INDICATORS OF CHILD SEXUAL ABUSE

TRAINER GUIDE

Professional Development for Child Abuse Hotline Operators

UA LITTLE ROCK
MidSOUTH Training Academy

Professional Development Series
Division of Children and Family Services
Developed and Presented by MidSOUTH

INTRODUCTION

Hotline Operator Training is a contract deliverable for MidSOUTH. This training is designed for new operators. There may be experienced operators and supervisors in the training group. If this occurs, be ready to shift the presentation to acknowledge and recognize their experience and expertise.

ASSEMBLY INSTRUCTIONS

This module has a series of handouts for participants. Handouts should be three-hole punched so that participants can file them in a binder.

LEARNING OUTCOMES

After this training, students will be able to:

- Describe the prevalence of child sexual abuse in the United States.
- Accurately identify physical and behavioral indicators of child sexual abuse.
- Accurately apply the knowledge of child sexual abuse to screening/accepting reports of possible maltreatment, using the Interagency Agreement between CACD and DCFS and using the definitions of child sexual abuse set out in the Child Maltreatment Act.

SECTION 1: INTRODUCTION/HOUSEKEEPING

Begin the session by introducing yourself to the participants and welcoming them to training. Take a few minutes to discuss the training. Refer participants to **Handout 1, "Agenda."**

Cover a few "housekeeping" issues. These topics should include but are not limited to:

- Sign-in Sheets: Sign-in sheets must be completed for each session
- Participation: During class time, participants are expected to take part in activities and participate in exercises.
- Cell phones: Turn cell phones off during training.

MATERIALS LIST

Flipchart Set up for Small Group Work: easel, pad, markers, tape

Video: Vulnerable Young Child: Part 1 Neglect and Sexual Abuse

Interagency Memorandum of Agreement

Handout 1 – Agenda

Handout 2 – What's In It for Me?

Handout 3 – Do Children Lie About Sexual Abuse?

Handout 4– Stages of Molestation

Handout 5 – Physical Indicators of Child Sexual Abuse

Handout 6 – Frequently Encountered Medical Terms in Sexual Abuse

Handout 7 – Practice Scenarios (3 pages)

- 2015 Child Maltreatment – one per class as a resource
- Estimating a Child Sexual Abuse Prevalence Rate for Practitioners – one per class as a resource
- CWLA Arkansas's Children 2017

- Text Messaging: Save it for the office.
- Attendance: Credit for completing the training will only be awarded if the participant has attended the entire training section.

SECTION 2: AWARENESS OF CHILD SEXUAL ABUSE

Begin the session with an icebreaker designed to: 1) find out what participants were hoping would be covered and 2) to get some basic information out before the audience. A sample has been included but trainers are free to design another icebreaker as long as it accomplishes these two objectives:

Purpose

The purposes of this exercise are: to determine participant's expectations and to get a preliminary understanding of their knowledge about child sexual abuse. It also requires a flip chart set up for each small group and a flip chart or white board for the instructor.

Materials

This exercise requires Handout 2, "What's In It For Me?"

Methodology

1. Pass out **Handout 2**. Give participants a few minutes to answer the questions on both pages of the hand out.
2. After a few minutes, ask the people seated at each table to take a minute to compare answers.
3. Write the answers to the questions on the second page of the handout on the flip chart.

Processing

Make notes of commonly occurring things that participants would like to know. Some of them may be beyond the scope of this workshop. However, there will be another session on child sexual abuse that addresses different

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issues. If a person's issue or concern will be addressed in that workshop, ask them to hold the thought until the second sexual abuse workshop is offered.

The sources for the answers to the questions on page 2 of the handout are listed at the bottom of the handout. Provide one resource copy of the White Paper on Prevalence and one copy of Child Maltreatment 2015 as resources. (Students who are interested can make their own copies from the web.)

How frequent is sexual abuse/what is the scope of the problem?

- There were 4 million reports of maltreatment (all types) in 2015. This is a 15.5 % increase from the 2011 reporting statistics. 58% of these reports were screened in for an investigation and/or DR response (national figures).
- Of these reports 2.2 million received a disposition. This represents a 9.3% increase from 2011. This includes investigations and DR reports where there was a disposition that included agency intervention.
- Children under the age of 1 year were at the highest risk for maltreatment.
- It is estimated that 1 in 4 girls and 1 in 6 boys will have a sexually abusive encounter before their 18th birthday. Other studies report that 1 in 10 children will have a sexually abusive contact before their 18th birthday.
- In 2015 there were 1585 children dies from maltreatment. 74.8% of those fatalities were children under the age of 3 years. Sexual abuse was the cause or occurred on conjunction with other types of fatal child maltreatment is 1.2% of maltreatment related fatalities.
- Arkansas specific:
  - 9,204 victims of child maltreatment
  - 20.7% were sexually abused

What is the most damaging aspect of child sexual abuse?

The most damaging aspect of sexual abuse is usually not the physical activities. Rather it is the betrayal of trust, the misuse of power, and the denial of self. It can have long-term effects, including a range of mental health problems and trouble with intimate relationships.

SECTION 3: DO CHILDREN LIE ABOUT CHILD SEXUAL ABUSE

Lead a discussion designed to assess student's beliefs about whether or not children lie about sexual abuse. (This discussion addresses the last bullet point on Handout 2.)

Use **Handout 3** to highlight key concepts about children and lying, from a developmental perspective. When addressing lying,

- Differentiate lying from mistakes, misinterpretations of innocent acts and/or coaching
- Emphasize the continuum of events that might account for the concern – the event really happened, an event happened that was misinterpreted by an adult or a child, the child is being coached by an adult with an ulterior motive, or the child is deliberately lying about an event to get someone into trouble or for personal gain.
  - What may indicate coaching? Primarily a child who gives rote, pat answers and cannot provide details of the event.
- Developmental perspective on lying
  - Why would a child lie about sexual abuse (motivation)? Children of all ages lie to get out of trouble. If the assumption is that children lie to get an adult into trouble or for personal gain, developmentally, what must the child be able to do?
  - What do you have to do to make up a good lie (making it believable)?

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- Make up a convincing enough story that you can convince someone who has had sex that you have had sex too.
- Maintain the story over time.
- Match affect with the story.
- Recognize the social significance of accusing someone of sexual abuse – knowing that this is a very bad thing.

- Are children cognitively able to do the above? Not until early adolescence (usually)
- Children are actually very accurate reporters of what they have experienced themselves.
- They will lie to get out of trouble not to get into more trouble.

SECTION IV: DYNAMICS OF CHILD SEXUAL ABUSE

When we discuss child sexual abuse we are going to use some generic terms to describe sexual abuse. These are Molestation or Rape/Forcible Compulsion. Let's be clear – these terms have specific definitions in the criminal statues but we will be using them in a broader context. It had to do with degree of force used to gain sexual access.

Sexual abuse can be broken down into **two broad types:**

- The **first**, and by far the more common, type of sexual abuse is sexual molestation. Think of this process as a seduction where the child is led gently and gradually to do as the perpetrator desires. Molestation also includes grooming behaviors.

- The **second**, and less common type, of sexual abuse is forcible sexual contact, including but not limited to rape. This term is used to describe the process of physically compelling the child into sexual activity and is not used in the narrower legal sense of the words. Forcible compulsion must be looked at in a broad perspective when it comes to child sexual abuse. Hold that thought – we will return to it before the end of the day.

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- The perpetrator of either type of sexual abuse may be known to the child, so forcible sexual contact is not necessarily by a stranger.

- The majority of child sexual abuse cases in the child welfare system will be molestation, where the offender was known to the child and in a position where the child should have been able to trust him or her. Because of the nature of molestation, adults who should believe and support the child may not do so.

Pass out **Handout 4**. Briefly discuss that child molestation frequently passes through five stages. These stages are:

- ✓ Engagement/grooming
- ✓ Sexual Interaction
- ✓ **Secrecy**
- ✓ Disclosure
- ✓ Recanting/Suppression

Point out that **"secrecy"** is listed as a stage but in reality, secrecy is a dynamic that permeates the sexual abuse situation from its inception.

Show the video Human Development: The Vulnerable Young Child, Child Maltreatment, Part 1: Neglect and Sexual Abuse. Lead a short group discussion of what was observed in the video. Also, discuss some examples of the behaviors that occur at each stage. For example, ask, "What do you do to build a child's trust?" If time is running short and the group is actively engaged in good discussion, consider skipping the video.

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Engaging/Grooming • **Building Trust** • **Favoritism** • **Alienation** • **Boundary Violations**	Disclosure • **Accidental vs. Purposeful** • **Crisis**
Sexual Interaction • **Progression** • **Place** • **Time** • **Bribes, threats, punishment, guilt - to maintain the secret**	Recanting/Suppression • **System mobilizes to maintain status quo** • **Overt/covert pressure** • **Victimization by "helping" systems**

Using the chart above, generate a discussion on Engagement/Grooming, Sexual Interaction, Disclosure (whether accidental or purposeful), and Recanting.

Discuss with the group the progression of sexual acts:

- ✓ Nudity
- ✓ Disrobing
- ✓ Genital Exposure
- ✓ Observation of the child
- ✓ Kissing - Lingering, Intimate
- ✓ Fondling
- ✓ Masturbation
- ✓ Fellatio
- ✓ Cunnilingus
- ✓ Digital Penetration of Anus or Vagina
- ✓ Dry Intercourse
- ✓ Vaginal and/or Anal Intercourse

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In a molestation, the sexual acts tend to move from least intrusive to most intrusive. At each point the offender must assess whether the child is still keeping the secret. If the child discloses, what is the response? Does anyone attempt to protect the child or is the disclosure discounted?

Of note: While we look at molestation and forcible compulsion as different types of sexual abuse, in reality there is a lot of cross over. It may be necessary for molesters to "up the ante" as the abuse progresses over time.

So let's look at forcible compulsion.

During past legislative sessions, there has been an effort to make the Maltreatment Act definitions of sexual abuse correspond to the criminal definitions of sexual assaults of varied and sundry types. This has led to some difficulty in both investigation and intake of sexual abuse reports. One area that seems to be problematic is the area of forcible compulsion. Begin this section by asking participants to define "Forcible Compulsion."

List responses on the white board or flipchart.

The Child Maltreatment Act defines forcible compulsion as:

> "**Forcible** compulsion" means physical force, intimidation, or a threat, express or implied, of physical injury to or death, rape, sexual abuse, or kidnapping of any person.
>
> **(ii)** If the act was committed against the will of the child, then **forcible** compulsion has been used.
>
> **(B)** The age, developmental stage, and stature of the victim and the relationship of the victim to the assailant, as well as the threat of deprivation of affection, rights, and privileges from the victim by the assailant, shall be considered in weighing the sufficiency of the evidence to prove **forcible** compulsion;

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This definition attempts to recognize actions/threats that might be powerfully compelling **for a child.** If it does not come up in the discussion, ask participants to think of things that children would consider threats that adults might not. List these responses on the white board/flipchart.

A second teaching point is that determining forcible compulsion is an investigative decision, not a Hotline decision. Mandated reporters are taught some of the subtler forms of threats and compulsions so they may include this information when making reports. Operators need to capture the information in the narrative fields in CHRIS.

SECTION V: PHYSICAL INDICATORS OF CHILD SEXUAL ABUSE

This training has covered the dynamics of sexual abuse to lay the groundwork to explain a fact that is often disconcerting for operators and investigators and is difficult for many adults to understand. That fact is this: Child sexual abuse frequently does not have a physical finding that in and of itself is proof of sexual abuse.

Insure that the students know that genital tissue is flexible. It is designed to stretch. And it heals quickly. If the child has been slowly conditioned over time, actual penetration may not have definitive signs.

Begin a discussion of the physical indicators of sexual abuse. Refer participants to **Handout 5,** "Physical Indicators of Child Sexual Abuse." Points to insure are addressed include:

- These physical signs are more indicative of sexual abuse than stress or other abuse that the child may be experiencing.
- The "knowledge" about significance of genital findings is constantly changing. This handout is a guide only.
- Well over half the children who are sexually abused will have no physical indicators. Ask the group to speculate why this situation might

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- be the case. Relate this information back to the progression of sexual acts that was just presented. If a child was fondled over the clothes, it is quite likely that there will be no corroborating physical finding.

Physical Indicators are as follows:

Genital injuries

a. Genital bruising
b. Lacerations around the genitals
c. Fissures – small cracks around the anal opening (may be present in sodomy cases)
d. Skin tags – flaps of skin around the anal area caused by repeated rectal penetration
e. Lax sphincter tone – the sphincter muscles become damaged and stretched

Suspicious stains, blood or semen on the child's diaper, clothing or body

Difficulty urinating or excreting

Sexually transmitted diseases

a. Syphilis
b. Gonorrhea
c. Clamydia
d. Genital warts (condyloma)
e. Genital Herpes
f. HIV/Aids

Early, unexplained pregnancy

Psychosomatic complaints (such as stomach ache with no obvious physical cause)

The majority of children who are sexually abused *do not* have a definitive physical finding that "proves" sexual abuse. The three physical findings that do prove *sexual activity* are:

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- Sperm on girls or pre-pubertal boys
- Syphilis, gonorrhea, chlamydia
- Pregnancy

Conclude the section on physical indicators with **Handout 6**, Frequently Encountered Medical Terms. Do not necessarily review all the terms with the class. This handout is provided as a resource.

Be sure that participants know that we will cover behavioral indicators of sexual abuse in a separate session.

SECTION 6: PRACTICE

Conclude the training session by giving the participants **Handout 7**, Practice Scenarios. Scenarios have been prepared for discussion. However, if the opening exercise generated lots of concerns and questions about accepting certain kinds of reports, use those issues instead. This section can be done in small groups or as a large group activity. If done as group assignment, give one scenario to each group. Ask them to make notes on the flipchart. As time allows, discuss each scenarios and why they would or would not take the report.

#1. You receive a report from a woman identifying herself as a school counselor. She has a 15-year-old student in her office. The student has alleged that one of her teachers has been asking her to stay after class to discuss her school work. This student is usually an A or B student but had been making C's in this class. She has always been a good student and could not figure out what she was doing wrong in this class. She told her counselor that she studied all the time but it didn't seem to do any good. The first time she met with the teacher he talked about ways to improve her writing. However, he has begun standing very close to her, complementing her figure, making suggestive remarks about her probably having lots of boyfriends. She wanted to improve her grade

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so she kept coming back. The last time (yesterday) the teacher touched her on the breast. He kept his hand on her breast, said she had a beautiful body then said, "You know, it would be very easy for you to make an A in this class." She was frightened and ran from the room.

Would you take this report and if so, how would you register it?

This report should be taken as sexual contact. There is implied threat. As a teacher, this person was also in a care giving role and the alleged victim is under 18 years old.

What other information would you want to know?

Be attuned for responses that show the operator is attempting to get supporting details.

Would it make a difference if the counselor told you this child is a behavior problem at school and has been known to cause trouble?

This question gets to whether the girl is credible. For Hotline purposes, it should not make a difference on whether the report is accepted. It contains an allegation that if true, would meet a statutory definition of maltreatment.

#2. You receive a call about the following family: The family consists of a mother and her three children, ages 8, 6, and 4-years-old. The mother's uncle helps with childcare. The family recently moved in with the uncle because he was single, living alone and has a big home. He works different hours than the mother. He told his niece that he loves her children and would like to help her care for them since she is a single mom. The caller is the estranged husband of the mother. He is concerned because he reports the uncle is a homosexual and single men should not care for children.

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Would you take this report and if so, how would you register it?

On the basis of what you have here, you would not take this report. The red herring is to see if participants will get side tracked by the allegation that the alleged offender is a homosexual.

What other information would you want to know?

Look for probing questions that indicate the operator is assessing whether there is a valid concern buried in this report. The natural inclination might be to dismiss it out-of-hand as a custody dispute.

#3. You have a call from a hospital nurse. They have a child in their emergency room with a vaginal laceration. The mother said the child was hurt a day care. The Director told mom that the child fell on a piece of playground equipment. The hospital says the injury does not appear to be consistent with a straddle injury. The child has not given disclosure of any type of activity. She has not confirmed the history of the fall but has also not said anything that indicated a person hurt her.

Would you accept this report and if yes, how would you register it?

Yes, sexual penetration based on an injury that is a variance with the history given.

What other information would you want to know?

TEACHING NOTES

HANDOUT 1

INDICATORS OF CHILD SEXUAL ABUSE
HOTLINE OPERATOR TRAINING

AGENDA

I. Introductions, Housekeeping, Icebreaker (scope)

II. Awareness of Child Sexual Abuse/Scope of the Problem

III. Do Children Lie About Sexual Abuse

IV. Dynamics of Sexual Abuse

V. Physical Indicators of Sexual Abuse

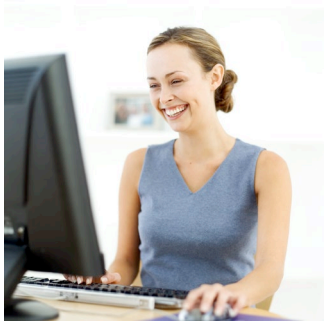
VI. Frequently Encountered Medical Terms in Sexual Abuse

VII. Practice Scenarios

HANDOUT 2

WHAT'S IN IT FOR ME?

INDICATORS OF CHILD SEXUAL ABUSE



If this training only addressed two things, I hope they would be:

1.

2.

With regard to sexual abuse, I would like to know more about:

When I am handling calls about sexual abuse two things that really make me crazy are:

1.

2.

Something that would make this part of my job easier is:

HANDOUT 2 cont.

- **How frequent is sexual abuse/what is the scope of the problem?[1]**

- **What is the most damaging aspect of child sexual abuse?[2]**

- **How likely are children to lie about sexual abuse?[3]**

1. Child Maltreatment 2015. U.S. Department of Health & Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau.http://www.acf.hhs.gov/sites/
2. https://victimsofcrime.org/media/reporting-on-child-sexual-abuse/child-sexual-abuse-statistics
3. Townsend, C. Estimating Child Sexual Abuse Prevalence Rate for Practitioners: A review of child sexual abuse prevalence studies. Aug 2013.

HANDOUT 3

DO CHILDREN LIE ABOUT SEXUAL ABUSE?

Note: Whether the child is telling the truth is not a thing that can be determined at intake. However, it is helpful for all professionals involved in the intervention to have an understanding of the issue because there is a very prevalent notion that children do not tell the truth about sexual abuse.

- Differentiate lying from mistakes, misinterpretations of innocent acts and/or coaching
    - There is a continuum of events that might account for the concern – the event really happened, an event happened that was misinterpreted by an adult or a child, the child is being coached by an adult with an ulterior motive, or the child is deliberately lying about an event to get someone into trouble or for personal gain.
    - Behaviors that indicate coaching: Primarily a child who gives rote, pat answers and cannot provide details of the event.

- Consider lying from a developmental perspective.
    - Why would a child lie about sexual abuse (motivation)? Children of all ages lie to get out of trouble. If the assumption is that children lie to get an adult into trouble or for personal gain, developmentally, what must the child be able to do?
    - What do you have to do to make up a good lie (making it believable)?
        - Make up a convincing enough story that you can convince someone who has had sex that you have had sex too.
        - Maintain the story over time.
        - Match affect with the story.
        - Recognize the social significance of accusing someone of sexual abuse – knowing that this is a very bad thing.
- Are children cognitively able to do the above?
    - Not until early adolescence (usually)
    - Children are actually very accurate reporters of what they have experienced themselves.
    - They will lie to get out of trouble not to get into more trouble.

HANDOUT 4

STAGES OF MOLESTATION

- Much of child sexual abuse is molestation rather than rape or forcible contact.
- Molestation frequently passes through these stages:
  - Engagement/grooming
  - Sexual Interaction
  - *Secrecy*
  - Disclosure
  - Suppression/recanting
- The table below sets out some of the "tasks" and key issues at each stage**.**

SECRECY

SECRECY

Engagement ▪ **Building trust** ▪ **Favoritism** ▪ **Alienation** ▪ **Boundary violations**	***Disclosure*** ▪ **Accidental vs. purposeful** ▪ **Generates a family crisis**
Sexual Interaction ▪ **Progression of sexual acts** ▪ **Place** ▪ **Time** ▪ **Bribes** ▪ **Threats** ▪ **Guilt**	***Suppression*** ▪ **Family system mobilizes to maintain the status quo** ▪ **Overt and covert pressure on the victim to retract the disclosure** ▪ **Re-victimization by the "helping" systems.**

SECRECY

SECRECY

HANDOUT 5

PHYSICAL INDICATORS OF CHILD SEXUAL ABUSE

For investigators, always get a doctor's opinion about the significance of any of these findings. For Intake (Hotline), the majority of sexual abuse cases will not have definitive physical findings.

Genital injuries

a. Genital bruising
b. Lacerations around the genitals
c. Fissures – small cracks around the anal opening (may be present in sodomy cases)
d. Skin tags – flaps of skin around the anal area caused by repeated rectal penetration
e. Lax sphincter tone – the sphincter muscles become damaged and stretched

Suspicious stains, blood or semen on the child's diaper, clothing or body (especially very young children)

Sexually transmitted diseases

a. Syphilis **
b. Gonorrhea **
c. Clamydia **
d. Genital warts (condyloma)
e. Genital Herpes
f. HIV/Aids

Early, unexplained pregnancy

Psychosomatic complaints

a. Stomach ache with no obvious physical cause

The majority of children who are sexually abused do not have a definitive physical finding that "proves" sexual abuse.

The three physical findings that are "highly indicative" of sexual activity are:

- Sperm on girls or pre-pubertal boys
- Syphilis, gonorrhea, chlamydia
- Pregnancy

HANDOUT 6

Frequently Encountered Medical Terms in Sexual Abuse

Anterior: at or toward the front

Approximate: to bring near

Attenuate: to make thin

Bump: a swelling, lump or bulge

Distal: farthest from the center or portion of attachment

Erythema: the appearance of redness

Fourchette: a small fold of skin at the posterior end of the vulva

Friable: easily crumbled or cracked

Hemorrhage: the escape of blood from a blood vessel

Hymen: the thin mucous membrane that usually closes part of the opening to the vagina

Iatrogenic: caused by medical treatment

Introitus: entrance to the vagina

Labial adhesions: the labia minora are joined at the posterior fourchette

Motile: capable of exhibiting spontaneous movement; motile sperm

Neovascularization: fine network of red blood vessels

Notch: a concave or V-shaped cut or indention in an edge of a surface; in this case, the hymenal rim

Perineum: the small area between the anus and the vulva in the female or between the anus and the scrotum in the male

Petechia: a small hemorrhagic spot in the skin

Physiologic: characteristic of normal or healthy functioning

Posterior: at or toward the rear

Proximal: situated near the center of the body

Scarring: a white area on the hymen or posterior fourchette

Sphincter: a ring-shaped muscle that surrounds a natural opening in the body and can open or close it by expanding or contracting

Synechia: bridges of scar tissue

Trauma: bodily injury, wound or shock

Vesicle: a small membranous cavity or sac, or cyst; especially a small, round elevation of the skin containing serous fluid; a blister

Vulva: the external genital organs of the female, including labia majora, labia minor, clitoris and introitus to the vagina

HANDOUT 7

PRACTICE SCENARIOS

#1. You receive a report from a woman identifying herself as a school counselor. She has a 15-year old student in her office. The student has alleged that one of her teachers has been asking her to stay after class to discuss her school work. This student is usually an A or B student but had been making C's in this class. The first time she met with the teacher he talked about ways to improve her writing. However, he has begun standing very close to her, complementing her figure, making suggestive remarks about her boyfriends. She wanted to improve her grade so she kept coming back. The last time (yesterday) the teacher touched her on the breast. He kept his hand on her breast, said she had a beautiful body then said, "you know, it would be very easy for you to make an A in this class."

Would you take this report and if so, how would you register it?

What other information would you want to know?

Would it make a difference if the counselor told you this child is a behavior problem at school and has been known to cause trouble?

HANDOUT 7

PRACTICE SCENARIOS

#2. You receive a call about the following family: The family consists of a mother and her three children, ages 8, 6, and 4-years-old. The mother's uncle helps with childcare. The family recently moved in with the uncle because he was single, living alone and has a big home. He works different hours than the mother. He told his niece that he loves her children and would like to help her care for them since she is a single mom. The caller is the estranged husband of the mother. He is concerned because he reports the uncle is a homosexual and single men should not care for children.

Would you take this report and if so, how would you register it?

What other information would you want to know?

HANDOUT 7

PRACTICE SCENARIOS

#3. You have a call from a hospital nurse. They have a child in their emergency room with a vaginal laceration. The mother said the child was hurt at day care. The Director told mom that the child fell on a piece of play ground equipment. The hospital says the injury does not appear to be consistent with a straddle injury. The child has not given disclosure of any type of activity. She has not confirmed the history of the fall but has also not said anything that indicated a person hurt her.

Would you accept this report and if yes, how would you register it?

What other information would you want to know?

Child Maltreatment 2015

26th YEAR OF REPORTING

U.S. Department of Health & Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau

ACF

Children's Bureau

This report was prepared by the Children's Bureau (Administration on Children, Youth and Families, Administration for Children and Families) of the U.S. Department of Health and Human Services.

Public Domain Notice

Electronic Access

This report is available on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

Questions and More Information

If you have questions or require additional information about this report, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1–800–394–3366. If you have questions about a specific state's data or policies, contact information is provided for each state in Appendix D, State Commentary.

Data Sets

Restricted use files of the NCANDS data are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University. Researchers who are interested in these data for statistical analyses may contact NDACAN by phone at 607–255–7799, by email at ndacan@cornell.edu, or on the Internet at http://www.ndacan.cornell.edu. NDACAN serves as the repository for the NCANDS data sets, but is not the author of the Child Maltreatment report.

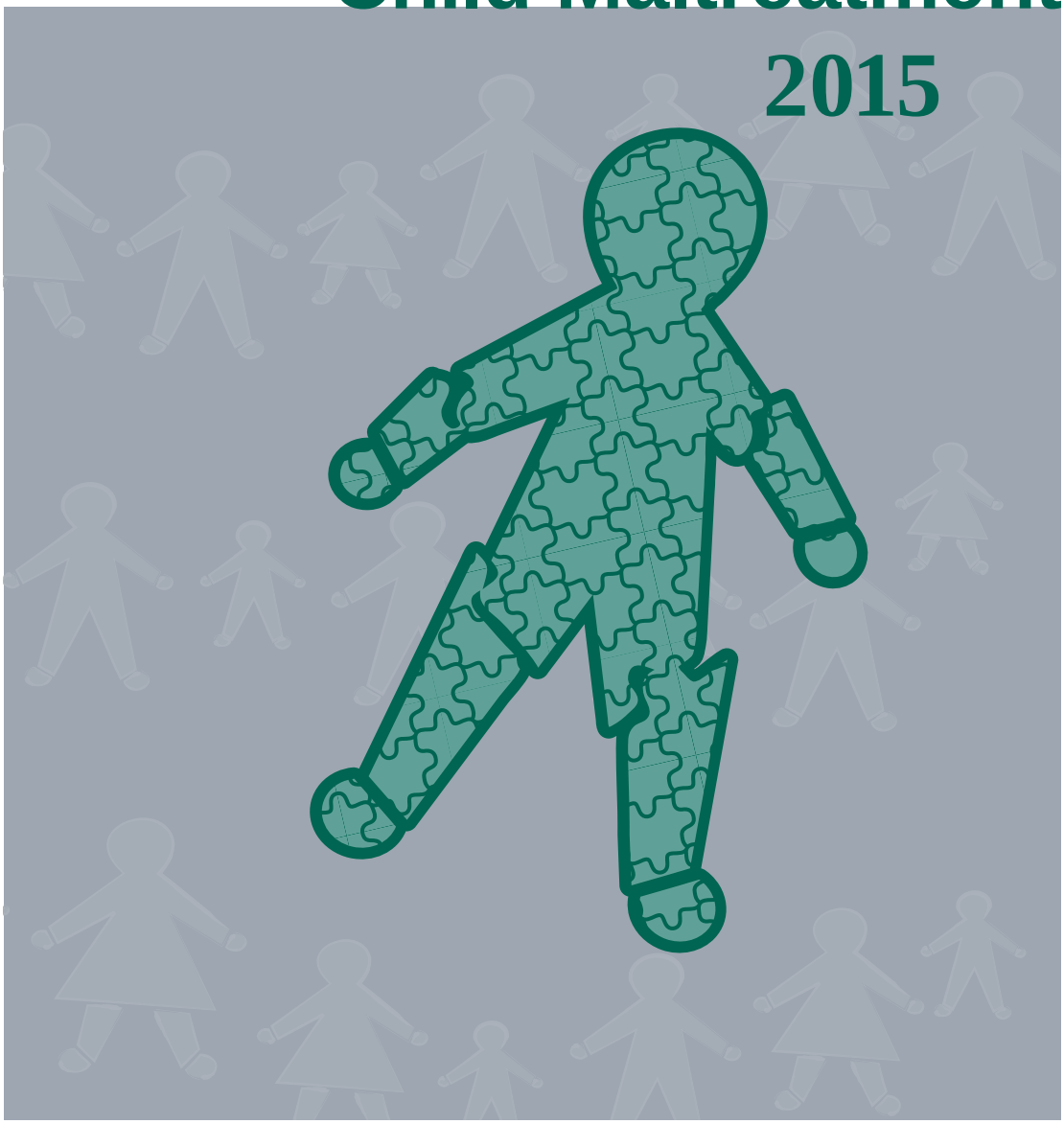
Recommended Citation

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). *Child Maltreatment 2015.* Available from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

Federal Contact

Kurt Heisler, Ph.D., M.S., M.P.H.
Mary E. Switzer Building, 3040D
330 C Street SW
Washington, DC 20201
kurt.heisler@acf.hhs.gov

Child Maltreatment 2015



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Children, Youth and Families
330 C Street, SW, Washington, D.C. 20201

Letter from the Commissioner:

Child Maltreatment 2015 is the 26th edition of the annual Child Maltreatment report series. States provide the data for this report through the National Child Abuse and Neglect Data System (NCANDS). NCANDS was established in 1988 as a voluntary national data collection and analysis program to make available state child abuse and neglect information. Data has been collected every year since 1991 and NCANDS now annually collects maltreatment data from child protective services agencies in the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. Key findings in this report include:

- The national estimate of children who received a child protective services investigation response or alternative response increased 9.0 percent from 2011 (3,081,000) to 2015 (3,358,000).
- The number and rate of victims have fluctuated during the past 5 years. Comparing the national estimate of victims from 2011 (658,000) to the rounded number of reported victims in 2015 (683,000) shows an increase of 3.8 percent.[1]
- Three-quarters (75.3%) of victims were neglected, 17.2 percent were physically abused, and 8.4 percent were sexually abused.
- For 2015, a nationally estimated 1,670 children died of abuse and neglect at a rate of 2.25 per 100,000 children in the national population.

The Child Maltreatment report series is an important resource relied upon by thousands of researchers, practitioners, and advocates throughout the world. The report is available from our website at http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

NCANDS would not be possible without the time, effort, and dedication of child welfare and information technology staff working together on behalf of children and families. We gratefully acknowledge the efforts of all involved to make resources like this report possible, and will continue to do everything we can to promote the safety and well-being of our nation's children.

Sincerely,

/s/
Rafael J. López
Commissioner
Administration on Children, Youth
and Families

[1] If fewer than 52 states reported a count, the national rate is used to compute a national estimate. If all 52 states report, the count is rounded. In 2011, 51 states reported a unique count of victims. From 2012 through 2015, 52 states reported a unique count of victims.

Acknowledgements

The Administration on Children, Youth and Families (ACYF) strives to ensure the well-being of our Nation's children through many programs and activities. One such activity is the National Child Abuse and Neglect Data System (NCANDS) of the Children's Bureau.

National and state statistics about child maltreatment are derived from the data collected by child protective services agencies and reported to NCANDS. The data are analyzed, disseminated, and released in an annual report. *Child Maltreatment 2015* marks the 26th edition of this report. The administration hopes that the report continues to serve as a valuable resource for policymakers, child welfare practitioners, researchers, and other concerned citizens.

The 2015 national statistics were based upon receiving data from the 50 states, the District of Columbia and the Commonwealth of Puerto Rico (commonly referred to as the 52 states). Case-level data were received from all 52 states.

ACYF wishes to thank the many people who made this publication possible. The Children's Bureau has been fortunate to collaborate with informed and committed state personnel who work hard to provide comprehensive data, which reflect the work of their agencies.

ACYF gratefully acknowledges the priorities that were set by state and local agencies to submit these data to the Children's Bureau, and thanks the caseworkers and supervisors who contribute to and use their state's information system. The time and effort dedicated by these and other individuals are the foundation of this successful federal-state partnership.

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Summary

Overview

All 50 states, the District of Columbia, and the U.S. Territories have child abuse and neglect reporting laws that mandate certain professionals and institutions to refer suspected maltreatment to a child protective services (CPS) agency.

Each state has its own definitions of child abuse and neglect that are based on standards set by federal law. Federal legislation provides a foundation for states by identifying a set of acts or behaviors that define child abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.§5101), as amended by the CAPTA Reauthorization Act of 2010 (P.L. 111-320), retained the existing definition of child abuse and neglect as, at a minimum:

> *Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.*

Most states recognize four major types of maltreatment: neglect, physical abuse, psychological maltreatment, and sexual abuse. Although any of the forms of child maltreatment may be found separately, they can occur in combination.

What is the National Child Abuse and Neglect Data System (NCANDS)?

NCANDS is a federally sponsored effort that collects and analyzes annual data on child abuse and neglect. The 1988 CAPTA amendments directed the U.S. Department of Health and Human Services to establish a national data collection and analysis program. The Children's Bureau in the Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, collects and analyzes the data.

The data are submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) 2015 data is the 26th issuance of this annual publication.

How are the data used?

NCANDS data are used for the *Child Maltreatment* report series. In addition, data collected by NCANDS are a critical source of information for many publications, reports, and activities of the federal government and other groups. Data from NCANDS are used in the *Child Welfare Outcomes: Report to Congress*, and to measure the performance of several federal programs.

What data are collected?

Once an allegation (called a referral) of abuse and neglect is received by a CPS agency, it is either screened in for a response by CPS or it is screened out. A screened-in referral is called a report. CPS agencies respond to all reports. In most states, the majority of reports receive investigations, which determines if a child was maltreated or is at-risk of maltreatment and establishes whether an intervention is needed. Some reports receive alternative responses, which focus primarily upon the needs of the family and do not determine if a child was maltreated or is at-risk of maltreatment.

NCANDS collects case-level data on all children who received a CPS agency response in the form of an investigation response or an alternative response. Case-level data include information about the characteristics of screened-in referrals (reports) of abuse and neglect that are made to CPS agencies, the children involved, the types of maltreatment they suffered, the dispositions of the CPS responses, the risk factors of the child and the caregivers, the services that are provided, and the perpetrators.

Where are the data available?

The Child Maltreatment reports are available on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment. If you have questions or require additional information about this report, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1–800–394–3366. Restricted use files of NCANDS data are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University. Researchers who are interested in using these data for statistical analyses may contact NDACAN by phone at 607–255–7799 or by email at ndacan@cornell.edu.

How many allegations of maltreatment were reported and received an investigation response or alternative response?

During FFY 2015, CPS agencies received an estimated 4.0 million referrals involving approximately 7.2 million children. Among the 44 states that reported both screened-in and screened-out referrals, 58.2 percent of referrals were screened in and 41.8 percent were screened out. For FFY 2015, 2.2 million referrals were screened in for a CPS response. The national rate of screened-in referrals (reports) was 30.1 per 1,000 children in the national population.

Who reported child maltreatment?

For 2015, professionals made approximately three-fifths (63.4%) of reports alleging child abuse and neglect. The term professional means that the person had contact with the alleged child maltreatment victim as part of his or her job. This term includes teachers, police officers, lawyers, and social services staff. The highest percentages of reports came from education personnel (18.4%), legal and law enforcement personnel (18.2%), and social services personnel (10.9%).

Nonprofessionals—including friends, neighbors, and relatives—submitted one fifth of reports (18.2%). Unclassified sources submitted the remaining one-fifth of reports (18.3%). Unclassified includes anonymous, "other," and unknown report sources. States use the code "other" for any report source

that does not have an NCANDS designated code. See Appendix D, State Commentary for additional information provided by the states as to what is included in "other."

Who were the child victims?

Fifty-two states submitted data to NCANDS about the dispositions of children who received one or more CPS responses. For FFY 2015, approximately 3.4 million children were the subjects of at least one report. More than four-fifths of these children (83.9%) were the subject of only one report, 12.5% were the subject of two reports, and less than 4 percent (3.6%) were the subject of three or more reports. Approximately one-fifth of children were found to be victims with dispositions of substantiated (17.3%) and indicated (0.7%). The remaining children were determined to be nonvictims of maltreatment. For FFY 2015, there were a nationally reported 683,000 (rounded) victims of child abuse and neglect. The victim rate was 9.2 victims per 1,000 children in the population. Victim demographics include:

- Children in their first year of life had the highest rate of victimization at 24.2 per 1,000 children of the same age in the national population.
- The majority of victims consisted of three races or ethnicities—White (43.2%), Hispanic (23.6%), and African-American (21.4%).
- More than 90 percent (93.3%) of victims were found to be victims in one report, and fewer than seven percent of victims (6.7%) were found to be victims in more than one report.

For details on how child victims are counted in this report, including changes to previous definitions, please see Chapter 3.

What were the most common types of maltreatment?

As in prior years, the greatest percentages of children suffered from neglect (75.3%) and physical abuse (17.2%). A child may have suffered from multiple forms of maltreatment. A victim who suffered more than one type of maltreatment was counted only once per type.

How many children died from abuse or neglect?

Child fatalities are the most tragic consequence of maltreatment. For FFY 2015, 49 states reported 1,585 fatalities. Based on these data, a nationally estimated 1,670 children died from abuse and neglect. According to the analyses performed on the child fatalities for whom case-level data were obtained:

- The national rate of child fatalities was 2.25 deaths per 100,000 children.
- Nearly three-quarters (74.8%) of all child fatalities were younger than 3 years old.
- Boys had a higher child fatality rate than girls at 2.42 boys per 100,000 boys in the population. Girls had a child fatality rate of 2.09 per 100,000 girls in the population.
- Almost 90 percent (87.4%) of child fatalities were comprised of White (42.3%), African-American (30.6%), and Hispanic (14.5%) victims.
- Four-fifths (77.7%) of child fatalities involved at least one parent.

Who abused and neglected children?

A perpetrator is the person who is responsible for the abuse or neglect of a child. Fifty-one states reported 522,476 perpetrators. According to the analyses performed on the perpetrators for whom case-level data were obtained:

- More than four-fifths (83.4%) of perpetrators were between the ages of 18 and 44 years.
- More than one-half (54.1%) of perpetrators were women, 45.0 percent of perpetrators were men, and 0.9 percent were of unknown sex.
- The three largest percentages of perpetrators were White (48.7%), African-American (20.0%), or Hispanic (19.5%).
- Fewer than 8 percent (7.0%) of perpetrators were involved in more than one report.
- More than three-fifths (61.5%) of perpetrators maltreated one victim, more than one-fifth (21.5%) maltreated two victims, and the remaining 17 percent maltreated three or more victims.

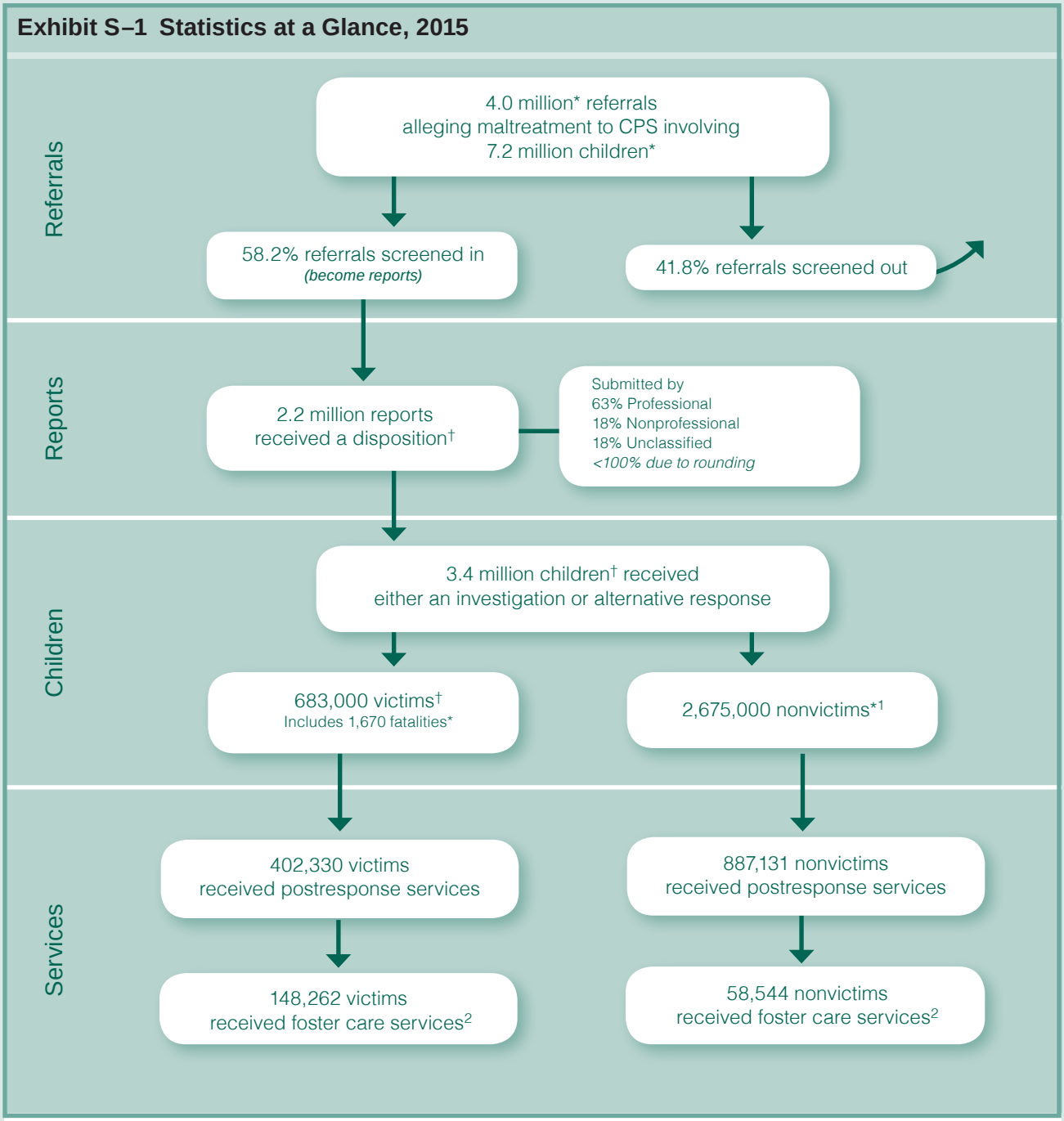
Who received services?

CPS agencies provide services to children and their families, both in their homes and in foster care. Reasons for providing services may include 1) preventing future instances of child maltreatment and 2) remedying conditions that brought the children and their family to the attention of the agency. During 2015:

- Forty-seven states reported approximately 2.3 million children received prevention services.
- Approximately 1.3 million children received postresponse services from a CPS agency.
- Two-thirds (61.9%) of victims and one-third (29.7%) of nonvictims received postresponse services.

A one-page chart of key statistics from the annual report is provided on the following page.

Exhibit S–1 Statistics at a Glance, 2015



* *Indicates a nationally estimated number.*

† *Indicates a rounded number. Please refer to the relevant chapter notes for information regarding how the estimates were calculated. Average 1.82 children per referral.*

1 *The estimated number of unique nonvictims was calculated by subtracting the unique count of estimated victims from the unique count of estimated children.*

2 *The method for this analysis changed from prior years. Please see chapter 6, Services for more information.*

Introduction

CHAPTER 1

Child abuse and neglect is one of the Nation's most serious concerns. The Children's Bureau in the Administration on Children, Youth and Families, the Administration for Children and Families within the U.S. Department of Health and Human Services (HHS), addresses this important issue in many ways. The Children's Bureau strives to ensure the safety, permanency, and well-being of all children by working with state, tribal, and local agencies to develop programs to prevent child abuse and neglect. The Children's Bureau awards funds to states and tribes on a formula basis and to individual organizations that successfully apply for discretionary funds.

Child Maltreatment 2015 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2015. The data were collected and analyzed through the National Child Abuse and Neglect Data System (NCANDS), which is an initiative of the Children's Bureau. Because NCANDS contains all screened-in referrals to CPS agencies that received a disposition, including those that received an alternative response, these data represent the universe of known child maltreatment cases for FFY 2015.

Background of NCANDS

CAPTA was amended in 1988 to direct the Secretary of HHS to establish a national data collection and analysis program, which would make available state child abuse and neglect reporting information.[1] HHS responded by establishing NCANDS as a voluntary national reporting system. During 1992, HHS produced its first NCANDS report based on data from 1990. The Child Maltreatment report series evolved from that initial report and is now in its 26th edition. During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data, to the extent practicable, about children who had been maltreated. These data elements were incorporated into NCANDS. The required CAPTA data items are listed in appendix A.

The CAPTA Reauthorization Act of 2010 added new data collection requirements.[2] NCANDS is subject to the Office of Management and Budget approval process to renew existing data elements and to add new ones. This process occurs every 3 years. The most recent renewal in which new elements were added occurred during September 2012 when six fields were added to NCANDS—four to the Child File and two to the Agency File. The six new fields were implemented to comply with CAPTA and improve data quality—two fields added time stamps related to the receipt of a referral and the start of an investigation or assessment, two fields added dates for a discharge from foster care and child

[1] *Child Abuse Prevention, Adoption and Family Services Act of 1988, 42 U.S.C. §5101 et seq.; 42 U.S.C. 5116 et seq, (1988).*
[2] *The CAPTA Reauthorization Act of 2010, 42 U.S.C. §5106a (2010).*

fatality, and two fields asked for counts of children eligible and referred to early intervention services. As of FFY 2015, most states are reporting data in the new fields.

A successful federal-state partnership is the core component of NCANDS. Each state designates one person to be the NCANDS state contact. The NCANDS state contacts from all 52 states work with the Children's Bureau and the NCANDS Technical Team to uphold the high-quality standards associated with NCANDS data. Webinars, technical bulletins, virtual meetings, email, listserv discussions, and phone conferences are used regularly to facilitate information sharing and provision of technical assistance.

Future Reporting to NCANDS

In May 2015, President Obama signed into law the Justice for Victims of Trafficking Act of 2015 (P.L. 114–22). The new law includes an amendment to CAPTA that requires each state to report, to the maximum extent practicable, the number of children determined to be victims of sex trafficking. This new requirement will be added to NCANDS, and the NCANDS Technical Team will disseminate guidance from the Children's Bureau and work with the states to implement this new field during the next few years.

Annual Data Collection Process

The NCANDS reporting year is based on the FFY calendar, which for Child Maltreatment 2015 was October 1, 2014, through September 30, 2015. States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Each state's file only includes completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year. The data submission containing these case-level data is called the Child File.

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and are often gathered from agencies external to CPS. States are asked to submit both the Child File and the Agency File each year. In prior years, states that were not able to submit case-level data in the Child File submitted an aggregate data file called the Summary Data Component (SDC). Because all states now have the capacity to submit case-level data, the SDC was discontinued as of the 2012 data collection.

For FFY 2015, data were received from 52 states (unless otherwise noted, the term "states" includes the District of Columbia and the Commonwealth of Puerto Rico). All states submitted both a Child File and an Agency File.

Upon receipt of data from each state, a technical validation review is conducted to assess the internal consistency of the data and to identify probable causes for missing data. In some instances, the reviews concluded that corrections were necessary and the state was requested to resubmit its data. Once a state's case-level data are finalized, counts are computed and shared with the state. The Agency File data also are subjected to various logic and consistency checks. (See appendix C for additional information regarding data submissions.)

With each Child Maltreatment report, the most recent population data from the U.S. Census Bureau are used to update all data years in each trend table. Wherever possible, trend tables encompass 5 years of data.[3] The most recent data submissions or resubmissions from states also are included in trend tables. This may account for some differences in the counts from previously released reports. According to the U.S. Census Bureau, the population of the 52 states that submitted FFY 2015 data accounts for more than 74 million children (See table C–2).

NCANDS as a Resource

The NCANDS data are a critical source of information for many publications, reports, and activities of the federal government, child welfare personnel, researchers, and others. Some examples of programs and reports that use NCANDS data are discussed below. More information about these reports and programs are available on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb.

- Child Welfare Outcomes: Report to Congress—This report presents information on state and national performance in seven outcome categories. The Child Welfare Outcomes Report originally reported on 12 measures established to assess performance on the seven outcome categories.

  Data for the original Child Welfare Outcomes measures and the majority of the context data in this report come from NCANDS and the Adoption and Foster Care Analysis and Reporting System (AFCARS). The reports are available on the Children's Bureau's website at http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/cwo.

- Child and Family Services Reviews (CFSRs)—The Children's Bureau conducts periodic reviews of state child welfare systems to ensure conformity with federal requirements, determine what is happening with children and families who are engaged in child welfare services, and assist states with helping children and families achieve positive outcomes. States develop Program Improvement Plans to address areas revealed by the CFSR as in need of improvement. For CFSR Round 3, NCANDS data are the basis for two of the CFSR national data indicators: Recurrence of Maltreatment and Maltreatment in Foster Care.

- Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)—This program was created from the Patient Protection and Affordable Care Act (P.L. 111–148). The Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) partnered to implement the program. The program's goal is to provide an opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. Grantees must demonstrate improvement in several areas including prevention of child abuse and neglect.

  NCANDS data are used to assess improvement in three measures: (1) suspected maltreatment, (2) child abuse and neglect victimization, and (3) first-time victimization. Program information and grant opportunities are available on the HRSA MIECHV website at http://mchb.hrsa.gov/index.html.

[3] *U.S. Census Bureau, Population division. (2016). SC-EST2015-alldata6: State Characteristics datasets: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2015 [data file]. Retrieved from http://www.census.gov/popest/data/state/asrh/2015/index.html*
U.S. Census Bureau, Population Division. (2016). Annual Estimates of the Resident Population by Single Year of Age and Sex for the Puerto Rico Commonwealth: April 1, 2010 to July 1, 2015 [data file]. Retrieved from http://www.census.gov/popest/data/puerto_rico/asrh/2015/index.html

The NCANDS data also are used for several performance measures published annually as part of the ACF Annual Budget Request to Congress, which highlights certain key performance measures in compliance with the Government Performance and Results Modernization Act (GPRAMA, 2010). This act is based on the Government Performance and Results Act of 1993 and is for agencies to produce strategic plans, performance plans, and conduct annual reviews of the agency's success or failure in meeting targeted performance goals. Specific measures on which ACF reports using NCANDS data include:

- Decrease the rate of first-time victims per 1,000 children in the population.
- Decrease the percentage of children with substantiated or indicated reports of maltreatment that have a repeated substantiated or indicated report of maltreatment within six months.
- Improve states' average response time between maltreatment report and investigation, based on the median of states' reported average response time in hours from screened-in reports to the initiation of the investigation.

The National Data Archive on Child Abuse and Neglect (NDACAN) was established by the Children's Bureau to encourage scholars to use existing child maltreatment data in their research. NDACAN acquires data sets from national data collection efforts and from individual researchers, prepares the data and documentation for secondary analysis, and disseminates the data sets to qualified researchers who have applied to use the data. NDACAN houses the NCANDS's Child Files and Agency Files and licenses researchers to use the data sets. Please note that NDACAN serves as the repository for the NCANDS data sets, but is not the author of the Child Maltreatment report series. More information is available at http://www.ndacan.cornell.edu.

In addition, NCANDS data are provided to other agencies as part of federal initiatives, including Healthy People 2020, America's Children: Key National Indicators of Well-Being, and My Brother's Keeper Task Force.

Structure of the Report

Many tables include 5 years of data to facilitate trend analyses. To accommodate the space needed to display the child maltreatment data, population data (when applicable) may not appear with the table and are available in appendix C. Tables with multiple categories or years of data have numbers presented separately from percentages or rates to make it easier to compare numbers, percentages, or rates across columns or rows.

By making changes designed to improve the functionality and practicality of the report each year, the Children's Bureau endeavors to increase readers' comprehension and knowledge about child maltreatment. Feedback regarding changes made this year, suggestions for potential future changes, or other comments related to the Child Maltreatment report are encouraged. Feedback may be provided to the Children's Bureau's Child Welfare Information Gateway at info@childwelfare.gov. The Child Maltreatment 2015 report contains the additional chapters listed below. Most data tables and notes discussing methodology are located at the end of each chapter:

- Chapter 2, Reports—referrals and reports of child maltreatment
- Chapter 3, Children—characteristics of victims and nonvictims
- Chapter 4, Fatalities—fatalities that occurred as a result of maltreatment
- Chapter 5, Perpetrators—perpetrators of maltreatment
- Chapter 6, Services—services to prevent maltreatment and to assist children and families

The following resources also are included in this report:

- Appendix A, Required CAPTA Data Items—the list of data items from the CAPTA Reauthorization Act of 2010 that states submit to NCANDS
- Appendix B, Glossary—common terms and acronyms used in NCANDS and their definitions
- Appendix C, State Characteristics—child and adult population data and information about states administrative structures and levels of evidence
- Appendix D, State Commentary—information about state policies, procedures, and legislation that may affect data

Readers are urged to use state commentaries as a resource for additional context to the chapters' text and data tables. Appendix D also includes phone and email information for each NCANDS state contact person. Readers who would like additional information about specific policies or practices are encouraged to contact the respective states.

Reports

CHAPTER 2

This chapter presents statistics about referrals alleging child abuse and neglect and how child protective services (CPS) agencies respond to those allegations. Most CPS agencies use a two-step process to respond to allegations of child maltreatment: (1) screening and (2) investigation and alternative response. A CPS agency receives an initial notification—called a referral—alleging child maltreatment. A referral may involve more than one child. Agency hotline or intake units conduct the screening response to determine whether a referral is appropriate for further action.

Screening

A referral may be either screened in or screened out. Referrals that meet CPS agency criteria are screened in and receive an investigation or alternative response from the agency. Referrals that do not meet agency criteria are screened out or diverted from CPS to other community agencies. Reasons for screening out a referral vary by state policy, but may include one or more of the following:

- did not concern child abuse and neglect
- did not contain enough information for a CPS response to occur
- response by another agency was deemed more appropriate
- children in the referral were the responsibility of another agency or jurisdiction (e.g., military installation or tribe)
- children in the referral were older than 18 years

During FFY 2015, CPS agencies across the nation received an estimated 4.0 million referrals, a 15.5 percent increase since 2011. The percent change was calculated using the national estimates for FFY 2011 and FFY 2015. The national estimate of 4.0 million referrals, including approximately 7.2 million children, was based on a national referral rate of 53.2 referrals per 1,000 children in the population. (See exhibit 2–A and related notes.)

For FFY 2015, 44 states reported both screened-in and screened-out referral data. (See table 2–1 and related notes.) Those states screened in 58.2 percent and screened out 41.8 percent of referrals. Fifteen states screened in more than the national percentage with screen-in rates ranging from 60.7 to 98.4 percent. Readers are encouraged to view state comments in appendix D for additional information about states' screening policies.

Exhibit 2–A Referral Rates, 2011–2015

Year	Reporting States	Child Population of Reporting States	Screened-In Referrals (Reports)	Screened-Out Referrals	Total Referrals	Total Referrals Rate per 1,000 Children	Child Population of all 52 States	National Estimate of Total Referrals
2011	44	58,971,421	1,642,954	1,057,136	2,700,090	45.8	74,783,709	3,425,000
2012	44	58,860,185	1,693,623	1,123,550	2,817,173	47.9	74,546,847	3,571,000
2013	44	58,824,965	1,703,648	1,179,468	2,883,116	49.0	74,399,539	3,646,000
2014	44	58,900,914	1,766,787	1,228,602	2,995,389	50.9	74,371,086	3,785,000
2015	44	59,011,199	1,826,820	1,310,716	3,137,536	53.2	74,382,502	3,957,000

Screened-out referral data are from the SDC or the Agency File and screened-in referral data are from the Child File or the SDC.

This table includes only those states that reported both screened-in and screened-out referrals. States that reported 100.0 percent of referrals as screened in were excluded and will receive technical assistance to help them identify and report screened-out referrals. This is a change from prior reports.

The national referral rate was calculated for each year by dividing the number of total referrals from reporting states by the child population in reporting states. The result was multiplied by 1,000. The national estimate of total referrals was based upon the rate of referrals multiplied by the national population of all 52 states. The result was divided by 1,000 and rounded to the nearest 1,000.

Investigations and Alternative Responses

Screened-in referrals are called reports. In most states, the majority of reports receive an investigation. This response includes assessing the allegation of maltreatment according to state law and policy. The primary purpose of the investigation is twofold: (1) to determine whether the child was maltreated or is at-risk of being maltreated and (2) to determine if services are needed and which services to provide.

In some states, reports (screened-in referrals) may receive an alternative response. This response is usually reserved for instances where the child is at a low or moderate risk of maltreatment. The primary purpose of the alternative response is to focus on the service needs of the family.

In the National Child Abuse and Neglect Data System (NCANDS), both investigations and alternative responses receive a CPS finding also known as a disposition. Nationally for FFY 2015, 2.2 million (rounded) reports (screened-in referrals) received dispositions. This is a 9.3 percent increase from the 2011 national estimate of 2.0 million reports that received dispositions. The percent change was calculated using the national estimates for FFY 2011 and FFY 2015. (See exhibit 2–B and related notes.)

Exhibit 2–B Report Disposition Rates, 2011–2015

Year	Reporting States	Child Population of Reporting States	Reports with a Disposition from Reporting States	National Disposition Rate per 1,000 Children	Child Population of all 52 States	National Rounded Number of Reports with a Disposition
2011	52	74,783,709	2,045,615	27.4	74,783,709	2,046,000
2012	52	74,546,847	2,103,428	28.2	74,546,847	2,103,000
2013	52	74,399,539	2,102,660	28.3	74,399,539	2,103,000
2014	52	74,371,086	2,163,643	29.1	74,371,086	2,164,000
2015	52	74,382,502	2,236,837	30.1	74,382,502	2,237,000

Data are from the Child File or the SDC.

The national disposition rate was calculated for each year by dividing the number of reports with a disposition by the child population in reporting states. The result was multiplied by 1,000. Because all 52 states reported disposition data, the national estimate for the number of reports with a disposition is the number of reports with a disposition rounded to the nearest 1,000.

Report Sources

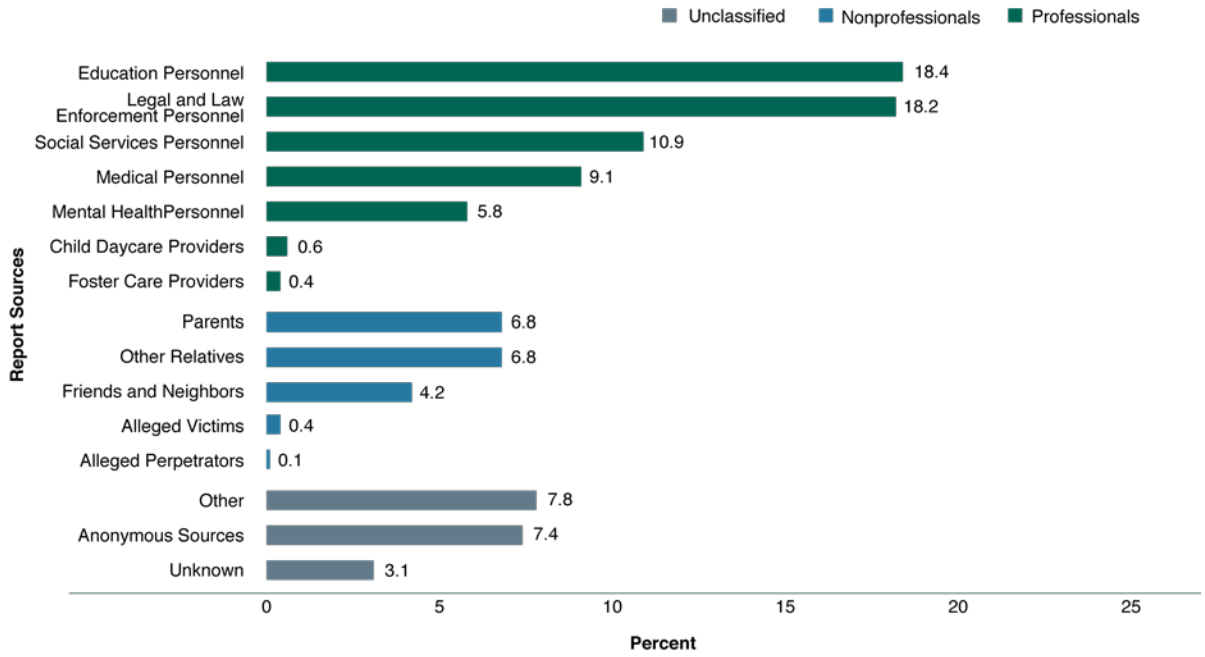
A report source is defined as the role of the person who notified a CPS agency of the alleged child abuse and neglect in a referral. Only those sources in reports (screened-in referrals) that received an investigation or alternative response are submitted to NCANDS. To facilitate comparisons, report sources are grouped into three categories: professional, nonprofessional, and unclassified.

Professional report sources are persons who encountered the child as part of their occupation, such as child daycare providers, educators, legal and law enforcement personnel, and medical personnel. State laws require most professionals to notify CPS agencies of suspected maltreatment. Nonprofessional report sources are persons who did not have a relationship with the child based on their occupation, such as friends, relatives, and neighbors. State laws vary as to whether nonprofessionals are required to report suspected abuse and neglect. Unclassified includes anonymous, "other," and unknown report sources. States use the code of "other" for any report source that does not have an NCANDS designated code. According to comments provided by the states, the "other" report source category might include such sources as religious leader, Temporary Assistance for Needy Families staff, landlord, tribal official or member, camp counselor, and private agency staff. Readers are encouraged to review appendix D for additional information as to what is included in the category of "other" report source.

For FFY 2015, professionals submitted 63.4 percent of reports. The highest percentages of reports came from education personnel (18.4%), legal and law enforcement personnel (18.2%), and social services personnel (10.9%). (See exhibit 2–C and related notes.) Nonprofessionals submitted approximately one-fifth of reports (18.2%) and included other relatives (6.8%), parents (6.8%), and friends and neighbors (4.2%). Unclassified sources submitted the remaining reports (18.3%).

Exhibit 2–C Report Sources, 2015

Professionals submitted the majority of referrals that received an investigation or alternative response.



Data are from the Child File. Data are from 51 states. States were excluded from this analysis if more than 50 percent of reports were coded as "other" report source or more than 50 percent had an unknown report source.

CPS Response Time

States' policies usually establish time guidelines or requirements for initiating a CPS response to a report. The response time is defined as the time from the CPS agency's receipt of a referral to the initial face-to-face contact with the alleged victim. States have either a single response timeframe for all reports or different timeframes for different types of reports. High-priority responses are often stipulated to occur within 24 hours; lower priority responses may occur within several days.

Based on data from 40 states, the FFY 2015 average response time was 79 hours or 3.3 days; the median response time was 71 hours or 3.0 days. (See table 2–2 and related notes.) The response time data have fluctuated during the past 5 years, due in part to the number of states that submitted data for each year. In addition, some states made improvements to state systems that enabled a more accurate calculation of response time.

CPS Workforce and Caseload

Given the large number and the complexity of CPS responses that are conducted each year, there is ongoing interest in the size of the workforce that performs CPS functions. In most agencies, different groups of workers conduct screening, investigations, and alternative responses. However, in some agencies, one worker may perform all or any combination of those functions and may provide additional services. Due to limitations in states' information systems and the fact that workers may conduct more than one function in a CPS agency, the data in the workforce and caseload tables vary among the states. Some states may report authorized positions while other states may report a "snapshot" or the actual number of workers on a given day. The Children's Bureau has provided guidance to the states to submit data for workers as full-time equivalents when possible and will continue to provide technical assistance.

For FFY 2015, 44 states reported a total workforce of 33,996. Thirty-nine states reported the number of specialized intake and screening workers. The number of investigation and alternative response workers was computed by subtracting the reported number of intake and screening workers from the reported total workforce number. (See table 2–3 and related notes.)

Using the data from the same 39 states that reported on workers with specialized functions, investigation and alternative response workers completed an average of 72 CPS responses per worker for FFY 2015. As CPS agencies realign their workforce to improve the multiple types of CPS responses they provide, the methodologies for estimating caseloads may become more complex. (See table 2–4 and related notes.)

Exhibit and Table Notes

The following pages contain the data tables referenced in Chapter 2. Specific information about state submissions can be found in appendix D. Additional information regarding the exhibits and tables is provided below.

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues.
- Rates are per 1,000 children in the population.

- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in appendix C.
- National totals and calculations appear in a single row labeled "National" instead of separate rows labeled total, rate, or percent.

Table 2–1 Screened-In and Screened-Out Referrals, 2015

- Screened-out referral data are from the Agency File, and screened-in referral data are from the Child File.
- This table includes screened-in referral data from all states and screened-out referral data from reporting states. Rates and percentages were calculated for only those states that reported both screened-in and screened-out referrals. This is a change from prior reports.
- The national referral rate is based on the number of total referrals divided by the child population (see table C–2) of reporting states and multiplying by 1,000.
- The national estimate of total referrals is based on the rate of referrals multiplied by the national child population of all 52 states. The result was divided by 1,000 and rounded to the nearest 1,000.
- The national estimate of children included in referrals was calculated by multiplying the average number of children included in a screened-in referral (see next bullet) by the number of estimated referrals (see exhibit 2–A). The result was rounded to the nearest 1,000.
- For FFY 2015, the average number of children included in a referral was 1.82. The average number of children included in a referral was calculated by dividing the number of duplicate children who received a disposition (see table 3–2) by the number of reports with a disposition (see exhibit 2–B).

Table 2–2 Average Response Time in Hours, 2011–2015

- Data are from the Agency File or the SDC.
- The national average response time was calculated by summing the response times from the states and dividing the total by the number of states reporting. The result was rounded to the nearest whole number.
- The national median was calculated by sorting the values and finding the middle point.

Table 2–3 Child Protective Services Workforce, 2015

- Data are from the Agency File.
- Some states were able to provide the total number of CPS workers, but not the specifics on worker functions as classified by NCANDS.

Table 2–4 Child Protective Services Caseload, 2015

- Data are from the Child File and the Agency File.
- The number of completed reports per investigation and alternative response worker was based on the number of completed reports, divided by the number of investigation and alternative response workers, and rounded to the nearest whole number.
- The national number of reports per worker was based on the total of completed reports for the reporting states, divided by the total number of investigation and alternative response workers, and rounded to the nearest whole number.

Table 2–1 Screened-in and Screened-out Referrals, 2015

State	Screened-in Referrals (Reports)	Screened-out Referrals	Total Referrals	Screened-in Referrals (Reports) Percent	Screened-out Referrals Percent	Total Referrals Rate per 1,000 Children
Alabama	21,722	345	22,067	98.4	1.6	20.0
Alaska	7,600	7,326	14,926	50.9	49.1	80.1
Arizona	43,961	17,642	61,603	71.4	28.6	38.0
Arkansas	33,251	18,989	52,240	63.7	36.3	74.1
California	235,297	144,509	379,806	62.0	38.0	41.6
Colorado	29,219	52,109	81,328	35.9	64.1	64.7
Connecticut	17,434	21,881	39,315	44.3	55.7	51.5
Delaware	7,121	11,288	18,409	38.7	61.3	90.1
District of Columbia	5,735	8,939	14,674	39.1	60.9	124.2
Florida	160,733	57,162	217,895	73.8	26.2	53.1
Georgia	82,050	26,668	108,718	75.5	24.5	43.4
Hawaii	2,108	-	2,108	-	-	-
Idaho	8,525	11,159	19,684	43.3	56.7	45.5
Illinois	66,866	-	66,866	-	-	-
Indiana	107,223	69,490	176,713	60.7	39.3	111.9
Iowa	23,672	23,827	47,499	49.8	50.2	65.2
Kansas	23,666	14,843	38,509	61.5	38.5	53.5
Kentucky	55,209	45,885	101,094	54.6	45.4	99.9
Louisiana	25,364	20,638	46,002	55.1	44.9	41.3
Maine	8,785	7,684	16,469	53.3	46.7	64.2
Maryland	20,623	30,726	51,349	40.2	59.8	38.1
Massachusetts	46,116	34,319	80,435	57.3	42.7	58.0
Michigan	93,646	55,468	149,114	62.8	37.2	67.6
Minnesota	24,262	52,523	76,785	31.6	68.4	59.8
Mississippi	24,612	5,158	29,770	82.7	17.3	41.0
Missouri	66,121	17,691	83,812	78.9	21.1	60.2
Montana	8,695	7,816	16,511	52.7	47.3	72.9
Nebraska	12,192	19,875	32,067	38.0	62.0	68.2
Nevada	15,900	17,235	33,135	48.0	52.0	49.5
New Hampshire	9,005	5,569	14,574	61.8	38.2	55.2
New Jersey	57,180	-	57,180	-	-	-
New Mexico	21,798	19,057	40,855	53.4	46.6	82.2
New York	156,994	-	156,994	-	-	-
North Carolina	69,213	-	69,213	-	-	-
North Dakota	3,790	-	3,790	-	-	-
Ohio	79,215	93,230	172,445	45.9	54.1	65.6
Oklahoma	36,941	42,206	79,147	46.7	53.3	82.3
Oregon	28,037	38,063	66,100	42.4	57.6	76.6
Pennsylvania	36,223	-	36,223	-	-	-
Puerto Rico	17,643	-	17,643	-	-	-
Rhode Island	6,649	6,396	13,045	51.0	49.0	61.8
South Carolina	26,114	7,318	33,432	78.1	21.9	30.6
South Dakota	2,560	13,238	15,798	16.2	83.8	74.8
Tennessee	74,669	40,245	114,914	65.0	35.0	76.7
Texas	183,696	46,771	230,467	79.7	20.3	32.0
Utah	20,680	18,489	39,169	52.8	47.2	42.9
Vermont	4,676	14,048	18,724	25.0	75.0	156.1
Virginia	32,395	39,901	72,296	44.8	55.2	38.7
Washington	38,810	55,913	94,723	41.0	59.0	58.8
West Virginia	20,988	16,634	37,622	55.8	44.2	99.1
Wisconsin	28,647	48,855	77,502	37.0	63.0	59.9
Wyoming	3,206	3,588	6,794	47.2	52.8	48.9
National	**2,236,837**	**1,310,716**	**3,547,553**	**-**	**-**	**-**
National for States Reporting both Screened-In and Screened-Out Referrals	**1,826,820**	**1,310,716**	**3,137,536**	**58.2**	**41.8**	**53.2**

Table 2–2 Average Response Time in Hours, 2011–2015

State	2011	2012	2013	2014	2015
Alabama	42	42	48	47	13
Alaska	-	-	241	321	348
Arizona	-	-	-	-	-
Arkansas	126	120	114	115	98
California	-	-	143	144	142
Colorado	-	-	15	-	-
Connecticut	24	25	26	40	44
Delaware	196	157	167	190	210
District of Columbia	18	16	17	20	19
Florida	10	9	10	10	10
Georgia	-	-	-	-	-
Hawaii	161	169	115	113	113
Idaho	58	62	60	62	61
Illinois	13	17	-	-	-
Indiana	73	69	85	109	103
Iowa	40	39	41	47	48
Kansas	67	76	61	76	76
Kentucky	48	48	54	83	85
Louisiana	196	118	70	76	59
Maine	72	72	72	72	72
Maryland	-	51	67	-	-
Massachusetts	-	-	-	-	-
Michigan	-	-	-	-	41
Minnesota	37	38	55	135	124
Mississippi	119	233	52	41	66
Missouri	26	22	25	24	-
Montana	-	-	-	-	172
Nebraska	210	172	-	103	115
Nevada	13	15	12	16	17
New Hampshire	-	-	-	87	88
New Jersey	18	18	17	18	17
New Mexico	-	-	79	88	76
New York	-	-	-	-	10
North Carolina	-	-	-	-	-
North Dakota	-	-	-	-	-
Ohio	21	11	25	22	31
Oklahoma	80	77	62	53	48
Oregon	-	97	-	-	123
Pennsylvania	-	-	-	-	-
Puerto Rico	-	-	-	-	-
Rhode Island	15	19	13	20	14
South Carolina	72	68	20	24	30
South Dakota	98	105	74	76	78
Tennessee	92	-	141	134	93
Texas	77	65	63	63	63
Utah	86	81	82	81	83
Vermont	89	96	96	88	103
Virginia	-	-	-	-	-
Washington	45	44	45	42	50
West Virginia	-	-	-	27	71
Wisconsin	130	106	108	127	113
Wyoming	24	24	24	24	24
National Average	**73**	**70**	**67**	**76**	**79**
National Median	**67**	**63**	**61**	**72**	**71**

Table 2–3 Child Protective Services Workforce, 2015

State	Intake and Screening Workers	Investigation and Alternative Response Workers	Intake, Screening, Investigation, and Alternative Response Workers
Alabama	84	434	518
Alaska	20	51	71
Arizona	70	1,336	1,406
Arkansas	39	481	520
California	-	-	5,011
Colorado	-	-	-
Connecticut	-	-	-
Delaware	32	98	130
District of Columbia	-	-	142
Florida	-	-	-
Georgia	-	-	-
Hawaii	9	43	52
Idaho	14	200	214
Illinois	44	566	610
Indiana	124	745	869
Iowa	29	214	243
Kansas	65	227	292
Kentucky	105	1,056	1,161
Louisiana	43	205	248
Maine	26	119	145
Maryland	-	-	-
Massachusetts	128	324	452
Michigan	142	1,420	1,562
Minnesota	162	371	533
Mississippi	46	615	661
Missouri	88	506	594
Montana	18	165	183
Nebraska	42	175	217
Nevada	52	208	260
New Hampshire	10	69	79
New Jersey	107	1,153	1,260
New Mexico	46	202	248
New York	-	-	-
North Carolina	155	976	1,131
North Dakota	-	-	-
Ohio	-	-	3,566
Oklahoma	65	560	625
Oregon	55	401	456
Pennsylvania	-	-	2,876
Puerto Rico	28	175	203
Rhode Island	36	58	94
South Carolina	-	-	-
South Dakota	33	45	78
Tennessee	65	949	1,014
Texas	525	3,397	3,922
Utah	28	101	129
Vermont	27	70	97
Virginia	87	542	629
Washington	85	481	566
West Virginia	37	267	304
Wisconsin	190	275	465
Wyoming	-	-	160
National	**2,961**	**19,280**	**33,996**

Table 2–4 Child Protective Services Caseload, 2015

State	Investigation and Alternative Response Workers	Completed Reports (Reports with a Disposition)	Completed Reports per Investigation and Alternative Response Worker
Alabama	434	21,722	50
Alaska	51	7,600	149
Arizona	1,336	43,961	33
Arkansas	481	33,251	69
California	-	-	-
Colorado	-	-	-
Connecticut	-	-	-
Delaware	98	7,121	73
District of Columbia	-	-	-
Florida	-	-	-
Georgia	-	-	-
Hawaii	43	2,108	49
Idaho	200	8,525	43
Illinois	566	66,866	118
Indiana	745	107,223	144
Iowa	214	23,672	111
Kansas	227	23,666	104
Kentucky	1,056	55,209	52
Louisiana	205	25,364	124
Maine	119	8,785	74
Maryland	-	-	-
Massachusetts	324	46,116	142
Michigan	1,420	93,646	66
Minnesota	371	24,262	65
Mississippi	615	24,612	40
Missouri	506	66,121	131
Montana	165	8,695	53
Nebraska	175	12,192	70
Nevada	208	15,900	76
New Hampshire	69	9,005	131
New Jersey	1,153	57,180	50
New Mexico	202	21,798	108
New York	-	-	-
North Carolina	976	69,213	71
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	560	36,941	66
Oregon	401	28,037	70
Pennsylvania	-	-	-
Puerto Rico	175	17,643	101
Rhode Island	58	6,649	115
South Carolina	-	-	-
South Dakota	45	2,560	57
Tennessee	949	74,669	79
Texas	3,397	183,696	54
Utah	101	20,680	205
Vermont	70	4,676	67
Virginia	542	32,395	60
Washington	481	38,810	81
West Virginia	267	20,988	79
Wisconsin	275	28,647	104
Wyoming	-	-	-
National	**19,280**	**1,380,204**	**72**

Children

CHAPTER 3

This chapter discusses the children who were the subjects of reports (screened-in referrals) and the characteristics of those who were found to be victims of abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C. §5101), as amended by the CAPTA Reauthorization Act of 2010 (P.L.111–320), retained the existing definition of child abuse and neglect as, at a minimum:

> *Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.*

Each state defines the types of child abuse and neglect in its statutes and policies. Child protective services (CPS) agencies determine the appropriate response for the alleged maltreatment based on those statutes and policies. In most states, the majority of reports receive an investigation. An investigation response results in a determination (also known as a disposition) about the alleged child maltreatment. The two most prevalent dispositions are:

- Substantiated: An investigation disposition that concludes the allegation of maltreatment or risk of maltreatment was supported or founded by state law or policy.
- Unsubstantiated: An investigation disposition that concludes there was not sufficient evidence under state law to conclude or suspect that the child was maltreated or at-risk of being maltreated.

Less commonly used dispositions for investigation responses include:

- Indicated: A disposition that concludes maltreatment could not be substantiated under state law or policy, but there was a reason to suspect that at least one child may have been maltreated or was at-risk of maltreatment. This is applicable only to states that distinguish between substantiated and indicated dispositions.
- Intentionally false: A disposition that concludes the person who made the allegation of maltreatment knew that the allegation was not true.
- Closed with no finding: A disposition that does not conclude with a specific finding because the CPS response could not be completed. This disposition is often assigned when CPS is unable to locate the alleged victim.

- Other: States may use the category of "other" if none of the above is applicable. Several states use this disposition when the results of an investigation are uncertain, inconclusive, or unable to be determined.

