



## Briefing Report

### for the New Mexico Family Impact Seminar

### *Saving Lives, Saving Dollars: Mitigating the Impact of Child Maltreatment\**

The New Mexico Family Impact Seminar is a service project for state policy makers  
provided by  
the Department of Extension Home Economic  
the Department of Family & Consumer Sciences  
in the College of Agriculture and Home Economics  
at New Mexico State University

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\* Second Annual New Mexico Family Impact Seminar  
*Saving Lives, Saving Dollars: Mitigating the Impact of Child Maltreatment*  
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## Purpose and Presenters

*Saving Lives, Saving Dollars: Mitigating the Impact of Child Maltreatment* is New Mexico State University's second annual Family Impact Seminar. Family Impact Seminars – which do not lobby for particular policies – provide up-to-date, objective and nonpartisan, solution-oriented research information on current issues that affect families. The Family Impact Seminars are intended for state legislators and their aides, Governor and Lieutenant Governor's Office staff, legislative service agency personnel, and state agency representatives. Briefing Reports supplement the seminars.

One of the ultimate goals of New Mexico State University's Departments of Extension Home Economics and Family & Consumer Sciences in the College of Agriculture and Extension Home Economics is to enhance the quality of life of families in New Mexico. To this end, we bring the Family Impact Seminar to New Mexico.

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**Visit our website at: <http://cahe.nmsu.edu/familyimpactseminar>.**

**For further information on bringing a family perspective to policymaking,** see the Policy Institute for Family Impact Seminars website at:  
[www.uwex.edu/ces/familyimpact/wisconsin.htm](http://www.uwex.edu/ces/familyimpact/wisconsin.htm).

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The Family Impact Seminar Advisory Committee for providing guidance regarding the establishment of the Family Impact Seminar:

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For permission to reprint material for use in this report:

- Prevent Child Abuse America's *Total Estimated Cost of Child Abuse and Neglect in the United States* by Suzette Fromm Reed
- Duke University – Center for Child and Family Policy's Center's *Long-term Socioeconomic Impact of Child Abuse and Neglect: Implications for Policy* by David S. Zielinski





## Executive Summary

The maltreatment of children includes abandonment, abuse, aggravated circumstances, great bodily harm, neglect, physical abuse, sexual abuse and exploitation.<sup>1</sup> Child maltreatment is a pervasive problem in the United States, and New Mexico is no exception. Every year, thousands of children in New Mexico are maltreated. The number of victims affected by this violence is simply staggering. The negative physical, psychological, emotional, and social impact of neglect and abuse is terribly tragic. Reducing its occurrence and mitigating its impact through prevention and intervention will (a) first and foremost, save precious lives and (b) reduce consequent financial costs incurred by communities and our state.

This briefing report focuses on the physical, psychoemotional and behavioral impact of child maltreatment, estimated direct and indirect financial costs to society, the long-term socioeconomic impact of abuse and neglect and strategies for prevention and intervention.

What are the risk factors that contribute to or elevate the incidence of child abuse and neglect? What are the protective factors that reduce its incidence and prevalence? What are the physical, mental, emotional and behavioral consequences of child maltreatment? And finally, What are some evidence-based strategies that address risk/protective factors and prevent maltreatment or mitigate its impact? These are essential questions that need to be answered and acted upon. In chapter 1 of this briefing report, New Mexico State University/School of Social Work Professor Dr. Patricia Sandau-Beckler answers these questions. She reviews risk and protective factors; discusses the debilitating influence of child maltreatment on the child's developing brain and the negative impact on body, mind, emotional states and behavior; and highlights prevention and intervention programs that work.

While the human suffering for the victim of child maltreatment is incalculable, financial costs to community and society can be estimated. In chapter 2, Dr. Suzette Fromm Reed, Assistant Professor of Psychology at National-Louis University (and a former research director at Prevent Child Abuse America), provides an estimated cost analysis of child abuse and neglect for the United States. Dr. Fromm Reed breaks these costs down into direct costs (costs associated with immediate needs of the abused or neglected child) and indirect costs (costs associated with more long-term and/or secondary effects of child maltreatment). Her total annual cost estimate for the U.S. is \$94,076,882,529. While estimates are for the United States, in extrapolating these staggering costs, one can realize the cost burden child maltreatment causes in New Mexico.

The consequences of child maltreatment have a long-term influence on the victim, affecting wellbeing and quality of life into adulthood. In the third chapter, Dr. David Zielinski, a Research Scientist at the Center for Child and Family Policy at Duke University, discusses the long-term socioeconomic impact of child maltreatment and implications for policy. Negatively affected life variables include adult employment, income and reliance on public assistance. Dr. Zielinski outlines policy recommendations, including (1) providing victims with (a) access to quality physical and mental health care and (b) additional educational support, (2) creating multidisciplinary community-based centers to address victims' needs and (3) ensuring that programs for the prevention of child maltreatment are in place.

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<sup>1</sup> For definitions of these categories of maltreatment, see chapter 1 of this publication, *Psychoemotional Impact of Child Maltreatment and Strategies for Prevention and Intervention*, by Patricia Sandua-Beckler



The checklist on the following page is a useful guide for viewing public policy or potential public policy through a family lens. With it, policymakers and those who implement policies can assess the impact of policy on families...





# A Checklist for Assessing the Impact of Policies on Families

The first step in developing family-friendly policies is to ask the right questions:

- What can government and communities do to enhance the family's capacity to help itself and others?
- What effect does (or will) this policy (or proposed program) have for families? Will it help or hurt, strengthen or weaken family life?

These questions sound simple, but they can be difficult to answer.

The Family Criteria (Ad Hoc) Task Force of the Consortium of Family Organizations (COFO) developed a checklist to assess the intended and unintended consequences of policies and programs on family stability, family relationships, and family responsibilities. The checklist includes six basic principles that serve as the criteria of how sensitive to and supportive of families policies and programs are. Each principle is accompanied by a series of family impact questions. The principles are not rank ordered and sometimes they conflict with each other, requiring trade-offs. Cost effectiveness also must be considered. Some questions are value-neutral and others incorporate specific values. People may not always agree on these values, so sometimes the questions will require rephrasing. This tool, however, reflects a broad nonpartisan consensus, and it can be useful to people across the political spectrum.

**This checklist can be used to conduct a family impact analysis of policies and programs.**

- ✓ For questions that apply to your policy or program, record the impact on family well-being.

