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National Child Maltreatment Response and Foster Care Entries: 2005-2010

Zeinab Chahine
Graduate Center, City University of New York

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NATIONAL CHILD MALTREATMENT RESPONSE AND FOSTER CARE ENTRIES:

2005-2010

by

Zeinab Chahine

A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

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This manuscript has been read and accepted for the Graduate Faculty in Social Welfare in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

2/11/2014  Professor Irwin Epstein

Date  Chair of Examining Committee

2/11/2014  Professor Harriet Goodman

Date  Executive Officer

Professor Gerald P. Mallon

Professor Willie Tolliver

Professor Mark Testa

Supervision Committee

THE CITY UNIVERSITY OF NEW YORK
Abstract

NATIONAL CHILD MALTREATMENT RESPONSE AND FOSTER CARE ENTRIES:

2005-2010

by

Zeinab Chahine

Advisor: Professor Irwin Epstein

This study involves secondary analysis of the national administrative data contained in two major federal child maltreatment and foster care data systems, the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS) for 2005 to 2010. The study examines the data related to screening in and determination of maltreatment reports (child maltreatment response), as well as the provision of services to children referred for maltreatment from 2005 to 2010. The purpose is to determine how the child welfare services/child protective services systems (CWS/CPS)’ responses to child maltreatment contributed to the 17% decline in foster care entries from 2005 to 2010.

Consistent with one of the underlying study hypotheses, some evidence shows shifts in CWS/CPS systems’ responses to child maltreatment toward increased family engagement. The findings indicate that despite the increase in numbers of children screened in for maltreatment nationally, substantiation for all types of maltreatment (especially neglect, and physical and sexual abuse), declined. At the same time, unsubstantiated findings and assignment to
differential or alternative response increased from 2005 to 2010. Consistent with the decline in substantiation, post investigation services or post response services (including foster care) also declined. The decrease in the percentage of children who received post investigation foster-care services was commensurate with the percentage decrease in substantiation of maltreatment, while the percentage decrease in “other” post investigation services, which includes home-based services, was much less than the reduction in foster care services.

Although changes in child-maltreatment data trends are observed for the entire population of children involved with the CWS/CPS system from 2005 to 2010, there are variations based on the demographic characteristics of children. The study indicates a substantial decrease in disproportionality of Black or African American, American Indian or Alaska Native, and Native Hawaiian/Other Pacific Islander children in the child welfare system, although these groups continued to be overrepresented. Correlatively, Hispanic/Latino children increased as a proportion of the total population involved in child welfare, although they continued to be slightly underrepresented. In addition, there was a large increase in Hispanic/Latino children with unsubstantiated findings who received “other” post investigation services. The increase in the proportion of Hispanic/Latino children and the decrease for other racial ethnic groups, especially Black or African American and White children, contributed to most of the observed reduction in the foster care entries between 2005 and 2010.

There is some evidence of CWS/CPS’ increased targeting of services, including foster care, to younger children and older adolescents from 2005 to 2010, with some exceptions for children under 1 year of age. Compared to older children, children 0 to 4 accounted for a much higher proportion of the total children provided CPS responses and services in 2010 than they did in 2005. The decline in post investigation services, including foster care, was lowest for
children 1 to 4 years of age and highest for children under 1 year of age and for children 11 to 15 years of age. Children under 1 year of age continue to be highly overrepresented despite the decrease. The decrease in the number of children 11 to 15 years of age placed due to behavioral reasons was one of the other major contributors to the decline in foster care population from 2005 to 2010. Possible explanations for all of these trends and implications for child welfare policy and research are offered.
ACKNOWLEDGMENTS

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I thank Casey Family Programs for embracing and supporting my efforts. This work would not have been possible without the incredible support I received from many colleagues.

Special thanks to my parents for their strength, compassion, and generosity. These values guide how I live my life. I am thankful to my family for their support and to my granddaughter, nieces, and nephews who inspire me every day and drive my passion to dedicate my life to the safety and well-being of children.

Finally, I am forever grateful to the special people in my life, my guardian angels, for all their love and support!
DATA SOURCES ACKNOWLEDGEMENT

The data used in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. Data from the National Child Abuse and Neglect Data System (NCANDS) Child File, FFY2005-2010 and data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) were originally collected by the Children’s Bureau. The Children’s Bureau, Administration on Children, Youth, and Families, Administration for Children and Families, U.S. Department of Health and Human Services funds the National Data Archive on Child Abuse and Neglect. The collector of the original data, the funder, the Archive, Cornell University, and their agents or employees bear no responsibility for the analyses or interpretations presented here. The information and opinions expressed reflect solely the opinions of the author.
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CHAPTER 1: CHILD MALTREATMENT AND FOSTER CARE SERVICES IN THE UNITED STATES

Scope of the Problem

According to the U.S. Department of Health and Human Services (U.S. DHHS), child welfare service\(^1\) (CWS)/child protection service\(^2\) (CPS) agencies receive an estimated 3.3 to 3.4 million child abuse and neglect referrals,\(^3\) involving approximately 6.2 million children, each year\(^4\) (U.S. DHHS, 2011a; U.S. DHHS, 2009b). The physical, psychosocial, emotional, and developmental impact of child maltreatment is significant, and so is the economic burden on society. The total lifetime financial costs associated with child maltreatment in the United States are estimated to be approximately $124 billion a year. These costs of child maltreatment are comparable to that of other major health conditions such as stroke and Type 2 diabetes (Fang, Brown, Florence, & Mercy, 2012). States spent at least $29.4 billion in federal, state, and local funds for child welfare purposes in state fiscal year (SFY) 2010. In 2005, over half a million children were in foster care.\(^5\) Although the number of children in foster care decreased to around 400,000 by 2010 (U.S. DHHS, 2012), states spent nearly $3.6 billion in Title IV-E foster care funds in SFY 2010 (DeVooght, Fletcher, Vaughn, & Cooper, 2012). Title IV-E of the Social Security Act is the major open-ended entitlement federal funding stream for child welfare services. This source of funding primarily provides for foster care, adoption, and child protection (U.S. Government Accountability Office [GAO], 2011; Voices for America’s Children, 2009).

The National Data Archive on Child Abuse and Neglect (NCANDS) reported that child fatalities due to child abuse and neglect fluctuated in recent years. Nationally, an estimated 1,560 children died from abuse and neglect in Federal Fiscal Year (FFY) 2010 compared with
1,750 for FFY 2009 (U.S. DHHS, 2010). The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4), using a different methodology of nationally representative sampling from 122 counties and multiple sources of information, estimated 2,400 child deaths from maltreatment. A 2011 GAO report concluded, “More children have likely died from maltreatment than are counted in NCANDS.” States face multiple difficulties in determining whether a child’s death is caused by maltreatment, as well as in collecting and reporting consistent data (GAO, 2011). Many researchers and practitioners agree that child fatalities due to abuse and neglect are underreported. Studies in Colorado and North Carolina have estimated that as many as 50 to 60% of child deaths resulting from abuse or neglect are not recorded as such (Crume, DiGuiseppi, Byers, Sirotnak, & Garrett, 2002; Herman-Giddens et al., 1999).

According to the U.S. DHHS, an increase in the reported number of child fatalities may at times be due, “in part, to new state legislation, new procedures, and improved state reporting practices” (GAO, 2011).

Fatalities are most frequent among younger children. Children 4 years of age and younger make up 75.7% of all fatalities; while, children younger than 1 year of age account for 42.2%. The GAO analyzed 2009 NCANDS data and found that 16% of perpetrators of fatal child maltreatment had a prior maltreatment incident (GAO, 2011).

The youngest children (under age 4) constitute the largest group (34%) of substantiated nonfatal maltreatment cases as well. Children under 1 year of age have the highest rate of substantiated maltreatment (21.2 per 1,000 children) and account for 12.5% of all victims of child maltreatment (U.S. DHHS, 2012). In addition, children up to age 6 and youth ages 16 to 18 make up an increasing proportion of children in foster care (U.S. DHHS, 2009b). The mean age for children entering care decreased from 8.2 years in 2005 to 7.7 years in 2010. The median
The vast majority (78.5%) of maltreated children are victims of neglect (U.S. DHHS, 2011a), and more than two thirds of children entering foster care were removed from their homes due to neglect (U.S. DHHS, 2007c). A number of factors are associated with neglect, such as severe poverty, single parent households, and low parental educational achievement (Wilson, 2010). Researchers have identified substance abuse, mental illness, domestic violence, poverty, and child conduct problems as the most common risk factors that contribute to child maltreatment (Barth, 2009).

While child abuse occurs in all socioeconomic ranks, it has the hardest impact on children in the poorest families (American Humane Association, 2005; Berg & Kelly, 2000), especially families of color. Poor children experienced some type of maltreatment at more than five times the rates of children from higher socioeconomic levels (Sedlak et al., 2010). Race/ethnicity has been closely tied to both socioeconomic status and child maltreatment risk. While poverty has been demonstrated to be a major contributor to both disproportionality and disparities, it does not explain fully the experiences of families of color in the child welfare system (Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013).

The highest rates of child maltreatment victimization per 1,000 children in the population in 2010 of the same race or ethnicity were Blacks or African Americans at 14.3, American Indian or Alaska Natives at 11.4, and multiple-race children at 10.1. The rates were much lower for Whites (8.1), Hispanics (8.6), and Asians (1.9) (U.S. DHHS, 2011a). A report to Congress by DHHS in 2009 indicated that there were many states where a disproportionate representation was found for Blacks or African Americans (22 states), American Indian or
Alaska Natives (14 states), and Hispanics (4 states) among victims of child abuse and neglect. Additionally, disproportionate representation was found for Black or African American children (32 states), Alaska Native/American Indian children (13 states), and Hispanic children (6 states) entering foster care (U.S. DHHS, 2009c). Nationally, although Black or African American children made up less than 15% of the overall child population in the 2000 Census, they represented 26% of the children who entered foster care during FFY 2006 and 32% of the children remaining in foster care at the end of that year (Hill, 2007). Although the numbers of Blacks or African Americans in foster care have decreased in recent years, these children continue to be overrepresented (Casey Family Programs, 2009b). In 2010, of the total children in foster care, Black or African American children accounted for 29%, White children accounted for 45%, and Hispanic/Latino children accounted for 21% (U.S. DHHS, 2012). One of the paradoxes is that Hispanic/Latino children are not overrepresented nationally in the foster care system, but they are overrepresented in a number of states. Given that Hispanics/Latinos are not homogenous, research is building regarding the experience of various Hispanic/Latino groups, especially immigrant Latino children, who appear to be underrepresented among children who come in contact with child welfare services (Dettlaff & Johnson, 2011).

Foster care is the provision of time-limited, substitute family care for children who cannot be kept safe or cared for adequately by their own parents in their own homes. Although many children spend long periods of time in out-of-home care until they are adopted or age out of foster care, others are reunified following provision of services to the child’s biological parents or guardians to mitigate the issues that resulted in the out-of-home placement of the child (Maluccio, Fein, & Olmstead, 1986).
Although most children who enter foster care do so as a result of a substantiated maltreatment report, some enter out-of-home care due to other reasons. Those reasons include incarceration of a parent, voluntary placement by a parent unable to provide adequate care, or death of a parent/caregiver. In addition, some children (especially older ones) enter out-of-home care due to their behavioral problems (truancy, running away, and juvenile offenses) and the inability of their parents to deal with these issues.

There are two basic types of family foster care: kinship foster care\textsuperscript{12} and nonrelative foster care.\textsuperscript{13} In kinship foster care placements, the foster parents are relatives of the children through blood or a close family relationship. In nonrelative foster care placements, the foster parents are not relatives of the children and typically have no prior relationship with the children in their care. According to a report by the Annie E. Casey Foundation issued in 2012, there are 2.7 million children who are cared for by extended family members or close family friends, an increase of almost 18\% over a decade ago. Most of these children are cared for by kin through private arrangements. However, over 100,000—one-fourth of the children in out-of-home care—were formally placed with kin through the public child welfare system (Annie E. Casey Foundation, 2012).

Although state-sanctioned, reimbursed foster care was traditionally provided by individuals unrelated to the child (McGowan, 2005), a number of ethnic minority groups in the United States have maintained a tradition of relatives informally caring for their children (Strozier, Elrod, Beiler, Smith, & Carter, 2004). The Black or African American culture has a long history of caring for children in family-sanctioned kinship settings (Billingsley & Giovannoni, 1972; Boyd-Franklin, 1989; Scannapieco & Jackson, 1996). Similarly, in Latino families, godparents play important roles in child rearing, even though they are often not
relatives by blood or marriage (McGoldrick, Giordano, & Garcia-Preto, 1982; Sena-Rivera, 1979).

**Foster Care Trends and Concerns over Safety of Maltreated Children**

After many years of an upward trend, the foster care population in the United States began to decline. According to the U.S. DHHS, the point-in-time number of children in foster care as of September 30\(^{14}\) each year decreased by 24% between 2002 and 2012, from 524,000 children to 400,000 children. The average number of children served during each of these years decreased from 800,000 to 641,000. The point-in-time number of children in foster care at the end of the FFY and the total number of children are determined by the number who enter and exit during the year. The most dramatic decline (over 20%) occurred between FFY 2005, when the population was over 500,000, and FFY 2010, when the foster care population reached around 400,000. A close examination of the data during the past decade shows that the number of children who entered care remained fairly consistent, at around 300,000, from 2002 to 2006. Yet, the point-in-time number of children in foster care dropped from around 524,000 to 511,000, and the total number of children served—although it fluctuated slightly—remained consistent at around 800,000 from 2002 to 2006 (U.S. DHHS, 2006b).

However, the decrease in foster care numbers accelerated between 2005 and 2010, when the number of children entering foster care (both at the end of the FFY and the total served) began to decline. The entries decreased by 16.9%, from over 307,000 children in 2005 to 255,000 children in 2010. The decrease in entries contributed to a dramatic decrease in the number of children in care at the end of each FFY from 2005 to 2010 and in the total number of children served during each of these years. The point-in-time foster care population decreased by 20.7%, from 511,000 children in 2005 to 405,000 children in 2010 (see Table 1). According
to the U.S. DHHS, children up to age 6 and youth ages 16 to 18 make up an increasing proportion of children in care (U.S. DHHS, 2009b). The mean age for children entering care decreased from 8.2 years in 2005 to 7.7 years in 2010. The median age decreased from 7.7 in 2005 to 6.7 in 2010 (U.S. DHHS, 2006b, U.S. DHHS, 2011a).

Table 1

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<td>524,000</td>
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<td>488,000</td>
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<td>787,000</td>
<td>797,000</td>
<td>783,000</td>
<td>783,000</td>
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*Note: Data obtained from AFCARS data, U.S. Administration for Children, Youth and Families, U.S. Children's Bureau. Based on data submitted by states as of July 19, 2012.*

While it is not clear what contributed to the decrease in the number of children in foster care, several states have made deliberate efforts, through various programmatic and policy initiatives, to safely reduce the number of children in care (U.S. DHHS, 2007b). From 2002 to 2009, 30 states (plus the District of Columbia and Puerto Rico) had a reduction in the number of children entering care (Samuels, 2011a). According to the U.S. Administration for Children, Youth, and Families, 38 states, the District of Columbia, and Puerto Rico experienced a reduction in their foster care population between 2002 and 2011 (Samuels, 2013).

Advocates who support efforts to safely reduce the foster care population contend that many children can be maintained safely at home if the right interventions and services are available to address the conditions that have an impact on vulnerable families (Freundlich, 2010). They argue that there is little evidence to support the view that children are safer as a result of the huge numbers of children separated from their families and placed into foster care (Ellett & Leighninger, 2007; Schene, 1998).
The literature review conducted for this study showed that the CWS/CPS systems have increasingly implemented home-based and community-based child maltreatment prevention strategies. These policy and practice initiatives target the engagement and involvement of families and increase investment in community prevention and family support. Jurisdictions have increasingly instituted evidence-based\textsuperscript{15} and evidence-informed programs targeting early intervention and prevention. Programs such as differential response and family team meetings have been used to engage families more effectively in needed services. In testimony before the House Committee on Ways and Means Subcommittee on Human Resources, on June 16, 2011, Bryan Samuels, commissioner of the Administration on Children, Youth, and Families, attributed the foster care reduction trend both to improved permanency outcomes for children in foster care and to increased support for at-risk families in order to prevent entry of children into foster care (Samuels, 2011b). Federal sources attributed the reduction in the foster care population to significant efforts by states “to safely reduce the number of children in care through various programmatic and policy initiatives” (U.S. DHHS, 2009b, p. 7). In addition, according to a report issued by the National Conference of State Legislatures, states and localities have “safely reduced their foster care populations by implementing a range of evidence-based, promising, and other practices” (Freundlich, 2010, p. 12).

Several national organizations are supporting efforts to safely reduce the foster care population. In 2005, Casey Family Programs, the largest national operating foundation dedicated to foster care improvements, outlined a vision for safely reducing the foster care population in this country by 50% by the year 2020 (Casey Family Programs, 2007). Casey Family Programs works in states and jurisdictions to support efforts to prevent unnecessary
removals and to expedite exits from foster care to permanent families (Casey Family Programs, 2009c).

Casey Family Programs compiled a report based on interviews with child welfare leaders from Allegheny County, Pennsylvania; Utah; Illinois; and New York City in order to identify major themes from those who led large reductions in out-of-home care populations. These jurisdiction leaders attributed the foster care reduction to various reform efforts. These reforms targeted increased prevention and expedition of permanent exits from foster care (i.e., reunification, adoption, and kinship guardianship). The report concluded this:

The most that can be said with confidence is that there is no reason to believe that abused and neglected children referred to the public child welfare agency are less safe in these jurisdictions than before the dramatic reduction in foster care placements. . . . One of the unsolved mysteries in the study of foster care reductions is how to explain the huge reductions in entries into care in Illinois and New York City. Illinois currently has an entry-into-care rate less than one-third of the national average, with much of the decline having occurred in Chicago. New York City’s ACS placed about half as many children out of the home in 2007 as were placed in 1997. (Casey Family Programs, 2008, pp. vii-viii)

Casey Family Programs also issued a white paper on foster care reduction and child safety that concluded that children are as safe, if not safer, despite the foster care population reduction in recent years (Casey Family Programs, 2011).

Similarly, in 2008, the National Governors Association (NGA) issued a brief entitled Nine Things Governors Can Do to Build a Strong Child Welfare System. These strategies included strengthening the states’ child welfare systems and promoting the safe reduction of children in foster care. The recommendations also included engaging families and communities to prevent child maltreatment, strengthen vulnerable families, and invest in services that enable children to remain safely at home or achieve permanency. The NGA, with support from Casey Family Programs, sponsored a policy academy for six states to promote the safe reduction of the
foster care population. Subsequently, the National Conference of State Legislatures (NCSL), in partnership with the NGA Center for Best Practices and Casey Family Programs, selected 12 states to participate in a policy institute entitled Changing the Outcome: Achieving and Sustaining a Safe Reduction in Foster Care. The purpose of this collaboration was to help states decrease their reliance on foster care while helping to improve outcomes for children (National Conference of State Legislatures, 2009).

In addition, the National Conference of State Legislatures issued a report in 2010 that outlined ways state legislators can continue to promote safe reductions of the population of children in foster care. The report identified these three ways that state can lawmakers influence the number of children in foster care and improve child welfare outcomes: (a) preventing entries and reentries into foster care, (b) reducing children’s length of stay in foster care, and (c) reducing disproportionality and disparate outcomes for children of color in foster care. The report further elaborated that due to the disproportionate numbers of children of color in the foster care system, racial/ethnic disproportionality strategies can help to achieve safe reductions in a state’s foster care population (Freundlich, 2010). Others have argued that Black or African American children are removed to foster care in numbers that are proportionate to the maltreatment risk they face, and that efforts to simply reduce their numbers in foster care would put them at serious risk (Bartholet, 2011).

However, efforts to keep children from entering foster care raise concerns about the safety of maltreated children. Maltreatment-related deaths of children who had made contact with the child welfare system fuel concerns by the media and public that efforts to preserve families may be compromising the safety of vulnerable children. Child deaths are frequently featured in newspaper stories throughout the country. Media coverage urges policy makers to
react to the crisis and overhaul what is often referred to as the “embattled” or “beleaguered” agency. The negative media coverage of these fatalities and the resulting public outrage usually lead elected officials to respond by creating task forces to review child welfare agencies’ performance, hold hearings, pass legislation, and/or appoint oversight entities. Caseworkers, supervisors, and agency heads may also get fired (Geen & Tumlin, 1999). According to information from at least 36 states during a 3-year period, slightly more than one third of the children who died due to abuse and neglect had prior or current contact with CPS agencies (Peddle, Wang, Diaz, & Reid, 2002). Although some assert that child maltreatment-related deaths are rare events and not an accurate measure of CWS/CPS systems’ performance (Wexler, 2011), these tragic deaths create significant public uproar and highlight the failures of these systems. Due to public pressure, these incidents often lead CWS/CPS systems to react by removing more children and placing them into foster care in an effort to keep them safe.

**Child Welfare Service Systems’ Performance Outcomes**

Child deaths and poor performance by states on child welfare outcomes have been the basis for litigation and class action lawsuits against child welfare systems nationwide. In 1996, at least 21 states were operating part or all of their child welfare service programs under court order (Geen & Tumlin, 1999). An analysis done by the Child Welfare League of America in 2005 found that in the previous 10 years, there had been child welfare class action litigation in 32 states. In 30 of these states, there were consent decrees or settlement agreements (Child Welfare League of America, 2008). Many of these lawsuits have been brought against child welfare agencies particularly due to tragic child deaths and poor outcomes for children served by the foster care system.
The federal government provides oversight through financial and programmatic audits, improvement plans, and reviews. The Federal Adoption and Safe Families Act (ASFA) of 1997 codified in law three outcomes—safety, permanency, and well-being—as the core responsibilities of the child welfare system and established them as key accountability measures for the federal Children and Family Service Review (CFSR). States are assessed for substantial conformity to those outcomes, and those that do not achieve their required improvements may sustain penalties as prescribed in federal regulations (U.S. DHHS, 2006a).

Safety is measured by the rate of recurrence of maltreatment as established by ASFA and the CFSR. It is defined as the percent of victims with a substantiated or indicated maltreatment allegation who were not victims of another substantiated or indicated maltreatment allegation within 6 months. The Children’s Bureau, as part of the CFSR, set the national standard for recurrence of child maltreatment at 94.6%. Twenty-three states were in compliance with the recurrence measure in 2006, a slight increase from 17 states in 2004 (U.S. DHHS, 2008). From 2006 to 2009, half of the states “demonstrated improved performance with regard to the measure of recurrence of child maltreatment (U.S. DHHS, 2009a).

Most abused or neglected children are removed and placed into safe and loving homes, while a small number are further abused while in foster care. The Children’s Bureau also established a national standard for the incidence of child abuse or neglect in foster care as 99.7% free of abuse and neglect. Only 15 states met this standard in 2005; however, progress was noted in subsequent CFSR reviews. In a report to Congress on child welfare outcomes between 2004 and 2007 that includes information from the second round of the federal CFSR, 56% of state reviews showed improvement on the recurrence of maltreatment measure (U.S. DHHS, 2007b). Improvements on this measure continued between 2006 and 2009, with less
than one percent (0.33%) of children in foster care confirmed to be victims of maltreatment by a foster parent or facility staff member (U.S. DHHS, 2009a).

Another CFSR measure of the CWS system relates to stability and permanency. It is well established in research that permanent family arrangements or return home is better for child development (Lloyd & Barth, 2011). Although improvements have been made in the percentage of children adopted within 24 months, the length of time children stay in care before finding permanent homes continues to be a challenge. Almost half of the children who were removed from their homes and placed into foster care due to abuse and neglect spent at least 2 years in care waiting for a safe, permanent family. About 20% waited 5 or more years. There was a decline between 2006 and 2009 in performance related to the median length of stay in foster care for reunified children (U.S. DHHS, 2009a).

The federal government also measures appropriateness and stability of foster care placements. Often children removed from their homes due to abuse or neglect end up separated from their siblings and become further traumatized by being bounced from foster homes to group homes to institutions. On average, children live in three different foster care homes (PEW Commission for Children and Families, 2004). Up to 75% of children are separated from at least one of their siblings when they enter out-of-home care (Center for the Study of Social Policy, 2008). Often, they are placed away from their schools and communities (Golden, 2009). Between 2004 and 2007, 44% of states showed improvements in the percentage of children in foster care that experienced two or fewer placement settings. The data also showed a substantial improvement in reducing the number of placements of children in group homes and institutions (U.S. DHHS, 2007b). However, placement stability for children in foster care longer than 12
months continued to be an area of difficulty for many states; it did not show improvement
between 2006 and 2009 (U.S. DHHS, 2009a).

Another permanency measure included in the CFSR is the rate of reentry into foster
care following reunification. Although this is considered a permanency measure, it is often used
as an indicator of how safe children are following reunification. A lower reentry rate represents
better decisions related to reunification. The national median for this measure decreased from
13.9% in 2006 to 13.2% in 2009 (U.S. DHHS, 2009a).

Since 1998, states have also been making progress toward expediting adoptions. In 2002,
51,000 children were adopted from foster care, compared to 57,000 in 2009. Another positive
development is that the majority of children exiting foster care in 2007 were discharged to a
permanent home. In addition, the vast majority of the children who were legally free for
adoption at the time of exit from foster care were discharged to a permanent home (U.S. DHHS,
2007b). This finding is critical because when a state terminates parental rights and the child does
not achieve permanency before exiting foster care, the child may “age out” of the system. In
2009, 115,000 children were waiting for adoption (see Table 1), and between 18,000 and 20,000
children leave care each year as “emancipated youth,” meaning they have reached the age of
majority (18) without being adopted or reunified with their families of origin (PEW Commission
for Children and Families, 2004). However, it is encouraging to note that between 2006 and
2009, 64% of states showed improved performance in this area (U.S. DHHS, 2009a).

Children living in foster care have historically had poor physical and mental health, and
poor educational outcomes (Barth, Wildfire, & Green, 2003). They have elevated rates of
depression and other mental health problems, poor educational attainment, and poverty (O’Hare,
2008). For example, it was reported that half of the children involved with the child welfare
system had clinically significant behavioral or emotional problems, but only about a quarter received mental health services (Center for the Study of Social Policy, 2008; Child Welfare League of America, 2008; Vandivere, Chalk, & Anderson, 2003). Research has shown that even when compared to other disadvantaged children, children in foster care tend to have more health problems. They are also four times as likely to have a disability (Vandivere et al., 2003).

**Major Child Welfare System Improvements and Innovations**

In order to improve these poor outcomes, major innovations and reforms have been implemented in child welfare services during the last two decades. Increasingly, child welfare practice is drawing on the strengths, capacities, and adaptive skills of the individual, family, and community. Traditional child welfare practice tended to be bureaucratic, legalistic, and disconnected from families and communities (Center for the Study of Social Policy, 2001). The traditional CPS response is based on an investigation of a report of child abuse and neglect that leads to a determination of whether maltreatment occurred and a recording of the names of the perpetrators in a registry (Waldfogel, 2008). On the other hand, differential response\(^{21}\) aims to move child protection away from adversarial investigative approaches. The goals of differential response are to assess the service needs of low-risk families reported to CPS and to engage them in services. The objective is to strengthen the family’s protective factors by providing assistance in order to prevent any future risk of child abuse or neglect. By diverting low-risk families to the needed community services, child welfare workers are able to focus efforts on protecting children who are at higher risk (Merkel-Holguin, Kaplan, & Kwak, 2006). A 2003 study by the U.S. DHHS found that almost two thirds of all county-level public child welfare agencies claimed to employ “alternative response.”
It is widely accepted now that children can be better protected and families better served in the context of their communities. Families benefit from accessible, coordinated, and comprehensive services in their neighborhoods. Child welfare services systems offer a range of services to preserve and support families in their homes and communities. Family support centers provide less intensive prevention services and other support services to parents in communities with high rates of poverty, child abuse and neglect, and foster care involvement. Family Connections is a community-based program through the University of Maryland’s Baltimore Center for Families. It is a model that involves multiple interventions, including family assessment, parenting education, social support, community connections, emergency assistance, and promotion of financial stability. Strengthening Families, another program model, was developed by the Center for the Study of Social Policy. This approach focuses on assisting families to strengthen protective factors by increasing knowledge of parenting and child social development and boosting parental resilience, social connections, and access to services. The model helps families strengthen their natural support systems. Thirty states are using the Strengthening Families approach to integrate state prevention strategies, strengthen families in the child welfare system, and engage parents and communities in building protective factors (Center for the Study of Social Policy, n.d.).

More intensive services are also provided to families whose children are at high risk of foster care placement. Although family preservation services take many forms, intensive family preservation services (IFPS) incorporate specific elements to support families in crisis with children who are at imminent risk of placement. IFPS services provide short-term intensive services to families in crisis. The goal is to prevent removals of children at risk from the home, or to reunify children with their families quickly. IFPS offers immediate response and
accessibility of staff 24 hours a day, 7 days a week. A worker carries a small caseload of two to
four families and provides intensive intervention of up to 20 hours of service per week as needed
in the home and community (National Family Preservation Network, n.d.a).

CWS systems are relying more heavily on prevention, early intervention, and parenting
programs that are considered evidence informed or evidence based. Models that have been
evaluated include the Nurse-Family Partnership, Healthy Families America, Parents as Teachers,
Parent-Child Home Program, Home Instruction for Parents of Preschool Youngsters, and Early
Head Start (Daro, 2006). Evidence-based and evidence-informed parenting training programs,
such as Triple P (Positive Parenting Program), which is a multilevel system of parenting
education and training that varies in intensity, are becoming more prevalent.

Child welfare systems have also adopted practices and policies to reduce the
disproportionate representation of children of color in foster care. In 2004, the Center for the
Study of Social Policy established the Alliance for Racial Equity in Child Welfare, a national
initiative aimed at improving the outcomes for families and children of color in child welfare.
Supported by several foundations, national organizations, and advocates, the Alliance works to
raise awareness across the country about the disproportionality and disparity in child welfare.
Several states took action as a result of legislation enacted concerning these issues. For example,
in 2004, Michigan’s legislature required its Department of Human Services to convene an
advisory committee to study the disproportionate representation of Black or African American
and other children of color in Michigan’s child welfare and juvenile justice systems. Similarly,
in 2006, the Texas legislature passed and the governor signed Senate Bill 6, which directed the
Texas Health and Human Services Commission and Department of Family and Protective
Services to examine this issue. The review resulted in the development of a range of practices
and policies to address racial/ethnic disproportionality and disparities in the child welfare system. In 2007, Washington State enacted legislation that required its Department of Social and Health Services to convene a racial disparity advisory committee to analyze and make recommendations on racial disparity in the child welfare and juvenile justice systems (Freundlich, 2010).

Child welfare systems have also implemented safety and risk assessment approaches to improve decision making. Safety and risk assessments are critical to effective decision making in CPS. These assessments are central to decision-making regarding what actions should be taken to protect children from maltreatment (White & Walsh, 2006). Decisions regarding whether children can be maintained safely in the home and whether they should be placed into foster care or reunified all depend on sound assessment and decision making by CPS. Poor decisions can leave children in harm’s way or lead to unnecessary trauma by removing them from their families. Studies have shown low reliability of the decision-making process and validity of the criteria used to make placement decisions. This “low reliability leads to a system that is unable to discern which child should be removed and which child should be left at home” (Lindsey, 2004, p. 166). Given the variations that could result from inconsistent assessment and decision making, state and local jurisdictions are implementing new research-based risk and safety assessment tools. Risk assessment tools based on consensus and actuarial models are used in child protection work. Findings suggest that the actuarial instruments have stronger predictive validity than consensus-based instruments (D'Andrade, Austin, & Benton, 2008). Although there is substantial evidence that actuarial models can be superior to clinical prediction risk-assessment models, they are still limited in their predictive capacity (Shlonsky & Gambrill, 2005).
Professionals in child welfare are increasingly sharing decision-making power and shifting toward more participatory practices with families of children at risk through such models as family team decision making and family group conferences. These models are based on theoretical constructs of empowerment, family participation, and partnerships in child protection (Connolly, McKenzie, & De Gruyter, 1999). Several family teaming models have developed that aim to engage, empower, and support vulnerable families. These models stress the importance of engaging the family’s natural supports and community members to participate in the case planning and decision-making process. Under these family teaming models, family members, including older children and youth, extended families, friends, relevant service providers, and community members who can serve as resources are brought together to create safety and permanency plans. Some states and local jurisdictions reported that the participation of families in team decision making or family group decision making (a) helped prevent foster care placement and/or (b) expedited reunification (White, 2008).

The federal government has supported child welfare innovations through Title IV-E waiver demonstrations. States that are approved for demonstration projects are able to implement a variety of innovative child welfare strategies. Some of the waivers provide flexible funding or capped IV-E allocations to local public and private child welfare agencies in an effort to provide new or expanded services that prevent out-of-home placement and/or facilitate permanency.

**Statement of the Research**

The literature review reveals various reform strategies that were implemented by CWS/CPS systems that may have contributed to the reduction in the foster care population. Based on the federal reviews described here, there has been evidence of improvements in both
safety and permanency outcomes for children served by CWS/CPS systems in recent years. Available data also indicate that the reduction in the foster care population resulted from both an accelerated decline in entries between 2005 and 2010 as well as shortened lengths of stay and increased exits to permanency.

Given the considerable investment of federal, state, and local government expenditures on foster care, it is critical to understand the foster care reduction trends. Moreover, due to its concern for the safety of maltreated children, society needs to understand the CWS/CPS systems’ response to child maltreatment referrals and the connection to the reduced reliance on foster care. Although there are some data available from federal sources (NCANDS and Adoption and Foster Care Analysis and Reporting System [AFCARS]) on the national trends related to child maltreatment and foster care, there has not been a comprehensive examination of these data to shed light on the trends that have contributed to the foster care reduction. In fact, empirical research to help explain the foster care reduction trends is lacking.

This dissertation study fills a gap in the research by describing the national shifts in CWS/CPS systems’ response to child maltreatment and the decrease in the foster care population between 2005 and 2010. One of the underlying hypotheses for this study is that the national decline in foster care entries that took place during the period 2005 to 2010 was related to CWS/CPS system reforms that focused in recent years on keeping children referred for maltreatment in their homes and communities. In addition, the improvements have helped the system become more targeted to high-risk or more vulnerable population groups, i.e., very young children and older adolescents with higher needs.
Dissertation Overview

In order to provide context for the concern over the safety of maltreated children and the reliance on foster care as a form of child protection intervention, Chapter Two presents the historical and theoretical frameworks for child welfare policy and practice in the United States. It outlines some of the policy and practice dilemmas surrounding family preservation and out-of-home care that shape child welfare/child protection services in the United States.

Chapter Three presents the relevant body of empirical research. Extensive research covers the characteristics of families and children that are at risk of maltreatment and foster care placements. These predictors include gender, age, race/ethnicity, criminal history, substance abuse, domestic violence, mental illness, and social support, among other variables. A huge body of evidence also covers the effectiveness of prevention and intervention programs to alleviate child maltreatment and reduce foster care placement. However, very little national research has been done on the elements that may have contributed to the decline in the foster care population.

Chapter Four describes the research design and methodology for the study. It provides details on sources used for the secondary analyses of the national administrative data contained in NCANDS and AFCARS. It also provides definitions for the data variables as well as context for selection of the timeframe for study. In addition, it contains information on the reliability, validity, and limitations of the study, among other topics.

Chapters Five, Six, and Seven contain descriptive analyses of the national administrative data contained in NCANDS and AFCARS for 2005-2010. Descriptive tabulations are presented in tables that capture the distribution of the covariates. These chapters contain analyses of general national trends, as well as specific demographic trends (based on gender, age, and
race/ethnicity) related to children involved in maltreatment reports and those provided with post investigation service (PIS):

- Chapter Five presents analyses of key CWS/CPS administrative decisions for children who were screened in and received a CPS response (investigation or assessment, as well as disposition [finding on whether a maltreatment allegation is substantiated or unsubstantiated]). It also includes a breakdown of characteristics of children associated with substantiated findings, by types of maltreatment. The analyses include child-level variations in numbers and rates per 1,000 in the population by gender, age, and primary race/ethnicity.

- Chapter Six contains analyses of the data from NCANDS of PIS provided to children with maltreatment disposition (both substantiated and unsubstantiated) from 2005 to 2010. CWS/CPS agencies are mandated to provide a broad range of services to protect and promote the safety of maltreated children and those at risk, to prevent future instances of maltreatment. NCANDS collects case-level data about children provided with PIS (within 90 days of a disposition of a maltreatment report). The data analyses related to PIS are divided into the following: (a) PIS provided to children with substantiated findings and (b) PIS provided to children with unsubstantiated findings. These two categories are further divided into two subcategories: (a) PIS foster care services and (b) “other” PIS.

- Since the NCANDS files contain limited data related to foster care (only on children placed within the first 90 days of the disposition of the maltreatment reports), Chapter Seven includes analyses of the national administrative data contained in AFCARS related to all children who entered foster care for whom the state child welfare agency had
responsibility for placement, care, or supervision. The AFCARS data complement the information provided from NCANDS related to foster care entries and provide an overall view of the trends related to the numbers and rates of children who entered foster care from 2005 to 2010. Some of the elements from the AFCARS foster care data files are used in this study to provide information on child demographics (gender, age, and race/ethnicity), plus reasons for and manner of removal.

Finally, Chapter Eight includes analyses and discussion of the major findings, limitations, and implications of this study for future policy, practice, and research. The dissertation study describes the national shifts in CWS/CPS systems’ responses to child maltreatment between 2005 and 2010. It includes findings related to changes in these key decisions based on the administrative data included in both NCANDS and AFCARS. The analyses are integrated across these major variables and data sources wherever possible in order to present a comprehensive picture of the national child maltreatment response and foster-care entry trends from 2005 to 2010.
CHAPTER 2: HISTORICAL OVERVIEW AND THEORETICAL FRAMEWORK

Historical Overview

The history of the nation’s response to child abuse and neglect has been marked by a tension between “rescuing” children and efforts to support and preserve their families (O’Neill Murray & Gesiriech, 2004; Schene, 1998). The dilemma surrounding the importance of preserving the sanctity of the family and the rights of parents versus the need to “rescue” abused and neglected children from their parents has been at the core of the American Child Protection Services system since its inception. This dilemma has shaped the development of child welfare policy that favors out-of-home or foster care as one of the primary methods of protecting abused and neglected children in the United States. In order to provide context for the concern over the safety of maltreated children and the reliance on foster care as a form of child protection intervention, it is important to review the historical framework for child welfare policy and practice in the United States.

The Colonial Years

The debate on how best to protect vulnerable children has its roots in the philanthropic and “child-saving” motivations of private individuals and organizations, which often focused on poor families. The deep-rooted early American attitudes steeped in Protestant ethics and the notion of the “deserving” and the “undeserving poor” have influenced the type of help families and children received.

In colonial times, American society’s response to families that could not care for their children was largely based on the English Poor Laws.24 During this early period in American history, the responses to children in need of care were all mechanisms to compensate for their poverty out of concern that without intervention, children whose parents were poor, homeless,
and/or jobless would end up like their parents (Katz, 1996). Some poor families were provided with limited resources in the form of “outdoor” relief to help maintain children at home. Other poor families were “farmed out” to private citizens to receive room and board in exchange for labor or sent with their children to an almshouse, also known as a poorhouse (Areen, 1975; McGowan, 2005; McGowan & Meezan, 1983). Other parents indentured and apprenticed their children to other households where the children learned a trade. During the 1700s and early 1800s, most children who needed care were in almshouses or indentured (McGowan, 2005; McGowan & Meezan, 1983). Some free Black children were found in almshouses. However, Billingsley and Giovannoni (1972) indicated, “it might be said that until 1865, slavery was the major child welfare institution for Black children in this country” (p. 23).

Even though an 1824 report by New York Secretary of State Robert Yates heralded placement in almshouses as the most effective approach for meeting the needs of the poor, toward the end of the 1840s, many states began to recognize that conditions within almshouses were not acceptable for housing children (Katz, 1996). Orphanages came into existence as an alternative to house poor children who could not be maintained adequately by their parents. The majority of these children went on into indentured positions from the orphanages. Due to racial segregation laws, Black children were generally excluded from orphanages before the Civil War. In 1822, the Philadelphia Association for the Care of Colored Children was founded, and similar institutions soon were established in other cities of the North. Through the effort of many Black individuals and organizations, several institutions for Black children were established by the end of the nineteenth century (Billingsley & Giovannoni, 1972).

Meanwhile, Native American tribes cared for their children through their own cultural traditions until the early 1600s, when the European settlers began to encourage removal of the
Native children in order to “civilize” the American Indian population. Congress passed the Civilization Fund Act in 1819, and after the Lake Mohonk Conferences of Friends of the Indian, (1883-1916), thousands of American Indian and Alaska Native children were removed from their families and tribes to “boarding schools” as part of the large-scale assimilation policy (Earle & Cross 2001).

**The Poorhouse Reform Era and Orphan Train Movement**

During the 1850s, reformers raised concerns about caring for children in the deplorable conditions found in most poorhouses (Katz, 1996; McGowan, 2005). By 1875, New York and many other states had outlawed the care of children in almshouses; the states took steps to ensure that local communities took responsibility for the needs of children who needed out-of-home care. In the same year, New York State passed the Children’s Act, which prohibited the placement of children in poorhouses and instituted family break-up to facilitate a new policy for children between the ages of 2 and 16. Other states soon implemented similar policies. Family break-up initially involved removing children from the care of parents who were poor or convicted of criminal activities (Katz, 1996).

As opposition grew to the use of poorhouses for children’s care, a new movement emerged. In 1853, Reverend Charles Loring Brace established the Children’s Aid Society and began to implement the concept of “placing out” (Holt, 1992; O’Connor, 2004). Responding to the large number of poor and homeless children, Charles Loring Brace and the Children’s Aid Society removed thousands of children from New York City institutions and sent them on what became known as “orphan trains” to farms with families primarily in the Midwest (Myers, 2008; Schene, 1998). By removing thousands of poor and immigrant children from their parents and
the community, these reformers believed that the children would learn a way of life different from that of their parents.

By the late 1800s, however, opposition escalated to the transfer of poor children from the urban areas of the East to the Midwest and West. The orphan train movement declined, and the Children’s Aid Society began to administer foster care programs within each state (Bremner, 1971). Two primary forms of out-of-home care placement options developed and are still in use in contemporary child welfare practice today: placement in foster homes and placement in institutional settings (McGowan, 2005).

While efforts were underway to stop the practice of sending poor White children away on orphan trains, the era of large-scale removals of American Indian and Alaska Native children was beginning. In 1889, after Commissioner of Indian Affairs Thomas Morgan presented a detailed plan at Lake Mohonk for a national system of Indian schools, thousands of American Indian and Alaska Native children were removed to boarding schools as part of an assimilation policy (Prucha, 1990).

The Progressive Era and Emergence of the Social Work Profession

In the early twentieth century, the establishment of the social work profession further influenced the response to the needs of abused and neglected children. Social workers such as Jane Addams supported an array of social reforms using settlement houses to alleviate substandard living conditions. Although the “child rescue” orientation continued to dominate, the notion of family support and social services became part of the progressive movement’s agenda in the early twentieth century. The settlement house movement focused on helping immigrant families who were considered “able and normal class” to adjust to their new environment. This social work tradition coexisted from the outset with another perspective,
however, which emphasized individual problems. Social workers such as Mary Richmond believed that the social work profession should focus on “casework” (Jansson, 1997). The “friendly visitors” operating through charity organizations upheld the tradition of the Poor Laws by using “scientific methodology” to determine eligibility for relief and by correcting individual flaws that led to poverty (Axinn & Levin, 1982, p. 101). These two approaches continued to contribute to the development of the social legislation and the social work profession (Axinn & Levin, 1982).

The charity organization movement, which used casework and science-based charity methods in working with the poor, was grounded in Herbert Spencer’s application of Darwinism and social theory, also known as social Darwinism. Based on a belief in the survival of the fittest and moral superiority, social Darwinism held that the responsibility for problems centered on the individual rather than the environment. Although the nineteenth century belief system recognized hereditary and environmental influences as contributors to social problems, it still held that the “deviant” family caused these problems (Axinn & Levin, 1982).

During this period, societies for the prevention of cruelty to children (SPCCs) were established. These private organizations became the forerunners of the child protective services agencies that today investigate and respond to child abuse and neglect. In 1874, the first SPCC formed in New York. This followed the highlighting of an infamous case in New York City of a severely abused little girl named Mary Ellen. The Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), established in 1878, operated primarily as an arm of the law. By 1929, about 300 nongovernmental child protection societies had been established across America (Myers, 2008). These private organizations led the child rescue movement, but some also stressed family rehabilitation. For example, by 1907, the MSPCC continued to remove children
as often as those that operated from a “child rescue” orientation (Pelton, 1998), but it also helped to address the environmental issues children and families faced. These environmental issues included poor housing; lack of food, clothing, and childcare; and harmful neighborhood conditions (Schene, 1998).

During the early 1900s, reformers also advocated successfully for expansion of the role of the federal government in child welfare. In 1909, President Theodore Roosevelt convened the first White House Conference on Children, and in 1912, Congress created the Children’s Bureau—the first federal agency dedicated solely to children (Hutchison & Charlesworth, 2000; Katz, 1996; Trattner, 1999). The attendees at the first White House Conference on Children were primarily White participants who directed orphanages and children’s agencies. The Conference excluded their Black or African American counterparts (Billingsley & Giovannoni, 1972). Concerned about the unacceptable conditions in almshouses and orphanages, the attendees focused on the harmful effects of institutionalizing dependent and neglected children. They urged the promotion of child well-being within families, agreeing that poverty alone should not be a reason for removing children from their families (Axinn & Levin, 1982; Yarrow, 2009) and helping the family is the best way to help the child (Schene, 1998). The Conference established the federal government’s involvement in child welfare. The federal legislative activity that followed provided a national approach to intervention on behalf of maltreated children. During this era, the mothers’ pension movement, concerned with helping children, began to change social policy toward recognition of governmental responsibility for family welfare.

World War I, the Russian Revolution, and postwar political repression polarized different perspectives among members of the social work profession. Psychoanalytic theory and the work
of Sigmund Freud offered social work a new direction. Social work turned to family dynamics and individual personality development and therapy. “Social reform” gave way to “character reform.” With the emergence of social workers as paid agents and the professionalization of social work, Mary Richmond’s *Social Diagnosis* was published in 1917. In her 1922 book, *What Is Social Case Work?*, Richmond drew on Freud’s psychological theories to present a therapeutic model for social work. On the other hand, the settlement house movement shifted from social reform toward “social group work” and focused on providing recreational and educational activities in neighborhood centers (Axinn & Levin, 1982).

The plight of Black or African American children continued to be neglected by the child welfare system up until the decade following World War I. In 1923, only 35 of the 1,070 agencies that reported data admitted Black or African American children. A change began to occur (especially in the North), however, and by 1933 only one third of sectarian agencies and one fifth of private agencies continued to have racial exclusion policies (Billingsley & Giovannoni, 1972). The change was spurred by the demand for equality and the migration of Black or African American people from the South, and it occurred in the larger child care shift away from institutions and toward foster boarding homes. This change meant that the Black or African American community became involved in the care of dependent children, although it did not control or administer these services (Billingsley & Giovannoni, 1972). By the 1930s, the child welfare system paid increased attention to Black or African American children, along with children of Puerto Rican and Mexican decent. The 1930 White House Conference showed a greater recognition that the care of these children was the responsibility of the child welfare establishment (Billingsley & Giovannoni, 1972).
The Great Depression, Social Security Act of 1935, and Post-World War II Years

The stock market crash of 1929 and economic depression that followed led to an acknowledgement that poverty can result from a malfunction in society, not individual responsibility. This gave rise to government’s permanent involvement in social welfare through the Social Security Act of 1935. The New Deal brought more government involvement and represented a new orientation toward the poor. With the enactment of the Social Security Act and relief becoming a function of the public sector, the voluntary sector searched for a new orientation. However, not until the Great Depression and the passage of the Social Security Act of 1935 did the federal government begins to play a major role in child welfare. The Social Security Act of 1935 authorized the first federal grants for child welfare services under what later became known as Subpart 1 of Title IV-B of the Social Security Act. Title IV-B, Child Welfare Services, provided limited federal funding to encourage states to develop preventive and protective services for vulnerable children. These first federal grants spurred states to establish child welfare agencies and local child welfare service programs. The Social Security Act also created the Aid to Dependent Children (ADC) program in order to help states provide financial assistance to enable poor, single mothers to avoid losing custody of their children. Efforts to protect children gradually became part of the growing array of human services provided by governmental agencies. In the 1930s and 1940s, there was a growing acceptance of the responsibility by states, counties, and municipalities for child protection marking a new era for the child welfare (Schene, 1998).

In the 1940s, studies in England established that the institutionalization (or at least certain forms of it) of babies was associated with adverse psychological effects. In 1959, Maas and Engler conducted a classic study entitled Children in Need of Parents. This study
documented how some children entered care unnecessarily. Furthermore, once in the system, they drifted indefinitely within foster care until adulthood (McGowan & Meezan, 1983). This left them exposed to secondary harms of multiple moves, uncertain identity, and psychological harm. These concerns were further supported by psychodynamic theories of attachment. These theories warned of the emotional damage that could be inflicted when children grew up without secure attachments and suggested that shortening the period of time a child remained in foster care would help to reduce the trauma (Testa, 2008).

Meanwhile, the Indian boarding schools continued to grow throughout the 1940s and 1950s (Colmant, 2000). By 1971, the Bureau of Indian Affairs (BIA) school census reported that 17% of school-aged Native American children were living in boarding schools (Byler, 1977). In addition, in 1957, the Bureau of Indian Affairs contracted with the Child Welfare League of America (CWLA) to operate a clearinghouse for the placement of Native American children with non-Native-American families. The Indian Adoption Project sought to place Native American children with Caucasian families in “suitable homes” far from the reservation (George, 1997; Mannes, 1995, p. 267).

**The Great Society and the Child Abuse Syndrome: 1960s-70s**

The 1960s’ American social and political reality changed to include an awareness of the domestic problems of poverty, racial discrimination, and gender inequality. Under the banner of the Great Society, the War on Poverty was launched during the 1960s to lift the living standards of the poor. Multiple federal programs were created to improve the socioeconomic status of children and youth who lived in poverty.

At the beginning of this period, however, states denied aid payments to unwed mothers, whose behavior was deemed “immoral.” Children were denied ADC benefits under “suitable
home” or “man-in-the-house” policies. In fact, in 1960, Louisiana removed 23,000 children from its welfare rolls because their mothers had had a child outside of marriage. As a result of the Louisiana actions, a 1961 amendment to the Social Security Act established the Flemming Rule, which created a foster care component to ADC. The ruling required states to provide appropriate services to make the home suitable, or move the child to a suitable placement while continuing to provide financial support on behalf of the child (O’Neill Murray & Gesiriech, 2004). Unfortunately, with no clear definition by the federal government as to what “suitable” meant under the Flemming Rule, states made their own interpretations, and Black or African American children entered foster care in large numbers (Lawrence-Webb, 1997). As a result of the historic exclusion of Black or African American children from the child welfare system, Blacks or African Americans developed their own structure for taking care of their children, primarily through churches, kinship care, and formal and informal adoption (Jimenez, 2006).

The 1962 Social Security Public Welfare Amendments expanded federal support for child welfare services to children in impoverished and “troubled” homes. ADC was renamed Aid to Families with Dependent Children (AFDC), to reflect an expanded emphasis on parents as well as children (Yarrow, 2009). The amendments required development of a service plan for each child, based on his or her home conditions. The purpose was spelled out in the definition of child welfare services. The present-day link between eligibility for federal foster care reimbursement and eligibility for AFDC has its roots in these amendments.

During the 1960s, concerns about child abuse and domestic violence heightened due to new research on “battered child syndrome.” Developments in medical technology allowed radiologists to see evidence of subdural hematomas and abnormal fractures caused by beatings. This advancement in technology had significant implications for development of the field of
child abuse. In 1961, pediatric radiologist Dr. C. Henry Kempe and his associates proposed the term *battered child syndrome*\textsuperscript{28} at a symposium at the American Academy of Pediatrics. Dr. Kempe also proposed that physicians be required to report child abuse. Dr. Kempe's findings gained wide acceptance and led to state and federal legislation that required the reporting of child abuse to official agencies (Stagner & Lansing, 2009). This single development brought about more recognition in the medical community of the widespread incidence of child abuse. It also created a growing public concern about the need to respond to child abuse.

Awareness of child abuse represented a major shift for the child welfare system. By 1966, every state had passed legislation requiring better reporting and intervention in cases of child abuse (Yarrow, 2009). With reports of maltreatment flooding in, the public child welfare agencies were preoccupied with investigating child abuse reports. Foster care was the primary service. The system mainly served to identify children most at risk and to remove them from their families when all else failed (Lindsey & Shlonsky, 2008). The U.S. Department of Health, Education, and Welfare issued statistics in 1969 indicating heavy reliance on placement services. Of the 694,000 children reported as receiving services, 56% lived away from their parents. The percentage was higher (76%) for children served by private agencies (Billingsley & Giovannoni, 1972).

The concern over child abuse culminated at the federal level in the Child Abuse Prevention and Treatment Act (CAPTA) of 1974. This law authorized federal funding to states to investigate, prevent, assess, treat, and prosecute child abuse. It also gave states the authority to remove children from family settings deemed threatening. CAPTA required that to receive federal funds, all states must establish a system for reporting suspected child abuse and neglect (Costin, Karger, & Stoesz, 1996). The first two decades following passage of CAPTA found
many states expanding the definition of maltreatment beyond the proposed federal guidelines. Eventually, these broad and inclusive reporting systems led to a growing number of identified cases. Following passage of CAPTA, reports tripled from 669,000 in 1976 to 2,086,000 in 1986, then doubled from 1986 to 1993 (Ellett & Leighninger, 2007).

Meanwhile, the number of Native American children separated from their families continued to increase. In 1968, Devils Lake Sioux tribal members approached the Association on American Indian Affairs (AAIA) with concerns about routine removal of American Indian or Alaska Native children from tribal families by child welfare officials. Other tribes began passing resolutions demanding an end to removal practices (Mannes, 1995). A survey by AAIA in the 1970s found that 25% to 35% of all Native children had been separated from their families (George, 1997). Given the high numbers of foster care and adoption placements for American Indian or Alaska Native children and the implications for the survival of the tribes, Congress determined that fundamental changes in Indian child welfare policy and practices were necessary. Thus, the Indian Child Welfare Act (ICWA) was passed in 1978 to provide the tribes with jurisdiction over proceedings involving any American Indian or Alaska Native child who was a ward of the tribal court (Canby, 1998) and to require tribal notification in other cases before state courts.

**Foster Care Growth and Concerns over Child Permanency and Family Preservation: 1980s-90s**

The tremendous growth in the foster care population in the 1980s, in addition to the increasing numbers of children languishing in care, led to increased focus on family preservation as well as permanency, especially adoptions. Numerous studies during this period established the need to reduce the length of time children stay in care (McGowan & Meezan, 1983). These
studies, based on child development and attachment theory, established that children did best when they grew up in safe, loving, and permanent families (Maluccio et al., 1986). Due to these concerns, family preservation became an increasingly important component of public policies affecting children. As a result, Congress passed the 1980 Adoption Assistance and Child Welfare Act. The law provided federal funding to states to help reunite children with their biological parents or place them with adoptive families under the Federal Adoption Assistance Program. It also required states to make “reasonable efforts” to prevent the removal of children from their homes, to return them as quickly as possible, and to develop individualized treatment plans for every foster child (Yarrow, 2009).

The 1980 Act is the landmark legislation that created Title IV-E of the Social Security Act and placed AFDC-Foster Care under it. It became the foundation for the funding of foster care in this country. In addition, the 1980 Act established, for the first time, a major federal role in the administration and oversight of child welfare services. Federal procedural rules required states to develop a plan detailing how child welfare services would be delivered. It further required states to make “reasonable efforts” to keep families together by providing both prevention and family reunification services. It created an adoption assistance program (Title IV-E Adoption Assistance) and required the courts to review child welfare cases on a regular basis. State eligibility for federal funding for foster care (almost 75% of all foster care dollars) was tied to these requirements. The concept of permanency was also embedded in the 1980 Act. Since then, emphasis on permanency has resulted in the termination of parental rights for many more children (Festinger, 2008).

Kinship care increased substantially during the late 1980s and 1990s. Experts believe there were several factors that contributed to the growth. One of the factors was the increased
demand for foster care coupled with a lack of available foster parents. Another factor was the developing social awareness that children fare better in their own families and, since children are more likely to be familiar with a kin caregiver, placement with kin is less traumatic. Other developments, including a number of court rulings, have led to the prioritization of kin when children require placement. In 1979, the Supreme Court ruled that kin are entitled to receive the same federal financial support for foster care as nonkin foster parents. In 1989, the Ninth Circuit Court found that children have a constitutional right to associate with relatives and that states’ failure to use kin as foster parents denies the children that right. In addition, a number of states faced class-action lawsuits that resulted in settlements that increased the financial support and services offered to kinship caregivers (U.S. DHHS, 2000).

The 1990s brought a focus on the role of families and communities in addressing child maltreatment. The Family Preservation and Support Act, enacted in 1993, encouraged states to create comprehensive family support and preservation strategies at the community level and to improve service coordination for families at risk. It also broadened the definition of family to include foster, adoptive, extended, or self-defined. In addition, out of concern over the delays that children of color were experiencing before placement or adoption, the Multi-Ethnic Placement Act (MEPA) was signed into law in 1994. Intended to prevent discrimination based on race, color, or national origin, so as to decrease the time children waited to be adopted, the law eliminated preference for same-race placements. Two years later, MEPA was amended as part of the Inter-Ethnic Adoption Provisions Act to remove the language that allowed race or ethnicity to be considered as part of the determination of the best interest of the child.

The number of reports of child abuse and neglect continued to increase during the 1990s. The reporting rate—10.1 per 1,000 children in 1976—climbed to 45.0 per 1,000 children in
1992. More than two million reports were documented in 1987, representing a 225% increase over the 1976 numbers. By the mid-1990s, the number of reports exceeded three million annually (U.S. DHHS, 2007c). Between 1986 and 1995, the number of children in foster care increased 76%, from 280,000 to nearly 500,000. The crack cocaine epidemic was a major contributor to this increase (Testa, 2008).

During the 1990s, the continued growth of the foster care population fueled a growing debate over the role of federal funding in states. Experts argued that the existing federal financing structure limited the flexibility states had, lacked mechanisms to hold states accountable for child or system outcomes, provided perverse incentives for states, required extensive resources for administrative purposes, and dedicated insufficient resources to implement meaningful reforms. The two issues that received the most attention were eligibility for Title IV-E and the imbalance between titles IV-E and IV-B\textsuperscript{29} of the Social Security Act. Since IV-E was an uncapped entitlement and IV-B capped funding for prevention services at low levels, researchers and advocates were concerned that states lacked financial incentive to achieve the child welfare goals of keeping families together and ensuring timely permanency for children removed from their homes. If states decreased the number of children in foster care, the amount of federal revenue they received would be reduced significantly (Geen, 2009).

In 1994, in response to the concerns over the federal child-welfare financing structure, Congress authorized a child welfare IV-E waiver program. With the goal of producing better outcomes for children, the program was designed to enable states to test innovative approaches intended to deliver and finance child welfare services. The Department of Health and Human Services was given authority to grant a number of waivers to states to develop demonstration projects.
Three years later, the Adoption and Safe Families Act (ASFA) of 1997 was passed and made significant changes to the child welfare provisions established in 1980. ASFA principally addressed three general concerns. The first concern was that children continued to remain too long in foster care. Second, not enough attention was given toward children’s safety and well-being. Third, inadequate attention and resources were devoted to adoption as a permanent placement option for abused and neglected children. ASFA established that child safety, permanency, and well-being were of paramount concern and the key outcomes of the child welfare system. It further encouraged states to expedite permanency decisions, particularly through a new adoption-incentive-payment program. It also established performance standards and a state accountability system whereby states faced financial penalties for failure to demonstrate improvements in child outcomes. In addition, ASFA expanded the aforementioned waiver program. As part of ASFA, Congress reauthorized the Family Preservation and Family Support Services Program. The program was renamed Promoting Safe and Stable Families. Program expansion included funding for time-limited family reunification services and adoption promotion and support activities (O’Neil Murray, 2004).

Although there was a strong interest in intensive family preservation during this period, the approach was soon portrayed as failing to deliver on its promise of keeping children out of foster care. The establishment of the concept of timely permanency replaced long-term foster care in the 1990s. This led to an increase in the number of people whose parental rights were terminated and an increase in the number of children adopted. The most significant development resulting from the permanency movement was the unintended expansion of relative care (adoption and subsidized guardianship) through expansion of the federal IV-E waiver program (Festinger, 2008; Testa, 2008).
Foster Care Reduction and Federal Finance Reform: 2000s-Present

Although not considered to be comprehensive, an omnibus child welfare bill called the Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893) was passed by Congress in 2008. This law enacted the broadest changes to date in federal financial support for child welfare programs under Title IV-E of the Social Security Act, which was created by the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272).

The 2008 law responded to a range of issues and concerns that had been raised by public child welfare administrators as well as youth, adoption, tribal, and child welfare advocates, and it made significant changes to federal funding for child welfare programs. These included authorizing new federal support for states that provide kinship guardianship assistance and expanding eligibility for federal adoption assistance. The law extended eligibility for federal foster care assistance to youth who remained in care beyond their 18th birthdays up to age 21. Additionally, the bill authorized tribal child welfare agencies to directly access federal funds for foster care, adoption, and guardianship assistance under the Title IV-E program. The bill also appropriated $15 million in annual funding over 5 years for a new competitive grant program called Family Connection Grants. It included several other provisions focusing exclusively on the health and education status of children in foster care (Stoltzfus, 2008).

The Fostering Connections to Success and Increasing Adoptions Act of 2008 did not address longstanding concerns among child welfare experts about the structural imbalance in federal financing between Titles IV-E and IV-B (Geen, 2009). The general concern continues to mount that federal funding mechanisms for the child welfare system are primarily driven by overreliance on foster care due to limited funding for services to keep families safely together. The federal financing system still placed an undue focus on removing children from their homes
and placing them into foster care (Brown et al., 2009). The major federal funding mechanism, Title IV-E, primarily reimburses for foster care placements. Title IV-B reimburses for services to keep families together and accounts for a small fraction of federal funding. Since reducing the number of children in foster care only reduces the amount of federal revenue states receive, the disparity between these two funding streams creates unintended incentives for states to invest less in prevention, treatment, and post permanency services and invest more in placement of children in foster care (Center for the Study of Social Policy, 2008; Geen, 2009; North American Council on Adoptable Children, 2007; PEW Commission for Children and Families, 2004). Casey Family Programs estimates that “for every one federal dollar invested in these funds, $8.59 goes to services for children who have been placed in foster care” (2009c).

In response to these continuing criticisms, Congress passed the Child and Family Services Improvement and Innovation Act of 2011. This law reauthorized one important child welfare program and incorporated reforms to ensure that children could safely remain with their own parents or be supported by other caring adults. In addition to reauthorizing Title IV-B of the Social Security Act, which includes the Promoting Safe and Stable Families Program, the law renewed child-welfare waiver authority to allow more states to invest in new ways of serving children at risk of abuse and neglect. It also allowed more states to apply for Title IV-E waivers. The waiver program gives states greater flexibility in how they spend federal child-welfare funds to invest in programs that will improve the lives of children, families, and communities. Existing waiver programs in places such as California, Florida, and Oregon have helped prevent child abuse and neglect, kept more children safely in their own homes, and improved the quality of services to vulnerable children and families (PR Newswire, United Business Media, 2011).
Given that the federal IV-E demonstration waivers are limited to 5 years, advocates continue to push for comprehensive reform of federal policy. Although there is no consensus yet on what comprehensive federal finance reform should look like, some advocates for change in federal financing policies contend that access to appropriate services has to be provided to all children in need, regardless of their financial status. Alternatively, federal funding should support a comprehensive array of prevention services, such as emergency housing support, family counseling, and referrals for drug treatment programs, to keep children and youth from coming into the public child welfare system in the first place.

**Theoretical Framework for Current Child Welfare Policy and Practice**

Child maltreatment has been analyzed from multiple perspectives. However, no model or paradigm forms the basis for integrating different theories that have been used to understand child maltreatment. No one theoretical model is universally accepted regarding the specific causes of all child maltreatment. Child welfare intervention today is increasingly informed by a set of theories and evidence supported by assumptions about the individual and social contributors to child maltreatment.

Theories about abuse and neglect have been grouped in different ways. Thurston (2006) grouped them into psychological, social psychological, and sociological. Daro and McCurdy (1994) identified four specific theoretical perspectives on child abuse and neglect: psychodynamic theory, learning theory, environmental theory, and ecological theory. Tzeng, Jackson, and Karlson (1991) synthesized nine different paradigms: individual determinants, offender typology, family systems, individual-environment interaction, parent-child interaction, sociocultural, sociobiological, learning/situational, and ecological.
These different perspectives have informed child welfare policy and practice and influenced child welfare outcomes. Psychodynamic theories have informed therapeutic approaches in working with individuals and families. These traditional therapeutic approaches are often provided after maltreatment has occurred or as part of the reunification requirements for parents whose children have been placed in foster care due to abuse or neglect.

Psychotherapy presumes that maltreatment is due to unresolved parental conflicts or maladaptation (Kugler & Hansson, 1988). Family therapy explores family roles and dynamics that aim to improve family and individual functioning (Doherty, 1995; Halperin, 1981).

Child welfare practice today is moving away from the pathology orientation to a strength-based perspective informed by theories (e.g., social construction and feminist theory) that contend that given appropriate support, individuals “have the inherent power to transform their lives” (Greene, 2002, p. 16). Practitioners and child welfare advocates are shifting away from the “medical model,” in which the maltreating parent is viewed as a case to be diagnosed by a professional who then works to alleviate the negative personal and social consequences of the person’s problem. Alternative approaches view the person in the environment as capable of participating in solving his or her own problems. With the new approaches, the professional collaborates with, respects, and empowers clients while taking into consideration their unique views, strengths, culture, and ethnicity (Berg & Kelly, 2000).

The most sophisticated and widely used community prevention programs emphasize the reciprocal interplay between nuclear family behavior and broader neighborhood, community, and cultural contexts (Daro & Dodge, 2009). This emphasis is consistent with the ecological perspective, which offers a theoretical base that emphasizes the complex transactions and interactions among child, parent, and environmental risk factors (National Resource Council,
Ecological approaches emphasize multiple systems of influence and provide an integrative approach that highlights the need for multiple coordinated efforts to address child abuse and neglect (Daro & McCurdy, 1994). In addition, ecological approaches suggest a network of services or supports that can help compensate for individual, situational, and environmental shortcomings. These social interactional models shift focus from parental psychopathology as the cause of child maltreatment to individual shortcomings in the context of the family, community, and society (National Resource Council, 1993). Based on environmental and ecological theories, community-based programs address socioeconomic risk factors by providing access to services and financial support. By linking parents to local support networks (both formal and informal), they also address risk factors associated with social isolation and community context (Daro, 1993).

Developmental theory also informs the emerging child-welfare practice orientation (Pecora, Whittaker, et al., 2009). This approach allows for an examination of people’s behavior across the life span. A developmental approach aims to build on the strengths children have at particular stages of their lives. The study of developmental psychopathology addresses risk, vulnerabilities, protective factors, and resilience or stress resistance (Greene, 2002).

