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## Child Abuse and Neglect in Nevada

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# The Social Health of Nevada

*Leading Indicators and Quality of Life in the Silver State*

## Child Abuse and Neglect in Nevada

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### Introduction

Child maltreatment in Nevada reflects the general social, economic, and health conditions within the state and its local communities. This chapter starts with various definitions of child abuse and neglect, focusing on the approach adopted by Nevada legislators and comparing it with competing definitions. Next, this report examines child abuse and neglect rates in Nevada and tracks the progress the state has made toward achieving its goals related to child welfare outcomes, including child protection and safety, child permanency, and child well-being. The discussion then moves to the most promising child welfare intervention practices and approaches. Finally, the chapter outlines the emerging trends and future directions in child welfare, focusing in particular on workforce development opportunities and related policy alternatives. At the end of this report, readers will find Appendix A, listing major child welfare data sources and Appendix B, identifying key child and family-serving agencies' management information systems in Nevada.

### Chapter Highlights

- In 2016, a little over 80% of child welfare cases in Nevada involved some level of neglect.
- In 21% of Nevada cases, parental substance abuse was cited as the primary reason for child welfare intervention.
- 39% of abused children in Nevada are 3 years or younger, which is higher than the national average of 35% in the same age group.
- African American children compose about 10% of the Nevada child population, yet they make up 22% of the substantiated cases of maltreatment.

### How to Cite this Report

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## Nevada's Children

Between 2010 and 2016, the population of Nevada children under the age 18 ranged from about 681,033 to 677,427. Reports of child maltreatment in this period varied, but the general trends pointed toward the increase. As Table 1 shows, reports of maltreatment were at a high of 42.3 children per 1,000 in 2015 and at a low of 31.8 children per 1,000 in 2010. For substantiated child maltreatment cases, Nevada's rates rose from 6.8 per 1,000 children in 2010 to 7.2 per 1,000 children in 2016.

**Table 1. Nevada: Child Population Data and Prevalence of Child Abuse and Neglect (2010–2016)**

Year	2010	2011	2012	2013	2014	2015	2016
<b>Total Children &lt;18</b>	681,033	663,775	656,969	657,831	661,936	669,105	677,427
<b>Children subject of maltreatment investigation (Reports)</b>	21,105 31.8 per 1000	23,515 35.7 per 1000	22,246 33.9 per 1000	23,633 35.9 per 1000	25,023 37.8 per 1000	28,277 42.3 per 1000	27,833 41.1 per 1000
<b>Substantiated maltreatment reports</b>	4,654 6.8 per 1000	5,355 8.1 per 1000	5,437 8.3 per 1000	5,438 8.3 per 1000	4,589 6.9 per 1000	4,953 7.4 per 1000	4,891 7.2 per 1000

*Data Sources: U.S.DHHS (2013;2018).*

**Table 2. (Substantiated Child Maltreatment Cases by County-Nevada)**

County	2014	2015	2016
<b>Clark County</b>	2,522	2,258	2,286
<b>Washoe County</b>	681	612	555
<b>Rural Counties</b>	178	149	184

*Data Source: Department of Health and Human Services State of Nevada (2018).*

Clark and Washoe County are the two largest counties in Nevada. According to the U.S. Census, in 2010, Clark County had a population of over 1.9 million people and Washoe County had over 420,000 people. The two counties combined compose over 85% of Nevada's population. As Table 2 shows, 95% of substantiated child maltreatment cases were in Clark or Washoe County.

## Child Maltreatment: What It Is and Why It Is

### ***Terms and Definitions***

Child maltreatment can be defined from multiple perspectives reflecting different assumptions and legal parameters that are framed by federal legislation and state statutes. Crosson-Tower (2002) pinpoints three major schools of thought in this area: (1) penal-legal, (2) medical-scientific, and (3) social welfare-humanistic. The penal-legal framework equates maltreatment with cruelty. The medical-scientific approach views maltreatment through the lens of the battered-baby syndrome. And the social welfare-humanistic perspective sees the phenomenon as child abuse.

