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## Child Abuse & Neglect



# Child maltreatment rates assessed in a national household survey of caregivers and youth



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### ABSTRACT

This paper reports on national estimates for past year child maltreatment from a national household survey conducted in 2011. It also discusses the validity of such estimates in light of other available epidemiology. The Second National Survey of Children Exposed to Violence obtained rates based on 4,503 children and youth from interviews with caregivers about the children ages 0–9 and with the youth themselves for ages 10–17. The past year rates for physical abuse by caregivers were 4.0% for all sample children, emotional abuse by caregivers 5.6%, sexual abuse by caregivers 0.1%, sexual abuse by caregivers and non-caregivers 2.2%, neglect 4.7% and custodial interference 1.2%. Overall, 12.1% of the sample experienced at least one of these forms of maltreatment. Twenty-three percent of the maltreated children or 2.8% of the full sample experienced 2 or more forms of maltreatment. Some authority (teacher, police, medical personnel or counselor) was aware of considerable portions of most maltreatment, which suggests the potential for intervention. Many of the study's estimates were reasonable in light of other child maltreatment epidemiological studies, but comparisons about emotional abuse and neglect were problematic because of ambiguity about definitions.

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The idea of measuring child maltreatment through household or population surveys has continued to intrigue researchers for many reasons. It offers the possibility of uncovering and measuring the maltreatment that does not come to the attention of professionals or the child welfare system. It allows the tracking of trends over time uncontaminated by changes in administrative or clinical practices. It also permits more direct measurement of various risk factors and effects, particularly through a comparison of maltreated children with a representative sample of non-maltreated ones.

Many household and general population surveys have been conducted of adults reporting retrospectively on child maltreatment (for reviews, see [Stoltenborgh, Bakermans-Kranenburg, Van Ijzendoorn, & Alink, 2013](#); [Stoltenborgh, Van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011](#)), but these findings suffer from not being contemporaneous and thus a very remote indicator for measuring change. Other general population surveys have been conducted with adolescents ([Barth, Bermetz, Heim, Trelle, & Tonia, 2013](#)), and although more contemporaneous, they do not provide information on the crucially important preadolescent years. Still others have surveyed parents directly about their children's experiences

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across the full range of childhood (Finkelhor, 1984; Straus, Gelles, & Steinmetz, 2006). One that comes the closest to being a complete contemporaneous assessment was the nationally representative Gallup Survey using the Parent–Child Conflict Tactics Scale (PC-CTS; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998) which interviewed one parent in households with a child under 18. Past year estimates were provided for physical abuse, emotional abuse, neglect, and sexual abuse. For all but sexual abuse, the questions pertained only to the activities of the interviewed adult and excluded maltreatment at the hands of any other household adults. The findings from this survey are now quite dated. Another parent survey in North and South Carolina (Theodore et al., 2005) also obtained past year rates of physical and sexual abuse from mothers of children 0–17 using the PC-CTS. These findings are regional and not generalizable to the United States as a whole. (See below for more details on these studies.)

Clearly, contemporaneous population surveys on child maltreatment have been relatively scarce. One reason is the fact that such studies are expensive. Another is that the federal resources for the epidemiology of child maltreatment have primarily been directed into two agency based data collections, the National Incidence Study of Child Abuse and Neglect (NIS; Sedlak et al., 2010), and the National Child Abuse and Neglect Data System (NCANDS; U.S. Department of Health and Human Services, 2013).

The National Survey of Children Exposed to Violence (NatSCEV) research program has provided yet another opportunity to gather contemporaneous child maltreatment information from households directly. One difference from previous household survey efforts was combining a parent interview for the reports on younger children (under 10) with a self-report interview from youth 10 and older. Another difference was that questions were asked of the caregivers that focused not just on their own abusive behaviors but also on those of other caregivers. A third feature was an effort to operationalize maltreatment items in ways that more carefully mapped onto child protection and law enforcement definitions. NatSCEV also offered more detailed incident information than prior household surveys regarding perpetrator identity, injury, and disclosure to authorities. This disclosure-to-authorities component is an important virtue of a household survey because it allows us to estimate what proportion of maltreatment is being still missed by those in a position to intervene.

In this article, we provide the results from the most recent NatSCEV survey and its effort to measure child maltreatment. We report on episode characteristics and disclosure information for this nationally representative sample of cases. We also assess its findings in comparison to previous epidemiologic efforts.

## Methods

### *Participants*

The NatSCEV II was designed to obtain up-to-date incidence and prevalence estimates of a broad range of childhood victimizations. The survey consists of a national sample of 4,503 children and youth ages one month to 17 years of age in 2011. Study interviews were conducted over the phone by the employees of an experienced survey research firm. Telephone interviewing is a cost-effective methodology (McAuliffe, Geller, LaBrie, Paletz, & Fournier, 1998; Weeks, Kulka, Lessler, & Whitmore, 1983) that has been demonstrated to be comparable to in-person interviews in data quality, even for reports of victimization, psychopathology, and other sensitive topics (Acierno, Resnick, Kilpatrick, & Stark-Riemer, 2003; Bajos, Spira, Ducot, & Messiah, 1992; Bermack, 1989; Czaja, 1987; Marin & Marin, 1989; Pruchno & Hayden, 2000). In fact, some evidence suggests that telephone interviews are perceived by respondents as more anonymous, less intimidating, and more private than in-person modes (Acierno et al., 2003; Taylor, 2002) and, as a result, may encourage greater disclosure of victimization events and details relating to those events (Acierno et al., 2003).

The primary foundation of the sampling design was a nationwide sampling frame of residential telephone numbers from which a sample of telephone households was drawn by random digit dialing (RDD). Two additional samples were obtained in order to represent the growing number of households that rely exclusively or mostly on cell-phones: a small national sample of cellular telephone numbers drawn from RDD methodology ( $N=31$ ) and an Address-Based Sample (ABS;  $N=750$ ). The cell-phone RDD sample frame was an experimental design that was abandoned due to low interview yield. The ABS approach, which proved to have a more favorable production rate and yield, provided the desired contacts with cell-phone users. The ABS sample started with a national sample of addresses from the Postal Delivery Sequence File DSF. These addresses were mailed a one page questionnaire. The ABS study sample was drawn from the pool of returned questionnaires that represented households with children 17 years old and younger. These households were then re-contacted by interviewers and asked to participate in the survey. Approximately half of the eligible households obtained through ABS were cell-phone-only households and therefore represented an effective way of including households without landlines in our sample.

### *Procedure*

A short interview was conducted initially with an adult caregiver to obtain family demographic information. One child was then randomly selected from all eligible children living in a household by selecting the child with the most recent birthday. If the selected child was 10–17 years old, the main telephone interview was conducted with the child. If the selected child was under age 10, the interview was conducted with the caregiver who “is most familiar with the child’s daily routine and experiences.”

