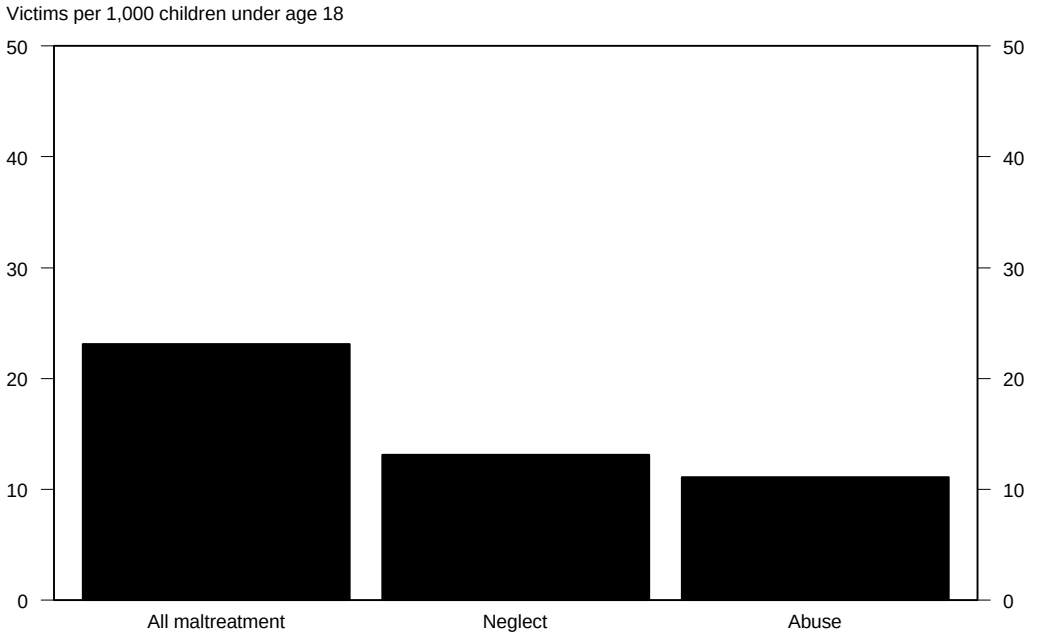
Special Feature

This report has so far presented indicators for which data are regularly available over many years. For some important measures of child well-being, however, data are not collected on a regular basis. The section of the report that follows presents data that are either not available with sufficient frequency to be a regular indicator, or are available for one year only.

Child Abuse and Neglect

Research on the effects of child abuse and neglect document both immediate and long-term harm to children. In extreme cases, the physical consequence of abuse and neglect is death; in many other cases, the outcome is serious injury, permanent disability, and/or a range of social, psychological, and cognitive problems.[50] The incidence of child abuse and neglect is very difficult to measure. Presented here is the best current estimate, available from a survey conducted in 1993. Despite the importance of consistent monitoring over time, trend data from a survey administered at frequent intervals on this subject are unavailable.

Figure SPECIAL1. Rates of child abuse and neglect, 1993



Note: Estimates are based on the National Incidence Study Harm Standard, and refer to children under age 18.
Source: National Center on Child Abuse and Neglect, Third National Incidence Study of Child Abuse and Neglect (NIS-3).
See related table SPECIAL1, this publication.

- In 1993, professionals reported approximately 1.6 million children to be victims of maltreatment, either abuse or neglect.[51] This number is a rate of 23.1 per 1,000 children under age 18.
- Of these children, approximately 743,200 suffered physical, sexual, or emotional abuse. This is a rate of 11.1 per 1,000 children.
- Approximately 879,000 suffered physical, emotional, or educational neglect. This is a rate of 13.1 per 1,000. (The numbers of victims of abuse and neglect overlap to some extent, since some children suffer both forms of maltreatment.)
- Girls were sexually abused three times more often than boys.
- Boys were at greater risk of serious injury than girls.
- Children of single parents were at much greater risk of abuse or neglect than were children living with both parents.
- Children from families with incomes below $15,000 were twenty-two times more likely to experience some form of maltreatment than children from families with incomes above $30,000.

