

CHILD MALTREATMENT

A ten-month old was brought to the emergency department by his mother. She was concerned about possible abuse by her live-in boyfriend. The baby had facial bruises and scrapes, arm pain, shoulder swelling and bruising. The boyfriend, who sometimes cared for the baby, claimed that he fell off the bed into a dresser. He tried to convince the mom not to leave the house when she mentioned taking the baby for medical attention. The emergency department found multiple fractures of varying ages. Healing fractures included four to eight rib fractures, three hand fractures, and fractures in both upper arms, lower legs and wrists. The fractures ranged from 2 months to 7 days old. The causes of the injuries were stated as being forceful pulling, twisting, and squeezing. It was established that the injuries were caused by intentional abuse. The baby was admitted to the hospital for four days for further evaluation and then released into his uncle's custody.

Defining The Problem

Child maltreatment is, at a minimum:

- Any act or failure to act on the part of a parent or caretaker which results in a child's death, serious physical or emotional harm, sexual abuse or exploitation; or
- An act or failure to act which presents an imminent risk of serious harm.

In Ohio, child abuse and neglect is generally defined in the Ohio Revised Code as causing harm or threatening to harm. It includes physical abuse, sexual abuse, emotional/mental injury, neglect, exploitation and abandonment of a child less than 18 years by a person responsible for his/her care.

Child maltreatment is the term currently used by experts, however child abuse/neglect is still commonly used and is the legal term in Ohio. Child maltreatment and child abuse/neglect will be used interchangeably in this chapter.

Goals

Reduce maltreatment of children ages birth to 18.

HP 2010 Goal	10.3 per 1,000
OH 1998	18.9
US 1998	12.9

Reduce fatalities due to maltreatment in children ages birth to 18.

HP 2010 Goal	1.4 per 100,000
OH 1998	1.9
US 1998	1.6

Data Sources: Healthy People 2010
Ohio Child Protective Services

Data

Most data on child maltreatment come from child protective services' investigations. It is important to recognize that published data are from reports of abuse and neglect incidence. They underestimate the true prevalence of maltreatment. There are many cases that are never detected or reported, and thus are not included in child maltreatment data.

Deaths Due to Maltreatment

Child fatalities due to maltreatment represent the worst case scenario. At 1.9 deaths per 100,000 children ages birth to 18, Ohio's rate of child fatalities due to maltreatment exceeds the national rate. In 1998, Ohio public children services agencies investigated fifty-four child deaths, which were identified to be the result of maltreatment. This equates to one child dying from abuse or neglect every 6-1/2 days somewhere in Ohio.¹

The 2002 Ohio Child Fatality Review (CFR) report reveals that there were 31 death reviews conducted in year 2001 on children who died as a result of maltreatment. Maltreatment

represented 2% of all child deaths reviewed. Ninety percent of the deaths occurred among children less than 5 years of age. There was a disproportionate percentage of deaths among black children. It is important to note that the CFR report presents only those deaths that were reviewed during a calendar year, and therefore does not account for all child maltreatment fatalities which occurred during that year. In addition, not all counties provided data for the report.

The National Child Abuse and Neglect Data System (NCANDS) reported that in 1998 there were an estimated 1,100 child fatalities due to maltreatment or 1.6 per 100,000 child fatalities in the United States. One fifth (18.7%) of the families were reported to have received family preservation services in the 5 years prior to the deaths. Many researchers and practitioners believe that child maltreatment fatalities are underreported as it can be difficult to determine the specific cause of death in some instances. Child deaths due to maltreatment may not be recognized as such and the cause of death may be labeled incorrectly as an "accident" or as Sudden Infant Death Syndrome (SIDS). The U.S. Advisory Board on Child Abuse and Neglect in *A Nation's Shame: Fatal Child Abuse and Neglect in the United States*, reported that a more realistic estimate of annual child deaths as a result of maltreatment is about 2,000 or approximately five children per day.²



According to child protective services, the rate of child maltreatment fatalities has steadily increased over the last decade. This increase may be attributed to greater recognition of child maltreatment as a cause of death or to an actual increase in the incidence of maltreatment. Since 1990, more than 10,000 American children have died at the hands of parents or caretakers.

