

CHILDREN RESEARCH CENTER

CRIMES AGAINST

Have Sexual Abuse and Physical Abuse Declined Since the 1990s?

David Finkelhor & Lisa Jones

November 2012

This bulletin summarizes statistics on trends for sexual and physical abuse. A decline in sexual abuse since the early 1990s is a conclusion supported by 3 independent sources of agency data and 4 separate large victim surveys. The trend for physical abuse is less clear, since several of the data sources show conflicting patterns.

Information from several sources has shown declining rates of both sexual and physical abuse from the early 1990s through 2010. But other data and a variety of opinion have disputed whether these trends indicate a true decline in prevalence. This brief is an effort to assess what the current evidence is about these trends.

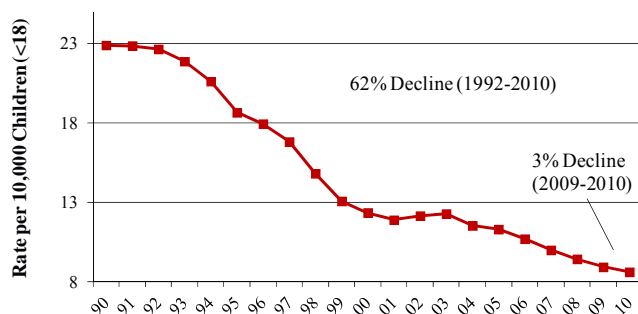
SEXUAL ABUSE – 7 INDEPENDENT SOURCES SHOW DECLINES

The case that there has been a true decline in sexual abuse is stronger than the case about physical abuse, and it comes from a variety of sources. Three independent sets of agency data show substantial declines in sexual abuse over this period. At least 4 victim self-report surveys also show declines. A variety of related child welfare “outcome indicators” support the idea of a true decline. Finally, efforts to substantiate “alternative explanations” for the decline, due to changed policies or practices, have not been supported.

Agency data

Child protection system substantiations. The National Child Abuse and Neglect Data System (NCANDS) aggregates data from state child protective agencies. That data show a 62% decline in rates of substantiated sexual abuse starting in 1992 and continuing through 2010, with the largest drop occurring in the late 1990s (Figure 1). The raw numbers declined from

Figure 1. NCANDS National Estimate Substantiated Sexual Abuse (1990-2010)

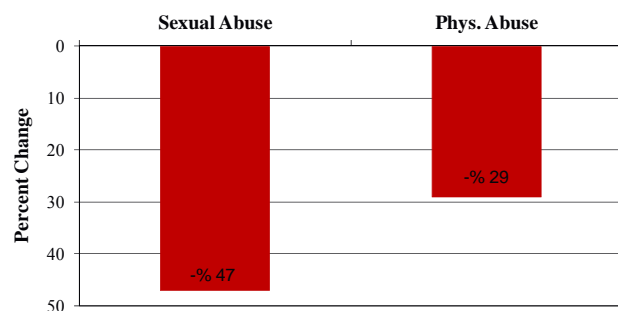


Source: National Child Abuse and Neglect Data System

over 150,000 to 63,000 cases. These numbers primarily count cases involving abuse by family member and other caregivers.

Cases known to professionals – The National Incidence Study. Because of concern that child protection agency data may not be a fully reliable count of child maltreatment, roughly every decade the federal government has conducted a more rigorous National Incidence Study (NIS) of Child Abuse and Neglect. The NIS gets reports directly from a systematic sample of child-serving professionals (who represent the whole population of professionals in the country). The NIS also uses detailed and consistent criteria to evaluate the validity of the reports they receive. This is to address issues like changes in standards or screening out criteria in child protection practice. Between 1993 and 2005, the study documented a significant 47% decline in sexual abuse measured by what they call their “endangerment standard” (Figure 2). This finding almost completely confirmed what the NCANDS data shows.

