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UPDATED TRENDS IN CHILD MALTREATMENT, 2012

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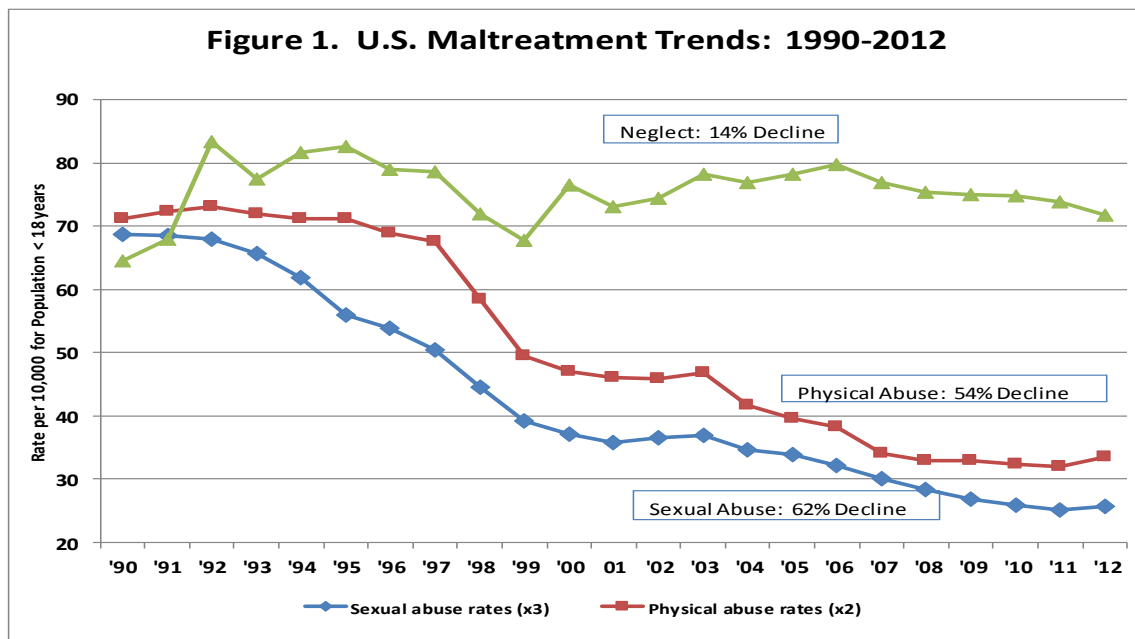
National statistics from 2012 showed *increases* in some forms of child maltreatment for the first time in many years. While overall substantiated child maltreatment was flat from 2011 to 2012, there was a 2% rise in sexual abuse and a 5% rise in physical abuse. Neglect declined 3%, but child maltreatment fatalities rose 4% from 1557 to 1620.

The data in the tables and graphs included below are derived from the National Child Abuse and Neglect Data System (NCANDS), which aggregates and publishes statistics from state child protection agencies. The most recent data from NCANDS were released in December, 2013, and concern cases of child maltreatment investigated in 2012 (USDHHS, 2013).

<http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2012>

The published NCANDS report shows overall substantiated child maltreatment steady at 9.2 per 1000 children, or about 686,000 children. This rate is low by historical standards and 4.2% below the level of 2008.

Breaking out cases by type of abuse, the data show that sexual abuse rose 2% from 2011 to 2012 to a nationally estimated 62,700 cases. Physical abuse rose 5% to an estimated 122,600 cases. Neglect, by contrast was down 3% to an estimated 525,900. (see Figure 1).



Note: Trend estimates represent total change from 1992 to 2012. Annual rates for physical abuse and sexual abuse have been multiplied by 2 and 3 respectively in Figure 1 so that trend comparisons can be highlighted.

¹The statistics in Table 1 and Figure 1 concern substantiated cases of sexual abuse, physical abuse and neglect. A substantiated case means a case that has been reported to a child protection agency, investigated and deemed to have occurred according to a “preponderance of evidence.” The child maltreatment cases referred and investigated by state child protection agencies primarily involve abuse by caregivers. The cases do not include many involving stranger abusers, unless some element of caregiver neglect was involved.