Head trauma from violent shaking (Shaken Baby Syndrome) is the leading cause of death and disability among abused infants and children. Estimates range from annual figures as low as 600 to as high as 1,400 cases per year in the United States. The vast majority of Shaken Baby Syndrome occurs before the infant's

first birthday and the average age of the victim is between 3 and 8 months of age.⁴

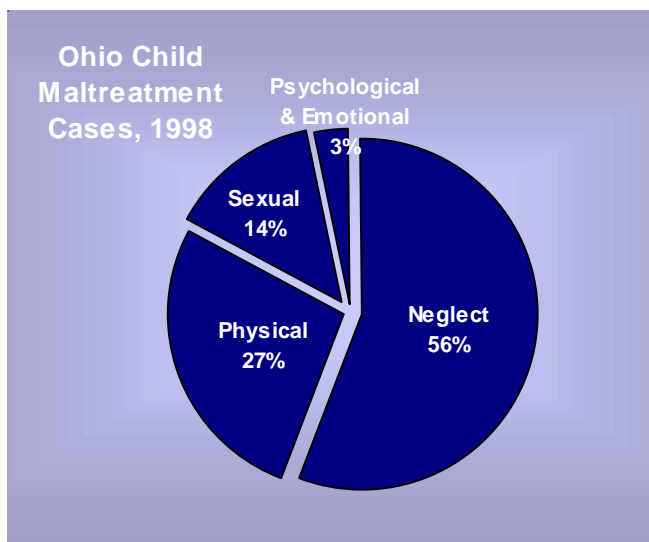
From 1996-1998, homicide was the 4th leading cause of death for children ages 1-14 and the 2nd leading cause of death for youth ages 15-24 in Ohio and the United States.³ Although it is not possible to determine the exact percentage of these deaths resulting from child maltreatment, it is notable that violence is one of the top four leading causes of death for persons age 1-24.

Child Maltreatment Cases

During calendar year 1998, investigations by public children services agencies in Ohio revealed that 58,870 or 18.9 per 1,000 Ohio children under 18 years of age were identified as victims of maltreatment. This rate indicates an increase over the 1990 figures. Nearly one-third (31.4%) of identified Ohio victims had received services through child protective services. Ohio's rate of maltreatment exceeds the national rate. Approximately 903,000 or 12.9 per 1,000 children were identified as abused or neglected in the United States during 1998.¹

Of the Ohio cases, 56% were neglected, 27% suffered physical abuse, 14% endured sexual abuse and 3% were subject to psychological/emotional abuse or neglect. These percentages closely mirror national percentages. Ohio victims included slightly more females (50.4%) than males (49.6%).¹

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Costs & Consequences

Very little is known on a state level about the frequency and types of injuries occurring from maltreatment. Only injuries requiring a 48-hour hospital stay are collected in the state trauma registry. Hospital and emergency department data are not readily accessible, and child injuries may not always be accurately coded as the result of violence. The leading causes of violence-related injury for children ages 1-14 in the United States in 2000 were struck-by/against and sexual assault, although it is unknown if these injuries resulted from maltreatment or other forms of violence.⁵

The Ohio Youth Risk Behavior Survey (YRBS) contains youth violence-related questions which may provide a marker for general levels of youth violence. These markers may possibly indicate a history of child maltreatment. In 1999, more than 1 in 3 (37%) Ohio high school students reported being in a physical fight in the last twelve months. Fifteen percent of all and nearly 25% of males reported carrying a gun, knife, club or other weapon in the last thirty days. Almost one third reported feeling so sad or hopeless every day for two weeks or more in a row that they stopped their usual activities.

As discussed, most estimates of child maltreatment rely on data from child protective services agencies. Through funding provided by the Center's for Disease Control, five state health departments (CA, MO, MI, MN, and RI) are looking at mortality and morbidity data for child maltreatment. The states are comparing alternative approaches to surveillance and testing methods for measuring the extent of violence at all ages. This project will help determine the utility of various data sources for child maltreatment surveillance in order to estimate the scope of the problem more accurately.

According to a 2001 report, the costs of child maltreatment in the U.S. equal approximately \$258,000,000 per day.