Figure 2. National Incidence Study (NIS) Change in Rate of Sexual Abuse and Physical Abuse (1993-2005) (Endangerment Standard)



*Change in rate not statistically significant

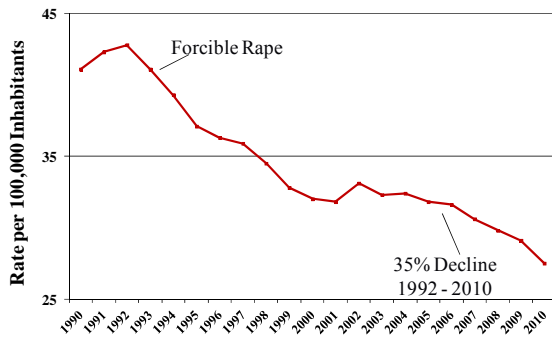
The NIS finding of a 47% drop strongly suggests that declines in the CPS data are not due primarily to changed screening standards or the implementation of alternative response systems.

Cases known to police. The FBI collects and publishes data from local law enforcement for several major crime types including rape. While the FBI cannot break down the rape statistics by age of victim, over 50% of FBI-reported rape occurs to persons under age 18.¹ Thus the FBI rape statistic is a good proxy of sex crimes against minors.

UNIVERSITY of NEW HAMPSHIRE

The FBI rape data show a sharp decline that, like the NCANDS data, started in 1992 and continued through 2010. The total drop was 35%, and the trend line is remarkably parallel to the NCANDS trend line (Figure 3).

Figure 3. FBI Forcible Rape (1990-2010)



Source: FBI, Crime in the United States Reports

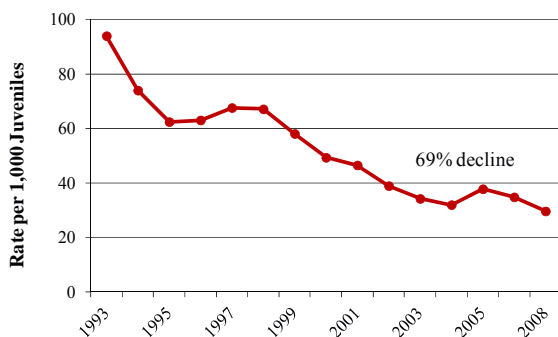
Victim Self-report Surveys

It is always possible that agency data could show declines because victimizations were not being reported. So survey data from victims themselves are useful to confirm that less victimization is occurring. Four surveys show declines in sex crimes against juveniles during this time period.

The National Crime Victimization Survey (NCVS). This study collects crime victimization information annually from a nationally representative sample of tens of thousands of US households every 6 months, and one of the crimes it measures is sexual assault. While there is no information on victims under 12, self-reports of sexual assault are gathered from the 12 to 17 year olds.

The NCVS shows a decline of 69% in the annual rate of sexual assaults against teens from 1993 through 2008 (Figure 4).

Figure 4. National Crime Victimization Survey (NCVS) Sexual Assault (1993 – 2008)

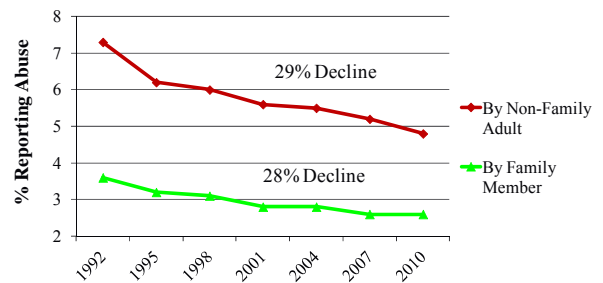


Note: Age 12 – 17 years; 3 year averages except 2008 which is a 2 year average. 2006 data excluded.
Source: National Crime Victimization Survey

The Minnesota Student Survey. This study is conducted every 3 years with all 6th, 9th and 12th graders enrolled in public schools in selected school districts. This survey asks specific questions about lifetime sexual abuse by family members and non-family members.

The Minnesota Student Survey has shown between 1992 and 2010 a 29% decline in sexual abuse by non-family and a 28% decline in abuse by family members (Figure 5).