### ***Federal Perspective***

All three theoretical perspectives tell us something important about child maltreatment, but federal and state laws provide the definitive reference point. Government concern with child maltreatment is grounded in the legal concept *parens patriae*, which asserts that the government has to take the initiative in protecting children when their parents fail or are unable to do so. Federal authority in this area is supported by nearly two dozen major child welfare laws enacted by the U.S. Congress (Curtis & Denby, 2011). Federal law defines the minimal standards, violation of which constitutes child maltreatment. The 1974 Child Abuse Prevention and Treatment Act (CAPTA) P. L. 93-247 (amended by the 2003 Keeping Children and Families Safe Act) defines child abuse and neglect as “any recent act or failure to act on the part of a parent or caretaker 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” (Child Welfare Information Gateway, 2008, p. 2).

Guided by federal law, most states recognize four types of child maltreatment: (1) physical abuse, (2) neglect, (3) sexual abuse, and (4) emotional abuse. According to the Child Welfare Information Gateway (2008), physical abuse is a nonaccidental physical injury that can occur as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting, or burning that is inflicted by a parent or caregiver. Neglect is failure to provide for a child’s physical, medical, educational, and/or emotional needs. In most states, neglect also includes child abandonment and elements of substance abuse, including prenatal exposure to illegal drugs and other substances. Child neglect caused by substance abuse covers manufacturing drugs in the presence of a child; selling, distributing, or giving drugs and/or alcohol to a child; and the use of a substance by a caregiver that impairs the caregiver and limits his or her ability to care for the child. Federal law defines child sexual abuse as “the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children” (Child Welfare Information Gateway, 2008, p. 3). Emotional abuse (also referred to as psychological abuse) is a pattern of behavior on the part of a parent or caregiver that results in a child’s diminished sense of self-worth. Emotional abuse is difficult to prove; it typically accompanies other forms of abuse and is evident in criticism, threats, and rejection.

### ***Nevada State Statute***

According to Nevada statute, child maltreatment is a condition or set of interrelated conditions that involve physical abuse, sexual abuse, socio-emotional abuse, and/or various parameters of neglect. Child maltreatment is an act of omission or commission on the part of a parent or caregiver that results in physical, cognitive, emotional, or social harm to a child. Nevada's definition of child abuse and neglect encompasses three categories: (1) physical or mental injury of a nonaccidental nature, (2) sexual abuse or sexual exploitation, or (3) negligent treatment or maltreatment of a child caused or allowed by a person responsible for the welfare of the child under circumstances indicating that the child's health or welfare is harmed or threatened with harm (Chapter 432B, 2011). Moreover, in Nevada, definitions of maltreatment are operationalized through a risk assessment process that is framed by the Nevada Administrative Code (NAC) 432B.180 and differentiated by levels of urgency. According to the NAC, *impending danger* to a child results from a family situation or a household member's behavior that is determined to be out of control and will likely result in serious harm to a child (this was previously known as "foreseeable danger"). *Present danger* is an immediate, significant, and clearly observable family condition that is actively occurring or in process of occurring at the point of contact with a family and will likely result in grievous harm to a child.

### **Correlates of Child Maltreatment**

Given the serious nature of child abuse and neglect and its adverse consequences, many have asked, "What causes child abuse and neglect?" Although there have been no findings that indisputably draw a cause-and-effect relationship, several conditions are believed to induce child maltreatment. Poverty, substance abuse, and parental mental health disorders are three of these conditions.

#### ***Poverty and Economic Conditions***

As an environmental factor, poverty and low-income status are highly correlated with child maltreatment, especially child neglect. It is important to note that poverty does not automatically cause child neglect—the majority of families living in poverty are fully functional and possess many strengths, including a host of protective factors that guard against child maltreatment. Yet poverty is implicated in child maltreatment insofar as it puts a family at a greater risk, especially when poverty is compounded by other environmental risks such as parent's age, substance abuse, and parental capacity and readiness. It has been proven that the level of child well-being in any given state is associated with the state's child poverty rate (DePanfilis, 2006; Slack, Holl, McDaniel, Yoo, & Bolger, 2004). In Nevada, the poverty rate for children under the age of 18 is 22%, 19.8% for children aged 5–17, and 27% for children under age 5 (Child Welfare League of America, 2016). These rates are commensurate with national child poverty rates. In 2016, nationally, the poverty rate for children under the age of 18 was 20.7% (Child Welfare League of America, 2018).

