Child Abuse and Neglect in Nevada

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Child Abuse and Neglect in Nevada*

Introduction

Child maltreatment is a critical issue facing our nation and our state. Child abuse and neglect impacts the lives of thousands of children and families every day.

- In 2003, an estimated 906,000 children were determined to be victims of child abuse and neglect in the United States. This equates to a victimization rate of 12.4 per 1,000 children in the population.
- These figures, however, only represent the number of substantiated cases of abuse and neglect. In 2003, approximately 2.9 million referrals concerning the welfare of an estimated 5.5 million children were made to child protective service agencies in 2003.

Perpetrators of child abuse and neglect, by definition, are the very people charged with the responsibility of caring for and ensuring the safety and well-being of the child. The most common perpetrators of child abuse and neglect are the parents (including step, adoptive and foster parents) of the victims. Other perpetrators included other relatives, partners of parents (boyfriends or girlfriends), school/institution staff, babysitters, camp counselors and others.

- In 2003, parents made up approximately 80% of the perpetrators of child abuse and neglect.
- Fifty-eight percent of all perpetrators were female, mostly mothers, as compared to forty-two percent male, which were mostly fathers.

Definitions of child maltreatment vary by state, however it is minimally defined by the federal Child Abuse Prevention and Treatment Act (CAPTA) as “any recent act or failure to act on the part of a parent or caregiver, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.” There are four main types, or categories, of child maltreatment:
- **Physical Abuse** – the infliction of physical injury, such as punching, beating, kicking, biting, burning, shaking, or otherwise harming a child.
- **Child Neglect** – the failure to provide for a child’s basic needs, including withholding medical treatment (physical, educational or emotional).
- **Sexual Abuse** – the fondling of a child’s genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials.
- **Emotional Abuse** – the act or failure to act that caused or could cause serious behavioral, cognitive, emotional, or mental disorders (psychological/verbal abuse, mental injury).

Although there are no conclusive findings on the reasons for child maltreatment, experts generally agree that causes can be organized into four principle categories: (1) the child, (2) the family, (3) the community and (4) the society. While there are no causes that can irrefutably predict the occurrence of child abuse and neglect, studies have shown that there are a number of risk factors which are generally associated with contributing to this disturbing phenomenon. Some of these risk factors include:

- Children with disabilities and/or mental retardation
- Domestic violence in the home
- Poverty, socioeconomic disadvantage (i.e., unemployment)
- Lack of parenting and/or communication skills
- Substance abuse in the family
- Poor parent-child relationships
- Parental stress/distress, including depression & mental health conditions
- Female children and adolescents for sexual abuse
- Perpetrator as victim of child abuse and/or neglect
- Social isolation of family
- Violence in society

The risk is even greater when there are multiple risk factors present. Similarly, the research has suggested that certain protective factors lessen the risk of child abuse and neglect. Some
of the factors that may contribute to a more positive outcome include:

- Good health and development of child
- Supportive family environment
- Parental employment – mid to high socioeconomic status
- Nurturing parenting skills
- Access to health care and social services
- High parental education
- Good schools
- Adequate support systems outside of family, including community supports
- Household rules and/or structure

Child abuse and neglect can cause both immediate and long-term consequences for children, families and society as a whole. These consequences can be physical, psychological and behavioral, and in extreme cases, abusive treatment may result in the child’s death. Child maltreatment also impacts the family through societal intervention into the family unit and familial separation, including the separation of siblings after they have been removed from the home. Although removal from the home is often a necessary consequence of child abuse and neglect, the removal and resulting placements in foster and/or group homes can often further impact the negative effects of maltreatment on the child.

Studies show that maltreatment of very young children can effect brain development by altering, among other things, how the brain responds to stimuli. Child maltreatment, depending on the severity, can also lead to poor physical health throughout the child’s life. Children who experience maltreatment are at increased risk for adverse health effects and behaviors such as smoking, alcoholism, drug abuse, eating disorders, depression, suicide, sexual promiscuity and certain chronic diseases. Research also suggests that child abuse and neglect has a correlation to juvenile delinquency and adult criminality, including victims becoming perpetrators of child abuse and neglect in adulthood.

Aside from the physical and psychological consequences of abuse and neglect on the child and family, maltreatment also has
significant financial costs on society. These include both direct and indirect costs. Direct costs include the costs of maintaining child welfare systems, judicial expenditures, law enforcement and direct services to children and families. Indirect costs usually correlate to long-term consequences and include special education, mental health and health care, juvenile delinquency, lost productivity and adult criminality.