State statutes also establish the level of evidence needed to determine a disposition of substantiated or indicated. (See appendix C for each state's level of evidence.) These statutes influence how CPS agencies respond to the safety needs of the children who are the subjects of child maltreatment reports.

Alternative Response

In some states, reports of maltreatment may not be investigated, but are instead assigned to an alternative track, called alternative response, family assessment response, or differential response. Cases assigned this response often include early determinations that the children have a low or moderate risk of maltreatment. Alternative responses usually include the voluntary acceptance of CPS services and the mutual agreement of family needs. These cases do not result in a formal determination regarding the maltreatment allegation or alleged perpetrator. In the National Child Abuse and Neglect Data System (NCANDS) the term disposition is used when referring to both investigation response and alternative response. In NCANDS, alternative response is defined as:

- Alternative response: The provision of a response other than an investigation that determines if a child or family is in need of services. A determination of maltreatment is not made and a perpetrator is not determined.

In previous Child Maltreatment reports, children who received an alternative response were presented separately as alternative response victims and alternative response nonvictims. However, beginning with *Child Maltreatment 2015*, all children reported to NCANDS as either alternative response victim or alternative response nonvictim are presented in a single category without reference to the victim status. This was done to better align NCANDS' use of the alternative response data to child welfare practice, which does not determine if the child was a victim.

Variations in how states define and implement alternative response programs continue to emerge. For example, several states mentioned in their commentary (appendix D) that they have an alternative response program that is not reported to NCANDS. For some of these states, the alternative response programs provide services for families regardless of whether there were any allegations of child maltreatment. Some states restrict who can receive an alternative response by the type of abuse. For example, several states mention that children who are alleged victims of sexual abuse must receive an investigation response and are not eligible for an alternative response. Another variation in reporting or reason why alternative response program data may not be reported to NCANDS is that the program may not be implemented statewide. To test implementation feasibility, states often first pilot or rollout programs in select counties. Full implementation may depend on the results of the initial pilot or rollout. Some states, or counties within states, implemented an alternative response program and terminated the program a few years later. Readers are encouraged to review appendix D for more information about these programs.

In addition, the Child Welfare Information Gateway (Gateway) compiled alternative response research documents, reports from the National Quality Improvement Center on Differential Response (QIC-DR), and examples of state alternative response programs on its website at https://www.childwelfare.gov/topics/responding/alternative.

Unique and Duplicate Counts

Ongoing interest in understanding the outcomes of children and their families—as well as advances in state child welfare information systems—has resulted in the ability to assign a unique identifier, within the state, to each child who receives a CPS response. These unique identifiers enable two ways to count children:

- Duplicate count of children: Counting a child each time he or she was the subject of a report. This count also is called a report-child pair.
- Unique count of children: Counting a child once, regardless of the number times he or she was the subject of a report.

As more states began submitting to NCANDS unique counts of children, the Child Maltreatment report series transitioned from using duplicate counts to unique counts for most analyses. For federal fiscal year (FFY) 2015, all states (52) submitted unique counts of children. Unique counts were used for most analyses in this chapter. Please refer to the table notes for specifics on counts.

Children Who Received an Investigation or Alternative Response
(unique count of children)

An estimated 3.4 million children received either an investigation or alternative response at a rate of 45.1 children per 1,000 in the population. The number of children who received a CPS response increased by 9.0 percent from 2011 to 2015. The percent change was calculated using the national estimates for FFY 2011 and FFY 2015. (See exhibit 3–A, table 3–1, and related notes.) Several states provided an explanation for the increase. (See appendix D.) Those explanations include the implementation of new intake (hotlines or call centers) and screening tools, and some high-profile cases that raised the public's awareness of child maltreatment.

During FFY 2015, approximately 2.9 million children received an investigation and more than five hundred thousand received an alternative response. (See tables 3–2 and 3–3.) For this analysis, if a child received both an investigation and an alternative response, the child was counted in both tables. There are several reasons why a child might receive both types of CPS response. For example, during an alternative response, if new information is uncovered that indicates the child might be at greater risk of harm, the alternative response case could be switched to an investigation, and in some states, a new report will be created. In addition, a child can be in multiple reports during the year and could receive an investigation for one report and an alternative response for another report.

Exhibit 3–A Child Disposition Rates, 2011–2015

Year	Reporting States	Child Population of Reporting States	Reported Children Who Received an Investigation or Alternative Response	National Disposition Rate per 1,000 Children	Child Population of all 52 States	National Estimate of Children Who Received an Investigation or Alternative Response
2011	51	73,920,615	3,047,706	41.2	74,783,709	3,081,000
2012	52	74,546,847	3,171,619	42.5	74,546,847	3,172,000
2013	52	74,399,539	3,183,535	42.8	74,399,539	3,184,000
2014	52	74,371,086	3,260,773	43.8	74,371,086	3,261,000
2015	52	74,382,502	3,358,347	45.1	74,382,502	3,358,000

The number of children is a unique count. The national disposition rate was computed by dividing the number of reported children who received an investigation or alternative response by the child population of reporting states and multiplying by 1,000.

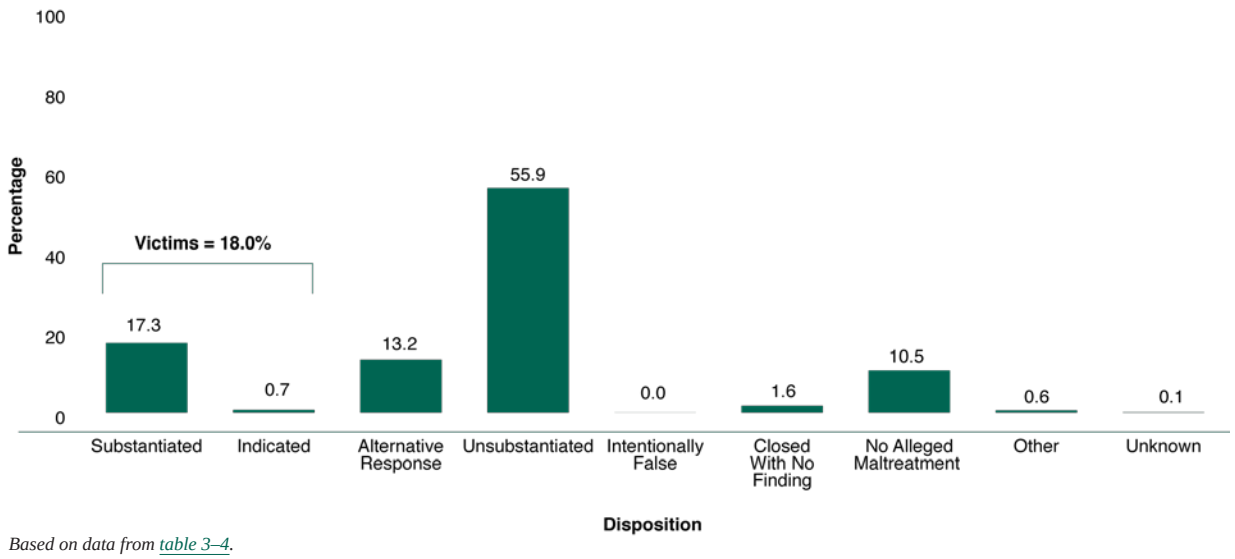
If fewer than 52 states reported data in a given year, the national estimate of children who received an investigation or alternative response was calculated by multiplying the national disposition rate by the child population of all 52 states and dividing by 1,000. The result was rounded to the nearest 1,000. If 52 states reported data in a given year, the number of estimated children who received an investigation or alternative response was calculated by taking the number of reported children who received an investigation or alternative response and rounding it to the nearest 1,000. Because of the rounding rule, the national estimate could have fewer victims than the actual reported number of victims.

Children Who Received an Investigation or Alternative Response by Disposition (duplicate count of children)

For FFY 2015, approximately 4.1 million children (duplicate count) were the subjects of reports (screened-in referrals). A child may be a victim in one report and a nonvictim in another report, and in this analysis, the child would be counted both times. Eighteen percent of these children were classified as victims with dispositions of substantiated (17.3%) and indicated (0.7%). The remaining children were nonvictims. (See table 3–4, exhibit 3–B, and related notes.)

Exhibit 3–B Children Who Received an Investigation or Alternative Response by Disposition, 2015

18% of children who received a disposition were victims



Based on data from table 3–4.

Number of Child Victims (unique count of child victims)

In NCANDS, a victim is defined as a child for whom the state determined at least one maltreatment was substantiated or indicated. This includes a child who died of child abuse and neglect. This is a change for several years, children with alternative response victim dispositions have been included in the NCANDS count of victims and national victimization rates. For the past five years, only three states used this disposition; in FFY 2015, only two states used it. The alternative response victim disposition has often been a source of confusion in the child welfare and research fields because the prevailing practice of alternative response programs does not result in a determination about whether maltreatment occurred and the designation of a victim or perpetrator. In addition, federal outcome measures related to child victimization (e.g., CFSR) have never included children with alternative response victims dispositions in the victim definition. To bring NCANDS in line with child welfare practice and federal performance outcomes, NCANDS will no longer include alternative response victim dispositions in the victim counts. This change will obviously affect previously reported estimates of victimizations as published in the *Child Maltreatment* report. However, the impact will be attributable to just the few states that report children with this disposition. To ensure analyses are comparable across years, the new victim definition was used for trend analyses for FFY 2011 through FFY 2015.

For FFY 2015, there were nationally 683,000 (rounded) victims of abuse and neglect 9.2 victims per 1,000 children in the population. The FFY 2015 national number of victims is 3.8 percent higher than the FFY 2011 national estimate of 658,000. The percent change was calculated using the national estimates for FFY 2011 and FFY 2015. (See exhibit 3–C and related notes.)

At the state level, the percent change ranged from a 50.6 percent decrease to an 84.5 percent increase from FFY 2011 to 2015. Several states provided an explanation for the change across years in the number of victims (see appendix D). Explanations for increases include policy and practice changes such as an increase in staff training and improved intake centers and community changes such as awareness campaigns. Some states also provided explanations for decreases in victimization: staff training, resubmissions to correct previously reported errors, changes in legislation, and implementing or expanding an alternative response program. Please note an explanation for a change may be in a previous year's state commentary. (See table 3–5 and related notes.)

Exhibit 3–C Child Victimization Rates, 2011–2015

Year	Reporting States	Child Population of Reporting States	Victims from Reporting States	National Victimization Rate per 1,000 Children	Child Population of all 52 States	National Estimate of Victims
2011	51	73,920,615	651,180	8.8	74,783,709	658,000
2012	52	74,546,847	656,372	8.8	74,546,847	656,000
2013	52	74,399,539	656,361	8.8	74,399,539	656,000
2014	52	74,371,086	675,693	9.1	74,371,086	676,000
2015	52	74,382,502	683,487	9.2	74,382,502	683,000

The number of victims is a unique count. The national victimization rate was calculated by dividing the number of victims from reporting states by the child population of reporting states and multiplying by 1,000.

If fewer than 52 states reported data in a given year, the national estimate of victims was calculated by multiplying the national victimization rate by the child population of all 52 states and dividing by 1,000. The result was rounded to the nearest 1,000. If 52 states reported data in a given year, the number of estimated victims was calculated by taking the number of reported victims and rounding it to the nearest 1,000. Because of the rounding rule, the national estimate could have fewer victims than the actual reported number of victims.

Exhibit 3–D Children by Number of Screened-In Referrals (Reports), 2015

Number of Reports	Children	Children Percent
1	2,819,052	83.9
2	418,854	12.5
3	89,855	2.7
>3	30,586	0.9
National	**3,358,347**	**100.0**

The number of children is a unique count. Based on data from 52 states. Data are from the Child File.

Exhibit 3–E Victims by Number of Screened-In Referrals (Reports), 2015

Number of Reports	Victims	Victims Percent
1	637,687	93.3
2	41,009	6.0
3	4,165	0.6
>3	626	0.1
National	**683,487**	**100.0**

The number of victims is a unique count. Based on data from 52 states. Data are from the Child File.

Each year during FFY 2011–2015, nearly three-quarters (ranging from 71.6% to 73.2%) of victims did not have a prior history of victimization. (See table 3–6 and related notes.) A common question when looking at child maltreatment data is how often is the same child included in a report (screened-in referral) within the same reporting period. Eighty-four percent, or approximately 2.8 million children, were included in a single report and 12.5 percent of children were in two reports. Fewer than 4.0 percent were in three or more reports within FFY 2015. (See exhibit 3–D and related notes.) A follow-up question is how often is a child determined to be a victim within the same reporting period. Ninety-three percent (637,687) of victims were included in a single report and 6.0 percent (41,009) of victims were in two reports. Fewer than 1.0 percent of victims were included in three or more reports. (See exhibit 3–E and related notes.)

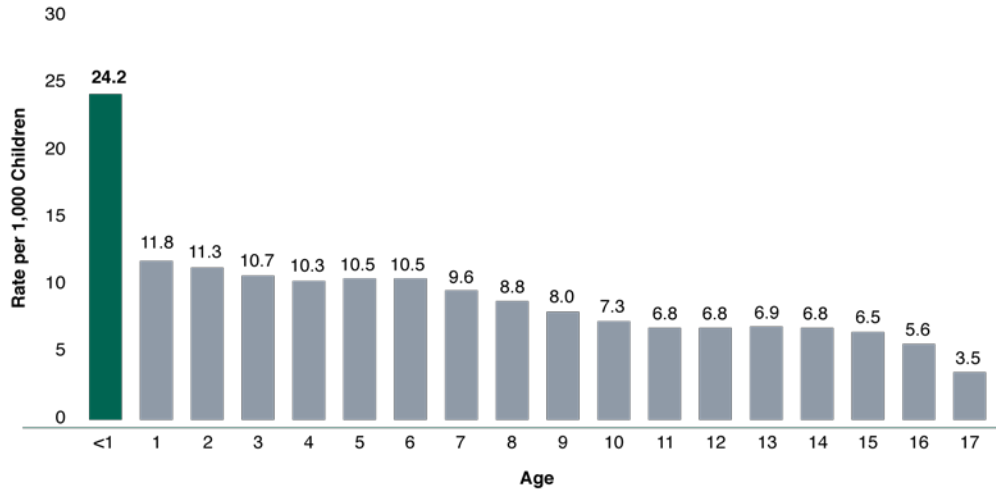
Child Victim Demographics (unique count of child victims)

The youngest children are the most vulnerable to maltreatment. In FFY 2015, 52 states reported that more than one-quarter (27.7%) of victims were younger than 3 years. The victimization rate was highest for children younger than 1 year (24.2 per 1,000 children in the population of the same age). Victims who were 1, 2, or 3 years old had victimization rates of 11.8, 11.3, and 10.7 victims per 1,000 children of those respective ages in the population. Readers may notice some states have lower rates across age groups than do other states. The states with lower rates may assign low-risk cases to alternative response or have other state policies or programs in place for maltreatment allegations. In general, the rate of victimization decreased with age. (See table 3–7, exhibit 3–F, and related notes.)

The percentages (not shown) of child victims were similar for both boys (48.6) and girls (50.9). The sex was unknown for 0.5 percent of victims. The FFY 2015 victimization rate for girls was higher at 9.6 per 1,000 girls in the population than boys at 8.8 per 1,000 boys in the population. (See table 3–8 and related notes.) The majority of victims (percentages not shown) were of three races or ethnicities—White (43.2%), Hispanic (23.6%), and African-American (21.4%). The racial distributions for all children in the population are 51.5 percent White, 13.8 percent African-American, and 24.6 percent Hispanic. (See table C–3.) African-American children had the highest rate of victimization at 14.5 per 1,000 children in the population of the same race or ethnicity; and American-Indian or Alaska Native children had the second highest rate at 13.8 per 1,000 children. (See table 3–9 and related notes.)

Exhibit 3–F Victims by Age, 2015

The youngest children were the most vulnerable to maltreatment



Based on data from table 3–4.

Maltreatment Types

(unique count of child victims and duplicate count of maltreatment types)

In this analysis, a victim who suffered more than one type of maltreatment was counted for each maltreatment type, but only once per type. This answers the question of how many different types of maltreatment did victims suffer, rather than how many occurrences of each type, for example:

- Victim with three reports of neglect–victim is counted once in neglect
- Victim with one report of both neglect and physical abuse–victim is counted once in neglect and once in physical abuse

Three-quarters (75.3%) of victims were neglected, 17.2 percent were physically abused, and 8.4 percent were sexually abused. In addition, 6.9 percent of victims experienced such "other" types of maltreatment as threatened abuse, parent's drug/alcohol abuse, or safe relinquishment of a newborn. States may code any maltreatment as "other" if it does not fit in one of the NCANDS categories. (See table 3–10 and related notes.) A few states have specific policies about conducting investigations into specific maltreatment types. Readers are encouraged to review states' comments (appendix D) about what is included in the "other" maltreatment type category and for additional information on state policies related to maltreatment types.

Polyvictimization in child welfare refers to children who experienced multiple types of maltreatment. In FFY 2015, 86.0 percent of victims suffered a single type of maltreatment, although they could suffer that single type multiple times. The remaining victims (14.0%) experienced a combination of maltreatments. A child is considered to have suffered a combination of maltreatments if: the child had two different types of maltreatment in a single report or the child suffered different maltreatment types in several reports (e.g., neglect in one report and physical abuse in a second report). The most common combination was neglect and physical abuse (5.0%). The other common combinations included neglect and "other"/unknown at 3.4 percent, neglect and psychological maltreatment at 2.1 percent, and neglect and sexual abuse at 1.3 percent. (See table 3–11 and related notes.)

Risk Factors (unique count of children)

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. In addition, some risk factors must be clinically diagnosed, which may not occur during the investigation or alternative response. If the case is closed prior to the diagnosis, the CPS agency may not be notified and the information will not be reported to NCANDS. The caregiver with the risk factor does not have to be the perpetrator of the maltreatment. NCANDS uses the following definitions:

- Alcohol abuse (caregiver)—the compulsive use of alcohol that is not of a temporary nature
- Drug abuse (caregiver)—the compulsive use of drugs that is not of a temporary nature
- Domestic violence (caregiver)–abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another

For states able to report on the alcohol abuse caregiver risk factor, 10.3 percent of victims and 5.5 percent of nonvictims were reported with this caregiver risk factor. (See table 3–12 and related notes.)

For reporting states, 25.4 percent of victims and 8.1 percent of nonvictims were reported with the drug abuse caregiver risk factor. (See table 3–13 and related notes.) One state mentioned in commentary (appendix D) that there is a known increase in caregiver drug abuse.

For children with the caregiver risk factor of domestic violence, the caregiver could have been either the perpetrator of, the victim of, or a witness to domestic violence. For reporting states, 25.0 percent of victims and 8.2 percent of nonvictims had a caregiver risk factor of domestic violence. (See table 3–14 and related notes.)

Special Focus on Victims With Alcohol and Drug Abuse Risk Factors

This section includes targeted analyses on young child maltreatment victims with drug and alcohol abuse risk factors. According to the American Academy of Pediatrics (www.aap.org), children born with fetal alcohol syndrome may develop learning and behavior problems including hyperactivity, poor concentration, and memory problems.[1] The National Institute on Drug Abuse of the National Institutes of Health conducted a study on neonatal abstinence syndrome and determined babies suffering from opiate withdrawal were more likely to have low birthweight and respiratory complications.[2] CAPTA amendments during the 2003 reauthorization required states to address the needs of infants affected by substance abuse. During the 2010 reauthorization, those amendments were expanded to specifically include Fetal Alcohol Spectrum Disorder. The states were asked to require health care providers to notify CPS of infants affected by substance exposure, provide referrals to services, develop a safe care plan for the infants, and report the number of children who came to the attention of CPS because of substance exposure. NCANDS uses the following definitions:

- Alcohol abuse (child)–the compulsive use of alcohol that is not of a temporary nature, includes Fetal Alcohol Syndrome and exposure to alcohol during pregnancy
- Drug abuse (child)–the compulsive use of drugs that is not of a temporary nature, includes infants exposed to drugs during pregnancy

The data were analyzed for victims younger than 1 year by month.

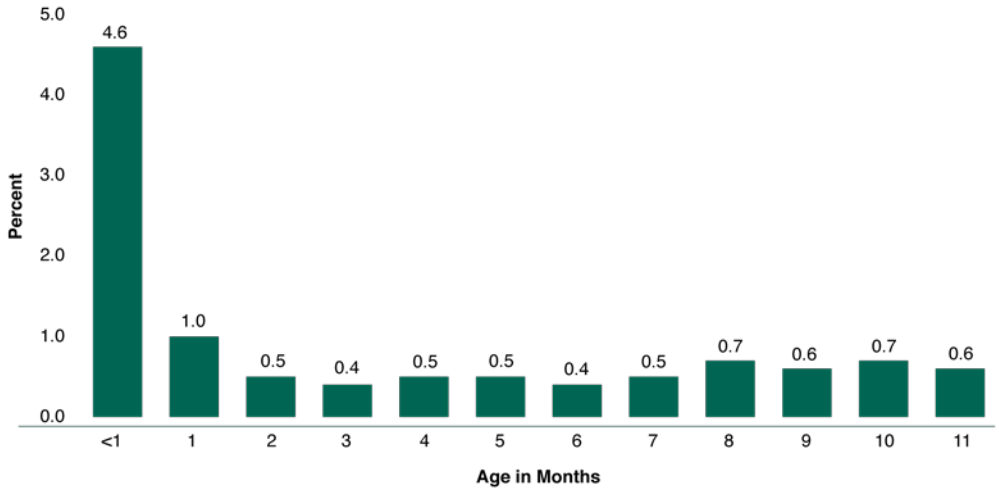
[1] *American Academy of Pediatrics https://www.aap.org/en-us/about-the-aap/aap-press-room/aap-press-room-media-center/Pages/Fetal-Alcohol.aspx*

[2] *National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services. https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome retrieved May 2016.*

Alcohol Abuse Child Risk Factor

For all victims younger than 1 year, 2.5 percent were reported with the alcohol abuse child risk factor. Analyzing the data by month show that for the victims reported with the alcohol abuse child risk factor during their first year, 88 percent (87.9%) of the victims were reported during their first month of life (not shown). Of all victims younger than 1 month, 4.6 percent were reported with the alcohol abuse child risk factor, after which the percentage drops to 1.0 percent of infants 1-month-old, and percentages fluctuate between 0.4 and 0.7 for victims 2 to 11 months old. (See exhibit 3–G and related notes.)

Exhibit 3–G Victims <1–11 Months with an Alcohol Abuse Child Risk Factor, 2015

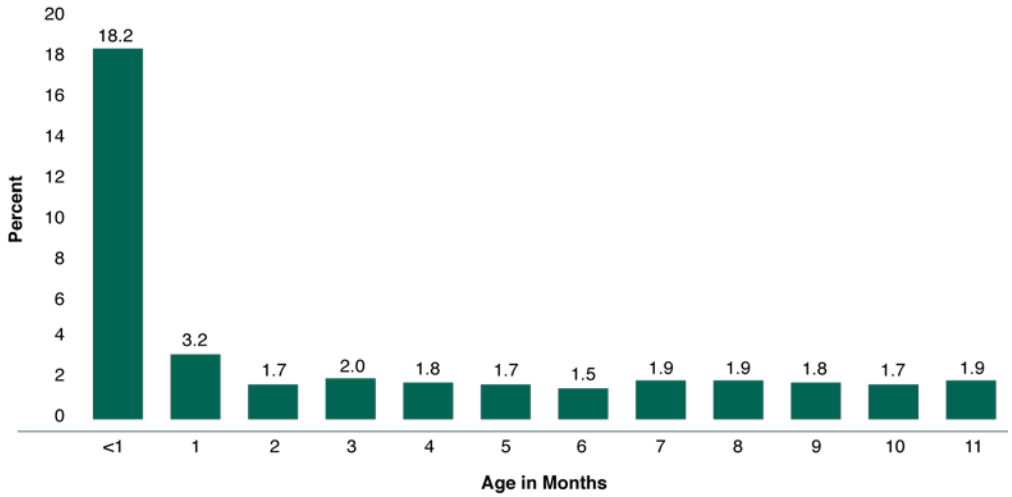


Based on data from 27 states. The number of victims is a unique count. Data are from the Child File. States were excluded from this analysis if fewer than 0.1 percent of victims were reported with this risk factor. States were excluded from this analysis if they were not able to differentiate between alcohol abuse and drug abuse child risk factors and reported both risk factors for the same children in both child risk factor categories. Victims in the categories of unborn or unknown age were not included in this analysis. Many victims with Fetal Alcohol Syndrome are not diagnosed until after birth, even when the ingestion of alcohol by the mother occured before the child was born.

Drug Abuse Child Risk Factor

For all victims younger than 1 year, 9.8 percent were reported with the drug abuse risk factor. Analyzing the data by month show that for the victims reported with the drug risk factor during their first year, 90 percent (89.7%) of the victims were reported during their first month of life (not shown). Of all victims younger than 1 month, 18.2 percent were reported with the drug abuse risk factor, after which the percentage drops to 3.2 percent for victims 1-month-old, and fluctuates between 1.5 and 1.9 percent for victims 2 to 11 months old. (See exhibit 3–H and related notes.)

Exhibit 3–H Victims <1–11 Months with a Drug Abuse Child Risk Factor, 2015



Based on data from 40 states. The number of victims is a unique count. Data are from the Child File. States were excluded from this analysis if fewer than 0.1 percent of victims were reported with this risk factor.

States were excluded from this analysis if they were not able to differentiate between alcohol abuse and drug abuse child risk factors and reported both risk factors for the same children in both child risk factor categories. Victims in the categories of unborn or unknown age were not included in this analysis. Many victims are not diagnosed with drug exposure until after birth even when the mother ingested the drug prior to the child being born.

Perpetrator Relationship

(unique count of child victims and duplicate count of relationships)

Victim data were analyzed by relationship of victims to their perpetrators. A victim may have been maltreated multiple times by the same perpetrator or by different combinations of perpetrators (e.g., mother alone, mother and nonparent(s), mother and father). In addition, a perpetrator who maltreats multiple children may have different relationships with the victims (parent, neighbor, etc.). This analysis counts every combination of relationships for each victim in each report and, therefore, the percentages total more than 100.0 percent. For FFY 2015, 91.6 percent of victims were maltreated by one or both parents. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. Approximately 70.0 percent of victims were maltreated by a mother, either acting alone (40.9 percent) or with a father and/or nonparent (28.5 percent). More than 13 percent (13.3 %) of victims were maltreated by a perpetrator who was not the child's parent. The largest categories in the nonparent group were male relative, male partner of parent, and "other." (See table 3–15 and related notes.) The NCANDS category of "other" perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to state commentary (appendix D), examples of what is in this category include nonrelated adult, foster sibling, household staff, clergy, nonrelated child, and school personnel.

Exhibit and Table Notes

The following pages contain the data tables referenced in Chapter 3. Specific information about state submissions can be found in appendix D. Additional information regarding the exhibits and tables is provided below.

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues.
- The data source for all tables was the Child File unless otherwise noted. States that submitted aggregate data via an SDC file for 2011 were not included in trend analyses with unique counts of children or victims.
- Rates are per 1,000 children in the population.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in appendix C.
- National totals and calculations appear in a single row labeled "National" instead of separate rows labeled total, rate, or percent.
- Many states conduct investigations for all children in a family when any child is the subject of an investigation. In these states, a disposition of "no alleged maltreatment" is assigned to siblings who were not the subjects of an allegation and were not found to be victims. These children may have received an alternative response, or an investigation, or both.
- The count of victims includes children with dispositions of substantiated or indicated. Children with dispositions of alternative response victims were not included.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2011–2015

- A state must have reported data for both 2011 and 2015 to have a percent change calculated.
- The rates were calculated by dividing the number of children who received a CPS response by the child population and multiplying by 1,000.
- The number of children is a unique count.

Table 3–2 Children Who Received an Investigation, 2011–2015

- If a child received both an investigation and alternative response, the child is counted on this table and on table 3–3.
- Children with no alleged maltreatment may have received an alternative response, an investigation, or both.
- The number of children is a unique count.

Table 3–3 Children Who Received an Alternative Response, 2011–2015

- If a child received both an investigation and alternative response, the child is counted on this table and on table 3–2.
- The number of children is a unique count.

Table 3–4 Children Who Received an Investigation or Alternative Response by Disposition, 2015

- Many states conduct investigations or alternative responses for all children in a family when any child is the subject of an investigation or assessment.
- The number of children is a duplicate count.

Table 3–5 Child Victims, 2011–2015

- A state must have reported data for both 2011 and 2015 to have a percent change calculated.
- The rates were calculated by dividing the number of victims by the child population and multiplying by 1,000.
- The number of victims is a unique count.

Table 3–6 First-Time Victims, 2011–2015

- States with 95.0 percent or more first-time victims were excluded from this analysis.
- A stem and leaf analysis was performed to exclude outliers. This excluded one state from 2011.

Table 3–7 Victims by Age, 2015

- Rates were calculated by dividing the victim count by the child population count and multiplying by 1,000.
- There are no population data for unknown age and, therefore, no rates.
- The number of victims is a unique count.

Table 3–8 Victims by Sex, 2015

- Rates were calculated by dividing the victim count by the child population count and multiplying by 1,000.
- There are no population data for children with unknown sex and, therefore, no rates.
- The number of victims is a unique count.

Table 3–9 Victims by Race and Ethnicity, 2015

- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Only those states that reported both race and ethnicity are included in this analysis.
- States were excluded from this analysis if fewer than 75.0 percent of victims were reported with a race or ethnicity.
- Rates were calculated by dividing the victim count by the child population count and multiplying by 1,000.
- The number of victims is a unique count.

Table 3–10 Maltreatment Types of Victims, 2015

- A child is counted in each maltreatment type category only once, regardless of the number of times the child is reported as a victim of the maltreatment type.
- A child may have been the victim of more than one type of maltreatment, therefore, the maltreatment type count is a duplicate count.

Table 3–11 Maltreatment Type Combinations, 2015

- Categories are based on up to four maltreatment type combinations.
- Neglect includes medical neglect and "other" includes unknown.
- The categories are mutually exclusive.
- Combinations are for unique children within and across unique records. This means a child with the same ID and a report that includes only neglect and a separate report that includes only physical abuse was counted in the combined Neglect and Physical Abuse category.
- The category of Remaining Combinations includes: Sexual Abuse and "Other"/Unknown; Psychological Maltreatment and "Other"/Unknown; Neglect, Sexual Abuse, and Psychological Maltreatment; Sexual Abuse, Physical Abuse, and Psychological Maltreatment; and all four maltreatment type categories plus "other"/unknown.

Table 3–12 Children With an Alcohol Abuse Caregiver Risk Factor, 2015

- States were excluded from this analysis if fewer than 1.0 percent of the victims or nonvictims were reported with this caregiver risk factor.
- States were excluded from this analysis if they were not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories.
- The counts on this table are exclusive and follow a hierarchy rule. If a child was reported both as a victim and a nonvictim, the child is counted once as a victim. If a child was reported both with and without the caregiver risk factor, the child is counted once with the caregiver risk factor.

Table 3–13 Children With a Drug Abuse Caregiver Risk Factor, 2015

- States were excluded from this analysis if fewer than 1.0 percent of the victims or nonvictims were reported with this caregiver risk factor.
- States were excluded from this analysis if they were not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories.
- The counts on this table are exclusive and follow a hierarchy rule. If a child was reported both as a victim and a nonvictim, the child is counted once as a victim. If a child was reported both with and without the caregiver risk factor, the child is counted once with the caregiver risk factor.

Table 3–14 Children with Domestic Violence Caregiver Risk Factor, 2015

- States were excluded from this analysis if fewer than 1.0 percent of the victims or nonvictims were reported with this caregiver risk factor.
- The counts on this table are exclusive and follow a hierarchy rule. If a child was reported both as a victim and a nonvictim, the child is counted once as a victim. If a child was reported both with and without the caregiver risk factor, the child is counted once with the caregiver risk factor.
- The number of victims and nonvictims is a unique count.

Table 3–15 Victims by Relationship to Their Perpetrators, 2015

- States were excluded from this analysis if fewer than 90.0 percent of perpetrators were reported without a relationship coded, if more than 50.0 percent of perpetrators were reported with an "other" or unknown relationship, or if the sex of perpetrators was not reported.
- In NCANDS, a child may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in appendix D.
- A nonparent counted in the categories Mother and Nonparent(s); Father and Nonparent(s); or Mother, Father, and Nonparent is counted only once and not in the individual categories listed under Nonparent.
- The relationship categories listed under Nonparent include any perpetrator relationship that was not identified as an adoptive parent, a biological parent, or a stepparent.
- The Unknown relationship category includes victims with an unknown perpetrator.
- Some states are not able to collect and report on Group Home and Residential Facility Staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D.
- The number of relationships is a duplicate count and the number of victims is a unique count. Percentages are calculated against the unique count of victims.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2011–2015 *(continues next page)*

State	2011	2012	2013	2014	2015	Percent Change from 2011 to 2015
Alabama	26,221	28,385	27,861	29,342	30,647	16.9
Alaska	7,989	9,794	9,375	10,115	10,795	35.1
Arizona	59,923	64,332	75,722	73,141	76,581	27.8
Arkansas	59,713	62,129	61,025	57,886	58,072	-2.7
California	381,196	370,439	370,182	367,223	375,972	-1.4
Colorado	42,099	41,284	39,725	38,159	38,376	-8.8
Connecticut	37,050	30,709	23,604	24,818	21,750	-41.3
Delaware	14,382	14,807	13,293	13,262	13,994	-2.7
District of Columbia	13,187	13,812	12,685	11,062	11,867	-10.0
Florida	291,929	293,839	284,658	288,551	281,040	-3.7
Georgia	51,060	110,323	114,270	137,222	163,134	219.5
Hawaii	3,329	3,800	3,788	3,305	3,695	11.0
Idaho	9,018	8,694	10,542	11,567	12,233	35.7
Illinois	112,716	120,818	121,972	124,569	125,098	11.0
Indiana	79,963	92,475	116,986	127,307	139,168	74.0
Iowa	31,143	29,441	29,124	28,348	28,970	-7.0
Kansas	25,436	26,866	27,756	27,711	27,565	8.4
Kentucky	61,912	63,705	70,908	71,674	74,170	19.8
Louisiana	37,994	36,029	37,728	38,952	36,382	-4.2
Maine	9,518	11,204	12,295	13,286	12,641	32.8
Maryland	32,950	31,436	29,438	31,469	30,927	-6.1
Massachusetts	62,443	62,257	62,878	77,300	75,688	21.2
Michigan	156,153	171,585	170,290	152,411	147,431	-5.6
Minnesota	23,016	23,635	25,742	26,395	30,481	32.4
Mississippi	27,138	32,829	30,194	31,504	34,069	25.5
Missouri	69,037	71,912	66,327	75,302	73,523	6.5
Montana	10,413	10,607	10,393	10,180	12,669	21.7
Nebraska	24,856	23,910	21,180	22,439	23,190	-6.7
Nevada	23,515	22,246	23,633	25,023	28,277	20.3
New Hampshire	11,022	11,450	11,064	11,636	11,266	2.2
New Jersey	71,517	76,164	75,794	75,691	74,546	4.2
New Mexico	22,752	21,899	23,399	26,805	28,223	24.0
New York	222,195	217,663	205,424	200,748	206,453	-7.1
North Carolina	123,198	125,062	121,641	122,085	123,436	0.2
North Dakota	6,152	6,172	6,170	6,397	6,437	4.6
Ohio	103,554	102,734	103,381	102,517	101,836	-1.7
Oklahoma	44,188	45,539	51,952	56,084	57,141	29.3
Oregon	-	33,173	40,047	37,613	39,009	-
Pennsylvania	21,570	23,579	23,488	25,123	35,580	65.0
Puerto Rico	27,108	22,793	29,167	28,109	27,961	3.1
Rhode Island	8,263	8,571	8,485	9,374	8,429	2.0
South Carolina	36,011	40,732	43,948	46,157	50,417	40.0
South Dakota	6,334	5,716	4,346	4,403	4,235	-33.1
Tennessee	80,005	85,180	81,715	94,657	93,154	16.4
Texas	272,553	250,623	238,706	252,773	267,880	-1.7
Utah	25,571	24,500	24,504	25,219	25,523	-0.2
Vermont	3,716	3,879	4,396	4,194	5,102	37.3
Virginia	61,602	62,805	61,527	61,029	60,607	-1.6
Washington	42,554	43,730	43,494	42,572	45,338	6.5
West Virginia	33,816	37,082	39,372	39,683	45,407	34.3
Wisconsin	33,333	33,643	32,309	32,751	36,330	9.0
Wyoming	5,393	5,628	5,632	5,630	5,632	4.4
National	**3,047,706**	**3,171,619**	**3,183,535**	**3,260,773**	**3,358,347**	**N/A**

Table 3–1 Children Who Received an Investigation or Alternative Response, 2011–2015

State	2011 Rate per 1,000 Children	2012 Rate per 1,000 Children	2013 Rate per 1,000 Children	2014 Rate per 1,000 Children	2015 Rate per 1,000 Children
Alabama	23.3	25.4	25.1	26.5	27.8
Alaska	42.4	52.0	49.8	54.1	58.0
Arizona	37.1	39.9	46.9	45.2	47.2
Arkansas	84.0	87.5	86.1	81.9	82.3
California	41.2	40.3	40.4	40.2	41.2
Colorado	34.2	33.5	32.1	30.6	30.5
Connecticut	46.0	38.6	30.1	32.0	28.5
Delaware	70.2	72.4	65.5	65.1	68.5
District of Columbia	126.8	128.2	113.6	96.0	100.5
Florida	72.9	73.2	70.7	71.1	68.5
Georgia	20.5	44.4	46.0	55.0	65.1
Hawaii	10.9	12.4	12.3	10.7	11.9
Idaho	21.0	20.3	24.6	26.8	28.3
Illinois	36.5	39.5	40.3	41.7	42.3
Indiana	50.0	58.2	73.8	80.5	88.1
Iowa	42.9	40.6	40.1	39.0	39.8
Kansas	35.0	37.0	38.3	38.4	38.3
Kentucky	60.6	62.6	69.8	70.7	73.3
Louisiana	34.0	32.3	33.9	34.9	32.6
Maine	35.4	42.2	46.9	51.3	49.3
Maryland	24.4	23.3	21.9	23.3	22.9
Massachusetts	44.3	44.4	45.0	55.5	54.6
Michigan	67.9	75.6	75.8	68.4	66.8
Minnesota	18.0	18.5	20.1	20.6	23.7
Mississippi	36.3	44.3	41.1	43.1	46.9
Missouri	48.8	51.2	47.5	54.0	52.8
Montana	46.7	47.6	46.4	45.2	56.0
Nebraska	53.9	51.6	45.5	48.0	49.3
Nevada	35.7	33.8	35.9	37.8	42.3
New Hampshire	39.3	41.5	40.8	43.5	42.7
New Jersey	34.9	37.4	37.5	37.6	37.3
New Mexico	44.1	42.8	46.2	53.5	56.8
New York	51.7	51.0	48.3	47.5	49.0
North Carolina	54.0	54.8	53.3	53.4	53.9
North Dakota	40.3	39.3	37.7	37.9	37.0
Ohio	38.4	38.5	39.0	38.8	38.7
Oklahoma	47.2	48.4	54.8	58.8	59.4
Oregon	-	38.6	46.7	43.8	45.2
Pennsylvania	7.8	8.6	8.6	9.3	13.2
Puerto Rico	31.3	27.2	36.2	36.4	37.9
Rhode Island	37.5	39.5	39.6	44.1	39.9
South Carolina	33.5	37.8	40.8	42.6	46.2
South Dakota	31.0	27.8	20.8	20.9	20.0
Tennessee	53.6	57.1	54.8	63.3	62.2
Texas	39.3	35.9	33.9	35.5	37.1
Utah	29.0	27.6	27.3	27.9	28.0
Vermont	29.3	31.1	35.7	34.5	42.5
Virginia	33.1	33.7	33.0	32.7	32.4
Washington	26.8	27.5	27.3	26.6	28.1
West Virginia	87.8	96.5	103.0	104.2	119.6
Wisconsin	25.1	25.5	24.7	25.2	28.1
Wyoming	39.8	41.1	40.8	40.6	40.5
National	**41.2**	**42.5**	**42.8**	**43.8**	**45.1**

Table 3–2 Children Who Received an Investigation, 2011–2015

State	2011	2012	2013	2014	2015
Alabama	26,221	28,385	27,861	29,342	30,647
Alaska	7,989	9,794	9,375	10,115	10,795
Arizona	59,923	64,332	75,722	73,141	76,581
Arkansas	59,713	62,129	57,897	51,946	52,796
California	381,196	370,439	370,182	367,223	375,972
Colorado	39,519	37,143	33,415	30,600	29,689
Connecticut	37,050	30,709	23,604	24,818	21,750
Delaware	14,382	14,807	13,293	13,262	13,994
District of Columbia	13,187	13,376	11,570	7,358	6,889
Florida	291,929	293,839	284,658	288,551	281,040
Georgia	51,060	63,934	64,844	81,130	102,712
Hawaii	3,329	3,800	3,788	3,305	3,695
Idaho	9,018	8,694	10,542	11,567	12,233
Illinois	112,716	120,818	121,972	124,569	125,098
Indiana	79,963	92,475	116,986	127,307	139,168
Iowa	31,143	29,441	29,124	21,040	18,746
Kansas	25,436	26,866	27,756	27,711	27,565
Kentucky	44,337	45,751	50,848	56,286	63,044
Louisiana	27,318	25,482	27,638	33,103	36,166
Maine	9,518	11,204	12,295	13,286	12,641
Maryland	32,950	31,436	29,224	21,045	13,637
Massachusetts	39,541	36,382	38,107	59,908	59,773
Michigan	156,153	171,585	170,290	152,411	147,431
Minnesota	8,045	8,050	8,610	8,830	11,558
Mississippi	27,138	32,829	30,194	31,504	34,069
Missouri	39,685	41,796	32,234	39,135	36,719
Montana	10,413	10,607	10,393	10,180	12,669
Nebraska	24,856	23,910	21,180	22,439	22,753
Nevada	21,803	20,443	21,628	22,845	26,011
New Hampshire	11,022	11,450	11,064	11,636	11,266
New Jersey	71,517	76,164	75,794	75,691	74,546
New Mexico	22,752	21,899	23,399	26,805	28,223
New York	212,744	204,313	191,153	187,918	194,090
North Carolina	32,634	31,845	31,141	31,143	31,482
North Dakota	6,152	6,172	6,170	6,397	6,437
Ohio	88,453	82,330	77,235	68,660	58,193
Oklahoma	22,953	35,278	47,098	53,181	55,078
Oregon	-	33,173	40,047	37,412	37,041
Pennsylvania	21,570	23,579	23,488	25,123	35,580
Puerto Rico	27,108	22,793	29,167	28,109	27,961
Rhode Island	8,263	8,571	8,485	9,374	8,429
South Carolina	36,011	31,511	25,017	30,894	42,166
South Dakota	6,334	5,716	4,346	4,403	4,235
Tennessee	65,717	70,040	65,657	82,220	50,410
Texas	272,553	250,623	238,706	252,773	264,322
Utah	25,571	24,500	24,504	25,219	25,523
Vermont	2,651	2,756	2,940	2,730	3,226
Virginia	17,420	16,012	16,704	18,003	17,846
Washington	34,505	35,792	38,258	40,523	32,183
West Virginia	33,816	37,082	39,372	39,683	45,407
Wisconsin	32,491	31,668	29,130	30,189	33,787
Wyoming	1,011	1,073	1,055	1,206	1,290
National	**2,738,779**	**2,794,796**	**2,785,160**	**2,853,249**	**2,894,562**

Table 3–3 Children Who Received an Alternative Response, 2011–2015

State	2011	2012	2013	2014	2015
Alabama	-	-	-	-	-
Alaska	-	-	-	-	-
Arizona	-	-	-	-	-
Arkansas	-	-	3,405	6,779	6,255
California	-	-	-	-	-
Colorado	2,897	4,547	6,998	8,350	9,718
Connecticut	-	-	-	-	-
Delaware	-	-	-	-	-
District of Columbia	-	586	1,404	4,255	5,586
Florida	-	-	-	-	-
Georgia	-	54,630	59,061	69,546	77,255
Hawaii	-	-	-	-	-
Idaho	-	-	-	-	-
Illinois	-	-	-	-	-
Indiana	-	-	-	-	-
Iowa	-	-	-	8,815	12,043
Kansas	-	-	-	-	-
Kentucky	21,291	22,070	24,669	19,209	14,074
Louisiana	11,533	11,381	11,528	6,844	237
Maine	-	-	-	-	-
Maryland	-	-	232	11,350	18,740
Massachusetts	26,641	29,839	28,615	21,569	18,813
Michigan	-	-	-	-	-
Minnesota	15,801	16,447	18,186	18,579	20,411
Mississippi	-	-	-	-	-
Missouri	35,937	37,571	40,539	44,777	44,710
Montana	-	-	-	-	-
Nebraska	-	-	-	-	543
Nevada	2,120	2,164	2,405	2,741	2,849
New Hampshire	-	-	-	-	-
New Jersey	-	-	-	-	-
New Mexico	-	-	-	-	-
New York	11,731	16,315	17,774	15,846	15,422
North Carolina	95,812	98,368	95,744	96,128	97,300
North Dakota	-	-	-	-	-
Ohio	16,437	22,324	28,944	37,120	47,307
Oklahoma	23,614	12,103	5,859	3,372	2,428
Oregon	-	-	-	248	2,363
Pennsylvania	-	-	-	-	-
Puerto Rico	-	-	-	-	-
Rhode Island	-	-	-	-	-
South Carolina	-	11,285	22,404	18,947	11,360
South Dakota	-	-	-	-	-
Tennessee	17,851	18,922	20,046	20,013	50,980
Texas	-	-	-	-	4,069
Utah	-	-	-	-	-
Vermont	1,217	1,273	1,641	1,650	2,199
Virginia	45,477	48,060	46,460	45,277	44,709
Washington	10,494	10,676	7,211	2,481	14,786
West Virginia	-	-	-	-	-
Wisconsin	933	2,258	3,524	2,864	2,942
Wyoming	4,601	4,789	4,788	4,648	4,641
National	**344,387**	**425,608**	**451,437**	**471,408**	**531,740**

Table 3–4 Children Who Received an Investigation or Alternative Response by Disposition, 2015 *(continues next page)*

State	Substantiated	Indicated	Alternative Response	Unsubstantiated	Intentionally False
Alabama	8,657	-	-	22,755	-
Alaska	3,363	-	-	9,942	-
Arizona	12,613	61	-	54,413	-
Arkansas	9,753	-	5,829	31,322	-
California	77,229	-	-	312,747	-
Colorado	10,609	-	10,438	23,659	-
Connecticut	7,538	-	-	18,381	-
Delaware	1,560	-	-	11,410	210
District of Columbia	1,432	-	3,390	3,561	-
Florida	46,177	-	-	214,950	7
Georgia	28,443	-	54,346	45,333	-
Hawaii	1,538	-	-	2,270	-
Idaho	1,679	-	-	12,643	805
Illinois	32,877	-	-	75,179	321
Indiana	28,370	-	-	157,627	-
Iowa	8,702	-	13,276	14,965	-
Kansas	2,096	-	-	32,486	-
Kentucky	20,934	-	15,071	54,496	-
Louisiana	13,338	-	237	26,515	-
Maine	3,571	-	-	11,110	-
Maryland	3,811	3,550	18,943	8,045	-
Massachusetts	35,166	-	14,547	23,150	-
Michigan	18,600	18,227	-	116,013	166
Minnesota	5,365	-	22,218	5,647	-
Mississippi	9,368	-	-	31,917	-
Missouri	5,909	-	53,899	34,054	-
Montana	1,681	271	-	12,562	-
Nebraska	3,706	-	383	16,329	-
Nevada	5,248	-	2,106	18,922	-
New Hampshire	763	-	-	12,094	-
New Jersey	10,282	-	-	80,275	-
New Mexico	9,990	-	-	25,482	-
New York	76,635	-	16,702	160,913	-
North Carolina	8,139	-	111,359	25,488	-
North Dakota	1,829	-	-	5,276	-
Ohio	17,670	7,426	52,417	41,238	-
Oklahoma	15,340	-	2,462	45,372	-
Oregon	11,090	-	2,467	24,758	-
Pennsylvania	3,897	-	-	32,289	-
Puerto Rico	7,557	-	-	15,625	177
Rhode Island	3,466	-	-	6,590	-
South Carolina	15,457	-	11,728	19,127	-
South Dakota	1,105	-	-	3,387	-
Tennessee	11,117	700	57,516	41,187	-
Texas	65,750	-	4,141	204,388	-
Utah	10,228	-	-	18,795	42
Vermont	1,020	-	2,365	2,798	21
Virginia	6,274	-	35,158	7,617	102
Washington	6,584	-	16,721	30,977	94
West Virginia	4,992	-	-	28,891	-
Wisconsin	5,083	-	3,257	35,816	-
Wyoming	997	-	5,439	358	-
National	**704,598**	**30,235**	**536,415**	**2,271,144**	**1,945**

Table 3–4 Children Who Received an Investigation or Alternative Response by Disposition, 2015

State	Closed With No Finding	No Alleged Maltreatment	Other	Unknown	Total Children
Alabama	1,434	-	-	62	32,908
Alaska	514	-	-	-	13,819
Arizona	2,488	28,585	-	-	98,160
Arkansas	1,435	19,924	-	-	68,263
California	-	68,883	-	5	458,864
Colorado	-	-	-	7	44,713
Connecticut	-	-	-	-	25,919
Delaware	2,435	802	106	-	16,523
District of Columbia	166	5,400	-	-	13,949
Florida	-	80,367	-	-	341,501
Georgia	-	74,769	-	-	202,891
Hawaii	-	-	-	16	3,824
Idaho	-	-	-	-	15,127
Illinois	-	43,611	-	-	151,988
Indiana	-	-	-	-	185,997
Iowa	-	-	-	13	36,956
Kansas	34	-	-	-	34,616
Kentucky	1,718	-	41	1	92,261
Louisiana	1,451	-	-	-	41,541
Maine	-	221	-	-	14,902
Maryland	-	-	-	-	34,349
Massachusetts	-	18,761	-	-	91,624
Michigan	8,422	25,906	-	20	187,354
Minnesota	1,693	-	-	-	34,923
Mississippi	484	-	-	-	41,769
Missouri	2,603	-	-	309	96,774
Montana	1,081	2	143	-	15,740
Nebraska	482	7,971	-	-	28,871
Nevada	-	8,002	-	-	34,278
New Hampshire	708	-	-	1	13,566
New Jersey	-	-	-	-	90,557
New Mexico	-	-	-	-	35,472
New York	-	2,571	-	-	256,821
North Carolina	-	-	-	-	144,986
North Dakota	-	-	-	-	7,105
Ohio	3,911	-	-	-	122,662
Oklahoma	4,105	-	-	-	67,279
Oregon	3,081	-	4,631	6	46,033
Pennsylvania	-	-	8	29	36,223
Puerto Rico	6,284	-	-	-	29,643
Rhode Island	89	-	-	-	10,145
South Carolina	-	12,612	-	157	59,081
South Dakota	267	-	-	-	4,759
Tennessee	8,160	-	3	107	118,790
Texas	5,249	-	18,247	2,345	300,120
Utah	1,350	-	-	-	30,415
Vermont	-	-	-	-	6,204
Virginia	15	17,174	60	6	66,406
Washington	2,813	-	-	-	57,189
West Virginia	1,962	11,552	-	21	47,418
Wisconsin	-	-	-	1	44,157
Wyoming	-	-	-	-	6,794
National	**64,434**	**427,113**	**23,239**	**3,106**	**4,062,229**

Table 3–5 Child Victims, 2011–2015 *(continues next page)*

State	2011	2012	2013	2014	2015
Alabama	8,601	9,573	8,809	8,697	8,466
Alaska	2,898	2,928	2,448	2,484	2,898
Arizona	8,708	10,039	13,171	13,885	11,955
Arkansas	11,105	11,133	10,370	8,971	9,204
California	80,100	76,026	75,641	75,033	72,000
Colorado	10,587	10,464	10,161	9,979	10,100
Connecticut	10,005	8,151	7,287	7,651	6,970
Delaware	2,466	2,335	1,915	1,482	1,538
District of Columbia	2,377	2,141	2,050	1,528	1,348
Florida	51,920	53,341	48,457	45,738	43,775
Georgia	18,541	18,752	19,062	22,163	26,952
Hawaii	1,346	1,398	1,324	1,331	1,506
Idaho	1,470	1,428	1,674	1,595	1,623
Illinois	16,257	20,049	18,465	25,597	29,993
Indiana	17,930	20,223	21,755	23,334	26,397
Iowa	11,028	10,751	11,345	8,071	7,877
Kansas	1,729	1,868	2,063	1,998	1,992
Kentucky	15,069	14,923	17,591	17,932	18,897
Louisiana	9,545	8,458	10,119	12,057	12,631
Maine	3,118	3,781	3,820	3,823	3,372
Maryland	13,740	13,079	12,169	9,119	6,790
Massachusetts	20,262	19,234	20,307	31,863	31,089
Michigan	33,333	33,394	33,938	30,705	34,729
Minnesota	4,342	4,238	4,183	4,143	5,120
Mississippi	6,712	7,599	7,415	8,435	8,730
Missouri	5,826	4,685	5,224	5,322	5,699
Montana	1,066	1,324	1,414	1,191	1,868
Nebraska	4,307	3,888	3,993	3,940	3,483
Nevada	5,331	5,437	5,438	4,589	4,953
New Hampshire	876	901	822	646	745
New Jersey	8,238	9,031	9,490	11,842	9,689
New Mexico	5,601	5,882	6,530	7,606	8,701
New York	72,625	68,375	64,578	65,042	66,676
North Carolina	9,132	8,919	7,823	8,414	7,857
North Dakota	1,295	1,402	1,517	1,612	1,760
Ohio	30,601	29,250	27,562	24,936	23,006
Oklahoma	7,836	9,627	11,553	13,183	14,449
Oregon	-	9,576	10,280	10,088	10,428
Pennsylvania	3,287	3,417	3,260	3,262	3,855
Puerto Rico	10,271	8,470	8,850	7,683	6,950
Rhode Island	3,131	3,218	3,132	3,410	3,183
South Carolina	11,324	11,439	10,404	12,439	14,856
South Dakota	1,353	1,224	984	886	1,073
Tennessee	9,243	10,069	10,377	11,695	11,362
Texas	63,474	62,551	64,603	65,334	63,781
Utah	10,586	9,419	9,306	9,876	9,569
Vermont	630	649	746	813	921
Virginia	5,964	5,826	5,863	6,464	6,112
Washington	6,541	6,546	7,132	7,341	5,894
West Virginia	4,000	4,591	4,695	4,962	4,857
Wisconsin	4,750	4,645	4,526	4,642	4,840
Wyoming	703	705	720	861	968
National	**651,180**	**656,372**	**656,361**	**675,693**	**683,487**

Table 3–5 Child Victims, 2011–2015

State	Percent Change from 2011 to 2015	2011 Rate per 1,000 Children	2012 Rate per 1,000 Children	2013 Rate per 1,000 Children	2014 Rate per 1,000 Children	2015 Rate per 1,000 Children
Alabama	-1.6	7.6	8.6	7.9	7.9	7.7
Alaska	0.0	15.4	15.5	13.0	13.3	15.6
Arizona	37.3	5.4	6.2	8.2	8.6	7.4
Arkansas	-17.1	15.6	15.7	14.6	12.7	13.0
California	-10.1	8.7	8.3	8.3	8.2	7.9
Colorado	-4.6	8.6	8.5	8.2	8.0	8.0
Connecticut	-30.3	12.4	10.3	9.3	9.9	9.1
Delaware	-37.6	12.0	11.4	9.4	7.3	7.5
District of Columbia	-43.3	22.9	19.9	18.4	13.3	11.4
Florida	-15.7	13.0	13.3	12.0	11.3	10.7
Georgia	45.4	7.5	7.5	7.7	8.9	10.8
Hawaii	11.9	4.4	4.6	4.3	4.3	4.8
Idaho	10.4	3.4	3.3	3.9	3.7	3.7
Illinois	84.5	5.3	6.6	6.1	8.6	10.1
Indiana	47.2	11.2	12.7	13.7	14.7	16.7
Iowa	-28.6	15.2	14.8	15.6	11.1	10.8
Kansas	15.2	2.4	2.6	2.8	2.8	2.8
Kentucky	25.4	14.7	14.7	17.3	17.7	18.7
Louisiana	32.3	8.6	7.6	9.1	10.8	11.3
Maine	8.1	11.6	14.3	14.6	14.8	13.2
Maryland	-50.6	10.2	9.7	9.0	6.8	5.0
Massachusetts	53.4	14.4	13.7	14.5	22.9	22.4
Michigan	4.2	14.5	14.7	15.1	13.8	15.7
Minnesota	17.9	3.4	3.3	3.3	3.2	4.0
Mississippi	30.1	9.0	10.2	10.1	11.5	12.0
Missouri	-2.2	4.1	3.3	3.7	3.8	4.1
Montana	75.2	4.8	5.9	6.3	5.3	8.3
Nebraska	-19.1	9.3	8.4	8.6	8.4	7.4
Nevada	-7.1	8.1	8.3	8.3	6.9	7.4
New Hampshire	-15.0	3.1	3.3	3.0	2.4	2.8
New Jersey	17.6	4.0	4.4	4.7	5.9	4.8
New Mexico	55.3	10.8	11.5	12.9	15.2	17.5
New York	-8.2	16.9	16.0	15.2	15.4	15.8
North Carolina	-14.0	4.0	3.9	3.4	3.7	3.4
North Dakota	35.9	8.5	8.9	9.3	9.6	10.1
Ohio	-24.8	11.4	11.0	10.4	9.4	8.8
Oklahoma	84.4	8.4	10.2	12.2	13.8	15.0
Oregon	-	-	11.1	12.0	11.7	12.1
Pennsylvania	17.3	1.2	1.2	1.2	1.2	1.4
Puerto Rico	-32.3	11.9	10.1	11.0	10.0	9.4
Rhode Island	1.7	14.2	14.8	14.6	16.0	15.1
South Carolina	31.2	10.5	10.6	9.7	11.5	13.6
South Dakota	-20.7	6.6	5.9	4.7	4.2	5.1
Tennessee	22.9	6.2	6.7	7.0	7.8	7.6
Texas	0.5	9.2	9.0	9.2	9.2	8.8
Utah	-9.6	12.0	10.6	10.4	10.9	10.5
Vermont	46.2	5.0	5.2	6.1	6.7	7.7
Virginia	2.5	3.2	3.1	3.1	3.5	3.3
Washington	-9.9	4.1	4.1	4.5	4.6	3.7
West Virginia	21.4	10.4	12.0	12.3	13.0	12.8
Wisconsin	1.9	3.6	3.5	3.5	3.6	3.7
Wyoming	37.7	5.2	5.2	5.2	6.2	7.0
National	**N/A**	**8.8**	**8.8**	**8.8**	**9.1**	**9.2**

Table 3–6 First-Time Victims, 2011–2015 *(continues next page)*

State	2011 First-Time Victims	2012 First-Time Victims	2013 First-Time Victims	2014 First-Time Victims	2015 First-Time Victims
Alabama	7,186	7,965	7,232	7,186	7,003
Alaska	2,113	1,963	1,634	1,546	1,966
Arizona	7,604	8,766	11,360	11,742	9,879
Arkansas	9,022	8,962	8,375	7,416	7,557
California	68,112	64,057	63,698	63,126	60,903
Colorado	8,127	7,856	7,651	7,417	7,465
Connecticut	7,210	5,660	5,071	5,346	4,862
Delaware	2,018	1,823	1,502	1,167	1,241
District of Columbia	-	1,552	1,457	1,074	967
Florida	26,982	26,506	23,785	22,088	20,898
Georgia	-	15,883	15,785	18,019	21,757
Hawaii	1,028	1,102	1,092	1,101	1,182
Idaho	1,190	1,169	1,452	1,351	1,313
Illinois	11,792	14,543	13,394	18,681	21,832
Indiana	15,068	18,250	16,566	17,453	19,357
Iowa	7,481	7,382	7,891	5,506	5,433
Kansas	1,559	1,707	1,846	1,802	1,833
Kentucky	10,642	10,511	12,486	12,597	13,263
Louisiana	7,101	6,318	7,741	9,494	9,722
Maine	1,444	1,699	2,475	2,585	2,253
Maryland	10,052	10,244	9,486	6,785	4,852
Massachusetts	11,359	10,947	11,926	19,491	18,072
Michigan	23,395	23,027	23,112	14,819	16,998
Minnesota	3,629	3,511	3,483	3,498	4,358
Mississippi	5,945	6,854	6,616	7,476	7,802
Missouri	5,002	3,971	4,439	4,582	4,876
Montana	820	1,031	1,148	958	1,515
Nebraska	3,285	2,918	2,872	2,858	2,604
Nevada	3,587	3,570	3,538	2,875	3,096
New Hampshire	-	-	-	552	612
New Jersey	6,739	7,310	7,689	9,688	7,661
New Mexico	4,209	4,372	4,824	5,680	6,556
New York	44,714	41,997	39,463	39,687	40,568
North Carolina	6,054	5,989	5,334	5,795	5,464
North Dakota	1,183	1,214	1,264	1,236	1,336
Ohio	21,511	20,453	19,244	17,587	16,151
Oklahoma	6,078	7,618	9,021	10,524	11,401
Oregon	-	6,740	7,119	6,805	7,029
Pennsylvania	3,074	3,199	3,047	3,055	-
Puerto Rico	-	-	-	6,502	5,634
Rhode Island	2,198	2,264	2,135	2,407	2,213
South Carolina	8,589	8,556	7,801	9,508	11,428
South Dakota	986	933	749	696	861
Tennessee	7,852	8,494	8,813	9,964	9,481
Texas	51,235	50,153	51,674	52,477	50,909
Utah	6,856	6,845	6,680	7,104	6,819
Vermont	526	531	633	678	777
Virginia	-	-	-	-	-
Washington	4,640	4,694	4,856	4,052	3,082
West Virginia	2,960	3,540	3,795	3,984	4,118
Wisconsin	4,058	3,936	3,907	3,987	4,149
Wyoming	590	616	601	700	817
National	**446,805**	**469,201**	**467,762**	**482,707**	**481,925**

Table 3–6 First-Time Victims, 2011–2015

State	2011 First-Time Victims Rate per 1,000 Children	2012 First-Time Victims Rate per 1,000 Children	2013 First-Time Victims Rate per 1,000 Children	2014 First-Time Victims Rate per 1,000 Children	2015 First-Time Victims Rate per 1,000 Children
Alabama	6.4	7.1	6.5	6.5	6.3
Alaska	11.2	10.4	8.7	8.3	10.6
Arizona	4.7	5.4	7.0	7.3	6.1
Arkansas	12.7	12.6	11.8	10.5	10.7
California	7.4	7.0	7.0	6.9	6.7
Colorado	6.6	6.4	6.2	5.9	5.9
Connecticut	8.9	7.1	6.5	6.9	6.4
Delaware	9.8	8.9	7.4	5.7	6.1
District of Columbia	-	14.4	13.0	9.3	8.2
Florida	6.7	6.6	5.9	5.4	5.1
Georgia	-	6.4	6.3	7.2	8.7
Hawaii	3.4	3.6	3.5	3.6	3.8
Idaho	2.8	2.7	3.4	3.1	3.0
Illinois	3.8	4.8	4.4	6.2	7.4
Indiana	9.4	11.5	10.4	11.0	12.3
Iowa	10.3	10.2	10.9	7.6	7.5
Kansas	2.1	2.3	2.5	2.5	2.5
Kentucky	10.4	10.3	12.3	12.4	13.1
Louisiana	6.4	5.7	7.0	8.5	8.7
Maine	5.4	6.4	9.4	10.0	8.8
Maryland	7.4	7.6	7.0	5.0	3.6
Massachusetts	8.1	7.8	8.5	14.0	13.0
Michigan	10.2	10.1	10.3	6.7	7.7
Minnesota	2.8	2.7	2.7	2.7	3.4
Mississippi	8.0	9.2	9.0	10.2	10.7
Missouri	3.5	2.8	3.2	3.3	3.5
Montana	3.7	4.6	5.1	4.3	6.7
Nebraska	7.1	6.3	6.2	6.1	5.5
Nevada	5.4	5.4	5.4	4.3	4.6
New Hampshire	-	-	-	2.1	2.3
New Jersey	3.3	3.6	3.8	4.8	3.8
New Mexico	8.2	8.5	9.5	11.3	13.2
New York	10.4	9.8	9.3	9.4	9.6
North Carolina	2.7	2.6	2.3	2.5	2.4
North Dakota	7.8	7.7	7.7	7.3	7.7
Ohio	8.0	7.7	7.3	6.7	6.1
Oklahoma	6.5	8.1	9.5	11.0	11.9
Oregon	-	7.8	8.3	7.9	8.1
Pennsylvania	1.1	1.2	1.1	1.1	-
Puerto Rico	-	-	-	8.4	7.6
Rhode Island	10.0	10.4	10.0	11.3	10.5
South Carolina	8.0	7.9	7.2	8.8	10.5
South Dakota	4.8	4.5	3.6	3.3	4.1
Tennessee	5.3	5.7	5.9	6.7	6.3
Texas	7.4	7.2	7.3	7.4	7.1
Utah	7.8	7.7	7.4	7.9	7.5
Vermont	4.1	4.3	5.1	5.6	6.5
Virginia	-	-	-	-	-
Washington	2.9	3.0	3.0	2.5	1.9
West Virginia	7.7	9.2	9.9	10.5	10.8
Wisconsin	3.1	3.0	3.0	3.1	3.2
Wyoming	4.4	4.5	4.4	5.0	5.9
National	**6.5**	**6.6**	**6.5**	**6.7**	**6.9**

Table 3–7 Victims by Age, 2015 *(continues next page)*

State	<1	1	2	3	4	5	6	7	8	9
Alabama	1,236	537	540	524	508	485	495	457	425	369
Alaska	377	209	214	209	195	179	202	178	167	145
Arizona	2,542	901	765	686	704	653	692	628	587	538
Arkansas	1,620	534	602	542	506	542	533	526	460	395
California	11,102	5,037	4,587	4,412	4,268	4,373	4,340	4,099	3,871	3,483
Colorado	1,528	639	687	588	595	619	641	583	594	542
Connecticut	876	458	439	401	389	406	421	359	377	339
Delaware	163	106	96	100	96	87	97	111	94	74
District of Columbia	155	87	89	86	88	87	90	82	82	60
Florida	6,418	3,589	3,369	3,065	2,824	2,857	2,715	2,543	2,293	2,055
Georgia	3,138	1,709	1,622	1,559	1,568	1,742	1,792	1,710	1,637	1,408
Hawaii	261	109	93	84	96	66	74	66	69	73
Idaho	325	104	119	84	70	96	95	99	68	71
Illinois	3,960	2,321	2,136	2,085	1,958	1,931	1,933	1,814	1,574	1,575
Indiana	3,900	1,826	1,706	1,709	1,666	1,610	1,552	1,522	1,401	1,295
Iowa	1,186	540	581	576	492	496	491	467	442	397
Kansas	140	126	107	121	143	126	112	149	94	128
Kentucky	2,712	1,384	1,375	1,232	1,151	1,211	1,165	1,128	1,053	911
Louisiana	2,391	824	833	725	757	774	703	734	647	571
Maine	500	239	236	218	233	218	228	213	196	171
Maryland	571	428	382	418	401	438	459	465	376	330
Massachusetts	4,482	2,220	2,186	2,081	2,104	1,941	1,911	1,875	1,701	1,492
Michigan	7,095	2,310	2,270	2,107	1,972	1,984	1,955	1,797	1,755	1,543
Minnesota	772	349	305	301	313	319	352	335	290	257
Mississippi	1,046	449	492	458	444	540	587	579	534	457
Missouri	433	410	363	384	367	358	353	356	317	278
Montana	248	146	138	120	137	138	125	118	111	84
Nebraska	450	267	227	225	226	244	234	208	214	175
Nevada	811	376	398	347	314	302	300	297	246	222
New Hampshire	91	50	55	52	38	40	49	49	39	39
New Jersey	1,184	641	629	584	591	577	631	628	513	502
New Mexico	1,193	572	506	499	479	540	621	559	539	481
New York	6,605	4,119	3,896	3,684	3,742	4,066	4,339	3,995	3,735	3,446
North Carolina	765	485	539	478	490	521	491	492	467	423
North Dakota	186	122	105	113	113	129	104	114	113	79
Ohio	3,263	1,328	1,396	1,342	1,337	1,356	1,392	1,387	1,244	1,149
Oklahoma	2,441	1,147	1,065	989	986	948	930	828	800	735
Oregon	1,333	726	769	692	664	639	665	722	596	529
Pennsylvania	249	152	162	157	217	190	209	164	172	190
Puerto Rico	366	287	296	340	360	389	380	369	307	314
Rhode Island	473	269	210	214	199	188	192	183	167	157
South Carolina	2,035	1,014	990	972	905	1,013	930	919	880	707
South Dakota	173	101	87	93	83	73	56	58	61	57
Tennessee	2,197	755	666	637	591	607	644	586	531	467
Texas	10,423	5,078	4,782	4,385	4,426	4,274	4,187	3,652	3,320	2,949
Utah	981	534	534	537	527	532	553	552	497	466
Vermont	62	38	40	58	56	56	60	54	49	41
Virginia	673	474	462	390	386	368	397	343	329	308
Washington	551	461	440	414	403	383	398	364	333	291
West Virginia	702	307	333	308	305	337	289	262	284	240
Wisconsin	544	338	319	323	314	306	309	295	292	260
Wyoming	116	78	64	67	52	57	70	62	57	73
National	**97,044**	**47,310**	**45,302**	**42,775**	**41,849**	**42,411**	**42,543**	**40,135**	**37,000**	**33,341**

Table 3–7 Victims by Age, 2015 *(continues next page)*

State	10	11	12	13	14	15	16	17	Unborn, Unknown, and 18–21	Total
Alabama	347	320	351	369	489	488	298	194	34	8,466
Alaska	123	122	103	123	104	92	94	47	15	2,898
Arizona	448	408	383	423	428	452	405	264	48	11,955
Arkansas	361	351	345	424	428	437	316	220	62	9,204
California	3,155	2,989	2,886	2,919	2,864	2,888	2,685	1,978	64	72,000
Colorado	473	423	471	461	388	386	284	173	25	10,100
Connecticut	336	309	333	332	316	361	312	171	35	6,970
Delaware	70	78	69	61	62	68	54	52	-	1,538
District of Columbia	55	58	62	67	59	53	48	36	4	1,348
Florida	1,801	1,652	1,572	1,541	1,592	1,462	1,318	935	174	43,775
Georgia	1,297	1,247	1,178	1,143	1,244	1,253	1,083	566	56	26,952
Hawaii	80	58	67	67	64	69	52	45	13	1,506
Idaho	66	72	66	71	60	72	49	35	1	1,623
Illinois	1,365	1,333	1,250	1,149	1,138	990	864	566	51	29,993
Indiana	1,182	1,124	1,072	1,156	1,118	1,154	834	529	41	26,397
Iowa	395	302	288	303	282	264	223	140	12	7,877
Kansas	111	90	104	123	110	88	67	49	4	1,992
Kentucky	821	736	765	752	756	694	622	380	49	18,897
Louisiana	549	497	484	488	499	538	386	215	16	12,631
Maine	185	149	120	137	99	103	84	38	5	3,372
Maryland	298	307	341	318	349	338	319	226	26	6,790
Massachusetts	1,404	1,301	1,208	1,208	1,133	1,120	1,000	664	58	31,089
Michigan	1,413	1,336	1,362	1,328	1,345	1,342	1,112	644	59	34,729
Minnesota	225	216	213	217	197	187	149	110	13	5,120
Mississippi	417	399	433	411	445	440	368	218	13	8,730
Missouri	255	281	253	295	344	260	279	113	-	5,699
Montana	83	85	72	73	50	60	44	21	15	1,868
Nebraska	176	159	139	126	118	136	88	62	9	3,483
Nevada	237	195	183	181	159	161	133	84	7	4,953
New Hampshire	37	28	25	32	45	37	24	14	1	745
New Jersey	484	421	411	451	429	393	347	245	28	9,689
New Mexico	428	397	387	336	341	325	262	177	59	8,701
New York	3,152	3,115	3,150	3,263	3,522	3,677	3,283	1,751	136	66,676
North Carolina	360	378	426	393	413	349	267	109	11	7,857
North Dakota	83	87	58	72	102	71	61	29	19	1,760
Ohio	1,010	973	1,029	1,019	1,084	1,150	868	622	57	23,006
Oklahoma	593	539	496	490	450	409	321	226	56	14,449
Oregon	448	464	392	436	388	352	314	247	52	10,428
Pennsylvania	189	198	223	249	286	314	271	187	76	3,855
Puerto Rico	319	307	293	346	355	377	307	183	1,055	6,950
Rhode Island	159	130	119	122	104	121	96	68	12	3,183
South Carolina	618	584	589	626	567	570	477	177	283	14,856
South Dakota	36	36	33	30	38	17	16	14	11	1,073
Tennessee	436	429	520	453	463	448	400	283	249	11,362
Texas	2,596	2,416	2,312	2,232	2,203	1,903	1,588	739	316	63,781
Utah	482	464	437	465	561	601	475	358	13	9,569
Vermont	51	45	39	53	68	66	46	37	2	921
Virginia	276	251	248	225	258	255	207	164	98	6,112
Washington	280	234	238	263	265	220	195	151	10	5,894
West Virginia	245	188	223	224	174	166	159	88	23	4,857
Wisconsin	247	198	191	205	208	215	154	111	11	4,840
Wyoming	39	37	43	35	41	38	23	13	3	968
National	**30,296**	**28,516**	**28,055**	**28,286**	**28,605**	**28,030**	**23,731**	**14,768**	**3,490**	**683,487**

Table 3–7 Victims by Age, 2015 *(continues next page)*

State	<1 Rate per 1,000 Children	1 Rate per 1,000 Children	2 Rate per 1,000 Children	3 Rate per 1,000 Children	4 Rate per 1,000 Children	5 Rate per 1,000 Children	6 Rate per 1,000 Children	7 Rate per 1,000 Children	8 Rate per 1,000 Children
Alabama	21.3	9.2	9.3	8.9	8.5	8.1	8.2	7.3	6.8
Alaska	33.1	18.7	19.3	19.8	17.3	17.2	19.4	17.0	16.2
Arizona	29.4	10.5	8.9	8.0	8.2	7.4	7.7	6.7	6.2
Arkansas	43.0	14.1	15.8	14.0	13.2	14.1	13.7	13.1	11.4
California	22.1	10.1	9.2	8.9	8.3	8.8	8.7	7.9	7.5
Colorado	22.7	9.5	10.3	8.8	8.7	8.9	9.2	8.1	8.2
Connecticut	24.0	12.4	11.8	10.5	10.0	10.3	10.6	8.7	8.9
Delaware	14.8	9.6	8.7	8.9	8.4	7.7	8.8	9.8	8.2
District of Columbia	16.9	10.0	10.2	10.5	10.3	11.5	13.7	12.4	13.1
Florida	29.0	16.3	15.5	13.9	12.7	13.0	12.3	11.0	9.8
Georgia	24.1	13.1	12.5	11.7	11.6	12.7	13.0	12.0	11.3
Hawaii	13.7	5.9	5.0	4.7	5.2	3.8	4.2	3.7	4.0
Idaho	14.3	4.7	5.3	3.8	3.0	4.0	3.9	3.9	2.7
Illinois	25.5	14.9	13.7	13.2	12.3	12.0	12.1	11.0	9.5
Indiana	46.6	21.9	20.3	20.3	19.8	18.8	18.1	17.2	15.6
Iowa	30.0	13.6	14.8	14.6	12.7	12.3	12.2	11.2	10.6
Kansas	3.6	3.2	2.7	3.1	3.6	3.1	2.8	3.6	2.3
Kentucky	48.8	25.0	24.5	22.3	20.9	22.1	21.3	19.8	18.5
Louisiana	38.1	13.1	13.5	11.8	12.3	12.7	11.4	11.5	10.1
Maine	38.9	18.6	18.1	16.7	18.1	16.0	16.7	15.2	13.7
Maryland	7.8	5.9	5.2	5.7	5.3	5.9	6.2	6.1	5.0
Massachusetts	61.3	30.5	29.9	28.4	28.3	26.4	26.2	24.8	22.4
Michigan	62.2	20.2	20.0	18.4	17.1	17.0	16.8	14.9	14.4
Minnesota	11.0	5.0	4.3	4.3	4.5	4.5	5.0	4.6	3.9
Mississippi	27.4	11.7	12.9	11.7	11.3	13.8	14.6	13.6	12.4
Missouri	5.8	5.5	4.9	5.1	4.9	4.7	4.6	4.5	4.0
Montana	19.7	11.7	11.2	9.8	11.2	11.0	9.8	9.1	8.4
Nebraska	17.2	10.2	8.7	8.6	8.7	9.2	8.8	7.7	8.0
Nevada	22.7	10.7	11.4	10.0	8.7	8.1	8.0	7.5	6.3
New Hampshire	7.1	4.0	4.2	4.1	2.8	3.0	3.6	3.5	2.7
New Jersey	11.4	6.1	5.9	5.5	5.4	5.4	5.9	5.7	4.6
New Mexico	45.2	21.5	18.7	18.4	17.2	19.8	22.8	19.5	18.9
New York	27.7	17.5	16.4	15.6	15.7	17.7	19.4	17.5	16.3
North Carolina	6.3	4.0	4.5	4.0	4.0	4.2	3.9	3.8	3.6
North Dakota	16.7	11.1	10.0	10.8	11.2	12.9	10.4	11.4	11.3
Ohio	23.5	9.6	10.0	9.7	9.7	9.7	9.8	9.5	8.5
Oklahoma	45.6	21.5	19.8	18.5	18.4	17.6	17.3	15.1	14.6
Oregon	28.8	15.7	16.8	15.0	14.3	13.4	13.9	14.7	12.0
Pennsylvania	1.8	1.1	1.1	1.1	1.5	1.3	1.4	1.1	1.2
Puerto Rico	10.9	8.6	8.5	9.3	9.8	10.0	9.7	9.3	7.5
Rhode Island	42.7	24.6	19.1	19.2	18.1	17.1	17.7	15.9	14.4
South Carolina	35.1	17.6	17.3	16.6	15.4	16.9	15.2	14.6	13.8
South Dakota	13.9	8.1	7.2	7.7	6.9	6.1	4.7	4.8	5.0
Tennessee	27.3	9.4	8.3	7.8	7.4	7.5	7.9	6.9	6.3
Texas	26.1	12.8	12.1	11.2	11.1	10.7	10.4	8.9	8.1
Utah	19.3	10.7	10.5	10.9	10.5	10.2	10.5	10.3	9.3
Vermont	10.3	6.3	6.6	9.4	9.1	9.0	9.7	8.3	7.2
Virginia	6.5	4.6	4.5	3.8	3.7	3.6	3.9	3.3	3.1
Washington	6.2	5.2	4.9	4.6	4.5	4.2	4.4	3.9	3.6
West Virginia	34.0	14.9	15.9	14.8	14.9	16.6	14.2	12.4	13.4
Wisconsin	8.1	5.0	4.7	4.7	4.6	4.3	4.4	4.1	4.0
Wyoming	15.1	10.0	8.5	8.7	6.8	7.1	8.7	7.4	6.9
National	**24.2**	**11.8**	**11.3**	**10.7**	**10.3**	**10.5**	**10.5**	**9.6**	**8.8**

