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# Child Maltreatment Trends in the 1990s: Why Does Neglect Differ From Sexual and Physical Abuse?

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*Substantiated cases of child maltreatment have declined more than 20% since a peak in 1993. However, although sexual abuse and physical abuse showed significant declines during the 1990s (47% and 36%, respectively), neglect fluctuated, with only a small overall decline during this period (7%). Available data suggest that at least part of the declines in sexual and physical abuse is likely to be real. Some evidence also suggests that a decline in neglect may have been masked in some states. Possible sources for declines in child maltreatment include direct prevention efforts, economic improvements, more aggressive criminal justice efforts, dissemination of psychiatric medication, and generational changes. Public health models suggest that population-level prevention initiatives are the most promising options for further reducing maltreatment rates. However, better epidemiological and evaluation research will be needed to identify the key factors.*

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**Keywords:** sexual abuse; physical abuse; neglect; trends

By the mid- to late 1990s, it became apparent that a significant decline in substantiated child sexual abuse cases was occurring (Jones & Finkelhor, 2001). In previous papers, we explored a number of possible explanations (Finkelhor & Jones, 2004; Jones, Finkelhor, & Kopiec, 2001) and concluded, based on available data, that at least part of the decline was a true decline in incidence. However, recent child protection data reveal additional patterns that raise new questions about trends in maltreatment. A significant decline

has also appeared among substantiated physical abuse cases, although trailing the sexual abuse decline by about 2 years. Neglect, on the other hand, has fluctuated over the same period, with only a small overall net decline. These newer data merit a renewed discussion about the factors behind child maltreatment trends in the 1990s.

## METHOD

The National Child Abuse and Neglect Data System (NCANDS; U.S. Department of Health and Human Services, Children's Bureau, 1992-2005) was the primary data source used to calculate the maltreatment trends. NCANDS is a publicly available database of child protection statistics organized by the U.S. Department of Health and Human Services and collected annually from state child welfare agencies since 1990. Aggregate data from NCANDS were used to calculate national child maltreatment trends from 1990 through 2003.

Although an increasing number of states are submitting case-level data to NCANDS, these data are not yet complete enough to calculate trends by different case characteristics (e.g., age of victim, severity of abuse, etc.). We therefore obtained case-level child protective service (CPS) data directly from two states, Pennsylvania and Illinois. These two states had collected and stored case data on an extensive set of vari-

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ables for all child protection cases investigated by the protection system since the early 1990s. Permission was granted for access to and use of these data for the purposes of this research.

We also examined an additional data source for trend data on self-reported child maltreatment: the Minnesota Student Survey. The Minnesota Student Survey is a voluntary, anonymous, self-administered questionnaire that asks 6th-, 9th-, and 12th-grade students in Minnesota about a range of experiences including two questions about sexual abuse victimization and one question about physical abuse victimization. The survey has been administered five times: in 1989, 1992, 1995, 1998, and 2001.<sup>1</sup>

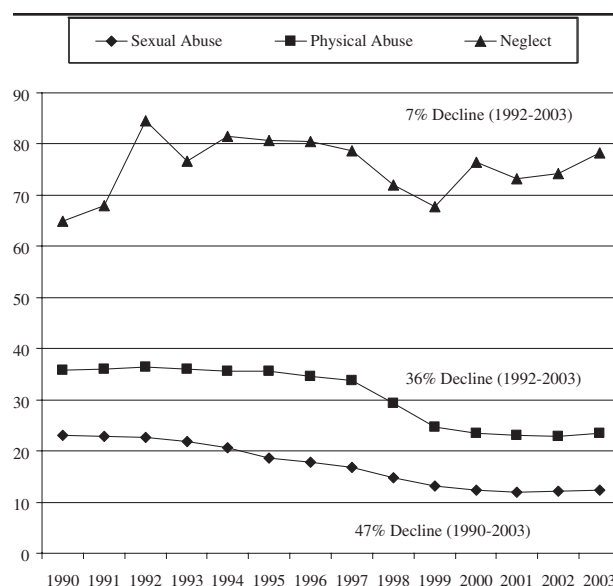
In previous papers, we describe analyses using the NCANDS data, the child welfare data from Pennsylvania and Illinois, and other data sources to look at hypotheses about the decline in sexual abuse (Finkelhor & Jones, 2004; Jones et al., 2001). The major conclusions from these papers are reiterated below to serve as background information for new analyses conducted on physical abuse and neglect trends.

## RESULTS

### Child Maltreatment Trends

Overall, child maltreatment rates declined 23% from 1992 to 2003, but trend patterns varied across type of maltreatment. Figure 1 shows the national victimization trends for three basic types of maltreatment based on NCANDS data. As can be seen in Figure 1, rates of substantiated cases of sexual abuse declined steadily throughout the 1990s with a total decline of 47% between 1990 and 2003. Physical abuse rates also declined a considerable 36% from a peak in 1992 to 2003. The physical abuse decline, however, began later, with the most significant part of the decline occurring after 1997. Neglect, on the other hand, showed a much more variable pattern with a small 7% overall decline from a peak in 1992 to 2003.

State-level child maltreatment data provide a more detailed inventory of the trends across the three maltreatment types. We created trend estimates for each state and each type of maltreatment by calculating the percentage difference between (a) the rate of maltreatment during the peak year between 1990 and 1995 and (b) the rate of maltreatment during the year 2003 (the last year of available data). Using this formula, Table 1 shows the percentage change for sexual abuse, physical abuse, and neglect for each state. In most cases, state trends show large declines in both



**FIGURE 1: U.S. Maltreatment Trends**

SOURCE: U.S. Department of Health and Human Services—Children's Bureau, 1992-2005.

sexual and physical abuse with mixed patterns for neglect: in some cases small declines and for 10 states an increase in neglect rates. Correlation analyses between the three different types of maltreatment types indicate sexual and physical abuse trends are highly correlated ( $r = .52$ ), whereas the correlation between neglect and sexual and physical abuse is lower ( $r = .23$  and  $.35$ , respectively).

To help explore why neglect shows a different trend from physical or sexual abuse, we categorized states by the degree to which the neglect trend was similar to or different from the others. A "neglect trend difference" score for each state was calculated by subtracting the neglect change rate from the average of the sexual abuse and physical abuse change rates combined. These difference scores indicate that for more than two thirds of states, declines in neglect lagged behind the average combined declines in sexual and physical abuse (see Table 1). The median difference score was a 26-percentage point lag for neglect.

