

## Frequently Asked Questions Related to Child Abuse

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**Q: How many children are reported and investigated for abuse or neglect?**

**A:** In 2016 in the U.S., an estimated 4.1 million referrals, involving the alleged maltreatment of approximately 7.4 million children, were received by CPS agencies. Over 58% of these referrals were accepted for investigation by child protective services. Approximately 676,000 children were determined to be victims of child abuse or neglect by CPS agencies, which included 1,750 fatalities (U.S. Department of Health & Human Services, Administration for Children & Families, Administration on Children, Youth and Families, Children's Bureau [USDHHS, ACF, ACYF, CB], 2016).

In 2017, the NYS Central Register of Child Abuse and Maltreatment (the Child Abuse Reporting Hotline) received 166,970 reports of suspected child abuse or neglect. Upon investigation, 47,541 reports (32%) were substantiated as situations of child abuse and/or neglect. The number of victims of abuse and neglect in 2017 was 89,828. There are more children than reports because more than one child is involved in some cases. Compared to the prior year, the 2016 number of reports increased by 4.2% (NYSOCFS, 2017).

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**Q: How many children are victims of maltreatment?**

**A:** An estimated 676,000 children nationwide were determined to be victims of child abuse or neglect in 2016. This is an increase by 20,000 victims compared to 2013 when the estimate was approximately 656,000 victims. The victimization rate was highest for children younger than 1 year of age. Almost 36% (35.61%) of all child fatalities occurred in children under three years of age (USDHHS, ACF, ACYF, CB, 2016).

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**Q: Is the number of abused or neglected children increasing?**

**A:** Nationally the number of victims increased from 2012 to 2016 by 20,000 victims. New York State experienced a 4.8% decrease of victims, with the numbers dropping from 68,375 victims in 2012 to 65,123 victims in 2016 (USDHHS, ACF, ACYF, CB, 2016).

Statistics continue to show that a child abuse victim is at high risk of suffering repeated abuse or neglect. Through the Child and Family Services Review, the Children's Bureau has established the current national standard for recurrence as 94.6%.

It is challenging to acquire comprehensive statistics regarding the true incidence of child abuse. The Department of Health and Human Service conduct studies aimed at collecting statistics from various agency sources to develop a more accurate picture of the incidence of child abuse and neglect across the country. These new sources include law enforcement agencies, tribal jurisdictions, and other social service agencies that are currently not included (The National Exchange Club [NEC], 2013).

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**Q: What are the most common types of maltreatment?**

**A:** In 2016, the majority (74.8%) of cases are classified as neglect, while 18.2% of cases are classified as physical abuse. It was determined that 8.5% of cases are due to sexual abuse. In 2013, 8.7% of cases are due to psychological maltreatment, 2.3% are classified as medical neglect, and 10% of cases were due to “other”. In 2016 in New York State neglect constituted the majority of the cases (62,150), followed by “other” (18,074), physical abuse (6,246), medical neglect (3, 820), sexual abuse (2,087) and psychological maltreatment (470) (USDHHS, ACF, ACYF, CB, 2016, 2016).

States may consider any condition that does not fall into one of the main categories — e.g. physical abuse, neglect, or emotional maltreatment — as "other." These maltreatment type percentages total more than 100% because children who were victims of more than one type of maltreatment were counted for each incident (NEC, 2013).

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**Q: Who are the child victims?**

**A:** For Fiscal Year 2016, there was a national rate of 9.1 victims per 1,000 children in the population. In 2016, 8.7 per 1,000 victims were boys and 9.5 per 1,000 victims were girls. CPS reported the approximate rates of child maltreatment victims as follows: 24.8 per 1,000 for infants less than 1 year old; 11.9 per 1,000 for 1 year-olds; 11.2 per 1,000 for 2 year-olds; 10.6 per 1,000 for 3 year-olds; 10.1 per 1,000 for 4 year-olds; with the number per 1,000 continuing to drop with each year to 3.6 per 1,000 for those age 17 (USDHHS, ACF, ACYF, CB, 2016).

In 2016, some children had higher rates of victimization in relation to gender and race disparities among other children: African-American (13.9 per 1,000 children), American Indian or Alaska Native (14.2 per 1,000 children), and multiracial (11.2 per 1,000 children). White, Hispanic and Pacific Islander child victimization rates (8.1, 8.0, and 8.6 respectively) averaged 9.1 per 1,000 children. The Asian population experienced significantly lower numbers of victims at 1.6 per 1,000 children (USDHHS, ACF, ACYF, CB, 2016).

