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Child Maltreatment in Virginia:

Support for Further Advocacy Efforts

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Executive Summary

In the United States, nearly 700,000 children are abused each year. The Department of Social Services in Virginia reported in 2015 that nearly 50,000 children were possible victims of abuse and neglect with 6,112 found to have been victims of maltreatment. While this number ranks Virginia as the 5th lowest in the United States for substantiated cases of abuse, additional collaborative efforts are necessary to ensure reliable access of comprehensive services and support for all of the Commonwealth's children and families.

Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or person in a custodial role. Multiple forms of abuse against children include physical, sexual, and emotional abuse as well as neglect. Children less than one year of age experience the highest victimization rate, with rates steadily decreasing with age. Neglect is the most frequently reported type of child maltreatment, however all forms of maltreatment cause significant negative consequences to an individual's immediate and long-term health. All forms of maltreatment can impact the health and future of children, families, and the community as a whole.

This report explores child maltreatment in Virginia, specifically risk factors, impact on a child's immediate and long-term physical and psychological health, and monetary costs which include care, treatment and loss of productivity. Following the presentation of data, the VECPC proposes areas to strengthen ongoing efforts to provide safer living environments for every child in Virginia.

The Centers for Disease Control (CDC) recommends prevention strategies paired with action-oriented approaches that aim to influence all levels of society by strengthening community involvement, relationships among families and neighbors, and individual behaviors. The VECPC suggests much of the same for Virginia: collaboration among those in the fields of education, family support services, health, law enforcement, and governance. With cross-sector collaboration, there can be evaluation of and possible improvements to child abuse and neglect training for individuals in the fields of education, community services, and social services. Additionally, the VECPC suggests Virginia follow the lead of 18 other states requiring any person who suspects child abuse or neglect to report the case to local authorities. Lastly, Virginia's Child Advocacy Centers, which are clustered in the most populous areas of the state, could be expanded to rural and underserved communities to offer needed services and support to areas with already at-risk populations. Ongoing support for CACs by community organizations and state leaders will support the long-term sustainability of additional centers and those already working to provide services to Virginia's children and families.

Issues Impacting Young Children: Child Maltreatment in Virginia

According to the Children's Bureau of the U.S. Department of Health & Human Services, the United States in 2015 estimated 1,670 children died from abuse and neglect in the United States and nearly 700,000 children are abused in the U.S each year. In Virginia, data from the Virginia Department of Social Services (DSS) shows that 49,868 children were reported as possible victims of abuse and neglect in 2015. Translated further, a child is abused or neglected every 75 minutes and every 14 days a child dies from such mistreatment. While these numbers are shocking, Virginia has a relatively low child maltreatment rate, ranking 4th lowest in the United States for substantiated cases of abuse (Virginia Performs, 2017). The tragic impact of child maltreatment is felt both immediately and long-term. This policy brief takes a look at child maltreatment in Virginia and proposes areas to strengthen the Commonwealth's ongoing efforts to provide safe environments for every child in Virginia.

What is Child Maltreatment?

Child maltreatment encompasses all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (for example, a clergyman, coach, or teacher). There are four types of abuse, or forms of maltreatment: physical abuse, sexual abuse, emotional abuse, and neglect. Physical abuse is any show of force against a child such as hitting, kicking, shaking, or burning. Sexual abuse is the engagement with a child in sexual acts and/or exposing a child to sexual activities which may range from fondling to rape. Emotional abuse comes in the form of harming a child's self-esteem or psychological well-being, such as name calling, withholding love, and threatening. Lastly, neglect is the failure to meet a child's basic needs. These needs include food, housing, clothing, education, and access to medical care (Center for Disease Control, 2014b). Physical, sexual, and emotional abuse are considered "acts of commission", while neglect is considered to be an "act of omission" (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008).

Maltreatment across the United States

All 50 states, the District of Columbia, and the U.S. Territories have child abuse and neglect reporting laws that mandate certain professionals and institutions to report suspected maltreatment to a child protective services (CPS) agency (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2016). The National Child Abuse and

Neglect Data System, NCANDS, is a statistical system that tracks child maltreatment in the US. In this system, children are counted as victims if their cases are classified as *substantiated* or *indicated* by a state child welfare agency. Child Trends' 2016 *Child Maltreatment* report describes substantiated as "…those in which an allegation of maltreatment or risk of maltreatment was supported or founded according to state law or policy." And indicated cases "…are those in which an allegation of maltreatment or risk of maltreatment could not be substantiated, but there was reason to suspect maltreatment or the risk of maltreatment" (Child Trends, 2016).