- The direct costs alone are estimated to be over $24 billion per year.
- Indirect costs are estimated to be well over $69 billion per year.

The federal government has taken an active role in attempting to deal with the staggering statistics associated with child abuse and neglect. Although there are a number of federal laws which have an impact on child abuse and neglect, the most prominent is the Child Abuse and Prevention Treatment Act (CAPTA), [http://www.law.cornell.edu/uscode/html/uscode42/usc_sup_01_42_10_67.html](http://www.law.cornell.edu/uscode/html/uscode42/usc_sup_01_42_10_67.html), which was originally enacted in 1974. CAPTA was enacted in an effort to increase the identification, reporting and investigation of child maltreatment to protect children from harm, as well as to monitor research and compile and publish materials on the subject. Along with certain mandates, the Act provides financial assistance to states for the development and support of programs aimed at preventing and treating child abuse and neglect. Other important federal legislation includes the Indian Child Welfare Act, [http://www.law.cornell.edu/uscode/html/uscode25/usc_sup_01_25_10_21.html](http://www.law.cornell.edu/uscode/html/uscode25/usc_sup_01_25_10_21.html), the Adoption Assistance and Child Welfare Act, [http://thomas.loc.gov/cgi-bin/bdquery/z?d096:HR03434:@@@D|TOM:/bss/d096query.html](http://thomas.loc.gov/cgi-bin/bdquery/z?d096:HR03434:@@@D|TOM:/bss/d096query.html), the Multiethnic Placement Act, [http://www.acf.hhs.gov/programs/cb/publications/mepa94/](http://www.acf.hhs.gov/programs/cb/publications/mepa94/), the Adoption and Safe Families Act, [http://thomas.loc.gov/cgi-bin/bdquery/z?d096:HR03434:@@@D|TOM:/bss/d096query.html](http://thomas.loc.gov/cgi-bin/bdquery/z?d096:HR03434:@@@D|TOM:/bss/d096query.html), and the Child Abuse Prevention and Enforcement Act, [http://thomas.loc.gov/cgi-]
Although the federal government has a significant impact on child abuse and neglect, the primary responsibility for child abuse and neglect laws, regulations, and services rest with the States.

**Historical Perspective**

**The Nevada Revised Statutes** (NRS), [http://www.leg.state.nv.us/NRS/NRS-432B.html](http://www.leg.state.nv.us/NRS/NRS-432B.html), define child abuse and neglect as the “(a) physical or mental injury of a non-accidental nature; (b) sexual abuse or sexual exploitation; or (c) negligent treatment or maltreatment . . . of a child caused or allowed by a person responsible for his welfare under circumstances which indicate that the child’s health or welfare is harmed or threatened with harm.” ([NRS 432B.020](http://www.leg.state.nv.us/NRS/NRS-432B.html)) According to the Nevada Division of Child and Family Services, [http://www.dcfs.state.nv.us/](http://www.dcfs.state.nv.us/),

- In 2002, over 13,000 reports of child abuse and neglect were made in Nevada. Nearly 3,000 of the reports were found to be substantiated cases of maltreatment under Nevada law.
- Although this number represents a slight increase from the previous year, the number of substantiated cases of abuse and neglect has significantly decreased over the past ten years in Nevada. In 1997, there were nearly 15,000 reports of maltreatment with over 5,200 of those identified as substantiated.
- In 2002, the most common type of maltreatment is physical neglect, representing over 25% of all substantiated cases of abuse and neglect in Nevada.

Most reports were made by school personnel, law enforcement, friends, and neighbors. The perpetrators of abuse and neglect are predominantly Caucasian females, usually mothers of the victim.

Nevada’s child welfare system has historically functioned in a bifurcated manner, where responsibilities and services were split between the state and the two major population bases, Washoe and Clark counties. Under this system, Washoe and Clark counties had responsibility over child protective services in their counties, while the State Division of Child and Family Services (DCFS) had
responsibility for child protection in the remaining 15 rural counties, as well as all foster care and adoption services across the state. Children and families involved in the child welfare system in Clark or Washoe counties would start out with county administration over their case and then, in some cases, would later be transferred over to the supervision and administration of state agencies.