The concept of resilience has been incorporated into child-welfare practice approaches. Resilience is a perspective that draws on developmental theories in addition to ecological theories and family literature. A function of the ecological context of a community, society, and government, resilience builds on the family’s strengths and is influenced by culture and ethnicity. Looking at resilience creates a relational perspective that also integrates theories of crisis, stress, and coping. It requires an understanding of the mutual influences of various systems. Support systems are seen as contributors to adaptive behavior (Greene, 2002). Focus
on promoting resilience builds on strengths and creates empowerment to develop a positive sense of self and to promote competence (Greene, 2002). Rather than identifying risk factors for maltreatment and addressing the problems and deficiencies of the primary caretaker, this framework focuses on strengthening protective factors and building family and social networks to reinforce the ability of parents to care for their children. Finally, rather than seeking to minimize harm to the child, this approach aims to maximize the potential and strengthen the capacity of parents and communities to care for their children in ways that promote well-being (Stagner & Lansing, 2009).

In order to promote resilience and keep children safe in their homes and communities, interventions need to focus on developing an individual’s and family’s internal resources while changing the social environment. For the same reason, interventions, support structures, community services, and government services for vulnerable families can be better understood in terms of their effectiveness at building or maximizing existing protective factors for the individual, family, and community. A number of risk factors are associated with child maltreatment, including family poverty, parental substance abuse, mental illness, and domestic violence, among others (Pecora, Whittaker, et al., 2009). Protective factors, on the other hand, have an ameliorative effect. Identifying and alleviating risk factors as early as possible is critical to a child’s healthy development.

The nation’s CWS/CPS systems have experienced significant change over time. The “rescue” orientation that contributed to the tremendous growth of the foster care population has been tempered over time with increasing focus on family preservation and efforts to expedite permanency for children languishing in out-of-home care. Although states continue to spend
billions of dollars in federal, state, and local funds on foster care services, more children reported for maltreatment are receiving services at home rather than in foster care.

Federal funding policy has undergone some shifts, as seen in the number of laws passed over time to support at-risk families. The IV-E demonstration waivers provide states with opportunities to use federal funds more flexibly to tailor services to meet individual needs. The federal administrative data show that many states have reduced their foster care population, while the CFSR data show improvements in key child welfare outcomes, including safety.

The current theoretical framework for understanding child maltreatment and serving families at risk is less grounded in the culture of individual blame and punitive practices. Experts generally agree that views of risk and protective factors associated with child abuse and/or neglect should be guided by the ecological theory of maltreatment that was first advanced by Bronfenbrenner in 1979 and later refined by Cicchetti and his colleagues (Bronfenbrenner, 1979; Cicchetti, 1994; Cicchetti & Toth, 1995). An ecological approach suggests that risk (and potentially protective factors) can be associated with the child, the parent/caregiver(s), parent-child interaction, family factors, and the community context within which the family lives. This approach views parents in the environment as capable of participating in solving their own problems.

Consistent with the ecological perspective, the dissertation hypotheses are based on the observations that today’s child-welfare reform initiatives involve stronger collaboration with families and communities in order to improve child safety, permanency, and well-being. Child welfare systems are increasingly operating on the premise that maintaining healthy and safe families cannot and should not be the responsibility of any one societal sector, so the welfare of children has become a collective effort of families, community organizations, and government
agencies. The strengths of the different participants can be combined, and responsible individuals, strong families, and sustaining communities can be fostered (Schorr, 1997; Simon, 1994). Collaborative and empowering strategies, where the family and community participate in decision making, are now considered vital for effective child welfare practice.
CHAPTER 3: EMPIRICAL LITERATURE

The field of child welfare has access to a body of empirical studies on the characteristics of families and children that are associated with predictors of recurrence of maltreatment. Also, there is extensive research on the characteristics of families and children that are at risk of maltreatment and foster care placements. Gender, age, race/ethnicity, criminal history, substance abuse, domestic violence, mental illness, and social support are among the variables that are predictors. Vast numbers of studies focus on risk factors associated with recurrence of maltreatment and reentries into foster care. The evidence is also building regarding effective prevention and intervention programs to alleviate maltreatment and reduce foster care placement.

In contrast, the empirical literature reveals very little research related to changes in CWS/CPS systems’ response to child maltreatment nationally and the reduced reliance on foster care. One relevant developmental evaluation study of two counties in Florida specifically analyzed maltreatment trends and reductions in the foster care population. That study described the system redesign strategies—family preservation and family-centered practice—implemented between 2007 and 2010 that led to keeping more children safely at home. These strategies reduced foster care in Alachua County by 29.5% and in Duval County by 61%. The researchers reviewed trends in administrative data that depicted changes in outcomes for families and children as these counties experienced reductions in foster care rates. The evaluation showed that despite the reduction in foster care rates in these counties, more children were maintained safely in their homes. The rate of recurrence of maltreatment did not increase, and the rate of reentry of children into care following reunification was significantly reduced (Petras & Ward, 2011).
Another study, which used data from 1,034 counties to examine children’s first placement into foster care between 2000 and 2005, found a decrease in disparities comparing Black or African American children and White children. This was attributed both to an increase in rates of placements for White children and to a decrease for Black or African American children. However, the study also found placement and disparity rates to be higher for infants, especially Black or African American infants (Wulczyn & Lery, 2007).

The relevant empirical literature summarized here fell into two major categories. The first category involved research about safety and risk factors associated with maltreatment and foster care placement. The second category included research concerning responses and interventions to alleviate or prevent maltreatment and foster care placements.

**Risks of Child Maltreatment and Foster Care Placement**

The youngest children (under age 4) have constituted the largest group (34%) of substantiated cases of maltreatment (U.S. DHHS, 2012). Children under 1 year of age have had the highest rate of substantiated maltreatment (21.2 per 1,000 children) and accounted for 12.5% of all victims of child abuse (U.S. DHHS, 2012). Studies identifying reabuse risk factors indicated that younger children experienced higher repeat maltreatment rates (Fluke, Shusterman, Hollinshead, & Yuan, 2008; Fluke, Yuan, & Edwards, 1999; Fryer & Miyoshi, 1994).

Younger children are particularly vulnerable to fatality and serious injury from abuse and neglect. The risk of severe and fatal injuries is particularly acute during the 1st year of life (U.S. DHHS, 2012). The vulnerability of very young children is also demonstrated in rates of child fatalities. Children under 4 years of age have made up 75.7% of all fatalities, while children
younger than 1 year have accounted for 42.2% (U.S. GAO, 2011). Research also reveals that a child’s age is one of the primary risk factors for death from neglect (Margolin, 1990).

Overall, maltreatment fatality rates decrease as children become older. Children under 1 year of age died from maltreatment at a rate of approximately 16.8 per 100,000 in 2011, whereas 17-year-olds died at a rate of 0.12 per 100,000. Moreover, children under age 4 comprise a much smaller portion of the total children suffering substantiated maltreatment than they do of children who die from maltreatment. They were 82% of maltreatment deaths but comprised only 32% of nonfatal maltreatment victims. The situation is even more dire when it comes to babies. In 2011, children under 1 year comprised 11.5% of nonfatal maltreatment victims but 42% of maltreatment deaths. Thus, children under age 4 (and particularly infants under age 1) die from maltreatment at rates disproportional to the rates that they experience maltreatment (U.S. DHHS, 2011a).

Gender differences in relation to child maltreatment risk are also noteworthy. In general, girls account for a slightly higher percentage of victims of nonfatal abuse and neglect (U.S. DHHS, 2011a), while male children are at greater risk of severe physical and fatal maltreatment (Leventhal, Thomas, Rosenfield, & Markowitz, 1993; Ross, Abel, & Radisch, 2009). In general, most studies found that boys were slightly more likely than girls to die in maltreatment-related incidents (Stiffman, Schnitzer, Adam, Kruse, & Ewigman, 2002). In 2011, boys had a higher rate of child fatality than girls did; approximately 2.5 boys per 100,000 died due to maltreatment, versus 1.8 per 100,000 girls. Female victims of sexual abuse have been more likely to be rereported for the same type of maltreatment than male victims were (Jonson-Reid, Drake, Chung, & Way, 2003).
The National Incidence Studies published in the mid-1980s and mid-1990s (NIS-2 and NIS-3) reported that there were no significant racial differences in the incidence of maltreatment. This finding suggested institutional response to maltreatment resulted in higher substantiation and placement rates for children of color. In more recent findings, the NIS-4 study showed Black or African American maltreatment rates to be higher than White rates (Sedlak et al., 2010). Blacks or African Americans and Native Americans are overrepresented among children officially reported and substantiated for maltreatment overall, but data suggest that these children also face a significantly heightened risk of severe and fatal maltreatment (Herman-Giddens et al., 1999; Leventhal & Gaither, 2012; Overpeck, Brenner, Trumble, Trifiletti, & Berendes, 1998; Putnam-Hornstein, 2011; Ross et al., 2009).

Research indicates that children of color, particularly Black or African American children and Native American children, are more likely to enter foster care, and they remain for longer periods of time. Studies also show that once Black or African American and Native American children enter the foster care system, disparities exist in exit rates, length of time in foster care, placement stability, and the likelihood of reunification and adoption (Courtney et al., 1996; American Public Human Services Association et al., 2007; Miller, 2008; Stolzfus, 2005). Nationally, although Black or African American children made up less than 15% of the overall child population in the 2000 Census, they represented 26% of the children who entered foster care during FFY 2006. Furthermore, they represented 32% of the children remaining in foster care at the end of that year (Hill, 2007). One study found the odds of being placed into foster care were three times higher for Black or African American children than for White children who were reported for inadequate supervision (Carter & Myers, 2008).
No consensus exists on how to interpret racial disproportionality and disparities in the child welfare system (Bartholet, 2011). Although race/ethnicity has been closely tied to both socioeconomic status and child maltreatment risk, disparities in child maltreatment may mask large covariate effects. One study found that disparities were virtually nonexistent, or even reversed, once socioeconomic status was taken into consideration (Needell & Putnam-Hornstein, 2011). Some researchers examined the social structural characteristics and attributes of locales, such as the racial composition of a county, poverty rates, and single parenthood as the key to understanding disparities in child welfare outcomes (Wulczyn, 2011).

The interaction between poverty, the characteristics of a neighborhood, race/ethnicity, and rates of child maltreatment is complex, but the data clearly show that families whose children are at risk of child abuse and neglect are often those facing serious financial challenges. In 1996, Sedlak and Broadhurst (as cited in Hutson, 2003) reported that children living in families with less than $15,000 in annual income were 22 times more likely to be abused or neglected than children in families with incomes of $30,000 or more. Mothers with one or more episodes of homelessness and mothers living in low-income neighborhoods were at significantly greater risk of child-welfare-service involvement and foster care placement (Culhane et al., as cited by Courtney, McMurtry, & Zinn, 2004).

The socioeconomic conditions of the family and community have also been linked to risk of severe and fatal maltreatment. The data suggest that severely and fatally maltreated children overwhelmingly come from impoverished families (Leventhal & Gaither, 2012; Leventhal, Martin, & Gaither, 2012; Putnam-Hornstein, 2011). Changes in broader macroeconomic conditions have also emerged as correlates of hospitalizations for child abuse (Berger et al., 2011; Wood et al., 2012). A 5-year study of lower income families from 74 counties in four
states showed a 65% increase in abusive child-head-trauma incidents during an economic recession compared with prerecession years (Berger et al., 2011). Overall, the mortality rate of children born into low-income families was approximately twice that of children who were not (Brooks-Gunn & Duncan, 1997).

Researchers do not yet know whether poverty directly increases a child’s risk or is merely symptomatic of other conditions (e.g., parental substance abuse or mental illness). In addition to family poverty, risk factors associated with maltreatment include mental illness, parental substance abuse, and domestic violence, as well as others (Pecora, Whittaker, et al., 2009). Research on maltreatment indicates that one third to two thirds of child abuse and neglect cases involve substance abuse (U.S. DHHS Substance Abuse and Mental Health Administration, 1999). Studies also show that parents who are perpetrators of violence against their domestic partner are more likely to physically abuse their children (Edelson, 1999).

The relationship between maternal depression and parenting is well documented. Studies have revealed that depression interfered with parenting (Hoffman, Crnic, & Baker, 2006). A 2006 study found caregivers with mental health or substance abuse problems were twice as likely to be found responsible for physical neglect. A great number of mentally ill parents lose custody of their children. These children tend to linger in care for long periods of time (Jacobsen & Miller, 1998). One study found that having a primary caregiver with mental health problems doubled the odds for an out-of-home placement (Carter & Myers, 2008).

Strong evidence links substance abuse with child maltreatment, particularly neglect. The overlap of substance abuse with maltreatment is well documented. Studies found that the prevalence of substance abuse among caregivers who had maltreated their children was as high as 80% (Besinger, Garland, Litrownik, & Landsverk, 1999; Young, Gardner, & Dennis, 1998).
According to Testa and Smith (2009), however, co-occurring risk factors such as parental depression, social isolation, homelessness, or domestic violence may have had a greater impact on maltreatment than substance abuse itself did.

There is significant overlap between domestic violence (DV) and child maltreatment. According to published studies, child maltreatment also occurred in 30% to 60% of families where spouse abuse took place (Appel & Holden, 1998; Edelson, 1999). Fifteen percent of child victims were in families where a caregiver also abused a domestic partner (U.S. DHHS, 2007a). Data from the National Survey of Child and Adolescent Well-Being study revealed that child welfare workers found active DV was present in only 12% of families investigated for maltreatment, but 31% of caregivers reported DV victimization (U.S. DHHS, Office of Planning, Research, and Evaluation, 2005). Other studies found the prevalence to be as high as 37% (Whitney & Davis, as cited in Berg & Kelly, 2000). DV and the number of children in the home were also predictors of substantiated physical neglect (Carter & Myers, 2008).

A variety of other studies related to prevalence and risks of maltreatment took into consideration family (Pittman & Buckley, 2006) and neighborhood (Reading, 2008) characteristics, as well as social support and social isolation (Fantuzzo, Stevenson, Kabir, & Perry, 2007). Some studies examined the correlation between family structure, child abuse reports, and substantiation rates (Weissman, Jogerst, & Dawson, 2003). Children residing in households with adults unrelated to them were eight times more likely to die of maltreatment compared to children in households with two biological parents (Stiffman et al., 2002). Weissman et al. (2003) found family structure to be significantly associated with child abuse reports and substantiation rates.
Recurrence/Repeat Maltreatment

One of the primary measures of child safety is the rate of recurrence of maltreatment. ASFA and the CFSR established this as the primary child welfare measure of safety. Whenever a substantiated report is followed by another substantiated report, it raises concerns because the agency was aware of the risk in the first instance but did not prevent subsequent harm (Fluke et al., 2008). However, the rate of repeat maltreatment appears to be similar for substantiated and unsubstantiated cases (Drake, Jonson-Reid, Way, & Chung, 2003). Therefore, researchers are increasingly studying repeat reports regardless of substantiation, since a large body of literature highlights the difficulties in correctly ascertaining whether a child has been maltreated (Cross & Casanueva, 2009; Drake et al., 2003; Drake, Jonson-Reid, & Sapokaite, 2006; Kohl, Jonson-Reid, & Drake, 2009).

Extensive numbers of studies on repeat maltreatment identify risk factors and indicate that younger children experience higher repeat maltreatment rates (Fluke et al., 2008; Fluke et al., 1999; Fryer & Miyoshi, 1994). Furthermore, parental substance abuse (Fluke et al., 2008; Terling, 1999), child disability (Fluke et al., 2008; Kohl et al., 2009), poverty (Dakil, Sakai, Lin, & Flores, 2011; Fluke et al., 2008), and previous neglect reports (Connell et al., 2009; Drake et al., 2003; Fluke et al., 1999; Fryer & Miyoshi, 1994) correlated with repeat abuse. Dakil et al. (2011) conducted a 5-year prospective cohort study that identified clusters of interactive factors most significantly associated with the risk of repeat abuse for children remaining in the home. They found that children with behavior problems, caregivers with a history of being reported for child welfare, and families with an annual income under $20,000 were more likely to be reported again (Dakil et al, 2011). Some studies have shown that patterns of repeat reports and victimization intensified with time for some groups of children (English, 2003). For example,
longitudinal analysis has suggested that the response of the CPS system may change with the age of the child and with the number of times that a child was referred to the CPS agency. Sexually victimized (Reid & Sullivan, 2008) and physically neglected children (Fryer & Miyoshi, 1994) experienced higher rates of repeat maltreatment. According to Jonson-Reid et al. (2003), recurrence of sexual abuse was more likely for female victims and recurrence of physical abuse more likely for older children.

Ironically, researchers have found that the provision of services was associated with an increased recurrence of maltreatment. One study showed that clients who received substance abuse treatment were nearly twice as likely to have another child abuse report within 18 months. This raises the question of whether repeat reports of maltreatment resulted from an actual increase in risk or whether families faced greater scrutiny by service providers (Fluke et al., 2008). Researchers suggested that this finding was likely due to increased scrutiny from professionals, but it could also suggest that the services were not effective to meet the needs of the clients (Fluke et al., 2005, Fluke et al., 1999).

**Entries and Reentries into Foster Care**

Reentry into foster care is often used as an indicator of how safe children are following reunification. The lower reentry rate represents better safety decisions by CPS related to reunification. Research on the factors associated with reentry includes various correlations between factors such as abuse type, reason for initial placement, parental capacity, race, criminal history, substance abuse, and social support, among others (Terling, 1999).

Children are removed and placed into foster care for a variety of reasons. Based on the National Survey of Child and Adolescent Well-Being (NSCAW), 20% of children in an investigation for abuse and neglect had a mother who, by either the child welfare worker’s or
mother’s account, was involved with drugs or alcohol. That figure rose to 42% for children who were placed into foster care (Gibbons, Barth, & Martin, in press). An assessment supported by national estimates in the late 1990s demonstrated that substance abuse was a factor in three fourths of all foster care placements (Young et al., 1998).

A great number of mentally ill parents lost custody of their children. These children lingered in care for long periods of time (Jacobsen & Miller, 1998). One study found that a having a primary caregiver with mental health problems doubled the odds of an out-of-home placement (Carter & Myers, 2008). In addition, mothers with one or more episodes of homelessness and mothers living in low-income neighborhoods had a significantly higher risk of child-welfare-service involvement and foster care placement (Culhane et al., 2003).

One study showed that the odds of being placed into foster care were three times higher for Black or African American children than for White children reported for inadequate supervision (Carter & Myers, 2008). A study examining children’s first placement into foster care between 2000 and 2005 found placement and disparity rates to be higher for infants, especially Black or African American infants (Wulczyn & Lery, 2007).

Some reentry research focused on the reasons children came into care. Studies have found higher reentry for Black or African American children originally placed due to physical abuse (Wells & Guo, 1999; Yampolskaya, Armstrong, & Vargo, 2007). The research showed that children who entered care due to alcohol and drug involvement (Brook & McDonald, 2009) or domestic violence (Jones, Gross, & Becker, 2002) were more likely to reenter care following reunification. Other studies suggested that reentry might have been associated with the age of the child (Courtney, 1995), the number of children in the family, child behavior problems (Barth,
Weigensberg, Fisher, Fetrow, & Green, 2008), or the total number of CPS reports per family (Frame, Berrick, & Brodowski, 2000).

Both a child’s family situation at the time of reunification and receipt of post reunification services predict reentry. The child's experience while in care, including placement setting at the time of discharge, length of time in care, and placement stability, was also positively correlated with reentry (Courtney, 1995; Frame et al., 2000). Several authors found that speedier reunification (Courtney, 1995; Wulczyn, 1991) and receipt of post reunification services (Frame et al., 2000) increased the likelihood of reentry into foster care. Other researchers concluded that factors present at the time of reunification, such as the child's age, health problems (Courtney, 1995; Yampolskaya et al., 2007), and housing problems (Frame et al., 2000), increased the likelihood of reentry.

**Prevention of Maltreatment and Foster Care Placement**

Understanding the risks associated with maltreatment is critical to the development of strategies to alleviate these risks and prevent foster care placement. The literature related to CWS/CPS systems’ efforts to alleviate and prevent maltreatment and reduce foster care placements reveals a number of strategies that are effective. These primary strategies include better safety and risk assessment, increased engagement and involvement of families in decision making, and enhanced investment in community prevention and family support. Services to families, especially those related to early intervention and prevention, are becoming more evidence based or at least informed by evidence. More efforts are being made by CWS/CPS to foster community partnerships and provide integrated services that address substance abuse, domestic violence, and mental health, among other family issues.
Assessment and Decision Making

Emerging evidence suggests that the structured decision-making model is having an impact in some jurisdictions on reducing the number of children in foster care (Lee, Aos, & Miller, 2008). Promising approaches being tested involve comprehensive family assessments that take into consideration information about the child, family, and community. Information related to the child’s development and family’s substance abuse, domestic violence risks, mental health, medical issues, financial well-being, and housing stability are critical to the assessment. For example, Los Angeles County uses an up-front assessment when a child welfare emergency response worker suspects that the family has a mental health, substance abuse, or domestic violence problem and needs additional expertise to determine the appropriate response (Edgar, 2009). In Compton, a suburb of Los Angeles, this kind of assessment is credited with helping to keep about 5,000 children in their homes. In that neighborhood, the community-based agency conducted 2,700 assessments and saw only 50 removals (Casey Family Programs, 2009a).

Family and Community Engagement

Differential response and family meetings31 are two major approaches being used in the field of child welfare. These approaches are geared toward engaging families referred to CPS and members of their support circle in assessment and decision making. In addition, families can be connected more effectively with the support and services they need to stay together safely. A study by the U.S. Department of Health and Human Services found that almost two thirds of all county-level public child welfare agencies claimed to employ “alternative response” (U.S. DHHS, 2003), another name for differential response.

The evaluations of differential response in several states demonstrated positive outcomes. Evaluation evidence from Minnesota revealed that families assigned to the assessment track
received more services and were less likely to have a repeat report. Studies in several other states included a quasi-experimental study in Missouri that found that children were safe or safer under differential response (Waldfogel, 2008). In California, in the 11 counties that piloted differential response along with other initiatives, the rates of maltreatment incidents, removals, and length of stay in foster care decreased, while reunification within 12 months of entering care increased (The Results Group, 2007). During the implementation of these initiatives from 2007 to 2008, the foster care population in Alameda County, California, decreased by 10.4% (Casey Family Programs, 2009a). North Carolina’s evaluation of its multiple response system found that the program did not compromise child safety. At the same time, it generated increased family and staff satisfaction. Evaluations in Minnesota and North Carolina demonstrated success in safely keeping children out of foster care. This yielded a cost savings of $1,300 per family compared with families who were the subject of a more traditional investigative approach. In addition, repeat maltreatment reports decreased. Families received more services and were more satisfied with the services (Institute for Applied Research, 2006). The evaluation of the Ohio Alternative Response Pilot Project showed a reduction in the number of child removals and out-of-home placements; only 1.8% of the children in the experimental group were removed, compared to 3.7% in the control group (Loman, Filonow, & Siegel, 2010).

Over the past two decades, child protection work has been strongly influenced by a greater orientation toward family-centered practice. Agency engagement is considered critical in developing a helping relationship with families (Altman, 2005) and planning for services (Mallon & Hess, 2005). Empirical evidence supports the importance of engagement and active involvement of families in decision making. Evidence shows that parental involvement in treatment plans decreases subsequent maltreatment reports (Atkinson & Butler, 1996).
Through models like family team decision making and family group conferences, professionals are increasingly sharing decision-making power and participating more cooperatively with families of children at risk. Several family teaming models have developed that aim to engage, empower, and support vulnerable families. These models stress the importance of engaging the family’s natural supporters and community members to participate in the case planning and decision-making processes. Several models fall under the umbrella of family group conferencing, including family group decision making, family team decision making, and family team conferences. These models have been widely implemented in many states and local jurisdictions (The Annie E. Casey Foundation/Casey Family Services, 2009b). In 2011, the Administration for Children and Families awarded $28 million to improve well-being for children in child welfare and included family group decision making as one of the approaches to build protective factors for children and families (U.S. DHHS, 2011b).

Research regarding the family group decision-making model found that referring caseworkers agreed that these meetings were helpful to families. Families felt the child welfare agencies respected them and appreciated their influence on decision making. The researchers also reported that the vast majority of plans achieved the standard of child safety. Subsequent reports of child abuse and neglect decreased. Some states and local jurisdictions reported that the participation of families in team decision making or family group decision making (FGDM) helped prevent foster care placements and/or expedited reunification. In Louisville, Kentucky, 34% of children who were reported as needing to be removed were able to stay home when their families participated in conferences. In Texas, children were more likely to be reunified when their families participated in FGDM. The best outcomes were reported for Black or African American and Hispanic families. Maine reduced the number of young people in residential care
by nearly 40% between 2004 and 2006 by instituting team meetings as a primary permanency strategy (The Annie E. Casey Foundation/Casey Family Services, 2009a). Berzin, Cohen, Cosner, Thomas, and Dawson (2008) conducted a randomized assignment control study related to the impact of FGDM on child welfare outcomes. Although the study did not indicate more positive outcomes (safety, permanency, and well-being) for children receiving the intervention, the children were not worse off than those receiving traditional services (Berzin et al., 2008).

Two pilot studies using community partnership strategies and family team meetings in Linn County, Iowa, reported that 50% of young people in residential treatment facilities were successfully reunified (The Annie E. Casey Foundation/Casey Family Services, 2009a). A study was conducted of the community collaborative efforts aimed at improving child welfare services in Fresno, California. The results showed that Fresno experienced a 31% drop in foster care placements between 2002 and 2007 following implementation of these initiatives. This happened despite the fact that California’s Central Valley was experiencing an epidemic in the use of the illegal drug methamphetamine at the time. Similarly, the community collaborative in Iowa contributed to a decrease in caseloads and a 25% reduction in the rate of repeat maltreatment within 12 months (White, 2008). However, an evaluation study of four pilot sites (Cedar Rapids, Iowa; Jacksonville, Florida; Louisville, Kentucky; and St. Louis, Missouri) implementing a community partnership effort to support vulnerable families found modest results in reducing subsequent maltreatment and foster care placement (Daro, Budde, Baker, Nesmith, & Harden, 2005).

**Family Preservation and Support Services**

A 2006 analysis of previous evaluations in 14 sites showed that intensive family preservation service (IFPS) programs adhering to the original and intensive Homebuilders™
model reduced out-of-home placement rates by an estimated 31% (Washington State Institute for Public Policy, 2006). The National Family Preservation Network analyzed IFPS data from seven states (Colorado, Indiana, Maryland, Missouri, North Carolina, Pennsylvania, and Washington) and reported a 93% placement prevention rate (regardless of the type of maltreatment) and improvements in parental capabilities, family interactions, family safety, and child well-being (Kirk & Griffith, 2007).

Less intensive family support centers are also demonstrating effectiveness in preventing maltreatment. Chicago Child Parent Centers have provided educational and family support services in neighborhood schools for more than 40 years. In a longitudinal study of these centers, Reynolds, Temple, Robertson, and Mann (as cited in Pecora, Whittaker, et al., 2009) found significant decreases in child maltreatment, juvenile arrests, and violent offenses. Family Connections is a community-based program through the University of Maryland’s Baltimore Center for Families. The program is a model that involves multiple interventions, including family assessment, parenting education, social support, community connections, emergency assistance, and promotion of financial stability. Rigorously evaluated, the program was judged to have created increases in protective factors and decreases in risk factors for child neglect. It also reduced maltreatment incidents and enhanced child safety and well-being (Caliber Associates, 2003).

Jennifer Culhane and her colleagues followed a 5-year birth cohort among women who had been homeless. She found an elevated rate of involvement with child welfare services and a rate nearly seven times higher of having children placed into foster care (Culhane, Webb, Grim, Metraux, & Culhane, as cited in Courtney et al., 2004). According to the Child Welfare League of America, approximately 30% of children in foster care could be reunified if their families had
access to appropriate housing. The U.S. Agency for Housing and Urban Development instituted the highly successful Family Unification Program (FUP) that awarded 39,000 housing vouchers to families. FUP is credited with allowing more than 100,000 children to return home from foster care or avoid out-of-home placement (Child Welfare League of America, 2009). An evaluation of the program found that up to 62% of the separated families had all of their children returned to them, and 90% of the at-risk families were able to keep all of their children out of foster care (Rog, Gilbert-Mongelli, & Lundy, 1998). Connecticut’s Supportive Housing for Families Program combined state funding with federal housing vouchers to provide housing and support services to separated families and those at risk of separation. The program’s comprehensive support for families has been successful in keeping families together. During the program’s first 6 years, 455 families were housed and more than 1,100 children were reunified or kept with their families (National Alliance to End Homelessness, 2003).

**IV-E Funding Demonstration Waivers**

The federal IV-E waiver demonstration programs implemented in recent years have provided some states with financial flexibility to implement a variety of innovative child welfare strategies. Twenty-three states have implemented one or more waiver demonstrations projects. Although the evidence related to the IV-E waivers overall has been mixed, the findings suggest that the waivers have been effective in increasing the availability and diversity of services to at-risk children. In some states that obtained a waiver, there were statistically significant findings that the waivers had improved child-welfare safety and permanency outcomes. Indiana and Ohio showed small but statistically significant differences between the experimental and matched comparison group in the number of children who entered foster care. Children in the experimental group were less likely to enter care and less likely to experience repeat
maltreatment rates (U.S. DHHS, 2011c). Following implementation of Florida’s IV-E flexible funding demonstration, the state experienced a 38% decrease in the foster care population between September 2006 and February 2010. Florida also reduced its repeat maltreatment rate from 8.2% in SFY 2002-2003 to 5.2% in SFY 2006-2007 (U.S. DHHS, 2011c). Florida accomplished these results through increasing service access, providing more intensive in-home services, and enhancing family engagement through the family team conferencing model (Vargo et al., 2008). A developmental evaluation study was conducted of the strategies that led to reduced foster care rolls between 2007 and 2010 in Alachua and Duval Counties, Florida. The evaluation focused on presenting trends in administrative data that depict changes in outcomes for families. The evaluation found that the rate of children removed from their homes was reduced by 61% in Duval County and by 29.5% in Alachua County. It also showed that more children were safely maintained in their homes with no increase in the rate of recurrence of maltreatment. Furthermore, the rate of foster care reentry following reunification was significantly reduced (Petras & Ward, 2011).

Evidence-Based Prevention and Early Intervention Programs

A growing body of research documents the effectiveness of certain strategies to keep children safe within their own families. Several prevention and early intervention programs are considered evidence informed or evidence based. Models that have been evaluated include the Nurse-Family Partnership (NFP), Healthy Families America, Parents as Teachers, Parent-Child Home Program, Home Instruction for Parents of Preschool Youngsters, and Early Head Start (Daro, 2006). Studies show that NFP reduced child abuse and neglect by 48% and had other positive outcomes related to school readiness, maternal employment, prenatal health, and subsequent pregnancies (Kids Are Waiting, 2008; Pecora, Chang, et al., 2009).
Parenting education and training programs are among the most common services provided to families involved in the CWS system, either to help parents keep custody of their children or to achieve reunification (Barth et al., 2008). The Triple P system has been extensively studied (i.e., more than 90 studies, including 28 randomized controlled studies). This system demonstrated improvements in parenting and child functioning as well as cost effectiveness (Sanders, 2008). A large randomized controlled study funded by the Centers for Disease Control in South Carolina showed that using Triple P to provide parenting information and support for families reduced substantiated maltreatment by 25% and outplacements by 33%. It also reduced the rate of hospitalizations and emergency room visits for child maltreatment injuries by 35% for children aged 0 to 8. However, the study population was limited to a small, homogenous set of families in South Carolina (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009).

**Gaps and Limitations of the Empirical Research**

A substantial body of empirical research evaluates the characteristics and predictors of child maltreatment and foster care placements, as well as the relative effectiveness of individual interventions, programs, and strategies for addressing maltreatment. In addition, several national studies relate to maltreatment measure prevalence (see NIS-3; NIS-4) (Sedlak & Broadhurst, as cited in Hutson, 2003; and Sedlak et al., 2010) or examine permanency and well-being outcomes (U.S. DHHS, Office of Planning, Research, and Evaluation, 2005). The U.S. DHHS issues reports regularly that analyze trends in child maltreatment and foster care placement based on information submitted by states to the two federal administrative databases: NCANDS and AFCARS. The federal reviews also provide a source of information about the functioning of the child welfare system.
These sources of data provide evidence that there have been some improvements in both safety and permanency outcomes for children served by CWS/CPS systems over time. In addition, it appears that CWS/CPS systems have implemented policies and practices to keep more children safely at home and out of foster care. In addition, some experts have suggested that the reform strategies implemented by CWS/CPS systems have contributed to the decrease in the foster care population. Available data point to shifts in the population being served by the system: Very young children and adolescents make up a higher percentage of children entering foster care than those in other age groups.

Major gaps remain, however, in empirical research related to the foster care reduction trends that took place in recent years in United States. Due to the interest of organizations such as Casey Family Programs, the National Governors’ Association, and the National Council of State Legislatures in reducing the foster care population, some literature began to emerge on foster care reduction. Given the significant reduction in the foster care population in the United States and the continuing concern over the safety of maltreated children, more research is needed covering these trends and their impact on the children reported for maltreatment. No national studies or in-depth analyses of key child maltreatment trends related to foster care reduction have been conducted. Also, researchers have not provided a comprehensive examination of key CWS/CPS system decisions related to children or of maltreatment trends that may shed light on reductions in the need for foster care.
CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

Dissertation Focus and Study Questions

One of the underlying hypotheses for this study relates to the association between the national decline in foster care entries from 2005 and 2010 and the shifts in CWS/CPS systems’ response to child maltreatment due to reforms aimed at keeping children referred for maltreatment in their homes and communities. To examine this relationship, the dissertation study focuses on the CWS/CPS administrative decisions as represented in the national data trends (children screened in for maltreatment who received a CPS response and services). In addition, based on the hypothesis that CWS/CPS system interventions have become more targeted to high-risk or more vulnerable population groups (e.g., very young children and older adolescents with higher needs), the study examines the demographic characteristics (gender, age, and primary race/ethnicity) of children who were screened in and who received a CPS response and services.

The study examined the following questions:

1. What were the national maltreatment trends for children who were screened in and provided with a CPS response and PIS from 2005 to 2010?

2. What do the administrative data show regarding the numbers, rates, and percent of total children screened in and provided with a CPS response and PIS, and how did they change from 2005 to 2010?

3. How have the demographic characteristics (gender, age, and primary race/ethnicity) of children screened in and provided with a CPS response and PIS (including foster care) changed nationally from 2005 to 2010?
4. Were there shifts in substantiation by the major types of maltreatment for children by gender, age, and primary race/ethnicity between 2005 and 2010?

5. Who were the children who entered care, and how did their demographic characteristics change from 2005 to 2010?

6. Have there been changes in the reasons children are entering/reentering care? Has there been a decrease or increase in the percentage of children entering care due to physical abuse, sexual abuse, neglect, and other forms of maltreatment? What were the shifts based on gender, age, and primary race/ethnicity?

7. How did the NCANDS child maltreatment variables change in comparison with the foster care placement data?

**Data Sources**

This descriptive study utilized two federal administrative databases: the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). These databases contain several million records of child maltreatment reports and hundreds of thousands of records of children in foster care. The databases are rich sources of information about children who are the subjects of child maltreatment investigations, including child demographics, types of maltreatment, and services to children who come to the attention of CWS/CPS systems. Data from the NCANDS files contain limited information related to foster care; they only cover children placed within the first 90 days of substantiation of maltreatment. Therefore the study included analyses of the national administrative data contained in the Adoption and Foster Care Analysis and Reporting System (AFCARS), a federally mandated data collection system intended to provide case-specific
information on all children in foster care for whom the state child-welfare agency has responsibility for placement, care, or supervision.

The NCANDS data on post investigation foster care specifically relates to children who (a) entered foster care after a CPS response and (b) did so within 90 days of maltreatment substantiation. AFCARS data provide more complete information on all children who entered foster care and include children who entered foster care for maltreatment, as well as for reasons other than maltreatment. Children are placed out of the home for a variety of reasons other than maltreatment, including incarceration of a parent, voluntary placement by a parent unable to provide adequate care, or death of a parent/caregiver. Also, children—especially older children—may enter out-of-home care due to their behavioral problems (truancy, running away, and juvenile offenses) and the inability of their parents to deal with these issues. The AFCARS data complement the information provided by NCANDS related to foster care entry and provide an overall view of the trends related to the number and rates of children who entered foster care from 2005 to 2010. Only a limited number of the 66 points of AFCARS foster care data were used in this study to provide information on child demographics, including gender, age, primary race/ethnicity, and reasons for removal.

The National Child Abuse and Neglect Data System (NCANDS)

The NCANDS is a federally sponsored annual national data collection effort created for the purpose of tracking the volume and nature of child maltreatment. Reporting states participate on a voluntary basis and submit their data after going through a process in which each state’s administrative system is mapped to the NCANDS data structure. The NCANDS data sets for FFY 2005-2010 were obtained from the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University and were used in the study. NDACAN prepares data and
documentation for secondary analysis and disseminates the datasets to researchers. The NCANDS data sets consist of files in three formats: the child file, the agency file, and the summary data component (SDC). The reporting periods extend from October 1 to September 30 of the following year (NDACAN, 2011).

The child file is the case-level component of the NCANDS. Records are provided at the level of each child on a report, also known as the report-child pair. Each child file data set consists of child-specific data of all investigated reports of maltreatment by state child protective service agencies. Submitted data consist of all investigations or assessments of alleged child maltreatment that received a disposition in the reporting year. Data elements include the demographics of children and perpetrators, types of maltreatment, investigation or assessment dispositions, risk factors, and services provided as a result of the investigation or assessment (NDACAN, 2011). For this part of the study, maltreatment trends were analyzed using national administrative data sets that states submit to NDACAN containing child maltreatment information for all 50 states, Puerto Rico, and the District of Columbia. It is important to note that the NCANDS data sets contain millions of data elements. Also, since states submit information to NCANDS voluntarily, data elements may not be complete for all states.

The Adoption and Foster Care Analysis and Reporting System (AFCARS)

The AFCARS is a federally mandated data collection system intended to provide case-specific information on all children in foster care for whom the state child-welfare agency has responsibility for placement, care, or supervision. The AFCARS 2005-2010 data referenced are from NDACAN and made available by Cornell University. NDACAN data are originally collected by the U.S. Department of Health and Human Services Administration on Children, Youth, and Families, Administration for Children and Families, Children’s Bureau.
AFCARS also contains information on adopted children who are placed by the states’ child welfare agencies or by private agencies under contract with the public child-welfare agencies. AFCARS distributes two data files for each fiscal year; one file contains adoption data and the other contains foster-care data. The foster-care data files used in this study contain 66 elements that provide information on child demographics, including gender, birth date, race, and ethnicity. They also contain information about the number of previous stays in foster care, service goals, availability for adoption, dates and reasons for removal and discharge, and other elements (NDACAN, 2009).

**U.S. Census Data (Claritas Data)**

The study also included census data to calculate the rate per 1,000 in the population for different variables. Counts of children in the general population were based on estimates developed by Claritas, Inc. The Claritas methodology uses age-specific survival properties and estimates births using the latest U.S. Census as the basis for the projections. Tract estimates from the census as well as other sources serve as the control. This study draws on the following two Claritas files: (a) Summary File I (SF1), and (b) short-form U.S. Census data, including age, race, sex, households, families, and housing unit population information for all states. Detailed tables provide comprehensive data about population, housing, race, and Hispanic origin. Race/ethnicity is categorized as follows: Children are classified in the Claritas archive as non-Hispanic White, non-Hispanic Black, Hispanic, or Other. The 2000 U.S. Census also classifies race as non-Hispanic White, non-Hispanic Black, Hispanic, or Other. Claritas classifies race by Hispanic ethnicity using the same estimation method. Race categories include 18 Asian groups and 12 Native Hawaiian and Other Pacific Islander groups. Counts of persons of Hispanic origin by country of origin (28 groups) are also shown.
Research Design

The research involved a quantitative secondary analysis of case-level national data collected from 2005 to 2010 and available in two national federal administrative child-welfare databases. There were no adjustments made to the data to account for missing information. All available data on the specified variables were included in the analyses.

Units of Observation

For the NCANDS data, the unit of observation in the child file is the report-child pair. Each child on a report gets a separate data record that primarily serves as the unit of observation. The NCANDS child file represents a census of all child protective services investigations or assessments that reached a disposition in the states that participated in the NCANDS. In addition, this file contains aggregated state-level data that have been required by CAPTA and are not collected at the case level. These include data on preventative services, CPS workload, and child fatalities not reported at the case level in the child file (NDACAN, 2010).

Similarly, the unit of observation in AFCARS is primarily the individual child record. AFCARS includes only one record per foster child in the annual database. AFCARS retains the most recent record for each child. A child who is in care or comes into care at the start of the year, exits care, and then later returns to care in the second half of the year has one record in the annual database—the one submitted in the second report period when the child returned to care (NDACAN, 2009).

Target Population and Study Timeframe

Using no systematic “sampling,” the study included the entire population of children who were screened in (accepted for investigation or assessment) and reported to NCANDS by states from FFY 2005 to FFY 2010. Case-level data were available from 50 states, plus the District of
Columbia and Puerto Rico, but some states were not consistent in submitting all data elements. Each year an estimated 3.2 million children are involved in screened-in reports of maltreatment. In addition, the study included all the children who entered care and were included in the AFCARS national database from FFY 2005 to FFY 2010. This time period was selected to allow for description and analyses of the maltreatment and foster care data during a period in which the decrease in entries was most significant (see Figure 1). During this period, exits from foster care began to exceed entries into foster care.

Figure 1. Children in foster care, entries and exits nationally, FFY 2003 to 2012. Data obtained from Children’s Bureau U.S. DHHS 2012 Adoption and Foster Care Analysis and Reporting System (AFCARS).
Measurement and Variables

NCANDS Data Variables

This first part of this descriptive study involves secondary analyses of the national administrative data contained in NCANDS for 2005-2010 and included variables related to the administrative decisions made by the CWS/CPS systems, as well as demographic variables of the children involved. NCANDS includes case-level data about the demographic characteristics of children involved in screened-in referrals (reports) of maltreatment received by CPS agencies, the types of maltreatment alleged, the perpetrators, the dispositions of the CPS responses, the risk factors of the child and caregivers, and the services that were provided (U.S. DHHS, 2011a).

CWS/CPS agencies make several critical decisions related to the protection and safety of children reported for maltreatment: (a) whether to screen in or screen out a maltreatment referral, (b) whether to determine a maltreatment report as substantiated or unsubstantiated, and (c) whether to provide in-home or foster care services. Therefore, the study focuses on these variables to observe any changes that may have occurred in the way CWS/CPS systems have operated related to these decisions from 2005 to 2010, when the foster care entries declined so dramatically.

Screening in of maltreatment reports. When an allegation (called a referral) of abuse and neglect is received by a CPS agency, it is either screened in for further attention by CPS or it is screened out. Children with screened-in reports receive a CPS response of either investigation or assessment. A screened-in referral is called a “report.” CPS agencies conduct a response for all reports. On the majority of reports, investigations are conducted to determine if a child was maltreated or is at risk of maltreatment and to establish whether or not an intervention is needed. Some reports are handled through an alternative-response track, which focuses primarily upon
the needs of the family and may or may not include a determination regarding the alleged maltreatment. NCANDS collects case-level data on all children who received a CPS agency response in the form of an investigation response or an alternative response (U.S. DHHS, 2011a).

**Disposition of maltreatment reports.** The data indicate whether children were found to be victims of maltreatment (also referred to as substantiated or unsubstantiated cases). The disposition includes assessing the allegation of maltreatment according to state law and policy. The purpose of this investigation is twofold: (a) to determine whether the child was maltreated or is at risk of being maltreated (commonly called a disposition or finding) and (b) to determine the child welfare agency’s appropriate services response. An overall disposition for the report is assigned and applies to all children on the report as long as at least one allegation was substantiated for one child or more. If all the allegations for all the children on the report are unsubstantiated, the report disposition is “unsubstantiated.”

Cases assigned to the differential response track are usually considered to be at low risk for maltreatment. The family voluntarily accepts CPS services, and no specific determination of the allegation of maltreatment is required. However, some states also use the concept of a disposition as an “alternative response victim” or as “not a victim.” (Provision of a response either determined that any child in the report was a victim of maltreatment or not a victim.) Therefore, the term “disposition” includes both investigation dispositions and alternative response assignments (U.S. DHHS, 2011a, p. 6).

**Provision of post investigation or post response services (PIS).** Data about PIS are collected through the child file or the SDC. States are asked to report only those children who received services (both foster care and other services) by the CPS agency within 90 days of the disposition date. NCANDS collects case-level data about children who received PIS. PIS are
offered by child welfare agencies or ordered by the courts to address child safety concerns. Whether the allegations were substantiated or not, a percentage of children screened in for maltreatment may receive PIS from CWS/CPS agencies. These services are usually based on an assessment of the family’s strengths, weaknesses, and needs, and they may involve both foster care and in-home services (family preservation, family support, and other services).

The data presented in the PIS section are child-specific. The child-specific data allowed for examination of changes over time based on the demographic characteristics of the children. The data analysis related to PIS was divided into two sections: (a) PIS provided for families with substantiated allegations and (b) PIS provided for families with unsubstantiated allegations. Under each of these two sections, the analysis was further divided into two subcategories: (a) PIS foster care services and (b) “other” PIS. “Other” PIS primarily included family support or prevention services (U.S. DHHS, 2010). The number of children provided with “other” PIS was derived by subtracting the children who received foster care services from the total who received PIS.

Types of maltreatment. The numbers and rates of maltreated children were also analyzed for this study using the five major types of maltreatment (neglect, medical neglect, physical abuse, sexual abuse, and psychological abuse) to determine if there were changes in overall national patterns and in the demographic characteristics of children affected by different types of substantiated maltreatment between 2005 and 2010.

Demographic variables. The study analysis included demographic characteristics of children (gender, age, and primary race/ethnicity) who were screened in and involved in a CPS response and provided with PIS during the study period. Sociodemographic characteristics have demonstrated independent associations with child maltreatment and foster care entries (Drake et
al., 2006; Needell & Putnam-Hornstein, 2011; Schnitzer & Ewigman, 2008) and are therefore important to describe in the study. Studies have shown that age, gender, and primary race/ethnicity, among other variables, are critical covariates in child maltreatment. The following demographic variables were included:

1. Gender: Gender was listed as male, female, or unknown or missing
2. Child’s Age: Age is often considered as an indicator of a child’s level of vulnerability to maltreatment, especially for younger children. Approximately 80% of child maltreatment-related deaths are of children under 4 years of age, and over 40% are of children under 1 year (U.S. DHHS, 2011a). Therefore, age was a critical variable in this study in order to determine whether protection services, including foster care, were targeted toward the more vulnerable age groups, i.e., very young children and adolescents with greater needs. Children from birth to 17 or 18 were included in the analysis of data. Children under age 1 and children 16 and 17 were analyzed separately to allow for specific examination of trends related to vulnerable age groups. Other age groups were sometimes clustered (1 to 4, 5 to 10, and 11 to 15 years) to allow for observation of data trends for age groups.
3. Race/Ethnicity: For this study, the primary race field was calculated in keeping with how the Children’s Bureau reports its race/ethnicity data. The following process is used:
   - If the child is Hispanic/Latino (a), alone or in combination with another race, the child is identified as Hispanic/Latino (a).
   - If the child is any other race alone, then the child is identified as that race.
If the child is any other race in combination with another race (not Hispanic/Latino (a), then the child is identified as multiracial.

**AFCARS Data Variables**

Overall, the AFCARS data were analyzed for major shifts in trends for children entering, receiving, and exiting foster care. AFCARS is the main source of data on adoption and foster care. States are required to provide data to AFCARS (unlike NCANDS), and AFCARS contains information on all types of foster care placement. States must collect and report data on all children in foster care under state care or supervision without regard to eligibility for Title IV-E funds. The AFCARS data provided this study with another source of information to supplement NCANDS data related to foster care placements. As noted earlier, the NCANDS foster care data are limited to the first 90 days following disposition and therefore do not capture all children placed due to abuse and neglect.

Data elements captured in AFCARS include “removal reasons” or conditions associated with a child’s removal from the home. These data elements were used in the study to determine the risk factors that contributed to the need to place children into foster care. These elements help to distinguish among children who entered care due to maltreatment from those who entered for other reasons. The definitions below are based on AFCARS:

1. Abandonment: The child being left alone or with others, where the caretaker did not return or make known his or her whereabouts.

2. Child Behavior: The child's behavior in the school and/or community adversely affecting his or her socialization, learning, growth, and/or moral development. This may include adjudicated or not adjudicated child behavior problems such as the child's running away from home or foster care placement.
3. Child Disability: A clinical diagnosis by a qualified professional of one or more of the following: mental retardation; emotional disturbance; specific learning disability; hearing, speech, or sight impairment; physical disability; or other clinically diagnosed handicap. These are included only if the disability(ies) was at least one of the factors that led to the child's removal.

4. Child Substance Abuse: The child's compulsive use of or need for alcohol or narcotics. This element includes infants addicted at birth.

5. Inadequate Housing: Housing facilities that were substandard, overcrowded, unsafe, or otherwise inadequate, resulting in their not being appropriate for the parents and child to reside together. This includes homelessness.

6. Neglect: Alleged or substantiated negligent treatment or maltreatment, including failure to provide adequate food, clothing, shelter, or care.

7. Caretaker Inability to Cope: Physical or emotional illness or disabling condition adversely affecting the caretaker's ability to care for the child.

8. Parental substance Abuse: The principal caretaker's compulsive, repeated use of alcohol or drugs.

9. Physical Abuse: Alleged or substantiated physical abuse, injury, or maltreatment of the child by a person responsible for the child's welfare.

10. Relinquishment: Parent or parents having assigned in writing the physical and legal custody of the child to the agency for the purpose of having the child adopted.

11. Sexual Abuse: Alleged or substantiated sexual abuse or exploitation of a child by a person responsible for the child's welfare.
12. Parent Death: Family stress or inability to care for a child due to death of a parent or caretaker.

13. Parental Incarceration: Temporary or permanent placement of a parent or caretaker in prison, leaving the child without adequate care.

**Study Limitations and Delimitations**

One of the limitations of this study is that it involves secondary analysis of data collected for another purpose and the researcher had no control over the type of data collected and cannot attest to the problems associated with the original data collection. The AFCARS and NCANDS databases were designed for administrative reporting purposes. They do not contain information related to “etiological risk factors that predate CPS contact or subsequent outcomes that could be used to assess decision-making surrounding child risk” (Putnam-Hornstein, 2011). Given that reporting to NCANDS is voluntary for states, elements are missing and not all records included in the database are complete.

Another major limitation involved the researcher’s lack of direct access to the data. NCANDS and AFCARS are huge databases that require sophisticated technical capacity to manipulate in order to run statistical analyses. The researcher compiled a list of necessary data elements to begin the study and received support to generate the dataset. Due to limited resources and workload issues, however, the work necessary to link NCANDS and AFCARS data could not completed in the available time. Thus, it was not possible to match individual children across the years to conduct meaningful analysis of incidents of repeat reports and repeat-maltreatment. Given the availability of information from federal sources that indicate that recurrence of maltreatment did not increase from 2005 to 2010, however, it was more important to focus the analysis on where it could make the greatest contribution to understanding
the changes that have occurred in the CWS/CPS administrative decisions (screening in, substantiation/unsubstantiation, foster care placement, etc.) that play a critical role in determining the rate of recurrence.

In addition, one of the other limitations of the study is that it made no observations related to child maltreatment fatalities. For records involving a fatality, NDACAN recodes certain variables to mask information, including the state and county of report, information about the child, and perpetrator identification. Thus, child maltreatment fatalities can only be examined on an aggregate level, since the information in NCANDS is masked for individual children. Half the states only report to NCANDS the death of children previously reported for maltreatment (U.S. GAO, 2011). In addition, wide discrepancies exist among how states classify, count, and report child deaths to NCANDS. Researchers caution that fatality rates due to maltreatment are unreliable (Putnam-Hornstein, 2011). Some of the research regarding child fatalities focuses on prevalence. Most estimates of the incidence of child maltreatment fatalities vary widely. Fatalities are believed to be underreported (Ewigman, Kivlahan, & Land, 1993; U.S. GAO, 2011). One study found that the child welfare agency data underascertained child maltreatment deaths by 55% to 76% (Schnitzer & Ewigman, 2008). In order to obtain accurate, comprehensive data on child fatalities, states will have to synthesize information from multiple sources, such as law enforcement agencies, death certificates, and state child-welfare agency records. Fortunately, child mortalities due to maltreatment are rare, and therefore the power of this measure is sensitive to variations.

Furthermore, the national data represent a compilation of state data and therefore changes in a handful of large states could affect the national trends. An examination of the state-level
data was not conducted, and therefore it was not possible to make observations based on state-level changes that might have affected the data overall.

Reliability and Validity

The data submitted to both NCANDS and AFCARS by states go through various steps to improve the quality of the information. Technical assistance is provided to the states during the annual submissions, and validation checks are conducted. The NCANDS Technical Team validates and reviews the data and may go through several iterations with the states to improve data quality. The data go through several steps of review before the data set is finalized. The AFCARS data similarly go through a process to ensure that the information is clean, reliable, and up to date, and duplication is estimated to be less than 2% after this process. The Children’s Bureau first compares the information sent by states for the October through March and the April through September reporting periods of that fiscal year. Before they are released, the data go through several stages of matching and extraction based on quarterly submissions by each state to arrive at an unduplicated annual file that contains the most complete and accurate data. Under certain circumstances, states can also submit corrected files after the reporting period (NDACAN, 2009).

Data Analyses

The study includes descriptive univariate and bivariate analysis. It contains general national trends as well as specific demographic characteristics (gender, age, and primary race/ethnicity) of children involved in maltreatment reports by key CWS/CPS administrative decisions: screened in and disposition (substantiated/unsubstantiated) for the years 2005 to 2010. It also includes additional analyses of the demographic characteristics of children with substantiated findings, by type of maltreatment.
The NCANDS analyses include data trends for children involved in maltreatment reports (i.e., received a CPS response, either through an investigation or an assessment). The trends are presented by disposition, whether children were found to be victims of maltreatment or not (also referred to as substantiated or unsubstantiated) and by type of maltreatment. This part of the study also examines the demographic characteristics of children (gender, age, and primary race/ethnicity) who were screened in and received a CPS response. Descriptive tabulations are presented in tables that capture the distribution of the covariates. Based on NCANDS data, the analyses include child-level cohort variations in numbers, rates per 1,000, and percentage of the total for screening, disposition, PIS, and types of maltreatment. The tables contain data related to the key CWS/CPS administrative decisions and demographic characteristics of children based on numbers, rates, and proportion of children who were screened in, substantiated or unsubstantiated, and provided with PIS between 2005 and 2010.

Since data from the NCANDS files contain limited information related to foster care (i.e., only children placed within the first 90 days of the disposition of maltreatment), the study includes analyses of the national administrative data contained in AFCARS related to all children entering foster care for whom the state child welfare agency had responsibility for placement, care, or supervision. The AFCARS data complement the information provided from NCANDS related to foster care entries and provide an overall view of the trends related to the number and rates of children who entered foster care from 2005 to 2010. This study uses some of the elements from the AFCARS foster-care data files to provide information on child demographics including gender, age, and primary race/ethnicity. The AFCARS data analysis examines demographic characteristics (gender and primary race/ethnicity) of children who entered foster care between 2005 and 2010 by and the reasons for their removal from home. Children are
placed out of the home for a variety of reasons other than maltreatment, including incarceration of a parent, voluntary placement by a parent unable to provide adequate care, or death of a parent/caregiver. Some children, especially older children, enter out-of-home care because of their behavioral problems (truancy, running away, and juvenile offenses) and the inability of their parents to deal with these issues.

The analyses of NCANDS and AFCARS data include numbers, rates, and proportion of the total. First, examining the numbers and percentage change across different variables provides a general overview of the volume of children who were served by the CWS/CPS systems and its changes over time. Second, the analyses by rate take into consideration shifts in population demographics and show the relative prioritization of different groups of children by the CWS/CPS agencies over time. In addition, standardization by rates per one thousand in the population allow for meaningful group comparisons across gender, primary race/ethnicity, and age. Third, analyses based on the percentage of the total by each category offer further insight into the decisions being made and how the demographics of maltreated children may have shifted over time. These different ways of analyzing data allowed group differences to be observed simultaneously over time.

**Ethical Considerations and Human Subjects Protection**

The study did not involve any direct contact with human subjects. Rather, it was based on the secondary analysis of administrative data collected during the normal course of agency operations as required by state and federal laws pertaining to child abuse and neglect. The data sets provided did not contain specific identifiers of the individual children and families.

Both states and NDACAN take steps to protect confidentiality. All identified variables submitted to NCANDS have been encrypted by the states to prevent tracing a child file record
back to the record in the state’s child-welfare information system. Before distributing the AFCARS data, NDACAN makes two manipulations to the foster care data to protect the privacy of the children in foster care. First, geographic codes for the children from counties with fewer than 1,000 records in the annual database are not provided for reasons of confidentiality. Second, each child's date of birth is recoded as the first day of the week of birth. For example, children born from the 8th through the 14th day of May in 2000 will all show a birth date of 5/08/2000.41
CHAPTER 5: CHILD MALTREATMENT DATA, NCANDS, 2005-2010

This chapter and the next contain descriptive analyses of the national administrative data contained in NCANDS from 2005-2010. Maltreatment trends were analyzed using national administrative data sets that states submitted to NCANDS; thus, the data contain child maltreatment information for all 50 states, Puerto Rico, and the District of Columbia. This chapter contains analysis of national administrative data trends, as well as specific demographic trends (based on gender, age, and primary race/ethnicity) related to children involved in maltreatment reports. The information was organized by two key CWS/CPS administrative decisions: a) screening-in, and b) disposition of child maltreatment reports. The chapter includes additional analyses of the demographic characteristics of children with substantiated findings by types of maltreatment.

The NCANDS analyses included data trends for children screened in for maltreatment and provided with a CPS response (investigation or assessment). The trends were also presented by disposition—whether children were found to be victims of maltreatment or not (also referred to as substantiated or unsubstantiated)—and by type of maltreatment. Descriptive tabulations presented in the tables capture the distribution of the covariates. The analyses included child-level cohort variations in numbers; rates per 1,000 in the population; the percentage of the total for screening, disposition, and PIS; as well as types of maltreatment. The tables contain data related to key CWS/CPS administrative decisions and demographic characteristics of the children who were screened in and received a maltreatment disposition (CPS-involved children), based on numbers, rates, and proportion of the total.
Children Screened In

The data set used for this dissertation study did not contain information on the number of referrals received nationally by CWS/CPS agencies. However, according to DHHS maltreatment reports that are compiled using the same source of NCANDS data used for this study, CWS/CPS agencies received approximately 3.3 million referrals of child abuse and neglect, involving 6.0 million children, in FFY 2005. A similar number of referrals, involving approximately 5.9 million children, were reported in FFY 2010. These numbers have remained fairly consistent between 2005 and 2010 (U.S. DHHS, 2010).

Of the approximately six million children referred for maltreatment nationally, over three million were screened in each year from 2005 to 2010. The screened-in numbers increased nationally by 3.5% to over 3.1 million children from 2005 to 2010 (see Tables 2 and 3). Screened-in data are presented in a set of tables that contain information from 2005 to 2010 on the numbers and rates per 1,000 children in the population, broken down by gender, age, and primary race/ethnicity.

Screened In by Gender

Table 2 contains the total number of unduplicated children who were screened in by gender nationally. A slightly higher percentage and rate of females were consistently screened in during each of the years from 2005 to 2010. The rate difference was more pronounced than the percentage difference. In 2005, females were screened in at a rate of 40.7, compared with a rate of 41.1 in 2010. Males were screened in at a rate of 37.8 in 2005 and 39.1 in 2010 (see Table 2).
Table 2

Children Screened In by Gender Nationally, FFY 2005–2010

<table>
<thead>
<tr>
<th>Gender</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
</tr>
<tr>
<td></td>
<td>Females</td>
<td>Rates</td>
<td>Females</td>
<td>Rates</td>
<td>Females</td>
<td>Rates</td>
</tr>
<tr>
<td>%, Numbers</td>
<td>50.6%</td>
<td>50.6%</td>
<td>50.4%</td>
<td>50.3%</td>
<td>50.2%</td>
<td>50.1%</td>
</tr>
<tr>
<td>Numbers</td>
<td>1,525,588</td>
<td>1,535,175</td>
<td>1,459,538</td>
<td>1,572,419</td>
<td>1,564,479</td>
<td>1,561,858</td>
</tr>
<tr>
<td>Rates</td>
<td>40.7</td>
<td>n/a</td>
<td>40.8</td>
<td>n/a</td>
<td>41.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Males</td>
<td>%, Numbers</td>
<td>49.4%</td>
<td>49.4%</td>
<td>49.6%</td>
<td>49.7%</td>
<td>49.8%</td>
</tr>
<tr>
<td>Numbers</td>
<td>1,486,980</td>
<td>1,499,330</td>
<td>1,438,028</td>
<td>1,556,136</td>
<td>1,551,677</td>
<td>1,554,979</td>
</tr>
<tr>
<td>Rates</td>
<td>37.8</td>
<td>n/a</td>
<td>38.0</td>
<td>n/a</td>
<td>39.1</td>
<td>n/a</td>
</tr>
<tr>
<td>Grand Total</td>
<td>n/a</td>
<td>3,012,568</td>
<td>n/a</td>
<td>3,032,505</td>
<td>n/a</td>
<td>3,128,555</td>
</tr>
<tr>
<td></td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Screened In by Age

Table 3 contains the numbers and rates of children screened in by age from 2005 to 2010. The data showed that CWS/CPS systems generally screened in referrals of maltreatment for younger children at higher numbers and rates than for older children. This pattern appeared for each of the years between 2005 and 2010. In 2005, for example, 223,298 children under 1 year of age (age 0 on the chart) were screened in, at a rate of 57.1. Meanwhile, only 83,140 children age 17 were screened in, with a rate of 19.6. Similarly, in 2010, 246,000 children under 1 year of age were screened in, at a rate of 58.8, while children 17 years of age totaled approximately 96,000, with a rate of 22.7 (see Table 3).

Table 3 also shows a comparison between 2005 and 2010 for children screened in. The number of children screened in for maltreatment was 3,012,764 in 2005 and 3,116,369 in 2010. The rate was 41.2 in 2005 and 41.8 in 2010. The numbers and rates screened in increased for most but not all age groups. The highest increase in screened-in numbers and rates involved children 0 to 4 years of age as a group. The number of children under 1 year of age increased from 223,298 (57.1 rate) to 246,500 (58.8 rate). As a group, children aged 1 to 4 increased from 731,835 (46.3 rate) in 2005 to 812,504 (47.9 rate) in 2010. The second highest increase involved children 5 to 10 years of age. As a group, children 5 to 10 years of age increased from 1,031,561
(42.9 rate) in 2005 to 1,066,773 (43.6 rate) in 2010. Meanwhile, the screened-in number and rate decreased for children 11 to 15 years of age, from 785,856 (37.8 rate) to 733,983 (36.2 rate) (see Table 3).

Table 3
Rates and Numbers of Children Screened In by Age Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Child age</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Screened</td>
<td>Rates</td>
<td>Screened</td>
<td>Rates</td>
<td>Screened</td>
<td>Rates</td>
</tr>
<tr>
<td>0-4</td>
<td>46.1</td>
<td>731,835</td>
<td>46.3</td>
<td>739,742</td>
<td>44.0</td>
<td>714,261</td>
</tr>
<tr>
<td>5-9</td>
<td>39.0</td>
<td>150,142</td>
<td>39.2</td>
<td>159,396</td>
<td>37.4</td>
<td>152,524</td>
</tr>
<tr>
<td>10-14</td>
<td>35.6</td>
<td>156,029</td>
<td>35.0</td>
<td>152,862</td>
<td>33.2</td>
<td>143,865</td>
</tr>
<tr>
<td>15-19</td>
<td>36.6</td>
<td>153,955</td>
<td>35.6</td>
<td>149,146</td>
<td>33.4</td>
<td>138,671</td>
</tr>
<tr>
<td>20-24</td>
<td>37.9</td>
<td>157,244</td>
<td>36.7</td>
<td>151,873</td>
<td>34.0</td>
<td>139,026</td>
</tr>
<tr>
<td>25-29</td>
<td>40.0</td>
<td>162,536</td>
<td>38.8</td>
<td>157,426</td>
<td>35.9</td>
<td>144,013</td>
</tr>
<tr>
<td>30-34</td>
<td>39.4</td>
<td>161,270</td>
<td>39.1</td>
<td>159,704</td>
<td>36.6</td>
<td>147,171</td>
</tr>
<tr>
<td>35-39</td>
<td>35.3</td>
<td>150,851</td>
<td>35.6</td>
<td>153,774</td>
<td>33.2</td>
<td>144,322</td>
</tr>
<tr>
<td>40-44</td>
<td>37.8</td>
<td>785,856</td>
<td>37.2</td>
<td>771,923</td>
<td>34.6</td>
<td>713,749</td>
</tr>
<tr>
<td>45-49</td>
<td>29.9</td>
<td>125,641</td>
<td>31.0</td>
<td>131,756</td>
<td>29.8</td>
<td>127,302</td>
</tr>
<tr>
<td>50-54</td>
<td>19.6</td>
<td>83,140</td>
<td>20.3</td>
<td>87,267</td>
<td>19.7</td>
<td>85,057</td>
</tr>
<tr>
<td>55-59</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>4,097</td>
<td>n/a</td>
<td>3,892</td>
</tr>
<tr>
<td>60-64</td>
<td>41.0</td>
<td>2,958,428</td>
<td>41.2</td>
<td>3,006,613</td>
<td>39.2</td>
<td>2,871,941</td>
</tr>
<tr>
<td>Unborn</td>
<td>n/a</td>
<td>2,133</td>
<td>n/a</td>
<td>2,429</td>
<td>n/a</td>
<td>2,228</td>
</tr>
<tr>
<td>Missing children</td>
<td>n/a</td>
<td>25,399</td>
<td>n/a</td>
<td>22,685</td>
<td>n/a</td>
<td>23,450</td>
</tr>
<tr>
<td>Total</td>
<td>41.2</td>
<td>3,015,764</td>
<td>41.3</td>
<td>3,032,727</td>
<td>39.4</td>
<td>2,897,719</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Table 4 compares 2005 and 2010 data for children screened in by age. The number of children 0 to 4 years of age screened in increased by 11% and the rate increased by 1.7. In addition, the number of children 5 to 10 years of age increased by 3.6% and the rate increased by 0.8. The numbers and rates for children ages 16 and 17 increased as well. Meanwhile, the numbers for children aged 11 to 15 decreased by 6.6% and the rates by 1.6 (see Table 4).
In addition, Table 4 compares the percentage of children by age out of the total in the population for 2005 to 2010 to determine if there were shifts in the population numbers for different age groups, as was observed for screened-in numbers. The census data confirmed that the shift in the population numbers was consistent with the screened-in trends. Children under 1 year of age represented a slightly higher percentage of the total children in the population in 2010 than in 2005 (5.3% of the total children in the population in 2005 compared to 5.6% in 2010). Children aged 1 to 4 represented 21.7% of the total children in the population in 2005 and 22.8% in 2010 (a 1.1% increase). However, children 11 to 15 years of age decreased from 28.4% to 27.2% in the population. Meanwhile, children 5 to 10 years of age, as well as 16- and 17-year-olds, remained a stable proportion of the total in the population in both 2005 and 2010 (see Table 4).