Table 3–7 Victims by Age, 2015

State	9 Rate per 1,000 Children	10 Rate per 1,000 Children	11 Rate per 1,000 Children	12 Rate per 1,000 Children	13 Rate per 1,000 Children	14 Rate per 1,000 Children	15 Rate per 1,000 Children	16 Rate per 1,000 Children	17 Rate per 1,000 Children
Alabama	6.0	5.7	5.2	5.8	6.0	7.6	7.4	4.6	3.0
Alaska	14.1	12.5	12.4	10.5	12.5	10.8	9.0	9.5	4.8
Arizona	5.8	4.8	4.5	4.2	4.7	4.6	4.8	4.4	2.9
Arkansas	9.9	9.1	8.9	8.8	11.0	10.7	10.8	8.0	5.5
California	6.8	6.2	5.9	5.8	5.9	5.6	5.6	5.2	3.8
Colorado	7.5	6.6	5.8	6.6	6.6	5.5	5.4	4.1	2.5
Connecticut	7.9	7.7	6.9	7.4	7.3	6.8	7.5	6.5	3.5
Delaware	6.5	6.2	6.8	6.0	5.5	5.4	5.8	4.7	4.5
District of Columbia	10.3	9.7	10.6	12.3	13.0	11.5	10.3	9.6	6.8
Florida	8.9	7.8	7.4	6.9	6.7	6.7	6.1	5.5	3.9
Georgia	9.8	9.1	8.8	8.4	8.1	8.6	8.6	7.7	4.0
Hawaii	4.3	4.7	3.4	4.0	4.2	3.9	4.2	3.2	2.8
Idaho	2.8	2.6	2.9	2.7	2.9	2.4	2.9	2.0	1.5
Illinois	9.5	8.2	7.9	7.5	6.9	6.7	5.7	5.1	3.3
Indiana	14.6	13.3	12.5	12.1	13.0	12.3	12.4	9.2	5.8
Iowa	9.6	9.7	7.4	7.1	7.6	6.9	6.4	5.5	3.4
Kansas	3.2	2.8	2.2	2.6	3.2	2.7	2.2	1.7	1.2
Kentucky	16.1	14.6	13.0	13.6	13.6	13.2	11.9	10.8	6.6
Louisiana	9.2	9.0	8.2	8.0	8.1	8.0	8.5	6.2	3.5
Maine	11.8	12.6	10.1	8.2	9.3	6.5	6.6	5.3	2.4
Maryland	4.4	4.0	4.1	4.6	4.3	4.6	4.4	4.2	3.0
Massachusetts	19.6	18.2	16.5	15.2	15.3	13.9	13.5	12.0	7.9
Michigan	12.6	11.4	10.6	10.8	10.5	10.2	10.0	8.3	4.8
Minnesota	3.5	3.1	3.0	3.0	3.1	2.7	2.6	2.1	1.5
Mississippi	11.0	10.2	9.8	10.8	10.3	10.7	10.4	8.9	5.3
Missouri	3.5	3.3	3.6	3.3	3.8	4.3	3.2	3.5	1.4
Montana	6.5	6.6	6.8	5.8	5.9	4.0	4.8	3.5	1.7
Nebraska	6.6	6.6	6.0	5.4	4.9	4.6	5.3	3.5	2.5
Nevada	5.8	6.3	5.1	4.9	4.9	4.2	4.2	3.6	2.3
New Hampshire	2.6	2.4	1.8	1.6	2.0	2.8	2.2	1.4	0.8
New Jersey	4.5	4.3	3.7	3.6	4.0	3.7	3.3	3.0	2.1
New Mexico	17.0	15.2	14.2	14.2	12.2	12.3	11.6	9.5	6.4
New York	15.1	13.8	13.5	13.6	14.1	14.9	15.1	13.6	7.2
North Carolina	3.2	2.8	2.9	3.3	3.0	3.1	2.6	2.1	0.8
North Dakota	8.1	8.8	9.5	6.6	8.3	11.8	8.2	7.0	3.3
Ohio	7.8	6.9	6.5	6.9	6.8	7.0	7.3	5.6	4.0
Oklahoma	13.7	11.0	10.1	9.4	9.4	8.6	7.7	6.1	4.3
Oregon	10.9	9.3	9.6	8.2	9.2	8.0	7.1	6.4	5.0
Pennsylvania	1.3	1.3	1.3	1.5	1.6	1.8	2.0	1.7	1.2
Puerto Rico	7.5	7.5	7.3	6.9	7.9	7.5	7.7	6.5	3.8
Rhode Island	13.2	13.4	10.6	9.9	10.0	8.5	9.6	7.5	5.2
South Carolina	11.4	10.1	9.6	9.8	10.4	9.1	9.0	7.8	2.9
South Dakota	4.8	3.0	3.1	2.9	2.8	3.5	1.5	1.4	1.3
Tennessee	5.5	5.2	5.1	6.2	5.4	5.4	5.1	4.7	3.3
Texas	7.3	6.4	6.0	5.8	5.6	5.5	4.7	4.0	1.9
Utah	8.9	9.2	9.0	8.6	9.5	11.3	12.1	9.9	7.5
Vermont	6.2	7.5	6.5	5.6	7.7	9.7	8.8	6.1	4.8
Virginia	3.0	2.6	2.4	2.4	2.2	2.4	2.4	2.0	1.6
Washington	3.2	3.2	2.6	2.7	3.0	3.0	2.4	2.2	1.7
West Virginia	11.4	11.7	8.9	10.5	10.6	8.1	7.4	7.3	4.0
Wisconsin	3.5	3.4	2.7	2.6	2.8	2.8	2.8	2.1	1.5
Wyoming	9.0	5.1	4.8	5.7	4.7	5.6	5.1	3.2	1.8
National	**8.0**	**7.3**	**6.8**	**6.8**	**6.9**	**6.8**	**6.5**	**5.6**	**3.5**

Table 3–8 Victims by Sex, 2015

State	Boy Victims	Girl Victims	Unknown Victims	Total Victims	Boy Rate per 1,000 Children	Girl Rate per 1,000 Children
Alabama	3,854	4,607	5	8,466	6.9	8.5
Alaska	1,397	1,496	5	2,898	14.6	16.6
Arizona	6,069	5,860	26	11,955	7.3	7.4
Arkansas	4,132	5,070	2	9,204	11.4	14.7
California	35,261	36,700	39	72,000	7.6	8.2
Colorado	4,819	5,281	-	10,100	7.5	8.6
Connecticut	3,378	3,551	41	6,970	8.7	9.5
Delaware	761	777	-	1,538	7.3	7.7
District of Columbia	692	655	1	1,348	11.6	11.2
Florida	21,410	21,841	524	43,775	10.2	10.9
Georgia	13,528	13,377	47	26,952	10.6	10.9
Hawaii	719	779	8	1,506	4.5	5.2
Idaho	851	772	-	1,623	3.8	3.6
Illinois	14,698	15,193	102	29,993	9.7	10.5
Indiana	12,817	13,575	5	26,397	15.9	17.6
Iowa	3,931	3,934	12	7,877	10.5	11.0
Kansas	836	1,156	-	1,992	2.3	3.3
Kentucky	9,331	9,360	206	18,897	18.0	19.0
Louisiana	6,155	6,376	100	12,631	10.8	11.7
Maine	1,657	1,711	4	3,372	12.6	13.7
Maryland	3,062	3,720	8	6,790	4.5	5.6
Massachusetts	15,299	14,913	877	31,089	21.6	22.0
Michigan	17,476	17,242	11	34,729	15.5	16.0
Minnesota	2,398	2,722	-	5,120	3.7	4.3
Mississippi	4,141	4,584	5	8,730	11.2	12.9
Missouri	2,552	3,147	-	5,699	3.6	4.6
Montana	910	957	1	1,868	7.9	8.6
Nebraska	1,700	1,783	-	3,483	7.1	7.8
Nevada	2,522	2,430	1	4,953	7.4	7.4
New Hampshire	367	378	-	745	2.7	2.9
New Jersey	4,751	4,919	19	9,689	4.7	5.0
New Mexico	4,350	4,308	43	8,701	17.2	17.7
New York	33,393	33,024	259	66,676	15.5	16.0
North Carolina	3,738	4,119	-	7,857	3.2	3.7
North Dakota	900	849	11	1,760	10.1	10.0
Ohio	10,475	12,502	29	23,006	7.8	9.7
Oklahoma	7,078	7,371	-	14,449	14.4	15.7
Oregon	5,026	5,398	4	10,428	11.4	12.8
Pennsylvania	1,488	2,356	11	3,855	1.1	1.8
Puerto Rico	3,424	3,476	50	6,950	9.0	9.7
Rhode Island	1,618	1,561	4	3,183	15.0	15.1
South Carolina	7,333	7,286	237	14,856	13.2	13.6
South Dakota	544	527	2	1,073	5.0	5.1
Tennessee	5,020	6,300	42	11,362	6.6	8.6
Texas	30,928	32,723	130	63,781	8.4	9.3
Utah	4,376	5,184	9	9,569	9.3	11.7
Vermont	377	544	-	921	6.1	9.4
Virginia	2,979	3,128	5	6,112	3.1	3.4
Washington	2,901	2,978	15	5,894	3.5	3.8
West Virginia	2,401	2,442	14	4,857	12.4	13.2
Wisconsin	2,150	2,668	22	4,840	3.2	4.2
Wyoming	491	477	-	968	6.9	7.0
National	**332,464**	**348,087**	**2,936**	**683,487**	**8.8**	**9.6**

Table 3–9 Victims by Race and Ethnicity, 2015 *(continues next page)*

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total
Alabama	2,581	12	5	321	-	6	5,444	97	8,466
Alaska	66	1,389	17	106	264	34	596	426	2,898
Arizona	1,047	529	46	4,663	477	29	4,327	837	11,955
Arkansas	1,592	19	23	570	713	25	6,177	85	9,204
California	9,938	671	1,582	39,927	1,466	230	15,402	2,784	72,000
Colorado	874	54	65	3,783	442	21	4,665	196	10,100
Connecticut	1,467	10	62	2,250	361	6	2,566	248	6,970
Delaware	739	1	14	185	41	-	552	6	1,538
District of Columbia	861	1	1	137	14	1	12	321	1,348
Florida	13,776	66	118	7,735	1,908	11	18,351	1,810	43,775
Georgia	10,782	13	125	1,945	1,072	11	12,709	295	26,952
Hawaii	37	1	170	26	656	326	216	74	1,506
Idaho	14	44	4	183	34	2	1,283	59	1,623
Illinois	10,033	23	278	5,223	573	19	13,523	321	29,993
Indiana	4,674	8	59	2,260	1,912	10	17,440	34	26,397
Iowa	950	112	53	833	295	24	5,495	115	7,877
Kansas	190	14	9	246	108	3	1,405	17	1,992
Kentucky	1,939	9	21	729	952	6	13,671	1,570	18,897
Louisiana	5,577	23	22	360	325	4	5,979	341	12,631
Maine	-	-	-	-	-	-	-	-	-
Maryland	2,893	4	63	576	156	3	2,346	749	6,790
Massachusetts	3,912	48	455	8,341	1,299	9	11,984	5,041	31,089
Michigan	-	-	-	-	-	-	-	-	-
Minnesota	922	394	131	550	748	3	2,269	103	5,120
Mississippi	3,436	14	12	180	154	1	4,669	264	8,730
Missouri	898	10	11	213	96	4	4,185	282	5,699
Montana	29	428	1	92	92	-	1,213	13	1,868
Nebraska	463	182	34	580	207	4	1,840	173	3,483
Nevada	1,154	47	45	1,211	367	45	1,795	289	4,953
New Hampshire	13	1	1	51	22	-	611	46	745
New Jersey	3,033	8	111	2,712	267	10	3,202	346	9,689
New Mexico	229	773	19	5,288	191	8	1,877	316	8,701
New York	18,482	268	1,226	16,119	2,204	21	20,956	7,400	66,676
North Carolina	2,208	160	41	916	478	8	3,931	115	7,857
North Dakota	75	365	7	102	126	2	995	88	1,760
Ohio	5,677	7	31	1,256	1,952	5	13,733	345	23,006
Oklahoma	1,393	992	46	2,492	3,744	16	5,761	5	14,449
Oregon	475	288	85	1,409	425	49	6,296	1,401	10,428
Pennsylvania	-	-	-	-	-	-	-	-	-
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	354	13	31	856	227	1	1,514	187	3,183
South Carolina	5,335	16	30	646	439	4	7,761	625	14,856
South Dakota	37	425	-	74	124	-	388	25	1,073
Tennessee	-	-	-	-	-	-	-	-	-
Texas	11,469	79	316	27,766	2,304	75	20,549	1,223	63,781
Utah	280	195	86	1,842	178	123	6,789	76	9,569
Vermont	14	1	1	1	5	1	854	44	921
Virginia	1,615	1	54	681	362	17	3,161	221	6,112
Washington	358	384	96	1,017	564	79	3,026	370	5,894
West Virginia	143	-	1	55	293	1	4,343	21	4,857
Wisconsin	999	232	73	557	234	3	2,640	102	4,840
Wyoming	27	45	5	114	17	-	751	9	968
National	**133,060**	**8,379**	**5,686**	**147,179**	**28,888**	**1,260**	**269,252**	**29,515**	**623,219**

Table 3–9 Victims by Race and Ethnicity, 2015

State	African-American Rate per 1,000 Children	American Indian or Alaska Native Rate per 1,000 Children	Asian Rate per 1,000 Children	Hispanic Rate per 1,000 Children	Multiple Race Rate per 1,000 Children	Pacific Islander Rate per 1,000 Children	White Rate per 1,000 Children
Alabama	7.9	2.2	0.3	4.1	-	9.3	8.5
Alaska	10.8	42.0	1.6	6.1	11.6	10.6	6.4
Arizona	13.9	6.5	1.0	6.6	7.7	10.2	6.6
Arkansas	12.5	3.3	2.1	6.9	27.8	8.2	13.7
California	20.6	19.4	1.6	8.4	3.4	7.1	6.4
Colorado	16.4	7.1	1.8	9.6	8.3	11.5	6.6
Connecticut	16.9	5.0	1.6	12.9	12.7	16.4	5.9
Delaware	14.4	1.9	1.8	6.1	3.9	-	5.3
District of Columbia	12.8	4.6	0.4	7.8	3.0	17.2	0.5
Florida	16.4	6.9	1.1	6.3	13.0	3.7	10.3
Georgia	12.9	2.6	1.3	5.5	12.3	6.4	11.3
Hawaii	5.5	1.5	2.3	0.5	6.9	9.2	5.0
Idaho	3.5	8.8	0.7	2.3	2.4	2.7	3.9
Illinois	22.0	5.4	1.9	7.2	5.9	21.3	8.8
Indiana	26.7	2.6	1.8	13.5	31.1	16.5	15.3
Iowa	27.9	43.9	3.0	11.7	10.7	27.9	9.6
Kansas	4.1	2.5	0.5	1.9	3.0	4.7	2.9
Kentucky	20.7	5.7	1.3	12.6	23.9	7.8	17.0
Louisiana	13.5	3.1	1.2	5.2	9.9	8.2	10.4
Maine	-	-	-	-	-	-	-
Maryland	6.9	1.3	0.8	3.1	2.3	4.6	4.0
Massachusetts	33.9	18.5	4.9	34.7	24.6	14.2	13.6
Michigan	-	-	-	-	-	-	-
Minnesota	8.6	21.8	1.7	4.9	12.0	4.6	2.5
Mississippi	11.1	3.2	1.8	5.8	9.1	4.4	13.0
Missouri	4.8	1.8	0.4	2.3	1.6	1.7	4.1
Montana	18.3	19.8	0.6	6.9	9.0	-	6.8
Nebraska	16.9	34.6	3.1	7.3	11.4	10.4	5.6
Nevada	19.3	8.5	1.1	4.4	9.0	10.3	7.3
New Hampshire	2.9	2.0	0.1	3.4	2.5	-	2.7
New Jersey	11.1	2.5	0.6	5.3	4.4	13.7	3.3
New Mexico	26.6	15.3	3.4	17.9	15.0	25.4	15.2
New York	28.1	19.8	3.7	15.8	15.4	10.5	10.3
North Carolina	4.2	5.7	0.6	2.6	5.2	4.1	3.2
North Dakota	14.6	26.5	3.7	10.1	18.2	16.4	7.3
Ohio	14.6	1.7	0.6	8.2	16.4	4.2	7.2
Oklahoma	17.9	10.4	2.5	15.8	41.5	9.2	11.1
Oregon	25.0	27.5	2.5	7.4	8.4	11.6	11.3
Pennsylvania	-	-	-	-	-	-	-
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	23.0	11.3	4.1	17.1	24.3	6.5	11.9
South Carolina	15.9	4.1	1.8	6.8	10.9	5.7	13.0
South Dakota	7.6	15.7	-	5.8	13.6	-	2.5
Tennessee	-	-	-	-	-	-	-
Texas	13.6	4.2	1.1	7.8	13.0	12.4	8.8
Utah	26.5	22.7	5.3	11.7	5.8	13.0	10.0
Vermont	5.9	3.0	0.4	0.3	1.1	27.0	8.0
Virginia	4.2	0.2	0.5	2.8	3.5	12.1	3.1
Washington	5.3	16.3	0.8	3.0	4.5	5.8	3.3
West Virginia	9.9	-	0.4	6.3	20.3	11.6	12.8
Wisconsin	8.9	16.6	1.6	3.7	4.8	6.0	2.9
Wyoming	16.6	10.8	4.6	5.7	3.8	-	7.0
National	**14.5**	**13.8**	**1.7**	**8.4**	**10.4**	**8.8**	**8.1**

Table 3–10 Maltreatment Types of Victims, 2015 *(continues next page)*

State	Victims	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Unknown	Total Maltreatment Types
Alabama	8,466	67	3,280	-	4,414	21	1,472	-	9,254
Alaska	2,898	84	2,371	-	331	720	156	-	3,662
Arizona	11,955	-	11,131	-	1,092	6	347	-	12,576
Arkansas	9,204	1,217	5,089	7	2,022	126	1,904	-	10,365
California	72,000	161	62,050	165	6,468	9,042	3,623	-	81,509
Colorado	10,100	158	8,111	-	1,162	313	1,009	28	10,781
Connecticut	6,970	243	5,908	-	472	2,046	391	-	9,060
Delaware	1,538	12	455	152	282	658	108	-	1,667
District of Columbia	1,348	-	1,139	4	272	-	40	-	1,455
Florida	43,775	1,107	23,775	20,396	4,235	625	2,506	-	52,644
Georgia	26,952	859	20,121	2	2,913	5,745	927	-	30,567
Hawaii	1,506	23	233	1,261	161	12	66	-	1,756
Idaho	1,623	9	1,244	14	380	-	63	-	1,710
Illinois	29,993	661	20,978	-	6,513	32	4,495	-	32,679
Indiana	26,397	-	23,094	-	2,218	-	2,670	-	27,982
Iowa	7,877	82	5,775	929	1,333	52	535	-	8,706
Kansas	1,992	52	379	494	460	276	605	-	2,266
Kentucky	18,897	458	17,416	-	1,575	67	905	-	20,421
Louisiana	12,631	-	10,781	-	1,960	60	677	38	13,516
Maine	3,372	-	2,243	-	973	1,079	234	-	4,529
Maryland	6,790	-	4,052	-	1,543	19	1,619	-	7,233
Massachusetts	31,089	-	29,334	13	2,993	35	706	-	33,081
Michigan	34,729	617	28,153	55	8,263	133	1,083	-	38,304
Minnesota	5,120	63	3,488	-	1,162	47	931	-	5,691
Mississippi	8,730	354	6,611	17	1,372	1,118	868	-	10,340
Missouri	5,699	234	3,617	-	1,671	488	1,334	-	7,344
Montana	1,868	9	1,756	5	106	48	71	-	1,995
Nebraska	3,483	-	2,967	-	425	38	241	-	3,671
Nevada	4,953	107	3,648	-	1,661	41	277	-	5,734
New Hampshire	745	29	645	-	48	5	80	-	807
New Jersey	9,689	186	7,698	-	1,477	45	848	-	10,254
New Mexico	8,701	325	7,154	-	1,170	2,014	231	-	10,894
New York	66,676	4,101	63,569	17,984	6,497	464	1,990	-	94,605
North Carolina	7,857	35	4,292	51	1,780	90	1,595	96	7,939
North Dakota	1,760	38	1,313	-	213	557	65	-	2,186
Ohio	23,006	389	10,133	-	10,183	824	4,683	-	26,212
Oklahoma	14,449	186	11,062	-	2,402	3,873	619	-	18,142
Oregon	10,428	147	5,751	4,845	1,041	247	838	-	12,869
Pennsylvania	3,855	129	137	220	1,483	51	1,941	-	3,961
Puerto Rico	6,950	533	4,304	36	1,884	3,598	154	-	10,509
Rhode Island	3,183	42	1,804	-	416	1,259	128	-	3,649
South Carolina	14,856	386	9,298	172	6,929	101	767	-	17,653
South Dakota	1,073	-	957	-	127	22	29	-	1,135
Tennessee	11,362	175	7,674	-	1,444	336	2,687	-	12,316
Texas	63,781	1,457	52,278	1	10,529	396	5,720	2	70,383
Utah	9,569	29	2,460	509	3,935	2,795	2,023	-	11,751
Vermont	921	18	22	-	441	7	474	-	962
Virginia	6,112	142	4,014	1	1,869	70	653	-	6,749
Washington	5,894	-	4,655	-	1,183	-	538	-	6,376
West Virginia	4,857	239	2,222	14	3,418	2,726	197	-	8,816
Wisconsin	4,840	-	3,092	-	852	37	1,094	-	5,075
Wyoming	968	6	767	3	19	185	69	-	1,049
National	**683,487**	**15,169**	**514,500**	**47,350**	**117,772**	**42,549**	**57,286**	**164**	**794,790**

Table 3–10 Maltreatment Types of Victims, 2015

State	Medical Neglect Percent	Neglect Percent	Other Percent	Physical Abuse Percent	Psychological Maltreatment Percent	Sexual Abuse Percent	Unknown Percent	Total Maltreatment Types Percent
Alabama	0.8	38.7	-	52.1	0.2	17.4	-	109.3
Alaska	2.9	81.8	-	11.4	24.8	5.4	-	126.4
Arizona	-	93.1	-	9.1	0.1	2.9	-	105.2
Arkansas	13.2	55.3	0.1	22.0	1.4	20.7	-	112.6
California	0.2	86.2	0.2	9.0	12.6	5.0	-	113.2
Colorado	1.6	80.3	-	11.5	3.1	10.0	0.3	106.7
Connecticut	3.5	84.8	-	6.8	29.4	5.6	-	130.0
Delaware	0.8	29.6	9.9	18.3	42.8	7.0	-	108.4
District of Columbia	-	84.5	0.3	20.2	-	3.0	-	107.9
Florida	2.5	54.3	46.6	9.7	1.4	5.7	-	120.3
Georgia	3.2	74.7	0.0	10.8	21.3	3.4	-	113.4
Hawaii	1.5	15.5	83.7	10.7	0.8	4.4	-	116.6
Idaho	0.6	76.6	0.9	23.4	-	3.9	-	105.4
Illinois	2.2	69.9	-	21.7	0.1	15.0	-	109.0
Indiana	-	87.5	-	8.4	-	10.1	-	106.0
Iowa	1.0	73.3	11.8	16.9	0.7	6.8	-	110.5
Kansas	2.6	19.0	24.8	23.1	13.9	30.4	-	113.8
Kentucky	2.4	92.2	-	8.3	0.4	4.8	-	108.1
Louisiana	-	85.4	-	15.5	0.5	5.4	0.3	107.0
Maine	-	66.5	-	28.9	32.0	6.9	-	134.3
Maryland	-	59.7	-	22.7	0.3	23.8	-	106.5
Massachusetts	-	94.4	0.0	9.6	0.1	2.3	-	106.4
Michigan	1.8	81.1	0.2	23.8	0.4	3.1	-	110.3
Minnesota	1.2	68.1	-	22.7	0.9	18.2	-	111.2
Mississippi	4.1	75.7	0.2	15.7	12.8	9.9	-	118.4
Missouri	4.1	63.5	-	29.3	8.6	23.4	-	128.9
Montana	0.5	94.0	0.3	5.7	2.6	3.8	-	106.8
Nebraska	-	85.2	-	12.2	1.1	6.9	-	105.4
Nevada	2.2	73.7	-	33.5	0.8	5.6	-	115.8
New Hampshire	3.9	86.6	-	6.4	0.7	10.7	-	108.3
New Jersey	1.9	79.5	-	15.2	0.5	8.8	-	105.8
New Mexico	3.7	82.2	-	13.4	23.1	2.7	-	125.2
New York	6.2	95.3	27.0	9.7	0.7	3.0	-	141.9
North Carolina	0.4	54.6	0.6	22.7	1.1	20.3	1.2	101.0
North Dakota	2.2	74.6	-	12.1	31.6	3.7	-	124.2
Ohio	1.7	44.0	-	44.3	3.6	20.4	-	113.9
Oklahoma	1.3	76.6	-	16.6	26.8	4.3	-	125.6
Oregon	1.4	55.1	46.5	10.0	2.4	8.0	-	123.4
Pennsylvania	3.3	3.6	5.7	38.5	1.3	50.4	-	102.7
Puerto Rico	7.7	61.9	0.5	27.1	51.8	2.2	-	151.2
Rhode Island	1.3	56.7	-	13.1	39.6	4.0	-	114.6
South Carolina	2.6	62.6	1.2	46.6	0.7	5.2	-	118.8
South Dakota	-	89.2	-	11.8	2.1	2.7	-	105.8
Tennessee	1.5	67.5	-	12.7	3.0	23.6	-	108.4
Texas	2.3	82.0	0.0	16.5	0.6	9.0	0.0	110.4
Utah	0.3	25.7	5.3	41.1	29.2	21.1	-	122.8
Vermont	2.0	2.4	-	47.9	0.8	51.5	-	104.5
Virginia	2.3	65.7	0.0	30.6	1.1	10.7	-	110.4
Washington	-	79.0	-	20.1	-	9.1	-	108.2
West Virginia	4.9	45.7	0.3	70.4	56.1	4.1	-	181.5
Wisconsin	-	63.9	-	17.6	0.8	22.6	-	104.9
Wyoming	0.6	79.2	0.3	2.0	19.1	7.1	-	108.4
National	**2.2**	**75.3**	**6.9**	**17.2**	**6.2**	**8.4**	**0.0**	**116.3**

Table 3–11 Maltreatment Type Combinations, 2015

MALTREATMENT TYPE COMBINATIONS	Maltreatment Type	Maltreatment Type Percent
SINGLE TYPE	-	-
Physical Abuse	70,353	10.3
Neglect (includes Medical Neglect)	433,489	63.4
Sexual Abuse	44,611	6.5
Psychological or Emotional Maltreatment	18,352	2.7
Other/Unknown	21,303	3.1
TWO TYPES	-	-
Neglect and Physical Abuse	34,496	5.0
Neglect and "Other"/Unknown	22,983	3.4
Neglect and Psychological Maltreatment[1]	14,592	2.1
Neglect and Sexual Abuse[2]	9,166	1.3
Physical Abuse and Psychological Maltreatment[3]	5,009	0.7
Physical Abuse and Sexual Abuse[4]	1,256	0.2
Physical Abuse and "Other"/Unknown	814	0.1
Sexual Abuse and Psychological Maltreatment[5]	403	0.1
THREE TYPES	-	-
Neglect, Physical Abuse, and Psychological Maltreatment [6]	3,376	0.5
Neglect, Physical Abuse, and "Other"/Unknown	1,262	0.2
Neglect, Physical Abuse, and Sexual Abuse[7]	1,079	0.2
REMAINING COMBINATIONS	**943**	**0.1**
National	**683,487**	**100.0**

[1] Includes 172 victims with a combination of Neglect, Psychological Maltreatment, and "Other"/Unknown.
[2] Includes 306 victims with a combination of Neglect, Sexual Abuse, and "Other"/Unknown.
[3] Includes 73 victims with a combination of Physical Abuse, Psychological Maltreatment, and "Other"/Unknown.
[4] Includes 23 victims with a combination of Physical Abuse, Sexual Abuse, and "Other"/Unknown.
[5] Includes 10 victims with a combination of Sexual Abuse, Psychological Maltreatment, and "Other"/Unknown
[6] Includes 65 victims with a combination of Neglect, Physical Abuse, Psychological Maltreatment, and "Other"/Unknown
[7] Includes 60 victims with a combination of Neglect, Physical Abuse, Sexual Abuse, and "Other"/Unknown

Table 3–12 Children With an Alcohol Abuse Caregiver Risk Factor, 2015

State	Victims	Victims With an Alcohol Abuse Caregiver Risk Factor	Victims With an Alcohol Abuse Caregiver Risk Factor Percent	Nonvictims	Nonvictims With an Alcohol Abuse Caregiver Risk Factor	Nonvictims With an Alcohol Abuse Caregiver Risk Factor Percent
Alabama	-	-	-	-	-	-
Alaska	2,898	535	18.5	7,897	548	6.9
Arizona	11,955	1,804	15.1	64,626	2,620	4.1
Arkansas	9,204	137	1.5	-	-	-
California	-	-	-	-	-	-
Colorado	-	-	-	-	-	-
Connecticut	-	-	-	-	-	-
Delaware	1,538	564	36.7	12,456	241	1.9
District of Columbia	-	-	-	-	-	-
Florida	-	-	-	-	-	-
Georgia	26,952	904	3.4	-	-	-
Hawaii	1,506	177	11.8	2,189	269	12.3
Idaho	-	-	-	-	-	-
Illinois	-	-	-	-	-	-
Indiana	26,397	1,124	4.3	-	-	-
Iowa	-	-	-	-	-	-
Kansas	-	-	-	-	-	-
Kentucky	18,897	3,125	16.5	55,273	3,202	5.8
Louisiana	-	-	-	-	-	-
Maine	3,372	660	19.6	9,269	536	5.8
Maryland	6,790	127	1.9	-	-	-
Massachusetts	-	-	-	-	-	-
Michigan	34,729	1,025	3.0	-	-	-
Minnesota	5,120	777	15.2	25,361	1,969	7.8
Mississippi	8,730	346	4.0	-	-	-
Missouri	5,699	473	8.3	67,824	1,249	1.8
Montana	1,868	102	5.5	10,801	155	1.4
Nebraska	3,483	206	5.9	19,707	284	1.4
Nevada	-	-	-	-	-	-
New Hampshire	745	88	11.8	10,521	387	3.7
New Jersey	9,689	1,527	15.8	64,857	2,907	4.5
New Mexico	8,701	3,262	37.5	19,522	3,969	20.3
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	1,760	604	34.3	4,677	779	16.7
Ohio	23,006	880	3.8	78,830	3,024	3.8
Oklahoma	14,449	2,761	19.1	42,692	1,833	4.3
Oregon	10,428	4,628	44.4	28,581	6,980	24.4
Pennsylvania	-	-	-	-	-	-
Puerto Rico	6,950	566	8.1	-	-	-
Rhode Island	3,183	94	3.0	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	1,073	355	33.1	3,162	591	18.7
Tennessee	-	-	-	-	-	-
Texas	63,781	4,990	7.8	204,099	8,125	4.0
Utah	9,569	515	5.4	-	-	-
Vermont	-	-	-	-	-	-
Virginia	-	-	-	-	-	-
Washington	5,894	1,636	27.8	39,444	3,722	9.4
West Virginia	-	-	-	-	-	-
Wisconsin	4,840	177	3.7	31,490	706	2.2
Wyoming	968	226	23.3	-	-	-
National	**334,174**	**34,395**	**10.3**	**803,278**	**44,096**	**5.5**

Table 3–13 Children With a Drug Abuse Caregiver Risk Factor, 2015

State	Victims	Victims With a Drug Abuse Caregiver Risk Factor	Victims With a Drug Abuse Caregiver Risk Factor Percent	Nonvictims	Nonvictims With a Drug Abuse Caregiver Risk Factor	Nonvictims With a Drug Abuse Caregiver Risk Factor Percent
Alabama	8,466	465	5.5	-	-	-
Alaska	2,898	297	10.2	7,897	183	2.3
Arizona	11,955	6,156	51.5	64,626	7,223	11.2
Arkansas	9,204	257	2.8	48,868	443	0.9
California	-	-	-	-	-	-
Colorado	-	-	-	-	-	-
Connecticut	-	-	-	-	-	-
Delaware	1,538	533	34.7	12,456	191	1.5
District of Columbia	-	-	-	-	-	-
Florida	-	-	-	-	-	-
Georgia	26,952	4,068	15.1	136,182	4,666	3.4
Hawaii	1,506	695	46.1	2,189	773	35.3
Idaho	-	-	-	-	-	-
Illinois	-	-	-	-	-	-
Indiana	26,397	4,961	18.8	112,771	3,654	3.2
Iowa	-	-	-	-	-	-
Kansas	-	-	-	-	-	-
Kentucky	18,897	8,897	47.1	55,273	6,079	11.0
Louisiana	-	-	-	-	-	-
Maine	3,372	1,084	32.1	9,269	1,076	11.6
Maryland	6,790	383	5.6	-	-	-
Massachusetts	-	-	-	-	-	-
Michigan	34,729	1,965	5.7	112,702	1,428	1.3
Minnesota	5,120	1,227	24.0	25,361	2,161	8.5
Mississippi	8,730	1,729	19.8	-	-	-
Missouri	5,699	1,476	25.9	67,824	2,996	4.4
Montana	1,868	420	22.5	10,801	272	2.5
Nebraska	3,483	565	16.2	19,707	347	1.8
Nevada	-	-	-	-	-	-
New Hampshire	745	246	33.0	10,521	984	9.4
New Jersey	9,689	3,033	31.3	64,857	6,623	10.2
New Mexico	8,701	5,633	64.7	19,522	5,428	27.8
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	1,760	851	48.4	4,677	808	17.3
Ohio	23,006	9,907	43.1	78,830	14,664	18.6
Oklahoma	14,449	6,693	46.3	42,692	4,277	10.0
Oregon	10,428	5,197	49.8	28,581	6,564	23.0
Pennsylvania	3,855	82	2.1	-	-	-
Puerto Rico	6,950	520	7.5	-	-	-
Rhode Island	3,183	198	6.2	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	1,073	488	45.5	3,162	453	14.3
Tennessee	11,362	1,254	11.0	81,792	1,770	2.2
Texas	63,781	17,332	27.2	204,099	24,991	12.2
Utah	9,569	899	9.4	-	-	-
Vermont	-	-	-	-	-	-
Virginia	-	-	-	-	-	-
Washington	5,894	2,724	46.2	39,444	5,948	15.1
West Virginia	-	-	-	-	-	-
Wisconsin	4,840	329	6.8	31,490	796	2.5
Wyoming	968	432	44.6	4,664	49	1.1
National	**357,857**	**90,996**	**25.4**	**1,300,257**	**104,847**	**8.1**

Table 3–14 Children with Domestic Violence Caregiver Risk Factor, 2015

State	Victims	Victims With a Domestic Violence Caregiver Risk Factor	Victims With a Domestic Violence Caregiver Risk Factor Percent	Nonvictims	Nonvictims With a Domestic Violence Caregiver Risk Factor	Nonvictims With a Domestic Violence Caregiver Risk Factor Percent
Alabama	8,466	93	1.1	-	-	-
Alaska	2,898	242	8.4	7,897	172	2.2
Arizona	11,955	4,997	41.8	64,626	10,363	16.0
Arkansas	9,204	672	7.3	48,868	652	1.3
California	-	-	-	-	-	-
Colorado	-	-	-	-	-	-
Connecticut	-	-	-	-	-	-
Delaware	1,538	687	44.7	12,456	228	1.8
District of Columbia	1,348	257	19.1	10,519	347	3.3
Florida	43,775	19,285	44.1	237,265	15,302	6.4
Georgia	26,952	3,902	14.5	136,182	5,610	4.1
Hawaii	1,506	316	21.0	2,189	517	23.6
Idaho	1,623	54	3.3	-	-	-
Illinois	29,993	8,990	30.0	95,105	11,279	11.9
Indiana	26,397	2,878	10.9	112,771	3,214	2.9
Iowa	-	-	-	-	-	-
Kansas	-	-	-	-	-	-
Kentucky	18,897	8,146	43.1	55,273	11,022	19.9
Louisiana	-	-	-	-	-	-
Maine	3,372	1,034	30.7	9,269	1,083	11.7
Maryland	6,790	2,585	38.1	24,137	3,367	13.9
Massachusetts	31,089	1,841	5.9	44,599	567	1.3
Michigan	34,729	2,900	8.4	112,702	2,629	2.3
Minnesota	5,120	1,570	30.7	25,361	4,394	17.3
Mississippi	8,730	626	7.2	-	-	-
Missouri	5,699	1,150	20.2	67,824	4,909	7.2
Montana	-	-	-	-	-	-
Nebraska	3,483	110	3.2	19,707	284	1.4
Nevada	4,953	54	1.1	-	-	-
New Hampshire	745	301	40.4	10,521	2,490	23.7
New Jersey	9,689	2,391	24.7	64,857	7,984	12.3
New Mexico	8,701	2,180	25.1	19,522	1,601	8.2
New York	66,676	15,724	23.6	139,777	6,312	4.5
North Carolina	-	-	-	-	-	-
North Dakota	1,760	607	34.5	4,677	1,014	21.7
Ohio	23,006	5,808	25.2	78,830	14,002	17.8
Oklahoma	14,449	4,845	33.5	42,692	3,017	7.1
Oregon	10,428	4,094	39.3	28,581	6,075	21.3
Pennsylvania	3,855	126	3.3	-	-	-
Puerto Rico	6,950	1,618	23.3	-	-	-
Rhode Island	3,183	1,588	49.9	5,246	1,351	25.8
South Carolina	-	-	-	-	-	-
South Dakota	1,073	340	31.7	3,162	712	22.5
Tennessee	-	-	-	81,792	1,079	1.3
Texas	63,781	24,644	38.6	204,099	28,819	14.1
Utah	9,569	2,846	29.7	15,954	615	3.9
Vermont	-	-	-	-	-	-
Virginia	6,112	1,034	16.9	54,495	2,640	4.8
Washington	5,894	1,124	19.1	39,444	1,831	4.6
West Virginia	-	-	-	-	-	-
Wisconsin	4,840	619	12.8	31,490	1,925	6.1
Wyoming	968	182	18.8	-	-	-
National	**530,196**	**132,460**	**25.0**	**1,911,889**	**157,406**	**8.2**

Table 3–15 Victims by Relationship to Their Perpetrators, 2015

PERPETRATOR	Victims	Reported Relationships	Reported Relationships Percent
PARENT	-	-	-
Father	-	132,738	21.1
Father and Nonparent(s)	-	6,828	1.1
Mother	-	257,409	40.9
Mother and Nonparent(s)	-	43,347	6.9
Mother and Father	-	129,837	20.6
Mother, Father, and Nonparent	-	6,036	1.0
Total Parents	**-**	**576,195**	**91.6**
NONPARENT	-	-	-
Child Daycare Provider	-	2,208	0.4
Foster Parent	-	1,424	0.2
Friend and Neighbor	-	4,254	0.7
Group Home and Residential Facility Staff	-	517	0.1
Legal Guardian	-	1,473	0.2
More Than One Nonparental Perpetrator	-	6,964	1.1
Other Professional	-	1,083	0.2
Partner of Parent (Female)	-	2,032	0.3
Partner of Parent (Male)	-	16,882	2.7
Relative (Female)	-	10,524	1.7
Relative (Male)	-	19,139	3.0
Other	-	17,114	2.7
Total Nonparents	**-**	**83,614**	**13.3**
UNKNOWN	-	-	-
Total Unknown	**-**	**17,743**	**2.8**
National	**629,257**	**677,552**	**107.7**

Based on data from 48 states.

Fatalities

CHAPTER 4

The effects of child abuse and neglect are serious, and a child fatality is the most tragic consequence. The National Child Abuse and Neglect Data System (NCANDS) collects case-level data in the Child File on child deaths from maltreatment. Additional counts of child fatalities, for which case-level data are not known, are reported in the Agency File.

Some child maltreatment deaths may not come to the attention of child protective services (CPS). Reasons for this include if there were no surviving siblings in the family, or if the child had not (prior to his or her death) received child welfare services. To improve the counts of child fatalities, states are increasingly consulting data sources outside of CPS for deaths attributed to child maltreatment. The Child and Family Services Improvement and Innovation Act (P.L. 112–34) lists the following additional data sources, which states should include when reporting on child deaths due to maltreatment: state vital statistics departments, child death review teams, law enforcement agencies, and offices of medical examiners or coroners. In addition to the sources mentioned in the law, some states also collect child fatality data from hospitals, health departments, juvenile justice departments, and prosecutor and attorney general offices. States that are able to provide these additional data do so as aggregate data via the Agency File.

Number of Child Fatalities

Forty-nine states reported 1,585 fatalities. Of those states, 45 reported case-level data on 1,327 fatalities and 40 reported aggregate data on 258 fatalities. Fatality rates by state ranged from 0.00 to 5.67 per 100,000 children in the population. The number of child fatalities reported by states in the Child File and Agency File has fluctuated during the past 5 years. (See tables 4–1, 4–2, and related notes.)

For FFY 2015, a nationally estimated 1,670 children died from abuse and neglect at a rate of 2.25 per 100,000 children in the population. The 2015 national estimate of 1,670 child deaths due to maltreatment is a 5.7 percent increase from the 2011 national estimate of 1,580. The percent change was calculated using the national estimates for FFY 2011 and FFY 2015. (See exhibit 4–A and related notes.) Due to the relatively low frequency of child fatalities, the national rate and national estimate are sensitive to which states report data and changes in the child population estimates produced by the U.S. Census Bureau. The child population decreased for the past 5 years.

With the passage of the Child and Family Services Improvement and Innovation Act in 2010, many states reported increased counts of child fatalities from 2011 to 2012 and attributed the increase to better reporting. For example, several states mentioned that they implemented new child death reviews or expanded the scope of existing reviews. Some states indicated that they

Exhibit 4–A Child Fatality Rates per 100,000 Children, 2011–2015

Year	Reporting States	Child Population of Reporting States	Child Fatalities from Reporting States	National Fatality Rate Per 100,000 Children	Child Population of all 52 States	National Estimate of Child Fatalities
2011	52	74,783,709	1,575	2.11	74,783,709	1,580
2012	51	74,281,517	1,619	2.18	74,546,847	1,630
2013	51	74,137,598	1,551	2.09	74,399,539	1,550
2014	51	74,111,988	1,583	2.14	74,371,086	1,590
2015	49	70,448,467	1,585	2.25	74,382,502	1,670

Data are from the Child File and Agency File or the SDC. National fatality rates per 100,000 children were calculated by dividing the number of child fatalities by the population of reporting states and multiplying by 100,000.

If fewer than 52 states reported data, the national estimate of child fatalities was calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate was rounded to the nearest 10. If 52 states reported data, the national estimate of child fatalities was calculated by taking the number of reported child fatalities and rounding to the nearest 10. Because of the rounding rule, the national estimate could have more or fewer fatalities than the actual reported number of fatalities.

began investigating all unexplained infant deaths regardless of whether there was an allegation of maltreatment. Detailed explanations for data fluctuations may be found in the state commentaries in appendix D. An explanation for a change may be in an earlier edition of the Child Maltreatment report. Previous editions of the report are located on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

The child fatality count in this report reflects the federal fiscal year in which the deaths were determined due to maltreatment. The year in which a determination was made may be different from the year in which the child died. In FFY 2013, states began reporting the "maltreatment death date" to differentiate the year in which the death was reported to NCANDS in the Child File from the year in which the child died. More than 60 percent (60.9%) of the deaths reported in FFY 2015 occurred during FFY 2015; one-quarter (25.3%) occurred during FFY 2014. Fewer than 10 percent (9.3%) of child fatalities were reported with an unknown date of death. CPS agencies may need more time to determine a child died due to maltreatment than the time needed to determine the child was a victim of maltreatment as many states have additional levels of reviews for child deaths. (See table 4–3 and related notes.)

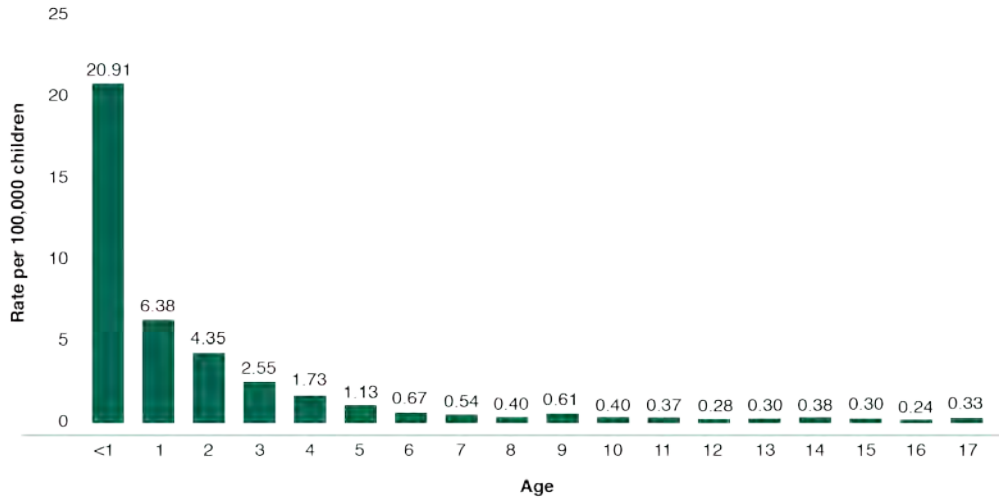
Child Fatality Demographics

Three-quarters (74.8%) of all child fatalities were younger than 3 years and the child fatality rates mostly decreased with age. Children who were younger than 1 year died from maltreatment at a rate of 20.91 per 100,000 children in the population younger than 1 year. This is 3 times the fatality rate for children who were 1 year old (6.38 per 100,000 children in the population of the same age). As shown in exhibit 4–B, younger children are the most vulnerable to death as the result of child abuse and neglect. This fact is somewhat masked by the national rate. (See table 4–4, exhibit 4–B, and related notes.)

Boys had a higher child fatality rate than girls; 2.42 per 100,000 boys in the population, compared with 2.09 per 100,000 girls in the population. (See exhibit 4–C and related notes.)

Exhibit 4–B Child Fatalities by Age, 2015

Children <1 year old died from abuse and neglect at three times the rate of children who were 1 year old.



Based on data from table 4–4.

Eighty-seven percent (87.4%) of child fatalities were of White (42.3%), African-American (30.6%), and Hispanic (14.5%) descent. The racial distributions for all children in the population for these three race or ethnicity categories are 51.5 percent White, 13.8 percent African-American, and 24.6 percent Hispanic. Using the number of victims and the population data to create rates highlights some racial disparity. The rate of African-American child fatalities (4.63 per 100,000 African-American children) is approximately 2.5 times greater than the rate of White children (1.86 per 100,000 White children) and 3.0 times greater than the rate of Hispanic children (1.50 per 100,000 Hispanic children). (See exhibit 4–D and related notes.)

Exhibit 4–C Child Fatalities by Sex, 2015

Sex	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
Boys	29,965,091	724	54.6	2.42
Girls	28,701,496	600	45.2	2.09
Unknown	-	3	0.2	-
National	**58,666,587**	**1,327**	**100.0**	-

Based on data from 45 states. Data are from the Child File. Rates are calculated by dividing the number of male child fatalities and female child fatalities by the child population for each sex and multiplying by 100,000. There are no population data for unknown sex and therefore no rates.

Exhibit 4–D Child Fatalities by Race and Ethnicity, 2015

Race	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
SINGLE RACE	-	-	-	-
African-American	7,943,865	368	30.6	4.63
American Indian or Alaska Native	475,096	17	1.4	3.58
Asian	2,043,910	9	0.7	0.44
Hispanic	11,652,689	175	14.5	1.50
Pacific Islander	87,640	2	0.2	2.28
Unknown	-	58	4.8	-
White	27,319,135	509	42.3	1.86
MULTIPLE RACE	-	-	-	-
Two or More Races	2,011,672	65	5.4	3.23
National	**51,534,007**	**1,203**	**100.0**	**-**

Based on data from 41 states. Data are from the Child File. The category multiple race is defined as any combination of two or more race categories. Counts associated with specific racial groups (e.g., White) are exclusive and do not include Hispanic.

States with more than 75 percent of victim race or ethnicity as unknown or missing were excluded from this analysis. Rates were calculated by dividing the number of fatalities for each race or ethnicity by the child population for each race or ethnicity and multiplying by 100,000. This analysis includes only those states that reported both victim race and ethnicity.

Maltreatment Types

Of the children who died, 72.9 percent suffered neglect and 43.9 percent suffered physical abuse either exclusively or in combination with another maltreatment type. (See exhibit 4–E and related notes.) Because a victim may have suffered from more than one type of maltreatment, every reported maltreatment type was counted and the percentages total to more than 100.0 percent.

Exhibit 4–E Maltreatment Types of Child Fatalities, 2015

Maltreatment Type	Child Fatalities	Maltreatment Types	Maltreatment Types Percent
Medical Neglect	-	97	7.3
Neglect	-	968	72.9
Other	-	285	21.5
Physical Abuse	-	583	43.9
Psychological Abuse	-	14	1.1
Sexual Abuse	-	16	1.2
Unknown	-	38	2.9
National	**1,327**	**2,001**	**150.8**

Based on data from 45 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 are calculated against the number of child fatalities in the reporting states.

Perpetrator Relationship

More than three-quarters (77.7%) of child fatalities involved parents acting alone, together, or with other individuals. Nearly one-fifth (18.7%) of fatalities did not have a parental relationship to their perpetrator. Child fatalities with unknown perpetrator relationship data accounted for 3.6 percent. (See table 4–5 and related notes.)

Risk Factors

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. Some states were able to report data on caregiver risk factors for children who died as a result of maltreatment. Caregivers with these risk factors may or may not have been the perpetrator responsible for the child's death. Please see the Risk Factors section in chapter 3 or Appendix B, Glossary for more information and the NCANDS' definitions of these risk factors. Twenty-seven states reported that 6.9 percent of child fatalities were associated with a caregiver who had a risk factor of alcohol abuse. Thirty states reported that 18.1 percent of child fatalities were associated with a caregiver who had a risk factor of drug abuse. For 35 states, 14.4 percent of child fatalities were exposed to domestic violence. (See exhibit 4–F and related notes.)

Exhibit 4–F Child Fatalities with Selected Caregiver Risk Factors, 2015

Caregiver Risk Factor	Reporting States	Child Fatalities from Reporting States	Child Fatalities With a Caregiver Risk Factor	Child Fatalities With a Caregiver Risk Factor Percent
Alcohol Abuse	27	755	52	6.9
Drug Abuse	30	833	151	18.1
Domestic Violence	35	1,171	169	14.4

Data are from the Child File. For each caregiver risk factor, the analysis includes only those states that reported at least 1 percent of child victims' caregiver with the risk factor.

States were excluded from these analyses if they were not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories.

Prior CPS Contact

Some children who died from abuse and neglect were already known to CPS agencies. In 31 reporting states, 12.0 percent of child fatalities involved families who had received family preservation services in the previous 5 years. In 39 reporting states, 2.3 percent of child fatalities involved children who had been in foster care and were reunited with their families in the previous 5 years. (See tables 4–6, 4–7, and related notes.) Not all states are able to report these two services and the national percentage is sensitive to which states report data. There may be additional children who died and who were previously known to CPS, but who did not receive either of these services.

Exhibit and Table Notes

The following pages contain the data tables referenced in Chapter 4. Specific information about state submissions can be found in appendix D. Additional information regarding the exhibits and tables is provided below.

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues.
- The data source for all tables was the Child File unless otherwise noted.
- Rates are per 100,000 children in the population.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These estimates are provided in appendix C.
- National totals and calculations appear in a single row labeled "National" instead of separate rows labeled total, rate, or percent.
- A unique count of fatalities was used for all analyses.
- Child fatalities are reported during the federal fiscal year in which the death was determined to have been caused by maltreatment. This may not be the same year in which the child died.
- Alternative response programs are used for low or moderate risk cases. There are no alternative response victim fatalities reported in the Child File.

Table 4–1 Child Fatalities by Submission Type, 2015

- Data are from the Child File and Agency File.
- The rates were computed by dividing the number of total child fatalities by the child population of reporting states and multiplying by 100,000.

Table 4–2 Child Fatalities, 2011–2015

- Data are from the Child File and Agency File or the SDC.

Table 4–3 Child Fatalities by Maltreatment Death Year, 2015

- Data are from the Child File.
- The maltreatment death year is displayed by FFY.

Table 4–4 Child Fatalities by Age, 2015

- The rates are calculated by dividing the number of child fatalities for each age by the child population for each age and multiplying by 100,000.
- There are no population data for unknown age and therefore, no rates.

Table 4–5 Child Fatalities by Relationship to Their Perpetrators, 2015

- States were excluded from this analysis if, for all victims, fewer than 90.0 percent of perpetrators were reported without a relationship coded, if more than 50.0 percent of perpetrators were reported with "other" or unknown relationship, or if the sex of the perpetrators was not reported.
- In NCANDS, a child fatality may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in appendix D.
- A nonparent counted in the categories Mother and Nonparent(s); Father and Nonparent(s); or Mother, Father, and Nonparent is counted only once and not included in the individual categories of nonparent.
- The relationship categories listed under Nonparent perpetrator include any perpetrator relationship that was not identified as an adoptive parent, biological parent, or stepparent.
- The Unknown relationship category includes victims with an unknown perpetrator.
- Some states are not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D.

Table 4–6 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2015

- Data are from the Child File and Agency File.

Table 4–7 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2015

- Data are from the Child File and Agency File

Table 4–1 Child Fatalities by Submission Type, 2015

State	Child Fatalities Reported in the Child File	Child Fatalities Reported in the Agency File	Total Child Fatalities	Child Fatality Rates per 100,000 Children
Alabama	13	0	13	1.18
Alaska	-	5	5	2.68
Arizona	50	1	51	3.14
Arkansas	40	-	40	5.67
California	-	122	122	1.34
Colorado	19	-	19	1.51
Connecticut	11	-	11	1.44
Delaware	1	0	1	0.49
District of Columbia	3	0	3	2.54
Florida	124	-	124	3.02
Georgia	113	0	113	4.51
Hawaii	4	0	4	1.29
Idaho	5	1	6	1.39
Illinois	77	0	77	2.60
Indiana	34	-	34	2.15
Iowa	12	0	12	1.65
Kansas	8	0	8	1.11
Kentucky	16	0	16	1.58
Louisiana	38	1	39	3.50
Maine	-	-	-	-
Maryland	17	11	28	2.08
Massachusetts	-	-	-	-
Michigan	55	28	83	3.76
Minnesota	17	0	17	1.32
Mississippi	35	0	35	4.82
Missouri	29	6	35	2.52
Montana	2	-	2	0.88
Nebraska	3	0	3	0.64
Nevada	12	1	13	1.94
New Hampshire	0	4	4	1.52
New Jersey	23	0	23	1.15
New Mexico	13	1	14	2.82
New York	96	12	108	2.56
North Carolina	-	-	-	-
North Dakota	3	0	3	1.72
Ohio	67	7	74	2.82
Oklahoma	31	0	31	3.22
Oregon	-	27	27	3.13
Pennsylvania	34	0	34	1.26
Puerto Rico	4	3	7	0.95
Rhode Island	0	-	0	0.00
South Carolina	23	0	23	2.11
South Dakota	11	-	11	5.21
Tennessee	31	1	32	2.14
Texas	162	0	162	2.25
Utah	6	0	6	0.66
Vermont	3	0	3	2.50
Virginia	54	0	54	2.89
Washington	-	27	27	1.68
West Virginia	9	0	9	2.37
Wisconsin	17	-	17	1.31
Wyoming	2	0	2	1.44
National	**1,327**	**258**	**1,585**	**2.25**

Table 4–2 Child Fatalities, 2011–2015

State	2011	2012	2013	2014	2015
Alabama	11	21	32	17	13
Alaska	3	4	1	3	5
Arizona	34	30	54	43	51
Arkansas	12	33	29	21	40
California	123	130	139	134	122
Colorado	32	39	21	20	19
Connecticut	8	6	5	13	11
Delaware	1	3	6	5	1
District of Columbia	3	2	3	3	3
Florida	133	179	121	138	124
Georgia	65	71	90	102	113
Hawaii	2	3	5	2	4
Idaho	3	6	5	4	6
Illinois	82	105	93	100	77
Indiana	34	23	28	49	34
Iowa	10	7	5	8	12
Kansas	10	8	7	13	8
Kentucky	32	26	23	15	16
Louisiana	45	42	43	31	39
Maine	1	-	-	-	-
Maryland	10	26	27	24	28
Massachusetts	23	20	30	26	-
Michigan	74	63	59	76	83
Minnesota	15	10	18	15	17
Mississippi	13	7	12	22	35
Missouri	36	20	39	36	35
Montana	0	2	1	4	2
Nebraska	7	6	6	5	3
Nevada	21	18	10	15	13
New Hampshire	2	1	3	1	4
New Jersey	22	16	18	8	23
New Mexico	15	16	7	7	14
New York	83	100	107	114	108
North Carolina	19	24	29	25	-
North Dakota	1	1	1	3	3
Ohio	67	70	48	51	74
Oklahoma	38	25	43	34	31
Oregon	19	17	10	13	27
Pennsylvania	37	38	34	34	34
Puerto Rico	18	19	10	11	7
Rhode Island	3	1	1	6	0
South Carolina	20	25	28	37	23
South Dakota	3	6	5	4	11
Tennessee	29	31	40	28	32
Texas	246	215	150	153	162
Utah	11	12	7	15	6
Vermont	2	0	0	1	3
Virginia	36	33	33	37	54
Washington	20	21	27	19	27
West Virginia	16	5	17	19	9
Wisconsin	24	31	21	18	17
Wyoming	1	2	0	1	2
National	**1,575**	**1,619**	**1,551**	**1,583**	**1,585**

Table 4–3 Child Fatalities by Maltreatment Death Year, 2015

State	2011	2012	2013	2014	2015	Unknown	Total Child Fatalities
Alabama	-	-	2	2	8	1	13
Alaska	-	-	-	-	-	-	-
Arizona	-	-	-	19	13	18	50
Arkansas	-	-	-	3	37	-	40
California	-	-	-	-	-	-	-
Colorado	-	-	-	2	9	8	19
Connecticut	-	-	-	2	9	-	11
Delaware	-	-	-	-	1	-	1
District of Columbia	-	-	-	-	3	-	3
Florida	-	-	13	62	49	-	124
Georgia	-	-	-	13	100	-	113
Hawaii	-	-	-	-	3	1	4
Idaho	-	-	-	-	5	-	5
Illinois	-	-	2	28	43	4	77
Indiana	-	6	24	4	-	-	34
Iowa	-	-	-	-	12	-	12
Kansas	-	-	2	2	4	-	8
Kentucky	-	-	-	9	7	-	16
Louisiana	-	-	-	-	5	33	38
Maine	-	-	-	-	-	-	-
Maryland	-	-	-	2	15	-	17
Massachusetts	-	-	-	-	-	-	-
Michigan	-	-	-	11	40	4	55
Minnesota	-	-	-	7	10	-	17
Mississippi	-	-	-	5	30	-	35
Missouri	-	-	-	7	22	-	29
Montana	-	-	-	-	2	-	2
Nebraska	-	-	-	1	2	-	3
Nevada	-	-	-	1	6	5	12
New Hampshire	-	-	-	-	-	-	0
New Jersey	-	-	-	6	14	3	23
New Mexico	-	-	-	3	10	-	13
New York	-	-	1	36	59	-	96
North Carolina	-	-	-	-	-	-	-
North Dakota	-	-	-	2	1	-	3
Ohio	-	-	-	6	60	1	67
Oklahoma	-	1	7	21	2	-	31
Oregon	-	-	-	-	-	-	-
Pennsylvania	-	-	-	-	15	19	34
Puerto Rico	-	-	-	-	-	4	4
Rhode Island	-	-	-	-	-	-	0
South Carolina	-	-	-	-	23	-	23
South Dakota	-	-	-	3	8	-	11
Tennessee	-	-	-	14	17	-	31
Texas	-	-	-	31	130	1	162
Utah	-	-	-	2	4	-	6
Vermont	-	-	-	-	-	3	3
Virginia	-	-	1	30	22	1	54
Washington	-	-	-	-	-	-	-
West Virginia	-	-	-	1	7	1	9
Wisconsin	-	-	-	-	-	17	17
Wyoming	-	-	-	1	1	-	2
National	**-**	**7**	**52**	**336**	**808**	**124**	**1,327**
National Percent	**-**	**0.5**	**3.9**	**25.3**	**60.9**	**9.3**	**100.0**

Table 4–4 Child Fatalities by Age, 2015

Age	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
<1	3,137,244	656	49.4	20.91
1	3,135,392	200	15.1	6.38
2	3,148,482	137	10.3	4.35
3	3,177,569	81	6.1	2.55
4	3,187,001	55	4.1	1.73
5	3,189,026	36	2.7	1.13
6	3,289,240	22	1.7	0.67
7	3,307,218	18	1.4	0.54
8	3,284,668	13	1.0	0.40
9	3,275,873	20	1.5	0.61
10	3,285,790	13	1.0	0.40
11	3,264,140	12	0.9	0.37
12	3,255,099	9	0.7	0.28
13	3,335,776	10	0.8	0.30
14	3,386,951	13	1.0	0.38
15	3,326,049	10	0.8	0.30
16	3,325,857	8	0.6	0.24
17	3,333,257	11	0.8	0.33
Unborn, Unknown, and 18–21	-	3	0.2	-
National	**58,644,632**	**1,327**	**100.0**	-

Based on data from 45 states.

Table 4–5 Child Fatalities by Relationship to Their Perpetrators, 2015

PERPETRATOR	Child Fatalities	Reported Relationships	Reported Relationships Percent
PARENT	-	-	-
Father	-	170	14.7
Father and Nonparent(s)	-	18	1.6
Mother	-	309	26.7
Mother and Nonparent(s)	-	122	10.5
Mother and Father	-	259	22.3
Mother, Father, and Nonparent	-	22	1.9
Total Parents	-	**900**	**77.7**
NONPARENT	-	-	-
Child Daycare Provider (Female)	-	24	2.1
Child Daycare Provider (Male)	-	2	0.2
Foster Parent	-	4	0.3
Friend or Neighbor	-	9	0.8
Group Home and Residential Facility Staff	-	-	-
Legal Guardian	-	4	0.3
More than One Nonparental Perpetrator	-	29	2.5
Other	-	46	4.0
Other Professional	-	2	0.2
Partner of Parent (Female)	-	2	0.2
Partner of Parent (Male)	-	46	4.0
Relative (Female)	-	28	2.4
Relative (Male)	-	21	1.8
Total Nonparents	-	**217**	**18.7**
UNKNOWN	-	-	-
Unknown	-	42	3.6
Total Unknown	-	**42**	**3.6**
National	**1,159**	**1,159**	**100.0**

Based on data from 42 states.

Table 4–6 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2015

State	Child Fatalities	Child Fatalities Whose Families Received Preservation Services in the Previous 5 Years	Child Fatalities Whose Families Received Preservation Services in the Previous 5 Years Percent
Alabama	13	4	-
Alaska	-	-	-
Arizona	-	-	-
Arkansas	40	7	-
California	-	-	-
Colorado	-	-	-
Connecticut	-	-	-
Delaware	1	0	-
District of Columbia	3	0	-
Florida	124	14	-
Georgia	113	24	-
Hawaii	4	0	-
Idaho	6	0	-
Illinois	-	-	-
Indiana	-	-	-
Iowa	-	-	-
Kansas	8	1	-
Kentucky	16	0	-
Louisiana	39	6	-
Maine	-	-	-
Maryland	28	0	-
Massachusetts	-	-	-
Michigan	-	-	-
Minnesota	17	3	-
Mississippi	35	1	-
Missouri	35	2	-
Montana	-	-	-
Nebraska	3	1	-
Nevada	13	0	-
New Hampshire	4	0	-
New Jersey	23	2	-
New Mexico	14	1	-
New York	-	-	-
North Carolina	-	-	-
North Dakota	3	0	-
Ohio	-	-	-
Oklahoma	31	2	-
Oregon	27	6	-
Pennsylvania	34	0	-
Puerto Rico	7	0	-
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	32	1	-
Texas	162	28	-
Utah	6	0	-
Vermont	3	1	-
Virginia	-	-	-
Washington	27	1	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	2	0	-
National	**873**	**105**	**12.0**

Table 4–7 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2015

State	Child Fatalities	Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years	Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years Percent
Alabama	13	0	-
Alaska	5	0	-
Arizona	-	-	-
Arkansas	40	1	-
California	-	-	-
Colorado	19	0	-
Connecticut	-	-	-
Delaware	1	0	-
District of Columbia	3	0	-
Florida	124	2	-
Georgia	113	2	-
Hawaii	4	0	-
Idaho	6	0	-
Illinois	77	0	-
Indiana	34	0	-
Iowa	-	-	-
Kansas	8	0	-
Kentucky	16	0	-
Louisiana	39	1	-
Maine	-	-	-
Maryland	28	0	-
Massachusetts	-	-	-
Michigan	-	-	-
Minnesota	17	1	-
Mississippi	35	0	-
Missouri	35	0	-
Montana	-	-	-
Nebraska	3	0	-
Nevada	13	0	-
New Hampshire	4	1	-
New Jersey	23	1	-
New Mexico	14	1	-
New York	-	-	-
North Carolina	-	-	-
North Dakota	3	0	-
Ohio	74	4	-
Oklahoma	31	2	-
Oregon	27	2	-
Pennsylvania	34	0	-
Puerto Rico	7	0	-
Rhode Island	0	0	-
South Carolina	23	1	-
South Dakota	-	-	-
Tennessee	32	1	-
Texas	162	4	-
Utah	6	0	-
Vermont	3	0	-
Virginia	-	-	-
Washington	27	1	-
West Virginia	-	-	-
Wisconsin	17	1	-
Wyoming	2	0	-
National	**1,122**	**26**	**2.3**

Perpetrators

CHAPTER 5

The National Child Abuse and Neglect Data System (NCANDS) defines a perpetrator as a person who was determined to have caused or knowingly allowed the maltreatment of a child. NCANDS does not collect information about persons who were alleged to be perpetrators and not found to have perpetrated abuse and neglect. This chapter includes perpetrators of children with substantiated and indicated dispositions. Because these data are from child protective services agencies (CPS), the majority of perpetrators were caregivers of their victims.

Number of Perpetrators (unique count of perpetrators)

NCANDS uses a unique count of perpetrators, which means identifying and counting a perpetrator once, regardless of the number of children the perpetrator is associated with maltreating or the number of records associated with a perpetrator. For FFY 2015, 51 states reported a unique count of 522,476 perpetrators. The numbers of reports and victims have been increasing during the past 5 years, so too are the number of perpetrators increasing. (See table 5–1 and related notes.)

Most perpetrators (93.0%) were included in a single report (screened-in referral) and 6.2 percent were included in two reports during FFY 2015. Fewer than 1.0 percent of perpetrators were involved in three or more reports during the reporting period. (See exhibit 5–A and related notes.) The data also were analyzed by the number of victims maltreated by perpetrators during the reporting period. More than three-fifths (61.5%) of perpetrators maltreated a single victim, more than one fifth (21.5%) maltreated two victims, and 10.3 percent maltreated three victims. (See exhibit 5–B and related notes.)

Exhibit 5–A Perpetrators by Number of Reports, 2015

Number of Reports	Perpetrators	Perpetrators Percent
1	485,819	93.0
2	32,592	6.2
3	3,461	0.7
>3	604	0.1
National	**522,476**	**100.0**

Based on data from 51 states. A report may include more than one child.

Exhibit 5–B Perpetrators by Number of Victims, 2015

Number of Victims	Perpetrators	Perpetrators Percent
1	321,540	61.5
2	112,548	21.5
3	53,774	10.3
>3	34,614	6.6
National	**522,476**	**100.0**

Based on data from 51 states. A perpetrator may have maltreated the same victim more than once, but would be counted only once in this analysis.

Perpetrator Demographics (unique count of perpetrators)

More than four-fifths (83.4%) of perpetrators were in the age group of 18–44 years. Perpetrators younger than 18 years accounted for 2.0 percent of all perpetrators. Some states have laws that limit the youngest age that a person can be considered a perpetrator. More information may be included in appendix D. 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. Older adults in the age group of 35–44 had the second highest rate at 3.2, which was only slightly higher than the age group of 18–24 with a rate of 3.1 per 1,000 adults in the population of the same age. (See table 5–2, exhibit 5–C, and related notes.)

More than one-half (54.1%) of perpetrators were women and 45.0 percent of perpetrators were men; 0.9 percent were of unknown sex. (See table 5–3 and related notes.) The racial distributions of perpetrators were similar to the race of their victims. The three largest percentages of perpetrators were of White (48.7%), African-American (20.0%), and Hispanic (19.5%) racial or ethnic descent. Race or ethnicity was unknown or not reported for 7.5 percent of perpetrators. (See table 5–4, exhibit 5–D, and related notes.)

Perpetrator Relationship

(unique count of perpetrators and unique count of relationships)

In this analysis, single relationships are counted only once per category. Perpetrators with two or more relationships are counted in the multiple relationships category. In the scenarios below, the perpetrator is counted once in the parent category:

- perpetrator is a parent to one victim and in two or more reports (one victim was reported at least twice)
- perpetrator is a parent to two victims and in one report
- perpetrator is a parent to two victims and in two or more reports

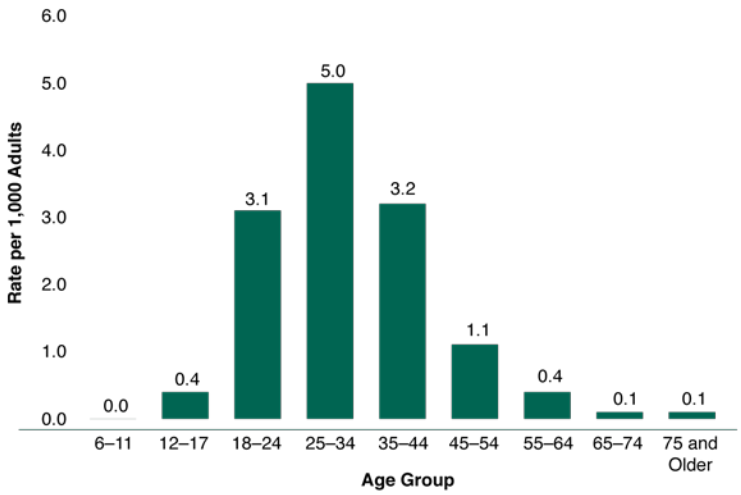
In the following scenarios, the perpetrator is counted once in the multiple relationships category:

- perpetrator is a parent to one victim and is an unmarried partner of parent to a second victim in the same report
- perpetrator is a parent to one victim in one report and an unmarried partner of parent to a second victim in a second report

The majority (78.1%) of perpetrators were a parent of their victim, 6.3 percent of perpetrators

Exhibit 5–C Perpetrators by Age, 2015

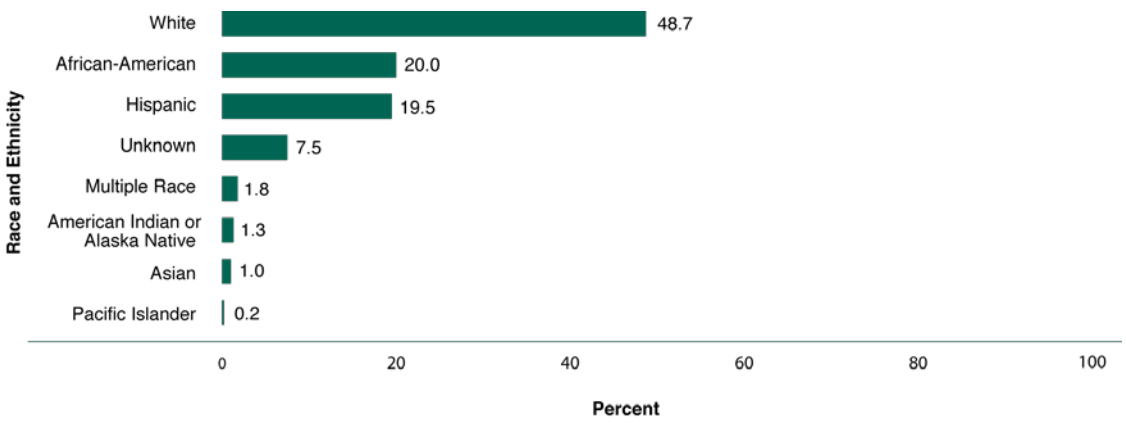
Perpetrators in the age group 25 to 34 years had the highest rate



Based on data from table 5–2.

Exhibit 5–D Perpetrators by Race and Ethnicity, 2015

88.2% of perpetrators were White, African-American, or Hispanic



Based on data from table 5–4.

were a relative other than a parent, and 4.1 percent had a multiple relationship to either multiple victims in the same report or multiple victims across reports. Nearly 4 percent (3.7%) of perpetrators were an unmarried partner to the victim's parent. (See table 5–5 and related notes.)

Exhibit and Table Notes

The following pages contain the data tables referenced in Chapter 5. Specific information about state submissions can be found in appendix D. Additional information regarding the exhibits and tables is provided below.

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues.
- The data source for all tables was the Child File.
- Rates are per 1,000 adults in the population.
- NCANDS uses the population estimates that are released annually by the U.S. Census Bureau. These estimates are available in appendix C.
- National totals and calculations appear in a single row labeled "National" instead of separate rows labeled total, rate, or percent.
- A unique count of perpetrators was used for all tables.

Table 5–1 Perpetrators, 2011–2015

- This table was changed to a 5-year trend for this year's report.

Table 5–2 Perpetrators by Age, 2015

- Rates were calculated by dividing the perpetrator count by the adult population count and multiplying by 1,000.
- In NCANDS, valid perpetrator ages are 6–75 years old. If a perpetrator is reported with an age 76 years or older, the age is recoded to 75.
- Adult population estimates are provided in appendix C.
- Some states have laws restricting how young a perpetrator can be. More information may be found in appendix D.

Table 5–3 Perpetrators by Sex, 2015

- States were excluded from this analysis if more than 30 percent of perpetrators were reported with unknown sex.
- The category of unknown sex may include not reported.

Table 5–4 Perpetrators by Race and Ethnicity, 2015

- The NCANDS category of multiple race is defined as any combination of two or more race categories.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Only those states that reported both race and ethnicity separately were included in this analysis.
- States were excluded from this analysis if more than 35 percent of perpetrators were reported without a coded race or ethnicity, meaning the race or ethnicity was reported blank.

Table 5–5 Perpetrators by Relationship to Their Victims, 2015

- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D.
- States were excluded from this analysis if more than 50 percent of perpetrators were reported with "other" relationships.
- States were excluded from this analysis if more than 10 percent of perpetrators were reported without coded relationships (meaning the relationship field was blank) or the relationships were coded as unknown.