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**Q: Who abuses and neglects children?**

**A:** Child maltreatment occurs across socio-economic, religious, cultural, racial, and ethnic groups (NEC, 2013). There is no single profile related to a perpetrator of child abuse, although certain characteristics reappear in many studies. Mothers make up 40.3% of the perpetrator population, compared to fathers at 21.7%; however 20.5% cited both parents as perpetrators (USDHHS, ACF, ACYF, CB, 2016). Fathers and mothers' boyfriends are most often the perpetrators in abuse deaths; mothers are more often at fault in neglect fatalities (Child Welfare Information Gateway, 2015). More than three-quarters (78%) of child fatalities involved parents acting alone, together, or with other individuals.

For 2016, four-fifths (83.4%) of perpetrators were between the ages of 18 and 44 years. The perpetrator age group of 25 – 34 had the highest rate at 5.0 per 1,000 adults in the population of the same age. Adults in the age group of 35-44 had the second highest rate at 3.2 per 1,000 adults in the population of the same age. These findings are contrary to popular belief that young or teenage parents are the largest group of perpetrators of child abuse and neglect. In New York State, 46% of perpetrators were men and more than one-half (53.9%) were women; 0.1% were of unknown sex (USDHHS, ACF, ACYF, CB, 2016).

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**Q: Who reports child maltreatment?**

**A:** Anyone can report suspected child abuse or neglect. Certain professionals are required by law to report suspected child abuse or maltreatment to the New York State Central Register (SCR) of Child Abuse and Maltreatment. The law also assigns civil and criminal liability to those professionals who do not comply with their mandated reporter responsibilities. In 2016, 51 states (the District of Columbia is referred to as the 51st state in the Child Maltreatment 2016 report) reported that 2.3 million reports received a CPS response, were completed and received some type of disposition. Just over 19% (671,622) of the 3.5 million children that received investigation or alternate response as a direct result of the submitted reports were found to be victims of maltreatment. Eighty-two point two percent (2.9 million children) of the 3.5 million children named in the reports, had all allegations found to be unsubstantiated or intentionally false; the children named in the reports were classified as “nonvictims” (USDHHS, ACF, ACYF, CB, 2016).

Professionals submitted almost 64.9% of the reports in 2016. "Professional" indicates that the report source came into contact with the alleged victim as part of the reporter's occupation. State laws require most professionals to notify CPS agencies of suspected maltreatment. The categories of professionals include educators, legal and law enforcement personnel, social services personnel, medical personnel, mental health personnel, child daycare providers, and foster care providers, etc. The three most common sources of reports in 2016 were from professionals—educational personnel (18.9%), legal or law enforcement personnel (18.4%), social services personnel (11.2%) (USDHHS, ACF, ACYF, CB, 2016).

Nonprofessional report sources submitted one-fifth (18.1%) of reports. These included parents (6.6%), other relatives (6.8%), friends and neighbors (4.2%). Unclassified sources (17%) account for the remaining one-fifth of reports (USDHHS, ACF, ACYF, CB, 2016).

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**Q: What happens after I make a report?**

**A:** The Child Protective Services (CPS) unit of the local department of social services is required to begin an investigation of each report within 24 hours. The investigation should include an evaluation of the safety of the child named in the report, and any other children in the home, and a determination of the risk to the children if they continue to remain in the home.

CPS may take a child into protective custody if it is necessary for the protection from further abuse or maltreatment. Based upon an assessment of the circumstances, CPS may offer the family appropriate services. CPS has no legal authority to compel the family to accept such services. However, the CPS caseworker has the obligation and authority to petition family court to mandate services when they are necessary for the care and protection of a child.

CPS has 60 days after receiving the report to determine whether the report is "indicated" or "unfounded." The law requires CPS to provide written notice to the parents or other subjects of the report concerning the rights accorded to them by the New York State Social Services Law. The CPS investigator will document activities and decisions in the State Central Register file (NYSOCFS, 2011).

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**Q: How many children die from abuse or neglect?**

**A:** Child fatalities are the most tragic consequence of maltreatment. The number of reported child fatalities due to child abuse and neglect has fluctuated during the past five years. In 2016 it was estimated that nationally there were 1,700 child fatalities (compared with an estimated 1,520 child fatalities in 2013) (USDHHS, ACF, ACYF, CB, 2016). This translates to a fatalities by state rate up to 5.96 children per 100,000 children in the general population with an average of 2.36 per 100,000 children in the population.