According to a 2001 report, the estimated annual direct cost of child abuse and neglect in the United States amounts to \$24,384,347,302 and indirect cost amounts to \$69,692,535,227 for a total of \$94,076,882,529. This amounts to approximately \$258,000,000 per day. These annual costs are equivalent to \$1,460 per U.S. family. Direct costs include \$6,205,395,000 for hospitalization, \$2,987,957,400 for chronic health problems, \$425,110,400 for mental health care system, \$14,400,000,000 for child welfare system, \$24,709,800 for law enforcement and \$341,174,702 for judicial system. Indirect costs include \$223,607,830 for special education, \$4,627,636,025 for mental health and health care, \$8,805,291,372 for juvenile delinquency, \$656,000,000 for lost productivity to society and \$55,380,000,000 for adult criminality.¹¹

A study for the State of Michigan estimated total state costs of child abuse at \$823,000,000 annually. These costs include those associated with low birthweight babies, infant mortality, special education, protective service, foster care, juvenile and adult criminality, and psychological services. The costs of prevention programming were estimated to be \$43,000,000 annually. This yields a 19 to 1 cost benefit ratio to prevention.¹²

Examining only maltreatment committed under the influence of alcohol or other drugs, a study for the state of Ohio estimated \$5,343,570 in 1997 dollars for child maltreatment costs associated with medical spending, mental health, victim work loss/school, public programs, property damage and quality of life.²⁰

Child maltreatment can lead to long term consequences. It increases the risk of suicide and of becoming either a victim or perpetrator of intimate partner violence later in life. Males who are abused or neglected or who witness violence between their parents in childhood are at an increased risk of perpetrating intimate partner violence in adulthood.⁶ (See the *Intimate Partner Violence* chapter for a more detailed discussion of the interrelationship between child maltreatment and intimate partner violence.) Child maltreatment has also been associated with mental and behavioral disorders, including delayed development, post traumatic stress disorder, depression and substance abuse.⁷

Risk Factors for Child Maltreatment

- Consistent with national data, younger children in Ohio are the most vulnerable to maltreatment. Ohio rates range from a high of 25.3 per 1,000 children ages 0-3 and 4-7 to a low of 10.2 per 1,000 youth ages 16-17 years old. Nationally in 1998, children younger than one year old accounted for 38% of the fatalities and 78% were younger than 5 years of age. At 14.8 per 1,000, children ages 0-3 also had the highest rate of victimization in the U.S and rates declined as age increased.¹
- The risk of homicide is greater in infancy than in any other year of childhood before age 17. Infants are at greatest risk for homicide during the first week of infancy and the first day of life. The second highest peak in risk for infant homicide occurs during the eighth week of life and may be due to a caregiver's reaction to an infant's persistent crying. Infant crying duration peaks at six to eight weeks of age.⁸ The risk is greater for infants with inexperienced, single parents without support.
- Child maltreatment reports vary by race in Ohio. African American children, which account for 12% of Ohio's population, are overrepresented as victims. An examination of Ohio child victims in 1998 reveals that 30% were African American, 59% were White, 0.2% were American Indian, 0.2% were Asian American, 4% were other and 7% were unknown. National maltreatment rates by race/ethnicity range from a low of 3.8 Asian/Pacific Islander victims, to 8.5 White victims, to 10.6 Hispanic victims to 19.8 American Indian victims, to a high of 20.7 African American victims per 1,000 children of the same race.¹ It is important to note that in studies in which child homicide is correlated with socioeconomic status, race ceases to be a risk factor and is replaced by such factors as the degree of household crowding.¹⁰
- Over 85 percent of perpetrators of child maltreatment are parents or other relatives of the victim.⁹
 - Caretakers are more likely to abuse children if they:
 - Were abused or neglected
 - Are isolated
 - Lack resources to handle stress
 - Are young and/or impulsive
 - Lack knowledge of child development and child health
 - Are substance abusers
 - Suffer from mental illness
 - Are mentally retarded ⁹
- Poverty plays a role in the perpetration of child maltreatment. The likelihood of abuse increases in families with incomes lower than \$15,000 per year compared to families with an annual income above \$30,000.⁹
- Children who have mental or physical disabilities are at greater risk for maltreatment than children without disabilities.¹⁸
- Health and developmental problems such as prematurity, congenital defects, and early childhood illness increase the child's risk for maltreatment.⁹
- Girls are approximately three times more likely to be sexually abused than boys although boys are at somewhat greater risk of serious injury from physical abuse.¹⁹
- A child's risk of maltreatment is increased if he/she lives in a family culture in which corporal punishment is sanctioned or encouraged.¹⁰