In 2001, the Nevada State Legislature began the process of integration of the child welfare system in order to establish a better continuum of care for children and their families. Assembly Bill 1, enacted during the 17th Special Session, [http://www.leg.state.nv.us/17thSpecial/Reports/history.cfm?ID=4819](http://www.leg.state.nv.us/17thSpecial/Reports/history.cfm?ID=4819), started the process of transferring responsibility over foster care and adoption services from the state to the county level in both Clark and Washoe counties. Under this new legislation, the state would still provide and administer child welfare services in the 15 rural counties. Additionally, the state DCFS would provide oversight to the two county agencies in terms of administration of federal monies, technical assistance and quality improvement. The transfer to the Washoe County Department of Social Services, [http://www.co.washoe.nv.us/socsrv/~color=grey&text_version=](http://www.co.washoe.nv.us/socsrv/~color=grey&text_version=), was completed in January 2003 and the transfer to the Clark County Department of Family Services, [http://www.co.clark.nv.us/family_services/home.htm](http://www.co.clark.nv.us/family_services/home.htm), was completed in October 2004.

Although the state has primary authority and responsibility for developing and administering the child welfare system in Nevada, the state must still follow minimum federal guidelines for ensuring the safety and well-being of children for whom the system was created. In an effort to evaluate the performance of the state, the U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau developed and administered the Child and Family Services Review (CFSR), [http://www.acf.hhs.gov/programs/cb/cwmonitoring/index.htm](http://www.acf.hhs.gov/programs/cb/cwmonitoring/index.htm), which was conducted in Nevada in February 2004. The CFSR was developed to assess the State’s “performance on seven child welfare outcomes pertaining to children’s safety, permanency,
and well being and on seven systemic factors related to the State’s capacity to achieve positive outcomes for children and families.”

- The CFSR for Nevada indicated that the State was not in substantial conformity with any of the 7 child welfare outcomes which were based on 23 individual indicators.
- However, the State was found to be in substantial conformity with 4 of the 7 systemic factors (based on 22 indicators) which included: (a) Statewide Information System – 1 indicator, (b) Training – 3 indicators, (c) Agency Responsiveness to the Community – 3 indicators; and (d) Foster and Adoptive Parent Licensing, Recruitment, and Retention – 5 indicators.
- The State was not in substantial conformity with the remaining 3 systemic factors which included: (a) Case Review System – 5 indicators; (b) Quality Assurance System – 2 indicators; and (c) Service Array – 3 indicators.

In response to the CFSR, in March 2005, the State of Nevada Division of Child and Family Services developed the CFSR Program Improvement Plan, http://www.dcfs.state.nv.us/Nevada_CFSR_Program_Improvement_Plan.pdf. The plan incorporated four priority practice areas to address deficiencies for 29 of the 45 indicators. The priority areas addressed (1) safety strategies, (2) engagement strategies, (3) case planning and management strategies, and (4) collaboration strategies. For each indicator the plan identifies action steps to be taken, the person accountable, the methods for measuring improvement, benchmarks toward achieving the goal, and projected dates for achieving the benchmark. The Administration for Children and Families has approved the plan and efforts are currently underway to achieve the goals established in the state plan.

The Nevada State Legislature has also taken steps to reduce the rate of child maltreatment and improve systems to achieve better outcomes for children and families who come into contact with the child welfare system in Nevada. As noted above, in 2001 the Legislature approved Assembly Bill 1 which began the process of de-bifurcation of the child welfare systems in Nevada in an effort to create a streamlined system of management and services for child
welfare. The 2003 Legislature also enacted several bills pertaining to child welfare. **Assembly Bill 132** made court proceedings concerning abuse or neglect of children presumptively open to the public in an effort to engage the community and hold child welfare agencies accountable for their actions. In that same year, **Assembly Bill 381** made significant changes to the laws concerning the process of reviewing child fatalities in the state, which focused on improving practices within the child welfare system to reduce the number of child deaths caused by abuse and neglect. In 2005 the Nevada Legislature approved legislation that would, penalize persons who allowed a child to be present where crimes involving controlled substances were committed (**AB 465**) and penalize persons who knowingly leave a child unattended in a vehicle under certain circumstances (**SB 287**). The Legislature is also consistently making efforts to ensure that state laws are in compliance with the Federal Child Abuse Prevention and Treatment Act (**CAPTA**) (**SB 296**, 2005).

