

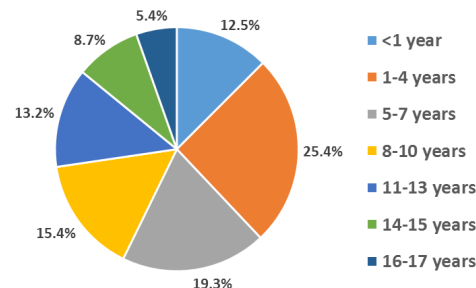


Child Maltreatment By the Numbers

In Georgia:

- In FFY 2014, 137,222 of reported Child Protective Services cases were investigated or received family support. Many more children reported were screened out.¹
- Approximately 1 in 100 children in Georgia had a substantiated incident of child abuse and/or neglect in 2014.²
- In FFY 2014, 23,387 cases of reported abuse were investigated and substantiated as child abuse and/or neglect, with 22,163 unique child victims. This was an increase over the number of substantiated cases and victims from the previous year.¹
- Boys and Girls are equally likely to be victims in Georgia.^{1,2}
- Of the maltreatment victims in Georgia in 2014:¹
 - » **70.3%** suffered neglect,
 - » **25.9%** suffered emotional abuse,
 - » **10.1%** suffered physical abuse,
 - » **4.3%** suffered medical neglect, and
 - » **3.0%** suffered sexual abuse.

2014 Georgia Child Maltreatment Victims by Age¹



Nationally:

- In FFY 2014, there were an estimated 3.629 million referrals alleging child maltreatment to CPS, involving more than 6.6 million children (a referral can include multiple children).¹
 - * 61% of referrals were screened in to become a report, resulting in an estimated 2.152 million reports receiving a disposition.¹
- Researchers estimate as few as 1 in 10 instances of abuse are actually confirmed by social-service agencies.³
- For FFY 2014, there were a nationally estimated 702,000 victims of abuse and neglect, resulting in a rate of 9.4 victims per 1,000 children in the population.¹
 - * Of these:¹
 - ~ 3 in 4 suffered neglect,
 - ~ 1 in 6 suffered physical abuse, and
 - ~ 1 in 12 suffered sexual abuse.
 - * 24.4% of victims were less than 1 year old.¹
- Neglect is the most widespread and prevalent form of child maltreatment.^{1,2}
- Child abuse and neglect occurs across all socioeconomic, educational, ethnic, cultural, and religious groups.^{1,2,3}
- 4 out of 5 abusers are the victim's parents.^{1,2}



Child Abuse and Child Neglect

- ⇒ **Child Abuse** includes physical, psychological, emotional, and sexual abuse.
- ⇒ **Child Neglect** includes failure to provide for educational, medical/dental, and physical needs as well as adequate supervision.



Risk Factors for Child Abuse in the Home¹

- ◇ Domestic violence
- ◇ Caregiver alcohol and/or drug abuse
- ◇ Untreated mental illness
- ◇ Lack of parenting skills
- ◇ Stress and lack of support

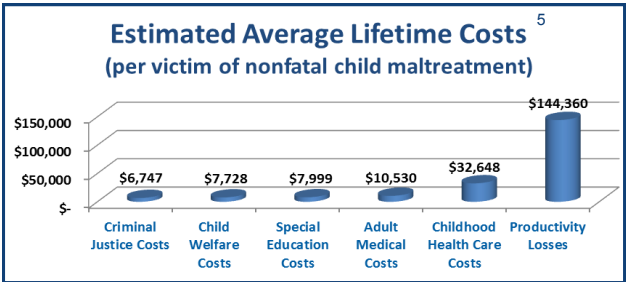
Resources in your Community

- ⇒ **1-800-CHILDREN Helpline** Georgia's helpline is an information and referral toll-free number for people who are concerned about the healthy development of children and the prevention of child abuse and neglect. Callers will be connected to appropriate resources in their communities Monday through Friday from 8:00am to 6:00pm.
- ⇒ **To Report Child Maltreatment** Suspected child abuse or neglect can be reported to the Georgia Division of Family and Children Services (DFCS). Please call 1-855-GACHILD (1-855-422-4453). Reports are taken 24 hours a day, 7 days a week. If you have an emergency, please call 911 or your local department.