Table 4 also compares the percentage of children screened in by age to the total for 2005 and 2010. Younger children constituted a higher percentage of the total screened in for maltreatment. Children under 1 year of age increased as a percentage of the total screened in from 7.5% to 8.0%. However, children 1 to 4 years of age accounted for 24.5% of the total number of children screened in for 2005, compared with 26.2% for 2010 (a 1.7% increase). Meanwhile, children 5 to 10 years of age remained a consistent percentage (34.5%) of the total number screened in, and the percentage of children 11 to 15 years of age decreased from 26.3% to 23.7% (a 2.6% decrease) (see Table 4).
Table 4

Rate and Percent of Change of Children Screened In by Age Nationally, FFY 20005 and 2010

<table>
<thead>
<tr>
<th>Child age</th>
<th>Screened in</th>
<th></th>
<th>% change</th>
<th>% of total</th>
<th>% of total</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005-2010</td>
<td>numbers 2005-2010</td>
<td>of total</td>
<td>of total</td>
<td>of total</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1.7</td>
<td>10.4%</td>
<td>7.5%</td>
<td>8.0%</td>
<td>7.5%</td>
<td>7.5%</td>
</tr>
<tr>
<td>1</td>
<td>2.8</td>
<td>13.7%</td>
<td>5.9%</td>
<td>6.5%</td>
<td>5.4%</td>
<td>5.6%</td>
</tr>
<tr>
<td>2</td>
<td>3.4</td>
<td>14.8%</td>
<td>6.1%</td>
<td>6.7%</td>
<td>5.3%</td>
<td>5.6%</td>
</tr>
<tr>
<td>3</td>
<td>1.7</td>
<td>11.0%</td>
<td>6.2%</td>
<td>6.6%</td>
<td>5.4%</td>
<td>5.7%</td>
</tr>
<tr>
<td>4</td>
<td>-1.0</td>
<td>-4.8%</td>
<td>6.3%</td>
<td>6.4%</td>
<td>5.5%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>1.7</td>
<td>11.0%</td>
<td>24.5%</td>
<td>26.2%</td>
<td>21.7%</td>
<td>22.8%</td>
</tr>
<tr>
<td>5</td>
<td>0.3</td>
<td>3.4%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>6</td>
<td>0.2</td>
<td>3.2%</td>
<td>6.2%</td>
<td>6.2%</td>
<td>5.3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>7</td>
<td>0.2</td>
<td>3.2%</td>
<td>5.0%</td>
<td>5.9%</td>
<td>5.4%</td>
<td>5.5%</td>
</tr>
<tr>
<td>8</td>
<td>0.8</td>
<td>4.8%</td>
<td>5.6%</td>
<td>5.6%</td>
<td>5.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td>9</td>
<td>1.0</td>
<td>5.4%</td>
<td>5.3%</td>
<td>5.4%</td>
<td>5.6%</td>
<td>5.6%</td>
</tr>
<tr>
<td>10</td>
<td>2.0</td>
<td>2.1%</td>
<td>5.2%</td>
<td>5.1%</td>
<td>6.0%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
<td>0.8</td>
<td>3.6%</td>
<td>34.6%</td>
<td>34.5%</td>
<td>33.0%</td>
<td>32.9%</td>
</tr>
<tr>
<td>11</td>
<td>0.4</td>
<td>-2.4%</td>
<td>5.2%</td>
<td>4.9%</td>
<td>5.7%</td>
<td>5.4%</td>
</tr>
<tr>
<td>12</td>
<td>-1.3</td>
<td>-6.8%</td>
<td>5.3%</td>
<td>4.7%</td>
<td>5.7%</td>
<td>5.4%</td>
</tr>
<tr>
<td>13</td>
<td>-2.6</td>
<td>-9.8%</td>
<td>5.4%</td>
<td>4.7%</td>
<td>5.6%</td>
<td>5.3%</td>
</tr>
<tr>
<td>14</td>
<td>-2.5</td>
<td>-9.7%</td>
<td>5.4%</td>
<td>4.7%</td>
<td>5.6%</td>
<td>5.3%</td>
</tr>
<tr>
<td>15</td>
<td>-2.0</td>
<td>-3.9%</td>
<td>5.1%</td>
<td>4.7%</td>
<td>5.8%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>-1.6</td>
<td>-6.6%</td>
<td>26.3%</td>
<td>23.7%</td>
<td>28.4%</td>
<td>27.2%</td>
</tr>
<tr>
<td>16</td>
<td>1.3</td>
<td>6.1%</td>
<td>4.2%</td>
<td>4.3%</td>
<td>5.7%</td>
<td>5.7%</td>
</tr>
<tr>
<td>17</td>
<td>3.1</td>
<td>17.5%</td>
<td>2.8%</td>
<td>3.2%</td>
<td>5.8%</td>
<td>5.8%</td>
</tr>
<tr>
<td>18</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Screened In by Primary Race/Ethnicity

Table 5 contains a breakdown of the children screened in for maltreatment from 2005-2010 by primary race/ethnicity. Overall, racial groups with the highest numbers of children screened in for each of the years 2005 and 2010 were White (1,439,790 in 2005 to 1,391,356 in 2010), Black or African American (695,279 to 666,423), and Hispanic/Latino (533,307 to 651,684). “No primary race” children accounted for 56,763 in 2005 and 92,550 in 2010. Approximately 25,000 to 30,000 American Indian, Alaska Native, and Asian children were screened in each of the years between 2005 and 2010, while Native Hawaiian/Pacific Islanders accounted for approximately 5,000 children each year.

Table 5 also shows the screened-in rate for 2005 to 2010 by primary race/ethnicity. The rate remained stable at 31.7 for Whites but ranged from 61.9 to 59.9 for Blacks or African
Americans and from 36.2 to 38.8 for Hispanic/Latino children. The rates for American Indian or Alaska Native children ranged between 39.9 and 37.1, for Asian children between 8.4 and 8.6, and for Native Hawaiian/Pacific Islander children between 40.8 and 40.6.

Table 5

Rates and Numbers of Children Screened In by Primary Race/Ethnicity Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Primary race/ethnicity</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1,439,790</td>
<td>1,426,830</td>
<td>1,316,025</td>
<td>1,413,418</td>
<td>1,381,896</td>
<td>1,391,356</td>
</tr>
<tr>
<td>Numbers</td>
<td>31.7</td>
<td>31.8</td>
<td>29.6</td>
<td>32</td>
<td>31.8</td>
<td>31.7</td>
</tr>
<tr>
<td>Rates</td>
<td>695,279</td>
<td>678,979</td>
<td>623,658</td>
<td>678,299</td>
<td>672,558</td>
<td>666,423</td>
</tr>
<tr>
<td>Black/African American</td>
<td>61.9</td>
<td>60.4</td>
<td>55.5</td>
<td>59.9</td>
<td>59.2</td>
<td>58.9</td>
</tr>
<tr>
<td>Numbers</td>
<td>533,307</td>
<td>577,118</td>
<td>597,409</td>
<td>644,662</td>
<td>653,845</td>
<td>651,684</td>
</tr>
<tr>
<td>Rates</td>
<td>36.2</td>
<td>38.1</td>
<td>38.2</td>
<td>40.2</td>
<td>39.9</td>
<td>38.9</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>56,763</td>
<td>60,810</td>
<td>66,016</td>
<td>76,189</td>
<td>85,269</td>
<td>92,550</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>25.9</td>
<td>27.1</td>
<td>28.7</td>
<td>32.8</td>
<td>35.9</td>
<td>37.3</td>
</tr>
<tr>
<td>Numbers</td>
<td>31,288</td>
<td>32,122</td>
<td>29,834</td>
<td>30,691</td>
<td>29,225</td>
<td>28,855</td>
</tr>
<tr>
<td>Rates</td>
<td>39.9</td>
<td>41.2</td>
<td>38.3</td>
<td>39</td>
<td>37.4</td>
<td>37.1</td>
</tr>
<tr>
<td>Asian</td>
<td>24,835</td>
<td>25,694</td>
<td>25,976</td>
<td>28,207</td>
<td>27,675</td>
<td>27,287</td>
</tr>
<tr>
<td>Numbers</td>
<td>8.4</td>
<td>8.5</td>
<td>8.3</td>
<td>8.8</td>
<td>8.7</td>
<td>8.6</td>
</tr>
<tr>
<td>Rates</td>
<td>5,170</td>
<td>4,967</td>
<td>5,221</td>
<td>5,229</td>
<td>5,277</td>
<td>5,151</td>
</tr>
<tr>
<td>NHPI*</td>
<td>40.8</td>
<td>38.9</td>
<td>40.6</td>
<td>41.4</td>
<td>41.7</td>
<td>40.6</td>
</tr>
</tbody>
</table>

*Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAI= American Indian/Alaskan Native. *NHPI= Native Hawaiian/other Pacific Islander.

The numbers for White, Black or African American, American Indian or Alaska Native, as well as Native Hawaiian and other Pacific Islander children have decreased, while those for Hispanic/Latino, Asian, No Primary Race, and Unknown Race children have increased. The largest number increase (120,338 children) involved Hispanic/Latino children. In fact, Hispanic/Latino children accounted for the majority of the increase in the numbers of children screened in for maltreatment from 2005 to 2010 (see Table 6).

Table 6 displays comparisons of the percentage and rate change for children screened in based on primary race/ethnicity for 2005 and 2010. The number of children in the “no primary race” category increased greatly (63% and a rate increase of 11.4). The second largest percentage (22.5%) and rate (2.6) increases involved Hispanic/Latino children. A smaller
percentage increase (9.9%) and a slight (.2) rate increase were seen for Asian American children. Meanwhile, White children decreased 3.4% but had no rate change. There was both a percentage decrease (4.2%) and rate decrease (3.0) for Black or African American children and a 2.9% and 2.8 rate decrease for Native American children. In addition, the number of Native Hawaiian/Pacific Islander children decreased by a small percentage (.04) and rate (.2)

Table 6 also compares the percentage of the total children screened in by primary race/ethnicity in 2005 versus 2010. White children constituted 47.8% of the total screened in during 2005 and 44.6% in 2010. The percentage of Black or African American children decreased from 23.1% in 2005 to 21.4% in 2010, while Hispanic/Latino children increased from 17.7% to 20.9%. In addition, Asian, No Primary Race, and Unknown Race showed increases from 2005 to 2010 (see Table 6).

Table 6

<table>
<thead>
<tr>
<th>Primary race/ethnicity</th>
<th>2005 to 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate change</td>
</tr>
<tr>
<td>White</td>
<td>0.0</td>
</tr>
<tr>
<td>Black/African American</td>
<td>-3.0</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>2.6</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>11.4</td>
</tr>
<tr>
<td>AIAN*</td>
<td>-2.8</td>
</tr>
<tr>
<td>Asian</td>
<td>0.2</td>
</tr>
<tr>
<td>NHPI*</td>
<td>-0.2</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN= American Indian/Alaskan Native. NHPI= Native Hawaiian/other Pacific Islander.
Children With Maltreatment Disposition

CWS/CPS agencies conduct investigations on the majority of screened-in reports and render a disposition on whether an allegation of maltreatment is substantiated\textsuperscript{46} or unsubstantiated/indicated in accordance with state law or policy. A small number of states have diversified systems that do not fit into these disposition categories. NCANDS uses two additional disposition codes. The substantiated category includes the alternative response disposition of “victim”; the unsubstantiated category includes the alternative response disposition of “not a victim.” NCANDS considers children who have been assigned the Substantiated, Indicated, or Alternative Response victim codes to be victims of maltreatment (NDACAN, 2011).

Table 7 displays the number of states reporting, as well as the number of children who were designated either as an alternative response “victim” or as “not a victim.” The numbers of children in the alternative response “not a victim” category increased steadily from 160,559 in 2005 to 297,784 in 2010. Also, the number of states reporting children in the alternative response “not a victim” category increased from 10 to 14 from 2005 to 2010. Between 2005 and 2010, however, only three states reported alternative response victims, and the numbers remained relatively small (11,297-16,465).

Table 7

Children Assigned to Alternative Response Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Total non victim</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>States Reporting</td>
<td>10</td>
<td>12</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Total victim</td>
<td>160,559</td>
<td>168,517</td>
<td>173,665</td>
<td>245,974</td>
<td>278,123</td>
<td>297,784</td>
</tr>
</tbody>
</table>

| States Reporting: | 2 | 2 | 2 | 3 | 3 | 3 |
| Not. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). |
Children with Substantiated Findings

Overall, the number of children with substantiated findings of maltreatment decreased from 2005 to 2010 by 13.3% and the rate decreased by 1.6. The number of children with substantiated findings decreased from 807,871 in 2005 to 700,629 in 2010. Similarly, the rate of substantiation showed a steady decline from a high of 11.1 to 9.3 per 1,000 children in the population between 2005 and 2010 (see Table 9). The number of children with unsubstantiated allegations increased 8.7%, from over 2.3 million children in 2005 to over 2.5 million children in 2010 (see Table 9).

**Substantiated by gender.** Table 8 displays the percent and number of children with substantiated allegations by gender from 2005 to 2010. Females accounted for 51.7% of all children with substantiated allegations in 2005, compared to 51.3% in 2010. Males accounted for 48.3% of the total in 2005 and 48.7% in 2010. Females continued to be substantiated at higher rates than males for each of the years from 2005 to 2010. In 2005, the female substantiation rate was 11.1 compared with 9.9 for males. The gender rate difference was narrower in 2010, however, with females at 9.4 and males at 8.6, respectively (see Table 8).

Table 8
Rates, Percentages, and Numbers of Children Substantiated by Gender Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Gender</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>Rates</td>
<td>Numbers</td>
<td>Rates</td>
<td>Numbers</td>
<td>Rates</td>
</tr>
<tr>
<td>Females</td>
<td>51.7%</td>
<td>416,183</td>
<td>51.6%</td>
<td>425,717</td>
<td>51.7%</td>
<td>358,036</td>
</tr>
<tr>
<td>Rates</td>
<td>11.1</td>
<td>n/a</td>
<td>11.3</td>
<td>n/a</td>
<td>9.5</td>
<td>n/a</td>
</tr>
<tr>
<td>Males</td>
<td>48.3%</td>
<td>388,420</td>
<td>48.4%</td>
<td>398,720</td>
<td>48.3%</td>
<td>334,093</td>
</tr>
<tr>
<td>Rates</td>
<td>9.9</td>
<td>n/a</td>
<td>9.1</td>
<td>n/a</td>
<td>8.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Grand Total</td>
<td>n/a</td>
<td>504,603</td>
<td>n/a</td>
<td>824,437</td>
<td>n/a</td>
<td>692,129</td>
</tr>
</tbody>
</table>

*Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).*
**Substantiated by age.** Table 9 contains numbers and rates of children with substantiated allegations by their age. Overall, the number and rate of substantiation were higher for younger children than for older children. For example, in 2010, children under 1 year of age comprised the largest group (over 80,000 children) and had the highest rate of substantiation (over 20 per 1,000), while children 17 years of age represented the lowest numbers (around 17,000) and had the lowest rates of substantiation (4 per 1,000) (see Table 9).

Table 9

**Rates and Numbers of Children Substantiated by Age Nationally, FFY 2005-2010**

<table>
<thead>
<tr>
<th>Child age</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rates</td>
<td>Numbers</td>
<td>Rates</td>
<td>Numbers</td>
<td>Rates</td>
<td>Numbers</td>
<td>Rates</td>
</tr>
<tr>
<td>0</td>
<td>22.2</td>
<td>85,155</td>
<td>23.2</td>
<td>92,400</td>
<td>20.5</td>
<td>82,994</td>
</tr>
<tr>
<td>1</td>
<td>13.3</td>
<td>57,719</td>
<td>14.5</td>
<td>55,273</td>
<td>11.9</td>
<td>48,154</td>
</tr>
<tr>
<td>2</td>
<td>13.1</td>
<td>51,400</td>
<td>13.3</td>
<td>53,667</td>
<td>11.4</td>
<td>45,883</td>
</tr>
<tr>
<td>3</td>
<td>12.8</td>
<td>50,727</td>
<td>13.8</td>
<td>51,380</td>
<td>10.6</td>
<td>43,419</td>
</tr>
<tr>
<td>4</td>
<td>12.3</td>
<td>49,658</td>
<td>12.3</td>
<td>50,567</td>
<td>10.1</td>
<td>42,908</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>12.9</td>
<td>204,809</td>
<td>13.2</td>
<td>211,257</td>
<td>11.0</td>
<td>179,464</td>
</tr>
<tr>
<td>5</td>
<td>12.9</td>
<td>49,728</td>
<td>13.2</td>
<td>51,200</td>
<td>10.8</td>
<td>41,645</td>
</tr>
<tr>
<td>6</td>
<td>12.4</td>
<td>48,208</td>
<td>12.8</td>
<td>49,224</td>
<td>10.8</td>
<td>42,183</td>
</tr>
<tr>
<td>7</td>
<td>11.4</td>
<td>45,249</td>
<td>11.9</td>
<td>47,068</td>
<td>9.9</td>
<td>39,217</td>
</tr>
<tr>
<td>8</td>
<td>10.5</td>
<td>42,190</td>
<td>10.8</td>
<td>43,428</td>
<td>9.1</td>
<td>36,713</td>
</tr>
<tr>
<td>9</td>
<td>9.9</td>
<td>40,217</td>
<td>10.0</td>
<td>40,817</td>
<td>8.3</td>
<td>33,873</td>
</tr>
<tr>
<td>10</td>
<td>8.9</td>
<td>39,026</td>
<td>8.7</td>
<td>38,313</td>
<td>7.2</td>
<td>31,214</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
<td>11.0</td>
<td>264,878</td>
<td>11.2</td>
<td>270,577</td>
<td>9.4</td>
<td>224,845</td>
</tr>
<tr>
<td>11</td>
<td>9.1</td>
<td>38,300</td>
<td>8.9</td>
<td>37,381</td>
<td>7.2</td>
<td>30,174</td>
</tr>
<tr>
<td>12</td>
<td>9.4</td>
<td>39,135</td>
<td>9.2</td>
<td>38,255</td>
<td>7.4</td>
<td>30,578</td>
</tr>
<tr>
<td>13</td>
<td>10.1</td>
<td>41,091</td>
<td>9.8</td>
<td>40,286</td>
<td>7.8</td>
<td>31,926</td>
</tr>
<tr>
<td>14</td>
<td>10.2</td>
<td>41,607</td>
<td>10.1</td>
<td>41,311</td>
<td>8.2</td>
<td>33,362</td>
</tr>
<tr>
<td>15</td>
<td>9.1</td>
<td>38,693</td>
<td>9.2</td>
<td>40,051</td>
<td>7.5</td>
<td>32,747</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>9.6</td>
<td>198,826</td>
<td>9.5</td>
<td>197,284</td>
<td>7.6</td>
<td>158,787</td>
</tr>
<tr>
<td>16</td>
<td>7.3</td>
<td>30,581</td>
<td>7.6</td>
<td>32,387</td>
<td>6.3</td>
<td>27,124</td>
</tr>
<tr>
<td>17</td>
<td>4.2</td>
<td>17,774</td>
<td>4.4</td>
<td>18,950</td>
<td>3.6</td>
<td>15,596</td>
</tr>
<tr>
<td>18</td>
<td>n/a</td>
<td>363</td>
<td>n/a</td>
<td>509</td>
<td>n/a</td>
<td>402</td>
</tr>
<tr>
<td>Total</td>
<td>11.1</td>
<td>804,386</td>
<td>11.3</td>
<td>823,264</td>
<td>9.4</td>
<td>689,212</td>
</tr>
<tr>
<td>Grand total</td>
<td>11.0</td>
<td>807,871</td>
<td>11.3</td>
<td>827,086</td>
<td>9.4</td>
<td>694,298</td>
</tr>
</tbody>
</table>

*Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN= American Indian/Alaskan Native. *NHPI= Native Hawaiian/other Pacific Islander.*

Table 10 shows the change in substantiation numbers and rates between 2005 and 2010. Substantiation numbers decreased for children of all ages between 2005 and 2010, but the decrease was not equally distributed among the different age groups. Overall, substantiation numbers decreased the least for younger children (ages 0 to 3) and decreased the most for
children 11 to 15 years of age. For example, the number of children under 1 year of age decreased by 2.4% compared with 20.6% for 15-year-olds.

In addition, Table 10 shows that the rates of substantiation decreased by 1.6 on average. Although the rate decrease varied somewhat among age groups, there were no distinguishable patterns, unlike what was observed for the screened-in population as a whole. The rate decrease for children aged 1 to 4 was 1.5, compared to 2.0 for children aged 5 to 10, and 2.1 for children 11 to 15 years of age.

Also, Table 10 contains an analysis of the breakdown by age as a percentage of the total substantiated. The data revealed that younger children constituted a higher percentage of the total number of children with substantiated maltreatment findings in 2010 than they did in 2005. Children under 1 year of age represented 10.8% of all those substantiated in 2005 and 12.2% of those substantiated in 2010. Similarly, in 2005, children 1 to 4 years of age accounted for 25.5% of the total number substantiated, compared with 27.8% in 2010.

The proportion of cases of maltreated children aged 5 to 10 decreased only slightly (from 32.9% to 31.9%); the proportion of children 11 to 15 years of age decreased a bit more (from 24.7% to 21.7%).
Table 10

Rate and Percent Change of Children Substantiated by Age Nationally, FFY 2005 and 2010

<table>
<thead>
<tr>
<th>Child age</th>
<th>Rate change 2005-2010</th>
<th>% Change numbers 2005-2010</th>
<th>% of Total substantiated 2005</th>
<th>% of Total substantiated 2010</th>
<th>% of Total screened in 2005</th>
<th>% of Total screened in 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>-2.1</td>
<td>-2.4%</td>
<td>10.8%</td>
<td>12.2%</td>
<td>39.0%</td>
<td>34.3%</td>
</tr>
<tr>
<td>1</td>
<td>-1.0</td>
<td>-0.7%</td>
<td>6.6%</td>
<td>7.5%</td>
<td>29.8%</td>
<td>26.0%</td>
</tr>
<tr>
<td>2</td>
<td>-1.1</td>
<td>-1.8%</td>
<td>6.4%</td>
<td>7.2%</td>
<td>28.3%</td>
<td>24.2%</td>
</tr>
<tr>
<td>3</td>
<td>-1.6</td>
<td>-6.0%</td>
<td>6.3%</td>
<td>6.8%</td>
<td>27.4%</td>
<td>23.2%</td>
</tr>
<tr>
<td>4</td>
<td>-2.3</td>
<td>-12.2%</td>
<td>6.2%</td>
<td>6.3%</td>
<td>26.6%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>-1.5</td>
<td>-5.1%</td>
<td>25.5%</td>
<td>27.8%</td>
<td>28.0%</td>
<td>25.9%</td>
</tr>
<tr>
<td>5</td>
<td>-2.3</td>
<td>-15.4%</td>
<td>6.2%</td>
<td>6.0%</td>
<td>26.3%</td>
<td>21.6%</td>
</tr>
<tr>
<td>6</td>
<td>-2.3</td>
<td>-15.7%</td>
<td>6.0%</td>
<td>5.8%</td>
<td>26.1%</td>
<td>21.4%</td>
</tr>
<tr>
<td>7</td>
<td>-2.1</td>
<td>-15.8%</td>
<td>5.6%</td>
<td>5.5%</td>
<td>25.8%</td>
<td>21.0%</td>
</tr>
<tr>
<td>8</td>
<td>-1.9</td>
<td>-15.3%</td>
<td>5.2%</td>
<td>5.1%</td>
<td>25.4%</td>
<td>20.5%</td>
</tr>
<tr>
<td>9</td>
<td>-1.8</td>
<td>-15.1%</td>
<td>5.0%</td>
<td>4.9%</td>
<td>25.3%</td>
<td>20.4%</td>
</tr>
<tr>
<td>10</td>
<td>-1.4</td>
<td>-18.0%</td>
<td>4.9%</td>
<td>4.6%</td>
<td>25.0%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
<td>-2.0</td>
<td>-15.8%</td>
<td>32.9%</td>
<td>31.9%</td>
<td>25.7%</td>
<td>20.8%</td>
</tr>
<tr>
<td>11</td>
<td>-1.8</td>
<td>-22.3%</td>
<td>4.8%</td>
<td>4.3%</td>
<td>24.9%</td>
<td>19.8%</td>
</tr>
<tr>
<td>12</td>
<td>-1.9</td>
<td>-23.5%</td>
<td>4.9%</td>
<td>4.3%</td>
<td>24.9%</td>
<td>20.4%</td>
</tr>
<tr>
<td>13</td>
<td>-2.4</td>
<td>-26.4%</td>
<td>5.1%</td>
<td>4.3%</td>
<td>25.3%</td>
<td>20.6%</td>
</tr>
<tr>
<td>14</td>
<td>-2.4</td>
<td>-26.2%</td>
<td>5.2%</td>
<td>4.4%</td>
<td>25.8%</td>
<td>21.1%</td>
</tr>
<tr>
<td>15</td>
<td>-2.1</td>
<td>-20.6%</td>
<td>4.8%</td>
<td>4.4%</td>
<td>25.6%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>-2.1</td>
<td>-23.0%</td>
<td>24.7%</td>
<td>21.7%</td>
<td>25.3%</td>
<td>20.6%</td>
</tr>
<tr>
<td>16</td>
<td>-0.9</td>
<td>-10.8%</td>
<td>3.8%</td>
<td>3.9%</td>
<td>24.3%</td>
<td>20.5%</td>
</tr>
<tr>
<td>17</td>
<td>-0.3</td>
<td>-3.6%</td>
<td>2.2%</td>
<td>2.5%</td>
<td>21.4%</td>
<td>17.3%</td>
</tr>
<tr>
<td>18</td>
<td>n/a</td>
<td>50.4%</td>
<td>0.9%</td>
<td>0.1%</td>
<td>6.9%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Rate and % change all ages</td>
<td>-1.6</td>
<td>-13.3%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

**Substantiated by primary race/ethnicity.** Table 11 contains data related to substantiation numbers and rates for children in maltreatment reports by primary race/ethnicity. White, Black or African American, and Hispanic/Latino children represented close to 90% of children with substantiated findings. The 700,629 children with substantiated findings in 2010 included 307,923 White children, 149,565 Black or African American children, and 157,796 Hispanic/Latino children. No Primary Race, American Indian or Alaska Native, Asian, and Native Hawaiian/Other Pacific Islander children constituted less than 15,000 children total.

Table 11 also contains the rates of substantiation for 2005 to 2010 by primary race/ethnicity. The rates of substantiation varied based on race/ethnicity. For example,
substantiation rates were highest for Black or African American children (17.3 in 2005 and 13.6 in 2010). The rates were much lower for Whites (9.0 in 2005 and 7.2 in 2010), and for Hispanics/Latinos (9.9 in 2005 and 9.0 in 2010). The 2005 rate was also high for American Indian or Alaska Natives and for Native Hawaiian/Other Pacific Islanders, but low for Asian children. The variation in the rates persisted for different racial/ethnic groups in 2010. The rates continued to be highest for Black or African American children at 13.6 and lowest for Asian children at 1.9.

Table 11

Rates and Numbers of Children Substantiated by Primary Race/Ethnicity Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>9.0</td>
<td>594,980</td>
<td>9.0</td>
<td>593,017</td>
<td>7.3</td>
<td>313,263</td>
<td>7.2</td>
<td>308,764</td>
<td>7.2</td>
<td>306,749</td>
<td>7.2</td>
<td>307,923</td>
</tr>
<tr>
<td>Black/African American</td>
<td>17.3</td>
<td>158,934</td>
<td>16.9</td>
<td>155,048</td>
<td>13.6</td>
<td>149,261</td>
<td>13.7</td>
<td>151,463</td>
<td>14.0</td>
<td>154,624</td>
<td>13.6</td>
<td>149,585</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>9.9</td>
<td>141,509</td>
<td>10.9</td>
<td>162,007</td>
<td>9.7</td>
<td>148,883</td>
<td>10.0</td>
<td>156,869</td>
<td>9.7</td>
<td>155,042</td>
<td>9.6</td>
<td>157,796</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>8.7</td>
<td>18,275</td>
<td>9.0</td>
<td>19,458</td>
<td>8.5</td>
<td>18,920</td>
<td>9.3</td>
<td>20,615</td>
<td>9.9</td>
<td>22,515</td>
<td>10.1</td>
<td>24,122</td>
</tr>
<tr>
<td>AIAN*</td>
<td>11.7</td>
<td>8,845</td>
<td>12.8</td>
<td>9,720</td>
<td>10.5</td>
<td>8,004</td>
<td>10.7</td>
<td>8,196</td>
<td>9.9</td>
<td>7,518</td>
<td>9.7</td>
<td>7,290</td>
</tr>
<tr>
<td>Asian</td>
<td>2.3</td>
<td>6,572</td>
<td>2.2</td>
<td>6,589</td>
<td>2.0</td>
<td>6,178</td>
<td>2.0</td>
<td>6,459</td>
<td>2.0</td>
<td>6,213</td>
<td>1.9</td>
<td>5,860</td>
</tr>
<tr>
<td>NHPI*</td>
<td>13.1</td>
<td>1,634</td>
<td>11.9</td>
<td>1,491</td>
<td>10.8</td>
<td>1,361</td>
<td>10.3</td>
<td>1,282</td>
<td>10.9</td>
<td>1,355</td>
<td>10.7</td>
<td>1,329</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>n/a</td>
<td>46,401</td>
<td>n/a</td>
<td>49,756</td>
<td>n/a</td>
<td>48,420</td>
<td>n/a</td>
<td>49,734</td>
<td>n/a</td>
<td>51,941</td>
<td>n/a</td>
<td>46,724</td>
</tr>
</tbody>
</table>

*Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN), *AIAN= American Indian/Alaskan Native, *NHPI= Native Hawaiian/Other Pacific Islander

Table 12 reveals a steady decrease in the numbers and rates of substantiation for most of the racial/ethnic groups between 2005 and 2010, except for Hispanic/Latino children. Substantiation numbers decreased by 22% for White children and by 20.8% for Black or African American children. While the number of Hispanic/Latino children increased by 11.5%, their substantiation rate decreased slightly by 0.3 per 1,000. In the No Primary Race category, however, the number of children with substantiated findings increased by 32% and a rate of 1.4. Black or African American children experienced the largest decrease (3.7) in the rate of substantiation between 2005 and 2010 but continued to have the highest rate of substantiation at
Black or African American children were the subjects of 21.4% of all cases substantiated in 2010, compared with 23.4% in 2005; Hispanic/Latino children represented 22.5% of all children with substantiated findings in 2010, compared with 17.5% in 2005. The gap in substantiation rates among different racial/groups narrowed between 2005 and 2010 (see Table 12).

Table 12
Rate and Percent Change of Children Substantiated by Primary Race/Ethnicity Nationally, 2005 and 2010

<table>
<thead>
<tr>
<th>Primary race/ethnicity</th>
<th>Rate change 2005-2010</th>
<th>% change numbers 2005-2010</th>
<th>% of total substantiated 2005</th>
<th>% of total substantiated 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>-1.8</td>
<td>-22.0%</td>
<td>48.9%</td>
<td>43.9%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>-3.7</td>
<td>-20.8%</td>
<td>23.4%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>-0.3</td>
<td>11.5%</td>
<td>17.5%</td>
<td>22.5%</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>1.4</td>
<td>32.0%</td>
<td>2.3%</td>
<td>3.4%</td>
</tr>
<tr>
<td>AIAN*</td>
<td>-2</td>
<td>-17.6%</td>
<td>1.1%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>-0.4</td>
<td>-10.8%</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>NHPI*</td>
<td>-2.4</td>
<td>-18.8%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN= American Indian/Alaskan Native. *NHPI= Native Hawaiian/other Pacific Islander

Children with Unsubstantiated Findings

The study found that although CPS agencies screened in 3.5% more children reported for maltreatment in 2010 than they did in 2005, more of these children were determined to be “not a victim” (unsubstantiated). The number of children with a disposition of unsubstantiated increased 8.7% from over 2.3 million children in 2005 to over 2.5 million children in 2010. The rate of children determined to be “not a victim” also increased by 2.1 per 1,000 (see Table 14).

Unsubstantiated by gender. Slightly higher rates of females than males were involved in reports with unsubstantiated findings in each of the years between 2005 and 2010. For
example, in 2005 the rate for females was 30.8, and the rate for males was 29.0, compared with 33.0 and 31.8, respectively, in 2010 (see Table 13).

**Table 13**

Rates, Percentages, and Numbers of Children Unsubstantiated, by Gender Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Gender</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
</tr>
<tr>
<td>Females</td>
<td>1,153,818</td>
<td>1,164,267</td>
<td>1,150,881</td>
<td>1,262,299</td>
<td>1,253,806</td>
<td>1,254,086</td>
</tr>
<tr>
<td>Rates</td>
<td>30.8</td>
<td>n/a</td>
<td>31.0</td>
<td>n/a</td>
<td>30.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Males</td>
<td>1,159,071</td>
<td>1,154,554</td>
<td>1,153,285</td>
<td>1,265,468</td>
<td>1,259,613</td>
<td>1,264,243</td>
</tr>
<tr>
<td>Rates</td>
<td>49.7%</td>
<td>49.8%</td>
<td>50.0%</td>
<td>50.1%</td>
<td>50.1%</td>
<td>50.2%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>n/a</td>
<td>2,292,889</td>
<td>n/a</td>
<td>2,318,821</td>
<td>n/a</td>
<td>2,302,166</td>
</tr>
</tbody>
</table>

*Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).*

**Unsubstantiated by age.** Table 14 shows the numbers and rates of unsubstantiated findings by child’s age. Younger children have higher numbers and rates of unsubstantiated findings than older children. For example, children under 1 year of age had the highest numbers (174,209 children with a rate of 41.6) of unsubstantiated findings compared to 16-year-olds (109,859 children with a rate of 25.7).
Table 14

Rates and Numbers of Children Unsubstantiated by Age Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>37.9</td>
<td>148,373</td>
<td>38.6</td>
<td>152,056</td>
<td>40.1</td>
<td>160,739</td>
<td>44.4</td>
<td>180,269</td>
<td>43.6</td>
<td>178,148</td>
<td>41.6</td>
<td>174,209</td>
</tr>
<tr>
<td>1</td>
<td>33.8</td>
<td>132,939</td>
<td>34.2</td>
<td>135,519</td>
<td>34.2</td>
<td>137,779</td>
<td>38.4</td>
<td>157,972</td>
<td>38.9</td>
<td>160,716</td>
<td>37.5</td>
<td>158,206</td>
</tr>
<tr>
<td>2</td>
<td>35.5</td>
<td>138,833</td>
<td>35.7</td>
<td>140,517</td>
<td>35.5</td>
<td>142,001</td>
<td>38.8</td>
<td>157,391</td>
<td>40.2</td>
<td>164,886</td>
<td>40.0</td>
<td>167,429</td>
</tr>
<tr>
<td>3</td>
<td>36.0</td>
<td>142,572</td>
<td>35.7</td>
<td>142,216</td>
<td>35.1</td>
<td>142,619</td>
<td>38.3</td>
<td>157,493</td>
<td>38.7</td>
<td>160,802</td>
<td>39.2</td>
<td>166,198</td>
</tr>
<tr>
<td>4</td>
<td>36.0</td>
<td>145,971</td>
<td>35.3</td>
<td>144,267</td>
<td>34.3</td>
<td>142,691</td>
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<td>127,567</td>
<td>30.3</td>
<td>122,098</td>
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<td>31.8</td>
<td>126,677</td>
<td>31.2</td>
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<td>117,559</td>
<td>27.6</td>
<td>119,185</td>
<td>26.7</td>
<td>116,132</td>
<td>29.0</td>
<td>126,224</td>
<td>28.4</td>
<td>123,418</td>
<td>27.3</td>
<td>118,716</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
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<td>603,045</td>
<td>28.0</td>
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<td>626,998</td>
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<td>614,683</td>
<td>29.9</td>
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<td>103,740</td>
<td>26.8</td>
<td>114,981</td>
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<td>113,396</td>
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<td>70,460</td>
<td>16.5</td>
<td>71,316</td>
<td>19.2</td>
<td>82,849</td>
<td>19.6</td>
<td>84,620</td>
<td>19.2</td>
<td>83,148</td>
</tr>
<tr>
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<td>3656</td>
<td>3.7</td>
<td>3656</td>
<td>3.7</td>
<td>3659</td>
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<td>4695</td>
<td>4.5</td>
<td>4529</td>
<td>4.2</td>
<td>4281</td>
</tr>
</tbody>
</table>

Total 31.5 2,304,446 31.5 2,309,068 31.1 2,291,973 34.1 2,523,048 34.2 2,525,787 33.7 2,516,170

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Table 15 shows an increase in unsubstantiated findings rates and numbers for most age groups, with the exception of children aged 11 to 15. Their numbers decreased by 1.6% and rates decreased by .24, which was consistent with the reduction in screened-in numbers for this group. Meanwhile, unsubstantiated findings involving children 1 to 4 years of age increased 16.5% and a rate of 3.1, while for children 5 to 10 years of age, these findings increased 9.4% and a rate of 2.57. As a proportion of the total, the proportion of the youngest children (1 to 4 years old) with unsubstantiated findings increased from 24.3 in 2005 to 25.9% in 2010. In contrast, the proportion of children aged 5 to 10 years old remained stable at around 35%, and the proportion of children 11 to 15 years old decreased from 26.7% to 24.1%.
Table 15
Rate and Percent Change of Children Unsubstantiated by Age Nationally, FFY 2005 and 2010

Unsubstantiated by primary race/ethnicity. Table 16 displays the numbers and rates of unsubstantiated allegations by child’s primary race/ethnicity for 2005-2010. Unsubstantiated allegations most often involved White, Black or African American, and Hispanic/Latino children. Over one million White children and over half a million Black or African American and Hispanic/Latino children were involved in reports with unsubstantiated findings in 2010. Black or African American children continued to have the highest rate of unsubstantiated findings (47.6) compared to White (25.9) and Hispanic/Latino children (30.7). In addition, the rate of unsubstantiated findings in 2010 was lowest for Asian children (at .7) and ranged from 25 to 31 per 1,000 for other racial/ethnic groups.
Table 16
Rates and Numbers of Children Unsubstantiated by Primary Race/Ethnicity Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>24.1</td>
<td>1,896,816</td>
<td>24.4</td>
<td>1,996,825</td>
<td>23.7</td>
<td>1,655,607</td>
<td>26.2</td>
<td>1,157,922</td>
<td>25.5</td>
<td>1,127,652</td>
<td>25.9</td>
<td>1,136,810</td>
</tr>
<tr>
<td>Black/African American</td>
<td>47.1</td>
<td>529,355</td>
<td>46.3</td>
<td>520,261</td>
<td>44.1</td>
<td>495,443</td>
<td>48.6</td>
<td>550,111</td>
<td>47.6</td>
<td>540,791</td>
<td>47.6</td>
<td>539,011</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>27.8</td>
<td>410,204</td>
<td>28.8</td>
<td>436,141</td>
<td>30.0</td>
<td>468,887</td>
<td>31.8</td>
<td>509,291</td>
<td>31.7</td>
<td>519,994</td>
<td>30.7</td>
<td>515,530</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>18.8</td>
<td>41,299</td>
<td>20.0</td>
<td>44,545</td>
<td>22.0</td>
<td>50,568</td>
<td>25.5</td>
<td>59,344</td>
<td>28.1</td>
<td>66,814</td>
<td>29.4</td>
<td>72,976</td>
</tr>
<tr>
<td>AIAN*</td>
<td>38.8</td>
<td>23,549</td>
<td>38.7</td>
<td>23,942</td>
<td>29.8</td>
<td>23,190</td>
<td>36.4</td>
<td>23,949</td>
<td>29.5</td>
<td>23,876</td>
<td>29.4</td>
<td>22,856</td>
</tr>
<tr>
<td>Asian</td>
<td>6.3</td>
<td>18,761</td>
<td>6.5</td>
<td>19,779</td>
<td>6.5</td>
<td>20,452</td>
<td>7.0</td>
<td>22,488</td>
<td>7.0</td>
<td>22,147</td>
<td>7.0</td>
<td>22,092</td>
</tr>
<tr>
<td>NHPI*</td>
<td>29.4</td>
<td>3,721</td>
<td>28.2</td>
<td>3,597</td>
<td>31.3</td>
<td>4,820</td>
<td>32.4</td>
<td>4,087</td>
<td>32.1</td>
<td>4,064</td>
<td>31.4</td>
<td>3,988</td>
</tr>
<tr>
<td>Unknown Race</td>
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<td>184,665</td>
<td>n/a</td>
<td>189,852</td>
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<td>199,494</td>
<td>n/a</td>
<td>220,161</td>
<td>n/a</td>
<td>245,254</td>
<td>n/a</td>
<td>222,812</td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN= American Indian/Alaskan Native. *NHPI= Native Hawaiian/other Pacific Islander

Table 17 compares the national change with unsubstantiated findings by child’s primary primary race/ethnicity between 2005 and 2010. The numbers increased slightly for Whites (3.6%) and Blacks or African Americans (1.8%) but more substantially for Hispanic/Latino (25%) and No Primary Race children. Hispanic/Latino children accounted for most of the increase in the numbers of children with unsubstantiated findings (410,204 in 2005 and 515,530 in 2010). The highest percentage increase (76.7%) involved children in the No Primary Race category. However, Native American or Alaska Native children with unsubstantiated findings decreased between 2005 and 2010.

The unsubstantiated findings rate increased for all racial/ethnic groups except for Native American or Alaska Native children. In 2010, the rate for Asian children increased by .6. With an increase of over 100,000 in the numbers of children with unsubstantiated findings involving Hispanic/Latino children, the rate increased by 2.8. Meanwhile, No Primary Race children with unsubstantiated findings increased by 20,000, a rate increase of 10.6. The increase was .5 for Black or African American and 1.8 for White children. Table 17 also shows that as a percentage of the total number of children with unsubstantiated findings, Whites, Blacks or African
Americans, and No Primary Race children decreased while Hispanic/Latino children increased. White children constituted a smaller percentage of the total (47.5% in 2005 and 44.8% in 2010) compared to Hispanic/Latino children (17.8% in 2005 and 20.3% in 2010).

Table 17
Rate and Percent Change of Children Unsubstantiated by Primary Race/Ethnicity Nationally, FFY 2005 and 2010

<table>
<thead>
<tr>
<th>Primary race/ethnicity</th>
<th>Unsubstantiated</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate change 2005-2010</td>
<td>% change numbers 2005-2010</td>
<td>% of total unsubstantiated 2005</td>
<td>% of total unsubstantiated 2010</td>
</tr>
<tr>
<td>White</td>
<td>1.8</td>
<td>3.6%</td>
<td>47.5%</td>
<td>44.8%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>0.5</td>
<td>1.8%</td>
<td>22.9%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>2.8</td>
<td>25.7%</td>
<td>17.8%</td>
<td>20.3%</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>10.6</td>
<td>76.7%</td>
<td>1.8%</td>
<td>2.9%</td>
</tr>
<tr>
<td>AIAN*</td>
<td>-0.6</td>
<td>-2.8%</td>
<td>1.0%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.6</td>
<td>17.8%</td>
<td>0.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>NHPIT*</td>
<td>2.1</td>
<td>7.2%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>0.0</td>
<td>20.7%</td>
<td>8.0%</td>
<td>8.8%</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN = American Indian/Alaskan Native. *NHPIT = Native Hawaiian/other

Children by Major Maltreatment Types

This study also analyzes the numbers and rates of children with substantiated findings based on the five major types of maltreatment (neglect, medical neglect, physical abuse, sexual abuse, and psychological abuse) to determine if there were changes in overall national patterns and in the demographic characteristics of children with substantiated maltreatment findings between 2005 and 2010. Tables 18 and 19 display the numbers and rates of victims by types of maltreatment. In both 2005 and 2010, the largest numbers of children with substantiated findings were for neglect, which occurred at higher rates than any other type of maltreatment. The majority of children who were subjects of substantiated maltreatment findings were victims of neglect. Around half a million children were subjects of substantiated findings for neglect in both 2005 and 2010. Physical abuse was the second highest type of maltreatment, affecting over
138,000 children in 2005 and 117,000 in 2010. The rates for neglect (6.9 and 6.7) were the highest of any form of maltreatment in both 2005 and 2010. Physical abuse rates declined (1.9 to 1.6), as did sexual abuse rates (1.1 to .8).

Table 18
Children by Major Maltreatment Types Nationally, FFY 2005

<table>
<thead>
<tr>
<th></th>
<th>Neglect</th>
<th>Physical Abuse</th>
<th>Medical Neglect</th>
<th>Sexual Abuse</th>
<th>Psychological Abuse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>%</td>
<td>Rates</td>
<td>Numbers</td>
<td>%</td>
<td>Rates</td>
</tr>
<tr>
<td>Total</td>
<td>501,997</td>
<td>63.8%</td>
<td>6.9</td>
<td>138,320</td>
<td>17.0%</td>
<td>1.9</td>
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</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Table 19
Children by Major Maltreatment Types Nationally, FFY 2010

<table>
<thead>
<tr>
<th></th>
<th>Neglect</th>
<th>Physical Abuse</th>
<th>Medical Neglect</th>
<th>Sexual Abuse</th>
<th>Psychological Abuse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>%</td>
<td>Rates</td>
<td>Numbers</td>
<td>%</td>
<td>Rates</td>
</tr>
<tr>
<td>Total</td>
<td>497,176</td>
<td>72.4%</td>
<td>6.7</td>
<td>117,415</td>
<td>17.2%</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Table 20 compares 2005 and 2010 and shows that the numbers of children with substantiated maltreatment findings decreased, but the level of decrease varied by type of maltreatment. The number of children involved in substantiated findings of neglect decreased 2.9% (from 501,997 to 497,176) and a rate of 0.2 (from 6.9 to 6.7). The number of physical abuse substantiations decreased by 15.3% (from 138,320 to 117,415), and the rate decreased by 0.3 (from 1.9 and 1.6). Meanwhile, sexual abuse decreased by 21.9% (from 79,051 to 61,873), and the rate decreased by 0.3 (from 1.1 to .08).
Table 20

Changes for Children by Major Maltreatment Types Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th></th>
<th>Change 2005 to 2010</th>
<th>Change 2005 to 2010</th>
<th>Change 2005 to 2010</th>
<th>Change 2005 to 2010</th>
<th>Change 2005 to 2010</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>total</td>
<td>change</td>
<td>change</td>
<td>change</td>
<td>change</td>
<td>number</td>
</tr>
<tr>
<td>Neglect</td>
<td>6,237</td>
<td>5.9%</td>
<td>.2</td>
<td>(21,156)</td>
<td>.4%</td>
<td>21,156</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>0.3</td>
<td>(1,938)</td>
<td>0.2%</td>
<td>0.0</td>
<td>(17,325)</td>
<td>17,325</td>
</tr>
<tr>
<td>Medical neglect</td>
<td>1.6%</td>
<td>.03</td>
<td>0.2%</td>
<td>1.0%</td>
<td>.0%</td>
<td>17,325</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0.3</td>
<td>(3,971)</td>
<td>0.5%</td>
<td>.0%</td>
<td>0.1%</td>
<td>49,727</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Major Types of Maltreatment by Gender

Tables 21 and 22 show major maltreatment types by gender. Slightly higher numbers of males than females were victims of neglect, medical neglect, and physical abuse, but the rates were very similar. However, the numbers and rates of female children with substantiated findings of sexual abuse greatly exceeded the number of those findings for males. In 2005, 62,147 female children had substantiated reports of sexual abuse, a rate of 1.6, compared with 17,114 male children, a rate of .04. Findings were similar in 2010, when 49,217 female children had substantiated findings of sexual abuse, a rate of 1.2, compared with 12,635 male children, a rate of 0.3. More females were subjects of substantiated findings for psychological or emotional maltreatment than males, but the rates were the same for both genders.

Neglect accounted for 60.9% of all types of maltreatment for females in 2005 and 70% in 2010. Neglect also affected more males than any other type of maltreatment, comprising 66.9% of all maltreatment findings involving males in 2005 and 75% in 2010. Physical abuse was lower for females, at 16.6% in 2005 and 16% in 2010, than for males, at 18.7% in 2005 and 18% in 2010. Sexual abuse was much higher for females, at 15% in 2005 and 14% in 2010, than for males, at 5% in 2005 and 4% in 2010.
Table 21

Major Maltreatment Types by Gender Nationally, FFY 2005

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>% Mal</td>
<td>Rate</td>
<td>Numbers</td>
<td>% Mal</td>
<td>Rate</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>248,452</td>
<td>60.9%</td>
<td>6.2</td>
<td>67,583</td>
<td>16.0%</td>
<td>1.7</td>
</tr>
<tr>
<td>Males</td>
<td>254,951</td>
<td>60.9%</td>
<td>6.1</td>
<td>72,265</td>
<td>18.7%</td>
<td>1.7</td>
</tr>
<tr>
<td>Grand Total</td>
<td>503,403</td>
<td>60.9%</td>
<td>n/a</td>
<td>139,848</td>
<td>18%</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Table 22

Major Maltreatment Types by Gender Nationally, FFY 2010

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>% Mal</td>
<td>Rate</td>
<td>Numbers</td>
<td>% Mal</td>
<td>Rate</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>254,621</td>
<td>70.0%</td>
<td>6.0</td>
<td>56,032</td>
<td>16%</td>
<td>1.4</td>
</tr>
<tr>
<td>Males</td>
<td>251,342</td>
<td>75%</td>
<td>5.9</td>
<td>61,952</td>
<td>18%</td>
<td>1.4</td>
</tr>
<tr>
<td>Grand Total</td>
<td>496,963</td>
<td>72.5%</td>
<td>n/a</td>
<td>117,984</td>
<td>17%</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Table 23 shows declines in the numbers and rates in all maltreatment types for both males and females between 2005 and 2010. For females, sexual abuse substantiation decreased the most (numbers decreased by 12,930 and rates by 1.2). The number and rate of sexual abuse substantiation also decreased for males (numbers decreased by 4,479 and rate by 0.1), but to a much lesser extent than for females. The second largest number decrease was for physical abuse (numbers decreased by 11,551 for females and by 9,745 for males).

Table 23

Changes in Major Maltreatment Types by Gender Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th></th>
<th>Change 2005 to 2010</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number change</td>
<td>% Mal change</td>
<td>Rate change</td>
<td>Number change</td>
<td>% Mal change</td>
<td>Rate change</td>
<td>Number change</td>
<td>% Mal change</td>
<td>Rate change</td>
<td>Number change</td>
<td>% Mal change</td>
<td>Rate change</td>
<td>Number change</td>
<td>% Mal change</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>-2,831</td>
<td>9.0%</td>
<td>-0.2</td>
<td>-41,551</td>
<td>-0.6%</td>
<td>-0.3</td>
<td>-521</td>
<td>0.2%</td>
<td>0.0</td>
<td>-12,930</td>
<td>-1.2%</td>
<td>-0.3</td>
<td>2,277</td>
<td>0.5%</td>
</tr>
<tr>
<td>Males</td>
<td>-3,012</td>
<td>8.0%</td>
<td>-0.2</td>
<td>-9,745</td>
<td>-0.3%</td>
<td>-0.3</td>
<td>-510</td>
<td>0.2%</td>
<td>0.0</td>
<td>-4,479</td>
<td>-0.7%</td>
<td>-0.1</td>
<td>2,672</td>
<td>0.5%</td>
</tr>
<tr>
<td>Change Total</td>
<td>-5,843</td>
<td>8.0%</td>
<td>n/a</td>
<td>-41,296</td>
<td>-0.5%</td>
<td>n/a</td>
<td>-1,031</td>
<td>0.2%</td>
<td>n/a</td>
<td>-17,409</td>
<td>-1.6%</td>
<td>n/a</td>
<td>4,949</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).
Major Types of Maltreatment by Age

Tables 24 and 25 contain the numbers and rates of substantiated findings by major types of maltreatment and age for 2005 and 2010. Neglect was high for all age groups but highest for younger children. In both 2005 and 2010, younger children were substantiated for neglect at higher numbers and rates than older children and also accounted for a higher percentage of the total. Children under 1 year of age had the highest numbers and rates of substantiation and also accounted for the largest proportion of the total across all types of maltreatment except for sexual abuse. Children under 1 year of age had the highest numbers (64,707 in 2005 and 67,901 in 2010) and rates (16.5 in 2005 and 16.2 in 2010) of substantiation for neglect.

Older children had higher numbers for physical and sexual abuse than younger ones did, except for children under 1 year of age. Children under 1 year of age had the highest numbers (12,874 in 2005 and 15,587 in 2010) and rates (3.3 in 2005 and 3.7 in 2010) of physical abuse. Children 11 to 15 years of age were subjects of the highest numbers (33,922 in 2005 and 26,854 in 2010) and rates (1.6 in 2005 and 1.3 in 2010) of substantiated findings of sexual abuse. Children 5 to 10 years of age had the second highest numbers (27,453 in 2005 and 20,854 in 2010) and rates (1.1 in 2005 and .8 in 2010) of both physical and sexual abuse.

The number and rates of medical neglect were low for all age groups. Children aged 0 to 3 had the highest numbers and highest rates in both 2005 and 2010. The numbers and rates of psychological or emotional maltreatment varied slightly based on age.
Table 24
Major Maltreatment Types by Age Nationally, FFY 2005

<table>
<thead>
<tr>
<th>Age</th>
<th>Neglect</th>
<th>Physical abuse</th>
<th>Medical neglect</th>
<th>Sexual abuse</th>
<th>Psychological abuse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>Rates</td>
<td>Numbers</td>
<td>Rates</td>
<td>Numbers</td>
<td>Rates</td>
</tr>
<tr>
<td>0</td>
<td>64,707</td>
<td>16.5</td>
<td>12,874</td>
<td>3.3</td>
<td>3,163</td>
<td>0.8</td>
</tr>
<tr>
<td>1</td>
<td>39,589</td>
<td>10.1</td>
<td>5,813</td>
<td>1.5</td>
<td>1,549</td>
<td>0.4</td>
</tr>
<tr>
<td>2</td>
<td>38,342</td>
<td>9.8</td>
<td>5,906</td>
<td>1.5</td>
<td>1,089</td>
<td>0.3</td>
</tr>
<tr>
<td>3</td>
<td>36,188</td>
<td>9.1</td>
<td>6,146</td>
<td>1.6</td>
<td>925</td>
<td>0.2</td>
</tr>
<tr>
<td>4</td>
<td>33,086</td>
<td>8.3</td>
<td>6,859</td>
<td>1.7</td>
<td>858</td>
<td>0.2</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>147,815</td>
<td>9.3</td>
<td>24,718</td>
<td>1.6</td>
<td>4,431</td>
<td>0.3</td>
</tr>
<tr>
<td>5</td>
<td>32,573</td>
<td>8.5</td>
<td>8,174</td>
<td>2.1</td>
<td>836</td>
<td>0.2</td>
</tr>
<tr>
<td>6</td>
<td>30,970</td>
<td>8.0</td>
<td>8,499</td>
<td>2.2</td>
<td>855</td>
<td>0.2</td>
</tr>
<tr>
<td>7</td>
<td>28,505</td>
<td>7.2</td>
<td>8,141</td>
<td>2.1</td>
<td>804</td>
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<tr>
<td>8</td>
<td>26,175</td>
<td>6.5</td>
<td>7,550</td>
<td>1.9</td>
<td>758</td>
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</tr>
<tr>
<td>9</td>
<td>24,621</td>
<td>6.0</td>
<td>7,283</td>
<td>1.8</td>
<td>740</td>
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<tr>
<td>10</td>
<td>23,368</td>
<td>5.3</td>
<td>6,764</td>
<td>1.6</td>
<td>700</td>
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<tr>
<td>Subtotal 5-10</td>
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<td>46,811</td>
<td>1.9</td>
<td>4,693</td>
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</tr>
<tr>
<td>11</td>
<td>22,452</td>
<td>5.3</td>
<td>7,428</td>
<td>1.8</td>
<td>663</td>
<td>0.2</td>
</tr>
<tr>
<td>12</td>
<td>22,071</td>
<td>5.3</td>
<td>8,179</td>
<td>2.0</td>
<td>697</td>
<td>0.2</td>
</tr>
<tr>
<td>13</td>
<td>22,034</td>
<td>5.4</td>
<td>9,112</td>
<td>2.2</td>
<td>765</td>
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<tr>
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<td>21,986</td>
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<td>9,484</td>
<td>2.3</td>
<td>735</td>
<td>0.2</td>
</tr>
<tr>
<td>15</td>
<td>20,477</td>
<td>4.8</td>
<td>8,874</td>
<td>2.1</td>
<td>693</td>
<td>0.2</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
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<td>5.2</td>
<td>43,077</td>
<td>2.1</td>
<td>3,553</td>
<td>0.2</td>
</tr>
<tr>
<td>16</td>
<td>16,348</td>
<td>3.9</td>
<td>7,405</td>
<td>1.8</td>
<td>567</td>
<td>0.1</td>
</tr>
<tr>
<td>17</td>
<td>9,166</td>
<td>2.2</td>
<td>4,239</td>
<td>1.0</td>
<td>320</td>
<td>0.2</td>
</tr>
<tr>
<td>18</td>
<td>211</td>
<td>n/a</td>
<td>75</td>
<td>n/a</td>
<td>0</td>
<td>n/a</td>
</tr>
<tr>
<td>Total All Ages</td>
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<td>6.9</td>
<td>138,320</td>
<td>1.9</td>
<td>16,614</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Table 25
Major Maltreatment Types by Age Nationally, FFY 2010

<table>
<thead>
<tr>
<th>Age</th>
<th>Neglect</th>
<th>Physical abuse</th>
<th>Medical neglect</th>
<th>Sexual abuse</th>
<th>Psychological abuse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>Rates</td>
<td>Numbers</td>
<td>Rates</td>
<td>Numbers</td>
<td>Rates</td>
</tr>
<tr>
<td>0</td>
<td>67,901</td>
<td>16.2</td>
<td>15,587</td>
<td>3.7</td>
<td>2,944</td>
<td>0.7</td>
</tr>
<tr>
<td>1</td>
<td>43,209</td>
<td>10.3</td>
<td>6,088</td>
<td>1.4</td>
<td>1,440</td>
<td>0.3</td>
</tr>
<tr>
<td>2</td>
<td>41,418</td>
<td>9.9</td>
<td>6,037</td>
<td>1.4</td>
<td>1,068</td>
<td>0.3</td>
</tr>
<tr>
<td>3</td>
<td>37,799</td>
<td>8.9</td>
<td>5,983</td>
<td>1.4</td>
<td>841</td>
<td>0.2</td>
</tr>
<tr>
<td>4</td>
<td>33,234</td>
<td>7.6</td>
<td>6,246</td>
<td>1.7</td>
<td>755</td>
<td>0.2</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>155,741</td>
<td>9.2</td>
<td>24,354</td>
<td>1.4</td>
<td>4,104</td>
<td>0.2</td>
</tr>
<tr>
<td>5</td>
<td>31,123</td>
<td>7.9</td>
<td>6,917</td>
<td>1.7</td>
<td>738</td>
<td>0.2</td>
</tr>
<tr>
<td>6</td>
<td>29,793</td>
<td>7.5</td>
<td>6,952</td>
<td>1.7</td>
<td>720</td>
<td>0.2</td>
</tr>
<tr>
<td>7</td>
<td>27,359</td>
<td>6.7</td>
<td>6,660</td>
<td>1.6</td>
<td>715</td>
<td>0.2</td>
</tr>
<tr>
<td>8</td>
<td>23,343</td>
<td>6.1</td>
<td>6,268</td>
<td>1.5</td>
<td>727</td>
<td>0.2</td>
</tr>
<tr>
<td>9</td>
<td>23,871</td>
<td>5.7</td>
<td>5,926</td>
<td>1.4</td>
<td>662</td>
<td>0.2</td>
</tr>
<tr>
<td>10</td>
<td>22,021</td>
<td>5.2</td>
<td>5,553</td>
<td>1.3</td>
<td>661</td>
<td>0.2</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
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<td>38,276</td>
<td>1.6</td>
<td>4,223</td>
<td>0.2</td>
</tr>
<tr>
<td>11</td>
<td>20,057</td>
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<td>5,264</td>
<td>1.3</td>
<td>607</td>
<td>0.1</td>
</tr>
<tr>
<td>12</td>
<td>19,184</td>
<td>4.8</td>
<td>5,747</td>
<td>1.4</td>
<td>623</td>
<td>0.2</td>
</tr>
<tr>
<td>13</td>
<td>18,881</td>
<td>4.8</td>
<td>6,215</td>
<td>1.6</td>
<td>640</td>
<td>0.2</td>
</tr>
<tr>
<td>14</td>
<td>18,858</td>
<td>4.8</td>
<td>6,444</td>
<td>1.6</td>
<td>729</td>
<td>0.2</td>
</tr>
<tr>
<td>15</td>
<td>18,797</td>
<td>4.8</td>
<td>6,538</td>
<td>1.5</td>
<td>783</td>
<td>0.2</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>95,777</td>
<td>4.7</td>
<td>30,208</td>
<td>1.5</td>
<td>3,382</td>
<td>0.2</td>
</tr>
<tr>
<td>16</td>
<td>17,361</td>
<td>4.1</td>
<td>5,875</td>
<td>1.4</td>
<td>633</td>
<td>0.1</td>
</tr>
<tr>
<td>17</td>
<td>10,707</td>
<td>2.5</td>
<td>3,680</td>
<td>0.9</td>
<td>391</td>
<td>0.1</td>
</tr>
<tr>
<td>18</td>
<td>246</td>
<td>n/a</td>
<td>63</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Total All Ages</td>
<td>497,176</td>
<td>6.7</td>
<td>117,415</td>
<td>1.6</td>
<td>15,569</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).
Table 26 compares the change in numbers and rates of children by maltreatment type and age from 2005 to 2010. Comparing 2005 and 2010, the number of substantiated neglect reports increased for children 0 to 3 and 16 to 17 years of age but decreased for all other age groups. Children aged 0 to 3 experienced the greatest increase in numbers (over 3,000 children) and 13- and 14-year-olds experienced the greatest decrease (over 3,000 children). The rates of children with neglect findings decreased for most other age groups except ages 1, 16, and 17. The greatest decrease in rates of neglect occurred for children 4 years of age and for children 11 to 15 years of age.

Children under 1 year of age experienced the highest increase in the number (2,713) and rate (.04) of physical abuse. All other age groups experienced decreased numbers and rates of physical abuse; the highest decrease in both numbers (12,869) and rates (.06) involved children 11 to 15 years of age. The sexual abuse numbers decreased for all age groups. The smallest decrease in numbers (2,466) and rates (.2) was experienced by children 1 to 4 years of age. The greatest decrease in numbers (7,485) and rates (0.3) of sexual abuse occurred with children 11 to 15 years of age. There were no substantive changes for medical neglect and no distinguishable patterns for psychological or emotional maltreatment.
Table 26
Changes in Major Maltreatment Types by Age Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Age</th>
<th>Neglect 2005 to 2010 change</th>
<th>Physical abuse 2005 to 2010 change</th>
<th>Medical neglect 2005 to 2010 change</th>
<th>Sexual abuse 2005 to 2010 change</th>
<th>Psychological abuse 2005 to 2010 change</th>
<th>Total change</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3,194</td>
<td>2,713</td>
<td>-219</td>
<td>-91</td>
<td>725</td>
<td>2,507</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>3,701</td>
<td>275</td>
<td>-109</td>
<td>-87</td>
<td>255</td>
<td>2,507</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>3,076</td>
<td>131</td>
<td>-21</td>
<td>-307</td>
<td>142</td>
<td>1,057</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1,611</td>
<td>-157</td>
<td>-94</td>
<td>-834</td>
<td>129</td>
<td>3,211</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>-662</td>
<td>-613</td>
<td>-103</td>
<td>-1,238</td>
<td>-133</td>
<td>-6,250</td>
<td></td>
</tr>
</tbody>
</table>

Subtotal 1-4  7,926 -0.15  -364 -0.12  -327 -0.04  -2,466 -0.18  393 -0.03  -11,071

<table>
<thead>
<tr>
<th>Age</th>
<th>Neglect 2005 to 2010 change</th>
<th>Physical abuse 2005 to 2010 change</th>
<th>Medical neglect 2005 to 2010 change</th>
<th>Sexual abuse 2005 to 2010 change</th>
<th>Psychological abuse 2005 to 2010 change</th>
<th>Total change</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>-1,450</td>
<td>-1,257</td>
<td>-98</td>
<td>-1,297</td>
<td>-444</td>
<td>-7,835</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>-1,177</td>
<td>-1,547</td>
<td>-135</td>
<td>-1,185</td>
<td>-428</td>
<td>-7,682</td>
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</tr>
<tr>
<td>7</td>
<td>-1,147</td>
<td>-1,481</td>
<td>-89</td>
<td>-1,132</td>
<td>-434</td>
<td>-7,240</td>
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</tr>
<tr>
<td>8</td>
<td>-832</td>
<td>-1,282</td>
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<td>-1,611</td>
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<td>-1,026</td>
<td>-523</td>
<td>-7,134</td>
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</tbody>
</table>

Subtotal 5-10 -6,703 -0.38  -8,535 -0.38  -470 -0.02  -6,599 -0.29  -2,731 -0.13  -42,577

<table>
<thead>
<tr>
<th>Age</th>
<th>Neglect 2005 to 2010 change</th>
<th>Physical abuse 2005 to 2010 change</th>
<th>Medical neglect 2005 to 2010 change</th>
<th>Sexual abuse 2005 to 2010 change</th>
<th>Psychological abuse 2005 to 2010 change</th>
<th>Total change</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>-2,395</td>
<td>-2,164</td>
<td>-56</td>
<td>-1,042</td>
<td>-477</td>
<td>-8,610</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>-2,887</td>
<td>-2,332</td>
<td>-74</td>
<td>-1,151</td>
<td>-523</td>
<td>-9,301</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>-3,153</td>
<td>-2,897</td>
<td>-125</td>
<td>-1,931</td>
<td>-595</td>
<td>-10,923</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>-3,128</td>
<td>-3,040</td>
<td>-6</td>
<td>-2,018</td>
<td>-586</td>
<td>-10,971</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>-1,680</td>
<td>-2,336</td>
<td>-91</td>
<td>-1,343</td>
<td>-353</td>
<td>-8,057</td>
<td></td>
</tr>
</tbody>
</table>

Subtotal 11-15 -13,624 -0.52  -12,869 -0.58  -171 0.00  -7,485 -0.33  -2,354 -0.11  -47,862

<table>
<thead>
<tr>
<th>Age</th>
<th>Neglect 2005 to 2010 change</th>
<th>Physical abuse 2005 to 2010 change</th>
<th>Medical neglect 2005 to 2010 change</th>
<th>Sexual abuse 2005 to 2010 change</th>
<th>Psychological abuse 2005 to 2010 change</th>
<th>Total change</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>1,013</td>
<td>-1,530</td>
<td>66</td>
<td>-497</td>
<td>22</td>
<td>-3,372</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>1,541</td>
<td>-559</td>
<td>71</td>
<td>-196</td>
<td>120</td>
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<tr>
<td>18</td>
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<td>-12</td>
<td>15</td>
<td>34</td>
<td>9</td>
<td>-7,941</td>
<td></td>
</tr>
</tbody>
</table>

Total all Ages -6,237 -0.2  -21,156 -0.3  -1,038 0.0  -17,325 -0.2  -3,971 -0.1 -108,644

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Major Types of Maltreatment by Primary Race/Ethnicity

Tables 27 and 28 show the numbers and rates of maltreatment types by child’s primary race/ethnicity. Types of maltreatment differed greatly by primary race/ethnicity. The highest numbers of neglect involved Whites (246,686 and 222,359, respectively), Black or African Americans (115,087 and 102,739), and Hispanics/Latinos (90,894 and 114,471). The rates of neglect in 2005 and 2010 were, from lowest to highest, as follows: Whites at 1.4 and 1.1; Hispanics/Latinos at 6.2 and 6.8; and Blacks or African Americans at 10.2 and 9.1.

In both 2005 and 2010, White children accounted for the largest physical abuse numbers (63,744 and 48,631, respectively) followed by Black or African American (36,839 and 30,375) and Hispanic/Latino (23,170) children. Among the three groups, Black or African American
children had the highest rates (3.3 and 2.7), compared with White (1.6 and 1.4) and Hispanic/Latino children (1.4 and 1.1).

The numbers and rates of sexual abuse also varied among the three groups. The sexual abuse numbers for 2005 were highest for Whites (42,688), followed by Black or African American children (14,131) and Hispanic/Latino children (12,891). However, in 2010, the sexual abuse numbers decreased for White (30,018) and Black or African American children (10,899) and remained stable for Hispanic/Latino children (12,817). Meanwhile, the sexual abuse rates continued to be higher for Black or African American children than they were for White and Hispanic/Latino children in both 2005 and 2010, although the rate difference was not as great among the three groups (0.9 to 1.3 in 2005 and 0.7 to 1.0 in 2010).