## **Principle 1. Family support and responsibilities.**

Policies and programs should aim to support and supplement family functioning and provide substitute services only as a last resort.

Does the proposal or program:

- support and supplement parents' and other family members' ability to carry out their responsibilities?
- provide incentives for other persons to take over family functioning when doing so may not be necessary?
- set unrealistic expectations for families to assume financial and/or caregiving responsibilities for dependent, seriously ill, or disabled family members?
- enforce absent parents' obligations to provide financial support for their children?

## **Principle 2. Family membership and stability.**

Whenever possible, policies and programs should encourage and reinforce marital, parental, and family commitment and stability, especially when children are involved. Intervention in family membership and living arrangements is usually justified only to protect family members from serious harm or at the request of the family itself.

Does the policy or program:

- provide incentives or disincentives to marry, separate, or divorce?
- provide incentives or disincentives to give birth to, foster, or adopt children?
- strengthen marital commitment or parental obligations?
- use appropriate criteria to justify removal of a child or adult from the family?
- allocate resources to help keep the marriage or family together when this is the appropriate goal?
- recognize that major changes in family relationships such as divorce or adoption are processes that extend over time and require continuing support and attention?

## **Principle 3. Family involvement and interdependence.**

Policies and programs must recognize the interdependence of family relationships, the strength and persistence of family ties and obligations, and the wealth of resources that families can mobilize to help their members.

To what extent does the policy or program:

- recognize the reciprocal influence of family needs on individual needs, and the influence of individual needs on family needs?
- recognize the complexity and responsibilities involved in caring for family members with special needs (e.g., physically or mentally disabled, or chronically ill)?
- involve immediate and extended family members in working toward a solution?
- acknowledge the power and persistence of family ties, even when they are problematic or destructive?
- build on informal social support networks (such as community/neighborhood organizations, religious communities) that are essential to families' lives?
- respect family decisions about the division of labor?
- address issues of power inequity in families?
- ensure perspectives of all family members are represented?
- assess and balance the competing needs, rights, and interests of various family members?
- protect the rights and safety of families while respecting parents' rights and family integrity?

**Principle 4. Family partnership and empowerment.**

Policies and programs must encourage individuals and their close family members to collaborate as partners with program professionals in delivery of services to an individual. In addition, parent and family representatives are an essential resource in policy development, program planning, and evaluation.

In what specific ways does the policy or program:

- provide full information and a range of choices to families?
- respect family autonomy and allow families to make their own decisions? On what principles are family autonomy breached and program staff allowed to intervene and make decisions?
- encourage professionals to work in collaboration with the families of their clients, patients, or students?
- take into account the family's need to coordinate the multiple services they may require and integrate well with other programs and services that the families use?
- make services easily accessible to families in terms of location, operating hours, and easy-to-use application and intake forms?
- prevent participating families from being devalued, stigmatized, or subjected to humiliating circumstances?
- involve parents and family representatives in policy and program development, implementation, and evaluation?

**Principle 5. Family diversity.**

Families come in many forms and configurations, and policies and programs must take into account their varying effects on different types of families. Policies and programs must acknowledge and value the diversity of family life and not discriminate against or penalize families solely for reasons of structure, roles, cultural values, or life stage.

How does the policy or program:

- affect various types of families?
- acknowledge intergenerational relationships and responsibilities among family members?
- provide good justification for targeting only certain family types, for example, only employed parents or single parents? Does it discriminate against or penalize other types of families for insufficient reason?
- identify and respect the different values, attitudes, and behavior of families from various racial, ethnic, religious, cultural, and geographic backgrounds that are relevant to program effectiveness?

**Principle 6. Support of vulnerable families.**

Families in greatest economic and social need, as well as those determined to be most vulnerable to breakdown, should be included in government policies and programs.

Does the policy or program:

- identify and publicly support services for families in the most extreme economic or social need?
- give support to families who are most vulnerable to breakdown and have the fewest resources?
- target efforts and resources toward preventing family problems before they become serious crises or chronic situations?

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This checklist was adapted by the Policy Institute for Family Impact Seminars from Ooms, T. (1995). *Taking families seriously as an essential policy tool*. Permission for use is given by the Policy Institute for Family Impact Seminars at the University of Wisconsin-Madison/Extension. For further information and resources, see <http://www.uwex.edu/ces/familyimpact>.

# The Psychosocial Impact of Child Maltreatment and Strategies for Prevention and Intervention

Patricia Sandau-Beckler, Ph.D, LISW

Over the last decade, increasing attention and resources have been targeted towards reducing child neglect and abuse<sup>1</sup>. Research on the prevention and treatment of child abuse has focused on understanding the risk factors that contribute to or elevate the incidence of child neglect and abuse. A risk factor is considered a contributing factor for child neglect or abuse but may not be a direct cause.<sup>2</sup> These factors may be individual, family, peer, community or societal characteristics that contribute to the risk of child neglect and abuse. These risk factors “are complex and interconnected” and require systematic and coordinated individual, family, community and national responses.<sup>3</sup> Demonstrated linkages between child maltreatment and long-term adverse effects underscore the need for increased development of effective programs to reduce child neglect and abuse.

There is a growing recognition that protective factors can reduce the incidence and prevalence of child neglect and abuse and can lessen the severity of the impact.<sup>4</sup> Thus, programs that strengthen and support families and build on capacities and resilience have increased. This paper defines child abuse and neglect, reviews its prevalence and discusses the adverse effects of child maltreatment, risk and protective factors, and evidence based programs designed to prevent and treat child abuse and neglect.

## Definitions of Child Abuse and Neglect

The maltreatment of children includes abandonment, abuse, aggravated circumstances, great bodily harm, neglect, physical abuse, sexual abuse and exploitation. The caretaker or other adult’s behavior is viewed as victimizing the child by harming them physically, psychologically, and/or emotionally. In New Mexico the definition set out in the children’s code 32A-4-2 of the Abuse and Neglect Act is summarized as follows:<sup>5</sup>

- *Abandonment includes instances when the parent, without justifiable cause, leaves the child for defined periods of time without support;*
- *Abuse is causing suffering or potential to suffer serious harm because of the action or inaction of a parent, guardian or custodian;*
- *“Aggravated circumstances” occur when a parent conspires or attempts to cause great bodily harm, torture, chronic abuse or sexual abuse or death;*
- *“Great bodily harm” occurs when there is high probability of death or serious disfigurement or loss of function of the body;*
- *Neglect includes abandonment; lack of subsistence, education and/or medical care; failure to knowingly protect against harm or further harm;*  
*parent/guardian/custodian discharge of responsibility to and for the child because of incarceration, hospitalization or physical or mental disorder or incapacity;*
- *Physical abuse includes when the child experiences non-accidental injuries such as bruising, bleeding, malnutrition, failure to thrive, burns fractures;*
- *Sexual abuse includes but is not limited to criminal sexual contact, incest or criminal sexual penetration, as those acts are defined by state law;*