Figure 5. Minnesota Study Survey Sexual Abuse (1992 – 2010)

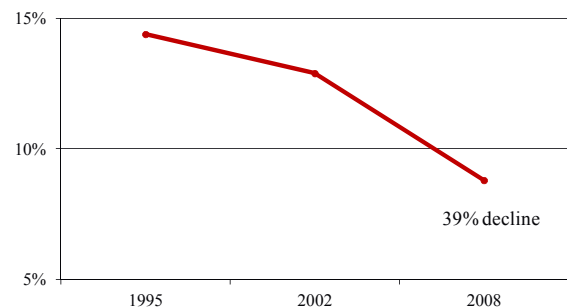


Note: respondents are 6th, 9th, and 12th grade students enrolled in public schools in selected Minnesota school districts.
Source: Minnesota Student Survey, 1992-2010

The National Survey of Family Growth. This study gathers information every few years from national samples of women between the ages of 15 and 44 about sexual and reproductive activity. It asks a question about whether their first experience with sexual intercourse was prior to age 15 and occurred with a person who was 3 or more years older. This is a measure of sexual abuse at the hands of adults and

Between 1995 and 2008, NSFG found a 39% decline in the women age 15-25 who reported that their first experience with intercourse was before age 15 with an older partner (Figure 6).

Figure 6. Statutory Rape (1995-2008) Percentage of Females, Ages 15-24, Whose First Sexual Intercourse Occurred at Age 15 or Younger with an Individual 3+ Years Older



Source: National Survey of Family Growth, analyzed by Child Trends

The National Survey of Children Exposed to Violence (NatSCEV). This study was conducted in 2008 and could be compared to a prior survey using the same methods and questionnaire used in 2003. The comparison found that sexual assault in the past year, including sex offenses at the hands of adults, declined from 3.3% for all children ages 2-17 in 2003 to 2.0% in 2008² (Table 1).

Table 1. Sexual Victimization (2003 and 2008)
National Surveys Using Juvenile Victimization Questionnaire

	% of Children		
	2003 (n=2030)	2008 (n=4046)	P Value
Any sexual victimization	8.0	6.7	0.06
Any sexual assault	3.3	2.0	<0.001 ^a
By a known adult	0.3	0.2	0.45
By a nonspecified adult	0.3	0.3	0.99
By a peer	1.2	0.6	0.01 ^a
Rape, completed/attempted	2.1	1.3	0.02 ^a
Sexual exposure/flashed	3.2	3.0	0.67
Sexual harassment	3.8	2.9	0.06
Sexual misconduct/statutory rape	2.9	1.5	<0.001 ^a

^a P≤ .05
Source: Finkelhor, D., Turner, H.A., Ormrod, R.K., & Hamby, S.L. (2010). Trends in childhood violence and abuse exposure: Evidence from two national surveys. *Archives of Pediatrics & Adolescent Medicine* 164(3): 238-242.

National Survey of Adolescents. There is, however, at least one national survey that did not find a significant decline during this interval. The National Survey of Adolescents conducted two national studies 10 years apart³ and reported a non-significant decline in lifetime sexual assault for girls from 13.2% in 1995 to 11.5% in 2005 and a non-significant rise for boys from 3.5% to 3.8%.

Associated Outcome Indicators

Sexual abuse is well known to be associated with a number of other child welfare problems, such as running away, teen pregnancy and suicidal behavior. While these indicators could change for many other reasons, if they were trending in the same way as sexual abuse, it could be seen as indirect support for true decline. Data from national vital statistics show that the teen suicide rate has declined 30% from 1990 to 2010, the rate of teenage running away as measured by police arrests has declined 60%, and the rate of teen births declined 55% from 1991 to 2010. Other indicators of risky and early sexual behavior have also declined.⁴ In addition, sex offender re-offense rates have come down by 41%.¹⁹

Tests of Alternative Explanations

A major concern about the decline in sexual abuse shown by the NCANDS data is the possibility that the drop could be due, not to a real decline, but to changed standards, less funding for investigations or the exclusion of certain categories of offenders or victims.