**What the Data Says About Child Maltreatment in Nevada**

According to the **Child Welfare League of America** (CWLA), [http://www.cwla.org/](http://www.cwla.org/), Nevada ranks just below the national average in the number of children who are the subject of a report of child abuse and neglect, as well as the number of substantiated cases of abuse and neglect.

- In 2003, 28,148 children in Nevada were subjects of maltreatment referrals, which translates into a rate of 48.4 children per 1,000 in the population. The national average was 49 children per 1,000, for a total of nearly 3,000,000 children.
- The CWLA also indicated that Nevada had a victimization (substantiated cases) rate of 7.9 in 2003 while the national average was over 10.5.

Despite how Nevada ranks in comparison to other states in terms of children who are victims of child abuse and neglect, there is still significant opportunity to improve services and reduce the number of children in the Silver State who are exposed to the life-long trauma or the sometimes fatal effects of child abuse and neglect. For example, a recent review of child fatalities in Nevada conducted
by the Nevada Department of Health and Human Services, [http://www.dcfs.state.nv.us/DCFS_reports.htm](http://www.dcfs.state.nv.us/DCFS_reports.htm), indicated that Nevada has inconsistent data regarding child maltreatment resulting in fatalities and that the State has under-reported child fatalities in previous state and federal reports.

- In 2003, Nevada reported only 3 cases of child abuse and neglect related fatalities. This would have ranked Nevada in the top 5 states for child deaths at a rate of 0.5 per 100,000 children in the population. (The other top four states were Delaware at 0.0, Idaho at 0.5, North Dakota at 0.0 and Rhode Island at 0.4).

- The report just released by the State indicates that Nevada actually had **at least 7**, and likely more, confirmed deaths traceable to child maltreatment. This figure would rank Nevada at about 20 in the nation, with 19 other states ranking at or below the rate of 1.2 per 100,000 children in the population. It is likely that Nevada’s rate is even higher.

- In 2003, the national average for child abuse and neglect related child fatalities was 1.6 children per 100,000 in the population. Both Delaware and North Dakota reported 0 child maltreatment fatalities and West Virginia had the highest rate of 7.7 with 30 child abuse and neglect related fatalities in 2003.

It is important to note the unique factors that influence the occurrence of child maltreatment and the provision of services within the State of Nevada. Nevada has two “urban” population centers which are located in Las Vegas (Clark County) and Reno (Washoe County). Since the implementation of integrated child welfare services in the state, both of those counties now coordinate and administer child welfare services for their residents under the oversight of the state. The remaining counties are predominately rural in nature and rely on the administrative oversight and supervision of the state for child welfare services. These regions differ not only in size or population, but also in cultural and/or societal influences which may have an impact on the prevalence of child maltreatment.
Reported and Substantiated Cases in Nevada

The percentage of reported cases of abuse and neglect, as well as the number of substantiated cases, are generally representative of the population distribution in the State. However, the rate of substantiated cases of maltreatment per 1,000 children in the population indicates a slightly larger proportion of cases in Washoe County as compared to both Clark County and Rural Nevada.

- In 2002, Clark County accounted for approximately 71% of the state’s population who are between the ages of 0 and 18. It is not surprising, therefore, that Clark County accounted for 62% of all reports of child abuse and neglect in 2002 and approximately 67% of all substantiated cases of abuse or neglect in Nevada.
- Washoe County and Rural Nevada (which contains 15 separate counties) each accounted for 19% of all reports of child abuse and neglect in Nevada.
- Washoe County represented 23% of all cases of substantiated abuse and neglect in 2002, while Rural Nevada accounted for the remaining 11%.
- The rate of substantiated cases of abuse and neglect per 1,000 children in the population in 2002 varied by county, ranging from a rate of 0 in Eureka to a rate 9.9 in White Pine.
- The rate of substantiated cases of abuse and neglect in Clark County in 2002 was 4.6; Washoe County was 6.9; and Rural Nevada was an average of 4.1.

Perpetrators of Abuse and Neglect in Nevada

In Nevada, perpetrators of abuse and neglect are primarily Caucasian females, followed by Caucasian males. The differences between the three reporting areas – Clark County, Washoe County, and Rural Nevada – are relatively insignificant. However, Clark County does have a proportionately higher number of African American perpetrators, both male and female, than both Washoe County and Rural Nevada. Similarly, Washoe County has a higher proportion of Hispanic perpetrators than Clark and the rural counties. Most perpetrators are the natural parent of the victim.
In 2002, females represented 63% of perpetrators in substantiated cases of abuse and neglect in Nevada; males made up the remaining 37%.