Respondents were assured complete confidentiality, and were paid \$20 for their participation. The interviews were conducted in either English or Spanish and averaged 55 min in length. Any respondents who disclosed a situation of serious threat or ongoing victimization were re-contacted by a clinical member of the research team, trained in telephone crisis counseling, whose responsibility was to stay in contact with the respondent until the situation was appropriately attended to locally. All procedures were approved by the Institutional Review Board of the University of New Hampshire.

### Response rates

The cooperation rate (the percentage of all eligible respondents who completed the survey) and response rate (percentage of contacted respondents who completed the survey) averaged across collection modalities were 60% and 40%, respectively. These rates are comparatively good by current survey research standards (Babbie, 2007; Keeter, Kennedy, Dimock, Best, & Craighill, 2006; Kohut, Keeter, Doherty, Dimock, & Christian, 2012). Despite the steady declines in response rates that have occurred over the last three decades (Atrostic, Bates, Burt, & Silberstein, 2001) and the particular marked drop in recent years (Curtin, Presser, & Singer, 2005; Keeter et al., 2006; Singer, 2006), studies find that accuracy remains high (Keeter et al., 2006). Although the potential for response bias remains an important consideration, several recent studies have shown no meaningful association between response rates and response bias (Curtin, Presser, & Singer, 2000; Groves, 2006; Keeter, Miller, Kohut, Groves, & Presser, 2000; Merkle & Edelman, 2002).

### Measures

To assess child maltreatment, this survey used an enhanced version of the Juvenile Victimization Questionnaire (JVQ). Children ages 10–17 were asked about their own victimization experiences and caregivers of children under age 10 were asked to report on the focal child's victimization exposure at the hands of anyone including all other caregivers. The JVQ reports data on 54 forms of victimization. Using 22 of the 54 forms of victimizations, we aggregated experiences into five domains of child maltreatment: physical abuse, emotional abuse, sexual abuse, neglect, and custodial interference.

For the 22 victimizations included in the maltreatment aggregates, only victimizations perpetrated by an adult caregiver were included in the analysis. An adult caregiver was defined as any adult family member including mother, father, relatives that lived inside or outside the home, parent friend, unspecified adult relative as well as adult mentors, such as coaches. As a result of excluding those victimizations perpetrated by other non-caregiver adults or children (to make the definition consistent with typical child protection agency definitions), the rates in this report are somewhat more conservative than some of the rates cited in an earlier publication (Finkelhor, Turner, Shattuck, & Hamby, 2013).

The physical abuse composite was coded as "yes" if the respondent endorsed any of the following questions: Physical Abuse (including hit, beat, kick, or physically hurt, but excluding spanking; M1, see Appendix A), assault with weapon (C4), assault without weapon (C5), attempted assault (C6), bias attack (C9), peer or sibling assault (P2; this could include an older youth caregiver), nonsexual genital assault (P3), assault by adult (A1), or assault with injury (A2). Emotional abuse was measured using a single item asking about the child's experience with emotional abuse (adult made child scared or feel really bad by name calling, saying mean things, or saying they didn't want the child) perpetrated by a caregiver (M2). The sexual abuse aggregate included: sexual assault by known adult (S1), nonspecific sexual assault (S2), sexual assault by peer (S3; this could include an older youth caregiver), and rape (attempted or completed; S4). The neglect aggregate was coded as "yes" if the respondent endorsed any of the following: neglect (general; M3), neglect related to parents drug and alcohol use (M5), being left alone (M6), adults in the home the child was afraid of (M7), unsafe home environment (M8), or cleanliness/hygiene of child (M9). The custodial interference measure reflected the endorsement of either custodial interference (parent took, kept or hid child from another parent; M4), or kidnapping (C8) by a caregiver perpetrator. All of the questions related to maltreatment are listed in Appendix A.

Each respondent was asked if they had (or their child had) experienced each victimization ever. If the respondent endorsed the question, they were asked a series of follow-up questions.

Follow-up questions for each victimization question provide additional information about the victimization including but not limited to if the victimization happened in the last year, who the perpetrator was, if a weapon was used, if the child was injured, and how scared the child felt at the time. To measure characteristics of maltreatment aggregates, the follow-up questions for each type were combined. If the respondent endorsed at least one follow up for any of the items in the aggregate, they were coded as "yes" for that follow up characteristic. For example, if a respondent endorsed more than one of the nine physical abuse questions and they indicated they were injured as a result of one or more of the physical abuse episodes, they were given a "yes" for injury related to physical abuse. Follow-up questions used in this study are listed in Appendix B with superscripts indicating to which maltreatment types they correspond.

### Data analysis weighting

The weighting plan for the NatSCEV II survey was a multi-stage sequential process of weighting to correct for study design and demographic variations in non-response. Specifically, the weights adjusted for differing probabilities of household selection based on sampling frames; variations in within-household selection resulting from different numbers of eligible children across households; and differences in sample proportions according to age, gender, race/ethnicity, income, census

region, number of adults and children in household, and phone status (cell only, mostly cell, other) corresponding to the 2010 American Community Survey Public Use Microdata Sample.

## Results

### Physical abuse

Four percent of the sample reported physical abuse in the past year, that is, a physical assault (excluding spanking) by an adult caregiver (Table 1). The lifetime sample prevalence was 8.9%. Almost half (45%) who reported any lifetime physical abuse said that it had happened more than 11 times.

Physical abuse could be disclosed by endorsement of any one of nine physical assault survey questions. By far the largest portion of episodes were disclosed in response to the question: “Not including a spanking on your/his/her bottom, at any time in your/your child’s life did a grown up hit, beat, kick or physically hurt you/this child in any way?” (Rates were 1.9% for past year and 5.7% for lifetime for this item.)

Past year rates increased fairly linearly by age, lowest for the 0–1 year olds (1.5%) and highest for the 14–17 year olds (6.4%). Rates were lowest in the two biological parent homes (2.8%) and highest in single parent homes (6.3%). Physical abuse rates were also examined by race and socio-economic status (SES). The results indicated there were no significant differences at  $p < .05$  across racial categories or SES groupings (results not shown). Children with higher SES had slightly lower rates of physical abuse, though this relationship was marginally significant and should be interpreted with caution ( $p < .10$ ).

The characteristics of past year physical abuse episodes appear in Table 2. Fathers were responsible for 36% of the past year abuse, mothers for 22%, and other live-in relatives for 22%. Overall, male perpetrators outnumbered females 63% vs. 37%. The vast majority (80%) of children experiencing physical abuse in the past year reported that at least one episode occurred at home.