Federal Law:

The Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. 5106g) passed in 1974 allocates Federal funds to states to implement programs for the identification, treatment and prevention of child maltreatment. It provides a foundation for States by identifying a minimum set of acts or behaviors that define physical abuse, neglect, and sexual abuse. Although CAPTA provides these standards, individual states vary widely in their definitions of maltreatment, mandated reporting laws, investigative procedures, services systems and data collection procedures.

Ohio Revised Code:

The Ohio Revised Code contains multiple references to child maltreatment issues. Child abuse and neglect is defined in the ORC (2151.011, 2151.03, 2151.031, 2151.04, 2151.05, 2907.01). Corporal punishment and religious motives are exempted from Ohio law.

ORC 2141.421 - Mandatory reporters are defined as health care and mental health care workers, social workers, educators, child care workers, attorneys, and religious healers. The standard for reporting is knowledge or suspicion of abuse/neglect. Failure to report knowledge or suspicion of child abuse/neglect is cited in the ORC (2151.421) but no penalty is specified. Knowingly making a false report of child abuse/neglect is a misdemeanor of the first degree.

ORC 2950.02 Convicted sex offenders must register with a government agency for a period of 10 years. Fingerprints, photographs and information required by the bureau of criminal identification are included in the registration.

ORC 2950.08 Law enforcement shall provide notice to the public regarding sexual predators

ORC 2151.414 Establishes grounds for termination of parental rights.

ORC 3109.13 - .18 – Provides for a state plan for comprehensive child abuse and child neglect prevention; block grants; biennial report. The children's trust fund board shall establish a plan for comprehensive child abuse and child neglect prevention. The plan shall be transmitted to the governor, the president and minority leader of the senate, and the speaker and minority leader of the house of representatives and shall be made available to the general public. Funds will be made available to county public or private agencies to establish new or expand existing child abuse and neglect prevention programs.

"Child abuse and child neglect prevention programs" means programs designed to prevent child abuse and child neglect, including, but not limited to, any of the following:

- (A) Public awareness programs that pertain to child abuse or child neglect;
- (B) Community-based, family-focused support services and activities that do any of the following:
 - (1) Build parenting skills;
 - (2) Promote parental behaviors that lead to healthy and positive personal development of parents and children;
 - (3) Promote individual, family, and community strengths;
 - (4) Provide information, education, or health activities that promote the well-being of families and children.
- (C) Programs that train and place volunteers in programs that pertain to child abuse or child neglect.

ORC 3109.13: Additional fees of \$2 for birth and death certificates and \$10 for decrees of divorce, or dissolution are being collected to fund prevention programs

ORC 5.22.22 Child abuse awareness month. The month of April is designated as "Ohio Child Abuse Awareness Month" to increase public awareness of the innocent victims of child abuse and to acknowledge child abuse as a serious societal problem to be addressed and eliminated.

ORC 3319.073 In-service training in child abuse prevention.

The board of education of each city and exempted village school district and the governing board of each educational service center shall develop a program of in-service training for persons employed as a nurse, teacher, counselor, school psychologist, or administrator. Each person employed by any school district or service center to work in an elementary school as a nurse, teacher, counselor, school psychologist, or administrator shall complete at least four hours of in-service training in child abuse prevention within three years of commencing employment with the center.

ORC 109.741 Training in missing children, child abuse and neglect cases.

The attorney general shall adopt, in accordance with Chapter [119](#), or pursuant to section [109.74](#) of the Revised Code, rules governing the training of peace officers in the handling of missing children and child abuse and neglect cases. The rules shall specify the amount of that training necessary for the satisfactory completion of basic training programs at approved peace officer training schools, other than the Ohio peace officer training academy and the time within which a peace officer is required to receive that training, if he receives his appointment as a peace officer before receiving that training.

ORC 3319.41 Corporal punishment as means of discipline; local task forces to study use of effective discipline.