For additional detail, see table SPECIAL1.

Notes to Indicators

[1]See the indicator on child poverty in this report, pp. 14-15.

[2]Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-92. *Vital Health Statistics*, vol. 21, no.53. Hyattsville, MD: National Center for Health Statistics.

[3]McLanahan, S. (1995). The consequences of nonmarital childbearing for women, children, and society. In *Report to Congress on Out-of-Wedlock Childbearing*. Hyattsville, MD: National Center for Health Statistics.

[4]Ventura, S.J., Martin, J.A., Mathews, T.J., and Clarke, S.C. (1996). *Advanced Report of Final Natality Statistics, 1994. Monthly Vital Statistics Report*, vol. 44, no. 11, Supplement. Hyattsville, MD: National Center for Health Statistics.

[5]Bumpass, L.L. and Sweet, J.A. (1995). *Cohabitation, marriage, and urban stability: Preliminary findings from NSFH2. CDE Working Paper 65*. Madison, WI: Center for Demography and Ecology, University of Wisconsin.

[6]Duncan, G. and Brooks-Gunn, J. (forthcoming, 1997). Income effects across the life span: Integration and interpretation. In *Consequences of Growing Up Poor* (G. Duncan and J. Brooks-Gunn, eds.). New York: Russell Sage Press.

[7]An, C., Haveman, R., and Wolfe, B. (1993). Teen out-of-wedlock births and welfare receipt: The role of childhood events and economic circumstances. *Review of Economics and Statistics*, vo1. 75, no.2, pp. 195-208

[8]Duncan, G. and Brooks-Gunn, J.

[9]The child poverty rate for 1981 was 19.5.

[10]Life Sciences Research Office and American Institute of Nutrition. (1990). *Core indicators of nutritional state for difficult to sample populations*. Bethesda, MD: Life Sciences Research Office and American Institute of Nutrition.

[11]Most households with gross monthly incomes at or below 130 percent of the poverty line are eligible for the food stamp program, and their children are eligible to receive free school breakfasts and lunches on a daily basis. Therefore, data are collected and reported using this threshold.

[12]Kaufman, T. (1996). *Housing America's future: Children at risk*. Washington, D.C.: National Low-Income Housing Coalition.

[13]National Academy of Sciences. (1995). *Measuring poverty: A new approach.* National Research Council. Washington, D.C.: National Academy Press.

[14]Income-eligible families who report either severe housing cost burdens or severe physical problems with their housing are considered by the U.S. Department of Housing and Urban Development to have "priority" housing problems and receive preference on waiting lists for federal rental assistance programs.

[15]"Very low-income renters" are renter households with incomes at or below half the median income in their geographic area.

[16]Mayer, Susan E. (1995). Income, employment and the support of children; and Smith, Judith R., Brooks-Gunn, Jeanne, and Jackson, Aurora P., Parental employment and children, in IRP Special Report Series SR#60a-c, *Indicators of Children's Well-Being: Conference Papers*. Institute for Research on Poverty, University of Wisconsin-Madison.

[17]National Center for Health Statistics. (1988). Health of our Nation's children. *Vital Statistics Health Series*, vol. 10, no. 191. Hyattsville, MD: National Center for Health Statistics.

[18]Public health insurance includes Medicaid, Medicare, and CHAMPUS.

[19]The percentages of children covered by public and private insurance in 1995 do not add up to 86 percent (the percentage of all children covered by health insurance), because some children have both public and private insurance.

[20]Kiely, J.L. and Kogan, M.D. (1994). Prenatal care. In Wilcox, L.S. and Marks, J.S., (eds.). *From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children.* pp. 105-18. Atlanta, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.

[21]Kleinman, J.C, Kiely, J.L. (1991). Infant mortality. *Healthy People 2000 Statistical Notes*, Winter, (vol. 1, no. 2). Hyattsville, MD: National Center for Health Statistics.