The follow-up information gathered about past year episodes suggested diverse dynamics and a mixture of seriousness. A weapon (including gun, knife, stick, rock, bottle, or tool) was used in 12% of the episodes. Injuries resulted from 29% of the

**Table 1**  
Child maltreatment types: rates by age, sex and family structure ( $N = 4,502$ ).

	Weighted % [95% CI]				
	Physical abuse	Emotional abuse	Sexual abuse	Neglect	Custodial interference
Life time	8.9 [7.7–10.2]	10.3 [9.0–11.6]	0.7 [0.4–1.2]	11.6 [10.2–13.1]	4.8 [3.8–6.0]
Past year	4.0 [3.2–4.9]	5.6 [4.7–6.6]	0.1 [0–0.3]	4.7 [4.0–5.7]	1.2 [0.7–1.8]
Child age <sup>a</sup>					
Ages 0–1	1.5 [0.4–5.0]	0	0	2.0 [0.8–4.6]	0 [0–0.5]
Ages 2–5	2.4 [1.3–4.5]	2.8 [1.6–4.8]	0.3 [0–0.9]	3.5 [2.0–6.1]	2.3 [1.0–5.3]
Ages 6–9	3.9 [2.2–6.9]	5.0 [3.1–8.1]	0.9 [0.2–4.4]	2.2 [1.2–3.9]	1.4 [0.7–2.7]
Ages 10–13	4.4 [2.9–6.6]	4.9 [3.6–6.7]	1.0 [0.5–2.1]	7.6 [5.7–10.2]	0.6 [0.2–1.7]
Ages 14–17	6.4 [4.8–8.4]	11.7 [9.3–14.7]	1.0 [0.5–2.0]	6.8 [5.2–9.0]	0.8 [0.4–1.5]
Child sex <sup>a</sup>					
Male	4.2 [3.1–5.6]	4.5 [3.4–6.0]	0.4 [0–1.8]	4.9 [3.8–6.3]	0.9 [0.5–1.6]
Female	3.8 [2.8–5.2]	6.7 [5.4–8.2]	1.0 [0.6–1.6]	4.6 [3.5–5.9]	1.4 [0.7–2.8]
Family structure <sup>a</sup>					
Single parent	6.3 [4.4–8.9]	7.3 [5.2–10.2]	0.9 [.5–1.8]	6.8 [5–9.3]	2.6 [1.4–4.9]
Step-parent	3.2 [1.3–7.2]	6.1 [3.7–9.8]	1.3 [.6–2.7]	8.0 [4.9–12.8]	2.0 [.9–4.4]
Two biological or adopted	2.8 [2.1–3.8]	4.3 [3.5–5.2]	0.2 [.1–.5]	2.7 [2.1–3.6]	0.2 [0–.4]
Other	5.1 [2.9–8.7]	8.9 [4.9–15.7]	3.9 [.8–16.5]	11.0 [6.7–17.5]	2.6 [1.0–6.6]

Note. Rates were also examined by race and SES categories. The results of the  $\chi^2$  analyses indicated no significant differences by race or SES at  $p < .05$ . Marginally significant relationships ( $p < .10$ ) are presented in text.

<sup>a</sup> All rates reflect past year experiences with the exception of sexual abuse which reflect lifetime exposure.

**Table 2**  
Characteristics of maltreatment cases by type.<sup>a</sup>

Characteristic	Weighted %				
	Physical abuse (N = 171)	Emotional abuse (N = 269)	Sexual abuse (N = 32)	Neglect (N = 209)	Custodial interference (N = 44)
Perpetrator					
Mother (incl foster)	22	45	0	53	66
Father (incl foster)	36	34	54	45	29
Step mother	0	1	2	0	2
Step father	4	2	4	3	0
Female live in relative (incl adult sister)	8	2	0	1	2
Male live in relative (incl adult brother)	14	4	20	1	0
Female live out relative	5	2	2	1	1
Male live out relative	3	7	12	3	0
Female mentor and relative unspecified	2	4	0	0	0
Male mentor and relative unspecified	6	0	8	2	0
Perpetrator gender					
Male	63	47	96	50	29
Female	37	53	4	54	71
Weapon Involved	12				3
Penetration			23		
Penetration attempt			15		
Any injury	29		34		8
Type of injury					
Small bruise, scrape, or cut (any)	21		30		4
Large bruise, major cut, black eye, or bloody nose (any)	6		0		1
Sprain, broken bone, or broken teeth (any)	1		0		0
Injury inside your body or unspecified pain (any)	2		7		2
Knocked-out or hit unconscious (any)	0		0		0
Injury unspecified (any)	1		0		0
Location					
Home	80	75	27		48
School/Daycare	2	1	0		4
Other	17	23	73		39
Afraid					
Not afraid	32	40	4	51	45
Little afraid	33	37	19	39	17
Very afraid	35	23	82	24	25
Miss school as a result	12	8	19	12	20
Got sick as a result				8	
Who knows					
Any authority (teacher, police, medical personnel or counselor)	40	28	91	32	66
Teacher	16	19	45	20	30
Police	19	3	77	13	54
Medical treatment	5		32		18
Counselor involved	29	17	71	13	13
Attempt to permanently deny access					54

episodes, mostly categorized as a small bruise, scrape, or cut. Thirty-five percent of victims were “very afraid” in an episode. Still 32% described being “not afraid” in the past year episode.

At least one authority was aware of the past year abuse in 40% of episodes, teachers in 16%, police in 19%, a medical professional in 5%, and a counselor of some sort in 29%.

### Emotional abuse

The percent of the sample reporting emotional abuse in the past year was 5.6% (Table 1), while the lifetime rate for the sample was 10.3%. These episodes all were reported in response to a question: “Did you/your child get scared or feel really bad because grown-ups in their/your life called this child/you names, said mean things to this child/you, or said they didn’t want this child/you?” The rates were considerably higher for children ages 14–17 (11.7%), more than double any other age category. Rates were higher for girls than boys (6.7% vs. 4.5%). Rates were lower in homes with two biological parents (4.3%) than in other household compositions. Mothers were implicated as the perpetrators for 45% of the past year emotional abuse (Table 2), fathers in 34%, but overall the gender of perpetrators was close to equivalent at 53% female to 47% male.

Levels of fear in past year experiences were lower than for physical abuse with 23% characterized as “very afraid” and 40% as “not afraid.” Overall authorities knew about 28% of the episodes, including teachers 19%, police 3%, and counselors 17%.

### Sexual abuse

Sexual abuse by a caregiver was reported infrequently, at a rate of 0.1% for the past year for all children and for females alone at 0.3% for the past year. For lifetime, the rate was 0.7% for the whole sample and 1.0% for females. Because of the small number of cases, the breakdown on episode dynamics (Table 2) is provided for the lifetime cases ( $n = 32$ ) rather than the past year cases, as in the other abuse categories.

Most of the caregiver sexual abuse was reported in response to the question, “Did a grown-up in your/your child’s life touch their/your private parts when they shouldn’t have or make this child/you touch their private parts? Or did a grown-up in your/your child’s life force this child/you to have sex?”