Table 5–1 Perpetrators, 2011–2015

State	2011	2012	2013	2014	2015
Alabama	7,260	8,115	6,259	6,278	6,075
Alaska	2,238	2,260	1,934	1,973	2,255
Arizona	9,405	10,709	13,901	14,788	12,232
Arkansas	9,552	9,318	8,735	7,570	7,831
California	62,574	59,793	59,772	59,291	57,344
Colorado	8,977	8,867	8,618	8,390	8,797
Connecticut	8,245	6,629	5,916	6,269	5,620
Delaware	1,903	1,832	1,465	1,175	1,202
District of Columbia	1,761	1,681	1,409	1,055	946
Florida	38,228	39,445	35,978	33,767	32,421
Georgia	-	-	-	-	-
Hawaii	1,147	1,184	1,156	1,100	1,235
Idaho	1,226	1,222	1,454	1,394	1,417
Illinois	11,850	14,776	13,585	18,322	21,571
Indiana	15,173	15,853	17,135	18,203	20,385
Iowa	8,756	8,476	8,744	6,121	5,919
Kansas	1,434	1,530	1,703	1,668	1,653
Kentucky	11,810	11,817	13,468	11,756	13,191
Louisiana	7,086	6,216	8,761	10,065	10,665
Maine	2,806	3,508	3,501	3,424	3,085
Maryland	10,762	10,742	9,885	7,507	5,700
Massachusetts	16,462	15,523	16,523	25,721	25,272
Michigan	26,819	27,274	27,715	25,344	28,753
Minnesota	3,346	3,394	3,227	3,179	4,013
Mississippi	5,120	5,967	5,577	6,294	6,726
Missouri	5,108	4,058	4,560	4,687	4,940
Montana	774	968	1,001	902	1,316
Nebraska	3,012	2,696	2,802	2,830	2,445
Nevada	4,275	4,519	4,394	3,728	3,975
New Hampshire	761	822	784	609	673
New Jersey	6,414	6,906	7,351	9,094	7,518
New Mexico	4,775	5,023	5,578	6,570	7,421
New York	58,078	55,009	51,985	51,955	52,852
North Carolina	4,758	4,679	4,099	4,254	4,110
North Dakota	873	1,005	1,085	1,196	1,276
Ohio	24,644	24,011	22,696	20,510	18,690
Oklahoma	7,492	9,205	10,682	12,019	12,807
Oregon	-	7,054	7,959	7,784	8,010
Pennsylvania	3,295	3,435	3,356	3,279	4,438
Puerto Rico	6,271	5,296	6,080	5,710	5,245
Rhode Island	2,541	2,555	2,510	2,622	2,464
South Carolina	8,550	8,677	8,001	9,497	11,418
South Dakota	963	839	691	645	694
Tennessee	8,082	8,764	9,100	10,280	9,881
Texas	50,358	49,779	51,376	52,226	50,880
Utah	7,743	7,057	6,955	7,447	7,303
Vermont	519	535	639	655	732
Virginia	5,092	4,883	4,775	5,392	5,014
Washington	5,593	5,621	6,108	6,156	5,044
West Virginia	3,626	4,171	4,245	4,472	4,402
Wisconsin	4,061	3,920	3,689	3,921	3,904
Wyoming	547	528	552	636	716
National	**502,145**	**508,146**	**509,474**	**519,730**	**522,476**

Table 5–2 Perpetrators by Age, 2015 *(continues next page)*

State	6–11	12–17	18–24	25–34	35–44	45–54	55–64	65–74	75 and Older	Unknown	Total Perpetrators
Alabama	-	251	1,254	2,443	1,114	376	145	33	458	1	6,075
Alaska	-	8	353	991	542	216	84	14	2	45	2,255
Arizona	-	110	2,360	5,536	2,965	896	252	38	74	1	12,232
Arkansas	154	352	1,714	2,948	1,498	539	178	64	21	363	7,831
California	78	745	9,540	23,145	15,213	5,693	1,523	400	118	889	57,344
Colorado	36	269	1,564	3,635	2,032	807	203	46	2	203	8,797
Connecticut	1	30	845	2,270	1,515	665	167	36	9	82	5,620
Delaware	-	16	194	485	329	127	40	9	2	-	1,202
District of Columbia	-	4	147	404	235	84	25	6	2	39	946
Florida	-	107	5,075	14,187	7,859	3,101	1,042	326	86	638	32,421
Georgia	-	-	-	-	-	-	-	-	-	-	-
Hawaii	-	7	193	485	343	139	40	13	-	15	1,235
Idaho	-	3	276	625	376	100	27	9	1	-	1,417
Illinois	2	588	4,319	8,928	4,889	1,752	549	142	27	375	21,571
Indiana	22	593	4,471	8,658	4,471	1,383	429	133	46	179	20,385
Iowa	-	89	1,115	2,636	1,445	448	135	30	11	10	5,919
Kansas	14	142	279	574	378	159	53	23	4	27	1,653
Kentucky	-	82	2,372	5,874	3,236	1,092	382	107	42	4	13,191
Louisiana	3	67	1,887	4,963	2,568	786	289	75	21	6	10,665
Maine	-	20	524	1,430	740	268	72	20	2	9	3,085
Maryland	36	197	684	2,062	1,336	632	229	64	441	19	5,700
Massachusetts	-	169	4,104	10,764	6,308	2,595	635	178	26	493	25,272
Michigan	17	181	6,080	12,576	6,754	2,246	630	174	29	66	28,753
Minnesota	19	157	625	1,752	983	356	90	22	6	3	4,013
Mississippi	6	102	1,145	2,898	1,685	597	201	66	16	10	6,726
Missouri	-	44	848	2,026	1,161	486	185	65	12	113	4,940
Montana	-	4	232	612	321	85	31	4	2	25	1,316
Nebraska	-	34	461	1,109	595	186	43	10	3	4	2,445
Nevada	-	17	694	1,759	1,028	352	101	19	5	-	3,975
New Hampshire	-	19	93	290	170	78	15	4	-	4	673
New Jersey	2	49	1,017	3,025	2,020	887	235	58	21	204	7,518
New Mexico	-	65	1,274	2,989	1,620	502	146	45	6	774	7,421
New York	11	260	7,892	20,119	14,872	7,166	1,868	484	110	70	52,852
North Carolina	-	19	622	1,741	1,103	414	144	58	7	2	4,110
North Dakota	-	11	176	557	362	110	21	3	-	36	1,276
Ohio	106	1,085	3,611	7,140	3,667	1,259	486	141	53	1,142	18,690
Oklahoma	-	82	2,566	5,719	2,833	922	317	101	32	235	12,807
Oregon	8	210	1,341	3,349	2,065	698	197	56	7	79	8,010
Pennsylvania	1	246	705	1,424	1,030	534	248	88	24	138	4,438
Puerto Rico	-	23	756	1,840	1,387	506	182	62	16	473	5,245
Rhode Island	3	54	469	1,032	594	235	43	9	-	25	2,464
South Carolina	-	22	1,721	5,205	3,058	998	301	98	14	1	11,418
South Dakota	-	1	130	309	176	58	8	1	-	11	694
Tennessee	15	522	1,943	3,439	1,662	598	224	73	20	1,385	9,881
Texas	13	1,712	11,568	22,067	10,196	3,412	1,209	407	99	197	50,880
Utah	55	662	1,274	2,804	1,731	566	153	46	9	3	7,303
Vermont	6	76	132	245	151	80	20	7	1	14	732
Virginia	1	55	787	2,024	1,133	456	182	60	16	300	5,014
Washington	-	15	630	2,145	1,394	559	162	38	9	92	5,044
West Virginia	-	14	799	1,805	1,044	317	110	32	8	273	4,402
Wisconsin	-	100	573	1,541	757	252	70	14	3	594	3,904
Wyoming	1	9	122	329	155	52	16	2	1	29	716
National	**610**	**9,699**	**93,556**	**216,913**	**125,099**	**46,825**	**14,137**	**4,013**	**1,924**	**9,700**	**522,476**

Table 5–2 Perpetrators by Age, 2015

State	6–11 Rate per 1,000 Children	12–17 Rate per 1,000 Children	18–24 Rate per 1,000 Adults	25–34 Rate per 1,000 Adults	35–44 Rate per 1,000 Adults	45–54 Rate per 1,000 Adults	55–64 Rate per 1,000 Adults	65–74 Rate per 1,000 Adults	75 and Older Rate per 1,000 Adults
Alabama	-	0.7	2.7	3.9	1.8	0.6	0.2	0.1	1.5
Alaska	-	0.1	4.4	8.2	6.0	2.3	0.9	0.3	0.1
Arizona	-	0.2	3.5	6.1	3.5	1.1	0.3	0.1	0.2
Arkansas	0.6	1.5	6.0	7.6	4.1	1.4	0.5	0.2	0.1
California	0.0	0.2	2.4	4.0	2.9	1.1	0.3	0.1	0.1
Colorado	0.1	0.6	2.9	4.4	2.8	1.1	0.3	0.1	0.0
Connecticut	0.0	0.1	2.4	5.1	3.5	1.2	0.3	0.1	0.0
Delaware	-	0.2	2.2	3.9	3.0	1.0	0.3	0.1	0.0
District of Columbia	-	0.1	1.8	2.7	2.4	1.1	0.4	0.1	0.1
Florida	-	0.1	2.9	5.4	3.2	1.1	0.4	0.1	0.0
Georgia	-	-	-	-	-	-	-	-	-
Hawaii	-	0.1	1.4	2.2	1.9	0.8	0.2	0.1	-
Idaho	-	0.0	1.8	2.9	1.9	0.5	0.1	0.1	0.0
Illinois	0.0	0.6	3.5	5.0	2.9	1.0	0.3	0.1	0.0
Indiana	0.0	1.1	6.7	10.2	5.4	1.6	0.5	0.2	0.1
Iowa	-	0.4	3.5	6.7	3.9	1.1	0.3	0.1	0.0
Kansas	0.1	0.6	0.9	1.5	1.1	0.4	0.1	0.1	0.0
Kentucky	-	0.2	5.6	10.3	5.8	1.8	0.7	0.3	0.2
Louisiana	0.0	0.2	4.1	7.3	4.5	1.3	0.5	0.2	0.1
Maine	-	0.2	4.7	9.3	4.8	1.4	0.3	0.1	0.0
Maryland	0.1	0.4	1.2	2.5	1.7	0.7	0.3	0.1	1.3
Massachusetts	-	0.3	5.9	11.4	7.6	2.7	0.7	0.3	0.1
Michigan	0.0	0.2	6.2	10.3	5.7	1.6	0.5	0.2	0.0
Minnesota	0.0	0.4	1.2	2.3	1.5	0.5	0.1	0.0	0.0
Mississippi	0.0	0.4	3.8	7.4	4.6	1.6	0.5	0.3	0.1
Missouri	-	0.1	1.4	2.5	1.6	0.6	0.2	0.1	0.0
Montana	-	0.1	2.3	4.7	2.7	0.7	0.2	0.0	0.0
Nebraska	-	0.2	2.4	4.4	2.6	0.8	0.2	0.1	0.0
Nevada	-	0.1	2.7	4.2	2.7	0.9	0.3	0.1	0.0
New Hampshire	-	0.2	0.7	1.9	1.1	0.4	0.1	0.0	-
New Jersey	0.0	0.1	1.3	2.6	1.7	0.7	0.2	0.1	0.0
New Mexico	-	0.4	6.2	10.7	6.7	1.9	0.5	0.2	0.0
New York	0.0	0.2	4.1	7.0	6.0	2.6	0.7	0.3	0.1
North Carolina	-	0.0	0.6	1.3	0.9	0.3	0.1	0.1	0.0
North Dakota	-	0.2	1.8	4.9	4.3	1.2	0.2	0.1	-
Ohio	0.1	1.2	3.3	4.8	2.6	0.8	0.3	0.1	0.1
Oklahoma	-	0.3	6.6	10.6	5.9	1.9	0.7	0.3	0.1
Oregon	0.0	0.7	3.7	6.0	3.9	1.4	0.4	0.1	0.0
Pennsylvania	0.0	0.3	0.6	0.9	0.7	0.3	0.1	0.1	0.0
Puerto Rico	0.0	0.1	2.2	4.2	3.1	1.1	0.4	0.2	0.1
Rhode Island	0.0	0.7	4.1	7.3	4.8	1.6	0.3	0.1	-
South Carolina	-	0.1	3.6	8.1	5.1	1.5	0.5	0.2	0.0
South Dakota	-	0.0	1.5	2.8	1.8	0.6	0.1	0.0	-
Tennessee	0.0	1.0	3.1	3.9	2.0	0.7	0.3	0.1	0.0
Texas	0.0	0.7	4.2	5.5	2.8	1.0	0.4	0.2	0.1
Utah	0.2	2.2	3.7	6.4	4.3	1.8	0.5	0.3	0.1
Vermont	0.2	1.7	1.9	3.4	2.1	0.9	0.2	0.1	0.0
Virginia	0.0	0.1	1.0	1.7	1.0	0.4	0.2	0.1	0.0
Washington	-	0.0	0.9	2.0	1.5	0.6	0.2	0.1	0.0
West Virginia	-	0.1	4.8	8.3	4.6	1.3	0.4	0.2	0.1
Wisconsin	-	0.2	1.0	2.1	1.1	0.3	0.1	0.0	0.0
Wyoming	0.0	0.2	2.2	4.0	2.2	0.7	0.2	0.0	0.0
National	**0.0**	**0.4**	**3.1**	**5.0**	**3.2**	**1.1**	**0.4**	**0.1**	**0.1**

Table 5–3 Perpetrators by Sex, 2015

State	Men	Women	Unknown	Total Perpetrators	Men Percent	Women Percent	Unknown Percent
Alabama	2,772	3,273	30	6,075	45.6	53.9	0.5
Alaska	937	1,291	27	2,255	41.6	57.3	1.2
Arizona	6,048	6,175	9	12,232	49.4	50.5	0.1
Arkansas	3,596	4,120	115	7,831	45.9	52.6	1.5
California	25,542	31,610	192	57,344	44.5	55.1	0.3
Colorado	4,254	4,505	38	8,797	48.4	51.2	0.4
Connecticut	2,548	3,028	44	5,620	45.3	53.9	0.8
Delaware	699	503	-	1,202	58.2	41.8	-
District of Columbia	266	663	17	946	28.1	70.1	1.8
Florida	15,458	16,375	588	32,421	47.7	50.5	1.8
Georgia	-	-	-	-	-	-	-
Hawaii	533	697	5	1,235	43.2	56.4	0.4
Idaho	575	842	-	1,417	40.6	59.4	-
Illinois	10,087	11,233	251	21,571	46.8	52.1	1.2
Indiana	9,510	10,861	14	20,385	46.7	53.3	0.1
Iowa	2,712	3,188	19	5,919	45.8	53.9	0.3
Kansas	979	670	4	1,653	59.2	40.5	0.2
Kentucky	5,458	7,641	92	13,191	41.4	57.9	0.7
Louisiana	3,904	6,735	26	10,665	36.6	63.2	0.2
Maine	1,555	1,526	4	3,085	50.4	49.5	0.1
Maryland	2,788	2,650	262	5,700	48.9	46.5	4.6
Massachusetts	10,204	14,053	1,015	25,272	40.4	55.6	4.0
Michigan	11,714	17,008	31	28,753	40.7	59.2	0.1
Minnesota	1,819	2,194	-	4,013	45.3	54.7	-
Mississippi	2,504	4,202	20	6,726	37.2	62.5	0.3
Missouri	2,677	2,177	86	4,940	54.2	44.1	1.7
Montana	526	755	35	1,316	40.0	57.4	2.7
Nebraska	1,178	1,267	-	2,445	48.2	51.8	-
Nevada	1,646	2,329	-	3,975	41.4	58.6	-
New Hampshire	310	361	2	673	46.1	53.6	0.3
New Jersey	3,198	4,292	28	7,518	42.5	57.1	0.4
New Mexico	2,904	4,418	99	7,421	39.1	59.5	1.3
New York	23,459	29,317	76	52,852	44.4	55.5	0.1
North Carolina	-	-	-	-	-	-	-
North Dakota	511	762	3	1,276	40.0	59.7	0.2
Ohio	9,177	9,217	296	18,690	49.1	49.3	1.6
Oklahoma	5,958	6,785	64	12,807	46.5	53.0	0.5
Oregon	4,273	3,703	34	8,010	53.3	46.2	0.4
Pennsylvania	2,930	1,453	55	4,438	66.0	32.7	1.2
Puerto Rico	1,921	3,304	20	5,245	36.6	63.0	0.4
Rhode Island	1,155	1,301	8	2,464	46.9	52.8	0.3
South Carolina	4,372	7,037	9	11,418	38.3	61.6	0.1
South Dakota	256	431	7	694	36.9	62.1	1.0
Tennessee	4,606	5,003	272	9,881	46.6	50.6	2.8
Texas	22,503	28,283	94	50,880	44.2	55.6	0.2
Utah	4,116	3,178	9	7,303	56.4	43.5	0.1
Vermont	518	214	-	732	70.8	29.2	-
Virginia	2,266	2,648	100	5,014	45.2	52.8	2.0
Washington	2,338	2,687	19	5,044	46.4	53.3	0.4
West Virginia	1,840	2,560	2	4,402	41.8	58.2	0.0
Wisconsin	1,786	1,653	465	3,904	45.7	42.3	11.9
Wyoming	308	407	1	716	43.0	56.8	0.1
National	**233,194**	**280,585**	**4,587**	**518,366**	**45.0**	**54.1**	**0.9**

Table 5–4 Perpetrators by Race and Ethnicity, 2015 *(continues next page)*

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total Perpetrators
Alabama	1,679	10	5	160	-	5	4,023	193	6,075
Alaska	77	996	17	60	70	30	665	340	2,255
Arizona	1,213	503	53	3,974	175	47	5,042	1,225	12,232
Arkansas	1,356	12	24	380	317	33	5,542	167	7,831
California	8,002	573	1,492	27,068	-	266	16,075	3,868	57,344
Colorado	677	46	42	2,194	94	13	3,712	2,019	8,797
Connecticut	1,300	10	53	1,523	73	7	2,483	171	5,620
Delaware	563	-	15	142	3	-	473	6	1,202
District of Columbia	569	-	2	95	2	-	10	268	946
Florida	9,884	61	133	4,610	246	15	15,947	1,525	32,421
Georgia	-	-	-	-	-	-	-	-	-
Hawaii	38	4	196	43	299	314	262	79	1,235
Idaho	15	29	3	134	12	1	1,171	52	1,417
Illinois	6,572	14	202	3,229	126	11	10,913	504	21,571
Indiana	3,593	13	66	1,081	289	16	15,178	149	20,385
Iowa	707	87	43	420	56	15	4,453	138	5,919
Kansas	167	7	9	179	26	3	1,182	80	1,653
Kentucky	1,406	3	15	285	217	8	10,564	693	13,191
Louisiana	4,393	22	21	270	25	12	5,479	443	10,665
Maine	63	25	10	78	62	1	2,093	753	3,085
Maryland	2,264	8	46	426	-	3	2,077	876	5,700
Massachusetts	3,222	55	349	4,908	321	6	10,610	5,801	25,272
Michigan	6,062	94	48	1,189	1,187	7	14,660	5,506	28,753
Minnesota	802	317	104	325	332	2	2,082	49	4,013
Mississippi	2,334	14	14	89	14	2	3,698	561	6,726
Missouri	808	10	10	134	6	4	3,709	259	4,940
Montana	18	250	1	37	18	1	899	92	1,316
Nebraska	338	121	17	285	60	4	1,414	206	2,445
Nevada	894	35	56	816	63	46	1,747	318	3,975
New Hampshire	15	1	1	23	10	-	566	57	673
New Jersey	2,362	10	109	1,680	33	8	2,917	399	7,518
New Mexico	211	645	20	4,074	84	5	1,903	479	7,421
New York	15,083	239	1,071	11,785	531	16	19,063	5,064	52,852
North Carolina	1,154	94	16	392	49	1	2,316	88	4,110
North Dakota	52	260	6	48	27	4	818	61	1,276
Ohio	4,593	13	34	665	417	9	11,828	1,131	18,690
Oklahoma	1,369	700	26	1,557	2,558	10	6,477	110	12,807
Oregon	376	226	69	706	174	40	5,479	940	8,010
Pennsylvania	-	-	-	-	-	-	-	-	-
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	353	15	36	558	41	2	1,299	160	2,464
South Carolina	3,803	21	24	346	51	7	6,887	279	11,418
South Dakota	25	270	1	41	53	1	289	14	694
Tennessee	-	-	-	-	-	-	-	-	-
Texas	9,501	99	312	19,064	493	68	20,061	1,282	50,880
Utah	221	139	53	1,270	53	94	5,428	45	7,303
Vermont	21	-	-	4	-	-	673	34	732
Virginia	1,314	1	50	476	23	20	2,759	371	5,014
Washington	365	303	116	650	184	71	2,951	404	5,044
West Virginia	162	-	1	24	50	3	4,119	43	4,402
Wisconsin	688	155	31	273	45	1	2,130	581	3,904
Wyoming	14	23	1	60	-	1	595	22	716
National	**100,698**	**6,533**	**5,023**	**97,830**	**8,969**	**1,233**	**244,721**	**37,905**	**502,912**

Table 5–4 Perpetrators by Race and Ethnicity, 2015

State	African-American Percent	American Indian or Alaska Native Percent	Asian Percent	Hispanic Percent	Multiple Race Percent	Pacific Islander Percent	White Percent	Unknown Percent
Alabama	27.6	0.2	0.1	2.6	-	0.1	66.2	3.2
Alaska	3.4	44.2	0.8	2.7	3.1	1.3	29.5	15.1
Arizona	9.9	4.1	0.4	32.5	1.4	0.4	41.2	10.0
Arkansas	17.3	0.2	0.3	4.9	4.0	0.4	70.8	2.1
California	14.0	1.0	2.6	47.2	-	0.5	28.0	6.7
Colorado	7.7	0.5	0.5	24.9	1.1	0.1	42.2	23.0
Connecticut	23.1	0.2	0.9	27.1	1.3	0.1	44.2	3.0
Delaware	46.8	-	1.2	11.8	0.2	-	39.4	0.5
District of Columbia	60.1	-	0.2	10.0	0.2	-	1.1	28.3
Florida	30.5	0.2	0.4	14.2	0.8	0.0	49.2	4.7
Georgia	-	-	-	-	-	-	-	-
Hawaii	3.1	0.3	15.9	3.5	24.2	25.4	21.2	6.4
Idaho	1.1	2.0	0.2	9.5	0.8	0.1	82.6	3.7
Illinois	30.5	0.1	0.9	15.0	0.6	0.1	50.6	2.3
Indiana	17.6	0.1	0.3	5.3	1.4	0.1	74.5	0.7
Iowa	11.9	1.5	0.7	7.1	0.9	0.3	75.2	2.3
Kansas	10.1	0.4	0.5	10.8	1.6	0.2	71.5	4.8
Kentucky	10.7	0.0	0.1	2.2	1.6	0.1	80.1	5.3
Louisiana	41.2	0.2	0.2	2.5	0.2	0.1	51.4	4.2
Maine	2.0	0.8	0.3	2.5	2.0	0.0	67.8	24.4
Maryland	39.7	0.1	0.8	7.5	-	0.1	36.4	15.4
Massachusetts	12.7	0.2	1.4	19.4	1.3	0.0	42.0	23.0
Michigan	21.1	0.3	0.2	4.1	4.1	0.0	51.0	19.1
Minnesota	20.0	7.9	2.6	8.1	8.3	0.0	51.9	1.2
Mississippi	34.7	0.2	0.2	1.3	0.2	0.0	55.0	8.3
Missouri	16.4	0.2	0.2	2.7	0.1	0.1	75.1	5.2
Montana	1.4	19.0	0.1	2.8	1.4	0.1	68.3	7.0
Nebraska	13.8	4.9	0.7	11.7	2.5	0.2	57.8	8.4
Nevada	22.5	0.9	1.4	20.5	1.6	1.2	43.9	8.0
New Hampshire	2.2	0.1	0.1	3.4	1.5	0.0	84.1	8.5
New Jersey	31.4	0.1	1.4	22.3	0.4	0.1	38.8	5.3
New Mexico	2.8	8.7	0.3	54.9	1.1	0.1	25.6	6.5
New York	28.5	0.5	2.0	22.3	1.0	0.0	36.1	9.6
North Carolina	28.1	2.3	0.4	9.5	1.2	0.0	56.4	2.1
North Dakota	4.1	20.4	0.5	3.8	2.1	0.3	64.1	4.8
Ohio	24.6	0.1	0.2	3.6	2.2	0.0	63.3	6.1
Oklahoma	10.7	5.5	0.2	12.2	20.0	0.1	50.6	0.9
Oregon	4.7	2.8	0.9	8.8	2.2	0.5	68.4	11.7
Pennsylvania	-	-	-	-	-	-	-	-
Puerto Rico	-	-	-	-	-	-	-	-
Rhode Island	14.3	0.6	1.5	22.6	1.7	0.1	52.7	6.5
South Carolina	33.3	0.2	0.2	3.0	0.4	0.1	60.3	2.4
South Dakota	3.6	38.9	0.1	5.9	7.6	0.1	41.6	2.0
Tennessee	-	-	-	-	-	-	-	-
Texas	18.7	0.2	0.6	37.5	1.0	0.1	39.4	2.5
Utah	3.0	1.9	0.7	17.4	0.7	1.3	74.3	0.6
Vermont	2.9	-	-	0.5	-	-	91.9	4.6
Virginia	26.2	0.0	1.0	9.5	0.5	0.4	55.0	7.4
Washington	7.2	6.0	2.3	12.9	3.6	1.4	58.5	8.0
West Virginia	3.7	-	0.0	0.5	1.1	0.1	93.6	1.0
Wisconsin	17.6	4.0	0.8	7.0	1.2	0.0	54.6	14.9
Wyoming	2.0	3.2	0.1	8.4	-	0.1	83.1	3.1
National	**20.0**	**1.3**	**1.0**	**19.5**	**1.8**	**0.2**	**48.7**	**7.5**

Table 5–5 Perpetrators by Relationship to Their Victims, 2015 *(continues next page)*

State	Parent	Child Daycare Provider	Foster Parent	Friend and Neighbor	Legal Guardian	Other	Other Professional
Alabama	4,263	14	5	114	17	547	9
Alaska	1,878	-	12	-	18	55	-
Arizona	10,753	-	25	-	50	554	-
Arkansas	5,264	19	9	115	23	977	15
California	49,670	-	116	-	-	3	-
Colorado	6,422	43	31	3	9	389	10
Connecticut	4,258	32	20	34	82	273	39
Delaware	966	2	-	33	-	5	-
District of Columbia	877	4	2	-	3	15	-
Florida	22,989	65	15	-	33	959	207
Georgia	-	-	-	-	-	-	-
Hawaii	1,101	-	6	-	14	37	-
Idaho	1,221	-	1	6	13	3	-
Illinois	16,295	254	75	-	-	608	59
Indiana	14,205	56	34	241	82	1,295	24
Iowa	4,993	25	8	-	10	259	-
Kansas	967	-	15	13	-	337	-
Kentucky	10,462	27	103	186	216	-	-
Louisiana	-	-	-	-	-	-	-
Maine	2,523	4	8	-	9	47	-
Maryland	-	-	-	-	-	-	-
Massachusetts	20,640	71	57	-	115	460	56
Michigan	23,279	2	62	2,020	90	170	2
Minnesota	3,069	49	29	25	34	76	6
Mississippi	5,262	3	44	58	7	255	4
Missouri	3,030	17	22	181	-	382	15
Montana	1,150	2	6	-	2	6	-
Nebraska	1,933	11	5	-	5	85	-
Nevada	3,491	-	4	178	2	4	-
New Hampshire	572	1	-	-	3	-	-
New Jersey	5,988	54	13	67	-	126	48
New Mexico	6,310	-	3	9	29	76	2
New York	45,109	216	149	-	211	1,229	-
North Carolina	-	-	-	-	-	-	-
North Dakota	1,065	-	3	50	-	-	-
Ohio	10,930	25	59	100	-	3,059	45
Oklahoma	10,334	79	150	-	61	798	4
Oregon	6,056	6	45	87	20	163	-
Pennsylvania	2,302	17	17	39	13	675	109
Puerto Rico	4,854	11	14	3	19	31	40
Rhode Island	1,950	30	18	-	5	97	-
South Carolina	9,631	3	11	-	76	191	-
South Dakota	576	8	-	-	2	12	-
Tennessee	6,256	11	17	561	83	1,668	10
Texas	39,464	306	29	153	-	1,129	172
Utah	4,791	19	1	205	17	614	18
Vermont	381	2	1	107	-	64	1
Virginia	3,649	126	15	-	14	250	63
Washington	4,151	39	20	1	-	66	-
West Virginia	3,485	7	18	-	25	302	6
Wisconsin	2,431	18	13	34	3	321	11
Wyoming	576	6	2	-	7	49	-
National Total	**391,822**	**1,684**	**1,312**	**4,623**	**1,422**	**18,721**	**975**
National Percent	**78.1**	**0.3**	**0.3**	**0.9**	**0.3**	**3.7**	**0.2**

Table 5–5 Perpetrators by Relationship to Their Victims, 2015

State	Other Relative	Group Home and Residential Facility Staff	Unmarried Partner of Parent	Unknown	Multiple Relationships	Total Perpetrators
Alabama	452	5	216	177	256	6,075
Alaska	100	-	90	12	90	2,255
Arizona	458	9	278	2	103	12,232
Arkansas	809	9	152	170	269	7,831
California	2,394	14	3,222	-	1,925	57,344
Colorado	727	41	6	644	472	8,797
Connecticut	239	23	275	2	343	5,620
Delaware	91	-	103	-	2	1,202
District of Columbia	19	-	-	-	26	946
Florida	1,746	1	1,851	2,203	2,352	32,421
Georgia	-	-	-	-	-	-
Hawaii	29	1	-	4	43	1,235
Idaho	27	-	94	23	29	1,417
Illinois	1,527	23	1,170	236	1,324	21,571
Indiana	1,537	-	-	1,205	1,706	20,385
Iowa	215	5	216	20	168	5,919
Kansas	249	7	-	4	61	1,653
Kentucky	786	3	727	123	558	13,191
Louisiana	-	-	-	-	-	-
Maine	100	5	190	8	191	3,085
Maryland	-	-	-	-	-	-
Massachusetts	884	45	1,342	183	1,419	25,272
Michigan	1,091	5	63	136	1,833	28,753
Minnesota	293	9	247	6	170	4,013
Mississippi	517	4	170	153	249	6,726
Missouri	494	15	445	77	262	4,940
Montana	48	2	89	1	10	1,316
Nebraska	97	5	143	22	139	2,445
Nevada	109	16	-	8	163	3,975
New Hampshire	27	-	14	38	18	673
New Jersey	477	2	392	64	287	7,518
New Mexico	394	-	329	32	237	7,421
New York	3,232	-	203	1,977	526	52,852
North Carolina	-	-	-	-	-	-
North Dakota	32	-	-	42	84	1,276
Ohio	2,105	20	171	1,058	1,118	18,690
Oklahoma	488	62	32	102	697	12,807
Oregon	476	9	544	89	515	8,010
Pennsylvania	724	11	455	64	12	4,438
Puerto Rico	207	3	10	7	46	5,245
Rhode Island	51	20	138	4	151	2,464
South Carolina	439	3	445	1	618	11,418
South Dakota	20	1	28	10	37	694
Tennessee	982	11	105	4	173	9,881
Texas	5,026	111	3,593	112	785	50,880
Utah	806	-	308	152	372	7,303
Vermont	68	-	58	13	37	732
Virginia	401	7	165	125	199	5,014
Washington	199	-	388	30	150	5,044
West Virginia	230	9	4	112	204	4,402
Wisconsin	368	1	324	252	128	3,904
Wyoming	31	4	15	-	26	716
National Total	**31,821**	**521**	**18,810**	**9,707**	**20,583**	**502,001**
National Percent	**6.3**	**0.1**	**3.7**	**1.9**	**4.1**	**100.0**

Services

CHAPTER 6

The mandate of child protection is not only to investigate or assess maltreatment allegations, but also to provide services. Child protective services (CPS) agencies promote children's safety and well-being with a broad range of prevention activities and by providing services to children who were maltreated or are at-risk of maltreatment. CPS agencies may use several options for providing services: agency staff may provide services directly to children and their families, the agency may hire a service provider, or CPS may work with other agencies (e.g., public health agencies).

The National Child Abuse and Neglect Data System (NCANDS) collects data for 26 types of services including adoption, employment, mental health, and substance abuse. States have their own typologies of services, which they map to the NCANDS services categories.

In this chapter, services are examined from two perspectives. The first uses aggregated data from states about the use of various funding streams for prevention services, which are provided to parents whose children are at-risk of abuse and neglect. These services are designed to improve child-rearing competencies of the parents and other caregivers via education on the developmental stages of childhood and provision of other types of assistance. Examples of prevention services include parent education, home visiting, family support, child daycare, employment, and housing.

NCANDS also collects case-level data about children who received services that were provided as a result of an investigation response or alternative response. Postresponse services address the safety of the child and usually are based on an assessment of the family's situation, including service needs and family strengths.

Prevention Services (duplicate count of children)

States and local agencies determine who will receive prevention services, which services will be offered, and how the services will be provided. Prevention services may be funded by the state or the following federal programs:

- Title I of the Child Abuse Prevention and Treatment Act (CAPTA), as amended [42 U.S.C. 5106 et seq.]—The Grants to States for Child Abuse or Neglect Prevention and Treatment Programs (State Grant) provides funds to states to improve CPS systems. The grant serves as a catalyst to assist states with screening and investigating child abuse and neglect reports, creating and improving the use of multidisciplinary teams to enhance investigations, improving risk and safety assessment protocols, training CPS workers and mandated reporters, and improving services to infants with life-threatening conditions.

- Title II of CAPTA, as amended [42 U.S.C. 5116 et seq.]—The Community-Based Grants for the Prevention of Child Abuse and Neglect program (formerly the Community-Based Family Resource and Support program) provides funding to a lead state agency (designated by the governor) to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. This program is administratively known as the Community-Based Child Abuse Prevention (CBCAP) Program.
- Title IV–B, Subpart 2, Section 430, of the Social Security Act, as amended [42.U.S.C. 629 et seq.] Promoting Safe and Stable Families—The goal of this legislation is to keep families together by funding such services as prevention intervention so that children do not have to be removed from their homes, services to develop alternative placements if children cannot remain safely in the home, and family reunification services to enable children to return to their homes, if appropriate.
- Title XX of the Social Security Act, [42. U.S.C. 1397 et seq.], Social Services Block Grant SSBG)—Under this grant, states may use funds for such prevention services as child daycare, child protective services, information and referral, counseling, and foster care, as well as other services that meet the goal of preventing or remedying neglect, abuse, or exploitation of children.

For FFY 2015, 47 states reported that approximately 2.3 million children received prevention services. This is a decrease from FFY 2014 when 47 states reported approximately 2.9 million children received prevention services. Several states explained that counts had decreased due to better reporting of unduplicated counts, more accurate reporting of children and families, and the implementation of broad service activity categories that encompass more than one service activity. More information about increases and decreases in recipients and funding may be found in appendix D. The discussion of prevention services counts children by funding source and may include duplication across sources or within sources as a child may receive multiple services. Funding sources with the largest number of states reporting data are the Community-Based Child Abuse Prevention Grants (CBCAP) with 39 states and Promoting Safe and Stable Families (36 states). "Other" funding source had the second largest number of recipients. Fewer states reported data for the Child Abuse and Neglect Basic State Grant and the Social Services Block Grant. States continue to work to improve reporting on these funding sources. (See table 6–1 and related notes.)

States continue to work on improving the ability to measure the prevention services they provide. Some of the difficulties with collecting and reporting these data are listed below:

- Children and families may receive services under more than one funding stream and may be counted more than once. Some programs count families, while others count children. statistical methods are used in this report to estimate the number of children if a family count was provided.
- Prevention services are often provided by local community-based agencies, which may not be required to report on the number of clients they serve.
- Agencies that receive funding through different streams also may report to different agencies. CPS may have difficulty collecting data from all funders or all funded agencies.

Postresponse Services (duplicate count of children)

All children and families who are involved with a child welfare agency receive services to some degree. If NCANDS collected and reported data for services that were needed to conduct an investigation or alternative response, all children would have 100 percent services receipt. Therefore, NCANDS and the Child Maltreatment report focus on only those services that were initiated or continued as a result of the investigation response or alternative response. The NCANDS Technical Team is continuing to work with states on improving reporting in this area.

The analyses include those services that were provided between the report date (date the maltreatment report was received) and up to 90 days after the disposition date (date a determination about the maltreatment occurred). For services that were begun prior to the report date, if they continued past the report disposition date this would imply that the investigation or alternative response reaffirmed the need and continuation of the services, and they should be reported to NCANDS as postresponse services. Services that do not meet the definition of postresponse services are those that (1) began prior to the report date, but did not continue past the disposition date or (2) began more than 90 days after the disposition date.

Approximately 1.3 million children received postresponse services from a CPS agency. Nearly two-thirds (61.9%) of duplicate victims and one third (29.7%) of duplicate nonvictims received postresponse services. (See table 6–2 and related notes.) Children who received postresponse services are counted per response by CPS and may be counted more than once. States provided data on the start of postresponse services. For those children who were not already receiving services at the start of the report, the average number of days from receipt of a report to initiation of services was 47 days. (See table 6–3 and related notes.)

Table 6–4 displays the children who received foster care services and were removed from his or her home. The method of this analysis was changed for 2015. Only the children who were removed from their home after the report date were counted. Previously, a child was counted if the service was initiated prior to the report date, but continued after the report disposition date. This change was mainly made because some children were already in foster care when the allegation of maltreatment was made. Readers and researchers wanted to know the number of children who were removed as a result of the investigation or alternative response. More than one-fifth (22.9%) of victims and 2.1 percent of nonvictims were removed from their homes for 2015. Some states reported low percentages of victims and nonvictims who received foster care services. The data suggest those states may use non-CPS providers for services delivery and those providers have difficulty collecting and reporting data in an NCANDS format. (See table 6–4 and related notes.)

There may be several explanations as to why nonvictims were placed in foster care. The first has to do with states' policies. If one child in a household is deemed to be in danger or at-risk of maltreatment, the state may remove all of the children in the household to ensure their safety. For example, if a CPS worker finds a drug lab in a house or finds a severely intoxicated caregiver, the worker may remove all children even if there is only a maltreatment allegation for one child in the household. Another reason for a nonvictim to be removed has to do with voluntary placements. This is when a parent voluntarily agrees to place a child in foster care even if the child was not determined to be a victim of maltreatment.

States also reported on the number of victims for whom some court action had been undertaken. Court action may include any legal action taken by the CPS agency or the courts on behalf of the child, including authorization to place a child in foster care and applying for temporary custody, protective custody, dependency, or termination of parental rights. In other words, these include children who were removed, as well as other children who may have had petitions while remaining at home. Based on 42 reporting states, 28.1 percent of victims had court actions. (See table 6–5 and related notes.)

States were less able to report on the number of victims with court-appointed representatives. Twenty-six states reported that 25.1 percent of victims received court-appointed representatives. These numbers are likely to be an undercount given the statutory requirement in CAPTA, "in every case involving an abused or neglected child, which results in a judicial proceeding, a Guardian ad Litem...

who may be an attorney or a court-appointed special advocate... shall be appointed to represent the child in such proceedings...” Many states are working to improve the reporting of the court-appointed representative data element. (See table 6–6 and related notes.)

History of Receiving Services (unique count of children)

Two data elements in the Agency File collect information on histories of victims. Based on data from 26 states, 14.5 percent of victims received family preservation services within the previous 5 years. (See table 6–7 and related notes.) Data from 35 states shows that 4.8 percent of victims were reunited with their families within the previous 5 years. (See table 6–8 and related notes.)

Part C of the Individuals With Disabilities Education Act (IDEA)

The CAPTA Reauthorization Act of 2010 added new data collection requirements to NCANDS:

> 16) *The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.)*
>
> *xxi provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.)*

Based on the new CAPTA requirements, in 2012 NCANDS added the following fields to the Agency File:

- Number of Children Eligible for Referral to Agencies Providing Early Intervention Services Under Part C of the Individuals With Disabilities Education Act: a unique count of the number of victims eligible for referral to agencies providing early intervention services under Part C of the Individuals with Disabilities Act.
- Number of Children Referred to Agencies Providing Early Intervention Services Under Part C of the Individuals With Disabilities Education Act: a unique count of the number of victims actually referred to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act.

Federal guidance asks for states to report the number of victims who were younger than 3 years who were eligible for and were referred to these agencies; however, some states have policies in place to allow older children to be considered eligible for referral and receipt of these services and these states reported victims who were older than 3 years (see appendix D). Twenty-seven states reported 78,894 victims who were eligible for referral to agencies providing early intervention services and 24 states reported 25,952 victims were referred. Of the states that were able to report both the victims who were eligible and referred (22 states), 65.5 of victims who were eligible were referred to the agencies. (See table 6–9 and related notes). This is the first year in which these data are presented in the Child Maltreatment report. States are continuing to improve their reporting in these fields. Technical assistance will be provided to the states about reporting these data to NCANDS.

Exhibit and Table Notes

The following pages contain the data tables referenced in Chapter 6. Specific information about state submissions can be found in appendix D. Additional information regarding the exhibits and tables is provided below.

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues.
- The data source for all tables was the Child File unless otherwise noted.
- Due to the large number of categories, most services are defined in appendix B. The Child File record layout, which includes the services fields, are located on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/resource/about-ncands.
- States that did not report at least 1.0 percent of children with services were excluded from analyses.
- National totals and calculations appear in a single row labeled "National" instead of separate rows labeled total, rate, or percent.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2015

- Data are from the Agency File.
- The number of total recipients is a duplicate count. Children may be counted more than once, under a single funding source and across funding sources. Children who received prevention services may have received them via CPS or other agencies.
- Some programs maintain their data in terms of families rather than in terms of children. If a family count was provided, the number of families was multiplied by the average number of children per family (1.86) and used as the estimate of the number of children who received services or added to any counts of children that were also provided. The average number of children per family was retrieved May 2016 from https://www.census.gov/hhes/families/data/cps2015AVG.html.
- While states have improved reporting under these efforts, more work is needed and states will continue to be encouraged to improve these data.

Table 6–2 Children Who Received Postresponse Services, 2015

- A child was counted each time that a CPS response was completed and services were provided. The child was classified as a victim or nonvictim based on the findings of the response.
- This analysis includes only those services that continued after or were initiated after the completion of the CPS response.
- One state reports postresponse services for only victims and does not report on nonvictims who received such services.
- A few states reported that 100.0 percent of its victims, nonvictims, or both received services. These states may be reporting case management services and information and referral services for all children who received a CPS response. Technical assistance will be provided to these states to improve the quality of reporting services data.
- The numbers of victims and nonvictims are a duplicate count.

Table 6–3 Average Number of Days to Initiation of Services, 2015

- This analysis excludes states that did not report service start dates, and reported only foster care services, but not in-home services.
- A subset of children, whose service date was the same day or later than the report date, was constructed (the subset was created by excluding any report with a service date prior to the report date). For these children, the average days to initiation of services was calculated by subtracting the

report date from the initiation of services date for each report and calculating the average for each state. The state average was rounded to a whole day.

- A zero represents a state average of less than 1 day.
- The national average was calculated by summing the average number of days from the states and dividing the total by the number of states reporting. The result was rounded to the nearest whole day.
- The number of children is a duplicate count.

Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date On or After the Report Date, 2015

- A child was counted each time that a CPS response was completed and services were provided.
- The method of this analysis was changed for 2015. Only the children who were removed from their home after the report date were counted. Previously, a child was counted if the service was initiated prior to the report date, but continued after the report disposition date.
- States were excluded from this analysis if more than 40.0 percent of victims or more than 40.0 percent of nonvictims did not have a removal date.
- The numbers of victims and nonvictims is a duplicate count.

Table 6–5 Victims With Court Action, 2015

- States were excluded from this analysis if fewer than 5.0 percent of victims had a court action.
- The number of victims is a duplicate count.

Table 6–6 Victims With Court-Appointed Representatives, 2015

- Court-appointed representatives include attorneys and court-appointed special advocates (CASA) who represent the interests of the child in a maltreatment hearing.
- States were excluded from this analysis if fewer than 5.0 percent of victims had a court action.
- The number of victims is a duplicate count.

Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2015

- Data are from the Child File and Agency File.
- Victims Who Received Family Preservation Services is an aggregate count and may include children with alternative response victim dispositions.
- States are continuing their work to improve the data collection and reporting on this field.
- The number of victims is a unique count.

Table 6–8 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2015

- Data are from the Child File and the Agency File.
- Victims Who Received Family Reunification Services is an aggregate count and may include children with alternative response victim dispositions.
- States are continuing their work to improve the data collection and reporting on this field.
- The number of victims is a unique count.

Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2015

- Data are from the Agency File.
- Federal guidance asks for states to report the number of victims who were younger than 3 years who were eligible for and were referred to these agencies; however, some states have policies in place to allow older children to be considered eligible for referral and receipt of these services and these states reported victims who were older than 3 years.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2015

State	Child Abuse and Neglect State Grant	Community-Based Child Abuse Prevention Grants	Promoting Safe and Stable Families	Social Services Block Grant	Other	Total Recipients of Prevention Services
Alabama	986	271	50,934	16,711	-	68,902
Alaska	-	293	126	115	514	1,048
Arizona	-	-	3,670	-	3,807	7,477
Arkansas	14,862	194	26,693	32,602	23,478	97,828
California	1,756	24,364	93,886	-	107,845	227,851
Colorado	-	1,862	51,236	-	-	53,097
Connecticut	1,530	2,160	-	-	43,579	47,268
Delaware	-	-	3,393	1,484	5,716	10,593
District of Columbia	242	-	107	-	1,306	1,655
Florida	-	-	23,408	-	-	23,408
Georgia	-	21,688	21,625	-	2,132	45,444
Hawaii	-	1,651	-	-	-	1,651
Idaho	-	5,855	940	1,463	116	8,374
Illinois	5,081	10,918	-	1,695	1,128	18,823
Indiana	68,127	4,151	2,910	479	31,914	107,581
Iowa	190	4,602	27,549	-	-	32,340
Kansas	-	47,405	4,058	-	214	51,677
Kentucky	-	1,064	1,180	-	2,657	4,901
Louisiana	-	24,061	5,722	7,451	9,907	47,141
Maine	-	-	-	-	-	-
Maryland	-	-	-	13,956	-	13,956
Massachusetts	-	-	-	-	-	-
Michigan	-	-	-	-	-	-
Minnesota	3,527	3,749	807	15,040	-	23,123
Mississippi	-	965	847	471	71,610	73,892
Missouri	-	1,434	1,511	-	5,014	7,959
Montana	-	6,688	1,327	-	-	8,015
Nebraska	-	2,312	3,568	-	-	5,880
Nevada	26	1,000	12,923	28,622	15,090	57,661
New Hampshire	-	13,020	555	1,921	-	15,496
New Jersey	3,305	13,995	5,790	179,201	-	202,291
New Mexico	-	88	258	-	409	755
New York	-	7,318	-	-	96,820	104,138
North Carolina	-	193	6,201	-	-	6,395
North Dakota	-	477	3,884	-	-	4,361
Ohio	-	498,236	-	-	-	498,236
Oklahoma	-	-	1,883	-	11,677	13,559
Oregon	-	-	8,934	8,015	7,855	24,803
Pennsylvania	-	68,527	-	-	12,993	81,521
Puerto Rico	-	3,722	2,046	-	10,728	16,496
Rhode Island	-	-	1,734	-	-	1,734
South Carolina	-	804	-	-	-	804
South Dakota	-	2,602	-	-	-	2,602
Tennessee	-	-	-	-	-	-
Texas	-	3,045	54,010	-	1,082	58,137
Utah	-	4,005	391	-	71,853	76,249
Vermont	-	13,071	-	-	-	13,071
Virginia	48,029	1,048	13,224	-	3,964	66,265
Washington	1,152	3,424	41,279	-	-	45,856
West Virginia	-	9,270	-	-	-	9,270
Wisconsin	-	-	-	-	-	-
Wyoming	-	1,618	610	5,632	-	7,860
National	**148,813**	**811,151**	**479,217**	**314,857**	**543,407**	**2,297,446**

Table 6–2 Children Who Received Postresponse Services, 2015

State	Victims	Victims Who Received Postresponse Services	Victims Who Received Postresponse Services Percent	Nonvictims	Nonvictims Who Received Postresponse Services	Nonvictims Who Received Postresponse Services Percent
Alabama	8,657	4,083	47.2	24,251	3,983	16.4
Alaska	3,363	1,099	32.7	10,456	680	6.5
Arizona	12,674	12,452	98.2	85,486	49,907	58.4
Arkansas	9,753	8,500	87.2	58,510	8,110	13.9
California	77,229	64,594	83.6	381,635	234,551	61.5
Colorado	10,609	3,364	31.7	34,104	4,820	14.1
Connecticut	7,538	7,319	97.1	18,381	16,861	91.7
Delaware	1,560	676	43.3	14,963	353	2.4
District of Columbia	1,432	431	30.1	12,517	679	5.4
Florida	46,177	17,503	37.9	295,324	12,880	4.4
Georgia	28,443	19,121	67.2	174,448	108,319	62.1
Hawaii	1,538	1,051	68.3	2,286	456	19.9
Idaho	1,679	1,244	74.1	13,448	3,183	23.7
Illinois	32,877	13,213	40.2	119,111	12,721	10.7
Indiana	28,370	20,185	71.1	157,627	35,293	22.4
Iowa	8,702	8,702	100.0	28,254	28,254	100.0
Kansas	2,096	1,241	59.2	32,520	9,779	30.1
Kentucky	20,934	14,320	68.4	71,327	4,360	6.1
Louisiana	13,338	6,709	50.3	28,203	2,263	8.0
Maine	3,571	1,370	38.4	11,331	410	3.6
Maryland	7,361	3,222	43.8	26,988	3,146	11.7
Massachusetts	35,166	33,048	94.0	56,458	38,421	68.1
Michigan	36,827	12,187	33.1	150,527	18,224	12.1
Minnesota	5,365	3,777	70.4	29,558	6,971	23.6
Mississippi	9,368	5,023	53.6	32,401	3,029	9.3
Missouri	5,909	3,583	60.6	90,865	18,060	19.9
Montana	1,952	1,235	63.3	13,788	1,659	12.0
Nebraska	3,706	2,938	79.3	25,165	13,224	52.5
Nevada	5,248	3,486	66.4	29,030	6,072	20.9
New Hampshire	763	475	62.3	12,803	746	5.8
New Jersey	10,282	7,279	70.8	80,275	26,884	33.5
New Mexico	9,990	3,907	39.1	25,482	3,064	12.0
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	1,829	1,007	55.1	5,276	184	3.5
Ohio	25,096	16,347	65.1	97,566	33,218	34.0
Oklahoma	15,340	10,889	71.0	51,939	16,131	31.1
Oregon	11,090	5,379	48.5	34,943	4,509	12.9
Pennsylvania	3,897	936	24.0	32,326	2,326	7.2
Puerto Rico	7,557	1,232	16.3	-	-	-
Rhode Island	3,466	1,194	34.4	6,679	1,055	15.8
South Carolina	15,457	5,977	38.7	43,624	3,763	8.6
South Dakota	1,105	569	51.5	3,654	253	6.9
Tennessee	11,817	11,817	100.0	106,973	101,488	94.9
Texas	65,750	37,108	56.4	234,370	13,430	5.7
Utah	10,228	9,947	97.3	20,187	17,558	87.0
Vermont	1,020	353	34.6	5,184	970	18.7
Virginia	6,274	1,599	25.5	60,132	2,647	4.4
Washington	6,584	3,318	50.4	50,605	5,226	10.3
West Virginia	4,992	4,855	97.3	42,426	4,238	10.0
Wisconsin	5,083	2,086	41.0	39,074	2,684	6.9
Wyoming	997	380	38.1	5,797	89	1.5
National	**650,059**	**402,330**	**61.9**	**2,988,277**	**887,131**	**29.7**

Table 6–3 Average Number of Days to Initiation of Services, 2015

State	Children Who Received Services	Children Who Received Services On or After the Report Date	Average Number of Days to Initiation of Services
Alabama	8,066	5,069	97
Alaska	1,779	1,771	61
Arizona	62,359	61,204	121
Arkansas	16,610	15,885	39
California	299,145	277,701	20
Colorado	8,184	3,710	22
Connecticut	-	-	-
Delaware	1,029	864	59
District of Columbia	1,110	1,107	43
Florida	30,383	23,911	32
Georgia	127,440	123,042	12
Hawaii	1,507	1,257	21
Idaho	4,427	4,407	43
Illinois	25,934	16,224	34
Indiana	55,478	26,178	34
Iowa	36,956	36,956	21
Kansas	11,020	6,381	33
Kentucky	-	-	-
Louisiana	8,972	7,989	32
Maine	1,780	847	98
Maryland	6,368	3,501	61
Massachusetts	71,469	50,926	14
Michigan	30,411	18,206	52
Minnesota	10,748	10,748	45
Mississippi	8,052	7,988	26
Missouri	21,643	18,629	37
Montana	2,894	2,017	72
Nebraska	16,162	8,021	57
Nevada	9,558	6,278	46
New Hampshire	1,221	1,084	76
New Jersey	34,163	18,288	40
New Mexico	6,971	6,644	32
New York	-	-	-
North Carolina	-	-	-
North Dakota	1,191	1,171	68
Ohio	49,565	44,320	37
Oklahoma	27,020	26,832	53
Oregon	9,888	9,500	37
Pennsylvania	3,262	2,713	28
Puerto Rico	1,431	1,431	69
Rhode Island	2,249	1,289	37
South Carolina	9,740	3,887	25
South Dakota	-	-	-
Tennessee	-	-	-
Texas	50,538	49,721	56
Utah	-	-	-
Vermont	1,323	740	49
Virginia	4,246	3,204	70
Washington	8,544	6,754	56
West Virginia	9,093	6,486	35
Wisconsin	4,770	4,770	62
Wyoming	469	388	33
National	**1,105,168**	**930,039**	**47**

Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date On or After the Report Date, 2015

State	Victims	Victims Who Received Foster Care Postresponse Services	Victims Who Received Foster Care Postresponse Services Percent	Nonvictims	Nonvictims Who Received Foster Care Postresponse Services	Nonvictims Who Received Foster Care Postresponse Services Percent
Alabama	8,657	1,399	16.2	24,251	679	2.8
Alaska	3,363	1,020	30.3	10,456	588	5.6
Arizona	12,674	7,059	55.7	85,486	3,865	4.5
Arkansas	9,753	1,948	20.0	58,510	1,265	2.2
California	77,229	26,811	34.7	381,635	9,383	2.5
Colorado	10,609	1,451	13.7	34,104	391	1.1
Connecticut	7,538	1,118	14.8	18,381	495	2.7
Delaware	1,560	170	10.9	14,963	17	0.1
District of Columbia	1,432	385	26.9	12,517	124	1.0
Florida	46,177	13,643	29.5	295,324	4,716	1.6
Georgia	28,443	5,787	20.3	174,448	3,599	2.1
Hawaii	1,538	717	46.6	2,286	69	3.0
Idaho	1,679	801	47.7	13,448	112	0.8
Illinois	32,877	4,526	13.8	119,111	1,452	1.2
Indiana	28,370	9,441	33.3	157,627	2,303	1.5
Iowa	8,702	1,980	22.8	-	-	-
Kansas	2,096	178	8.5	32,520	704	2.2
Kentucky	20,934	778	3.7	71,327	127	0.2
Louisiana	13,338	3,468	26.0	28,203	407	1.4
Maine	3,571	597	16.7	-	-	-
Maryland	7,361	750	10.2	26,988	207	0.8
Massachusetts	35,166	4,744	13.5	56,458	1,109	2.0
Michigan	36,827	5,501	14.9	150,527	2,360	1.6
Minnesota	5,365	1,788	33.3	29,558	1,889	6.4
Mississippi	9,368	1,703	18.2	32,401	457	1.4
Missouri	5,909	1,925	32.6	90,865	4,095	4.5
Montana	1,952	1,040	53.3	13,788	791	5.7
Nebraska	3,706	1,449	39.1	25,165	928	3.7
Nevada	5,248	2,247	42.8	29,030	962	3.3
New Hampshire	763	278	36.4	12,803	305	2.4
New Jersey	10,282	2,372	23.1	80,275	1,880	2.3
New Mexico	9,990	1,436	14.4	25,482	441	1.7
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	1,829	282	15.4	5,276	17	0.3
Ohio	25,096	5,040	20.1	97,566	2,488	2.6
Oklahoma	15,340	4,832	31.5	51,939	195	0.4
Oregon	11,090	3,379	30.5	34,943	1,023	2.9
Pennsylvania	-	-	-	-	-	-
Puerto Rico	7,557	798	10.6	-	-	-
Rhode Island	3,466	688	19.8	-	-	-
South Carolina	15,457	2,625	17.0	-	-	-
South Dakota	1,105	560	50.7	3,654	207	5.7
Tennessee	11,817	1,959	16.6	106,973	2,903	2.7
Texas	65,750	11,223	17.1	234,370	1,191	0.5
Utah	10,228	1,134	11.1	20,187	56	0.3
Vermont	1,020	197	19.3	5,184	275	5.3
Virginia	6,274	1,255	20.0	-	-	-
Washington	6,584	2,366	35.9	50,605	1,769	3.5
West Virginia	4,992	1,201	24.1	42,426	374	0.9
Wisconsin	5,083	1,869	36.8	39,074	2,279	5.8
Wyoming	997	344	34.5	5,797	47	0.8
National	**646,162**	**148,262**	**22.9**	**2,805,931**	**58,544**	**2.1**

Table 6–5 Victims With Court Action, 2015

State	Victims	Victims With Court Action	Victims With Court Action Percent
Alabama	-	-	-
Alaska	3,363	1,020	30.3
Arizona	12,674	6,344	50.1
Arkansas	9,753	2,375	24.4
California	77,229	27,579	35.7
Colorado	10,609	2,267	21.4
Connecticut	7,538	2,283	30.3
Delaware	1,560	259	16.6
District of Columbia	1,432	308	21.5
Florida	46,177	16,012	34.7
Georgia	28,443	5,787	20.3
Hawaii	1,538	952	61.9
Idaho	1,679	993	59.1
Illinois	-	-	-
Indiana	28,370	19,185	67.6
Iowa	8,702	3,442	39.6
Kansas	2,096	917	43.8
Kentucky	20,934	3,881	18.5
Louisiana	13,338	3,533	26.5
Maine	-	-	-
Maryland	7,361	1,138	15.5
Massachusetts	35,166	6,761	19.2
Michigan	36,827	6,213	16.9
Minnesota	5,365	2,028	37.8
Mississippi	-	-	-
Missouri	5,909	1,941	32.8
Montana	1,952	1,190	61.0
Nebraska	3,706	1,620	43.7
Nevada	5,248	2,822	53.8
New Hampshire	763	448	58.7
New Jersey	10,282	2,021	19.7
New Mexico	9,990	1,422	14.2
New York	-	-	-
North Carolina	-	-	-
North Dakota	1,829	288	15.7
Ohio	25,096	5,849	23.3
Oklahoma	15,340	3,473	22.6
Oregon	11,090	3,286	29.6
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	3,466	1,011	29.2
South Carolina	15,457	2,782	18.0
South Dakota	-	-	-
Tennessee	-	-	-
Texas	65,750	11,316	17.2
Utah	10,228	1,945	19.0
Vermont	1,020	281	27.5
Virginia	6,274	1,365	21.8
Washington	6,584	2,308	35.1
West Virginia	4,992	1,224	24.5
Wisconsin	5,083	492	9.7
Wyoming	997	286	28.7
National	**571,210**	**160,647**	**28.1**

Table 6–6 Victims With Court-Appointed Representatives, 2015

State	Victims	Victims With Court-Appointed Representatives	Victims With Court-Appointed Representatives Percent
Alabama	8,657	605	7.0
Alaska	3,363	1,012	30.1
Arizona	12,674	7,875	62.1
Arkansas	-	-	-
California	77,229	33,236	43.0
Colorado	-	-	-
Connecticut	-	-	-
Delaware	1,560	259	16.6
District of Columbia	-	-	-
Florida	-	-	-
Georgia	28,443	5,563	19.6
Hawaii	1,538	898	58.4
Idaho	-	-	-
Illinois	-	-	-
Indiana	28,370	6,108	21.5
Iowa	8,702	1,754	20.2
Kansas	-	-	-
Kentucky	-	-	-
Louisiana	-	-	-
Maine	3,571	1,036	29.0
Maryland	-	-	-
Massachusetts	35,166	6,176	17.6
Michigan	36,827	2,314	6.3
Minnesota	5,365	1,853	34.5
Mississippi	9,368	1,576	16.8
Missouri	-	-	-
Montana	1,952	512	26.2
Nebraska	3,706	1,627	43.9
Nevada	5,248	681	13.0
New Hampshire	763	448	58.7
New Jersey	-	-	-
New Mexico	9,990	1,422	14.2
New York	-	-	-
North Carolina	-	-	-
North Dakota	1,829	190	10.4
Ohio	25,096	3,729	14.9
Oklahoma	15,340	3,473	22.6
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	3,466	726	20.9
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	-	-	-
Texas	-	-	-
Utah	10,228	1,945	19.0
Vermont	1,020	281	27.5
Virginia	6,274	1,422	22.7
Washington	-	-	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**345,745**	**86,721**	**25.1**

Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2015

State	Victims	Victims Who Received Family Preservation Services Within the Previous 5 Years Number	Victims Who Received Family Preservation Services Within the Previous 5 Years Percent
Alabama	-	-	-
Alaska	-	-	-
Arizona	-	-	-
Arkansas	9,204	1,999	21.7
California	-	-	-
Colorado	-	-	-
Connecticut	-	-	-
Delaware	-	-	-
District of Columbia	1,348	232	17.2
Florida	43,775	6,755	15.4
Georgia	26,952	3,763	14.0
Hawaii	-	-	-
Idaho	1,623	612	37.7
Illinois	-	-	-
Indiana	-	-	-
Iowa	-	-	-
Kansas	1,992	594	29.8
Kentucky	18,897	1,066	5.6
Louisiana	12,631	1,985	15.7
Maine	3,372	599	17.8
Maryland	6,790	2,470	36.4
Massachusetts	31,089	9,351	30.1
Michigan	-	-	-
Minnesota	5,120	1,712	33.4
Mississippi	8,730	68	0.8
Missouri	5,699	517	9.1
Montana	-	-	-
Nebraska	3,483	248	7.1
Nevada	4,953	98	2.0
New Hampshire	745	47	6.3
New Jersey	9,689	1,186	12.2
New Mexico	8,701	704	8.1
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	14,449	964	6.7
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	6,950	24	0.3
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	11,362	1,207	10.6
Texas	63,781	9,092	14.3
Utah	9,569	169	1.8
Vermont	921	174	18.9
Virginia	-	-	-
Washington	5,894	353	6.0
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**317,719**	**45,989**	**14.5**

Table 6–8 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2015

State	Victims	Victims Who Were Reunited With Their Families Within the Previous 5 Years	Victims Who Were Reunited With Their Families Within the Previous 5 Years Percent
Alabama	-	-	-
Alaska	2,898	218	7.5
Arizona	-	-	-
Arkansas	9,204	229	2.5
California	-	-	-
Colorado	10,100	327	3.2
Connecticut	6,970	216	3.1
Delaware	1,538	32	2.1
District of Columbia	1,348	59	4.4
Florida	43,775	3,188	7.3
Georgia	26,952	989	3.7
Hawaii	1,506	72	4.8
Idaho	1,623	158	9.7
Illinois	-	-	-
Indiana	26,397	1,728	6.5
Iowa	-	-	-
Kansas	1,992	363	18.2
Kentucky	18,897	920	4.9
Louisiana	12,631	548	4.3
Maine	3,372	193	5.7
Maryland	6,790	818	12.0
Massachusetts	31,089	2,113	6.8
Michigan	-	-	-
Minnesota	5,120	459	9.0
Mississippi	8,730	49	0.6
Missouri	5,699	162	2.8
Montana	-	-	-
Nebraska	-	-	-
Nevada	4,953	547	11.0
New Hampshire	745	32	4.3
New Jersey	9,689	547	5.6
New Mexico	8,701	526	6.0
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	23,006	1,088	4.7
Oklahoma	14,449	678	4.7
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	6,950	12	0.2
Rhode Island	3,183	424	13.3
South Carolina	14,856	166	1.1
South Dakota	-	-	-
Tennessee	11,362	426	3.7
Texas	63,781	1,058	1.7
Utah	9,569	219	2.3
Vermont	921	31	3.4
Virginia	-	-	-
Washington	5,894	592	10.0
West Virginia	-	-	-
Wisconsin	4,840	359	7.4
Wyoming	-	-	-
National	**409,530**	**19,546**	**4.8**

Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2015

State	Victims Who Were Eligible for Referral to Part C Agencies	Victims Who Were Referred to Part C Agencies	Victims Who Were Referred to Part C Agencies Percent
Alabama	2,376	707	29.8
Alaska	957	957	100.0
Arizona	1,463	276	18.9
Arkansas	2,869	-	-
California	20,730	-	-
Colorado	4,114	2,883	70.1
Connecticut	-	1,221	-
Delaware	-	-	-
District of Columbia	29	26	89.7
Florida	-	-	-
Georgia	-	-	-
Hawaii	-	-	-
Idaho	550	328	59.6
Illinois	-	-	-
Indiana	-	-	-
Iowa	2,091	2,091	100.0
Kansas	386	310	80.3
Kentucky	-	-	-
Louisiana	3,487	2,773	79.5
Maine	-	-	-
Maryland	-	-	-
Massachusetts	-	-	-
Michigan	-	-	-
Minnesota	1,838	1,770	96.3
Mississippi	743	135	18.2
Missouri	857	180	21.0
Montana	-	-	-
Nebraska	1,043	1,043	100.0
Nevada	-	-	-
New Hampshire	-	167	-
New Jersey	2,310	1,956	84.7
New Mexico	2,333	1,888	80.9
New York	14,650	-	-
North Carolina	-	-	-
North Dakota	427	379	88.8
Ohio	4,568	4,568	100.0
Oklahoma	4,648	1,055	22.7
Oregon	2,608	-	-
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	1,109	368	33.2
South Carolina	-	-	-
South Dakota	517	-	-
Tennessee	-	-	-
Texas	-	-	-
Utah	50	48	96.0
Vermont	-	-	-
Virginia	-	-	-
Washington	1,621	303	18.7
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	520	520	100.0
National	**78,894**	**25,952**	**-**
National for States Reporting Both Victims Eligible and Referred	**37,520**	**24,564**	**65.5**

Appendixes

Required CAPTA Data Items

APPENDIX A

The Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111–320, the CAPTA Reauthorization Act of 2010, affirms, "Each State to which a grant is made under this section shall annually work with the Secretary to provide, to the maximum extent practicable, a report that includes the following:"

1) The number of children who were reported to the State during the year as victims of child abuse or neglect.
2) Of the number of children described in paragraph (1), the number with respect to whom such reports were—
   a) substantiated;
   b) unsubstantiated; or
   c) determined to be false.
3) Of the number of children described in paragraph (2)—
   a) the number that did not receive services during the year under the State program funded under this section or an equivalent State program;
   b) the number that received services during the year under the State program funded under this section or an equivalent State program; and
   c) the number that were removed from their families during the year by disposition of the case.
4) The number of families that received preventive services, including use of differential response, from the State during the year.
5) The number of deaths in the State during the year resulting from child abuse or neglect.
6) Of the number of children described in paragraph (5), the number of such children who were in foster care.
7)
   a) The number of child protective service personnel responsible for the—
      i.) intake of reports filed in the previous year;
      ii.) screening of such reports;
      iii.) assessment of such reports; and
      iv.) investigation of such reports.
   b) The average caseload for the workers described in subparagraph (A)
8) The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.

9) The response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made.
10) For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the State—
    a) information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;
    b) data of the education, qualifications, and training of such personnel;
    c) demographic information of the child protective service personnel; and
    d) information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.
11) The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child.
12) The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.
13) The annual report containing the summary of activities of the citizen review panels of the State required by subsection (c)(6).
14) The number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system.
15) The number of children referred to a child protective services system under subsection (b)(2)(B)(ii).
16) The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).
17) The number of children determined to be victims described in subsection (b)(2)(B)(xxiv).

** Item (17) in bold was enacted with the Justice for Victims of Trafficking Act of 2015 (P.L. 114–22). The law goes into effect in 2017 and it is anticipated that states will begin reporting with FFY 2018 data. The items listed under number (10), (13), and (14) are not collected by NCANDS.*

Glossary

APPENDIX B

Acronyms

AFCARS: Adoption and Foster Care Analysis and Reporting System
CAPTA: Child Abuse Prevention and Treatment Act
CASA: Court-appointed special advocate
CBCAP: Community-Based Child Abuse Prevention Program
CFSR: Child and Family Services Reviews
CHILD ID: Child identifier
CPS: Child protective services
FFY: Federal fiscal year
FIPS: Federal information processing standards
FTE: Full-time equivalent
GAL: Guardian ad litem
IDEA: Individuals with Disabilities Education Act
NCANDS: National Child Abuse and Neglect Data System
NYTD: National Youth in Transition Database
MIECHV: Maternal, Infant, and Early Childhood Home Visiting Program
OMB: Office of Management and Budget
PERPETRATOR ID: Perpetrator identifier
PSSF: Promoting Safe and Stable Families
REPORT ID: Report identifier
SACWIS: Statewide Automated Child Welfare Information System
SDC: Summary data component
SSBG: Social Services Block Grant
TANF: Temporary Assistance for Needy Families

Definitions

ADOPTION AND FOSTER CARE ANALYSIS AND REPORTING SYSTEM (AFCARS): The federal collection of case-level information on all children in foster care for whom state child welfare agencies have responsibility for placement, care, or supervision and on children who are adopted under the auspices of the state's public child welfare agency. AFCARS also includes information on foster and adoptive parents.

ADOPTION SERVICES: Activities to assist with bringing about the adoption of a child.

ADOPTIVE PARENT: A person with the legal relation of parent to a child not related by birth, with the same mutual rights and obligations that exist between children and their birth parents. The legal relationship has been finalized.

AFCARS ID: The record number used in the AFCARS data submission or the value that would be assigned.

AGE: A number representing the years that the child or perpetrator had been alive at the time of the alleged maltreatment.

AGENCY FILE: A data file submitted by a state to NCANDS on an annual basis. The file contains supplemental aggregated child abuse and neglect data from such agencies as medical examiners' offices and non-CPS services providers.

ALCOHOL ABUSE: Compulsive use of alcohol that is not of a temporary nature. This term can be applied to a caregiver or a child. If applied to a child, it can include Fetal Alcohol Syndrome and exposure to alcohol during pregnancy.

ALLEGED PERPETRATOR: An individual who is named in a referral to have caused or knowingly allowed the maltreatment of a child.

ALLEGED MALTREATMENT: Suspected child abuse and neglect. In NCANDS, such suspicions are included in a referral to a CPS agency.

ALLEGED VICTIM: Child about whom a referral regarding maltreatment was made to a CPS agency.

ALLEGED VICTIM REPORT SOURCE: A child who alleges to have been a victim of child maltreatment and who makes a report of the allegation.

ALTERNATIVE RESPONSE: The provision of a response other than an investigation that determines a child or family is in need of services. A determination of maltreatment is not made and a perpetrator is not determined. States may report the disposition as alternative response victim or alternative response nonvictim, however, in this report the categories are combined.

AMERICAN INDIAN or ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ANONYMOUS REPORT SOURCE: An individual who notifies a CPS agency of suspected child maltreatment without identifying himself or herself.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

ASSESSMENT: A process by which the CPS agency determines whether the child or other persons involved in the report of alleged maltreatment is in need of services. When used as an alternative to an investigation, it is a process designed to gain a greater understanding about family strengths, needs, and resources.

BEHAVIOR PROBLEM, CHILD: A child's behavior in the school or community that adversely affects socialization, learning, growth, and moral development. May include adjudicated or nonadjudicated behavior problems such as running away from home or a placement.

BIOLOGICAL PARENT: The birth mother or father of the child.

BLACK or AFRICAN-AMERICAN: A person having origins in any of the black racial groups of Africa.

BOY: A male child younger than 18 years.

CAREGIVER: A person responsible for the care and supervision of a child.

CAREGIVER RISK FACTOR: A primary caregiver's characteristic, disability, problem, or environment, which would tend to decrease the ability to provide adequate care for the child.

CASE-LEVEL DATA: States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year, are submitted in each state's data file. The data submission containing these case-level data is called the Child File.

CASELOAD: The number of CPS responses (cases) handled by workers.

CASE MANAGEMENT SERVICES: Activities for the arrangement, coordination, and monitoring of services to meet the needs of children and their families.

CHILD: A person who has not attained the lesser of (a) the age of 18 or (b) except in the case of sexual abuse, the age specified by the child protection law of the state in which the child resides.

CHILD ABUSE AND NEGLECT STATE GRANT: Funding to the states for programs serving abused and neglected children, awarded under the Child Abuse Prevention and Treatment Act (CAPTA). May be used to assist states with intake and assessment, screening and investigation of child abuse and neglect reports, improving risk and safety assessment protocols, training child protective service workers and mandated reporters, and improving services to disabled infants with life-threatening conditions.

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) (42 U.S.C. 5101 et seq): The key federal legislation addressing child abuse and neglect, which was originally enacted on January 31, 1974 (P.L. 93–247). CAPTA has been reauthorized and amended several times, most recently on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111–320). CAPTA provides federal funding to states in support of prevention, assessment, investigation, prosecution, and treatment activities for child abuse and neglect. It also provides grants to public agencies and nonprofit organizations, including Tribes, for demonstration programs and projects; and the federal support for research, evaluation, technical assistance, and data collection activities.

CHILD AND FAMILY SERVICES REVIEWS: The 1994 Amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (HHS) to review state child and family service programs to ensure conformity with the requirements in titles IV–B and IV–E of the SSA. Has a focus on states' capacity to create positive outcomes for children and families. Under a final rule, which became effective March 25, 2000, states are assessed for substantial conformity with certain federal requirements for child protective, foster care, adoption, family preservation and family support, and independent living services.

CHILD DAYCARE PROVIDER: A person with a temporary caregiver responsibility, but who is not related to the child, such as a daycare center staff member, family provider, or babysitter. Does not include persons with legal custody or guardianship of the child.

CHILD DISPOSITION: A determination made by a social service agency that evidence is or is not sufficient under state law to conclude that maltreatment occurred. A disposition is applied to each child within a report.

CHILD DEATH REVIEW TEAM: A state or local team of professionals who review all or a sample of cases of children who are alleged to have died due to maltreatment or other causes.

CHILD FILE: A data file submitted by a state to NCANDS on the periodic basis. The file contains child-specific records for each report of alleged child abuse and neglect that received a CPS response. Only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year, are submitted in each state's data file.

CHILD IDENTIFIER (Child ID): A unique identification assigned to each child. This identification is not the state's child identification but is an encrypted identification assigned by the state for the purposes of the NCANDS data collection.

CHILD MALTREATMENT: The Child Abuse Prevention and Treatment Act (CAPTA) definition of child abuse and neglect is, at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.

CHILD PROTECTIVE SERVICES AGENCY (CPS): An official agency of a state having the responsibility to receive and respond to allegations of suspected child abuse and neglect, determine the validity of the allegations, and provide services to protect and serve children and their families.

CHILD PROTECTIVE SERVICES (CPS) RESPONSE: CPS agencies conduct a response for all reports of child maltreatment. The response may be an investigation, which determines whether a child was

maltreated or is at-risk of maltreatment and establishes if an intervention is needed. The majority of reports receive investigations. A small, but growing, number of reports receive an alternative response, which focuses primarily upon the needs of the family and usually does not include a determination regarding the alleged maltreatment(s).

CHILD PROTECTIVE SERVICES (CPS) SUPERVISOR: The manager of the caseworker assigned to a report of child maltreatment at the time of the report disposition.

CHILD PROTECTIVE SERVICES (CPS) WORKER: The person assigned to a report of child maltreatment at the time of the report disposition.

CHILD RECORD: A case-level record in the Child File containing the data associated with one child.

CHILD RISK FACTOR: A child's characteristic, disability, problem, or environment that may affect the child's safety.

CHILD VICTIM: A child for whom the state determined at least one maltreatment was substantiated or indicated. This includes a child who died of child abuse and neglect. This is a change from prior years when children with dispositions of alternative response victim were included as victims. It is important to note that a child may be a victim in one report and a nonvictim in another report.

CHILDREN'S BUREAU: The Children's Bureau partners with federal, state, tribal, and local agencies to improve the overall health and well-being of our nation's children and families. It is the federal agency responsible for the collection and analysis of NCANDS data.

CLOSED WITH NO FINDING: A disposition that does not conclude with a specific finding because the CPS response could not be completed.

COMMUNITY-BASED CHILD ABUSE PREVENTION PROGRAM (CBCAP): This program provides funding to states to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. The program was reauthorized, amended, and renamed as part of the CAPTA amendments in 2010. To receive these funds, the Governor must designate a lead agency to receive the funds and implement the program.

COUNSELING SERVICES: Activities that apply the therapeutic processes to personal, family, situational, or occupational problems to bring about a positive resolution of the problem or improved individual or family functioning or circumstances.

COUNTY OF REPORT: The jurisdiction to which the report of alleged child maltreatment was assigned for a CPS response.

COUNTY OF RESIDENCE: The jurisdiction in which the child was residing at the time of the report of maltreatment.

COURT APPOINTED REPRESENTATIVE: A person appointed by the court to represent a child in an abuse and neglect proceeding and is often referred to as a guardian ad litem (GAL). The representative makes recommendations to the court concerning the best interests of the child.

COURT-APPOINTED SPECIAL ADVOCATE (CASA): Adult volunteers trained to advocate for abused and neglected children who are involved in the juvenile court.

COURT ACTION: Legal action initiated by a representative of the CPS agency on behalf of the child. This includes authorization to place the child in foster care, filing for temporary custody, dependency, or termination of parental rights. It does not include criminal proceedings against a perpetrator.

CHILD DAYCARE SERVICES: Activities provided to a child or children in a setting that meets applicable standards of state and local law, in a center or home, for a portion of a 24-hour day.

DISABILITY: A child is considered to have a disability if one of more of the following risk factors has been identified: child has a/an intellectual disability, emotional disturbance, visual or hearing impairment, learning disability, physical disability, behavior problem, or some other medical condition. In general, children with such conditions are undercounted as not every child receives a clinical diagnostic assessment.

DISPOSITION: A determination made by a social service agency that evidence is or is not sufficient under state law to conclude that maltreatment occurred. A disposition is applied to each alleged maltreatment in a report and to the report itself.

DOMESTIC VIOLENCE, CAREGIVER RISK FACTOR: Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. In NCANDS, the caregiver may be the perpetrator or the victim of the domestic violence.

DRUG ABUSE: The compulsive use of drugs that is not of a temporary nature. This term can be applied to a caregiver or a child. If applied to a child, it can include infants exposed to drugs during pregnancy.

DUPLICATE COUNT OF CHILDREN: Counting a child each time he or she was the subject of a report. This count also is called a report-child pair.

DUPLICATED COUNT OF PERPETRATORS: Counting a perpetrator each time the perpetrator is associated with maltreating a child. This also is known as a report-child-perpetrator triad. For example, a perpetrator would be counted twice in all of the following situations: (1) one child in two separate reports, (2) two children in a single report, and (3) two children in two separate reports.

EDUCATION AND TRAINING SERVICES: Services provided to improve knowledge or capacity of a given skill set, in a particular subject matter, or in personal or human development. Services may include instruction or training in, but are not limited to, such issues as consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development (G.E.D.). Component services or activities may include screening, assessment, and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; transportation; and referral to community resources.