Table 1: State Trends in Child Maltreatment: 2011-2012 and 1992-2012*

| US States | Recent Trends: % change in rate 2011-2012 | | | Long-term Trends: % change in rate 1992-2012 | | |
|---------------------------|--|----------------|---------|---|----------------|---------|
| | Sexual Abuse | Physical Abuse | Neglect | Sexual Abuse | Physical Abuse | Neglect |
| Alabama | 11% | 11% | 14% | -57% | -40% | -72% |
| Alaska | 22% | 17% | 6% | -88% | -83% | -10% |
| Arizona | 8% | -4% | 19% | -92% | -69% | -9% |
| Arkansas | 2% | 2% | -12% | 7% | -30% | 50% |
| California | -13% | -13% | -2% | -87% | -87% | -18% |
| Colorado | -1% | -7% | -2% | -61% | -65% | 32% |
| Connecticut | -4% | -16% | -20% | -59% | -88% | -40% |
| Delaware | -14% | -16% | -11% | -36% | -31% | -14% |
| District of Columbia (DC) | 15% | -33% | -20% | 83% | -22% | -54% |
| Florida | 6% | 5% | 1% | -78% | -71% | -48% |
| Georgia | -1% | 7% | -4% | -87% | -76% | -69% |
| Hawaii | -6% | 7% | -14% | -73% | -79% | -70% |
| Idaho | missing | missing | missing | -94% | -89% | -74% |
| Illinois | 17% | 36% | -2% | -9% | 48% | -29% |
| Indiana | 2% | 6% | 10% | -61% | -73% | 1% |
| Iowa | -5% | -7% | -3% | -63% | -53% | 137% |
| Kansas | -9% | 16% | 4% | -32% | -49% | -48% |
| Kentucky | 2% | 4% | 2% | -75% | -79% | 4% |
| Louisiana | -15% | -11% | -12% | -38% | -34% | -27% |
| Maine | 54% | 43% | 29% | -54% | -15% | 108% |
| Maryland | -6% | -11% | -3% | -25% | -49% | -13% |
| Massachusetts | 6% | -5% | -4% | -67% | -57% | 2% |
| Michigan | 7% | 9% | -1% | -46% | 64% | 202% |
| Minnesota | 7% | -13% | -3% | -41% | -83% | -58% |
| Mississippi | 28% | 9% | 9% | -41% | -51% | -1% |
| Missouri | -19% | -19% | -24% | -62% | -60% | -74% |
| Montana | 22% | 44% | 22% | -92% | -91% | -63% |
| Nebraska | 25% | 7% | -14% | -60% | -71% | 8% |
| Nevada | -24% | -5% | 2% | -66% | -38% | -59% |
| New Hampshire | 31% | -18% | 1% | -75% | -75% | 90% |
| New Jersey | 5% | -5% | 10% | -46% | -84% | -21% |
| New Mexico | 2% | 7% | 4% | -76% | -58% | 12% |
| New York | -6% | -8% | -9% | -66% | -63% | 95% |
| North Carolina | 0% | -3% | -1% | -6% | 30% | -45% |
| North Dakota | 3% | -4% | 3% | -70% | -82% | -38% |
| Ohio | 2% | 1% | -9% | -49% | -12% | -49% |
| Oklahoma | -4% | 140% | -16% | -53% | 62% | -15% |
| Oregon | missing | missing | missing | -78% | -66% | 25% |
| Pennsylvania | 6% | 5% | -39% | -46% | -69% | -72% |
| Rhode Island | 33% | -2% | -1% | -70% | -72% | 16% |
| South Carolina | 8% | 6% | -4% | -68% | 75% | -3% |
| South Dakota | -18% | -22% | -9% | -90% | -76% | -35% |
| Tennessee | 15% | 2% | 5% | -12% | -58% | 10% |
| Texas | -5% | -6% | -5% | -60% | -57% | 10% |
| Utah | 22% | 153% | 5% | -42% | 21% | -12% |
| Vermont | 16% | 1% | -61% | -41% | -21% | -94% |
| Virginia | -3% | -6% | -1% | -69% | -62% | -66% |
| Washington | -12% | 2% | 1% | -86% | -78% | -76% |
| West Virginia | 40% | 14% | 13% | -65% | -17% | -18% |
| Wisconsin | -9% | -4% | 3% | -82% | -82% | -59% |
| Wyoming | 4% | -47% | -3% | -81% | -97% | -61% |