Based on their trend difference score, states were divided roughly in thirds into categories labeled *neglect lag large*, *neglect lag small*, and *convergent* (see Table 1). These category labels represent the degree to which the neglect trend failed to track or lagged behind the average decline for the state's physical and sexual abuse trends. Specifically, neglect-lag-large states were defined as having a difference score of 30 percentage points or more and neglect-lag-small states were defined as having a difference score

**TABLE 1: Maltreatment Trend Patterns by State**

<i>Maltreatment Trend Pattern/State</i>	<i>% Change: Peak Year (1990-1995) to 2003</i>			
	<i>Sexual Abuse</i>	<i>Physical Abuse</i>	<i>Neglect<sup>a</sup></i>	<i>Neglect Trend Difference<sup>b</sup></i>
<b>Neglect lag large</b>				
New York	-58	-54	77	-133
Maine	0	23	121	-109
Iowa	-37	-39	65	-103
Massachusetts	-63	-31	46	-93
Alaska	-59	-36	33	-80
Michigan	-43	-3	51	-74
New Hampshire	-61	-49	13	-68
South Dakota	-68	9	24	-54
Oklahoma	-54	-47	1	-51
Kansas	-27	51	62	-50
Oregon	-68	-60	-18	-46
Rhode Island	-68	-71	-25	-45
Georgia	-72	-68	-26	-44
Minnesota	-37	-61	-6	-43
Kentucky	-61	-57	-20	-39
California <sup>c</sup>	-70	-67	-32	-38
Connecticut	-57	-67	-30	-32
North Dakota	-42	-70	-24	-32
North Carolina	-37	-42	-9	-31
Nebraska	-50	-57	-22	-31
<b>Neglect lag small</b>				
Washington	-84	-80	-53	-28
Indiana	-47	-59	-24	-28
Hawaii	-24	-53	-11	-28
Texas	-44	-45	-18	-26
Louisiana	-39	-35	-11	-26
Colorado	-65	-50	-37	-20
Idaho	-95	-93	-77	-17
Nevada	-75	-72	-56	-17
Wyoming	-74	-76	-59	-17
Arkansas	-20	-56	-23	-15
Mississippi	-52	-56	-40	-14
Pennsylvania	-39	-55	-33	-14
Arizona	-95	-89	-79	-13
Ohio	-35	-27	-20	-11
<b>Convergent</b>				
New Jersey	-72	-80	-68	-8
Tennessee	-38	-6	-19	-3
New Mexico	-55	-6	-28	-2
Florida	-45	-2	-22	-1
Virginia	-63	-63	-62	-1
South Carolina	-57	34	-12	0
Wisconsin	-42	-75	-63	5
Montana	-78	-47	-75	13
Alabama	-52	-54	-71	18
Utah	-16	-35	-45	19
Delaware	-10	-39	-57	33
Missouri	-5	-23	-54	40
Washington, DC	-9	-62	-80	44
Illinois	-5	80	-46	83
Vermont	-33	61	-79	93

SOURCE: U.S. Department of Health and Human Services—Children's Bureau, 1992-2005; with additional calculations by authors.

NOTE: Maryland and West Virginia were excluded due to extensive missing data.

a. Neglect totals include medical neglect.

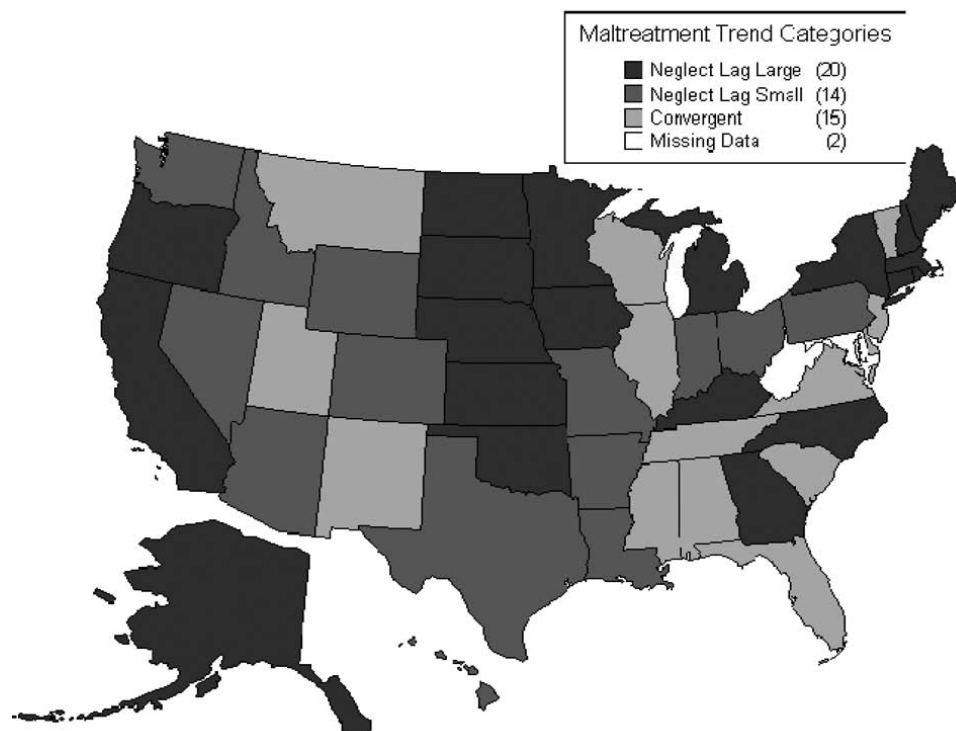
b. Calculated by subtracting neglect trend estimate from average of sexual and physical abuse trend estimates.

c. Due to missing data for California for 2003, the 2002 rates were used.

between 10 and 30 percentage points. The remaining states were categorized as convergent.