In 2015, there were an estimated 683,487 maltreated children in the United States, for a magnitude of occurrence of 9.2/1,000, or approximately 10 victims for every 1,000 children. Three-quarters (75.3%) of victims were neglected, 17.2 percent were physically abused, and 8.4 percent were sexually abused. In addition, 6.9 percent of victims experienced "other" types of maltreatment, parent's drug/alcohol abuse, threatened abuse, or safe relinquishment of a newborn (Table 1). Nationally, magnitudes of occurrence also differed by the type of abuse. When looking at who were the victims, girls had higher reported rates than their male counterparts, and occurrences declined with age (Table 2). African-American, American Indian or Alaskan Native, and multiple-race children had higher rates of maltreatment than other groups. (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2017).

Since many cases of child maltreatment are not reported to social services, the aforementioned magnitudes of occurrence may be underestimates. In response, the National Survey of Children's Exposure to Violence (NatSCEV) was launched as the first national study to comprehensively examine the extent and nature of children's exposure to violence across all ages, settings, and timeframes. In 2011, telephone interviews were conducted with a nationwide sample of 4,503 children and youth ages one month to 17 years (or their caregivers for children younger than age 10). Results revealed that altogether, 138/1,000 in the sample experienced maltreatment in the past year (Finkelhor, Turner, Shattuk, Hamby, & Kracke, 2015). This estimate is considerably higher than the 2011past-year estimate (8.8/ 1,000) put forth by the NCANDS (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2017).

Maltreatment in Virginia

For the state of Virginia, according to the NCANDS, there were approximately 6,112 maltreated children in 2015. This translates to a rate of 3.3/1,000, or

approximately 4 victims for every 1,000 children (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2017). Neglect was the most frequently reported type of child maltreatment (Table 1). As seen nationally, girls had slightly higher reported rates than their male counterparts. Children less than one year of age experienced the highest victimization rate, and the rates steadily decreased with age. The racial/ethnic profile in Virginia differs from the national profile, however. Pacific Islander, African-American, and multiple-race children experienced the highest maltreatment rates (Table 2).

Table 1. Percentage Distribution of Child Maltreatment Types in the United States and Virginia, 2015

	United States	*Virginia*
Overall	*116.3*	*110.4*
Medical neglect	2.2	2.3
Neglect	75.3	65.7
Other	6.9	0.0
Physical abuse	17.2	30.6
Psychological maltreatment	6.2	1.1
Sexual abuse	8.4	10.7

Table 2. Child Maltreatment Rates per Thousand Children in the United States and Virginia, by Various Characteristics, 2015

	United States	*Virginia*
Overall	*9.2*	*3.3*
Gender		
Male	8.8	3.1
Female	9.6	3.4
Age in years		
Less than 1	24.2	6.5
1	11.8	4.6
2	11.3	4.5
3	10.7	3.8
4	10.3	3.7
5	10.5	3.6
6	10.5	3.9
7	9.6	3.3
8	8.8	3.1
9	8.0	3.0
10	7.3	2.6
11	6.8	2.4
12	6.8	2.4
13	6.9	2.2
14	6.8	2.4
15	6.5	2.4
16	5.6	2.0
17	3.5	1.6
Race/ethnicity		
African-American	14.5	4.2
American Indian or Alaska Native	13.8	0.2
Asian	1.7	0.5
Hispanic	8.4	2.8
Multiple race	10.4	3.5
Pacific Islander	8.8	12.1
White	8.1	3.1

What are the risk factors for child maltreatment?