*Note that in states with smaller populations and lower rates of reported maltreatment, small changes can result in large percentage changes

Note: Negative percentages: % decline; Positive percentages: % increase. Due to missing data, long-term trends in SA, PA, and neglect calculated for: CA, 1993-2012; ID 1993-2012; MD, 2001-2012; WA, 1995-2012; WV, 1998-2012.

The rise in sexual abuse is the first rise since 2003, but is still considerably down over the long term. Sexual abuse has declined 62% from 1992 to 2012. Similarly the increase in physical abuse, relatively large by single year standards, is the first in several years. But the long term trend for physical abuse is also down markedly, decreasing 54% since 1992. The 2011-2012 decline in neglect continues a trend that has been consistently down since 2006 with a long-term drop of 14% since 1992.

It is not possible to directly compare state maltreatment rates because states differ in how statutes define abuse and how abuse is investigated and processed. However, looking at within-state trends, most individual states experienced substantial declines in sexual and physical abuse during the period since the early 1990s (see Table 1). The data do not show any obvious patterns to the decline by region.

In its data on child maltreatment fatalities, the latest NCANDS shows an increase in deaths of 4% from an estimated national total (excluding Puerto Rico) of 1557 in 2011 to 1620 in 2012.

Because NCANDS reports only those cases known to and confirmed by state authorities, questions are always relevant about the extent to which trends reflect changes in investigatory effort, reporting practices, definitional standards, and administrative or statistical procedures, not real changes in underlying abuse. These factors can clearly play a role. They may be particularly concerning during times of state budget cut backs or recoveries. However, the recently released Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) confirmed that the declines documented in the NCANDS data in the period of 1993 to 2008 were probably not statistical or reporting artifacts.

The NIS studies used consistent and standardized definitions of child maltreatment and gathered reports directly from community professionals in schools, hospitals, day care and settings, avoiding problems created when state agencies change their standards, practices or their data systems. The comparison of rates from 1993 to 2008 in NIS-3 and NIS-4 largely tracked the patterns shown in the NCCANDS data over the same period.

http://www.acf.hhs.gov/programs/opre/abuse_neglect/natl_incid/index.html

Another study was unable to show that worker caseload (an effect of cutbacks, for example) was related to declines (Almeida, Cohen, Subramanian & Molnar, 2008). In addition, victim self-report surveys show declines in sexual offenses and physical assaults against children over the same period, also confirming a decline in true underlying incidence (For a summary of some of these supporting surveys, see Finkelhor & Jones, 2012.

http://www.unh.edu/ccrc/pdf/CV267_Have%20SA%20%20PA%20Decline_FACT%20SHEET_11-7-12.pdf).

Questions will certainly be asked about whether the 2011-2012 increases in physical abuse, sexual abuse and fatalities were related to ongoing economic difficulties and high unemployment. It is interesting that violent crime reported to police also increased from 2011-2012 for the first time in many years.

<http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/violent-crime/violent-crime>. Unfortunately, it is unwise to draw inferences about abuse or crime trends based on a single year.

Other information on child homicide trends are available at this link: <http://www.unh.edu/ccrc/pdf/Child%20Homicide%20and%20Maltreatment%20Fatality%20Rates%202012-11.pdf>

There is currently no consensus in the child maltreatment field about why sexual abuse and physical abuse substantiations have declined so considerably over the longer term, although a recent article and book suggest some possible factors (Finkelhor & Jones, 2006; Finkelhor, 2008). The period when sexual and physical abuse started the dramatic downward trend was marked by sustained economic improvement, increases in the numbers of law enforcement and child protection personnel, more aggressive prosecution and incarceration policies, growing public awareness about the problems, and the dissemination of new treatment options for family and mental health problems, including new psychiatric medication. While some have suggested community notification laws as a possible explanatory factor, the passage and implementation of these laws actually occurred well after the sexual abuse decline was underway.