[22]Centers for Disease Control and Prevention. (1995). Poverty and infant mortality—United States, 1988. *Morbidity and Mortality Weekly Report*, vol. 44, no. 49, pp. 922-27. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.

[23]Infant mortality rates for subgroups within an ethnic population are calculated from a separate data set, the National Linked Files of Live Births and Infant Deaths. The most recent years for which those data are available are 1989 through 1991.

[24]Kiely, J.L., Brett, K.M., Yu, S., and Rowley, D.L. (1994). Low birth weight and intrauterine growth retardation. In Wilcox, L.S. and Marks, J.S., (eds.). *From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children*, pp. 185-202. Atlanta, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.

[25]Based on preliminary data

[26]Centers for Disease Control and Prevention. (1997). *Morbidity and Mortality Weekly Report*, vol. 46, no. 2, pp. 35-40. Atlanta, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention. See also American Academy of Pediatrics. (1997). Recommended childhood immunization schedule—United States, January - December 1997. *Pediatrics*, vol. 99, pp. 136-38.

[27]Newacheck, P.W. and Starfield, B. (1988). Morbidity and use of ambulatory care services among poor and nonpoor children. *American Journal of Public Health*, vol. 78, no. 8, pp. 927-33. See also Newacheck, Paul W., Halfon, N. and Budetti, P.P. (1986). Prevalence of activity-limiting chronic conditions among children based on household interviews. *Journal of Chronic Diseases*, vol. 39, no. 2, pp. 63-71.

[28]Fingerhut, L.A., Annest, J.L., Baker, S.P., Kochanek, K.D., and McLaughlin, E. (1996). Injury mortality among children and teenagers in the United States, 1993. *Injury Prevention*, vol. 2, pp. 93-94.

[29]Males, M. (1997). Women's health: Adolescents. *Lancet*, 349 (supplement I, pp. 13-16). Bachrach, C.A. and Carver, K. (1992). *Outcomes of Early Childbearing: An Appraisal of Recent Evidence. Summary of a Conference.* Bethesda, MD: National Institute of Child Health and Human Development.

[30]Maynard, R.A. (ed.). (1996). *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*. New York, NY: The Robin Hood Foundation. Cooper, L.A., Leland, N.L., and Alexander, G. (1995). Effect of maternal age on birth outcomes among young adolescents. *Social Biology*, vol. 42, pp. 22-35.

[31]Maynard.

[32]Moore, K.A. (1993). Teenage childbearing: A pragmatic perspective. Washington, D.C.: Child Trends, Inc.

[33]For this indicator, estimates for whites exclude Hispanics of that race. Estimates for all other races include Hispanics of those races.

[34]Kessler, D.A., Witt, A.M., Barnett, P.S., et al. (1996). The Food and Drug Administration's regulation of tobacco products. *New England Journal of Medicine*, vol. 335, no. 13., pp. 988-94.

[35]Centers for Disease Control and Prevention. (1996). Projected smoking-related deaths among youth—United States. *Morbidity and Mortality Weekly Report*, vol. 45, no. 44, pp. 971-74. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.

[36]National Institute on Drug Abuse. (1987). *National Trends in Drug Use and Related Factors Among American High School Students and Young Adults*. DHHS Pub. No. (ADM) 87-1535. Washington, D.C.: U.S. Department of Health and Human Services.

[37]Blanken, A.J. (1993). Measuring use of alcohol and other drugs among adolescents. In Public Health Reports, *Journal of the U.S. Public Health Service*, vol. 108, Supplement 1. Washington, D.C.: U.S. Department of Health and Human Services.

[38]National Institute on Drug Abuse. (1995). *Marijuana: facts parents need to know*. NCADI Publication No. PHD712. Washington, D.C.: U.S. Department of Health and Human Services. Pope, H.G. Jr. and Yurgelun-Todd, D. (1996). The residual cognitive effects of heavy marijuana use in college students, *JAMA*, vol. 275, no. 7.