In the same year, Caucasian females made up 44% of all perpetrators, followed by Caucasian males at 26%, African American females at 11%, and African American males at 6%.

In Clark County, Caucasian females accounted for 45% of perpetrators of abuse and neglect, followed by Caucasian males at 28%, African American females at 15%, and African American males at 8%.

In Washoe County, Caucasian females accounted for 40% of all perpetrators, followed by Caucasian males at 22%, Hispanic females at 8%, and Hispanic males at 6%.

In Rural Nevada, Caucasian females made up 49% of perpetrators, followed by Caucasian males at 27%, Hispanic males at 3%, and Hispanic females at 2%.

In Nevada, over 63% of perpetrators were the natural parent of the victim.

Victims of Abuse and Neglect in Nevada

Since natural parents are the primary perpetrators of abuse and neglect and the majority of perpetrators in Nevada are Caucasian, it is not surprising that the majority of victims of abuse and neglect in Nevada are also Caucasian. Victimization, in general, does not vary by gender – boys and girls are equally abused and neglected, although research does suggest that there may be some variation based on the type of abuse. This is especially true for sexual abuse, which national statistics suggests is much more frequent for female children and adolescents. Most abuse takes place when children are between the ages of 1 and 13.

- In 2002, there were a total of 5,287 victims of child abuse and neglect in Nevada. This equates to a rate of just under 9 per 1,000 children in the population.
- There was a relatively equal distribution of maltreatment among male and female children, with 2,630 male victims and 2,654 female victims.
• Caucasian children had higher rates of abuse and neglect than any other race: 67.9% in Rural Nevada, 67.9% in Clark County, and 61.1% in Washoe County.
• Over 75% of abused and neglected children were between the age of one and thirteen in 2002. 41% of those children were between the ages of three and nine.
• 9% of abused and neglected children were 5 months old or younger.

**Identifying and Reporting Child Abuse and Neglect**

There are many types of child maltreatment, including physical abuse, sexual abuse, emotional abuse and neglect. Identification of child abuse and neglect is not always as simple as seeing a caregiver or parent inflict physical pain on the child. Someone may notice subtle clues that a child is being abused and/or neglected. Indicators of child abuse and neglect may include one or a combination of the following:

- Constant rejection of a child
- Humiliating a child
- Failure to provide nurturance to a child
- Injuries or bruising on the child (recurring and/or unexplained)
- Poor hygiene
- Insufficient weight gain
- Inadequate medical care
- Frequent truancy

Children who are victims of abuse and neglect are likely to show their pain behaviorally rather than reporting that they are being maltreated. Possible behavioral indicators may include:

- Nightmares or trouble sleeping and/or bedwetting
- Sexual knowledge/language/behavior unusual for age
- Withdrawal and/or depression
- Loss of appetite
- Change in school performance
- Mood swings (usually extreme)
- Substance abuse
- Poor self image
Isolated incidents of the above behaviors do not necessarily indicate that the child has been abused or neglected, however multiple indicators may warrant further investigation. Children often do not report that they are being abused or neglected due to fear, threats, a feeling of being at fault for the abuse, love for the perpetrator or ignorance that abuse or neglect is occurring due to age and/or upbringing.

The Nevada Revised Statutes, Chapter 432B.220, [http://www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220](http://www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220), provides that certain people who know or have reason to believe that a child has been abused or neglected must make a report to a child welfare agency or law enforcement within 24 hours of learning of the suspected abuse and/or neglect. Mandatory reporters include the following:

- A physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant, psychiatrist, psychologist, marriage and family therapist, alcohol or drug abuse counselor, athletic trainer, advanced emergency medical technician or other person providing medical services licensed or certified in NV
- Any personnel of a hospital or similar institution engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a hospital or similar institution upon notification of suspected abuse or neglect of a child by a member of the staff of the hospital
- A coroner
- A clergyman, practitioner of Christian Science or religious healer, unless he has acquired the knowledge of the abuse or neglect from the offender during a confession
- A social worker and an administrator, teacher, librarian, or counselor of a school
- Any person who maintains or is employed by a facility or establishment that provides care for children, children’s camp or other public or private facility, institution or agency furnishing care to a child
Any person licensed to conduct a foster home
Any officer or employee of a law enforcement agency or an adult or juvenile probation officer
An attorney, unless he has acquired the knowledge of the abuse or neglect from a client who is or may be accused of the abuse or neglect
Any person who maintains, is employed by, or serves as a volunteer for an agency or service which advises persons regarding abuse or neglect of a child and refers them to persons and agencies where their requests and needs can be met
Any person who is employed by or serves as a volunteer for an approved youth shelter
Any adult person who is employed by an entity that provides organized activities for children