- *Sexual exploitation includes allowing children to engage in prostitution; obscene or pornographic photographing or filming; or depicting a child for obscene or pornographic commercial purposes, as those acts are defined by state law.*

## **Prevalence of Child Neglect and Abuse in New Mexico**

Nationally 906,000 children were found to be victims of child neglect and/or abuse in 2003.<sup>6</sup> The national average is 12.4 per 1000 children. New Mexico’s Children Youth and Families accepted 18,749 reports in 2004. Of the 9,636 substantiated reports, neglect accounted for 73%, physical abuse accounted for 23% and sexual abuse accounted for 3.6 percent.<sup>6</sup>

## **Factors Influencing the Risk to Children in New Mexico**

### *Consequences of child maltreatment*

The consequences of child maltreatment are substantial and often lifelong. “Innumerable scientific studies have documented the link between abuse and neglect of children and a wide range of medical, emotional, psychological and behavioral disorders.”<sup>8</sup> New Mexico’s children who were reviewed by the New Mexico Child Abuse and Neglect Citizen Review Board in 2004 have been found to exhibit several of these consequences. Out of a group of 1,665 children, the following potential risk indicators or factors were reported.<sup>9</sup>

- |  |             |
|--|-------------|
| • <i>affected by substance abusing parents</i>               | 1,061 (64%) |
| • <i>behavioral and/or emotional problems</i>                | 778 (47%)   |
| • <i>affected by domestic violence</i>                       | 725 (44%)   |
| • <i>affected by parental unemployment</i>                   | 701 (42%)   |
| • <i>experienced education and/or developmental delays</i>   | 559 (34%)   |
| • <i>affected by parental homelessness and/or transience</i> | 556 (33%)   |
| • <i>sexual abuse</i>  | 256 (15%)   |
| • <i>physical or medical problems</i>                        | 256 (15%)   |
| • <i>criminal justice system involvement</i>                 | 77 (5%)     |

### *Significant Consequences of Child Maltreatment on the Developing Brain*

Child maltreatment influences the organization and functional abilities of the developing brain and alters the child’s abilities to respond to their environment.<sup>10</sup> The stress associated with child maltreatment causes the brain to organize in a fight or flight response. “The hyper vigilance required of children who have been abused or neglected impacts bodily functioning such as increased heart rate, learning capacity such as decreasing the ability to listen, increased startle reaction, affective liability, anxiety, dysphoria, increased autonomic nervous system hyperactivity, alterations in underlying memory and learning making it difficult for them to respond to information presented to them in classrooms, and causing the child to be in a constant state of alertness to danger.”<sup>11</sup>

Post-traumatic memories and behaviors associated with the defensive response required to protect themselves has a long term toll. The range of mental health disorders includes PTSD

symptoms, behavior disorders, anxiety, phobias and depressive disorders including grief responses and global confusion.<sup>12</sup> Behaviors in adolescents may include suicidality, hypersexuality, substance abuse, delinquency and truancy.<sup>13</sup> These issues can have a profound impact on adjustment as an adult, not to mention the drain on available resources to protect and educate these children.

### ***Direct and Indirect Cost for Services***

Suzette Fromm<sup>14</sup> reviewed the estimated financial costs of child neglect and abuse nationally which she estimated over \$93 billion dollars in direct treatment and care such as hospitalization, health problems, mental health care, child welfare care, and judicial expenses. Her estimates also included over \$69 billion dollars in indirect expenses related to children's health and mental health including depression, alcoholism, drug abuse, obesity and additional costs of meeting children's needs for special services from schools, child welfare courts, juvenile court systems, and law enforcement. She also addressed the cost of long term fiscal issues such as the impact of underemployment for this population.

### **Risk Factors Influencing Children Who Are Victims of Child Neglect and Abuse**

A critical review of child neglect and abuse report data leads to a clustering of information about vulnerability of children, risk factors that can be used for program development and targeted interventions. The following is a grouping of risk factors by child, parental/family and social/environmental risk factors:<sup>15</sup>

#### ***Child Risk Factors***

- *Premature birth, birth anomalies, low birth weight, exposure to toxins in utero*
- *Temperament: difficult or slow to warm up*
- *Physical/cognitive/emotional disability, chronic or serious illness*
- *Children who are psychologically or cognitively vulnerable*
- *Childhood trauma*
- *Age with the youngest under four being at the most risk and under one being the most fatalities*
- *Childhood behaviors including aggression, behavior problem, and attention deficits disorder*
- *Previous victimization*
- *Risk for sexual abuse if mother is ill or disabled and/or has a history of sexual abuse*
- *If sexually abused increased risk of being re-assaulted both physically and sexually*
- *Girls are higher risk than boys for sexual assault*
- *More likely to be sexually assaulted if mother unavailable*
- *Children who are psychologically or cognitively vulnerable are at more risk for sexual assault*
- *Witnessing violence including domestic violence or child abuse of a sibling*

### ***Parental/Family Risk Factors***

- *Personality factors including external locus of control; poor impulse control; depression/anxiety; low tolerance for frustration; feelings of insecurity; lack of trust and high levels of anger*
- *Insecure attachment with own parents*
- *Childhood history of abuse*
- *Mother having been a foster child*
- *High parental conflict, domestic violence*
- *Some family structures including single parent without supports and high numbers of children*
- *Social isolation, lack of support*
- *Parental psychopathology*
- *Substance abuse*
- *Separation/divorce, especially with high conflict*
- *Age – mothers age at birth and young parents are associated with child aggression but not severe abuse*
- *High general and family stress levels*
- *Poor parent-child interaction, negative attitudes and attributions about child's behaviors*
- *Inaccurate knowledge and expectations about child development*
- *Less education for males*
- *Less perceived parental support as a youth*
- *Received corporal or excessive physical punishment as a child*
- *Lack of confidence in their parenting skills*
- *Impulsivity including less ability to concentrate, deliberate and delay gratification*
- *Fear of external threats*
- *Significantly lower self-esteem*
- *Lack of confidence in their parenting skills*
- *Less social skills*
- *Diminished accuracy in expectations of their child*
- *Mother has a history of sexual abuse*

### ***Social/Environmental Risk Factors Especially Related to Severe Abuse***

- *Low socioeconomic status*
- *Stressful life events*
- *Lack of access to medical care, health insurance, adequate child care and social services*
- *Living in communities that under fund schools and have high drop out rates*
- *Parental unemployment; homelessness*
- *Social isolation/lack of social support*
- *Exposure to racism/discrimination*
- *Exposure to environmental toxins*
- *Dangerous/violent neighborhood*
- *Community violence*

The risk list is not intended to be inclusive, but rather to inform the reader as to the patterns that exist in particular maltreatment situations. In addition to the suffering experienced by these children there are also long term effects– e.g., in adulthood: unemployment, lowered income, reliance on public assistance<sup>16</sup> – that serve as motivators to attempt to address these issues early, and to design meaningful prevention efforts.