New York is an example of a state categorized as neglect lag large; this state saw an average decline of 56% in sexual and physical abuse, whereas neglect increased 77% over the same period of time. For Louisiana, a neglect-lag-small state, neglect declined slightly less (-11%) than the average decline in sexual and physical abuse (-37%). New Jersey is an example of a convergent state, where a 68% decline in neglect was roughly equivalent to the average 76% decline in physical and sexual abuse. For a few anomalous convergent states (e.g., Missouri), neglect actually declined at a much greater rate than sexual and physical abuse. However, for the majority of states in this category, the neglect decline was similar to the sexual and physical abuse trends. The distribution of states across the United States by trend category is shown in Figure 2. Twenty states are in the neglect-lag-large group and an additional 14 states are in the neglect-lag-small group. Figure 2 confirms that in a majority of states the trend for neglect has been different from the trend for sexual and physical abuse and has shown less of a decline.

Why has neglect trended differently from physical and sexual abuse? We have examined evidence for three possible explanations. First, there is the possibility, raised since the debut of the decline in sexual abuse, that some artifactual processes have depressed the number of reported or substantiated maltreatment cases although the true numbers of such cases were stable or even increased, and such artifactual processes have acted particularly on sexual and physical abuse cases. This may be called the "artifactual decline" proposition. Second and alternatively, real declines may have occurred in physical and sexual abuse but the factors influencing those declines may not have applied to or applied less or differently to the problem of neglect. This may be called the "different factors" proposition. Third, it is possible that all three forms of maltreatment were in decline but some reporting or substantiation process may have been at work to mask the actual decline in neglect. This might be called the "masked decline" proposition. Although we are not able to marshal incontrovertible evidence about any of these possibilities, we believe there is evidence that the declines in physical and sexual abuse were real ones. That is, the artifactual decline is probably wrong. The lag in neglect may be due either to different factors or masked decline, with maybe a slightly stronger argument and a bit more evidence in favor of the latter.



**FIGURE 2: Map of U.S. States Categorized by Maltreatment Trend Pattern**

SOURCE: U.S. Department of Health and Human Services–Children's Bureau, 1992–2005; with additional calculations by author.

### *Evidence About Artifactual Declines*

*Decline in sexual abuse.* We describe in an earlier paper (Finkelhor & Jones, 2004) that when the declines in substantiated sexual abuse first started to be noticed in the mid-1990s, a variety of arguments attributed the trends to changing practices in child protective agencies or changes in the reporting behavior of professionals and laypeople. For example, child protection investigators may have, over time, become more conservative regarding the types of cases they investigated or substantiated, limiting involvement in cases with less evidence. They may also have increasingly triaged out cases involving noncaretaker perpetrators. Reporters, for their part, in the wake of negative publicity or bad experiences, may have become more wary about what they were willing to report to child protection agencies.

To examine these hypotheses, we reviewed detailed CPS data from two states, Pennsylvania and Illinois, and found little support (Finkelhor & Jones, 2004). Here, we briefly summarize those findings. If the hypothesis of more conservative standards was responsible for the decline in sexual abuse, we would have expected to see greater declines in less serious cases, such as cases of molestation versus penetration.

No such pattern was identified in either Pennsylvania or Illinois. Given that sexual abuse cases often rely solely upon disclosure by the victim, another pattern that might have been expected with the “increasing conservatism” hypothesis would be a decline in cases with preverbal children. There was a somewhat greater decline among the youngest children (0–2), but this group represented such a small percentage of overall CPS sexual abuse caseloads, even in 1990, that the greater decline cannot account for the overall size of the decline.

There was also no indication in these states that CPS was substantiating fewer cases with noncaretaker perpetrators (Finkelhor & Jones, 2004). In neither Illinois nor Pennsylvania was there evidence that decreasing numbers of cases of nonfamily or adolescent perpetrators was explaining the sexual abuse declines in these states. In fact, some have argued that these nonfamily- or juvenile-perpetrated sexual abuse cases were increasingly being categorized by CPS authorities as neglect (focusing on the caretaker who allowed the situation to occur) rather than abuse. This explanation might account for both a decline in sexual abuse and a simultaneous increase or lack of decline in neglect. But the state data do not show the disproportionate declines in nonfamily or adolescent



perpetrator abuse that would be consistent with this explanation.

Finally, there was no strong evidence that negative publicity or fears of legal retaliation had affected reporting behaviors. Had this been the case, we might have expected to see anonymous reports increasing or declining less and a greater decline in reports from those most susceptible to legal actions, such as private practice physicians. There were mixed findings here, but no strong support for this hypothesis in explaining the decline. The lack of overall evidence weakens support for an artifactual basis for the trend.

*Evidence about physical abuse.* For this article, using the same data from Pennsylvania and Illinois, we analyzed evidence regarding physical abuse and again found little support for an artifactual-decline proposition. There was no evidence in Pennsylvania (Illinois had no data available on this variable) that CPS agencies were increasingly screening out minor physical abuse cases, a sign of more conservative standards. Although investigations of cases involving bruising, the largest category of cases, declined 12% from 1992 to 1999, investigated cases involving the more serious category including fractures also declined 11% during this time. Based on the type of physical abuse, there seemed to be no pattern suggesting that less serious cases were being investigated increasingly less than other types of cases.

There was also no evidence from these data that in cases of physical abuse, CPS was increasingly confining itself to cases involving caretakers alone. Such a process might have been indicated by a larger decline in sibling as opposed to parent perpetrators. But this was not the case in Pennsylvania, where sibling and parent perpetrators declined equivalently, 22% and 20%, respectively. In fact, the opposite was true in Illinois, where sibling perpetrators declined even less than parent perpetrators, 3% and 15%, respectively.

Finally, the evidence from physical abuse cases, like the evidence from sexual abuse cases, does not support the idea that reporters are increasingly reticent about reporting child maltreatment because of fears of retaliation. There was no evidence in either Pennsylvania or Illinois that reporting of physical abuse by anonymous sources increased or declined less compared to other categories of reports.