White children had the highest numbers (28,064 in 2005 and 23,360 in 2010) of psychological and emotional maltreatment, followed by Hispanics/Latino children (14,709 and 16,631), and then Black or African American (8,048 and 7,873) children. Of the three groups, Hispanic/Latino children had the highest rate (1.0 in both 2005 and 2010) of psychological and emotional maltreatment. Black or African American children had a lower rate (0.7 in both years). The rates for White children were slightly lower (.6 in 2005 and .5 in 2010) than for the two other groups.

Although the numbers were small for other races/ethnicities, they showed consistent patterns for 2005 and 2010. For American Indian or Alaska Native children, neglect was the most common form of maltreatment (rates of 8.5 in 2005 and 7.6 in 2010), but all other types of maltreatment were low. Neglect was also the most common form of maltreatment for No Primary Race children (rates of 5.7 in 2005 and 7.6 in 2010). Asian children had the lowest rates
of all groups for all maltreatment types. The numbers for Native Hawaiian/Other Pacific Islander children were too small to draw any meaningful conclusions (see Tables 27 and 28).

Table 27

Major Maltreatment Types by Primary Race/Ethnicity Nationally, FFY 2005

<table>
<thead>
<tr>
<th>Primary race/ethnicity</th>
<th>Neglect Numbers</th>
<th>Neglect Rates</th>
<th>Physical abuse Numbers</th>
<th>Physical abuse Rates</th>
<th>Medical neglect Numbers</th>
<th>Medical neglect Rates</th>
<th>Sexual abuse Numbers</th>
<th>Sexual abuse Rates</th>
<th>Psychological abuse Numbers</th>
<th>Psychological abuse Rates</th>
<th>Total Numbers</th>
<th>US Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>246,686</td>
<td>5.4</td>
<td>63,744</td>
<td>1.4</td>
<td>7,342</td>
<td>0.2</td>
<td>42,688</td>
<td>0.9</td>
<td>28,064</td>
<td>0.6</td>
<td>385,256</td>
<td>45,419,243</td>
</tr>
<tr>
<td>Black/African American</td>
<td>115,087</td>
<td>10.2</td>
<td>36,829</td>
<td>3.3</td>
<td>5,070</td>
<td>0.5</td>
<td>14,131</td>
<td>1.3</td>
<td>8,048</td>
<td>0.7</td>
<td>185,443</td>
<td>11,232,294</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>90,804</td>
<td>6.2</td>
<td>23,170</td>
<td>1.6</td>
<td>2,749</td>
<td>0.2</td>
<td>12,981</td>
<td>0.9</td>
<td>14,709</td>
<td>1.0</td>
<td>138,935</td>
<td>14,732,238</td>
</tr>
<tr>
<td>AIAN*</td>
<td>6,648</td>
<td>8.5</td>
<td>1,087</td>
<td>0.5</td>
<td>169</td>
<td>0.1</td>
<td>519</td>
<td>0.2</td>
<td>1,161</td>
<td>0.5</td>
<td>8,714</td>
<td>784,160</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>12,544</td>
<td>5.7</td>
<td>2,887</td>
<td>3.7</td>
<td>396</td>
<td>0.5</td>
<td>1,056</td>
<td>1.3</td>
<td>1,673</td>
<td>2.1</td>
<td>17,783</td>
<td>2,191,622</td>
</tr>
<tr>
<td>Asian</td>
<td>3,877</td>
<td>1.3</td>
<td>1,540</td>
<td>0.5</td>
<td>73</td>
<td>0.0</td>
<td>487</td>
<td>0.2</td>
<td>682</td>
<td>0.2</td>
<td>6,492</td>
<td>2,956,548</td>
</tr>
<tr>
<td>NHPI*</td>
<td>696</td>
<td>5.5</td>
<td>312</td>
<td>2.5</td>
<td>21</td>
<td>0.2</td>
<td>136</td>
<td>1.1</td>
<td>184</td>
<td>1.5</td>
<td>1,609</td>
<td>126,716</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>28,301</td>
<td>n/a</td>
<td>9,675</td>
<td>n/a</td>
<td>829</td>
<td>n/a</td>
<td>7,465</td>
<td>n/a</td>
<td>2,881</td>
<td>n/a</td>
<td>46,814</td>
<td>n/a</td>
</tr>
<tr>
<td>Grand Total</td>
<td>584,175</td>
<td>6.5</td>
<td>139,219</td>
<td>1.8</td>
<td>16,644</td>
<td>0.2</td>
<td>79,455</td>
<td>1.0</td>
<td>57,388</td>
<td>0.7</td>
<td>789,888</td>
<td>77,442,820</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). * AIAN= American Indian/Alaskan Native. NHPI= Native Hawaiian/Other Pacific Islander

Table 28

Major Maltreatment Types by Primary Race/Ethnicity Nationally, FFY 2010

<table>
<thead>
<tr>
<th>Primary Race/Ethnicity</th>
<th>Neglect Numbers</th>
<th>Neglect Rates</th>
<th>Physical abuse Numbers</th>
<th>Physical abuse Rates</th>
<th>Medical neglect Numbers</th>
<th>Medical neglect Rates</th>
<th>Sexual abuse Numbers</th>
<th>Sexual abuse Rates</th>
<th>Psychological abuse Numbers</th>
<th>Psychological abuse Rates</th>
<th>Total Numbers</th>
<th>US Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>222,359</td>
<td>5.1</td>
<td>48,561</td>
<td>1.1</td>
<td>5,889</td>
<td>0.1</td>
<td>30,018</td>
<td>0.7</td>
<td>23,360</td>
<td>0.5</td>
<td>300,999</td>
<td>43,891,356</td>
</tr>
<tr>
<td>Black/African American</td>
<td>102,739</td>
<td>9.1</td>
<td>30,375</td>
<td>2.7</td>
<td>4,772</td>
<td>0.4</td>
<td>10,899</td>
<td>1.0</td>
<td>7,873</td>
<td>0.7</td>
<td>146,911</td>
<td>11,314,482</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>114,471</td>
<td>6.8</td>
<td>23,659</td>
<td>1.4</td>
<td>3,456</td>
<td>0.2</td>
<td>12,817</td>
<td>0.8</td>
<td>16,631</td>
<td>1.0</td>
<td>155,674</td>
<td>16,795,979</td>
</tr>
<tr>
<td>AIAN*</td>
<td>5,876</td>
<td>7.6</td>
<td>718</td>
<td>0.9</td>
<td>115</td>
<td>0.1</td>
<td>320</td>
<td>0.4</td>
<td>941</td>
<td>1.2</td>
<td>7,115</td>
<td>777,763</td>
</tr>
<tr>
<td>No Primary Race</td>
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<td>7.5</td>
<td>3,646</td>
<td>1.5</td>
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<td>0.2</td>
<td>1,288</td>
<td>0.5</td>
<td>2,032</td>
<td>0.8</td>
<td>23,504</td>
<td>2,481,233</td>
</tr>
<tr>
<td>Asian</td>
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<td>1,198</td>
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<td>82</td>
<td>0.0</td>
<td>432</td>
<td>0.1</td>
<td>491</td>
<td>0.2</td>
<td>5,786</td>
<td>3,172,907</td>
</tr>
<tr>
<td>NHPI*</td>
<td>605</td>
<td>4.8</td>
<td>263</td>
<td>2.1</td>
<td>31</td>
<td>0.2</td>
<td>103</td>
<td>0.8</td>
<td>203</td>
<td>1.6</td>
<td>1,312</td>
<td>126,872</td>
</tr>
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<td>n/a</td>
<td>9,494</td>
<td>n/a</td>
<td>762</td>
<td>n/a</td>
<td>6,150</td>
<td>n/a</td>
<td>1,868</td>
<td>n/a</td>
<td>46,164</td>
<td>n/a</td>
</tr>
<tr>
<td>Grand Total</td>
<td>498,432</td>
<td>6.3</td>
<td>117,903</td>
<td>1.5</td>
<td>15,599</td>
<td>0.2</td>
<td>62,022</td>
<td>0.8</td>
<td>53,393</td>
<td>0.7</td>
<td>686,425</td>
<td>78,560,593</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). * AIAN= American Indian/Alaskan Native. NHPI= Native Hawaiian/Other Pacific Islander

Table 29 shows large decreases in neglect numbers and rates for both White and Black or African American children and an increase for Hispanic/Latino children. For Whites, the
number decreased by 24,327 and the rate by .04. For Blacks or African Americans, the number decreased by 12,388 and the rate by 1.2. Meanwhile, the numbers increased for Hispanic/Latino children by 23,577 and the rate by .06.

From 2005 to 2010, physical and sexual abuse numbers decreased substantially for Whites (by 15,183 and 12,670, respectively) as well as Blacks or African Americans (by 6,454 and 3,232, respectively). The rates for physical and sexual abuse also decreased for Whites (by 0.3 for both) and Blacks or African Americans (by 0.6 for physical abuse and 0.3 for sexual abuse). For Hispanic/Latino children, the physical abuse numbers increased slightly (by 489 children), and the sexual abuse number declined (by 164), as did both rates (.02 and .01).

Medical neglect numbers decreased for both Whites and Blacks or African American children but increased slightly for Hispanic/Latino children. The decrease in the number of psychological and emotional maltreatment cases was primarily among White children (4,704). The numbers increased for Hispanics/Latinos (1,922). The rates remained stable for all three groups (see Table 29).

Table 29

Changes in Major Maltreatment Types by Primary Race/Ethnicity Nationally, 2005-2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number change</td>
<td>Rate change</td>
<td>Number change</td>
<td>Rate change</td>
<td>Number change</td>
<td>Rate change</td>
</tr>
<tr>
<td>White</td>
<td>-24,327</td>
<td>-0.4</td>
<td>-15,183</td>
<td>-0.3</td>
<td>-1,453</td>
<td>0.0</td>
</tr>
<tr>
<td>Black/African American</td>
<td>-12,348</td>
<td>-1.2</td>
<td>-6,454</td>
<td>-0.6</td>
<td>-298</td>
<td>0.0</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>23,577</td>
<td>0.6</td>
<td>289</td>
<td>-0.2</td>
<td>707</td>
<td>0.0</td>
</tr>
<tr>
<td>AIAN*</td>
<td>-772</td>
<td>-0.9</td>
<td>-369</td>
<td>0.4</td>
<td>-54</td>
<td>0.1</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>-942</td>
<td>1.7</td>
<td>-759</td>
<td>-2.2</td>
<td>101</td>
<td>-0.3</td>
</tr>
<tr>
<td>Asian</td>
<td>220</td>
<td>0.0</td>
<td>-342</td>
<td>-0.1</td>
<td>9</td>
<td>0.0</td>
</tr>
<tr>
<td>NHPI*</td>
<td>-91</td>
<td>-0.7</td>
<td>-49</td>
<td>-0.4</td>
<td>10</td>
<td>0.1</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>1,790</td>
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<td>n/a</td>
<td>-67</td>
<td>n/a</td>
</tr>
<tr>
<td>Total Change</td>
<td>-6,009</td>
<td>n/a</td>
<td>-21,330</td>
<td>n/a</td>
<td>-1,045</td>
<td>n/a</td>
</tr>
</tbody>
</table>

*Note. Data obtained from National NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). AIAN = American Indian/Alaskan Native. NHPI = Native Hawaiian/other Pacific Islander
Summary of Findings

Overall Trends

The study found that although the maltreatment numbers remained consistent at approximately 3.3 million referrals involving 6 million children, the number of children screened in for maltreatment increased gradually during the period between 2005 and 2010. Both the screened-in numbers and rates increased, while the substantiated numbers and rates declined. Overall, the numbers of children with substantiated findings for maltreatment from 2005-2010 decreased by over 100,000 (13.3%), and the rate decreased by 1.6.

With the increase in screened-in numbers and decline in substantiation, the number and rate of children with unsubstantiated findings increased by 8.7%, from over 2.3 million children in 2005 to over 2.5 million children in 2010. In addition, increasing numbers of children were assigned to differential or alternative response tracks from 2005 to 2010.48 Fourteen states reported data on children who were assigned to differential response or alternative response in 2010. The number of alternative response children designated as “not a victim” increased from 160,559 children in 2005 to 297,784 children in 2010. In addition, several states reported data on children designated as alternative response victims; these numbers only increased from 11,297 in 2005 to 16,465 in 2010.

The majority of maltreated children were victims of neglect. Although the number of children with neglect findings declined 2.9% from 2005 to 2010, approximately half a million children were neglect victims in 2010. Physical abuse was the second most frequent type of maltreatment, but it decreased between 2005 and 2010 by 21.9%, from more than 138,000 children to fewer than 117,000. From 2005 to 2010, the rates of maltreatment decreased for all types except medical neglect. The neglect rate decreased the most, from 6.9 to 6.7. Physical
abuse rates declined from 1.9 to 1.6, and sexual abuse rates dropped from 1.1 to .8. Neglect accounted for 63.9% of all types of maltreatment in 2005 and 72.6% in 2010.

**Children’s Demographic Characteristics (NCANDS)**

**Screened in and disposition by gender.** NCANDS data showed that females were screened in at slightly higher numbers and rates yearly from 2005 to 2010. In 2010, for example, 1,562,000 females were screened in, at a rate of 41.1, compared with 1,555,000 males, at a rate of 39.1. Similarly, 359,000 females were determined to be victims of maltreatment at a rate of 9.5, compared with 340,000 males, at a rate of 8.6. In addition, 1,264,000 males, at a rate of 31.8, were determined to be not a “victim,” compared with 1,254,000 females, at a rate of 33.0.

**Types of maltreatment by gender.** The numbers of substantiations were slightly higher for males than for females for neglect, medical neglect, and physical abuse, but the rates were very similar. For sexual abuse, however, there were substantial differences by gender. The numbers and rates of female children with substantiated findings of sexual abuse were much higher than those of male children were. In 2005, 62,147 female children were victims of sexual abuse, at a rate of 1.6, compared with 17,114 male children, at a rate of .04. Similarly, in 2010, there were 49,217 female victims of sexual abuse, at a rate of 1.2, compared with 12,635 male children, at a rate of 0.3. Females had higher numbers of psychological or emotional maltreatment than males, but the rates were the same for both genders. Both the number and rate of substantiated sexual abuse decreased for females (by 12,930 and 1.2, respectively) between 2005 and 2010. The number and rate also decreased for males, but to a much lesser extent (by 4,479 and 0.1, respectively).

Neglect accounted for 60.9% of all types of maltreatment for females in 2005 and 70% in 2010. Neglect was also the most common type of maltreatment for males, at 66.9% in 2005 and
75% in 2010. Physical abuse was lower for females (16.6% in 2005 and 16% in 2010) than for males (18.7 in 2005 and 18% in 2010). Sexual abuse was much higher for females (15% in 2005 and 14% in 2010) than for males (5% in 2005 and 4% in 2010).

**Screened in and disposition by age.** In both 2005 and 2010, younger children were screened in and involved in substantiated reports at higher numbers and rates as well as accounted for a higher percentage of the total than older children did. These patterns held despite the observed changes that took place between 2005 and 2010. The numbers and rates of children with screened-in reports increased for all age groups except for children 11 to 15 years of age. The largest number increase of children screened in were 0 to 3 year olds, and the largest decrease involved children 11 to 15 years of age.

**Substantiated by age.** For most types of maltreatment, younger children had higher numbers and rates of substantiated findings than older children did. They also accounted for a higher percentage of the total number of children with substantiated findings. The numbers of children with substantiated findings declined for children of all ages. However, substantiation decreased the most for children 11 to 15 years of age (consistent with their decreased screened-in numbers) and the least for children aged 0 to 3 as well as children 16 and 17. For example, the number of children under 1 year of age decreased by 2.4% compared with 20.6% for 15-year-olds. Although the rate decrease varied somewhat among age groups, there were no distinguishable patterns. The rate decrease for children aged 1 to 4 was 1.5, compared to 2.0 for children 5 to 10 and 2.1 for children 11 to 15 years of age.

Children under 1 year of age represented 10.8% of all those substantiated in 2005 and 12.2% of all those substantiated in 2010. Similarly, children 1 to 4 years of age accounted for 25.5% of the total number substantiated in 2005, compared with 27.8% in 2010. The proportion
of cases of maltreated children aged 5 to 10 decreased only slightly (from 32.9% to 31.9%); the proportion of children 11 to 15 years of age decreased a bit more (from 24.7% to 21.7%).

**Unsubstantiated by age.** Younger children also accounted for higher proportions of the total children with unsubstantiated findings. However, the difference in numbers and rates of unsubstantiated maltreatment between younger and older children was not as wide as that observed in the substantiated category.

Since children under 1 year of age accounted for the highest numbers of children screened in (223,300 in 2005 and 246,500 in 2010), they also accounted for the highest numbers of children with unsubstantiated findings (148,400 in 2005 and 174,209 in 2010). For example, in 2010, the screened-in rate for children under 1 year of age was 58.8, and the unsubstantiation rate was 41.6. In comparison, for children 11 to 15 years of age, the screened-in rate was 36.2, and the unsubstantiated rate was 29.9.

Although screened-in numbers increased for children 0-10 and for 16- and 17-year-olds, the majority of the additional children screened in had unsubstantiated findings during 2005-2010. The largest unsubstantiated number increases (16-20%) involved children aged 0 to 3 years of age, but this number decreased for those 11 to 15 years of age. The unsubstantiation rates increased for children of all age groups. However, the rate increase for children 11 to 15 years of age was minimal (.2), given the lower numbers and rates of children in this age group who were screened in. Children under 1 year of age accounted for 6.4% of the total unsubstantiated in 2005 and 6.9% in 2010.

**Major types of maltreatment by age.** Children under 1 year of age had the highest numbers and rates and also accounted for the largest proportion of the total across all types of maltreatment except for sexual abuse in both 2005 and 2010. Children under 1 year of age had
the highest numbers and rates of substantiated findings for neglect and physical abuse. In both 2005 and 2010, children under 1 year of age accounted for a higher proportion of the total number of children who were victims of neglect, physical abuse, medical neglect, and psychological maltreatment. However, they had the lowest proportion of those substantiated for sexual abuse.

The patterns were different by types of maltreatment for children 1 to 17 years of age. The numbers and rates of substantiation for neglect declined with age. For example, in 2010, 43,300 1-year-olds were victims of neglect (a rate of 8.7), compared with 9,200 children 17 years of age (a rate of 2.5). Physical abuse was highest for children under 1 year of age, lower for children between 1 to 3 years of age, and began to rise again for children from 4 up to 16 years of age. For sexual abuse, the percentages rose with age up to age 16. Sexual abuse was lowest for children under 1 year of age and highest for children 16 years of age. Neglect increased from 2005 to 2010 for children 0 to 3 years of age and 16 to 17 years of age but decreased for all other age groups, especially children 13 and 14 years old.

There were changes between 2005 and 2010 by types of maltreatment by age. Neglect rates decreased for most age groups except ages 1, 16, and 17. Children 4 years of age and 11 to 15 years of age experienced the sharpest decreases in rates of neglect. Children under 1 year of age experienced the highest increase in the number and rate of physical abuse. Physical abuse decreased for all other age groups, and the highest decrease in both numbers and rates involved children 11 to 15 years of age. Sexual abuse decreased for all age groups of children. The smallest decrease in numbers and rates was experienced by children 1 to 4 years of age. The sharpest decrease in numbers and rates was experienced by children 11 to 15 years of age.
There were no substantive changes for medical neglect and no distinguishable patterns for psychological or emotional maltreatment.

**Screened in and disposition by primary race/ethnicity.** An examination of the data by primary race/ethnicity revealed that the numbers, rates, and proportion of the children served changed between 2005 and 2010. Whites, Blacks or African Americans, and Hispanics are the largest groups in the population and thus account for the largest numbers of children involved in the child welfare system. Therefore, the changes observed for these three groups account for observed changes in the trends in the child welfare population. Overall, the numbers and rates of White and Black or African American children involved in child maltreatment reports decreased, but these increased for Hispanic/Latino children.

Although the numbers of all children screened in increased nationally by 3.5%, they decreased for White, Black or African American, and American Indian or Alaska Native children. In contrast, the numbers of screened-in children increased for Hispanic/Latino, Asian, and No Primary Race or Unknown Race children between 2005 and 2010. Despite the decreases in screened-in rates observed for Black or African American, American Indian or Alaska Native, and Native Hawaiian/Other Pacific Islander children, these groups continued to be screened in at higher rates than White children and Asian American children.

There were substantial shifts in screened-in numbers based on race/ethnicity, especially for the three largest groups. Screened-in numbers decreased by 3.4% for White children and by 4.2% for Black or African American children, but reports involving Hispanic/Latino children increased by 22.5%. In fact, Hispanic/Latino children accounted for the majority (over 120,000 children) of the increase in the numbers of children screened in for maltreatment between 2005 and 2010.
The screened-in rates also varied between 2005 and 2010 by race/ethnicity, especially for the three largest groups. For White children, screened-in rates remained stable (31.7 both years); for Black or African American children, these rates decreased (from 61.9 to 59.9 in 2010); and for Hispanic/Latino children, they increased (from 36.2 to 38.8).

There were major shifts in the proportions of children screened in out of the total number among the three largest groups. White and Black or African American children screened in out of the total number decreased, while the proportion of Hispanic/Latino children screened in out of the total number increased from 2005 and 2010. White children decreased from 47.8% to 44.6%, Black or African American children decreased from 23.1% to 21.4%, and Hispanic/Latino children increased from 17.7% to 20.9%.

There were changes in screened-in numbers and rates for the other races and ethnicities. No Primary Race children had the highest percentage increase in screened-in numbers (63%). The screened-in numbers also increased by 9.6% for Asian children but decreased by 7.7% for American Indian or Alaska Native and by 0.4% for Native Hawaiian/Other Pacific Islander children. Asian children continued to have the lowest screened-in rates (8.4 in 2005 and 8.6 in 2010). The screened-in rate remained relatively stable for Native Hawaiian/Other Pacific Islander children (from 40.8 to 40.6), but there was a substantial decrease for American Indian or Alaska Native children (39.9 to 37.1).

**Substantiated by primary race/ethnicity.** The numbers and rates of children with substantiated findings changed between 2005 and 2010 by primary race/ethnicity. The substantiated numbers decreased for White, Black or African American, and American Indian or Alaska Native children, as well as Native Hawaiian/Other Pacific Islander children, but increased for Hispanic/Latino and No Primary Race children from 2005 to 2010.
The largest decreases in substantiated numbers were for White children (394,980 to 307,923), and for Black or African American children (188,934 to 149,565), and the largest increase affected Hispanic/Latino children (141,509 to 157,796). The substantiation rates decreased for White, Black or African American, and Hispanic/Latino children. The substantiation rates for White children decreased from 9.0 in 2005 to 7.2 in 2010. Although Black or African American children experienced the largest substantiation rate decrease (from 17.3 in 2005 to 13.6 in 2010), they continued to have the highest rates of substantiation of all racial/ethnic groups. Meanwhile, the substantiation rate decreased slightly from 9.9 in 2005 to 9.6 in 2010 for Hispanic/Latino children despite the increase in substantiated case numbers.

Substantiation numbers and rates increased for children in the No Primary Race category. The numbers and rates decreased for American Indian or Alaska Native, Asian, and Native Hawaiian/Other Pacific Islander children. Asian children had the lowest rate of substantiation of all racial/ethnic groups (2.3 in 2005 and 1.9 in 2010).

In addition, the proportion of the total children with substantiated findings for White and Black or African American children decreased, while it increased for Hispanic/Latino children screened in between 2005 and 2010. White children decreased from 48.9% of the total number of children with substantiated findings in 2005 to 43.9% in 2010. Similarly, Black or African American children decreased from 23.4% in 2005 to 21.4% of all children with substantiated findings in 2010. Meanwhile, substantiation for Hispanic/Latino children increased from 17.5% of the total in 2005 to 22.5% in 2010. There was an increase in substantiated findings for No Primary Race children from 2.3 to 3.4% and for Unknown Race children from 5.7% to 6.7%.

Unsubstantiated by primary race/ethnicity. The numbers and rates of children with unsubstantiated findings shifted by child’s primary race/ethnicity between 2005 and 2010. All
three large racial/ethnic groups experienced an increase in the numbers and rates of unsubstantiation. However, Hispanic/Latino children accounted for most of the increase in the numbers of children with unsubstantiated findings (from 410,204 to 515,530) and the rates (from 27.8 to 30.7). White children experienced the second largest increase in unsubstantiated numbers (from 1,096,816 to 1,136,810) and rates (from 24.1 to 25.9). Blacks or African Americans had the third largest unsubstantiated numbers (from 529,353 in 2005 to 539,011) and rate increase (47.1 to 47.6). In addition, the proportion of children with unsubstantiated findings out of the total decreased for White children (from 47.5% to 44.8%), decreased for Black or African American children (from 22.9% to 21.3%), and increased for Hispanic/Latino children (from 17.8% to 20.3%). No Primary Race children increased (from 1.8% to 2.9%) as a proportion of the total number of children with unsubstantiated findings. No major changes were observed for other racial/ethnic groups.

Other racial/ethnic groups experienced changes in numbers and rates of unsubstantiation between 2005 and 2010. No Primary Race children experienced a large increase in unsubstantiated numbers (from 41,299 to 72,296) and rates (from 18.8 to 29.4). However, both American Indian or Alaska Native as well as Native Hawaiian/Other Pacific Islander children had a decrease in unsubstantiated numbers. Although there was some increase in numbers (from 18,761 to 22,092) and rates (6.3 to 7.0), Asian children continued to have small numbers and rates compared to other groups.

**Types of maltreatment by primary race/ethnicity.** The three largest groups of children for all maltreatment types were Whites, Blacks or African Americans, and Hispanics/Latinos, but the numbers and rates of substantiation by maltreatment types differed greatly by primary race/ethnicity. In 2005 and 2010, neglect was the primary reason for substantiation for White
children (246,686 and 222,359), Black or African American children (115,087 and 102,739), and Hispanic/Latino children (90,894 and 114,471). In both 2005 and 2010, the second most common maltreatment type substantiated was physical abuse of White children (63,744 and 48,631, respectively), followed by Black or African American children (36,839 and 30,375, respectively) and Hispanic/Latino children (23,170 and 23,659 respectively). The sexual abuse numbers for 2005 were also highest for White children (42,688), followed by Black or African American children (14,131), and then Hispanic/Latino children (12,891). White children had the highest numbers (28,064 in 2005 and 23,360 in 2010) of psychological and emotional maltreatment, followed by Hispanic/Latino children (14,709 and 16,631) and Black or African American children (8,048 and 7,873).

The numbers were small for other races/ethnicities, except for the No Primary Race children. Neglect represented the fastest growing numbers (12,500 children in 2005 and 18,500 in 2010) and rates (5.7 in 2005 and 7.5 in 2010) for the No Primary Race group. The neglect rates were highest for American Indian or Alaska Native children (8.5 in 2005 and 7.6 in 2010), but all other types of maltreatment were low for this group. Asian children had the lowest rates of all groups for all maltreatment types. The numbers for Native Hawaiian/Other Pacific Islander children were too small to draw any meaningful conclusions.

The rates of substantiation differed among the three largest groups. From lowest to highest, the rates for neglect in 2005 and 2010 were those for White children (at 1.4 and 1.1, respectively), for Hispanic/Latino children (6.2 and 6.8, respectively), and for Black or African American children (at 10.2 and 9.1, respectively). Black or African American children had the highest rates (3.3 and 2.7) of physical abuse, compared with White children (1.6 and 1.4) and Hispanic/Latino children (1.4 and 1.1). Sexual abuse rates continued to be higher for Black or
African American children than they were for White and Hispanic/Latino children in both 2005 and 2010, although the rate differences among the three groups were small. Of the three groups, Hispanic/Latino children had the highest rates (1.0 in both 2005 and 2010) of psychological and emotional maltreatment. Black or African American children had a lower rate (0.7 both years). The rates for White children were slightly lower (.6 in 2005 and .5 in 2010) than for the other two groups.

There were large decreases in neglect numbers and rates for both White and Black or African American children and an increase for Hispanic/Latino children. The number decreased for White children by 24,327 and the rate decreased by .04. For Black or African Americans, the number decreased by 12,388 and the rate decreased by 1.2. Meanwhile, the numbers increased for Hispanic/Latino children by 23,577 and the rate by .06.

There was a substantial decrease in physical and sexual abuse numbers for White children (physical abuse decreased by 15,183 and sexual abuse by 12,670) as well as for Black or African American children (physical abuse decreased by 6,454 and sexual abuse by 3,232). The rates for physical and sexual abuse also decreased for White children (by 0.3 for both physical and sexual abuse) and for Black or African American children (by 0.6 for physical and by 0.3 for sexual abuse). For Hispanic/Latino children, the physical abuse numbers increased slightly (by 489 children) and the sexual abuse numbers declined (by 164), as did the rate (.02 and .01). Sexual abuse numbers in 2005 were highest for White children (42,688), followed by Black or African American children (14,131) and Hispanic/Latino children (12,891). However, in 2010, the sexual abuse numbers decreased substantially for White children (30,018) and Black or African American children (10,899) and remained stable for Hispanic/Latino children (12,817).
The medical neglect numbers decreased for both White and Black or African American children but increased slightly for Hispanic/Latino children.

The decrease in the numbers for psychological and emotional maltreatment was primarily among White children (4,704). The numbers increased for Hispanic/Latino children (1,922). The rates remained stable for all three largest racial/ethnic groups.

Between 2005 and 2010, the proportion of the total number of children by various maltreatment types by primary race/ethnicity changed. The proportion of children with substantiated findings was lower for White children for various maltreatment types in 2010 than in 2005. White children constituted 45.8% of those neglected in 2005 and 44.8% in 2010. Similarly, Black or African American children accounted for 22.8% of those neglected in 2005 and 20.6% in 2010. Meanwhile, Hispanic/Latino children increased as a percentage of those neglected from 18% in 2005 to 23% in 2010. This shift in the proportion of Hispanic/Latino children versus White and Black or African American children was also evident for other types of maltreatment. American Indian or Native Alaskan children were the only others that increased as a proportion of the total for all major maltreatment types, although their numbers were small.
CHAPTER 6: CHILDREN PROVIDED WITH POST INVESTIGATION SERVICES NATIONALLY, 2005-2010

This chapter contains analyses of the post investigation services (PIS) or post response services provided to children with a maltreatment disposition (both substantiated and unsubstantiated) from 2005 to 2010. CWS/CPS agencies are mandated to provide a broad range of services to protect and promote the safety of maltreated children and those at risk to prevent future instances of maltreatment. NCANDS collects case-level data about children provided with PIS (within 90 days of a disposition of the CPS report). Post investigation services are offered by child welfare agencies or ordered by courts to address child safety concerns. A percentage of children screened in for maltreatment may receive PIS from CWS/CPS agencies, whether the allegations were substantiated or not. These services are usually based on an assessment of the family’s strengths, weaknesses, and needs, and the services may involve both foster care and in-home services such as family preservation, family support, and other types of service (U.S. DHHS, 2010). The data presented in this section are only based on the child-specific PIS. The child-specific data allowed for examination of changes over time based on the demographic characteristics of the children.

PIS Provided to Screened-in Children

Table 30 summarizes PIS for screened-in children with substantiated findings. PIS were provided to 825,322 children (27.4%) screened in for maltreatment in 2005 compared with 760,062 children (24.4%) in 2010. Of those provided with PIS, 25% were specified as having been provided foster care services. Overall, the percentage of children screened in for maltreatment who were provided with PIS declined by 7.9% from 2005 to 2010. Children
screened in and provided with foster care services declined by 14.5%, and those provided with other PIS declined by 5.9% (see Table 30).

Table 30

Numbers, Rates, and Percentages of Children Screened In With Post Investigation Services Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>% change of numbers 2005 - 2010</th>
<th>Rate change 2005 - 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbers</td>
<td>3,012,764</td>
<td>3,032,727</td>
<td>2,897,719</td>
<td>3,128,756</td>
<td>3,116,369</td>
<td>3,117,013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate per 1,000</td>
<td>41.2</td>
<td>41.3</td>
<td>39.4</td>
<td>42.3</td>
<td>42.2</td>
<td>41.8</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Post investigation services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbers</td>
<td>825,332</td>
<td>765,545</td>
<td>769,888</td>
<td>815,659</td>
<td>722,137</td>
<td>760,060</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Rates</td>
<td>27.4%</td>
<td>25.2%</td>
<td>24.6%</td>
<td>26.1%</td>
<td>23.2%</td>
<td>24.4%</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>% of Screened in</td>
<td>23.0%</td>
<td>26.1%</td>
<td>22.5%</td>
<td>21.6%</td>
<td>22.2%</td>
<td>21.4%</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Foster care services</td>
<td>190,204</td>
<td>199,561</td>
<td>172,915</td>
<td>176,131</td>
<td>160,413</td>
<td>162,544</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Rate</td>
<td>2.6</td>
<td>2.7</td>
<td>2.3</td>
<td>2.4</td>
<td>2.2</td>
<td>2.2</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>% of Total receiving PIS*</td>
<td>6.3%</td>
<td>6.0%</td>
<td>6.0%</td>
<td>5.0%</td>
<td>5.1%</td>
<td>5.2%</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>% of Total screened in foster care</td>
<td>21.1%</td>
<td>18.7%</td>
<td>20.6%</td>
<td>20.4%</td>
<td>18.0%</td>
<td>19.2%</td>
<td></td>
<td>n/a</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *PIS* post investigation services

The data analyses related to PIS were divided into categories: (a) PIS provided to children with substantiated findings and (b) PIS to children with unsubstantiated findings. These two categories were further divided into two subcategories: (a) PIS foster care and (b) “other” PIS. The number of children with “other” PIS was derived by subtracting the children reported as having received foster care services from the total who were reported as having received PIS.

PIS Provided to Children With Substantiated Findings

The number of children with substantiated findings, who received PIS, declined by 13.3% (352,512 in 2005 and 305,377 in 2010), which is consistent with the 13.4% decline in substantiation from 2005 to 2010. Similarly, the number of children with substantiated findings
provided with foster care services decreased 16.6%, compared with an 11.7% decrease for those who received “other” PIS. However, the proportion of children provided with PIS among the total with substantiated findings remained consistent at around 43.6% between 2005 and 2010 but fluctuated between 41.9% in 2009 and 44.8% in 2007 (see Table 31).

Table 31

Numbers, Rates, and Percentages of Children Substantiated With Post Investigation Services Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Substantiated</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>% change of numbers 2005 - 2010</th>
<th>Rate change 2005 - 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers</td>
<td>807,871</td>
<td>827,086</td>
<td>794,810</td>
<td>702,303</td>
<td>705,955</td>
<td>700,629</td>
<td>-13.3%</td>
<td>n/a</td>
</tr>
<tr>
<td>Rates</td>
<td>11.1</td>
<td>11.3</td>
<td>9.4</td>
<td>9.5</td>
<td>9.4</td>
<td>9.4</td>
<td>n/a</td>
<td>-1.6</td>
</tr>
<tr>
<td>% Substantiated screened in</td>
<td>26.8%</td>
<td>27.3%</td>
<td>24.0%</td>
<td>22.4%</td>
<td>22.7%</td>
<td>22.5%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Table 32 shows that 51% of female children with substantiated findings received PIS compared with 49% of male children during each of the years from 2005 to 2010. Similarly, the rate was higher for females (4.1) than for males (3.8) in 2010.
Table 32

Rates, Percentages, and Numbers of Children Substantiated With Post Investigation Services by Gender Nationally, FFY 2001-2010

<table>
<thead>
<tr>
<th>Gender</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
</tr>
<tr>
<td>Female</td>
<td>%, Numbers</td>
<td>%, Numbers</td>
<td>%, Numbers</td>
<td>%, Numbers</td>
<td>%, Numbers</td>
<td>%, Numbers</td>
</tr>
<tr>
<td>Rates</td>
<td>4.9 m/a</td>
<td>4.9 m/a</td>
<td>4.2 m/a</td>
<td>4.4 m/a</td>
<td>4.0 m/a</td>
<td>4.1 m/a</td>
</tr>
<tr>
<td>Males</td>
<td>51.4% 181,815</td>
<td>51.2% 184,164</td>
<td>51.2% 159,684</td>
<td>51.0% 165,687</td>
<td>51.1% 151,572</td>
<td>51.0% 156,194</td>
</tr>
<tr>
<td>Rates</td>
<td>4.8% 171,754</td>
<td>4.9% 175,472</td>
<td>4.8% 152,151</td>
<td>4.9% 158,886</td>
<td>4.9% 144,880</td>
<td>4.9% 149,827</td>
</tr>
<tr>
<td>Grand Total</td>
<td>n/a 353,567</td>
<td>n/a 359,636</td>
<td>n/a 311,835</td>
<td>n/a 324,573</td>
<td>n/a 296,452</td>
<td>n/a 306,021</td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

PIS Provided to Children With Substantiated Findings, by Age

Table 33 contains the numbers and rates of children with substantiated findings provided with PIS, by age. Overall, a higher number of younger children than older children with substantiated findings received PIS in each of the years from 2005 to 2010. In 2010, for example, over 44,000 children under 1 year of age (a rate of 10.6) received PIS, compared to 6,706 17-year-old children (a rate of 1.6).
Table 33

Rates and Number of Children Substantiated With Post Investigation Services by Age Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>12.2</td>
<td>47,744</td>
<td>12.8</td>
<td>50,599</td>
<td>11.5</td>
<td>45,996</td>
<td>11.7</td>
<td>47,563</td>
<td>10.4</td>
<td>42,427</td>
<td>10.6</td>
<td>44,536</td>
</tr>
<tr>
<td>1</td>
<td>6.3</td>
<td>25,001</td>
<td>6.7</td>
<td>26,366</td>
<td>5.9</td>
<td>23,698</td>
<td>6.3</td>
<td>25,614</td>
<td>5.8</td>
<td>23,888</td>
<td>5.9</td>
<td>24,885</td>
</tr>
<tr>
<td>2</td>
<td>6.0</td>
<td>23,582</td>
<td>6.2</td>
<td>24,352</td>
<td>5.4</td>
<td>21,704</td>
<td>5.7</td>
<td>21,108</td>
<td>5.4</td>
<td>21,953</td>
<td>5.6</td>
<td>23,249</td>
</tr>
<tr>
<td>3</td>
<td>5.7</td>
<td>22,465</td>
<td>5.7</td>
<td>22,715</td>
<td>4.9</td>
<td>20,068</td>
<td>5.2</td>
<td>21,195</td>
<td>4.8</td>
<td>19,797</td>
<td>5.1</td>
<td>21,483</td>
</tr>
<tr>
<td>4</td>
<td>5.4</td>
<td>21,725</td>
<td>5.4</td>
<td>21,912</td>
<td>4.5</td>
<td>18,766</td>
<td>4.7</td>
<td>19,596</td>
<td>4.3</td>
<td>18,401</td>
<td>4.4</td>
<td>19,368</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>5.8</td>
<td>92,773</td>
<td>6.0</td>
<td>95,345</td>
<td>5.2</td>
<td>84,236</td>
<td>5.4</td>
<td>89,513</td>
<td>5.0</td>
<td>84,039</td>
<td>5.2</td>
<td>88,925</td>
</tr>
<tr>
<td>5</td>
<td>5.5</td>
<td>21,189</td>
<td>5.7</td>
<td>21,714</td>
<td>4.7</td>
<td>18,324</td>
<td>4.9</td>
<td>19,109</td>
<td>4.5</td>
<td>17,525</td>
<td>4.6</td>
<td>18,376</td>
</tr>
<tr>
<td>6</td>
<td>5.2</td>
<td>20,222</td>
<td>5.4</td>
<td>21,077</td>
<td>4.7</td>
<td>18,299</td>
<td>4.8</td>
<td>18,641</td>
<td>4.3</td>
<td>16,821</td>
<td>4.4</td>
<td>17,493</td>
</tr>
<tr>
<td>7</td>
<td>4.8</td>
<td>18,982</td>
<td>4.9</td>
<td>19,471</td>
<td>4.2</td>
<td>16,789</td>
<td>4.4</td>
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<td>4.0</td>
<td>15,845</td>
<td>3.9</td>
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</tr>
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<td>17,501</td>
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<td>18,022</td>
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<td>15,554</td>
<td>4.0</td>
<td>16,256</td>
<td>3.7</td>
<td>14,885</td>
<td>3.6</td>
<td>14,752</td>
</tr>
<tr>
<td>9</td>
<td>4.1</td>
<td>16,851</td>
<td>4.1</td>
<td>16,870</td>
<td>3.5</td>
<td>14,274</td>
<td>3.7</td>
<td>15,144</td>
<td>3.3</td>
<td>13,760</td>
<td>3.4</td>
<td>14,239</td>
</tr>
<tr>
<td>10</td>
<td>3.7</td>
<td>16,180</td>
<td>3.6</td>
<td>15,786</td>
<td>3.0</td>
<td>13,668</td>
<td>3.2</td>
<td>13,767</td>
<td>3.0</td>
<td>12,866</td>
<td>3.1</td>
<td>13,137</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
<td>4.6</td>
<td>110,925</td>
<td>4.7</td>
<td>112,940</td>
<td>4.0</td>
<td>96,308</td>
<td>4.0</td>
<td>100,523</td>
<td>3.8</td>
<td>91,702</td>
<td>3.8</td>
<td>93,997</td>
</tr>
<tr>
<td>11</td>
<td>3.8</td>
<td>16,040</td>
<td>3.7</td>
<td>15,384</td>
<td>3.1</td>
<td>12,698</td>
<td>3.2</td>
<td>13,195</td>
<td>2.9</td>
<td>11,855</td>
<td>3.0</td>
<td>12,184</td>
</tr>
<tr>
<td>12</td>
<td>3.9</td>
<td>16,133</td>
<td>3.7</td>
<td>15,382</td>
<td>3.1</td>
<td>12,522</td>
<td>3.2</td>
<td>12,821</td>
<td>2.9</td>
<td>11,689</td>
<td>3.0</td>
<td>11,595</td>
</tr>
<tr>
<td>13</td>
<td>4.1</td>
<td>16,691</td>
<td>4.0</td>
<td>16,686</td>
<td>3.2</td>
<td>12,978</td>
<td>3.4</td>
<td>13,400</td>
<td>3.0</td>
<td>11,973</td>
<td>3.1</td>
<td>12,014</td>
</tr>
<tr>
<td>14</td>
<td>4.1</td>
<td>16,725</td>
<td>4.0</td>
<td>16,272</td>
<td>3.3</td>
<td>13,513</td>
<td>3.4</td>
<td>13,608</td>
<td>3.1</td>
<td>12,105</td>
<td>3.0</td>
<td>11,943</td>
</tr>
<tr>
<td>15</td>
<td>3.6</td>
<td>15,298</td>
<td>3.5</td>
<td>15,329</td>
<td>2.9</td>
<td>12,756</td>
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<td>13,234</td>
<td>2.8</td>
<td>12,009</td>
<td>2.7</td>
<td>11,575</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>3.9</td>
<td>80,877</td>
<td>3.8</td>
<td>78,453</td>
<td>3.1</td>
<td>64,467</td>
<td>3.2</td>
<td>66,258</td>
<td>2.9</td>
<td>59,631</td>
<td>2.9</td>
<td>59,711</td>
</tr>
<tr>
<td>16</td>
<td>2.9</td>
<td>12,034</td>
<td>3.0</td>
<td>12,613</td>
<td>2.5</td>
<td>10,811</td>
<td>2.7</td>
<td>11,662</td>
<td>2.4</td>
<td>10,392</td>
<td>2.4</td>
<td>10,460</td>
</tr>
<tr>
<td>17</td>
<td>1.6</td>
<td>6,882</td>
<td>1.7</td>
<td>7,273</td>
<td>6,375</td>
<td>1.6</td>
<td>6,799</td>
<td>1.5</td>
<td>6,441</td>
<td>1.6</td>
<td>6,706</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>n/a</td>
<td>124</td>
<td>n/a</td>
<td>154</td>
<td>n/a</td>
<td>145</td>
<td>n/a</td>
<td>241</td>
<td>n/a</td>
<td>260</td>
<td>n/a</td>
<td>218</td>
</tr>
<tr>
<td>Total</td>
<td>4.8</td>
<td>351,369</td>
<td>4.9</td>
<td>357,377</td>
<td>4.2</td>
<td>308,338</td>
<td>4.4</td>
<td>322,559</td>
<td>4.0</td>
<td>294,892</td>
<td>4.1</td>
<td>304,553</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Table 34 reveals that the numbers and rates of children with substantiated findings provided with PIS decreased for children of all ages between 2005 and 2010. The number of children aged 1 to 4 and 17-year-olds provided with PIS decreased less than 5%, but the decrease ranged from 11% to 28% for all other age groups. The highest decrease (over 24%) involved children aged 11 to 15. The rate decreases were smaller (0.61) for children 0 to 4 years of age than for children 5 to 10 years of age (0.76) and for children 11 to 15 years of age (9.95). However, for children under 1 year of age, the rate decrease was 1.59 (see Table 34).

Table 34 also contains the percentage of children with substantiated findings out of the total provided with PIS. Children under 1 year of age accounted for a higher proportion of the total children provided with PIS in 2010 than in 2005 (13.6% in 2005 and 14.6% in 2010).
Similarly, children 1 to 4 years of age increased from 26.4% to 29.3%. The sharpest decrease was in the proportion of children 11 to 15 years of age, (23% of the total in 2005 and 19.6% in 2010).

Table 34

Rate and Percent Change of Children Substantiated With Post Investigation Services by Age Nationally, FFY 2005 and 2010

<table>
<thead>
<tr>
<th>Child age</th>
<th>Rate change 2005-2010</th>
<th>% change numbers 2005-2010</th>
<th>% of total w/ services 2005</th>
<th>% of total w/services. 2010</th>
<th>% of total substantiated 2005</th>
<th>% of total substantiated 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>-1.59</td>
<td>-6.7%</td>
<td>13.6%</td>
<td>14.6%</td>
<td>54.8%</td>
<td>52.3%</td>
</tr>
<tr>
<td>1</td>
<td>-0.44</td>
<td>-0.3%</td>
<td>7.1%</td>
<td>8.2%</td>
<td>47.4%</td>
<td>47.5%</td>
</tr>
<tr>
<td>2</td>
<td>-0.47</td>
<td>-1.4%</td>
<td>6.7%</td>
<td>7.6%</td>
<td>45.9%</td>
<td>46.0%</td>
</tr>
<tr>
<td>3</td>
<td>-0.61</td>
<td>-4.4%</td>
<td>6.4%</td>
<td>7.1%</td>
<td>44.3%</td>
<td>45.1%</td>
</tr>
<tr>
<td>4</td>
<td>-0.91</td>
<td>-11.1%</td>
<td>6.2%</td>
<td>6.3%</td>
<td>42.5%</td>
<td>44.0%</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>-0.61</td>
<td>-4.1%</td>
<td>26.4%</td>
<td>29.2%</td>
<td>45.3%</td>
<td>45.7%</td>
</tr>
<tr>
<td>5</td>
<td>-0.86</td>
<td>-13.3%</td>
<td>6.0%</td>
<td>6.0%</td>
<td>42.4%</td>
<td>42.5%</td>
</tr>
<tr>
<td>6</td>
<td>-0.82</td>
<td>-13.5%</td>
<td>5.8%</td>
<td>5.7%</td>
<td>41.9%</td>
<td>43.0%</td>
</tr>
<tr>
<td>7</td>
<td>-0.86</td>
<td>-15.7%</td>
<td>5.4%</td>
<td>5.3%</td>
<td>42.0%</td>
<td>42.0%</td>
</tr>
<tr>
<td>8</td>
<td>-0.79</td>
<td>-15.7%</td>
<td>5.0%</td>
<td>4.8%</td>
<td>41.5%</td>
<td>41.3%</td>
</tr>
<tr>
<td>9</td>
<td>-0.73</td>
<td>-15.5%</td>
<td>4.8%</td>
<td>4.7%</td>
<td>41.0%</td>
<td>41.7%</td>
</tr>
<tr>
<td>10</td>
<td>-0.59</td>
<td>-18.8%</td>
<td>4.0%</td>
<td>4.3%</td>
<td>41.5%</td>
<td>41.1%</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
<td>-0.76</td>
<td>-15.3%</td>
<td>31.6%</td>
<td>30.9%</td>
<td>41.9%</td>
<td>42.2%</td>
</tr>
<tr>
<td>11</td>
<td>-0.81</td>
<td>-24.0%</td>
<td>4.6%</td>
<td>4.0%</td>
<td>41.9%</td>
<td>40.9%</td>
</tr>
<tr>
<td>12</td>
<td>-0.89</td>
<td>-25.6%</td>
<td>4.0%</td>
<td>3.9%</td>
<td>41.2%</td>
<td>40.1%</td>
</tr>
<tr>
<td>13</td>
<td>-1.04</td>
<td>-28.0%</td>
<td>4.8%</td>
<td>3.9%</td>
<td>40.6%</td>
<td>39.7%</td>
</tr>
<tr>
<td>14</td>
<td>-1.06</td>
<td>-28.6%</td>
<td>4.8%</td>
<td>3.9%</td>
<td>40.2%</td>
<td>38.9%</td>
</tr>
<tr>
<td>15</td>
<td>-0.92</td>
<td>-24.3%</td>
<td>4.4%</td>
<td>3.8%</td>
<td>39.5%</td>
<td>37.7%</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>-0.95</td>
<td>-26.2%</td>
<td>23.0%</td>
<td>19.6%</td>
<td>40.7%</td>
<td>39.4%</td>
</tr>
<tr>
<td>16</td>
<td>-0.42</td>
<td>-13.1%</td>
<td>3.4%</td>
<td>3.4%</td>
<td>39.4%</td>
<td>38.4%</td>
</tr>
<tr>
<td>17</td>
<td>-0.07</td>
<td>-2.7%</td>
<td>2.0%</td>
<td>2.2%</td>
<td>38.8%</td>
<td>39.2%</td>
</tr>
<tr>
<td>18</td>
<td>n/a</td>
<td>n/a</td>
<td>75.8%</td>
<td>0.0%</td>
<td>34.2%</td>
<td>44.0%</td>
</tr>
<tr>
<td>Rate and % change all ages</td>
<td>-0.7</td>
<td>-13.3%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

PIS Provided to Children With Substantiated Findings, by Primary Race/Ethnicity

Table 35 contains the numbers and rates of children with substantiated findings provided with PIS, broken down by primary race/ethnicity. In 2010, the largest numbers of children provided with such services were Whites (133,348), Hispanics/Latinos (81,890), and Blacks or African Americans (55,965). Of these three racial/ethnic groups, White children had the lowest rates (at 3.0) compared with Blacks or African Americans and Hispanics/Latinos (both at 4.9).
The numbers were small for most of the other racial/ethnic groups; the highest numbers of maltreated children provided with PIS were No Primary Race children (over 11,000 children in 2010). Native Hawaiian/Other Pacific Islander children with substantiated findings had the highest rate of PIS (22.0 in 2005 and 17.0 in 2010), and Asian children had the lowest rate at around 1.0. The rates for American Indian or Alaska Native children and No Primary Race children were around 5.0.

Table 35

Rates and Numbers of Children Substantiated With Post Investigation Services by Primary Race/Ethnicity Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>3.8</td>
<td>170,388</td>
<td>3.8</td>
<td>170,294</td>
<td>3.2</td>
<td>140,816</td>
<td>3.2</td>
<td>142,710</td>
<td>2.9</td>
<td>127,248</td>
<td>3.0</td>
<td>133,348</td>
</tr>
<tr>
<td>Black/African American</td>
<td>6.7</td>
<td>75,079</td>
<td>6.6</td>
<td>74,056</td>
<td>5.2</td>
<td>58,638</td>
<td>5.4</td>
<td>61,466</td>
<td>4.9</td>
<td>55,356</td>
<td>4.9</td>
<td>55,965</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5.1</td>
<td>75,086</td>
<td>5.3</td>
<td>80,839</td>
<td>4.9</td>
<td>77,158</td>
<td>5.4</td>
<td>85,987</td>
<td>4.9</td>
<td>79,652</td>
<td>4.9</td>
<td>81,890</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>5.0</td>
<td>10,894</td>
<td>5.0</td>
<td>11,131</td>
<td>4.7</td>
<td>10,753</td>
<td>5.0</td>
<td>11,538</td>
<td>4.7</td>
<td>11,165</td>
<td>5.0</td>
<td>12,366</td>
</tr>
<tr>
<td>AIAN*</td>
<td>4.9</td>
<td>3,878</td>
<td>5.3</td>
<td>4,123</td>
<td>4.5</td>
<td>3,482</td>
<td>4.3</td>
<td>3,354</td>
<td>3.7</td>
<td>2,926</td>
<td>3.8</td>
<td>2,918</td>
</tr>
<tr>
<td>Asian</td>
<td>1.2</td>
<td>3,503</td>
<td>1.1</td>
<td>3,457</td>
<td>1.0</td>
<td>3,179</td>
<td>1.1</td>
<td>3,497</td>
<td>1.0</td>
<td>3,160</td>
<td>0.9</td>
<td>2,861</td>
</tr>
<tr>
<td>NHPI*</td>
<td>22.0</td>
<td>2,790</td>
<td>20.7</td>
<td>2,639</td>
<td>18.6</td>
<td>2,393</td>
<td>20.1</td>
<td>2,535</td>
<td>18.1</td>
<td>2,295</td>
<td>17.1</td>
<td>2,170</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>n/a</td>
<td>12,769</td>
<td>n/a</td>
<td>14,066</td>
<td>n/a</td>
<td>16,212</td>
<td>n/a</td>
<td>14,416</td>
<td>n/a</td>
<td>15,578</td>
<td>n/a</td>
<td>15,350</td>
</tr>
</tbody>
</table>

Table 36 shows the change between 2005 and 2010 in rates and numbers of children with substantiated findings with PIS by child’s primary race/ethnicity. Most racial/ethnic groups showed a decrease of 18% to 24% in the numbers, except for Hispanic/Latino and No Primary Race children, who experienced an increase of 9.1% and 13.5%, respectively. The rates decreased for most groups, including Hispanic/Latino children, but not for No Primary Race children.
Table 36

Rate and Percent Change of Children Substantiated With Post Investigation Services by Primary Race/Ethnicity Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Primary race/ethnicity</th>
<th>Rate change 2005-2010</th>
<th>% change numbers 2005-2010</th>
<th>% of total services 2005</th>
<th>% of total services 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>-0.71</td>
<td>-2.1%</td>
<td>48.1%</td>
<td>43.5%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>-1.74</td>
<td>-2.6%</td>
<td>21.2%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>-0.22</td>
<td>9.1%</td>
<td>21.2%</td>
<td>26.7%</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>0.01</td>
<td>13.5%</td>
<td>3.1%</td>
<td>4.0%</td>
</tr>
<tr>
<td>AIAN*</td>
<td>-1.19</td>
<td>-24.9%</td>
<td>1.1%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>-0.23</td>
<td>-18.3%</td>
<td>1.0%</td>
<td>6.0%</td>
</tr>
<tr>
<td>NHPI*</td>
<td>-0.91</td>
<td>22.2%</td>
<td>0.8%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>n/a</td>
<td>20.2%</td>
<td>3.6%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN= American Indian/Alaskan Native, NHPI= Native Hawaiian/Other

Foster Care PIS Provided to Children With Substantiated Findings

Tables 37 and 38 contain the rates and numbers of maltreated children provided with PIS foster care. Overall, 122,550 children with substantiated findings received foster care services in 2005 and 102,279 did so in 2010.

Foster Care PIS Provided to Children With Substantiated Findings, by Gender

A higher percentage and rate of female children with substantiated findings received foster care than males. Table 37 shows that a difference based on gender remained consistent from 2005 to 2010.

Table 37

Rates, Percentages, and Numbers of Children Substantiated With Foster Care PIS by Gender Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Gender</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
</tr>
<tr>
<td>Females</td>
<td>51,1%</td>
<td>62,592</td>
<td>51,0%</td>
<td>66,235</td>
<td>50,8%</td>
<td>54,995</td>
</tr>
<tr>
<td>Rates</td>
<td>1.7</td>
<td>n/a</td>
<td>1.5</td>
<td>n/a</td>
<td>1.4</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>50.9%</td>
<td>54.1%</td>
<td>50.8%</td>
<td>54.9%</td>
<td>50.6%</td>
<td>54.1%</td>
</tr>
<tr>
<td>Males</td>
<td>49.9%</td>
<td>59,966</td>
<td>49.9%</td>
<td>63,765</td>
<td>49.9%</td>
<td>52,781</td>
</tr>
<tr>
<td>Rates</td>
<td>1.5</td>
<td>n/a</td>
<td>1.6</td>
<td>n/a</td>
<td>1.3</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>49.9%</td>
<td>49.4%</td>
<td>50.9%</td>
<td>50.2%</td>
<td>50.9%</td>
<td>50.2%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>101,558</td>
<td>122,558</td>
<td>100,001</td>
<td>120,001</td>
<td>103,776</td>
<td>102,279</td>
</tr>
</tbody>
</table>

services.
Foster Care PIS Provided to Children With Substantiated Findings, by Age

Table 38 contains the rates and numbers of children with substantiated findings provided with foster care PIS, by age. Younger children with substantiated findings had higher numbers and rates of foster care services than older children did. For example, children under 1 year of age numbered 19,357 in 2010 (a rate of 4.6), compared with 2,305 children 17 years of age (a rate of 0.5).

Table 38

Rates and Numbers of Children Substantiated With Foster Care PIS by Age Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Child age</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rates</td>
<td>Numbers</td>
<td>Rates</td>
<td>Numbers</td>
<td>Rates</td>
<td>Numbers</td>
</tr>
<tr>
<td>0</td>
<td>5.8</td>
<td>22,678</td>
<td>6.2</td>
<td>24,563</td>
<td>5.2</td>
<td>20,806</td>
</tr>
<tr>
<td>1</td>
<td>2.4</td>
<td>9,628</td>
<td>2.6</td>
<td>10,368</td>
<td>2.2</td>
<td>8,898</td>
</tr>
<tr>
<td>2</td>
<td>2.2</td>
<td>8,485</td>
<td>2.3</td>
<td>9,077</td>
<td>1.9</td>
<td>7,570</td>
</tr>
<tr>
<td>3</td>
<td>1.9</td>
<td>7,695</td>
<td>2.1</td>
<td>8,286</td>
<td>1.7</td>
<td>6,749</td>
</tr>
<tr>
<td>4</td>
<td>1.7</td>
<td>7,084</td>
<td>1.9</td>
<td>7,561</td>
<td>1.5</td>
<td>6,180</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>2.1</td>
<td>32,892</td>
<td>2.2</td>
<td>35,292</td>
<td>1.8</td>
<td>29,197</td>
</tr>
<tr>
<td>5</td>
<td>1.8</td>
<td>6,838</td>
<td>1.9</td>
<td>7,159</td>
<td>1.5</td>
<td>5,814</td>
</tr>
<tr>
<td>6</td>
<td>1.6</td>
<td>6,410</td>
<td>1.8</td>
<td>6,851</td>
<td>1.4</td>
<td>5,525</td>
</tr>
<tr>
<td>7</td>
<td>1.5</td>
<td>5,828</td>
<td>1.6</td>
<td>6,340</td>
<td>1.3</td>
<td>4,981</td>
</tr>
<tr>
<td>8</td>
<td>1.3</td>
<td>5,287</td>
<td>1.4</td>
<td>5,718</td>
<td>1.2</td>
<td>4,661</td>
</tr>
<tr>
<td>9</td>
<td>1.3</td>
<td>5,113</td>
<td>1.3</td>
<td>5,212</td>
<td>1.0</td>
<td>4,215</td>
</tr>
<tr>
<td>10</td>
<td>1.1</td>
<td>4,835</td>
<td>1.1</td>
<td>4,967</td>
<td>0.9</td>
<td>3,904</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
<td>1.4</td>
<td>34,311</td>
<td>1.5</td>
<td>36,247</td>
<td>1.2</td>
<td>29,100</td>
</tr>
<tr>
<td>11</td>
<td>1.1</td>
<td>4,801</td>
<td>1.1</td>
<td>4,765</td>
<td>0.9</td>
<td>3,865</td>
</tr>
<tr>
<td>12</td>
<td>1.2</td>
<td>5,066</td>
<td>1.2</td>
<td>5,037</td>
<td>1.0</td>
<td>3,998</td>
</tr>
<tr>
<td>13</td>
<td>1.3</td>
<td>5,353</td>
<td>1.3</td>
<td>5,406</td>
<td>1.1</td>
<td>4,299</td>
</tr>
<tr>
<td>14</td>
<td>1.4</td>
<td>5,631</td>
<td>1.4</td>
<td>5,653</td>
<td>1.2</td>
<td>4,752</td>
</tr>
<tr>
<td>15</td>
<td>1.2</td>
<td>5,247</td>
<td>1.3</td>
<td>5,569</td>
<td>1.1</td>
<td>4,682</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>1.3</td>
<td>26,098</td>
<td>1.3</td>
<td>26,430</td>
<td>1.0</td>
<td>21,596</td>
</tr>
<tr>
<td>16</td>
<td>1.0</td>
<td>4,179</td>
<td>1.1</td>
<td>4,695</td>
<td>0.9</td>
<td>4,051</td>
</tr>
<tr>
<td>17</td>
<td>0.5</td>
<td>2,150</td>
<td>0.6</td>
<td>2,478</td>
<td>0.5</td>
<td>2,181</td>
</tr>
<tr>
<td>18</td>
<td>n/a</td>
<td>40</td>
<td>n/a</td>
<td>43</td>
<td>n/a</td>
<td>41</td>
</tr>
<tr>
<td>Total</td>
<td>1.7</td>
<td>122,348</td>
<td>1.8</td>
<td>129,748</td>
<td>1.5</td>
<td>106,972</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Table 39 compares 2005 and 2010 rates and numbers for children with substantiated findings who were provided with foster care PIS, by age. Overall, the number of children
provided with foster care PIS with substantiated findings declined 16.6% between 2005 and 2010. Foster care PIS decreased for children 11 to 15 years of age by 27.3%, decreased for children 5 to 10 years of age by 20.4%, and decreased for children 1 to 4 years of age by 8.4% (the least). For children under 1 year of age and for 4-year-olds there were 14.6% and 14.4% declines, respectively. The large decline in the number of children provided with foster care PIS did not translate into a large rate decline. Table 39 shows that the rate change for children with substantiated allegations by age was very small for most age groups except for children under 1 year of age. Between 2005 and 2010, the rate for children under 1 year of age decreased by 1.18 (from 5.8 to 4.6). However, this rate was still more than double the rate for children 1 year of age in 2010 (2.1) (see Tables 38 and 39).

Table 39 also contains the percentage of the total children with substantiated findings provided with foster care PIS, by age. Despite the number and rate decrease, younger children constituted a higher percentage of those provided with foster care PIS out of the total in 2010 than they did in 2005. For example, children under age 1 year of age increased from 18.5% to 19% and children 1 to 4 years of age increased from 26.9% of the total in 2005 to 29.6% of the total in 2010. Meanwhile, children aged 5 to 10 years age declined from 13% to 12.3%, and children 11 to 15 years of age declined from 21.3% to 18.6%.
Table 39

Rate and Percent Change of Children Substantiated With Foster Care PIS by Age Nationally, FFY 2005 and 2010

<table>
<thead>
<tr>
<th>Child age</th>
<th>Rate change 2005-2010</th>
<th>% change numbers 2005-2010</th>
<th>% of total foster care PIS* 2005</th>
<th>% of total foster care PIS* 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>-1.18</td>
<td>-14.6%</td>
<td>18.5%</td>
<td>19.0%</td>
</tr>
<tr>
<td>1</td>
<td>-0.30</td>
<td>-5.9%</td>
<td>7.9%</td>
<td>8.9%</td>
</tr>
<tr>
<td>2</td>
<td>-0.25</td>
<td>-5.1%</td>
<td>6.9%</td>
<td>7.9%</td>
</tr>
<tr>
<td>3</td>
<td>-0.29</td>
<td>-9.0%</td>
<td>6.3%</td>
<td>6.9%</td>
</tr>
<tr>
<td>4</td>
<td>-0.35</td>
<td>-14.4%</td>
<td>5.8%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>-0.30</td>
<td>-8.3%</td>
<td>26.9%</td>
<td>29.6%</td>
</tr>
<tr>
<td>5</td>
<td>-0.35</td>
<td>-17.5%</td>
<td>5.6%</td>
<td>5.5%</td>
</tr>
<tr>
<td>6</td>
<td>-0.36</td>
<td>-19.7%</td>
<td>5.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>7</td>
<td>-0.32</td>
<td>-19.6%</td>
<td>4.8%</td>
<td>4.6%</td>
</tr>
<tr>
<td>8</td>
<td>-0.33</td>
<td>-22.6%</td>
<td>4.3%</td>
<td>4.0%</td>
</tr>
<tr>
<td>9</td>
<td>-0.30</td>
<td>-21.9%</td>
<td>4.2%</td>
<td>3.9%</td>
</tr>
<tr>
<td>10</td>
<td>-0.21</td>
<td>-21.9%</td>
<td>4.0%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
<td>-0.31</td>
<td>-20.4%</td>
<td>28.0%</td>
<td>26.8%</td>
</tr>
<tr>
<td>11</td>
<td>-0.27</td>
<td>-25.9%</td>
<td>3.9%</td>
<td>3.5%</td>
</tr>
<tr>
<td>12</td>
<td>-0.33</td>
<td>-29.4%</td>
<td>4.1%</td>
<td>3.5%</td>
</tr>
<tr>
<td>13</td>
<td>-0.34</td>
<td>-28.3%</td>
<td>4.4%</td>
<td>3.8%</td>
</tr>
<tr>
<td>14</td>
<td>-0.38</td>
<td>-30.1%</td>
<td>4.6%</td>
<td>3.9%</td>
</tr>
<tr>
<td>15</td>
<td>-0.29</td>
<td>-22.5%</td>
<td>4.3%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>-0.32</td>
<td>-27.3%</td>
<td>21.3%</td>
<td>18.6%</td>
</tr>
<tr>
<td>16</td>
<td>-0.08</td>
<td>-7.0%</td>
<td>3.4%</td>
<td>3.8%</td>
</tr>
<tr>
<td>17</td>
<td>0.03</td>
<td>7.2%</td>
<td>1.8%</td>
<td>2.3%</td>
</tr>
<tr>
<td>18</td>
<td>n/a</td>
<td>n/a</td>
<td>25.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Rate and % change all ages</td>
<td>-0.3</td>
<td>-16.6%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). * PIS = post investigation services.

Foster Care PIS Provided to Children With Substantiated Findings, by Primary

Race/Ethnicity

Table 40 shows the number and rate change for children provided with foster care PIS in 2005 and 2010, by primary race/ethnicity. In 2010, White children constituted the highest number of children at 44,369, while Hispanic/Latino children numbered 27,419 and Black or African American children totaled 19,452. The rates among these three large groups, from lowest to highest, were as follows: Whites 1.0, Hispanics/Latinos 1.6, and Blacks or African
140 Americans 1.7. The numbers for the other groups were too small to draw meaningful conclusions.

