Understanding Child Abuse in Rural and Urban America
Risk Factors and Maltreatment Substantiation

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Across America, Child Protective Services (CPS) agencies investigate allegations of child maltreatment. Only about one-fourth of the allegations are ultimately substantiated by CPS. Substantiation means that there is sufficient evidence to believe an act of abuse took place. Case substantiation often impacts subsequent decisions, such as whether a child or family receives counseling or other types of services, and whether the child will be removed from his or her home. While many studies have considered other factors associated with substantiation, few examine the practice of rural child welfare because data are often collected and distributed in ways that do not allow this level of geographic analysis. Understanding substantiation differences by place is important, as we know there are different challenges in rural America including access to services and transportation. Using a large national sample of child maltreatment reports, this brief compares the outcomes of child maltreatment cases in rural versus urban places and identifies the characteristics associated with substantiation.

Types of Child Maltreatment Substantiated in Rural and Urban Areas

Using the most recent data available from the second National Survey of Child and Adolescent Well-Being (NSCAW II) collected in 2008 and 2009, we find that across America 25 percent of child abuse reports are substantiated.

Child abuse cases substantiated in rural and urban areas share many caregiver risk factors, such as drug and alcohol abuse, and many family stressors. Substantiation is equally likely across income levels; approximately one-fourth of cases in each income level are substantiated. However, as shown in Figure 1, when place is taken into account, a greater share (36 percent) of higher-income families (that is, families with incomes greater than 200 percent of the federal poverty level) in rural areas have substantiated maltreatment reports than in urban areas.

The types of child maltreatment substantiated are similar in rural and urban areas, as shown in Table 1. Approximately one-quarter of cases with supervisory neglect and a quarter of sexual abuse cases are substantiated. Although a higher percentage of physical neglect cases are substantiated in rural areas (33 percent versus 19 percent in urban areas), the difference is only marginally significant ($p < 0.10$).
Additional types of maltreatment include domestic violence or parental substance abuse. Many states now include these behaviors as child maltreatment because they present an imminent risk of serious harm to a child. \(^1\) Both have relatively high rates of substantiation: overall, 45 percent of cases with domestic violence as the primary type of abuse were substantiated, and 30 percent of cases with substance abuse by the caregiver were substantiated.

Younger children are significantly more likely to have substantiated reports than older children. One-third of children under age 2 who were reported to CPS have a report substantiated, 24 percent of those age 3–5, 19 percent of those age 6–10, and 25 percent of those age 11 or older. This pattern is similar in rural and urban places. However, older children in rural places are more likely to have a report substantiated (35 percent) than are those in urban areas (23 percent).

### Table 1. Prevalence of substantiation by type of abuse and place

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical neglect</td>
<td>33</td>
<td>19</td>
</tr>
<tr>
<td>Supervisory neglect</td>
<td>23</td>
<td>26</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>26</td>
<td>23</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>Other abuse type</td>
<td>36</td>
<td>26</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>40</td>
<td>45</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>35</td>
<td>28</td>
</tr>
</tbody>
</table>

**Notes:** Physical neglect or the failure to provide, is defined as when a caregiver neglects a child's physical need for food, clothing, shelter, medical, dental, mental health care, or hygiene. Supervisory neglect, or the failure to supervise, refers to not taking adequate precautions to ensure a child's safety; this includes inadequate supervision, unsafe living environments, or inadequate substitute care. Source: English, D.J. & the LONGSCAN Investigation (1997). Modified Maltreatment Classification System (MMCS). See http://www.iprc.unc.edu/longscan/pages/mmcs/LONGSCANpercent20MMCSpercent20Coding.pdf. Other abuse type includes emotional abuse, substance exposure, educational maltreatment, voluntary relinquishment, maltreatment investigation as a way to get services, children in need of services, low birth weight, and other.

### Caregiver Risk Factors and Substantiation by Place

There are many similarities in the profile of families with a substantiated child maltreatment report in rural and urban America. All of the following risk factors are associated with substantiated child maltreatment.

About one-half of caregivers reported to CPS with drug abuse (54 percent), alcohol abuse (56 percent), or mental health problems (47 percent) had a substantiated child maltreatment report.

About two in five with a recent arrest (39 percent) or with trouble meeting basic financial needs (41 percent) had a substantiated child maltreatment report.

About one-third with low caregiver social support (39 percent), history of domestic violence (38 percent), prior substantiated report (33 percent), high family stress (34 percent), or a prior report to CPS (27 percent) had a substantiated child maltreatment report.

Despite the similarities between rural and urban America, we also find some important differences (see Figure 2). Nearly three-fourths (72 percent) of rural caregivers in situations of active domestic violence and caregivers with cognitive impairments had a case substantiated compared with 54 percent of urban caregivers. \(^2\) Eighty-five percent of caregivers with cognitive impairments in rural areas have a report substantiated compared with 57 percent in urban areas.

