

## CHILD ABUSE AND NEGLECT

Child abuse and neglect has been defined as “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.”<sup>1</sup>

In 2012, state child protective services agencies received approximately 3.4 million referrals, involving an estimated 6.3 million children, alleging abuse or neglect. Based on investigation, states reported that an estimated 678,810 unique children were victims of abuse or neglect in 2012, resulting in a national victimization rate of 9.2 per 1,000 children in the population.

Neglect was the most common type of maltreatment (experienced by 78.3 percent of victims), followed by physical abuse (18.3 percent), sexual abuse (9.3 percent), psychological maltreatment (8.5 percent), and medical neglect (2.3 percent; figure 1). About 10 percent of victims experienced other types of maltreatment including abandonment, threats of harm, or congenital drug addiction. Children may have experienced more than one type of maltreatment. In 2012, an estimated 1,640 children died as a result of abuse or neglect.

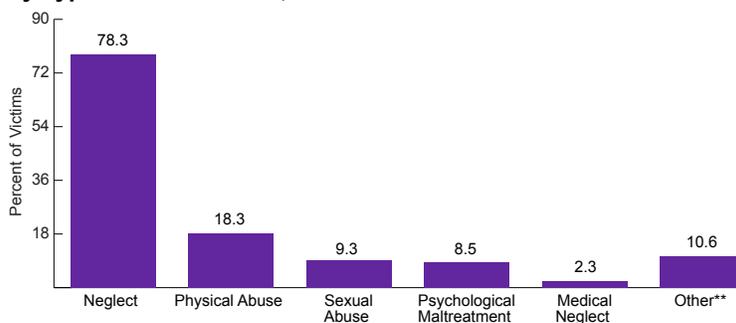
In 2012, children aged 0–3 years accounted for 33.6 percent of all victims, with 12.8 percent younger than 1 year of age. About one-quarter of victims were between the ages of 4 and 7 years, 18.7 percent were aged 8–11 years, 16.8 percent were aged 12–15 years, and 5.8 percent were aged 16–17 years (figure 2). With the exception of sexual abuse, children aged 0–2 years represented the largest proportion of victims in each maltreatment category. For example, 33.2 percent of those who experienced medical neglect were in this age group, as were 24.6 percent of those who experienced physical abuse.

Although the percentage of child victims by sex was similar for boys and girls (48.7 and 50.9 percent, respectively) the rate of abuse was higher among girls: 9.5 per 1,000 girls compared to 8.7 per 1,000 boys. Similarly, although 44.0 percent of victims were non-Hispanic White, rates of victimization were highest among non-Hispanic Black and American Indian and Alaska Native children: 14.2 and 12.4 per 1,000 children, respectively, compared to 8.0 per 1,000 among non-Hispanic White children.

Overall, 81.5 percent of perpetrators of abuse or neglect were parents of the victim (either alone or in conjunction with another person). Male relatives and male partners of the child’s parent were the perpetrators in another 3.0 and 2.3 percent of victimizations, respectively. Other types of perpetrators included foster parents, friends and neighbors, and legal guardians.

A variety of risk factors have been associated with child maltreatment, including child health and disability status, caregiver substance abuse, intimate partner or domestic violence, and poverty.<sup>2</sup> The effects of child maltreatment can be serious and long lasting, ranging from increased risk of chronic emotional, behavioral, and physical illness<sup>3</sup> to delinquency and criminality<sup>4</sup> to lower levels of socioeconomic achievement.<sup>5</sup> Taken together, the lifetime cost per victim of nonfatal child maltreatment has been estimated at \$210,012, while the lifetime cost associated with one year of all confirmed cases has been estimated at \$124 billion.<sup>6</sup> Early childhood home visitation programs, where trained personnel visit the home during the child’s first two years of life, are recommended as an evidence-based way to prevent child maltreatment.<sup>7</sup>

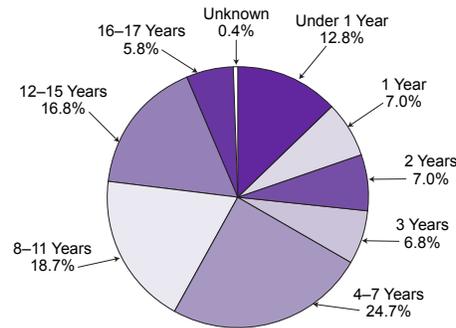
**Figure 1. Reported Abuse and Neglect Among Children Under Age 18, by Type of Maltreatment, 2012\***



\*Estimates do not total 100 percent, as children may experience more than one type of maltreatment.

\*\*Includes other types of maltreatment not mentioned above such as threats of abuse or congenital drug addiction.

**Figure 2. Reported Abuse and Neglect Among Children Under Age 18, by Age, 2012**



#### Data Sources

Figure 1 and 2. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *Child maltreatment 2012*. Available at: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf#page=31>. Accessed July 24, 2014.

#### Endnotes

1. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *Child Maltreatment 2012*. Available at: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf#page=31>. Accessed May 17, 2012.
2. U.S. Department of Health and Human Services, Administration for Children and Families. *Child welfare information gateway: child abuse and neglect, risk and protective factors*. Available at: <https://www.childwelfare.gov/can/factors/>. Accessed July 24, 2014.
3. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*. 1998;14(4):245-258.
4. Widom CS, Maxfield MG. *An update on the "cycle of violence" research in brief*. Available at: <https://www.ncjrs.gov/pdffiles1/nij/184894.pdf>. Accessed July 24, 2014.
5. Currie J, Widom CS. Long-term consequences of child abuse and neglect on adult economic well-being. *Child Maltreatment*. 2010;15(2):111-120.
6. Fang X, Brown DS, Florence CS, Mercy JA. The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect*. 2012;36(2):156-165.
7. The Community Guide. Violence Prevention: Early Childhood Home Visitation. Available at: <http://www.thecommunityguide.org/violence/home/index.html>. Accessed March 2, 2015.

#### Suggested Citation

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA 2014*. Rockville, Maryland: U.S. Department of Health and Human Services, 2015. Online at <http://mchb.hrsa.gov/chusa14/>