Of those who described sexual abuse as happening over their lifetime, more than 60% said it happened more than once. Children living in “other” household arrangements (e.g., relative, foster home, living with friend) had higher rates of sexual abuse relative to their peers living with one or both biological parents or a stepparent.

Fathers were responsible for 54% of this sexual abuse (Table 2), male live-in relatives for 20%, and male live-out relatives for 12%. Males were 96% of the perpetrators. Penetration occurred to 23% of the sexually abused children, and it was attempted with 15% of them. Among children who experienced at least one type of sexual abuse, 34% reported an injury as a result. In contrast to other types of maltreatment, the sexual abuse occurred mostly (73%) outside the home. This form of abuse also engendered the largest amount of fear, with 82% endorsing very afraid and only 4% not afraid. This abuse was also the most likely to be known to authorities (91%), by police (77%), teachers (45%), and medical professional (32%).

### Neglect

Neglect was reported for 4.7% of the children in the past year and 11.6% over the lifetime (Table 1). Contributions to this rate came from all the neglect screeners including the ones about parental drinking and drug use, being left alone, living in a broken down home, unsafe or unhealthy conditions, allowing unsafe people to be around and lack of personal hygiene care. Of those who reported some lifetime exposure, 73% said it had happened more than once. Children in two (biological) parent homes had the lowest rate of neglect. Hispanic children were less likely to experience neglect, as were children with higher SES ( $p < .10$ ).

Those responsible for neglect in the past year were almost exclusively parents (Table 2). Mothers were cited in 53% of cases and fathers in 45%. In terms of impact, 24% of child victims were very afraid, and 8% got sick. Someone in authority knew about the past year neglect episodes in 32% of cases, teachers in 20%, police in 13%, and a counselor in 13%.

### Custodial interference

Children experienced custodial interference at a rate of 1.2% in the past year and 4.8% over their lifetime (Table 1). Most (1.1% for past year) came into the sample in response to the question: “Sometimes a family fights over where a child should live. At any time in their/your life did a parent take, keep, or hide this child/you to stop this child/you from being with another parent?” However, there were 0.2% that came in under a question asking about kidnapping by a caregiver.

As with physical abuse, emotional abuse, sexual abuse and neglect, children living with both biological parents had the lowest rate of custodial interference. Mothers were cited as those responsible for the interference in 66% of the past year episodes (Table 2), and in general, females were cited as responsible more than males (71–vs. 29%).

In terms of impact, 25% of child victims were very afraid, and 20% missed school as a result.

Authorities knew about a considerable portion of the past year episodes (66%), with teachers knowing about 30%, police about 54%, medical professionals about 18%, and a counselor about 13%.

### Multiple maltreatment

Overall, 12.1% of the sample experienced at least one of these forms of maltreatment in the past year. Twenty-three percent of the maltreated children, or 2.8% of the full sample, experienced two or more types of maltreatment. Five percent of maltreated children, or .6% of the sample, experienced three or more types. Having any type of maltreatment increased the risk of having another type, and the risk ratios were quite high. For example, experiencing past year physical abuse made it 7 times more likely to have also experienced emotional abuse (95% CI [4.5, 9.2]), 4 times more likely to experience neglect (95% CI [2.8, 6.7]), and 4 times more likely to experience custodial interference (95% CI [1.4, 9.2]). (The risks involving sexual abuse were unstable and difficult to calculate because of the small number of past year episodes.)

### Respondent bias

To address the question of whether caregivers might withhold disclosures of maltreatment, we compared the rates for the oldest children to have a caregiver report of their experiences, 8–9 year olds, to the youngest group reporting on their own experiences, 10–11 year olds (Table 3). Rates were very comparable from both sources with the exception of neglect, for which youth reported more than caregivers for past year but not lifetime experiences. The discrepancy for neglect was created by two of the questions: juveniles were more likely than caregivers to endorse items “having to go looking for a

**Table 3**  
Comparison of caregiver reports for 8–9 year olds and youth reports for 10–11 year olds.

Maltreatment type	Past year, %		Ever, %	
	Caregiver Ages 8–9	Youth Ages 10–11 <sup>a,b</sup>	Caregiver Ages 8–9	Youth Ages 10–11 <sup>a,b</sup>
Any physical abuse	3.5	3.4	6.9	5.8
Any psychological abuse	3.7	3.0	9.9	6.4
Any sexual abuse	0.3	0.0	0.3	0.6
Any neglect	2.2	6.5*	9.2	11.7
Any custodial interference	2.5	0.3**	5.2	1.4**

\*  $p < .05$ .

\*\*  $p < .01$ .

<sup>a</sup> All percentages are weighted.

<sup>b</sup>  $\chi^2$  analyses were used to determine if differences were significant across age groupings.

parent because the parent left you alone, or with brothers and sisters, and you didn't know where the parent was" and having "had people over at the house who you were afraid to be around." In regard to custodial interference, caregivers reported considerably more than did youth themselves, but this could be because this form of maltreatment is more common among younger children (Hammer, Finkelhor, & Sedlak, 2002).

#### Other child maltreatment epidemiological studies

To assess the validity of the rates from this survey, it was useful to compare them to other available epidemiological studies about child maltreatment (Table 4). Two other household survey studies of maltreatment, both involving parent interviews alone, have reported single year prevalence. One was for a representative sample in North and South Carolina (Theodore et al., 2005) and the other for a national sample recruited by the Gallup organization (Straus et al., 1998). There are also two other sources of past year prevalence, but these studies utilize agency data. One is the NIS, based on cases known to community professionals, and the other is the NCANDS, which reports rates based on cases substantiated by child protection agencies.

There is variability in the inclusion criteria for perpetrators across these surveys. The Gallup poll was the most restrictive and included only victimizations perpetrated by the caregiver respondent for physical abuse, emotional abuse, and neglect. For sexual abuse any perpetration by an adult or older child were included in both the Gallup and Carolinas surveys. The Carolinas study included perpetration by the female respondent and her partner/spouse for the physical abuse measure. The NIS and NCANDS included victimizations perpetrated by a parent, adult caregiver (NCANDS) or adult in charge of caring for the child (NIS). The NIS and NCANDS inclusion criteria were consistent with the NatSCEV criteria for perpetrators (see measures section for details).