### **Protective factors that Reduce the Impact of Child Neglect and Abuse**

Protective factors also exist at individual, familial, relational, community and societal levels. Critical to the use of protective factors is the importance of assessing and using protective factors as strengths in the prevention and treatment of child abuse and neglect. A review of the literature indicates that the following are associated with a reduction in child neglect and abuse:<sup>17</sup>

- *Parental resilience*
- *An array of social connections*
- *Adequate knowledge of parenting and child development*
- *Adequate support in times of need*
- *Social and emotional competence of children*
- *Supportive family environment*
- *Nurturing parenting skills*
- *Stable family relationships*
- *Household rules and monitoring of the child*
- *Parental employment*
- *Adequate housing*
- *Access to health care and social services*
- *Parental expectations of pro-social behavior such as positive school, peer and community behaviors*
- *Caring adults outside family who can serve as role models or mentors*
- *Communities that support parents and take responsibility for preventing abuse*

### **Emerging Best Practices of Evidence Based Program**

While the identification of risk factors derived from child neglect and abuse reports helps workers' assessments and development of intervention plans, it is the protective factors that can help assess the family and community resources and program needs to support the reduction of child neglect and abuse.<sup>18</sup> Funding sources and advocates in the past decade have focused their efforts on advocacy and development of evidence based programs that are proven to be effective in reducing child abuse and neglect.<sup>19</sup> Some of these programs are preventative for all families, some target the families and communities of high-risk children who have been neglected and other programs work directly with families where abuse and neglect have occurred by assisting the family to develop resources to address or eliminate the risk factors.

Following are selected programs that have demonstrated over time to effectively prevent initial or reduce further child neglect and abuse.<sup>20</sup> Primary prevention efforts and programs refer to preventing child maltreatment before it happens. Secondary prevention refers to

programs that work with high risk families and tertiary prevention refers to mitigating the impact and further consequences of children who have already been maltreated. All of these programs are designed to build family protective factors and family competency. To assure that these programs are effective, community risk factors such as poverty and societal norms such as the acceptance and tolerance of family violence – including against children – must be addressed.

### **Primary Prevention Evidence Based Programs**<sup>21</sup>

#### ***Prenatal and Infancy Home Visitation by Nurses***

**Model:** Nurses visit first-time, low income mothers to improve their health, parenting skills and chances of giving birth to children free of health and developmental problems until the child is two years of age. The program focuses on enhancing the mothers' health, development, environmental health and quality of caregiving.

#### ***The Incredible Years Series***

**Model:** Trained facilitators use a comprehensive set of curriculum on parent, teacher and child training to promote social competence and prevent, reduce and treat conduct problems of young at risk children (ages 2 to 8). The program teaches parents nonviolent discipline, natural consequences and problem solving. It addresses family risk factors such as depression, coping skills, anger management, social support and marital discord. Teachers reinforce prosocial behaviors and cooperation to reduce classroom aggression.

#### ***Nurturing Program***

**Model:** This family-based program involves both parents and children in activities that build positive regard for self and others. There are 15 programs specifically designed for populations, for example, Parents and Children Birth to 5 years, Hispanic Parent and Children Birth to 5 years, Families with Substance Abuse Problems, etc. Programs are home based or group based and last 9-45 weeks.

#### ***Health Families Americas Home Visitation Programs***

**Model:** Modeled after Hawaii's Healthy Start, this program links expectant and new mothers to trained staff who provide home visits and referrals to community services in over 420 communities in the United States.

### **Secondary Evidence-Based Programs For At High-risk Families**<sup>22</sup>

#### ***Functional Family Therapy***

**Model:** This short-term well-documented family approach provides on average twelve 1 hour sessions over three months with difficult cases receiving up to 30 hours. The model focuses on motivation to change, behavior changes and generalization of the new learning to other life situations. The program targets youth and their families in a variety of settings including rural and urban, clinics and home-based programs, and juvenile courts. This is very effective for angry, hopeless and resistant to treatment youth and their families.

### ***Multisystemic Family Therapy***

Model: This is an intensive alternative to out of home placement for children with serious behaviors, behavior problems that lead to hospitalizations or youth who were placed out of the home or incarcerated. This intensive home and ecologically based treatment has low case loads and 24 hour availability.

### **Tertiary Evidence-Programs for Families Where Abuse and Neglect Have Occurred**<sup>23</sup>

#### ***Trauma Focused Cognitive Behavioral Therapy For Child Sexual Abuse (TF-CBT)***

Model: TF-CBT is an intervention designed for both sexually abused children or adolescents and their parents or guardians. This intervention is designed to reduce children's negative emotional and behavioral responses and correct maladaptive beliefs and attributions related to the abuse experience. It provides support and skills related to their emotional distress and their ability to optimally respond to the abused child.

#### ***Abuse Focused Cognitive Behavioral Therapy for Child Physical Abuse (AF-CBT)***

Model: AF-CBT is an intervention designed for physically abused children. Both the risk contributors to the physical abuse and the children's subsequent behavioral and emotional adjustment are addressed in the intervention. The approach is designed to promote the expression of appropriate prosocial behaviors and discourage the use of coercive, aggrieve or violent behaviors.

#### ***Parent Child interaction Therapy (PCIT)***

Model: PCIT is an intervention designed for families with oppositional and defiant children. The approach is designed to address relationship enhancement and teach strategies to improve compliance through coaching the parents.