Table 40

Rates and Numbers of Children Substantiated With Foster Care PIS by Primary Race/Ethnicity Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1.22</td>
<td>55,386</td>
<td>1.30</td>
<td>58,393</td>
<td>1.04</td>
<td>46,217</td>
<td>1.03</td>
<td>45,402</td>
<td>0.93</td>
<td>41,136</td>
<td>1.01</td>
<td>44,369</td>
</tr>
<tr>
<td>Black/African American</td>
<td>2.34</td>
<td>26,316</td>
<td>2.45</td>
<td>27,552</td>
<td>1.89</td>
<td>21,289</td>
<td>2.01</td>
<td>22,720</td>
<td>1.83</td>
<td>20,800</td>
<td>1.72</td>
<td>19,452</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>2.04</td>
<td>30,088</td>
<td>2.06</td>
<td>31,146</td>
<td>1.86</td>
<td>29,154</td>
<td>1.71</td>
<td>27,456</td>
<td>1.55</td>
<td>25,382</td>
<td>1.63</td>
<td>27,419</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>2.13</td>
<td>4,667</td>
<td>2.41</td>
<td>5,418</td>
<td>2.11</td>
<td>4,845</td>
<td>2.20</td>
<td>5,107</td>
<td>2.06</td>
<td>4,891</td>
<td>2.17</td>
<td>5,388</td>
</tr>
<tr>
<td>AIAN*</td>
<td>2.24</td>
<td>1,760</td>
<td>3.09</td>
<td>2,418</td>
<td>2.69</td>
<td>2,099</td>
<td>2.54</td>
<td>1,996</td>
<td>2.29</td>
<td>1,791</td>
<td>2.25</td>
<td>1,750</td>
</tr>
<tr>
<td>Asian</td>
<td>0.45</td>
<td>1,335</td>
<td>0.45</td>
<td>1,370</td>
<td>0.39</td>
<td>1,215</td>
<td>0.39</td>
<td>1,244</td>
<td>0.35</td>
<td>1,127</td>
<td>0.30</td>
<td>952</td>
</tr>
<tr>
<td>NHPH*</td>
<td>3.65</td>
<td>463</td>
<td>3.59</td>
<td>459</td>
<td>3.05</td>
<td>392</td>
<td>3.12</td>
<td>394</td>
<td>2.81</td>
<td>355</td>
<td>2.78</td>
<td>353</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>n/a</td>
<td>2,696</td>
<td>n/a</td>
<td>3,321</td>
<td>n/a</td>
<td>2,031</td>
<td>n/a</td>
<td>2,351</td>
<td>n/a</td>
<td>2,235</td>
<td>n/a</td>
<td>2,619</td>
</tr>
</tbody>
</table>

*Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN=American Indian/Alaskan Native. *NPHI=Native Hawaiian/Other Pacific Islander.

Table 41 compares the numbers and rates of children substantiated and provided with foster care PIS, by primary race/ethnicity, in 2005 and 2010. Foster care numbers decreased by more than 20% for White children and 26% for Black or African American children, but less than 9% for Hispanic/Latino children. The only increase in numbers (15.4%) involved “No Primary Race” children. The decrease in the rates of foster care was 0.21 for White children compared with 0.62 for Black or African American children and 0.41 for Hispanic/Latino children.

Table 41 also shows that the proportion of maltreated White and Black or African American children provided with foster care services out of the total decreased, while the proportion increased for Hispanic/Latino children. Hispanic/Latino children constituted 24.5% in 2005 and 26.8% in 2010. The numbers were too small for other ethnic groups to draw meaningful conclusions.
Table 41

Rate and Percent Change of Children Substantiated With Foster Care PIS by Primary Race/Ethnicity Nationally, 2005-2010

<table>
<thead>
<tr>
<th>Primary race/ethnicity</th>
<th>Substantiated</th>
<th>Rate change 2005-2010</th>
<th>% change numbers 2005-2010</th>
<th>% of total services 2005</th>
<th>% of total services 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>-0.21</td>
<td>-19.9%</td>
<td>45.2%</td>
<td>43.4%</td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td>-0.62</td>
<td>-26.1%</td>
<td>21.5%</td>
<td>19.0%</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>-0.41</td>
<td>-8.9%</td>
<td>24.5%</td>
<td>26.8%</td>
<td></td>
</tr>
<tr>
<td>No Primary Race</td>
<td>0.04</td>
<td>15.4%</td>
<td>3.8%</td>
<td>5.3%</td>
<td></td>
</tr>
<tr>
<td>AIAN*</td>
<td>0.01</td>
<td>-0.6%</td>
<td>1.4%</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>-0.15</td>
<td>-28.7%</td>
<td>1.1%</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>NHPI*</td>
<td>-0.87</td>
<td>-23.8%</td>
<td>0.4%</td>
<td>0.3%</td>
<td></td>
</tr>
<tr>
<td>Unknown Race</td>
<td>n/a</td>
<td>0.5%</td>
<td>2.1%</td>
<td>2.6%</td>
<td></td>
</tr>
</tbody>
</table>

*Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN=American Indian/Alaskan Native. NHPI=Native Hawaiian/other Pacific Islander. *PIS=past investigation services.

“Other” PIS Provided to Children With Substantiated Findings

Of the over 300,000 maltreated children who were documented as having received PIS, two thirds received “other” PIS, which include family support, family preservation, and sometimes foster care.

“Other” PIS Provided to Children With Substantiated Findings, by Gender

The numbers of children provided with “other” PIS were slightly higher for females than for males. Females received “other” PIS at higher rates than males from 2005 to 2010. For example, in 2005 females received “other” PIS at a rate of 3.2 versus 2.8 for males. There was a similar rate difference (2.7 versus 2.5) between females and males in 2010 (see Table 42).
Table 42

Rates, Percentages, and Numbers of Children Substantiated With “Other” Post Investigation Services by Gender Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%, Numbers</td>
<td>%, Numbers</td>
<td>%, Numbers</td>
<td>%, Numbers</td>
<td>%, Numbers</td>
<td>%, Numbers</td>
</tr>
<tr>
<td>Females</td>
<td>51.6%, 119,221</td>
<td>51.4%, 117,926</td>
<td>51.4%, 105,289</td>
<td>51.2%, 111,496</td>
<td>51.4%, 102,158</td>
<td>51.2%, 104,239</td>
</tr>
<tr>
<td>Rates</td>
<td>3.2, n/a</td>
<td>3.1, n/a</td>
<td>2.8, n/a</td>
<td>2.9, n/a</td>
<td>2.7, n/a</td>
<td>2.7, n/a</td>
</tr>
<tr>
<td>Males</td>
<td>48.4%, 111,788</td>
<td>48.6%, 111,709</td>
<td>48.6%, 99,370</td>
<td>48.8%, 106,451</td>
<td>48.6%, 96,633</td>
<td>48.8%, 99,503</td>
</tr>
<tr>
<td>Rates</td>
<td>2.8, n/a</td>
<td>2.8, n/a</td>
<td>2.5, n/a</td>
<td>2.7, n/a</td>
<td>2.4, n/a</td>
<td>2.5, n/a</td>
</tr>
<tr>
<td>Grand Total</td>
<td>n/a 231,009</td>
<td>n/a 229,635</td>
<td>n/a 204,659</td>
<td>n/a 217,447</td>
<td>n/a 198,791</td>
<td>n/a 203,742</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

“Other” PIS Provided to Children With Substantiated Findings, by Age

Table 43 depicts the rates and numbers of children with substantiated findings provided with “other” PIS, by age. Younger children constituted the highest numbers and rates of children provided with “other” PIS during each of the years from 2005 to 2010. In 2010, for example, 25,179 children under 1 year of age received “other” PIS (a rate of 6.0 per 1,000); at the other end of the continuum, 4,401 children 17 years of age received these services (a rate of 1.0 per 1,000).
Table 43

Rates and Numbers of Children Substantiated With “Other” Post Investigation Services by Age Nationally, 2005-2010

<table>
<thead>
<tr>
<th>Child age</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>6.4</td>
<td>25,066</td>
<td>6.6</td>
<td>26,036</td>
<td>6.3</td>
<td>25,190</td>
</tr>
<tr>
<td>1</td>
<td>3.9</td>
<td>15,573</td>
<td>4.0</td>
<td>15,998</td>
<td>3.7</td>
<td>15,000</td>
</tr>
<tr>
<td>2</td>
<td>3.9</td>
<td>15,097</td>
<td>3.9</td>
<td>15,275</td>
<td>3.5</td>
<td>14,134</td>
</tr>
<tr>
<td>3</td>
<td>3.7</td>
<td>14,770</td>
<td>3.6</td>
<td>14,429</td>
<td>3.3</td>
<td>13,319</td>
</tr>
<tr>
<td>4</td>
<td>3.6</td>
<td>14,641</td>
<td>3.5</td>
<td>14,351</td>
<td>3.0</td>
<td>12,586</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>3.8</td>
<td>59,881</td>
<td>3.8</td>
<td>60,053</td>
<td>3.4</td>
<td>55,039</td>
</tr>
<tr>
<td>5</td>
<td>3.7</td>
<td>14,351</td>
<td>3.8</td>
<td>14,555</td>
<td>3.2</td>
<td>12,510</td>
</tr>
<tr>
<td>6</td>
<td>3.6</td>
<td>13,812</td>
<td>3.7</td>
<td>14,226</td>
<td>3.3</td>
<td>12,774</td>
</tr>
<tr>
<td>7</td>
<td>3.3</td>
<td>13,154</td>
<td>3.3</td>
<td>13,131</td>
<td>3.0</td>
<td>11,808</td>
</tr>
<tr>
<td>8</td>
<td>3.0</td>
<td>12,214</td>
<td>3.1</td>
<td>12,304</td>
<td>2.7</td>
<td>10,893</td>
</tr>
<tr>
<td>9</td>
<td>2.9</td>
<td>11,738</td>
<td>2.9</td>
<td>11,658</td>
<td>2.5</td>
<td>10,059</td>
</tr>
<tr>
<td>10</td>
<td>2.6</td>
<td>11,345</td>
<td>2.5</td>
<td>10,819</td>
<td>2.1</td>
<td>9,164</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
<td>3.2</td>
<td>76,614</td>
<td>3.2</td>
<td>76,693</td>
<td>2.8</td>
<td>67,208</td>
</tr>
<tr>
<td>11</td>
<td>2.7</td>
<td>11,239</td>
<td>2.5</td>
<td>10,619</td>
<td>2.1</td>
<td>8,833</td>
</tr>
<tr>
<td>12</td>
<td>2.7</td>
<td>11,067</td>
<td>2.5</td>
<td>10,345</td>
<td>2.1</td>
<td>8,524</td>
</tr>
<tr>
<td>13</td>
<td>2.8</td>
<td>11,338</td>
<td>2.6</td>
<td>10,680</td>
<td>2.2</td>
<td>8,679</td>
</tr>
<tr>
<td>14</td>
<td>2.7</td>
<td>11,094</td>
<td>2.6</td>
<td>10,619</td>
<td>2.2</td>
<td>8,761</td>
</tr>
<tr>
<td>15</td>
<td>2.3</td>
<td>10,041</td>
<td>2.3</td>
<td>9,760</td>
<td>1.9</td>
<td>8,074</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>2.6</td>
<td>54,779</td>
<td>2.5</td>
<td>52,023</td>
<td>2.1</td>
<td>42,871</td>
</tr>
<tr>
<td>16</td>
<td>1.9</td>
<td>7,853</td>
<td>1.9</td>
<td>7,918</td>
<td>1.6</td>
<td>6,760</td>
</tr>
<tr>
<td>17</td>
<td>1.1</td>
<td>4,742</td>
<td>1.1</td>
<td>4,795</td>
<td>1.0</td>
<td>4,194</td>
</tr>
<tr>
<td>18</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>104</td>
</tr>
<tr>
<td>Total</td>
<td>3.1</td>
<td>229,021</td>
<td>3.1</td>
<td>227,629</td>
<td>2.7</td>
<td>201,366</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN)

Table 44 shows the number and rate changes for children with substantiated findings provided with “other” PIS between 2005 and 2010. Overall, there was an 11.6% decrease in the numbers and a 0.4 decrease in the rate of maltreated children provided with “other” PIS between 2005 and 2010. The numbers decreased by 0.5% for 1-year-olds, by 1.9% for 1- to 4-year-olds, by 13% for 5- to 10-year-olds, and by 25.6% for 11- to 15-year-olds. The rates showed similar patterns of decrease, ranging from 0.03 for 1-year-olds to 0.6 for 11- to 15-year-olds. However, exceptions to the patterns of decrease could be found at both ends of the age continuum. The rate decrease was 0.4 for children under 1 year of age and 0.3 for 16-year-olds.
Table 44 also compares the percentage of the total children in this category by age in 2005 and 2010. Younger children constituted a higher percentage of the total with “other” PIS in 2010 than they did in 2005. For example, children 1 to 4 years of age increased from 26.1% to 29.9%, and 11 to 15 year olds decreased from 23.9% to 20.1% (see Table 44).

Table 44

Rate and Percentage Change of Children Substantiated With “Other” Post Investigation Services by Age Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Child age</th>
<th>Rate change 2005-2010</th>
<th>% change numbers 2005-2010</th>
<th>% of total w/ other post investigation services 2005</th>
<th>% of total w/ other post investigation services 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>-0.6</td>
<td>-2.0%</td>
<td>6.4%</td>
<td>5.6%</td>
</tr>
<tr>
<td>1</td>
<td>-0.3</td>
<td>-2.0%</td>
<td>6.4%</td>
<td>7.2%</td>
</tr>
<tr>
<td>2</td>
<td>-0.2</td>
<td>0.7%</td>
<td>6.6%</td>
<td>7.5%</td>
</tr>
<tr>
<td>3</td>
<td>-0.1</td>
<td>3.0%</td>
<td>6.1%</td>
<td>7.8%</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>-0.3</td>
<td>-1.9%</td>
<td>26.1%</td>
<td>29.0%</td>
</tr>
<tr>
<td>5</td>
<td>-0.5</td>
<td>-11.2%</td>
<td>6.3%</td>
<td>6.2%</td>
</tr>
<tr>
<td>6</td>
<td>-0.5</td>
<td>-10.6%</td>
<td>6.0%</td>
<td>6.1%</td>
</tr>
<tr>
<td>7</td>
<td>-0.5</td>
<td>-14.0%</td>
<td>5.7%</td>
<td>5.6%</td>
</tr>
<tr>
<td>8</td>
<td>-0.5</td>
<td>-12.7%</td>
<td>5.3%</td>
<td>5.3%</td>
</tr>
<tr>
<td>9</td>
<td>-0.4</td>
<td>-12.7%</td>
<td>5.1%</td>
<td>5.1%</td>
</tr>
<tr>
<td>10</td>
<td>-0.4</td>
<td>-17.5%</td>
<td>5.0%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
<td>-0.5</td>
<td>-13.0%</td>
<td>33.5%</td>
<td>32.9%</td>
</tr>
<tr>
<td>11</td>
<td>-0.5</td>
<td>-23.3%</td>
<td>4.9%</td>
<td>4.3%</td>
</tr>
<tr>
<td>12</td>
<td>-0.6</td>
<td>-24.0%</td>
<td>4.8%</td>
<td>4.2%</td>
</tr>
<tr>
<td>13</td>
<td>-0.7</td>
<td>-27.9%</td>
<td>5.6%</td>
<td>4.0%</td>
</tr>
<tr>
<td>14</td>
<td>-0.7</td>
<td>-27.8%</td>
<td>4.8%</td>
<td>4.0%</td>
</tr>
<tr>
<td>15</td>
<td>-0.6</td>
<td>-25.2%</td>
<td>4.4%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>-0.6</td>
<td>-25.6%</td>
<td>23.9%</td>
<td>20.1%</td>
</tr>
<tr>
<td>16</td>
<td>-0.3</td>
<td>-16.3%</td>
<td>3.4%</td>
<td>3.2%</td>
</tr>
<tr>
<td>17</td>
<td>-0.1</td>
<td>-7.2%</td>
<td>2.1%</td>
<td>2.2%</td>
</tr>
<tr>
<td>18</td>
<td>n/a</td>
<td>n/a</td>
<td>0.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Rate and % Number Change</td>
<td>-0.4</td>
<td>-11.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect

“Other” PIS Provided to Children With Substantiated Findings, by Primary Race/Ethnicity

Table 45 shows the number and rate of children with substantiated findings provided with “other” PIS, by primary race/ethnicity. The largest numbers of children provided with such services were Whites, Hispanics/Latinos, and Blacks or African Americans. Of these three racial/ethnic groups, White children had the highest numbers (115,002 in 2005 and 88,979 in 2010) and the lowest rates (2.5 in 2005 and 2.0 in 2010), Hispanic/Latino children had the
second highest numbers (44,998 in 2005 and 54,515 in 2010) and a consistent rate of around 3 per 1,000 in the population. Blacks or African Americans had the third largest numbers (48,763 in 2005 and 36,471 in 2010) and the greatest decrease in rate (4.3 to 3.2). The numbers were small for the other racial/ethnic groups; however, both the numbers and rates decreased for the other racial/ethnic groups and remained consistent for the No Primary Race children.

Table 45

Rates and Numbers of Children Substantiated With “Other” Post Investigation Services by Primary Race/Ethnicity Nationally, FFY 2005-2010

Table 46 shows the change in rates and numbers of children with substantiated findings provided with “other” PIS, by primary race/ethnicity, between 2005 and 2010. Most racial/ethnic groups showed a decrease in both the numbers and the rates, except for Hispanic/Latino and No Primary Race children. The largest number increases (21.1% and 12.1%) involved Hispanic/Latino children and No Primary Race children, while the largest rate decrease (1.1) involved Black or African American children.

Table 46 also shows the proportion of children with substantiated findings provided with “other” PIS, by primary race/ethnicity. White and Black or African American children decreased and Hispanic/Latino children increased as percentages of the total. Among the
children provided with these types of services in 2005, White children accounted for 49.6% and Black or African American children for 21%, compared with 43.5% and 17.6%, respectively, in 2010. Hispanic/Latino children constituted 19.4% in 2005 and 26.6% in 2010. American Indian or Alaska Native children’s numbers declined by 44.9%, and the rate declined by 1.2. Native Hawaiian/Other Pacific Islander children’s numbers declined by 21.9% and the rate declined by 4.0. Asian children’s numbers declined by 11.9% and the rate remained stable. There was an increase in the number of No Primary Race children, but the rate remained consistent.

Table 46

Rate and Percent Change of Children Substantiated With “Other” Post Investigation Services by Primary Race/Ethnicity Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Primary race/ethnicity</th>
<th>Rate change 2005-2010</th>
<th>% change numbers 2005-2010</th>
<th>% of total w/ other post investigation services 2005</th>
<th>% of total w/ other post investigation services 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>-0.5</td>
<td>-22.6%</td>
<td>49.6%</td>
<td>43.5%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>-1.1</td>
<td>-25.1%</td>
<td>21.6%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>0.2</td>
<td>21.1%</td>
<td>19.4%</td>
<td>26.6%</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>0.0</td>
<td>12.1%</td>
<td>2.7%</td>
<td>3.4%</td>
</tr>
<tr>
<td>AIAN*</td>
<td>-1.2</td>
<td>-34.9%</td>
<td>0.9%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>-0.1</td>
<td>-11.9%</td>
<td>0.9%</td>
<td>0.9%</td>
</tr>
<tr>
<td>NHPI*</td>
<td>-1.0</td>
<td>-19.6%</td>
<td>1.0%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>n/a</td>
<td>25.3%</td>
<td>4.4%</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). AIAN=American Indian/Alaskan Native. NHPI=Native Hawaiian/other Pacific Islander. PIS=post investigation services.

PIS Provided to Children With Unsubstantiated Findings

Hundreds of thousands of children with unsubstantiated findings also received PIS annually. Overall, 472,810 children (a rate of 6.5) and 454,685 children (a rate of 6.1) fell into this category in 2005 and 2010, respectively (see Table 49). The numbers of children with unsubstantiated findings who were provided with these services decreased by 3.8%, and the rate decreased from 0.9 to 0.8 from 2005 to 2010 (see Table 47).
Table 47

Numbers, Rates, and Percentages of Children Unsubstantiated With Post Investigation Services Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Unsubstantiated</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>% change of numbers 2005-2010</th>
<th>Rate change 2005-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers PIS</td>
<td>2,332,207</td>
<td>2,334,440</td>
<td>2,317,661</td>
<td>2,547,553</td>
<td>2,547,792</td>
<td>2,536,108</td>
<td>8.7%</td>
<td>n/a</td>
</tr>
<tr>
<td>Rate per 1,000</td>
<td>31.9</td>
<td>31.8</td>
<td>31.5</td>
<td>34.5</td>
<td>34.5</td>
<td>34.0</td>
<td>n/a</td>
<td>2.1</td>
</tr>
<tr>
<td>Post investigation services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number PIS</td>
<td>472,810</td>
<td>406,804</td>
<td>458,926</td>
<td>491,974</td>
<td>426,362</td>
<td>454,685</td>
<td>-3.8%</td>
<td>n/a</td>
</tr>
<tr>
<td>% of Unsubstantiated with PIS*</td>
<td>20.3%</td>
<td>17.4%</td>
<td>19.8%</td>
<td>19.3%</td>
<td>16.7%</td>
<td>17.9%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Foster care</td>
<td>67,521</td>
<td>69,425</td>
<td>65,665</td>
<td>69,417</td>
<td>62,639</td>
<td>66,219</td>
<td>-10.8%</td>
<td>n/a</td>
</tr>
<tr>
<td>Rate foster care</td>
<td>0.9</td>
<td>0.9</td>
<td>0.9</td>
<td>0.9</td>
<td>0.8</td>
<td>0.8</td>
<td>n/a</td>
<td>-0.1</td>
</tr>
<tr>
<td>% of Total receiving services</td>
<td>14.3%</td>
<td>17.1%</td>
<td>14.3%</td>
<td>14.1%</td>
<td>14.7%</td>
<td>13.2%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>&quot;Other&quot; Post investigation services</td>
<td>405,289</td>
<td>337,379</td>
<td>393,321</td>
<td>422,557</td>
<td>362,723</td>
<td>394,466</td>
<td>-2.7%</td>
<td>n/a</td>
</tr>
<tr>
<td>Rate other PIS</td>
<td>5.5</td>
<td>4.6</td>
<td>5.3</td>
<td>5.7</td>
<td>4.9</td>
<td>5.3</td>
<td>n/a</td>
<td>-0.2</td>
</tr>
<tr>
<td>% of Total receiving &quot;Other&quot; PIS</td>
<td>85.7%</td>
<td>82.9%</td>
<td>85.7%</td>
<td>85.9%</td>
<td>85.3%</td>
<td>86.8%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>% Unsubstantiated with &quot;Other&quot; PIS*</td>
<td>17.4%</td>
<td>14.5%</td>
<td>17.0%</td>
<td>16.6%</td>
<td>14.3%</td>
<td>15.6%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *PIS= post Investigation services

PIS Provided to Children With Unsubstantiated Findings, by Gender

While a slightly higher number of female than male children with unsubstantiated allegations received foster care services for 2005 through 2008, this pattern shifted in 2009 and 2010. The numbers were very close for both genders (i.e., a difference of less than 2,000 children). Females consistently received PIS in unsubstantiated reports at slightly higher rates (6.3 in 2005 and 5.9 in 2010) than males (6.0 in 2005 and 5.7 in 2010) (see Table 48).
Table 48

Rates, Percentages, and Numbers of Children Unsubstantiated With Post Investigation Services by Gender Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Gender</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
</tr>
<tr>
<td>Females</td>
<td>50.3%</td>
<td>236,925</td>
<td>50.2%</td>
<td>203,408</td>
<td>50.1%</td>
<td>229,029</td>
</tr>
<tr>
<td>Rates</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>6.1</td>
<td>n/a</td>
</tr>
<tr>
<td>Males</td>
<td>49.7%</td>
<td>234,254</td>
<td>49.9%</td>
<td>202,038</td>
<td>49.9%</td>
<td>228,560</td>
</tr>
<tr>
<td>Rates</td>
<td>6.0</td>
<td>n/a</td>
<td>5.1</td>
<td>n/a</td>
<td>5.8</td>
<td>n/a</td>
</tr>
<tr>
<td>Grand Total</td>
<td>n/a</td>
<td>471,189</td>
<td>n/a</td>
<td>405,446</td>
<td>n/a</td>
<td>457,589</td>
</tr>
</tbody>
</table>

*Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).*

PIS Provided to Children With Unsubstantiated Findings, by Age

Table 49 depicts the rates and numbers of children with unsubstantiated findings provided with PIS by age. The data did not show major age-based differences in the numbers and rates of these children provided with this type of service. For example, in 2010, for each age between 1 and 15 years, approximately 22,000 to 28,000 children received these services, at a rate ranging from 5.6 to 6.7.
Table 49

Rates and Numbers of Children Unsubstantiated With Post Investigation Services by Age Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th></th>
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<tbody>
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<td>27,219</td>
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<td>28,952</td>
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<td>25,134</td>
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<td>6.8</td>
<td>26,903</td>
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<td>23,381</td>
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<td>26,614</td>
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<td>5.1</td>
<td>21,784</td>
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<td>136,501</td>
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<td>6.8</td>
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<td>144,071</td>
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<td>24,845</td>
<td>4.9</td>
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<td>5.4</td>
<td>22,459</td>
<td>5.7</td>
<td>23,646</td>
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<td>20,780</td>
<td>5.6</td>
<td>22,725</td>
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<tr>
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<td>5.2</td>
<td>21,362</td>
<td>5.6</td>
<td>22,866</td>
<td>5.9</td>
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<td>21,339</td>
<td>5.6</td>
<td>22,531</td>
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<td>26,811</td>
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<td>24,259</td>
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<td>21,638</td>
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<td>26,659</td>
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<td>6.1</td>
<td>24,574</td>
<td>6.5</td>
<td>26,011</td>
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<td>22,101</td>
<td>5.8</td>
<td>22,963</td>
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<td>5.0</td>
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<td>24,142</td>
<td>5.9</td>
<td>25,752</td>
<td>5.0</td>
<td>21,776</td>
<td>5.2</td>
<td>22,701</td>
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<td>5.7</td>
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<td>6.1</td>
<td>124,499</td>
<td>5.3</td>
<td>107,634</td>
<td>5.6</td>
<td>113,945</td>
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<td>21,054</td>
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<td>21,332</td>
<td>5.5</td>
<td>23,654</td>
<td>4.7</td>
<td>19,956</td>
<td>4.9</td>
<td>21,080</td>
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<tr>
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<td>14,521</td>
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<td>15,122</td>
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<td>17,137</td>
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<td>15,703</td>
<td>3.8</td>
<td>16,323</td>
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<td>651</td>
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<td>n/a</td>
<td>730</td>
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<td>971</td>
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<td>908</td>
<td>n/a</td>
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<tr>
<td>Total</td>
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<td>470,980</td>
<td>5.5</td>
<td>404,875</td>
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<td>456,055</td>
<td>6.6</td>
<td>490,109</td>
<td>5.7</td>
<td>424,703</td>
<td>6.1</td>
<td>453,213</td>
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</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Table 50 describes the change in numbers and rates between 2005 and 2010. Although the number of children with unsubstantiated findings increased overall by 8.7%, the number of these children who received PIS from 2005 to 2010 declined by 3.8%. The number of these types of services decreased for most age groups except for children aged 1, 2, 3, 16, and 17. Meanwhile, the rate decreased for all ages, and the sharpest decrease involved children under 1 year of age and children 13 to 15 years of age. Table 50 also compares the percentage of children by age with unsubstantiated findings provided with PIS out of the totals in 2005 and 2010. Older children constituted a higher percentage of the total (27.3%) in 2005 than in 2010 (25.1%). Younger children constituted a higher percentage of the total provided with these services in 2010 than they did in 2005.
Table 50

Rate and Percent Change of Children Unsubstantiated With Post Investigation Services by Age Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Child age</th>
<th>Rate change 2005-2010</th>
<th>% change numbers 2005-2010</th>
<th>% of total PIS* 2005</th>
<th>% of total PIS* 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>-0.95</td>
<td>-4.5%</td>
<td>7.3%</td>
<td>7.2%</td>
</tr>
<tr>
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<td>5.9%</td>
<td>6.2%</td>
</tr>
<tr>
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<td>-0.14</td>
<td>4.9%</td>
<td>5.9%</td>
<td>6.4%</td>
</tr>
<tr>
<td>3</td>
<td>-0.35</td>
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<td>6.8%</td>
<td>6.3%</td>
</tr>
<tr>
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<td>-0.57</td>
<td>-1.6%</td>
<td>6.0%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>-0.37</td>
<td>1.5%</td>
<td>23.9%</td>
<td>25.2%</td>
</tr>
<tr>
<td>5</td>
<td>-0.41</td>
<td>-2.9%</td>
<td>6.1%</td>
<td>6.1%</td>
</tr>
<tr>
<td>6</td>
<td>-0.54</td>
<td>4.9%</td>
<td>5.9%</td>
<td>6.0%</td>
</tr>
<tr>
<td>7</td>
<td>-0.41</td>
<td>-3.5%</td>
<td>5.7%</td>
<td>5.7%</td>
</tr>
<tr>
<td>8</td>
<td>-0.29</td>
<td>1.8%</td>
<td>5.5%</td>
<td>5.6%</td>
</tr>
<tr>
<td>9</td>
<td>-0.26</td>
<td>1.6%</td>
<td>5.3%</td>
<td>5.4%</td>
</tr>
<tr>
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<td>-0.07</td>
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<td>5.5%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
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<td>-3.2%</td>
<td>33.8%</td>
<td>34.0%</td>
</tr>
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<td>-8.5%</td>
<td>5.3%</td>
<td>5.0%</td>
</tr>
<tr>
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<td>-11.9%</td>
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<td>5.0%</td>
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<tr>
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<td>5.7%</td>
<td>5.1%</td>
</tr>
<tr>
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<td>-0.69</td>
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<td>5.7%</td>
<td>5.1%</td>
</tr>
<tr>
<td>15</td>
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<td>-8.8%</td>
<td>5.3%</td>
<td>5.0%</td>
</tr>
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<td>Subtotal 11-15</td>
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<td>25.1%</td>
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<tr>
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<td>4.5%</td>
<td>4.7%</td>
</tr>
<tr>
<td>17</td>
<td>0.36</td>
<td>12.4%</td>
<td>3.1%</td>
<td>3.6%</td>
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<tr>
<td>18</td>
<td>n/a</td>
<td>43.2%</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Rate and % change all ages

-0.36 -3.8%

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *PIS = post investigation services

PIS Provided to Children With Unsubstantiated Findings, by Primary Race/Ethnicity

Table 51 contains the number of children with unsubstantiated findings who were provided with PIS, broken down by primary race/ethnicity. The largest numbers of children provided with such services were Whites (203,869 in 2005 and 168,007 in 2010) Hispanics/Latinos (130,665 in 2005 and 149,054 in 2010), and Black or African Americans (88,487 in 2005 and 81,009 in 2010). Of these three racial/ethnic groups, White children continued to have the lowest rates (4.5 in 2005 and 3.8 in 2010). Hispanic/Latino children had the highest rate, at 8.9 in both years, followed by Black or African American children at 7.9 in 2005 and 7.2 in 2010. The rates of PIS for Native Hawaiian/Other Pacific Islander children with
unsubstantiated findings were also high, at 9.6 in 2005 and 8.0 in 2010. The American Indian or Alaska Native children’s rate ranged from 7.7 in 2005 to 4.5 in 2010. Asian children had the lowest rate of all racial/ethnic groups, at around 1.8 to 1.9 in both years.

Table 51
Rates and Numbers of Children Unsubstantiated With Post Investigation Services by Primary Race/Ethnicity Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>4.5</td>
<td>203,869</td>
<td>3.8</td>
<td>170,749</td>
<td>4.3</td>
<td>190,661</td>
<td>4.4</td>
<td>196,191</td>
<td>3.5</td>
<td>154,973</td>
<td>3.8</td>
<td>168,007</td>
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<td>Black/African American</td>
<td>7.9</td>
<td>88,487</td>
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<td>82,009</td>
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<td>89,556</td>
<td>8.2</td>
<td>92,718</td>
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<td>73,131</td>
<td>7.2</td>
<td>81,069</td>
</tr>
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<td>Hispanic/Latino</td>
<td>8.9</td>
<td>130,665</td>
<td>7.3</td>
<td>111,209</td>
<td>8.1</td>
<td>126,201</td>
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<td>149,434</td>
<td>8.8</td>
<td>144,857</td>
<td>8.9</td>
<td>149,034</td>
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<td>4.9</td>
<td>11,048</td>
<td>5.2</td>
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<td>13,258</td>
<td>5.3</td>
<td>12,569</td>
<td>5.6</td>
<td>13,849</td>
</tr>
<tr>
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<td>7.7</td>
<td>6,088</td>
<td>5.1</td>
<td>3,948</td>
<td>4.9</td>
<td>3,854</td>
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<td>3,963</td>
<td>4.6</td>
<td>3,578</td>
<td>4.5</td>
<td>3,520</td>
</tr>
<tr>
<td>Asian</td>
<td>1.8</td>
<td>5,295</td>
<td>1.7</td>
<td>5,075</td>
<td>1.8</td>
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<td>6,255</td>
<td>1.9</td>
<td>6,077</td>
<td>1.9</td>
<td>5,956</td>
</tr>
<tr>
<td>NHPI*</td>
<td>9.6</td>
<td>1,221</td>
<td>8.2</td>
<td>1,043</td>
<td>7.9</td>
<td>1,010</td>
<td>8.7</td>
<td>1,090</td>
<td>8.5</td>
<td>1,073</td>
<td>8.0</td>
<td>1,015</td>
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<tr>
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<td>24,900</td>
<td>n/a</td>
<td>21,723</td>
<td>n/a</td>
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<td>29,056</td>
<td>n/a</td>
<td>30,104</td>
<td>n/a</td>
<td>32,274</td>
</tr>
<tr>
<td>Grand total</td>
<td>472,809</td>
<td>406,304</td>
<td>458,925</td>
<td>491,974</td>
<td>426,362</td>
<td>454,684</td>
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</tr>
</tbody>
</table>

Notes: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN = American Indian/Alaskan Native. NHPI = Native Hawaiian/other Pacific Islander.

Table 52 shows the change between 2005 and 2010 in rates and numbers of children with unsubstantiated findings who were provided with PIS, by their primary race/ethnicity. The numbers increased for these services for White children (17.6%) and Black or African American children (8.5%). Meanwhile, the numbers decreased for Hispanic/Latino children (14.1%), No Primary Race children (12%), and Asian children (12.5%). There was a 0.7 rate decrease for both White and Black or African American children and no change for Hispanic/Latino children. The largest rate declines involved American Indian or Alaska Native children at 3.0 and Native Hawaiian/Other Pacific Islander children at 1.6. Table 52 also shows the proportion of children with unsubstantiated findings who were provided with PIS, by primary race/ethnicity. White and Black or African American children decreased and Hispanic/Latino children increased as percentages of the total. Whites accounted for 43.1% and Blacks or African Americans for 18.7% of children provided with these types of services in 2005, compared with 37% and 17.8%,
respectively, in 2010. Hispanic/Latino children constituted 27.6% in 2005 and 32.8% in 2010.

Table 52

Rate and Percent Change of Children Unsubstantiated With Post Investigation Services by Primary Race/Ethinicity Nationally, 2005-2010

<table>
<thead>
<tr>
<th>Primary race/ethnicity</th>
<th>Unsubstantiated with post investigation services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate change 2005-2010</td>
<td>% change 2005-2010</td>
</tr>
<tr>
<td>White</td>
<td>-0.7</td>
<td>-17.6%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>-0.7</td>
<td>-8.5%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>0.0</td>
<td>14.1%</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>-0.1</td>
<td>12.0%</td>
</tr>
<tr>
<td>AIAN*</td>
<td>-3.1</td>
<td>-41.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.1</td>
<td>12.9%</td>
</tr>
<tr>
<td>NHPI*</td>
<td>-1.6</td>
<td>-16.9%</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Grand total</td>
<td>-4.0%</td>
<td></td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN=American Indian/Alaskan Native. NHPI=Native Hawaiian/Other Pacific Islander. *PIS = post investigation services

**PIS Foster Care Provided to Children With Unsubstantiated Findings**

Of the approximately 450,000 to 470,000 children with unsubstantiated findings who were provided with PIS each of the years from 2005 to 2010, approximately 60,000 to 69,000 received foster care PIS. A comparison of 2005 and 2010 data revealed that the numbers of children who received these services declined by 10.8% from 64,878 in 2005 to 57,369 in 2010.

**Children with Unsubstantiated Findings Provided With Foster Care Services, by Gender**

Slightly higher numbers and rates of female children than male children with unsubstantiated reports were documented as having received foster care services for each of the years from 2005 to 2010. In 2005, 51.1% of female children with unsubstantiated findings (a rate of 0.89) and 48.9% of male children (a rate of 0.81) received these services. In 2010, there was a smaller number difference (50.8% for females compared to 49.2% for males) and a similar rate difference (0.77 for females compared to 0.71 for males) (see Table 53).
Table 53

Rates, Percentages, and Numbers of Children Unsubstantiated With Foster Care Post Investigation Services by Gender Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Gender</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
</tr>
<tr>
<td>Females</td>
<td>%, Numbers</td>
<td>51.1%</td>
<td>33,231</td>
<td>50.8%</td>
<td>33,838</td>
<td>50.3%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.9</td>
<td>n/a</td>
<td>0.9</td>
<td>n/a</td>
<td>0.8</td>
<td>n/a</td>
</tr>
<tr>
<td>Males</td>
<td>%, Numbers</td>
<td>48.9%</td>
<td>31,802</td>
<td>49.2%</td>
<td>32,793</td>
<td>49.7%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.8</td>
<td>n/a</td>
<td>0.8</td>
<td>n/a</td>
<td>0.8</td>
<td>n/a</td>
</tr>
<tr>
<td>Grand Total</td>
<td>n/a</td>
<td>65,033</td>
<td>n/a</td>
<td>66,631</td>
<td>n/a</td>
<td>62,936</td>
</tr>
</tbody>
</table>

*Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).*

PIS Foster Care Provided to Children With Unsubstantiated Findings, by Age

Table 54 depicts the rates and numbers of children with unsubstantiated findings provided with foster care services, by age. The numbers and rates were within a small range for most ages, except for children under 1 year of age. A total of 5,096 children under age 1 (a rate of 1.2) were provided with foster care services, but the number for the majority of the other ages was under 4,000 children and the rate was under 1 per 1,000.
Table 55 shows the change in foster care PIS numbers and rates between 2005 and 2010. Foster care decreased in numbers and rates for most ages except for 17-year-olds. The numbers decreased for 1- to 4-year-olds by 2.8%, for 5- to 10-year-olds by 11.8%, and for 11- to 15-year-olds by 22.4% between 2005 and 2010. In addition, the number decreased by 14.6% for children under 1 year of age. The rate decreased for all ages, but it decreased the most for children under 1 year of age, followed by children 12 to 15 years of age (see Table 55).

Table 55 also compares the percentage out of the total number of children with unsubstantiated findings who were provided with foster care services, by age, in 2005 and 2010. Overall, younger children constituted a lower percentage of the total in 2005 and a higher
percentage in 2010. For example, children 1 to 4 years of age accounted for 22.9% of the total children with unsubstantiated findings who were provided with foster care services in 2005 and 25.2% of those in 2010. Meanwhile, children 11 to 15 years of age accounted for 30.2% in 2005 and 26.5% in 2010.

Table 55

Rate and Percent Change of Children Unsubstantiated With Foster Care Post Investigation Services by Age Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Child age</th>
<th>PIS Foster Care Provided to Children With Unsubstantiated Findings, by Primary Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unsubstantiated receiving foster care PIS&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>0</td>
<td>-0.1</td>
</tr>
<tr>
<td>1</td>
<td>-0.1</td>
</tr>
<tr>
<td>2</td>
<td>-0.1</td>
</tr>
<tr>
<td>3</td>
<td>-0.1</td>
</tr>
<tr>
<td>4</td>
<td>-0.1</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>-0.1</td>
</tr>
<tr>
<td>5</td>
<td>-0.1</td>
</tr>
<tr>
<td>6</td>
<td>-0.1</td>
</tr>
<tr>
<td>7</td>
<td>-0.1</td>
</tr>
<tr>
<td>8</td>
<td>-0.1</td>
</tr>
<tr>
<td>9</td>
<td>-0.1</td>
</tr>
<tr>
<td>10</td>
<td>-0.1</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
<td>-0.1</td>
</tr>
<tr>
<td>11</td>
<td>-0.1</td>
</tr>
<tr>
<td>12</td>
<td>-0.2</td>
</tr>
<tr>
<td>13</td>
<td>-0.2</td>
</tr>
<tr>
<td>14</td>
<td>-0.2</td>
</tr>
<tr>
<td>15</td>
<td>-0.2</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>-0.2</td>
</tr>
<tr>
<td>16</td>
<td>-0.07</td>
</tr>
<tr>
<td>17</td>
<td>0.1</td>
</tr>
<tr>
<td>18</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *PIS=post investigation services

PIS Foster Care Provided to Children With Unsubstantiated Findings, by Primary Race/Ethnicity

Table 56 contains the numbers and rates of children with unsubstantiated findings who were provided with foster care services, broken down by child’s primary race/ethnicity. In 2010, the largest numbers of children provided with such services were Whites (21,683), Hispanics/Latinos (17,129), and Blacks or African Americans (13,274). Of these three
racial/ethnic groups, White children continued to have the lowest rates (0.49), Hispanic/Latino children had double the rate of White children (1.02), and Black or African American children were higher at (1.17). The numbers for other groups were too low to allow for meaningful inferences (see Table 56).

Table 56:

Rates and Numbers of Children Unsubstantiated With Foster Care Post Investigation Services by Primary Race/Ethnicity Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>0.58</td>
<td>26,479</td>
<td>0.58</td>
<td>26,090</td>
<td>0.57</td>
<td>25,383</td>
<td>0.59</td>
<td>26,104</td>
<td>0.50</td>
<td>22,031</td>
<td>0.49</td>
<td>21,683</td>
</tr>
<tr>
<td>Black/African American</td>
<td>1.35</td>
<td>15,172</td>
<td>1.40</td>
<td>15,755</td>
<td>1.25</td>
<td>14,045</td>
<td>1.37</td>
<td>15,512</td>
<td>1.24</td>
<td>14,079</td>
<td>1.17</td>
<td>13,274</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>1.22</td>
<td>18,036</td>
<td>1.24</td>
<td>18,836</td>
<td>1.15</td>
<td>17,935</td>
<td>1.20</td>
<td>19,201</td>
<td>1.11</td>
<td>18,126</td>
<td>1.02</td>
<td>17,129</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>1.62</td>
<td>2,229</td>
<td>1.14</td>
<td>2,848</td>
<td>1.05</td>
<td>2,419</td>
<td>1.09</td>
<td>2,836</td>
<td>1.09</td>
<td>2,596</td>
<td>1.06</td>
<td>2,618</td>
</tr>
<tr>
<td>AIAN*</td>
<td>1.33</td>
<td>1,046</td>
<td>1.54</td>
<td>1,399</td>
<td>1.55</td>
<td>1,206</td>
<td>1.59</td>
<td>1,252</td>
<td>1.53</td>
<td>1,038</td>
<td>1.18</td>
<td>914</td>
</tr>
<tr>
<td>Asian</td>
<td>0.22</td>
<td>643</td>
<td>0.24</td>
<td>711</td>
<td>0.21</td>
<td>652</td>
<td>0.20</td>
<td>649</td>
<td>0.19</td>
<td>611</td>
<td>0.16</td>
<td>521</td>
</tr>
<tr>
<td>NHPI*</td>
<td>1.82</td>
<td>230</td>
<td>1.65</td>
<td>211</td>
<td>1.70</td>
<td>239</td>
<td>1.99</td>
<td>251</td>
<td>1.57</td>
<td>199</td>
<td>1.21</td>
<td>154</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>n/a</td>
<td>1,232</td>
<td>n/a</td>
<td>1,317</td>
<td>n/a</td>
<td>1,113</td>
<td>n/a</td>
<td>1,133</td>
<td>n/a</td>
<td>1,169</td>
<td>n/a</td>
<td>1,155</td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN = American Indian/Alaskan Native. NHPI = Native Hawaiian/other Pacific Islander.

Table 57 shows the change in rates and numbers of children with unsubstantiated findings who were provided with foster care services by primary race/ethnicity between 2005 and 2010. The numbers of children with these services decreased for most primary races/ethnicities. The decrease was 18.1% for White children, 12.5% for Black or African American children, and 5% for Hispanic/Latino children. There was a 0.1 rate decrease for Whites and a 0.2 rate decrease for both Black or African American children and Hispanic/Latino children.

In addition, Table 57 shows the proportion of children with unsubstantiated findings who were provided with foster care services by primary race/ethnicity. White and Black or African American children decreased, and Hispanic/Latino children increased, as a percentage of the total. Whites accounted for 40.7% and Blacks or African Americans for 23.3% of the total in
2005. In 2010, these percentages dropped the most for Whites (to 37.7%) and the least for Blacks or African Americans (to 23.1%). Hispanic/Latino children increased from 27.7% in 2005 to 29.8% in 2010 (see Table 57).

Table 57

Rate and Percent Change of Children Unsubstantiated With Foster Care Post Investigation Services by Primary Race/Ethnicity Nationally, 2005-2010

<table>
<thead>
<tr>
<th>Primary race/ethnicity</th>
<th>Unsubstantiated with foster care PIS*</th>
<th>2005-2010</th>
<th>numbers 2005-2010</th>
<th>% of total unsubstantiated 2005</th>
<th>% of total unsubstantiated 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>-0.1</td>
<td>-18.1%</td>
<td>40.7%</td>
<td>37.7%</td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td>-0.2</td>
<td>-12.5%</td>
<td>23.3%</td>
<td>23.1%</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>-0.2</td>
<td>-5.0%</td>
<td>27.7%</td>
<td>29.8%</td>
<td></td>
</tr>
<tr>
<td>No Primary Race</td>
<td>0.0</td>
<td>17.5%</td>
<td>4.4%</td>
<td>4.6%</td>
<td></td>
</tr>
<tr>
<td>AIAN*</td>
<td>-0.2</td>
<td>-12.6%</td>
<td>1.6%</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>-0.1</td>
<td>-19.0%</td>
<td>1.0%</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>NHPI*</td>
<td>-0.6</td>
<td>-33.0%</td>
<td>0.4%</td>
<td>0.3%</td>
<td></td>
</tr>
<tr>
<td>Unknown Race</td>
<td>n/a</td>
<td>-6.3%</td>
<td>1.9%</td>
<td>2.0%</td>
<td></td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *ALAN = American Indian/Alaskan Native. NHPI = Native Hawaiian/Other Pacific Islander. *PIS = post investigation

“Other” PIS Provided to Children With Unsubstantiated Findings

Of the approximately 450,000 to 470,000 children with unsubstantiated findings who were provided with PIS each of the years from 2005 to 2010, the majority (approximately 400,000) received “other” services that included family support, family preservation, and sometimes foster care services. The number of children provided with these types of services fluctuated during the 6 years from 2005 to 2010; however, the numbers and rates were close when comparing 2005 with 2010. Approximately 10,000 fewer children were provided with these services in 2010. The rate declined only slightly, from 5.5 in 2005 to 5.3 in 2010.

“Other” PIS Provided to Children With Unsubstantiated Findings, by Gender

The numbers of children with unsubstantiated findings who were provided with “other” PIS were slightly higher for females than for males in some years but evenly split or very close
in other years. However, the rate was consistently higher for females than for males. For example, the rate difference was 5.2 for females and 5.0 for males in 2010, compared with 5.4 for females and 5.1 for males in 2005 (see Table 58).

Table 58

Rates, Percentages, and Numbers of Children Unsubstantiated With “Other” Post Investigation Services by Gender Nationally, 2005-2010

<table>
<thead>
<tr>
<th>Gender</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
<td>Numbers</td>
</tr>
<tr>
<td>Females %, Numbers</td>
<td>50.2%</td>
<td>203,694</td>
<td>50.0%</td>
<td>169,570</td>
<td>50.0%</td>
<td>197,374</td>
</tr>
<tr>
<td>Rates</td>
<td>5.4</td>
<td>n/a</td>
<td>4.5</td>
<td>n/a</td>
<td>5.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Males %, Numbers</td>
<td>49.8%</td>
<td>202,462</td>
<td>50.0%</td>
<td>169,245</td>
<td>50.0%</td>
<td>197,279</td>
</tr>
<tr>
<td>Rates</td>
<td>5.1</td>
<td>n/a</td>
<td>4.3</td>
<td>n/a</td>
<td>5.0</td>
<td>n/a</td>
</tr>
<tr>
<td>Grand Total</td>
<td>n/a</td>
<td>406,156</td>
<td>n/a</td>
<td>338,815</td>
<td>n/a</td>
<td>394,653</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

“Other” PIS Provided to Children With Unsubstantiated Findings, by Age

Table 59 shows the rates and numbers of children with unsubstantiated findings who were provided with “other” PIS, by age. Of those provided with these services during each of the years from 2005 to 2010, younger children constituted higher numbers and rates. In 2010, for example, 27,558 children under 1 year of age received “other” PIS (a rate of 6.6). In comparison, during the same year, 17,405 children 16 years of age received these services (a rate of 4.0).
Table 59

Rates and Numbers of Children Unsubstantiated With “Other” Post Investigation Services by Age Nationally, FY 2005-2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>7.2</td>
<td>28,224</td>
<td>6.0</td>
<td>23,815</td>
<td>7.2</td>
<td>29,051</td>
<td>8.0</td>
<td>32,594</td>
<td>6.3</td>
<td>25,590</td>
<td>6.6</td>
<td>27,558</td>
</tr>
<tr>
<td>1</td>
<td>6.1</td>
<td>23,983</td>
<td>5.2</td>
<td>20,595</td>
<td>6.0</td>
<td>24,191</td>
<td>6.7</td>
<td>27,462</td>
<td>5.5</td>
<td>22,757</td>
<td>5.8</td>
<td>24,368</td>
</tr>
<tr>
<td>2</td>
<td>6.1</td>
<td>24,030</td>
<td>5.5</td>
<td>20,712</td>
<td>6.2</td>
<td>24,719</td>
<td>6.6</td>
<td>26,738</td>
<td>5.7</td>
<td>23,317</td>
<td>6.1</td>
<td>25,397</td>
</tr>
<tr>
<td>3</td>
<td>6.2</td>
<td>24,628</td>
<td>5.1</td>
<td>20,512</td>
<td>6.0</td>
<td>24,237</td>
<td>6.4</td>
<td>26,270</td>
<td>5.4</td>
<td>22,631</td>
<td>5.9</td>
<td>25,208</td>
</tr>
<tr>
<td>4</td>
<td>6.1</td>
<td>24,860</td>
<td>5.0</td>
<td>20,546</td>
<td>5.7</td>
<td>23,896</td>
<td>6.0</td>
<td>25,376</td>
<td>5.2</td>
<td>22,233</td>
<td>5.7</td>
<td>24,611</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>6.1</td>
<td>97,503</td>
<td>5.2</td>
<td>82,365</td>
<td>6.0</td>
<td>97,043</td>
<td>6.4</td>
<td>105,816</td>
<td>5.5</td>
<td>90,938</td>
<td>5.9</td>
<td>95,584</td>
</tr>
<tr>
<td>5</td>
<td>6.6</td>
<td>25,260</td>
<td>5.6</td>
<td>21,349</td>
<td>6.3</td>
<td>24,391</td>
<td>6.6</td>
<td>25,753</td>
<td>5.9</td>
<td>22,872</td>
<td>6.2</td>
<td>24,692</td>
</tr>
<tr>
<td>6</td>
<td>6.5</td>
<td>25,176</td>
<td>5.4</td>
<td>20,775</td>
<td>6.3</td>
<td>24,386</td>
<td>6.6</td>
<td>25,875</td>
<td>5.6</td>
<td>22,135</td>
<td>6.0</td>
<td>24,144</td>
</tr>
<tr>
<td>7</td>
<td>6.0</td>
<td>23,840</td>
<td>5.1</td>
<td>20,172</td>
<td>6.0</td>
<td>23,558</td>
<td>6.3</td>
<td>25,170</td>
<td>5.4</td>
<td>21,836</td>
<td>5.7</td>
<td>23,318</td>
</tr>
<tr>
<td>8</td>
<td>5.7</td>
<td>23,022</td>
<td>4.8</td>
<td>19,362</td>
<td>3.6</td>
<td>22,662</td>
<td>6.0</td>
<td>24,126</td>
<td>5.2</td>
<td>21,061</td>
<td>5.5</td>
<td>22,903</td>
</tr>
<tr>
<td>9</td>
<td>5.4</td>
<td>22,073</td>
<td>4.5</td>
<td>18,316</td>
<td>5.2</td>
<td>21,266</td>
<td>5.6</td>
<td>22,837</td>
<td>4.9</td>
<td>20,199</td>
<td>5.3</td>
<td>22,073</td>
</tr>
<tr>
<td>10</td>
<td>5.0</td>
<td>21,849</td>
<td>4.1</td>
<td>17,743</td>
<td>4.6</td>
<td>20,148</td>
<td>5.0</td>
<td>21,478</td>
<td>4.5</td>
<td>19,318</td>
<td>5.0</td>
<td>21,189</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
<td>5.8</td>
<td>141,229</td>
<td>4.9</td>
<td>117,717</td>
<td>5.7</td>
<td>136,411</td>
<td>6.0</td>
<td>145,039</td>
<td>5.3</td>
<td>127,421</td>
<td>5.6</td>
<td>138,221</td>
</tr>
<tr>
<td>11</td>
<td>5.2</td>
<td>21,702</td>
<td>4.2</td>
<td>17,601</td>
<td>4.8</td>
<td>19,743</td>
<td>5.0</td>
<td>20,817</td>
<td>4.5</td>
<td>18,550</td>
<td>5.0</td>
<td>20,375</td>
</tr>
<tr>
<td>12</td>
<td>5.3</td>
<td>22,113</td>
<td>4.3</td>
<td>17,924</td>
<td>4.9</td>
<td>19,886</td>
<td>5.2</td>
<td>21,074</td>
<td>4.6</td>
<td>18,526</td>
<td>5.0</td>
<td>19,943</td>
</tr>
<tr>
<td>13</td>
<td>5.6</td>
<td>22,746</td>
<td>4.5</td>
<td>18,098</td>
<td>5.1</td>
<td>20,554</td>
<td>5.3</td>
<td>21,205</td>
<td>4.7</td>
<td>18,468</td>
<td>5.1</td>
<td>19,960</td>
</tr>
<tr>
<td>14</td>
<td>5.4</td>
<td>22,092</td>
<td>4.5</td>
<td>18,210</td>
<td>5.0</td>
<td>20,361</td>
<td>5.4</td>
<td>21,887</td>
<td>4.6</td>
<td>18,368</td>
<td>4.9</td>
<td>19,500</td>
</tr>
<tr>
<td>15</td>
<td>4.8</td>
<td>20,457</td>
<td>3.9</td>
<td>16,943</td>
<td>4.5</td>
<td>19,719</td>
<td>4.8</td>
<td>21,035</td>
<td>4.5</td>
<td>17,678</td>
<td>4.4</td>
<td>18,964</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>5.3</td>
<td>109,188</td>
<td>4.3</td>
<td>88,767</td>
<td>4.9</td>
<td>108,245</td>
<td>5.1</td>
<td>105,816</td>
<td>4.5</td>
<td>91,390</td>
<td>4.9</td>
<td>98,742</td>
</tr>
<tr>
<td>16</td>
<td>4.1</td>
<td>17,154</td>
<td>3.5</td>
<td>14,672</td>
<td>4.1</td>
<td>17,238</td>
<td>4.5</td>
<td>19,261</td>
<td>3.8</td>
<td>16,057</td>
<td>4.1</td>
<td>17,405</td>
</tr>
<tr>
<td>17</td>
<td>2.9</td>
<td>12,310</td>
<td>2.4</td>
<td>10,514</td>
<td>2.9</td>
<td>12,652</td>
<td>3.3</td>
<td>14,285</td>
<td>3.0</td>
<td>12,904</td>
<td>3.2</td>
<td>13,659</td>
</tr>
<tr>
<td>18</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>7.16</td>
<td>n/a</td>
<td>6.65</td>
<td>n/a</td>
</tr>
<tr>
<td>Total</td>
<td>5.5</td>
<td>406,102</td>
<td>4.6</td>
<td>338,370</td>
<td>5.3</td>
<td>393,263</td>
<td>5.7</td>
<td>423,557</td>
<td>4.9</td>
<td>364,965</td>
<td>5.3</td>
<td>395,844</td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Table 60 depicts the changes in numbers and rates for children with unsubstantiated findings who were provided with “other” PIS between 2005 and 2010. Overall, the numbers of these children decreased 2.5%, and the rates dropped 0.2 during that period. There was a decrease of 2.4% for children under 1 year of age, 2.1% for children 1 to 10 years old, and 9.6% for children 11 to 15 years old. These services increased as a percentage for children 16 and 17 years of age. The rates varied by age and did not show consistent patterns.

In addition, Table 60 compares the percentage of the total by age for children with unsubstantiated findings who were provided with “other” PIS in 2005 and 2010. Children ages 0 to 10 constituted a slightly higher percentage of the total in 2010 than they did in 2005. Children
1 to 4 years of age accounted for 24% of the total in 2005 and 25% in 2010, while 17-year-olds accounted for 26.9% of the total 24.9%.

Table 60

Rate and Percent Change of Children Unsubstantiated With “Other” Post Investigation Services by Age Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Child age</th>
<th>Rate change 2005-2010</th>
<th>% change numbers 2005-2010</th>
<th>% of total w/ &quot;Other&quot; post investigation services 2005</th>
<th>% of total w/ &quot;Other&quot; post investigation services 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>-0.6</td>
<td>-2.4%</td>
<td>6.9%</td>
<td>7.0%</td>
</tr>
<tr>
<td>1</td>
<td>-0.3</td>
<td>1.6%</td>
<td>5.9%</td>
<td>6.2%</td>
</tr>
<tr>
<td>2</td>
<td>-0.1</td>
<td>5.7%</td>
<td>5.9%</td>
<td>6.4%</td>
</tr>
<tr>
<td>3</td>
<td>-0.3</td>
<td>2.4%</td>
<td>6.1%</td>
<td>6.4%</td>
</tr>
<tr>
<td>4</td>
<td>-0.5</td>
<td>-1.0%</td>
<td>6.1%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Subtotal 1-4</td>
<td>-0.3</td>
<td>2.1%</td>
<td>24.0%</td>
<td>25.2%</td>
</tr>
<tr>
<td>5</td>
<td>-0.3</td>
<td>-2.3%</td>
<td>6.2%</td>
<td>6.2%</td>
</tr>
<tr>
<td>6</td>
<td>-0.4</td>
<td>-4.1%</td>
<td>6.2%</td>
<td>6.1%</td>
</tr>
<tr>
<td>7</td>
<td>-0.3</td>
<td>-2.2%</td>
<td>5.9%</td>
<td>5.9%</td>
</tr>
<tr>
<td>8</td>
<td>-0.2</td>
<td>-0.9%</td>
<td>5.7%</td>
<td>5.8%</td>
</tr>
<tr>
<td>9</td>
<td>-0.1</td>
<td>0.0%</td>
<td>5.4%</td>
<td>5.6%</td>
</tr>
<tr>
<td>10</td>
<td>0.0</td>
<td>-3.0%</td>
<td>5.4%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Subtotal 5-10</td>
<td>-0.2</td>
<td>-2.1%</td>
<td>34.8%</td>
<td>34.9%</td>
</tr>
<tr>
<td>11</td>
<td>-0.2</td>
<td>-6.5%</td>
<td>5.4%</td>
<td>5.1%</td>
</tr>
<tr>
<td>12</td>
<td>-0.3</td>
<td>-9.8%</td>
<td>5.4%</td>
<td>5.0%</td>
</tr>
<tr>
<td>13</td>
<td>-0.5</td>
<td>-12.2%</td>
<td>5.6%</td>
<td>5.0%</td>
</tr>
<tr>
<td>14</td>
<td>-0.5</td>
<td>-11.7%</td>
<td>5.4%</td>
<td>4.9%</td>
</tr>
<tr>
<td>15</td>
<td>-0.4</td>
<td>-7.2%</td>
<td>5.0%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>-0.4</td>
<td>-9.6%</td>
<td>26.9%</td>
<td>24.9%</td>
</tr>
<tr>
<td>16</td>
<td>0.0</td>
<td>1.5%</td>
<td>4.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td>17</td>
<td>0.3</td>
<td>11.0%</td>
<td>3.0%</td>
<td>3.5%</td>
</tr>
<tr>
<td>18</td>
<td>n/a</td>
<td>n/a</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Note: Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *PIS = post investigation services

“Other” PIS Provided to Children With Unsubstantiated Findings, by Primary Race/Ethnicity

Table 61 contains the numbers and rates of children with unsubstantiated findings who were provided with “other” PIS, broken down by primary race/ethnicity. In 2010, the largest numbers of children provided with such services were Whites (146,324), Hispanics/Latinos (131,925), and Blacks or African Americans (67,735). Whites had the lowest rate at 3.3, Blacks
or African Americans had almost twice the rate at 6.0, and Hispanics/Latinos had the highest rate of any racial/ethnic group at 7.9. The rate for Native Hawaiian/Other Pacific Islanders decreased from 7.8 to 6.8 (see Table 61).

Table 61

Rates and Numbers of Children Unsubstantiated With “Other” Post Investigation Services by Primary Race/Ethnicity Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Primary race/ethnicity</th>
<th>Rates Numbers</th>
<th>Rates Numbers</th>
<th>Rates Numbers</th>
<th>Rates Numbers</th>
<th>Rates Numbers</th>
<th>Rates Numbers</th>
<th>Rates Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>3.9</td>
<td>177,390</td>
<td>3.7</td>
<td>165,278</td>
<td>3.9</td>
<td>170,087</td>
<td>3.8</td>
</tr>
<tr>
<td>Black/African American</td>
<td>6.5</td>
<td>73,315</td>
<td>6.7</td>
<td>75,513</td>
<td>6.8</td>
<td>77,208</td>
<td>5.2</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>7.6</td>
<td>112,629</td>
<td>6.9</td>
<td>108,266</td>
<td>8.1</td>
<td>130,233</td>
<td>7.7</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>4.6</td>
<td>10,135</td>
<td>4.1</td>
<td>9,520</td>
<td>4.6</td>
<td>10,722</td>
<td>4.2</td>
</tr>
<tr>
<td>AIAN*</td>
<td>6.3</td>
<td>4,962</td>
<td>3.4</td>
<td>2,648</td>
<td>3.4</td>
<td>2,711</td>
<td>3.3</td>
</tr>
<tr>
<td>Asian</td>
<td>1.6</td>
<td>4,652</td>
<td>1.6</td>
<td>4,908</td>
<td>1.7</td>
<td>5,006</td>
<td>1.7</td>
</tr>
<tr>
<td>NHPI*</td>
<td>7.8</td>
<td>991</td>
<td>6.2</td>
<td>791</td>
<td>6.7</td>
<td>848</td>
<td>6.9</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>n/a</td>
<td>23,668</td>
<td>n/a</td>
<td>20,406</td>
<td>n/a</td>
<td>29,031</td>
<td>n/a</td>
</tr>
<tr>
<td>Grand Total</td>
<td>5.3</td>
<td>407,742</td>
<td>5.1</td>
<td>395,953</td>
<td>5.5</td>
<td>425,336</td>
<td>4.7</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN = American Indian/Alaskan Native. NHPI = Native Hawaiian/Other Pacific Islander. The sharp decrease in number of of Aian from 2005 to 2006 may be due to a data error.

Table 62 shows the changes in rates and numbers of children with unsubstantiated findings who were provided with “other” PIS between 2005 and 2010, by primary race/ethnicity. Comparing 2005 and 2010, there were decreases of 17.5% for White children and 7.6% for Black or African American children and an increase of 17% for Hispanic/Latino children who were provided with “other” PIS. The number of Native Hawaiian/Other Pacific Islander children who were provided with these services decreased by 13.1%, but American Indian or Alaska Native children had the highest percentage decrease, at 47%. Meanwhile, there was an increase by 16.8% for Asian and by 10.8% for No Primary Race children between 2005 and 2010. The rates decreased for both White children (0.6) and Black or African American children (0.5); Hispanic/Latino children experienced a very small increase (0.2). American Indian or Alaska Natives had the largest rate decrease (3.0) of any group.
Table 62 also shows the proportion of children with unsubstantiated findings who were provided with “other” PIS, by primary race/ethnicity. As a percentage of the total, the proportion of White and Black or African American children decreased, and that of Hispanic/Latino children increased. Whites accounted for 43.5% and Blacks or African Americans for 18% of children who were provided with these types of services in 2005, compared with 36.8% and 17.1%, respectively, in 2010. Hispanic/Latino children constituted 27.6% in 2005 and 33.2% in 2010.

Table 62

Rate and Percent Change of Children Unsubstantiated With “Other” Post Investigation Services by Primary Race/Ethnicity Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Primary race/ethnicity</th>
<th>Unsubstantiated with &quot;other&quot; post investigation services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate change 2005-2010</td>
</tr>
<tr>
<td>White</td>
<td>-0.6</td>
</tr>
<tr>
<td>Black/African American</td>
<td>-0.5</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>0.2</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>-0.1</td>
</tr>
<tr>
<td>AIAN*</td>
<td>-3.0</td>
</tr>
<tr>
<td>Asian</td>
<td>0.1</td>
</tr>
<tr>
<td>NHP*</td>
<td>-1.0</td>
</tr>
</tbody>
</table>

Note. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN = American Indian/Alaskan Native. NHP = Native Hawaiian/Other Pacific Islander. The sharp decrease in number of AIAN from 2005 to 2006 may be due to a data error.

Summary of Findings

Overall Trends: Children Provided With PIS

The study found that among the over three million children screened in for maltreatment in 2005, approximately 800,000 (27%) received PIS, compared with 750,000 (24%) in 2010. Of all those provided with PIS in 2010, approximately 25% received foster care services and 75% received “other” PIS.
Overall, the percentage of children screened in for maltreatment who were provided with PIS declined by 7.9% from 2005 to 2010. The reduction was higher in the foster care PIS category than in “other” PIS. The foster care numbers decreased by 14.5%, and the rate decreased by 0.4. Meanwhile, among those children who were screened in, the numbers provided with “other” PIS, including family preservation and family support, decreased by 5.9% (a rate decrease of 0.7).

Children with substantiated reports received “other” PIS at higher numbers and rates than foster care services. Of the 807,891 and 700,629 children with substantiated findings in 2005 and 2010, 43.6% (352,512 in 2005 and 305,377 in 2010) received PIS. There were 122,683 children (a rate of 1.7) with substantiated findings who were provided with foster care services in 2005, and 102,325 (a rate of 1.4) of these in 2010. The rate decrease was 0.4 for PIS and 0.3 for foster care services. “Other” PIS were provided to 229,829 (a rate of 3.1) in 2005 and to 203,052 (a rate of 2.7) in 2010. The percentage of those provided with these services remained the same despite a reduction of over 100,000 in the number of children with substantiated findings between 2005 and 2010. The proportion of children who were provided with foster care services in substantiated cases decreased slightly (34.8% in 2005 and 33.5% in 2010), while the proportion who received “other” PIS increased (28.4 % in 2005 and 29% in 2010).

Of the 2.3 million (in 2005) and 2.5 million (in 2010) children whose cases were unsubstantiated, 472,810 and 454,685 received PIS (at rates of 5.5 in 2005 and 5.3 in 2010). The vast majority of these (405,289 in 2005 and 394,466 in 2010) received “other” PIS; the rest (67,521 in 2005 and 60,219 in 2010) received foster care services. Children with unsubstantiated findings who were provided with PIS experienced a decline in numbers and rates from 2005 to 2010. Children with unsubstantiated findings who were provided with PIS also decreased as a
proportion of the total. In 2005, 20.3% of children with unsubstantiated findings were provided
with PIS, compared to 17.9% in 2010.

Demographics of Children Provided With PIS

PIS by child’s gender. Overall, females received PIS services at slightly higher
numbers and rates than males.

PIS provided to children with substantiated findings, by gender. In substantiated cases,
PIS were provided to 172,000 males (a rate of 4.4), and 182,000 females (a rate of 4.9) in 2005.
These numbers and rates were even closer for males and females in 2010, when 150,000 males
received PIS (a rate of 3.8) compared with 156,000 females (a rate of 4.1). Similarly, these
differences in service provision patterns were consistent for foster care and “other” PIS.