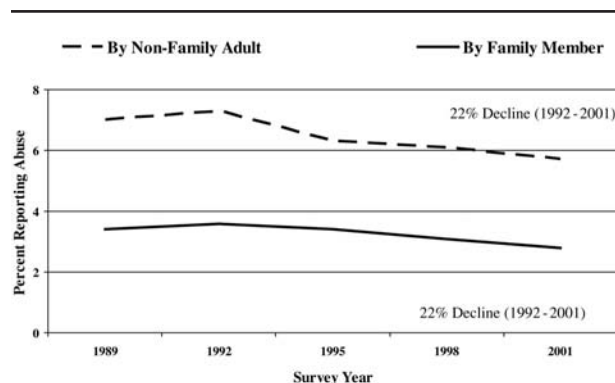
### *Evidence for a Real Decline*

In evaluating evidence about whether the decline in sexual abuse was artifactual or real, we put considerable weight on trend evidence coming from self-report surveys of victims, such as the National Crime Victimization Survey, which showed a dramatic

decline during this time period in sexual assaults against 12- to 17-year-olds (Finkelhor & Jones, 2004). Such surveys are subject to fewer of the influences of reporting and investigation artifacts that can affect CPS data.

To expand the issue to include the decline in physical abuse, we have identified one survey readministered over the time period of interest that asked children directly about both physical and sexual abuse: the Minnesota Student Survey (Harrison, Fulkerson, & Beebe, 1997; Minnesota Department of Children, Families & Learning and Minnesota Department of Human Services, 2001). The survey includes two questions about experiences with sexual abuse (by nonfamily and family members) and one question about experiences with physical abuse by a household member. These data showed a 22% decline in sexual abuse by both family members and nonfamily members between 1992 and 2001 (see Figure 3). Self-reports of physical abuse by household members also showed a decline of 12% since 1992 (see Figure 4). This is evidence that some of the decline in physical abuse, noted in CPS agency data, like the decline in sexual abuse, may be from a real decline in occurrence. However, the trend for physical abuse in the self-report data is not as strong as the sexual abuse decline, which also parallels the findings from the CPS data.

As additional evidence that some portion of the sexual abuse decline was real, we also pointed to the fact that numerous child-related social problems had seen substantial declines over the same time period (Finkelhor & Jones, 2004). These trends include declines in overall crime, juvenile crime victimization and offending, intimate partner violence, births to teenage mothers, runaway children, children living in poverty, and teen suicide. Trends in some of these social indicators during the 1990s are presented in Figure 5. Some of these phenomena have a close connection to child maltreatment; running away, pregnancy, and suicide, for example, have all been cited as responses to sexual abuse. Declines in these areas also suggest a general improvement in the well-being of children across the United States. Previously, we argued that signs of a broader improvement in child welfare made a decline in sexual abuse cases even more plausible (Finkelhor & Jones, 2004). This argument applies to physical abuse as well. The similar trends in so many child well-being indicators argue against the proposition that the declines are artifactual. However, if physical and sexual abuse are declining as part of a generalized child welfare pattern, the failure of neglect cases to participate in this decline becomes even more problematic.



**FIGURE 3: Self-Reported Sexual Abuse Victimization Among Minnesota Youth (1989-2001)**

SOURCE: Minnesota Student Survey, 1989-2001 (Harrison, Fulkerson, & Beebe, 1997; Minnesota Department of Children, Families & Learning and Minnesota Department of Human Services, 2001).

NOTE: Respondents are 6th-, 9th-, and 12th-grade students enrolled in public schools in a sample of Minnesota school districts.

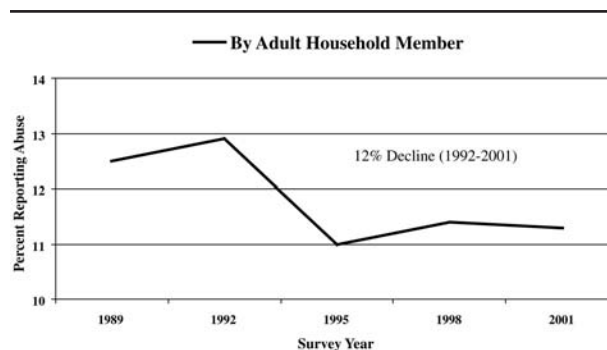
Given accumulating evidence of real declines in sexual and physical abuse, the question then becomes why neglect has not participated in this decline. The two possibilities mentioned are that

- Underlying factors accounting for the declines of sexual abuse and physical abuse do not apply to neglect or, alternatively, have acted on it in a different way (the different-factors proposition) or
- Declines have been occurring for all child maltreatment, but a decline in neglect has been masked in CPS statistics for some reason (the masked-decline proposition).

### *Different Factors*

Two sets of factors might have produced declines in the occurrence of sexual and physical abuse while not affecting neglect: (a) a greater mobilization of public awareness and prevention efforts targeting sexual and physical abuse and (b) increasing criminal justice involvement in child maltreatment, which has applied more to sexual and physical abuse than to neglect. A third factor, welfare reform, could also account for the diverging neglect trend in a different way.

*Mobilization efforts.* One possibility is that the declines in sexual and physical abuse are occurring in response to the many public awareness campaigns and prevention programs that have differentially targeted these types of maltreatment compared to neglect. Child abuse prevention programs were increasingly implemented in the 1970s, '80s and '90s (Daro & Donnelly, 2002; Heneson, 1992; Lindsey, 2004). School-based sexual abuse prevention programs teaching children to recognize and report abuse be-