The law further provides that any person may make a report if the person knows or suspects, in good faith, that a child is being abused. **To report child abuse or neglect in Nevada call 1-800-992-5757 or 702-399-0081 in Clark County or 775-328-2300 in Washoe County.**

**Prospects for the Future and Policy Recommendations**

Many families in Nevada experience ongoing challenges related to substance abuse, domestic violence, and mental illness. Long waiting lists for substance abuse treatment and counseling services increase the risk of child abuse and neglect in families where parents use illegal substances and develop addictions. A lack of funding for child care, utilities, and housing also impacts a parent’s ability to provide safely for their children. Action item:

- Expand the community services and increase the capacity of community providers to address the critical needs of children and parents implicated in child abuse.

In some areas, the workload of Nevada professionals is twice as high as the recommended national standards. The overload limits the time that the staffer can spend on each case, which means that
more children are likely to be removed from their homes and kept separate from their families for longer periods of time. Action item:

- Increase staff required to process effectively reports of abuse, conduct timely investigations, provide case management services, and give nurturing care.

Vital for the effective provision of services is the recruiting and retention of foster families, especially families that can accommodate siblings and children with special needs. Action item:

- Mount sustained efforts to recruit and retain qualified families with diverse backgrounds that can provide safe, alternative care for children.

Monitoring and evaluation is also central to the effective provision of services to abused children and their families. Action item:

- Develop and fund ongoing evaluation plans to monitor state and local agencies that work to implement the Comprehensive Child and Family Services Plan and the Program Improvement Plan adopted by the Nevada Division of Child and Family Services.

Child Fatality Review teams were established in an effort to reduce and/or prevent child fatalities in the State. To facilitate this process, reviews of child deaths are confidential and are intended to identify improvements to systems and agencies, not to condemn or place blame on individuals or agencies. Regardless of this intent, reviews are often lacking the appropriate level of participation and resources to make significant changes to reduce the incidents of child fatalities, particularly those due to abuse and neglect. Action item:

- Strengthen child fatality review laws to ensure an adequate level of participation from key agencies such as law enforcement, hospitals, schools, and child welfare agencies.
- Develop consistent methods for data collection that include a collaborative effort between child fatality review teams, child welfare agencies, coroner’s offices, and state vital statistics to ensure accurate data reporting.
Conclusion

Child abuse and neglect is a tragic and often fatal phenomenon that affects millions of children each year. The awareness of child abuse and neglect in the United States has increased along with the new research and evolving social standards of justice and treatment of children. Children are no longer considered objects or possessions that some parents can mistreat without consequence. It is the responsibility of society as a whole to determine socially acceptable standards of care for children, in and out of the child welfare system, and to ensure that there are adequate resources in place to prevent the mistreatment of children, especially those due to common stress factors such as poverty and substance abuse.

Although Nevada ranks above average in terms of children who are victims of abuse and neglect – one bruise, and especially one death, is too much. Children should be nurtured and cared for, not abused and maltreated. More research is needed to address specific indicators and factors of abuse so that appropriate preventive measures are deployed to stop abuse and neglect before it happens.

Data Sources and Suggested Readings


Felitti, Vincent, MD, et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in

**LONGSCAN** is a consortium of longitudinal research studies on the causes and impact of child abuse and neglect, initiated in 1990 with grants from the National Center on Child Abuse and Neglect. Located at [www.sph.unc.edu/iprc/longscan/](http://www.sph.unc.edu/iprc/longscan/).


**National Center on Child Fatality Review** acts as a source of information exchange and develops services to provide accountability for the deaths of children. Located at [http://ican-ncfr.org/](http://ican-ncfr.org/).

**National Clearinghouse on Child Abuse and Neglect Information, National Adoption Information Clearinghouse, U.S. Department of Health and Human Services**. The NAIC has conducted numerous studies and has issued large numbers of fact sheets on child maltreatment (abuse and neglect) along with a variety of related topics. Most information is available at the NAIC web site: [http://nccanch.acf.hhs.gov](http://nccanch.acf.hhs.gov).