As the number of caregiver risk factors increases, so does the likelihood of substantiation (see Figure 3). This pattern is similar in rural and urban areas. About one-half of caregivers (49 percent) with three or more of these risk factors had a substantiated report compared with 22 percent with one or two risks, and 14 percent of caregivers with none of these risk factors.
Conclusion

In both rural and urban areas, many families with a substantiated child abuse report are struggling with multiple stressors. About one-half of caregivers with three or more risk factors—such as drug and alcohol problems, domestic violence, and mental health problems—had a child abuse report substantiated. This compares with 22 percent with only one or two risk factors. These findings likely reflect CPS organizational capacity and priority. Agencies substantiate reports considered more serious, such as those with multiple family stressors.

Substantiation is linked to a range of services and actions, yet it is just as critical to recognize that many families reported to CPS are struggling regardless of whether the report of child maltreatment has an outcome of substantiation. Recent evidence finds that 61 percent of children with a substantiated report received services compared with 26 percent of children without a substantiated report. Further, in thirty-five states, the decision to expunge a record of a given report is based, at least in part, on substantiation status or similar criteria. This practice is important as courts often use previous reports to assess the risk of current harm to a child. Despite the key role that substantiation plays in determining legal and service processes, it is not a perfect correlate of abuse. Many children with reports that are not substantiated have similar outcomes and long-term trajectories as children with substantiated reports, such as a subsequent CPS report and a subsequent foster care placement.

Improving access to social services for all families with a report to CPS in rural and urban areas could help alleviate some of these strains. Given the climate of limited resources, it becomes more challenging to meet the many needs of families. Many of these challenges are exacerbated for rural communities, which also confront fewer qualified caseworkers, lack of transportation, and longer driving distances to services.

There are, however, a number of promising strategies to enhance the clinical skills of rural providers and access to services for rural families. Telehealth technologies, such as videoconferencing, offer ways to connect specialists to enhance training in rural areas as well as connect services with clients in rural areas. In addition, comprehensive web-based training courses for evidence-based therapeutic approaches, such as Trauma-Focused Cognitive Based Therapy (TF-CBT), are available online via the National Child Traumatic Stress Network. Rural providers have greater access now to distance technologies that can result in enhanced quality of services for children and families.

Definitions

Substantiated cases: Cases with sufficient evidence to determine that child maltreatment has occurred. Unsubstantiated cases are those in which maltreatment cannot be substantiated. Note, however, that in some unsubstantiated cases, there is reason to suspect that a child may have been maltreated, but there is insufficient evidence for substantiation.

Maltreatment type: The CPS case worker’s assessment of the most serious maltreatment type (for example, physical abuse, sexual abuse, neglect, exposure to domestic violence) reported to Child Protective Services.

Caregiver risk factors include drug abuse, alcohol abuse, active domestic violence, history of domestic violence, mental health problems, cognitive impairments, recent arrest, trouble meeting basic financial needs, low caregiver social support, high family stress, prior CPS report, or prior substantiated maltreatment.

Data

The second National Survey of Child and Adolescent Well-Being (NSCAW II) is a national probability sample of children who had a maltreatment report that resulted in a child welfare investigation. Data were collected by RTI International on behalf of the U.S. Administration on Children and Families. The NSCAW II study design mirrors that of NSCAW I, which collected data on children involved with CPS beginning in 1999. The NSCAW II cohort includes 5,873 children, aged birth to 17.5 years old, who had contact with the child welfare system within a fifteen-month period beginning in February 2008. A two-staged cluster sampling strategy was used. Face-to-face interviews were conducted with children, parents, and nonparent adult caregivers and investigative caseworkers. Additional information on the NSCAW II study design and sampling procedure has been previously published.

Statistics were computed using survey weights to produce national estimates. Chi-square analyses were conducted. All differences discussed are statistically significant (p<0.05) except as noted.

The urbanicity of the primary sampling unit (PSU)/county was calculated using the Census Bureau definitions for the entire county/PSU. Urban is defined as greater than 50 percent of the population living in an urban area, whereas nonurban/rural is defined as all areas that did not meet this requirement.
ENDNOTES

1. Child Maltreatment is generally defined as: “An act or failure to act by a parent, caregiver, or other person as defined under State law that results in physical abuse, neglect, medical neglect, sexual abuse, emotional abuse, or an act or failure to act which presents an imminent risk of serious harm to a child.” U.S. Department of Health and Human Services, “Child Maltreatment 2010” (Washington, DC: DHHS, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, 2010), available at www.acf.hhs.gov/programs/cb/stats_research/index.htm#can.

2. This was a marginally significant association (p=.056).


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