#### ***Substance Abuse***

Parental substance abuse is another condition highly correlated with child maltreatment (Goldman & Salus, 2003; Kelley, 2002). In fact, child neglect has the strongest association with substance abuse compared with all forms of child maltreatment

(DePanfilis, 2006). One study found that 65% of maltreated children were victimized while the parent was intoxicated (Donahue, 2004). Tragically, substance abuse is associated with two thirds of child maltreatment fatalities (Kelley, 2002). Impaired parents are unable to function fully in the care and protection of their children, often placing children in unsupervised conditions. Parents' decision-making ability is impaired when they are under the influence; their judgment becomes compromised as their focus is narrowed by the addiction. Older children can be "parentified" or pressed to be parent surrogates and serve as caregivers for their younger siblings. In Nevada, approximately 2.26% of adults age 26 and older are reported to be dependent on or abusing illicit drugs (Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2016). The Nevada law directs responsible authorities to notify a government agency about infants exposed to substances. Here is how Nevada Revised Statute § 432B.220 (3) defines the issue:

*Any person who is a mandated reporter who delivers or provides medical services to a newborn infant and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that the newborn infant has been affected by prenatal illegal substance abuse or has withdrawal symptoms resulting from prenatal drug exposure shall, as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency that provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency that provides child welfare services for appropriate counseling, training, or other services. A notification and referral to an agency that provides child welfare services shall not be construed to require prosecution for any illegal action. (Child Welfare Information Gateway, 2009, p. 21)*

In Nevada the federal Child and Family Services Review (CFSR) revealed that in 61% of all child welfare cases, substance abuse was cited as a reason that the child came to the attention of the child welfare system. In 27% of the cases, parental substance abuse was cited as the primary reason for child welfare intervention (Young, Gardner, Whitaker, Yeh, & Otero, 2005).

### **Parental Mental Health**

The connection between parents' mental health and child maltreatment is less defined than the connection with poverty and substance abuse. However, certain mental health conditions such as depression have been associated with child maltreatment and diminished parenting abilities (Barth, 2009; Hoffman, Crnic & Baker, 2006; Jameson et al., 1997; Kahng et al., 2008; Shay & Knutson, 2008; U. S. Department of Health and Human Services, 2003). Nevada ranks fifth in the nation of states considered to have the highest number of depressed adults as determined by the number of depressive episodes and serious psychological distress (Mental Health America, 2011).

## Prevalence of Child Maltreatment in Nevada

### ***Prevalence and Types of Maltreatment and Demographic Data***

In Nevada, as nationally, child neglect is the most frequently occurring type of child maltreatment. In 2016 a little over 80% of child welfare cases involved some level of neglect.

**Table 3. Types of Maltreatment–Nevada (%)\***

Year	2010	2011	2012	2013	2014	2015	2016
Neglect	76.2	74.1	75.7	75.6	73.6	73.7	80.3
Physical Abuse	32.8	37.0	34.7	36.4	34.7	33.5	26.2
Sexual Abuse	7.5	6.6	4.9	5.3	4.7	5.6	5.5
Emotional Abuse	1.7	1.6	1.7	1.0	0.8	0.8	0.5

Data Sources: U.S.DHHS (2013;2018). \*Categories do not sum to 100% because of co-occurring conditions.

Although child maltreatment in Nevada generally mirror regional and national patterns, there are some observable differences. For example, in 2016 about 26% of Nevada's substantiated cases of child maltreatment had some element of physical abuse, compared with an 18% rate nationally.