Root causes of maltreatment can be organized into four areas: (a) characteristics of the child, (b) parenting capacity, (c) the family unit, and (d) the community. Children are never responsible for abuse inflicted upon them, however, a correlation has been found

between children with special needs and increased risks or potential for maltreatment. Children with disabilities, mental health issues, or chronic physical illnesses are significantly more likely to be abused (Child Welfare Information Gateway, 2004; Centers for Disease Control, Injury Center, Violence Prevention, Child Abuse and Neglect, Prevention Strategies, 2017). As stated earlier in this brief, the age, gender, and race/ethnicity of the child also have a documented influence on the risk of maltreatment.

In documented maltreatment cases, four out of five perpetrators are parents/primary caregivers (Centers for Disease Control, 2014a). Some parents and primary caregivers, especially those who are young, may have never had the opportunity to practice parenting skills or learn about child development. This is often true for parents who have not experienced modeling of appropriate parenting behavior themselves. These parents and caregivers can have histories of child maltreatment within their own families of origin and have thoughts and emotions that aim to justify maltreatment behaviors. Additionally, parents with mental health problems may experience challenges for positive parenting (Ross, T & Vandivere, S, 2009; Centers for Disease Control, Injury Center, Violence Prevention, Child Abuse and Neglect, Prevention Strategies, 2017).

Abuse and neglect can occur in family units where there is a great deal of stress. This stress can result from issues such as drug or alcohol abuse, economic hardship, divorce, and chronic health problems. Families without nearby friends, relatives, or other social supports are also at an increased risk for maltreatment (Centers for Disease Control, 2014b; Centers for Disease Control, Injury Center, Violence Prevention, Child Abuse and Neglect, Prevention Strategies, 2017). At the community level, neighborhood disadvantage - which is indicated by violence, a high level of residential transience, high unemployment rates, or a large number of alcohol outlets nearby - has been found to be associated with child maltreatment. These and other societal factors are some of the least studied and understood factors of child maltreatment. (Ross, & Vandivere, 2009; Child Welfare Information Gateway, 2004; Centers for Disease Control, Injury Center, Violence Prevention, Child Abuse and Neglect, Prevention Strategies, 2017).

Negative Impacts of Child Maltreatment

The effects of child abuse and neglect are serious, and a child fatality is the most tragic consequence. The aforementioned National Child Abuse and Neglect Data System (NCANDS) collect case-level data on child deaths from maltreatment. In 2015, a nationally estimated 1,670 children died from abuse and neglect at a rate of 2.25 per 100,000 children in the population. The Virginia death rate was higher than the national

average at 2.9 per 100,000 children (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2017).

In 2016, Virginia investigated 129 child deaths and found 46 to be related to abuse or neglect, decreasing the rate to 2.5 per 100,000 (Virginia Department of Social Services, Child Protective Services Program, 2017). However, there was inconsistency in the death rate in different regions of the state, ranging from .5 per 100,000 in Northern Virginia to 6.3 in Western Virginia.

Child abuse and neglect can have a significant amount of long-term effects on a child's physical health. The most common cause of traumatic death for infants is an abusive head trauma. This is an inflicted injury to the head caused by intentional shaking and the resulting impact. These injuries , which may not be immediately noticeable, include bleeding in the eye or brain, and damage to the spinal cord and neck. Death is not the only possible outcome; important regions of the brain may fail to form, or to grow properly, leading to impaired development. Trauma that does not lead to death can have long-term implications for cognitive, language, and academic abilities (Child Welfare Information Gateway, 2013).

Additionally, adults who experienced abuse or neglect during childhood are more likely to suffer from chronic diseases such as, cardiovascular disease, lung and liver disease, asthma, and obesity (Child Welfare Information Gateway, 2013). Specific physical health conditions are also connected to the *type* of maltreatment. The first prospective study that followed abused and neglected children into middle adulthood, while administering medical examinations, was conducted by Widom and colleagues (Widom, Czaja, Bently, & Johnson, 2012). Findings revealed that neglected children were at increased risk for diabetes and poorer lung functioning. Physical abuse increased the risk for diabetes and malnutrition, while sexual abuse showed a significant increase in risk for malnutrition only, when all other factors were controlled.

Not all victims of child abuse and neglect will experience behavioral consequences. However, behavioral problems appear to be more likely among this group. Health-related, behavioral consequences may include smoking, alcoholism, illicit drug use, severe obesity, and high-risk sexual behaviors. In the criminal justice arena, several studies have documented the associations among child abuse and future juvenile delinquency, adult lawbreaking, and interpersonal violence (Centers for Disease Control, 2014b; Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss & Marks, 1998; Child Welfare Information Gateway, 2013).