[39]Public Health Service. (1993). Measuring the health behavior of adolescents: The youth risk behavior surveillance system and recent reports on high-risk adolescents. *Public Health Reports*, vol. 108, Supplement 1. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

[40]Finkelhor, D. and Dziuba-Leatherman. (1994). Victimization of children. *American Psychologist*, vol. 49, no. 3, pp. 173-83. Lauritsen, J.L., Laub, J.H., and Sampson, R. J. (1992). Conventional and delinquent activities: Implications for the prevention of violent victimization among adolescents. *Violence and Victims*, vol. *7*, no. 2, pp. 91-108.

[41]Snyder, H.N. and Sickmund, M. (1995). *Juvenile Offenders and Victims: A National Report* (Publication no. NCJ 153569), Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency, pp. 19-43.

[42]Parents were asked if their children spoke a language other than English at home and how well they could speak English. Categories used for reporting were "Very well," "Well," "Not well," and "Not at all." All those who were reported to speak less than "Very well" were considered to have difficulty speaking English.

[43]Wells, C.G. (1985). Preschool literacy-related activities and success in school. In Olson, D., Torrance, N., and Hildyard, A. (eds.), *Literacy, Language, and Learning: The Nature and Consequences of Literacy*, pp. 229-55. Cambridge, England: Cambridge University Press,

[44]The data refer to children who are not yet in kindergarten. Throughout this discussion, "children" refers to 3- to 5-year-olds.

[45]Barnett, S.W. (1992). Benefits of compensatory preschool education. *Journal of Human Resources*, no. 27, pp. 279-312.

[46]Decker, Paul T., Rice, Jennifer King, Moore, Mary T., and Rollefson, Mary. (1997). *Education and the Economy: An Indicators Report*. Washington, D.C.: U.S. Department of Education, National Center for Education Statistics.

[47]Data on parent's level of education are not reliable for 9-year-olds.

[48]Brown, B. (1996). *Who are America's disconnected youth*. Report prepared for the American Enterprise Institute. Washington, D.C.: Child Trends, Inc.

[49]*Higher Education Today: Facts in Brief*. (May 1994). Washington, D.C.: American Council on Education: Division of Policy Analysis and Research, p. 5.

[50]National Research Council. (1993). *Understanding Child Abuse and Neglect*. Panel on Research on Child Abuse and Neglect. Washington, D.C.: National Academy Press.

[51]These data are drawn from the National Incidence Study, which includes in its count not only children who were investigated by Child Protective Services (CPS), but also children seen by community professionals yet who were not reported to CPS, or who were screened out by CPS without investigation.

Table SPECIAL1. Child abuse and neglect: Number of maltreated children and rates of child abuse and neglect[a] by family structure, income, and gender, 1993[b]

Type of maltreatment	Number	Rate (per 1,000 children)								
			Family structure			Family income (in $1,000s)			Gender	
	Total	Total	Both parents	Single parent	No parent	Under $15	$15-30	$30 or more	Male	Female
All maltreatment	1,553,800	23.1	15.5	27.3	22.9	47.0	20.0	2.1	21.7	24.5
All abuse	743,200	11.1	8.4	11.4	13.7	22.2	9.7	1.6	9.5	12.6
Physical	381,700	5.7	3.9	6.9	7.0	11.0	5.0	0.7	5.8	5.6
Sexual	217,700	3.2	2.6	2.5	6.3	7.0	2.8	0.4	1.6	4.9
Emotional	204,500	3.0	2.6	2.5	5.4	6.5	2.5	0.5	2.9	3.1
Neglect	879,000	13.1	7.9	17.3	10.3	27.2	11.3	0.6	13.3	12.9
Physical	338,900	5.0	3.1	5.8	4.3	12.0	2.9	0.3	5.5	4.5
Emotional	212,800	3.2	2.3	4.0	3.1	5.9	4.3	0.2	3.5	2.8
Educational	397,300	5.9	3.0	9.6	3.1	11.1	4.8	0.2	5.5	6.4
Severity of injury										
Fatal	—	—	0.019	0.015	0.016	0.060	0.002	0.001	0.04	0.01
Serious	—	—	5.8	10.5	8.0	17.9	7.8	0.8	9.3	7.5
Moderate	—	—	8.1	15.4	10.1	23.3	10.5	1.3	11.3	13.3
Inferred	—	—	1.6	1.4	4.8	5.7	1.6	0.1	1.1	3.8

— = not available
[a]Estimates are based on the National Incidence Study Harm Standard.
[b]Estimates refer to children under age 18.