Table 2: Child Maltreatment Fatality Trends: 2011-2012

| US States | Child Maltreatment Fatalities | | |
|---------------------------|-------------------------------|------------|--------------------|
| | Count 2011 | Count 2012 | % Change 2011-2012 |
| Alabama | 11 | 21 | 91% |
| Alaska | 3 | 4 | 33% |
| Arizona | 34 | 30 | -12% |
| Arkansas | 12 | 33 | 175% |
| California | 123 | 128 | 4% |
| Colorado | 31 | 40 | 29% |
| Connecticut | 8 | 6 | -25% |
| Delaware | 1 | 3 | 200% |
| District of Columbia (DC) | 3 | 2 | -33% |
| Florida | 133 | 179 | 35% |
| Georgia | 65 | 71 | 9% |
| Hawaii | 2 | 3 | 50% |
| Idaho | 3 | missing | missing |
| Illinois | 82 | 108 | 32% |
| Indiana | 34 | 23 | -32% |
| Iowa | 10 | 7 | -30% |
| Kansas | 10 | 8 | -20% |
| Kentucky | 32 | 26 | -19% |
| Louisiana | 45 | 42 | -7% |
| Maine | 1 | missing | missing |
| Maryland | 10 | 26 | 160% |
| Massachusetts | missing | missing | missing |
| Michigan | 75 | 63 | -16% |
| Minnesota | 15 | 10 | -33% |
| Mississippi | 13 | 7 | -46% |
| Missouri | 36 | 20 | -44% |
| Montana | 0 | 2 | 0% |
| Nebraska | 7 | 6 | -14% |
| Nevada | 19 | 18 | -5% |
| New Hampshire | 2 | 1 | -50% |
| New Jersey | 22 | 16 | -27% |
| New Mexico | 15 | 16 | 7% |
| New York | 83 | 100 | 20% |
| North Carolina | 19 | 24 | 26% |
| North Dakota | 1 | 1 | 0% |
| Ohio | 67 | 70 | 4% |
| Oklahoma | 38 | 25 | -34% |
| Oregon | 19 | 17 | -11% |
| Pennsylvania | 37 | 38 | 3% |
| Rhode Island | 3 | 1 | -67% |
| South Carolina | 15 | 23 | 53% |
| South Dakota | 3 | 6 | 100% |
| Tennessee | 29 | 31 | 7% |
| Texas | 246 | 215 | -13% |
| Utah | 11 | 12 | 9% |
| Vermont | 2 | 0 | -100% |
| Virginia | 36 | 33 | -8% |
| Washington | 20 | 21 | 5% |
| West Virginia | 16 | 5 | -69% |
| Wisconsin | 24 | 31 | 29% |
| Wyoming | 1 | 2 | 100% |
| Total | 1527 | 1574 | |
| National estimate | 1557 | 1620 | 4% |

There is no obvious reason why neglect trends have differed so sharply from those of sexual and physical abuse (Jones, Finkelhor & Halter, 2006). One possibility is that neglect has not declined as much because it has not been the subject of the same level of policy attention and public awareness as sexual and physical abuse.

Another possibility is that increased education and recent state and professional initiatives about neglect, including the identification of new forms of neglect like drug-affected newborns, has masked a decline in other conventional types of neglect.

There is a great deal that can potentially be learned by searching for the sources of changes in the child maltreatment data. It is unfortunate that information about the trends in child maltreatment are not better publicized and more widely known. The long-term decline in sexual and physical abuse may have important implications for public policy. These trends deserve more discussion, analysis and research.

Additional information about trends in child abuse and neglect is available at: <http://www.unh.edu/ccrc/Trends/index.html>.

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