The *immediate* emotional effects of child maltreatment, for example isolation, fear, and an inability to trust, can translate into *lifelong* psychological consequences, including low self-esteem, aggression, borderline personality disorders, and affectionate behaviors with unknown or little-known people (Child Welfare Information Gateway, 2013). The Adverse Childhood Experiences (ACE) Study is a collaborative between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente's Health Appraisal Clinic in San Diego, California. It is the largest ongoing examination of the association between childhood maltreatment and adult health and well-being outcomes. Data are collected from more than 17,000 participants undergoing regular health screenings, who provide information about childhood experiences of abuse and neglect. Findings from one such analysis show that those with a cumulative number of adverse childhood exposures have a five times higher odds of depression, and a 12 times higher odds of ever attempting suicide (Child Welfare Information Gateway, 2013; Felitti et al.,1998).

While child abuse and neglect usually occur within the family, the impact does not end there. Society as a whole pays a monetary price for child abuse and neglect as well. A recent CDC (Centers for Disease Control) study (Fang, Brown, Florence, & Mercy, 2012) found that the estimated average lifetime cost per victim of nonfatal child maltreatment is $210,012 in 2010 dollars. This total includes $32,648 in childhood health care, along with $7,728 in child welfare costs, and $7,999 going towards special education. Additionally, adults who were once victims of child maltreatment accounted for $10,530 in medical costs. Adults who cannot work led to $144,360 in lost productivity. Lastly, $6,747 went to criminal justice costs. Child maltreatment is not only a problem of physical and psychological health for the child and the grown adult; it is a monetary and productivity problem for our country.

Preventing Child Abuse and Neglect: Recommended Strategies

The Centers for Disease Control (CDC) recommends a comprehensive approach that aims to influence all levels of contemporary society and serve to strengthen community involvement, relationships among families and neighbors, and individual behaviors. Table 3 below highlights recommended prevention strategies paired alongside action-orientated approaches that every state and community can take to reduce instances of child maltreatment.

Table 3. Strategies and Approaches for Preventing Child Abuse and Neglect (Centers for Disease Control, Injury Center, Violence Prevention, Child Abuse & Neglect, Prevention Strategies, 2016).

Strategy	Approach
Strengthen economic supports to families	• Strengthening household financial security • Family-friendly work policies
Change social norms to support parents and positive parenting	• Public engagement and education campaigns • Legislative approaches to reduce corporal punishment
Provide quality care and education early in life	• Preschool enrichment with family engagement • Improved quality of child care through licensing and accreditation
Enhance parenting skills to promote healthy child development	• Early childhood home visitation • Parenting skill and family relationship approaches
Intervene to lessen harms and prevent future risk	• Enhanced primary care • Behavioral parent training programs • Treatment to lessen harms of abuse and neglect exposure • Treatment to prevent problem behavior and later involvement in violence

The recommended strategies and approaches by the CDC encompass a holistic approach to proactively creating safe and supportive environments to reduce instances of child maltreatment. In 2013 the Virginia Early Childhood Policy Center (VECPC) recommended that Virginia think critically about a comprehensive model of early childhood programming in order to most effectively serve young children and families (Figure 1).