Research indicates very young children (ages three [3] and younger) are the most frequent victims of child fatalities, as they account for 28.5% of all child fatalities (USDHHS, ACF, ACYF, CB, 2016). The USDHHS, ACF, ACYF, CB, data for 2016 demonstrated children younger than one year accounted for 24.8% of the fatalities. This population of children is the most vulnerable for many reasons, including their dependency, small size, and inability to defend themselves (Child Welfare Information Gateway, 2016). Examining this percentage by single-year-age reveals the following data for child fatalities: 11.9% were 1 year old, 11.2% were 2 years old, and 10.6% were 3 years old (USDHHS, ACF, ACYF, CB, 2016).

The vulnerability of the youngest victims also is demonstrated by the rates of child fatalities. Children younger than 1 year died from child abuse and neglect at a rate of 20.63 per 100,000 children in the population. Child fatality rates generally decreased with age. The child fatality rate of children in the age group of 16–17 was 0.45 and 0.63 per 100,000 children in the population of the same age group (USDHHS, ACF, ACYF, CB, 2016).

Boys had a higher child fatality rate than girls at 2.87 boys per 100,000 children in the population. Girls died of abuse and neglect at a rate of 2.11 per 100,000 children in the population (USDHHS, ACF, ACYF, CB, 2016).

**Table 10. Maltreatment Types of Child Fatalities, 2016**

Maltreatment Type	Child Fatalities	Maltreatment Types	Maltreatment Types Percent
Medical Neglect	-	82	5.7
Neglect	-	1,079	74.6
Other	-	217	15.0
Physical Abuse	-	639	44.2
Psychological Abuse	-	19	1.3
Sexual Abuse	-	18	1.2
Unknown	-	1	0.1
<b>National</b>	<b>1,447</b>	<b>2,055</b>	<b>142.0</b>

*Based on data from 44 states. Data are from the Child File. A child may have suffered from more than one type of maltreatment and therefore, the total number of reported maltreatments exceeds the number of fatalities, and the total percentage of reported maltreatments exceeds 100.0 percent. The percentages were calculated against the number of child fatalities in the reporting states.*

Note: Reported data for types of maltreatment related to child fatalities for 2016, from 44 states. Adapted from USDHHS, ACF, ACYF, CB, (2016). Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/cm2016.pdf> with permission.

**Q:** Are victims of child abuse more likely to engage in criminality later in life?

**A:** According to the National Institute of Justice (NIJ), maltreatment in childhood increases the likelihood of arrest as a juvenile by 59%, as an adult by 28%, and for a violent crime by 30%. A related NIJ report indicated that children who were sexually abused were 28 times more likely than a control group of non-abused children to be arrested for prostitution as an adult (National Institute of Justice, 2011). In 2007, the NBER Digest notes that child maltreatment roughly doubles the probability that the individual will engage in many types of crime (Picker, 2007).

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**Q: Is there any evidence linking alcohol or other drug use to child maltreatment?**

**A:** There is significant research that demonstrates this connection. Research has shown that among confirmed cases of child abuse and neglect, 40% involved the use of alcohol or other drugs. Substance abuse does not cause child abuse and neglect, but it is a distinct factor in its occurrence (NEC, 2013). For all victims younger than one (1) year, percentages of victims with the alcohol abuse child risk factor increased from 3.1 in 2012 to 4.8 in 2016. The rates per 1,000 children of the same age increased from 0.7 to 1.2, respectively. For all victims younger than one (1) year, percentage of victims with the drug abuse child risk factor increased from 12.3 percent in 2012 to 15.2 percent in 2016. The rates per 1,000 children of the same age increased from 2.6 to 3.9, respectively (USDHHS, ACF, ACYF, CB, 2016).

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**Q: What is HIPAA and does it affect or limit my responsibility as a mandated reporter of suspected child abuse, neglect or maltreatment?**

**A:** HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. The privacy provisions contained in this regulation do not affect the responsibilities of mandated reporters, as they are defined in the New York State Social Services Law (NYSOCFS, 2011).

Information concerning the public health provisions of HIPAA may be found at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/publichealth/>.

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**Q: What about HIV records?**

**A:** §2782(7) of the Public Health Law specifically provides that nothing in this law limits a person or agencies responsibility or authority to report.

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