This study's (NatSCEV's) estimate of physical abuse (4%) was quite similar to and within the confidence intervals of the estimates from the other two household surveys: 4.9% (Straus et al., 1998) and 4.3% (Theodore et al., 2005). NatSCEV's rate

**Table 4**  
NatSCEV past year (PY) maltreatment rates compared to other recent epidemiologic studies.

Type of data	Weighted % [95% CI]					
	Caregiver and/or youth report				Agency	
Data source	NatSCEV-total	Gallup PY	Carolinas Survey PY <sup>b,f</sup>	NatSCEV-known to authorities	NIS4	NCANDS <sup>f</sup>
Maltreatment type						
Physical abuse	4.0 [3.2–4.9]	4.9 <sup>b</sup> [3.6–6.7]	4.3 <sup>e</sup>	1.6 [1.1–2.3]	0.7 [0.6–0.8]	0.2
Emotional abuse	5.6 [4.7–6.6]	19.1 <sup>d</sup> [16.7–21.9]	–	1.6 [1.1–2.3]	0.4 [0.3–0.5]	0.1
Sexual abuse	2.2 <sup>a</sup> [1.6–3.0]	1.9 <sup>c</sup> [1.1–3.1]	1.1 <sup>c</sup>	0.1 [0.4–0.3]	0.2 [0.2–0.3]	0.1
Neglect	4.7 [4.0–5.7]	27.0 [24.0–30.0]	–	1.5 [1.1–2.1]	1.6 <sup>e</sup> [1.3–1.9]	0.7

Note. NatSCEV data and Gallup data were analyzed by authors. The Carolinas Survey data was published in Theodore et al. (2005), the NIS4 data was published in Sedlak et al. (2010) and the NCANDS data is from the 2011 Child Maltreatment report (Children's Bureau, 2013). Carolinas survey did not report emotional abuse or neglect estimates.

<sup>a</sup> Reflects past year sexual abuse by caregiver or non-caregiver to be consistent with Gallup and the Carolinas study definitions.

<sup>b</sup> Measured using the Parent/child version of the Conflict Tactics Scale.

<sup>c</sup> The Gallup and Carolinas study include perpetration by any adult or older child.

<sup>d</sup> Emotional abuse is measured in the Gallup poll using two measures: threatened to kick out of house and name calling.

<sup>e</sup> This calculation includes only physical neglect in the calculation of neglect and maltreatment.

<sup>f</sup> Confidence interval estimates were calculated by author and do not incorporate weights.

of physical abuse known to professionals was 1.6%, which was higher than the rates from the NIS professional study (0.7%) and the NCANDS estimate based on child protection agencies (0.2%). The NatSCEV's rate of physical abuse limited to cases known to professionals *and* involving an injury (0.7%; 95% CI [0.4%, 1.0%]) was more in line with NIS and NCANDS. The higher rate for NatSCEV of cases known to professionals makes sense in that a count starting from household survey would presumably include cases known to professionals who might not have been within the scope of the NIS methodology, and it should certainly be greater in scope than those cases substantiated by child protection officials. The convergence here suggests physical abuse, even cases disclosed to professionals, can be validly measured with a household survey.

The estimate of emotional abuse in the NatSCEV was 5.6% based on a single screener asking about "getting scared or feeling really bad because grown-ups in their/your life called this child/you names, said mean things to this child/you, or said they did not want this child/you." This NatSCEV estimate was considerably lower than the 19% from the Gallup parent survey (Straus et al., 1998). However, the Gallup question about emotional abuse was very broad in that it asked about any name calling without specifying that it left the child feeling scared or really bad. By contrast, the NatSCEV rate of emotional abuse known to a professional was 1.6%, larger than the emotional abuse rate reported by the NIS (0.4%) and NCANDS (0.1%). The level of severity of emotional abuse required to be counted by NIS and NCANDS, however, was probably greater than what was captured in the NatSCEV. But some broad category of emotional maltreatment can be measured in a household survey of the current size. However, emotional abuse is a category that still does not have a clearly agreed upon definition (Glaser, 2002), so comparisons among studies is a challenge.

The NatSCEV yielded a quite small rate of past year sexual abuse by a caregiver (0.1%). Because the confidence interval included 0, this was not a reliable estimate and could not be used in making year-to-year comparisons of trends. The Gallup household survey by contrast had a substantially higher past year rate (1.9%), as did the Carolina survey (1.1%). Both of those surveys, however, counted episodes of sexual victimization that included non-caregivers. The rate from the current study of past year sexual abuse by caregivers plus non-caregivers was 2.2%, a rate whose confidence intervals (1.6–3.0%), overlaps the Gallup and is somewhat larger than the Carolina survey. The low rate of caregiver only past year sexual abuse known to authorities (0.1%) in the NatSCEV study was of the same magnitude as the sexual abuse rates from the NIS (0.2%) and NCANDS (0.1%). However, the overall implication is that while it may be possible to measure and track sexual abuse by all perpetrators in a household survey, it would require a very large sample to track caregiver sexual abuse specifically.

The NatSCEV's estimate of neglect, which covered supervisory neglect, hygiene neglect, and dangerous environment, yielded an estimate of 4.7%. This was not as high as the estimate from the Gallup survey of 27%. The Gallup neglect estimate, however, included 19.5% of the sample who endorsed the statement that at some time the parent "had to leave your child home alone, even when you thought some adult should be with him/her," a very common phenomenon in modern life that seems enormously broader than child maltreatment. The NatSCEV estimated that the rate of neglect known to professionals was 1.5%. This was consistent with the 1.6% estimate of physical neglect from the NIS study of professionals, and it was substantially higher than the 0.4% reported by NCANDS. Neglect, like emotional abuse, has many manifestations, is difficult to reliably define (Dubowitz et al., 2005) and may be hard to comprehensively measure in a survey with a relatively brief instrument.

The past year estimate of custodial interference in this NatSCEV study was 1.2%. The only other survey to measure a similar phenomenon was the National Incidence Study of Missing, Abducted, Runaway and Thrownaway Children (Hammer et al., 2002), also a household survey. But that study measured the narrower concept of family abduction that required an effort to hide the child, transfer the child to another state or permanently alter custodial privileges. Its estimate of 0.4% was about one third of the rate from the current study.

It was also useful to compare the present study's findings to other epidemiological studies on the question of victim age distribution (Table 5). The comparable data that are most complete come from the NIS. For physical abuse known to authorities, for example, the NatSCEV's age rates are conspicuously higher than NIS for the 15–17 year old category (3.0% vs. 0.6%). This higher rate for 15 to 17 year olds was also true for emotional abuse, but not for neglect.

The only comparison for custodial interference age distribution comes from NISMART2 (Hammer et al., 2002). The NISMART2 data was restricted to abductions by family members/caregivers for the comparison with NatSCEV. The age distributions were roughly equivalent, with a disproportion of cases coming from under age 6 (47% in the NatSCEV and 44% in NISMART2).

The greatly elevated rates for older teen victims of physical and emotional abuse in the current study compared to data from agencies does make sense. It is likely that direct interviewing of youth discloses much parental behavior toward older teens that is not as well captured in what is reported to agencies, perhaps in part because older teens are seen as near adults and in less need of protection.

## Discussion

This paper has made several contributions to the literature on child maltreatment. First, it has provided relatively recent past year national prevalence rates for five forms of maltreatment using a household survey methodology. These rates suggest a large scope to child maltreatment, a level that rises above the most frequently cited estimates based on cases known to professionals. The rates also provide a count that is more contemporary than many available from adult retrospective surveys.