EDUCATION PERSONNEL: Employees of a public or private educational institution or program; includes teachers, teacher assistants, administrators, and others directly associated with the delivery of educational services.

EMOTIONAL DISTURBANCE: A clinically diagnosed condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The diagnosis is based on the Diagnostic and Statistical Manual of Mental Disorders. This term includes schizophrenia and autism and can be applied to a child or a caregiver.

EMPLOYMENT SERVICES: Activities provided to assist individuals in securing employment or the acquiring of skills that promote opportunities for employment.

FAMILY: A group of two or more persons related by birth, marriage, adoption, or emotional ties.

FAMILY PRESERVATION SERVICES: Activities designed to help families alleviate crises that might lead to out-of-home placement of children, maintain the safety of children in their own homes, support families to reunify or adopt, and assist families to obtain services and other supports in a culturally sensitive manner.

FAMILY SUPPORT SERVICES: Community-based services that assist and support parents in their role as caregivers. These services are designed to improve parental competency and healthy child development by helping parents enhance their strengths and resolve problems that may lead to child maltreatment, developmental delays, and family disruption.

FATALITY: Death of a child as a result of abuse and neglect, because either an injury resulting from the abuse and neglect was the cause of death, or abuse and neglect were contributing factors to the cause of death.

FEDERAL FISCAL YEAR (FFY): The 12-month period from October 1 through September 30 used by the federal government. The fiscal year is designated by the calendar year in which it ends.

FEDERAL INFORMATION PROCESSING STANDARDS (FIPS): The federally defined set of county codes for all states.

FINDING: See DISPOSITION.

FINANCIAL PROBLEM: A risk factor related to the family's inability to provide sufficient financial resources to meet minimum needs.

FOSTER CARE: Twenty-four-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes family foster homes, group homes, emergency shelters, residential facilities, childcare institutions, etc. The NCANDS category applies regardless of whether the facility is licensed and whether payments are made by the state or local agency for the care of the child, or whether there is federal matching of any payments made. Foster care may be provided by those related or not related to the child. All children in care for more than 24 hours are counted.

FOSTER PARENT: Individual who provides a home for orphaned, abused, neglected, delinquent, or disabled children under the placement, care, or supervision of the state. The person may be a relative or nonrelative and need not be licensed by the state agency to be considered a foster parent.

FRIEND: A nonrelative acquainted with the child, the parent, or caregiver.

FULL-TIME EQUIVALENT: A computed statistic representing the number of full-time employees if the number of hours worked by part-time employees had been worked by full-time employees.

GIRL: A female child younger than 18 years.

GROUP HOME OR RESIDENTIAL CARE: A nonfamilial 24-hour care facility that may be supervised by the state agency or governed privately.

GROUP HOME STAFF: Employee of a nonfamilial 24-hour care facility.

GUARDIAN AD LITEM: See COURT-APPOINTED REPRESENTATIVE.

HEALTH-RELATED AND HOME HEALTH SERVICES: Activities provided to attain and maintain a favorable condition of health.

HISPANIC ETHNICITY: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. See RACE.

HOME-BASED SERVICES: In-home activities provided to individuals or families to assist with household or personal care that improve or maintain family well-being. Includes homemaker, chore, home maintenance, and household management services.

HOUSING SERVICES: Activities designed to assist individuals or families to locate, obtain, or retain suitable housing.

IDEA: See Individuals with Disabilities Education Improvement Act.

INADEQUATE HOUSING: A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness.

INCIDENT DATE: The month, day, and year of the most recent, known incident of alleged child maltreatment.

INDEPENDENT AND TRANSITIONAL LIVING SERVICES: Activities designed to help older youth in foster care or homeless youth make the transition to independent living.

INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT: A law ensuring services to children with disabilities throughout the nation.

INFORMATION AND REFERRAL SERVICES: Resources or activities that provide facts about services that are available from public and private providers. The facts are provided after an assessment (not a clinical diagnosis or evaluation) of client needs.

INDICATED OR REASON TO SUSPECT: A disposition that concludes that maltreatment could not be substantiated under state law or policy, but there was a reason to suspect that at least one child may have been maltreated or was at-risk of maltreatment. This is applicable only to states that distinguish between substantiated and indicated dispositions.

IN-HOME SERVICES: Any service provided to the family while the child remains in the home. Services may be provided directly in the child's home or a professional setting.

INTAKE: The activities associated with the receipt of a referral and the decision of whether or not to accept it for a CPS response.

INTELLECTUAL DISABILITY: A clinically diagnosed condition of reduced general cognitive and motor functioning existing concurrently with deficits in adaptive behavior that adversely affect socialization and learning. This term can be applied to a caregiver or a child.

INTENTIONALLY FALSE: The unsubstantiated disposition that indicates a conclusion that the person who made the allegation of maltreatment knew that the allegation was not true.

INVESTIGATION: A type of CPS response that involves the gathering of objective information to determine whether a child was maltreated or is at-risk of maltreatment and establishes if an intervention is needed. Generally includes face-to-face contact with the alleged victim and results in a disposition as to whether or not the alleged maltreatment occurred.

INVESTIGATION START DATE: The date when CPS initially had face-to-face contact with the alleged victim. If this face-to-face contact is not possible, the date would be when CPS initially contacted any party who could provide information essential to the investigation or assessment.

INVESTIGATION WORKER: A CPS agency person who performs either an investigation response or alternative response to determine whether the alleged victim(s) in the screened-in referral (report) was maltreated or is at-risk of maltreatment.

JUVENILE COURT PETITION: A legal document requesting that the court take action regarding the child's status as a result of the CPS response; usually a petition requesting the child be declared a dependent and placed in an out-of-home setting.

LEARNING DISABILITY: A clinically diagnosed disorder in basic psychological processes involved with understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or use mathematical calculations. The term includes conditions such as perceptual disability, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This term can be applied to a caregiver or a child.

LEGAL GUARDIAN: Adult person who has been given legal custody and guardianship of a minor.

LEGAL AND LAW ENFORCEMENT PERSONNEL: People employed by a local, state, tribal, or federal justice agency. This includes police, courts, district attorney's office, probation or other community corrections agency, and correctional facilities.

LEGAL SERVICES: Activities provided by a lawyer, or other person(s) under the supervision of a lawyer, to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation.

LEVEL OF EVIDENCE: The type of proof required by state statute to make a specific finding or disposition regarding an allegation of child abuse and neglect.

LIVING ARRANGEMENT: The environment in which a child was residing at the time of the alleged incident of maltreatment.

MALTREATMENT TYPE: A particular form of child maltreatment that received a CPS response. Types include medical neglect, neglect or deprivation of necessities, physical abuse, psychological or emotional maltreatment, sexual abuse, and other forms included in state law. NCANDS conducts analyses on maltreatments that received a disposition of substantiated or indicated.

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM: The Patient Protection and Affordable Care Act of 2010 (P.L. 111–148) authorized the creation of the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV). The program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

MEDICAL NEGLECT: A type of maltreatment caused by failure of the caregiver to provide for the appropriate health care of the child although financially able to do so, or offered financial or other resources to do so.

MEDICAL PERSONNEL: People employed by a medical facility or practice. This includes physicians, physician assistants, nurses, emergency medical technicians, dentists, chiropractors, coroners, and dental assistants and technicians.

MENTAL HEALTH PERSONNEL: People employed by a mental health facility or practice, including psychologists, psychiatrists, and therapists.

MENTAL HEALTH SERVICES: Activities that aim to overcome issues involving emotional disturbance or maladaptive behavior adversely affecting socialization, learning, or development. Usually provided by public or private mental health agencies and includes both residential and nonresidential activities.

MILITARY FAMILY MEMBER: A legal dependent of a person on active duty in the Armed Services of the United States such as the Army, Navy, Air Force, Marine Corps, or Coast Guard.

MILITARY MEMBER: A person on active duty in the Armed Services of the United States such as the Army, Navy, Air Force, Marine Corps, or Coast Guard.

NATIONAL CHILD ABUSE AND NEGLECT DATA SYSTEM (NCANDS): A national data collection system of child abuse and neglect data from CPS agencies. Contains case-level and aggregate data.

NATIONAL YOUTH IN TRANSITION DATABASE (NYTD): Public Law 106–169 established the John H. Chafee Foster Care Independence Program (CFCIP), which provides states with flexible funding to assist youth with transitioning from foster care to self-sufficiency. The law required a data collection system to track the independent living services states provide to youth and outcome measures to assess states' performance in operating their independent living programs. The National Youth in Transition Database (NYTD) requires states engage in two data collection activities: (1) to collect information on each youth who receives independent living services paid for or provided by the state agency that administers the CFCIP; and (2) to collect demographic and outcome information on certain youth in foster care whom the state will follow over time to collect additional outcome information. States begin collecting data for NYTD on October 1, 2010 and report data to ACF semiannually.

NEGLECT OR DEPRIVATION OF NECESSITIES: A type of maltreatment that refers to the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so.

NEIGHBOR: A person living in close geographical proximity to the child or family.

NO ALLEGED MALTREATMENT: A child who received a CPS response, but was not the subject of an allegation or any finding of maltreatment. Some states have laws requiring all children in a household receive a CPS response, if any child in the household is the subject of a CPS response.

NONCAREGIVER: A person who is not responsible for the care and supervision of the child, including school personnel, friends, and neighbors.

NONPARENT: A person in a caregiver role other than an adoptive parent, biological parent, or stepparent.

NONVICTIM: A child with a maltreatment disposition of alternative response nonvictim, alternative response victim, unsubstantiated, closed with no finding, no alleged maltreatment, other, and unknown.

NONPROFESSIONAL REPORT SOURCE: Persons who did not have a relationship with the child based on their occupation, such as friends, relatives, and neighbors. State laws vary as to whether nonprofessionals are required to report suspected abuse and neglect.

OFFICE OF MANAGEMENT AND BUDGET (OMB): The office assists the President of the United States with overseeing the preparation of the federal budget and supervising its administration in Executive Branch agencies. It evaluates the effectiveness of agency programs, policies, and procedures, assesses competing funding demands among agencies, and sets funding priorities.

OTHER: The state coding for this field is not one of the codes in the NCANDS record layout.

OTHER RELATIVE: A nonparental family member.

OTHER MEDICAL CONDITION: A type of disability other than one of those defined in NCANDS (behavior problem, emotional disturbance, learning disability, intellectual disability, physically disabled, and visually or hearing impaired). The not otherwise classified disability must affect

functioning or development or require special medical care (e.g., chronic illnesses). This term may be applied to a caregiver or a child.

OUT-OF-COURT CONTACT: A meeting, which is not part of the actual judicial hearing, between the court-appointed representative and the child victim. Such contacts enable the court-appointed representative to obtain a first-hand understanding of the situation and needs of the child victim and to make recommendations to the court concerning the best interests of the child.

PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

PARENT: The birth mother or father, adoptive mother or father, or stepmother or stepfather of the child victim.

PART C: A section in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) for infants and toddlers younger than 3 years with disabilities.

PERPETRATOR: The person who has been determined to have caused or knowingly allowed the maltreatment of a child.

PERPETRATOR AGE: Age of an individual determined to have caused or knowingly allowed the maltreatment of a child. Age is calculated in years at the time of the report of child maltreatment.

PERPETRATOR AS CAREGIVER: Circumstances whereby the person who caused or knowingly allowed child maltreatment to occur was also responsible for care and supervision of the victim when the maltreatment occurred.

PERPETRATOR IDENTIFIER (PERPETRATOR ID): A unique, encrypted identification assigned to each perpetrator by the state for the purposes of the NCANDS data collection.

PERPETRATOR RELATIONSHIP: Primary role of the perpetrator to a child victim.

PETITION DATE: The month, day, and year that a juvenile court petition was filed.

PHYSICAL ABUSE: Type of maltreatment that refers to physical acts that caused or could have caused physical injury to a child.

PHYSICAL DISABILITY: A clinically diagnosed physical condition that adversely affects day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities. This term can be applied to a caregiver or a child.

POSTRESPONSE SERVICES (also known as Postinvestigation Services): Activities provided or arranged by the child protective services agency, social services agency, or the child welfare agency for the child or family as a result of needs discovered during the course of an investigation. Includes such services as family preservation, family support, and foster care. Postresponse services are delivered within the first 90 days after the disposition of the report.

PREVENTION SERVICES: Activities aimed at preventing child abuse and neglect. Such activities may be directed at specific populations identified as being at increased risk of becoming abusive and may

be designed to increase the strength and stability of families, to increase parents' confidence and competence in their parenting abilities, and to afford children a stable and supportive environment. They include child abuse and neglect preventive services provided through federal, state, and local funds. These prevention activities do not include public awareness campaigns.

PRIOR CHILD VICTIM: A child victim with previous substantiated or indicated reports of maltreatment.

PRIOR PERPETRATOR: A perpetrator with a previous determination in the state's information system that he or she had caused or knowingly allowed child maltreatment to occur. "Previous" is defined as a determination that took place prior to the disposition date of the report being included in the dataset.

PROFESSIONAL REPORT SOURCE: Persons who encountered the child as part of their occupation, such as child daycare providers, educators, legal law enforcement personnel, and medical personnel. State laws require most professionals to notify CPS agencies of suspected maltreatment.

PROMOTING SAFE AND STABLE FAMILIES PROGRAM: Program that provides grants to the states under Section 430, title IV–B, subpart 2 of the Social Security Act, as amended, to develop and expand four types of services—community-based family support services; innovative child welfare services, including family preservation services; time-limited reunification services; and adoption promotion and support services.

PSYCHOLOGICAL OR EMOTIONAL MALTREATMENT: Acts or omissions—other than physical abuse or sexual abuse—that caused or could have caused—conduct, cognitive, affective, or other behavioral or mental disorders. Frequently occurs as verbal abuse or excessive demands on a child's performance.

PUBLIC ASSISTANCE: A risk factor related the family's participation in social services programs, including Temporary Assistance for Needy Families; General Assistance; Medicaid; Social Security Income; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); etc.

RACE: The primary taxonomic category of which the individual identifies himself or herself as a member, or of which the parent identifies the child as a member. See AMERICAN INDIAN OR ALASKA NATIVE, ASIAN, BLACK OR AFRICAN-AMERICAN, PACIFIC ISLANDER, WHITE, and UNKNOWN. Also, see HISPANIC.

RECEIPT OF REPORT: The log-in of a referral to the agency alleging child maltreatment.

REFERRAL: Notification to the CPS agency of suspected child maltreatment. This can include more than one child.

RELATIVE: A person connected to the child by adoption, blood, or marriage.

REMOVAL DATE: The month, day, and year that the child was removed from his or her normal place of residence to a substitute care setting by a CPS agency during or as a result of the CPS response. If a child has been removed more than once, the removal date is the first removal resulting from the CPS response.

REMOVED FROM HOME: The CPS removal of the child from his or her normal place of residence to a foster care setting.

REPORT: A screened-in referral alleging child maltreatment. A report receives a CPS response in the form of an investigation response or an alternative response.

REPORT-CHILD PAIR: Refers to the concatenation of the Report ID and the Child ID, which together form a new unique ID that represents a single unique record in the case-level Child File.

REPORT DATE: The day, month, and year that the responsible agency was notified of the suspected child maltreatment.

REPORT DISPOSITION: The point in time at the end of the investigation or assessment when a CPS worker makes a final determination (disposition) about whether the alleged maltreatment occurred.

REPORT DISPOSITION DATE: The day, month, and year that the report disposition was made.

REPORT IDENTIFIER (Report ID): A unique identification assigned to each report of child maltreatment for the purposes of the NCANDS data collection.

REPORT SOURCE: The category or role of the person who notifies a CPS agency of alleged child maltreatment.

REPORTING PERIOD: The 12-month period for which data are submitted to the NCANDS.

RESIDENTIAL FACILITY STAFF: Employees of a public or private group residential facility, including emergency shelters, group homes, and institutions.

RESPONSE TIME FROM REFERRAL TO INVESTIGATION OR ALTERNATIVE RESPONSE: The response time is defined as the time between the receipt of a call to the state or local agency alleging maltreatment and face-to-face contact with the alleged victim, wherever this is appropriate, or with another person who can provide information on the allegation(s).

RESPONSE TIME FROM REFERRAL TO THE PROVISION OF SERVICES: The time from the receipt of a referral to the state or local agency alleging child maltreatment to the provision of post response services, often requiring the opening of a case for ongoing services.

RISK FACTOR: See CAREGIVER RISK FACTOR and CHILD RISK FACTOR.

SACWIS: See STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM (SACWIS).

SCREENED-IN REFERRAL: An allegation of child maltreatment that met the state's standards for acceptance and became a report.

SCREENED-OUT REFERRAL: An allegation of child maltreatment that did not meet the state's standards for acceptance as a report.

SCREENING: Agency hotline or intake units conduct the screening process to determine whether a referral is appropriate for further action. Referrals that do not meet agency criteria are screened out or diverted from CPS to other community agencies. In most states, a referral may include more than one child.

SERVICE DATE: The date activities began as a result of needs discovered during the CPS response.

SERVICES: See POSTRESPONSE SERVICES and PREVENTION SERVICES.

SEXUAL ABUSE: A type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities.

SOCIAL SERVICES BLOCK GRANT (SSBG): Funds provided by title XX of the Social Security Act that are used for services to the states that may include child protection, child and foster care services, and daycare.

SOCIAL SERVICES PERSONNEL: Employees of a public or private social services or social welfare agency, or other social worker or counselor who provides similar services.

STATE: In NCANDS, the primary unit from which child maltreatment data are collected. This includes all 50 states, the Commonwealth of Puerto Rico, and the District of Columbia.

STATE ADVISORY GROUP: NCANDS state contact persons, comprised of state CPS program administrators and information systems managers, who assist with the identification and resolution of issues related to CPS data. The group suggests strategies for improving the quality of data submitted by states to NCANDS and reviews proposed NCANDS modifications.

STATE CONTACT PERSON: The state person with the responsibility to provide information to the NCANDS.

STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM (SACWIS): Any of a variety of automated systems designed to process child welfare information.

STEPPARENT: The husband or wife, by a subsequent marriage, of the child's mother or father.

SUBSTANCE ABUSE SERVICES: Activities designed to deter, reduce, or eliminate substance abuse or chemical dependency.

SUBSTANTIATED: An investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by state law or policy.

SUMMARY DATA COMPONENT (SDC): The aggregate data collection form submitted by states that do not submit the Child File. This form was discontinued for the FFY 2012 data collection.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF): A block grant that is administered by state, territorial, and tribal agencies. Citizens can apply for TANF at the respective agency administering the program in their community.

UNIQUE COUNT OF CHILDREN: Counting a child once, regardless of the number of reports concerning that child, who received a CPS response in the FFY.

UNIQUE COUNT OF PERPETRATORS: Counting a perpetrator once, regardless of the number of children the perpetrator is associated with maltreating or the number of records associated with a perpetrator.

UNKNOWN: The state may collect data on this variable, but the data for this particular report or child were not captured or are missing.

UNMARRIED PARTNER OF PARENT: Someone who has an intimate relationship with the parent and lives in the household with the parent of the maltreated child.

UNSUBSTANTIATED: An investigation disposition that determines that there was not sufficient evidence under state law to conclude or suspect that the child was maltreated or at-risk of being maltreated.

VISUAL OR HEARING IMPAIRMENT: A clinically diagnosed condition related to a visual impairment or permanent or fluctuating hearing or speech impairment that may affect functioning or development. This term can be applied to a caregiver or a child.

VICTIM: A child for whom the state determined at least one maltreatment was substantiated or indicated; and a disposition of substantiated or indicated was assigned for a child in a specific report. This includes a child who died and the death was confirmed to be the result of child abuse and neglect. A child may be a victim in one report and a nonvictim in another report.

WHITE: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

WORKER IDENTIFIER: A unique identification of the worker who is assigned to the child at the time of the report disposition.

WORKFORCE: Total number of workers in a CPS agency.

State Characteristics

APPENDIX C

Administrative Structure

States vary in how they administer and deliver child welfare services. Forty states (including the District of Columbia and the Commonwealth of Puerto Rico) have a centralized system classified as state administered. Ten states are classified as state supervised, county administered; and two states are classified as "hybrid" meaning they are partially administered by the state and partially administered by counties. Each state's administrative structure (as submitted by the state as part of commentary in appendix D) is provided in table C–1.

Level of Evidence

States use a certain level of evidence to determine whether maltreatment occurred or the child is at-risk of maltreatment. Level of evidence is defined as the proof required to make a specific finding or disposition regarding an allegation of child abuse and neglect. Each state's level of evidence (as submitted by each state as part of commentary in appendix D) is provided in table C–1.

Data Submissions

States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Each state's submission includes only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year. The data submission containing these case-level data is called the Child File.

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and often gathered from agencies external to CPS. States are asked to submit both the Child File and the Agency File each year. In prior years, states that were not able to submit case-level data in the Child File submitted an aggregate-only data file called the Summary Data Component (SDC). As all states have the capacity to submit state-level data, the SDC was discontinued as of the 2012 data collection. For FFY 2015, all 52 states submitted both a Child File and an Agency File.

Once validated, the Child Files and Agency Files are loaded into a multiyear, multistate data warehouse, the NCANDS DW. The FFY 2015 flat file dataset is available to researchers from the National Data Archive on Child Abuse and neglect (NDACAN).

Child Population Data

The child population data for years 2011–2015 are displayed by state in table C–2. The 2015 child population data for the demographics of age, sex, and race and ethnicity are displayed by state in table C–3. The adult population is displayed in table C–4.

Table C–1 State Administrative Structure and Level of Evidence, 2015

State	Hybrid	State Administered	State Supervised, County Administered	Clear and Convincing	Credible	Probable Cause	Preponderance	Reasonable
Alabama	-	■	-	-	-	-	■	-
Alaska	-	■	-	-	-	-	■	-
Arizona	-	■	-	-	-	■	-	-
Arkansas	-	■	-	-	-	-	■	-
California	-	-	■	-	-	-	■	-
Colorado	-	-	■	-	-	-	■	-
Connecticut	-	■	-	-	-	-	■	-
Delaware	-	■	-	-	-	-	■	-
District of Columbia	-	■	-	-	■	-	-	-
Florida	-	■	-	-	-	-	■	-
Georgia	-	■	-	-	-	-	■	-
Hawaii	-	■	-	-	-	-	-	■
Idaho	-	■	-	-	-	-	■	-
Illinois	-	■	-	-	■	-	-	-
Indiana	-	■	-	-	-	-	■	-
Iowa	-	■	-	-	-	-	■	-
Kansas	-	■	-	■	-	-	-	-
Kentucky	-	■	-	-	-	-	■	-
Louisiana	-	■	-	-	-	-	-	■
Maine	-	■	-	-	-	-	■	-
Maryland	-	■	-	-	-	-	■	-
Massachusetts	-	■	-	-	-	-	-	■
Michigan	-	■	-	-	-	-	■	-
Minnesota	-	-	■	-	-	-	■	-
Mississippi	-	■	-	-	■	-	-	-
Missouri	-	■	-	-	-	-	■	-
Montana	-	■	-	-	-	-	■	-
Nebraska	-	■	-	-	-	-	■	-
Nevada	■	-	-	-	■	-	-	-
New Hampshire	-	■	-	-	-	-	■	-
New Jersey	-	■	-	-	-	-	■	-
New Mexico	-	■	-	-	■	-	-	-
New York	-	-	■	-	■	-	-	-
North Carolina	-	-	■	-	-	-	■	-
North Dakota	-	-	■	-	-	-	■	-
Ohio	-	-	■	-	■	-	-	-
Oklahoma	-	■	-	-	■	-	-	-
Oregon	-	■	-	-	-	-	-	■
Pennsylvania	-	-	■	-	-	-	■	-
Puerto Rico	-	■	-	-	-	-	■	-
Rhode Island	-	■	-	-	-	-	■	-
South Carolina	-	■	-	-	-	-	■	-
South Dakota	-	■	-	-	-	-	■	-
Tennessee	-	■	-	-	-	-	■	-
Texas	-	■	-	-	-	-	■	-
Utah	-	■	-	-	-	-	-	■
Vermont	-	■	-	-	-	-	-	■
Virginia	-	-	■	-	-	-	■	-
Washington	-	■	-	-	-	-	■	-
West Virginia	-	■	-	-	-	-	■	-
Wisconsin	■	-	-	-	-	-	■	-
Wyoming	-	-	■	-	-	-	■	-
Reporting States	**2**	**40**	**10**	**1**	**8**	**1**	**36**	**6**

Table C–2 Child Population, 2011–2015

State	2011	2012	2013	2014	2015
Alabama	1,125,009	1,116,243	1,108,916	1,106,370	1,103,496
Alaska	188,581	188,403	188,299	187,079	186,266
Arizona	1,614,034	1,614,004	1,613,872	1,619,031	1,622,850
Arkansas	710,565	709,998	708,557	706,599	705,300
California	9,249,473	9,201,186	9,163,906	9,141,154	9,120,916
Colorado	1,230,984	1,233,838	1,238,761	1,247,096	1,257,065
Connecticut	805,611	795,067	784,543	774,818	764,059
Delaware	204,883	204,471	203,004	203,664	204,386
District of Columbia	103,972	107,717	111,677	115,233	118,107
Florida	4,003,686	4,014,007	4,028,088	4,057,230	4,105,129
Georgia	2,488,471	2,486,906	2,486,148	2,493,045	2,504,172
Hawaii	305,644	306,767	308,769	309,205	310,833
Idaho	428,710	427,663	428,577	430,918	432,837
Illinois	3,090,964	3,057,578	3,022,991	2,990,748	2,958,673
Indiana	1,598,424	1,589,382	1,585,906	1,582,360	1,579,456
Iowa	725,949	724,593	725,586	727,493	728,796
Kansas	726,671	726,573	724,186	721,621	719,557
Kentucky	1,021,805	1,017,399	1,015,579	1,013,687	1,011,667
Louisiana	1,116,092	1,114,618	1,113,707	1,114,600	1,114,813
Maine	269,141	265,330	261,941	259,098	256,380
Maryland	1,350,061	1,347,548	1,345,827	1,349,676	1,348,226
Massachusetts	1,409,576	1,402,117	1,396,835	1,391,634	1,387,087
Michigan	2,300,121	2,269,937	2,246,301	2,226,737	2,207,304
Minnesota	1,280,760	1,277,572	1,279,205	1,282,412	1,284,387
Mississippi	747,287	741,841	735,412	730,975	726,848
Missouri	1,414,479	1,404,930	1,397,821	1,393,961	1,391,476
Montana	223,029	222,853	223,972	225,205	226,420
Nebraska	461,080	462,928	465,108	467,484	470,337
Nevada	659,033	657,894	658,625	662,672	669,164
New Hampshire	280,763	275,807	271,047	267,433	263,998
New Jersey	2,050,194	2,034,709	2,021,754	2,012,281	1,998,821
New Mexico	516,275	511,979	506,866	501,403	496,908
New York	4,299,918	4,271,849	4,250,523	4,228,208	4,210,817
North Carolina	2,283,240	2,281,667	2,282,431	2,286,359	2,290,568
North Dakota	152,605	157,238	163,495	168,792	173,926
Ohio	2,694,191	2,668,627	2,652,765	2,640,764	2,628,477
Oklahoma	935,886	940,190	948,480	954,230	961,321
Oregon	863,094	859,887	857,121	859,066	862,856
Pennsylvania	2,763,104	2,740,079	2,717,815	2,702,674	2,690,274
Puerto Rico	866,619	836,775	806,796	771,905	737,391
Rhode Island	220,101	217,012	214,449	212,694	211,044
South Carolina	1,076,225	1,076,836	1,078,050	1,083,879	1,091,588
South Dakota	204,162	205,720	208,457	210,502	211,324
Tennessee	1,491,603	1,492,185	1,491,076	1,494,788	1,497,611
Texas	6,930,783	6,984,969	7,045,402	7,126,227	7,211,771
Utah	882,354	888,880	898,124	904,774	912,496
Vermont	126,761	124,823	123,204	121,627	119,923
Virginia	1,858,793	1,862,645	1,866,505	1,868,604	1,870,422
Washington	1,585,381	1,587,752	1,594,321	1,602,064	1,611,842
West Virginia	385,343	384,105	382,244	380,721	379,596
Wisconsin	1,326,687	1,316,961	1,308,492	1,301,560	1,294,626
Wyoming	135,532	136,789	138,003	138,726	138,895
National	**74,783,709**	**74,546,847**	**74,399,539**	**74,371,086**	**74,382,502**

Table C–3 Child Population Demographics, 2015 *(continues)*

State	<1	1	2	3	4	5	6	7	8
Alabama	58,017	58,451	57,924	58,914	59,667	59,781	60,256	62,318	62,370
Alaska	11,383	11,191	11,075	10,560	11,240	10,421	10,391	10,501	10,288
Arizona	86,440	85,525	85,601	85,473	86,205	87,955	90,166	93,777	94,951
Arkansas	37,698	37,933	38,105	38,668	38,454	38,333	38,796	40,037	40,404
California	501,336	498,608	499,945	497,601	511,262	498,846	497,399	516,567	518,139
Colorado	67,322	67,051	66,424	66,764	68,046	69,672	69,552	71,626	72,396
Connecticut	36,486	37,006	37,175	38,010	38,943	39,325	39,683	41,403	42,323
Delaware	11,020	11,022	11,057	11,254	11,485	11,261	10,982	11,339	11,419
District of Columbia	9,153	8,725	8,721	8,200	8,553	7,588	6,581	6,630	6,275
Florida	221,492	220,284	216,997	220,032	222,266	219,591	221,247	230,854	233,084
Georgia	130,327	130,665	130,004	133,721	135,328	136,747	137,873	143,082	144,401
Hawaii	19,028	18,535	18,462	17,926	18,461	17,421	17,506	17,646	17,391
Idaho	22,649	22,358	22,634	22,325	22,957	23,868	24,272	25,143	25,237
Illinois	155,304	155,672	155,913	157,878	158,895	160,511	159,624	164,816	166,369
Indiana	83,603	83,547	83,886	84,121	84,333	85,416	85,978	88,534	89,648
Iowa	39,518	39,628	39,340	39,456	38,839	40,435	40,291	41,579	41,799
Kansas	38,972	38,954	39,959	39,666	39,929	40,201	39,964	41,170	40,878
Kentucky	55,564	55,439	56,078	55,174	55,134	54,904	54,569	56,899	57,033
Louisiana	62,686	62,872	61,833	61,663	61,763	60,870	61,873	63,789	63,896
Maine	12,863	12,823	13,039	13,076	12,886	13,597	13,618	14,052	14,285
Maryland	72,907	73,067	73,505	73,977	75,579	74,315	73,846	75,721	75,684
Massachusetts	73,100	72,887	73,001	73,292	74,282	73,631	72,902	75,530	75,961
Michigan	114,061	114,379	113,715	114,390	115,231	116,605	116,516	120,221	122,120
Minnesota	70,248	70,444	70,141	69,647	70,054	70,895	70,565	72,869	73,424
Mississippi	38,173	38,301	38,122	39,048	39,138	39,052	40,287	42,647	43,122
Missouri	74,779	75,131	74,494	74,690	75,266	75,768	76,136	78,579	78,749
Montana	12,601	12,486	12,269	12,298	12,232	12,494	12,729	12,950	13,177
Nebraska	26,178	26,182	26,186	26,085	26,000	26,496	26,493	26,969	26,759
Nevada	35,737	35,017	34,967	34,790	36,106	37,411	37,729	39,374	39,250
New Hampshire	12,784	12,612	12,994	12,717	13,487	13,398	13,594	14,201	14,612
New Jersey	103,853	104,528	105,810	106,768	109,175	107,544	106,233	109,724	111,423
New Mexico	26,407	26,661	27,042	27,127	27,787	27,299	27,238	28,661	28,465
New York	238,315	235,595	237,223	235,607	237,647	229,997	223,109	228,607	228,846
North Carolina	120,576	120,641	120,313	120,792	122,389	124,403	126,807	130,496	131,136
North Dakota	11,144	10,983	10,463	10,496	10,061	9,981	10,025	10,042	10,007
Ohio	139,055	138,708	139,000	138,019	138,306	140,192	142,009	145,370	147,072
Oklahoma	53,581	53,449	53,827	53,450	53,641	53,771	53,731	54,849	54,804
Oregon	46,266	46,153	45,794	46,006	46,571	47,810	47,873	49,184	49,520
Pennsylvania	141,872	142,278	142,925	143,353	144,491	144,195	144,470	148,453	149,264
Puerto Rico	33,548	33,560	34,736	36,431	36,600	38,776	39,294	39,535	40,878
Rhode Island	11,065	10,952	10,968	11,122	11,021	11,006	10,866	11,522	11,563
South Carolina	57,927	57,702	57,106	58,478	58,777	60,117	61,323	63,064	63,808
South Dakota	12,419	12,520	12,147	12,137	12,021	11,974	11,898	12,202	12,226
Tennessee	80,549	79,962	80,408	81,305	79,959	81,352	81,842	85,200	84,918
Texas	399,149	398,051	394,366	392,233	399,841	400,923	400,960	410,488	409,568
Utah	50,821	49,874	50,795	49,161	50,052	52,218	52,501	53,394	53,225
Vermont	5,994	6,036	6,049	6,187	6,142	6,218	6,178	6,517	6,772
Virginia	102,863	102,805	102,875	103,465	103,149	102,356	101,260	105,188	105,175
Washington	89,440	89,239	89,582	89,696	89,965	91,057	90,425	92,365	91,585
West Virginia	20,658	20,572	20,907	20,778	20,495	20,272	20,332	21,188	21,163
Wisconsin	66,978	67,295	67,847	68,757	68,849	70,668	70,675	72,691	73,591
Wyoming	7,677	7,765	7,570	7,708	7,675	7,997	8,034	8,332	8,312
National	**4,011,586**	**4,002,124**	**4,001,319**	**4,010,492**	**4,056,635**	**4,056,934**	**4,058,501**	**4,187,895**	**4,208,765**

Table C–3 Child Population Demographics, 2015 *(continues)*

State	9	10	11	12	13	14	15	16	17
Alabama	61,563	61,139	61,436	60,975	61,694	64,469	65,963	64,089	64,470
Alaska	10,305	9,858	9,855	9,850	9,804	9,640	10,252	9,918	9,734
Arizona	93,485	92,511	90,474	91,696	90,279	92,503	93,469	91,289	91,051
Arkansas	39,940	39,573	39,484	39,282	38,690	39,827	40,496	39,692	39,888
California	510,921	508,861	505,954	500,702	495,418	509,565	517,792	512,813	519,187
Colorado	72,568	72,135	72,605	71,674	70,353	71,067	70,981	68,762	68,067
Connecticut	43,042	43,822	45,035	44,989	45,431	46,466	48,079	48,334	48,507
Delaware	11,414	11,372	11,545	11,551	11,072	11,554	11,812	11,608	11,619
District of Columbia	5,801	5,647	5,465	5,036	5,142	5,120	5,153	5,020	5,297
Florida	231,291	230,071	224,233	227,334	228,950	236,828	241,310	238,793	240,472
Georgia	143,014	142,587	142,017	141,042	141,230	144,497	145,966	141,565	140,106
Hawaii	16,893	17,049	17,282	16,644	15,974	16,410	16,346	16,009	15,850
Idaho	25,025	25,200	24,792	24,469	24,538	24,764	24,829	24,219	23,558
Illinois	166,224	166,833	168,794	167,552	167,147	170,738	173,526	170,666	172,211
Indiana	88,672	88,641	89,694	88,570	88,635	91,152	92,728	91,118	91,180
Iowa	41,485	40,756	40,944	40,418	40,067	40,969	41,395	40,836	41,041
Kansas	40,391	40,125	40,221	40,021	38,978	40,068	40,688	39,572	39,800
Kentucky	56,572	56,247	56,547	56,052	55,496	57,179	58,111	57,477	57,192
Louisiana	62,262	61,215	60,909	60,573	60,071	62,097	63,287	61,873	61,281
Maine	14,474	14,699	14,757	14,588	14,721	15,192	15,580	15,975	16,155
Maryland	75,142	74,402	75,067	74,121	74,169	76,660	77,253	76,354	76,457
Massachusetts	76,023	77,343	78,797	79,312	79,164	81,314	82,901	83,089	84,558
Michigan	122,784	123,995	126,169	125,667	126,875	131,902	134,320	133,820	134,534
Minnesota	72,442	72,641	73,114	71,530	70,112	71,699	72,201	71,036	71,325
Mississippi	41,574	40,936	40,641	39,958	39,800	41,533	42,396	41,199	40,921
Missouri	78,746	77,733	78,212	77,417	76,828	79,157	80,702	79,323	79,766
Montana	12,825	12,597	12,448	12,502	12,418	12,597	12,483	12,604	12,710
Nebraska	26,676	26,499	26,530	25,931	25,485	25,794	25,769	25,214	25,091
Nevada	38,500	37,867	38,093	37,293	36,878	37,768	38,243	37,332	36,809
New Hampshire	14,971	15,162	15,459	15,776	15,809	16,031	16,731	16,599	17,061
New Jersey	111,066	112,005	113,952	113,370	112,978	115,788	118,443	117,539	118,622
New Mexico	28,277	28,206	28,010	27,267	27,443	27,680	28,087	27,567	27,684
New York	227,667	228,764	231,148	231,440	231,727	236,875	242,767	241,267	244,216
North Carolina	130,249	129,336	129,995	128,666	129,379	133,193	133,961	129,932	128,304
North Dakota	9,777	9,423	9,147	8,852	8,656	8,609	8,619	8,731	8,910
Ohio	147,328	146,540	148,915	148,065	148,960	154,291	156,542	154,456	155,649
Oklahoma	53,768	53,691	53,560	52,498	52,351	52,390	52,804	52,568	52,588
Oregon	48,520	48,171	48,345	47,872	47,608	48,556	49,744	49,432	49,431
Pennsylvania	149,778	149,495	151,951	151,139	151,638	155,739	159,918	158,867	160,448
Puerto Rico	41,929	42,500	41,925	42,320	43,761	47,241	49,053	46,915	48,389
Rhode Island	11,909	11,900	12,208	12,012	12,192	12,224	12,657	12,761	13,096
South Carolina	62,046	61,173	60,999	60,319	60,337	62,104	63,440	61,533	61,335
South Dakota	11,966	11,822	11,581	11,288	10,843	10,991	11,248	11,111	10,930
Tennessee	84,486	83,197	83,959	83,491	83,793	85,561	86,993	85,779	84,857
Texas	406,541	406,152	405,714	401,190	397,939	402,716	404,272	392,977	388,691
Utah	52,275	52,118	51,405	50,993	49,184	49,507	49,530	47,991	47,452
Vermont	6,562	6,816	6,871	6,982	6,907	7,001	7,467	7,491	7,733
Virginia	104,389	104,540	104,595	103,899	103,017	105,435	106,483	104,617	104,311
Washington	89,595	88,822	88,413	87,260	86,516	88,646	90,003	89,220	90,013
West Virginia	20,975	20,966	21,126	21,204	21,199	21,568	22,325	21,880	21,988
Wisconsin	73,291	72,921	74,140	73,119	73,009	74,624	76,193	75,082	74,896
Wyoming	8,074	7,715	7,721	7,570	7,402	7,328	7,484	7,297	7,234
National	**4,175,493**	**4,163,789**	**4,172,253**	**4,143,341**	**4,128,067**	**4,232,627**	**4,298,795**	**4,231,211**	**4,242,675**

Table C–3 Child Population Demographics, 2015

State	Boy	Girl	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White
Alabama	561,805	541,691	327,266	5,490	14,844	78,407	33,394	644	643,451
Alaska	95,938	90,328	6,136	33,040	10,617	17,467	22,761	3,217	93,028
Arizona	827,575	795,275	75,392	81,383	43,885	704,841	61,574	2,851	652,924
Arkansas	360,976	344,324	127,793	5,703	10,790	83,122	25,611	3,031	449,250
California	4,658,050	4,462,866	481,978	34,657	1,016,578	4,737,149	426,196	32,453	2,391,905
Colorado	644,072	612,993	53,261	7,581	37,075	393,645	52,970	1,828	710,705
Connecticut	390,463	373,596	86,653	2,010	37,884	174,443	28,321	366	434,382
Delaware	103,775	100,611	51,393	532	7,909	30,384	10,640	95	103,433
District of Columbia	59,450	58,657	67,028	217	2,809	17,575	4,652	58	25,768
Florida	2,096,464	2,008,665	837,491	9,612	107,927	1,226,318	146,390	2,987	1,774,404
Georgia	1,274,798	1,229,374	837,980	4,995	93,862	351,483	87,367	1,712	1,126,773
Hawaii	159,582	151,251	6,755	681	75,323	54,805	94,413	35,439	43,417
Idaho	221,326	211,511	3,986	4,999	5,390	78,453	14,144	744	325,121
Illinois	1,508,775	1,449,898	456,185	4,263	146,006	724,325	96,883	892	1,530,119
Indiana	807,918	771,538	174,832	3,058	32,833	167,999	61,471	605	1,138,658
Iowa	372,747	356,049	34,034	2,551	17,675	71,050	27,473	861	575,152
Kansas	368,900	350,657	46,304	5,530	19,267	130,571	36,283	636	480,966
Kentucky	518,274	493,393	93,513	1,591	15,823	57,895	39,833	770	802,242
Louisiana	568,444	546,369	412,491	7,419	17,930	69,586	32,983	489	573,915
Maine	131,786	124,594	6,543	2,027	3,841	6,958	9,064	104	227,843
Maryland	687,513	660,713	420,436	2,967	83,110	187,463	66,887	657	586,706
Massachusetts	708,195	678,892	115,262	2,590	92,202	240,644	52,846	633	882,910
Michigan	1,128,830	1,078,474	355,331	13,208	70,060	178,955	100,008	591	1,489,151
Minnesota	656,294	628,093	107,641	18,111	76,429	111,175	62,393	657	907,981
Mississippi	371,204	355,644	309,686	4,431	6,782	30,922	16,932	225	357,870
Missouri	712,129	679,347	188,610	5,690	26,575	91,061	58,948	2,376	1,018,216
Montana	115,703	110,717	1,584	21,591	1,612	13,321	10,206	177	177,929
Nebraska	240,709	229,628	27,335	5,264	10,802	79,318	18,209	386	329,023
Nevada	341,529	327,635	59,772	5,551	39,626	272,358	40,918	4,381	246,558
New Hampshire	134,752	129,246	4,507	495	8,205	15,137	8,897	79	226,678
New Jersey	1,019,822	978,999	273,307	3,203	190,850	514,027	60,865	729	955,840
New Mexico	253,172	243,736	8,603	50,511	5,591	295,391	12,750	315	123,747
New York	2,152,948	2,057,869	657,693	13,530	329,830	1,021,069	142,695	1,997	2,044,003
North Carolina	1,168,115	1,122,453	528,332	28,063	67,345	354,736	92,516	1,929	1,217,647
North Dakota	88,971	84,955	5,148	13,769	1,869	10,083	6,938	122	135,997
Ohio	1,342,958	1,285,519	387,595	4,109	54,833	152,262	119,072	1,204	1,909,402
Oklahoma	491,648	469,673	77,822	95,376	18,651	157,291	90,198	1,739	520,244
Oregon	441,210	421,646	19,020	10,473	33,977	189,182	50,748	4,218	555,238
Pennsylvania	1,377,125	1,313,149	349,500	3,906	96,218	303,095	101,583	901	1,835,071
Puerto Rico	378,496	358,895	-	-	-	-	-	-	-
Rhode Island	107,867	103,177	15,396	1,147	7,518	50,009	9,352	153	127,469
South Carolina	555,214	536,374	336,187	3,908	16,262	95,529	40,216	699	598,787
South Dakota	108,660	102,664	4,889	27,040	2,999	12,688	9,128	101	154,479
Tennessee	763,256	734,355	292,484	3,048	27,122	132,770	53,395	920	987,872
Texas	3,677,573	3,534,198	843,426	18,795	288,138	3,546,982	177,573	6,055	2,330,802
Utah	468,666	443,830	10,586	8,586	16,077	157,849	30,816	9,439	679,143
Vermont	61,858	58,065	2,377	330	2,310	3,102	4,437	37	107,330
Virginia	955,274	915,148	380,191	4,337	119,538	242,486	102,177	1,402	1,020,291
Washington	824,666	787,176	67,671	23,550	117,378	336,536	125,413	13,620	927,674
West Virginia	194,094	185,502	14,482	612	2,793	8,668	14,453	86	338,502
Wisconsin	662,295	632,331	112,607	13,951	45,187	149,464	48,695	503	924,219
Wyoming	71,187	67,708	1,628	4,177	1,091	20,132	4,515	113	107,239
National	**37,993,051**	**36,389,451**	**10,166,122**	**629,658**	**3,579,248**	**18,150,181**	**3,046,202**	**146,226**	**37,927,474**

Table C–4 Adult Population by Age Group, 2015

State	18–24	25–34	35–44	45–54	55–64	65–75	75 and Older
Alabama	468,660	632,726	602,496	649,442	637,997	450,273	313,889
Alaska	80,623	120,486	90,156	94,440	93,624	49,155	23,682
Arizona	672,434	913,645	841,613	843,768	813,701	653,014	467,040
Arkansas	284,141	388,958	365,774	382,362	374,520	277,411	199,738
California	3,935,102	5,835,694	5,187,676	5,246,813	4,629,863	2,977,403	2,211,351
Colorado	531,082	823,332	733,546	714,364	685,560	433,698	277,927
Connecticut	352,215	441,550	431,323	537,967	496,966	314,730	252,076
Delaware	87,900	125,941	110,596	128,808	127,788	95,467	65,048
District of Columbia	81,651	152,335	95,949	77,493	69,689	44,137	32,867
Florida	1,758,723	2,614,315	2,448,471	2,748,503	2,653,663	2,181,202	1,761,266
Georgia	1,017,007	1,402,157	1,370,719	1,406,709	1,209,172	804,987	499,937
Hawaii	136,178	215,911	176,715	175,609	179,443	133,272	103,642
Idaho	155,924	217,691	202,632	198,782	203,570	145,744	97,750
Illinois	1,235,848	1,774,341	1,669,816	1,746,424	1,644,616	1,038,829	791,448
Indiana	665,744	850,559	823,056	878,974	855,764	556,692	409,435
Iowa	322,179	391,509	366,396	398,825	413,317	270,456	232,421
Kansas	304,237	387,229	346,113	360,892	367,203	235,268	191,142
Kentucky	423,779	568,388	559,036	603,912	585,545	398,866	273,899
Louisiana	455,796	676,077	570,811	602,603	597,530	385,971	267,123
Maine	110,754	154,547	152,750	195,755	208,606	146,413	104,123
Maryland	554,122	836,617	767,825	868,312	781,728	497,796	351,775
Massachusetts	701,025	943,848	834,093	978,302	904,845	588,600	456,622
Michigan	987,418	1,223,408	1,175,461	1,374,428	1,383,886	907,140	663,531
Minnesota	506,298	747,143	673,698	744,454	727,971	451,905	353,738
Mississippi	303,494	392,986	367,843	383,794	377,667	258,022	181,679
Missouri	587,399	806,767	732,675	805,291	805,142	542,962	411,960
Montana	100,810	131,032	117,327	127,870	151,479	105,061	72,950
Nebraska	192,774	252,533	228,643	234,477	238,715	152,481	126,230
Nevada	252,520	418,110	385,541	389,219	354,173	264,111	158,007
New Hampshire	129,025	156,230	154,977	205,589	201,847	129,558	89,384
New Jersey	792,745	1,155,249	1,163,962	1,323,820	1,179,790	753,437	590,189
New Mexico	204,850	280,120	243,532	257,813	271,481	195,162	135,243
New York	1,942,413	2,879,618	2,495,739	2,758,889	2,544,000	1,660,048	1,304,267
North Carolina	988,097	1,308,587	1,295,812	1,372,414	1,270,500	905,426	611,398
North Dakota	95,477	112,922	84,869	88,268	94,184	56,596	50,685
Ohio	1,085,332	1,486,970	1,397,157	1,577,105	1,595,430	1,044,729	798,223
Oklahoma	389,737	540,239	476,292	483,988	483,511	332,177	244,073
Oregon	363,784	556,974	524,109	515,250	545,128	395,106	265,770
Pennsylvania	1,204,533	1,663,067	1,499,308	1,773,653	1,791,880	1,196,628	983,160
Puerto Rico	347,003	433,628	441,032	457,301	430,865	356,687	270,275
Rhode Island	114,978	141,516	124,128	149,831	144,825	93,354	76,622
South Carolina	477,124	641,465	597,298	649,585	644,291	489,483	305,312
South Dakota	84,674	112,092	96,949	104,744	114,266	73,131	61,289
Tennessee	626,568	872,233	837,242	894,910	855,183	607,692	408,860
Texas	2,771,653	4,012,159	3,694,015	3,502,717	3,051,631	1,923,296	1,301,872
Utah	340,322	441,518	399,342	309,941	284,433	181,562	126,305
Vermont	67,928	71,668	70,630	89,255	96,745	65,227	44,666
Virginia	822,968	1,183,685	1,089,472	1,167,116	1,060,937	707,703	480,690
Washington	666,370	1,052,907	927,922	946,393	928,871	623,304	412,742
West Virginia	165,594	218,551	227,481	247,696	268,922	197,364	138,924
Wisconsin	563,369	726,755	689,998	799,522	794,933	507,666	394,468
Wyoming	56,514	82,842	70,799	71,070	81,288	50,802	33,897
National	**31,566,895**	**44,570,830**	**41,030,815**	**43,645,462**	**41,308,684**	**27,907,204**	**20,480,610**

State Commentary

APPENDIX D

This section provides insights into policies and conditions that may affect state data. Readers are encouraged to use this appendix as a resource for providing additional context to the report's text and data tables. Wherever possible, information was provided by each NCANDS state contact and uses state terminology.

Alabama

Contact	Janet Winningham	**Phone**	334–353–4898
Title	Program Manager, Office of Data Analysis	**Email**	janet.winningham@dhr.alabama.gov
Address	Family Services Division Alabama Department of Human Resources 50 Ripley Street Montgomery, AL 36130–4000		

General

Federal fiscal year (FFY) 2015 is the seventh NCANDS submission from our Statewide Automated Child Welfare Information System (SACWIS). Variances in data compared to previous years may be observed as we have worked to strengthen our data collection processes. We have implemented plans to improve reporting on perpetrator relationships, services to children and families, and child and caregiver risk factors.

Alabama has two types of screened-in responses: child abuse and neglect investigations (CA/Ns) and prevention assessments (alternative response). The Child File submitted by the state for FFY 2015 only includes CA/Ns. Allegations of abuse or neglect are included in this type of response. Prevention assessments are not reported in the Child File. Nevertheless, the state recognizes that the risk for abuse in these cases may still exist. Alabama plans to report alternative responses for future publications of the Child Maltreatment report as mapping of NCANDS elements continue to be further developed.

Reports

The increase in screened-out reports observed in FFY 2015 can be largely attributed to improved documentation of screened out calls by intake workers in SACWIS. These reports include only intakes that did not meet the definition of CA/N report. They do not include alternative responses, as they are considered screened in prevention assessments, and are not reported to NCANDS.

In FFY 2014, the department initiated a mandatory online training course designed to teach education staff how to report instances of child abuse and neglect. Several state agencies supported this new requirement including the Governor, The State Department of Education, and Community-based Child Abuse Prevention Program (CBCAP). While considered to be primarily due to improved documentation by intake workers, the increase in screened out reports observed in FFY 2015 may also be affected by the efficacy of this program.

FFY 2011 was the first submission to include referral incident dates. Prior to that submission, alternative response date was incorrectly included in the Agency File under number of referrals and children screened out. This was corrected for the FFY 2011 and subsequent submissions.

Alabama determines staff needs based on a 6- or 12-month average of different case types. Intake is one worker per county and more than one for larger counties, based on population. Prevention assessments (AR) staff are not reported to NCANDS, as these reports are screened out and not reported in the Child File. Response time as reported in the Agency File is taken from the calculated average response time reported in the Child File. Response time improved substantially in FFY 2015 due to better mapping that more accurately reflects case practice.

Children

Prior to FFY 2012, medical neglect reports were included in the broad maltreatment category of neglect. Beginning in FFY 2012, medical neglect was to be reported as its own maltreatment type. A coding error in FFY 2013, however, resulted in the inclusion of medical neglect reports in the broad maltreatment category of neglect rather than on their own. FFY 2014 and 2015 saw a correction of this coding error, and medical neglect was coded as its own maltreatment type once more. Beginning FFY 2014, Alabama no longer reported multiple races for children; all races that apply are reported.

Fatalities

For FFY 2015 all state child fatalities are reported in the Child File. The child death review process determined no additional data to report in the Agency File. The state has seen a fluctuation in the number of child fatalities from year-to-year and a decrease for the last 2 years. The majority of indicated child fatality investigations are suspended for due process or criminal prosecution. This extends the length of the investigation, which can take several months or years to complete.

Perpetrators

After enhancements to Alabama's SACWIS, reports of perpetrator relationship to the child became a requirement beginning mid-FFY 2014. However, state policy and SACWIS allows for a child to be coded as indicated for abuse/neglect and a perpetrator to be coded as not indicated when clear abuse occurred and there is not a preponderance of evidence, or the disposition of the perpetrator is overturned in due process.

Alabama state statutes do not allow a person younger than 14 years to be identified as a perpetrator. These reports are addressed in an alternative response. Ongoing services are provided as needed to the child victim and the child identified as the person alleged responsible. The FFY 2015 Child File does not report multiple races for perpetrators. All races that apply are reported.

Services

Beginning in FFY 2010 and continuing for FFY 2012, Alabama only reported service data obtained from our state Community–Based Child Abuse Prevention grants lead agency for preventive services in the Agency File. Therefore, it is not advised to compare data to previous years. FFYs 2013 and 2014 Agency Files include preventive service data for two additional service providers. They are family outcome-centered unification services and parenting assistance line. Future enhancements to our SACWIS and mapping protocols are planned to allow for more complete reporting of services.

For foster care services, Alabama SACWIS does not require the documentation of the petition or identity of the court-appointed representative. Petitions are prepared and filed according to the procedure of each court district. All children entering foster care are appointed by the court guardian ad litem, who represents their interests in all court proceedings. The state's SACWIS does not require the tracking of out-of-court contacts between the court-appointed representative and the child victims.

In FFYs 2013 and 2014 staff received training on early intervention services and reporting. This training appears to be the primary reason for the increase in number of children referred under the Individuals with Disabilities Education Act (IDEA) during FFY 2015.

The NCANDS category of number of children eligible for referral to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act is the number of children who had indicated dispositions during FFY 2015 and were younger than 3 years. The NCANDS category of the number of children referred to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act is the number of referrals the agency providing services reported receiving during FFY 2015.

Alaska

Contact	Susan Cable	**Phone**	907–465–2203
Title	Research Analyst	**Email**	susan.cable@alaska.gov
Address	Alaska Office of Children's Services 130 Seward Street PO Box 110630 Juneau, AK 99811–0630		

General

In federal fiscal year (FFY) 2013, Alaska completely reviewed and revised the methodology used to extract Child File and Agency File data from its information system. Alaska's NCANDS submissions from FFY 2013 on are based on these new extraction codes. Therefore, these data may not be comparable to data reported in prior years, and over-the-year changes should be interpreted with caution. Major methodology changes are summarized in the appropriate sections below.

Over-the-year comparisons are also affected by the entry during FFY 2012 of a backlog of completed assessment (investigation) data. Because assessments are reported to NCANDS for the year in which they are entered, this catch-up effort resulted in over reporting of assessments for 2012 and underreporting for prior years in relation to when the reports were received and assessment field work completed. Beginning with FFY 2015, the county FIPS codes were updated. Longitudinal analyses at the county level are not recommended.

Reports

With the FFY 2013 submission, Alaska began reporting investigation start date and investigation start time in its Child File, and the state began reporting response time with respect to the initial investigation or assessment in its Agency File.

In Alaska, one investigation may cover one or more reports of maltreatment. If a report is received while an investigation is in progress, the new report may be linked to and covered by the already open investigation. In these instances, the investigation start date will be earlier than the report date and excluded from federal reporting.

Children

Beginning with FFY 2013, the determination of prior victim status is based on a child-specific disposition. In prior years, this determination was based on the report disposition. Because a report may cover more than one child, the new method improves accuracy and results in a decrease in the number of prior victims reported.

There was an increase in the number of victims younger than 1 year in FFY 2015. Promotions regarding safe sleeping practices effected more substantiation for infants in homes of substance-abusing caregivers who lacked cribs. Alaska believes that caretaker risk factors of alcohol and drug abuse are underreported. The state is planning to change its information system to improve the collection and reporting of these data.

Fatalities

The authority for child fatality determinations resides with the Medical Examiner's Office, not the child welfare agency. The Medical Examiner's Office assists the state's Child Fatality Review Team in determining if a child's death was due to maltreatment. A child fatality is reported only if the Medical

Examiner's Office concludes that the fatality was due to maltreatment. For NCANDS reporting, fatality counts are obtained from a member of the Child Fatality Review Team and reported in the Agency File.

Services

Methodology changes in FFY 2013 improved the accuracy of services data. For juvenile court petition and court-appointed representative, data are more complete; for family support services and home-based services, data are now reported as not collected rather than as missing. Many services are provided through contracting providers and may not be well-documented in Alaska's SACWIS; therefore, analysis of the services array with the state's NCANDS Child File is not advised.

Agency File data on the numbers of children by funding source is reported for state fiscal year (SFY) (July 1–June 30). The NCANDS category of "other" funding source includes state general funds and matching funds from contracting agencies.

Arizona

Contact	Ellen Grein-Bell	**Phone**	602–255–2740
Title	Acting Manager	**Email**	egrein-bell@azdes.gov
Address	Reports and Statistics Arizona Department of Child Safety PO Box 6030 Phoenix, AZ 85012		

General

For NCANDS reporting purposes, Arizona does not have a differential response program.

Reports

The prior federal fiscal years' reports that had not been investigated have now been investigated and dispositioned. As a result, many of these older reports have aged out -of NCANDS data.

Arizona has two types of screened-out reports. The first are those which take place on Indian reservations or military installations. Because the Arizona Department of Child Safety (DCS) has no jurisdiction in these situations, a report is taken and recorded in the Arizona Statewide Automated Child Welfare Information System (SACWIS), but is not assigned for investigation. In federal fiscal year (FFY) 2015, there were 1,025 children involved in reports originating from Indian reservations or military installations.

The second group consists of calls that do not contain sufficient information to meet the legal threshold necessary to constitute a report of abuse or neglect. These are recorded as communications in the Arizona SACWIS, but are not assigned for investigation. Currently it is not possible to determine the number of children involved in these communications. Only the number of communications can be defined.

Children

In Arizona, a disposition of indicated denotes a temporary finding and is not a final disposition. In previous years, Arizona reported these indicated dispositions to NCANDS. FFY 2015 is the first year that Arizona only reports cases with final dispositions, as per NCANDS guidelines. This change in reporting has contributed to the overall decrease in victims from FFY 2014 to FFY 2015.

Fatalities

Child fatalities reported to NCANDS come through the Child Abuse Hotline call center and are recorded in the Arizona SACWIS. Arizona uses information received from the state's Department of Vital Statistics, Child Fatality Review Team, law enforcement agencies and the Medical Examiners' offices when reporting child maltreatment fatality data to NCANDS.

The Child Fatality Review Committee reviews all child deaths in the state, including deaths that would be identified through the sources listed above. If a local Child Fatality Review Team identifies an unreported child fatality believed to be due to maltreatment, that information is communicated to DCS. Through this process, DCS receives information on all child deaths that may have been caused by abuse or neglect.

Arkansas

Contact	Nellena Garrison	**Phone**	501–320–6503
Title	CHRIS (SACWIS) Information Systems Manager	**Email**	nellena.garrison@dhs.arkansas.gov
Address	Office of Systems and Technology Department of Human Services 108 E. 7th Street, Donaghey Plaza North, 1st Floor Little Rock, AR 72201		

General

The following options are available when accepting a referral:

Refer to Department of Child and Family Safety (DCFS) for Fetal Alcohol Spectrum Disorder (R/A-FASD): The following change was made to Arkansas legislation effective July 2011–Act 1143 requires health care providers involved in the delivery or care of infants to report infants born and affected by FASD. The Department of Human Services (DHS) shall accept referrals, calls, and other communication from health care providers involved in the delivery or care of infants born and affected with FASD. DHS shall develop a plan of safe care of infants born with FASD. The Arkansas State Police hotline staff will use the regular request for DCFS assessment for FASD. These will automatically be assigned to the DCFS Central Office FASD Project Unit to complete the assessment and closure. The data for these reports are not submitted to NCANDS.

Refer to Arkansas State Police Crimes Against Children Division (CACD) for death assessment (R/A-DA): Arkansas FFY 2015 legislation mandated per Act 1211, DHS and CACD will conduct an investigation or death assessment upon receiving initial notification of suspected child maltreatment or notification of a child death. This was effective in the Children's Reporting and Information System (CHRIS), Arkansas' Statewide Automated Child Welfare Information System, as of August 2015. The Child Abuse Hotline will accept a report for a child death if a child has died suddenly and unexpectedly not caused by a known disease or illness for which the child was under a physician's care at the time of death. This includes, without limitation, child deaths as a result of the following:

- sudden infant death syndrome
- sudden unexplained infant death
- an accident
- a suicide
- a homicide
- other undetermined circumstance

All sudden and unexpected child deaths will be reported to the Child Abuse Hotline. DA reports are accepted by the Hotline and do not have allegations of maltreatment at the time of the referral. The data for R/A-DA reports are not submitted to NCANDS. If the incident does rise to the level of a child maltreatment investigation, then the referral will be elevated to be investigated. Child death investigation reports are accepted by the Hotline and will have maltreatment allegations at the time of the referral.

Reports of child maltreatment allegations will be assigned for child maltreatment investigation pursuant to Arkansas Code Annotated 12–18–601. Arkansas uses an established protocol when a DCFS family service worker or the CACD investigator conducts a child maltreatment assessment. The protocol was developed under the authority of the state legislator, (ACA 12–18–15). It identifies various types of child maltreatment a DCFS family service worker or an CACD investigator may

encounter during an assessment. The protocol also identifies when and from whom an allegation of child maltreatment may be taken. The worker or investigator must show that a preponderance of the evidence supports the allegation of child maltreatment. The data for these reports are submitted to NCANDS.

Differential response (DR) is another way of responding to allegations of child neglect. DR is different from DCFS' traditional investigation process. It allows allegations that meet the criteria of neglect to be diverted from the investigative pathway and serviced through the DR track. DR is designed to engage low-to moderate-risk families in the services needed to keep children from becoming involved with the child welfare system. Counties have a DR team to assess for safety, identify service needs, and arrange for the services to be put in place. DR began with five pilot counties October 2012 and was implemented statewide for all 75 counties by August 2013. FFY 2013 was the first year the state submitted differential response data to NCANDS.

Reports

On May 14, 2014, a new way to capture the incident date was implemented. A new incident date information grouping was added that requires either a recent child maltreatment allegation incident date or an approximate incident date range to be entered for each child maltreatment allegation that is alleged by report and collected during investigation. The approximate incident date values that are available for selection include the following (only one value can be selected per allegation):

- 0–3 months ago
- 3–6 months ago
- 6–9 months ago
- 9–12 months ago
- 1–3 years ago
- 3–5 years ago
- 5–10 years ago
- 10+ years ago
- Unknown

This change was implemented because DCFS believes that, unfortunately, often when people call in regarding alleged maltreatment that occurred years ago, they don't have an exact date so the person entering the info either guesses a date or leaves it blank. The child maltreatment allegations with an approximate date range selected, rather than a singular specific date, are mapped to the NCANDS category of blank = not collected/not applicable. This change increased the percentages of records without a reported incident date.

Fatalities

Arkansas saw an increase in the number of substantiated child fatalities from FFY 2014 to FFY 2015. This increase can be attributed to the increased number of reported child fatalities as a result of severe physical abuse and unsafe sleep environments. This increase is also a result of the increased number of child maltreatment reports in the state due to poverty, substance abuse, and the violence experienced in many Arkansas communities. Arkansas also attributes the increased number of substantiated fatalities to the implementation of the Arkansas Child Death Review Panels and the increased awareness and education stemming from it. To facilitate comprehensive death

scene investigations, the Arkansas Commission on Child Abuse, Rape and Domestic Violence partnered with the Arkansas Child Death Review Panel, the Arkansas Medical Examiner's Office and the Coroners Association to provide sudden unexplained infant death investigation training to medical examiners and deputy coroners throughout the state. The additional training, along with the implementation of the sudden unexplained infant death protocol, assisted the agency in gathering pertinent information which has improved the quality of the death investigations.

The Arkansas Division of Children and Family Services receives notice of child fatalities through the Arkansas Child Abuse hotline. The reports include referrals from mandated reporters such as, physicians, medical examiners, law enforcement officers, therapists, and teachers, etc. A report alleging a child fatality can also be accepted from a nonmandated reporter. Nonmandated reporters include neighbors, family members, friends, or members of the community. The guidelines for reporting is mandated and nonmandated persons are asked to contact the child abuse hotline if they have reasonable cause to believe that a child died as a result of child maltreatment.

The Arkansas Division of Children and Family Services continues to receive child fatality data from the Arkansas Infant and Child Death Review Panel. The statewide fatality statistics are compiled by the Arkansas Department of Health's vital records division. The information is submitted to the Arkansas Child Death Review Panel annually.

Services

The investigators frequently do not document services provided to the families during the investigation process; this documentation is often left to the caseworker to enter when the case is opened.

In Arkansas, all children younger than 3 with a true overall finding, regardless of role in referral, are referred to Division of Developmental Disabilities (DDS) Part C for an early intervention screening. For FFY 2015, 4,007 children were eligible for referral. Arkansas does not currently track how many children are actually referred to the agencies. The state is analyzing how to track this information in the future.

California

Contact	Alicia Sandoval	**Phone**	916–653–1812
Title	Chief	**Email**	alicia.sandoval@dss.ca.gov
Address	Child Welfare Data Analysis Bureau California Department of Social Services 744 P Street, MS 9–13–84 Sacramento, CA 95814		

General

California's differential response approach is comprised of three pathways:

Path 1 community response: family problems as indicated by the referral to the child welfare system do not meet statutory definitions of abuse and neglect, and the referral is evaluated out by child welfare with no investigation. Based on the information given at the hotline, however, the family may be referred by child welfare to community services.

Path 2 child welfare services with community response: family problems meet statutory definitions of abuse and neglect but the child is safe and the family has strengths that can meet challenges. The referral of suspected abuse and neglect is accepted for investigation by the child welfare agency, and a community partner goes with the investigator to help engage the family in services. A case may or may not be opened by child welfare, depending on the results of the investigation.

Path 3 child welfare services response: the child is not safe and at moderate to high risk for continuing abuse or neglect. This referral appears to have some rather serious allegations at the hotline. It is investigated, and a child welfare services case is opened. Once an assessment is completed, these families may still be referred to an outside agency for some services, depending on their needs.

Reports

The report count includes both the number of child abuse and neglect reports that require, and receive, an in-person investigation within the timeframe specified by the report response type. Reports are classified as either immediate response or 10-day response. For a report that was coded as requiring an immediate response to be counted in the immediate response measure, the actual visit (or attempted visit) must have occurred within 24 hours of the report receipt date. For a report that was coded as requiring a 10-day response to be counted in the 10-day response measure, the actual visit (or attempted visit) must have occurred within 10-days of the report receipt date. For the quarter ending September 2015, the immediate response compliance rate was 96.2 percent and the 10-day response compliance rate was 91.4 percent.

The number of staff budgeted for screening, intake, and investigation (emergency response and emergency response assessment) was based on 58 counties for state fiscal year (SFY) 2014.

Fatalities

Fatality data submitted to NCANDS is derived from notifications (SOC 826 forms) submitted to the California Department of Social Services(CDSS) from County Child Welfare Services(CWS) agencies when it has been determined that a child has died as the result of abuse and neglect. The abuse and neglect determinations reported by CWS agencies are made by local coroner/medical examiner offices, law enforcement agencies, and/ or county CWS/probation agencies. As such, the data collected and reported via SB 39 and used for NCANDS reporting purposes does reflect child death

information derived from multiple sources. It does not, represent information directly received from either the state's vital statistics agency or local child death review teams.

The data are used to meet the reporting mandates of the federal Child Abuse Prevention and Treatment Act (CAPTA) and for the Title IV-B, Annual Progress and Services Report (APSR). Calendar Year (CY) 2014 is the most recent validated annual data, and is therefore reported for federal fiscal year (FFY) 2015. Counties will continue to determine causes of fatalities to be the result of abuse and/or neglect that occurred in prior years. Any changes to this number will be reflected in subsequent year's APSR reports.

Prior to CY 2011, the CDSS used data reconciled by the California Department of Public Health (CDPH) for submission to NCANDS. Beginning with the FFY 2010 NCANDS data submission in CY 2011, the CDSS changed the data source to the SB 39 data. Additionally, beginning in CY 2012 CDSS began to receive reports of fatalities determined to be the result of abuse and neglect and caused by an unknown third party. NCANDS submissions beginning in FFY 2013 (CY 2012) to the present, includes these fatalities.

CDSS will continue to look at how it might use other information sources to enrich the data gathered from the SOC 826 reporting process and reported to NCANDS. In September 2012, the CDSS issued a best practices all county information notice to counties encouraging annual reconciliation of CWS child death information with other entities that review child deaths such as local child death review teams, and attendance at local child death review team meetings to participate in discussions regarding deaths which may have been the result of abuse and or neglect. As part of the technical assistance provided to counties regarding SB 39, the CDSS began collecting information regarding county child welfare agencies' roles on local child death review teams and how their participation may lead to further identification and reporting of deaths that are a result of abuse or neglect. Additionally, the CDSS continues to collaborate and share data with the CDPH, for purposes of the reconciliation audit of child death cases in California. The most recent information shared to date is for CY 2010.

Services

Direct prevention services for children and families include those funded by Community Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF), Child Abuse Prevention and Treatment Act (CAPTA), and Child Abuse Prevention, Intervention and Treatment (CAPIT, state funds). More than 940,000 parents also received services under these funding streams, including 672 parents participating in a Strategies conference.

There was an overall decrease in the total number of children and families served by CAPTA, CBCAP and PSSF due to several factors. First, Efforts to Outcomes (ETO) gathered data by types of service activity rather than funding stream. Additionally, counties reported staffing issues, implementation of new programs, broad service activity categories which could encompass more than one service activity (e.g. Family Resource Center) and more intensive services as reasons for a decrease in the number of families and children served. However, the number of families served by CAPIT funds increased significantly. This increase was due to some counties reporting an increase of case management and differential response referrals, new services being added to family resource centers and partnerships with other agencies to provide prevention programs.

Also, in FFY 2014, the number of families served with CAPTA funds included families assessed for needs by family service organizations using the Family Development Matrix (FDM). OCAP funded the Family Development Matrix for many years, but chose to not fund FDM in FFY 2015–2016. Using CAPTA funds, OCAP funded Parents Anonymous, the Parents Service Project, and Strategies (three non-profits providing training and technical assistance to family service organizations throughout the state). Mandated reporter training was also funded by OCAP, and in FFYs 2015–2016, professionals completed the training. Not all families reported to Child Welfare Services have a case opened, but families referred are offered prevention services that address the reasons they were referred and often "opens the door" to families accessing additional prevention services.

All child victims younger than 3 years are considered eligible for referral for individuals with disabilities education act.

Colorado

Contact	Christine Webb	**Phone**	303–866–5174
Title	Federal Analyst	**Email**	christine.webb@state.co.us
Address	Division of Child Welfare Colorado Department of Human Services 1575 Sherman Street Denver, CO 80203–1714		

General

Colorado continues to work to improve the quality of NCANDS data in the areas of perpetrator relationships and perpetrator demographics. The Institutional Abuse Review Team reviews all reports and is working with counties to consistently report victim and perpetrator data. The state provides the following options for assessment of reports of child abuse and neglect:

- High Risk Assessment
  - The children are interviewed separately from the person responsible for the abuse and neglect.
  - A formal determination of whether or not abuse and neglect occurred is documented.
  - Postassessment services may be provided via transfer to either voluntary (non-court-involved) or court-involved traditional services case.
- Family Assessment Response
  - The caseworker has the option to meet with whole family together at initial contact.
  - No official determination of whether or not abuse and neglect occurred is documented.
  - Families understand the assessment is not voluntary, but that postassessment services are available and voluntary.

As of FFY 2015, Family Assessment Response was implemented in four additional counties bringing the statewide total from 11 to 15, which has led to an increase in the number of reports with an alternative response disposition.

Reports

The Colorado Department of Human Services (DHS) launched a new statewide child abuse and neglect hotline (1–844–CO–4–KIDS) on January 1, 2015. This hotline was designed to provide one easy-to-remember phone number for individuals statewide to report suspected child abuse and neglect. It serves as a direct, immediate, and efficient route to Colorado's 64 counties and two tribal nations which are responsible for accepting and responding to child abuse and neglect inquiries and reports. All callers will be able to speak with a call-taker 24-hours a day, 365-days a year and have their call routed to the appropriate county or tribal nation. The new hotline system will capture critical information and ensure that calls across the state are handled quickly and appropriately with the ultimate goal of ensuring that no child is harmed.

Fatalities

Colorado's Child Fatality Review Team (CFRT) has statutory authority to review information regarding child fatalities, egregious incidents, and near fatal incidents to gain a better understanding of the causes, trends, and system responses to child maltreatment. This team also develops recommendations in policy, practice and systemic changes to improve the overall health, safety, and wellbeing of children in Colorado and mitigate future child fatalities. Beginning August 2012, Colorado county DHS agencies began reporting all egregious and near fatal incidents (in addition to the already

required child fatalities) suspicious for abuse and neglect, within 24 hours of becoming aware of the incident.

A member of the state's Administrative Review Division is represented on the CFRT and works with county DHS agencies to document these fatalities, egregious incidents, and near fatal incidents correctly and timely into the Statewide Automated Child Welfare Information System.

Connecticut

Contact	Edward Meeker	**Phone**	860–418–8373
Title	Subject Matter Expert	**Email**	edward.meeker@ct.gov
Address	State of Connecticut Department of Children and Families Information Systems 110 Bartholomew Avenue, Hartford, CT 06106		

General

The State of Connecticut Department of Children and Families (DCF) has continued to implement its Strengthening Families Practice model. This model is one of direct intervention based upon engagement and assessment. The model emphasizes case supervision that includes administrative, educational and supportive components as one of its primary strategies to improve practice. In collaboration with its Court Monitor's Office, DCF prepared a well-defined quality assurance and improvement methodology derived from items in the Child and Family Services Review On-Site Review Instrument, with implementation slated for calendar year (CY) 2016.

Reports

In July 2015, the Commissioner issued a memorandum that reiterated the importance of face-to-face child visitation during all child protective service investigations; no investigation should be closed if the investigator personally has not seen the alleged victim(s) in a meaningful way except in rare instances, e.g., the family cannot be found; and in those exceptional cases, a consult with an agency attorney and appropriate area resource group experts must occur within the first few days of the investigation, and the Area Office Director must personally approve the closure. For staff, DCF continued its focus on training with its second year of involvement in the National Leadership Academy for Middle Managers (LAMM) through the National Child Welfare Workforce Institute.

During FFY 2015, approximately 40 percent of reports screened in for a response were handled through its family assessment response (FAR) or alternative response. This accounts for the decline in the total volume of reports in NCANDS. To ensure the quality of its FAR practice, DCF contracted with the University of Connecticut (UCONN) for a Performance Improvement Center (PIC). UCONN PIC conducted in-depth analyses of practice data and provided expert technical assistance to community partner agencies (i.e., Community Supports for Families). The detailed analysis of FAR and community partner agencies data can be found on the DCF website.

Fatalities

Enhancement continues on agency practices to prevent child fatalities:

1) In February 2015, DCF and OEC began the Safe Sleep Campaign a cross-systems public health campaign to educate families about safe sleep and other safety issues, including abusive head trauma.
2) A memorandum of understanding (MOU) with Eckerd Youth Alternatives, and its affiliate Mindshare Technology, to implement Eckerd Rapid Safety Feedback (ERSF) with the support of Casey Family Programs. ERSF uses predictive analytics to identify high-risk open cases, which are targeted for intensive quality assurance review. DCF emphasizes cases with a high-risk of child fatality or serious injury due to maltreatment.

Connecticut *(continued)*

Services

Considered Removal Child and Family Team Meetings (CR-CFTM) have continued to be an effective method to divert children from DCF's care. Three-quarters of the children who were the subject of a CR-CFTM during 2015, were not removed or were placed with kin. Connecticut DCF also implemented a series of focused trainings on the use of data and quality improvement methodologies for Program Development and Oversight Coordinators (PDOCs), responsible for overseeing all of the services with which DCF contracts with private providers.

In June 2015, Connecticut DCF enhanced its policy and practice guide to ensure that all children committed to DCF's care, age 3–5 years, are enrolled in high-quality early learning/ preschool programs, and their case plans are updated with relevant educational information.

Delaware

Contact	Tylesha Rumley	**Phone**	302–633–2674
Title	Family Services Support Administrator	**Email**	tylesha.rumley@state.de.us
Address	Division of Family Services–Data Unit Delaware Department of Services for Children, Youth and their Families 1825 Faulkland Road Wilmington, DE 19805		

General

In federal fiscal year (FFY) 2015, Delaware's Division of Family Services (DFS) had an increase in referrals from FFY 2014. Delaware put into practice two strategies: Structured Decision Making® (SDM) at the report level and Tier 1 at investigation. Overall, the implementation of both strategies has helped DFS to use resources and expertise more efficiently. Delaware is better able to determine which cases require full investigations from those needing referrals for services unrelated to child abuse and neglect.

In FFY 2013, Delaware implemented two additional initiatives; Structured Decision Making (SDM) at investigation the investigation level and family assessment intervention response (FAIR). The SDM tool implemented at the investigation level helps our workers to consistently determine safety threats and to make decisions using the same set of standards. FAIR is our version of a differential response (DR) that allows us to divert low-risk families to services in the community. In a qualitative study conducted, a high percentage of Delaware teens enter foster care due to parent/child conflict. Currently, For the current NCANDS reporting period, Delaware did not provide FAIR data in the Child File because the program if not implemented statewide.

