

Child Maltreatment

The Federal Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as, at a 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.* The four major categories of maltreatment are: physical abuse, sexual abuse, neglect, and emotional or physiological maltreatment. While these forms may be found separately, they can occur in combination.¹

How does child maltreatment affect the United States?

Fatal data

- In 2013, it is estimated 1,520 children younger than age 18 died as a result of abuse and/or neglect, a rate of 2.04 deaths per 100,000 children in the national population.¹
- Of the children that died, 78.9% were killed by one or both of their parents.¹
- The majority (73.9%) of children that died from abuse and neglect were under 3 years old.¹

Non-fatal data

- From 2009 to 2013, overall rates of child maltreatment victimization declined, from 9.3 to 9.1 per 1,000 children in the population. This results in an estimated 23,000 fewer victims in 2013 (679,000) compared with 2009 (702,000).¹
- The victimization rate was highest for children younger than one year (23.1 per 1,000 children in the population of the same age).¹
- Most often children suffered from neglect (79.5%), followed by physical abuse (18.0%), and sexual abuse (9.0%).¹
- In 2013, there were an estimated 3.5 million referrals of child maltreatment reported to Child Protective Services agencies across the U.S., affecting nearly 6.4 million children.¹
- Fifty-one states and territories reported 678,932 unique victims of child abuse or neglect at a rate of 9.1 victims per 1,000 children.¹ A unique count of child victims tallies a child only once regardless of the number of times he or she was found to be a victim during the reporting period.
- From 2000-2008, nearly 340,000 children were treated in U.S. emergency departments (ED) for intentional injuries (excluding those self-inflicted) each year, accounting for an estimated 1.2% of all pediatric ED visits.²
- From 2000-2009, pediatric hospital admissions rates of physical abuse increased by 0.79% and rates of high-risk traumatic brain injury increased by 3.1% each year.³

Cost data

- In 2010, non-fatal child maltreatment cost the U.S. an estimated \$210,012 in average lifetime cost per victim and cost \$1.3 million per death, including medical costs and productivity losses.⁴
- Based on new cases of non-fatal and fatal child maltreatment in the U.S., the total lifetime economic burden of child maltreatment is approximately \$124 billion. This burden is similar to the cost of other high profile public health problems, including stroke and Type 2 diabetes.⁴

How does child maltreatment affect Indiana?

- In state fiscal year 2013, there were 49 child fatalities substantiated for to abuse or neglect via the fatality review process. Seven of these children had had prior history with the Indiana Department of Child Services (DCS), where the victim had prior substantiated history as a victim. Of the 49 child fatalities, 14 were due to abuse and 35 were due to neglect. Domestic violence was a risk factor in 47% of abuse cases and 23% of neglect cases.⁵
- In 2013, Indiana had 160,878 referrals for child abuse and neglect, and 95,140 of those reports were screened-in for investigation.¹
- In 2013, there were 21,755 unique victims of child maltreatment in Indiana at a rate of 13.7 per 1,000 children. Indiana's rate is higher compared to the national rate of 9.1. The majority of those children were victims of neglect (19,172) and sexual abuse (3,075). More than half (52.7%) of victims were young girls, and were most often White

(66.7%) or African American (17.9%).¹

- In 2013, 2,949 victims of child maltreatment were under one year of age, which equated to the age group with the highest rate of 35.6 per 1,000, nearly double the rate of any other age in Indiana. Additionally, 20.8% of victims had a reported disability (*i.e.*, behavior problem, emotional disturbance, or medical condition, etc.).¹

How do we address this problem?

Policy:

- Under IC 31-33-5-1, any individual who has a reason to believe a child is a victim of abuse or neglect has the duty to make a report. **Each citizen of Indiana is considered a “mandated reporter.”** Eighteen other states have similar requirements. While reporting child abuse is everyone’s responsibility, Indiana law requires a more stringent standard of reporting in some professions, including staff members in a medical or other public or private institution, school, facility, or agency. These reporters are legally obligated to report alleged child abuse or neglect.
- Failure to report suspected abuse or neglect is a Class B misdemeanor (IC 31-33-22-1; IC 35-50-3-3). Indiana law (IC 31-33-5-3) states that nothing relieves an individual from his own responsibility to report, unless a report has already been made to the best of the individual's belief. School corporations and their employees individually also risk a civil action for damages by the victim of abuse or neglect if they fail to report suspected child abuse or neglect.
- Under IC 31-33-8-1, the Indiana Department of Child Services (DCS) is required to initiate an appropriately thorough child protection investigation of every report of known or suspected child abuse or neglect which meets **statutory sufficiency**. The criterion which is used to make this decision is **the definition of child abuse or neglect**. There may be reports that do not meet the requirements of the statutes and therefore will not be assigned for investigation.
- The **DCS completes a review of all child fatalities** in the following circumstances: for children under the age of one, if the circumstances surrounding the child’s death are reported to be sudden, unexpected or unexplained, or if there are allegations of abuse or neglect; and for children age one or older, if the circumstances surrounding the child’s death involve allegations of abuse or neglect.
- In 2005, Governor Mitch Daniels established **DCS** as a cabinet-level, independent agency. Governor Daniels sought to create a child welfare agency that could better serve and protect the children and families of Indiana. DCS protects children from abuse and neglect, and works to ensure their financial support.
- **Local child fatality review (CFR) teams**, per IC 16-49-3-3, shall review the death of a child that occurred in the area served by the local child fatality review team if: 1) the death of the child is sudden, unexpected, unexplained, or assessed by the DCS for alleged abuse or neglect that resulted in the death of the child, or 2) the coroner in the area served by the local child fatality review team determines that the cause of the death of the child is undetermined or the result of a homicide, suicide, or accident.
- All regulated child care programs, including licensed homes, licensed centers, registered ministries, legally licensed exempt provider homes that receive payments through the Child Care Development Fund (CCDF) and legally licensed exempt facilities that receive payments through CCDF are required to have **employees and volunteers trained on Child Abuse Detection and Prevention** in order to continue receiving CCDF payments.
- American College of Surgeons Committee on Trauma (ACS) Verified Level I and II pediatric trauma centers are **required to have a mechanism in place to assess children for maltreatment**. Facilities should have standardized guidelines for screening, treatment, and referral for children injured as a result of maltreatment.⁶

Reporting:

- Suspected child abuse or neglect should be reported to the **Indiana DCS Abuse/ Neglect Hotline**, which is a 24-hour, 7-day a week service line: **1-800-800-5556**. Indiana's **Child Protective Services (CPS)** protects Indiana's children from further abuse or neglect and prevents, remedies, or assists in solving problems that may result in abuse, neglect, exploitation, or delinquency of children. Website: <http://www.in.gov/dcs/2971.htm>

Collaborations:

- The multi-branch **statewide Commission on Improving the Status of Children in Indiana**, in cooperation with other

entities, studies issues concerning vulnerable youth and makes recommendations concerning pending legislation, review, and promotes information sharing and best practices. Website: <https://secure.in.gov/children/index.htm>

- A **Community Child Protection Team (CPT)** is established in every county per [IC 31-33-3](#). This team is county-wide and multidisciplinary. The community child protection team shall prepare a periodic report regarding child abuse and neglect reports and complaints that the team reviews under this chapter. The CPT will have the following functions that may include, but are not limited to, the review of: (1) any case that DCS has been involved in within the county where the CPT presides; (2) complaints regarding child abuse and neglect cases that are brought to the CPT by a person, agency, or DCS Ombudsman; and (3) screen-outs from DCS (optional).
- The **Child Protection Service Plan/Biennial Regional Service Strategic Plan** is prepared bi-annually pursuant to [IC 31-33-4-1](#) and [IC 31-26-6-5](#). Website: <http://www.in.gov/dcs/2829.htm>
- **Local CFR** teams are mandatory in each county, and the local teams are created at the discretion of local leaders. CFR teams are multidisciplinary, professional teams which conduct comprehensive, in-depth reviews of children's deaths and seek to identify the preventable risk factors and circumstances that were involved. CFR teams endeavor to discover and classify the details of these deaths in order to identify trends and inform efforts to implement effective strategies designed to prevent injuries, disability, and death for children.
- A **State CFR** team is mandated and members of the state team are appointed by the Governor. The ISDH provides technical assistance, training and resources for prevention efforts to all local teams.

Data collection:

- **CFR teams** ensure the accurate identification and uniform, consistent reporting of the cause and manner of every child death. The case report is part of the standardized Child Death Review Case Reporting System, a web-based application. Website: www.childdeathreview.org
- The Indiana Child Abuse and Neglect Hotline reports monthly hotline statistics: <https://secure.in.gov/dcs/3165.htm>
- *CDC's Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0* is a set of recommendations designed to promote consistent terminology and data collection related to child maltreatment. Website: <http://www.cdc.gov/violenceprevention/pub/cmp-surveillance.html>

Programs:

- The **Indiana Home Visiting** program is jointly led by the ISDH and the DCS. The Maternal Infant Early Childhood Home Visiting grant is an evidence-based policy initiative providing resources to expand home visiting services. The overall goal is to improve health and development outcomes for at-risk children and families in Indiana. One of the benchmark areas is to prevent child injuries, child abuse, neglect or maltreatment, and reduce associated ED visits.
- **Community Partners for Child Safety (CPCS)** is a secondary child abuse prevention service that builds community resources and collaborative prevention networks throughout each DCS region in the state. CPCS serves those families that are identified through self-referral or other community agency referrals. CPCS provide home-based case management services to connect families to resources to strengthen the family and prevent child abuse and neglect. Each community is empowered to define its own resources which can include, but are not limited to: Schools, social services agencies, health care providers, public health, hospitals, child care providers, community mental health agencies, DCS offices, child abuse prevention agencies like Healthy Families and local Prevent Child Abuse Councils, Youth Services Bureaus, Child Advocacy Centers, faith-based communities, and Twelve Step Programs.
- The **Kids First Trust Fund** supports statewide child abuse prevention efforts. The fund is generated by private and public contributions through purchases of Kids First License plates and a portion of divorce filing fees.
- **Community Based Child Abuse Prevention (CBCAP)** is federally funded for the purpose of child abuse prevention. Indiana's CBCAP funds enhance the development and support of community agencies that deliver services for parenting classes, community education, fatherhood programs, services to children with disabilities and their families. It supports the coordinated collaboration efforts of community-based prevention agencies to network and strengthen prevention programs statewide.

- **Youth Service Bureaus (YSB)** are funded with state funds for the purpose of providing administrative support to those bureaus that deliver services aimed at the prevention of juvenile delinquency within every DCS region of the state. The primary statutory purpose is to provide information and referral to youth and their families, delinquency prevention, community education, and advocacy for youth.
- **Project Safe Place** is funded with state funds for the purpose of providing a community outreach network that delivers emergency services, temporary shelter, and counseling for troubled youth in crisis situations. The triangular "Safe Place" signs found in business establishments are provided through this program to let youth in crisis know that this is a safe place to ask for help and staff working in these businesses are trained to assist.
- **Early Head Start** is an early education program for low-income families with infants and toddlers, designed to support child development and parent and family well-being. There is promising evidence the program may be effective in lowering child maltreatment. Website: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc>

Measures: Healthy People 2020:

Injury and Violence Prevention (IVP)-37: Reduce child maltreatment deaths

IVP-38: Reduce non-fatal child maltreatment

Additional resources:

Indiana Department of Child Services

Indiana Government Center South
302 West Washington St, Room E306
Indianapolis, IN 46204
Website: <http://www.in.gov/dcs/index.htm>

DCS Ombudsman Information (Located at the Indiana Department of Administration)

Phone: 317-234-7361
Fax: 317-232-3154
Email: DCSOmbudsman@idoa.in.gov

Indiana State Department of Health

2 North Meridian Street
Indianapolis, Indiana 46204

ISDH Indiana Child Fatality Review Program

Phone: (317)233-1240
Email: GMartin1@isdh.IN.gov
Website: <http://www.in.gov/isdh/26349.htm>

ISDH Maternal and Child Health Division

Phone: (317)233-7940
Website: <http://www.in.gov/isdh/19571.htm>

ISDH Trauma and Injury Prevention Division

Phone: (317)233-7716
Email: Indianatrauma@isdh.IN.gov
Website: <http://www.in.gov/isdh/19537.htm>

- Indiana Family Helpline:** 1-855-HELP-1ST (1-855-435-7178) Website: <http://www.in.gov/isdh/21047.htm>
- Indiana Safe Haven Hotline:** 1-877-796-HOPE (4673) or 2-1-1. Website: <http://safehaven.tv/>
- Indiana Association of Resources and Child Advocacy: <http://www.iarca.org/>
- Prevent Child Abuse Indiana: <http://www.pcaain.org/>
- CDC- Understanding Evidence: <https://vetoviolenecdc.gov/evidence/>
- The Adverse Childhood Experiences Study: <http://acestudy.org/>
- Childhelp USA National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453)
- Child Welfare Information Gateway: www.childwelfare.gov
- National Center for Injury Prevention and Control, CDC: <http://www.cdc.gov/injury/>
- National Center for the Review & Prevention of Child Deaths: <https://www.childdeathreview.org/>
- Nurse Family Partnership: www.nursefamilypartnership.org
- The Period of PURPLE Crying: <http://purplecrying.info/>
- Prevent Child Abuse America: www.preventchildabuse.org
- THRIVES: A Global Technical Package to Prevent Violence Against Children: <http://www.cdc.gov/violenceprevention/pdf/vacs-thrives.pdf>
- U.S. Dept. of Health & Human Services- Child Welfare Information Gateway: <https://www.childwelfare.gov/preventing/evidence>
- U.S. Dept. of Health and Human Services Administration for Children & Families: www.acf.hhs.gov

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