To a large degree, the NIS findings do address this issue because that study looked at cases using the identical criteria and standards at different points in time. But other studies have also tested the alternative explanations with various data. One study looked at whether worker caseload could account for some of the decline, but found it could not.⁵ Another study⁶ found evidence that sexual abuse cases involving very young victims and teenage perpetrators had disproportionately declined in some states in ways consistent with more conservative standards, but that these changes were not substantial enough or consistent enough across states to explain most of the decline.

Sexual Abuse: Summary

There is fairly consistent and convergent evidence from a variety of sources pointing to large declines in sexual abuse from 1992 to 2010. The idea that child protection system data is a misleading indicator on this trend is contradicted by the fact that the decline shows up in other sources that do not rely on CPS. The NIS study is particularly important because it uses consistent criteria across time, and confirms the child protection system trends. The self-report surveys are also very important because they represent victim testimony itself. It seems unlikely that, in the face of more public attention to sexual abuse and decreasing stigma, youth would be more reluctant to disclose in surveys. In fact one study shows greater reporting of sexual abuse to the authorities.⁷ Some have raised the question of whether sexual abuse has become more “normal” and thus less disclosed in surveys by youth. But the surveys showing declines do not use terms like sexual abuse or assault, but simply ask about sexual behaviors and categorize them as assault when certain behaviors occur.

Our judgment is that the decline in sexual abuse is about as well established as crime trends can be in contemporary social science.

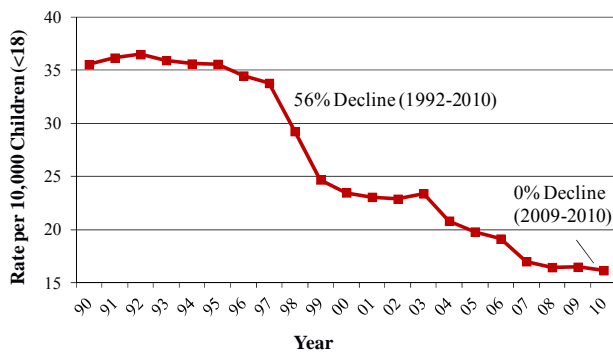
PHYSICAL ABUSE – CONTRASTING FINDINGS FROM DIFFERENT SOURCES

The evidence for a decline in physical abuse is more mixed than for sexual abuse, and varies perhaps by the type of physical abuse being considered. Both NCANDS data representing national CPS cases and NIS data representing national child serving professionals show declines in caregiver perpetrated physical abuse. However, hospital data on young children admitted for inflicted injuries do not show a decline. Child maltreatment fatalities have also not declined, but FBI reported homicides of young children and older children have. Two national victim surveys of youth do not find decreases in caregiver abuse, but one state survey did, and several other surveys show that youth are exposed to considerably less interpersonal violence in general since the early 1990s.

Agency data

Child protection substantiations. NCANDS data from child protection agencies show a 56% decline in the rate of substantiated physical abuse from 1992 to 2010 with two periods of particularly steep drops between 1997 and 2000 and between 2003 and 2008 (Figure 7). The comparative numbers were from 240,000 cases in 1992 to 118,700 cases in 2010.

Figure 7. NCANDS National Estimate Substantiated Physical Abuse (1990-2009)



Source: National Child Abuse and Neglect Data System

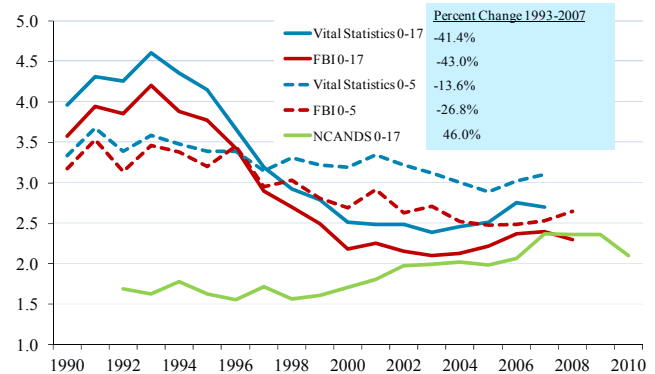
Cases known to professionals – The National Incidence Study.