Reports

In May 2012, Delaware implemented SDM at the report level causing us to re-evaluate and change our response time for familial abuse investigations. Currently, all screened-in reports are assessed in a three-tiered priority process to determine the urgency of the workers first contact; Priority 1-Within 24 hours, Priority 2-Within 3 days and Priority 3-Within 10 days. Delaware's reported response time is made up of both family abuse and institutional abuse investigations. In FFY 2015, accepted referrals for family abuse cases were identified as 64 percent routine/Priority 3, 12 percent Priority 2, and 24 percent urgent/Priority 1.

Management cites that the increasing number of referrals have resulted from the public's awareness of child maltreatment and professionals' mandatory reporting. Subsequent public service campaigns for reporting child abuse and neglect may also have had an impact in the number of reports received.

Children

The state uses 50 statutory types of child abuse, neglect, and dependency to substantiate an investigation. According to the state code: "Abuse" is any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in the Delaware Code Title II §468, including emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment. "Neglect" is defined as the failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary: education as required by law; nutrition; or medical, surgical, or any other care necessary for the child's well-being. "Dependent Child" is defined as a child under the age of 18 who does not have parental care because of the death,

hospitalization, incarceration, residential treatment of the parent or because of the parent's inability to care for the child through no fault of the parent.

Fatalities

The state does not report any child fatalities in the Agency File that are not reported in the Child File. For FFY 2015, the state reported one fatality as a result of child maltreatment.

Perpetrators

Delaware maintains a confidential Child Protection Registry for individuals who have been substantiated for incidents of abuse and neglect since August 1st 1994. The primary purpose of the Child Protection Registry is to protect children and to ensure the safety of children in childcare, health care, and public educational facilities. The Child Protection Registry in Delaware does not include the names of individuals, who were substantiated for dependency, parent and child conflict, adolescent problems, or cases opened for risk of child abuse and neglect. All perpetrators placed on the Child Protection Registry for child abuse and neglect are given the opportunity to request a substantiation hearing in Family Court within 30 days of the date placed on the registry. This registry is not available through the Internet and is not the same as the Sex Offender Registry maintained by the Delaware State Police State Bureau of Identification.

Services

During FFY 2015, Delaware's Children's Department saw an increase in the number of children and families who received preventative services. These trends are a result of our department's efforts to serve families in their homes and offer community-based services.

In FFY 2014, Delaware's Child Welfare Agency implemented several initiatives to improve our outcomes with families. One of our programs is Team Decision Making, which engages the family, informal supports, and formal supports in planning for children who are at-risk of coming into care. This process increased the number of children who were diverted to kinship placement instead of foster care.

Under the Department of Services for Children, Youth and Their Families, children may be placed in residential care from the child welfare program, the juvenile justice program, or the child mental health program. In calculating child victims reunited with their families in the previous 5 years, the state did not include placements from Prevention and Behavioral Health and Juvenile Justice as a previous placement in which the child was reunited with their family if there was no placement involvement with the child welfare agency. This is because the Juvenile Justice and Prevention and Behavioral Health placements alone are not the direct result of the caretaker's substantiation of abuse, neglect, or dependency.

The state is currently re-evaluating the data for children eligible for referral and referred under Part C of the Individuals with Disabilities Education Act (IDEA) and working on ways to report more accurate information. This data has been suspended until further notice.

District of Columbia

Contact	Lori Peterson	**Phone**	202–434–0055
Title	Supervisory IT Specialist	**Email**	lori.peterson@dc.gov
Address	Child Information System Administration District of Columbia Child and Family Services Agency 200 I Street SE Washington, DC 20003		

General

The District operates under a differential response (DR) protocol where the alleged child abuse and neglect reports are evaluated using the Structured Decision Making (SDM) Screening Tool. Accepted reports are screened in either as an immediate response or forwarded to the Review Evaluate and Direct team (R.E.D) for further review to determine if the report should be screened in for a child welfare response or screened out (no child welfare response is needed). All screened in reports are directed to one of the following pathways:

- Investigation: This traditional pathway is for families who have a report of suspected severe child abuse and/or neglect, such as physical or sexual abuse. The district will conduct an investigation in accordance with district law and determine whether maltreatment occurred or if the child is at-risk of maltreatment.
- Family Assessment (FA): This pathway provides services for families with moderate-to low-risk reports. On a voluntary basis, families engaged with social workers to identify issues and needs and to connect them to community services, so the families get help without entering the child welfare system.

As a result of the implementation of the SDM screening tool and the R.E.D. teaming practices, the District's screened out reports increased. Additionally, the number of alternative response reports increased during this reporting period due to an expansion of allegations (except for alleged sexual abuse and child fatality) accepted for the FA pathway. Since the expansion of allegations implemented on March 1, 2014, FFY 2015 is the first full reporting year of reporting FA under this practice change.

Reports

The increase of alternative response reports was due to the practice change implemented in 2014 of expanding the allegations/maltreatments (excluding alleged sexual abuse maltreatment types and child fatality) accepted for the FA pathway. As result of the SDM and R.E.D. teaming practices, the screened out reports increased.

Children

The increase of alternate response nonvictim disposition is based on the children of families that are counted in the District's FA reports.

Fatalities

The Child and Family Services Agency (CFSA) participates in the district-wide Child Fatality Review committee and uses information from the Metropolitan Police Department and the District Office of the Chief Medical Examiner (CME) when reporting child maltreatment fatalities to NCANDS. The District reports fatalities in the Child File when neglect and abuse was a contributing factor to the death.

District of Columbia *(continued)*

Services

There were no Social Services Block Grant funds allocated for this reporting period. The data provided for Individuals with Disabilities Education Act (IDEA) is based on children aged 0–5. The increase in the number of children referred is based on new strategies implemented by the District to bridge the gap in services delivery for children that required additional educational assistance.

Florida

Contact	Keith Perlman	**Phone**	850–717–4675
Title	Manager, Performance Management Unit	**Email**	keith.perlman@myflfamilies.com
Address	Office of Child Welfare Florida Department of Children and Families 1317 Winewood Boulevard Tallahassee, FL 32399–0700		

Reports

The criteria to accept a report are that an alleged victim:

- Is younger than 18 years
- Is a resident of Florida or can be located in the state at the time of the report
- Has not been emancipated by marriage or other order of a competent court
- Is a victim of known or suspected maltreatment by a parent, legal custodian, caregiver, or other person responsible for the child's welfare (including a babysitter or teacher),
- Is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care
- Is suspected to be a victim of human trafficking by either a caregiver or noncaregiver.

The response commences when the assigned child protective investigator attempts the initial face-to-face contact with the alleged victim. The system calculates the number of minutes from the received date and time of the report to the commencement date and time. The minutes for all cases are averaged and converted to hours. An initial onsite response is conducted immediately in situations in which any one of the following allegations are is made: (1) a child's immediate safety or well-being is endangered; (2) the family may flee or the child will be unavailable within 24 hours; (3) institutional abuse or neglect is alleged; (4) an employee of the department has allegedly committed an act of child abuse or neglect directly related to the job duties of the employee; (5) a special condition referral (e.g., no maltreatment is alleged but the child's circumstances require an immediate response such as emergency hospitalization of a parent, etc.); for services; or (6) the facts of the report otherwise so warrant. All other initial responses must be conducted with an attempted onsite visit with the child victim within 24 hours.

Starting with the FFY 2010 NCANDS submission, Florida mapped all reports with a disposition of not substantiated to the NCANDS category of unsubstantiated.

Children

The Child File includes both children alleged to be victims and other children in the household. The Adoption and Foster Care Analysis and Reporting System (AFCARS) identification number field is populated with the number that would be created for the child regardless of whether that child has actually been removed and/or reported to AFCARS.

Although the Florida Hotline uses the maltreatment "threatened harm" only for narrowly defined situations, investigators may add this maltreatment to any investigation when they are unable to document existing harm specific to any maltreatment type, but the information gathered and documentation reviewed yields a preponderance of evidence that the plausible threat of harm to the child is real and significant. Threatened harm is defined as behavior which is not accidental and which is likely to result in harm to the child, which leads a prudent person to have reasonable cause to suspect abuse or neglect has occurred or may occur in the immediate future if no intervention is provided. However,

Florida does not typically add threatened harm if actual harm has already occurred due to abuse (willful action) or neglect (omission which is a serious disregard of parental responsibilities).

Most data captured for child and caregiver risk factors will only be available if there is an ongoing services case already open at the time the report is received or opened due to the report.

Fatalities

Fatality counts include any report closed during the year, even those victims whose dates of death may have been in a prior year. Only verified abuse or neglect deaths are counted. The finding was verified when a preponderance of the credible evidence resulted in a determination that death was the result of abuse or neglect. All suspected child maltreatment fatalities must be reported for investigation and are included in the Child File. The death maltreatment is an actual code that is reported as the NCANDS category of "other" maltreatment in the NCANDS mapping.

Perpetrators

By Florida statue, perpetrators are only identified as responsible for maltreatment in cases with verified findings. Licensed foster parents and non-finalized adoptive parents are mapped to nonrelative foster parents, although some may be related to the child. Approved relative caregivers (license not issued) are mapped to the NCANDS category of relative foster parent.

Florida reviews all children verified as abused with a perpetrator relationship of relative foster parent, nonrelative foster parent, or group home or residential facility staff during the investigation against actual placement data to validate the child was in one of these placements when the report was received. If it is determined that the child was not in one of these placements on the report received date, then the perpetrator relationship is mapped to the NCANDS category of "other."

Services

Due to the IV-E waiver and a cost pool structure that is based on common activities performed that are funded from various federal and state awards, Florida uses client eligibility statistics to allocate costs among federal and state funding sources. As such, Florida does not link individuals receiving specific services to specific funding sources (such as prevention).

Georgia

Contact	Michael Fost	**Phone**	404–463–0845
Title	Operations Analyst	**Email**	michael.fost@dhs.ga.us
Address	Division of Family and Children Services Georgia Department of Human Services 2 Peachtree Street Atlanta, GA 30303		

General

Enhancements to SHINES, the Statewide Automated Child Welfare Information System, are made each year to improve accuracy and completeness. Comparing data from different years may lead to inaccurate conclusions. In addition to enhancements in the SHINES database, changes in policy and practice also necessitate caution when comparing data from one year to another.

In April 2012, Georgia implemented a differential response system in which screened-in reports can be placed on one of two tracks: investigation (investigative response) or family support services (alternative response, AR). Alleged victims in the investigative response are seen within 24 hours or sooner if the situation demands, to ensure child safety. Both the investigation and AR cases are reported to NCANDS. This is the fourth year that Georgia has reported AR cases. Note that AR policy changed in April 2012.

Reports

The transition to a centralized intake call center that occurred from federal fiscal year (FFY) 2011–2014 was accompanied by a large increase in the number of child protective services (CPS) cases. The call center receives all reports of abuse and neglect in the state. At the beginning of FFY 2014, the call center was receiving about half of all reports made. By the end of the year, all of Georgia's 159 counties were using the call center. The shift in responsibility and the availability of a 24/7 child abuse hotline has been accompanied by a great increase in the number of maltreatment referrals.

The components of a CPS report are: (1) a child younger than 18 years; (2) a referral of conditions indicating child maltreatment; and (3) a known or unknown individual alleged to be a perpetrator. Referrals that do not contain all three components of a CPS report are screened out. Such situations may include historical incidents, custody issues, poverty issues, truancy issues, situations involving an unborn child, and/or juvenile delinquency issues. For many of these, referrals are made to other resources, such as early intervention or prevention programs.

The NCANDS report source category of social services personnel includes Department of Human Resources staff. The NCANDS category of "other" report source includes Georgia data categories: other non-mandated reporters, religious leaders or staff, and Temporary Assistance for Needy Families staff. The Agency File ideally presents the number of full-time equivalent employees (FTEs) who worked on screening, intake, and investigations of reports. In Georgia, most staff work many different parts of a CPS case. During FFY 2015, a total of 2,428 staff worked on investigations, and 2,515 worked on investigations and/or intakes (2670 worked on investigations, intakes, or alternative response cases). This number counts unique individuals who have performed the job, not FTEs. Georgia used 1,265 individual workers for screening and intakes.

Georgia *(continued)*

Fatalities

Georgia relies upon partners in the medical field, law enforcement, Office of the Child Advocate, and other agencies in identifying and evaluating child fatalities.

Perpetrators

In 1998, The Georgia Supreme Court determined it would be unconstitutional to create a registry of alleged offenders (See State v. Jackson, 496 S.E.2d 912, 269 Ga. 308 (1998)). Georgia does not keep perpetrator identification and perpetrator identifiers are not included in the NCANDS file this year. However, House Bill 138 enacted in July 2015, established a child abuse registry known as the child protective services Information System, which is now under construction. Georgia may be able to provide perpetrator information in the future.

Services

Prior to 2015, counts of families that received services from Promoting Safe and Stable Families Program grants contained duplication. However, in FFY 2015, the counts are unduplicated. The duplicated data were stored in monthly aggregates, so families that received services in more than 1 month were counted in each month. Also, families that received more than one type of service in a month were counted in each type of service.

Hawaii

Contact	Ricky Higashide	**Phone**	808–586–5109
Title	Research Supervisor	**Email**	rhigashide@dhs.hawaii.gov
Address	Audit, Quality Control & Research Office Hawaii Department of Human Services 1390 Miller Street, Room 211 Honolulu, HI 96813		

General

Reports to Child Welfare Services are handled in one of three ways through our Differential Response System:

- Reports assessed with low risk and no safety issues identified are referred to Family Strengthening Services (FSS).
- Moderate risk reports with no safety issues identified are diverted to Voluntary Case Management (VCM).
- The reports assessed with severe/high risk and safety issues identified are assigned to a Child Welfare Services (CWS) unit for investigation.

There are no identified alleged victims of maltreatment in reports assigned to FSS and VCM. While VCM cases are documented in the Child Welfare database, they are nonprotective services cases. FSS cases are not documented in the state child protection system. In FSS and VCM assessments, if maltreatment or a safety concern is indicated, the case will be returned to CWS for investigation.

Reports

The NCANDS category of "other" maltreatment type includes threatened abuse and threatened neglect. Hawaii uses three disposition categories: confirmed, unconfirmed, and unsubstantiated. A child is categorized in NCANDS as substantiated if one or more of the alleged maltreatments is confirmed with more than 50 percent certainty. A child is categorized as unsubstantiated if the alleged maltreatment is not confirmed with more than 50 percent certainty or unsubstantiated (frivolous report of abuse or neglect).

Fatalities

We report all child fatalities as a result of maltreatment in the state child protection system. The Medical Examiner's office, local law enforcement, and Kapiolani Child Protection Center Multidisciplinary Team conducts reviews on death or near death cases of maltreatment.

Perpetrators

The state CPS system designates up to two perpetrators per child. The perpetrator maltreatment fields are currently blank. The information is in writing, not coded for data collection.

Services

The state is not able to report some children and families receiving preventive services under the Child Abuse and Neglect State Grant, the Social Services Block Grant, and the NCANDS category of "other" funding sources because funds are mixed. Funds are allocated into a single budget classification and multiple sources of state and federal funding are combined to pay for most services. All active cases receive services.

Idaho

Contact	Robbin Thomas	**Phone**	208–334–5798
Title	Program Systems Specialist	**Email**	thomasr2@dhw.idaho.gov
Address	Family and Community Services Idaho Department of Health and Welfare 450 West State Street, 5th Floor Boise, ID 83720		

Reports

Idaho has a centralized intake unit which includes a 24-hour telephone line for child welfare referrals. The intake unit maintains a specially trained staff to answer, document, and prioritize calls, and documentation systems that enable a quicker response and effective quality assurance. Allegations are screened out and not assessed when:

- The alleged perpetrator is not a parent or caregiver for a child, the alleged perpetrator no longer has access to the child, the child's parent or caregiver is able to be protective of the child to prevent the child from further maltreatment, and all allegations that a criminal act may have taken place have been forwarded to law enforcement.
- The alleged victim is under 18 years of age and is married.
- The alleged victim is unborn.
- The alleged victim is 18 years of age or older at the time of the report even if the alleged abuse occurred when the individual was under 18 years of age. If the individual is over 18 years of age, but is vulnerable (physically or mentally disabled) all pertinent information should be forwarded to Adult Protective Services and law enforcement;
- There is no current evidence of physical abuse or neglect and/or the alleged abuse, neglect, or abandonment occurred in the past and there is no evidence to support the allegations.
- Although Child and Family Safety (CFS) recognizes the emotional impact of domestic violence on children, due to capacity of intake, we can only respond to referrals of domestic violence that involve a child's safety. Please see the priority response guidelines for more information regarding child safety in domestic violence situations. Referrals alleging that a child is witnessing their parent/caregiver being hurt will be forwarded to law enforcement for their consideration. Additionally, referents will be given referrals to community resources.
- Allegations are that the child's parents or caregiver use drugs, but there is no reported connection between drug usage and specific maltreatment of the child. All allegations that a criminal act may have taken place must be forwarded to law enforcement;
- Parental lifestyle concerns exist, but don't result in specific maltreatment of the child;
- Allegations are that children are neglected as the result of poverty. These referrals should be assessed as potential service need cases.
- Allegations are that children have untreated head lice without other medical concerns;
- Child custody issues exist, but don't allege abuse or neglect or don't meet agency definitions of abuse or neglect;
- More than one referral describing the identical issues or concerns as described in a previous referral. Multiple duplicate referrals made by the same referent should be staffed with the local county multi-disciplinary team for recommendations in planning a response.

More information regarding intake screening and priority guideline standards can be found on the Idaho Health and Welfare website.

The investigation start date is defined as the date and time the child was seen by a child protective services (CPS) social worker. The date and time was compared against the report date and time when CPS was notified about the alleged abuse. Idaho only reports substantiated, unsubstantiated: insufficient evidence, and unsubstantiated: erroneous report dispositions. Most regions are not large enough to dedicate staff separately into screening, intake, and assessment workers.

Children

At this time, the Statewide Automated Child Welfare Information System (SACWIS) cannot provide living arrangement information to the degree of detail requested. The state's SACWIS counts children by region rather than by county. There are seven regions in Idaho. The NCANDS category of "other" maltreatment types include the state categories of abandonment, adolescent conflict, exploitation, alcohol addiction, drug addiction, and finding of aggravated circumstances.

For caregiver risk factors, a new safety assessment model was implemented in early FFY 2015 that does not list domestic violence or financial issues as separate risk issues. These risk issues are captured under broader risk issue of dangerous living environment/child fearful of home situation/ caregiver with uncontrolled or violent behavior and the risk issue of unused or unavailable resources.

Fatalities

Idaho compares fatality data from the Division of Family and Community Services with the Division of Vital Statistics for all children younger than 18. The Division of Vital Statistics confirms all fatalities reported by child welfare via the state's SACWIS and provides the number of fatalities for all children where the cause of death is homicide.

Perpetrators

The NCANDS category of "other" perpetrator relationships includes foster sibling, household staff, clergy, nonrelated juvenile, school personnel, and self.

Services

At this time, Idaho is unable to report public assistance data, due to constraints between Idaho's Welfare Information System and SACWIS. The Idaho Children's Trust Fund worked on a child sexual abuse prevention outreach program in FFY 2015. The numbers provided are families served, not attendees.

Illinois

Contact	David Nika	**Phone**	217–558–5060
Title	Supervisor – Legacy Mars Team	**Email**	david.nika@illinois.gov
Address	Illinois Department of Children and Family Services 1 North Old State Capitol Plaza Springfield, IL 62701		

General

In 2014, Illinois implemented changes based on a court ruling that reversed the indicated/substantiated findings for certain allegations and investigations to Unfounded/Unsubstantiated that affected several years of data up to and including June 2014. Illinois resubmitted NCANDS data for years 2009–2014. The resubmitted data demonstrated a significant decrease in the number of Indicated/Substantiated reports. As a result of the resubmitted data, the number of indicated/substantiated victims for 2015 appears to have increased dramatically while the number of unfounded/unsubstantiated victims dropped substantially.

Also in March of 2014, a policy change was implemented that affected sleep-related deaths called in to the hotline. Sleep-related deaths would no longer be accepted for an investigation based solely on unsafe sleep practice. However, if substance abuse, domestic violence, or other safety issues were factors in addition to unsafe sleep practice, then an investigation case would be opened. In April of 2015, the policy was amended to also accept sleep-related death reports if any searches of the state's child abuse/neglect data system or client services data system showed any prior Indicated or Unfounded investigations, or any prior or currently opened service cases involving the adults or any signs of abuse or neglect no matter the injury or suspected injury. In July 2015, the policy was amended again to accept all reports of unsafe sleep-related deaths or near deaths and open an investigation. These policy changes may have contributed to the significant decrease in child fatalities reported in 2015.

Reports

Illinois does not accept calls to the hotline alleging abuse and neglect unless it meets statutory definitions or established rules defining abuse and neglect. Illinois does not provide the investigation start date or investigation start time for the NCANDS child maltreatment data. Illinois' definition for investigation start date and time is the date and time of the first actual in-person contact or attempted in-person contact listed for the last alleged victim listed in the investigation. NCANDS Child Mapping instructions state that if a state's definition of investigation start date is any attempted contact then the investigation start date and time should not be filled.

Children

The NCANDS category of "other" report disposition refers to noninvolved children (i.e. children not suspected of being abused or neglected) who are recorded on a child abuse or neglect report. Because there are no allegations of abuse or neglect for these children, there are no specific dispositions.

The number of indicated victims appears to have risen dramatically while the number of unfounded has dropped, these variances are attributed to the court order and resubmitted data as described above. The state is only able to collect information on caretaker risk factors if the caretaker was previously a ward of the state.

Illinois *(continued)*

Fatalities

The number of fatalities due to abuse and neglect in Illinois dropped significantly in 2015 and may have been the result of the policy changes described above.

Perpetrator

Due to data changes implemented by the courts as described above and subsequent data file resubmissions, the number of indicated perpetrators appears to have risen dramatically while the number of unfounded has dropped, these variances are attributed to the court order.

Indiana

Contact	Doris Tolliver	**Phone**	317–232–4439
Title	Chief of Staff	**Email**	doris.tolliver@dcs.in.gov
Address	Indiana Department of Child Services 302 W. Washington Street, Room E 306–MS47 Indianapolis, IN 46204–2739		

General

In July 2012, Indiana instituted a new child welfare information system: The Management Gateway for Indiana's Kids (MaGIK). Coinciding with the implementation of MaGIK, the department also developed a new extraction code and mapping documents to effectively collect and organize data for NCANDS. Indiana has engaged in continuous improvement efforts to refine the data collection and mapping process through system modifications and overall enhancements. MaGIK is an ever-evolving, umbrella system which has further incorporated services, billing, case management, and the overall data management, organization, and extraction components.

Reports

The Indiana Department of Child Services (DCS) does not assign for assessment a referral of alleged child abuse or neglect that does not:

- Meet the statutory definition of child abuse and neglect and/or
- Contain sufficient information to either identify or locate the child and/or family and initiate an assessment (Indiana Policy Manual 3.6).

The following four types of referrals do not receive an assessment:

- Screen out: These referrals meet one or both conditions listed above. No further action is taken within or outside of the department due to insufficient information by the report source or the information given to the hotline does not meet requirements for diversion to voluntary services or information and referral.
- Refer to Licensing: These referrals meet the first condition above and meet requirements for a response from the departments licensing unit. (E.g., reporter has concerns about a foster home that do not meet statutory definition of child abuse and neglect, but complaint does cause licensing concern/s such as too many children living in a foster home).
- Service request: These referrals meet the first condition above and meet action requirements for the family to be contacted for voluntary services coordinated or provided by the department. These referrals would include service requests through the DCS Children's Mental Health Initiative and the Collaborative Care Program.
- Information and referral: Referral meets the first condition listed above and the report source is given information by hotline staff and verbally referred to outside agencies as appropriate. (E.g., reporter is concerned about developmental issues with their child. The hotline would give the report source information about and contact information for Indiana's early intervention program.)

Prior to federal fiscal year (FFY) 2013, submissions from Indiana reported data surrounding calls that were only in the category of screened out. Beginning in FFY 2013, Indiana included all four types of referrals not assigned for assessment in the NCANDS category of screened-out referrals.

Indiana *(continued)*

Fatalities

All data regarding child fatalities are submitted in the Child File. The decrease in child fatalities between FFY 2014 and FFY 2015 do not reflect changes in state policies, procedure, or legislation.

Perpetrators

Indiana launched an overhaul of its current intake system that will better align it to the system used for completing assessments and case management cases. This will allow for more accurate data entry of perpetrator data.

Services

Improvements in data collection allowed Indiana to report prevention data by child. Therefore, to not duplicate counts, Indiana does not provide prevention data on a family level.

Iowa

Contact	Shuxin Cui	**Phone**	515–281–4145
Title	Statistical Research Analyst	**Email**	scui@dhs.state.ia.us
Address	Division of Data Management Iowa Department of Human Services Hoover State Office Building 1305 East Walnut Des Moines, IA 50319		

General

Iowa implemented a differential response system in January 2014. The new system is the next step in the evolving process of improving our services to children and families. Prior to implementation, a referral was made to the Community Care program when the following criteria was met: the family was deemed "low-risk," services could be beneficial to the family, and the family agreed to services. Under the new system, a family assessment is completed in these same types of low-risk cases and a referral to Community Care is made, but a finding of abuse isn't made in the family assessment. Iowa's differential response system continues to keep safety first and foremost. If at any time during the course of a family assessment a child is determined to be unsafe, the family is reassigned to the child abuse assessment pathway, where a determination of abuse may be made.

Reports

In FFY 2015, the number of abuse and neglect reports decreased slightly which may indicate a leveling off at this time. Abuse and neglect reports are accepted for assessment based on whether they meet the requirements to be considered child abuse in the state.

Children

In FFY 2015, the number of children who were involved in an abuse assessment decreased from FFY 2014. This can most likely to attributed to more children receiving family assessments. The decrease in the number of children with unsubstantiated dispositions and the increase in children with alternative response dispositions can be attributed to Iowa's family assessments being in place for the entire reporting period. The NCANDS category of "other" maltreatment type includes the presence of illegal drugs in a child's body and the manufacture or possession of a dangerous substance.

Fatalities

The number of child fatalities increased slightly in 2015. Prior to FFY 2015, the only child fatalities reported to NCANDS were the ones that were the result of abuse. Starting in FFY 2015, child fatalities where abuse was a contributing factor were also reported. We work collaboratively with a multidisciplinary child death review team for all child deaths, not only those related to abuse and neglect. For reporting purposes, we rely on the data within our system.

Perpetrators

Starting with the 2014 NCANDS submission, Iowa is now capable of reporting information in the perpetrator fields in the Child File. To be considered a perpetrator in Iowa, an individual must have had caretaker responsibilities at the time of the alleged abuse, and the assessment must conclude that the individual was responsible for the abuse.

Services

Iowa's transition to a pay-for-results model of purchasing child welfare services continues to show promise in improving outcomes for children and families. Work to enhance the reporting capabilities of the system to account for these changes is ongoing. This process may cause anomalies in the services related data as the reporting systems are improved.

Kansas

Contact	Jill Loebel	**Phone**	785–368–8172
Title	Data, Continuous Performance Improvement & Systems Management Unit	**Email**	jill.loebel@dcf.ks.gov
Address	Division of Prevention and Protection Services Kansas Department for Children and Families 555 S. Kansas Ave Topeka, KS 66603		

Reports

Reasons for screening out allegations of child abuse and neglect include:

- Initial assessment of reported information does not meet the statutory definition: Report does not contain information that indicates abuse and neglect allegations according to Kansas law or agency policy.
- Report fails to provide the information necessary to locate child: Report doesn't provide an address, adequate identifying information to search for a family, a school where a child might be attending, or any other available means to locate a child.
- Report is known to be fictitious or malicious: Report received from a source with a demonstrated history of making reports that prove to be fictitious or malicious, and the current report contains no new or credible allegations of abuse or neglect
- The Department of Children and Families (DCF) does not have authority to proceed or has a conflict of interest if: Incidents occur on a Native American reservation or military installation; alleged perpetrator is a DCF employee; alleged incident took place in an institution operated by DCF or Kansas Department of Corrections – Juvenile Services (KDOC-JS); or alleged victim is age 18 or older.
- Incident has been or is being assessed by DCF or law enforcement: Previous report with the same allegations, same victims, and same perpetrators has been assessed or is currently being assessed by DCF or law enforcement.

The NCANDS category of "other" report source includes the state categories of self, private agencies, religious leaders, guardian, Job Corp, landlord, Indian tribe or court, other person, out-of-state agency, citizen review board member, collateral witness, public official, volunteer and Crippled Children's services.

Children

The NCANDS category of "other" maltreatment type includes the state category of lack of supervision.

Fatalities

Kansas uses data from the Family and Child Tracking System (FACTS) to report fatalities to NCANDS. Maltreatment findings recorded in FACTS on child fatalities are made from joint investigations with law enforcement. The investigation from law enforcement and any report from medical examiner's office would be used to determine if the child's fatality was caused by maltreatment. The Kansas Child Death Review Board reviews all child deaths in the state of Kansas. Child fatalities reported to NCANDS are child deaths as a result of maltreatment. Reviews completed by the state child death review are completed after all the investigations, medical examiner's results, and any other information related to the death is made available. The review by this board does not take place at the time of death or during the investigation of death. The state's vital statistics reports on aggregate data are not information specific to an individual child's death. Kansas is using all information

sources currently made available when child fatalities are reviewed by the state child death review board.

Perpetrators

The NCANDS category of "other" perpetrator relationship includes the state category of not related.

Services

Kansas does not capture information on court-appointed representatives. However, Kansas law requires every child to have a court-appointed attorney (GAL).

Kentucky

Contact	Tracy DeSimone	**Phone**	502–564–7635 x 3571
Title	Internal Policy Analyst III	**Email**	tracy.desimone@ky.gov
Address	Division of Protection and Permanency Cabinet for Health and Family Services, Department for Community Based Services 275 East Main Street, 3E–A Frankfort, KY 40621		

General

As of January 2014, Kentucky made several revisions to business practice and modifications to the Statewide Automated Child Welfare Information System (SACWIS) that have affected the 2015 NCANDS data submission. Kentucky implemented a new investigation and assessment approach and created a new tool to assist staff in completing more thorough assessments. With the implementation of the New Assessment and Documentation Tool (ADT), Kentucky now collects new data as well as the same data in a different manner. Medical neglect is now collected and reported separately from basic neglect, providing a more accurate portrayal of maltreatment throughout the state; race and age/date of birth reporting are now mandatory in the SACWIS. Program and IT staff have worked since the prior submission and will continue to work to make improvements regarding data extraction and reporting, as well as verifying that the data mapping is correct based on the modifications made to SACWIS.

Additionally, the state began using a new approach to the investigation response (IR) and the alternative response (AR). Before the change in the business process, the intake worker made the decision regarding IR/AR at intake. With the new approach, the assessment worker makes the IR/AR determination at the completion of the assessment. In other words, IR/AR is now a finding, rather than an assessment path. Kentucky's name for the IR is investigation and for AR is family in need of services.

The dispositions, or findings, based on these responses are substantiated/unsubstantiated for IR, and for AR, they are services needed/services not needed. Kentucky's business practice does allow for multiple maltreatment levels to be present in a single report. For example, one report could have a disposition/finding of unsubstantiated and services needed if it was determined that maltreatment did not occur, but the family needed services from the agency.

Reports

For the FFY 2015 submission, there was an increase of reports accepted compared to the FFY 2014 submission. Kentucky does not expunge unsubstantiated reports. Kentucky only expunges records following a court proceeding, usually initiated by the alleged perpetrator, where the court specifically orders the expungement of a record.

Children

For the FFY 2015 submission, there was an increase in child victims compared to the FFY 2014 submission. Kentucky maps the state relationship category of friends/neighbors to the NCANDS category of nonrelative in the SACWIS. This simplifies the process for field staff and ensures that the appropriate selections are choses regarding reporting sources.

Kentucky also now reports the maltreatment level between the individual victim and the individual perpetrator. In prior years, the same maltreatment level for one victim was reported for all victims in a case.

Fatalities

There was an increase in fatalities in FFY 2015 as compared to FFY 2014. The state uses the SACWIS to capture information on child fatalities related to maltreatment. For every fatality investigated as a possible death caused by maltreatment, the investigator obtains a copy of the official death certificate and autopsy conducted by the medical examiner. The investigator uses this information to make a determination of findings and establish a case disposition. A discussion of the contents of these documents is included in the assessment entered into SACWIS. These documents, as well as any additional documents such as those produced by law enforcement, are maintained in the case file. Child fatalities are all reported on the Child File. We include only the fatalities that are removed by EVVA in the Agency File.

The agency uses a child fatality/near fatality review process for every active case involving a subsequent referral and substantiation of maltreatment as a result of fatality or near fatality. The review process occurs in a meeting involving the central office child fatality liaison and the identified child fatality review team. The goal of the meeting is to assist with the assessment, make recommendations for the family, assess the agency's previous involvement with the family, identify regional and systemic areas for improvement, and determine if there are opportunities for staff training. In July 2013 the department enhanced the internal review process. This was done by asking the individual regions to use continuous quality improvement (CQI) strategies to track improvement in practice. The areas for improvement are identified during the internal review.

In June 2013, KRS 620.055 went into effect, establishing the Child Fatality and Near Fatality External Review Panel (the panel). The panel receives and reviews all referrals that met the department's criteria for a fatality or near fatality investigation. The cases that are reviewed are un-redacted per KRS 620.055; however, the panel is prohibited from releasing them publically. The panel provides a report of the summary of the findings of the reviews completed in December of each year.

Services

In FFY 2015, Kentucky used SSBG funds for protective services and did not contribute to prevention services for families or children. Petition data entry is not a mandatory field and is not consistently updated in the SACWIS. Therefore, it does not present a reliable picture of court activity within the agency. On many occasions, petitions are filed so that the court can order a family/juvenile to cooperate with needed services. Kentucky does not require that a juvenile receive foster care services based solely on the issuance of a judicial order.

Louisiana

Contact	Karen Faulk	**Phone**	225–342–8679
Title	Program Consultant	**Email**	karen.faulk@la.gov
Address	Department of Children and Family Services PO Box 3318 Baton Rouge, LA 70821		

General

As of August 2014, the state eliminated the Alternative Response Family Assessment (ARFA) program and revised its Child Protection Investigation Program (CPIP) into the Child Protection Assessment and Services Program (CPS). CPS uses the same safety and risk assessment instruments and documentation protocols for all screened-in reports. By implementing a unified assessment framework, it is no longer necessary to distinguish between alternative response and investigation cases at intake. The result is that for the federal fiscal year (FFY) 2015 NCANDS report, there are only a few ARFA cases reported.

Reports

In Louisiana, all referrals of child abuse and neglect are received at a toll free, centralized intake center that operates on a 24-hour basis. The centralized intake worker and supervisor review the information and use an intake Structured Decision Making tool to determine whether the case meets the legal criteria for intervention. Referrals are screened in if they meet the three primary criteria for case acceptance: a child victim younger than 18 years, an allegation of child abuse or neglect as defined by the Louisiana Children's Code, and the alleged perpetrator meets the legal definition of a caregiver of the alleged victim. The primary reason for screened-out referrals is that either the allegation or the alleged perpetrator does not meet the legal criteria. Some intake reports are neither screened-out nor accepted. These are additional information reports related to active investigations. Generally, if a second report is received within 30 days of receipt of an initial report that is still under investigation, the second report is classified as an additional information report.

The NCANDS disposition of substantiated investigation case is coded in the state as having a disposition of valid. When determining a final finding of valid child abuse or neglect, the worker and supervisor review the information gathered during the investigation and if the following answers are "yes," then the allegation is valid:

- An act or a physical or mental injury which seriously endangered a child's physical, mental or emotional health and safety; or
- A refusal or unreasonable failure to provide necessary food, clothing, shelter, care, treatment or counseling which substantially threatened or impaired a child's physical, mental, or emotional health and safety; or a newborn identified as affected by the illegal use of a controlled dangerous substance or withdrawal symptoms as a result of prenatal illegal drug exposure; and
- The direct or indirect cause of the alleged or other injury, harm or extreme risk of harm is a parent; a caregiver as defined in the Louisiana Children's Code; an adult occupant of the household in which the child victim normally resides; or, a person who maintains an interpersonal dating or engagement relationship with the parent or caregiver or legal custodian who does not reside with the parent or caregiver or legal custodian.

The NCANDS disposition of unsubstantiated investigation case is coded in the state as having a disposition of invalid. This disposition is defined as a case with no injury or harm, no extreme risk

of harm, insufficient evidence to meet validity standard, or a noncaregiver perpetrator. If there is insufficient evidence to meet the agencies standard of abuse or neglect by a parent, caregiver, adult household occupant, or person who is dating or engaged to a parent or caregiver, the allegation shall be found invalid. If there is evidence that any person other than the parent, caregiver, or adult household occupant has injured a child with no culpability by a parent, caregiver, adult household occupant, or a person dating/ engaged to one of the aforementioned, the case will be determined invalid.

It is expected that the worker and supervisor will determine a finding of invalid or valid whenever possible. For cases in which the investigation findings do not meet the standard for invalid or valid, additional contacts or investigative activities should be conducted to determine a finding. When a finding cannot be determined following such efforts, an inconclusive finding is considered. It is appropriate when there is some evidence to support a finding that abuse or neglect occurred but there is not enough credible evidence to meet the standard for a valid finding. The inconclusive finding is only appropriate for cases in which there are particular facts or dynamics that give the worker or supervisor a reason to suspect child abuse or neglect occurred. Staff is expected to use caution when using this finding as it not to be used as a "catchall" finding.

Children

The current method of extracting NCANDS data does not distinguish medical neglect from other types of neglect. However, the state is able to determine that there were 243 children with substantiated allegations of medical neglect in FFY 2015.

Fatalities

For FFY 2015, there was a total of 39 validated (substantiated) child abuse or neglect fatalities identified. The agency continues to work with the Louisiana Child Death Review Panel to develop a more comprehensive listing of all unexpected child deaths for the FFY 2016 NCANDS submission.

Perpetrators

The current method of extracting NCANDS data captures perpetrator involvement in family investigation cases but does not capture perpetrator relationship to child victims. Therefore, perpetrator relationship is reported as unknown for 99 percent of cases.

Services

The Child Welfare agency provides such postinvestigation services as foster care, adoption, in-home family services, protective daycare and family-in-need of services. Many services are provided through contracted providers and are not reportable in the Child File. To the extent possible, the number of families and children receiving services through Title IV-B funded activities are reported in the Agency File.

Maine

Contact	Lori Geiger	**Phone**	207–624–7911
Title	Information Systems Manager	**Email**	lori.geiger@maine.gov
Address	Office of Child and Family Services Maine Department of Health and Human Services 2 Anthony Avenue, 11 State House Station Augusta, ME 04333–0011		

General

Maine has two tracks for assigning reports of abuse and neglect. The state assigns some appropriate low severity reports to an alternative response program under contract with community agencies. There are alleged victims and alleged maltreatments in these reports, but the alternative response agency makes no findings of maltreatment. Alternative response assessments are not documented in the State Automated Child Welfare Information System (SACWIS), and they are not included in the NCANDS Child File. There were 2,092 reports assigned for alternative response assessment during federal fiscal year (FFY) 2015.

Reports

The overall number of reports received decreased slightly from FFY 2014 to FFY 2015. There was also a decrease in the total number of child protective assessments that were completed. All reports, including reports that are screened out, are documented in the SACWIS. The investigation start date is defined as the date and time (in hours and minutes) of the first face-to-face contact with an alleged victim. Policy requires this contact to occur within 72 hours of the approval of a report as appropriate for child protective services.

Reports that do not meet the statutory definition of child abuse and/or neglect and the criteria used to determine if it is appropriate to accept the report for assessment are screened out at the intake level. Abuse or neglect means a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements under Title 20–A, section 3272, subsection 2, paragraph B or section 5051–A, subsection 1, paragraph C, by a person responsible for the child.

Children

The total number of victims associated with completed assessments decreased slightly from FFY 2014 to FFY 2015. The state documents all household members and other individuals involved in a report. Some children in the household do not have specific allegations associated with them, and so are not designated as alleged victims. These children are not included in the NCANDS Child File.

For the NCANDS Child File category of victims in a substantiated report, Maine combines children with the state dispositions of indicated and substantiated. The term indicated is used when maltreatment found is low to moderate severity. The term substantiated is used when the maltreatment found is high severity.

Fatalities

The state does not currently include fatality as a finding in our SACWIS. Fatalities are tracked and recorded in a separate database which does not interface with our SACWIS. Suspicious child deaths including child abuse and neglect deaths are reviewed by a multidisciplinary child death and serious

injury review board. This review board and Maine OCFS staff are actively working together to improve the process and use of this separate database. The Maine Medical Examiner's Office also compiles data on child fatalities due to abuse and neglect, but their format does not show if the death is from maltreatment.

Perpetrators

Relationships of perpetrators to victims are designated in the SACWIS. Perpetrators receive notice of their rights to appeal any maltreatment findings made against them. Low-to moderate-severity findings (indicated) that are appealed result in a desk review only. High-severity findings (substantiated) that are appealed can result in an administrative hearing with due process.

Services

Only services that are paid for by a MaineCare service authorization approval are included in the Child File. Our SACWIS currently does not have the ability to identify services provided to families when those services are paid for by another funding source or are free. Of the services included in the NCANDS Child File, we currently do not have the capability to identify if a service is preventative or not.

Maryland

Contact	David Ayer	**Phone**	410–767–8946
Title	Deputy Executive Director of Operations	**Email**	david.ayer@maryland.gov
Address	Social Services Administration Maryland Department of Human Resources 311 West Saratoga Street, 5th Floor Baltimore, MD 21201		

General

Maryland continues to improve its NCANDS submission: in addition to federal fiscal year (FFY) 2012 and FFY 2013 updates in the Child File, additional improvements were made in FFY 2015 to adjust the designation of children receiving alternative response services. An Agency File update was made in 2015 to improve the accuracy of the child victims whose families received family preservation or were reunified in the previous 5 years.

Maryland completed the phased-in implementation of its alternative response program in July 2014. The state experienced success with its initial implementation of alternative response and will continue ongoing training, monitoring, and review of feedback from local departments of social services.

Reports

Major updates in the documentation of child protective services (CPS) screenings were implemented in FFY 2010 and have improved the consistency of the state's screening and decision-making processes. This practice was adjusted again in FFY 2013 as part of the implementation of alternative response in Maryland. The rules and procedures for screening in a report remain the same; however, the CPS supervisor considers specific factors concerning the report in making the assignment to alternative response or investigative response. Maryland's current CPS response follows the same rules for both alternative and investigative responses:

- Alleged perpetrators and alleged victims are noted in the record
- Alleged child victims must be seen within 24 hours when abuse is alleged, and within 5 days when neglect is alleged
- Child safety and risk of maltreatment must be assessed
- The CPS response must be completed within 60 days
- Additional services may be offered including in-home or out-of-home services.

Alternative responses target low-risk reports of child neglect and abuse, and although the alleged victims and alleged perpetrators are noted in the record, the case does not establish findings concerning maltreatment. Instead, alternative response allows local departments of social services to help Maryland families access services that will address their concerns. Investigative responses target moderate- to high-risk reports of child neglect and abuse that result in a finding concerning maltreatment. This is Maryland's traditional CPS investigation. It should be noted that families screened in for CPS who are eligible, but refuse to participate in alternative response are shifted into investigative response.

Once assigned to alternative response or investigative response, the CPS caseworker begins to meet the family and children. If circumstances on the ground are found to be quite different than reported, the CPS caseworker, with supervisor approval, may reassign the CPS case from alternative response to investigative response, or vice versa.

Children

The *Child Maltreatment 2014* report inadvertently contained a sizable increase in child victims for Maryland. This increase was caused by the miscoding of children receiving alternative response as victims, using the alternative response victim disposition. Upon review of Maryland's alternative response and in consultation with the Children's Bureau, all children receiving alternative response services should be counted in Maryland as nonvictims, because Maryland law states that child victims are designated as receiving a finding. Only investigative response, not alternative response, leads to a finding in Maryland. In addition, alternative response victims are reported by other states to indicate those whom the "CPS agency or the courts required the family to receive services," which is not the case in Maryland. Maryland resubmitted 2014 data to change the disposition from alternative response victim to alternative response nonvictim. Going forward, all children who receive an alternative response will be coded as nonvictims.

The count and rate of child victims also decreased due to the full implementation of the alternative response pathway in 2014. FFY 2015 is the first full year of reporting alternative response. The NCANDS category of neglect includes medical neglect as state statute and policy do not define them separately.

Fatalities

Child fatalities in which child maltreatment is a factor are usually reported by the local departments of social services. The Department of Human Resources and local departments also get information about these fatalities from local interagency fatality review teams, the Department of Health and Mental Hygiene's Child Fatality Review Team, and the Office of the Chief Medical Examiner.

Perpetrators

Maryland's NCANDS submission does not have perpetrator relationship data for nearly 95 percent of its victims, and updates to the Statewide Automated Child Welfare Information System (SACWIS) are planned to address this issue. The changes should reduce instances of missing relationships and overuse of the NCANDS category of "other" perpetrator relationship.

Services

Maryland uses family involvement meetings to positively impact the safety, permanency, and well-being of children receiving child welfare services. These meetings are part of the state's family-centered practice, and are held at various trigger points such as:

- removal/considered removal from the home
- placement change
- recommendation for permanency plan change
- youth transition plan
- voluntary placement

Assistance provided by the NCANDS Technical Team has also allowed Maryland to improve reporting of various services including family support and family preservation services in FFY 2015. Between FFYs 2008 and 2015, the population of children in foster care has decreased more than 50 percent. Maryland has obtained an IV-E Waiver Demonstration Grand and plans to reduce first time and re-entry into foster care by establishing several evidence-based practices among eight local jurisdictions. These practices, which will be implemented in CY 2016, include:

Maryland *(continued)*

- SafeCare and Solution-Based Casework (social services models)
- Incredible Years and Nurturing (parenting models)
- Family Functional Therapy, Parent-Child Interaction Therapy
- Cognitive Behavior Therapy (child mental health/behavioral health models)
- Housing and substance abuse treatment geared for families receiving child welfare services

Massachusetts

Contact	Rosalind Walter	**Phone**	617–748–2219
Title	Data Manager	**Email**	ros.walter@state.ma.us
Address	EHS Information Technology Massachusetts Department of Children and Families 24 Farnsworth Street Boston, MA 02210		

General

In August 2009, the Massachusetts Department of Children and Families (DCF) implemented a differential response process for handling reports of child maltreatment in its Statewide Child Welfare Information System (FamilyNet). The differential response allows for the screening in of reports for a child protective services (CPS) investigation or for an initial assessment response (AR). Not all reports of abuse or neglect require the same type of intervention. An initial AR allows DCF to engage families more quickly when the reported concern does not warrant a formal investigation of an allegation. The initial AR cannot be used for reports alleging sexual abuse, serious physical abuse, or serious neglect.

Reports

Following several tragic, publicized child welfare cases in 2013, the number of child abuse and neglect reports rose while the percentage and count screened-out decreased, resulting in an increase in the overall number of responses. In response to these events, the Commissioner issued a directive to screen reportable conditions for an investigation response if there was a child in the home younger than 6 and where specific clinical indicators were present (i.e., parental substance abuse, mental health issues, domestic violence, prior report history, parent/caregiver history with the child welfare system as a child, presence of an unrelated adult in household without a biological or emotional connection to the child(ren), and/or prenatal substance exposure). This resulted in a decrease in the reports screened-in for AR. A decision to screen out a report is based on a determination that:

- There is no reasonable cause to believe a child(ren) has been or may have been abused or neglected.
- The alleged perpetrator has been identified and was not a caregiver and the child's caregiver is safely protecting the child from the alleged perpetrator.
- The specific injury or incident being reported is outdated; that is, a determination is made that the information included in the report has no bearing on the current risk to the child(ren).
- The specific injury or incident currently being reported has already been referred for CPS investigation or assessment response.
- The reporter is not credible; that is, there is a history of unreliability from the same reporter or the report includes sufficient contradictory information from collateral contacts to make the report implausible.

Reports alleging a fatality, sexual abuse, serious physical abuse, or serious neglect are screened in for an investigation response. The decision to screen a report for an initial AR should be based on information related to the current allegation(s) as well as a review of the family's prior involvement with DCF. Allegations involving physical abuse of a child may be screened in for initial AR only if the allegation does not meet the criteria for an investigation response. An initial AR is considered when there is reasonable cause to believe that the child(ren) are affected by neglect of a caregiver, but there is no immediate danger to life, health, or physical safety.

If the information obtained during screening indicates that the allegations do not require an investigation response, and further, that the child(ren) and family will benefit from an assessment of the need for DCF services, the case is assigned for an initial AR. Examples of allegations that may be referred for an initial AR include:

- neglect that does not pose an imminent danger or risk to the health and safety of a child
- educational neglect
- medical neglect (except in emergency situations)
- physical abuse that involved the discipline of a child and did not result in serious injury
- a single act of neglect by the caregiver that resulted in a minor injury to the child (e.g., failure to have monitored child's access to dangerous household appliance)

Emergency investigations must be initiated within 2 hours and completed within 5 business days. Nonemergency investigations and AR must be initiated within 2 business days and completed within 15 business days. Data for the report source has improved since the type of mandated reporter became a required field in February 2012.

The number of screening and initial assessment/investigation workers listed is the estimated full-time equivalents (FTE) based on the number of screenings and initial assessments/investigations completed during the federal fiscal year (FFY), divided by the monthly workload standard for the activity, divided by 12. Note that the workload standards changed during FFY 2015. The standards were 75 screenings per month and 12 initial assessments/investigations per month for October through December 2014. The standards changed to 55 screenings per month and 10 initial assessments/investigations per month in January 2015. The number includes both state staff and staff working for the Judge Baker Guidance Center, Massachusetts' Hotline contractor. The hotline handles child protective service functions during night and weekend hours when state offices are closed. The number of workers completing assessments was not reported because assessments are case-management activities rather than screening, intake, and investigation activities. Many DCF social workers perform screening, and investigation/initial assessment functions in addition to ongoing casework.

The investigation or initial AR start date is defined as the date the intake is screened-in for response and has not been reported. Massachusetts plans to start reporting response start dates in FFY 2017.

Children

The disposition of an initial AR was reported as victim. The NCANDS category of neglect includes medical neglect. Massachusetts does not have a separate allegation type for medical neglect. Living arrangement data are not collected during investigations or initial assessments with enough specificity to report except for children who are in placement. Data on child health and behavior are collected, but it is not mandatory to enter the data during an investigation or initial AR. Data on caregiver health and behavior conditions are not usually collected.

Fatalities

Massachusetts reports child fatalities attributed to maltreatment only after information is received from the Registry of Vital Records and Statistics (RVRS). RVRS records for cases where child maltreatment is a suspected factor are not available until the medical examiner's office determines that child abuse or neglect was a contributing factor in a child's death or certifies that it is unable to determine the manner of death. Information used to determine if the fatality was due to abuse or

neglect also include data compiled by DCF's Case Investigation Unit and reports of alleged child abuse and neglect filed by the state and regional child fatality review teams convened pursuant to Massachusetts law and law enforcement. As these data are not available until after the NCANDS Child File must be transmitted, the state reports a count of child fatalities due to maltreatment in the NCANDS Agency File. Massachusetts only reports fatalities due to abuse or neglect if an allegation related to the child's death is supported.

Services

Data are collected only for those services provided by DCF. DCF may be granted custody of a child who is never removed from home and placed in substitute care. In most cases when DCF is granted custody of a child, the child has an appointed representative. Representative data are not always recorded in FamilyNet.

Michigan

Contact	Cynthia Eberhard	**Phone**	517–896–6213
Title	Child Welfare Data Manager	**Email**	eberhardc@michigan.gov
Address	Michigan Department of Health and Human Services One Michigan Avenue Building 120 N. Washington Square, 3rd Floor Lansing, MI 48933		

General

The Michigan Department of Health and Human Services (MDHHS) is committed to improving our state's performance in outcomes related to child safety by strategically addressing applicable program areas, identifying systemic factors with a focus on improving data collection and reporting. Michigan has focused on improved reporting, and it is anticipated that our reporting will be improved each year. Michigan does not have a differential response or alternative response program.

For federal fiscal year (FFY) 2014, the state's data files included some conversion data from the services worker support information system (SWSS) and some data from the Michigan Statewide Automated Child Welfare Information System (MiSACWIS), which was implemented in April 2014. The data files submitted for FFY 2015 are the first to reflect a full year of implementation of the MiSACWIS.

Children

For FFY 2015, MiSACWIS allows for reporting on individual children. The state's MiSACWIS does not have specific child risk assessment factors but does have child characteristics, which were mapped to the child risk assessment factors for FFY 2015.

Fatalities

Michigan receives reports on child fatalities from a number of sources including law enforcement agencies, medical examiners/coroners, and child death review teams. Fatality reports are not inserted into the states' NCANDS submission unless a link between the child fatality and maltreatment is established; which can, on occasion, occur after the completion of a child protective services (CPS) investigation. It is not uncommon for additional evidence to be obtained after the CPS investigation has been closed. In those situations, the MDHHS would take steps to accurately reflect the subsequent findings of the child death and ensure that it is documented using the most up to date evidence/details.

The MDHHS vital records office provides child fatalities information to the Children's Services Agency. The determination of whether maltreatment occurred is dependent upon completion of a CPS investigation, with confirmed abuse or neglect. The data on child fatalities is used by local review teams to provide recommendations to raise awareness and encourage initiatives to decrease child fatalities.

For FFY 2015, Michigan was unable to accurately report all child fatalities in the Child File. The State reported additional fatalities in the Agency File. Michigan has made system improvements which will be reflected in future reporting.

Michigan *(continued)*

Services

Michigan does not currently have the capability to accurately report on prevention services in the Agency File. Michigan does not refer children to the programs under the Individuals with Disabilities Education Act, and therefore does not provide Agency File data on these items.

Minnesota

Contact	Jean Swanson-Broberg	**Phone**	651–431–4746
Title	Systems Analysis Unit Supervisor	**Email**	jean.swanson-broberg@state.mn.us
Address	Program Management Division MN.IT Services Minnesota Department of Human Services PO Box 64239 St Paul, MN 55164–0239		

General

In federal fiscal year (FFY) 2005, family assessment was legislated and implemented statewide as the preferred response for all reports not involving substantial child endangerment. Currently, the two response paths are referred to as family assessment response and family investigative response. The 2015 Legislature removed the statutory preference for family assessment. Reports alleging substantial child endangerment (as defined by Minnesota statute) require a family investigation response. Child protection workers must document the reason(s) for providing a family investigation response, and may include: statutorily required due to allegations of substantial child endangerment, or discretionary use for reasons such as the frequency, similarity or recentness of reports about the same family. Reports accepted for the family assessment response represent approximately 70 percent of alleged maltreatment reports in Minnesota.

In September, 2014, Governor Dayton issued an executive order creating a task force to review the child protection system and recommend improvements to place the protection of children as a top priority in Minnesota. Creation of the task force was prompted by the case of a Minnesota child who died after several reports were made to child protection. The Governor's Task Force on Protection of Children submitted final recommendations to the Governor and Minnesota Legislature about possible changes to Minnesota's child protection response continuum on March 31, 2015. Several recommendations resulted in legislation changes during the 2015 legislative session. To date, the only systems change has been to extend the length of time that screened-out reports are retained (extended from 1 year to 5 years). The increase in number of reports of maltreatment for FFY 2015 may be due, in part, to the increased attention that the public gave to child maltreatment issues during this past year.

Acceptance into either response path means that a report has been screened in as meeting Minnesota's statutory definition of alleged child maltreatment, so allegations accepted for either response are reported through NCANDS.

Family assessment response deals with the family system in a strengths-based approach and does not substantiate or make determinations of whether maltreatment occurred; however, a determination is made as to whether child protective services (CPS) are needed to reduce the risk of any future maltreatment of the children.

Data on CPS staff represent the full-time equivalency number of staff as reported by the local agencies (counties, combined agencies, and two tribal agencies). In Minnesota, CPS staff are employees of the local agencies rather than the state. Increased staffing levels are likely due, in part, to additional funding made available to local agencies late in FFY 2015.

Reports

During FFY 2015, the number of reports rose, after being relatively stable for several years. This is likely in part a result of heightened scrutiny of child protective services this past year.

Both responses (investigative and family assessment) apply to screened-in reports of alleged child maltreatment in Minnesota. A separate program, Parent Support Outreach Program (PSOP), offers early intervention supports and services to families when reports alleging child maltreatment are screened out. The number of children served under this program is reported under preventive services in the Agency File, and is noted below in the services section of this commentary.

Approximately 80 percent of screened out referrals are because the stated concerns do not meet the definitions of child abuse or neglect under Minnesota law. Other reasons to screen out a referral include: children not in the county's jurisdiction, allegations have already been assessed or investigated, not enough identifying information was provided, or the incident did not occur within the family unit or a licensed facility. There is little variation in the proportion screened out for each of the reasons across years.

Reports alleging substantial child endangerment must be responded to within 24 hours. Other reports must be responded to within 5 days or 120 hours under Minnesota statutes. Large changes in the average response time are due to a small number of extremely tardy investigation start times (time to first contact with alleged victims). There are several reasons for delayed investigation start times, including coordination with other agencies, such as law enforcement, and inability to locate families.

Reports with either a determination of maltreatment (substantiation) or a determination of need for child protective services are retained for 10 years. Reports with neither determination (including all family assessment response reports) are kept for 5 years. Screened out child maltreatment reports are also now kept for 5 years. Timelines for record retention and destruction are set in Minnesota statutes.

The NCANDS category of "other" report sources include the state categories of clergy, Department of Human Services (DHS) birth match, other mandated, and other nonmandated.

Children

The NCANDS category of "other" living arrangement includes, the designation of independent living and "other."

Fatalities

Minnesota's Child Mortality Review Panel is a multidisciplinary team including representatives from state, local, and private agencies. Disciplines represented include social work, law enforcement, medical, legal, and university-level educators. The primary source of information on child deaths resulting from child maltreatment is the local agency child protective services staff; however, some reports originate with law enforcement or coroners/medical examiners. Local agencies also submit results of the required local child mortality review to the Minnesota DHS Child Mortality Review Coordinator. The Minnesota DHS Child Mortality Review Coordinator also regularly reviews death certificates filed with the Minnesota Department of Health (MDH) to ensure that all child deaths are reviewed. The Child Mortality Review Coordinator directs the local agency to enter child deaths resulting from child maltreatment, but not previously recorded by child protective services, into Minnesota's SACWIS, in order that complete data are available.

Occasionally, a child who was a resident of Minnesota is killed in a child abuse incident out of state. When the Child Mortality Review Coordinator becomes aware of such a situation, information such as a police report is requested from law enforcement in the other state. The local agency in the Minnesota county of residence is asked to record the data in Minnesota's child welfare information system. The fatality data in this instance is delayed from the time of death, but eventually appears in Minnesota's NCANDS mortality counts.

Perpetrators

The NCANDS category of "other" perpetrator relationships includes "other nonrelative."

Services

Primary prevention services are often provided without reference to individually identified recipients or their precise ages, so reporting by age is not possible. Clients with "age unknown," are not included as specifically children or adults.

Data reported in preventive services funded by Community-Based Child Abuse Prevention (CBCAP) and Promoting Safe and Stable Families (Title IV-B) represents the unduplicated number of children who received Parent Support Outreach Program supports and services. Services in this program are provided to children and families who were reported as having an allegation of child maltreatment, but the reported allegation was screened out and did not receive a child protective response. Community agency referrals and self-referrals are also eligible for the Parent Support Outreach Program. This program is completely voluntary.

Services offered by local agencies vary greatly in availability between rural and metropolitan areas of the state. Although all agencies use a statewide service listing, resource development without a large customer base can be difficult. Cost effectiveness is an issue for vendors who must serve large geographic areas that are sparsely populated.

The average number of out-of-court contacts between the court-appointed representatives and the child victims they represent is not available as the court-appointed representatives report to the courts rather than to the local social services agencies. There was an increase in the number of children referred to a community early intervention agency largely because there was an increase in the number of reports and the number of determined (substantiated) reports received during FFY 2015.

Mississippi

Contact	Shirley Johnson	**Phone**	601–359–4679 (Office)
Title	Continuous Quality Improvement/Data Reporting Unit (CQI/DRU)	**Email**	shirley.johnson@mdhs.ms.gov
Address	Division of Family and Children's Services Mississippi Department of Human Services 750 North State Street Jackson, MS 39202		

General

The state uses a system of assigning screening levels, which is a form of alternative response. Level I includes reports that may not be appropriate for Division of Family and Children's Services(DFCS) investigation but may require referrals for information or services. Level II requires a response from a DFCS worker within 72 hours. Level III requires a response from a DFCS worker within 24 hours. Felonies and reports of children in custody are assigned a Level III response.

Reports

Mississippi Department of Human Services (MDHS) entered into a contract with Social Work p.r.n. to provide service for the MDHS Mississippi Centralized Intake (MCI), 24-Hour Hotline (1–800–222–8000) and Disaster Preparedness Plan in November 2009. The service consists of receiving, entering, and screening to the appropriate county all incoming reports of maltreatment of children and vulnerable adults. The service operates 24-hours a day, 7-days a week. Intake types are as follows:

- abuse, neglect and exploitation (ANE)
- information and referral (I&R)
- case management
- children in need of supervision (CHINS)/unaccompanied refugee minors/voluntary placement/ prevention services
- resource inquires

The number of investigations has increased due to consistency in the screening process and availability of MCI. MCI documents every report alleging neglect and abuse on the front end and provides the information to the counties for the appropriate response.

As part of the Olivia Y. Settlement Agreement terms, a data report was developed to track the time elapsed between the date an intake was received by MCI and when the case was both assigned to a worker and when that worker initiated the investigation. In July of 2012, the federal judge signed the Modified Settlement Agreement. The data report was modified to only show the date the intake was received and the date the investigation was initiated. This change went into effect June, 2013.

When DFCS receives a report that a child has been abused by a person responsible for the care and/or support of the child, a determination must be made that the abuse was not committed or contributed to by a parent, legal guardian, primary caretaker, or relative.

Reports which may be screened out as Level I at intake:

- Dirty houses or dirty children and no indication of life or health endangering situation. If school/ daycare officials report dirty children, they should be requested to talk to parents first. If their attempts to meet with parents or to correct the situation fail, then accept report.

- Children inappropriately dressed and no indication of neglect of a life or health endangering situation.
- Allegations that speak more to the parent's behaviors rather than the child's condition; (e.g., parent drinks beer or takes drugs; mother has boyfriend) and there is no indication of neglect or of a life or health endangering situation. However, all reports of mother/child testing positive for drugs will be screened in as an exception.
- Reports of crowded conditions or too many people living in a home and no indication of neglect or life or health endangering situation.
- Allegations that parent is not spending Temporary Assistance for Needy Families (TANF), Food Stamps, Child Support or other income on children, and there is no indication of neglect of basic necessities, or of a life or health endangering situation. Reporters should be referred to local Economic Assistance office.
- Reports which suggest a need to be addressed by another agency and there is no indication of a life or health endangering situation. (i.e., lack of school attendance, presence of lice, delinquency, lead/asbestos poisoning). These reports should be referred to the appropriate agency for handling (i.e., school attendance officer, health department).
- Reports on teen pregnancy where there is no suspicion of abuse/neglect.
- Sufficient information is not provided to enable the Department to locate the family, and this information cannot be secured through other sources after all reasonable efforts have been made.
- Reports of incidents that occurred when a person now eighteen (18) or over was a child. When adults report that abuse/neglect was perpetrated on them as children, they must have some other information or reason to believe that children presently cared for by perpetrator are being abused/neglected.
- Reports on an unborn child and there are no other children at-risk.
- Reports of sexual relations involving victims age 16 and over that meet all of the criteria below. If any one criterion does not apply, the report should be considered for investigation:
  - Alleged victim was age 16 or over at the time incident occurred, and
  - Alleged victim is a normally functioning child, and
  - Alleged victim, age 16 or over, willfully consented, and
  - Alleged perpetrator is not a parent, guardian, relative, custodian or person responsible for the child's care or support and resides in the child's home, or an employee of a residential child care facility licensed by MDHS, and or a person in a position of trust or authority.
  - No parental or caretaker neglect is suspected.

*NOTE: Investigations involving children in custody as a victim cannot be screened out for any reason.

If a report is considered outside the jurisdiction of the DFCS, the report shall be documented and be referred to law enforcement of proper jurisdiction for investigation. Other services of the Department may be provided. Reports of rape, sexual molestation, or exploitation of any age child that meet all of the following criteria:

- (A) Alleged perpetrator is not a caretaker, friend of caretaker, relative, other person living in the home, or employee of a child care facility where the child attends or lives.
- (B) No parental or caretaker neglect is suspected.
- (C) Law Enforcement has been informed of the report.

If either (a) or (b) does not apply, the report should be considered for investigation.

If law enforcement has not been contacted, County DFCS will immediately make the report to them. Other services of County DFCS will be offered to law enforcement (i.e., interviewing children) and the family (i.e., mental health referrals, counseling) as needed.

- Reports of children who have not had their immunizations. Reporter should be referred to the County Health Department by County DFCS to contact a public health social worker or to the school attendance officer as appropriate.
- Threats or attempts of suicide by children if there is no suspicion of parental/caretaker abuse or neglect. If the nature of the report suggests that the child is in immediate danger of self-harm, a referral should be made immediately to Mental Health and/or Law Enforcement. If reporter is a professional, they should be requested to refer the family to counseling. If family does not follow through, then case can be referred to DFCS for neglect. If reporter is a nonprofessional, the DFCS should determine if family is seeking counseling. If not, DFCS should investigate for neglect. If reporter feels suspicion exists just because suicide attempt was made, DFCS will investigate.
- Physical injury committed by one child on another that meet all of the following criteria:
  - Child is not in a caretaking role over the other child.
  - No parental or caretaker neglect is suspected.
  - Child victim and perpetrator are not in a residential child caring facility or a home licensed or approved by DFCS.

Mississippi added the report disposition of "closed, no finding" to the system, as of June 13, 2015.

Children

There has been an increase in public advertising of reporting methods, supported by the Community Based Child Abuse Prevention (CBCAP) and the Children's Trust Fund.

Fatalities

The number of fatalities reported for FFY 2015 is higher than the previous years. In FFY 2014, the agency developed a special investigation unit (SIU) that is responsible for investigating all reports of child fatalities that meet criteria for agency investigation. Previously, the investigations were conducted by regular workers in the field. The development of the SIU has standardized screening and decision-making processes in fatality investigations. In addition, the investigators that make up the unit are required to have an advanced level of licensure and experience. Having the dedicated, specialized investigators has contributed to the increase in the number of fatalities reported with substantiated findings of abuse or neglect.

Other sources that compile and report child fatalities due to abuse and neglect are serious incident reports (SIRs) and the child death review panel (CDRP) facilitated by the Mississippi Department of Health. In addition, the agency has collaborated with other agencies to continue public awareness campaigns aimed at death from heat stroke from leaving children in hot cars, and death from unsafe sleeping conditions. Although currently anecdotal, the agency has seen an increase in the number of reports from law enforcement and medical personnel when a fatality occurs and it is believed to have been caused, or contributed to by either of these events. Child fatalities previously labeled by law enforcement or medical professionals as "accidental" are now more frequently being reported as abuse or neglect; contributing to the agency's higher reported numbers.

Perpetrators

For a child to be considered a perpetrator:

- The child must be in a caretaker role.
- The MCI staff must assess the possibility of parental neglect having contributed to one child harming another.

Services

In previous years, children who received preventive services for Promoting Safe and Stable Families Program (PSSF) during the year were used by the Families First Resources Centers with some of these funds. Currently, Economic Assistance (EA) has the responsibility of Families First Resource Centers. PSSF funds the Family Preservation/Family Reunification/Family Support Services provided currently through a subgrantee.

The NCANDS category of "other" funding source for children who received preventive services from the state during the year is TANF.

Many substantiated investigations result in services being provided such as family preservation, protection, prevention or placement. However, a case is not opened on all substantiated investigations.

Missouri

Contact	Carla Gilzow	**Phone**	573–751–1354
Title	Quality Assurance Unit Manager	**Email**	carla.r.gilzow@dss.mo.gov
Address	Children's Division Missouri Department of Social Services PO Box 88 Jefferson City, MO 65103–0088		

General

Missouri operates under a differential response program where each referral of child abuse and neglect is screened by the centralized hotline system and assigned to either investigation or family assessment. Both types of responses are reported to NCANDS.

In federal fiscal year (FFY) 2015, Missouri began implementation of the Signs of Safety Child Protection Practice Model. Signs of Safety, developed in Western Australia, centers around three core principles: working relationships, thinking critically and fostering inquiry, and landing grand aspirations in everyday practice. By implementing the Signs of Safety practice model, Missouri strives to increase family engagement by building partnerships with families which will lead to successful interventions for families and improved outcomes for the division.

Investigations are conducted when the acts of the alleged perpetrator, if confirmed, are criminal violations; or where the action or inaction of the alleged perpetrator may not be criminal, but if continued, would lead to the removal of the child or the alleged perpetrator from the home. Investigations include but are not limited to child fatalities, serious physical, medical, or emotional abuse, serious neglect where criminal investigations are warranted, and sexual abuse. Law enforcement is notified of reports classified as investigations to allow for co-investigation.

Family assessment responses (alternative responses) are screened-in reports of suspected maltreatment. Family assessment reports include mild, moderate, or first-time noncriminal reports of physical abuse or neglect, mild or moderate reports of emotional maltreatment, and educational neglect reports. These include reports where a law enforcement co-investigation does not appear necessary to ensure the safety of the child. When a referral is classified as a family assessment, it is assigned to staff who conducts a thorough family assessment. The main purpose of a family assessment is to determine the child's safety and the family's needs for services. Taking a non-punitive assessment approach has created an environment which assists the family and the children's service worker in developing a rapport with the family and building on existing family strengths to create a mutually agreed-upon plan. Law enforcement is generally not involved in family assessments unless a specific need exists.

Missouri legislature passed Senate Bill 341, which went into effect on August 28, 2015. This bill requires the Children's Division to use a family assessment and services approach when referrals are received containing concerns of children with problem sexual behaviors. Senate Bill 341 defined a child with problem sexual behavior as 'any person, less than fourteen years of age, who has allegedly committed sexual abuse against another child'. These referrals are to be screened in by the Child Abuse and Neglect Hotline Unit when any child under the age of fourteen (14) is alleged to have committed an act of sexual abuse against any person under the age of eighteen (18). Historically, these reports have been classified as non-caretaker referrals which the Division referred to the juvenile office and/or law enforcement for investigation of potential delinquent acts. The intent of Senate Bill

341 is to provide an avenue for intervention and treatment for these children. In addition to addressing the needs of the victim(s), the Division completes a holistic assessment of the child with problem sexual behaviors and their family. The purpose of the assessment is to help determine if the incident involved problematic behavior and to address any safety and service needs.

Reports

The state records the date of the first actual face-to-face contact with an alleged victim as the start date of the investigation. Therefore, the response time indicated is based on the time from the login of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy enables multidisciplinary team members, in addition to child protective services (CPS) staff, to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. CPS staff will contact the multidisciplinary person to help with assuring safety. Once safety is assured, the multidisciplinary person will contact the assigned worker. The worker is then required to follow-up with the family and see all household children within 72 hours. Data was not provided for FFY 2015 because it includes contacts made by multidisciplinary team members and agency staff. Children's Division will resubmit this data point once coding changes are made to only report contact time by CPS staff.

Missouri uses structured decision-making protocols to classify hotline calls and to determine whether a call should be screened out or assigned. If a call is screened out, all concerns are documented by the division and the caller is provided with referral contact information when available.

Children

The state counts a child as a victim of abuse or neglect based on a preponderance of evidence standard or court-adjudicated determination. Children who received an alternative response are not considered to be victims of abuse or neglect as defined by state statute. Therefore, the rate of prior victimization, for example, is not comparable to states that define victimization in a different manner, and may result in a lower rate of victimization than such states. For example, the state measures its rate of prior victimization by calculating the total number of FFY 2015 substantiated records, and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records.

The state does not retain the maltreatment type for alternate response reports as they are classified as alternative response nonvictims. Additionally, the state does not retain the maltreatment type for children in unsubstantiated reports. For children in these reports, the maltreatment type was coded to the NCANDS category of "other" maltreatment type, and the maltreatment disposition was assigned the value of the report disposition.

Fatalities

Missouri statute requires medical examiners or coroners to report all child deaths to the Children's Division Central Hotline Unit. Deaths due to alleged abuse or those which are suspicious are accepted for investigation, and deaths which are nonsuspicious, accidental, natural, or congenital are screened out as referrals. Missouri does determine substantiated findings when a death is due to neglect as defined in statute unlike many other states. Therefore, Missouri is able to thoroughly track and report fatalities as compared to states without similar statutes. Through Missouri statute, legislation created

the Missouri State Technical Assistance Team (STAT) to review and assist law enforcement and the Children's Division's with severe abuse of children.

While there is not currently an interface between the state's electronic case management system and the Bureau of Vital Records statistical database, the STAT has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT also has the capacity to make additional reports of deaths to the hotline to ensure all deaths are captured in Missouri's electronic case management system (FACES). The standard of proof for determining if child abuse and neglect was a contributing factor in the child's death is based on the preponderance of evidence.

Because Missouri's hotline (CPS) agency is the central recipient for fatality reporting and because of the state statute requiring coroners and medical examiners to report all fatalities, Missouri could appear to have a higher number of fatalities, when compared to other states where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and thus, have more difficulty with fully reporting fatalities.

Perpetrators

The state retains individual findings for perpetrators associated with individual children. For NCANDS, the value of the report disposition is equal to the most severe determination of any perpetrator associated with the report.

Services

Children younger than 3 years are required to be referred to the First Steps program if the child has been determined abused or neglected by a preponderance of evidence in a child abuse and neglect investigation. Referrals are made electronically on the First Steps website or by submitting a paper referral via mail, fax, or email. First Steps reviews the paper or electronic referral and notifies the primary contact to initiate the intake and evaluation process.

Postresponse services are reported for a client who had intensive in-home services or alternative care opening between the report date and 90 days post-disposition date or an active family-centered services case at the time of the report. Data for child contacts with court-appointed special advocates (CASA) were provided by Missouri CASA. Data regarding guardians ad litem were not available for FFY 2015. The Children's Trust Fund provided supplemental data regarding preventive services.

Montana

Contact	Erica Johnston	**Phone**	406–841–2457
Title	Operations & Fiscal Bureau Chief	**Email**	erica.johnston@mt.gov
Address	Child and Family Services Montana Department of Public Health and Human Services 301 S. Park Avenue, 5th Floor PO Box 8005 Helena, MT 59604		

General

Beginning in federal fiscal year (FFY) 2011, Montana began implementation of a family centered practice model under the state Program Improvement Plan. Montana does not have a differential response track for investigations.

Reports

The Child and Family Services Division's Centralized Intake Bureau screens each referral of child abuse or neglect to determine if it requires investigation, assistance, or referral to another entity. Referrals requiring immediate assessment or investigation are immediately telephoned to the field office. By policy, these priority 1 reports receive an assessment or investigation within 24 hours. All other child protective services reports that require assessment or investigation are sent to the field within 24 hours in general. This has resulted in improved response time. However, in FFY 2015, response time increased due to increased caseload. The state had slightly fewer investigation workers while also receiving more reports than in FFY 2014. The FFY 2015 response time is still lower than in FFY 2012. The state does not track the time from receiving the referral until the beginning of the investigation in hours. Montana state law requires purging of unfounded cases. In the past, these purged cases have been reported under the NCANDS disposition of "other" report disposition. In FFY 2015, these cases were reported under the NCANDS disposition of closed-no finding.

The increase in the number of reports may be attributable to the increase in parental drug use.

Children

The number of children in care has shown an ongoing increase in Montana. There was an increase in victims in FFY 2015 that may be attributable to the increase in reports and the increase in parental drug use. Montana statute does not allow social workers to collect information on the financial status of a child's family, so the NCANDS risk factor of financial problem is not reported. Additionally, the NCANDS risk factor of domestic violence is included within Montana's definition of psychological abuse or neglect and physical neglect.

Fatalities

Due to the lack of legal jurisdiction, information in the State Automated Child Welfare Information System does not include child deaths that occurred in cases investigated by the Bureau of Indian Affairs, Tribal Social Services, or Tribal Law Enforcement.

Perpetrators

Unknown perpetrators are assigned a common identifier within the state.

Services

Data for preventive services are collected by state fiscal year (SFY). In FFY 2015, the reported number of children and families who received preventive services decreased from FFY 2014. The reported number of children and families receiving preventive services from the Community-Based Prevention of Child Abuse and Neglect Grant is now an unduplicated count. Duplicate services for children and families were reported in the past. Additionally, four of the larger counties did not have contracts in place with the Promoting Safe and Stable Families Program for 6 months of the year. These services were paid for out of other funds.

Nebraska

Contact	Greg Brockmeier	**Phone**	402–471–6615
Title	IT Business Systems Analyst	**Email**	greg.brockmeier@nebraska.gov
Address	DHHS, Children & Family Services 1033 O Street, Suite 400 Lincoln, NE 68508		

General

During federal fiscal year (FFY) 2015, the state used Structured Decision Making (SDM), an evidence based practice (EBP), as the model with which to assess reports of maltreatment. This is the third year for which SDM was implemented throughout the entire state. The state centralized its intake office during 2010. This action resulted in a more consistent process of determining which referrals would be screened in or screened out. With the implementation of the SDM intake tool, the state believes this consistency will continue to improve and screening decisions will be better supported.

Also in FFY 2015, Nebraska made improvements to its collection of information related to medical, mental health, and social conditions in its information system which will provide enhanced reporting of child and caregiver risk factors in the Child File.

In FFY 2015, the state of Nebraska began a pilot project to implement an alternative response to reports accepted for assessment. This pilot initially consists of 5 counties in the state, but will expand to include additional counties as the project moves forward. This pilot project is being evaluated by the University of Nebraska and will require legislative approval to continue beyond July 1, 2017.