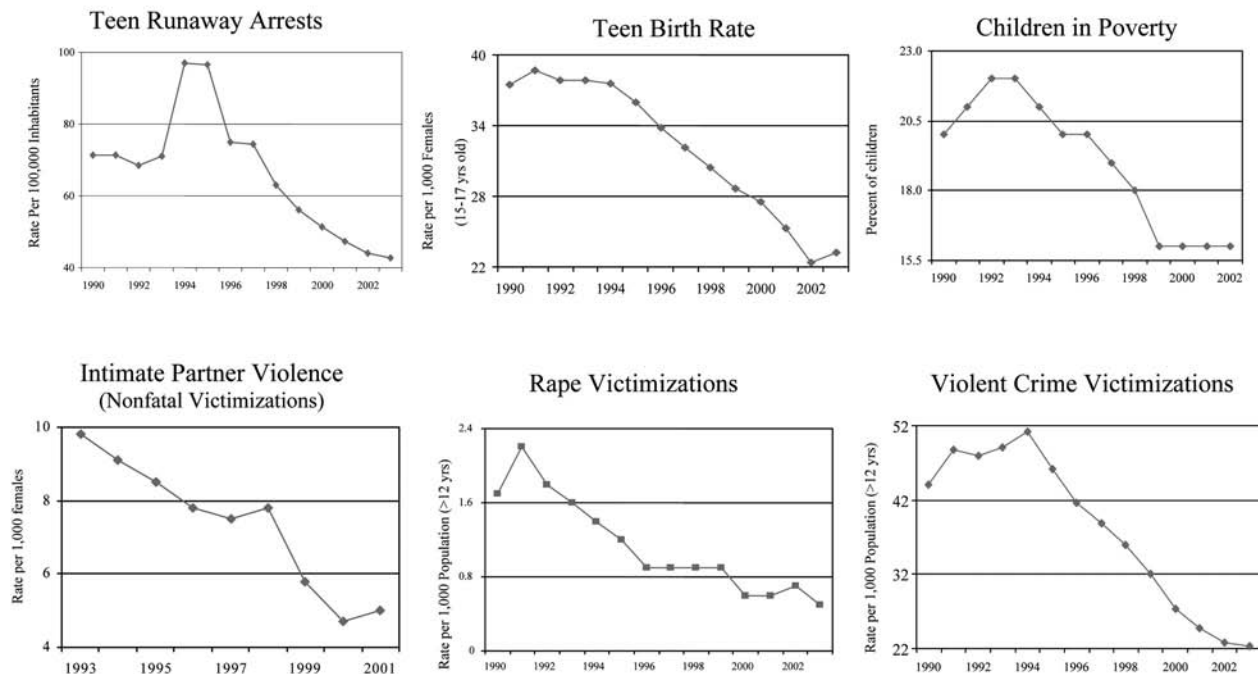
**FIGURE 4: Self-Reported Physical Abuse Victimization Among Minnesota Youth (1989-2001)**

SOURCE: Minnesota Student Survey, 1989-2001 (Harrison, Fulkerson, & Beebe, 1997; Minnesota Department of Children, Families & Learning and Minnesota Department of Human Services, 2001).

NOTE: Respondents are 6th-, 9th-, and 12th-grade students enrolled in public schools in a sample of Minnesota school districts.

came widespread during the 1980s and 1990s (Daro & Donnelly, 2002; Finkelhor & Dziuba-Leatherman, 1995). Outcome research has generally found that such programs improve children's knowledge about sexual abuse (Berrick & Barth, 1992; Davis & Gidycz, 2000), however, it is unclear how well these programs actually prevent victimization. A longitudinal survey of a nationally representative sample of youths found no relationship between exposure to school-based victimization prevention programs and victimization rates (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995). Two more recent studies have found that college undergraduates (Gibson & Leitenberg, 2000) and high school students (Ko & Cosden, 2001) exposed to sexual abuse prevention programs as children experienced fewer victimization experiences than those not exposed to such programs.

During the same time period, physical abuse was targeted through large-scale public awareness campaigns aimed at the general public. The Ad Council (n.d.), in coordination with Prevent Child Abuse America (PCAA), disseminated public service announcements in a campaign run from 1976 through 2003 titled "It shouldn't hurt to be a child." One study conducted in the mid-1970s found that fewer than 10% of Americans were aware of the problem of child abuse (National Committee to Prevent Child Abuse [NCPA], 1976); a similar survey conducted in the early 1980s found this percentage had increased to 90% (Daro & Gelles, 1992). Although evaluations of child abuse education and prevention programs show mixed results, it is possible that the declines in sexual and physical abuse may reflect the programs' collective success in increasing public



**FIGURE 5: Social Indicator Trends in the 1990s**

SOURCES: Teen Runaway Arrests: Federal Bureau of Investigation, 2003; Teen Birth Rate: National Vital Statistics Reports, 2001, 2002, 2003, 2004; Children in Poverty: Forum on Child and Family Statistics, 2004; Intimate Partner Violence: Bureau of Justice Statistics, U.S. Department of Justice, 2002; Rape Victimization: Bureau of Justice Statistics, 2002; Violent Crime Victimization: Bureau of Justice Statistics, 2002.

knowledge about abuse and improving protections for children.

On the other hand, observers have described a relative "neglect of neglect" in the public and professional discourse about the prevention of child maltreatment. Wolock and Horowitz (1984) cite evidence of minimal discourse on neglect in child maltreatment policy and professional journals. Dubowitz (1994) argued that little had changed 10 years later, noting that in 1993, less than 2% of federally funded child maltreatment research targeted neglect. Few prevention programs have been developed to directly target neglect. Home-visiting programs, such as Healthy Start/Healthy Families ([www.healthyfamilies.org](http://www.healthyfamilies.org)) and the nurse home-visiting model (Olds et al., 1998), were designed to prevent multiple child and family problems, including child neglect, through intensive home-based services to at-risk families. One study found a positive effect of the nurse home-visiting model on neglect after a follow-up of several years (Olds et al., 1998), and another found some limited evidence for positive impact of the Healthy Start programs on self-reported and medical neglect (Duggan et al., 2004). Unfortunately, recent evidence of the effectiveness of home-visiting programs in preventing child maltreatment, including

neglect, has been largely disappointing (Chaffin, 2004; Duggan et al., 2004).

There are, however, some problems with the hypothesis that public awareness and prevention of sexual and physical abuse have differentially been more successful. One problem is that evidence of a decline did not start until the 1990s, whereas public awareness and prevention programs have been in place since the early 1980s. This could suggest a lag for the impact of large-scale prevention programs where outcomes are seen only after public awareness and program maturity reach a critical level. Or a generational effect may occur, where the greatest impact of such programs occurs for those who grow up in a social climate of greater awareness of the problem of child abuse and service options.

Another problem with this hypothesis is explaining why, if the mobilization around neglect was really so anemic, rates of substantiated neglect increased equivalently during the 1980s along with other forms of child maltreatment (Daro & McCurdy, 1991; Sedlak & Broadhurst, 1996). Most observers saw those increases as the result of efforts to sensitize the public and professionals about child maltreatment in general. If neglect reports were rising along with physical abuse and neglect, it suggests that information about neglect was being well disseminated. It may be, how-



ever, that neglect represents a broader and perhaps less concrete form of maltreatment and could be more difficult to target through educational messages (Dubowitz, 1994). This could potentially explain why neglect rates rose with increased public awareness but did not decline as a result of increased intervention.