This study which samples community professionals and uses consistent definitions of abuse, found that, using their “endangerment standard,” physical abuse had declined 29% from 1993 to 2005 (Figure 2). This somewhat confirms the NCANDS trend data but not quite to the same extent as with sexual abuse. Moreover, in subsequent analyses, the trend was shown to be limited to the moderate and less serious, rather than the most serious types of physical abuse (Andrea Sedlak, personal communication).

The National Incidence Study shows a clear 29% decline in physical abuse, but it is not as large as the decline evident in the CPS substantiation trend.

Physical abuse deaths. Three sources of information exist on child maltreatment deaths: NCANDS data from child protection agencies, the FBI data from police and Vital Statistics death records. The sources are discrepant. The NCANDS data show an increase of 46% in child maltreatment fatalities from 1993 to 2007 (Figure 8). However, a majority of these maltreatment deaths are due to neglect and not physical abuse. By contrast, homicide data from the FBI show a 43% decline for all children (0-17) over this same time period and a 26% decline for children 0-5, the ages during which most homicides are perpetrated by caregivers. The vital statistics data roughly parallel the FBI data showing a 41% decline for 0-17 and 14% decline for 0-5.

Figure 8. National Child Abuse Deaths and Homicides (1990-2008)



So two sources, from the FBI and Vital Statistics, show declines in the most severe type of abuse resulting in death, but one other source does not.

Hospital data. Several researchers have also looked at trends in physical abuse with hospital data. Only a small fraction of physically abused children, particularly the youngest and most severely injured, are admitted to hospitals. *These studies have found no large decline and in some cases increases in these children.* A large study of acute care hospitals⁸ found a 10.9% increase from 1997 to 2009 in children under 1 admitted for abuse, and a 9.1% decrease for children 1-18 years old. Wood et al. (2012)⁹, using a sample of 38 hospitals found between 2000 and 2009, found a .79% increase per year in hospital admissions for physical abuse to children under age 6 and 3% per year increase in admissions for traumatic brain injury to children under age¹

The hospital data do not show a decline.

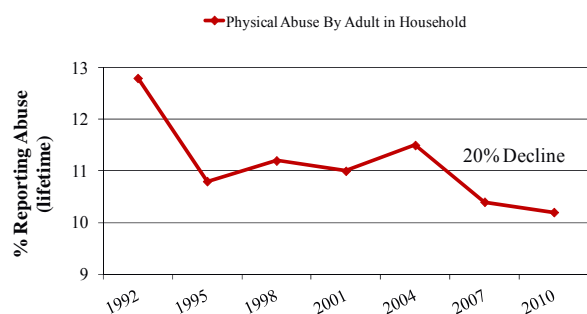
Survey data

The survey data also show mixed findings on physical abuse.

The NatSCEV compared past year physical abuse by caregivers in 2003 and 2008 in 2 national surveys and found no significant change; in fact, the indicator actually increased.² The National Survey of Adolescents¹⁰ compared lifetime physical abuse from two national surveys in 1995 and 2005 and found no significant change although the indicator decreased about 6%.

The Minnesota survey asked a question about students being abused by other family members and tracked a 20% decline from 1992 through 2010 (Figure 9).

Figure 9. Juvenile Physical Abuse Trends in Minnesota (1992 - 2010)

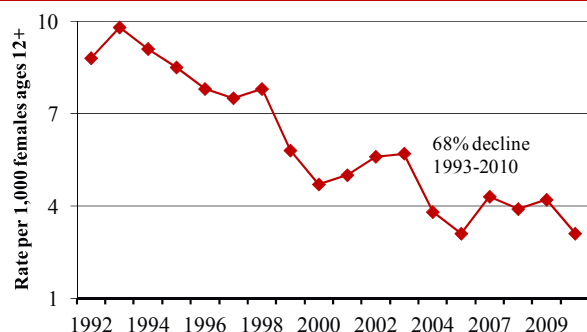


Note: respondents are 6th, 9th, and 12th grade students enrolled in public schools in selected Minnesota school districts.
Source: Minnesota Student Survey, 1992-2010

The NCVS reports a large decline in assaults against youth ages 12-17, with simple assault down 59% and aggravated assault down 69%. Most of these assaults are by peers, not family members.[†]

The NCVS also reports a large decline in intimate partner violence, down 68% from 1993 through 2008 (Figure 10). Most of this violence is between adults, but some may have been in households where children were present and observers.¹¹

Figure 10. NCVS Intimate Partner Violence (1992-2010)



Source: National Crime Victimization Survey Data.

