families typically participate in developing a permanency plan for the

⁶ For more information about these databases, see *Establishment and Maintenance of Central Registries for Child Abuse Reports* (www.childwelfare.gov/systemwide/laws_policies/statutes/centreg.cfm), available from Child Welfare Information Gateway.

child and a service plan for the family. These plans guide the agency's work. Except in unusual and extreme circumstances, every child's plan is first focused on reunification with parents. If the efforts toward reunification are not successful, the plan may be changed to another permanent arrangement, such as adoption or transfer of custody to a relative.⁷ Whether or not they are adopted, older youth in foster care should receive support in developing some form of permanent family connection, in addition to transitional or independent living services to assist them in being self-sufficient when they leave foster care between the ages of 18 and 21.

Federal law requires the court to hold a permanency hearing, which determines the permanent plan for the child, within 12 months after the child enters foster care and every 12 months thereafter. Many courts review each case more frequently to ensure that the agency is actively pursuing permanency for the child.

In fiscal year 2003, 55 percent of children leaving foster care were returned to their parents. The median length of stay in foster care was 12 months. The average age of a child exiting foster care was 10 years old (HHS, 2006).

⁷ Under the Adoption and Safe Families Act (ASFA), while reasonable efforts to preserve and reunify families are still required, State agencies are required to seek termination of the parent-child relationship when a child has been in foster care for 15 of the most recent 22 months. This requirement does not apply (at the State's option) if a child is cared for by a relative, if the termination is not in the best interest of the child, or if the State has not provided adequate services for the family.

Summary

The goal of the child welfare system is to promote the safety, permanency, and well-being of children and families. Even among children who enter foster care, most children will leave the child welfare system

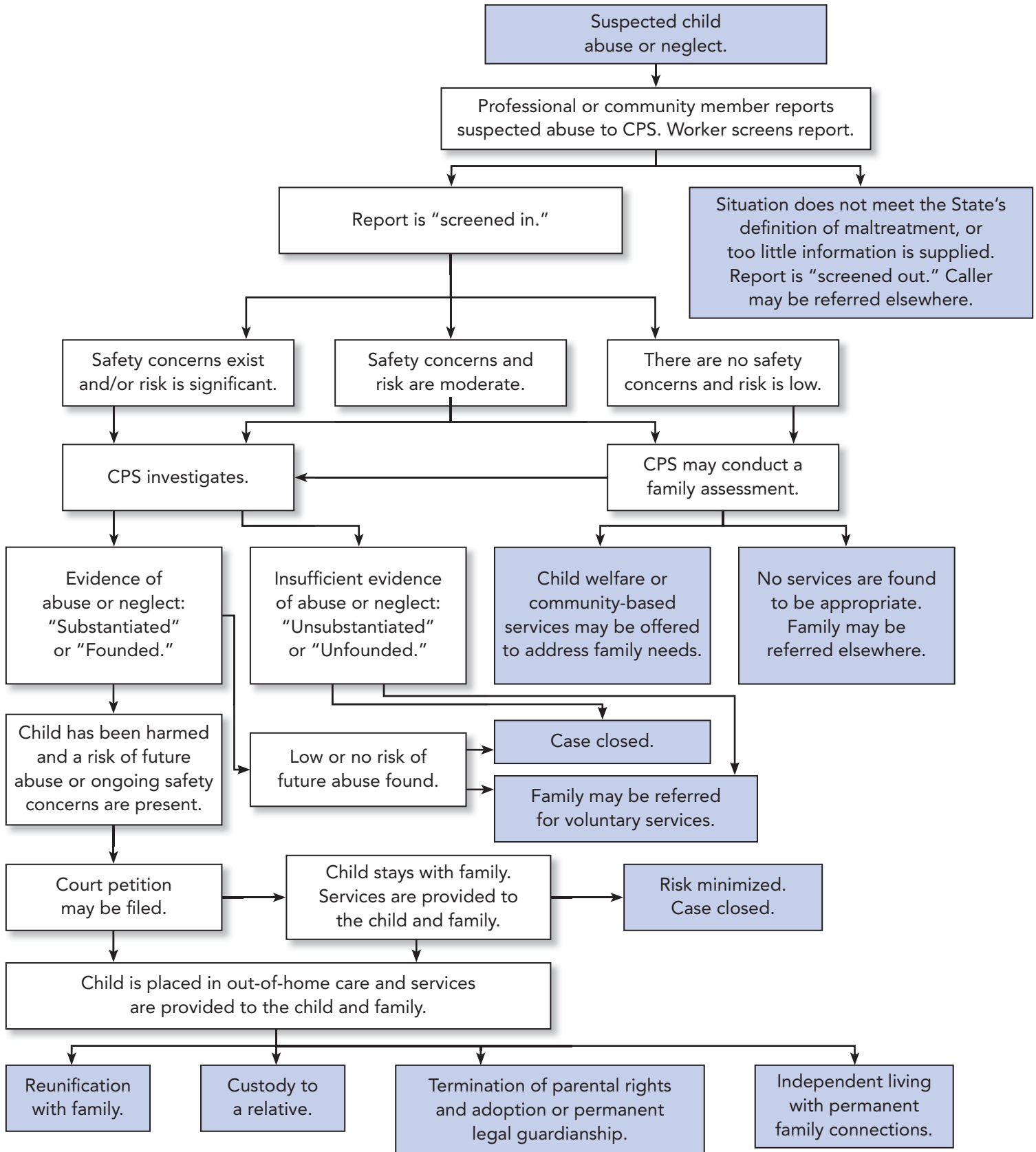
safely to the care of their birth family, a relative, or an adoptive home.