SOURCE: National Center on Child Abuse and Neglect, Third National Incidence Study of Child Abuse and Neglect (NIS-3).

Public Health Service. Washington, D.C.: U.S. Government Printing Office, 1996.

Population Estimates

Decennial census data serve as benchmarks for deriving national population estimates, which are also based on data from the following agencies: births and deaths (National Center for Health Statistics); immigrants (Immigration and Naturalization Service); Armed Forces (Department of Defense); net movement between Puerto Rico and the U.S. mainland (Puerto Rico Planning Board); and Federal employees abroad (Office of Personnel Management and Department of Defense). Similar data serve as the basis for State estimates, which are also derived from a variety of data series, including school statistics from State departments of education and parochial school systems. Current estimates are consistent with official decennial census figures and do not reflect estimated decennial census under-enumeration.

After decennial population censuses, intercensal population estimates for the preceding decade are prepared to replace postcensal estimates. Intercensal population estimates are more accurate than postcensal estimates, because they take into account the census of population at the beginning and end of the decade. Intercensal estimates have been repaired for the 1960s, 1970s, and 1980s to correct the "error of closure": the difference between the estimated population at the end of the decade and the census count for that date. The error of closure at the national level was quite small during the 1960's (379,000). For the 1970s, however, it amounted to almost 5 million. In the 1980s the error of closure dropped to 1.5 million.

For more information, see U.S. Bureau of the Census, (1992). *U.S. population estimates by age, sex, race and Hispanic origin: 1980-1991*, Current Population Reports, Series P-25, No. 1095, Washington, D.C.: U.S. Government Printing Office.

Population Projections

National population projections begin with recent population estimates by age, race, and Hispanic origin. These statistics are then projected forward to 2050, based on assumptions about fertility, mortality, and international migration. Low, middle, and high growth assumptions are made for each of these components. The current middle series assumptions are:

- Each race/ethnic group's fertility will remain constant at 1993-1994 levels.
- Each race/ethnic group's mortality will continue to change as it did in the 1980s.
- Each race/ethnic group's net international migration generally will continue at the same levels as that of the past decade.

For more information, see U.S. Bureau of the Census, *(*1996). *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin*, Series P25-1130, Washington, DC: U.S. Government Printing Office.

Third National Incidence Study of Child Abuse and Neglect

The National Incidence Study of Child Abuse and Neglect (NIS) is a Congressionally-mandated, periodic effort of the National Center on Child Abuse and Neglect (NCCAN). NCCAN conducted the first NIS (NIS-1) in 1979 and 1980 and published its results in 1981. It conducted the second NIS (NIS-2) in 1986 and 1987, and published these results in 1988. The third NIS (NIS-3) was mandated under P.L. 100-294 (as amended). The NIS-3 data were collected in 1993 and 1994 and published in early 1996. A key objective of the NIS-3 is to provide updated estimates of the incidence of child abuse and neglect in the United States and to measure changes in incidence from the earlier studies.

The NIS-3 offers an important perspective on the scope of child abuse and neglect. The NIS includes children who were investigated by child protective service (CPS) agencies, but it also obtains data on cases seen by community professionals which were not reported to CPS or which were screened out by CPS without investigation. The NIS thus attempts to measure the full scope of child abuse and neglect known to community professionals, including both abused and neglected children who are in the official statistics as well as those who are not. The NIS follows a nationally representative design: data are collected from child protective service agency workers and from representatives from other community agencies in areas, such as law enforcement, public health, juvenile probation, hospitals, schools, day-care, mental health, and voluntary social services. The NIS-3 collected a total of 50,729 data forms on cases of maltreatment.