Other surveys report declines in youth exposure to assault, but it is mostly peer abuse. For example, the Youth Risk Behavior Survey (YRBS) reports a 16% decline in teens saying they were in a fight in the past year.¹²

So of three surveys asking specifically about physical abuse by caregivers, only one showed a significant decline (19%) and its data is confined to Minnesota. Other national surveys show declines in youth exposure to violence, but it is not clear how much of this is caregiver violence.

The survey data on physical abuse do not confirm the agency data in the same way that they do for sexual abuse.

Associated Indicators

Violence in general has been declining in the US during the last 20 years. There has been a substantial and widely documented decline in violent crime in the US during the period since about 1992. Police reports of overall violent crime are down 47% from 1992 to 2010.¹³ The National Crime Victimization survey finds from victim self-reports that crimes (including assault) for persons living in households with children declined 68% from 1993 to 2010.¹⁴ Homicide rates have declined as well.¹⁵ If people are acting less violently in general, they might be physically assaulting their children less as well, but some people feel that societal violence and child physical abuse are phenomena without common etiology and so inferences about trends cannot be made from crime data.

Physical Abuse: Summary

The strongest evidence that overall physical abuse has declined is the evidence from the NIS. This study was specifically designed to monitor rates and it is unique in its use of exactly consistent criteria across time points.

However, a variety of other data sources do not show trends consistent with the NIS. The rise in child maltreatment fatalities as measured by NCANDS is particularly important since these are the biggest protection failures. There is, however, evidence that the maltreatment fatalities measured by NCANDS have increased over time at least partly as a result of more careful review and classification of child death cases, particularly those conducted by the child death review boards that have been empaneled in most states.¹⁶⁻¹⁸ The fact that FBI homicide and vital statistics data show a decline when NCANDS does not could be because police and medical examiner judgments, using criteria for what can be charged as a homicide, have been less vulnerable to expansion over time.

The hospitalization data also does not show a decline. This system of data collection is relatively recent and has been developing and expanding during the time period in question. It is possible that as a result of training and system implementation, the coding process to label cases as abuse has gotten more refined and universal, and thus masked a decline. But another explanation for the hospital data trends is that abuse with serious injuries involving hospitalization may be a different phenomenon from overall physical abuse and thus it trends differently.⁸ This idea is supported at least by one National Incidence Study analysis. But that leaves a question about why serious abuse resulting in hospitalization has a different trend from homicides, because homicide also is an indicator of the most serious abuse cases.

[†] analysis conducted by authors

In summary, the trends in physical abuse are difficult to conclusively summarize because of contradiction among the various data sources.

CONCLUSION

The controversy over trends in physical and sexual abuse is sometimes characterized as a debate over the validity of trends found in the CPS data. But the reality is that there are multiple sources of data on trends that can be interpolated to try to assess what is happening.

At least in the case of sexual abuse, the convergence of multiple independent data sources leads to a conclusion that a decline has likely occurred.

Physical abuse is more ambiguous. Two of the strongest indicators (the National Incidence Study of Child Abuse and Neglect and the FBI homicide data) point to a decline in physical abuse. But the existence of contradictory information on physical abuse from other sources means that more evidence needs to be gathered to provide an account that explains all the evidence we have.