*Impact of criminal justice interventions.* Another differential-factors explanation is that the criminal justice system has become increasingly involved with child maltreatment in recent years, and that system differentially applies to sexual abuse and physical abuse, but not neglect. Neglect cases, except those that result in child fatalities or involve evidence of clear-cut crimes, are the ones most likely to be entirely handled by CPS without any criminal justice component (Cross, Finkelhor, & Ormrod, 2005). The National Survey of Child and Adolescent Well-Being (NSCAW) collected information on a large sample of cases investigated by child welfare agencies and found that only 18% of neglect cases also involved police in the investigation, compared to 28% of physical abuse cases and 45% of sexual abuse cases (Cross et al., in press). As of 2002, 37 states required reporting of CPS cases to law enforcement, and most specify cross-reporting only in cases of sexual abuse and serious physical abuse (U.S. Department of Health and Human Services, Children's Bureau, 2002).

Law enforcement involvement may be effective at reducing child maltreatment through several mechanisms: the incarceration and incapacitation of offenders and the deterrence instilled by arrests, prosecutions, and the potential of jail sentences, along with news coverage about such justice system actions. Physical and sexual abuse may have benefited more from such interventions than neglect. One problem, however, is that law enforcement activities of these sorts have been much more aggressive even with sexual abusers than with physical abusers (Smith, 1995), leading to the expectation that sexual abuse should have declined considerably more than physical abuse, which, given declines in recent years, is not the case. Nonetheless, if one includes the increasingly aggressive law enforcement activity around domestic violence, including mandatory arrest and prosecution policies and the greater use of protection orders, a substantial number of child physical abusers and potential child physical abusers may have also been incapacitated or deterred by this increased domestic violence intervention activity. Increased involvement of the criminal justice system might be responsible for some of the differential decline in physical and sexual abuse compared to neglect.

*Impact of welfare reform.* Another factor that may have been responsible for a divergent trend in neglect is the impact of welfare reform. The welfare reform act (Personal Responsibility and Work Opportunity Reconciliation Act, Public Law 104-193), signed into law in 1996, was intended to reduce welfare caseloads by increasing work requirements, providing training and child care, and setting time limits and other standards for welfare eligibility. Welfare rolls have declined substantially since the act was implemented. Some observers predicted that welfare reform would increase all forms of child maltreatment by adding considerable stress and uncertainty in the lives of marginal families (Aber, Brooks-Gunn, & Maynard, 1995; Allen, 1996; Knitzer & Bernard, 1997). But the strongest argument perhaps was that the reforms would primarily increase neglect, because the pressure on welfare mothers to get employment would result in decreased supervision of children and haphazard child care arrangements. In addition, it was predicted that termination of welfare benefits in some cases would produce catastrophic declines in income, leading to malnutrition, homelessness, inadequate medical care, and other neglectful outcomes. This might produce an upward or stable trend in neglect even when abuse was declining.

It is interesting, however, that most of the dire predictions about the effects of welfare reform have not been confirmed by subsequent research (see Sengupta, 2000). A study by the Urban Institute in 12 states failed to find that welfare reform had resulted in an increase in child maltreatment or referrals to child protection agencies (Geen, Fender, Leos-Urbel, & Markowitz, 2001). Another study specifically looking at welfare reform and neglect rates also found no evidence of a relationship (Sanbonmatsu, 2002). State-level welfare reform evaluations have similarly found little impact of welfare reform on levels of child welfare involvement (Ahn & Fogarty, 1999; Ryan & Koon, 2000; U.S. General Accounting Office [GAO], 1999; Werner & Kornfeld, 1997; Westra & Routley, 2000), although there are exceptions (Fein & Lee, 2000; Wells, Guo, & Li, 2000). Some have argued that the negative impact would only be observed when welfare time limits began to be reached and an economic downturn occurred, but the evidence from trends in the early 2000s during a period of economic recession are not yet consistent with this prediction. Winship and Jencks (2004) have argued that other changes that accompanied welfare reform, such as increased tax credits for earned income, may have helped the situation of very low-income women and cushioned any negative impact of welfare reform. In any case, such a delayed effect, even if it occurred, would not

explain a differential between neglect and abuse that got stronger in 1997. Although welfare reform may need to be considered as a possible factor in the divergence between trends for neglect and abuse, the absence of much evidence for an impact on child welfare from the existing studies is one strike against this explanation.

### *Masked-Divide Explanation*

A different explanation for why neglect cases have not paralleled the downward trend for physical and sexual abuse in the child protective system is that something may be masking a real decline in neglect. That is, neglect may be going down, but the aggregated data may have failed to show it. Neglect cases have indeed declined more than 10% in 37 states and have actually declined almost as much as physical and sexual abuse in the 15 states we have termed convergent. A greater overall national decline in neglect cases may have been obscured by something that created an artificial increase in neglect in a number of states. Neglect, arguably to a greater degree than physical and sexual abuse, is a somewhat ambiguous term that can be used to define a number of different caregiving problems. Partly as a result of this definitional ambiguity, states' recognition of the problem and thresholds for intervention can vary quite a bit both across state lines and over time. In an alternate take on the artifactual-decline hypothesis discussed above, it is possible that changes to definition, reporting, or intervention might be masking a national decline in the incidence of neglect.

One issue that might have masked the decline in some states is an increased sensitivity to the problem of neglect, something authorities have been urging (Dubowitz, 1994) based on a growing body of research documenting the negative impact of neglect (see Dubowitz, Depanfilis, Boyce, & Runyan, 2004). One possible prediction based on such an explanation is that states that had more resources to spend on child welfare might be the ones who could translate new information on neglect into increased education and training for caseworkers and increased services for neglectful families. In these states, one might then expect to see neglect cases rising the most or declining the least compared to sexual and physical abuse. Unfortunately, good, specific measures of state expenditures on child protection or child welfare are not available, but more global measures of state per capita welfare spending are. These data do confirm the prediction (see Figure 6). The states with the largest lag or divergence in neglect cases, the neglect-lag-large states in which physical and sexual abuse declined much more than neglect, had considerably

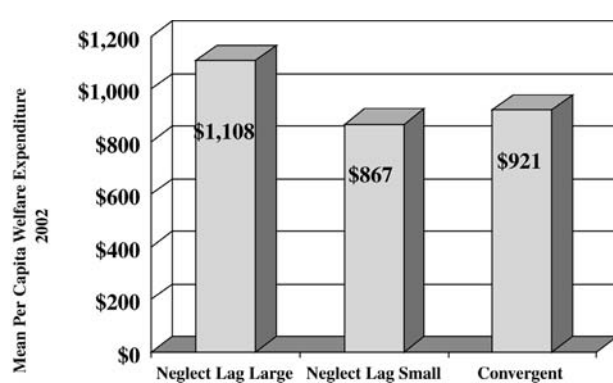


FIGURE 6: Mean 2002 Per Capita Welfare Expenditure by Maltreatment Trend Pattern

NOTE:  $F = 4.61$ ,  $df = 2$ ,  $p = .02$ .