(A)(1) Beginning September 1, 1994, and except as provided in division (C) of this section, no person employed or engaged as a teacher, principal, administrator, nonlicensed school employee, or bus driver in a public school may inflict or cause to be inflicted corporal punishment as a means of discipline upon a pupil attending such school, unless the board of education of the school district in which the school is located adopts a resolution no later than September 1, 1994, to permit corporal punishment as a means of discipline and does not adopt a resolution prohibiting corporal punishment pursuant to division (B) of this section. No board shall adopt a resolution permitting corporal punishment before receiving and studying the report of the local discipline task force appointed under division (A)(2) of this section.

Ohio Administrative Code:

Chapter 5101: 2-12-27 Each licensed child care center shall have in all center buildings and readily accessible during all operation hours at least one child care staff member who has currently valid training in child abuse prevention. The training shall be 6 hours in length and is valid for 3 years. The rules specify the curriculum content areas.

Chapter 5101:2-35 Central Registry Reports on Child Abuse and Neglect; Referral Procedures for Children's Protective Services

Existing Programs

Historically, most resources for child maltreatment have been directed toward intervention, rather than prevention. Child Protective Services are overburdened, turning away as many as 70% of maltreatment reports.¹³ Only an estimated 22.3 out of every 1,000 children receives preventive services.¹⁴ There is an enormous public health opportunity to lessen the impact of child maltreatment and its long term effects and costs to society.

A variety of efforts to prevent child maltreatment have been undertaken recently. These include parenting education, home visiting, public awareness campaigns, personal body safety training for children, domestic violence services, and training for health care providers, EMS workers, teachers and law enforcement personnel. Prevention of child maltreatment often involves improving parenting skills, increasing parental knowledge of child development and/or reducing the exposure to risk factors that make children vulnerable to maltreatment.¹⁵ Home visitation programs of 2 years duration or greater have been found to be highly effective in reducing child maltreatment among high-risk families. Studies reviewed suggest that 40% or more of maltreatment might be prevented.¹⁶

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Ohio Programs

- **Child Protective Services**, administered under the Ohio Department of Job & Family Services, is required to investigate and assess reports of maltreatment and intervene when necessary to protect children who are at risk. A comprehensive assessment of risk is required on all reports of abuse and neglect. Investigations on new reports must be initiated within 24 hours.
- **Family Violence Prevention Center (FVPC)**, administered by the Office of Criminal Justice Services, is an information clearinghouse for public and private organizations in Ohio that strive to prevent family violence and provide assistance to victims. The FVPC organizes and conducts workshops and presentations, facilitates interagency collaboration, educates law enforcement and the criminal justice professionals, and collects and disseminates data. The FVPC implements a collective response to child maltreatment and domestic violence.
- **Ohio Help Me Grow**, administered by the Ohio Department of Health, is a program that provides prenatal services and newborn home visits along with information about child development. The program helps families with young children connect with resources they need. The program provides service coordination and ongoing specialized services to those families that are eligible. Each county has an intake and referral contact.
- **Prevent Child Abuse Ohio**, housed at Columbus Children's Hospital, seeks to prevent the abuse and neglect of Ohio's children by creating an effective statewide coalition. Goals of the program include: establishing relationships on a statewide basis with the goal of enhancing the availability and effectiveness of prevention services; providing statewide support for effective home visitation programs; collecting and disseminating best practice child abuse prevention program information; serving as an educational resource for professionals; and serving in a leadership role to advocate for key child abuse prevention related legislation. Services provided include a parenting hotline, a mentoring program for young women to enhance self-esteem and decision-making skills, a resource library, Shaken Baby Syndrome Educational Outreach, professional education for health, mental health and education, child protective and child care professionals, and parent/community based education.