**Table 4. Types of Maltreatment–National (%)**

Year	2010	2011	2012	2013	2014	2015	2016
Neglect	78.3	78.5	78.3	79.5	75.0	75.3	74.8
Physical Abuse	17.6	17.6	18.3	18.0	17.0	17.2	18.2
Sexual Abuse	9.2	9.1	9.3	9.0	8.3	8.4	8.5
Emotional Abuse	8.1	9.0	8.5	8.7	6.0	6.2	5.6
Unknown	0.3	0.3	0.2	0.0	0.0	0.0	0.0

Data source: U.S. DHHS (2013; 2018).

**Table 5. Types of Maltreatment (%) – Colorado**

Year	2010	2011	2012	2013	2014	2015	2016
Neglect	82.6	81.1	82.6	82.7	79.7	80.3	80.5
Physical Abuse	13.0	13.1	12.3	11.9	11.7	11.5	11.5
Sexual Abuse	9.7	9.9	9.9	10.4	9.9	10.0	9.5
Emotional Abuse	4.3	4.0	3.2	3.4	2.9	3.1	2.8

Data source: U.S. DHHS (2013; 2018).

**Table 6. Types of Maltreatment (%) –Arizona**

Year	2010	2011	2012	2013	2014	2015	2016
Neglect	87.3	93.9	96.9	97.9	94.0	93.1	92.7
Physical Abuse	16.1	12.5	10.4	10.5	9.0	9.1	8.3
Sexual Abuse	5.5	3.9	3.7	3.5	3.0	2.9	3.5
Emotional Abuse	0.3	0.4	0.3	0.2	0.2	0.1	0.1

*Data source: U.S.DHHS (2013; 2018).*

From a regional standpoint there are also observable similarities and differences in the types and prevalence of child maltreatment. For example, Nevada is most similar to Colorado with respect to patterns of child neglect. However, when Nevada is compared with its eastern neighbor (Utah) there are fewer similarities. For example, significantly more of Nevada's child welfare cases involve neglect, while Utah has more physical and emotional abuse cases.

**Table 7. Types of Maltreatment (%) – Utah**

Year	2010	2011	2012	2013	2014	2015	2016
Neglect	21.5	22.4	26.8	26.8	25.4	25.7	28.7
Physical Abuse	13.3	41.6	41.7	41.4	41.3	41.1	45.4
Sexual Abuse	15.9	15.4	21.3	21.4	20.1	21.2	17.4
Emotional Abuse	51.5	47.1	28.4	29.7	29.1	29.2	29.7

*Data Source: U.S. DHHS (2013; 2018).*

From a national perspective, Nevada has been consistently below the U.S. average of child maltreatment cases. In 2016 7.2 out of 1,000 children in Nevada were victims of child maltreatment compared to 9.1 per 1,000 children nationally. Nevada had a lower prevalence rate than California – 7.6 child victims per 1,000 children, Utah – 10.4 per 1,000 children and Colorado-8.9 per 1,000 children. Nevada had a slightly higher prevalence rate than Arizona – 6.6 cases per 1,000 children.



Data Source: U.S. Department of Health and Human Services, Child Maltreatment 2016, (2018)