Reports

All referrals are received at a toll-free, 24-hour, centralized hotline. The intake workers at the hotline along with their supervisors use SDM to determine whether the referral meets criteria for intervention and the response time for intervention. If the call meets the criteria for intervention, it is screened in and assigned to a worker to conduct an initial assessment, which includes using SDM safety assessments, safety plans (when needed), and risk or prevention assessments. At the conclusion of the initial assessment, the workers use the SDM results to determine if services are needed.

In FFY 2015, the number of referrals to the hotline increased. The number of reports accepted for initial assessment increased by a higher rate, and the number of reports screened out decreased by a lower rate. The response time has improved greatly since FFY 2010. Average response time has, however, increased from FFY 2014 to FFY 2015.

Children

In FFY 2015 Nebraska saw a decrease in the number of unique child from FFY 2014. This decrease occurred despite an increase in the number of children and reports accepted for assessment.

Nebraska has seen a reduction each year since FFY 2008 in the recurrence of maltreatment. Nebraska has not specifically studied the cause of the reduction in maltreatment recurrence, but during this timeframe the state implemented a centralized hotline, implemented a process to identify reports of abuse and neglect that are a duplication of previously called in reports, implemented SDM, and implemented a statewide Continuous Quality Assurance (CQI) process. Each of these changes may have

played a role in the reduction of maltreatment recurrence in Nebraska from FFY 2008 to FFY 2015. Nebraska also had a decrease in the number of children experiencing maltreatment in foster care.

Fatalities

The state reports child fatalities in both the Child File and the Agency File. The FFY 2015 Child File includes three children who died as a result of maltreatment with no children reported in the Agency File. Child fatalities awaiting final disposition in the child welfare information system who are not reported in this year's Child or Agency Files will be included in a future Child File that corresponds with the annual report submission when the disposition is completed.

The state continues to work closely with the state's Child and Maternal Death Review Team (CMDRT) to identify child fatalities that are the result of maltreatment, but are not included in the child welfare system. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File. The CMDRT's official report and final results are usually 2–3 years after the submissions of the NCANDS Child and Agency Files. The state will resubmit the Agency File for previous years when there is a difference in the count than was originally reported as a result of the CMDRT final report.

Perpetrators

Nebraska collects information on perpetrators entered into the child welfare information system including the relationship to the child (a required data field) and demographic information. The relationship may be coded to the NCANDS category of "other" or to the category of unknown if the relationship is not provided by the report source. In FFY 2015, Nebraska's enacted a new state statute which precludes any person younger than 12 years from being listed as a substantiated perpetrator in the child welfare information system. The maltreatment type will be listed, but there will be no finding entered to indicate if the maltreatment was substantiated or unfounded. These records have closed-no finding dispositions in NCANDS.

Services

Nebraska refers all children who are under 3 years of age and a substantiated victim of maltreatment to the Early Childhood Development Network. Nebraska automated its referral system to its Early Childhood Development Network to automatically notify the network of children younger than 3 years who are victims of maltreatment.

The state believes that a majority of the services provided to families are accomplished during the assessment phase which is between the report date and final disposition. In many cases, these are the only services required to keep the child or victim safe. These services are not included in the NCANDS Child File.

Nevada

Contact	Penelope Majeske	**Phone**	775–684–7942
Title	Management Analyst IV	**Email**	pmajeske@dcfs.nv.gov
Address	Division of Child and Family Services Nevada Department of Health and Human Services 4126 Technology Way, 3rd Floor Carson City, NV 89706		

General

Within the state, child protective services (CPS) functions in three regional service regions: Clark County, Washoe County, and rural counties. All three service areas use a single data system under the Statewide Automated Child Welfare Information System (SACWIS) —Unified Nevada Information Technology for Youth (UNITY).

Nevada's alternative response program is designated differential response (DR) and was implemented throughout all regions in 2007. Families referred under this policy are the subject of reports of child abuse and/or neglect which have been determined by the agency as likely to benefit from voluntary early intervention through assessment of their unique strengths, risks, and individual needs, rather than the more intrusive approach of investigation.

All three child welfare agencies in Nevada are in the process of implementing the Safety Assessment and Family Evaluation (SAFE) model. While the primary focus in all three agencies has been on intake and assessment, or front-end services, the plan is to continue the rollout of the model to expand back-end services such as implementing conditions for return and the protective capacity of family assessment. This model has changed the state's way of assessing child abuse and neglect. It has enhanced the state's ability to identify appropriate services to reduce safety issues in the children's home of origin. Additionally, this model has unified the state's CPS process and standards regarding investigation of maltreatment.

The SAFE model supports the transfer of learning and ongoing assessment of safety throughout the life of the case. The model emphasizes the differences between identification of present and impending danger, assessment of how deficient caregiver protective capacities contribute to the existence of safety threats and safety planning/management services, assessment of motivational readiness, and utilization of the stages of change theory as a way of understanding and intervening with families.

Reports

For federal fiscal year (FFY) 2015, there was an overall increase in reports of abuse or neglect as compared to the previous year. Nevada has varying priority response timeframes for investigation of a report of child abuse or neglect, according to the age of the child and the severity of the allegations. Other reports are defined as follows: (1) information only, where there is insufficient information about the family or maltreatment of the child, or there are no allegations of child abuse/neglect; (2) information and referral, when an individual asks about services, and there are no allegations of child abuse or neglect; and (3) differential response (DR), when a report is made, and there are no allegations of maltreatment, and/or the allegations do not rise to the level of an investigation, but the family could benefit from community services.

Children

For FFY 2015, there was an increase in the numbers of children reported as receiving an abuse or neglect response and an increase in victims as compared to the previous year.

Fatalities

Fatalities identified in the SACWIS as maltreatment deaths are reported in the Child File. Deaths not included in the Child File, for which substantiated maltreatment was a contributing factor, are included in the Agency File as an unduplicated count. Reported fatalities can include deaths that occurred in prior periods for which the determination was completed in the next reporting period. The number of NCANDS reported fatalities has decreased since the last reporting period.

Nevada uses a variety of sources when compiling reports and data about child fatalities resulting from maltreatment. Any instance of a child suffering a fatality or near-fatality who previously had contact with, or was in the custody of, a child welfare agency, is subject to an internal case review. Data are extracted from the case review reports and used for local, state, and federal reporting as well as to support prevention messaging. Additionally, Nevada has both state and local child death review (CDR) teams which review deaths of children (17 years or younger). The purpose of the Nevada CDR process is public awareness and prevention, enabling many agencies and jurisdictions to work together to gain a better understanding of child deaths.

Services

Many of the services are handled through outside providers. Information on services received by families is reported through various programs. Services provided in conjunction with the new safety model are documented in the system, but these data are not readily reportable. The Child File contains some of the services from the SACWIS (UNITY), and the state is investigating steps to bring more of that information into the NCANDS report.

Some preventive services counts published in the 2014 Child Maltreatment report were duplicate counts, and some counts only included rural counties. The preventive services count for SFY 2015 are unduplicated and include all counties.

Nevada follows its statewide policy (#0502 CAPTA-IDEA Part C), which states: “Child welfare agencies will refer children younger than 3 who are involved in a substantiated case of child abuse or neglect, or who have a positive drug screen at birth, to Early Intervention Services within 2 working days of identifying the child(ren) pursuant to CAPTA Section 106 (b)(2)(A)(xxi) and IDEA Part C of 2004.”

New Hampshire

Contact	Jane Whitney	**Phone**	603–271–6764
Title	Systems Analyst	**Email**	jmwhitney@dhhs.state.nh.us
Address	Bureau of Information Systems New Hampshire Division for Children, Youth and Families 129 Pleasant Street Concord, NH 03301		

General

New Hampshire has a 60-day timeframe to complete a protective assessment. This enables the assigned child protective services worker (CPSW) to do a comprehensive assessment of the alleged maltreatment, family strengths and needs. It also enables the CPSW to develop a plan with the family to assure child/youth safety as needed. This could include facilitated referrals to community based services such as a family resource center, local mental health or other local supports.

Reports

The number of screening and intake workers includes intake workers. The number of investigation and assessment workers includes assessment workers and workers who specialize in investigation allegations of abuse and neglect in out-of-home placements.

New Hampshire uses a tiered system of required response time, ranging from 24 to 72 hours, depending on level of risk at the time of the referral. Currently, any blanks in the investigation start date/time are due to data entry errors.

The following New Hampshire values are mapped to the NCANDS category of "other" for report source:

- private agency
- private individual
- city, town, county
- clergy
- community I&R
- other community agency
- camp
- fire department staff
- landlord
- other state
- utility company
- other

Children

New Hampshire does not use the following NCANDS dispositions as, per Division policy:

- indicated or reason to suspect
- alternative response victim
- alternative response nonvictim
- unsubstantiated due to intentionally false reporting

New Hampshire does not capture data for living arrangement or incident date.

New Hampshire *(continued)*

Fatalities

Data for the Agency File were obtained from the New Hampshire Department of Justice as well as the New Hampshire State Automated Child Welfare Information System (SACWIS). There is no use of the NCANDS category of "other" with regard to fatalities. The state reports fatalities (unduplicated) in both the Agency and Child Files.

Services

"The NCANDS category of "other" services includes an individual service option (ISO In-Home) that provides comprehensive services for children/youth with significant challenges, which may be medical, physical, behavioral or psychological. The service, therefore, fits into several different service categories, but not precisely into any one category.

New Hampshire is only able to report those services that were paid for directly by the child protection agency. Any services that were paid for by Medicaid or the family's own health insurance are not reported for counseling services, health-related and home health services, and substance abuse services. New Hampshire does not collect data on the following NCANDS services categories:

- case management services
- employment services
- family planning services
- home based services
- information and referral services
- housing services
- legal services
- respite care services

Planning for expenditures of the Child Abuse Prevention and Treatment Act (CAPTA) funds resulted in the determination that funds would be diverted from the Comprehensive Family Support Services (CFSS) program to other areas of division programming. As a result, the Agency File does not contain a reported count of children and families who receive preventative services from the state under the Child Abuse and Neglect State Grant during FFY 2015.

Although not directly served, the Children's Trust estimates that providers in their 2015 Strengthening Families and Period of PURPLE Crying trainings served more than 7,000 families and is reaching 95 percent of families of children born in New Hampshire. Preventative services provided to children and families under the Promoting Safe and Stable Families Program and Social Services Block Grant are funded by the Child Abuse State Grant, PSSFP, and Social Services Block Grant. These grants are combined to fund one primary agency. The numbers of children and families served are reported in the Agency File unduplicated as a percentage of the total funding.

When an abuse and neglect assessment results in the determination of founded, in-home services can be offered to maintain the child safely in the home. If the child is in danger and this cannot be mitigated with in-home services, New Hampshire's Department of Children Youth and Families (DCYF) will remove the child and immediately begin the provision of services to achieve the primary goal of reunification.

New Hampshire *(continued)*

The Agency File count of unduplicated number of victims actually referred to agencies providing early intervention services increased due to improved monitoring methods. The state can only provide the number of children actually referred under the age of 3 at referral.

New Jersey

Contact	Nicole Ruiz	**Phone**	609–888–7336
Title	Program Specialist	**Email**	lnicole.ruiz@dcf.state.nj.us
Address	Office of Research, Evaluation and Reporting New Jersey Department of Children and Families 50 East State Street Trenton, NJ 08625		

Reports

The state Department of Children and Families (DCF), Division of Child Protection and Permanency (CP&P) formerly the Division of Youth and Family Services(DYFS) investigates all reports of child abuse and neglect. Structured Decision-Making assessment tools, including safety and risk assessments, are incorporated within the investigation screens in the State Automated Child Welfare Information System (SACWIS). These tools are required to be completed in the system prior to documenting and approving the investigation disposition.

The state system allows for linking multiple child protective services (CPS) reports to a single investigation. The state has the capability to record the time and date of the initial face-to-face contact made to begin the investigation.

On April 1, 2013, new regulations took effect modifying the Department of Children and Families' dispositions following child abuse and neglect investigations. Previously, DCF had two disposition categories: unfounded and substantiated. The new system of investigation is based on a four tier system of findings:

- Substantiated–A preponderance of the evidence establishes that a child is an abused or neglected child as defined by statute; and either the investigation indicates the existence of any of the absolute conditions; or substantiation is warranted based on consideration of the aggravating and mitigating factors.
- Established–A preponderance of the evidence establishes that a child is an abused or neglected child as defined by statute; but the act or acts committed or omitted do not warrant a finding of substantiation upon consideration of aggravating and mitigating factors.
- Not Established–There is not a preponderance of the evidence that the child is an abused or neglected child as defined by statute, but evidence indicates that the child was harmed or placed at-risk of harm.
- Unfounded–There is not a preponderance of the evidence indicating that a child is an abused or neglected child as defined by statute, and the evidence indicates that a child was not harmed or placed at-risk of harm.

This new system allows for more specific investigation disposition categories to more appropriately reflect the particular circumstances present in each investigation. This, in turn, allows for better partnership with families and better outcomes for children. This change also provides fairness in the operation of the Child Abuse Record Information system and allows DCF to better protect children by requiring the maintenance of all records where children were harmed or exposed to risk of harm, even where the statutory definition of child abuse or neglect could not be met.

As indicated by definition, the finding of established is based on a preponderance of evidence establishing that the child is a victim of maltreatment. Therefore, reports with an established finding are categorized as substantiated in NCANDS.

The state data shows a decrease in the number of reports and the number of substantiated reports for FFY 2015.

Children

The state data shows a decrease in the number of reports and the number of substantiated victims for FFY 2015. Children with allegations of maltreatment are designated as alleged victims in the CPS report and are included in the Child File. The state SACWIS allows for reporting more than one race for a child. Race, Hispanic/Latino origin, and ethnicity are each collected in separate fields.

Fatalities

Child fatalities are reported to the New Jersey Department of Children and Families Fatality and Executive Review Unit by many different sources including law enforcement agencies, medical personnel, family members, schools, offices of medical examiners, and occasionally child death review teams. The CP&P Assistant Commissioner makes a determination as to whether the child fatality was a result of child maltreatment. The state NCANDS liaison consults with the Fatality and Executive Review Unit Coordinator and the CP&P Assistant Commissioner to ensure that all child maltreatment fatalities are reported in the state NCANDS files.

The state SACWIS (New Jersey Spirit) is the primary source of reporting child fatalities in the NCANDS Child File. Specifically, child maltreatment deaths are reported in the NCANDS Child File in data element 34, Maltreatment Death, from data collected and recorded by investigators in the investigation and person management screens in the SACWIS.

Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Fatality and Executive Review Unit under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File. New Jersey has maintained a stable annual child fatality rate for the last 7 years. Fluctuations in the number of fatalities from year to year are likely due to random case-level variation and are monitored closely.

Perpetrators

New Jersey DCF's Institutional Abuse Investigation Unit continues with the case practice initiative implemented in FFY 2012 to conference investigations with a representative from the Office of the Deputy Attorney General prior to rendering a finding. This practice is resulting in the strengthening of the investigation assessment.

Services

New Jersey's SACWIS reports those services specifically designated as family preservation services, family support services, and foster care services as postinvestigation services in the Child File. The Child Abuse and Neglect state Grant is one funding source for the Child Protection and Substance Abuse Initiative (CPSAI). We are able to report that with state Grant funding, CPSAI served 1,777 individuals.

The state is able to report the number of children eligible for a referral to early intervention services and the number of children referred in FFY 2015. Compliance with this federal requirement is closely monitored by CP&P.

New Mexico

Contact	Teresa Larson	**Phone**	505–412–9868
Title	SACWIS/AFCARS/NCANDS/FACTS Program Manager	**Email**	teresa.larson@state.nm.us
Address	Protective Services New Mexico Children, Youth & Families Department 300 San Mateo Blvd NE, Suite 500 Albuquerque, NM 87108		

General

New Mexico does not have two types of responses to screened-in referrals. All screened-in reports are investigated.

Reports

New Mexico has reported the number of children identified as alleged victims in screened-out reports for the first time in federal fiscal year (FFY) 2015. The number of reports investigated in FFY 2015 increased from FFY 2014.

The New Mexico definition for investigation initiation differs from the NCANDS definition in requiring face-to-face contact with all alleged victims included in a report, rather than with individual alleged victim for whom the referral was made. New Mexico also measures investigation initiation from the point at which the report is accepted by Statewide Central Intake, rather than the point at which the report is received.

New Mexico does not currently report incident date. The alleged date of maltreatment (incident date) is complicated by the fact that the reporter may know only a general maltreatment timeframe, or the alleged maltreatment reported may be chronic in nature. Because of the known inherent inaccuracies in the reporting of chronic maltreatment and potential inaccuracies in the reporting of a general maltreatment timeframe for a specific maltreatment event, New Mexico does not plan to modify the state's data collection system to capture incident information and will continue to use the current reporting approach.

Children

The number of substantiated victims increased in FFY 2015 from the previous year. New Mexico is aware that staff are substantiating at a higher rate and theorizes that this increase may be due to more child maltreatment occurring and/or to inconsistencies in substantiation practice. New Mexico has a team evaluating and developing strategies to address inconsistencies in practice around substantiation. The state is not able to report on the following child data fields that are not captured in SACWIS:

- child living arrangement
- intellectual disability–caregiver
- learning disability–caregiver
- visually or hearing impaired–caregiver

Fatalities

The number of child fatalities increased in FFY 2014 to FFY 2015. The state obtains a list of child deaths from the Office of the Medical Investigator (OMI) to compare OMI and Children Youth and Families Department (CYFD) data in the category of homicides. Starting with the FFY 2010 submission, a follow-up, in-person review of OMI files is also conducted for any child not known to the state agency who is identified as a victim of homicide to determine the identity and relationship of the

alleged perpetrator, if known. Only children known to have died from maltreatment by a parent or primary caregiver who are not included in the Child File are included in the Agency File.

Perpetrators

New Mexico attributes its low numbers of maltreatment in foster care to an improved training model implemented in 2012 that is described as a more realistic portrayal of the foster parent role. Placement staff are also available around the clock to respond to foster care incident reports which can address foster parent issues before situations escalate to the report level. Family support services for foster parents and foster parent support groups also are available in some areas of the state.

The state does not report information on residential staff perpetrators, as any report of alleged abuse and neglect that occurs at a residential facility is screened out. CPS does not have jurisdiction via state law to investigate allegations of abuse and neglect in facilities; however, the following is done with the screened-out reports of child maltreatment in facilities:

- Any screened out report is cross-reported to law enforcement having jurisdiction over the incident; and
- Such reports are cross-reported to licensing and certification, the entity in New Mexico with administrative oversight of residential facilities.
- Upon request from law enforcement, an investigation worker may act in consultation with law enforcement in conducting investigations of child abuse and neglect in schools and facilities and may assist in the interview process.
- If an alleged maltreatment incident involves a child in the child welfare agency's custody, then a safety assessment is conducted for that child to ensure that the placement is safe.

The NCANDS category of "other" perpetrator relationship includes:

- sibling's guardian
- nonrelative
- foster sibling
- reference person
- conservator
- caregiver
- surrogate parent
- perpetrator is a foster parent and the child is not under the care, placement, or supervision of the child welfare agency

Services

Postinvestigation services are reported for any child or family involved in a child welfare agency report that has an identified service documented in the SACWIS as: 1) a service delivered, 2) a payment for service delivered, or 3) a component of a service plan. Services must fall within the NCANDS date parameters to be reported. The state is not able to report on the following services data fields:

- home-based services
- information and referral services
- respite care services
- other services
- special services-juvenile delinquent

Whenever there is a child younger than 3 years in a family involved in a substantiated investigation, policy states that the investigation worker refers that child to the Family Infant Toddler (FIT) Program for a diagnostic assessment. The referral occurs within 2 days of the substantiation. The date of this referral is documented in the state SACWIS prior to approval of the investigation results. The worker also notifies the family of the referral and provides them with a copy of the FIT fact sheet.

New York

Contact	Vajeera Dorabawila, Ph.D.	**Phone**	518–402–7386
Title	Assistant Director	**Email**	vajeera.dorabawila@ocfs.ny.gov
Address	Bureau of Research, Evaluation and Performance Analytics Strategic Planning and Policy Development New York State Office of Children and Family Services 52 Washington St, Room 323 North Rensselaer, NY 12144		

General

The state has continued to expand the number of local districts of social services using the alternative response (AR), known as family assessment response. Since it was first approved in 2008, New York's AR program has been implemented by a total of 31 local districts of social services. Nine of the local districts have since suspended implementation. However, several are in the planning stages to start or restart.

A new state agency, the Justice Center for the Protection of People with Special Needs (Justice Center) was established via legislation and became operational on June 30, 2013. The purpose of this agency is to transform how the state protects over one million New Yorkers in state operated, certified or licensed facilities and programs. Investigative responsibility for all institutional abuse or neglect (IAB) allegations occurring on or after June 2013, was transferred from the New York State Office of Children and Family Services to the new Justice Center. Given that these post June 2013 investigations are captured in a newly created Justice Center database, extensive work had to be completed to map those data elements to NCANDS definitions. Therefore, these data were not included in FFY 2013 and 2014 submissions. They have now been prepared and included in the FFY 2015 submission. The Justice Center data does not contain information on perpetrators and is reviewing the requirement for this information in future submissions. The Justice Center estimates that there were 366 duplicate (where each victimization incident is counted, rather than unique perpetrators) perpetrators.

Reports

New York state does not collect information about calls not registered as reports.

Children

Most of the NCANDS category of "other" maltreatment type is accounted for by the state maltreatment type of parent's drug/alcohol use. The state is not able to report the NCANDS child risk factor fields at this time.

Not all children reported in the Child File have Adoption and Foster Care Analysis and Reporting System (AFCARS) IDs because the state uses different data systems with different child identifiers for child protective services and child welfare. The AFCARS ID (child welfare identifier) is only assigned if the child is receiving child welfare services and is inconsistently updated in the child protective system, which is the source of the NCANDS submission.

State statute and policy allow acceptance and investigation/assessment of child protective reports concerning certain youth older than 21.

New York *(continued)*

Fatalities

State practice allows for multiple reports of child fatalities for the same child. NCANDS validation software considers these duplicates and removes them from the Child File. All of these fatalities are reported in the Agency File.

By State statute, all child fatalities due to suspected abuse and neglect must be reported by mandated reporters, including, but not limited to, law enforcement, medical examiners, coroners, medical professionals, and hospital staff, to the Statewide Central Register of Child Abuse and Maltreatment. No other sources or agencies are used to compile and report child fatalities due to suspected child abuse or maltreatment. There was a decrease in fatalities from FFY 2014 to FFY 2015.

Perpetrators

With the exception of the domestic violence risk factor, the state is not able to report the NCANDS caretaker risk factors at this time.

Services

The state is not able to report the NCANDS services fields at this time. Title XX funds are not used for providing child preventive services in this state.

North Carolina

Contact	Heather Bohanan	**Phone**	919–527–6264
Title	Supervisor	**Email**	heather.bohanan@dhhs.nc.gov
Address	Division of Social Services North Carolina Department of Health and Human Services 325 North Salisbury Street Raleigh, NC 27603		

General

North Carolina maintains a statewide differential response to allegations of child maltreatment. Following the receipt of the reports of alleged child maltreatment, these allegations are screened by the local child welfare agency against North Carolina general statute using a structured intake rubric to determine if the allegations meet the statutory definition of abuse, neglect, or dependency. If the report meets one of these definitions, it is accepted by the local child welfare agency and assigned to one of two tracks: an investigative assessment or a family assessment. Accepted reports of child abuse (and certain types of special neglect cases such as conflicts of interest, abandonment, or alleged neglect of a foster child) are mandatorily assigned as investigative assessments. Accepted reports of child neglect or dependency may be assigned as either family or investigative assessment at the county's discretion. North Carolina, defines a dependent child as one who has no parent or caregiver or if the parent or caregiver is unable to provide for the care or supervision of the child.

Family assessments place an emphasis on globally assessing the underlying issues of maltreatment rather than focusing solely on determining whether the incident of maltreatment occurred. In a family assessment, the family is engaged using family-centered principles of partnership throughout the entire process. Case decision findings at the conclusion of a family assessment do not indicate whether a report was substantiated (founded) or not. Rather a determination of the level of services a family may need is made. A perpetrator for this instance is not listed in the state's Central Registry for Family Assessments.

Reports

The staffing numbers were provided by an annual survey of the local child welfare agencies within the state.

Children

North Carolina reports one type of maltreatment per child. Legislation requires that for all allegations of abuse, neglect, or dependency, all minors living in the home must be treated as alleged victims. The NCANDS category of "other" maltreatment type includes the state categories of: dependency and encouraging, directing, or approving delinquent acts involving moral turpitude committed by a juvenile.

Fatalities

Data about child fatalities are only reported via the Chief Medical Examiner's Office. Despite reaching out to this office several times we had not received a response in time for FFY 2015 NCANDS submission.

Perpetrator

North Carolina associates one perpetrator per victim.

North Carolina *(continued)*

Services

For preventive services, the state collects data on children served using funds from the Community-Based Prevention of Child Abuse and Neglect Grant. However, for FFY 2015, no children were directly served under this funding source. The state does not currently report on services for children and victims in the Child File.

North Dakota

Contact	Marlys Baker	**Phone**	701–328–1853
Title	Administrator, Child Protection Services	**Email**	mbaker@nd.gov
Address	Children and Family Services North Dakota Department of Human Services 600 East Boulevard Avenue Bismarck, ND 58505		

General

North Dakota does not have a true differential response program. However, the North Dakota Child Protection Program incorporates several components of differential response into current policy and practice. North Dakota child protection uses a family assessment process, rather than incident-based investigation of reports of suspected child abuse and neglect. A child protection services assessment determines the safety of the child and incorporates the development of safety plans, assesses the family's strengths and the risks of future maltreatment, and addresses concerns of abuse and neglect. An investigatory response is only made in conjunction with law enforcement in situations where there may have been a criminal violation. In these cases, law enforcement conducts a criminal investigation and Child Protection Services (CPS) staff work jointly with the investigation process in conducting the CPS assessment. North Dakota CPS also allows for an assessment to be terminated in progress when an assessment reveals that no concern in the report meets the definitions of child abuse or neglect in state law. These families may be referred to community resources, as appropriate, and no determination of abuse or neglect is made.

Reports

North Dakota encompasses four American Indian Reservations. These reservations are sovereign nations, each of whom maintains the reservation's own child welfare system. Because of this, North Dakota's NCANDS data does not include child abuse and neglect data nor data on child deaths from abuse or neglect which occurred in a tribal jurisdiction.

Under North Dakota law, all reports of suspected child abuse and neglect must be accepted. North Dakota has adopted an administrative assessment process to correctly triage reports received. An administrative assessment is defined as: The process of documenting reports of suspected child abuse or neglect that do not meet the criteria for a Child Protection Services Assessment. Under this definition, reports can be administratively assessed when the concerns in the report clearly fall outside of the state child protection law. Such circumstances include:

- The report does not contain a credible reason for suspecting the child has been abused or neglected.
- The report does not contain sufficient information to identify or locate the child.
- There is reason to believe the reporter is willfully making a false report (these reports are referred to the county prosecutor).
- The concern in the report has been addressed in a prior assessment.
- The concerns are being addressed through county case management or a Department of Human Services therapist.
- Reports of pregnant women using controlled substances or abusing alcohol (when there are no other children reported as abused or neglected) are also included in the category of administrative assessments, as state law doesn't allow for a decision of "services required" (substantiation) in the absence of a live birth.

Assessments that are already initiated when information indicates the report falls outside of the child abuse and neglect law may be terminated in progress. Reports may also be referred to another jurisdiction when the children of the report are not physically present in the county receiving the report (these reports are referred to another jurisdiction (county, tribal, or state), where the children are present or believed to be present). Reports involving a Native American child living on an Indian Reservation are referred to tribal child welfare systems or to the Bureau of Indian Affairs child welfare office. Reports concerning sexual abuse or physical abuse by someone who is not a person responsible for the child's welfare (noncaregiver) are referred to law enforcement. The number of administrative assessments or referrals in FFY 2015 is 7,339. This total breaks down to 2,851 administrative assessments, 1,783 administrative referrals, 2,615 terminated in progress, and 90 pregnant woman assessments.

North Dakota regards initiation of an assessment and face-to-face contact with a victim as separate processes. Initiation of an assessment is governed by state administrative rule. Under the administrative rule, initiation does not include contact with a child:

- 75–03–19–03. Time for initiating assessments-emergencies.
- All nonemergency child abuse or neglect assessments must be initiated no later than seventy-two hours after receipt of a report by the assessing agency unless the department prescribes a different time in a particular case. In cases involving a serious threat or danger to the life or health of a child, the assessment and any appropriate protective measures must commence immediately upon receipt of a report by the assessing agency. An assessment is initiated by a search of records for information relating to the report, contact with a subject of the report, or with a collateral contact.

Face-to-face contact is defined in state policy as making visual contact with the suspected victim(s) named in the Report of Suspected Child Abuse and Neglect. Face-to face Contact with the victim is governed in state policy and is based on a three-tiered category system:

- Category A includes fatalities, serious physical injury, sexual abuse, etc. For Category A cases a law enforcement agency must be contacted immediately (within 24 hours) to request assistance in the assessment process and, when necessary, to remove child(ren) in an emergency. All cases involving child deaths are considered Category A cases.
- Category B includes minor injuries, prenatal exposure to alcohol abuse or controlled substances, drug exposed newborns, etc. For Category B cases, if there is a possibility of criminal charges arising out of the suspected child abuse or neglect, or if the Worker can get an indication from the report that the children are not safe and potential of removal appears evident, contact with law enforcement must be made.
- Category C cases include reports of inadequate shelter, clothing, education, psychological maltreatment, etc.

Because of the rural nature of North Dakota and challenges posed by limited staffing, large catchment areas and weather related travel hazards, face-to-face contacts with suspected victims can be made by certain professionals, in addition to CPS workers, who have access to a legal process to insure safety of the child if immediate action is necessary. Professionals who are allowed by policy to make face-to-face contact with suspected victims are limited to: Child Welfare Worker (other than CPS), Law Enforcement, Medical Personnel, Juvenile Court staff, or Military Family Advocacy staff. If the agency relies on the face-to-face contact(s) made by these professionals, this must be documented in the face-to-face contact section of the assessment in the state data system.

Because North Dakota is a county administered system, the state can only determine the numbers of FTEs employed by a county for certain job titles, such as Social Worker or Family Service Specialist. These FTEs may be employed in various county programs for varying portions of their FTE. The state surveyed county directors to report the number of FTEs in their agency dedicated to CPS functions resulting in a total of 118 FTEs. The second portion of the survey was forwarded to the workers. The results of the worker demographic portion of the report are included in the state's CAPTA report.

Children

The state uses dispositions of "services required" or "no services required." The state maps "services required" dispositions to the NCANDS disposition of substantiated. The "no services required" dispositions are mapped to the NCANDS disposition of unsubstantiated.

Fatalities

The North Dakota Department of Human Services, Children and Family Services Division is the agency responsible for coordination of the statewide Child Fatality Review Panel as well as serving as the state's child welfare agency. The Administrator of Child Protection Services serves as the Presiding Officer of the Child Fatality Review Panel. This dual role provides for close coordination between these two processes and aides in the identification of child fatalities due to child abuse and neglect as a sub-category of child fatalities from all causes.

The North Dakota Child Fatality Review Panel coordinates with the North Dakota Department of Health Vital Records Division to receive death certificates for all children, ages 0–18 years, who receive a death certificate issued in the state. These death certificates are screened against the child welfare database and any child who has current or prior CPS involvement as well as any child who it can be determined is in the custody of the Department of Human Services, county social services, or the Division of Juvenile Services at the time of the death is selected for in-depth review by the Child Fatality Review Panel, along with any child whose Manner of Death as listed on the Death Certificate as accident, homicide, suicide or undetermined. Any child for whom the Manner of Death is listed on the Death Certificate as natural, but whose death is identified as sudden, unexpected, or unexplained is also selected for in-depth review. As part of these in-depth reviews, records are requested from any agency identified in the record as having involvement with the child in the recent period prior to death, including law enforcement, medical facilities, Child Protection Services, the County Coroner and the State Medical Examiner's Office for each death. Additionally, the State Medical Examiner's Office forensic pathologists participate in conducting the reviews. Data from each review is collected and maintained in a separate database. It is this database that is correlated with data extracted from the child welfare database for NCANDS reporting.

Perpetrators

Unknown perpetrators are reported to NCANDS as Unknown within the state's data system (FRAME). Perpetrator IDs for unknown perpetrators are unique to each assessment. Institutional Child Protection Services are addressed in a separate section of the state statute. Under state statute, an individual facility staff person is not held culpable within Institutional Child Protection Services, rather, the facility itself is considered to be a 'subject' (perpetrator) of the report. Assessments of Institutional Child Abuse or Neglect are assessed at the state-level, by regional staff, rather than at the county level as are CPS reports that are non-institutional. All reports of Institutional Child

abuse and Neglect are reviewed by a multidisciplinary Child Protection Team on a quarterly basis. Determinations of institutional child abuse and neglect are made by team consensus. A determination of "indicated" means that a child was abused or neglected by the facility. A decision of "not indicated" means that a child was not abused or neglected by the facility.

Services

Data for tracking the provision of preventive services by child, by funding stream is not collected within the state's current database and there is no plan to expand the current database to include these functions due to limited resources, competing priorities and current database limitations. North Dakota updated how postresponse services are reported in 2014. "Other" services now reported would include safety permanency funds provided to the family for the purposes of meeting family needs to prevent out-of-home placement.

Ohio

Contact	David Thomas	**Phone**	614–752–1222
Title	Program Administrator	**Email**	david.thomas@jfs.ohio.gov
Address	Office of Families and Children Ohio Department of Job and Family Services PO Box 183204 Columbus, OH 43218–3204		

General

Ohio completed statewide implementation of a differential response (DR) system in September 2014. The DR system is comprised of a traditional response (TR) pathway and an alternative response (AR) pathway. Children who were subjects of reports assigned to the AR pathway are reported to NCANDS as AR nonvictim.

Reports

The number of reports with a disposition of AR nonvictim increased from federal fiscal year (FFY) 2014 to FFY 2015. This increase is attributed to the statewide implementation of DR and the use of the AR pathway as the "preferred" pathway assignment. The response requirements for initiation identified in Ohio policy is determined by the priority assigned to the report. The report priorities per Ohio's policy are emergency and nonemergency.

Children

Requirements to record the race/ethnicity of children in Statewide Automated Child Welfare Information System (SACWIS) were in effect for the FFY 2013 and remained in effect for the FFY 2014 reporting year. As a result, there was a decrease in the number of records where race and ethnicity were reported as unknown. Child victims as reported by Ohio are children who have received a disposition of substantiated or indicated in the traditional response pathway.

Fatalities

Child maltreatment deaths reported in Ohio's NCANDS submission are compiled from the data maintained in the SACWIS. The SACWIS data contain information only on those children whose deaths were reported to and investigated by a public children services agency (PCSA) or children involved in a child protective services (CPS) report who died during the assessment or investigation period. As a county administered CPS system, Ohio PCSAs have discretion in which referrals are accepted for assessment or investigation. In some cases, the PCSA will not investigate a child fatality report unless there are other children in the home who may be at risk of harm or require services. Referrals of child deaths due to suspected maltreatment not accepted by the PCSA are investigated by law enforcement.

There were three children removed from the child fatality data submitted in Ohio's Child File for the FFY 2015 reporting year. Ohio completed a case review for each child and determined that each of the three children had two screened-in reports of abuse/neglect with unique allegations that resulted in the recording of his/her fatality. In each of the cases the reports were linked to one assessment; as such the children's deaths were recorded on each report. In each of these instances the child's fatality occurred during the assessment/investigation period. This anomaly resulted in EVAA removing both reports from the Ohio's Child File and excluding these children from the total fatality count. Two children were not included in the child file as their death occurred after the assessment/investigation was completed. Both had a severity of harm of hospitalized. One child's death was determined a result of maltreatment post completion of the assessment/investigation by the coroner. One child's death was

screened out by the county public children services agency and was not assessed/investigated. This cumulated to seven child maltreatment fatalities not reported in the Child File.

Perpetrators

The NCANDS category of "other" perpetrator relationship includes the state categories of nonrelated (NR) child and NR adult. These are catch-all categories that can be used for any individual who is not a family member. Guidance will be provided to agencies to select the most appropriate relationship code (e.g., neighbor) instead of using the nonrelated categories.

Services

Ohio is continually working to improve recording of services data in the SACWIS. Federal grant funds are used for state level program development and support to county agencies providing direct services to children and families.

The Ohio Children's Trust Fund identified several factors that may have contributed to the significant increases in the numbers of children and families served through Community-Based Child Abuse Prevention funds:

- a considerable increase in the number of grantees
- enhanced provision of evidence-based prevention programming
- increased technical assistance and training to grantees concerning evaluation and reporting requirements
- improved collection and reporting of outcome and evaluation data

Ohio policy requires all children ages 0–3 with a substantiated report to be referred to Help Me Grow/Early Intervention. Ohio has established a referral form that is used exclusively by child protective services agencies to refer families and children to Help Me Grow. Ohio's Help Me Grow/Early Intervention program is supervised by the Ohio Department of Health and is administered through county agencies. This is the number of unique children ages 0–3 with a substantiated report disposition. Although the state does not report AR victims, the data include children and siblings served through both the alternative response pathway and the traditional response pathway. All children determined eligible were referred to Help Me Grow. Ohio's SACWIS generates the Help Me Grow referral form.

Oklahoma

Contact	Elizabeth Roberts	**Phone**	405–522–3715
Title	Programs Manager II	**Email**	e.roberts@okdhs.org
Address	Child Welfare Services Oklahoma Department of Human Services PO Box 25352 Oklahoma City, OK 73125		

General

The Pinnacle Plan details a 5-year plan, beginning with state fiscal year (SFY) 2013, to address 15 performance areas identified in the agreement with plaintiffs in the class action litigation DG vs. Yarbrough, Case No. 08–CV–074. Public reporting related to specific performance areas can be accessed through the Department of Human Services (DHS) website.

The Department of Human Services (DHS) continues efforts in becoming a trauma-informed system at both the system and client levels through the Oklahoma Trauma Assessment & Service Center Collaborative (OK-TASCC). The OK-TASCC is in its fourth year of the 5-year demonstration grant. The project allows for the Child Welfare Services branch of the Oklahoma Department of Human Services to continue with the development of more comprehensive and reliable screening, assessment, and aligned service delivery.

Oklahoma is participating in a pilot project involving Eckerd's Rapid Safety Feedback process. The process uses a combination of predictive analytics in combination with continuous quality improvement (CQI) to provide support and monitoring of cases/intakes where a child has been evaluated by the predictive model to be high risk of death or near death. The pilot is currently implemented and ongoing in Oklahoma County.

Reports

Oklahoma Department of Human Services responds to reports of child abuse or neglect by initiating an investigation of the report or an assessment of the family in accordance with priority guidelines. The primary purpose of the assessment or investigation is the protection of the child.

Oklahoma has an alternative response nonvictim disposition. Assessments are conducted when a report of abuse or neglect does not indicate a serious and immediate threat to the child's health or safety. The assessment uses the same comprehensive review of child safety and evaluation of family functions and protective capacities as is used in an investigation; however, assessments are conducted when it appears that the concerns outlined in the report indicate inadequate parenting or life management rather than very serious, dangerous actions and parenting practices. Assessments do not have findings. When a child is determined unsafe in the initial stages of the assessment, and the family's circumstances or the safety threats or risk to the child meet the guidelines for an investigation, an investigation is initiated by the same child welfare worker immediately. The family is told that an investigation, rather than an assessment, is necessary.

Legislation passed in federal fiscal year (FFY) 2013 directed that an investigation, rather than an assessment, be completed whenever the department determines that a child is "drug-endangered" which is defined as a child who is at-risk of suffering physical, psychological or sexual harm as a result of the use, possession, distribution, manufacture or cultivation of controlled substances. The

term also includes newborns that test positive for a controlled dangerous substance, with the exception of those substances administered under the care of a physician.

Legislation, effective in November of 2015, added sexual exploitation to the types of referrals received by the child abuse and neglect hotline. It also modified the definition of sexual exploitation and added a definition of trafficking in persons to Oklahoma Title 10A, the Children and Juvenile Code.

A new law also went into effect requiring that DHS establish policies and procedures, including relevant training for caseworkers, for identifying, documenting in agency records, and determining appropriate services for children and youth at-risk of sex trafficking. This new mandate requires DHS to develop and implement specific protocols to expeditiously locate any child or youth missing from foster care, determine the primary factors that contributed to the child or youth running away or otherwise being absent from foster care, and what the child or youth experienced while absent from care, that would include an appropriate screening to determine if the child or youth is a possible victim of sex trafficking.

A priority I report indicates the child is in imminent danger of serious physical injury. Allegations of abuse and neglect may be severe and conditions extreme. Response is immediate, the same day of receipt of the report. A Priority II report indicates there is no imminent danger of severe injury, but without intervention and safety measures it is likely the child will not be safe. Priority II assessments or investigations are initiated no less than within 2 to 10 calendar days from the date the report is accepted for assessment or investigation.

Reports that are appropriate for screening include those:

- that clearly fall outside the definitions of abuse and neglect per OAC 340:75–3–120, including minor injury to a child 10 years of age and older who has no significant child abuse and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older;
- concerning a victim 18 years of age or older, unless the victim is in voluntary placement with DHS;
- where there is insufficient information to locate the family and child;
- where there is an indication that the family needs assistance from a social service agency but there is no indication of child abuse or neglect;
- that indicate a child 6 years of age or older is spanked on the buttocks by a foster or trial adoptive parent with no unreasonable force used or injuries observed per OAC 340:75–3–410; and
- that indicate the alleged perpetrator of child abuse or neglect is not a person responsible for the child (PRFC), there is no indication the PRFC failed to protect the child, and the report is referred to local law enforcement.

Qualitative reviews determined that referrals were being accepted that did not meet the criteria for abuse and neglect. CPS program staff have been involved in retraining the DHS Child Abuse and Neglect Hotline staff and continue to conduct reviews to ensure quality and consistency. FFY 2015 reflects an increase in screened-out referrals, some of which may be attributed to the reviews and retraining.

Children

Child protective services program staff released the Safety Guidebook in FFY 2015. The book is a guide for workers and supervisors to assist in making sound safety decisions for children and families. The guidebook accompanied additional enhancements to Child Welfare Services processes including updating The Assessment of Child Safety and clarifying language within the Assessment of Child Safety. The book provides definitions, examples and guidance on the appropriate way to assess and document comprehensive safety decisions from the initial call all the way through to case closure. The book is also a tool for child welfare staff to use when assessing the protective capacities of the person(s) responsible for the child's health, safety or welfare. CPS program staff distributed the guidebook and trained field staff and supervisors at regional quarterly training events.

Fatalities

Oklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. A final determination of death or near death due to abuse or neglect is not made until a report is received from the office of the medical examiner which may extend beyond a 12-month period. Fatalities are not reported to NCANDS until the investigation and state office review are completed. All child fatalities and near fatalities with findings in the State Automated Child Welfare System are reported in the Child File.

The Oklahoma Child Death Review Board conducts a review of every child death and near death in Oklahoma (both attended and unattended). State Office child protective services staff work closely with the Child Death Review Board and is a participating member. Legislation effective in November 2014 allowed any city-county Fetal Infant Mortality Review board of the Health Department to have limited information concerning investigations of fetal and infant mortalities.

Increased communication with the Office of the Medical Examiner and the addition to the OKDHS staff responsible for final determination and documentation on all child deaths and near deaths has resulted in more timely documentation of child deaths.

Perpetrators

Oklahoma began reporting perpetrator relationships of group home or residential facility staff in the FFY 2013 Child File. A prior perpetrator is defined as a perpetrator of a substantiated maltreatment within the reporting year who has also been a perpetrator in a substantiated maltreatment anytime back to 1995, the year of implementation of the State Automated Child Welfare Information System. Oklahoma reports all unknown perpetrators.

Services

Postinvestigation services are services that are provided during the investigation and continue after the investigation, or services that begin within 90 days of closure of the investigation. In cases where the family would benefit from services and the child can be maintained safely in the home, DHS can refer to community services or refer the case to comprehensive home-based services through a DHS contracted provider. If referred to community services, the DHS investigation can be closed and DHS will determine within 60 days whether the family has accessed the recommended services and if the child remains safe. If the family is referred to comprehensive home-based services, DHS will open a family centered services case and follow the family for up to 6 months.

Oregon

Contact	Anna Cox	**Phone**	503–945–6680
Title	Data Collection and Reporting Manager	**Email**	anna.cox@state.or.us
Address	Division Office of Business Intelligence Agency Department of Human Services 1500 Summer Street NE Salem, OR 97301		

General

Oregon's Statewide Automated Child Welfare Information System (SACWIS), known as OR-Kids, was implemented in August 2011. The implementation of OR-Kids allowed for data collection on nonvictims for the first time. FFY 2015 will be the third submission period for which Oregon has reported child-level data associated for victims and nonvictims.

Oregon began a phased implementation of a two track response system called differential response (DR) in May 2014. As of September 30, 2015, 9 of Oregon's 36 counties were using the system. The anticipated completion date for all of Oregon is fall 2017. The two types of response tracks within the DR system are traditional response (TR) and alternative response (AR). Data is reported in the NCANDS Child File for all screened-in child protective services (CPS) reports, regardless of differential response track. Alternative response reports have an NCANDS disposition of alterative response nonvictim.

Certain improvements have been made for the FFY2015 NCANDS data submission. Specifically, services are being reported in the Agency File. Future changes will enhance reporting of services in the Child File. Oregon will continue to work on improving the extraction procedures, as needed, to accurately report all NCANDS data.

Reports

The investigation start date is the date of actual child or parental contact. In Oregon, a report is screened out when:

- No report of child abuse/neglect has been made but the information indicates there is risk present in the family, but no safety threat.
- A report of child abuse/neglect is determined to be third party child abuse, but the alleged perpetrator does not have access to the child, and the parent or caregiver is willing and able to protect the child.
- An expectant mother reports that conditions or circumstances would endanger the child when born.
- The child protection screener is unable to identify the family.

Children

The NCANDS category "other" maltreatment type includes the state category threat of harm.

Fatalities

The state reports fatalities in the Agency file. These cases are dependent upon medical examiner report findings, law enforcement findings and completed CPS assessments and the fatality cannot be reported as being due to child abuse/neglect until these findings are final. Reported fatalities due to child abuse/neglect for FFY 2015 represent deaths due to child abuse/neglect for cases where the findings were final as of January 2016.

Oregon *(continued)*

Perpetrators

Unique perpetrators between reports were assigned unique identification numbers starting in 2008.

Services

The State's SACWIS system does not collect data on preventive services; therefore, it does not currently have NCANDS child-level reporting on these services. Further, the NCANDS Child File information services is not complete at this time.

Pennsylvania

Contact	Sharon Mathna	**Phone**	717–214–5982
Title	Business Analyst	**Email**	smathna@pa.gov
Address	Pennsylvania Department of Human Services 625 Forester Street Harrisburg, PA 17120		

General

The state was not able to submit commentary for the *Child Maltreatment 2015* report.

Puerto Rico

Contact	Lisa M. Agosto / Rosa Fuentes	**Phone**	787–625–4900 ext. 1719/1803
Title	Assistant Administrator for Child Protective Services / Deputy Administrator	**Email**	lmagosto@adfan.pr.gov rfuentes@adfan.pr.gov
Address	Department of the Family - Administration for Families and Children (ADFAN) PO Box 194090 San Juan, PR 00919–4090		

General

The Puerto Rico Department of the Family (DF) is the agency responsible for the provision of the diversity and /or a variety of social welfare services. As an umbrella agency, four Administrations operate with fiscal and administrative autonomy. The Department of the Family composition is as follows:

- Office of the Secretary
- Administration for Children and Families-ACF (ADFAN, Spanish acronym)
- Administration of the Socioeconomic Development of the Family (ADSEF, Spanish acronym)
- Child Support Administration (ASUME, Spanish acronym)
- Administration for Integral Development of Childhood (ACUDEN, Spanish acronym

The Administrations are agencies dedicated to execute the public policy established by the Secretary, in the different priority areas of services to children and their families including the elderly population. They are also responsible for implementing and developing those functions delegated by the Secretary through the redefinition and reorganization of the variety of services for the family including traditional services and the creation of new methods and strategies for responding to the needs of families. Work plans are prepared in agreement with the directives and require final approval of the Secretary.

As part of the Program Improvement Plan (PIP) efforts, ADFAN established as a priority the punctual and continuous data entry efforts to have readily available information. Puerto Rico only has the investigation pathway.

Reports

The Assistant Administration for child protective services is responsible for the investigation of intra-familial and institutional child abuse and neglect (CA/N) referrals. As one of its primary components, the State Center for the Protection of Children is responsible for the operation of the Child Abuse and Neglect Hotline and the Orientation and Family Support Hotline. Both lines are responsible for providing an expedited system of communication to receive family and/or institutional referrals and to provide orientation and crisis intervention in different areas of family life. It also operates the Central Registry, which maintains updated statistical and programmatic information about the movement of CAN referrals and cases receiving services by ADFAN.

In FFY 2015, there was an overall decrease in the number of staff responsible for CPS functions (screening, intake, and investigation/assessment of reports) because of retirements, resignations and transfers to other government agencies. This is masked in year to year comparisons because the

number of hotline staff were previously not reported in the total.

Children

The list of state items included within the NCANDS category of "other" maltreatment types are: fatal (death), muerte próxima (near death situation), alcohol withdrawal syndrome, drugs withdrawal syndrome, munchausen syndrome by proxy, failure to thrive, and shaken baby syndrome.

Fatalities

The primary source of information for the child fatality data are the Sistema de Información para el Registro Central y Servicios (SIRCS), Spanish acronym for Information System for the Central Registry and Services. ADFAN implemented different initiatives to prevent child maltreatment. These initiatives were executed on communities with high-risk factors for child maltreatment.

Services

In FFY 2015, there was a significant increase in the number of families who received preventive services through "other" funding sources. This field includes activities such as: information desk, prevention training workshops for the communities and education professionals, Family Market Project (Family Market is product of a collaborative agreement between the Department of Agriculture, the Administration for Agricultural Business Development (ADEA), and the Department of Family (Administration for Socioeconomic Development of the Family (ADSEF)).

Rhode Island

Contact	David Allenson	**Phone**	401–528–3858
Title	IT Administrator	**Email**	david.allenson@dcyf.ri.gov
Address	Rhode Island Department of Children, Youth and Families 101 Friendship Street, 1st Floor–MIS Unit Providence, RI 02903		

Reports

The Department of Children, Youth and Families (DCYF) is required to investigate reports of child abuse and neglect. DCYF promulgated Policy 500.0010 to identify the five criteria for child protective services (CPS) investigations/alerts. The CPS criteria are as follows:

- Investigation Criteria 1: Child Abuse/Neglect (CA/N) Report-RIGL 40–11–3 requires DCYF to immediately investigate reports of child abuse and neglect. The circumstances reported, if true, must constitute child abuse/neglect as defined by RIGL 40–11–2.
- Investigation Criteria 2: Nonrelative Caregiver-RIGL 42–72.1–4 requires that no parent assigns or otherwise transfers to another, not related to him or her by blood or marriage, his or her rights or duties with respect to the permanent care and custody of his or her child under eighteen years of age unless duly authorized by an order or decree of the court.
- Investigation Criteria 3: Sexual Abuse of a Child by Another Child-RIGL 40–11–3 requires DCYF to immediately investigate sexual abuse of a child by another child.
- Investigation Criteria 4: Duty to Warn-RIGL 42–72–8 allows DCYF to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. If the hotline receives a report that a perpetrator of sexual abuse or serious physical abuse has access to another child in a family dwelling, that report is classified as an investigation and assigned for investigation.
- Investigation Criteria 5: Alert to Area Hospitals —Safety of Unborn Child —RIGL 42–72–8 allows DCYF to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. The department issues an alert to area hospitals when a parent has a history of substantiated child abuse/neglect or a child abuse/neglect conviction and there is concern about the safety of a child.

Those cases that do not meet the criteria for investigation and there is concern for the well-being of a child may be classified as an information and referral (I/R). This classification is a derivative of a previous protocol that DCYF had relating to classifying reports to the child abuse hotline as early warnings. The I/R process is not reflected in RIGL. Rather, DCYF has promulgated a policy and published a protocol that codifies the informational and referral process. Pursuant to the department's I/R policy, when an I/R report is received by the child abuse hotline relating to a case that is not active with DCYF and it appears that there is a service need, a referral for service is made to CPS intake. When an I/R report is received on a case active to DCYF, a notification is made to the primary caseworker and supervisor.

While The Statewide Automated Child Welfare Information System (RICHIST) can link more than one report source per report, only one person can be identified as the person who actually makes the report. If more than one report is linked to an investigation, the person identified as the reporter in the first report is used in the Child File.

The total number of CPS workers is based upon currently occupied full-time equivalents (FTEs) for child protective investigators, child protective supervisors, intake social caseworkers II, and intake casework supervisors II. Supervisors accept, screen, and investigate reports meeting criteria for child abuse and child neglect. Intake and case monitoring social caseworkers II and intake casework supervisors II are responsible for screening all new cases entering the department via CPS investigations, intake service self-referrals, and family court referrals. Upon screening those cases, intake determines whether cases can be closed to the department upon referral to community-based services, or if the family warrants legal status or a higher level of DCYF oversight and permanency planning, which results in transfer to DCYF Family Service Units.

The investigation start date is defined as the date when CPS first had face-to-face contact with the alleged victim of the child maltreatment or attempted to have face-to-face contact. The data are recorded as a date/timestamp which includes the date and the time of the contact or attempted contact.

Children

The NCANDS category of "other" maltreatment type includes the state categories of institutional allegations such as corporal punishment, other institutional abuse, and other institutional neglect. The current policy is that only the named victim has an allegation, and the facility or home is referred to the licensing unit to look at licensing violations rather than child abuse or neglect.

Fatalities

The fatalities reported for child abuse and neglect in the Child and Agency Files only come from those reported to the department and recorded in RICHIST. By state law, all child maltreatment is required to be reported to DCYF, regardless of whether it results in a death. There are no other sources except RICHIST that collect fatality information.

South Carolina

Contact	Lynn Horne	**Phone**	803–724–5933
Title	CAPSS Project Administrator	**Email**	lynn.horne@dss.sc.gov
Address	CAPSS IT South Carolina Department of Social Services PO Box 1520 Columbia, SC 29201		

General

South Carolina has continued with Community Based Prevention Services (CBPS), which began in January 2012. This program serves as the South Carolina Department of Social Services' (DSS) alternative response program. DSS uses the Safety and Risk Matrix to assess intakes made to the Abuse and Neglect Hotline. Accepted intakes are assigned to investigation if safety or high risk issues are present. Referral to CBPS is only for those cases in which the intake and resulting matrix assessment indicate low to moderate risk. These cases are not accepted by the Agency for investigation. Community Based Prevention Services is a contracted service with private providers and an interface for assessments and dictation which is populated in the Statewide Automated Child Welfare Information System (SACWIS; also known as CAPSS in South Carolina).

Reports

In FFY 2015, South Carolina began implementing intake hubs with five actively receiving intakes as of September 2015. The hubs will only address intakes and, therefore, the intake workers and supervisors are specialized. Additionally, training has continued for the county dedicated intake staff who receive calls on the abuse and neglect hotline. These actions resulted in:

- Increasing the reports that were accepted for investigation
- More appropriate intake decision making, including screening out those cases that do not need an agency response
- Increasing the reports that were accepted for investigation and decreasing the number of children and families referred to CBPS
- Increasing the workload of the investigative staff which would contribute to the response time increase on investigations
- Increasing the number of investigations that were unsubstantiated

Children

The families referred for CBPS were reported in federal fiscal year (FFY) 2015 NCANDS data submission with a disposition of alternative response nonvictim and the NCANDS category of "other" maltreatment type. All demographic information was reported on these children.

South Carolina Department of Social Services (SCDSS) continued trainings that focused on improving skills related to child abuse investigations. Enhanced training on typology and maltreatment types has been provided to ensure that all types of abuse alleged in a case are noted in the report, not just the primary type. This may increase in the number and types of maltreatments recorded. The decrease in number of reports with the NCANDS category of "other" maltreatment type is due to the decrease in the number of children and families referred to CBPS.

The number of children abused/neglected in foster homes has substantially reduced in FFY 2015. Regionalized licensing and additional training and supervision was provided to the unit that is

responsible for investigation of abuse and neglect in foster care. This has resulted in more scrutiny for licensing and some homes have been closed.

Fatalities

Law enforcement, the coroner, the medical examiner, and the Department of Health and Environmental Control (Bureau of Vital Statistics Division) report all child deaths that were not the result of natural causes, to the State Law Enforcement Division (SLED) for an investigation. SLED refers their findings to the State Child Fatality Committee for a review. The children whose deaths appear to have been a result of child maltreatment by a "person responsible for a child's welfare," including, but not limited to a parent, guardian, or foster parent are reported to DSS by SLED during their investigation. This list is compared to the agency SACWIS system by name, date of birth, date of death, and parents' names to ensure there is no duplication in reporting the fatalities in the NCANDS Child and Agency files.

There was a decrease in child fatalities investigated by SDSS from FFY 2014 to FFY 2015. No policy or legislative changes impacted child fatalities. However, one potential contributor to this difference may be that in FFY 2014, there was one case that included the death of five children. The Agency Files includes all fatalities that occurred in FFY 2015, and all reports made by the State Child Fatality Committee were investigated by SCDSS.

South Dakota

Contact	JoLynn Bostrom	**Phone**	605–347–2588 ext. 203
Title	Program Specialist	**Email**	jolynn.bostrom@state.sd.us
Address	Division of Child Protection Services South Dakota Department of Social Services 2200 West Main Street Sturgis, SD 57785		

General

Child protective services (CPS) does not use the differential response model. CPS either screens in reports, which are assigned as initial family assessments, or the reports are screened out. However, the initial family assessment allows CPS to open a case for services based on safety threats without substantiation of an incident of abuse or neglect. South Dakota does refer reports to other agencies if the report does not meet the requirements for assignment, and it appears the family could benefit from the assistance of another agency.

Reports

CPS child abuse and neglect screening and response processes are based on allegations that indicate the presence of safety threats, which includes the concern for child maltreatment. CPS makes screening decisions through the use of the screening guideline and response decision tool. Assignment is based on child safety and vulnerability. The response decision is related to whether the information reported indicates present danger, impending danger, or any other safety threat. A report is screened out if it does not meet the criteria in the screening guideline and response decision tool.

The reporter types listed under the NCANDS category of "other" reporter types in the Child File include clergy, community person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official and tribal official. Reports of abuse and neglect are categorized into four types: neglect, physical abuse, sexual abuse, and/or emotional maltreatment. Medical neglect is included in the neglect category.

Children

The data reported in the Child File includes children who were victims of substantiated reports of child abuse and neglect where the perpetrator is the parent, guardian or custodian. There is an increase in the number of referrals made to Birth to Three Connections Program as a result of substantiated findings of abuse or neglect on children ages 3 and younger.

Fatalities

Children who died due to substantiated child abuse and neglect by their parent, guardian or custodian are reported as child fatalities. The number reported each year are those victims involved in a report disposed during the report period, even if their date of death may have actually been in the previous year. The state of South Dakota reports child fatalities in the Child File and the Agency File.

South Dakota Codified Law 26–8A–3 mandates which entities are required to report child abuse and neglect.

> *"26–8A–3. Persons required to report child abuse or neglected child--Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer,*

teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, chemical dependency counselor, coroner, or any safety-sensitive position as defined in subdivision 23–3–64(2), who have reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in § 26–8A–2 shall report that information in accordance with §§ 26–8A–6, 26–8A–7, and 26–8A–8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26–8A–2 may report that information as provided in § 26–8A–8."

South Dakota Codified Law 26–8A–4 mandates that anyone who has reasonable cause to suspect that a child has died as a result of child abuse or neglect must report. The reporting process required by SDCL 26–8A–4 stipulates that the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South Dakota Department of Social Services.

"26–8A–4. Additional persons to report death resulting from abuse or neglect--Intentional failure as misdemeanor. In addition to the report required under § 26–8A–3, any person who has reasonable cause to suspect that a child has died as a result of child abuse or neglect as defined in § 26–8A–2 shall report that information to the medical examiner or coroner. Upon receipt of the report, the medical examiner or coroner shall cause an investigation to be made and submit written findings to the state's attorney and the Department of Social Services. Any person required to report under this section who knowingly and intentionally fails to make a report is guilty of a Class 1 misdemeanor."

When CPS receives reports of child maltreatment deaths as required under SDCL 26–8A–4 from any source, CPS documents the report in the Statewide Automated Child Welfare Information System (FACIS). Reports that meet the NCANDS data definition are reported to NCANDS. The Justice for Children's Committee (Children's Justice Act Task Force) is also updated annually on the handling of suspected child abuse and neglect related fatalities.

Perpetrators

Perpetrators are defined as individuals who abused or neglected a child and are the child's parent, guardian or custodian. The state information system designates one perpetrator per child per allegation.

Services

The Agency File includes services provided to children and families in which funds were used for primary prevention from the Community Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services.

South Dakota's Division of Child Protection Services, with the consent of the parent, refers every child under the age of 3 involved in a substantiated case of child abuse or neglect to the Department of Education's Birth to Three Connections program. This program is responsible for the Individuals with Disabilities Education Act (IDEA) services. The parent or guardian needs to sign a DSS information authorization form before the referral is made. The Birth to Three Connections coordinators to eligibility and write an individual family service plan for eligible children within 45 days of the receipt of the referral. Not all children referred by the Division of Child Protection Services to the Birth to Three program are eligible for services.

Tennessee

Contact	Jerry Imsand	**Phone**	615–532–2261
Title	Director	**Email**	jerry.imsand@tn.gov
Address	Department of Children's Services 500 James Robertson Parkway Nashville, TN 37243		

General

As part of the Agency's investigation related to the allegation[s] for a given intake, both investigation and assessment activities may occur during the Agency's evaluation of a single intake.

Reports

A referral may be screened out for the following reasons:

- allegation previously investigated
- alleged victim is 18 years or older
- it is a duplicate referral
- family resides out of state
- illegal placement; no services to be provided
- incomplete referral packet
- no allegation of harm or imminent harm
- no identifying information available
- out of state incident–no one in TN
- preliminary report—Sudden Infant Death Syndrome—nonsuspicious death
- prenatal abuse and neglect

The NCANDS category of "other" report source includes licensed persons from a social services agency. Prior to federal fiscal year (FFY) 2015 the state used the first known report source when there were multiple report sources. Starting with FFY 2015, the state reports only the first report source even if the first report source is unknown. Unknown report sources are mapped to the NCANDS report source category of "other."

The NCANDS category of "other" maltreatment type includes 5 new state types: assessment, inappropriate allegation, indicated high-risk of imminent danger, resource linkage, and anonymous abandoned infant.

Children

Prior to FFY 2015, the state code of no services needed was mapped to the NCANDS disposition of unsubstantiated. Beginning in FFY 2015, this code is mapped to the NCANDS disposition of alternative response nonvictim. This has resulted in a decrease in unsubstantiated dispositions and a corresponding increase in alternative response nonvictim dispositions.

The response time is computed at the CPS intake level where double counting does not occur. Though the CPS employee head count has increased from FFY 2014, the breakout of employee roles is not available for FFY 2014. Therefore, a comparison with FFY 2015, regarding investigation/assessment workers, cannot be made.

Fatalities

All child maltreatment fatalities are extracted from the SACWIS and reported in the Child File.

Perpetrators

The SACWIS is relationship based and does not clearly identify the caregiver/foster parent as reportable data. Though the state does have the options of foster mother and foster father for the category of relationships, they are used sparingly. This affects our ability to adequately report both the caregiver as perpetrator field and the perpetrator as foster parent relationship field.

Perpetrator relationship values have been re-mapped in the extraction code such that, in the case of multiple relationships to the alleged child victim, the relationship "closest" to the victim is being reported. In prior years the most recent relationship was reported. Incident date is not captured as a discrete/reportable field and is only available in the case recording narrative.

Services

The following services fields are captured by the SACWIS in the case recording narrative and cannot be extracted for reporting purposes:

- family preservation services
- family planning services
- housing services
- information and referral services

The SACWIS does not directly link an investigation to a child's removal from the home because an investigation is not a prerequisite to a child entering custody. The extraction code applies "Rule 61-3(N2V061_02)" and reports the "best fit" removal date if a removal occurred between the disposition date and the disposition date + 90 days, otherwise this field is blanked.

The following services fields are not collected and cannot be reported:

- number of out-of-court contacts between the court appointed representatives and the child victims they represent
- unique child victims eligible for referral to agencies providing early intervention services
- unique child victims actually referred to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act

Texas

Contact	Mark Prindle	**Phone**	512–929–6753
Title	System Analyst	**Email**	mark.prindle@dfps.state.tx.us
Address	Information and Technology Department of Family and Protective Services 2323 Ridgepoint Dr Austin, TX 78754		

General

Alternative response (AR) is a new approach that responds differently than traditional investigations to reports of abuse/neglect. It allows for a more flexible, family engaging approach while still focusing on the safety of the children as much as in a traditional investigation. AR allows screened-in reports of low- to moderate-risk to be diverted from a traditional investigation and serviced through an alternative family centered assessment track. There will be no change in the number or type of clients served, but alternative response clients will be served in a different manner. Generally, the alternative response track will serve accepted child abuse and neglect cases that do not allege serious harm. AR cases will differ from traditional investigations cases in that there will be there will be no substantiation of allegations, relationships will not be reported, and dispositions will not be assigned. Perpetrator names will not be entered into the central registry, the repository for confirmed reports of child abuse and neglect.

AR was initially implemented in portions of Regions 1, 3, and 11 beginning in November 2014. Execution was staggered to allow for planning and training. Region-wide implementation began with Region 1 in May 2015, followed by Region 11 in July 2015, and Region 3 in November 2015. Currently, Region 7 is preparing for implementation in February 2016, and Region 9 will implement AR in May 2016. AR is to be introduced in a new region approximately every 3 months until rollout is complete across the state. Regions 7, 8, 9, and 10 are expected to implement AR in calendar year (CY) 2016. Statewide implementation is expected to be complete by December 31, 2017.

Reports

All reports of maltreatment within the Department of Family and Protective Services' (DFPS) jurisdiction are investigated, excluding those which during the screening process are determined not to warrant an investigation based on reliable collateral information.

The state considers the start of the investigation to be the point at which the first actual or attempted contact is made with a principal in the investigation. In some instances, the worker will get a report about a new incident of abuse or neglect involving a family who is already being investigated or receiving services in an open child protective services (CPS) case. There are also instances in which workers begin their investigation when families and children are brought to or walk-in an office or 24-hour shelter. In both situations, the worker would then report the maltreatment incident after the first face-to-face contact. Because the report date is recorded as the date the suspected maltreatment is reported to the agency, these situations would result in the report date being after the investigation start date.

The state's CPS schema regarding disposition hierarchy differs from NCANDS hierarchy. The state has "other" and "closed-no finding" codes as superseding "unsubstantiated" at the report level. Texas operates under the assumption that the two ends of the disposition spectrum are "founded" and "unfounded" with all else in the middle. NCANDS takes a slightly different view that the top two

dispositions points are "founded" and "unfounded" and everything else is less than either of these two points.

The state's hierarchy for overall disposition is, from highest to lowest, reason to believe (RTB), unable to determine (UTD), unable to complete (UTC), and ruled out (R/O). Mapping for NCANDS reporting is; RTB=01, UTD=88, UTC=07, and R/O=05. An inconsistency in the hierarchies for the state and for NCANDS occurs for investigations in which the alleged victim has multiple maltreatment allegations, and one allegation has a disposition of UTD while the other has a maltreatment disposition of R/O. According to the state's hierarchy, the overall disposition for these investigations is UTD. Mapping the report disposition to "unsubstantiated" as indicated in the NCANDS's report disposition hierarchy report is inconsistent with state policy. There is no CPS program requirement or state requirement to capture incident date, so there is no data field in the SACWIS for this information.

The Structure Decision Making (SDM®) system includes a series of evidenced-based assessments used at key points in child protection casework to support staff in making consistent, accurate, and equitable decisions throughout the course of their work with families. Research demonstrates that decision tools in combination with professional judgment result in more reliable and equitable decisions, can reduce individual bias, result in more consistent decision making, and reduce disproportionality. The Children's Research Center (CRC) will work with Texas CPS to support continuous improvement by evaluating changes to assessment and practice through data analysis.

In Texas, select SDM assessments are being implemented across the state in two phases. Phase 1 began in January 2015 with the goal of implementing the SDM safety assessment and risk assessment in investigations by September 2015. The safety assessment provides structured information concerning the danger of immediate harm/maltreatment to a child. It guides and supports decisions about whether a child may remain in the home with no intervention, may remain in the home with a safety plan in place, or must be protectively placed. The second SDM assessment tool implemented by Texas was the family risk assessment. The risk assessment, developed by the CRC, is a research-based assessment that estimates the likelihood that a family will become involved with CPS again due to a subsequent maltreatment incident. The risk assessment incorporates a range of family characteristics (e.g., number of prior referrals, children's ages, and caregiver behaviors) that all demonstrate a strong correlation with subsequent child abuse/neglect referrals.

Children

The state does not make a distinction between substantiated and indicated victims. A child is categorized as a designated victim when he or she is named as a victim in an allegation that has a disposition of RTB.

The state can provide data for living arrangement at the time of the alleged incident of maltreatment only for children investigated while in a substitute care living situation. All others are reported as unknown.

Fatalities

The state bases its child maltreatment fatalities on the reason for death field contained in the DFPS IMPACT system. DFPS is the primary agency required by law to investigate and report on child maltreatment fatalities in Texas when the perpetrator is a person responsible for the care of the child.

Information from the other agencies/entities listed above is often used to make reports to DFPS that initiate an investigation into suspected abuse or neglect that may have led to a child fatality. Also, DFPS uses information gathered by law enforcement and medical examiners' offices to reach dispositions in the child fatalities investigated by DFPS. Other agencies, however, have different criteria for assessing and evaluating causes of death that may not be consistent with the child abuse/neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as within DFPS.

Perpetrators

Relationships reported for individuals are based on the person's relationship to the oldest alleged victim in the investigation. The state is unable to report the perpetrator's relationship to each individual alleged victim.

Currently the state's relationship code for foster parents does not distinguish between relative/nonrelative.

Utah

Contact	Brad Newbold	**Phone**	801–538–4132
Title	Senior Business Analyst	**Email**	lbmnewbold@utah.gov
Address	Division of Child and Family Services 195 N. 1950 W. Salt Lake City, UT 84116		

General

In federal fiscal year (FFY) 2011, Utah centralized their intake functions to one statewide call-in center. The purpose of this was to be able to have the Department of Children and Family Safety (DCFS) intake staff available 24-hours a day and to improve statewide consistency in the screening functions.

Reports

The investigation start date is defined as the date a child is first seen by child protective services (CPS). The data are captured in date, hours, and minutes. A referral is screened out in situations including, but not limited to:

- The minimum required information for accepting a referral is not available.
- As a result of research, the information is found not credible or reliable.
- The specific incidence or allegation has been previously investigated and no new information is gathered.
- If all the information provided by the referent were found to be true and the case finding would still be unsupported.
- The specific allegation is under investigation and no new information is gathered.

The state uses the following findings:

- Supported: a finding, based on the information available to the worker at the end of the investigation, that there is a reasonable basis to conclude that abuse, neglect, or dependency occurred, and that the identified perpetrator is responsible.
- Unsupported: a finding based on the information available to the worker at the end of the investigation that there was insufficient information to conclude that abuse, neglect, or dependency occurred. A finding of unsupported means that the worker was unable to make a positive determination that the allegation was actually without merit.
- Without merit: an affirmative finding at the completion of the investigation that the alleged abuse, neglect, or dependency did not occur, or that the alleged perpetrator was not responsible.
- Unable to locate: a category indicating that even though the child and family services CPS worker has followed the steps outlined in child and family services practice guideline and has made reasonable efforts, he/she has been unable to make face-to-face contact with the alleged victims to investigate an allegation of abuse, neglect, or dependency and to make a determination of whether the allegation should be classified as supported, nonsupported, or without merit.

Children

Prior to May 2011, state law defined domestic violence in the presence of a child or a child's knowledge of domestic violence as abuse. This was mapped to the NCANDS category of psychological maltreatment. Changes in state statute effective May 2011, altered when DCFS accepts investigations related to domestic violence. We have seen a reduction in domestic violence related cases since that time.

The state's category of other maltreatment type includes failure to protect, dependency, safe relinquishment of a newborn, and pediatric condition falsification. Prior to FFY 2011, child endangerment also was mapped to the state category of other maltreatment. This category is now mapped to physical abuse. The definition of child endangerment is subjecting a child to threatened harm. This also includes, but is not limited to, conduct described in:

- Utah Code Ann. §76–5–112: recklessly engaging in conduct that creates a substantial risk of death or serious bodily injury to a child, or
- Utah Code Ann. §76–5–112.5: knowing or intentionally causing or permitting a child to be exposed to, inhale, ingest, or have contact with a controlled substance, chemical substance, or drug paraphernalia (as these terms are defined in this section). "Exposed to" means the child is able to access or view an unlawfully possessed controlled substance or chemical substance, has reasonable capacity to access drug paraphernalia, or is able to smell an odor produced during or because of the manufacture or production of a controlled substance.

In FFY 2011–2012 Utah DCFS reviewed sexual abuse definitions with state attorneys. Additional cases for which sexual abuse may have occurred have been opened as a result. Separate cases have been opened for scenarios in which there were multiple perpetrators involved in one incident as a result of changes to expungement laws, as well. This alteration facilitates the ability to expunge cases. Both of these changes have led to an increase in the number of sexual abuse cases investigated.

A group of ID's have been identified for unknown or purged children. These ID's are valid for FFY 2009 forward. Cases may be purged when the maltreatment was without merit.

Fatalities

Concerns related to child abuse and neglect, including fatalities, are required to be reported to the Utah DCFS. Fatalities where the CPS investigation determined a finding of abuse or neglect are reported in the NCANDS Child File.

Perpetrators

A group of ID's have been identified for unknown or purged perpetrators. These ID's are valid for FFY 2009 forward. Cases may be purged when the maltreatment was without merit.

Services

As of April 2015, Utah's CPS workers no longer screen for developmental delays. DCFS now directly refers children to the Utah early intervention agency to better meet the requirements outlined in the Child Abuse Prevention and Treatment Act (CAPTA) regarding the "referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act." Since April, a list of every child 34½ months or younger, with a supported finding of abuse or neglect is sent to the Utah Department of Health's Baby Watch Early Intervention Program (BWEIP), which then contacts the family to offer their screening services. In addition, DCFS sends a letter to each family to inform them of this mandatory referral and encourage them to accept the screening.

Prevention services in the Agency File are only reported for children served. The category of families served does not contain reports of prevention services to avoid duplication; however, a child may be counted twice if they received services from different agencies receiving money from the same funding source.

Vermont

Contact	Derrick LaMarche	**Phone**	802–479–5065
Title	System Developer	**Email**	derrick.lamarche@state.vt.us
Address	Vermont Family Services IT Vermont Department for Children and Families 1311 Route 302, Suite 400 Berlin, VT 05633–0200		

General

In July 2009, Vermont implemented a differential response program with an assessment track and an investigation track. About 40 percent of cases are assigned to the assessment pathway. In the assessment pathway, the disposition options are services needed and no services needed. Cases assigned to the assessment pathway may be switched to the investigation pathway, but not vice versa. Data from both pathways are reported to NCANDS. The Family Services Division is responsible for investigating allegations of child abuse or neglect by caregivers and sexual abuse by any person (not just caregivers). The department investigates risk of physical harm and risk of sexual abuse.

Reports

Vermont operates a statewide child protection hotline, available 24/7. All intakes are handled by social workers and screening decisions are handled by hotline supervisors. These same supervisors make the initial track assignment decision. All calls to the child abuse hotline are counted as referrals, resulting in a very high rate of referrals per 1,000 children, and making it appear that Vermont has a very low screen-in rate. Reasons for screening a report out include: (1) duplicate report (2) report does not concern child maltreatment as defined in state statute.

Children

The Family Services Division is responsible for investigating allegations of child abuse or neglect by caregivers and sexual abuse by any person. The department investigates risk of physical harm and risk of sexual abuse.

Fatalities

The department is an active participant in Vermont's Child Fatality Review Committee.

Perpetrators

For sexual abuse, perpetrators include noncaregiver perpetrators of any age.

Services

Following an investigation or assessment, a validated risk assessment tool is applied. If the family is classified as at high- or very-high-risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors and build protective capacities.

Virginia

Contact	David Bringman	**Phone**	804–726–7553
Title	Policy Analyst	**Email**	david.bringman@dss.virginia.gov
Address	Division of Family Services Virginia Department of Social Services 801 East Main Street, 11th Floor Richmond, VA 23219		

General

In accordance with Virginia Administrative Code 22VAC40-705-130(A)(3) the record of the unfounded case shall be purged one year after the date of the complaint or report if:

- there are no subsequent founded or unfounded complaints and/or reports regarding the individual against whom allegations of abuse and/or neglect were made in that one year, or;
- there are no subsequent founded or unfounded complaints and/or reports of child abuse and/or neglect regarding the same child in that one year.

Reports placed in the investigation track receive a disposition by the state of founded (NCANDS disposition of substantiated) or unfounded (NCANDS disposition of unsubstantiated) for each maltreatment allegation. Reports placed in the family assessment track receive a family assessment; no determination is made as to whether or not maltreatment actually occurred. Virginia reports these family assessment cases as alternative response nonvictim.

The Virginia Administrative Code 22VAC40-705-10 defines family assessment as the collection of information necessary to determine:

- The immediate safety needs of the child;
- The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;
- Risk of future harm to the child; and
- Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services. These arrangements may be made in consultation with the caretaker(s) of the child.

Reports

A large number of family assessment cases were not reported to NCANDS because of unknown maltreatment type. An edit was applied in the case management system to address the issue, and it took effect about half way through the reporting period for federal fiscal year (FFY)2015.

The response time is determined by the priority assigned to the valid report based on the information collected at intake. It is measured from the date of the report. The department continues to improve documentation of initial response to the investigation or family assessment by making changes to the automated data system and providing technical assistance to local departments of social services.