### **Conclusion**

In conclusion, there has been a growing field of research identifying the risk and protective factors contributing to child neglect and abuse. The developing evidence demonstrating "best practices" for prevention and treatment of child neglect and abuse is swiftly moving towards enhanced practice, replication and further program development.<sup>24</sup> The next decade promises to move us towards more knowledge of effective programs and practices that address child neglect and abuse. The challenge will be to make both families and communities healthier and build supports that are protective and cost effective. The hope is for increasing the well-being of millions of children and families within their communities as we successfully implement quality evidence based approaches to reduce child neglect and abuse.

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**Total Estimated Cost of  
Child Abuse and Neglect in the United States**  
*Statistical Evidence*

Suzette Fromm Reed, Ph.D.

**Introduction**

For years, we have recognized the tragic effects of abuse and neglect on the children against which it is perpetrated. Innumerable scientific studies have documented the link between the abuse and neglect of children and a wide range of medical, emotional, psychological and behavioral disorders. For example, abused and neglected children are more likely to suffer from depression, alcoholism, drug abuse and severe obesity. They are also more likely to require special education in school and to become juvenile delinquents and adult criminals.

This data represents the first attempt to document the nationwide costs resulting from abuse and neglect. These costs can be placed in one of two categories: **direct** (those costs associated with the immediate needs of abused or neglected children) and **indirect** (those costs associated with the long-term and/or secondary effects of child abuse and neglect).

The data cited in the following pages has been drawn from a variety of sources, including the Department of Health and Human Services, the Department of Justice, the U.S. Census and others. Appropriate data citations are included throughout the report.

In all instances, we have opted to use conservative estimates. For instance, only children who could be classified as being abused or neglected according to the harm standard were included in the analysis. The harm standard is the U.S. Department of Health and Human Services' more stringent classification category. In addition, we have not attempted to quantify all of the indirect costs of abuse and neglect including, for example, the provision of Welfare benefits to adults whose economic condition is a direct result of the abuse and neglect they suffered as children. For this reason, we believe the estimate of \$94 billion per year is conservative.

Regardless of the economic costs associated with child abuse and neglect, it is impossible to overstate the tragic consequences endured by the children themselves. Each year, more than three million children are reported as abused or neglected in the United States. And three children die each day from abuse and neglect in this country. The costs of such human suffering are incalculable.

The following tables provide estimates for direct costs and indirect costs for the ***Total Annual Cost of Child Abuse and Neglect in the United States***:

**Total Annual Cost of Child Abuse and Neglect in the United States**  
**DIRECT COSTS**  
*Statistical Justification Data*

<u>Direct Costs</u>	<u>Estimated Annual Amount</u>
<p><b>Hospitalization</b></p> <p><i>Rationale: 565,000 children were reported as suffering serious harm from abuse in 1993<sup>1</sup>. One of the less severe injuries is a broken or fractured bone. Cost of treating a fracture or dislocation of the radius or ulna per incident is \$10,983<sup>2</sup>. Calculation: 565,000 x \$10,983</i></p>	<b>\$6,205,395,000</b>
<p><b>Chronic Health Problems</b></p> <p><i>Rationale: 30% of maltreated children suffer chronic medical problems<sup>3</sup>. The cost of treating a child with asthma per incident in the hospital is \$6,410. Calculations: .30 x 1,553,800 = 446,140; 446,140 x \$6,410</i></p>	<b>\$2,987,957,400</b>
<p><b>Mental Health Care System</b></p> <p><i>Rationale: 743,200 children were abused in 1993<sup>4</sup>. For purposes of obtaining a conservative estimate, neglected children are not included. One of the costs to the mental health care system is counseling. Estimated cost per family for counseling is \$2,860<sup>5</sup>. One in five abused children is estimated to receive these services. Calculations: 743,200/5 = 148,640; 148,640 x \$2,860</i></p>	<b>\$425,110,400</b>
<p><b>Child Welfare System</b></p> <p><i>Rationale: The Urban Institute published a paper in 1999 reporting on the results of a study it conducted estimating child welfare costs associated with child abuse and neglect to be \$14.4 billion<sup>6</sup>.</i></p>	<b>\$14,400,000,000</b>
<p><b>Law Enforcement</b></p> <p><i>Rationale: The National Institute of Justice estimates the following costs of police services for each of the following interventions: child sexual abuse (\$56); physical abuse (\$20); emotional abuse (\$20) and child educational neglect (\$2)<sup>7</sup>. Cross referenced against DHHS statistics on number of each incidents occurring annually<sup>8</sup>. Calculations: Physical Abuse – 381,700 x \$20 = \$7,634,000; Sexual Abuse – 217,700 x \$56 = \$12,191,200; Emotional Abuse –</i></p>	<b>\$24,709,800</b>

$204,500 \times \$20 = \$4,090,000$ ; and Educational Neglect –  $397,300 \times \$2 = \$794,600$

**Judicial System**

**\$341,174,702**

*Rationale: The Dallas Commission on Children and Youth determined the cost per initiated court action for each case of child maltreatment was \$1,372.34<sup>9</sup>. Approximately 16% of child abuse victims have court action taken on their behalf.*

*Calculations: 1,553,800 cases nationwide<sup>10</sup>  $\times .16 = 248,608$  victims with court action;  
 $248,608 \times \$1,372.34$*

**Total Direct Costs**

**\$24,384,347,302**

**Total Annual Cost of Child Abuse and Neglect in the United States**

**INDIRECT COSTS**

*Statistical Justification Data*

**Indirect Costs**

**Estimated Annual Cost**

**Special Education**

**\$223,607,830**

*Rationale: More than 22% of abused children have a learning disorder requiring special education<sup>11</sup>. Total cost per child for learning disorders is \$655 per year.*

*Calculations:  $1,553,800 \times .22 = 341,386$ ;  $341,386 \times \$655$*

**Mental Health and Health Care**

**\$4,627,636,025**

*The health care cost per woman related to child abuse and neglect is  $\$8,175,816 / 163,844 = \$50$ <sup>13</sup>. If the costs were similar for men, we could estimate that  $\$50 \times 185,105,441$ <sup>14</sup> adults in the U.S. cost the nation \$9,255,272,050. However, the costs for men are likely to be very different and a more conservative estimate would be half of that amount.*

**Juvenile Delinquency**

**\$8,805,291,372**

*Rationale: 26% of children who are abused or neglected become delinquents, compared to 17% of children as a whole<sup>15</sup>, for a difference of 9%. Cost per year per child for incarceration is \$62,966. Average length of incarceration in Michigan is 15 months<sup>16</sup>.*