For more detailed information about the child welfare system, please refer to the resources listed below. For more information about the child welfare system in your State or local jurisdiction, contact your local public child welfare agency.

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Appendix A: The Child Welfare System





April 2008

Disponible en español
www.childwelfare.gov/pubs/factsheets/sp_long_term_consequences.cfm

Long-Term Consequences of Child Abuse and Neglect



An estimated 905,000 children were victims of child abuse or neglect in 2006 (U.S. Department of Health and Human Services, 2008). While physical injuries may or may not be immediately visible, abuse and neglect can have consequences for children, families, and society that last lifetimes, if not generations.

The impact of child abuse and neglect is often discussed in terms of physical, psychological,

What's Inside:

- Factors affecting the consequences of child abuse and neglect
- Physical health consequences
- Psychological consequences
- Behavioral consequences
- Societal consequences



behavioral, and societal consequences. In reality, however, it is impossible to separate them completely. Physical consequences, such as damage to a child's growing brain, can have psychological implications such as cognitive delays or emotional difficulties. Psychological problems often manifest as high-risk behaviors. Depression and anxiety, for example, may make a person more likely to smoke, abuse alcohol or illicit drugs, or overeat. High-risk behaviors, in turn, can lead to long-term physical health problems such as sexually transmitted diseases, cancer, and obesity.

This factsheet provides an overview of some of the most common physical, psychological, behavioral, and societal consequences of child abuse and neglect, while acknowledging that much crossover among categories exists.

Factors Affecting the Consequences of Child Abuse and Neglect

Not all abused and neglected children will experience long-term consequences.

The Federal Government has made a considerable investment in research regarding the causes and long-term consequences of child abuse and neglect. These efforts are ongoing; for more information, visit the websites listed below:

LONGSCAN (Longitudinal Studies of Child Abuse and Neglect) is a consortium of longitudinal research studies on the causes and impact of child abuse and neglect, initiated in 1990 with grants from the National Center on Child Abuse and Neglect. The size and diversity of the sample (1,354 children from five distinct geographical areas) enables LONGSCAN to examine the relative impact of various forms of maltreatment, alone and in combination. LONGSCAN studies also evaluate the effectiveness of child protection and child welfare services.

www.iprc.unc.edu/longscan

NSCAW (The National Survey of Child and Adolescent Well-Being) is a project of the Administration on Children, Youth and Families to describe the child welfare system and the experiences of children and families who come in contact with the system. Its 2005 report provides a snapshot of the functioning and the potential service needs of children and families soon after a child protective services investigation has taken place. NSCAW will continue to follow the life course of these children to gather data about services received during subsequent periods, measures of child well-being, and longer-term results for the study population. This information will provide a clearer understanding of life outcomes for children and families who come into contact with the child welfare system.

www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/index.html

Outcomes of individual cases vary widely and are affected by a combination of factors, including:

- The child's age and developmental status when the abuse or neglect occurred
- The type of abuse (physical abuse, neglect, sexual abuse, etc.)
- The frequency, duration, and severity of abuse
- The relationship between the victim and his or her abuser (English et al., 2005; Chalk, Gibbons, & Scarupa, 2002)

Researchers also have begun to explore why, given similar conditions, some children experience long-term consequences of abuse and neglect while others emerge relatively unscathed. The ability to cope, and even thrive, following a negative experience is sometimes referred to as "resilience." A number of protective and promotive factors may contribute to an abused or neglected child's resilience. These include individual characteristics, such as optimism, self-esteem, intelligence, creativity, humor, and independence, as well as the acceptance of peers and positive individual influences such as teachers, mentors, and role models. Other factors can include the child's social environment and the family's access to social supports. Community well-being, including neighborhood stability and access to safe schools and adequate health care, are other protective and promotive factors (Fraser & Terzian, 2005).