**Table 5**  
NatSCEV rates compared to NIS rates by maltreatment type known to authorities.

Child age	NATSCEV – known to authorities <sup>a</sup>	NIS <sup>b</sup>
<b>Any physical abuse</b>		
<1–2	0.2	0.4
3–5	0.5	0.6
6–8	2.8	0.8*
9–11	1.2	0.6
12–14	1.9	0.7*
15–17	3.0	0.6*
<b>Any emotional abuse</b>		
<1–2	0.4	0.2
3–5	1.2	0.3
6–8	2.9	0.5*
9–11	0.3	0.4
12–14	1.4	0.5*
15–17	3.2	0.4*
<b>Any neglect</b>		
<1–2	1.3	1.8 <sup>c</sup>
3–5	2.0	1.5
6–8	1.1	1.9
9–11	0.8	1.6
12–14	1.9	1.3
15–17	2.0	0.9

\* 95% CI do not overlap.

<sup>a</sup> All rates reflect past year experiences. Sexual abuse was omitted because of small cell size.

<sup>b</sup> NIS are “endangerment standard” cases.

<sup>c</sup> NIS neglect rates are for physical neglect only.

Second, the study established how widespread the knowledge of maltreatment is among the professional community. Overall, one-third (34%) of the past year maltreatment was known to some authority, including 66% of the custodial interference, 40% of the physical abuse, 32% of the neglect, and 28% of the emotional abuse. (Sexual abuse which had to be aggregated over the lifetime and not the past year was known to authorities in 91% of episodes, both a reflection of the seriousness of sexual abuse and the fact that undisclosed sexual abuse was probably undisclosed to both authorities and the study.) These findings underscore how many professionals are in a position to report maltreatment and also to provide or obtain assistance for maltreated children and families, if they are properly educated and equipped.

Third, the results provide some optimism in regard to certain questions and doubts that have been raised about using population surveys to estimate child maltreatment. The household survey approach did produce sizeable single year prevalence estimates for all child maltreatment types except in the case of sexual abuse. The survey yielded enough cases to break the types down by perpetrator identity and victim age. The confidence intervals with this sample size were also small enough that a similar size survey conducted at another time should be able to detect plausible rate changes. For example, for physical abuse, with estimates of  $4.0 \pm 0.8\%$  and for neglect  $4.7 \pm 0.7\%$ , rate changes of roughly 15–20% could be confirmed at the conventional level of significance with another similarly sized survey. This is large, but not an impossible fluctuation for studying trends over a period of several years.

The one exception to the optimism about sample size was for sexual abuse by caregivers, where past year rates were too small to be estimated or tracked with samples of this size. Readers may be surprised at the very low rate of 0.1% for past year sexual abuse for all children and 0.3% for girls. One problem here is that people are used to seeing estimates of sexual abuse that are lifetime, not past year estimates, and that include non-caregivers. The total past year rate for sexual abuse and assault counting all perpetrators in this sample was 2.2% for everyone and 3.5% for females, the lifetime rate was 9.5% for all and 11.4% for females (but most of the sample had not yet completed their high risk adolescent years). The lifetime rate for 14–17 year olds nearing the end of childhood was 10.6% overall and 17.4% for females (Finkelhor et al., 2013).

In another encouraging finding, a comparison of adult and youth reports showed very little difference, which undercuts the assumption that caregivers will systematically under-report maltreatment episodes compared to what could be elicited from victims. The youth did report more neglect than did the parents, but this is likely more because they involved conditions more readily ascertained by youth than by caregivers. It is possible or even likely that both caregivers and victims under-report episodes, but some undercount is almost certainly inherent in any effort to assess child maltreatment.

Overall, the comparison of the NatSCEV household survey approach to other approaches for estimating child maltreatment does show that measurement problems remain, particular for forms other than physical abuse. One problem concerns the definition of the complex categories of emotional abuse and child neglect. These categories lack definitional clarity in the field as a whole. There is a particular lack of definitional consistency between household surveys that on the one hand need to use brief screening questions and clinical and agency data sources that on the other hand can use professional judgment in defining maltreatment.

Nonetheless, the current report does provide another important window into the epidemiology of child maltreatment and certainly supports the accumulated evidence that significant numbers of children are affected by such abuse. The existence of multiple methodologies for measuring child maltreatment, although it raises some questions, does also provide multiple confirmations of its scope and seriousness.

## Limitations

Readers do need to be aware of some limitations to the study that could undermine the validity of the findings and conclusions. There is a strong presumption in all child maltreatment research including this study that some victimization does not get disclosed to researchers, and such maltreatment may be different in many ways that would change findings. The study was also not able to interview all eligible families, and the non-respondent families may be different with respect to maltreatment in ways that would have altered results had they been included. Our measures of maltreatment are not exhaustive, and in some cases, as has been pointed out, they do not include some forms of maltreatment and differ from other measures in what has been defined as maltreatment. In addition, some of our respondents may not have been in a position to know about maltreatment that occurred; for example, youth respondents ignorant about parental custodial inference or adult respondents ignorant of abuse by a different caretaker. Our study also has very limited measures of impact or severity, which in some cases, such as neglect, can be very important in assessing the nature of the maltreatment. Limited information was obtained about the general social and family context of abuse in this analysis, although such information is available in other reports from this study. Our measures may also overstate some child maltreatment. In particular, a response that might be classified as maltreatment in a survey self-report study such as this, might not be deemed serious enough to qualify as maltreatment if assessed by a trained child welfare professional.

## Practice implications

The findings from this report are a reminder to practitioners about how widespread the experience of maltreatment is in the child population and how frequently episodes of maltreatment are known to professionals. This underlines the opportunity that professionals have to respond to maltreated children by providing assistance to prevent its reoccurrence or to mitigate its effects. It further justifies the training of all professionals who have contact with children in evidence based intervention related to child maltreatment. In addition, this methodology will be useful in monitoring trends in maltreatment.