*Calculations:  $0.09 \times 1,553,800 \times 17 = 139,842$ ;  $139,842 \times \$62,966 = \$8,805,291,372$*

<u>Indirect Costs</u>	<u>Estimated Annual Cost</u>
<b>Lost Productivity to Society</b>	<b>\$656,000,000</b>
<i>Rationale: Abused and neglected children grow up to be disproportionately affected by unemployment and underemployment. Lost productivity has been estimated at \$656 million to \$1.3 billion<sup>18</sup>. Conservative estimate is used.</i>	
<b>Adult Criminality</b>	<b>\$55,380,000,000</b>
<i>Rationale: Violent crime in U.S. costs \$426 billion per year<sup>19</sup>. According to the National Institute of Justice, 13% of all violence can be linked to earlier child maltreatment<sup>20</sup>. Calculations: \$426 billion x .13</i>	
<b>Total Indirect Costs</b>	<b>\$69,692,535,227</b>
<b>TOTAL COST (Direct + Indirect)</b>	<b>\$94,076,882,529</b>

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## Long-term Socioeconomic Impact of Child Abuse and Neglect: Implications for Policy

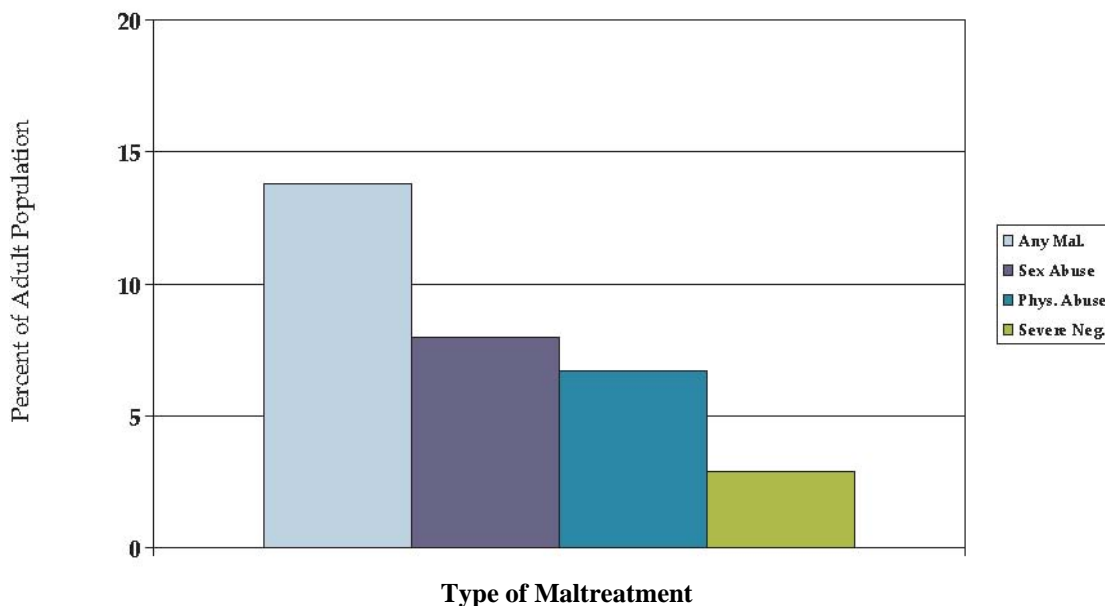
By David S. Zielinski, Ph.D.

Child abuse and neglect greatly influence victims' long-term wellbeing. Until recently, however, we have known little about how such experiences affect victims' later socioeconomic status. Current research has examined the long-term impact of child abuse and neglect on adult employment, income, and reliance on public assistance, as well as the reasons for this impact. Abuse and neglect, often collectively referred to as maltreatment, place victims at significantly increased risk for problems across a range of socioeconomic areas, even after such factors as race, age, and childhood socioeconomic status have been taken into account.<sup>1</sup> This brief provides an overview of these findings and indicates several strategies for addressing this problem.

### Prevalence of Maltreatment in the Adult Population

One in seven adults between the ages of 18 and 54 in the U. S. report that they were sexually abused, physically abused, and/or severely neglected in childhood (see Table 1). About 8 percent of the adult population reports sexual abuse, 7 percent report physical abuse and 3 percent report severe neglect.

**Table 1. Prevalence of Childhood Maltreatment among Adults in US.**



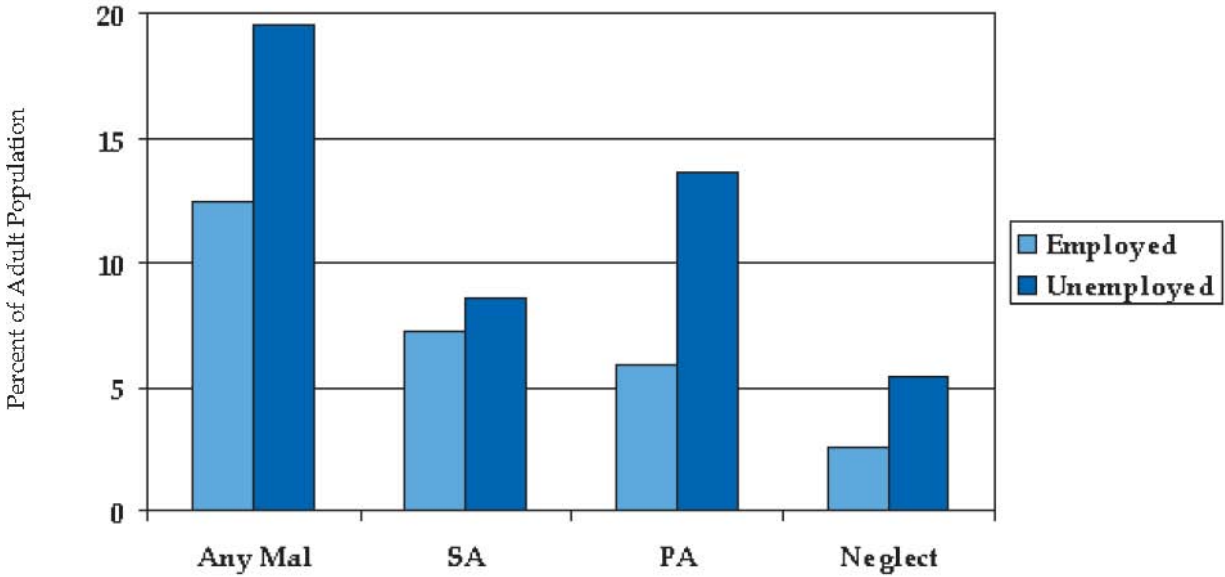
Recent research indicates that maltreatment during childhood may effect victims' later employment and income. Nearly 20 percent of unemployed adults report that they were abused or neglected as children, compared to 13 percent among adults with full or part-time jobs (see Table 2). Similarly, 19 percent of low-income adults were victimized in



childhood, compared to 12 percent among adults whose families earn \$70,000 or more annually (see Table 3).

