



Office of Health Equity

Healthy Communities Data and Indicators Project

Short Title: Children reported with neglect or physical or sexual abuse.

Full title: Percent of children (under 18) reported with neglect or physical or sexual abuse.

1. Healthy Community Framework:

Social relationships that are supportive and respectful.

2. What is our aspirational goal?

Socially cohesive and supportive relationships, families, homes and neighborhoods.

3. Why is this important to health?

a. Description of significance and health connection.

Child maltreatment comprises both child abuse, including physical, sexual and emotional abuse, and child neglect. Abuse refers to acts of commission (like hitting, punching, or burning) while neglect refers to acts of omission (failure to provide for the physical and emotional needs of the child). It is estimated that one in every eight U.S. children will have at least one confirmed case of maltreatment by age 18. There were 679,000 substantiated cases of child maltreatment and 1,520 deaths in the U.S. in 2013. Children 0-5 years of age are the most vulnerable and constitute almost half of all maltreated children, African American children have the highest rates of maltreatment, and the most common type of maltreatment is neglect (79.5% in 2013), followed by physical abuse (18.0%), and sexual abuse (9.0%). In California, the rate of participation in welfare events (child maltreatment allegations and substantiations, foster care entries, and placement in foster care) in 2013 was of 52.7 children per 1,000, with African American (129.4) and Native American (101.9) children showing the highest rates. Sixty two percent of California adults have experienced at least one adverse childhood experience; emotional or verbal abuse (34.9%), physical abuse (19.9%), and sexual abuse (11.4%) were the most common forms of maltreatment reported by adults. Parents and parental guardians are the most common perpetrators of child maltreatment; parents of low socioeconomic status, with mental health problems, and alcohol and drug misuse are more likely to mistreat their children.

b. Summary of evidence.

Maltreatment can cause neurobiological changes which will have an impact on child behavior and development. Abuse causes direct injury (i.e., fractures) and infections (i.e., sexually transmitted diseases). Neglected children have increased risk of cardiorespiratory diseases, untreated obesity, vitamin deficiency and infections. Maltreated children show severe behavioral and emotional problems and are more likely to engage in risky behaviors. Adults that have been sexually abused as children have increased odds of diagnosis with anxiety disorder, depression, eating disorders, posttraumatic stress disorders, sleep disorders and



suicide attempts, regardless of the victim's sex or age at which the abuse occurred. Physical and emotional abuse and neglect as a child also increase the odds of depressive disorders, drug use, suicide attempts, sexually transmitted infections and risky sexual behaviors in adults.

c. References

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2. Wildeman C, Emanuel N, Leventhal JM, Putnam-Hornstein E, Waldfogel J, Lee H. The prevalence of confirmed maltreatment among US children, 2004 to 2011. *JAMA Pediatr* 2014; 168(8): 706-713.
3. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *Child maltreatment 2013*. 2015. Accessed 3/6/15.
4. Needell B, Webster D, Armijo M, Lee S, Dawson W, Magruder J, Exel M, Cuccaro-Alamin S, Putnam-Hornstein E, King B, Sandoval A, Yee H, Mason F, Benton C, Pixton E, Lou C, Peng C, 2015. CCWIP reports. University of California at Berkeley California Child Welfare Indicators Project website. Accessed 3/6/15.
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7. Chen LP, Hassan Murad M, Paras ML, Colbenson KM, Sttler AL, Goranson EN, Elamin MB, Seime RJ, Shinozaki G, Prokip LJ, Zirakzadeh A. Sexual abuse and lifetime diagnosis of psychiatric disorders: systematic review and meta-analysis. *Mayo Clin Proc* 2010; 85(7):618-629.
8. Hillberg T, Hamilton-Giachritsis C, Dixon L. Review of meta-analyses on the association between child sexual abuse and adult mental health difficulties: a systematic approach. *Trauma violence abuse* 2011; 12(1): 38-49.
9. Maniglio R. The impact of child sexual abuse on health: a systematic review of reviews. *Clin Psychol Rev* 2009; 29: 647-657.



4. What is the indicator?

a. Detailed definition:

- i. Numerator: number of children with allegations of physical abuse, sexual abuse, emotional abuse, general neglect, or severe neglect. For census tracts, places, and county divisions, number of children reported with maltreatment allegations (abuse and neglect, exploitation, caretaker absence/incapacity, at risk, and missing child).
- ii. Denominator: child population

$$\text{Indicator} = \frac{\text{Numerator}}{\text{Denominator}} \times 100$$

- iii. Stratification: race/ethnicity (8 groups), type of disposition (all dispositions, substantiated), type of maltreatment allegation (all allegations, allegations of abuse and neglect).

b. Data Description:

- i. Data source: [University of California at Berkeley California Child Welfare \(CCW\) Indicators Project \(http://csr.berkeley.edu/ucb_childwelfare_data_extract_Q3_2014\)](http://csr.berkeley.edu/ucb_childwelfare_data_extract_Q3_2014).
- ii. Years available: 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013.
- iii. Updated: annually.
- iv. Geographies available: census tracts, cities/towns, counties, county divisions, regions, state.

Unduplicated counts of children with a child maltreatment allegation of abuse or neglect for each year and the child population (California Department of Finance estimates) at the county and state level for years 2002 to 2013 were downloaded from the CCW website. Data on the unduplicated count of children with a child maltreatment allegation and the child population (Neilsen Claritas company estimates) at the county, state, and census tract level for 2013 were downloaded. County level data was aggregated to the region level; census tract level data was aggregated to the city/town and county division levels. The standard error for the indicator was calculated using a binomial approximation. Relative standard errors, and 95% upper and lower confidence intervals, decile rankings of census tracts and relative risk in relation to state average were calculated. Regional estimates were based on county groupings associated with California metropolitan planning organizations as reported in the [2010 California Regional Progress Report](http://www.dot.ca.gov/hq/tpp/offices/orip/Collaborative%20Planning/Files/CARegionalProgress_2-1-2011.pdf) (http://www.dot.ca.gov/hq/tpp/offices/orip/Collaborative%20Planning/Files/CARegionalProgress_2-1-2011.pdf).

5. Limitations

The CCW counts each child receiving a child maltreatment allegation once for each analysis



year. If a child has more than one allegation in a given year, they are counted in the cell considered to represent the most severe occurrence. Each child is counted once per year in the county where a referral was made. A child receiving referrals in multiple counties will appear in the table of each county. Child maltreatment could be underreported. Native Hawaiian/Other Pacific Islander data is included in the Asian category. To learn more about the methodology visit the CCW Project [website](http://cssr.berkeley.edu/cwscmsreports/methodologies/) (<http://cssr.berkeley.edu/cwscmsreports/methodologies/>).

6. Projects using this indicator

Jacksonville Community Council Inc. Quality of Life Progress Report: 30th Annual Edition. [Jacksonville Community Council Inc.; 2015. http://www.jcci.org/#!/indicators/c1e39.](http://www.jcci.org/#!/indicators/c1e39)