



OHIO'S
U.S. RANKING¹

28/50

Child Maltreatment

In 2018 Ohio ranked 28th out of 50 states for child maltreatment.¹ Child maltreatment ranges from physical and sexual abuse to emotional maltreatment and neglect. The effects of child maltreatment can have lasting impacts on children's physical, mental, and social health, which makes prevention crucial.² According to research known as the ACE study³, when a child has one or more adverse childhood experiences, the effects can include long-term negative outcomes. Three of these outcomes are considered risk factors for intimate partner violence.⁴ The U.S. total lifetime economic costs associated with child maltreatment was approximately \$428 billion in 2015—a higher cost burden than other public health problems.⁵

Statistics

Across the United States, **1 in 7 children** are abused or neglected⁶

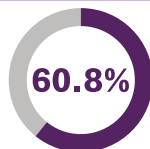


Child fatalities reflect a rate of **2.39 per 100,000 children**



77.5% of the perpetrators of the child maltreatment are the child's parents

In 2018, **1,770 children died** because of abuse or neglect⁷



60.8% of the victims suffered from neglect only

Almost 50% of the child maltreatment deaths occurred in the child's first year of life reflecting a rate of **22.77 per 100,000 children**

According to the Annie E. Casey Foundation, Ohio child maltreatment trends are similar to trends across the United States. In 2018, there were 19,193 incidents of child maltreatment in Ohio and the rate for that year was 7.4 per 1,000 children. Sixty-one point five percent (61.5%) of the perpetrators were the parents of the child and another 11% of the perpetrators were the child's relative. 106 Ohio children died from maltreatment representing a rate of 4.09 per 100,000 children.⁸

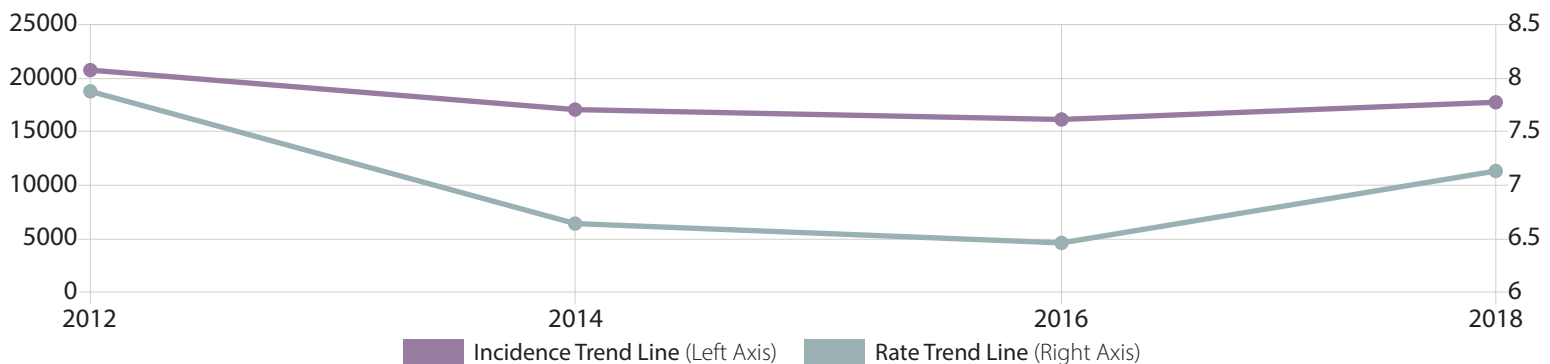
Disparities

Child abuse and neglect rates are 5 times higher for children in families with low socioeconomic status compared to children in families with higher socioeconomic status. Children in their first year of life have the highest victimization rate at 26.7 per 1,000 children of the same age in the national population. Girls' victimization rate is higher than boys at 9.6 per 1,000 girls in the population compared to 8.7 per 1,000 boys in the population. American Indian or Alaska Native children have the highest rate of victimization at 15.2 per 1,000 children in the population of the same race or ethnicity; and African American children have the second highest rate at 14.0 per 1,000 children of the same race or ethnicity.⁹ The rate of African American child fatalities is 2.8 times greater than the rate for white children.¹⁰ Children with disabilities are also particularly vulnerable to child maltreatment.

Barriers

- The true magnitude of child abuse and neglect is likely underestimated.¹¹
- Child welfare agency turnover is typically up to six times the national average turnover rate for all industries. Ohio suffers the same turnover issues as the nation and this leads to lag times in onboarding and reduced continuity in casework to families in need. Ohio also endures a shortage of qualified mental health providers for children and families involved in the child welfare system.¹²
- African American children experience abuse and neglect at rates that are nearly double those for white children. These differences are generally attributed to various community and societal factors, including poverty as well as racial disparities in reporting and investigation.¹³
- Child maltreatment is complex. It is associated with multiple individual, family, and environmental risk factors, all of which interact to increase or decrease risk over time and within specific contexts.
- Risk factors for victimization include child age and special needs that may increase caregiver burden (e.g., developmental and intellectual disabilities, mental health issues, and chronic physical illnesses).¹⁴
- We know more about the risk factors for child maltreatment and not enough about how to effectively address these risk factors.
- Risk factors provide information about who is most at risk for being a victim or a perpetrator of child abuse and neglect, but they are not direct causes and cannot predict who will be a victim or a perpetrator.¹⁵

Incidence & Rate of Child Abuse & Neglect (per 1000 Ohio Children by Year)



Remedies

- Research indicates prevention could outweigh the high economic burden of child abuse and neglect.¹⁶
- Strengthen economic supports that enhance family financial security and ensure more family-friendly work policies—improvements to child support payments, tax credits, state options for managing federal nutrition assistance programs, affordable housing, subsidized childcare, livable wages, paid leave, and flexible and consistent schedules.
- Change social norms to support positive parenting by creating public engagement and education campaigns and use legislative approaches to reduce corporal punishment.
- Provide early life quality care and education by providing preschool enrichment with family engagement. Improve the quality of childcare through licensing and accreditation.
- Enhance parenting skills that promote healthy child development through home visitation and employ more parenting skill and family relationship approaches.
- Intervene to lessen harms and prevent future risk by providing enhanced primary care, behavioral parent training, treatment to lessen harms of abuse and neglect exposure, and treatment to prevent problem behavior and later involvement in violence.
- Preventing child abuse and neglect requires a cohesive effort across agencies/organizations. The Ohio Linking Systems of Care Initiative is one example of systems collaboration needed to prevent child abuse and neglect by impacting the various contexts that contribute to and support safe, stable, nurturing relationships and environments for children.



1855 E Dublin-Granville Road, Suite 301
Columbus, Ohio 43229
www.odvn.org • 614-781-9651

References can be found online at www.odvn.org/Ohio-Measures-Up.

Funding for this publication was made possible by the Centers for Disease Control and Prevention cooperative agreement number 5 NUS4CE002310-03-00. The views expressed herein do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.