**Table 8 Child Victims, 2012–2016**

State	2012 Rate per 1,000 Children	2013 Rate per 1,000 Children	2014 Rate per 1,000 Children	2015 Rate per 1,000 Children	2016 Rate per 1,000 Children
Alabama	8.6	7.9	7.9	7.7	9.3
Alaska	15.5	13.0	13.3	15.5	16.8
Arizona	6.2	8.2	8.6	7.4	6.6
Arkansas	15.7	14.6	12.7	13.0	13.8
California	8.3	8.3	8.2	7.9	7.6
Colorado	8.5	8.2	8.0	8.0	8.9
Connecticut	10.3	9.3	9.9	9.1	10.4
Delaware	11.4	9.4	7.3	7.5	7.7
District of Columbia	19.9	18.3	13.3	11.4	11.3
Florida	13.3	12.0	11.3	10.7	10.1
Georgia	7.5	7.7	8.9	10.8	8.6
Hawaii	4.6	4.3	4.3	4.9	4.8
Idaho	3.3	3.9	3.7	3.8	4.2
Illinois	6.6	6.1	8.6	10.1	9.9
Indiana	12.7	13.7	14.7	16.7	18.0
Iowa	14.8	15.6	11.1	10.8	11.7
Kansas	2.6	2.8	2.8	2.8	3.4
Kentucky	14.7	17.3	17.7	18.7	19.8
Louisiana	7.6	9.1	10.8	11.3	10.1
Maine	14.2	14.6	14.7	13.1	13.5
Maryland	9.7	9.0	6.8	5.0	5.2
Massachusetts	13.7	14.5	22.9	22.4	23.3
Michigan	14.7	15.1	13.8	15.7	17.0
Minnesota	3.3	3.3	3.2	4.0	6.2
Mississippi	10.2	10.1	11.5	12.0	14.1
Missouri	3.3	3.7	3.8	4.1	4.0
Montana	5.9	6.3	5.3	8.3	13.7
Nebraska	8.4	8.6	8.4	7.4	5.9
Nevada	8.3	8.3	6.9	7.4	7.2
New Hampshire	3.3	3.0	2.4	2.8	3.5
New Jersey	4.4	4.7	5.8	4.9	4.2
New Mexico	11.5	12.9	15.2	17.5	15.3
New York	16.0	15.2	15.4	15.9	15.6
North Carolina	3.9	3.4	3.7	3.4	3.1
North Dakota	8.9	9.3	9.5	10.1	10.2
Ohio	11.0	10.4	9.4	8.8	9.0
Oklahoma	10.2	12.2	13.8	15.0	14.9
Oregon	11.1	12.0	11.7	12.1	13.6
Pennsylvania	1.2	1.2	1.2	1.3	1.6
Puerto Rico	10.1	11.0	10.0	9.5	-
Rhode Island	14.8	14.6	16.1	15.1	14.2
South Carolina	10.6	9.7	11.5	13.6	15.8
South Dakota	6.0	4.7	4.2	5.1	5.8
Tennessee	6.8	7.0	7.8	7.6	6.4
Texas	9.0	9.2	9.2	8.8	7.9
Utah	10.6	10.4	10.9	10.5	10.4
Vermont	5.2	6.1	6.7	7.7	6.9
Virginia	3.1	3.1	3.5	3.3	3.2
Washington	4.1	4.5	4.6	3.7	2.9
West Virginia	11.9	12.3	13.0	12.8	15.8
Wisconsin	3.5	3.5	3.6	3.7	3.7
Wyoming	5.2	5.2	6.2	6.9	7.0
<b>National</b>	<b>8.8</b>	<b>8.8</b>	<b>9.1</b>	<b>9.2</b>	<b>9.1</b>
<b>Reporting States</b>	-	-	-	-	-

### ***Child maltreatment in the U.S. in the international perspective***

Child maltreatment is a pervasive issue affecting children throughout the world. An estimated 1 out of 15 children experience maltreatment worldwide annually (Ferrara et al., 2015). The United States prevalence rate of child maltreatment is slightly higher when compared to other developed countries. The U.S. child maltreatment rates are closest to that of the United Kingdom but noticeably higher than rates in Canada and Italy.

**Table 9. (Child Maltreatment Rate (%) by Country)**

Country	2015
United States	12.1
Canada	9.7
United Kingdom	11.2
Italy	9.5

*Data Source: Ferrara et al., 2015.*

### ***Children of Color and Other Special Populations***

Some children in the child welfare system are considered to have “special needs.” Although there is no federal definition of “special needs” and the term’s meaning varies from state to state, within the context of child welfare adoption, special needs children can include “children of color; those who are older; children with siblings; or those with a medical, physical, or emotional condition or disability that results in the need for adoption or medical assistance in order for them to be adopted” (Child Welfare Information Gateway, 2010a, p. 2). In the realm of general child welfare practice, special needs children are often classified in such a manner because of the vulnerabilities they face, their disproportionate representation, and the difficulties they experience with respect to achieving permanency.