- **Public Children Services Association of Ohio** (PCSAO) is a private nonprofit association of the county public children services agencies and departments of job and family services agencies charged with preventing child abuse and neglect in Ohio.
- **Programs in Ohio Children's Hospitals**
 1. Children's Hospital Medical Center of Akron: CARE (Children At Risk Evaluation) Center – averages 850 patients a year
 2. Cincinnati Children's - Mayerson Center for Safe and Healthy Children
 - *Every Child Succeeds* is a regional program of family support designed to ensure an optimal start for children. The program provides support, encouragement and information to first-time parents about each stage of a child's development for the first three years of life and to offer child safety information. Home visitors assist parents to gain parenting skills.
 - The Mayerson Center for Safe and Healthy Children at Children's Hospital Medical Center of Cincinnati has become the first center in the US to begin a fellowship program specifically in child maltreatment. The fellowship will enhance the research and clinical skills of physicians in addressing child maltreatment.
 3. The Children's Medical Center of Dayton – CARE (Child Abuse Review and Evaluation) clinic
 4. Columbus Children's Hospital – Center for Child Advocacy
 5. Rainbow Babies – Child Witness Program

National Resources:

- **The National Clearinghouse on Child Abuse and Neglect Information** - The Clearinghouse is a national resource for professionals and others seeking information on child abuse and neglect and child welfare.
- **Healthy Families America** is a national home visiting program for overburdened new parents launched by *Prevent Child Abuse America*. HFA efforts also work to develop state leadership and infrastructure needed to ensure a comprehensive and voluntary system of support for new parents. In 2000, there were nine affiliated HFA sites in Ohio.
- **Never Shake a Baby Campaign** - Campaign materials are used to educate prospective parents, parents, and other caregivers across the country about the dangers of shaking a baby. The products teach people how to cope with crying, which has often been associated with adult anger and violent shaking.



Recommendations to Prevent Child Maltreatment

Improve surveillance

1. Encourage improved documentation of maltreatment to children with disabilities to identify high-risk factors.
2. Create a permanent and stable funding mechanism for mandatory, standardized data collection of child maltreatment records in health care facilities. Create a task force of professionals to develop a standardized report form or list of data elements.

Evaluate programs

3. Require all institutions with child care responsibilities (e.g. schools, child care centers, etc.) to review institutional policies so that internal barriers to reporting suspected abuse are eliminated. Disseminate recommendations to facilitate this process.
4. Create a task force to review Ohio child maltreatment laws and recommend improvements. Considerations for this task force include:
 - Requiring standard terminology and objectivity by professionals in defining abuse.
 - Developing an objective, medical definition of abuse for health care professionals. The AAP has a definition of physical abuse that could be adopted.
 - Banning the use of corporal punishment in schools and other institutions where children receive care.

Target resources toward high-risk groups

5. Create a permanent and stable funding mechanism for voluntary home visitation programs of 2-years or greater duration per client.
 - Programs should be offered to expectant parents to promote healthy development and prevention of maltreatment.
 - Programs should be specifically targeted at high-risk families as identified by physicians, child protective services, WIC programs, etc. This may include low income families, families having children with disabilities, and single parents without support.
 - Services should be emphasized during the first week of an infant's life when the risk for homicide is high.

- Based on proven models, encourage family interventions that focus on strengthening parenting skills, increasing knowledge and understanding of child development, increasing awareness of and access to resources, reducing isolation and developing positive coping skills.
6. Incorporate and integrate child maltreatment prevention into existing Maternal and Child Health programs such as WIC, Healthy Start, and other programs serving children with disabilities and low-income families.

Empower communities

7. Increase funding and resources to child protective services agencies for investigating suspected maltreatment reports.
8. Standardize and regionalize child maltreatment services in health care facilities so all children in the state have access to the same standard of care.

Expand training

9. Incorporate age-appropriate education on life skills, conflict resolution, parenting skills, bullying and other related issues into school curricula. Provide standardized training materials for training school staff and for teacher use. These programs should be evaluated for effectiveness.
10. Provide funding for and require the development of a standardized six-hour child abuse curriculum for licensed child care centers. The Ohio Department of Job and Family Services, Child Care Licensing Section should be given this responsibility.
11. Encourage the development of funding opportunities for the training of health professionals in child maltreatment (e.g. fellowships).
12. Require EMS and fire personnel to receive standardized training in child maltreatment signs/symptoms and response protocol.
13. Encourage cross training of child protective services workers in general injury prevention concepts and safety proofing (e.g. provide safety devices to protect child at home). Encourage child injury prevention professionals to be trained in child maltreatment signs, symptoms and response protocol.

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