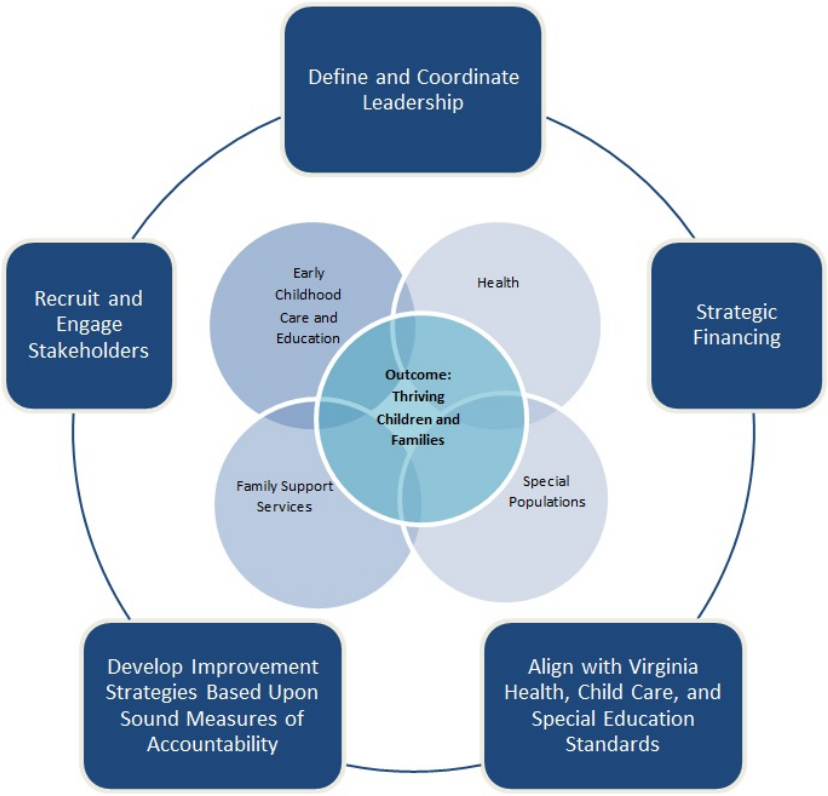

Figure 1. Components of a Comprehensive Early Childhood System in Virginia.[i]

Mandated Reporting

Individuals designated as mandatory reporters typically have frequent contact with children and/or the elderly. These individuals cross many of the professions designed to serve the community including:

- Social workers
- Teachers, principals, and other school personnel
- Physicians, nurses, and other health-care workers
- Counselors, therapists, and other mental health professionals
- Child care providers
- Medical examiners or coroners
- Law enforcement officers

Virginia's Code

Table 4. Description of Virginia Code related to reporting suspected maltreatment.

Virginia Code	Description
Virginia Professionals Required to Report Ann. Code § 63.2-1509	• Persons licensed to practice medicine or any of the healing arts • Hospital residents or interns, and nurses • Social workers, family-services specialists, or probation officers • Teachers or other employees at public or private schools, kindergartens, or nursery schools • Persons providing full-time or part-time child care for pay on a regular basis • Mental health professionals • Law enforcement officers, animal control officers, or mediators • Professional staff employed by private or State-operated hospitals, institutions, or facilities to which children have been placed for care and treatment • Persons age 18 or older associated with or employed by any public or private organization responsible for the care, custody, or control of children • Court-appointed special advocates • Persons age 18 or older who have received training approved by the Department of Social Services for the purposes of recognizing and reporting child abuse and neglect • Persons employed by a local department who determine eligibility for public assistance • Emergency medical services providers, unless such providers immediately report the matter directly to the attending physician at the hospital to which the child is • Persons employed by public or private institutions of higher education, other than an attorney who is employed by a public or private institution of higher education as it relates to information gained in the course of providing legal representation to a client • Athletic coaches, directors, or other persons age 18 or older employed by or volunteering with private sports organizations or teams • Administrators or employees age 18 or older of public or private day camps, youth centers, and youth recreation programs
Institutional Responsibility to Report Ann. Code § 63.2-1509	If the information is received by a teacher, staff member, resident, intern, or nurse in the course of professional services in a hospital, school, or similar institution, such person may, in place of making a report, immediately notify the person in charge of the institution or department, or his or her designee, who shall make the report forthwith. If the initial report of suspected abuse or neglect is made to

	the person in charge of the institution or department or his or her designee, such person shall notify the teacher, staff member, resident, intern, or nurse who made the initial report when the report of suspected child abuse or neglect is made to the local department or to the toll-free child abuse and neglect hotline, and of the name of the individual receiving the report, and shall forward any communication resulting from the report, including any information about any actions taken regarding the report.
Reporting by Other Persons Ann. Code § 63.2-1510	Any person who suspects that a child is abused or neglected may report.