**National Data Archive on Child Abuse and Neglect**, Family Life Development Center, College of Human Ecology, Cornell University, Ithaca, NY. For statistical and research information, please visit the NDACAN website at [http://ndacan.cornell.edu/](http://ndacan.cornell.edu/).


**National Survey of Child Abuse and Adolescent Well-Being (NSCAW)** is a project of the Administration on Children, Youth and
Families to describe the child welfare system and the experience of children and families who come in contact with the system. Located at [www.acf.hhs.gov/programs/core/ongoing_research/afc/wellbeing_intro.html](http://www.acf.hhs.gov/programs/core/ongoing_research/afc/wellbeing_intro.html).

**Nevada Division of Child and Family Services:** [http://dcfs.state.nv.us/](http://dcfs.state.nv.us/)

- Child Abuse and Neglect Statistics, 2002
- Program Improvement Plan, March 2005


**Community Resources**
To report child abuse or neglect in Nevada, call: 1-800-992-5757, or 1-702-399-0081 in Clark County, or 1-775-328-2300 in Washoe County.

Nevada Division of Child and Family Services coordinates state-wide efforts to prevent child abuse and neglect and deliver services to the affected families and children. The agency is located at 711 East Fifth Street, Carson City, NV 89710. Tel. 775-684-4400. You can visit the NDCFS web site and learn more about its services and programs at http://dcfs.state.nv.us/.

Washoe County Department of Social Services offers assistance to county residents. To contact the office write to P.O. Box 11130, Reno, NV 89520, or call 775-328-2300.

Clark County Family Services offers assistance to residents of Clark County. The agency is located at 701K N Pecos Road, Las Vegas, NV 89101. Tel. 702-455-5444. Information about the CCFS child protective services can found on the internet at: http://www.accessclarkcounty.com/family_services/childprotection.html.

The Children's AdvocacyCenter (CAC) is a program in Clark County which provides a neutral, child-friendly setting for children where they can be interviewed about reports of child abuse, particularly sexual abuse, have forensic medical examinations and receive appropriate therapeutic services. For more information, call 702-455-5371.

This report has been prepared by Denise Tanata, J.D., Executive Director of the Nevada Institute for Children’s Research and Policy, School of Public Health, University of Nevada, Las Vegas. You can contact the author by writing to the Nevada Institute for Children’s Research and Policy, University of Nevada Las Vegas, 4505 Maryland Parkway, Box 453030, Las Vegas, NV 89154-3030. Telephone: 702-895-1040. Email: denise.tanata@unlv.edu. I would like to thank Susan Klein-Rothschild, Director of Family Services,
Clark County Department of Family Services for her contributions to this report.

Supplementary Materials

Table 1

Nevada substantiated reports per county along with rate in 2002

<table>
<thead>
<tr>
<th>County</th>
<th>Substantiated reports</th>
<th>Rate per 1,000*</th>
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<td><strong>62%</strong></td>
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<tr>
<td>Douglas</td>
<td>41</td>
<td>4.3</td>
<td></td>
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<td>2.7</td>
<td></td>
</tr>
<tr>
<td>Esmeralda</td>
<td>2</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Eureka</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Humbolt</td>
<td>4</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>Lander</td>
<td>6</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>Lincoln</td>
<td>7</td>
<td>7.6</td>
<td></td>
</tr>
<tr>
<td>Lyon</td>
<td>23</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>Mineral</td>
<td>6</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Nye</td>
<td>39</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Pershing</td>
<td>5</td>
<td>3</td>
<td></td>
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<tr>
<td>Storey</td>
<td>1</td>
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<td></td>
</tr>
<tr>
<td>Washoe</td>
<td>651</td>
<td><strong>6.9</strong></td>
<td><strong>23%</strong></td>
</tr>
<tr>
<td>White Pine</td>
<td>20</td>
<td>9.9</td>
<td></td>
</tr>
<tr>
<td>Rural Nevada</td>
<td>312</td>
<td><strong>4.1</strong></td>
<td><strong>11%</strong></td>
</tr>
<tr>
<td>Nevada</td>
<td>2875</td>
<td><strong>4.9</strong></td>
<td><strong>28%</strong></td>
</tr>
</tbody>
</table>