Physical Health Consequences

The immediate physical effects of abuse or neglect can be relatively minor (bruises or cuts) or severe (broken bones, hemorrhage, 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 and neglect on physical health is just beginning to be explored. According to the National Survey of Child and Adolescent Well-Being (NSCAW), more than one-quarter of children who had been in foster care for longer than 12 months had some lasting or recurring health problem (Administration for Children and Families, Office of Planning, Research and Evaluation [ACF/OPRE], 2004a). Below are some outcomes researchers have identified:

Shaken baby syndrome. Shaking a baby is a common form of child abuse. The injuries caused by shaking a baby may not be immediately noticeable and may include bleeding in the eye or brain, damage to the spinal cord and neck, and rib or bone fractures (National Institute of Neurological Disorders and Stroke, 2007).

Impaired brain development. Child abuse and neglect have been shown, in some cases, to cause important regions of the brain to fail to form or grow properly, resulting in impaired development (De Bellis & Thomas, 2003). These alterations in brain maturation have long-term consequences for cognitive, language, and academic abilities (Watts-English, Fortson,

Gibler, Hooper, & De Bellis, 2006). NSCAW found more than three-quarters of foster children between 1 and 2 years of age to be at medium to high risk for problems with brain development, as opposed to less than half of children in a control sample (ACF/OPRE, 2004a).

Poor physical health. Several studies have shown a relationship between various forms of household dysfunction (including childhood abuse) and poor health (Flaherty et al., 2006; Felitti, 2002). Adults who experienced abuse or neglect during childhood are more likely to suffer from physical ailments such as allergies, arthritis, asthma, bronchitis, high blood pressure, and ulcers (Springer, Sheridan, Kuo, & Carnes, 2007).

Psychological Consequences

The immediate emotional effects of abuse and neglect— isolation, fear, and an inability to trust— can translate into lifelong consequences, including low self-esteem, depression, and relationship difficulties. Researchers have identified links between child abuse and neglect and the following:

Difficulties during infancy. Depression and withdrawal symptoms were common among children as young as 3 who experienced emotional, physical, or environmental neglect (Dubowitz, Papas, Black, & Starr, 2002).

Poor mental and emotional health. In one long-term study, as many as 80 percent of young adults who had been abused

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 and neglect include panic disorder, dissociative disorders, attention-deficit/hyperactivity disorder, depression, anger, posttraumatic stress disorder, and reactive attachment disorder (Teicher, 2000; De Bellis & Thomas, 2003; Springer, Sheridan, Kuo, & Carnes, 2007).

Cognitive difficulties. NSCAW found that children placed in out-of-home care due to abuse or neglect tended to score lower than the general population on measures of cognitive capacity, language development, and academic achievement (U.S. Department of Health and Human Services, 2003). A 1999 LONGSCAN study also found a relationship between substantiated child maltreatment and poor academic performance and classroom functioning for school-age children (Zolotor, Kotch, Dufort, Winsor, & Catellier, 1999).

Social difficulties. Children who experience rejection or neglect are more likely to develop antisocial traits as they grow up. Parental neglect is also associated with borderline personality disorders and violent behavior (Schore, 2003).

Behavioral Consequences

Not all victims of child abuse and neglect will experience behavioral consequences. However, behavioral problems appear to be more likely among this group, even at a young age. An NSCAW survey of children ages 3 to 5 in foster care found these children displayed clinical or borderline levels of behavioral problems at a rate more than twice that of the general population (ACF, 2004b). Later in life, child abuse and neglect appear to make the following more likely:

Difficulties during adolescence. Studies have found abused and neglected children to be at least 25 percent more likely to experience problems such as delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems (Kelley, Thornberry, & Smith, 1997). Other studies suggest that abused or neglected children are more likely to engage in sexual risk-taking as they reach adolescence, thereby increasing their chances of contracting a sexually transmitted disease (Johnson, Rew, & Sternglanz, 2006).

Juvenile delinquency and adult criminality. According to a National Institute of Justice study, abused and neglected children were 11 times more likely to be arrested for criminal behavior as a juvenile, 2.7 times more likely to be arrested for violent and criminal behavior as an adult, and 3.1 times more likely to be arrested for one of many forms of violent crime (juvenile or adult) (English, Widom, & Brandford, 2004).