Costs and Consequences of Child Maltreatment

- The national estimated total direct costs of child maltreatment for 2013 is more than \$33 Billion, and for indirect costs it is more than \$44 Billion.⁴
- The estimated annual cost of child abuse and neglect in Georgia in 2012 ranged from \$2 Billion to \$3 Billion.⁴
- The estimated average lifetime cost per victim of nonfatal child maltreatment is \$210,012 in 2010 dollars.⁵
- Those abused or neglected as children are likely to repeat the cycle of abuse; Mothers with a history of childhood victimization have been associated with an increased risk of their children experiencing maltreatment.^{6,7}



- Studies have identified a strong link between reported childhood abuse and neglect and various psychiatric disorders, including depression, bipolar and generalized anxiety disorders, and post-traumatic stress disorder. Experiences of child abuse and neglect are also associated with increased rates of schizophrenia, eating and personality disorders, suicidal behavior and later substance abuse.^{8,9}
- Child sexual abuse has been found to be a key factor in youth homelessness with between 21-42% of runaways and homeless youth having experienced childhood sexual assault.¹⁰
- Abused children are three times less likely to practice safe sex, putting them at greater risk for STDs, and are 25% more likely to experience teen pregnancy.^{9,11}
- Children who have experienced abuse are 9 times more likely to become involved in criminal activities.^{9,12}
- For 2014, a nationally estimated 1,580 children died of abuse and neglect at a rate of 2.13 per 100,000 children.¹
- Younger children are the most vulnerable to death as a result of child abuse and neglect. In FFY 2014, 70.7% of all child fatalities were younger than 3 years old. Children less than 1 year old died at nearly 3 times the fatality rate for children who were 1 year old and over 4 times the fatality rate for children who were 2 years old.¹

Preventing Child Abuse and Neglect



EARLY INTERVENTION

Research highlights the first three years of life as an important intervention period for influencing a child's trajectory and the nature of the parent-child relationship.^{13,14} Studies on early intervention efforts have found that toddlers who have participated in prevention programs specifically designed to prepare them for school displayed higher verbal and math scores and less risky behaviors as teenagers.^{15,16} Studies showing improvements in educational outcomes and adult earnings among children exposed to high-quality early intervention programs give support for preschool education efforts to make long-term changes in children at developmental risk, and a growing body of research shows that early childhood interventions for at-risk children are more effective than interventions that come later in life.^{9,12}

HOME VISITATION

Home visitation models show significant improvements to the development and health of young children, including developmental benefits in relation to cognition, language skills and problem behaviors, and also show gains in parent-child attachment, access to preventative medical care, parental capacity and functioning, and early identification of developmental delays.^{19,20} Longitudinal studies of home visitation services have found positive effects on school performance and problem behaviors, lower high school dropout rates and higher high school graduation rates, as well as fewer teenage pregnancies, less Medicaid use and fewer lifetime arrests and convictions through young adulthood.^{21,22}

PARENT EDUCATION

Parent knowledge of child development and parenting practices significantly increases when they have participated in parent education programs, such as *Parents as Teachers*. Parents engage in more language and literacy-promoting behaviors with their children and are more involved in their children's schooling, and at the same time, children participating in the program are significantly more advanced than comparison children in language, social development, problem solving, and other cognitive abilities.^{23,24}

PROMOTE PREVENTION

Given the high cost and consequences of child maltreatment, promoting prevention of child abuse and neglect should lead to a return on investment for Georgia. The Center for Disease Control's Essentials for Childhood has found that promoting safe, stable nurturing relationships (SSNR) and environments through primary and secondary prevention programs and services, for example, will decrease rates of not only child maltreatment, but also long term physical, behavioral health, substance abuse, crime rates, and poor school performance. "From a public health perspective, the promotion of SSNRs is, therefore, strategic in that, if done successfully, it can have synergistic effects on a broad range of health problems as well as contribute to the development of skills that will enhance the acquisition of healthy habits and lifestyles."²⁵

1. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2016). Child Maltreatment 2014. Available from <http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf>

2. The Annie E. Casey Foundation. (2015). Kids Count Databook 2014. Baltimore, MD

3. Gilbert, R., Wisdom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2008). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373(9657), 68-91.

4. Gelles, R. J., Perlman, S. (2012). Estimated Annual Cost of Child Abuse and Neglect. Chicago IL: Prevent Child Abuse Georgia.

5. Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect*, 36(2), 156-165.

6. Ben-David, V., Jonson-Reid, M., Drake, B., & Kohl, P. L. (2015). The association between childhood maltreatment experiences and the onset of maltreatment perpetration in young adulthood controlling for proximal and distal risk factors. *Child Abuse & Neglect*, 46, 132-141.

7. Thompson, R. (2006). Exploring the link between maternal history of childhood victimization and child risk of maltreatment. *Journal of Trauma Practice*, 5(2), 57-72.

8. Heim, C., Shugart, M., Craighead, W. E., & Neweroff, C. B. (2010). Neurobiological and psychiatric consequences of child abuse and neglect. *Developmental Psychobiology* 52(7), 671-690

9. Child Welfare Information Gateway. (2013). *Long-term consequences of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

10. Research Triangle Institute & Pacific Institute for Research and Evaluation & United States Administration for Children and Families & Child Trends, Incorporated & United States Administration for Children, Youth, and Families (2002). Sexual abuse among homeless adolescents : prevalence, correlates, and sequelae. U.S. Dept. of Health & Human Services, Administration for Children and Families. [Washington, D.C.]

11. Sauer Children's Review Foundation. "Facts about Child Abuse and Neglect." Accessed October 7, 2015 from http://scrfinn.org/resources_abuse.html.

12. Gold, J., Wolan Sullivan, M., & Lewis, M. (2011). The relation between abuse and violent delinquency: The conversion of shame to blame in juvenile offenders. *Child Abuse & Neglect*, 35(7), 459-467

13. Karoly, L. A., Kilburn, M. R., & Cannon, J. S. (2006). Early childhood interventions: Proven results, future promise. Rand Corporation.

14. Guralnick, M. J. (2011). Why early intervention works: A systems perspective. *Infants & Young Children*, 24(1), 6.

15. McCormick, M. C., Brooks-Gunn, J., Buka, S. L., Goldman, J., Yu, J., Salganik, M., ... & Bauer, C. R. (2006). Early intervention in low birth weight premature infants: results at 18 years of age for the Infant Health and Development Program. *Pediatrics*, 117(3), 771-780.

16. Duncan, G. J., Dowsett, C. J., Claessens, A., Magnuson, K., Huston, A. C., Klebanov, P., ... & Sexton, H. (2007). School readiness and later achievement. *Developmental Psychology*, 43(6), 1428.

17. Currie, J., & Almond, D. (2011). Human capital development before age five. *Handbook of labor economics*, 4, 1315-1486.

18. Heckman, J. J., & Masterov, D. V. (2007). The productivity argument for investing in young children. *Applied Economic Perspectives and Policy*, 29(3), 446-493.

19. Wen, L. M., Bair, L. A., Simpson, J. M., Russel, C., Wardle, K., & Flood, V. M. (2012). Effectiveness of home based early intervention on children's BMI at age 2: randomized controlled trial. *BMJ*, 344.

20. Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsky, G. M., St-Laurent, D., & Bernier, A. (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial. *Development & Psychopathology*, 23(1), 195-210.

21. Kitzman, H. J., Olds, D. L., Cole, R. E., Hanks, C. A., Anson, E. A., Arcolee, K. J., ... & Holmberg, J. R. (2010). Enduring effects of prenatal and infancy home visiting by nurses on children: follow-up of a randomized trial among children at age 12 years. *Archives of Pediatrics & Adolescent Medicine*, 164(5), 412-418.

22. Eckenrode, J., Campa, M., Luckey, D. W., Henderson, C. R., Cole, R., Kitzman, H., ... & Olds, D. (2010). Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial. *Archives of Pediatrics & Adolescent Medicine*, 164(1), 9-15.

23. Parents as Teachers National Center, Inc. (2012). Parents as teachers: An evidence-based home visiting model. Retrieved online at http://www.parentsteachers.org/images/stories/906_EBVHM.pdf.

24. Zigler, E., Pinnensstiel, J. C., & Seitz, V. (2008). The Parents as Teachers program and school success: A replication and extension. *The Journal of Primary Prevention*, 29(2), 103-120.

25. Accessed October 13th, 2015 from http://www.cdc.gov/ViolencePrevention/pdf/CM_Strategic_Direction--Long-a.pdf