SOURCE: U.S. Census Bureau, 2005.

higher mean per capita welfare expenditures in 2002 than other states (\$1,108 vs. \$867 for neglect-lag-small states and \$921 for convergent states;  $F = 4.61$ ,  $df = 2$ ,  $p = .02$ ).<sup>2</sup>

Examining the welfare expenditure by subcategory, the difference between the state groups is primarily explained by differences in the category other public welfare, not in categories of direct payments to clients through cash assistance or service assistance (e.g., rent). "Other public welfare" expenditures cover the cost of social service offices including CPS agency costs. Neglect-lag-large states spent more on average in this category in 2002 (\$270 per capita) than neglect-lag-small states (\$195) or convergent states (\$195) ( $F = 4.45$ ,  $df = 2$ ,  $p = .02$ ). This difference could be an indicator that more education, case finding, or other state efforts made possible by additional child protection resources was at work to mask a decline in neglect in some states by raising awareness and thus reports. If neglect cases were experiencing a real decline along with sexual and physical abuse, increased CPS attention to neglect might mask the evidence for such a decline in these states.

A final small piece of evidence in favor of the masked-divide hypothesis can be drawn from CPS data from Pennsylvania. Pennsylvania is categorized as a neglect-lag-small state, having experienced a 33% decline in substantiated neglect during the 1990s, only slightly less of a decline than sexual and physical abuse (39% and 55% declines, respectively; see Table 1). Examining trends separately for different types of neglect in Pennsylvania, more serious forms of neglect declined at a greater rate than less serious forms. This was particularly so for cases of malnutrition and failure-to-thrive (51% and 60% declines, respectively), neglect subcategories that generally are identified through fairly straightforward physical evi-

dence. These data are consistent with predictions based on the masked-decline hypothesis, because presumably cases that would increase the most through new efforts to identify and respond to neglect would be those involving more ambiguous evidence or less serious allegations.

## DISCUSSION AND IMPLICATIONS

Discussion about trends in child maltreatment is inevitably highly speculative. It is undeniable that data do not exist about many crucial aspects of the child maltreatment problem and the system that responds to it. For example, there is little information about child abuse trends prior to 1990, the first year of data collection by NCANDS. In addition, the available data have many well-recognized problems. Nonetheless, trend evidence is of great importance to public policy about social problems. Whatever trend evidence exists will be interpreted, often by people without the knowledge to fully understand the possible meanings and limitations. We cannot shy away from such a discussion simply because the data are flawed, but we must temper any conclusions with a strong caution about its inadequacies.

Our tentative judgment about the evidence from currently available data is that real declines have occurred during the 1990s and early 2000s in physical and sexual abuse. That judgment is based on three findings in addition to the downward trend in cases being substantiated by CPS. First, there is survey evidence directly from victims' self-reports suggesting fewer victims in recent years. Second, there have been declines in some of the most serious, most incontrovertible, least contentious forms of sexual and physical abuse (such as cases involving perpetrator confessions, sexually transmitted diseases, bone fractures) that are probably least subject to changes in investigation standards or reporting efforts. Third, the declines in physical and sexual abuse have occurred in a context of improvements in other child welfare indicators that lend plausibility and consistency to such a trend.

The failure of neglect to decline nationally in the same way as physical and sexual abuse, however, is something of an enigma. One possibility is that neglect is harder to prevent or has not been subject to the same intervention efforts or other social change factors that have helped with physical and sexual abuse. An alternative possibility is that neglect has actually been declining, but evidence for that has been masked by new efforts at identification or other factors related to reporting or investigation.

We see somewhat stronger arguments in favor of this latter possibility. Many states have indeed experienced fairly large declines in neglect. Those that have not appear to be ones with more resources to spend on case finding and investigation, which may have helped to mask their declines in neglect. In addition, data from Pennsylvania offer some evidence from one state that more serious cases of neglect, such as those involving malnutrition and failure-to-thrive, have declined at a greater rate than less serious cases. Finally, we are inclined to think that the broader trends of child welfare improvement, in particular trends such as declines in the numbers of children in poverty and declines in intimate partner violence, would be indicative of a real underlying decline in neglect. Nonetheless, ideas about the anomalous patterns for neglect need considerably more evidence before they are accepted as a reasonable account of trends.

Given growing evidence of real declines, at least for sexual and physical abuse, we believe it is also important to generate hypotheses about the sources of such trends that can be subject to additional investigation and utilized in public policy discussions. Although many people in the child maltreatment field would like to interpret the declines as evidence that child maltreatment prevention and intervention efforts are finally paying off (and they may be), we also need to consider the possibility that broad social and economic forces are at work beyond the efforts of people in the child maltreatment field. The fact that many child welfare indicators improved during the 1990s does add likelihood to the existence of some broader ameliorative forces. Although we do not have space to elaborate on these in great detail, several such factors deserve consideration.

First, the 1990s were a time of economic improvement in the United States as indicated by lower levels of unemployment and decreasing numbers of children and families living in poverty. It seems possible that such improvements reduced family stress and conflict and made available increased resources for parents and children. It is somewhat paradoxical for this explanation that sexual abuse declined first and earliest and neglect declined least, given that neglect is generally seen as the most economically sensitive form of child maltreatment. But perhaps there have been significant declines in neglect that are masked by factors mentioned earlier. The most salient test of this hypothesis will be the degree of correspondence over time between fluctuations in economic conditions and maltreatment trends. In fact, the most dramatic decline in physical and sexual abuse trends did seem to plateau when the economic improvements of

the 1990s gave way to economic deterioration in the early 2000s. So the economy may well have played a role in child maltreatment improvements.