PIS provided to children with unsubstantiated findings, by gender. Similarly, females
with unsubstantiated findings consistently received PIS at slightly higher rates (6.3 in 2005 and
5.9 in 2010) than males (6.0 in 2005 and 5.7 in 2010). While a slightly higher number of female
than male children with unsubstantiated findings received foster care services for 2005 through
2008, this pattern shifted in 2009 and 2010. In those years, the numbers were very close (a
difference of less than 2,000 children) for both genders.

PIS by child’s age. Younger children with substantiated or unsubstantiated findings
received PIS services at higher numbers and rates than older children.

PIS provided to children with substantiated findings, by age. Younger children with
substantiated findings received PIS at higher numbers and rates than older children did. This
pattern was most pronounced for children under 1 year of age. At the other end of the age
continuum, children 17 years of age accounted for the lowest numbers and rates among the
children who were provided with PIS. The number of children with substantiated findings who
received PIS (both foster care and “other” PIS) decreased for most age groups. The decline in numbers of children who received these services from 2005 and 2010 was not evenly distributed among all age groups. The decreases in the numbers for children 0 to 3 years old and for 17-year-olds was less than 6%, while the decreases for all other ages ranged from 11% to 28%. The highest decrease (over 24%) involved children ages 11 to 15.

The numbers of children with substantiated findings who received foster care PIS decreased for most ages except children 17 years of age. The decreases were most pronounced (25-30%) for children 11 to 15 years of age and least for children aged 1, 2, and 16. The number of children provided with “other” PIS increased slightly for ages 0 to 2 but decreased for all other age groups. The largest decreases (23 to 25%) involved children 11 to 15 years of age.

There were small rate decreases for children with substantiated findings who were provided with PIS for most age groups (ranging between 0 to 0.4). The rate decreased the most (1.6) for children under 1 year of age who were provided with PIS, specifically foster care. Despite the overall decrease in the numbers and rates of children with substantiated findings provided with PIS between 2005 and 2010, younger children continued to receive PIS at higher numbers and rates, and they made up a higher percentage of the total children provided with these services. For example, children under 1 year of age comprised the largest proportion of children served by CWS/CPS. Among the children under 1 year of age who were provided with PIS, a higher number received “other” PIS compared with foster care services. Children under 1 year of age accounted for 18.5% of children with substantiated findings who were provided with foster care PIS in 2005 and 19% in 2010. Similarly, 10.9% of children under 1 year of age with substantiated findings received “other” PIS in 2005 and 12.4% in 2010. At the other end of the
age continuum, children received PIS at lower number and rates. For example, children 11 years of age accounted for only 4.6% of those provided with PIS in 2005 and 4.0% in 2010.

**PIS provided to children with unsubstantiated findings, by age.** The data did not show major differences based on age in the numbers and rates of children with unsubstantiated findings who were provided with PIS. The numbers and rates were close for most ages. For example, for each of the ages between 1 and 15 years, approximately 22,000 to 28,000 children received these services at a rate ranging from 5.6 to 6.7 in 2010. In 2010, the PIS rate for children with unsubstantiated findings ranged from 7.8 for children under 1 year of age to 3.8 for children 17 years of age.

Foster care PIS ranged from a rate of 1.2 for children under 1 year of age to 0.6 for children 17 years of age; for “other” PIS, the range was 6.6 to 3.2, respectively. PIS decreased the most (8-14%) for children with unsubstantiated findings who were 11 to 15 years of age but increased the most (12.4%) for children 17 years of age. Similarly, the number of children with unsubstantiated findings who were provided with foster care PIS decreased the most for children 11 to 15 years of age and increased the most for children 17 years of age. The number of children with unsubstantiated findings who were provided with “other” PIS increased for children 1 to 3 years of age as well as for 16- and 17-year-olds, but decreased 9.6% for children 11 to 15 years old. Overall, the foster care PIS rates for children with unsubstantiated findings decreased slightly or remained unchanged. Most age groups experienced a rate decrease for PIS, but the decrease was higher for younger children. PIS remained the same or increased for 16- and 17-year-olds with unsubstantiated findings.

As a proportion of the total, PIS to children with unsubstantiated findings who were under 1 year of age remained consistent; they comprised 7.3% of those provided with PIS in
2005 and 7.2% in 2010. In addition, the youngest children accounted for 9.2% of children with unsubstantiated findings who were provided with foster care PIS in 2005 and 8.9% in 2010. Similarly, 6.9% of those with unsubstantiated findings were provided with “other” PIS in 2005 and 7.0% in 2010. Children 1 to 4 years of age as well as those 16 and 17 years of age with unsubstantiated findings accounted for a higher percentage of the total provided with PIS in 2005 than in 2010. Meanwhile, children 11 to 15 years of age accounted for a lower percentage of the total children who received these services.

PIS by Child’s Primary Race/Ethnicity

*PIS provided to children with substantiated findings, by primary race/ethnicity.* The largest groups of substantiated children who were provided with PIS were Whites, Hispanics/Latinos, and Blacks or African Americans. Changes among these groups accounted for most of the trends observed nationally. Of these three racial/ethnic groups, in 2010, White children had the lowest rates (at 3.0), compared with Black or African American children, and Hispanic/Latino children (both at 4.9). Whites constituted the highest numbers of children with substantiated findings who were provided with foster care services, followed by Hispanics/Latinos and Blacks or African Americans. However, the rates among these three major groups, from lowest to highest, were Whites (1.0), Hispanics/Latinos (1.6), and Blacks or African Americans (1.7). The largest numbers of children provided with “other” PIS were Whites, Hispanics/Latinos, and Blacks or African Americans. Of these three racial/ethnic groups, White children had the highest numbers and the lowest rates; Hispanic/Latino children had the second highest numbers and a consistent rate of around 3 per 1,000 in the population. Blacks or African Americans had the third largest numbers (48,763 in 2005 and 36,471 in 2010) and the greatest rate of decline (from 4.3 to 3.2).
The numbers and rates of children who were provided with PIS varied for other racial/ethnic groups, but the numbers were small (under 4,000 children) for most groups. Among the smaller racial/ethnic groups, the highest numbers of children with substantiated findings who were provided with PIS were No Primary Race children (over 11,000 in 2010). Maltreated Native Hawaiian/Other Pacific Islander children had the highest rate of PIS (22.0 in 2005 and 17.0 in 2010), and Asian children had the lowest rate at around 1.0. The rates for American Indian or Alaska Native children and No Primary Race children were around 5.0.

There were changes in the rates and numbers of maltreated children provided with PIS by primary race/ethnicity between 2005 and 2010. The numbers of children who received these services showed a decrease of 18% to 24% for most racial/ethnic groups except for Hispanic/Latino and No Primary Race children, who had increases of 9.1% and 13.5%, respectively. The rates decreased for most groups, including Hispanic/Latino children, but not for No Primary Race children. The numbers increased for No Primary Race children, but the rate remained consistent.

The number of children with substantiated findings who were provided with foster care decreased by more than 20% for Whites and 26% for Blacks or African Americans but less than 9% for Hispanics/Latinos. The only increase in numbers (15.4%) involved No Primary Race children. The decrease in the rate of foster care for maltreated White children was 0.21, compared with 0.62 for Black or African American children and 0.41 for Hispanic/Latino children. The proportion of maltreated children who were provided with PIS decreased for Whites (from 45.2% to 43.5%) and Blacks or African Americans (from 21.2% to 18.2%) and increased for Hispanics/Latinos (from 22.2% to 26.7%).
The decrease was most evident in the “other” PIS for Whites with substantiated findings (49.6% to 43.5%). In fact, the proportion of maltreated White children provided with foster care increased (from 45.2% to 46.1%). Meanwhile the decrease for Black or African American children was in both foster care (from 21.5% to 18.2%) and other PIS (from 21.0% to 17.8%). The increase was primarily in “other” PIS for Hispanic/Latino children (from 19.4% to 26.6%), while foster care services for this group decreased from 24.5% to 23.4%.

**PIS provided to children with unsubstantiated findings, by primary race/ethnicity.** In 2010, the largest numbers of children with unsubstantiated findings who were provided with PIS were Whites (146,324), Hispanics/Latinos (131,925), and Blacks or African Americans (67,735). White children had the lowest rate at 3.3. Black or African American children had almost twice the rate at 6, and Hispanic/Latino children had the highest rate of any racial/ethnic group at 7.9. Of the largest racial/ethnic groups, the number of children with unsubstantiated findings who were provided with PIS decreased for White children and for Black or African American children and increased for Hispanic/Latino children. Whites experienced the largest decrease in numbers (from 203,869 in 2005 to 168,007 in 2010), compared to a more modest decrease for Blacks or African Americans (from 88,487 in 2005 to 81,009 in 2010). Whites also experienced a rate decrease, and they continued to have the lowest rates of PIS (4.5 in 2005 and 3.8 in 2010) compared to Blacks or African Americans (7.9 in 2005 and 7.2 in 2010). Meanwhile, Hispanic/Latino children experienced the largest increase in numbers (130,665 to 149,054). Hispanic/ Latinos accounted for most of the increase in the numbers of children with unsubstantiated findings who were provided with PIS, and their rate remained consistently higher than the other two groups, at 8.9.
Of these three racial/ethnic groups, White children with unsubstantiated findings who were provided with foster care services decreased by 18.1% (from 26,479 in 2005 to 21,683 in 2010), Hispanics/Latinos decreased by 12.5% (18,036 in 2005 to 17,129 in 2010), and Blacks or African Americans decreased by 5.0% (15,172 in 2005 to 13,274 in 2010). There was a small rate decrease in foster care services to children with unsubstantiated findings for White children (0.1), as well as for both Black or African American children and Hispanic/Latino children (0.2). White children continued to have the lowest rates (0.49) of foster care services compared with Hispanics/Latinos, who had double the rate of Whites (1.02), and Blacks or African Americans, who were even higher (1.17).

The number of White children with unsubstantiated reports who were provided with “other” PIS declined 17.5% (from 177,390 in 2005 to 146,324 in 2010), and the number of similar Black or African American children fell 7.6% (from 73,315 in 2005 to 67,735 in 2010). For Hispanic/Latino children who received these services, however, there was a 17% increase in the numbers (from 112,629 in 2005 to 131,925 in 2010). The rates for “other” PIS were highest for Hispanic/Latino children (7.7) in 2005, and they increased (to 7.9) by 2010. The rates for Black or African American children were also high (6.5) in 2005 but decreased slightly (to 6.0) by 2010. The rates for Whites were lower (3.9) in 2005 and decreased further (to 3.3) by 2010.

There were changes in the numbers and rates of children with unsubstantiated findings who were provided with PIS for other racial/ethnic groups as well. Overall, the numbers of unsubstantiated PIS increased for No Primary Race children (from 12,364 in 2005 to 13,849 in 2010) and Asian children (from 5,295 in 2005 to 5,956 in 2010). The numbers of Native Hawaiian/Other Pacific Islander children decreased (from 1,221 in 2,005 to 1,015 in 2005). Although the PIS rates for Native Hawaiian/Other Pacific Islander children with unsubstantiated
reports decreased, they continued to be the highest (at rates of 9.6 in 2005 and 8.0 in 2010) of all racial/ethnic groups (but close to the Hispanic/Latino rate of 7.9 in 2010). Asian children continued to have the lowest rate of all racial/ethnic groups (at around 1.8 or 1.9).

The numbers of children with unsubstantiated findings who were provided with foster care services for these groups were small, and therefore it is hard to draw meaningful conclusions based on those numbers. The changes in PIS numbers and rates for children with unsubstantiated findings in these ethnic/racial groups can be accounted for primarily by the changes in “other” PIS. The number for No Primary Race children increased (from 10,135 to 11,231), but the rate remained stable at 4.6 or 4.5. Similarly, for Asian children, the numbers increased (from 4,652 to 5,435) and the rates remained consistent at 1.6 or 1.7. The number and the rate decreased slightly for Hawaiian Native/Other Pacific Islander children.

In addition to the changes observed in numbers and rates, there were changes based on race/ethnicity for the largest ethnic groups between 2005 and 2010 in the proportion of children screened in, unsubstantiated, and provided with PIS. The proportion of children with unsubstantiated findings who were provided with PIS out of the total decreased for both Whites (from 43.1% to 37%), and Blacks or African Americans (from 18.7% to 17.8%). Meanwhile, the proportion of Hispanic/Latino children increased (from 27.7% to 29.8%) as a percentage of the total served. For the other racial/ethnic groups, the percentages of the total children served were too small to allow for meaningful inferences.

The proportion of children who were provided with foster care services out of the total decreased for Whites (from 40.7% to 37.7%), remained stable for Blacks or African Americans (23.3%), and increased (from 27.7% to 29.8%) for Hispanics/Latinos. The proportion of children provided with “other” PIS out of the total decreased the most for Whites (from 43.5% to
36.8%); the decrease was minimal for Blacks or African Americans (from 18% to 17%). Hispanic/Latino children increased (from 27.6% to 33.2%) as a proportion of the total.
CHAPTER 7: FOSTER CARE ENTRIES IN AFCARS, 2005-2010

The NCANDS files contain limited data related to foster care (only on children placed within the first 90 days of the disposition of the maltreatment reports). Consequently, this chapter includes analyses of the national administrative data contained in AFCARS related to all children who entered foster care for whom the state child welfare agency had responsibility for placement, care, or supervision. The AFCARS data complement the information provided from NCANDS related to foster care entries and provide an overall view of the trends related to the numbers and rates of children who entered foster care from 2005 to 2010. This chapter includes overall analyses of foster care entries for 2005 to 2010 as well as the demographic characteristics (gender, age, and primary race/ethnicity) of children who entered foster care from 2005 to 2010. It also contains descriptions of the demographic characteristics of children who entered foster care by reasons for removal from the home.

The data included both first-time entries and reentries into foster care. Reentry is often used as an indicator of how safe children are following reunification. As shown in the research, lower reentry rates represent better safety decisions by CPS related to reunification and better support for families following reunification. Table 63 shows that the number of children who entered for the first time, as well as the number who reentered, decreased by 18% from 2005 to 2010. In addition, the proportion of first-time entries and reentries remained consistent from 2005 to 2010. Reentries constituted 19.6% of the total entries in 2005 and 19.7% in 2010 (see Table 63).
Table 63

Numbers of Foster Care Entries and Reentries Nationally, FFY 2005-2010

|                | 2005     | 2006     | 2007     | 2008     | 2009     | 2010     | % change FY05-FY10 | % of total 2005 | % of total 2010 |
|----------------|----------|----------|----------|----------|----------|----------|--------------------|----------------|----------------|------------------|
| First entry    | 248,523  | 242,720  | 234,373  | 217,416  | 201,685  | 203,562  | -.18%              | 80.1%          | 80.3%          |
| Re-entry       | 60,906   | 58,804   | 57,629   | 54,715   | 51,869   | 49,893   | -.18%              | 19.6%          | 19.7%          |
| Total entries  | 310,161  | 301,524  | 292,971  | 272,131  | 253,554  | 253,455  | -.18%              |                |                |

Note. Data obtained from AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Demographics of Children Who Entered Foster Care

Entries by Child’s Gender

Table 64 shows that a slightly higher number of males (157,932 in 2005 and 130,657 in 2010) entered foster care than females (152,932 in 2005 and 122,854 in 2010). Males accounted for a higher percentage (50.9% in 2005 and 51.5% in 2010) of the children who entered care from 2005 to 2010. However, the rates for both genders (3.2 for females and 3.3 for males in 2010) were very close. Both males and females experienced a reduction in the numbers of foster care entries between 2005 and 2010. The reduction in numbers was higher for females at 19.21%, compared to 17.28% for males. The reduction in rates was very close, at 0.7 for males and 0.8 for females.

Table 64

Numbers of Foster Care Entries by Gender Nationally, FFY 2005-2010

|                | 2005     | 2006     | 2007     | 2008     | 2009     | 2010     | % change FY05-FY10 | % of total 2005 | % of total 2010 |
|----------------|----------|----------|----------|----------|----------|----------|--------------------|----------------|----------------|------------------|
| Females        |          |          |          |          |          |          |                   |                |                |
| Numbers        | 152,096  | 147,190  | 141,976  | 132,203  | 122,987  | 122,884  | -19.21%            | 49.1%          | 48.5%          |
| Rates          | 4.1      | 3.9      | 3.8      | 3.5      | 3.2      | 3.2      | -0.8               | n/a            | n/a            |
| Males          |          |          |          |          |          |          |                   |                |                |
| Numbers        | 157,982  | 154,872  | 150,351  | 140,468  | 131,425  | 130,687  | 17.28%             | 50.9%          | 51.5%          |
| Rates          | 4.0      | 3.9      | 3.8      | 3.5      | 3.3      | 3.3      | -0.7               | n/a            | n/a            |
| No Response    | 83       | 85       | 47       | 48       | 67       | 76       | 8.43%              | 0.1%           | 0.1%           |

Note. Data obtained from AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).
Entries by Child’s Age

Table 65 shows the number of children who entered care by age. Younger children, especially infants, were placed in greater numbers and at higher rates than any other age group from 2005 to 2010. For example, children under 1 year of age entered care at higher numbers (48,110 in 2005 and 41,676 in 2010) and rates (12.3 in 2005 and 9.9 in 2010) than any other age group. The numbers and rates were lowest at the other end of the age continuum. Seventeen-year-olds who entered care numbered 12,499 (a rate of 2.9) in 2005 and 11,782 (a rate of 2.7) in 2010.

Entries into foster care based on age showed a bimodal distribution for children from 1 to 16 years of age. Very young children (ages 1 to 5) and older youth (12 to 16) had higher numbers and rates of foster care entries overall than children ages 6 to 11. In 2005, for example, AFCARS data showed 20,924 children who were 1 year of age (a rate of 5.3) entered foster care, compared with 21,000 children who were 16 years of age (a rate of 5.1). In 2010, there were 19,444 1-year-old children who entered foster care (a rate of 4.6), compared with 16,973 16-year-old children who entered care (a rate of 4.0).

Although every age group experienced a reduction in the number of entries between 2005 and 2010, the reduction was generally higher for older than for younger children, except for children on both ends of the age continuum. The number of entries decreased by 13.4% for children under age 1, decreased by 7.9% for children aged 1 to 4, and decreased 18.33% for children aged 5 to 10. Children 11 to 15 experienced the highest reduction in the numbers (over 30%). In 2005, children 11 to 15 years of age entered foster care at higher numbers (84,050) and rates (4.0) than in 2010, when the figures dropped to 59,532 and 2.9, respectively.
From 2005 to 2010, the proportion of the total children who entered foster care shifted by age. Younger children accounted for a higher proportion of the total in 2010 than they did in 2005. Children under 1 year of age increased as a proportion of the total (from 15.5% to 16.4%), and children aged 1 to 4 also increased (from 22.9% to 25.8%). Meanwhile, the percentage of children 5 to 10 years of age remained constant at 23.5%, and the proportion of children aged 11 to 15 decreased (from 27.1% in 2005 to 23%) (see Table 65).

Table 65

Numbers and Rates of Children Entering Foster Care by Age Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Age</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>FY05-FY10 % Change</th>
<th>Rate change</th>
<th>2005 % of total</th>
<th>2010 % of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers</td>
<td>48,110</td>
<td>48,685</td>
<td>49,001</td>
<td>45,305</td>
<td>41,711</td>
<td>41,676</td>
<td>-13.4%</td>
<td>2.4</td>
<td>15.5%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Ages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-1 years</td>
<td>7,122</td>
<td>7,219</td>
<td>7,295</td>
<td>7,035</td>
<td>6,542</td>
<td>6,452</td>
<td>-7.9%</td>
<td>2.9</td>
<td>15.5%</td>
<td>16.4%</td>
</tr>
<tr>
<td>1-4 years</td>
<td>10,822</td>
<td>10,990</td>
<td>10,774</td>
<td>10,623</td>
<td>10,223</td>
<td>10,148</td>
<td>-7.2%</td>
<td>2.2</td>
<td>16.4%</td>
<td>17.1%</td>
</tr>
<tr>
<td>5-10 years</td>
<td>11,434</td>
<td>11,248</td>
<td>10,876</td>
<td>10,923</td>
<td>10,223</td>
<td>10,148</td>
<td>-7.2%</td>
<td>2.2</td>
<td>16.4%</td>
<td>17.1%</td>
</tr>
<tr>
<td>11-15 years</td>
<td>12,984</td>
<td>12,781</td>
<td>10,886</td>
<td>9,857</td>
<td>9,022</td>
<td>9,099</td>
<td>-29.3%</td>
<td>4.2%</td>
<td>20.4%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Subtotal 1-10</td>
<td>29,632</td>
<td>29,354</td>
<td>24,074</td>
<td>20,815</td>
<td>18,988</td>
<td>18,674</td>
<td>-15.2%</td>
<td>2.6%</td>
<td>47.5%</td>
<td>52.5%</td>
</tr>
<tr>
<td>11-15 years</td>
<td>12,984</td>
<td>12,781</td>
<td>10,886</td>
<td>9,857</td>
<td>9,022</td>
<td>9,099</td>
<td>-29.3%</td>
<td>4.2%</td>
<td>20.4%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>25,916</td>
<td>25,135</td>
<td>20,960</td>
<td>19,673</td>
<td>17,911</td>
<td>17,774</td>
<td>-27.6%</td>
<td>4.6%</td>
<td>54.9%</td>
<td>56.0%</td>
</tr>
</tbody>
</table>

Note. Data obtained from AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).
Entries by Child’s Primary Race/Ethnicity

Table 66 shows that the three largest groups of children who entered foster care between 2005 and 2010 were Whites, Blacks or African Americans, and Hispanics/Latinos. Whites had the largest numbers, followed by Blacks or African Americans and then Hispanics/Latinos; among the three groups, the entry rate was highest for Black or African American children. There were 143,886 (a rate of 3.2) White children who entered foster care in 2005 and 113,238 (a rate of 2.6) in 2010. There were almost 80,000 Black or African American children who entered foster care in 2005 (a rate of 7.1), compared with 61,125 in 2010 (a rate of 5.4). There were 56,479 Hispanic/Latino children who entered care in 2005 (a rate of 3.8) and 51,691 in 2010 (a rate of 3.1).

Entries into foster care decreased for all three of the largest groups from 2005 to 2010. Black or African American children experienced the sharpest reduction in numbers (23.59%) and rates (1.7). White children had the second largest number decrease in entries (21.3%) and the third largest rate decrease (0.6). The number of foster care entries for Hispanic/Latino children also decreased (8.5%), and the rate decreased (0.8) (see Table 66).

These reductions shifted the relative proportion of children who entered foster care for these three racial/ethnic groups between 2005 and 2010. The proportion of White children who entered foster care out of the total number decreased from 46.4% to 44.6%. For Black or African American children, the proportion decreased from 25.8% to 24% of the total. Meanwhile, the proportion of Hispanic/Latino children increased from 18.2% to 20.4% (see Table 66).

As shown in Table 66, there were also shifts in the numbers of children from the other racial/ethnic groups who entered foster care. The largest percentage (46.8%) and rate (3.8) decrease involved Native Hawaiian/Other Pacific Islander children. The second largest
percentage (27.9%) and rate (2.5) decrease was experienced by American Indian or Alaska Native children. Although the numbers were very small, there was a large percentage (around 25%) decrease for Asian children who entered care. Asian children had the lowest entry rate, but their rate decreased further, from 0.8 to 0.6. There was a small number increase (from 10,769 to 12,980) and rate increase (4.9 to 5.2) and a large percentage increase (19.7%) for No Primary Race children (see Table 66).

Table 66

Numbers and Rates of Children Entering Foster Care by Primary Race/Ethnicity Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Race</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>FY05-FY10 % change</th>
<th>Rate change 2005 % of total</th>
<th>Rate change 2010 % of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>143,886</td>
<td>135,674</td>
<td>129,550</td>
<td>118,932</td>
<td>110,633</td>
<td>113,238</td>
<td>-21.3%</td>
<td>n/a</td>
<td>46.4%</td>
</tr>
<tr>
<td>Rates</td>
<td>3.2</td>
<td>3.0</td>
<td>2.9</td>
<td>2.7</td>
<td>2.5</td>
<td>2.6</td>
<td>-18.6%</td>
<td>-0.6</td>
<td>n/a</td>
</tr>
<tr>
<td>Black/African American</td>
<td>79,999</td>
<td>79,769</td>
<td>74,958</td>
<td>69,954</td>
<td>64,386</td>
<td>61,125</td>
<td>-23.6%</td>
<td>n/a</td>
<td>25.8%</td>
</tr>
<tr>
<td>Rates</td>
<td>7.1</td>
<td>7.1</td>
<td>6.7</td>
<td>6.2</td>
<td>5.7</td>
<td>5.4</td>
<td>-24.1%</td>
<td>-1.7</td>
<td>ns</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>56,479</td>
<td>57,193</td>
<td>58,257</td>
<td>54,702</td>
<td>51,443</td>
<td>51,691</td>
<td>-8.5%</td>
<td>n/a</td>
<td>18.2%</td>
</tr>
<tr>
<td>Rates</td>
<td>3.8</td>
<td>3.8</td>
<td>3.7</td>
<td>3.4</td>
<td>3.1</td>
<td>3.1</td>
<td>-19.7%</td>
<td>-0.8</td>
<td>n/a</td>
</tr>
<tr>
<td>No Primary Race</td>
<td>10,769</td>
<td>11,423</td>
<td>12,262</td>
<td>12,684</td>
<td>12,493</td>
<td>12,980</td>
<td>20.5%</td>
<td>n/a</td>
<td>3.5%</td>
</tr>
<tr>
<td>Rates</td>
<td>4.9</td>
<td>5.1</td>
<td>5.3</td>
<td>5.5</td>
<td>5.3</td>
<td>5.2</td>
<td>6.5%</td>
<td>0.3</td>
<td>n/a</td>
</tr>
<tr>
<td>AIAN*</td>
<td>7,029</td>
<td>6,410</td>
<td>5,921</td>
<td>5,696</td>
<td>5,442</td>
<td>5,066</td>
<td>-27.9%</td>
<td>n/a</td>
<td>2.3%</td>
</tr>
<tr>
<td>Rates</td>
<td>9.0</td>
<td>8.2</td>
<td>7.6</td>
<td>7.2</td>
<td>7.0</td>
<td>6.5</td>
<td>-27.3%</td>
<td>-2.5</td>
<td>n/a</td>
</tr>
<tr>
<td>Asian</td>
<td>2,446</td>
<td>2,406</td>
<td>2,355</td>
<td>2,265</td>
<td>2,181</td>
<td>1,835</td>
<td>-25.0%</td>
<td>n/a</td>
<td>0.8%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.8</td>
<td>0.8</td>
<td>0.7</td>
<td>0.7</td>
<td>0.6</td>
<td>0.6</td>
<td>-30.1%</td>
<td>-0.2</td>
<td>n/a</td>
</tr>
<tr>
<td>NHPI*</td>
<td>1,025</td>
<td>771</td>
<td>732</td>
<td>669</td>
<td>630</td>
<td>545</td>
<td>-46.8%</td>
<td>n/a</td>
<td>0.3%</td>
</tr>
<tr>
<td>Rates</td>
<td>8.1</td>
<td>6.0</td>
<td>5.7</td>
<td>5.3</td>
<td>5.0</td>
<td>4.3</td>
<td>-46.9%</td>
<td>-3.8</td>
<td>n/a</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>8,528</td>
<td>8,501</td>
<td>8,339</td>
<td>7,817</td>
<td>7,271</td>
<td>7,167</td>
<td>-16.0%</td>
<td>n/a</td>
<td>2.7%</td>
</tr>
<tr>
<td>Rates</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Note: Data obtained from AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). *AIAN = American Indian/Alaskan Native. NHPI= Native Hawaiian/other Pacific Islander

Foster Care Entries by Removal Reasons

Table 67 shows that neglect was the primary reason for children to enter care from 2005 to 2010. Neglect was the reason 156,943 children (a rate of 2.0) entered care in 2005 and 134,526 children (a rate of 1.7) entered care in 2010. In addition, large numbers and rates of children entered care for the following reasons: (a) parental substance abuse (74,634 and a rate of 9.7 in 2005, and 71,412 and a rate of 9.2 in 2010); (b) caretaker inability to cope (51,219 and a
rate of 0.67 in 2005, and 44,826 and a rate of 0.58 in 2010); (c) physical abuse (48,745 and a rate of 0.63 in 2005 and 38,747 and a rate of 0.50 in 2010); child behavior problems (53,169 and a rate of 0.69 in 2005 and 38,365 and a rate of 0.49 in 2010); (d) inadequate housing (26,733 and a rate of 0.35 in 2005 and 24,140 and a rate of 0.31 in 2010); and (e) sexual abuse (17,794 and a rate of 0.23 in 2005 and 11,243 and a rate of 0.14 in 2010).

Given the large number of children in the neglect category, the 14.3% decrease accounted for the largest decrease in numbers (22,417) compared with other reasons for entry. Child behavior (27.8%) and child physical abuse (20.5%) were the other two categories that contributed to the large decrease. Although the numbers were not as large, the following removal categories had the highest percentage decreases in entries: child substance abuse (41.8%), sexual abuse (36.3%), child disability (25%), and abandonment (22%). Parental substance abuse, inadequate housing, and parental incarceration decreased the least of all the categories. The highest rate decreases also involved neglect (0.31), child behavior (0.2), and child physical abuse 0.14. The rate changes for the other categories were under 0.1 (see Table 67).
Table 67

Numbers and Rates of Children Entering Foster Care by Removal Reasons Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Removal reasons</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th># change FY05-FY10</th>
<th>% change FY05-FY10</th>
<th>% of total 2005</th>
<th>% of total 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment</td>
<td>14,328</td>
<td>13,766</td>
<td>13,240</td>
<td>12,385</td>
<td>11,464</td>
<td>11,176</td>
<td>-3,152</td>
<td>-22.0%</td>
<td>2.9%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.39</td>
<td>0.38</td>
<td>0.37</td>
<td>0.36</td>
<td>0.35</td>
<td>0.34</td>
<td>-0.04</td>
<td>-0.04</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Child behavior</td>
<td>55,169</td>
<td>49,500</td>
<td>47,496</td>
<td>44,457</td>
<td>42,105</td>
<td>38,265</td>
<td>-14,804</td>
<td>-27.8%</td>
<td>10.8%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.69</td>
<td>0.64</td>
<td>0.61</td>
<td>0.57</td>
<td>0.54</td>
<td>0.49</td>
<td>-0.20</td>
<td>-0.20</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Child disability</td>
<td>8,094</td>
<td>8,645</td>
<td>7,392</td>
<td>6,425</td>
<td>6,377</td>
<td>6,517</td>
<td>-2,177</td>
<td>-25.0%</td>
<td>1.8%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.11</td>
<td>0.11</td>
<td>0.10</td>
<td>0.08</td>
<td>0.08</td>
<td>0.08</td>
<td>-0.03</td>
<td>-0.03</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Child substance abuse</td>
<td>13,373</td>
<td>13,277</td>
<td>11,602</td>
<td>8,526</td>
<td>7,706</td>
<td>7,777</td>
<td>-5,596</td>
<td>-41.8%</td>
<td>2.7%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.17</td>
<td>0.17</td>
<td>0.15</td>
<td>0.11</td>
<td>0.10</td>
<td>0.10</td>
<td>-0.07</td>
<td>-0.07</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Inadequate housing</td>
<td>26,733</td>
<td>26,098</td>
<td>25,986</td>
<td>24,820</td>
<td>23,846</td>
<td>24,140</td>
<td>-2,593</td>
<td>-9.7%</td>
<td>5.4%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.35</td>
<td>0.34</td>
<td>0.34</td>
<td>0.32</td>
<td>0.31</td>
<td>0.31</td>
<td>-0.04</td>
<td>-0.04</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Neglect</td>
<td>156,943</td>
<td>153,034</td>
<td>148,284</td>
<td>138,466</td>
<td>130,105</td>
<td>134,536</td>
<td>-22,417</td>
<td>-14.3%</td>
<td>32.0%</td>
<td>32.7%</td>
</tr>
<tr>
<td>Rates</td>
<td>2.04</td>
<td>1.99</td>
<td>1.91</td>
<td>1.78</td>
<td>1.67</td>
<td>1.73</td>
<td>-0.31</td>
<td>-0.31</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Caretaker inability to cope</td>
<td>51,219</td>
<td>46,840</td>
<td>45,475</td>
<td>46,919</td>
<td>43,803</td>
<td>44,826</td>
<td>-6,993</td>
<td>-12.5%</td>
<td>10.4%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.67</td>
<td>0.61</td>
<td>0.59</td>
<td>0.60</td>
<td>0.55</td>
<td>0.58</td>
<td>-0.09</td>
<td>-0.09</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Parent substance abuse</td>
<td>74,637</td>
<td>74,147</td>
<td>70,253</td>
<td>63,717</td>
<td>62,440</td>
<td>71,412</td>
<td>-3,225</td>
<td>-4.3%</td>
<td>15.2%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.97</td>
<td>0.96</td>
<td>0.91</td>
<td>0.82</td>
<td>0.80</td>
<td>0.92</td>
<td>-0.05</td>
<td>-0.05</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>48,745</td>
<td>45,633</td>
<td>43,167</td>
<td>41,790</td>
<td>39,223</td>
<td>38,743</td>
<td>-10,002</td>
<td>-20.5%</td>
<td>9.9%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.63</td>
<td>0.59</td>
<td>0.56</td>
<td>0.54</td>
<td>0.50</td>
<td>0.50</td>
<td>-0.14</td>
<td>-0.14</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Relinquishment</td>
<td>2,663</td>
<td>2,823</td>
<td>2,604</td>
<td>2,683</td>
<td>2,580</td>
<td>2,561</td>
<td>-302</td>
<td>-11.3%</td>
<td>0.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.03</td>
<td>0.04</td>
<td>0.03</td>
<td>0.03</td>
<td>0.03</td>
<td>0.03</td>
<td>0.00</td>
<td>0.00</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>17,639</td>
<td>17,137</td>
<td>14,974</td>
<td>12,797</td>
<td>11,588</td>
<td>11,243</td>
<td>-6,396</td>
<td>-36.3%</td>
<td>3.6%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.23</td>
<td>0.22</td>
<td>0.19</td>
<td>0.16</td>
<td>0.15</td>
<td>0.14</td>
<td>-0.08</td>
<td>-0.08</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Parent death</td>
<td>3,597</td>
<td>3,304</td>
<td>3,545</td>
<td>3,276</td>
<td>2,576</td>
<td>2,525</td>
<td>-1,072</td>
<td>-29.8%</td>
<td>0.7%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.05</td>
<td>0.04</td>
<td>0.05</td>
<td>0.04</td>
<td>0.03</td>
<td>0.03</td>
<td>-0.01</td>
<td>-0.01</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Parent incarceration</td>
<td>18,800</td>
<td>18,583</td>
<td>18,285</td>
<td>16,897</td>
<td>17,140</td>
<td>17,794</td>
<td>-1,906</td>
<td>-5.4%</td>
<td>3.8%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Rates</td>
<td>0.24</td>
<td>0.24</td>
<td>0.24</td>
<td>0.22</td>
<td>0.22</td>
<td>0.22</td>
<td>-0.02</td>
<td>-0.02</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Total</td>
<td>310,616</td>
<td>302,147</td>
<td>292,374</td>
<td>272,719</td>
<td>254,479</td>
<td>253,647</td>
<td>-18,228</td>
<td>-5.8%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Note: Data obtained from AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). Totals are based on unique counts. Numbers in each category contain duplicate counts.

Entries by Removal Reasons and Gender

Table 68 shows variations by gender based on removal reasons and comparisons from 2005 to 2010. The most substantial difference between males and females was in the numbers and rates of entries related to child behavior and sexual abuse. For example, in both 2005 and 2010, males entered care due to behavior at higher numbers and rates (31,209 and a rate of 0.8 in 2005 and 23,316 and a rate of 0.6 in 2010) than females did (21,954 and a rate of 0.6 in 2005 and 15,941 and a rate of 0.4 in 2010). On the other hand, females entered foster care due to sexual abuse at twice the numbers and rates (11,525 and a rate of 0.31 in 2005 and 7,770 and a rate of 0.2 in 2010) of males (6,111 and a rate of 0.16 in 2005 and 3,472 and a rate of .09 in 2010).
Both males and females experienced number and rate reductions across all removal reasons between 2005 and 2010. The highest percentage reduction involved child substance abuse at 47.19% for females and 37.09% for males. The numbers of females who entered care because of behavior reasons decreased by 31.5%, compared with a decrease of 25.3% in the numbers of males. In addition, sexual abuse decreased by 32.6% for females and by 43.2% for males. The highest rates of reduction for both genders from 2005 to 2010 were for neglect (0.33 for females and 0.29 for males), child behavior (0.19 for females and 0.21 for males), and physical abuse (0.15 for females and 0.12 for males). The rate reduction was higher for females than for males in all three of these major reason categories (see Tables 68 and 69).

In addition, a comparison of the proportion of the total by each category for 2005 and 2010 showed that neglect increased as a proportion of the total for both males (from 32.4% to 33.3%) and females (from 31.6% to 32%), as did parental substance abuse and parental inability to cope. The shifts in proportions of the total reflect higher decreases in other categories.
Table 68
Numbers of Children Entering Foster Care by Removal Reasons and Gender Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Removal reasons</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>FY05-FY10 % change</th>
<th>2005 % of total</th>
<th>2010 % of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>7,045</td>
<td>6,741</td>
<td>6,467</td>
<td>5,922</td>
<td>5,600</td>
<td>5,520</td>
<td>-21.6%</td>
<td>2.9%</td>
<td>2.7%</td>
</tr>
<tr>
<td>males</td>
<td>7,280</td>
<td>7,022</td>
<td>6,772</td>
<td>6,462</td>
<td>5,864</td>
<td>5,656</td>
<td>-22.3%</td>
<td>2.9%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Child behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>21,954</td>
<td>19,983</td>
<td>19,053</td>
<td>17,808</td>
<td>16,598</td>
<td>15,041</td>
<td>-31.5%</td>
<td>9.0%</td>
<td>7.5%</td>
</tr>
<tr>
<td>males</td>
<td>31,209</td>
<td>29,595</td>
<td>28,441</td>
<td>26,646</td>
<td>25,498</td>
<td>23,316</td>
<td>-25.3%</td>
<td>12.6%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Child disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>3,981</td>
<td>3,816</td>
<td>3,293</td>
<td>2,726</td>
<td>2,750</td>
<td>2,782</td>
<td>-30.1%</td>
<td>1.6%</td>
<td>1.4%</td>
</tr>
<tr>
<td>males</td>
<td>4,708</td>
<td>4,824</td>
<td>4,297</td>
<td>3,697</td>
<td>3,627</td>
<td>3,735</td>
<td>-20.7%</td>
<td>1.9%</td>
<td>1.8%</td>
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<tr>
<td>Child substance abuse</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>6,396</td>
<td>6,214</td>
<td>5,321</td>
<td>3,716</td>
<td>3,345</td>
<td>3,382</td>
<td>-47.1%</td>
<td>2.6%</td>
<td>1.7%</td>
</tr>
<tr>
<td>males</td>
<td>6,974</td>
<td>7,061</td>
<td>6,278</td>
<td>4,808</td>
<td>4,361</td>
<td>4,395</td>
<td>-37.0%</td>
<td>2.8%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Inadequate housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>13,276</td>
<td>12,962</td>
<td>12,860</td>
<td>12,222</td>
<td>11,688</td>
<td>11,919</td>
<td>-10.2%</td>
<td>5.5%</td>
<td>5.9%</td>
</tr>
<tr>
<td>males</td>
<td>13,452</td>
<td>13,139</td>
<td>13,120</td>
<td>12,594</td>
<td>12,154</td>
<td>12,212</td>
<td>-9.2%</td>
<td>5.4%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>78,592</td>
<td>76,599</td>
<td>73,858</td>
<td>69,064</td>
<td>64,822</td>
<td>67,049</td>
<td>-14.7%</td>
<td>32.4%</td>
<td>33.3%</td>
</tr>
<tr>
<td>males</td>
<td>78,293</td>
<td>76,399</td>
<td>74,308</td>
<td>69,374</td>
<td>65,245</td>
<td>67,451</td>
<td>-13.8%</td>
<td>31.6%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Inability to cope</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>25,692</td>
<td>23,284</td>
<td>22,278</td>
<td>22,910</td>
<td>21,549</td>
<td>22,240</td>
<td>-12.9%</td>
<td>10.5%</td>
<td>11.0%</td>
</tr>
<tr>
<td>males</td>
<td>25,706</td>
<td>23,547</td>
<td>23,188</td>
<td>24,000</td>
<td>22,247</td>
<td>22,616</td>
<td>-12.0%</td>
<td>10.4%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Parent substance abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>37,384</td>
<td>36,759</td>
<td>35,029</td>
<td>31,648</td>
<td>30,928</td>
<td>35,428</td>
<td>-5.2%</td>
<td>15.4%</td>
<td>17.6%</td>
</tr>
<tr>
<td>males</td>
<td>37,228</td>
<td>37,372</td>
<td>35,216</td>
<td>32,051</td>
<td>31,492</td>
<td>35,963</td>
<td>-3.4%</td>
<td>15.0%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>24,744</td>
<td>22,849</td>
<td>21,485</td>
<td>20,800</td>
<td>19,361</td>
<td>19,197</td>
<td>-22.4%</td>
<td>10.2%</td>
<td>9.5%</td>
</tr>
<tr>
<td>males</td>
<td>23,988</td>
<td>22,779</td>
<td>21,674</td>
<td>20,980</td>
<td>19,852</td>
<td>19,536</td>
<td>-18.6%</td>
<td>9.7%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Relinquishment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>1,357</td>
<td>1,456</td>
<td>1,286</td>
<td>1,318</td>
<td>1,321</td>
<td>1,220</td>
<td>-10.1%</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>males</td>
<td>1,365</td>
<td>1,366</td>
<td>1,317</td>
<td>1,364</td>
<td>1,259</td>
<td>1,141</td>
<td>-12.6%</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>11,525</td>
<td>11,194</td>
<td>10,042</td>
<td>8,705</td>
<td>7,965</td>
<td>7,770</td>
<td>-32.6%</td>
<td>4.7%</td>
<td>3.9%</td>
</tr>
<tr>
<td>males</td>
<td>6,111</td>
<td>5,941</td>
<td>4,932</td>
<td>4,092</td>
<td>3,622</td>
<td>3,472</td>
<td>-43.2%</td>
<td>2.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Parent death</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>1,840</td>
<td>1,662</td>
<td>1,728</td>
<td>1,647</td>
<td>1,262</td>
<td>1,267</td>
<td>-31.1%</td>
<td>0.8%</td>
<td>0.6%</td>
</tr>
<tr>
<td>males</td>
<td>1,755</td>
<td>1,641</td>
<td>1,817</td>
<td>1,629</td>
<td>1,313</td>
<td>1,256</td>
<td>-28.4%</td>
<td>0.7%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Parent incarceration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>females</td>
<td>9,168</td>
<td>8,951</td>
<td>8,826</td>
<td>8,193</td>
<td>8,297</td>
<td>8,689</td>
<td>-5.2%</td>
<td>3.8%</td>
<td>4.3%</td>
</tr>
<tr>
<td>males</td>
<td>9,029</td>
<td>9,029</td>
<td>9,457</td>
<td>8,697</td>
<td>8,839</td>
<td>9,101</td>
<td>-5.5%</td>
<td>3.9%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Total Females</td>
<td>152,096</td>
<td>147,199</td>
<td>141,976</td>
<td>132,203</td>
<td>122,987</td>
<td>122,884</td>
<td>-19.2%</td>
<td>r/n</td>
<td>r/n</td>
</tr>
<tr>
<td>Total Males</td>
<td>157,992</td>
<td>154,872</td>
<td>150,351</td>
<td>146,468</td>
<td>131,425</td>
<td>150,867</td>
<td>-17.3%</td>
<td>r/n</td>
<td>r/n</td>
</tr>
</tbody>
</table>

*Note.* Data obtained from AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). Totals are based on unique counts. Numbers in each category contain duplicate counts.
Table 69

Rates of Children Entering Foster Care by Removal Reasons and Gender Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Removal Reasons</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>FY05-FY10 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment</td>
<td>females</td>
<td>0.19</td>
<td>0.18</td>
<td>0.17</td>
<td>0.16</td>
<td>0.15</td>
<td>0.15</td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>0.19</td>
<td>0.18</td>
<td>0.17</td>
<td>0.16</td>
<td>0.15</td>
<td>0.14</td>
</tr>
<tr>
<td>Child behavior</td>
<td>females</td>
<td>0.59</td>
<td>0.53</td>
<td>0.50</td>
<td>0.47</td>
<td>0.44</td>
<td>0.40</td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>0.79</td>
<td>0.75</td>
<td>0.72</td>
<td>0.67</td>
<td>0.64</td>
<td>0.59</td>
</tr>
<tr>
<td>Child disability</td>
<td>females</td>
<td>0.11</td>
<td>0.10</td>
<td>0.09</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>0.12</td>
<td>0.12</td>
<td>0.11</td>
<td>0.09</td>
<td>0.09</td>
<td>0.09</td>
</tr>
<tr>
<td>Child substance abuse</td>
<td>females</td>
<td>0.17</td>
<td>0.17</td>
<td>0.14</td>
<td>0.10</td>
<td>0.09</td>
<td>0.09</td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>0.18</td>
<td>0.18</td>
<td>0.16</td>
<td>0.12</td>
<td>0.11</td>
<td>0.11</td>
</tr>
<tr>
<td>Inadequate housing</td>
<td>females</td>
<td>0.35</td>
<td>0.34</td>
<td>0.34</td>
<td>0.32</td>
<td>0.31</td>
<td>0.31</td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>0.34</td>
<td>0.33</td>
<td>0.33</td>
<td>0.32</td>
<td>0.30</td>
<td>0.31</td>
</tr>
<tr>
<td>Neglect</td>
<td>females</td>
<td>2.10</td>
<td>2.04</td>
<td>1.95</td>
<td>1.82</td>
<td>1.70</td>
<td>1.77</td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>1.99</td>
<td>1.94</td>
<td>1.87</td>
<td>1.74</td>
<td>1.63</td>
<td>1.70</td>
</tr>
<tr>
<td>Inability to cope</td>
<td>females</td>
<td>0.68</td>
<td>0.62</td>
<td>0.59</td>
<td>0.60</td>
<td>0.57</td>
<td>0.58</td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>0.65</td>
<td>0.60</td>
<td>0.58</td>
<td>0.60</td>
<td>0.56</td>
<td>0.57</td>
</tr>
<tr>
<td>Parent substance abuse</td>
<td>females</td>
<td>1.00</td>
<td>0.98</td>
<td>0.93</td>
<td>0.83</td>
<td>0.81</td>
<td>0.93</td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>0.95</td>
<td>0.95</td>
<td>0.89</td>
<td>0.81</td>
<td>0.79</td>
<td>0.91</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>females</td>
<td>0.66</td>
<td>0.61</td>
<td>0.57</td>
<td>0.55</td>
<td>0.51</td>
<td>0.51</td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>0.61</td>
<td>0.58</td>
<td>0.55</td>
<td>0.53</td>
<td>0.50</td>
<td>0.49</td>
</tr>
<tr>
<td>Relinquishment</td>
<td>females</td>
<td>0.04</td>
<td>0.04</td>
<td>0.03</td>
<td>0.03</td>
<td>0.03</td>
<td>0.03</td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>0.03</td>
<td>0.03</td>
<td>0.03</td>
<td>0.03</td>
<td>0.03</td>
<td>0.03</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>females</td>
<td>0.31</td>
<td>0.30</td>
<td>0.27</td>
<td>0.23</td>
<td>0.21</td>
<td>0.20</td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>0.16</td>
<td>0.15</td>
<td>0.12</td>
<td>0.10</td>
<td>0.09</td>
<td>0.09</td>
</tr>
<tr>
<td>Parent death</td>
<td>females</td>
<td>0.05</td>
<td>0.04</td>
<td>0.05</td>
<td>0.04</td>
<td>0.03</td>
<td>0.03</td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>0.04</td>
<td>0.04</td>
<td>0.05</td>
<td>0.04</td>
<td>0.03</td>
<td>0.03</td>
</tr>
<tr>
<td>Parent incarceration</td>
<td>females</td>
<td>0.24</td>
<td>0.24</td>
<td>0.23</td>
<td>0.22</td>
<td>0.22</td>
<td>0.22</td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>0.24</td>
<td>0.24</td>
<td>0.24</td>
<td>0.22</td>
<td>0.22</td>
<td>0.23</td>
</tr>
</tbody>
</table>

Note. Data obtained from AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). Totals are based on unique counts. Numbers in each category contain duplicate

Entries by Removal Reasons and Age

Tables 70 and 71 contain data on children who entered foster care by removal reason and age. For most ages, the top reasons for removal included neglect, caretaker inability to cope, parental substance abuse, and physical abuse. In addition, a substantial number of younger children were removed due to parental incarceration. Neglect, parental substance abuse, caretaker inability to cope, physical abuse, and inadequate housing were the five primary reasons for removal for children under 1 year of age. For example, in 2010, 24,509 infants were removed for neglect, a rate of 5.85. These were the highest number and rate of removal among all age groups for any reason. The second most prevalent reason for removal for infants was
parental substance abuse (15,869, and a rate of 3.79). Between 2005 and 2010, there was a
decrease in numbers for all removal reasons except for inadequate housing, which saw an
increase of 7%. Neglect fell 13% for this age group. Although the numbers were small, the
highest percentages of decrease involved sexual abuse (55.3%) and parent death (40.5%). Other
high percentage decreases (over 30%) included child disability, child substance abuse,
relinquishment, and child behavior reasons. Children under 1 year of age increased in proportion
to other children from 15.5% of the total for all removal reasons in 2005 to 16.4% in 2010.

Children 1 to 4 years of age were placed at the highest numbers and rates due to neglect
and parental substance abuse. Neglect was the reason for removal for 45,270 children (a rate of
2.85) in 2005 and 42,608 children (a rate of 2.51) in 2010, and parental substance abuse was the
reason for removal for 21,585 children (a rate of 1.36) in 2005 and 23,279 children (a rate of
1.37) in 2010. Children aged 1 to 4 experienced a decrease in most removal reason categories.
The highest percentage decreases were for child substance abuse (51.6%) and sexual abuse
(36.4%). However, an increased number of children aged 1 to 4 were removed for parental
substance abuse (7.8%) and parental incarceration (7.9%). Meanwhile, of all the removal
reasons, neglect and physical abuse rates decreased the most for this age group.

Children 5 to 10 years of age were placed mostly for neglect (43,679 at a rate of 1.83 in
2005 and 36,510 at a rate of 1.49 in 2010) and parental substance abuse (20,178 at a rate of 0.81
in 2005 and 18,840 at a rate of 0.77 in 2010). Although the numbers were small, the largest
percentage decreases involved child substance abuse (64.9%) and sexual abuse (36.7%).
Children 5 to 10 years of age experienced a decrease in rates between 2005 and 2010 for every
removal reason except relinquishment. The greatest decreases in rates for this group were for
neglect (0.32) and physical abuse (0.13).
Neglect and child behavior were two major reasons children 11 to 15 years of age entered foster care. There were 28,765 children (a rate of 1.38) placed for child behavior problems in 2005 compared with 19,000 children (a rate of 0.94) placed in 2010. There were 31,542 children 11 to 15 years of age placed for neglect (a rate of 1.52) in 2005 compared with 23,297 children (a rate of 1.15) in 2010. This group had the highest numbers of sexual abuse as the removal reason of any age group. There were 6,713 children 11 to 15 years of age placed for sexual abuse (a rate of 0.32) in 2005 compared with 4,275 children (a rate of .21) in 2010. The numbers and rates of children 11 to 15 years of age decreased across all placement reason categories between 2005 and 2010. The decreases ranged from 13.5% for relinquishment to 45.6% for child substance abuse. In fact, this group had the highest overall level of reduction (30.7%) for all major reasons combined.

The highest percentage decreases were for child substance abuse (45.6%) and child behavior reasons (33.9%). Child behavior was the major reason for placement for children 16 years of age. There were 11,367 children 16 years of age placed for behavior reasons in 2005 (a rate of 2.71) and 8,561 children 16 years of age placed in 2010 (a rate of 2.0). Neglect was the second highest reason for placement for this age group (5,325 children at a rate of 1.27 in 2005 and 4,527 at a rate of 1.06 in 2010). Rates decreased across all categories for children 16 years of age but decreased the most for child behavior reasons (.70), neglect (0.21), and child substance abuse (0.12).

Unlike other age groups, children 17 years of age experienced an increase in numbers and rates in several removal categories, including abandonment, neglect, caretaker inability to cope, parental substance abuse, relinquishment, parental incarceration, and inadequate housing. There were also several categories where the numbers and the rates decreased, including child
behavior, physical abuse, and sexual abuse; however, the decreases were small (less than 200 children in each category).

Table 70

Numbers of Children Entering Foster Care by Removal Reasons and Age Groups, Nationally, FFY 2005-2010

| Age - reason             | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | FY05-
|                         |      |      |      |      |      |      | FY10 #
|                         |      |      |      |      |      |      | Change
|                         |      |      |      |      |      |      | FY05-
|                         |      |      |      |      |      |      | FY10 %
|                         |      |      |      |      |      |      | Change
|                         |      |      |      |      |      |      | % of total
| Under 1 Total          | 48,110 | 48,685 | 49,001 | 45,205 | 41,711 | 41,676 | -6,434 |
| Abandonment            | 1,604 | 1,567 | 1,645 | 1,601 | 1,449 | 1,359 | -246 |
| Child behavior         | 609 | 639 | 572 | 496 | 393 | 305 | -204 |
| Child disability       | 2,162 | 2,083 | 1,859 | 1,549 | 1,402 | 1,403 | -759 |
| Child substance abuse  | 2,983 | 2,999 | 2,789 | 2,151 | 1,695 | 1,855 | -1,128 |
| Inadequate housing     | 4,836 | 4,288 | 4,746 | 4,781 | 4,729 | 4,693 | -307 |
| Neglect                | 28,164 | 27,632 | 27,952 | 26,459 | 24,155 | 24,509 | -3,655 |
| Inability to cope      | 8,000 | 7,885 | 8,114 | 8,259 | 7,734 | 7,955 | -45 |
| Parent substance       | 16,724 | 17,211 | 17,264 | 16,099 | 14,740 | 15,869 | -857 |
| Physical abuse         | 7,474 | 7,224 | 7,244 | 7,226 | 6,759 | 6,775 | -699 |
| Relinquishment         | 648 | 655 | 571 | 578 | 533 | 422 | -226 |
| Sexual abuse           | 742 | 705 | 594 | 394 | 320 | 332 | -410 |
| Parent death           | 365 | 318 | 253 | 259 | 223 | 217 | -148 |
| Parent incarceration   | 2,801 | 2,721 | 2,856 | 2,721 | 2,644 | 2,686 | -115 |
| Age 1 - 4 Total       | 71,102 | 69,679 | 68,281 | 64,603 | 62,746 | 65,452 | -5,650 |
| Abandonment            | 3,070 | 2,838 | 2,786 | 2,568 | 2,365 | 2,324 | -746 |
| Child behavior         | 1,721 | 1,474 | 1,578 | 1,259 | 1,297 | 1,321 | -409 |
| Child disability       | 1,259 | 1,193 | 1,113 | 874 | 879 | 577 | -322 |
| Child substance abuse  | 1,550 | 1,624 | 1,317 | 692 | 684 | 750 | -800 |
| Inadequate housing     | 8,047 | 8,027 | 8,052 | 7,738 | 7,709 | 8,058 | 11 |
| Neglect                | 45,270 | 44,317 | 43,572 | 41,275 | 40,003 | 42,608 | -2,626 |
| Inability to cope      | 11,867 | 10,635 | 10,466 | 11,044 | 10,685 | 11,549 | -318 |
| Parent substance       | 21,586 | 21,265 | 20,667 | 18,994 | 19,747 | 23,279 | 1,693 |
| Physical abuse         | 12,074 | 11,284 | 10,910 | 10,759 | 10,440 | 10,745 | -1,239 |
| Relinquishment         | 327 | 346 | 346 | 315 | 354 | 320 | -7 |
| Sexual abuse           | 2,828 | 2,897 | 2,560 | 2,626 | 1,729 | 1,794 | -1,025 |
| Parent death           | 674 | 596 | 674 | 638 | 525 | 505 | -169 |
| Parent incarceration   | 5,552 | 5,578 | 5,680 | 5,412 | 5,710 | 5,903 | 441 |
| Age 5 - 10 Total      | 72,895 | 71,553 | 68,357 | 62,832 | 58,304 | 59,332 | -13,363 |
| Abandonment            | 3,133 | 2,970 | 2,717 | 2,420 | 2,135 | 2,126 | -407 |
| Child behavior         | 3,923 | 3,647 | 3,494 | 3,324 | 3,216 | 3,022 | -901 |
| Child disability       | 1,692 | 1,761 | 1,630 | 1,297 | 1,334 | 1,328 | -364 |
| Child substance abuse  | 1,592 | 1,728 | 1,309 | 589 | 591 | 559 | -303 |
| Inadequate housing     | 7,913 | 7,699 | 7,462 | 7,648 | 6,458 | 6,564 | -1,249 |
| Neglect                | 43,679 | 42,954 | 40,889 | 37,308 | 34,908 | 36,510 | -7,659 |
| Inability to cope      | 12,631 | 11,322 | 10,646 | 10,782 | 10,242 | 10,653 | -1,980 |
| Parent substance       | 20,178 | 20,189 | 18,576 | 16,473 | 16,119 | 18,840 | -1,838 |
| Physical abuse         | 13,644 | 12,866 | 12,069 | 11,635 | 10,710 | 10,737 | -2,907 |
| Relinquishment         | 442 | 442 | 436 | 381 | 417 | 414 | -28 |
| Sexual abuse           | 5,481 | 5,453 | 4,726 | 4,099 | 3,682 | 3,468 | -203 |
| Parent death           | 880 | 851 | 987 | 839 | 674 | 649 | -231 |
| Parent incarceration   | 5,542 | 5,551 | 5,284 | 4,924 | 5,094 | 5,242 | -200 |
Table 70 (continued)

<table>
<thead>
<tr>
<th>Ages 11 - 15</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>FY05 FY10 # Change</th>
<th>FY05 FY10 % Change</th>
<th>% of Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment</td>
<td>8,450</td>
<td>7,888</td>
<td>7,379</td>
<td>67,151</td>
<td>60,578</td>
<td>58,232</td>
<td>-25,818</td>
<td>-30.7%</td>
<td>27.1%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Child behavior</td>
<td>4,467</td>
<td>4,206</td>
<td>3,814</td>
<td>3,420</td>
<td>3,152</td>
<td>2,410</td>
<td>-1,315</td>
<td>-29.4%</td>
<td>5.3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Child disability</td>
<td>28,764</td>
<td>26,160</td>
<td>24,406</td>
<td>22,520</td>
<td>20,853</td>
<td>19,060</td>
<td>-9,764</td>
<td>-33.6%</td>
<td>34.2%</td>
<td>32.6%</td>
</tr>
<tr>
<td>Child substance abuse</td>
<td>3,550</td>
<td>2,502</td>
<td>2,115</td>
<td>1,884</td>
<td>1,932</td>
<td>1,932</td>
<td>-618</td>
<td>-34.5%</td>
<td>3.8%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Inadequate housing</td>
<td>5,203</td>
<td>4,848</td>
<td>4,549</td>
<td>4,013</td>
<td>3,758</td>
<td>3,658</td>
<td>-1,545</td>
<td>-29.7%</td>
<td>6.2%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Neglect</td>
<td>21,342</td>
<td>20,657</td>
<td>21,455</td>
<td>22,211</td>
<td>23,099</td>
<td>22,297</td>
<td>-8,285</td>
<td>-36.1%</td>
<td>37.5%</td>
<td>40.9%</td>
</tr>
<tr>
<td>Inability to cope</td>
<td>12,819</td>
<td>12,243</td>
<td>11,514</td>
<td>11,630</td>
<td>10,304</td>
<td>10,219</td>
<td>-3,600</td>
<td>-35.1%</td>
<td>16.4%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Parent substance</td>
<td>13,257</td>
<td>12,432</td>
<td>10,976</td>
<td>9,586</td>
<td>9,175</td>
<td>10,386</td>
<td>-2,871</td>
<td>-21.7%</td>
<td>15.8%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>12,262</td>
<td>11,037</td>
<td>9,958</td>
<td>9,216</td>
<td>8,578</td>
<td>8,029</td>
<td>-4,233</td>
<td>-34.5%</td>
<td>14.6%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Relinquishment</td>
<td>859</td>
<td>904</td>
<td>789</td>
<td>897</td>
<td>778</td>
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<td>1.3%</td>
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<td>6,258</td>
<td>5,418</td>
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<td>4,304</td>
<td>4,275</td>
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<td>7.3%</td>
</tr>
<tr>
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<td>1,033</td>
<td>1,109</td>
<td>967</td>
<td>763</td>
<td>864</td>
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<td>2,464</td>
<td>2,996</td>
<td>2,842</td>
<td>2,017</td>
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<td>5.2%</td>
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<td></td>
</tr>
<tr>
<td>Abandonment</td>
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<td>20,677</td>
<td>19,941</td>
<td>18,571</td>
<td>16,973</td>
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<td>1,251</td>
<td>1,293</td>
<td>1,320</td>
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<td>10,635</td>
<td>10,177</td>
<td>9,655</td>
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<td>50.4%</td>
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<td>626</td>
<td>539</td>
<td>493</td>
<td>502</td>
<td>513</td>
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<td>2.0%</td>
<td>3.0%</td>
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<td>1,507</td>
<td>1,450</td>
<td>1,463</td>
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<td>8.0%</td>
</tr>
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<td>702</td>
<td>708</td>
<td>700</td>
<td>695</td>
<td>673</td>
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<td>4.0%</td>
</tr>
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<td>5,353</td>
<td>5,268</td>
<td>5,081</td>
<td>4,821</td>
<td>4,527</td>
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<td>26.7%</td>
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<td>1,805</td>
<td>1,641</td>
<td>1,656</td>
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<td>9.1%</td>
<td>11.1%</td>
</tr>
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<td>2,091</td>
<td>1,959</td>
<td>1,825</td>
<td>1,751</td>
<td>1,540</td>
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<td>9.1%</td>
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<td>289</td>
<td>301</td>
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<td>241</td>
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<td>-7.0%</td>
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</tr>
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<td>902</td>
<td>855</td>
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<td>296</td>
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<td>159</td>
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<td>1.2%</td>
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<td>570</td>
<td>569</td>
<td>543</td>
<td>539</td>
<td>513</td>
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<td>-16.6%</td>
<td>2.9%</td>
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<tr>
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</tr>
<tr>
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<td>12,912</td>
<td>12,779</td>
<td>12,887</td>
<td>12,569</td>
<td>11,782</td>
<td>-717</td>
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<td>4.6%</td>
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<td>927</td>
<td>955</td>
<td>955</td>
<td>989</td>
<td>186</td>
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<td>8.4%</td>
</tr>
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<td>6,887</td>
<td>6,641</td>
<td>6,723</td>
<td>6,691</td>
<td>6,056</td>
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<td>51.4%</td>
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<td>328</td>
<td>347</td>
<td>364</td>
<td>-13</td>
<td>-3.4%</td>
<td>3.0%</td>
<td>3.1%</td>
</tr>
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<td>1,282</td>
<td>1,183</td>
<td>1,100</td>
<td>1,044</td>
<td>1,022</td>
<td>-201</td>
<td>-16.6%</td>
<td>9.8%</td>
<td>8.7%</td>
</tr>
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<td>3,608</td>
<td>3,032</td>
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<td>23.7%</td>
<td>26.1%</td>
</tr>
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<td>Inability to cope</td>
<td>1,751</td>
<td>1,766</td>
<td>1,752</td>
<td>1,979</td>
<td>1,924</td>
<td>1,772</td>
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<td>1.2%</td>
<td>14.0%</td>
<td>15.0%</td>
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<tr>
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<td>965</td>
<td>933</td>
<td>1,003</td>
<td>1,155</td>
<td>220</td>
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<td>7.5%</td>
<td>9.8%</td>
</tr>
<tr>
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<td>1,101</td>
<td>1,034</td>
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<td>940</td>
<td>917</td>
<td>-178</td>
<td>-16.3%</td>
<td>8.8%</td>
<td>7.8%</td>
</tr>
<tr>
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<td>142</td>
<td>185</td>
<td>183</td>
<td>211</td>
<td>211</td>
<td>222</td>
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<td>56.3%</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
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<td>676</td>
<td>637</td>
<td>534</td>
<td>561</td>
<td>539</td>
<td>-144</td>
<td>-21.7%</td>
<td>5.3%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Parent death</td>
<td>199</td>
<td>174</td>
<td>172</td>
<td>177</td>
<td>185</td>
<td>151</td>
<td>-38</td>
<td>-24.1%</td>
<td>1.6%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Parent incarceration</td>
<td>306</td>
<td>358</td>
<td>332</td>
<td>291</td>
<td>311</td>
<td>342</td>
<td>36</td>
<td>11.8%</td>
<td>2.4%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

**Notes:** Data obtained from AFDC files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). Unique Totals are based on unique number of children. Numbers in each category contain duplicate counts. The duplicate counts were used to calculate the sub totals for each age group, the Duplicate Female Total and % of total in each category for 2005 and 2010.
## Table 71

Rates of Children Entering Foster Care by Removal Reasons and Age Groups, Nationally, FFY 2005-2010

<table>
<thead>
<tr>
<th>Age - reason</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>FY05 FY10 Change</th>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<td>0.40</td>
<td>0.41</td>
<td>0.39</td>
<td>0.35</td>
<td>0.32</td>
<td>-0.09</td>
</tr>
<tr>
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<td>0.16</td>
<td>0.16</td>
<td>0.14</td>
<td>0.12</td>
<td>0.10</td>
<td>0.10</td>
<td>-0.06</td>
</tr>
<tr>
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<td>0.46</td>
<td>0.38</td>
<td>0.34</td>
<td>0.33</td>
<td>-0.22</td>
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<td>0.76</td>
<td>0.70</td>
<td>0.53</td>
<td>0.41</td>
<td>0.44</td>
<td>-0.32</td>
</tr>
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<td>1.09</td>
<td>1.18</td>
<td>1.18</td>
<td>1.16</td>
<td>1.12</td>
<td>0.00</td>
</tr>
<tr>
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<td>7.01</td>
<td>6.98</td>
<td>6.51</td>
<td>5.94</td>
<td>5.85</td>
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</tr>
<tr>
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<td>2.05</td>
<td>2.00</td>
<td>2.02</td>
<td>2.03</td>
<td>1.89</td>
<td>1.90</td>
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</tr>
<tr>
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<td>4.28</td>
<td>4.37</td>
<td>4.31</td>
<td>3.96</td>
<td>3.61</td>
<td>3.79</td>
<td>-0.49</td>
</tr>
<tr>
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<td>1.91</td>
<td>1.84</td>
<td>1.81</td>
<td>1.80</td>
<td>1.65</td>
<td>1.62</td>
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</tr>
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<td>0.17</td>
<td>0.17</td>
<td>0.14</td>
<td>0.14</td>
<td>0.13</td>
<td>0.10</td>
<td>-0.07</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0.19</td>
<td>0.18</td>
<td>0.15</td>
<td>0.10</td>
<td>0.08</td>
<td>0.08</td>
<td>-0.11</td>
</tr>
<tr>
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<td>0.09</td>
<td>0.08</td>
<td>0.09</td>
<td>0.09</td>
<td>0.05</td>
<td>0.05</td>
<td>-0.04</td>
</tr>
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<td>0.71</td>
<td>0.67</td>
<td>0.65</td>
<td>0.64</td>
<td>-0.08</td>
</tr>
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<td>4.36</td>
<td>4.20</td>
<td>3.92</td>
<td>3.77</td>
<td>3.85</td>
<td>-0.63</td>
</tr>
<tr>
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<td>0.19</td>
<td>0.18</td>
<td>0.17</td>
<td>0.16</td>
<td>0.14</td>
<td>0.14</td>
<td>-0.06</td>
</tr>
<tr>
<td>Child behavior</td>
<td>0.11</td>
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<td>0.10</td>
<td>0.08</td>
<td>0.08</td>
<td>0.08</td>
<td>-0.03</td>
</tr>
<tr>
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<td>0.07</td>
<td>0.05</td>
<td>0.05</td>
<td>0.06</td>
<td>-0.02</td>
</tr>
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<td>0.08</td>
<td>0.04</td>
<td>0.04</td>
<td>0.04</td>
<td>-0.05</td>
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<td>0.47</td>
<td>0.46</td>
<td>0.47</td>
<td>-0.03</td>
</tr>
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<td>2.77</td>
<td>2.68</td>
<td>2.51</td>
<td>2.40</td>
<td>2.51</td>
<td>-0.35</td>
</tr>
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<td>0.67</td>
<td>0.64</td>
<td>0.68</td>
<td>-0.07</td>
</tr>
<tr>
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<td>1.27</td>
<td>1.15</td>
<td>1.19</td>
<td>1.37</td>
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<td>0.66</td>
<td>0.63</td>
<td>0.63</td>
<td>-0.13</td>
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<td>0.02</td>
<td>0.02</td>
<td>0.02</td>
<td>0.02</td>
<td>0.00</td>
</tr>
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<td>0.18</td>
<td>0.16</td>
<td>0.12</td>
<td>0.10</td>
<td>0.11</td>
<td>-0.07</td>
</tr>
<tr>
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<td>0.04</td>
<td>0.04</td>
<td>0.04</td>
<td>0.03</td>
<td>0.03</td>
<td>-0.01</td>
</tr>
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<td>0.35</td>
<td>0.35</td>
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<td>0.11</td>
<td>0.10</td>
<td>0.09</td>
<td>0.09</td>
<td>-0.04</td>
</tr>
<tr>
<td>Child behavior</td>
<td>0.16</td>
<td>0.15</td>
<td>0.14</td>
<td>0.14</td>
<td>0.13</td>
<td>0.12</td>
<td>-0.04</td>
</tr>
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<td>0.07</td>
<td>0.07</td>
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<td>0.05</td>
<td>0.05</td>
<td>-0.02</td>
</tr>
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<td>0.07</td>
<td>0.05</td>
<td>0.02</td>
<td>0.02</td>
<td>0.02</td>
<td>-0.04</td>
</tr>
<tr>
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<td>0.31</td>
<td>0.29</td>
<td>0.27</td>
<td>0.27</td>
<td>-0.06</td>
</tr>
<tr>
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<td>1.55</td>
<td>1.44</td>
<td>1.49</td>
<td>-0.32</td>
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<td>0.42</td>
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<td>0.77</td>
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<td>0.02</td>
<td>0.02</td>
<td>0.02</td>
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<td>0.04</td>
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Table 71 (continued)

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Notes. Data obtained from AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). Unique Totals are based on unique number of children. Numbers in each category contain duplicate counts. The duplicate counts were used to calculate the sub totals for each age group, the Duplicate Female Total and % of total in each category for 2005 and 2010.
Entries by Removal Reasons and Primary Race/Ethnicity

Table 72 shows removal reasons from 2005 to 2010 by child’s primary race/ethnicity. There were commonalities across racial/ethnic groups related to the top reasons children entered foster care: neglect, parental substance abuse, parental inability to cope, child behavior, physical abuse, inadequate housing, and parental incarceration. However, there were differences in the numbers and rates by race/ethnicity and in the changes experienced by different groups between 2005 and 2010.