## References

- Acierno, R., Resnick, H., Kilpatrick, D. G., & Stark-Riemer, W. (2003). Assessing elder victimization – Demonstration of a methodology. *Social Psychiatry and Psychiatric Epidemiology*, 38, 644–653. <http://dx.doi.org/10.1007/s00127-003-0686-694>
- Atrostic, B. K., Bates, N., Burt, G., & Silberstein, A. (2001). Nonresponse in U.S. government household surveys: Consistent measures, recent trends, and new insights. *Journal of Official Statistics*, 17, 209–226.
- Babbie, E. (2007). *The practice of social research* (11th ed.). Belmont, CA: Wadsworth.
- Bajos, N., Spira, A., Ducot, B., & Messia, A. (1992). Analysis of sexual behavior in France (ACSF): A comparison between two modes of investigation: Telephone survey and face-to-face survey. *AIDS*, 6, 315–323.
- Barth, J., Bermetz, L., Heim, E., Trelle, S., & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health*, 58, 469–483. <http://dx.doi.org/10.1007/s00038-012-0426-431>
- Bermack, E. (1989). Effects of telephone & face-to-face communication on rated extent of self-disclosure by female college students. *Psychological Reports*, 65, 259–267.
- Curtin, R., Presser, S., & Singer, E. (2000). The effects of response rate changes on the index of consumer sentiment. *Public Opinion Quarterly*, 64, 413–428.
- Curtin, R., Presser, S., & Singer, E. (2005). Changes in telephone survey nonresponse over the past quarter century. *Public Opinion Quarterly*, 69, 87–98.
- Czaja, R. (1987). Asking sensitive behavioral questions in telephone interviews. *International Quarterly of Community Health Education*, 8, 23–32. <http://dx.doi.org/10.2190/XT6W-31CX-TD87-E643>
- Dubowitz, H., Pitts, S. C., Litrownik, A. J., Cox, C. E., Runyan, D., & Black, M. M. (2005). Defining child neglect based on child protective services data. *Child Abuse & Neglect*, 29, 493–511. <http://dx.doi.org/10.1016/j.chiabu.2003.09.024>
- Finkelhor, D. (1984). *Child sexual abuse: New theory and research*. New York, NY: Free Press.
- Finkelhor, D., Turner, H. A., Shattuck, A. M., & Hamby, S. L. (2013). Violence, crime, and abuse exposure in a national sample of children and youth: An update. *JAMA-Pediatrics*, 167, 614–621. <http://dx.doi.org/10.1001/jamapediatrics.2013.42>
- Glaser, D. (2002). Emotional abuse and neglect (psychological maltreatment): A conceptual framework. *Child Abuse & Neglect*, 26, 697–714. [http://dx.doi.org/10.1016/S0145-2134\(02\)00342-343](http://dx.doi.org/10.1016/S0145-2134(02)00342-343)
- Groves, R. M. (2006). Nonresponse rates and nonresponse bias in household surveys. *Public Opinion Quarterly*, 70, 646–675.
- Hammer, H., Finkelhor, D., & Sedlak, A. J. (2002). Runaway/throwaway children: National estimates and characteristics. In *National incidence studies of missing, abducted, runaway and throwaway children*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Keeter, S., Kennedy, C., Dimock, M., Best, J., & Craighill, P. (2006). Gauging the impact of growing nonresponse on estimates from a national RDD telephone survey. *Public Opinion Quarterly*, 70, 759–779.
- Keeter, S., Miller, C., Kohut, A., Groves, R. M., & Presser, S. (2000). Consequences of reducing nonresponse in a national telephone survey. *Public Opinion Quarterly*, 64, 125–148.
- Kohut, A., Keeter, S., Doherty, C., Dimock, M., & Christian, L. (2012). *Assessing the representativeness of public opinion surveys*. Washington, DC: Pew Research Center.
- Marin, G., & Marin, B. (1989). A comparison of three interviewing approaches for studying sensitive topics with Hispanics. *Hispanic Journal of Behavioral Sciences*, 11, 330–340.

- McAuliffe, W. E., Geller, S., LaBrie, R., Paletz, S., & Fournier, E. (1998). Are telephone surveys suitable for studying substance abuse? Cost, administration, coverage and response rate issues. *Journal of Drug Issues*, 28, 455–481.
- Merkle, D., & Edelman, M. (2002). Nonresponse in exit polls: A comprehensive analysis. In R. M. Groves, D. A. Dillman, J. L. Eltinge, & R. J. A. Little (Eds.), *Survey nonresponse* (pp. 343–358). New York, NY: Wiley.
- Pruchno, R. A., & Hayden, J. M. (2000). Interview modality: Effects on costs and data quality in a sample of older women. *Journal of Aging and Health*, 12, 3–24.
- Sedlak, A. J., Mettenberg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth national incidence study of child abuse and neglect (NIS-4): Report to congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
- Singer, E. (2006). Introduction: Nonresponse bias in household surveys. *Public Opinion Quarterly*, 70, 637–645.
- Stoltenborgh, M., Bakermans-Kranenburg, M. J., Van Ijzendoorn, M. H., & Alink, L. R. (2013). Cultural-geographical differences in the occurrence of child physical abuse? A meta-analysis of global prevalence. *International Journal of Psychology*, 48, 81–94. <http://dx.doi.org/10.1080/00207594.2012.697165>
- Stoltenborgh, M., Van Ijzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment*, 16, 79–101. <http://dx.doi.org/10.1177/1077559511403920>
- Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (2006). *Behind closed doors: Violence in the American family*. New York, NY: Doubleday/Anchor Books (re-issued Transaction Publications, 2006 with a new forward by Richard J. Gelles and Murray A. Straus).
- Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D., & Runyan, D. K. (1998). Identification of children maltreatment with the Parent–Child Conflict Tactics Scales: Development and psychometric properties data for a national sample of American parents. *Child Abuse & Neglect*, 22, 249–270.
- Taylor, A. (2002). I'll call you back on my mobile: A critique of the telephone interview with adolescent boys. *Westminster Studies in Education*, 25(1), 19–34.
- Theodore, A. D., Chang, J. J., Runyan, D. K., Hunter, W. M., Bangdiwala, S. I., & Agans, R. (2005). Epidemiologic features of the physical and sexual maltreatment of children in the Carolinas. *Pediatrics*, 115, 331–337.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, & Youth and Families. (2013). *Child Maltreatment*. Retrieved from <http://www.acf.hhs.gov>
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, & Children's Bureau. (2012). *Child Maltreatment 2011*. Retrieved from <http://www.acf.hhs.gov>
- Weeks, M. F., Kulka, R. A., Lessler, J. T., & Whitmore, R. W. (1983). Personal versus telephone surveys from collecting household health data at the local level. *American Journal of Public Health*, 73, 1389–1394.

## Appendix A.

### Physical Abuse by caregiver

- M1. Not including spanking on his/her your bottom, at any time in your child's/your life did a grown-up in their/your life hit, beat, kick, or physically hurt this child/you in any way?
- C4. Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. At any time in their/your life did anyone hit or attack this child/you on purpose with an object or weapon?
- C5. At any time in their/your life, did anyone hit or attack this child/you WITHOUT using an object or weapon?
- C6. At any time in their/your life, did someone start to attack this child/you, but for some reason, it didn't happen? For example, someone helped this child/you or this child/you got away?
- C9. At any time in their/your life, (has your child/you) been hit or attacked because of their/your skin color, religion, or where their/your family comes from? Because of a physical problem? Or because someone said they're/you're gay?
- P2. At any time in their/your life, did any kid, even a brother or sister, hit this child/you?
- P3. At any time in their/your life, did any kids try to hurt their/your private parts on purpose by hitting or kicking this child/you there?
- A1. Not counting the things I've already asked you about, has any grown-up ever hit or attack this child/you?
- A2. Not counting the things I've already asked you about, were you/your child ever hurt because someone hit or attacked this child/you on purpose?