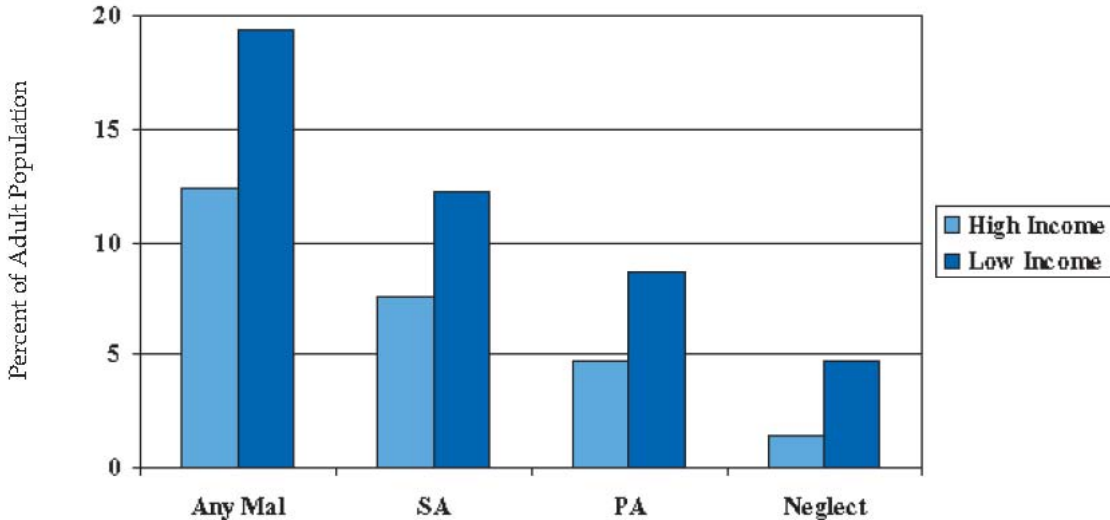
**Table 2. Prevalence of Childhood Maltreatment by Employment Status.**

Note: SA = Sexual Abuse; PA = Physical Abuse.



**Table 3. Prevalence of Childhood Maltreatment Based on Family Income.**

Note: SA = Sexual Abuse; PA = Physical Abuse. Low Income: \$0-19,999 per annum; High Income: >\$70,000 per annum



These findings indicate two important points:

1. A large proportion of the adult population (14 percent) has been affected by childhood abuse and neglect; and

2. Their experiences of maltreatment may negatively affect their later income and employment.

### **Maltreatment and Adult Income & Employment**

Both male and female victims of child maltreatment are more than twice as likely as their non-maltreated peers to fall below the federal poverty line as adults. This finding is consistent for victims of each type of abuse and neglect (i.e., physical abuse, sexual abuse, and neglect).

In terms of unemployment, adults who experienced physical abuse are more than 2.5 times more likely to report being unemployed than adults who were not abused, while sexual abuse and neglect victims report no difference in employment.

Research indicates that maltreatment victims are at higher risk for later poverty and unemployment for several reasons. Compared with non-victims, they are more likely to:

1. Complete less schooling
2. Experience victimization again in adulthood
3. Have physical health problems that interfere with their job
4. Have mental health problems that interfere with their job

### **Maltreatment and Medicaid**

As with income, adults who had been abused or neglected are approximately twice as likely as those who were not maltreated to use Medicaid for health insurance. Unlike employment and income, however, strong differences are found in the patterns of Medicaid use between maltreated men and women. Women who were abused or neglected are 2.5 times more likely to rely on Medicaid, whereas maltreated men are neither more nor less likely to be enrolled. As with employment, there are also enrollment differences depending on the type of maltreatment experienced. Victims of sexual and physical abuse are more likely to use Medicaid, while enrollment among neglect victims does not differ from the general population. Research suggests two possible causes for the relationship between abuse and Medicaid:

1. Victims' lower level of education
2. Victims' physical health problems

### **Public Policy Implications**

Child abuse and neglect impacts several long-term socioeconomic outcomes at least in part because maltreatment affects victims' education, physical health, mental health, and likelihood of being revictimized. These impacts in turn more directly affect their adult socioeconomic well-being.

Victims suffer the effects of maltreatment, but so does society through the costs incurred for prevention, identification, intervention, and treatment. Increased expenditures stemming from women's maltreatment-related health problems at a single health

maintenance organization (HMO) in Washington State, for example, have been estimated at more than \$8 million annually.<sup>2</sup> The larger cost to society is vastly greater and considerably more difficult to measure. The direct costs associated with treating the immediate needs of maltreatment victims include (among others):

- Hospitalization and physical health care
- Mental health care
- Child welfare services, and
- Maltreatment-related law enforcement and legal services<sup>3</sup>

A recent estimate of the total direct expenditures for dealing with abuse and neglect places the cost in excess of \$24 billion per year.<sup>3</sup> The long-term indirect costs of maltreatment include increased spending due to later problems resulting from earlier victimization. These include (among others):

- Impaired physical and mental health
- Substance abuse
- Criminality & incarceration
- Teenage pregnancy

The socioeconomic outcomes detailed in this brief (i.e., unemployment, poverty, and Medicaid usage) are further indirect costs of maltreatment to society. Maltreatment victims' increased likelihood for being unemployed would result in greater reliance on state unemployment insurance and lost economic productivity. Their higher risk for falling below the poverty line further indicates lost income and sales tax revenue, as well as increased reliance on Temporary Assistance for Needy Families (TANF) and other welfare programs such as Food Stamps and WIC. Furthermore, as noted previously, female victims have been identified as being more than twice as likely as non-maltreated women to utilize publicly funded Medicaid. Given that approximately 1 in 7 adults report being maltreated as children, the added indirect costs to society of victims' impaired socioeconomic well-being - such as those listed above - could be estimated in the tens of billions of dollars annually.