Neglect was the major reason for removal across all racial/ethnic groups, but the rates differed dramatically. Among Whites, 72,527 children (a rate of 1.60) entered foster care for neglect in 2005 and 60,178 (a rate of 1.37) did so in 2010. Among Blacks or African Americans, 37,367 (a rate of 3.33) entered foster care for neglect in 2005 and 28,380 (a rate of 2.59) did so in 2010. Among Hispanics/Latinos, 31,974 (a rate of 2.17) entered foster care for neglect in 2005 and 51,691 (a rate of 1.87) did so in 2010. Among American Indian or Alaska Natives, 3,722 (a rate of 4.75) entered foster care for neglect in 2005 and 2974 (a rate of 3.82) did so in 2010. Among Native Hawaiian/Other Pacific Islanders, 522 (a rate of 4.12) entered foster care for neglect in 2005 and 319 (2.49) did so in 2010. Among Asians, 1005 (a rate of 0.34) entered foster care for neglect in 2005 and 814 (0.26) did so in 2010. Among No Primary Race children, 4,275 (a rate of 1.95) entered foster care for neglect in 2005 and 4977 (2.00) did so in 2010.

Both Whites and Blacks or African Americans experienced large decreases in all removal reasons, while Hispanics/Latinos had lower reductions in some categories and increases in others. Blacks or African Americans experienced large percentage declines in parental substance abuse (53.1%), sexual abuse (40.5%), and child substance abuse (39.7%). In addition, they experienced a substantial reduction in neglect (24%), inadequate housing (27.9%), child
behavior (26.6%), caretaker inability to cope (23.6%), and physical abuse (26.6%). Blacks or African Americans also experienced decreases in rates across removal reasons. The largest rate decreases were for neglect (0.82), physical abuse (0.33), and child behavior (0.30). Whites also had large percentage decreases in neglect (17%), child substance abuse (39.7%), child behavior (33.8%), parental substance abuse (39.7%), physical abuse (20.9%), and sexual abuse (36.8%). The largest rate decreases for Whites were for neglect (0.23) and child behavior (0.20).

Hispanic/Latino children experienced smaller declines in numbers in most categories compared to White children and Black or African American children and even increased their numbers in a few categories. Neglect as a removal reason declined only by 1.8%, child substance abuse by 28.8%, child behavior by 12.3%, parental inability to cope by 8.4%, physical abuse by 15.5%, and sexual abuse by 22%. However, parental substance abuse showed an increase of 10.6%, and inadequate housing increased 13.3%. The largest rate decreases for Hispanics/Latinos were for neglect (0.30) and physical abuse (0.17).

Overall, it appears that there were decreases in overall numbers and rates for all other racial/ethnic groups except for No Primary Race children. No Primary Race children increased in all removal categories except for abandonment, child substance abuse, and child sexual abuse. Native Hawaiian/Pacific Islander children experienced reductions in all removal categories. American Indian or Alaska Native children experienced reductions in all categories except one with very small numbers (under 100), and thus no overall conclusion can be drawn based on these small numbers. Removal reason numbers decreased for Asian children except in two categories with very small numbers (under 100), and thus no overall conclusion can be drawn based on these small numbers.
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Table 72
Numbers of Children Entering Foster Care by Removal Reasons and Primary Race/Ethnicity
Nationally, FFY 2005-2010


Table 72 (Continued)

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<th>Race - Removal Reasons</th>
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<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
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<th>FY05-FY10 % Change</th>
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<tr>
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<td>-37.3%</td>
<td>4.1%</td>
<td>4.6%</td>
</tr>
<tr>
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<td>1</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Parent incarceration</td>
<td>44</td>
<td>42</td>
<td>50</td>
<td>53</td>
<td>25</td>
<td>27</td>
<td>-17</td>
<td>-38.6%</td>
<td>2.7%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

| Unique Total                 | 310,678| 302,062| 292,327| 272,671| 254,412| 253,571| -18.2%| n/a| n/a| n/a|
| Duplicate Total              | 477,198| 469,725| 449,700| 412,776| 391,038| 391,199| -76,996| 100%| 100%| 100%|

*Note: Data obtained from National AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). National AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). Notes: Unique Totals are based on unique number of children. Numbers in each category contain duplicate counts. The duplicate counts were used to calculate the sub totals for each age group, the Duplicate Female Total and % of total in each category for 2005 and 2010. *Asian=American Indian/Alaskan Native. NHPI=Native Hawaiian/Other Pacific Islander*
Table 73
Rates of Children Entering Foster Care by Removal Reasons and Primary Race/Ethnicity, Nationally, FFY2005-2010

<table>
<thead>
<tr>
<th>Race - removal reason</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>FY05-FY10 rate change</th>
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<tr>
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<td>5.11</td>
<td>4.90</td>
<td>4.68</td>
<td>4.33</td>
<td>4.12</td>
<td>4.35</td>
<td>-0.36</td>
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<td>0.12</td>
<td>0.10</td>
<td>0.10</td>
<td>0.10</td>
<td>-0.03</td>
</tr>
<tr>
<td>Child disability</td>
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<td>0.09</td>
<td>0.08</td>
<td>0.06</td>
<td>0.06</td>
<td>0.06</td>
<td>-0.03</td>
</tr>
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<td>0.14</td>
<td>0.12</td>
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<td>0.09</td>
<td>0.09</td>
<td>-0.05</td>
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<td>0.28</td>
<td>0.28</td>
<td>0.26</td>
<td>0.25</td>
<td>0.27</td>
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<td>1.37</td>
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<td>0.73</td>
<td>0.73</td>
<td>0.85</td>
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<td>0.02</td>
<td>0.02</td>
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</tr>
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<td>0.02</td>
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<td>0.02</td>
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<td>0.00</td>
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<td>0.15</td>
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<td>0.02</td>
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<td>0.16</td>
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<td>0.11</td>
<td>0.07</td>
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<td>1.97</td>
<td>2.01</td>
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<td>0.05</td>
<td>0.04</td>
<td>0.05</td>
<td>0.05</td>
<td>0.04</td>
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<td>0.23</td>
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<td>0.20</td>
<td>-0.20</td>
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<td>0.03</td>
<td>0.02</td>
<td>0.02</td>
<td>0.03</td>
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</tr>
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</table>
### Table 73 (continued)

<table>
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<th>2005</th>
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<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
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<td>0.09</td>
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<td>0.08</td>
<td>-0.10</td>
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<td>0.29</td>
<td>0.21</td>
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</tbody>
</table>

**Note.** Data obtained from National AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). National AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). Notes: Unique Totals are based on unique number of children. Numbers in each category contain duplicate counts. The duplicate counts were used to calculate the total for each age group, the duplicate female total and % of total in each category for 2005 and 2010. *AIAN = American Indian/Alaskan Native. NHPI = Native Hawaiian/Other Pacific Islander*
Summary of Findings

Trends for Children Who Entered Foster Care

The study data show that the number of children who entered foster care for the first time as well as the number who reentered decreased by 18.1% from 2005 and 2010. In addition, the proportion of first-time entries and reentries remained consistent from 2005 to 2010. Reentries constituted 19.6% of the total entries in 2005 and 19.7% of the total entries in 2010.

Entries by gender. A slightly higher number of males entered foster care than females, but both genders experienced a reduction in the number of foster care entries between 2005 and 2010. Males accounted for a higher percentage (50.9% in 2005 and 51.5% in 2010) of the children who entered care from 2005 to 2010. However, the rates for both genders (3.2 for females and 3.3 for males) were very close in 2010. Both genders experienced a reduction in the number of foster care entries between 2005 and 2010. The reduction in numbers was higher for females (19.21%) compared to males (17.28%). The reduction in rates was very close at 0.8 for females and at 0.7 for males.

Entries by age. Younger children entered foster care at greater numbers and rates than older children from 2005 to 2010. Children under 1 year of age entered foster care at the highest numbers and rates of any age group. Entries into foster care based on age showed a bimodal distribution for children from 1 to 16 years of age. Very young children (ages 1 to 5) and older youth (ages 12 to 16) had higher numbers and rates of foster care entries overall than children aged 6 to 11 did. For example, AFCARS data for 2005 showed that there were 20,924 1-year-olds (a rate of 5.3) who entered foster care, compared with 21,000 children 16 years of age (a rate of 5.1). In 2010, there were 19,444 1-year-olds (a rate of 4.6) who entered foster care, compared with 16,973 16-year-olds (a rate of 4.0) who entered care.
Although every age group experienced a reduction in the numbers of entries between 2005 and 2010, the reduction was generally higher for older than for younger children, except for children on both ends of the age continuum. The number of entries for children under age 1 decreased by 13.4%, but children aged 11 to 15 experienced the highest reduction in the numbers (over 30%). The rate for children 11 to 15 years of age who entered foster care dropped from 4.0 to 2.9 between 2005 and 2010.

Additionally, younger children accounted for a higher proportion of the total in 2010 than they did in 2005. Children under 1 year of age increased as a proportion of the total from 15.5% to 16.4%, and the proportion of children aged 1 to 4 increased from 22.9% to 25.8%. Meanwhile, children 5 to 10 years of age remained constant at 23.5%, and children 11 to 15 years of age decreased from 27.1% to 23% in 2010.

Entries by primary race/ethnicity. White children accounted for the largest numbers but had one of the lower rates of entry compared with Black or African American children and Hispanic/Latino children. Black or African American children accounted for the second largest group and had one of the highest rates of entry. Hispanic/Latino children accounted for the third largest group, and their rate of entry was a little higher than that of White children but much lower than that of Black or African American children.

Entries into foster care decreased for all three largest groups between 2005 and 2010, but the rates decreased the most for Blacks or African Americans. Black or African American children continued to have one of the highest rates (5.4 in 2010) of children placed in both 2005 and 2010 compared with White children and Hispanic/Latino children, despite a 23.59% reduction in numbers and a 1.7 reduction in rates. Meanwhile, White children also experienced a large percentage reduction in numbers of placements (21.3%). Although White children had a
smaller reduction (0.06) in rates of placement, they continued to have one of the lowest rates at 2.6. The numbers of Hispanic/Latino children who entered foster care decreased by 8.5%, and their rates decreased by 0.8. Their rate of 3.1 was closer to the rate for White children than that for Black or African American children.

These reductions affected the proportion of children from each of these three racial/ethnic groups who entered foster care from 2005 to 2010. The proportion of Whites who entered foster care out of the total decreased from 46.4% to 44.6% and that of Blacks or African Americans dropped from 25.8% to 24%. Meanwhile, the proportion of Hispanic/Latino children increased from 18.2% to 20.4%. There were also shifts in the numbers of children who entered foster care for the other racial/ethnic groups. The highest percentage (46.8%) and rate (3.8) decrease involved Native Hawaiian/Other Pacific Islander children, and the second highest percentage (27.9%) and rate (2.5) involved American Indian or Alaska Native children.

Entries by Removal Reasons

The majority of children entered foster care between 2005 and 2010 for neglect or related reasons such as parental substance abuse, caretaker inability to cope, or inadequate housing. Child behavior, physical abuse, and sexual abuse were also among the major reasons that children entered care. Given the large number of children in the neglect category, the 14.3% decrease accounted for the largest decrease in numbers (22,417) compared with other reasons for entry. Child behavior (27.8%) and physical abuse (20.5%) were the other two categories that contributed to the large decrease in entries into foster care.

Although the numbers were not as large, the following removal categories had the highest percentage decreases in entries: child substance abuse (41.8%), sexual abuse (36.3%), child disability (25%), and abandonment (22%). Parental substance abuse, inadequate housing, and
parental incarceration decreased the least of all the categories. The highest rate decreases also involved neglect (0.31), child behavior (0.2), and physical abuse 0.14. The rate changes for other categories were less than 0.1 each.

**Entries by removal reasons and gender.** The most substantial differences between males and females were in the numbers and rates of entries related to child behavior and sexual abuse. Males entered foster care due to behavior reasons at higher numbers and rates compared with females. Females entered foster care due to sexual abuse at greater numbers and rates than males did.

Both males and females experienced number and rate reductions across all removal reasons between 2005 and 2010. The highest percentage number reduction involved child substance abuse, at 47.19% for females and 37.09% for males. There was a 31.5% reduction in the number of females who entered care due to behavior reasons, compared with a 25.3% reduction for males. In addition, sexual abuse decreased by 32.6% for females and by 43.2% for males.

The highest rates of reduction for both males and females from 2005 to 2010 were for neglect (0.33 for females and 0.29 for males), child behavior reasons (0.19 for females and 0.21 for males), and physical abuse (0.15 for females and 0.12 for males). The rate reduction in some of these categories was higher for females than for males except for child behavior reasons. Neglect increased as a proportion of the total for both males (from 32.4% to 33.3%) and females (from 31.6% to 32%), as did parental substance abuse and parental inability to cope. The shifts in proportions of the total reflect sharper decreases in other categories.

**Entries by removal reasons and age.** There were some differences in the reasons why children of various age groups entered care, but neglect, caretaker inability to cope, parental
substance abuse, and physical abuse were among the top reasons for removal across age groups. Children under the age of 1 were removed at higher numbers and rates for most removal reasons. Neglect, parental substance abuse, caretaker inability to cope, physical abuse, and inadequate housing were the five primary reasons, in that order, for removal for children under 1 year of age. Between 2005 and 2010, there was a decrease in numbers for all removal reasons for this age group, except for inadequate housing, where there was an increase of 7%. There was no increase in any of the removal reason rates for infants. However, children under 1 year of age increased in proportion to other children from 15.5% of the total for all removal reasons in 2005 to 16.4% in 2010.

Children 1 to 4 years of age were placed at the highest numbers and rates due to neglect and parental substance abuse. Neglect was the main reason for removal in this age group, along with parental substance abuse. Children aged 1 to 4 experienced a decrease in most removal reason categories. The sharpest percentage decreases were observed for child substance abuse (51.6%) and sexual abuse (36.4%). However, there was an increase in the number of removals for children aged 1 to 4 for parental substance abuse (7.8%) and parental incarceration (7.9%). Meanwhile, of all the removal reasons for this age group, neglect and physical abuse rates decreased the most.

Children 5 to 10 years of age experienced a decrease in removals for all reasons. The largest percentage decreases for this group involved child substance abuse (64.9%) and sexual abuse (36.7%). Between 2005 and 2010, there were also decreases in rates for this group for every removal reason except relinquishment. The greatest decreases in rates for this group were for neglect (0.32) and physical abuse (0.13).
Neglect and child behavior were the two primary reasons children 11 to 15 years of age entered foster care, and this group also had the highest numbers and rates placed for sexual abuse. On the other hand, this group had the highest levels of reduction (30.7%) in all of the major reasons of removal combined. The number of children 11 to 15 years of age decreased across all placement categories between 2005 and 2010. The decreases ranged from 13.5% for relinquishment to 45.6% for child substance abuse.

Child behavior and neglect were also the major reasons for placement for children 16 years of age. The highest percentage decreases for this group were for child substance abuse (45.6%) and child behavior (33.9%). Rates decreased across all categories for children 16 years of age but decreased the most for child behavior (0.70), neglect (0.21) and child substance abuse (0.12).

Unlike other age groups, children 17 years of age experienced an increase in numbers and rates in several removal categories including abandonment, neglect, caretaker inability to cope, parental substance abuse, relinquishment, parental incarceration and inadequate housing. There were also several categories where the numbers and the rates have decreased including, child behavior, physical and sexual abuse.

Entries by removal reasons and primary race/ethnicity. There were commonalities across racial/ethnic groups related to the top reasons children entered foster care: neglect, parental substance abuse, parental inability to cope, child behavior, physical abuse, inadequate housing, and parental incarceration. However, there were differences in the numbers and rates by child’s race/ethnicity and in the changes experienced by different groups between 2005 and 2010.
Neglect was the major reason for removal across all racial/ethnic groups, but the rates differed dramatically among racial groups. White children had the largest numbers and one of the lowest rates. Blacks or African Americans had the second highest numbers and one of the highest rates. Meanwhile, Hispanics/Latino children had lower numbers than Black or African American children and White children did, but their rates of entry for neglect were in the middle range compared with the other two groups. American Indian or Alaska Native children had the highest rate of entry for neglect, and Native Hawaiian/Other Pacific Islander children had the second highest rate. Asian children had the lowest rates.

Both Whites and Blacks or African Americans experienced large decreases in all removal reasons, while Hispanics/Latinos had lower reductions in some categories and increases in others. Whites also had a large percentage decrease in neglect (17%), child substance abuse (39.7%), child behavior (33.8%), parental substance abuse (39.7%), physical abuse (20.9%), and sexual abuse (36.8%). The largest rate decreases for Whites were for neglect (0.23) and child behavior (0.20).

Blacks or African Americans experienced large percentage declines in parental substance abuse (53.1%), sexual abuse (40.5%), and child substance abuse (39.7%). In addition, there was substantial reduction in neglect (24%), inadequate housing (27.9%), child behavior (26.6%), caretaker inability to cope (23.6%), and physical abuse (26.6%). Blacks or African Americans also experienced decreases in rates across removal reasons. The largest rate decreases were in neglect (0.82), physical abuse (0.33), and child behavior (0.30).

Hispanic/Latino children experienced smaller declines in numbers in most categories compared to Whites and Blacks or African Americans; they even increased in a few categories. Neglect as a removal reason declined by only 1.8%, child substance abuse by 28.8%, child
behavior by 12.3%, parental inability to cope by 8.4%, physical abuse by 15.5%, and sexual abuse by 22%. However, parental substance abuse showed an increase of 10.6%, and inadequate housing increased by 13.3%. The largest rate decreases for Hispanics/Latinos were neglect (0.30) and physical abuse (0.17).

Overall, it appears that there have been decreases in numbers and rates for all other racial/ethnic groups except for No Primary Race children. No Primary Race children experienced increased foster care entries for all reasons except for abandonment, child substance abuse, and child sexual abuse. Native Hawaiian/Other Pacific Islanders experienced reductions in all removal categories. American Indian or Alaska Natives experienced reductions in all categories except one category with very small numbers (under 100), but based on the small numbers, no overall conclusion can be drawn. Removal reason numbers decreased for Asian children except in two categories with very small numbers (under 100), and again, due to small numbers, no overall conclusion can be drawn.
CHAPTER 8: ANALYSIS AND DISCUSSION OF STUDY FINDINGS

This chapter includes analyses and discussion of the major findings, limitations, and implications of this study for future policy, practice, and research. The dissertation study describes the national shifts in CWS/CPS systems’ response to child maltreatment between 2005 and 2010. One of the underlying hypotheses for this study is that the national decline in foster care entries that took place during 2005 to 2010 was related to CWS/CPS system reforms that focused in recent years on keeping more of the children who had been reported to child protection agencies in their homes and communities. In addition, the improvements have helped the CWS/CPS system become more targeted to high-risk or more vulnerable population groups, i.e., very young children and adolescents with higher needs.

CWS/CPS agencies are charged with making critical decisions related to the protection and safety of children reported for maltreatment: (1) whether to screen in a maltreatment referral, (2) whether to substantiate a maltreatment report, and (3) whether to provide child protection services (in-home or foster care services). This chapter includes the key study findings related to changes in these decisions based on the administrative data included in NCANDS and AFCARS. The analyses are integrated across major decision points and data sources wherever possible in order to present a comprehensive picture of the national child maltreatment response and foster care entry trends from 2005 to 2010.

Screening of referrals is a gateway for provision of child protection services for maltreated children. The hotline or intake units conduct the screening process to determine whether the referral requires a CPS response. Referrals that do meet the CPS agency criteria are screened in, and those that do not meet the criteria are screened out or diverted to other community agencies. CWS/CPS agencies respond to all screened-in referrals, called reports.
The response may vary depending on the state’s specific criteria. However, most reports receive an investigation to determine if child is a victim of, or at risk of, maltreatment. Others are assigned to the alternative or differential response track, which involves an assessment of the family and may or may not include a determination regarding the alleged maltreatment (U.S. DHHS, 2010). The primary purpose of this investigation is twofold: (1) to determine whether the child was maltreated or is at risk of being maltreated (commonly called a “disposition” or “finding”) and (2) to determine the child welfare agency’s appropriate services response.

**Analysis of Overall Trends: NCANDS and AFCARS**

**Children Screened In, by Disposition and PIS Services (NCANDS)**

The study found that both screened-in numbers and rates increased, while substantiation numbers and rates declined between 2005 and 2010. Over 3.0 million children were screened in (a rate of 41.2) in 2005 and approximately 3.1 million children (a rate of 41.8) in 2010. In 2005, 807,871 children were found to be victims of maltreatment (a rate of 11.1), compared with 700,623 children (a rate of 9.3) in 2010. There was a 13.3% decline in the numbers and a 1.8 decline in the rates of children with substantiated findings of maltreatment between 2005 and 2010 (see Figure 2).
The numbers and rates of substantiation declined for all types of maltreatment between 2005 and 2010. The majority of children with substantiated findings of maltreatment were victims of neglect. Although neglect numbers declined by 2.9% between 2005 and 2010, approximately half a million children were found to be victims of neglect in 2010. Physical abuse was the second highest type of maltreatment, but it decreased by 21.9%, from over 138,000 children in 2005 to under 117,000 in 2010 (see Figure 3). Physical abuse rates declined...
from 1.9 to 1.6, and sexual abuse dropped from 1.1 to 0.8. Although neglect numbers decreased, neglect accounted for 63.9% of all types of maltreatment in 2005 and 72.6% in 2010 (see Figure 4). The proportionate increase in neglect resulted from the 15.3% decrease in the number of children with substantiated findings of physical abuse and the 21.9% drop in the substantiated findings of sexual abuse (see Figures 3 and 4).

Figure 3. Numbers and rates of children by major maltreatment types nationally, FFY 2005 and 2010. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
With the increase in screened-in reports and decrease in substantiation, the numbers and rates of children in unsubstantiated reports increased between 2005 and 2010. The numbers of children with unsubstantiated findings increased from approximately 2.3 to 2.5 million and the rates from 31.9 to 34.0 during this period. A growing number of maltreatment reports were assigned to the alternative response or differential response tracks from 2005 to 2010. Fourteen states reported data on children who were assigned to alternative response or differential response in 2010. The number of alternative response children designated as not a victim increased from 160,559 in 2005 to 297,784 in 2010. In addition, several states reported data on children designated as alternative response victims; these numbers increased from 11,297 in 2005 to 16,465 in 2010 (see Figure 2). The substantiated category includes the alternative response disposition of victim, and the unsubstantiated category includes the alternative response disposition of not a victim.
Following the investigation or the assessment, CWS/CPS agencies must determine if interventions are necessary to protect children from further maltreatment. A percentage of children screened in for maltreatment, whether determined to be victims of maltreatment or not, may receive PIS from CWS/CPS agencies.

Consistent with the decline in investigations and increased assignment to differential response, PIS decreased overall between 2005 and 2010. Of the over three million children screened in yearly for maltreatment, approximately 750,000 to 800,000 received some PIS. Three times as many children received “other” PIS compared with foster care services. The foster care numbers decreased by 14.5%, and the rate decreased by 0.4. Meanwhile, the percentage of children who received “other” PIS, including family preservation and family support, out of those screened in decreased by 5.9%, and the rate decreased by 0.7 (see Figure 5).

Figure 5. Numbers and rate of screened-in children with post investigation services, nationally, FFY 2005-2010. Data obtained from NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Not surprisingly, CWS/CPS systems continued to prioritize children determined to be victims of maltreatment for PIS in 2010. Although the percentage of children who received PIS out of the total screened in declined from 27.4% in 2005 to 24.4% in 2010, there was no change in the percentage of children (43.6%) provided with PIS out of the total children involved in substantiated reports for 2005 and 2010 (see Figure 6).

As shown in Figure 6, the proportion of children who received foster care services post investigation versus those who received “other” PIS shifted during the period. For children with substantiated findings, 15.2% received foster care services post investigation in 2005 and 14.6% did so in 2010. The percentage of children with substantiated findings out of the total who received “other” PIS increased slightly from the 28.4% who received “other” PIS in 2005 to 29% in 2010.

The numbers of children with unsubstantiated findings who received foster care services decreased slightly, but the rate remained relatively close at 0.8 and 0.9 for 2005 and 2010, respectively. However, children with unsubstantiated findings received “other” PIS at higher numbers and rates than those with substantiated findings. Approximately, 400,000 children with unsubstantiated findings received “other” PIS, a rate of 5.5, in 2005 and a rate of 5.3 in 2010, compared with approximately 200,000 children with substantiated findings, a rate of 3.1, in 2005 and a rate of 2.7 in 2010. For children in unsubstantiated findings, a small percentage (2.9% in 2005 and 2.4% in 2010) received foster care services, and a much larger percentage (17.4% in 2005 and 15.6% in 2010) received “other” PIS (see Figure 6).
During both 2005 and 2010, children with substantiated findings received foster care services post investigation at higher numbers and rates than children with unsubstantiated findings. There were 122,683 (rate of 1.7) children with substantiated findings who received foster care services in 2005 and 102,325 (rate of 1.4) in 2010. The decrease in post investigation foster care services for children in substantiated reports was consistent with the decrease in the number of substantiations overall between 2005 and 2010 (see Figure 7).
Figure 7. Numbers and rates of children with substantiated and unsubstantiated cases receiving foster care services nationally, FFY 2005-2010. Data obtained from NCANDS and AFGARS files provided by the National Data Archive on Child Abuse and Neglect.

**Foster Care Entries: Comparison of AFCARS and NCANDS**

Children represented in the NCANDS who received foster care are part of a larger universe of children who enter foster care for a variety of reasons including reasons other than maltreatment (i.e., child behavior problems). The NCANDS post investigation foster care data provided information related to entries within 90 days of dispositions of maltreatment reports, while AFCARS included all children who entered out-of-home care and the reasons for their entry.

The numbers and rates of children entering foster care declined for both post investigation foster care (based on NCANDS) and all entries (based on AFCARS) from 2005 and 2010. In 2005, 190,000 children entered foster care within 90 days of an investigation and disposition of a maltreatment report, a rate of 2.6, compared with 162,544, a rate of 2.2, in 2010.
Based on AFCARS, 307,000 children entered foster care, a rate of 4.2, in 2005, and 255,000 children, a rate of 3.4, did so in 2010. In NCANDS, the numbers of children entering foster care decreased by 14.5%, and rates decreased by 0.4, and in AFCARS, they decreased by 16.9% and rates by 0.8 (see Figure 8).

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<tr>
<td>2010</td>
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Figure 8. Foster care number and rates: Comparison of NCANDS and AFCARS nationally, 2005-2010. Data obtained from National NCANDS and AFGARS files provided by the National Data Archive on Child Abuse and Neglect.

There were declines in foster care entries by major removal reasons—neglect, physical abuse, and child behavior—between 2005 and 2010. Given the large numbers (134,500) of children in the neglect category, the 14.3% decrease accounted for the largest decrease in numbers (22,417 children) of any reason for entry. The other large decreases in numbers included a 27.8% (14,800 children) decrease in entries due to behavior reasons and 20.5% (10,000 children) decrease due to child physical abuse. There were three other categories that
contributed to the decrease in numbers (5,000 to 6,000 children each) of foster care entries: caretaker inability to cope, sexual abuse, and child substance abuse. The highest rates of decrease involved neglect (0.31), child behavior (0.2), and child physical abuse (0.14). The rate changes for all other categories were under 0.1 (see Table 74).

Although the numbers were smaller to begin with, the following removal categories had the highest percentage decreases in entries: child substance abuse (41.8%), sexual abuse (36.3%), child disability (25%), and abandonment (22%). Parental substance abuse, inadequate housing, and parental incarceration decreased the least of all the categories (see Table 74).
Table 74

Numbers and Rates of Children Entering Foster Care by Removal Reasons Nationally, FFY 2005-2010

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<td>12,400</td>
<td>11,500</td>
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<td>3,300</td>
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<td>-30.6%</td>
</tr>
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<td>0.04</td>
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<td>2,800</td>
<td>2,600</td>
<td>2,700</td>
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<td>-11.1%</td>
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<tr>
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<td>0.03</td>
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<td>-2,600</td>
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<td>0.32</td>
<td>0.30</td>
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<td>-9.7%</td>
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Note. Data obtained from AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN).

Analysis of Demographic Trends: NCANDS and AFCARS

This section summarizes the major findings based on NCANDS and AFCARS related to shifts from 2005 to 2010 in the demographic characteristics (gender, age, and primary race/ethnicity) of children who were screened in and received PIS and foster care services. The study revealed smaller changes in screening in, disposition by types of maltreatment and services by gender compared with the substantial changes that were observed by age and by primary race/ethnicity from 2005 to 2010.
NCANDS and AFCARS by Gender

Screened in by disposition and PIS, by gender (NCANDS). NCANDS data showed that females were screened in, determined to be victims of maltreatment, and provided with PIS at higher numbers and rates than males. In 2010, 1,562,000 females were screened in, at a rate of 41.1, compared with 1,555,000 males, at a rate of 39.1. Similarly, 359,000 females were determined to be victims of maltreatment, at the rate of 9.5, compared with 340,000 males, at the rate of 8.6. In addition, 1,264,000 males, at a rate of 31.8, received the disposition of not a victim, compared with 1,254,000 females, at a rate of 33.0.

The numbers of substantiations were slightly higher for males than for females for neglect, medical neglect, and physical abuse, but the rates were very similar. However, for sexual abuse, there were substantial differences by gender. The numbers and rates of female children with substantiated findings of sexual abuse were much higher than those of males. In 2005, 62,147 female children were determined to be victims of sexual abuse, a rate of 1.6, compared with 17,114 male children, a rate of 0.04. Similarly, in 2010, 49,217 female children were determined to be sexually abused, a rate of 1.2, compared with 12,635 male children, a rate of 0.3. Females had higher numbers of substantiation for psychological/emotional maltreatment than males, but the rates were the same for both genders (see Tables 21 and 22).

Neglect accounted for 60.9% of all types of maltreatment for females in 2005 and 70% in 2010. Neglect was also the most common type of maltreatment for males, at 66.9% in 2005 and 75% in 2010. Physical abuse was lower for females (16.6% in 2005 and 16% in 2010) than for males (18.7 in 2005 and 18% in 2010). Sexual abuse was much higher for females (15% in 2005 and 14% in 2010) than for males (5% in 2005 and 4% in 2010).
Some differences were evident by gender for children who received PIS from 2005 to 2010. Females received these services at slightly higher numbers and rates than males. PIS were provided to 172,000 maltreated males, a rate of 4.4, and 182,000 females, a rate of 4.9, in 2005. The numbers and rates were even closer for males and females in 2010: 150,000 males received PIS, a rate of 3.8, compared with 156,000 females, a rate of 4.1. While a slightly higher number of female than male children with unsubstantiated findings received foster care services for 2005 through 2008, this pattern shifted in 2009 and 2010. In those years, the numbers were very close for both genders (a difference of less than 2000 children). Females with unsubstantiated findings consistently received PIS at slightly higher rates (6.3 in 2005 and 5.9 in 2010) than males (6.0 in 2005 and 5.7 in 2010).

Female victims of maltreatment were placed at higher numbers and slightly higher rates than male victims were: 62,592 females (a rate of 1.7) received PIS foster care services in 2005, and 51,955 females (a rate of 1.4) did so in 2010. On the other hand, 59,966 males (a rate of 1.5) received foster care services in 2005, and 50,324 males (a rate of 1.3) did so in 2010.

**Foster care entries by gender (AFCARS).** AFCARS data showed that higher numbers of males than females entered care yearly between 2005 and 2010, although the rates overall were similar for the genders. AFCARS data showed that a slightly higher number of males (157,932 in 2005 and 130,657 in 2010) entered foster care than females (152,932 in 2005 and 122,854). However, the rates (3.2 for females and 3.3 for males in 2010) were very close for both genders.

Both males and females experienced a reduction in the number of foster care entries between 2005 and 2010. The reduction in numbers was higher for females at 19.21% than males at 17.28%. The reduction in rate was very close, at 0.7 for males and 0.8 for females.
There were variations by gender based on removal reasons comparing 2005 to 2010. The most substantial differences between males and females were in the numbers and rates of entries related to child behavior and sexual abuse. For example, in 2005 and 2010 respectively, males entered care due to behavior reasons at higher numbers (31,209 and 23,316) and rates (0.8 and 0.6) than females’ numbers (21,954 and 15,941) and rates (0.6 and 0.4). On the other hand, females entered foster care at twice the numbers (11,525 and 7,770) and rates (0.31 and 0.2) due to sexual abuse compared with male numbers (6,111 and 3,472) and rates (0.16 and 0.09).

Both males and females experienced number and rate reductions across all removal reasons between 2005 and 2010. The highest percentage reduction involved child substance abuse, at 47.19% for females and 37.09% for males. There was a 31.5% reduction in the number of females entering care due to behavior reasons compared with a 25.3% reduction for males. In addition, sexual abuse decreased by 32.6% for females and 43.2% for males. The highest rates of reduction for both genders from 2005 to 2010 were neglect (0.33 for females and 0.29 for males), child behavior reasons (0.19 for females and 0.21 for males), and physical abuse (0.15 for females and 0.12 for males). The rate reduction was higher for females than for males in all these three major reason categories.

**NCANDS and AFCARS by Age**

The analysis revealed that younger children were screened in, determined to be maltreated, and received PIS services at higher numbers and rates than older children from 2005 to 2010. Younger children (aged 0 to 3), especially infants, accounted for the highest percentage of the total children screened in, determined to be maltreated, and provided with PIS.

**Screened in, substantiated, and provided PIS, by age.** Children under 1 year of age comprised the largest group of children served by CWS/CPS systems. They accounted for the
highest numbers who were screened in (223,300 at a rate of 57.1 in 2005 and 246,500 at a rate of 58.8 in 2010), substantiated (85,082 at a rate of 22.2 in 2005, and 83,100 at a rate of 20.0 in 2010), and received PIS (47,700 at a rate of 12.2 in 2005 and 44,536 at a rate of 10.6 in 2010). They also had the highest rates for foster care (5.8 in 2005 and 4.6 in 2010 and for “other” PIS (6.4 in 2005 and 6.0 in 2010) (see Figures 9 and 10).

At the other end of the age continuum, older children were screened in, were determined to be victims of maltreatment, and received PIS at lower numbers and rates. Children 17 years of age accounted for the lowest screened-in numbers, determined to be maltreated, and provided with PIS. The majority received “other” PIS, not foster care services. Children 17 years of age accounted for the lowest numbers and rates screened in (83,100 at a rate of 19.6 in 2005 and 98,058 at a rate of 22.7 in 2010), substantiated (17,800 at a rate of 4.2 in 2005 and 17,128 at a rate of 3.9 in 2010), and provided with PIS (6,900 at a rate of 2.0 in 2005 and 6,706 at a rate of 1.6 in 2010) (see Figures 9, 10, 11, and 12).
Figure 9. Numbers of children screened in, substantiated, substantiated with PIS (foster care and “other”) by age nationally, FFY 2005. Data obtained from National NCANDS files provided by the National Data Archive on Child Abuse and Neglect.

Figure 10. Numbers of children screened in, substantiated, substantiated with PIS (foster care and “other”) nationally, FFY 2010. Data obtained from National NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Figure 11. Rates of children by age group screened in, substantiated, substantiated with PIS (foster care and “other”) nationally, FFY 2005. Data obtained from National NCANDS files provided by the National Data Archive on Child Abuse and Neglect.

Figure 12. Rates of children by age group screened in, substantiated, substantiated with PIS (foster care and “other”) nationally, FFY 2010. Data obtained from National NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
There were changes for most age groups related to screening, substantiation, and provision of PIS between 2005 and 2010. Screened-in numbers increased for all age groups but decreased for children 11 to 15 years of age. For example, the number of screened-in children 0 to 4 years of age increased by 11%, and the rate increased by 1.7, compared with a decrease of 6.6% in numbers and 1.6 in rate for children 11 to 15 years of age. Similarly, substantiated numbers and rates decreased for all ages but decreased the least for younger children (ages 0 to 3). As shown in Figures 11 and 12, Substantiation numbers for children 1 to 4 years of age decreased by 5.1%, and the rates decreased by 1.5, compared with a decrease of 23.9% for children 11 to 15 years of age and a rate decrease of 2.1.

The numbers of children determined to be maltreated who received PIS (both foster care and other PIS) decreased for most age groups. The numbers of children aged 1 to 4 and 17 who received PIS decreased less than 5%, compared with a 26% drop for children aged 11 to 15. The highest reduction in rates for PIS involved children under 1 year of age (1.6) and children 11 to 15 years of age (0.95) (see Figures 13 and 14).

PIS foster care service reduction patterns by age were also consistent with those described above. Children 1 to 4 years of age decreased the least (8.4%), and children 11 to 15 years old decreased the most (27.3%). However, the PIS service rate changes by age were small for most age groups in comparison with the change for children under 1 year of age. The rate for children under 1 year of age decreased by 1.18 from 5.8 in 2005 to 4.6 in 2010, but this rate was still double the rate of 1-year-olds (see Figures 13 and 14).

In addition, there were decreases in the numbers and the rates of maltreated children who received “other” PIS between 2005 and 2010. The numbers decreased the least (0.5%) for 1-year-olds and the most (25.6%) for 11- to 15-year-olds. The rates showed similar patterns of
decrease, ranging from 0.03 for 1-year-olds to 0.6 for 11- to 15-year-olds. However, exceptions to the rate reduction patterns could be found at both ends of the age continuum. The rate decrease was 0.4 for children under 1 year of age and 0.3 for 16-year-olds (see Figures 13 and 14).

Figure 13. Change in numbers by age of children screened in, substantiated, substantiated with PIS (foster care and “other”) nationally, FFY 2005 to 2010. Source: National NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Overall, children 0 to 4 and children 16 and 17 years of age accounted for larger proportions of children screened in, substantiated, and receiving PIS in 2010 than in 2005. Children 11 to 15 years of age decreased the most as a proportion of the total in all categories. Children 0 to 4 and children 17 years of age constituted higher percentages of the total number of children screened in, substantiated, and provided with PIS in 2010 than they did in 2005. For example, children under 1 year of age accounted for 7.5% of out of the total screened in during 2005 and 8.0% in 2010; 10.8% of those substantiated in 2005 and 12.2% in 2010; and 13.6% of those who received PIS in 2005 and 14.6% in 2010. In addition, they accounted for 18.5% of children with substantiated findings who received foster care services in 2005 and 19% in 2010 and similarly 10.9% of those substantiated with “other” PIS in 2005 and 12.4% in 2010 (see Figures 15, 16 and 17).
Likewise, in 2010, although their percentage was much lower, children 17 years of age accounted for a higher percentage of the total screened in (2.8% 2005 and 3.2% in 2010), determined to be maltreated (2.2 in 2005 and 2.5% in 2010), and provided with PIS (2.0% in 2005 and 2.2% in 2010), including foster care services (1.8% in 2005 and 2.0% in 2010). In comparison, children 11 years of age accounted for 5.2% of those screened in during 2005 and 4.9% in 2010; 4.8% of those substantiated in 2005 and 4.3% in 2010; and 4.6% of those who received PIS in 2005 and 4.0% in 2010 (see Figures 15, 16, and 17).

Figure 15. Percent of total children by age screened in, substantiated, substantiated with PIS (foster care and “other”) nationally, 2005. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Figure 16. Percent of total children by age screened in, substantiated, substantiated with PIS (foster care and “other”) nationally, 2010. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.

Figure 17. Difference in percent of total children by age screened in, substantiated, substantiated with PIS (foster care and “other”) nationally, FFY 2005-2010. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Children screened in, unsubstantiated, and provided PIS by age. Overall, given their higher screened-in numbers and lower representation in substantiated reports, younger children also had higher unsubstantiated numbers and rates than older children. However, the differences among various age groups in the numbers and rates were not as large as the differences observed for children with substantiated findings.

Since children under 1 year of age accounted for the highest numbers of screened-in children (223,300 in 2005 and 246,500 in 2010), they also had the highest numbers of children with unsubstantiated findings (148,400 in 2005 and 174,209 in 2010). Younger children also had higher screened-in and unsubstantiated rates than older children. For example, in 2010, the screened-in rate for children under 1 year of age was 58.8, and the rate of children with unsubstantiated findings was 41.6. In comparison, for children 11 to 15 years of age, the screened-in rate was 36.2, and the unsubstantiated rate was 29.9 (see Figures 18 and 19).

Although screened-in numbers increased for children 0 to 10 and 16- and 17-year-olds, the majority of the additional screened-in children received unsubstantiated findings form 2005-2010. The largest increase in unsubstantiated numbers (16-20%) involved children 0 to 3 years of age. However, the unsubstantiated numbers decreased for children 11 to 15 years of age but increased for children of all other age groups. The rate increase for children 11 to 15 years of age was minimal (0.2), given the lower numbers and rates of children in this age group who were screened in (see Figures 18 and 19).
Figure 18. Change in numbers by age of children screened in, unsubstantiated, unsubstantiated with PIS (foster care and “other”) nationally, 2005-2010. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.

Figure 19. Change in rates by age group of children screened in, unsubstantiated, unsubstantiated with PIS (foster care and “other”) nationally, FFY 2005 -2010. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Types of maltreatment by age. In both 2005 and 2010, younger children were found to be maltreated at higher numbers and rates than older children and accounted for a higher percentage of the total. Children under 1 year of age had the highest numbers and rates of substantiation and also accounted for the largest proportion of the total across all types of maltreatment except for sexual abuse. In both 2005 and 2010, children under 1 year of age accounted for a higher proportion of the total number of children with substantiated findings of neglect, physical abuse, medical neglect, and psychological maltreatment. However, they accounted for the lowest proportion of those with substantiated findings of sexual abuse. Physical and sexual abuse was higher for older children than younger ones, except for children under 1 year of age. Children under 1 year of age had the highest numbers and rates of physical abuse. Children 11 to 15 years had the highest numbers and rates of sexual abuse. Children 5 to 10 years of age had the second highest numbers rates of both physical and sexual abuse (see Figures 20-23).

Figure 20. Numbers of children by age and major maltreatment types nationally, FFY 2005. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Figure 21. Numbers of children by age and major maltreatment types nationally, FFY 2010. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.

Figure 22. Percent of children by age and major maltreatment types nationally. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Figure 23. Percent of children by age and major maltreatment types nationally. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.

There was a decrease for most age groups in all types of maltreatment, and the largest decrease involved children 11 to 15 years of age. For children at both ends of the age continuum, there were variations by type of maltreatment. For example, there was an increase in neglect, physical abuse, and psychological abuse, and a decrease in medical neglect for children under 1 year of age. Meanwhile, for 17 year olds, there was an increase in neglect but decrease in physical abuse.

Comparing 2005 and 2010, neglect increased for children 0 to 3 and 16 to 17 but decreased for all other age groups. Children aged 0 to 3 experienced the greatest increase in numbers (over 3000 children) and 13- and 14-year-olds had the greatest decrease (over 3000 children). The rates of neglect decreased for most other age groups, except ages 1, 16, and 17. The greatest decrease in rates of neglect occurred for children 4 years of age and for children 11 to 15 years of age (see Figures 24 and 25).
Physical abuse decreased for most age groups, except children under 1 year of age. Children under 1 year of age experienced the highest increase in the numbers (2,713 children) and rates (0.04) of physical abuse, while children 11 to 15 years of age experienced the highest decrease in numbers (12,869 children) and rates (0.06).

Sexual abuse decreased for all age groups. The smallest decrease in numbers (2466) and rates (0.2) was experienced by children 1 to 4 years of age. The greatest decrease in numbers (7485) and rates (0.3) affected children 11 to 15 years of age.

There were no substantive changes for medical neglect and no distinct patterns for psychological or emotional maltreatment (see Figures 24 and 25).

Figure 24. Change in numbers and rates of children by age and major maltreatment types nationally, FFY 2005-2010. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Foster care entries by removal reasons and age (AFCARS). The analyses highlight important variations by age in the reasons younger and older children entered foster care. Neglect, parental substance abuse, caretaker inability to cope, and physical abuse were the four most prevalent reasons, in that order, for entry into foster care for children of all ages from 2005 to 2010 (see Figures 26 and 27).

The highest numbers of entries for younger children, especially infants, were for neglect and parental substance abuse. Infants entered due to neglect (28,164 children in 2005 and 24,509 in 2010) and parental substance abuse (16,726 in 2005 and 15,869 in 2010) more than any other reason.

Child behavior rivaled neglect as the primary reason for entry into foster care for children over 11 years of age. This group also had higher entry numbers for sexual abuse. In 2005
approximately 29,000 children 11 to 15 years of age entered foster care due to behavior problems, and 31,542 entered for neglect. In 2010, 23,297 children 11 to 15 years of age entered foster care due to neglect, and 19,000 entered due to behavior problems.

Comparing 2005 and 2010, the number of entries into foster care decreased across the majority of removal reasons for all age groups, except for children 17 years of age. Children under 1 year of age experienced a 13% (3,655 children) decrease in the number of entries due to neglect and a 37.8% (1,128 children) decrease in the number of entries due to child substance abuse from 2005 to 2010. However, the decrease was much lower for children entering due to parental substance abuse—a round 5% (857 children).

Children 1 to 4 years of age experienced a decrease in most removal reason categories. Entries due to neglect decreased by 5.9% (2,662 children), physical abuse by 11% (1,329 children), and sexual abuse by 36.4% (1,026 children). However, there was an increase in the number of children aged 1 to 4 who were removed for parental substance abuse by 7.8% (1,693 children).

The number and rate of children 11 to 15 years of age placed in foster care decreased across all placement reasons between 2005 and 2010. Entries due to child behavior problems decreased the most (9,764 children) for this group. For children 11 to 15 years of age, the second largest decline in entries was due to neglect (8,245 children).

Unlike other age groups, children 17 years of age experienced an increase in numbers and rates in several removal categories, including abandonment, neglect, caretaker inability to cope, parental substance abuse, relinquishment, parental incarceration, and inadequate housing. However, the increases were small (less than 200 children in each category). There were also several categories where the numbers and the rates decreased, including child behavior, physical
abuse, and sexual abuse. The largest decrease was 10% (729 children) in entries due to child behavior.

Between 2005 and 2010, there were some changes (mostly decreases) in the rates of children entering care across removal reasons for most age groups. The largest decrease (1.6) in rates of all removal reasons was for neglect involving children under 1 year of age; the second highest rate reduction was for parental substance abuse (0.49). The third highest rate reduction was in entries related to behavior reasons for children 11 to 15 years of age (see Figures 26 and 27).

![Figure 26. Change in numbers and rates of children by age and removal reasons nationally, FFY 2005 to 2010. Data obtained from national AFCARS files provided by the National Data Archive on Child Abuse and Neglect.](image-url)
Figure 27. Change in percent of children by age and removal reasons nationally, FFY 2005 to 2010. Data obtained from national AFCARS files provided by the National Data Archive on Child Abuse and Neglect.

**Foster care entries by age (AFCARS and NCANDS).** The analyses of foster care entries based on AFCARS data reinforce the observations made of trends in NCANDS foster care data. A comparison of the foster care entry trends by child’s age from both databases reveals remarkable consistency as well as some important differences. During the study period, younger children, especially infants, were placed into foster care in greater numbers and at higher rates than children of other ages. For example, children under 1 year of age entered care at higher numbers (48,110 in 2005 and 41,676 in 2010) and rates (12.3 in 2005 and 9.9 in 2010) than any other age group. The numbers and rates were lowest at the other end of the age continuum. (Seventeen-year-olds entering care numbered 12,499, a rate of 2.9, in 2005 and 11,782, a rate of 2.7, in 2010.) Similarly, NCANDS shows that 28,646 children under 1 year, a
rate of 7.3, in 2005 and 24,453 infants, a rate of 5.8, in 2010 received PIS foster care compared
with 4,969 children 17 years of age, a rate of 1.2, in 2005 and 11,782 17-year-olds, a rate of 2.7,
in 2010) (see Tables 75 and 76).

Table 75

**Numbers of Children Entering Foster Care by Age (AFCARS and NCANDS), Nationally, FFY 2005-2010**

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<td>-2,153</td>
<td>-20.3%</td>
</tr>
<tr>
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<td>43,356</td>
<td>72,895</td>
<td>59,532</td>
<td>-9,135</td>
<td>-17.6%</td>
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<td>5,909</td>
<td>11,352</td>
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<tr>
<td>15</td>
<td>9,709</td>
<td>7,802</td>
<td>23,158</td>
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<tr>
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<td>-11,159</td>
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<td>-25,818</td>
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<td>7,563</td>
<td>21,505</td>
<td>16,973</td>
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<td>-6.4%</td>
<td>-4,532</td>
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<td>4,361</td>
<td>4,969</td>
<td>12,499</td>
<td>11,782</td>
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<td>717</td>
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<tr>
<td>Total</td>
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<td>159,140</td>
<td>310,161</td>
<td>252,647</td>
<td>-27,897</td>
<td>-14.8%</td>
<td>-56,514</td>
<td>-18.7%</td>
</tr>
</tbody>
</table>

*Note.* Data obtained from NCANDS and AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). AFCARS and NCANDS % change for each age group subtotal is calculated as the average across the subgroup.
Table 76

Rates of Children Entering Foster Care by Age (AFCARS and NCANDS), Nationally, FFY 2005-2010

<table>
<thead>
<tr>
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<td>5</td>
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<td>2.2</td>
<td>3.7</td>
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<td>-0.65</td>
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</tr>
<tr>
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<tr>
<td>10</td>
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<td>-0.42</td>
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<tr>
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<td>3.0</td>
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<td>-0.4</td>
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<td>1.9</td>
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<td>-0.64</td>
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<td>3.4</td>
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<td>15</td>
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<td>1.8</td>
<td>5.4</td>
<td>3.8</td>
<td>-0.5</td>
<td>-1.63</td>
</tr>
<tr>
<td>Subtotal 11-15</td>
<td>2.2</td>
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<td>-1.2</td>
</tr>
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<tr>
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<td>2.9</td>
<td>2.7</td>
<td>0.1</td>
<td>-0.22</td>
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</table>

Note: Data obtained from NCANDS and AFCARS files provided by the National Data Archive on Child Abuse and Neglect (NDACAN). AFCARS and NCANDS % change for each age group subtotal is calculated as the average across the subgroup.

However, entries into foster care based on AFCARS showed a bimodal distribution for children from 1 to 16 years of age. Very young children (ages 1 to 5) and older youth (ages 12 to 16) had higher numbers and rates of foster care entries overall than ages 6 to 11. For example, in 2005, AFCARS data showed that there were 20,924 1-year-olds, a rate of 5.3, who entered foster care, compared with 21,000 children 16 years of age, a rate of 5.1. In 2010, 19,444 1-year-olds, a rate of 4.6, entered foster care, compared with 16,973 16-year-olds who entered care, a rate of 4.0. On the other hand, NCANDS showed that 13,587 1-year-olds entered foster care, a rate of 3.5, compared with 7,563, a rate of 1.9 (see Figures 28 and 29).
Figure 28. Numbers and rates of children entering foster care by age: Comparison of NCANDS and AFCARS nationally, FFY 2005. Data obtained from national NCANDS and AFCARS files provided by the National Data Archive on Child Abuse and Neglect.

Figure 29. Numbers and rates of children entering foster care by age: Comparison of NCANDS and AFCARS nationally, FFY 2010. Data obtained from national NCANDS and AFCARS files provided by the National Data Archive on Child Abuse and Neglect.
Although every age group experienced reductions in the numbers of foster care entries between 2005 and 2010 based on both NCANDS and AFCARS data, the reductions were generally higher for older children (especially ages 11 to 15) than for younger children. AFCARS data show larger reductions in foster care entries for older than for younger children between 2005 and 2010. The number of entries decreased by 13.4% for children under age 1, by 7.9% for children 1 to 4, and by 18.33% for children 5 to 10. Children 11 to 15 experienced the highest reduction in the numbers—over 30%. In 2005, children 11 to 15 years of age entered foster care at higher numbers (84,050) and rates (4.0) than in 2010, but these figures dropped substantially in 2010 to 59,532 and a rate of 2.9. The number of entries decreased by 14.6% for children under age 1, by 6.8% for children 1 to 4, and by 17.6% for children 5 to 10. Children 11 to 15 experienced the highest reduction in the numbers (25%) between 2005 and 2010 (see Figure 30).

Reductions in rates of entry took place across the board. One of the highest reductions in rates in AFCARS entries (2.36) and NCANDS entries (1.5) was for children under 1 year of age. The rates of reduction were higher for children 13, 14, 15, and 16 years of age than for other age groups (see Figure 30).
Figure 30. Change in numbers and rates of children entering foster care by age: Comparison of NCANDS and AFCARS nationally, FFY 2005-2010. Data obtained from national NCANDS and AFCARS files provided by the National Data Archive on Child Abuse and Neglect.

NCANDS and AFCARS by Primary Race/Ethnicity

**Screened in by disposition and PIS by primary race/ethnicity.** The analyses by primary race/ethnicity are relevant to the study because of the evidence in the literature of the close tie among the covariates of child maltreatment risks, socioeconomic status, and overrepresentation of children of color\textsuperscript{52} in the child welfare system (Hornstein, 2013). In addition, child welfare reform efforts in various states focused efforts on better engaging families and communities and in some cases on reducing disproportionality and disparities in the child welfare system. Therefore, it is important to examine the data for any evidence of changes related to the racial/ethnic composition of children involved with the child welfare system.
The study found substantial changes in the racial/ethnic composition of the child welfare population between 2005 and 2010 (see Figures 31-32). Overall, from 2005 to 2010, the numbers and rates of White, Black or African American, American Indian or Alaska Native, and Native Hawaiian/Other Pacific Islander children declined, and the numbers and rates of Hispanic/Latino children increased. Whites, Blacks or African Americans, and Hispanics/Latinos accounted for the largest numbers of children involved in CWS/CPS systems, and therefore the changes observed for these three groups accounted for shifts in the national trends of the child welfare population. Whites accounted for a lower percentage of the total children screened in, substantiated, and provided with PIS in 2010 than they did in 2005. Similarly, Black or African American children experienced a decrease in the numbers, rates, and proportion of the total children screened in, substantiated, and provided with PIS. The numbers of Hispanic/Latino children screened in and substantiated increased significantly, but their rates only increased slightly, due to the increase in Hispanics/Latinos in the population. Hispanic/Latino children were unsubstantiated in large numbers and received PIS—specifically home-based services as not a victim—more than other racial/ethnic groups.

**Screened in by child’s primary race/ethnicity.** Although the screened-in numbers increased nationally by 3.5%, there was a 3.4% decrease for Whites from 2005 to 2010. The largest screened-in number increase (over 120,000 children) involved Hispanic/Latino children. There was both a percentage decrease (4.2%) and rate decrease (3.0) for Blacks or African Americans, but their screened-in rate of 58.9 in 2010 was still well above the national average of 41.8. However, the screened-in rate for Hispanic/Latino children remained below the national average at 38.8 in 2010 (but higher than Whites at 31.3).
The proportion of White children and Black or African American children out of the total screened in decreased, while the proportion of Hispanic/Latino children increased. Whites decreased from 47.8% to 44.6%, Blacks or African Americans decreased from 23.1% to 21.4%, and Hispanics/Latinos increased from 17.7% to 20.9%.

Overall, the racial/ethnic groups with the highest numbers of children screened in were Whites (1,439,790 in 2005 and 1,391,356 in 2010), Blacks or African Americans (695,279 and 666,423 in respective years), and Hispanics/Latinos (533,307 and 651,684). Similarly, Whites, Blacks or African Americans, and Hispanics/Latinos accounted for the most of the children determined to be maltreated from 2005 to 2010. For example, in 2010, 700,629 children were determined to have been maltreated: 307,923 Whites, 149,565 Blacks or African Americans, and 157,796 Hispanics/Latinos. The rate of substantiation, however, was highest for Black or African American children (13.6), followed by Hispanic/Latino children (9.0), then by White children (7.2).

Other racial/ethnic groups accounted for lower numbers of the total but not necessarily lower rates. Of the other racial ethnic groups, children with a No Primary Race designation had the highest numbers screened in (56,763 in 2005 and 92,550 in 2010), except for Unknown Primary Race/Ethnicity. While the numbers were small for American Indian or Alaska Native and Native Hawaiian/Other Pacific Islander children, their rates were among the highest (around 40.0 in both 2005 and 2010). Asian children had the lowest rates screened in of any group, at 8.4 in 2005 and 8.6 in 2010.

The rates for children screened in by race/ethnicity changed. No Primary Race children had the third largest increase (63%) in screened-in numbers (from 56,763 in 2005 to 92,550 in 2010). The screened-in numbers increased by 9.6% for Asian children but decreased by 7.7%
for American Indian or Alaska Native children and by 0.4% for Native Hawaiian/Other Pacific Islander children. Asian children continued to have the lowest screened-in rates (8.4 in 2005 and 8.6 in 2010). The rate for Native Hawaiian/Other Pacific Islander children remained relatively stable from 2005 to 2010 (from 40.8 to 40.6), but there was a decrease for American Indian or Alaska Native children (from 39.9 to 37.1).

**Children with substantiated findings, by primary race/ethnicity.** There were major shifts in substantiation for White, Black or African American, and Hispanic/Latino children. There was a 22% decrease in substantiation numbers for White children and a 20.8% decrease for Black or African American children. Black or African American children also had the largest rate decrease (3.7) between 2005 and 2010; however, they continued to have the highest rates of substantiation at 13.6. The numbers of Hispanic/Latino children increased by 11.5%, but their rates decreased slightly by 0.3 (from 9.9 in 2005 to 9.6 in 2010), which put them close to the national average of 9.3 (but higher than Whites at 7.2).

In 2010, the largest numbers of children with substantiated findings who received PIS were Whites (133,348 children), but they had the lowest rates (3.0). Although the numbers of Hispanic/Latino children (81,890) who received PIS in substantiated cases were larger than those of Black or African American children (55,965), the rates for both groups were the same (4.9). Similar patterns by primary race/ethnicity were observed for children with substantiated findings provided with PIS foster care and “other” PIS.

The majority of the decrease in substantiated PIS resulted from decreased numbers and rates of White children and Black or African American children who received these services. The number of White children who received PIS in substantiated cases decreased from approximately 170,000 to 133,000, and the number of such Black or African American children
decreased from 75,000 to 55,000. PIS for Hispanic/Latino children in substantiated cases increased 13.5%, from approximately 75,000 to 81,000. The rates decreased for substantiated PIS for all three groups, but the decrease for Hispanic/Latino children was minimal (0.2). Of these three large racial/ethnic groups, in 2010 White children continued to have the lowest rates of PIS (3.0) compared with African American and Hispanic/Latino children (both at 4.9).

Only White children and Black or African American children showed a decrease in numbers and rates of “other” PIS in substantiated cases, while Hispanic/Latino children received more of these services. The number of White children who received “other” PIS decreased from 115,002 to 88,979, and Black or African American children decreased from 48,763 to 36,471. Hispanic/Latino children increased from 44,998 to 54,515. The rates for “other” PIS decreased for White children (from 2.5 to 2.0) and for Black or African American children (from 4.3 to 3.2), while the rates for Hispanic/Latino children remained constant at 3.0.

All three large racial ethnic groups experienced decreases in PIS foster care numbers and rates in substantiated cases, including Hispanic/Latino children despite their increased PIS numbers and rates overall. In 2010, Whites constituted the largest number (44,369 children) with substantiated findings who received foster care services and the lowest rate (1.0). Hispanics/Latinos had the second highest number (27,419), followed by Blacks or African Americans (19,452); they had similar rates (1.6 and 1.7, respectively).

Post investigation foster-care services in substantiated cases decreased for all three groups between 2005 and 2010. The numbers of White children with substantiated findings who received foster care services decreased by 19.9% (from approximately 55,000 to 44,000 children), Black or African American children decreased by 26% (from 26,000 to 19,000 children) and Hispanics/Latinos dropped by 8.9% (from 30,000 to 25,000 children). The rates
for Whites who received foster care services decreased much less (from 1.2 to 1.0) than the rates for Black or African American children (from 2.3 to 1.7), and for Hispanic/Latino children (from 2.0 to 1.6).

There were also changes in substantiation for No Primary Race, American Indian or Alaska Native, Native Hawaiian/Other Pacific Islander, and Asian children. The rate of substantiated cases for No Primary Race children increased over the study period from 8.7 to 10.1. The numbers and rates decreased for American Indian or Alaska Native, Asian, and Native Hawaiian/Other Pacific Islander children. Asian children continued to have the lowest rates of substantiated cases of all racial/ethnic groups (2.3 in 2005 and 1.9 in 2010).

The rates and numbers of children with substantiated cases who received PIS changed for the smaller racial/ethnic groups as well. The numbers of children were small in this category (ranging from 2,000 to 11,000 children for each group), so caution is necessary when interpreting these results. Overall, the numbers of children with substantiated cases who received PIS decreased for American Indian or Alaska Native children and for Asian children but increased for No Primary Race and Unknown Race children. The PIS service rates for American Indian or Alaska Native children decreased from 4.9 to 3.8, and the rates for No Primary Race children remained constant at around 5.0 per 1,000.

Substantiated cases involving Native Hawaiian/Other Pacific Islander children had the highest rates of PIS (22.0 in 2005 and 17.0 in 2010). Asian children with substantiated cases had the lowest rates (1.2 in 2005 and 0.9 in 2010) of PIS.

Foster care numbers and rates for these racial/ethnic groups showed small variations between 2005 and 2010. The most notable change was the rate decrease (from 3.7 to 2.8) observed for Native Hawaiian/Other Pacific Islanders. The numbers and rates of “other” PIS
declined for American Indian or Alaska Native children and Native Hawaiian/Other Pacific Islanders. The numbers declined for Asian children, and the rates remained stable. The numbers increased for No Primary Race children, but the rate remained consistent (see Figures 31 and 32).

Figure 31. Rates of children by primary race/ethnicity screened in, substantiated, substantiated with PIS (foster care and “other”) nationally, FFY 2005. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Whites decreased as a proportion of the total, from 48.9% of the total children substantiated in 2005 to 43.9% in 2010. Similarly, Black or African American children decreased from 23.4% in 2005 to 21.4% of all children with substantiated findings in 2010. Meanwhile, Hispanic/Latino children with substantiated reports increased from 17.5% of the total in 2005 to 22.5% in 2010 (see Figures 33-36).

There was a decrease in the proportion of White children and Black or African American children who received PIS (from 45.2% to 43.5% and from 21.2% to 18.2%, respectively), while the proportion of Hispanic/Latino children receiving PIS increased from 22.2% to 26.7%.
White children decreased from 49.6% to 43.5% as a proportion of the total who received “other” PIS, while Black or African American children decreased from 21.0% to 17.8%. The increase in “other” PIS was primarily for Hispanic/Latino children, who went up from 19.4% to 26.6%.

The difference in the level of decrease shifted the proportion of each group out of the total. Blacks or African Americans decreased the most (21.5% to 18.2%) as a proportion of those receiving foster care services in substantiated cases, followed by around a 1% decrease for Hispanic/Latino children (24.5 to 23.4%). White children increased by approximately 1% (from 45.2% to 46.1%) as a proportion of the total who received foster care services (see Figures 33-36).

![Figure 33](image.png)

Figure 33. Percent of total children by primary race/ethnicity screened in, substantiated, substantiated with PIS (foster care and “other”) nationally, 2005. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Figure 34. Percent of total children by primary race/ethnicity screened in, substantiated, substantiated with PIS (foster care and “other”) nationally, 2010. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.

Figure 35. Difference in percent of total by primary race/ethnicity screened in, substantiated, substantiated with PIS (foster care and “other”) nationally, FFY 2005 to 2010. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Children with unsubstantiated findings, by primary race/ethnicity. Commensurate with the numbers and rates of screened-in children, White children had the largest numbers (1,096,816 in 2005 and 1,136,810 in 2010) but the lowest rates (24.1 in 2005 and 25.9 in 2010) of unsubstantiated findings. Black or African American children had the second largest numbers (529,353 in 2005 and 539,011 in 2010) and highest rates (47.1 in 2005 and 47.6 in 2010) of children with unsubstantiated findings. Hispanic/Latino children accounted for the third largest numbers (410,204 in 2005 and 515,530 in 2010), and their rates were higher than Whites but much lower than Blacks or African Americans (27.8 to 30.7) (see Figures 37-42).
The numbers and rates of children with unsubstantiated findings shifted by primary race/ethnicity between 2005 and 2010 for White, Black or African American, and Hispanic/Latino children. Over one million White children and over half a million African Americans and Hispanics/Latinos each had unsubstantiated cases in 2010. All three large ethnic groups experienced an increase in the numbers and rates of children with unsubstantiated findings from 2005 to 2010. However, Hispanic/Latino children accounted for most of the increase in the numbers (from 410,204 to 515,530) and rates (from 27.8 to 30.7) of children with unsubstantiated cases. White children experienced the second largest increase in numbers (from 1,096,816 to 1,136,810) and rates (from 24.1 to 25.9). Black or African American children had the third largest increase in numbers (from 529,353 to 539,011) and rates (from 47.1 to 47.6).