Alcohol and other drug abuse. Research consistently reflects an increased likelihood that abused and neglected children will smoke cigarettes, abuse alcohol, or take illicit drugs during their lifetime (Dube et al., 2001). According to a report from the National Institute on Drug Abuse, as many as two-thirds of people in drug treatment programs reported being abused as children (Swan, 1998).

Abusive behavior. Abusive parents often have experienced abuse during their own childhoods. It is estimated approximately one-third of abused and neglected children will eventually victimize their own children (Prevent Child Abuse New York, 2003).

Societal Consequences

While child abuse and neglect almost always occur within the family, the impact does not end there. Society as a whole pays a price for child abuse and neglect, in terms of both direct and indirect costs.

Direct costs. Direct costs include those associated with maintaining a child welfare system to investigate and respond to allegations of child abuse and neglect, as well as expenditures by the judicial, law enforcement, health, and mental health systems. A 2001 report by Prevent Child Abuse America estimates these costs at \$24 billion per year.

Indirect costs. Indirect costs represent the long-term economic consequences of child abuse and neglect. These include costs associated with juvenile and adult criminal activity, mental illness, substance abuse, and

domestic violence. They can also include loss of productivity due to unemployment and underemployment, the cost of special education services, and increased use of the health care system. Prevent Child Abuse America estimated these costs at more than \$69 billion per year (2001).

Summary

Much research has been done about the possible consequences of child abuse and neglect. The effects vary depending on the circumstances of the abuse or neglect, personal characteristics of the child, and the child's environment. Consequences may be mild or severe; disappear after a short period or last a lifetime; and affect the child physically, psychologically, behaviorally, or in some combination of all three ways.

Ultimately, due to related costs to public entities such as the health care, human services, and educational systems, abuse and neglect impact not just the child and family, but society as a whole.

RESOURCES ON THE CHILD WELFARE INFORMATION GATEWAY WEBSITE

Child Abuse and Neglect

www.childwelfare.gov/can/index.cfm

Defining Child Abuse and Neglect

www.childwelfare.gov/can/defining/

Preventing Child Abuse and Neglect

www.childwelfare.gov/preventing/

Reporting Child Abuse and Neglect

www.childwelfare.gov/responding/reporting.cfm

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Child Maltreatment 2006: Summary of Key Findings

This factsheet presents excerpts from *Child Maltreatment 2006*, a report based on data submissions by State child protective services (CPS) agencies for Federal fiscal year (FFY) 2006. The full *Child Maltreatment 2006* report is available on the Children's Bureau website: www.acf.hhs.gov/programs/cb/pubs/cm06/index.htm

How many children were reported and received an investigation or assessment for abuse and neglect?

During Federal fiscal year (FFY) 2006, an estimated 3.3 million referrals, involving the alleged maltreatment of approximately 6.0 million children, were made to CPS agencies. An estimated 3.6 million children received an investigation or assessment.

- Approximately 60 percent (61.7%) of referrals were screened in for investigation or assessment by CPS agencies.
- Approximately 30 percent of the investigations or assessments found at least one child to be a victim of abuse or neglect, with the following report dispositions: 25.2 percent substantiated, 3.0 percent indicated, and 0.4 percent alternative response victim.¹

¹ The NCANDS disposition category of "alternative response victim" is defined as a conclusion that the child was identified as a victim when a response other than an investigation was provided.



Who reported child maltreatment?

- More than 70 percent of the investigations or assessments determined that the child was not a victim of maltreatment, with the following dispositions: 60.4 percent unsubstantiated, 5.9 percent alternative response nonvictim², 3.2 percent "other," 1.7 percent closed with no finding, and 0.1 percent intentionally false.

For 2006, more than one-half (56.3%) of all reports of alleged child abuse or neglect were made by professionals. The term professional means that the person had contact with the alleged child maltreatment victim as part of the report source's job. The remaining reports were made by nonprofessionals, including friends, neighbors, sports coaches, and relatives.

The three most common report sources were teachers (16.5%), lawyers or police officers (15.8%), and social services staff (10.0%).

Who were the child victims?

During 2006, an estimated 905,000 children were determined to be victims of abuse or neglect. Among the children confirmed as victims by CPS agencies in 2006:

- Children in the age group of birth to 1 year had the highest rate of victimization at 24.4 per 1,000 children of the same age group in the national population.
- Just over one-half (51.5%) of the child victims were girls, and 48.2 percent were boys.
- Approximately one-half (48.8%) of all victims were White; one-quarter (22.8%) were African-American; and 18.4 percent were Hispanic.

What were the most common types of maltreatment?

As in prior years, neglect was the most common form of child maltreatment. CPS investigations determined that:

- More than 60 percent (64.1%) of victims suffered neglect.
- More than 15 percent (16.0%) of the victims suffered physical abuse.