### Emotional Abuse by caregiver

- M2. At any time in their/your life, did this child/you get scared or feel really bad because grown-ups in their/your life called this child/you names, said mean things to this child/you, or said they didn't want this child/you?

### Sexual Abuse by caregiver

- S1. At any time in their/your life, did a GROWN-UP (your child knows/you know) child touch their/your private parts when they shouldn't have or make this child/you touch their private parts? Or did a GROWN-UP (your child knows/you know) child force this child/you to have sex?
- S2. At any time in their/your life, did a grown-up this child/you did NOT know touch their/your private parts when they shouldn't have, make this child/you touch their private parts or force this child/you to have sex?
- S3. Now think about other kids, like from school, a boy friend or girl friend, or even a brother or sister. At any time in their/your life, did another child or teen make this child/you do sexual things?
- S4. At any time in their/your life, did anyone TRY to force this child/you to have sex, that is sexual intercourse of any kind, even if it didn't happen?

### Neglect by caregiver

M3. At any time in (your child's/your) life, (was your child/were you) neglected?

M5. Was there a time in (your child's/your) life that (your child/you) often had to look after (your/his/herself) because a parent drank too much alcohol, took drugs, or wouldn't get out of bed.

M6. Was there a time in (your child's/your) life when (your child/you) often had to go looking for a parent because the parent left (your child/you) alone, or with brothers and sisters, and (your child/you) didn't know where the parent was.

M7. Was there a time in (your child's/your) life when (his/her/your) parents often have had people over at the house who (your child was/you were) afraid to be around.

M8. Was there a time in (your child's/your) life when (you/he/she) lived in a home that was broken down, unsafe, or unhealthy? For example, it had broken stairs, toilets or sinks that didn't work, trash piled up, and things like that.

M9. Was there a time in (your child's/your) life when (his/her/your) parents did not care if (you were/he was/she was) clean, wore clean clothes, or brushed (your/his/her) teeth and hair?

### Custodial Interference by caregiver

M4. Sometimes a family fights over where a child should live. At any time in their/your life did a parent take, keep, or hide this child/you to stop this child/you from being with another parent?

C8. At any time in their/your life, has anyone ever tried to kidnap this child/you?

*Note:* Letters and numbers indicate screener number and are listed in the methods section corresponding to maltreatment aggregates.

**Appendix B.**

For questions with no response categories listed, the possible responses are: Yes, No, Not Sure, Refused.

*M- All Maltreatment screeners*

*P- Physical Abuse screeners*

*E- Emotional Abuse screeners*

*S- Sexual Abuse screeners*

*N- Neglect screeners*

*C- Custodial Interference screeners*

How many times did this happen to (your child/you) in (his/her/your) whole life? <sup>M</sup> \_\_\_\_\_ times

(Was your child/Were you) physically hurt when this happened?<sup>P,S,C</sup>

“Hurt means you could still feel pain in your body the next day. You are also hurt when you have a bruise, a cut that bleeds, or a broken bone.”

What kind of an injury was it? <sup>P,S,C</sup>

Small bruise, scrape, or cut

Large bruise, major cut, black eye, or bloody nose

Sprain, broken bone, or broken teeth

Injury inside your body

Knocked-out or hit unconscious

Felt other pain that lasted until next day

Other (specify): \_\_\_\_\_

(VOL) Not sure

(VOL) Refused

Did (your child/you) go to the hospital, a doctor’s office, or some kind of health clinic because of what happened?<sup>P,S,C</sup>

Who did this? <sup>M</sup>

Brother, sister, or other child who lives with (your child/you) (cousin, foster sibling, etc.)

Biological or adoptive father

Step-father or live-in boyfriend

Biological or adoptive mother

Step-mother or live-in girlfriend

Foster parent

A relative who lives in (your child’s/your) home (uncle, grandparent, etc.)

A relative who does not live with (your child/you)

A parent’s boyfriend, girlfriend, date, or ex-boyfriend or girlfriend who does not live with (you/your child).

Grown-up (your child/you) know(s) from some organization, such as a teacher, coach, or youth group leader

Anyone else (your child/you) know(s) such as a friend or neighbor or schoolmate

Stranger (a stranger is someone (your child/you) doesn’t know)

Boyfriend/girlfriend, or ex-boyfriend/ex-girlfriend  
 Other \_\_\_\_\_ (*write in who it was*)  
 Not sure  
 Refused

Was this person a man, woman, boy, or girl? <sup>M</sup>

Man  
 Woman  
 Boy  
 Girl  
 (VOL) Not sure  
 (VOL) Refused

Where (was your child/were you) when this happened? <sup>P,E,S,C</sup>

At or near home  
 At school (inside, in school yard, or on bus) [HIDE FOR 0-4 YEAR OLDS]  
 At daycare or an after school program [HIDE FOR 12+ YEAR OLDS]  
 Somewhere else  
 Not sure  
 Refused

Thinking back to when it happened, how afraid did (your child/you) feel? Would you say (your child/you) felt ...<sup>M</sup>

Not at all afraid  
 A little afraid  
 Very afraid  
 Not sure  
 Refused

Did (your child/you) miss any days of school, or (was/were) (your child/you) unable to complete your schoolwork, because of what happened?<sup>M</sup>

Do any of these people know about what happened?<sup>M</sup>

A parent (or ANOTHER parent if one parent did this)  
 A teacher, counselor, or other adult at (your child's/your) school or daycare  
 A police officer or some other law official

Did (your child/you) talk with someone other than friends or family about what happened — — someone like a counselor or minister who tried to help (your child/you) deal with it?<sup>M</sup>

Counselor, psychologist, social worker, therapist of any type  
 Minister or clergy of any type  
 Other professional  
 None of these  
 Not sure  
 Refused

Did the person who did this use any of these? <sup>P,C</sup>

Gun

Knife

Stick, rock, bottle, or tool such as a hammer

Other (Specify \_\_\_\_\_)

No weapon used

Not sure

Refused

(Was your child/were you) actually kidnapped or did (**he/she** /you) get away before it happened?<sup>C</sup>

Kidnapped

Got away (*This includes with any help*)

Did (your child/you) get sick when this happened?<sup>N</sup>

Did this person take, keep, or hide (your child/you) to try to keep (your child/you) from ever living with this other parent?<sup>C</sup>

Did this person(s) put any part of her/his body inside (your child/you)?<sup>S</sup>

Did this person (these persons) try to do that [referring to aa]?<sup>S</sup>

When this (last) happened did someone actually use physical force by pushing, grabbing, hitting or threatening (your child/you) with a weapon?<sup>S</sup>