The highest numbers of children with unsubstantiated findings who received PIS were Whites (203,869 in 2005 and 168,007 in 2010) and Hispanics/Latinos (130,665 in 2005 and 149,054 in 2010). However, White children had the lowest rates (4.5 in 2005 and 3.8 in 2010), while Hispanic/Latino children had the highest rates (8.9 in both years). Black or African American children had the lowest numbers (88,487 in 2005 and 81,009 in 2010) and rates (7.9 in 2005 and 7.2 in 2010) of the three groups.

The most notable differences were related to the large numbers of Hispanic/Latino children who received “other” PIS in unsubstantiated cases. In 2010, the rates for “other” PIS in unsubstantiated cases were highest for Hispanic/Latino children (7.9), compared with 6.0 for Blacks or African Americans and 3.3 for Whites.

Among the largest racial/ethnic groups, the number of children with unsubstantiated cases who received PIS decreased for White children and for Black or African American children and increased for Hispanic/Latino children. Whites experienced the largest decrease in
the numbers (from 203,869 in 2005 to 168,007 in 2010), compared with a more modest decrease for Blacks or African Americans (from 88,487 in 2005 to 81,009 in 2010). Whites also experienced a rate decrease in PIS, although they continued to have the lowest rates (4.5 in 2005 and 3.8 in 2010), compared to Blacks or African Americans at 7.9 in 2005 and 7.2 in 2010. Meanwhile, Hispanic/Latino children experienced the largest increase in numbers (130,665 to 149,054). Hispanic/Latino children accounted for most of the increase in the numbers of children with unsubstantiated cases who received PIS, but their rate remained consistently higher, at 8.9, than the other two groups.

Of these three racial/ethnic groups, White children with unsubstantiated cases who received foster care services decreased by 18.1% (from 26,479 in 2005 to 21,683 in 2010), while Hispanics/Latino children in this category decreased by 12.5% (from 18,036 in 2005 to 17,129 in 2010), and Black or African American children dropped by 5.0% (from 15,172 in 2005 to 13,274 in 2010). The rate of foster care services for White children with unsubstantiated findings decreased slightly (by 0.1), as it did for both Black or African American and Hispanic/Latino children (by 0.2). However, White children with unsubstantiated cases continued to have the lowest rates (0.49) of foster care services, compared with Hispanics/Latinos, who at 1.02 had double the rate of Whites, and Blacks or African Americans, who were even higher at 1.17.

The number of White children who received “other” PIS in unsubstantiated cases declined 17.5% (from 177,390 in 2005 to 146,324 in 2010) and Blacks or African Americans in this category decreased 7.6% (from 73,315 in 2005 to 67,735 in 2010). However, there was a 17% increase in the numbers of Hispanic/Latino children who received these services (112,629 in 2005 to 131,925 in 2010). The rates for “other” PIS were also highest for Hispanic/Latino children (7.7 in 2005 and 7.9 in 2010). The rate for Black or African American children was 6.5
in 2005 but it decreased slightly (to 6.0) in 2010. The rates for Whites were lower (3.9) in 2005 and decreased further (to 3.3) in 2010.

The numbers and rates of children with unsubstantiated findings also changed for other racial/ethnic groups. No Primary Race children with unsubstantiated findings experienced a large increase in numbers (from 41,299 to 72,296) and rates (from 18.8 to 29.4). However, both American Indian or Alaska Native and Native Hawaiian/Other Pacific Islander children saw a decrease in numbers linked to unsubstantiated cases. Although their numbers and rates increased (from 18,761 to 22,092 and 6.3 to 7.0, respectively), Asian children continued to have small numbers and rates compared to other groups.

The numbers and rates of children with unsubstantiated cases who received PIS also changed for these racial/ethnic groups. Overall, the numbers of unsubstantiated cases with PIS increased for No Primary Race children (from 12,364 in 2005 to 13,849 in 2010) and for Asian children (from 5,295 in 2005 to 5,956 in 2010). The numbers decreased for Native Hawaiian/Other Pacific Islander children (from 1221 in 2005 to 1,015 in 2005). Although the PIS service rates for Native Hawaiian/Other Pacific Islanders with unsubstantiated cases decreased, they continued to be the highest (9.6 in 2005 and 8.0 in 2010) of all racial/ethnic groups (but close to the 2010 Hispanic/Latino rate of 7.9). Asian children continued to have the lowest rate of all racial/ethnic groups at 1.8 or 1.9. For American Indian or Alaska Natives the numbers children who received PIS dropped precipitously in 2006 from 6,008 but ranged between 3900 and 3500 in subsequent years. The discrepancy might be attributed to data error.

The foster care numbers for the other groups were too small to draw any meaningful conclusions, but there were some observable changes for “other” PIS for these racial/ethnic groups. The numbers for No Primary Race children increased (from 10,135 to 11,231), but the
rate remained stable (4.6 or 4.5). Similarly, for Asian children, the numbers increased (from 4,652 to 5,435), and the rates remained constant at 1.6 or 1.7. The numbers and the rates decreased slightly for Native Hawaiian/Other Pacific Islanders (see Figures 37-42).

Figure 37. Rates of children by primary race/ethnicity screened in, unsubstantiated, unsubstantiated with PIS (foster care and “other”) nationally, FFY 2005. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Screened in</th>
<th>Unsubstantiated</th>
<th>Unsubstantiated PIS* Foster Care</th>
<th>Unsubstantiated Other PIS*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
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<td></td>
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</tr>
<tr>
<td>White</td>
<td>31.7</td>
<td>1,439,790</td>
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<tr>
<td>Black</td>
<td>61.9</td>
<td>695,279</td>
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<tr>
<td>Hispanic</td>
<td>36.2</td>
<td>533,307</td>
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<td>No Primary</td>
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<tr>
<td>Race</td>
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<tr>
<td>AIAN*</td>
<td>8.4</td>
<td>24,835</td>
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<tr>
<td>Asian</td>
<td>40.8</td>
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<tr>
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</tr>
<tr>
<td>Unknown Race</td>
<td>0</td>
<td>0</td>
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<thead>
<tr>
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<th>Rate</th>
<th>Numbers</th>
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</thead>
<tbody>
<tr>
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<td>4.5</td>
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<tr>
<td>Black</td>
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<tr>
<td>Hispanic</td>
<td>8.9</td>
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<tr>
<td>No Primary</td>
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<tr>
<td>Race</td>
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<tr>
<td>AIAN*</td>
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<td>5,295</td>
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<td>Asian</td>
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<tr>
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<tr>
<td>White</td>
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<td>Black</td>
<td>1.4</td>
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<td>Hispanic</td>
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<tr>
<td>No Primary</td>
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<tr>
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</tr>
<tr>
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<td>643</td>
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<tr>
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<td>1.8</td>
<td>230</td>
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</tr>
<tr>
<td>NHPI*</td>
<td>0</td>
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<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate</th>
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</thead>
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<tr>
<td>White</td>
<td>3.9</td>
<td>177,390</td>
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<tr>
<td>Black</td>
<td>6.5</td>
<td>73,315</td>
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<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.6</td>
<td>112,629</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Primary</td>
<td>4.6</td>
<td>10,135</td>
<td></td>
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</tr>
<tr>
<td>Race</td>
<td>6.3</td>
<td>4,962</td>
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</tr>
<tr>
<td>AIAN*</td>
<td>1.6</td>
<td>4,682</td>
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</tr>
<tr>
<td>Asian</td>
<td>7.8</td>
<td>991</td>
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</tr>
<tr>
<td>NHPI*</td>
<td>0</td>
<td>23,668</td>
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<td></td>
</tr>
<tr>
<td>Unknown Race</td>
<td>0</td>
<td>0</td>
<td></td>
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</tbody>
</table>
In addition, the proportion out of the total children with unsubstantiated findings decreased for Whites (from 47.5% to 44.8%), decreased for Blacks or African Americans (from 22.9% to 21.3%), and increased for Hispanics/Latinos (from 17.8% to 20.3%). No Primary Race children increased (from 1.8% to 2.9%) as a proportion of the total associated with unsubstantiated cases. No major changes were observed for other racial/ethnic groups.
The proportion of children receiving foster care services out of the total decreased for Whites (from 40.7% to 37.7%), remained stable for Blacks or African Americans (23.3%), and increased (from 27.7% to 29.8%) for Hispanics/Latinos. The proportion of children who received “other” PIS out of the total decreased the most for Whites (from 43.5% to 36.8%); the decrease was minimal for Blacks or African Americans (from 18% to 17%). Hispanic/Latino children increased from 27.6% to 33.2% as a proportion of the total.

Figure 39. Percent of total children by primary race/ethnicity screened in, unsubstantiated, unsubstantiated with PIS (foster care and “other”) nationally, FFY 2005. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Figure 40. Percent of total children by primary race/ethnicity screened in, unsubstantiated, unsubstantiated with PIS (foster care and “other”) nationally, FFY 2010. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.

Figure 41. Change in rates of children by primary race/ethnicity screened in, unsubstantiated, unsubstantiated with PIS (foster care and “other”) nationally, FFY 2005. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
Types of maltreatment by primary race/ethnicity. For all maltreatment types, the three largest groups of children with substantiated cases were Whites, Blacks or African Americans, and Hispanics/Latinos, but there were large differences in the numbers and rates of substantiation by maltreatment type based on primary race/ethnicity. In 2005 and 2010, neglect was the primary reason for substantiation for Whites (246,686 and 222,359), Blacks or African Americans (115,087 and 102,739), and Hispanics/Latinos (90,894 and 114,471). The second highest numbers involved physical abuse in both 2005 and 2010: Whites (63,744 and 48,631, in respective years) followed by Blacks or African Americans (36,839 and 30,375) and Hispanics/Latinos (23,170 and 23659). The sexual abuse numbers were also highest in 2005 and 2010 for Whites (42,688 and 30,018), followed by Blacks or African Americans (14,131 and
and then Hispanics/Latinos (12,891 and 12,817). Whites also had the highest numbers in 2005 and 2010 (28,064 and 23,360) of psychological and emotional maltreatment, followed by Hispanics/Latinos (14,709 and 16,631) and then Blacks or African Americans (8,048 in 2005 and 7,873 in 2010) (see Figures 43-45).

The rates of substantiation for neglect differed greatly among the three groups. The rates in 2005 and 2010 were from lowest to highest: Whites (1.4 and 1.1), Hispanics/Latinos (6.2 and 6.8), and Blacks or African Americans (10.2 and 9.1). Neglect numbers and rates decreased significantly for both White children and Black or African American children but increased for Hispanic/Latino children. The number decreased for Whites by 24,327, and the rate dropped by 0.04). For Blacks or African Americans, the number dropped by 12,388, and the rate decreased by 1.2. For Hispanics/Latinos, the numbers increased by 23,577, and the rates rose by 0.06) (see Figures 33 and 34).

The rate of substantiation for physical abuse also varied based on primary race/ethnicity. Black or African American children had the highest rates (3.3 and 2.7 in 2005 and 2010, respectively) of physical abuse, compared with Whites (1.6 and 1.4) and Hispanics/Latinos (1.4 and 1.1). The number of physical abuse victims decreased substantially (by 15,183) for Whites and Blacks or African Americans (by 6,454). The rates for physical abuse decreased for Whites (0.3) and for Blacks or African Americans (0.6) but increased slightly (0.02) for Hispanics/Latinos.

In 2005, sexual abuse numbers were highest for White children (42,688) and for Black or African American children (14,131), versus Hispanic/Latino children (12,891). However, the numbers decreased in 2010 for Whites (30,018) and Blacks or African Americans (10,899) and remained stable for Hispanic/Latino children (12,817) (see Figures 33 and 34). Sexual abuse
rates continued to be slightly higher for Black or African American children than they were for White and Hispanic/Latino children in both 2005 and 2010.

Hispanic/Latino children had the highest rates (1.0 in both 2005 and 2010) of psychological and emotional maltreatment. Black or African American children had a lower rate (0.7 both years). The rates for Whites were slightly lower (0.6 in 2005 and 0.5 in 2010) than for the other two groups. The decrease in the number of children receiving psychological and emotional maltreatment was primarily among Whites (4,704). The numbers increased for Hispanics/Latinos (1,922). The rates, however, remained stable for all three groups.

The numbers are small for other races/ethnicities, except for the No Primary Race children. Neglect grew the fastest in numbers (from 12,500 in 2005 to 18,500 in 2010) and rates (from 5.7 in 2005 to 7.5 in 2010) for the No Primary Race group. The neglect rates were highest, however, for American Indian or Alaska Native children (8.5 in 2005 and 7.6 in 2010), but this group had low rates of all other types of maltreatment. Asian children had the lowest rates of any group for all maltreatment types. The numbers for Native Hawaiian/Other Pacific Islander children were too small to draw any meaningful conclusions (see Figures 43-45).
Figure 43. Rates and numbers of children by primary race/ethnicity and major maltreatment types nationally, 2005. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.

Figure 44. Rates and numbers of children by primary race/ethnicity and major maltreatment types nationally, 2005-2010. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.
**Foster care entries by primary race/ethnicity (NCANDS and AFCARS).** The reductions in foster care entries by primary race/ethnicity were consistent in AFCARS and NCANDS from 2005 and 2010. White children experienced the highest reductions in the numbers of entries (15,813 in NCANDS and 30,648 in AFCARS), followed by Black or African American children (8,762 in NCANDS and 18,874 in AFCARS) and Hispanic/Latino children (3,576 in NCANDS and 4,788 in AFCARS). However, the percentage reduction for Black or African American children was higher (21.1% in NCANDS and 23.6% in AFCARS) than for Whites (19.3% in NCANDS and 21.3% in AFCARS). The percentage reduction for Hispanics/Latinos was the lowest of the three groups (7.4% in NCANDS and 8.5% in AFCARS).
Blacks or African Americans had the highest rate reduction (0.08 in NCANDS and 1.72 in AFCARS), compared with Whites (0.3 in NCANDS and 0.59 in AFCARS) and Hispanics/Latinos (0.6 in NCANDS and 0.76 in AFCARS) (see Figures 46-49).

For the other ethnic/racial groups, except for No Primary Race children, foster care entry rates decreased in both NCANDS and AFCARS. The numbers in NCANDS and AFCARFS entries decreased the most for American Indians or Alaskan Natives (25.5% in NCANDS and 27.9% in AFCARS) and Native Hawaiian/Other Pacific Islanders (26.8% in NCANDS and 46.8% in AFCARS). Meanwhile, No Primary Race children had higher numbers of foster care entries (16.1% in NCANDS and 20.5% in AFCARS) (see Figures 46-49).

![Figure 46. Numbers and rates of children entering foster care by primary race/ethnicity nationally (NCANDS and AFCARS), 2005. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.](image-url)
Figure 47. Numbers and rates of children entering foster care by primary race/ethnicity nationally (NCANDS and AFCARS), 2005. Data obtained from national NCANDS files provided by the National Data Archive on Child Abuse and Neglect.

Figure 48. Change in numbers and rates of children entering foster care by primary race/ethnicity nationally (NCANDS and AFCARS), FFY 2005 to 2010. Data obtained from national NCANDS and AFCARS files provided by the National Data Archive on Child Abuse and Neglect.
The proportion of children entering foster care by primary race/ethnicity shifted between 2005 and 2010. Entries for White children decreased from 2005 to 2010 as a percentage of the total in both NCANDS (43.6% to 41.3%) and AFCARS (46.4 to 44.6). Similarly, entries for Black or African American children decreased in NCANDS (22.1% to 20.5%) and AFCARS (25.8% to 24.1%). Meanwhile, Hispanic/Latino children increased as a percentage of the total in NCANDS (25.6% to 27.9%) and AFCARS (18.2% to 20.4%) (see Figure 37).

![Figure 49. Percent of total numbers of children entering foster care by primary race/ethnicity nationally (NCANDS and AFCARS), FFY 2005 and 2010. Data obtained from national NCANDS and AFCARS files provided by the National Data Archive on Child Abuse and Neglect.](image)

**Discussion of Overall Trends for CWS/CPS Involved Children (NCANDS and AFCARS)**

The dissertation study describes the national shifts in CWS/CPS systems’ response to child maltreatment between 2005 and 2010. One of the underlying hypotheses for this study is that the national decline in foster care entries that took place during 2005 to 2010 was related to
CWS/CPS system reforms that focused on keeping children referred for maltreatment in their homes and communities. In addition, the improvements have helped the system become more targeted to high-risk or more vulnerable population groups, i.e., very young children and older adolescents.

**CWS/CPS Systems’ Response to Maltreatment**

The study finds changes in the national CPS response to child maltreatment from 2005 and 2010. The estimated numbers of children referred for maltreatment consistently increased since 2007 (U.S. DHHS, 2011a). CWS/CPS systems screened in more child maltreatment referrals in 2010 than 2005. However, during this period of time, substantiation numbers and rates decreased. As more reports of maltreatment were unsubstantiated, a growing number were assigned to differential or alternative response tracks instead of investigation. Therefore, the number of children found to be victims of maltreatment declined 13% (over 100,000 children), and the rate of substantiation dropped 1.8 between 2005 and 2010. The data show an increase of 104,249 children with unsubstantiated findings and an increase of 137,225 in the number of children assigned to differential response between 2005 and 2010.

These findings from the administrative data are consistent with the information found in the literature related to increased implementation of alternative/differential response systems and family engagement practice models in child welfare. The data on differential response included in this study are based on 14 states that reported this information to NCANDS. However, a study by the U.S. Department of Health and Human Services in 2003 found that almost two thirds of all county-level public child welfare agencies claimed to employ “alternative response” (U.S. DHHS, 2003). Thus, it is possible that states did not fully report alternative response numbers to NCANDS.
This study does not include separate analyses related to the types of maltreatment referrals that were diverted to differential response or those that were unsubstantiated. Therefore, no conclusion can be drawn about the observed decrease in substantiation by different types of maltreatment. However, other research found that there were variations across the country in the way differential response was operationalized. Although studies suggested that assignment to the alternative response track varied by state based on the type of maltreatment (Shusterman et al., 2005), generally states assigned low-risk families to differential response.

The study showed that the numbers and rates of substantiation declined for all types of maltreatment between 2005 and 2010. Neglect continued to be the most prevalent type of maltreatment, and it only declined slightly—by 2.9% (from 501,997 to 497,176)—compared with a 15.3% decline in physical abuse (from 138,320 to 117,415), and a 21.9% decline in sexual abuse (from 79,051 to 61,873). In fact, the decline in the numbers of substantiated maltreatment overall was primarily due to decreased physical and sexual abuse. The rate decreases were similar, at approximately 0.2 to 0.3 for all three major categories of maltreatment.

This study includes analyses of the administrative decisions related to disposition of maltreatment reports, which do not necessarily measure the incidence or prevalence of maltreatment in society. Therefore, in addition to the shifting laws, policies, and practices related to differential response and other in-home service strategies, the larger decline in substantiation in physical and sexual abuse may be the result of change in the incidence of specific types of maltreatment. The Fourth National Incidence Study of Child Abuse and Neglect (NIS–4), based on data collected in 2005 and 2006, showed a decrease in the national incidence of maltreatment, especially physical and sexual abuse, since the NIS–3 in 1993. However, NIS-4 found that all other forms of child maltreatment remained at or well above 1986
levels (analyzed in NIS-2), and there was a five-fold increase in emotional neglect between NIS-2 and NIS-4 (Sedlak et al., 2010). Although this study finds decreased substantiation of all maltreatment types, the average declines are small in comparison to the declines in physical and sexual abuse. Thus, these findings may be an indication that the observed change could also reflect continued decrease in the incidence of maltreatment, especially physical and sexual abuse, in addition to decreased substantiation due to diversion of reports to differential response.

Post investigation services (PIS). Other research found that the risk of recidivism was similar regardless of substantiation status, that the substantiation label should be removed from use, and that it would be more practical and meaningful for agencies to document service needs (Kohl, Johnson-Reid & Drake, 2009). Therefore, in addition to services for children with substantiated findings, this study includes analyses of services to children with unsubstantiated findings. Almost 760,062 children received services post investigation in 2010 out of the approximately 3.1 million children screened in for maltreatment. Overall, the study finds that there were decreases in the numbers of children who received PIS out of the total screened in regardless of disposition. There was a 14% reduction in foster care services compared with a 5.9% decrease in “other” services post investigation.

“Other” PIS. In 2010, three times as many children (597,518) received “other” PIS (79%), including family preservation and support as well as other services, than the 162,544 (21%) who received foster care. Given the increased numbers of children with unsubstantiated findings who received services, the decrease in “other” PIS between 2005 and 2010 could be related to the diversion of families to community-based services instead of formal child welfare services. As evident in the literature, CWS/CPS systems have recognized that they alone do not have the resources necessary to support families and prevent child maltreatment (U.S. General
Accounting Office, 1997; Waldfogel, 1998). Thus, CWS/CPS systems have focused on the use of community-based services to supplement their efforts. By diverting low-risk families to the needed community services, child welfare workers can then focus efforts on protecting children at higher risk (Merkel-Holguin et al., 2006). Thus, differential response provided CWS/CPS agencies with options for working with families at the earliest signs of trouble and for partnering with community-based organizations that could help support families. Through this approach, social workers engage families in solutions and provide targeted services to help families (Freundlich, 2010). These approaches are geared toward engagement of the families referred to CPS and their support systems in assessment and decision-making processes. Thus, families can be connected more effectively with the supports and services they need to safely stay together.

In the states identified as having alternative response systems in the *CPS Reform Study* issued in 2003, the majority of states relied on community agencies to conduct the assessments (U.S. DHHS, 2003). Also, other research indicated that families diverted to differential response were more likely to receive services (Shusterman et al., 2005). In addition, evaluations of differential response implementation have found increased use of community services (Hernandez & Barrett, 1996; Siegel & Loman, 1998).

Although more reports were unsubstantiated and more children served at home and in communities, it seems that children with substantiated findings continued to be prioritized for formal services through the child welfare system. The study found that there was no change in the percentage of children (43.6%) provided with PIS out of the total involved in substantiated reports for 2005 and 2010. However, there were shifts in the proportion of children who received foster care services post investigation compared with those who received “other” PIS. For children with substantiated findings, 15.2% received foster care services post investigation in
2005 and 14.6% did so in 2010. The percentage of children with substantiated findings out of the total who received “other” PIS increased slightly: 28.4% received “other” PIS in 2005 and 29% did so in 2010.

**Foster care services (NCANDS and AFCARS).** Children represented in the NCANDS numbers who received post investigation foster care were part of a larger universe of children who entered foster care for a variety of reasons, including reasons other than maltreatment (i.e. child behavior problems). The data from NCANDS provide information about foster care entries post disposition (within 90 days), while AFCARS includes all children who entered out-of-home care and the reasons for their entries.

The numbers and rates of children entering foster care declined for both post investigation foster care (based on NCANDS) and all entries (based on AFCARS) from 2005 and 2010. Based on NCANDS, in 2005, 190,000 children entered foster care within 90 days of an investigation and disposition of a maltreatment report, a rate of 2.6, compared with 162,544, a rate of 2.2, in 2010. Based on AFCARS, 307,000 children entered foster care, a rate of 4.2, in 2005 and 254,000 children, a rate of 3.4, did so in 2010. The NCANDS numbers decreased by 14.5%, and rates decreased by 0.4, while AFCARS numbers decreased by 16.9% and rates by 0.8.

The major contributors to the decline in foster care entries were decreases in neglect and child behavior problems. Given the large numbers (156,943 in 2005 and 134,500 in 2010) of children who entered due to neglect, the 14.3% decrease in children entering foster care due to neglect accounted for the largest decrease in numbers (22,417 children) of any reason for entry. The second largest decrease was 27.8% (14,800) fewer children entering foster care due to behavior reasons. In addition, foster care entries due to physical abuse decreased by 20.5%
(10,000 children), while those due to child substance abuse decreased by 41% (5,596 children). Foster care entries resulting from parental inability to cope dropped by 12.5% (6,393 children), and entries due to sexual abuse fell 36.3% (6,396 children). The declines in entries across removal categories suggest a system-wide change in policies and practices geared toward reduced reliance on foster care as the primary intervention for serving maltreated children.

Discussion of Demographic Trends for CWS/CPS Involved Children (NCANDS and AFCARS)

The study also focuses on whether there is any evidence that the CWS/CPS systems have become more targeted at serving more vulnerable children and families over time. Overall, the study finds that there is some evidence of shift in the demographic characteristics (gender, age, and primary race/ethnicity) of children who were screened in and received services from 2005 to 2010. The study reveals some targeting of CPS response to younger children as well as substantial change in primary race/ethnicity, but the differences by gender were minor.

CWS/CPS-Involved Children by Gender

NCANDS data show that females were screened in, determined to be victims of maltreatment, and provided with PIS at higher numbers and rates than males. The substantiation numbers were slightly higher for males than for females for neglect, medical neglect, and physical abuse, but the rates were very similar. However, the numbers and rates of female children with substantiated findings of sexual abuse were much higher than those for males. NCANDS data show that female victims of maltreatment were placed into foster care at higher numbers and slightly higher rates than male victims.

AFCARS data, however, show that higher numbers of males than females entered care yearly between 2005 and 2010, although the rates overall were similar for both genders. Both
males and females experienced a reduction in the number of foster care entries between 2005 and 2010. Although the reduction in rate was very close, at 0.7 for males and 0.8 for females, the reduction in numbers was higher for females (19.21%) than males (17.28%). This was a positive trend, given the findings from other research that male children were at greater risk of severe physical and fatal maltreatment (Leventhal, Thomas, Rosenfield, & Markowitz, 1993; Ross, Abel, & Radisch, 2009). In general, most studies found that boys were slightly more likely than girls to die in maltreatment-related incidents (Stiffman, 2002. However, more research is necessary to determine if the shift in services by gender has resulted in improved safety related to severe physical and fatal maltreatment.

CWS/CPS-Involved Children by Age

Generally, the CWS/CPS systems did prioritize younger over older children for response and services. Younger children accounted for the highest numbers and rates screened in, determined to be maltreated, and given PIS (both foster care and “other” PIS). At the other end of the age continuum, older children were screened in, determined to be victims of maltreatment, and provided PIS at lower numbers and rates.

The findings both support and contradict the hypothesis regarding targeting to younger children and older adolescents with higher needs from 2005 and 2010. First, there is some evidence of targeting of CPS response and services to younger rather than older children; however, there are exceptions for children at both ends of the child age continuum. The largest percentage increase in screened-in numbers was for children 0 to 4 (around 11%) and 17 (17.9%). Meanwhile, the only group that experienced a decrease in screened-in numbers was children 11 to 15 years of age (6.6%). The screened-in rate increased by 1.7 for children 0 to 4 and by 3.1 for 17 years of age. In addition, the reduction in substantiation numbers for younger
children (ages 0 to 4) was less than 5%, compared with 26% for children aged 11 to 15. The reduction in PIS was 8.4% for children 0 to 4 with substantiated cases, compared to 27.3% for children 11 to 15 years old. The declines in CPS response and services also impacted children 5 to 10 years old at higher numbers and rates than children 1 to 4 but much less than the decline experienced by children 11 to 15 years of age.

The exception to the trend by age was observed for children under 1 year of age, and for youth aged 17. Considered the most vulnerable, children under 1 year of age accounted for the highest numbers screened in, substantiated, and provided with PIS (including foster care) in both 2005 and 2010. In 2010, 18% more children under 1 year of age were screened in, and 38% more were determined to be maltreated than children 1 year of age. The observed pattern is that reductions among different variables were often higher for children under one than for children 1 to 4 years of age. Children under 1 year of age experienced a higher decrease in foster care entry rates than children aged 1 to 4 did, based on both NCANDS and AFCARS. Examination of the AFACRS data reveals that for children under 1 year of age, rates of removal due to neglect decreased from 7.20 in 2005 to 5.85 in 2010, parental substance abuse rates decreased from 4.28 to 3.79, and child substance abuse rates (addiction at birth) decreased from 0.76 to 0.44. In addition, the declines in these entry rates were among the highest observed for any age group.

Given that infants tended to be highly overrepresented in the child welfare system, the higher declines in percentages and rates of substantiation and PIS compared with those of children 1 to 4 seem plausible in the context of an overall system adjustment toward reliance on community-based services rather than foster care. The study finding related to the decrease in entries of children under 1 year of age may be attributable to implementation of various policies and practices targeted to this age group. Given their higher vulnerability, infants have been the
subject of increased interventions and services both on the national and state level. Prevention and early intervention programs targeting newborns, such as Nurse-Family Partnership (NFP) and Healthy Families America, have been increasingly implemented in many states in the past decade. Studies showed that NFP reduced child abuse and neglect by 48% and had other positive outcomes related to school readiness, maternal employment, prenatal health, and subsequent pregnancies (Kids are Waiting, 2008; Pecora, Chang, et al., 2009).

Meanwhile, the decrease in entries due to child behavior reasons was a major contributor to the decline in the numbers of children 11 to 15 years of age who entered care and the overall reduction in the foster care population. Children 11 to 15 years of age contributed the most to the reduction in foster care entries between 2005 and 2010. Of the total reduction in entries recorded in NCANDS, children 11 to 15 years of age accounted for 41% (11,419 out of 27,989) of the total reduction in post investigation foster care. AFCARS data showed that there were 56,514 fewer children who entered care in 2010 than in 2005. At the same time, 25,818 fewer children 11 to 15 years of age entered foster care, accounting for 45.6% of all the reduction in entries. In comparison, there were 3,149 fewer children 1 to 4 years of age and 9,135 fewer children 5 to 10 years old who entered foster care in 2010 than in 2005.

However, the total reduction in AFCARS entries for children 11 to 15 years of age was more than double the reduction in NCANDS (25,818 in AFCARS and 11,419 in NCANDS). Similarly, the number of NCANDS entries for children 16 years of age decreased by only 516 children compared with a 4,532 decrease in entries according to AFCARS.

The higher reduction in AFCARS placements may have resulted from differences in the types of reasons associated with declines in entries into foster care. Neglect and child behavior were the two primary reasons children 11 to 15 years of age entered foster care, and this group
also had the highest numbers and rates of placement for sexual abuse. Approximately 29,000 children 11 to 15 years of age entered foster care due to behavior problems in 2005, and 31,542 entered for neglect. In 2010, 19,000 children 11 to 15 years of age entered due to behavior problems, and 23,297 entered foster care due to neglect. The difference in the reduction between NCANDS and AFCARS may be attributed to the fact that there was a huge reduction (over 10,000) of children 11 to 15 years of age who entered foster care due to behavioral problems (and are therefore not documented in NCANDS) in 2010.

The reduction in the number of older youth entering care was also consistent with some of the reforms in policy and practice that took hold in the child welfare field in recent years. Older youth who enter group care are identified as having high levels of mental health problems and issues such as running away and delinquency (behavior problems). Traditionally, these adolescents were placed in congregate care, typically including group home and residential treatment facilities designed to address the youths’ dangerous or aggressive behaviors as well as mental health issues. In recent years, there has been an increased emphasis on the quality of care for children and adolescents in child welfare within and across youth-serving systems, including child welfare, health, mental health, and education. A major focus has been on reduced reliance on placements in congregate care facilities and development of alternative family and community interventions such as Multidimensional Treatment Foster Care (Chamberlain, Leve, & DeGarmo, 2007) and in-home family-based mental health services (Barth et al., 2007), which produce more favorable outcomes at less cost than group care programs. As new community-based and less restrictive care options have been developed, there has been renewed accountability for group care programs to demonstrate their effectiveness and role in the continuum of care for youth. The Annie E. Casey Foundation has worked intensively with
several public child welfare systems to help reduce reliance on congregate care placements and to encourage reinvestment of resources in alternative and community-based services (including evidence-based interventions). This was done in an effort to improve permanency and other long-term outcomes for children (Annie E. Casey Foundation, 2009).

CWS/CPS-Involved Children by Primary Race/Ethnicity

The inclusion of primary race/ethnicity as part of the analyses was informed by the literature related to the overrepresentation of children of families of color in the child welfare system and the fact that primary race/ethnicity has been closely tied to both socioeconomic status and child maltreatment risk (Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013). In addition, there was evidence in the literature that various states were making efforts to reduce disproportionality and disparities in the child welfare system.

The racial and ethnic makeup of the U.S. child population has shifted during the last decade, and concurrent shifts have occurred in the racial and ethnic composition of this nation’s child welfare system. Between 2005 and 2010, the numbers of Hispanic/Latino children under 19 years of age increased 16.9%, while the numbers of Black or African American children increased only 1% and the numbers of White children decreased 5.3% (U.S. Census Bureau, 2005-2010). Overall, from 2005 to 2010, the numbers and rates of Black or African American, American Indian or Alaska Native, and Native Hawaiian/Other Pacific Islander children decreased in the child welfare system, while those of Hispanic/Latino children increased. AFCARS shows that the proportion of White children entering foster care decreased from 46.4% to 44.6%, and the proportion of Blacks or African Americans went from 25.8% to 24%. Meanwhile, the proportion of Hispanic/Latino children increased from 18.2% to 20.4%.
The study finds that the largest three groups served by the child welfare system were Whites, Blacks or African Americans, and Hispanics/Latinos. Therefore, the changes observed for these three groups accounted for the shifts in the national trends of the child welfare population. The numbers of children screened in, involved in substantiated and unsubstantiated reports of maltreatment, and provided with services declined for White children as well as for Black or African American children between 2005 and 2010. Meanwhile, Hispanic/Latino children experienced the largest increase in screened-in numbers for maltreatment (over 120,000 children from 2005 to 2010). However, the majority of additional cases screened in were unsubstantiated (affecting over 105,000 children). One of the most unexpected findings in this study relates to the large number of Hispanic/Latino children who received post investigation services, especially “other” PIS, in unsubstantiated cases. Hispanic/Latino children experienced the largest increase in numbers who received PIS (from 130,665 to 149,054). Hispanic/Latino children accounted for most of the increase in the numbers of unsubstantiated children who received PIS, and their rates for these services were consistently higher at 8.9. While the numbers of White children with unsubstantiated findings who received “other” PIS declined, 17% more such Hispanic/Latino children received these services (112,629 in 2005 to 131,925 in 2010). The rates of children with “other” PIS in unsubstantiated reports were highest for Hispanic/Latino children (7.9) compared with 6.0 for Blacks or African Americans and 3.3 for Whites in 2010.

The shift in composition of the child welfare population, with the decrease of White children and Black or African American children and the increase of Hispanic/Latino children, had important implications for the decline in national foster care entries between 2005 and 2010. Despite the huge increase in the numbers of Hispanic/Latino children screened in during this
period, the number of Hispanic/Latino children who entered foster care decreased by 7.4% in NCANDS and 8.5% in AFCARS. Although the decrease in entries for Hispanic/Latino children was less than those of White children and Black or African American children, the fact that they decreased at all—given the large increase in screened-in numbers—was unexpected. The finding of high numbers and rates of Hispanic/Latino children who were received unsubstantiated findings and “other” PIS in unsubstantiated cases is very surprising. In addition, the decrease in the numbers of Black or African American children entering foster care (AFCARS in 23.6% and NCANDS 21.1%) contributed greatly to the overall decrease in the foster care population and was consistent with information from other sources.

In 2010, Whites continued to be underrepresented in child welfare compared to their presence in the general population. In 2010, White children accounted for 53.9% of the population and 43%-46% of those screened in for maltreatment, determined to be maltreated, and given PIS, including foster care. Blacks or African Americans, on the other hand, continued to be overrepresented. They accounted for 15.4% of the child population, 22.9% of those screened in, 21.4% of those determined to be maltreated, and 18.2% of those who received PIS, including foster care. Hispanic/Latino children were slightly underrepresented among those screened in for maltreatment, had substantiated cases in proportion to their representation in the population, and received PIS (especially in unsubstantiated cases) at much higher proportions than their representation in the population. Hispanic/Latino children accounted for 22.9% of the population, 20.9% of those screened in, 22.5% of those determined to be victims of maltreatment, 26.7% of those who received all PIS, 23.4% of those who received post investigation foster care services, and 26.6% of those who received “other” PIS.
Given that all the racial/ethnic groups contributed to the decrease in the foster care entries implies system-wide changes unspecific to any particular population or group. Yet the difference in the level of reduction by primary race/ethnicity suggests that there were unique dynamics that impacted various racial/ethnic groups. Regardless of the outcome of the important debate over what causes disproportionality and disparities in the child welfare system, there is evidence in this study of a decrease in the overrepresentation of Black or African American, American Indian or Alaska Native, and Native Hawaiian/Other Pacific Islander children entering foster care. The observed changes in the data trends are consistent with the trends in the literature related to the child welfare reform efforts that focused on increased family engagement and involvement in decision making as well as increased awareness of disproportionality and disparities related to the children of color in the child welfare system.

The study results suggest that the dynamics affecting the Hispanic/Latino population are different than those affecting other children of color. There was a substantial increase in the number of Hispanic/Latino children provided with a CPS response and services. As a result, the numbers of Hispanic/Latino children who entered foster care increased somewhat, but the increase did not result in overrepresentation of Hispanic/Latino children nationally. Other sources, however, indicated that Hispanic/Latino children were overrepresented in a number of states (Dettlaff, 2011).

In addition, other research suggested that one of the critical explanations of continued underrepresentation of Hispanic/Latino children relates to the fact that 40% of Hispanics/Latinos in the United States are foreign born. Among Hispanic/Latino children, 52% are born in the United States to immigrant parents (Dettlaff, 2013). Research indicates that the odds of substantiation were lower for Hispanic/Latino children in “mixed” nativity families compared
with those in which mothers were born in the United States. This difference was attributed to lower levels of marital and other problems, such as active substance abuse, among immigrant families (Johnson-Motoyama, Dettlaff, & Finno, 2012). Another study conducted in 2007 in Texas found that Latino children of second and third generation were more likely to end up in foster care than those of immigrant parents. The study found that underrepresentation of Latino children of immigrant parents but overrepresentation of third and fourth generation Latino children (Vericker, Kuehn, & Capps, 2007). Other research in California also found differences in maltreatment rates based on the mother’s nativity. The research also pointed toward social-cultural acculturation and potential erosion of protective factors with time spent in the United States and across generations as a possible explanation for the difference (Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013).

Conclusions and Implications for Future Policy, Practice, and Research

Overall, this study highlights trends in child maltreatment, administrative decisions made by the CWS/CPS systems, and the potential impact on foster care reduction. One of the underlying hypotheses for this study was that the national decline in foster care entries that took place during 2005 to 2010 was related to CWS/CPS system reforms that focused on serving more children referred for maltreatment in their homes and communities. In addition, it was hypothesized that the improvements have helped these systems become more targeted to high-risk or more vulnerable population groups, i.e., very young children and adolescents.

As hypothesized in the study, there are clear indications that there were shifts in CWS/CPS systems’ response to child maltreatment from 2005 to 2010. The numbers and rates of substantiation as well as provision of post investigation or post response services including foster care decreased. The findings indicate that despite the increase in the national numbers of
children screened in for maltreatment, substantiations for all types of maltreatment, especially neglect, as well as physical and sexual abuse declined. At the same time, unsubstantiated findings and assignment to differential or alternative response increased.

Consistent with the decline in substantiation, post investigation services (including foster care entries) declined. There were reductions in the provision of these services in both substantiated and unsubstantiated cases. The reductions in foster care services were much higher compared with “other” than foster care services. Unsurprisingly, children with substantiated findings continued to be prioritized for post investigation services by the child welfare systems. These findings are consistent with the literature related to CWS/CPS systems implementation of policy and practice initiatives aimed at improving decision-making, engaging families and communities and focusing more on prevention and family support rather than foster care.

Although the changes in child maltreatment data trends were observed for the entire population of children involved with the CWS/CPS system from 2005 to 2010, there were variations based on the demographic characteristics of children.

The study exploration of whether CPS intervention has become more targeted to younger children was directly related to the concern over reduced reliance on foster care and the impact on the safety of maltreated children. There was some evidence that CWS/CPS systems increased targeting of services to younger children and older adolescents, including foster care (as hypothesized by the study) from 2005 to 2010, with some exceptions. Younger children, aged 0 to 4, and children under 1 year of age continue to constitute the largest groups served by the child welfare system. Younger children constituted higher proportions of the total than older children screened in, substantiated, and provided with post investigation services. Although the numbers and rates of foster care placements decreased for children under 1 year of age, these
children continue to be highly overrepresented in the CWS/CPS system compared to their presence in the general population. The decrease in the number of infants specifically may point to the increased prevention and early intervention services targeted at this population.

The data trends did not show consistently that there was targeting of services to adolescents. Although children 16 and 17 years of age accounted for larger proportions of those children who were screened in, substantiated, and received post investigation services in 2010 than in 2005, children 11 to 15 years of age decreased the most as a proportion of the total in all categories. In fact, the decrease in entries for children 11 to 15 years of age was one of the major contributors to the decline in foster care entries from 2005 to 2010. The decrease in entries of this group was primarily due to behavioral reasons and it may be related to the efforts CWS/CPS systems have made in recent years to provide more evidence based services and to reduce reliance on congregate care placements for this population. The increase in child welfare services to youth 16 and 17 years of age may have to do with the growing awareness of the vulnerability of these older adolescents and the need to keep them from aging out of foster care.

The study indicates a substantial decrease in disproportionality between 2005 and 2010 for Blacks or African Americans, American Indian or Alaska Natives, and Native Hawaiian/Other Pacific Islanders. The changes for these groups reduced, but did not eliminate, their overrepresentation. Meanwhile, Hispanics/Latinos accounted for most of the increase of children screened in for maltreatment but they continue to be underrepresented in foster care nationally. One of the most unexpected findings was the large increase in Hispanic/Latino children with unsubstantiated cases who received “other” post investigation services. Therefore, the increase in the proportion of Hispanic/Latino children (since they enter foster care at lower numbers and rates) in addition to the decrease in the proportion of other children of color in
CWS/CPS were two important contributors to the reduction in the foster care entries between 2005 and 2010.

However, the fact that the decrease in substantiation and post investigation services (including foster care) impacted the majority of children regardless of race/ethnicity implies broad systemic changes that cut across racial/ethnic groups. The findings by primary race/ethnicity also suggest that there were specific policies and practices that affected children of color. Several child welfare systems have adopted practices and policies to reduce the disproportionate representation of children of color in foster care, and the data show that there were declines in the levels of overrepresentation for Black or African American, American Indian or Alaska Native, and Native Hawaiian/Other Pacific Islander children.

Additional research is needed to better understand the trends observed by this study. Due to concerns for the safety of maltreated children, more research is specifically needed to understand how the shifts in CWS/CPS systems’ response to maltreatment have impacted safety. Additional research is needed to better understand more about the relationship between safety of maltreated children and the level foster care placements given the considerable investment of federal, state, and local funds on this program. What is the relationship between the rates of removal and repeat child maltreatment? Are children in jurisdictions with higher rates of removals safer than those with low rates? It would be valuable to conduct state by state analyses linking administrative data from NCANDS and AFCARS to determine the variations in foster care entries and child safety outcomes. In addition, linking NCANDS and AFCARS data would allow for improved analysis of the safety measures for individual children over time.

Improvements in the national data related to child maltreatment generally and child fatalities and near fatalities more specifically are needed. It is necessary for the federal
government to improve its capacity to collect more accurate and comprehensive data in order to better inform prevention and intervention efforts.

In addition, more research is necessary to understand the specific policies and practices that impacts specific population groups. This study highlights the need for attention to the changing demographic characteristics of children served by the child welfare system. Despite the improvements in recent years, there continues to be high overrepresentation of Black or African American, American Indian or Alaska Native, and Native Hawaiian/Other Pacific Islander children in the child welfare system. In addition, the demographic trends suggest that Hispanic/Latino children will continue to grow as a proportion of the population in general and in the child welfare system specifically. Additional research is necessary to determine how best to draw on the protective cultural factors in serving the Hispanic/Latino population.

Overall, this study highlights trends in child maltreatment, administrative decisions made by the CWS/CPS systems, and the potential impact on foster care reduction. This dissertation study also presents the data trends and innovations implemented by CWS/CPS systems in the United States. Despite all the improvements, maltreatment continues to be a major social problem. There are too many children who continue to suffer from maltreatment in this country. More can be done to implement policies to prevent maltreatment from occurring in the first place and to ensure safety, permanency, and wellbeing of vulnerable children. CWS/CPS systems, as the last line of defense for maltreated children, must continue to improve their capacity to assess the safety and to intervene effectively to protect children who come to their attention. Other systems concerned with public safety have made substantial progress. CWS/CPS systems must adopt innovations used by other field such as health, public health, and other industries concerned with public safety (Chahine, Pecora, & Sanders, 2013).
However, child maltreatment is a public health problem that can only be effectively addressed through a public health approach. CWS/CPS systems serve critical roles as the last line of defense for vulnerable children, but the responsibility for protecting children should not be viewed as solely the responsibility of these systems. Child maltreatment-related deaths are highest among children under 4 years of age and the majority may have not had contact with child welfare. Therefore, other systems (such as health, public health, child care and early childhood education) are in a better position to intervene early in order to keep these most vulnerable children safe. The federal and state governments have supported child welfare innovations in recent years. New or expanded services that prevent out-of-home placement and/or facilitate permanency will require even more comprehensive approaches to maltreatment.
1 The term “child welfare” covers a multitude of services considered to be social services. Services are not universal, and many children will never come into contact with the child welfare system (Bezeau, 2007). Child welfare system refers to “services and institutions concerned with the physical, social, and psychological well-being of children, particularly children lacking normal parental care and supervision” Child welfare. (2009). In Encyclopedia Britannica. Retrieved from http://www.britannica.com/EBchecked/topic/111093/child-welfare

2 Child protection is currently one of the U.S. child welfare system’s key functions and usually refers to protection from abuse and neglect/maltreatment by a caregiver

3 These figures by the federal government are usually based on duplicate counts of children. Duplicate count: Counting a child each time that he or she was a subject of a report. This count is also called a report-child pair. Unique count: Counting a child once regardless of the number of reports concerning that child that received a CPS response during the year.

4 Data reported in this document are based on the Federal Fiscal Year (FFY), unless otherwise noted. The FFY runs from October 1 through September 30 of the year for which it is named.

5 The term foster care is used in this document to refer to all children in out-of-home care. The general definition of foster care is "24-hour substitute care for all children placed away from their parents or guardians and for whom the state agency has placement and care responsibility..." Social Security Act, Section 477(b)(3)(G), 45 CFR 1355.20. Available from http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=207

6 According to the U.S. DHHS, collecting accurate data regarding child fatalities can be very challenging, since it requires coordination among several agencies. A determination that there has been a homicide takes considerable time. In addition, not all fatalities are reported to the child protection agencies where the data are gathered for the National Data Archive on Child Abuse and Neglect (U.S. DHHS, 2010).

7 In each county, NIS-4 collected CPS data as well as reports of maltreatment cases that came to the attention of county sheriffs’ offices, county health departments, municipal police departments, hospitals, voluntary social services and mental health agencies, and others (Sedlak et al., 2010).

8 In this paper, the terms child fatalities and child deaths are used interchangeably. NCANDS defines “child fatality” as the death of a child caused by an injury resulting from abuse or neglect, or where abuse or neglect was a contributing factor U.S. DHHS 2011a).
The term substantiated is used interchangeably with “victim”; also, the term “unsubstantiated” is used interchangeably with “not a victim.”

The term is often used to refer to African American, Native American/Alaska Native, and Hispanic/Latino populations in the United States.

The percentage of minority race/ethnicity children entering foster care disproportionately was greater than the percentage of these children in the population.

The term kinship care refers to full-time care by blood relatives, godparents, or close family friends. Private, or informal, kinship care may not involve CPS, whereas in nonrelative care, CPS is involved. “Kinship foster care describes the subset of child welfare-involved children who are placed with relatives, but remain in the legal custody of the state” (Annie E. Casey Foundation, 2012, p. 2).

Children in out-of-home care are also placed in group or congregate care, often in residential settings. Residential settings integrate treatment and educational services, and a group or residential placement is a congregate living environment that houses six or more youth in a single facility staffed by government or private agency personnel (Whittaker, 2006). Even though the federal Adoption and Safe Families Act (ASFA) of 1997 requires all states to ensure that young people in foster care be placed in the least restrictive and most family-like setting, large numbers of adolescents in foster care continue to transition toward adulthood in group or residential settings (DHHS, 2006a).

All data reported in this document are based on the federal fiscal year unless otherwise noted.


Safety: Children are protected from abuse and neglect and are safely maintained in their homes whenever possible and appropriate. Permanency: Children have permanency and stability in their living situations and continuity in their family relationships and connections. Child and family well-being: Families are better able to provide for their children’s needs, and children are provided services that meet their educational, physical health, and mental health needs (U.S. DHHS, 2006a).
Substantiated: An investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by state law or policy. Unsubstantiated: An investigation disposition that determines that there was not sufficient evidence under state law to conclude or suspect that the child was maltreated or at risk of being maltreated.

Absence of maltreatment recurrence is defined thus: Of all children who were victims of substantiated or indicated abuse or neglect during the first 6 months of the reporting year, what percent did not experience another incident of substantiated or indicated abuse or neglect within a 6-month period? (U.S. DHHS, 2006a).

Absence of maltreatment in foster care is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of a substantiated or indicated maltreatment by foster parents or facility staff members? (DHHS, 2006a).

Reentry into foster care is usually defined as “children who re-entered foster care in less than 12 months of a prior foster care episode.” Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/data_indicators_for_the_second_round_of_cfsrs.pdf

Differential response is also referred to as “dual track,” “alternative response,” or “multiple response.”

Family group decision making is based on the decision-making practices of the Maoris (New Zealand's indigenous people) (Morris & Maxwell, 1998).

The major open-ended entitlement federal funding stream for child welfare services is Title IV-E of the Social Security Act.

The English Poor Laws of 1601 formed the legal basis for efforts to protect needy children through the doctrine known as parens patriae, or the ruler’s power to protect minors, and was viewed as justification for governmental intervention into the parent-child relationship, either to enforce parental duty or to supply substitute care for the child.

Almshouses came into existence following the Revolutionary War.

A home was considered “unsuitable” for children if an unrelated man was present in the home. However, the presence of any man was considered evidence that financial need did not exist (Axinn & Levin, 1982).

The program continues to the present as an open-ended entitlement as part of Title IV-E of the Social Security Act. However, eligibility for the program is based on 1996 income levels. The
link to AFDC is at the heart of the current debate over what became known as the “look back” provision, which in effect reduces federal matching funding for states.

The term refers to the collection of injuries sustained by a child as a result of repeated mistreatment or beatings. The term "battered child syndrome" developed into "maltreatment," encompassing not only physical assault but also other forms of abuse, such as malnourishment, failure to thrive, medical neglect, and sexual and emotional abuse (Library Index, n.d.).

Title IV-B funding is separated into two subparts: Subpart 1, the Child Welfare Service Program, and Subpart 2, Promoting Safe and Stable Families. Subpart 1 provides grants to the states to prevent placement and reunify families, prevent abuse and neglect, and provide services to children in foster care or adoptive homes. Subpart 2 funds family preservation, community-based family support programs, time-limited family reunification services, and adoption promotion and support services. (Scarcella et al., 2006).


Several different models for engaging families in decision making include family group decision making, family group conferences, team decision meetings, and others.

Data about post investigation services are collected through the Child File or the SDC. States are asked to report only those children who received services by the CPS agency within 90 days of the disposition date (U.S. DHHS, 2010, p. 88).

The 1988 amendments to the Child Abuse Prevention and Treatment Act (CAPTA) required DHHS to establish a collection and analysis program for child maltreatment data. DHHS responded to this mandate by establishing and maintaining NCANDS, which is a voluntary data reporting system. Since at least the year 2000, states have increasingly provided data on children who were maltreated to U.S. DHHS for NCANDS. From these data, U.S. DHHS publishes a yearly Child Maltreatment report (U.S. DHHS, 2010).

Population data used in calculating rates per 1,000 in the population are from Claritas. Retrieved from http://www.claritas.com/PL94/Default.jsp?param=ZsUsci_nYdMeY (%269Qe%EoDta2ClcdGQxzZp%60%2BA9%2Bpaz%5C9g%2BiiU2 (%2F%249n'WsS%%2CbAAQIUGXGDDAAQDQCXCPHUEWFF%257M**%266%22Z%3FO) 9)Nr%23%7C.%256!0ANs.q4y6q5%3E%251%2F%3F%25%7Cx%7D.eic#sf3

Refer to Attachment A for a list of post investigation services.


Although there are limitations to using recurrence as a measure, it is currently the only accepted measure of safety for children served by the CWS/CPS system. State definitions and legal standards for substantiating maltreatment differ. Since the criteria for accepting and substantiating maltreatment reports are specific to the laws and policies in each state, the standard for substantiation varies from one place to another (Leiter, Myers, & Zingraff, 1994). Therefore the change in substantiation rates (victimization) could be the result of changes in policy and practice in states and not an indication of the reduction in the maltreatment. Given that determination of recurrence of maltreatment is dependent on the reporting and substantiation of child abuse and neglect allegations, states vary significantly in their rates of recurrence (Fluke, Yuan & Edwards, 1999).

Percent change is calculated by subtracting “old” data from “new” data, dividing that result by old data, and multiplying it by 100.

Rate is calculated by dividing the total number of children screened in by the total child population and multiplying by 1,000 \([N \text{ screened in/child population} \times 1,000]\).


The NCANDS data used to calculate the national figures did not adjust for missing state data. The following state data were not reported and not included in the totals: 2006, 2007, and 2008 for Maryland; 2007, 2008, and 2009 for North Dakota; 2007, 2008, 2009, and 2010 for Oregon; and 2007 for Michigan. Michigan’s screened-in numbers were around 140,000 children for 2006 and 147,000 in 2008. Therefore, the decrease in screened-in numbers for 2007 was primarily due to absence of numbers for Michigan. The overall comparison between 2005 and 2010 was minimally impacted by the absence of data from Oregon, since Oregon’s numbers were around 12,000 for previous years.
Rate is calculated by dividing the total number of children screened in by the total child population and multiplying by 1,000 \([N \text{ screened in} / \text{child population}] \times 1,000\].

The primary race field is calculated in keeping with how the Children’s Bureau reports its race/ethnicity data.

An unduplicated count of children only includes unique reports of child maltreatment and does not count additional reports for the same child.

Substantiated: An investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by state law or policy. Differences in substantiation result from differences in statute, policy, and practice, including variation in the evidentiary standard used by different states.

Not all maltreatment types were included in the analyses of types of maltreatment. “Other” types of maltreatment were excluded. According to DHHS, “other” maltreatment accounted for 10.3% of maltreatment victims. States may code any maltreatment as “other” if it does not fall into one of the NCANDS categories (U.S. DHHS, 2010).

NCANDS data include DR “not a victim” in the unsubstantiated numbers and DR “victim” as part of the substantiated numbers.

Services or activities associated with 24-hour substitute care for all children placed away from their parents or guardians and for whom the state agency had placement and care responsibility (NDCAN, 2010, p. 38).

The numbers dropped precipitously for Indian or Alaska Native children from 6,008 in 2005 to 3,948. This may indicate an error in the data.

The analyses of the AFCARS data include the demographic characteristics (gender, age, and primary race/ethnicity) of children who entered or reentered foster care between 2005 and 2010: Entries and reentries are not analyzed separately. Entries and reentries are combined and will be referred to as “entries” for the purposes of this analysis.

The term is often used to refer to African American, Native American/Alaska Native, and Hispanic/Latino populations in the United States.

APPENDIX: DEFINITIONS OF DATA VARIABLES

The following is a list of variables from NCANDS and AFCARS that were used in the study:

Definitions of NCANDS Variables and Value Labels

- **Child ID Report Data:** A unique identification assigned to each child. This identification is not the State child identification but is an encrypted identification assigned by the State for the purposes of the NCANDS data collection.

  \textit{If MalDeath = 1 (Child Died), then this variable is suppressed (recoded to "XXXXXXXX")}

- **Child Age At Report Child Data:** Age, calculated in years, as of the date of the report of alleged child maltreatment. In the Contributed File, this variable is continuous. On output, it is top-coded to 18.

  \textbf{Value Label:} 0 under 1 year, 18 or Older, 77 unborn, 99 unknown or missing.

- **Child Sex Child Data:** The gender of the child at the time of the report.

  \textbf{Value Label:} 1 male, 2 female, 9 unknown or missing.

- **Child Race: Amer Indian or Alaska Native Child Data:** A child having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

  \textbf{Value Label:} 1 yes, 2 no, 3 unable to determine, 9 unknown or missing.

- **Child Race: Asian Child Data:** A child having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example,
Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Value Label: 1 yes, 2 no, 3 unable to determine, 9 unknown or missing.

- **Child Race: Black or African American Child Data:** A child having origins in any of the black racial groups of Africa.
  
  Value Label: 1 yes, 2 no, 3 unable to determine, 9 unknown or missing

- **Race Hawaiian or Other Pacific Islander Child Data:** A child having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  
  Value Label: 1 yes, 2 no, 3 unable to determine, 9 unknown or missing.

- **Child Race White Child Data:** A child having origins in any of the original peoples of Europe, the Middle East, or North Africa.
  
  Value Label: 1 yes, 2 no, 3 unable to determine, 9 unknown or missing

- **Child Race Undetermined Child Data:** The investigation has been unable to determine the race of the child.
  
  Value Label: 1 yes, 2 no, 9 unknown or missing

- **Child Ethnicity Child Data:** A child of Hispanic or Latino Ethnicity is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
  
  Value Label: 1 yes, Hispanic or Latino, 2 not Hispanic or Latino, 3 unable to determine, 9 unknown or missing
• **Maltreatment-1 Type Child Maltreatment Data:** A particular form of child maltreatment that is determined by investigation to be substantiated or indicated under State law such as physical abuse, neglect or deprivation of necessities, sexual abuse, psychological or emotional maltreatment, and other forms included in State law. This is the first type of maltreatment reported on the child victim's record. If a maltreatment is reported in this field then a maltreatment level should be provided in the corresponding maltreatment disposition -level field ("Mal1Lev")

**Value Label:** 1 physical abuse, 2 neglect or deprivation of necessities, 3 medical neglect, 4 sexual abuse, 5 psychological or emotional maltreatment, 6 no alleged maltreatment, 8 other, 9 unknown or missing.

• **Report Disposition Report Data:** The conclusion reached by the responsible agency regarding the report of maltreatment pertaining to the child in the record. *This is the final finding or disposition of the report.* If at least one maltreatment for any child in the report is "substantiated," all records (children) with this same Report ID should have this Report Disposition set to "substantiated." If all maltreatments for all children in the report are "unsubstantiated," all records (children) with this same Report ID should have the Report Disposition set to "unsubstantiated."

**Value Label:** 1 substantiated, 2 indicated or reason to suspect, 3 alternative response disposition-victim, 4 alternative response disposition-not a victim, 5 unsubstantiated, 6 unsubstantiated due to intentionally false, 7 closed-no finding, 88 other, 99 unknown or missing.
• **Child is a Victim on This Report Derived by NDACAN:** If any Mal1Lev through Mal4 Lev has the value, 1 = Substantiated, or, 2 = Indicated, or, 3 = Alternative Response Victim, OR If MalDeath = 1 (Child died) THEN This value is 1 (True); Otherwise it is 0 (False).

  **Value Label:** 0 False: Is Not a Victim, 1 True: Is a Victim

• **Post Investigation Services:** The child protective services agency, social services agency, and/or the child welfare agency provides or arranges post investigation services for the child/family as a result of needs discovered during the course of the investigation. If services were being provided prior to or as a result of the report of alleged child maltreatment, the continuation of the service provisions after the disposition of the investigation would constitute post investigation services. Post investigation services are delivered within the first 90 days after the disposition of the report and would include: Family Preservation, Family Support, Foster Care and other services listed in the NCANDS record layout. The NCANDS record layout includes the following services:

  o Family Support Services Provided
  o Family Preservation Services Provided
  o Foster Care Services Provided
  o Removal Date Services Provided
  o Juvenile Court Petition Services Provided
  o Petition Date Services Provided
  o Court-Appointed Representative Services Provided
- Adoption Services Provided
- Case Management Services Provided
- Counseling Services Provided
- Day Care Services-Child Services Provided
- Educational and Training Services Provided
- Employment Services Provided
- Family Planning Services Provided
- Related and Home Health Services Provided
- Home-Based Services Provided
- Housing Services Provided
- Independent and Transitional Living Services Provided
- Information and Referral Services Provided
- Legal Services Provided
- Mental Health Services Provided
- Pregnancy and Parenting Services Provided
- Respite Care Services Provided
- Special Services-Disabled Services Provided
- Special Services-Juvenile Delinquent Services Provided
- Substance Abuse Services Provided
- Transportation Services Provided
- Other Services Provided
Value Label: 1 yes, 2 no, 9 unknown or missing.

- **Foster care:** Services or activities associated with 24-hour substitute care for all children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This field indicates that this service began or continued for the child in the report as a result of the CPS response to reported allegations. The service has been delivered between the report date and 90 days after the disposition date of the report. The service continued past the Report Disposition Date. A foster parent is an individual who provides a home for orphaned, abused, neglected, delinquent or disabled children under the placement, care or supervision of the State. The individual may be a relative or not a relative and need not be licensed by the State agency to be considered a foster parent.

Value Label: 1 yes, 2 no, 9 unknown or missing.

Definitions of AFCARS Variables and Value Labels

- **Child Birth Date, Year:** Year of child's birth. If the child is abandoned or the date of birth is otherwise unknown, an approximate date of birth is entered.

- **Child Birth Date, Month:** Month of child's birth. If the child is abandoned or the date of birth is otherwise unknown, an approximate date of birth is entered.

- **Child Birth Date, Day:** Day of child's birth. If the child is abandoned or the date of birth is otherwise unknown, the 15th day of the month is used. To protect the confidentiality of children in foster care, this variable has been recoded so that all possible days are collapsed into 4 values. The first day of each week in a month (1, 8, 15,
22) has been preserved so that month/day/year birth variables may be combined into a single variable with a date format.

**Value Label:** 1st through the 7th day, 8th through the 14th day, 15th through the 21st day, 22nd through the 31st day

- **SEX Child Sex:** The sex of the child.
  **Value Label:** 1 Male, 2 Female

- **Child American Indian or AK Native:** In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North America or South America (including Central America), and who maintains tribal affiliation or community attachment.
  **Value Label:** 0 No, 1 Yes.

- **Child Asian:** In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1." Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  **Value Label:** 0 No, 1 Yes.
• **Child Black/African American:** In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1." Black or African American: A person having origins in any of the black racial groups of Africa.

  **Value Label:** 0 No, 1 Yes.

• **Child Hawaiian/Pacific Islander:** In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1." Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

  **Value Label:** 0 No, 1 Yes.

• **Child White:** In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1." White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

  **Value Label:** 0 No, 1 Yes

• **Child Unable To Determine Race:** Unable to determine: The specific race category is "unable to determine" because the child is very young or is severely disabled and no person is available to identify the child’s race. "Unable to determine" is also used if the parent, relative or guardian is unwilling to identify the child’s race.

  **Value Label:** 0 No, 1 Yes
• **Child Hispanic Origin:** Answer is Yes if the child is a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin, regardless of race. Whether or not a person is Hispanic or Latino is determined by how they define themselves or by how others define them. In the case of young children, parents determine the race of the child.

  **Value Label:** 0 Not applicable, 1 Yes, 2 No, 3 Unable to determine (the child is very young or is severely disabled and no person is available to determine whether or not the child is Hispanic or Latino).

• **Reason for Removal: Physical Abuse:** As a condition associated with a child's removal from home and contact with the foster care system, alleged or substantiated physical abuse, injury or maltreatment of the child by a person responsible for the child's welfare. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

  **Value Label:** 0 No, 1 Yes.

• **Reason for Removal: Sexual Abuse:** As a condition associated with a child's removal from home and contact with the foster care system, alleged or substantiated sexual abuse or exploitation of a child by a person who is responsible for the child's welfare. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

  **Value Label:** 0 No, 1 Yes

• **Reason for Removal: Neglect:** As a condition associated with a child's removal from home and contact with the foster care system, alleged or substantiated negligent treatment
or maltreatment, including failure to provide adequate food, clothing, shelter or care. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

**Value Label:** 0 No, 1 Yes.

- **Reason for Removal: Alcohol Abuse Parent:** As a condition associated with a child's removal from home and contact with the foster care system, the principal caretaker's compulsive use of alcohol that is not of a temporary nature. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

  **Value Label:** 0 No, 1 Yes.

- **Reason for Removal: Drug Abuse Parent:** As a condition associated with a child's removal from home and contact with the foster care system, the principal caretaker's compulsive use of drugs that is not of a temporary nature. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

  **Value Label:** 0 No, 1 Yes.

- **Reason for Removal: Alcohol Abuse Child:** As a condition associated with a child's removal from home and contact with the foster care system, the child's compulsive use of or need for alcohol. This element should include infants addicted at birth. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

  **Value Label:** 0 No, 1 Yes.

- **Reason for Removal: Drug Abuse Child:** As a condition associated with a child's removal from home and contact with the foster care system, the child's compulsive use of
or need for narcotics. This element should include infants addicted at birth. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

**Value Label:** 0 No, 1 Yes.

- **Reason for Removal: Child Disability:** As a condition associated with a child's removal from home and contact with the foster care system, a clinical diagnosis by a qualified professional of one or more of the following: mental retardation; emotional disturbance; specific learning disability; hearing, speech or sight impairment; physical disability; or other clinically diagnosed handicap. Include only if the disability(ies) was at least one of the factors which led to the child's removal. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

**Value Label:** 0 No, 1 Yes.

- **Reason for Removal: Child Behavior Problem:** As a condition associated with a child's removal from home and contact with the foster care system, child's behavior in the school and/or community that adversely affects socialization, learning, growth and moral development. These may include adjudicated or not adjudicated child behavior problems. This would include the child's running away from home or other placement. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

**Value Label:** 0 No, 1 Yes.

- **Reason for Removal: Parent Death:** As a condition associated with a child's removal from home and contact with the foster care system, family stress or inability to care for
child due to death of a parent or caretaker. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label: 0 No, 1 Yes.

- **Reason for Removal: Parent Incarceration:** As a condition associated with a child's removal from home and contact with the foster care system, temporary or permanent placement of a parent or caretaker in jail that adversely affects care for the child. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

  Value Label: 0 No, 1 Yes.

- **Reason for Removal: Caretaker Inability to Cope:** As a condition associated with a child's removal from home and contact with the foster care system, physical or emotional illness or disabling condition adversely affecting the caretaker's ability to care for the child. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

  Value Label: 0 No, 1 Yes.

- **Reason for Removal: Abandonment:** As a condition associated with a child's removal from home and contact with the foster care system, the child has been left alone or with others; caretaker did not return or make whereabouts known. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

  Value Label: 0 No, 1 Yes.

- **Reason for Removal: Relinquishment:** As a condition associated with a child's removal from home and contact with the foster care system, parent(s), in writing,
assigned the physical and legal custody of the child to the agency for the purpose of having the child adopted. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

**Value Label:** 0 No, 1 Yes.

- **Reason for Removal: Inadequate Housing:** As a condition associated with a child's removal from home and contact with the foster care system, housing facilities were substandard, overcrowded, unsafe or otherwise inadequate resulting in their not being appropriate for the parents and child to reside together. Also includes homelessness. At least one Reason for Removal (elements 26 through 40) must have a value of "1."

**Value Label:** 0 No, 1 Yes.
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