## **Public Policy Recommendations**

Thanks to what research has begun to show in terms of possible causes for this relationship between abuse and socioeconomic status, policymakers and practitioners can take steps to improve the long-term socioeconomic well-being of maltreatment victims and, in turn, reduce the costs of victimization to society.

### **1) Provide victims with access to quality physical and mental health care.**

The largely personal responsibility that individuals have for obtaining health care in the United States represents a dangerous cycle for maltreatment victims. Their impaired socioeconomic well-being reduces the chance that they will receive adequate care for their mental and physical health problems, and this in turn acts to maintain or even increase their risk for continued socioeconomic difficulties. Ensuring that maltreatment victims have access to high quality mental and physical health care, on the other hand,

would help to break this cycle, improve their socioeconomic status, and reduce costs to society in the long-term.

**2) Victims require additional educational support.** Whether through special education programs, tutoring, or vocational training, increased educational support can significantly improve victim's long-term socioeconomic well-being. Improvements could also be gained if child welfare workers and school social workers were to regularly monitor the academic achievement of maltreatment victims, and take corrective action should any problems be identified, although traditionally there has been limited collaboration between these institutions.

One program model that has begun to address children's needs in a multidisciplinary manner is that of Children's Advocacy Centers (CACs). CACs are community-based programs involving professionals from multiple disciplines (e.g., child protection, physical and mental health, social work, law enforcement, etc.). They work collaboratively through a child-focused facility in order to maximize victims' wellbeing and ensure that the systems designed to protect them are serving them to the best of their ability. Although they share the philosophy that child abuse cannot be fully addressed by any one profession, all CAC's are unique, tailored to the needs of the community they serve. Increased collaboration, particularly including the fields of education and physical and mental health, can improve child victims' more immediate wellbeing, and set the stage for improved outcomes, including socioeconomic outcomes, in the long-term.

**3) The results of this research strengthen the call for increased attention to maltreatment prevention.** Home visiting programs represent one such model. These programs involve a range of interventions for expecting and new families aimed at identifying and correcting potential problems before they occur. Programs employing skilled home visitors to help mothers during their pregnancy and the first few years of the child's life have been shown to be extremely effective in reducing long-term rates of abuse and neglect.<sup>4</sup> By intervening before abuse and neglect take place, many of the subsequent costs, both personal and financial, can be avoided altogether. A cost-benefit analysis of the Nurse Family Partnership, for example, estimates that while early home visiting services cost approximately \$9,000 per child, these services save taxpayers \$26,298 per child (for a net of \$17,180 per child) by the time they are 15-years-old.<sup>5</sup>

*For further information:*

- Prevent Child Abuse America: [www.preventchildabuse.org](http://www.preventchildabuse.org)
- The National Center for Children, Families and Communities: <http://www.nccfc.org>
- Healthy Families America: [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org)
- The National Children's Advocacy Center: [www.nationalcac.org](http://www.nationalcac.org)
- National Clearinghouse on Child Abuse and Neglect Information: <http://nccanch.acf.hhs.gov>

## References

- <sup>1</sup> Zielinski, D. S. (2004). Child maltreatment and adult socioeconomic status: Support for a mediational model. Unpublished doctoral dissertation. Cornell University, Ithaca, NY.
- <sup>2</sup> Walker, E. A., Unutzer, J., Rutter, C., Gelfand, A., Saunders, K., VonKorff, M., Koss, M. P., & Katon, W. (1999). Costs of health care use by women HMO members with a history of child abuse and neglect. *Archives of General Psychiatry*, 56, 609-613.
- <sup>3</sup> Fromm, S. (2001). Total estimated cost of child abuse and neglect in the United States. Chicago, IL: Prevent Child Abuse America.
- <sup>4</sup> Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L. M., & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect. *Journal of the American Medical Association*, 278 (8), 637-643.
- <sup>5</sup> Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci A. (2004). Benefits and costs of prevention and early intervention programs for youth. Olympia, WA: Washington State Institute for Public Policy.

## **Conclusion**

Child maltreatment is pervasive in New Mexico, impacting thousands of children each year. The immediate and long-term effects are tragic. Still, prevention and intervention programs have been shown to work, saving lives of victims and potential victims while saving dollars for communities and society.

New Mexico has extremely dedicated individuals and agencies working to improve the situation of child abuse and neglect and to help its victims. Still, much can be done to enhance New Mexico's response to this problem – an individual, family and societal problem that has such a devastating effect on people's lives and on our communities.

Policies can and need to be implemented at the legislative level to enhance New Mexico's response to child maltreatment that will protect our children and mitigate its immediate and long-term effects on victims, our communities and our great state. This report has discussed various perspectives for such policies.

## Selected Resources

### *State Organizations and Associations*

#### **State of New Mexico Department of Children Youth and Families**

P.O. Drawer 5160  
Santa Fe, NM 87502-5160  
505-827-7602  
<http://www.cyfd.org>  
Report Abuse: 1-800-797-3260

#### **New Mexico Child Abuse & Neglect Citizen Review Board**

P.O. Box 30228  
Albuquerque, NM 87190  
505-217-0226  
<http://www.nmcrb.org>

### *National Organizations and Associations*

#### **Prevent Child Abuse America**

500 N. Michigan Avenue  
Suite 200  
Chicago, IL 60611  
312-663-3520  
Fax: 312-939-8962  
[mailbox@preventchildabuse.org](mailto:mailbox@preventchildabuse.org)  
[www.preventchildabuse.org](http://www.preventchildabuse.org)

#### **National Center for Children, Families and Communities (NCCFC)**

1825 Marion Street, Suite 200  
Denver, CO 80218  
303-869-3217  
Fax: 303-864-5236  
[nfptechsupport@tchden.org](mailto:nfptechsupport@tchden.org)  
<http://www.nccfc.org>

#### **Healthy Families America**

200 S. Michigan Avenue  
Suite 1700  
Chicago, IL 60604  
(312) 663-3520  
Fax: (312) 939-8962  
[www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org)

**The National Children's Advocacy Center**

210 Pratt Avenue  
Huntsville, AL 35801  
(256) 533-KIDS (5437)  
Fax: (256) 534-6883  
www.nationalcac.org

**National Clearinghouse on Child Abuse and Neglect Information**

Children's Bureau/ACYF  
1250 Maryland Avenue, SW  
Eighth Floor  
Washington, DC 20024  
(800) 394-3366 or (703) 385-7565  
Fax: (703) 385-3206  
nccanch@caliber.com  
<http://nccanch.acf.hhs.gov>



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