Table 2

Number of Child Abuse and Neglect Fatalities (NCANDS), 2003

<table>
<thead>
<tr>
<th>State</th>
<th>Child Population (under 18)</th>
<th>Number of Child Deaths Due to Abuse/ Neglect</th>
<th>Rate per 100,000 Children in Population</th>
</tr>
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<tbody>
<tr>
<td>Alabama</td>
<td>1,107,973</td>
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<tr>
<td>Alaska</td>
<td>189,289</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Arizona</td>
<td>1,519,312</td>
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<tr>
<td>Arkansas</td>
<td>682,013</td>
<td>10</td>
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</tr>
<tr>
<td>State</td>
<td>Population</td>
<td>Child Deaths</td>
<td>Death Rate</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------</td>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>California</td>
<td>9,419,970</td>
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<td>n/a</td>
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<tr>
<td>Colorado</td>
<td>1,152,751</td>
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<td>Connecticut</td>
<td>835,375</td>
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<tr>
<td>Delaware</td>
<td>198,842</td>
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<tr>
<td>DC</td>
<td>108,403</td>
<td>6</td>
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<tr>
<td>Florida</td>
<td>3,924,123</td>
<td>101</td>
<td>2.6</td>
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<tr>
<td>Georgia</td>
<td>2,296,759</td>
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<td>2.1</td>
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<tr>
<td>Hawaii</td>
<td>297,142</td>
<td>6</td>
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<td>Illinois</td>
<td>3,230,606</td>
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<tr>
<td>Indiana</td>
<td>1,603,901</td>
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<td>3.1</td>
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<tr>
<td>Iowa</td>
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<td>Kansas</td>
<td>695,081</td>
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<td>Kentucky</td>
<td>994,182</td>
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<td>Louisiana</td>
<td>1,177,555</td>
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<td>286,746</td>
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<td>2,538,920</td>
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<td>Minnesota</td>
<td>1,248,770</td>
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<tr>
<td>Mississippi</td>
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<tr>
<td>Missouri</td>
<td>1,407,342</td>
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<td>Montana</td>
<td>215,774</td>
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<tr>
<td>Nebraska</td>
<td>440,840</td>
<td>16</td>
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</tr>
<tr>
<td>Nevada*</td>
<td>581,397</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>306,231</td>
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<tr>
<td>New Jersey</td>
<td>2,131,617</td>
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<tr>
<td>New Mexico</td>
<td>502,034</td>
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<tr>
<td>New York</td>
<td>4,532,748</td>
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<tr>
<td>North Carolina</td>
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<tr>
<td>North Dakota</td>
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<tr>
<td>Ohio</td>
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<tr>
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<td>29</td>
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<td>Oregon</td>
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<tr>
<td>Pennsylvania</td>
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<tr>
<td>Rhode Island</td>
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</tr>
<tr>
<td>South Carolina</td>
<td>1,023,504</td>
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<tr>
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<tr>
<td>Tennessee</td>
<td>1,394,479</td>
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<tr>
<td>Texas</td>
<td>6,240,162</td>
<td>203</td>
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<tr>
<td>Utah</td>
<td>742,927</td>
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</tr>
<tr>
<td>Vermont</td>
<td>137,446</td>
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<tr>
<td>Virginia</td>
<td>1,798,767</td>
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<td>Washington</td>
<td>1,496,581</td>
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<tr>
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<td>390,901</td>
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<tr>
<td>National</td>
<td>73,043,506</td>
<td>1,177</td>
<td>1.6</td>
</tr>
</tbody>
</table>

*The Nevada numbers do not reflect the recent review of child deaths conducted by the State Department of Health and Human Services, which indicates that the number of child deaths is greater than that which was reported for 2003.*
This report stems from the Justice & Democracy forum on the Leading Social Indicators in Nevada that took place on November 5, 2004, at the William S. Boyd School of Law. The report, the first of its kind for the Silver State, has been a collaborative effort of the University of Nevada faculty, Clark County professionals, and state of Nevada officials. The Social Health of Nevada report was made possible in part by a Planning Initiative Award that the Center for Democratic Culture received from the UNLV President's office for its project "Civic Culture Initiative for the City of Las Vegas." Individual chapters are brought on line as they become available. For further inquiries, please contact authors responsible for individual reports or email CDC Director, Dr. Dmitri Shalin shalin@unlv.nevada.edu.