A second set of factors, criminal justice interventions, particularly increased incarceration, has been widely cited in the criminology literature as having played a role in the decline in crime (Spelman, 2000). Efforts to identify, arrest, prosecute, and incarcerate sex offenders, child molesters, and spouse assaulters may have had some impact on the child maltreatment problem, removing offenders from families and deterring others. As mentioned earlier, criminal justice interventions might explain a larger decline in sexual and physical abuse than in neglect. Evidence that declines have been as strong among juvenile offenders as among older offenders, even though juvenile offenders are less likely to be jailed, does argue somewhat against the effects of incarceration by itself. But other criminal justice factors may have played a role even with juveniles.

A third possible source of child welfare improvement is the advent and widespread dissemination of psychiatric medication. The development of relatively safe drugs to treat depression, anxiety, and attention problems has resulted in a vast expansion of the number of individuals, both youth and adults, being treated for psychiatric and behavioral conditions (Olfson et al., 2002; Zito et al., 2003). These medications began to be widely disseminated in the early to mid-1990s and their usage has been increasing ever since, during the very time in which the child maltreatment declines and other child welfare improvements have been noted. Abusive and neglectful caregivers show higher rates of depression and substance abuse than is common in the general public (Marshall, 1997; Pianta, Egeland, & Erickson, 1989; Whipple & Webster-Stratton, 1991). Widespread dissemination of antidepressants in the general public may have reduced maltreatment by individuals at risk for such behaviors. They may have also made children easier for parents to manage and reduced family conflict. These drugs, in part because they are prescribed by family physicians, have reached segments of the population not previously amenable to mental health interventions. There have not been many discussions about broad-scale, sociological impacts from psychiatric medication, but its possible role in reducing child maltreatment, family conflict, crime, violence, suicide, and running away are all worthy of further investigation.

Another generalized factor that may explain some or all of a decline in child maltreatment and related improvements in child welfare is a broad generational change. Many sociologists point out that much social

change results from new cohorts with new behaviors and attitudes rather than changes in the behavior and attitudes of existing cohorts (Putnam, 2000). Historians and sociologists have noted large cultural and attitudinal shifts associated with the cohorts growing up in the 1960s and '70s, affected by such factors as feminism, the civil rights movement, the Vietnam War, the divorce revolution, and the sexual revolution. Although resulting in many positive social changes and an expansion of freedom and opportunity, such rapid changes may have also had negative side effects, reflected in increases in crime, substance abuse, and family problems during the 1970s and 1980s (LaFree, 1999). As the changes from the earlier era have become more fully integrated into society, however, new cohorts may manifest fewer of the negative side effects of a time of rapid and polarizing social transformation. Perhaps some of the improvement in child maltreatment and child welfare reflected dissipation of these negative side effects in more recent cohorts.

These are only four out of what may be many possible large-scale factors that need to be considered in accounting for a decline in child maltreatment. These explanations should not be considered in opposition to one another or in opposition to the hypothesis that child maltreatment has declined because of specific child maltreatment prevention efforts. As in much social change, if child maltreatment has actually declined, there are probably several factors that are responsible. Although we currently lack the information to identify the most influential factors, there are some preliminary considerations that can help inform policy. First, it is likely that the most important contributing factors are occurring or being applied at a population level. From public health research, we know that less powerful interventions applied to large populations can have a bigger preventative impact than strong interventions targeted to fewer individuals (see Heller & Dobson, 2000). We could expect, therefore, that offender incarceration or treatment, although perhaps very successful, may have less of a population impact than broadly applied programs such as prevention or public education campaigns. Experts in the field have in fact called for more prevention programs targeting potential sexual abuse offenders, an area that is currently underrepresented among prevention initiatives (Chaffin, Letourneau, & Silovsky, 2002).

Second, the simultaneous improvement of so many child welfare indicators in the 1990s reminds us that child maltreatment prevention may best occur through programs and policy that improve families' well-being in general. Initiatives to reduce substance abuse, domestic violence, community violence, or to



improve families' economic security, along with maltreatment prevention and education programs, may collectively offer the strongest intervention for further reducing rates of child abuse and neglect.

This discussion has been even more speculative than the earlier discussion about specific child maltreatment trends. But it may be nonetheless useful in helping us to identify possible avenues for future research and investigation. For example, economic improvements during the 1990s were not uniform throughout the United States and benefited some localities more than others. To the extent that economic improvements helped decrease child maltreatment, there should be correlations between economic variables and child maltreatment rates across those localities. Similarly, criminal justice system variables such as prosecutions and incarcerations, or even news stories surrounding such activities, might be expected to explain geographic variations in child maltreatment trends if criminal justice system factors played a role. By contrast, if child maltreatment prevention and intervention programs were contributing factors, researchers might try to make an effort to quantify the intensity of such programs and study the extent to which it accounted for differential child maltreatment trends.

Another important avenue for investigation is international comparisons. Declines in sexual abuse, for example, have been reported in Canada (Trocme & Walsh, 2004) and the United Kingdom (Health and Personal Social Services Statistics, 2001). Some of the potential explanatory factors behind the decline, such as increased incarceration and criminal justice activity, may or may not have been so prominent in these other countries. On such a basis, observers might give less importance to certain factors.

Crude as such pieces of evidence may be, people concerned about public policy related to child maltreatment do need to turn their attention more to an effort to understand recent trends. There is evidence that up until recently, those with access to information about trends have been reluctant to try to interpret them (Jones et al., 2001). But inaction can have negative fallout. In the absence of plausible interpretations by those with real expert knowledge about child maltreatment, others with only superficial knowledge or with ideological agendas may move in to fill the vacuum. It would be far preferable if questions about the sources of recent trends in child maltreatment were framed by investigators with the most experience and information about the problem. Child maltreatment researchers need to mobilize to address these questions.

## NOTES

1. For more information about the Minnesota Student Survey's methodology, see Harrison, Fulkerson, and Beebe (1997) or Minnesota Department of Children, Families & Learning (2001).

2. The District of Columbia was excluded from these analyses because it was an extreme outlier in per capita welfare expenditure.

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