Children

Virginia reports family assessment cases as alternative response nonvictim.

Fatalities

As of 2013, Virginia modified the way that child fatalities are processed. This resulted in the increase in more child fatalities being recorded during FFY 2015. Suspensions of child death investigations

effective July 1, 2013, The Code of Virginia Â§63.2-1505 B5 grants exceptions to completing certain investigations under specific conditions. In any child death investigation which requires reports or records generated outside the local department to complete the investigation, such as an autopsy, the time needed to obtain these reports or records shall not be counted towards the 45-day timeframe to complete the investigation. These records must be necessary to complete the investigation and not available due to circumstances beyond the control of the local department. When the local departments of social services receive the reports or records, the 45-day timeframe resumes where it had left off, it does not start over.

Services

The decrease in services reporting may be due remapping and that completing services fields are not mandatory in the system.

Washington

Contact	Lisa Barber	**Phone**	360–486–2328
Title	Reporting and Compliance Analyst	**Email**	lisa.barber@dshs.wa.gov
Address	Children's Administration Washington Department of Social and Health Services 7240 Martin Way Lacey, WA 98516		

General

A Structured Decision Making intake screening tool (SDM) was implemented in late 2013, which supported the development of a two pathway response for CPS response when there were allegations of child abuse and neglect (CA/N) and clear definitions for CPS risk-only intakes. CPS risk-only intakes involve a child whose circumstances places him or her at imminent risk of serious harm without any specific allegations of abuse or neglect. When CPS risk-only intakes are screened in: 1) the children must be seen by a CPS investigator within 24 hours, 2) a complete investigation is required, and 3) if the investigator finds abuse or neglect a victim and findings will be recorded and the record included in the NCANDS Child File. CPS risk-only intakes are not submitted to NCANDS unless there is a substantiation of maltreatment.

During 2012, Washington's Children's Administration (CA) actively prepared for the start of a new CPS differential response pathway called family assessment response (FAR) as the demonstration project for Washington's IVE Waiver. This preparation included eliminating the alternative response (10-day response intakes) and developing a two pathway response for CPS intakes: investigation which requires a 24- or 72-hour response time, and FAR, requiring a 72-hour response. Intakes screened to FAR predominately contain allegations for neglect and are considered low risk, not requiring an immediate response. The SDM provides consistency in screening, and it guides intakes with neglect allegations considered low risk to the FAR pathway. Intakes with chronicity indicators or allegations of moderate to severe physical abuse and all sexual abuse allegations are screened to the investigation pathway. Intakes with any allegations for physical abuse for children ages 0 to 3 or on an active dependency are screened to investigation, as well. This two pathway response began in January 2014 in three offices and continues to be phased-in across the state. The department has implemented the pathway in more than 39 offices. It is expected that FAR will be fully implemented by the end of CY 2016. Recent legislative action provided funding to continue the FAR roll out to the remaining 13 offices.

Up until FFYs 2013–2014, alternative response (10 day response) was assigned to intakes containing low-risk allegations. Services were offered to families with children through community-based contracted providers.

Reports

To be screened-in for CPS intervention, intakes must meet sufficiency. Washington's sufficiency screening consists of three criteria:
Allegations must meet the Washington Administrative Code (WAC) for child abuse and neglect.

- The alleged victim of child abuse and neglect must be younger than 18 years.
- The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown.

Intakes that do not meet one of the above criteria do not screen in for a CPS response, unless there is imminent risk of harm (CPS risk-only) to the child. Intakes that allege a crime has been committed but do not meet Washington's screening criteria are referred to the law enforcement jurisdiction where the alleged crime occurred.

Intakes screened to the FAR pathway do not receive a CPS finding, and because they are not investigated, they do not have an investigative start date. Additionally, FAR intakes are mapped as alternative response nonvictim in NCANDS and don't receive findings on allegations, so the maltreatment types are currently mapped to the NCANDS category of "other" maltreatment types. In FFY 2015, there was a significant increase in intakes screened to the FAR pathway from FFY 2014, thus eliminating a large pool of victims receiving a finding. The increase in the number of intakes screened to the FAR pathway in FFY 2015 is a result of the staggered implementation of the FAR pathway across the state. In offices that have not launched FAR, intakes screened to FAR through the use of the SDM are diverted back to an investigation pathway, allowed under the Washington state statute.

During FFYs 2014–2015 there was a significant increase noted for 24-hour emergent intakes, both with allegations of CA/N and CPS risk only. Also during FFYs 2014–2015, there was an enhanced focus on child safety related to children age 0–3. A new intake policy was implemented requiring that screened-in physical abuse intakes regarding children 0–3 would be investigated, and children would be seen within 24 hours.

The Department of Licensed Resources (DLR), CPS, and DLR-CPS risk-only intakes alleging, abuse or neglect of 18–21 year olds in facilities licensed or certified to care for children require a complete investigation. If, during the course of the investigation, it is determined that a child younger than 18 was also allegedly abused by the same perpetrator, the investigation would then meet the criteria for a CPS investigation rather than a CPS risk-only investigation. A victim and findings will be recorded, and the record will be included in the NCANDS Child File. For intakes containing child abuse and neglect allegations, response times are determined based on the sufficiency screen and intake screening tool. Response times of 24 hours or 72 hours are determined based on the imminent risk assessed by the intake worker.

Children

An alleged victim is reported as substantiated if any of the alleged child abuse or neglect was founded. The alleged victim is reported as unsubstantiated if all alleged child abuse or neglect identified was unfounded. The NCANDS category of "other" disposition previously included the number of children in inconclusive investigations. Legislative changes resulted in inconclusive no longer being a findings category. The NCANDS category of neglect includes medical neglect.

An analysis of common risk factors found for Washington State families involved in CPS since 2009 have shown an increase in negative outcomes over time. The risk factors are parent criminality, parent mental illness, parent substance abuse, family economic stress, domestic violence and family homelessness. In addition to the increase in negative outcomes, the families have more risk factors per individual family than in previous years. Negative outcomes are recurrence, 90-day placement rate, founded rate and families with a new founded or child(ren) placed within 365 days of investigation completion. This may assist in explaining the increased number of CPS intakes overall and a substantial increase in the number of 24-hour response times for CPS investigations.

Fatalities

The state includes child fatalities that were determined to be the result of abuse or neglect by a medical examiner or coroner or if there was a CPS finding of abuse or neglect. The state previously counted only those child fatalities where the medical examiner or coroner ruled the manner of death was a homicide. Washington only reports fatalities in the Agency File.

Perpetrators

The perpetrator relationship value of residential facility provider/staff is mapped to the NCANDS value of group home or residential facility staff based on whether or not the child was in an open placement. When residential facility provider/staff is selected and the child is in foster care then it is mapped to group home or residential facility staff. If the child was abused by residential facility provider/staff and the child was not in an open placement, the perpetrator relationship is mapped to the NCANDS category of "other" perpetrator relationship. The NCANDS category of "other" perpetrator relationship includes the state categories of other and babysitter.

The parental type relationship is a combined parent birth/adoptive value. Because the NCANDS field separates biological and adoptive parent and Washington's system does not distinguish between the two, parent birth/adoptive is mapped to the NCANDS category of unknown parent relationship.

Services

Families receive preventive and remedial services from the following sources: community based services such as Public Health Nurses, Infant Mental Health, Head Start and the Parent-Child Assistance Program, contracted services, including several evidence based practices such as Homebuilders, Incredible Years, Safe Care, Triple P, Parent-Child Interaction Therapy, and Promoting First Relationships. Families can also receive CPS childcare, family reconciliation services, family preservation, and intensive family preservation services. The number of recipients of the community-based family resource and support grant is obtained from community-based child abuse prevention (CBCAP).

West Virginia

Contact	Stephanie Lindley	**Phone**	304–558–5864
Title	Functional Manager	**Email**	stephanie.l.lindley@wv.gov
Address	MIS–FACTS West Virginia Department of Health and Human Resources One Davis Square, Suite 200 Charleston, WV 25301–1785		

Reports

Receipt of a report is defined as the login of a call to the agency from a reporter alleging child maltreatment. Initial investigation is defined as face-to-face contact with the alleged victim, when this is appropriate, or contact with another person who can provide information essential to the disposition of the investigation or assessment. The response time is exclusive to the alleged victim and contact with another person is not a factor in determining response time. West Virginia began operation of a centralized intake unit for abuse and neglect in July 2014. The central intake unit is operated 7-days a week, 24-hours a day by staff employed by the Bureau for Children and Families. Prior to the induction of this unit, the staff at county offices handled intake of abuse and neglect reports during the day and a contracted agency handled intake after regular business hours. The centralized intake has led to an increase in accepted referrals.

A policy change was made to the definition of 0–2 hours which will become effective as of March 2016. However, the central intake unit is using the definition to screen referrals on drug exposed infants now to be in compliance with CAPTA.

The new definition is that referrals of infants born drug exposed must receive a response time of immediate (within 24 hours). The supervisor may indicate that a worker must begin the investigation sooner than 24 hours if the child has no protective caregiver.

Fatalities

The decrease in fatalities are due to two factors:

- West Virginia made a reinterpretation of policy in which all intakes where substance abuse is alleged are accepted.
- An increased focus on safety planning and prevention.

Wisconsin

Contact	Fredi-Ellen Bove	**Phone**	608–422–6891
Title	Division of Safety and Permanence	**Email**	frediellen.bove@wisconsin.gov
Address	Wisconsin Department of Children and Families 201 East Washington Avenue, Room E200 PO Box 8916 Madison, WI 53708–8916		

General

There were no significant state policy changes that affect the data submission. However, multiple revisions to the Statewide Automated Child Welfare Information System (SACWIS) were made recently to prevent some errors from occurring in the future. For example, our SACWIS has been revised to better report on the postserv field which tracks activities directly related to the results of the child protective services (CPS) response. This field had 891 errors in federal fiscal year (FFY) 2014 and no errors in FFY 2015.

Certain counties in Wisconsin have implemented alternative response (AR). Maltreatment disposition for AR assessments result in identifying whether services are needed and will appear in NCANDS as alternative response nonvictim dispositions.

Reports

The state data are child-based where each report is associated with a single child. The report date refers to the date when the agency was notified of the alleged maltreatment, and the investigation start date refers to the date when the agency made initial contact with the child or other family member. In Wisconsin's CPS system, several maltreatment reports for a single child may be assessed in a single investigation.

There are a variety of reasons why a report might be screened out. In most cases screened-out reports are reports in which the information provided does not constitute maltreatment of a child or risk of maltreatment of a child. Additionally, when multiple reports are made about the same maltreatment, the subsequent reports may be screened out. In Wisconsin, CPS agencies are not required to investigate instances of abuse by noncaregivers, so those reports may be screened out. In rare instances cases may be screened out because there is not enough identifiable information to do an assessment. Finally, cases may be screened out because jurisdiction more properly rests with another state.

Children

A child is considered to be a victim when an allegation is substantiated. The NCANDS unsubstantiated maltreatment disposition includes instances where the allegation was unsubstantiated for that child, or when critical sources of information cannot be found or accessed to determine whether or not maltreatment as alleged occurred.

Fatalities

The count of fatalities includes only those children who were subjects of reports of abuse or neglect in which the maltreatment allegation was substantiated. No agency other than Wisconsin Department of Children and Families is used to compile child maltreatment fatality information; all fatalities are reported in the Child File.

Perpetrators

Perpetrator data is included for allegations where the child was substantiated. The NCANDS category "other" perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (i.e. noncaregivers) such as another child or peer to the child victim or a stranger. As described above, there are no substantiations in AR cases, so the alleged perpetrators in AR cases will not show up as substantiated perpetrators. Services, if needed, are established through an assessment level determination, not a determination about a specific perpetrator.

Services

The state plans to modify the NCANDS file to incorporate services reporting for future data submissions.

Wyoming

Contact	Lauri Lamm	**Phone**	307–777–5536
Title	Special Investigation Analyst	**Email**	lauri.lamm@wyo.gov
Address	Social Services Wyoming Department of Family Services 2300 Capital Avenue, Hathaway Building, 3rd Floor Cheyenne, WY 82002		

General

Wyoming continues to have a multiple track system, which includes the following:

- Prevention cases are reports in which there are no allegations of abuse/neglect, but services may assist the family in an effort to prevent abuse and/or neglect.
- Assessment cases are reports in which allegations of abuse and/or neglect exist, but the abuse does not rise to a level of an investigation.
- Investigations are assigned when the abuse and/or neglect is a major injury or fatality, imminent danger exists, protective custody was taken, and/or criminal charges are likely.

The DFS organizational structure includes the Director's Unit and two service divisions. The assistance division includes child and home support and family assistance, and the services division houses social services and clinical services. Social services are established to administer and supervise all child welfare, juvenile probation, and adult protection services, with the functions of policy development, training, strategic planning, and continuing quality improvement centralized at the state-level. Policy and practice standards are uniform across the state, and the state uses a centralized State Automated Child Welfare Information System (SACWIS) known as Wyoming Children's Assistance and Protection System (WYCAPS).

The state is comprised of 23 counties and the Wind River Reservation. Through contract, DFS provides technical assistance and funding for the two tribal social services programs which administer their own social services programs. At least one DFS county field office is located in each county. DFS divides Wyoming into nine social service districts to coincide with the nine judicial districts. The services division administrator oversees eight district managers.

Reports

Wyoming requires immediate action on children in imminent danger (face-to-face within 24 hours). Although the SACWIS will show minutes and hours, the data measure is kept in days' units. The state has an incident based SACWIS, therefore, it does not provide information regarding the number of children screened out.

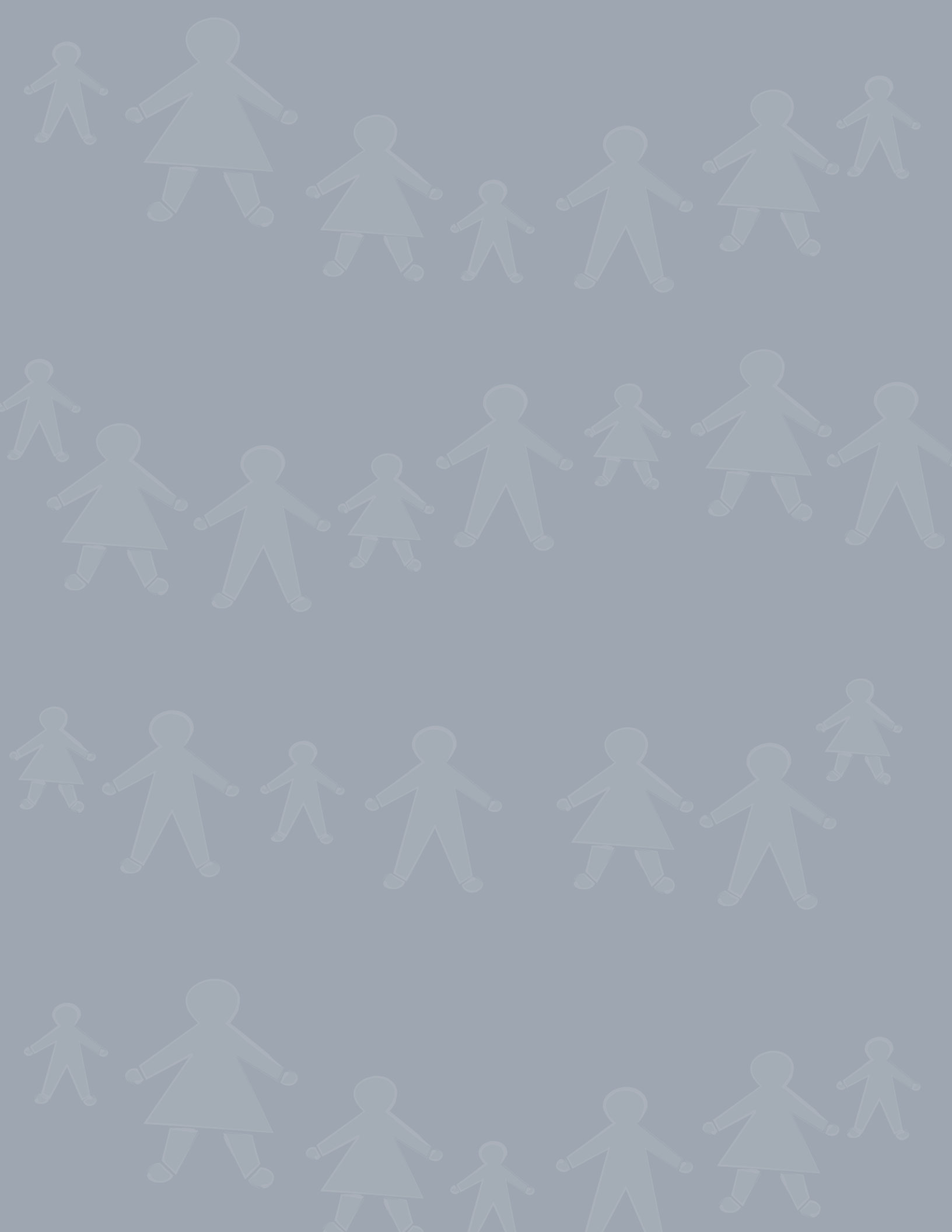
Services

Wyoming allows families to receive services on the voluntary basis through the prevention and assessment tracks. Families may receive services through this process to prevent abuse and/or neglect or any risks. Wyoming also receives Family Preservation and Community-Based Child Abuse Prevention Funds to serve families before abuse and/or neglect occurs. These grants are allocated to service providers who provide services to families. SACWIS does not calculate data on the number of children/families served through these programs.

Although the social services programs are state administered, the services and case management functions are managed and provided at the county field office level. Services are provided directly

through DFS or can be purchased on behalf of eligible clients under the supervision of the state office. These services are administered through county field offices or through the Wyoming Boys School and Wyoming Girls School. DFS does not contract for any primary casework functions and is responsible for conducting and managing intakes, assessments, investigations, and ongoing family-based and foster care services.

Wyoming reports the number of children eligible and the number of children referred to services under the Individuals with Disabilities Education Act. These include victims age 0 to 6 years.



ARKANSAS'S CHILDREN 2017

Arkansas's Children at a Glance[1]

State Population[2]	2,978,204	Poverty Rate, Children Under 18[3]	27.2%
Population, Children Under 18[4]	705,944	Poverty Rate, Children Ages 5–17[5]	25.5%
State Poverty Rate[6]	19.1%	Poverty Rate, Children Under 5[7]	31.8%

CHILD ABUSE AND NEGLECT

- In 2015, Arkansas had 52,240 total referrals for child abuse and neglect. Of those, 33,251 reports were referred for investigation.[8]
- In 2015, there were 9,204 victims of abuse or neglect in Arkansas, a rate of 13.0 per 1,000 children, a an increase 2.6% from 2014. Of these children, 55.3% were neglected, 22% were physically abused, and 20.7% were sexually abused.[9]
- The number of child victims has decreased 17.1% in comparison to the number of victims in 2011.[10]
- In 2015, there were 40 child deaths resulting from abuse or neglect reported in Arkansas[11]
- 4,548 children in Arkansas lived apart from their families in out-of-home care in 2015, compared with 3,732 children in 2011. Of the children living apart from their families in 2014, there were 1,725 aged 5 or younger, and 373 were 16 or older.[12]
- The number of children living apart from their families in out-of-home care has increased 21.9% in comparison to the number of children in out-of-home care in 2011.[13]
- In 2015, of children in out-of-home care in Arkansas, 64% were white, 18% were black, 6% were Hispanic, < .5% were American Indian/Alaskan Native, < .5% were Asian or Pacific Islander and 11-12% were of more than one race or ethnicity/undetermined race or ethnicity.[14]

ADOPTION, KINSHIP CARE, AND PERMANENT FAMILIES FOR CHILDREN

- Of the 3,405 children exiting out-of-home care in 2014 in Arkansas, 38% were reunited with their parents or primary caretakers.[15]
- 740 children were legally adopted through a public child welfare agency in Arkansas in 2015, a decrease of 0.4% from 743 in 2014.[16]
- Of the 4,548 children in out-of-home care in 2015, there were 1,122 or 24.7% waiting to be adopted.[17]

- In 2015, approximately 39,485 grandparents in Arkansas had the primary responsibility of caring for their grandchildren.[18]
- 591 of the children in out-of-home care in 2014 were living with relatives while in care.[19]

CHILD POVERTY AND INCOME SUPPORT

- The monthly average number of individuals receiving Temporary Assistance for Needy Families (TANF) in Arkansas decreased from 10,855 in 2015 to 8,501 in 2016, a 27.7% change. There was a 3,825 monthly average of families received TANF in 2016, a decrease of 27.1% from 2015.[20]
- In Arkansas in 2015, 365,000 children lived below 200% of poverty.[21]
- $144,312,179 was spent in 2015 on TANF assistance in Arkansas, including 6.4% on basic assistance, 0.3% on child care, 1.2% on transportation, and 5.0% on nonassistance.[22]
- $44,275,758 was spent in 2015 on WIC (the Special Supplement Nutrition Program for Women, Infants, and Children) in Arkansas, serving 84,220 participants.[23]
- In 2014, Arkansas distributed $230,001,139 in child support funds, an increase of 1.3% from 2013.[24]
- 197,000 children in Arkansas lived in households with a high housing burden in 2014, where more than 30% of monthly income is spent on housing costs.[25]
- In December of 2016, the unemployment rate in Arkansas was 3.9.[26]
- 19.9% of households in Arkansas were food insecure on average from 2012 to 2014, meaning that the family experienced difficulty providing enough food due to lack of resources at some point during the year.[27]

CHILD CARE AND HEAD START

- In 2015, Arkansas had a monthly average of 7,400 children served by subsidized child care. An average of 7,800 children received subsidized child care per month in 2014 and 7,800 were recepients in 2013.[28]
- In 2016, to be eligible for subsidized child care in Arkansas, a family of three could make no more than $29,760 at application, which is equivalent to 61% of the state's median income.[29]
- As of early 2016, Arkansas had 2,703 children on its waiting list for child care assistance.[30]
- In 2015, Head Start served 10,273 children in Arkansas, an increase of 2.3% from 2014.[31]
- Through federal grants from the Home Visiting Program, in fiscal year 2015, home visitors in Arkansas made 20,954 home visits to 4,190 parents and children in 2,199 families, as well as enrolled 2,290 new parents and children to the program.

HEALTH AND SUBSTANCE ABUSE

- 364,822 children in Arkansas were enrolled in Medicaid in 2015, a decrease of 11.3% from 2014.[32]
- In 2015, Arkansas had 112,071 children enrolled in its State Children's Health Insurance Program, an increase of 10.7% from 2014, when 100,112 children were enrolled.[33]
- In 2015, Arkansas had 34,554 uninsured children.[34]
- 3,564 babies were born weighing less than 2,500 grams in Arkansas in 2015.[35]
- 293 infants under age 1 died in Arkansas in 2015.[36]
- In 2015, the birth rate for teens ages 15 to 17 in Arkansas was 15.6 births per 1,000 girls. The rate was 72.4 for teens ages 18 to 19. This reflects a total rate of 38 births for girls ages 15 to 19.[37]
- Cumulative through 2015, there were 5,186 adults and adolescents and 38 children younger than 13 reported as having HIV/AIDS in Arkansas.[38]
- In 2015, an estimated 2,000 children ages 12 to 17 were alcohol dependent in the past year and 61,000 adults age 18 and older were dependent on alcohol or used heroin in the past year in Arkansas.[39]
- In 2014, approximately 6,000 children ages 12 to 17 needed but had not received treatment for alcohol use in the past year.[40]
- In 2014, approximately 8,000 children ages 12 to 17 needed but had not received treatment for illicit drug use in the past year.[41]
- In 2015, health care costs related to opioid abuse in Arkansas reached $205,529,321.

VULNERABLE YOUTH

- 204 children in Arkansas aged out of out-of-home care—exited foster care to emancipation—in 2015.[42]
- 85% of high school students in Arkansas graduated on time at the end of the 2012-13 year.[43]
- 15,000 teens ages 16 to 19 in Arkansas were not enrolled in school and not working in 2015.[44]
- 50,000 young adults ages 18 to 24 were not enrolled in school, were not working, and had no degree beyond high school in 2015.[45]
- 30% of young adults in Arkansas ages 25 to 34 had an associate's degree or higher from 2011 to 2013.[46]
- In 2015, there were less than 10 reports of children in Arkansas aged 10 to 14 committing suicide, and 20 reports of suicide among children aged 15 to 19.[47]

JUVENILE JUSTICE AND DELINQUENCY PREVENTION

- 36 children under age 19 were killed by a firearm in Arkansas in 2015, compared to 38 in 2014.[48]
- 8,163 children younger than 18 were arrested in Arkansas in 2015. Violent crimes were the reason for 409 of the arrests in 2015.[49]
- 681 children lived in juvenile correction facilities in Arkansas in 2013.[50]

CHILD WELFARE WORKFORCE[51]

- The federal Child and Family Service Reviews have clearly demonstrated that the more time a caseworker spends with a child and family, the better the outcomes for those children and families.[52]
- According to a 2003 GAO report, the average caseload for child welfare/foster care caseworkers is 24–31 children; these high caseloads contribute to high worker turnover and insufficient services being provided to children and families. CWLA recommends that foster care caseworkers have caseloads of 12–15 children.[53]
- Average turnover rates for child welfare agencies range from 20% to 40%.[54] Turnover rates at around 10% are considered to be optimal in any agency.[55]
- Caseworker turnover has negative outcomes for children in the child welfare system, including placement disruptions and increased time in out-of-home care. [56]
- According to the National Survey of Child and Adolescent Well-Being II baseline report, 75% of caseworkers earned a salary between $30,000 and $49,999.[57]
- The majority of caseworkers hold a bachelor's degree (52.3%) or a bachelor of social work degree (21.9%). Only 25% of caseworkers hold a master's degree.[58]
- A workload model in Colorado found that approximately 574 additional caseworkers were needed in their state to adequately provide child welfare services, due to estimated time requirements for meaningful services. This number represents a 49% increase that is needed on top of hours already spent on case related tasks.[59]

SOCIAL SERVICES BLOCK GRANT

- In 2014, Arkansas's sum of expenditures for services totaled $15,535,089. The most utilized service in Arkansas was Special Services for the Disabled totaling $3,374,526.[60]

FUNDING CHILD WELFARE SERVICES FOR ARKANSAS'S CHILDREN

- In 2014, Arkansas spent $137,876,516 for child welfare services. Child welfare services are all direct and administrative services the state agency provides to children and families. Of this amount, $82,225,244 was from federal funds and $55,651,272 was from state and local funds.[61]

- In 2014, of the $82,225,244 in federal funds received for child welfare**,** 71.4% was from Title IV-E Foster Care and Adoption Assistance, 8.9% came from Title IV-B Child Welfare Services and Promoting Safe and Stable Families, 3.3% was from Medicaid, 2.9% came from Social Services Block Grant, 11% was from TANF, and 2.4% came from other federal sources.[62]

- Arkansas received $6,516,334 in federal funds for IV-E foster care expenditures in 2014, including $0 for maintenance payments and $6,516,334 for administration, child placement, the statewide automated child welfare information system, and training.[63]

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[1] "At A Glance" statistics are from 2014.

[2] U.S. Census Bureau (2016). *ACS Demographic and Housing Estimates: 2014 American Community Survey 1-year estimates.* Retrieved January 28, 2016 from http://www.census.gov/programs-surveys/acs/.

[3] Ibid.

[4] Ibid.

[5] Ibid

[6] U.S. Census Bureau (2016). *Selected Economic Characteristics, 2014 American Community Survey 1-year estimates.* Retrieved January 28, 2016 from http://www.census.gov/programs-surveys/acs/.

[7] Ibid.

[8] 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: Reports from the States to the National Child Abuse and Neglect Data System: Table 2-1: Screened-In and Screened-Out Referrals, 2014.* Retrieved January 28, 2016 from http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf.

[9] 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: Report from the States to the National Child Abuse and Neglect Data System: Table 3-3: Child Victims, 2010-2014.* Retrieved January 28, 2016 from http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf.
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: Report from the States to the National Child Abuse and Neglect Data System: Table 3-7: Maltreatment Types of Victims, 2014.* Retrieved January 28, 2016 from http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf.
Note: The percentage difference is a CWLA calculation. Overlap in the percentages of types of abuse is possible as a child may have experienced more than one type of abuse.

[10] 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: Report from the States to the National Child Abuse and Neglect Data System: Table 3-3: Child Victims, 2010-2014.* Retrieved January 28, 2016 from http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf.

[11] 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: Reports from the States to the National Child Abuse and Neglect Data System: Table 4-2: Child Fatalities, 2010-2014.* Retrieved January 28, 2016 from http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf.

[12] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). *FY 2005 – FY 2014 Foster Care: Entries, Exits, and in Care on the Last Day of Each Federal Fiscal Year: Numbers of Children In Foster Care on September 30th, by State FY 2005–FY 2014.* Retrieved January 28, 2016 from http://www.acf.hhs.gov/sites/default/files/cb/children_in_care_2014.pdf.
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Note: The five and younger number is a CWLA calculation.

[13] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). *FY 2005 – FY 2014 Foster Care: Entries, Exits, and in Care on the Last Day of Each Federal Fiscal Year: Numbers of Children In Foster Care on September 30th, by State FY 2005–FY 2014.* Retrieved February 1, 2016 from http://www.acf.hhs.gov/sites/default/files/cb/children_in_care_2014.pdf.
Note: The percent difference is a CWLA calculation.

[14] Annie E. Casey Foundation, Kids Count Data Center.(2015). *Adoption and Foster Care Analysis and Reporting System, Child Trends, National Data Archive on Child Abuse and Neglect: Children in Foster Care by Race and Hispanic Origin, 2013(Percent).* Retrieved February 24, 2016 from http://datacenter.kidscount.org/data/tables/6246-children-in-foster-care-by-race-and-hispanic-origin?loc=1&loct=2#detailed/2/2-52/false/36/2638,2601,2600,2598,2603,2597,2602,1353/12992,12993.

[15] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). *FY 2005 – FY 2014 Foster Care: Entries, Exits, and in Care on the Last Day of Each Federal Fiscal Year: Table:*

Numbers of Children Exiting Foster Care by State FY 20045– FY 2014. Retrieved February 1, 2016 from http://www.acf.hhs.gov/sites/default/files/cb/exiting_foster_care2014.pdf.
Annie E. Casey Foundation, Kids Count Data Center.(2015). *Adoption and Foster Care Analysis and Reporting System, Child Trends, National Data Archive on Child Abuse and Neglect: Children Existing Foster Care by Exit Reason, 2013, Reunified with Parent or Primary Caretaker (Percent).* Retrieved February 1, 2016 from http://datacenter.kidscount.org/data/tables/6277-children-exiting-foster-care-by-exit-reason#detailed/2/2-52/false/36/2629/13051.

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Note: The percentage is a CWLA calculation.

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Note: The percent difference is a CWLA calculation.

[18] U.S. Census Bureau. (2016). *American Community Survey 1-Year Estimates, Data Profile. Selected Social Characteristics in the United States: 2014.* Retrieved February 1, 2016 from http://www.census.gov/programs-surveys/acs/.

[19] Annie E. Casey Foundation, Kids Count Data Center.(2015). *Adoption and Foster Care Analysis and Reporting System, Child Trends, National Data Archive on Child Abuse and Neglect: Children in Foster Care by Placement Type, 2013, Foster Family Home - Relative (Number).* Retrieved February 1, 2016 from http://datacenter.kidscount.org/data/tables/6247-children-in-foster-care-by-placement-type#detailed/2/2-52/true/36/2621/12994.

[20] U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance. (2015). *Data & Reports: TANF Caseload Data 2015: Table: Total Recipients.* Retrieved February 1, 2016 from http://www.acf.hhs.gov/programs/ofa/resource/tanf-caseload-data-2015.
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Note: The percent differences are CWLA calculations.

[21] Center on Budget and Policy Priorities. (2015) *A State by State Look at TANF: State Temporary Assistance for Needy Families Programs Do Not Provide Adequate Safety Net for Poor Families: TANF Provides a Safety Net to Few Poor Families: Map TANF-to-poverty ratio: # of families receiving TANF benefits for every 100 poor families with children (2013-2014).* Retrieved February 1, 2016 from http://www.cbpp.org/state-temporary-assistance-for-needy-families-programs-do-not-provide-adequate-safety-net-for-poor.

[22] U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance. (2015). *TANF Financial Data – FY 2014: Table B.1.: Federal TANF and State MOE Expenditures on Assistance in FY 2014.* Retrieved February 1, 2016 from http://www.acf.hhs.gov/programs/ofa/resource/tanf-financial-data-fy-2014.
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Note: The percentages are a CWLA calculation.

[23] USDA, Food and Nutrition Service. (2016). *Program Data: WIC Program: Monthly Data – State Level Participation by Category and Program Costs: Table: WIC Program—Total Number of Participants.* Retrieved February 1, 2016 from http://www.fns.usda.gov/pd/wic-program.
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[26] Center for American Progress. (2015). *State of the states report 2015.* Retrieved March 10, 2016 from https://cdn.americanprogress.org/wp-content/uploads/2016/02/22120741/2015_states_all.pdf.

[27] Ibid.

[28] U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2015). *FY 2014 Preliminary Data Table 1 - Average Monthly Adjusted Number of Families and Children Served.* Retrieved February 2, 2016 from http://www.acf.hhs.gov/programs/occ/resource/fy-2014-preliminary-data-table-1.
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[29] Schulman, K. & Blank, H. (2015). *National Women's Law Center, Building blocks, state child care assistance policies 2015.* Retrieved March February 16, 2016 from http://nwlc.org/wp-content/uploads/2015/11/CC_RP_Building_Blocks_Assistance_Policies_2015.pdf.
Note: Some states allow families, once they begin receiving assistance, to continue receiving assistance up to a higher income level than the initial limit.

[30] Ibid.
Note: A family that is eligible for child care assistance may not necessarily receive it. States may place families on waiting lists, or freeze intake (turning away eligible families without adding them to a waiting list).

[31] U.S. Department of Health and Human Services, Administration for Children and Families, Early Childhood Learning &Knowledge Center, Office of Head Start. (2015). *Head Start Program Facts Fiscal Year 2014.* Retrieved February 25, 2016 from http://eclkc.ohs.acf.hhs.gov/hslc/data/factsheets/2014-hs-program-factsheet.html.
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Note: The percent difference is a CWLA calculation.

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Note: The percent difference is a CWLA calculation. Children who switched between CHIP and Medicaid are represented in both data sets.

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Note: Examples of direct services include child abuse/neglect investigations, foster care, community-based programs, case management, and all such services required for the safety, permanency, and well-being of children. Examples of administrative services include management information systems, training programs, eligibility determination processes, and all services that provide the infrastructure supports for the public agency. The component funding streams may not equal the total, depending on additional child support and demonstration funds for this state.

[62] Ibid.

[63] Ibid.

Estimating a Child Sexual Abuse Prevalence Rate for Practitioners:

A Review of Child Sexual Abuse Prevalence Studies

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Author

Catherine Townsend
Grants, Research & National Strategy Manager
Darkness to Light

Contributing Author

Alyssa A. Rheingold, Ph.D.
Associate Professor & Director of Clinical Operations
The National Crime Victims Research and Treatment Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina

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The Authors:

Catherine Townsend is Grants, Research & National Strategy Manager, Darkness to Light

Alyssa A. Rheingold, Ph.D. is Associate Professor & Director of Clinical Operations, National Crime Victims Research and Treatment Center, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina

For more information, please contact: Darkness to Light
7 Radcliffe Street, Ste. 200
Charleston, SC 29403
843-513-1616

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CONTENTS

Estimating a Child Sexual Abuse Prevalence Rate for Practitioners: A Review of Child Sexual Abuse Prevalence Studies

ABSTRACT

Child sexual abuse prevention organizations and practitioners that interact with the public desire a current child sexual abuse prevalence statistic. In 2013, there is not one single definitive study or meta-analysis U.S. practitioners can point to as the basis for a current child sexual abuse prevalence statistic.

This white paper is intended to provide a basis for a range of credible child sexual abuse prevalence rates. U.S. studies that collected child sexual abuse prevalence rate data since 1992 were identified and reviewed. Criteria were established for the age of data, methodology and definition of child sexual abuse. Of the 16 identified studies, six met the criteria established for relevance to practitioners. A range of child sexual abuse prevalence rates has been derived from these studies.

These six studies suggest an overall full-childhood sexual abuse prevalence rate of 7.5% – 11.7%*. These studies suggest the child sexual abuse prevalence rate for girls is 10.7% to 17.4%* and the rate for boys is 3.8% to 4.6%*.

*Contact abuse only

Study Subjects

It should be noted that study subjects in all of the six final-cohort studies were adolescents. Older adolescents are currently the favored study subjects because they have lived more years in which they can become a victim of child sexual abuse than children in general. Accordingly, adolescents should produce more accurate full-childhood prevalence rates than children as a whole. The ideal study subjects for prevalence studies are 17- or 18-year-olds who have just completed childhood. Theoretically, these study subjects will produce the most accurate prevalence rates, because a large proportion of sexual assault takes place between the ages of 14 and 17 (Planty, 2013; Snyder, 2000). At present, there is little published data on prevalence rates specifically for 17- or 18-year-olds. When this data becomes available, it would be advisable to re-analyze and re-calculate overall child sexual abuse prevalence rates.

Estimating a Child Sexual Abuse Prevalence Rate for Practitioners: An Analysis of Child Sexual Abuse Prevalence Studies

INTRODUCTION

Child sexual abuse awareness/education organizations and practitioners (practitioners) have long discussed the need for a current child sexual abuse prevalence statistic that is consistently used by all. One of the most important elements in connecting with the public is a statement of the size of the problem. Without it, the ability to engage the public and funders is limited.

The problem is, as of July 2013, there is not a single definitive study or meta-analysis that practitioners can point to as the basis for a child sexual abuse prevalence statistic. Many practitioners are using outdated and misleading prevalence statistics that are more than a decade old.

While there are few recent studies that were solely intended to determine a U.S. child sexual abuse prevalence rate, there are a number of studies that have collected valuable prevalence data as part of larger research topics, such as violence against children, children's quality of life, teen dating violence and teen suicide. This paper reviews these studies for the pertinence of the data collected and identifies a cohort of high quality studies that are relevant to U.S. child sexual abuse practitioners. From these studies, a range of prevalence rates has been derived for use by practitioners.

INCIDENCE AND PREVALENCE

Many practitioners express confusion about the difference between prevalence and incidence.

An *incident* is the single occurrence of one event, usually to one individual. *Prevalence* refers to the *condition* of occurrence. *Incidence rate* refers to the number of *occurrences* of a particular event within a specified time period (usually one year) and within a defined population. It is usually expressed as the number of incidents per number of individuals (often 1,000). *Prevalence rate*, on the other hand, is usually expressed as a percentage or fraction of the individuals within an identified group who have experienced the incident *one or more times*, typically over a longer period of time.

Child sexual abuse practitioners desire a full-childhood prevalence rate. Full-childhood prevalence rates are often used to convey the likelihood or risk of child sexual abuse that children face as they grow up.

There are a number of well-known one-year child abuse incidence studies, including:

- The U.S. HHS ACF Reports from the States to the National Child Abuse and Neglect Data Systems, 2003 (United States Administration for Children & Families, Child Maltreatment 2003)
- The National Incidence-Based Reporting System, (NIMBRS-2), 2001 (Finkelhor et al., 2003)
- The Fourth National Incidence Study of Child Abuse and Neglect (NIS–4), 2006 (Sedlack et al., 2010)

These incidence studies have caused a great deal of controversy among practitioners. Understanding these studies have inherent limitations and do not translate into a prevalence rate is key to understanding the subject. Because this paper is focused entirely on *full-childhood prevalence rates*, one-year incidence studies are not be included in the review process.

ISSUES AND CHALLENGES IN DETERMINING CHILD SEXUAL ABUSE PREVALENCE RATES

Measuring the prevalence of child sexual abuse is challenging. Douglas and Finkelhor (2005) have summarized some of these challenges.

A Study's Definition of Child Sexual Abuse

The disparate definitions of child sexual abuse used by various studies are one of the most significant issues Douglas and Finkelhor (2005) identified as a challenge to determining a prevalence rate. The acts that define abuse vary from study to study. At one end of the spectrum are studies that collect data only on forcible intercourse or attempted intercourse by an adult, while at the other end of the spectrum are studies that collect data on a wide range of non-contact sexual acts, including flashing and exposure to pornography. In between, there are studies that include peer abuse or exclude sexual intercourse between a teen and adult.

To further complicate the issue, practitioners often use a definition of child sexual abuse that is different from the definitions used by researchers.

A Study's Methodology of Data Collection

A second problem Douglas and Finkelhor (2005) identified is the methodology for collecting data about the prevalence of abuse. There are four primary methodologies for collecting data:

One-Year Incidence Studies: Some studies measure incidents reported to official agencies, usually over a one-year period. A weakness of studies using this methodology is that most practitioners need to know the likelihood of abuse over a full childhood, not one year. In addition, research shows that many children do not disclose abuse at the time it is occurring, and many disclosed cases are never reported to authorities (Broman-Fulks et al., 2007; Smith et al., 2000). Accordingly, it is probable these studies undercount victims. A strength of these studies is they are based on concrete data. Studies can be reliably replicated over time. This is valuable in determining incidence and prevalence trends.

One-Year Prevalence Studies: There are several studies that measure the prevalence of child sexual abuse incidents occurring in the prior year. These studies are based on child self-reports, rather than on official reports. While research shows many children do not disclose abuse for many years after the event (Broman-Fulks et al.,

A Decline in Child Sexual Abuse?

One of the most significant challenges in determining a prevalence rate that will be accepted by practitioners is the divide between some direct providers of child sexual abuse services and academia over the subject of declining child sexual abuse rates.

Data from three agency and four victim self-report studies show child sexual abuse rates have declined steadily and significantly from the early 1990s to 2010 (Finkelhor & Jones, 2012).

At the same time, many service providers, particularly Children's Advocacy Centers and similar organizations, are serving increasing numbers of sexually abused children.

There may be variables at work that explain this phenomenon. In the last 20 years, there can be no doubt that law enforcement and Child Protective Service agencies have increased their referrals to Children's Advocacy Centers and similar organizations. Children's Advocacy Centers have become better known in their communities, resulting in more self-referrals. In the last 20 years, many Children's Advocacy Centers have extended their geographical reach. These may account for at least some of the perceived increase in child sexual abuse rates.

The November 2012 Crimes Against Children Research Center bulletin titled *"Have Sexual Abuse and Physical Abuse Declined Since the 1990s?"* is an excellent resource for practitioners who wish to explore this subject in more depth.

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

2007; Smith et al., 2000), no one has determined the rate of disclosure of recent child sexual abuse to a study surveyor. There is a common perception that these studies undercount victims, but there is no research available to support this assumption. One-year prevalence studies do not translate into a full-childhood prevalence rate and are not relevant for this review.

Child Self-Report Studies: Some studies collect data from children and youth about abuse over the child's life to-date. A strength of these studies is they meet the needs of practitioners for a full-childhood prevalence rate. However, unless a study collects and reports data from 17- and 18-year olds, this methodology has a significant flaw. Children or young adolescents providing data for a study have not yet experienced a full childhood in which they might be abused. This suggests that child self-report studies that collect and report data from a wide array of ages understate prevalence rates (Planty, 2013). It also implies studies collecting data from 17- and 18-year-olds will result in rates that are the most accurate. At present, there is little published data on prevalence rates for 17- or 18-year-olds. As a result, the preferred study subjects are older adolescents.

A possible weakness of child self-report studies may be that children are unwilling to disclose abuse (Broman-Fulks et al., 2007; London et al., 2005; Smith et al., 2000) or have inaccurate recollections of abuse that occurred years earlier. Research has not established a rate of disclosure in a survey environment, so underreporting is an unproved assumption. However, forensic research has shown children are more than 90% accurate in details of self-report down to age four (Carter et al., 1996).

Adult Self-Report Studies: Other studies look at whether adults were abused when they were children. There is a good deal of evidence that shows many child sexual abuse survivors wait until adulthood to disclose abuse, implying the most accurate prevalence figures come from adults (Elliott & Briere, 1994; Goodman et al., 1992; London et al., 2005; Sas & Cunningham, 1995). There is also research that suggests adult child sexual abuse survivors are likely to cooperate with requests for information from surveyors (Edwards, 2001). There is some concern adults might not recollect childhood abusive experiences because of the length of time between the incident and the disclosure. There is no research available to evaluate this assumption.

The Time Period Evaluated

Douglas and Finkelhor (2005) further explored the fact that the different methodologies discussed above collect data from different time periods.

Incidence Studies and One-Year Child Self-Report Prevalence Studies: While incidence studies do measure child sexual abuse as it occurs, they do not measure full-childhood prevalence. This renders incidence data irrelevant for the purpose of this review.

Child Self-Report Studies: Child self-report studies are more relevant in terms of the time period being studied. Depending on the ages of the children or adolescents providing data, these studies document child sexual abuse that occurred 0-17 years prior to the study date. Rates based on these studies are not necessarily current, but they are, by far, the best option available.

Adult Self-Report Studies: There is a great deal of research that shows child sexual abuse rates have been decreasing steadily over the last 20 years (Finkelhor & Jones, 2012). Unless study subjects are limited to very young adults, adult self-report studies will not reflect this decrease. Most adult-focused studies measure child sexual abuse in past generations, when child sexual abuse prevalence rates were different. Because of the time periods they evaluate, most adult self-report studies available today are not useful in determining a current prevalence rate.

REVIEW METHODS

Literature Review: Prior Meta-analyses

There have been three well-known meta-analyses of child sexual abuse prevalence studies in the last 16 years. Gorey and Leslie (1997) analyzed studies dating back to the early 1980s. Bolen and Scannapieco (1999) performed a meta-analysis of similar intent and methodology in 1999. Barth et. al, (2012) performed a meta-analysis using only data collected after 2000.

Gorey and Leslie (1997) and Bolen and Scannapieco (1999) analyzed studies using adult self-reports. At the time, the authors could not be aware that child sexual abuse rates were declining (Finkelhor & Jones, 2012). Adult self-report studies cannot measure abrupt rate changes. As a result, the rates found by these analyses (18-20% for women, 8% for men) were not relevant for the time, nor are they relevant now. However, the authors did find that the definition of child sexual abuse and the depth of data collection (# of screening questions) were significant moderators of prevalence rate variances. This reinforces the Douglas and Finkelhor's (2005) theories about the impact of disparate definitions.

Barth et al. (2012) conducted an international meta-analysis of child self-report studies that included at least one screening question about the respondent's child sexual abuse experiences. The strength of this study was it analyzed only newer studies and only studies using a child self-report methodology. However, the data analyzed by the authors from studies outside the U.S. are not relevant to U.S. practitioners. Research has shown that child sexual abuse is much more prevalent in African countries and elsewhere around the world (Barth et al., 2012). Further, many of the studies Barth included in the analysis defined child sexual abuse in vastly different ways and included a diverse array of study subjects. Accordingly, Barth's estimation of a prevalence rate is not relevant for child sexual abuse practitioners in the U.S. However, like Gorey and Leslie (1997) and Bolen and Scannapieco (1999), Barth determined the depth of data collection (# of screening questions) and the definition of abuse were significant moderators in prevalence variances between the studies analyzed. This also reinforces Douglas and Finkelhor's (2005) theories on the significance of definition in determining a prevalence rate.

Study Selection: Literature Review

The authors undertook a literature review from February through May 2013. Studies that collected child sexual abuse prevalence data were identified through scholarly Internet search engines, article citations and prior meta-analyses. Only U.S. studies that collected full-childhood prevalence rates since 1992 were included in the initial cohort. There were 16 studies identified as meeting the minimal requirements for analysis.

Data Extraction

Descriptive characteristics were extracted from each of the 16 reviewed studies including:

- Publication information
- Year of data collection
- Time period of data being collected
- Sample size and location
- Sample representation
- Survey methodology

- Characteristics of the sample providing data, including gender and age
- Study's definition of child sexual abuse, as determined by survey questions
- Prevalence rate from the study, broken down by gender

Table 1 lists the studies identified for review:

TABLE 1: Studies Identified for Review

Study Known As:	Published	Data Collected	Sample Size	Sample	Survey Type
The ACE Study, 1995 - 1997	Felitti, et al., 1998	1995-1997	13,494	San Diego, adults	Mailed survey
The National Comorbidity Study, 1992	Molnar, et al., 2001	1992	5,877	National, adults	Interview
Prevalence and Sequelae Study, 2001	Briere & Elliott, 2003	2001	1,442	National, adults	Mailed survey
The National Violence Against Women Study, 1995-1996	Tjaden & Thoennes, 2000	1995-1996	16,005	National, adults	Telephone survey
Teen Dating Violence Study, 2000-2001	Banyard & Cross, 2008	2000-2001	2,101	New Hampshire, 7^{th} -12^{th} graders	School survey
Influences of Immigration and Acculturation Study, 2001, 2003	Decker, et al., 2007	2001, 2003	5,919	Massachusetts, high school girls	School survey
School Sports in Adolescence Study, 2001	Harrison & Narayan, 2003	2001	50,168	Minnesota, 9^{th} graders	School survey
Substance Use During Adolescence Study, 2000	Moran, et al., 2004	2000	2,187	Oregon, 6 schools, 9^{th} and 12^{th} graders	School survey
Adolescent Alcohol Related Sexual Assault Study, 2005	Young, et al., 2008	2005	1,017	Large city in Midwest , 7^{th}-12^{th} graders	Web survey
National Survey of Adolescents, 1995	Kilpatrick, et al., 2000	1995	4,023	National, 12-17-year-olds	Telephone survey
National Survey of Adolescents, 2005	Saunders, 2010	2005	3,614	National, 12-17-year-olds	Telephone survey
National Survey of Children's Exposure to Violence (NatSCEV I) 2008	Finkelhor, et al., 2009	2008	4,549	National, 0-17-year-olds	Telephone survey
National Survey of Children's Exposure to Violence (NatSCEV II) 2011	Finkelhor, et al., 2013	2011	4,503	National, 0-17 year-olds	Telephone survey
Minnesota Student Survey, 2004	Eisenberg, et al., 2007	2004	83,731	Minnesota, 9^{th} and 12^{th} graders	School survey
Minnesota Student Survey, 2010	Dataset, unpublished	2010	84,121	Minnesota, 9^{th} and 12^{th} graders	School survey
Developmental Victimization Survey, 2003	Hamby et al., 2005	2002-2003	2,030	National, 2-17-year-olds	Telephone Survey

CRITERIA FOR INCLUSION IN FINAL COHORT

Standards for Inclusion in Final Cohort

The issues Douglas and Finkelhor (2005) addressed in their "Childhood Sexual Abuse Fact Sheet" (http://www.unh.edu/ccrc/factsheet/pdf/CSA-FS20.pdf) suggest three primary criteria to be used in reviewing studies for inclusion in the final cohort.

- The definition of child sexual abuse used by the study.
- The methodology employed by the study.
- The time period evaluated by the study.

The Definition of Child Sexual Abuse as a Standard for Inclusion in the Final Cohort

Most practitioners in the field of child sexual abuse use similar definitions of child sexual abuse. See the Appendix for definitions used by leading practitioners. Darkness to Light, Stop It Now!, Prevent Child Abuse America, the American Professional Society on the Abuse of Children and the U.S. Department of Health and Human Services all use definitions that include the following elements:

- Victims of child sexual abuse include both boys and girls, ages 0-17.
- Child sexual abuse includes both contact and non-contact sexual acts.
- Child sexual abuse includes any sexual act between an adult and a young child, regardless of whether force or coercion is used.
- Child sexual abuse includes any sexual act between a teen and an adult who is significantly older, regardless of whether force or coercion is used.
- Child sexual abuse includes forced or coerced sexual acts between two children when there is an age or power differential. This can include unwanted or forcible peer abuse.
- Child sexual abuse does not typically include consensual sex between peers, or between an older teen and a young adult.

For the purposes of this practitioner-focused review, studies using a definition that include these elements are preferred. However, most studies included in this review do not use all elements of the preferred definition of child sexual abuse. There are three points on which many studies differ from the preferred definition, and from one another.

- Age of perpetrator and victim: Within the studies reviewed, there is little or no consistency or exactitude on the limits of age for a perpetrator or victim. In some studies, perpetrators are defined only as "older." In other studies, the age of the victim, not the perpetrator, defines child sexual abuse. For the purposes of this review, studies were not excluded on the basis of subject age unless they specifically contradicted the elements of the preferred definition.

- Inability to consent: It should be noted that some studies being reviewed limit the definition of child sexual abuse to forcible or unwanted sexual acts. However, for some age groups, wanted sexual acts by minors who are legally unable to give consent are defined as abusive by practitioners. It can be assumed that a definition of child sexual abuse that includes only forcible or unwanted sexual acts undercounts victims. However, it is not known whether the volume of these incidents is large enough to significantly affect results, so this definitional disparity was not used to screen out studies from the final cohort.

- Contact and non-contact abuse: Many studies do not collect data on non-contact abuse. In contrast, practitioners uniformly include non-contact abuse in their definition of child sexual abuse. Rather than screen out otherwise excellent studies collecting data only on contact abuse, the authors have chosen to qualify the prevalence rates resulting from these studies as representing only contact abuse.

There are other definitional issues that were used to exclude studies from the final cohort. These include:

- Studies using only single gender subjects.
- Studies examining age groups that have not had the opportunity to experience a full, or nearly full, childhood.
- Studies that examine sexual acts that are not typically considered abusive.

Study Methodology as a Standard for Inclusion in the Final Cohort

Child sexual abuse practitioners desire a full-childhood prevalence rate. Full-childhood prevalence rates are often used to convey the likelihood or risk of child sexual abuse that children face as they grow up. One-year incidence studies and one-year child self-report prevalence studies do not provide a full-childhood rate. Studies using these methodologies were screened out of the final cohort.

Another factor in setting a standard for methodology is the age of the study subjects. The ideal study subjects for prevalence studies are 17- or 18-year-olds who have just completed childhood. Theoretically, these study subjects will produce the most accurate prevalence rates. At present, there is little published data on prevalence rates for 17- or 18-year-olds. As a result, older adolescents are currently the favored study subjects. They have lived more years in which they can become a victim of child sexual abuse than children in general.

The Time Period Evaluated as a Standard for Inclusion in the Final Cohort

A final cohort selection standard for the time period evaluated was developed based on the distribution of identified studies over time. Studies that took place before 2000 were eliminated from the final cohort, as were any studies capturing child sexual abuse incident information prior to 1982. This is because children born prior to 1982 would have been too old to participate in a child self-report study conducted in 2000.

DISCUSSION OF STUDIES EXCLUDED FROM COHORT

Studies Excluded by Definition

The studies excluded for definitional reasons were:

- The Adolescent Alcohol Related Sexual Assault Study, 2005 (Young et al., 2008) was excluded because its definition of child sexual abuse was far too broad, including acts that are typically considered non-abusive, including “sexual stares” among peers.
- The Influences of Immigration and Acculturation Study, 2001, 2003 (Decker et al., 2007) was excluded because it collected information from a female sample only.
- The School Sports in Adolescence Study, 2001 (Harrison & Narayan, 2003) was excluded because it analyzed only data from 9th grade students.
- The Teen Dating Violence Study, 2000-2001 (Banyard & Cross, 2008) was excluded because it measured only teen dating experiences, not the full range of child sexual abuse.

Studies Excluded by Methodology

One excellent study excluded from the final cohort because only data reporting sexual victimization in the prior year was available in publication. A one-year child sexual abuse prevalence rate does not translate into a full-childhood rate, which is a criterion for inclusion.

- Developmental Victimization Survey, 2003 (Hamby et al., 2003)

Studies Excluded Because of Older Time Periods

Although several of the adult self-report studies listed in Table 1 include a great deal of information of interest to practitioners, all of them captured information about child sexual abuse that took place long before the standard set by this review. Accordingly, all adult self-report studies were excluded from the final cohort.

It is important to note that many practitioners currently use statistics from adult self-report studies. There is a widespread belief among practitioners that studies using adult self-reports are far more statistically accurate, than the studies using child self-reports, because of higher disclosure rates.

The Adverse Childhood Experiences (ACE) study (Brown et al., 2009; Felliti et al., 1998) is the primary source cited for a prevalence statistic by many national and community-based organizations. The ACE study is often cited as the source of the commonly used statistic "1 in 5 adults report that they were sexually abused as children." or "1 in 4 women and 1 in 6 men report that they were sexually abused as children." Unfortunately, this has been translated into "1 in 4 girls and 1 and 6 boys *will* be sexually abused before they turn 18." Of course, this is not an accurate translation of the statistic. However, it is deeply ingrained in child sexual abuse practice and media reports.

The adult self-report studies excluded because of the time period they evaluated are:

- The ACE Study, 1995 - 1997 (Felitti, et al., 1998)
- The National Comorbidity Study, 1992 (Molnar et al., 2001)
- Prevalence and Sequelae Study, 2001 (Briere & Elliott, 2003)
- The National Violence Against Women Study, 1995-1996 (Tjaden & Thoennes, 2000)

Additionally, one child self-report study was excluded because of the time period it evaluated.

- The National Survey of Adolescents, 1995 (Kilpatrick et al., 2000)

TABLE 2: STUDIES EXCLUDED FROM FINAL COHORT (Page 1)				
Study Known As:	**Abuse period studied**	**Survey Questions**	**Prevalence**	**Exclusion Notes**
The ACE Study, 1995 - 1997	1935-1995	Did an adult or person at least 5 years older than you ever. . . Touch or fondle you in a sexual way? Have you touch their body in a sexual way? Attempt oral, anal, or vaginal intercourse with you? Actually have oral, anal, or vaginal intercourse with you?	22.5%	Excluded because of the time period studied.
The National Comorbidity Study, 1990-1992	1946-1990	Did someone have sexual intercourse with you when you did not want to by threatening you or using some degree of force? Did someone touch or feel your genitals when you did not want them to? How old were you when this first happened and was this an isolated event or chronic?	8%	Excluded because of the time period studied.
Prevalence and Sequelae Study, 2001	1911-2001	Before the age of 18, did anyone 5 or more years older than you ever kiss or touch you in a sexual way, or force you to touch them in a sexual way? Before the age of 18, did anyone less than 5 years older than you use physical force to kiss or touch you in a sexual way, or force you to touch them in a sexual way.	23.25%	Excluded because of the time period studied.
Teen Dating Violence Study, 2000-2001	1982-2000	Have you ever been made by someone (a date) to do something sexual that you did not want to do?	13.2%	Excluded because the study sample was not representative (dating partners only).
The National Violence Against Women Study, 1995-1996	1917-1995	Has a man or boy ever made you have sex by using force or threatening to harm you or someone close to you? Has anyone, male or female, ever made you have oral sex by using force or threat of force? Has anyone ever made you have anal sex by using force or threat of harm? Has anyone, male or female, ever put fingers or objects in your vagina or anus against your will or by using force or threats? Has anyone, male or female, ever attempted to make you have vaginal, oral, or anal sex against your will, but intercourse or penetration did not occur? How old were you when one of these first occurred?	9.72%	Excluded because of the time period studied.

TABLE 2: STUDIES EXCLUDED FROM FINAL COHORT (Page 2)				
Influences of Immigration and Acculturation Study, 2001, 2003	1984-2001	Has anyone ever had sexual contact with you against your will?	14.0%	Excluded because the sample surveyed was all female.
School Sports in Adolescence Study, 2001	1984-2001	Has any older person outside your family touched you sexually against your wishes, or forced you to touch them sexually? Has any older/stronger member of your family touched you sexually, or had you touch them sexually?	7.3%	Excluded because the study collected responses only from 14 year-olds.
Adolescent Alcohol Related Sexual Assault Study, 2005	1988-2005	Has anyone: Stared at you in a sexual way? Made sexual jokes? Made sexual or obscene phone calls? Sent you sexual or obscene messages via computer? Kissed, hugged or sexually touched? Made you have oral sex? Made you have sexual intercourse? Made you do something else sexual?	54.1%	The study included questions about acts that are not considered abusive by either adults or peers. It was excluded for definitional reasons.
National Survey of Adolescents, 1995	1978-1995	Has a man or boy ever put a sexual part of his body inside your private sexual parts, inside your rear end, or inside your mouth when you didn't want them to? (Not counting any incidents you already told me about), has anyone, male or female, ever put fingers or objects inside your private sexual parts or inside your rear end when you didn't want them to? (Not counting any incidents you already told me about), has anyone, male or female, ever put their mouth on your private sexual parts when you didn't want them to? Not counting any incidents you already told me about), has anyone, male or female, ever touched your private sexual parts when you didn't want them to? Not counting any incidents you already told me about), has anyone ever made you touch their private sexual parts when you didn't want them to? *For boys only*: (Not counting any incidents you already told me about), has a women or girl ever put *your* sexual private part in her mouth or inside her body when you didn't want her to?	8.2%	Excluded because of the time period studied.

TABLE 2: STUDIES EXCLUDED FROM FINAL COHORT (Page 3)				
Developmental Victimization Survey 2003	1986-2003	Someone touched child's private parts when unwanted, made child touch their private parts, or forced child to have sex. Someone forced child to have sexual intercourse and put any part of their body inside child. Someone forced, or attempted to force, child to have sexual intercourse. An adult the child knows touched child's private parts, made child touch their private parts, or forced child to have sex. An adult the child does not know touched child's parts, made child touch their private parts, or forced child to have sex. A peer made child do sexual things. A peer made child look at their private parts by using force or surprise, or by "flashing" child. An adult made child look at their private parts by using force or surprise, or by "flashing" child. Someone hurt child's feelings by saying or writing sexual things about child or child's body. For child under 16 years of age, child did sexual things with an adult (18 years and older), even willingly.	6.7%	Excluded because the prevalence rate established is for one year, not a full-childhood.

STUDIES INCLUDED IN THE FINAL COHORT

Discussion of Studies Included in Final Cohort

2008 National Survey of Children's Exposure to Violence (NatSCEV I) and 2011 National Survey of Children's Exposure to Violence (NatSCEV II), (Finkelhor et al., 2013)

Two highly relevant studies included in the final cohort are the 2008 National Survey of Children's Exposure to Violence (NatSCEV I) and the 2011 National Survey of Children's Exposure to Violence (NatSCEV II). Part of the strength of these studies is they reinforce one another with similar design and results.

The purpose of these studies was not to determine a prevalence rate for child sexual abuse, rather, to quantify the volume of violence against children. However, in terms of methodology and depth of data collection, these studies are particularly valuable in determining a child sexual abuse prevalence rate.

The data included in both studies broke out responses from older adolescents, ages 14-17, from children of all ages. It would be ideal if data from 17-year-old subjects had been broken out. Because 17-year-old subjects have just completed childhood, they should produce the most accurate prevalence rates. However, the published literature, to date, does not break out the responses of 17-year olds exclusively. As a result, older adolescents are the preferred study subjects. Adolescents should produce more accurate full-childhood prevalence rates than children as a whole.

Not only do older children have more experiences of abuse to report, it is also possible that adolescent subjects report at a higher rate than children of other ages. This is supported by evidence that older teenagers are more likely than younger teenagers (and presumably preteens) to report child sexual abuse crimes to the police (Finkelhor, Ormrod, Turner, & Hamby, 2012; Finkelhor & Ormrod, 1999). It is possible this willingness to disclose

to authorities would hold true for study surveyors. Accordingly, the rates produced by these studies may be some of the most accurate rates ascertained by research to date.

The greatest strength of these studies was the depth and detail of the data collected. Research has shown that asking multiple screening questions about sexual assault increases the number and accuracy of reports on this topic (Bolen & Scannapieco, 1999; Williams et al., 2000). A further strength is that both studies used a large, national sample.

Non-Contact Abuse

These two studies were the only studies in the final cohort to collect information on non-contact child sexual abuse. These studies compiled data on peer non-contact abuse, sexual harassment, adult non-contact abuse, and statutory sexual offenses. When these non-contact forms of abuse (including non-contact abuse by peers) are incorporated with sexual assault data, the resulting prevalence rate determined by these studies is 27.4%– 27.8% (NatSCEV II data: 20.2% of boys and 34.9% of girls). Although many practitioners believe that child sexual abuse has a non-contact element that should be included in the determination of prevalence rates, the white paper authors chose to include only the data on contact abuse (peer and adult sexual assault). This was done in order to uniformly compare results with other studies that did not include a non-contact component.

Minnesota Student Survey, 2004 (Eisenberg, et al., 2007) and the Minnesota Student Survey, 2010

The Minnesota Student Survey is an anonymous paper survey administered every three years to children in Grades 6, 9 and 12 in Minnesota public schools. The survey measures many factors in the lives of children. It includes two questions about familial and non-familial sexual abuse. While this does not produce a great depth of data for child sexual abuse practitioners, the questions elicit valuable prevalence information.

Both studies measured familial abuse and unwanted contact abuse by older individuals. The 2004 and 2007 survey questions do not address peer abuse, unless perpetrated by a family member. The 2010 study included a question about peer abuse, but the question was excluded from this review because it limited the potential perpetrator pool to dates, and concurrently measured physical abuse.

The Eisenberg Study used the 2004 dataset to measure suicide ideation among sexually abused children. The 2010 Survey is an unpublished dataset. Both provide the opportunity to differentiate data by grade and gender, and by whether students answered “yes” to one question or both. In order to compare these studies with the other studies in the cohort, only data from 9th- and 12th-graders were included.

Strengths of these studies include the large sample size and the opportunity to ascertain trends over time (because of the repetition of the survey every three years). A weakness of these studies is there were only two screening questions. Three other studies in the final cohort had at least six questions. There is evidence the number of screening questions increases the number and accuracy of reports (Bolen & Scannapieco, 1999; Williams, et al., 2000). An additional weakness is these studies only collected data in one state. Minnesota may not be representative of the nation as a whole.

In both the 2004 and the 2010 studies, 12th graders reported approximately the same level of full-childhood sexual abuse as 9th graders. This was also true in the 1998, 2001 and 2007 surveys. This is contrary to well-established research that shows a large proportion of child sexual abuse incidents occur to children between the ages of 14-17 (Planty, 2013; Snyder, 2000). There is no immediate explanation for this anomaly, and it suggests an opportunity for further investigation.

National Survey of Adolescents (NSA), 2005 (Saunders, 2010)

The 2005 National Survey of Adolescents replicated and followed up on a similar study conducted in 1995. The purpose of the study was to measure a number of factors in the lives of adolescents, including sexual victimization. The study was conducted through a telephone survey of 12 -17-year-old adolescents. This study measured both peer and adult sexual assault.

The greatest strength of this study was the depth and detail of the data collected. The study had six screening questions. Asking multiple screening questions about sexual assault increases the number and accuracy of reports (Bolen & Scannapieco, 1999; Williams, et al., 2000). A further strength of this study was its national scope and use of a large sample size.

A weakness of this study was that it collected data from adolescents as young as 12 years old. Study reports did not break out data from older study subjects. It would have been ideal if data from 17-year-old subjects had been broken out. Because these subjects have just completed childhood, they will produce the most accurate prevalence rates.

Substance Use During Adolescence Study, 2000 (Moran et al., 2004)

This was a smaller, lesser-known study conducted in six schools in Oregon. The study compared substance abuse among adolescents maltreated in various ways. The definition of child sexual abuse used by the study was comparable to the definition used in the Minnesota study.

A strength of this study was the sample was comprised of adolescents, ages 15-17. Because data from 17-year-old study subjects was not broken out, older adolescents in this age range are the preferred study subjects. The study also had a large sample size for such a limited study (>2,000).

The primary weakness of this study was it asked only one screening question, albeit a well crafted question. This is important because asking multiple questions about sexual assault increases the number and accuracy of reports (Bolen & Scannapieco, 1999; Williams et al., 2000). Another weakness of this study is it measured abuse in a very small geographical area that might not be representative of the nation as a whole.

TABLE 3: STUDIES INCLUDED IN FINAL COHORT (Page 1)			
Study Known As:	**Abuse period studied**	**Survey Questions**	**Inclusion Notes**
National Survey of Children's Exposure to Violence (NatSCEV I), 2008 National Survey of Children's Exposure to Violence (NatSCEV II), 2011	1991-2011	Has a grown-up you know touched your private parts when you didn't want it or made you touch their private parts? Or did a grown-up you know force you to have sex? Has a grown-up that you did not know touched your private parts when you didn't want it or made you touch their private parts? Or did a grown-up you know force you to have sex? Now, think about kids your age, like from school, a boyfriend or girlfriend, or even a brother or sister. Has another child or teen make you do sexual things? Has anyone tried to force you to have sex, that is, sexual intercourse of any kind, even if it didn't happen? Has anyone made you look at their private parts by using force or surprise, or by flashing you? Has anyone hurt your feelings by saying or writing something sexual about you or your body? Have you done sexual things with anyone age 18 or older, even things you both wanted? (only asked of children age 12 or over)	The depth and detail of the data collected made these studies particularly valuable. These studies used a large, national sample. A further strength of the studies was the separation of adolescent data from whole childhood data.
Minnesota Student Survey, 2004	1987-2004	Has any older person outside your family touched you sexually against your wishes, or forced you to touch them sexually. Has any older/stronger member of your family touched you sexually, or had you touch them sexually?	This study collected data specifically from adolescents, which is the sample most relevant to this analysis. This study did not produce data of great depth or detail, but the data collected is highly pertinent. This study included a large sample size and reinforces similar studies conducted in prior years. The study only collected data in Minnesota.
Minnesota Student Survey, 2010	1993-2010	Has any older person outside your family touched you sexually against your wishes, or forced you to touch them sexually. Has any older/stronger member of your family touched you sexually, or had you touch them sexually?	This study collected data specifically from adolescents, which is the sample most relevant to this analysis. This study did not produce data of great depth or detail, but the data collected is highly pertinent. This study included a large sample size and reinforces similar studies conducted in prior years. The study only collected data in Minnesota.

TABLE 3: STUDIES INCLUDED IN FINAL COHORT (Page 2)			
Substance Use During Adolescence Study, 2000	1982-2000	Did someone in your family or another person do sexual things to you or make you do sexual things to them that you didn't want to?	This study collected data specifically from adolescents, which is the sample most relevant to this analysis. This study did not produce data of great depth or detail, but the data collected is pertinent. The study only collected data from students in six schools in Oregon. This sample may not be representative of the nation as a whole.
The National Survey of Adolescents, 2005 (Saunders, 2010)	1991-2005	Has a man or boy ever put a sexual part of his body inside your private sexual parts, inside your rear end, or inside your mouth when you didn't want them to? Not counting any incidents you already told me about, has anyone, male or female, ever put fingers or objects inside your private sexual parts or inside your rear end when you didn't want them to? Not counting any incidents you already told me about, has anyone, male or female, ever put their mouth on your private sexual parts when you didn't want them to? Not counting any incidents you already told me about, has anyone, male or female, ever touched your private sexual parts when you didn't want them to? Not counting any incidents you already told me about, has anyone ever made you touch their private sexual parts when you didn't want them to? *For boys only*: Not counting any incidents you already told me about, has a women or girl ever put *your* sexual private part in her mouth or inside her body when you didn't want her to?	This study collected data specifically from adolescents, which is the sample most relevant to this analysis. It provided a great deal of detailed data on sexual assault. It made use of a large national sample.

RESULTS

Data

Using data collected on subjects of ages 14-17 (NSA, 12-17), the six studies in the final cohort suggest a prevalence rate of 7.5% to 11.7%*. Four of the six studies published separate data on boys and girls. These studies estimate the *prevalence rate for girls at 10.7% to 17.4%* and the rate for boys at 3.8% to 4.6%*.*

**Contact abuse only*

TABLE 4: RESULTS			
Study Known As:	**Prevalence**		
	Total, Age 14-17 (NSA, 12-17)	**Girls, Age 14-17 (NSA, 12-17)**	**Boys, Age 14-17 (NSA, 12-17)**
National Survey of Children's Exposure to Violence (NatSCEV I), 2008	11.3%	N/A	N/A
National Survey of Children's Exposure to Violence (NatSCEV II), 2011	10.6%	17.4%	4.2%
Minnesota Student Survey, 2004	7.5%	10.7%	4.2%
Minnesota Student Survey, 2010	7.8%	11%	4.6%
National Survey of Adolescents, 2005	7.5%	11.5%	3.8%
Substance Use During Adolescence Study, 2000	11.7%	N/A	N/A

Discussion

The six studies in the final cohort produced overall prevalence rates that are surprisingly consistent. Many practitioners are under the impression the prevalence rates emerging from research studies are wildly disparate, and therefore unreliable. This would be the case if all 16 studies identified had been included in the final cohort (7.5%* - 54.1%^). However, methodological and definitional issues excluded ten studies with more divergent prevalence rates, leaving a group of six studies with relatively homogenous results.

**Contact abuse only*

^Contact and non-contact abuse.

This cohort suggests a *female prevalence rate that is more than three times the prevalence rate of males.* A review of several well-known adult and child self-report studies show that females participating in prevalence studies report 1.5 to 5 times more sexual abuse than males (Felitti et al.,1998; Finkelhor et al., 2013; Finkelhor & Shattuck, 2012; Kilpatrick & Saunders, 2000; Molnar et al., 2001).

The proposed estimated rate is relatively easy to communicate to the public. Practitioners can report this rate in a number of ways, including:

- "About 1 in 10 children is sexually abused*,+"
- "About 1 in 10 children will be sexually abused before they turn 18 *,+"
- "About 1 in 7 girls and 1 in 25 boys will be sexually abused before they turn 18*"
- "It is estimated that 7-12% of children are sexually abused*"
- "Some experts believe that 7-12% of children are sexually abused*"
- "It is likely that one in ten children will be sexually abused before they turn 18 unless we do something to stop it*,+"
- "As many as 400,000 babies born in the U.S. this year will be sexually abused before their 18th birthday unless we do something to stop it*,+ >"

**Contact abuse only*

[+]The average of the upper and lower limits of the prevalence statistic range is 9.6%. This average has been rounded to 10%.

[>]Just over four million babies are born in the U.S. annually. Assuming that child sexual abuse rates remain constant over the next 17 years, about 400,000 babies born this year (10% of all babies born) will become victims of sexual abuse before they turn 18.

The Age of Study Subjects

It should be noted that the study subjects in all of the six of the studies in the final cohort were adolescents. The ideal study subjects for prevalence studies are 17- or 18-year-olds who have just completed childhood. Theoretically, these study subjects will produce the most accurate prevalence rates. At present, there is little published data on prevalence rates for 17- or 18-year-olds. Accordingly, older adolescents are currently the favored study subjects for prevalence studies. Older adolescents should produce more accurate full-childhood prevalence rates than children as a whole because a large proportion of sexual assault takes place between the ages of 14 and 17 (Planty, 2013, Snyder, 2000).When prevalence data from 17- or 18-year-olds is broken out from these studies and published, it would be advisable to re-analyze and re-calculate overall child sexual abuse prevalence rates.

Summary

Child sexual abuse practitioners have expressed a desire for a well-documented child sexual abuse prevalence statistic. Communicating the extent of the problem of child sexual abuse is one of the most important elements in connecting with the public. It is more difficult for child sexual abuse organizations to engage the public and funders when there is no reliable, consistent statistic.

Since 1992, there has not been a definitive study or meta-analysis of child sexual abuse prevalence that practitioners can cite as the basis for a statistic. Consequently, as of early 2013, many practitioners are using outdated and misleading statistics.

This white paper provides a basis for a range of credible child sexual abuse prevalence rates of use to practitioners. It is a result of a methodical assessment of the literature, and a thorough review of 16 studies deemed to be pertinent. The prevalence rate range derived from the six studies in the final cohort has positive implications for practitioners and researchers alike. It is reasonable and fits within trends found by researchers.

The authors of this paper see two needs for future research into the field of child sexual abuse:

- It is hoped that researchers will use a uniform definition of child sexual abuse that standardizes the age limits of perpetrator and victim, subject ability to consent, and contact/non-contact abuse.

- It is hoped that all researchers collecting data on the prevalence of child sexual abuse (even if this is not the primary intent of their study) will break out the data collected from 17-year-olds, in order to produce the most accurate prevalence rate possible.

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Appendix
Definitions of Child Sexual Abuse Used by Leading Practitioners

American Professional Society on the Abuse of Children (APSAC) in its Handbook on Child Maltreatment (2nd Edition, 2002):

Child sexual abuse involves any sexual activity with a child where consent is not or cannot be given. This includes sexual contact that is accomplished by force or threat of force, regardless of the age of the participants, and all sexual contact between an adult and a child, regardless of whether there is deception or the child understands the sexual nature of the activity. Sexual contact between an older and a younger child also can be abusive if there is a significant disparity in age, development, or size, rendering the younger child incapable of giving informed consent. Child sexual abuse can include both touching and non-touching behaviors and its victims can include infants, toddlers, young children, and teens.

Darkness to Light

Child sexual abuse is any sexual act between an adult and a minor or between two minors when one exerts power over the other.

Child sexual abuse includes forcing, coercing or persuading a child to engage in any type of sexual act. This includes sexual contact as well as non-contact acts such as exhibitionism, exposure to pornography, voyeurism and communicating in a sexual manner by phone or internet.

Prevent Child Abuse America

Sexual abuse of a child is inappropriately exposing or subjecting the child to sexual contact, activity, or behavior. Sexual abuse includes oral, anal, genital, buttock, and breast contact. It also includes the use of objects for vaginal or anal penetration, fondling, or sexual stimulation. This sexual activity may be with a boy or a girl and is done for the benefit of the offender. In addition, exploitation of a child for pornographic purposes, making a child available to others as a child prostitute, and stimulating a child with inappropriate solicitation, exhibitionism, and erotic material are also forms of sexual abuse.

Stop It Now!

All sexual activity between an adult and a child is sexual abuse. Sexual touching between children can also be sexual abuse.

Sexual abuse between children is often defined as when there is a significant age difference (usually 3 or more years) between the children, or if the children are very different developmentally or size-wise.

Sexual abuse does not have to involve penetration, force, pain, or even touching. If an adult engages in any sexual behavior (looking, showing, or touching) with a child to meet the adult's interest or sexual needs, it is sexual abuse.

U.S. Department of Health and Human Services, Administration for Children and Families, Child Welfare information Gateway

The Child Practitioner definition of sexual abuse is defined to include:

- *"(A) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or*
- *(B) the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children."*

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