REFERENCES

1. Finkelhor, D. and R.K. Ormrod, *Characteristics of crimes against juveniles*. 2000, Office of Juvenile Justice and Delinquency Prevention: Washington, DC. p. 1-11.
2. Finkelhor, D., H.A. Turner, R. Ormrod, and S.L. Hamby, *Trends in childhood violence and abuse exposure: Evidence from two national surveys*. Archives of Pediatrics & Adolescent Medicine, 2010. 164(3): p. 238-242.
3. Saunders, B.E., *Child sexual assault 1995-2005: Results from the NSA and NSA-R*, in *San Diego Conference on Child and Family Maltreatment*. 2010: San Diego, CA.
4. Child Trends. *Sexually active teens*. 2012 October 8, 2012; Available from: <http://www.childtrendsdatabank.org/?q=node/120>.
5. Almeida, J., A.P. Cohen, S.V. Subramanian, and B.E. Molnar, *Are increased worker caseloads in state child protective service agencies a potential explanation for the decline in child sexual abuse? A multi-level analysis*. Child Abuse & Neglect, 2008. 32(3): p. 367-375.
6. Finkelhor, D. and L.M. Jones, *Explanations for the decline in child sexual abuse cases*. 2004, Office of Juvenile Justice and Delinquency Prevention: Washington, DC.
7. Finkelhor, D., R. Ormrod, H.A. Turner, and S.L. Hamby, *School, police, and medical authority involvement with children who have experienced victimization*. Archives of Pediatrics & Adolescent Medicine, 2011. 165(1): p. 9-15.
8. Leventhal, J.M. and J.R. Gaither, *Incidence of serious injuries due to physical abuse in the United States: 1997-2009*. Pediatrics, 2012. 130(5): p. 1-6.
9. Wood, J.H., S.P. Medina, C. Feudtner, X. Luan, R. Localio, E.S. Fieldston, and D.M. Rubin, *Local macroeconomic trends and hospital admissions for child abuse, 2000 to 2009*. Pediatrics, 2012. 130(2): p. e358-e364.
10. Hawkins, A.O., C.K. Danielson, M.A. de Arellano, R.K. Hanson, K.J. Ruggiero, D.W. Smith, B.E. Saunders, and D.G. Kilpatrick, *Ethnic/racial differences in the prevalence of injurious spanking and other child physical abuse in a National Survey of Adolescents*. Child Maltreatment, 2010. 15(3): p. 242-249.
11. Catalano, S.M. *Intimate partner violence in the United States*. 2007 October 8, 2012; Available from: <http://bjs.ojp.usdoj.gov/content/pub/pdf/ipvus.pdf>.
12. Centers for Disease Control & Prevention. *Trends in the prevalence of behaviors that contribute to violence, National Youth Behavior Risk Survey: 1991-2011*. 2012 October 8, 2012; Available from: http://www.cdc.gov/healthyyouth/yrbs/pdf/us_violence_trend_yrbs.pdf.
13. Federal Bureau of Investigation. *Crime in the United States - 2009*. 2012 July 5, 2012; Available from: http://www2.fbi.gov/ucr/cius2009/offenses/violent_crime/index.html.
14. Smith, E.L. and J.L. Truman, *Prevalence of violent crime among households with children, 1993-2000*. 2012, Bureau of Justice Statistics: Washington, DC. p. 1-18.
15. Cooper, A. and E.L. Smith, *Homicide trends in the United States, 1980-2008*. 2011, Bureau of Justice Statistics: Washington, DC. p. 1-36.
16. Burstain, J., *Child abuse and neglect deaths in Texas*. 2009, Center for Public Policy Priorities: Austin Texas. p. 1-10.
17. Eckholm, E., *Florida shifts child-welfare system's focus to saving families*, in *New York Times*. 2009, NewYorkTimes.com: New York.
18. Douglas, E.M. *U.S. homicide against children, ages 0-9, 1979-2009: Changing rates or improved diagnostic accuracy?* in *International Family Violence Research Conference*. 2012. Portsmouth, NH.
19. Helmus, L., Hanson, R.K., & Thornton, D. (2009). Reporting Static-99 in light of new research on recidivism norms. *The Forum*, 21 (1): 38-45.



Crimes against Children Research Center

126 Horton Social Science Center
Durham, NH 03824

(603) 862-1888
(603) 862-1122 FAX

www.unh.edu/ccrc