²The NCANDS disposition category of "alternative response nonvictim" is defined as a conclusion that the child was not identified as a victim when a response other than an investigation was provided.

How many children died from abuse or neglect?

- Less than 10 percent (8.8%) of the victims suffered sexual abuse.
- Less than 10 percent (6.6%) of the victims suffered from emotional maltreatment.

Child fatalities are the most tragic consequence of maltreatment. During 2006, an estimated 1,530 children died due to child abuse or neglect. The overall rate of child fatalities was 2.04 deaths per 100,000 children.

- More than 40 percent (41.1%) were attributed to neglect; physical abuse also was a major contributor to child fatalities.
- More than three-quarters (78.0%) of the children who died due to child abuse and neglect were younger than 4 years old.
- Infant boys (younger than 1 year) had the highest rate of fatalities, at 18.5 deaths per 100,000 boys of the same age in the national population.
- Infant girls had a rate of 14.7 deaths per 100,000 girls of the same age.

Who abused and neglected children?

In 2006, nearly 80 percent (79.4%) of perpetrators of child maltreatment were parents, and another 6.7 percent were other relatives of the victim. Women comprised a larger percentage of all perpetrators than men, 57.9 percent compared to 42.1 percent. More than three-quarters (77.5%) of all perpetrators were younger than age 40.

- Of the perpetrators who maltreated children, less than 10 percent (7.0%) committed sexual abuse, while 60.4 percent committed neglect.
- Of the perpetrators who were parents, more than 90 percent (91.5%) were the biological parent of the victim.

Who received services?

During an investigation, CPS agencies provide services to children and their families, both in the home and in foster care.

- Nearly 60 percent (58.9%) of child victims received postinvestigation services. Of the children who were not found to be victims of maltreatment, 30.3 percent received such services.
- Approximately one-fifth (21.5 percent) of victims were placed in foster care. In addition, 4.4 percent of nonvictims were removed from their homes.

The statistics in the Child Maltreatment reports are based on data submitted to the National Child Abuse and Neglect Data System (NCANDS). NCANDS is a voluntary reporting system that was developed by the Children's Bureau of the U.S. Department of Health and Human Services to collect and analyze annual statistics on child maltreatment from State CPS agencies.

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Disponible en español
[www.childwelfare.gov/pubs/
reslist/sp_tollfree.cfm](http://www.childwelfare.gov/pubs/reslist/sp_tollfree.cfm)

Toll-Free Crisis Hotline Numbers

Child Abuse

Childhelp®

Phone: 800.4.A.CHILD (800.422.4453)
Who They Help: Child abuse victims,
parents, concerned individuals

Family Violence

National Domestic Violence Hotline

Phone: 800.799.SAFE (800.799.7233)
Who They Help: Children, parents,
friends, offenders

Child Sexual Abuse

Stop It Now!

Phone: 888.PREVENT (888.773.8368)
Who They Help: Adults, parents, offenders,
concerned individuals

Mental Illness

National Alliance on Mental Illness

Phone: 800.950.NAMI (800.950.6264)
Who They Help: Individuals, families,
professionals

Crime Victims

National Center for Victims of Crime

Phone: 800.FYI.CALL (800.394.2255)
Who They Help: Families, communities, and
individuals harmed by crime

Missing/Abducted Children Ê

Child Find of America

Phone: 800.I.A.M.LOST (800.426.5678)

Who They Help: Parents reporting lost or abducted children

Child Find of America – Mediation

Phone: 800.A.WAY.OUT (800.292.9688)

Who They Help: Parents (abduction, prevention, child custody issues)

National Center for Missing and Exploited Children

Phone: 800.THE.LOST (800.843.5678)

Who They Help: Families and professionals (social services, law enforcement)

Rape/Incest

Rape, Abuse & Incest National Network (RAINN) –

Phone: 800.656.HOPE, Ext.1

(800.656.4673, Ext.1) –

Who They Help: Rape and incest victims, media, policymakers, concerned individuals –

Substance Abuse

National Alcohol and Substance Abuse Information Center

Phone: 800.784.6776

Who They Help: Families, professionals, media, policymakers, concerned individuals

Suicide Prevention

National Suicide Hopeline

Phone: 800.784.2433

Who They Help: Families, concerned individuals

National Suicide Prevention Lifeline

Phone: 800.273.8255

Who They Help: Families, concerned individuals

Youth in Trouble/Runaways Ê

National Runaway Switchboard

Phone: 800.RUNAWAY (800.786.2929)

Who They Help: Runaway and homeless youth, families