Two special needs groups in particular, African American children and young children, have received a fair level of empirical examination in the literature. There is substantial evidence indicating that African American children’s condition within the child welfare system is very precarious, and they are detrimentally affected by the system (Curtis & Denby, 2011; Hill, 2001, 2006; Roberts, 2002; U.S. GAO, 2007). They are disproportionately represented at nearly every point in the child welfare system (including rates of entry into the foster care system); they have slow departure rates as well as a host of other well-documented adverse conditions of care (Hill, 2006; Roberts, 2002; U.S. GAO, 2007). In Nevada, African American children represent 22% of the substantiated cases of maltreatment yet they are only about 10% of the child population.

**Table 10. Ethnicity/Race of Maltreatment Victims (%) – Nevada**

Year	2010	2011	2012	2013	2014	2015	2016
White	41.0	41.7	40.0	38.2	36.0	36.2	35.9
Black	18.8	18.7	20.3	20.6	22.7	23.3	22.3
Hispanic	29.6	29.4	27.3	29.2	28.3	24.4	25.5
Asian	1.1	0.9	1.1	0.8	1.0	0.9	0.8
Native Hawaiian /Other Pacific Islander	1.2	0.5	1.2	0.7	0.9	0.9	0.7
Alaska Native /American Indian	0.9	0.9	0.7	0.8	0.5	0.9	0.6
Two or more races	6.6	6.7	7.4	6.4	6.6	7.4	6.5

Data Source: U.S. DHHS (2013; 2018).

Racial disparity is also evident in child placement rates. As indicated in Tables 11 and 12, about 4,200 children were residing in foster care in Nevada in 2016, with African Americans accounting for over 20%. Many states have developed strategies for addressing racial disproportionality in child welfare. (For a review of major initiatives at both the state and federal level, visit the Child Welfare Information Gateway *Addressing Racial Disproportionality in Child Welfare* report, which is accessible through this link: [http://www.childwelfare.gov/pubs/issue\\_briefs/racial\\_disproportionality/racial\\_disproportionality.pdf](http://www.childwelfare.gov/pubs/issue_briefs/racial_disproportionality/racial_disproportionality.pdf). The Center for the Study of Social Policy *Strategies to Reduce Racially Disparate Outcomes in Child Welfare* report can be retrieved through this link: <https://www.cssp.org/publications/child-welfare/alliance/Strategies-to-Reduce-Racially-Disparate-Outcomes-in-Child-Welfare-March-2015.pdf>).

**Table 11. Nevada Foster Care Data (2010–2016)****Breakdown of Children in Foster Care**

Year	2010	2011	2012	2013	2014	2015	2016
# of children in foster care	4,811	4,638	4,745	4,776	4,543	4,489	4,251
Average length of stay (months)	14.8	13.9	11.9	12.1	12.3	11.9	12.6

Data Sources: U.S. DHHS (2017) & Nevada Child and Family Services (2016)

**Table 12. Ethnicity/Race of Children in Foster Care (%)–Nevada**

<b>Year</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>White</b>	39.5	41.3	40.9	41.6	40.7	40.0	36.9
<b>Black</b>	23.8	23.2	24.6	23.4	22.1	23.0	21.9
<b>Hispanic</b>	26.8	25.3	24.0	24.4	26.6	24.0	25.0
<b>Asian</b>	0.7	0.8	1.1	1.0	0.9	0.8	0.7
<b>Native Hawaiian /Other Pacific Islander</b>	0.7	0.4	0.7	0.8	0.4	0.6	0.5
<b>Alaska Native /American Indian</b>	0.7	0.8	0.9	0.9	1.0	1.2	0.9
<b>Two or more races</b>	7.7	8.1	7.7	7.7	8.2	9.6	13.1

*Data sources: U.S. DHHS (2017) & Nevada Child and Family Services (2016)*

Young children are an especially vulnerable group when it comes to child welfare. Thirty-nine percent of the children who are maltreated in Nevada are 3 years old or younger. This figure is higher than the national average of 35% of maltreated children in the comparable age group (U.S. Department of Health and Human Services, Children's Bureau, 2018).