Implications and Future Directions to Support Ongoing Advocacy Efforts in Virginia

The VECPC recommends three areas on which to focus for the future of Virginia's advocacy efforts:

1. *There should be an evaluation of mandated reporting training and efforts across the state.* Presently, the Virginia Department of Social Services offers an online training module for teachers and child care providers across the state. Teachers in the Commonwealth are required by Section 22.1-298.8 of the Code of Virginia to complete child abuse and neglect study as part of the licensure process. Evaluation efforts could explore the extent to which educators find the training valuable across the Birth to Grade 12 age spectrum as well as following up with educators, child care administrators, and school administrators once they have been licensed and working in the field to determine if follow-up trainings may help to support reporting efforts.

2. *Follow the lead of approximated 18 States and Puerto Rico who have mandated reporting, requiring any person who suspects child abuse or neglect to report.* These states include Delaware, Florida, Idaho, Indiana, Kentucky, Maryland, Mississippi, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, Oklahoma, Rhode Island, Tennessee, Texas, Utah, and Wyoming. In all other states, territories, and the District of Columbia—including Virginia—any

person is permitted, but not required if not deemed a mandated reporter, to report instances of suspected child maltreatment.

3. *Expand the reach of Virginia's Child Advocacy Centers (CACs).* Presently, Virginia has 15 CAC's and 1 satellite in communities throughout Virginia. As Figure 2 shows, many of these CAC's are located in and around the most populous areas of the state. Expansion of CACs to more rural communities would offer services and support to already vulnerable populations. Installing new CACs will require collaborative partnerships with community organizations and professions including child protective services, local law enforcement, medical community, and school and child care professionals. Collaborative efforts are necessary to ensure comprehensive services and support for children experiencing maltreatment. Support for and needs of CACs are unique to each locality and require ongoing dedication in order to safeguard the long-term sustainability of the center.

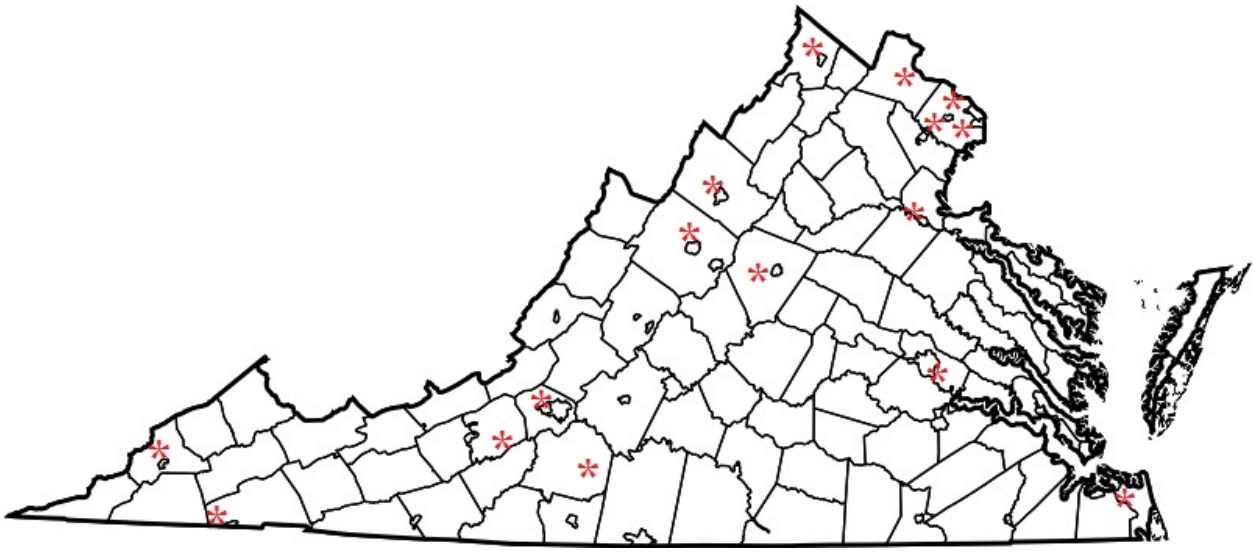

Figure 2. Map of Virginia, with established CACs. (Children's Advocacy Centers of Virginia, n.d.)

[i] Adapted from Zero To Three: National Center for Infants, Toddlers and Families. (2012). *Putting the pieces together for infants and toddlers*. Washington, DC

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