**Table 13. Age of Maltreatment Victims (%)**

<b>Year</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Children &lt;1</b>	16.9	16.4	16.8	16.7	16.8	16.4	17.2
<b>Children 1–3 years old</b>	23.6	23.6	23.2	22.2	21.9	22.6	22.1
<b>Children 4–7 years old</b>	23.9	23.7	23.9	26.0	25.2	24.5	24.5
<b>Children 8–11 years old</b>	17.3	16.9	17.7	17.8	17.2	18.2	17.8
<b>Children 12–18 years old</b>	18.1	19.2	18.0	17.4	18.9	18.2	18.3

*Data sources: U.S. DHHS (2013; 2018).*

## Consequences of Maltreatment

The consequences of child maltreatment can be grave, and they often vary, depending on the age of the child victim and the type of abuse or neglect that has been suffered. Children suffering abuse and neglect manifest the effect differently depending on the

presence of protective factors and other safeguards buffering or mitigating the impact of maltreatment. Below is a brief summary of the effects of physical abuse, neglect, sexual abuse, and emotional abuse.

### ***Effects of Physical Abuse***

Physical abuse can affect a child's physical well-being, emotional development, and social maturity. Older children who have been physically abused are susceptible to depression and may show sadness and anxiety, while younger children can exhibit signs of neurological impairments and/or sensory or psychomotor difficulties (Urquiza & Winn, 1994). Physical abuse threatens healthy infant-child attachment (Aber, Allen, Carlson, & Cicchetti, 1990; Ainsworth, 1980).

### ***Effects of Neglect***

Neglected children may suffer from consequences of malnutrition, tend to be fragile, and are prone to disease. Among the less obvious consequences of child neglect are passivity, withdrawal, social isolation, depression, and impulsivity (Helfer, 1987). The normal development of neglected children is severely compromised; their motor, mental, language, and other developmental milestones lag behind those of normally developing children.

### ***Effects of Sexual Abuse***

Children who have been sexually abused can experience immediate and lifelong consequences. Victims may suffer physically from tears and abrasions in the genital area; they can contract sexually transmitted diseases or develop enuresis or encopresis. Other conditions found among sexually abused include sleep disturbances, bedwetting, and somatic complaints (Urquiza & Winn, 1994). The psychological effect of sexual abuse can be seen in so-called "internalizing behaviors" (largely girls) or "externalizing behaviors" (largely boys), the symptoms of which include aggression, delinquency, hyperactivity, and verbal explosiveness. The effects that children suffer emotionally as a result of sexual abuse include distrust, hostility, low self-esteem, fear, and anxiety.

### ***Effects of Emotional Abuse***

Emotionally abused children share many of the symptoms characteristic of other forms of abuse, including physical reactions (e.g., sleep disturbance, somatic complaints) and emotional disturbances (e.g., self-destruction, depression, suicidal ideations) (Crosson-Tower, 2002). Psychological abuse is common in families where both children and adults are deprived of emotional fulfillment. This form of abuse breeds consequences that affect a child's personality as he or she progresses into adolescence (O'Hagan, 1993). Emotional abuse is not easy to decipher, and it tends to be less understood compared to other types of child maltreatment. And yet, its consequences can be lifelong and profound.

## **Achieving the Major Child Welfare Outcomes**

The three major child welfare outcomes are (1) child safety, (2) permanency, and (3) family and child well-being. The 1994 amendments to the Social Security Act authorized the U.S. Department of Health and Human Services to review states to ensure that they are in compliance with federal regulations as set forth in Titles IV-B and IV-E. The U.S.

Children's Bureau, through a process known as the Child and Family Services Reviews (CFSRs), administers a system that assesses children served by child welfare agencies and helps states improve their children and family services (U. S. DHHS, Children's Bureau, 2011).

The child welfare system in Nevada is organized into three jurisdictions. The first and largest service jurisdiction is run by Clark County Department of Family Services (CCDFS). Located in Las Vegas, it provides child welfare services to all children and families in Clark County and the southern part of the state. The second service area encompasses Washoe County Department of Social Services (WCDSS). It is located in Reno and provides coverage for children and families located in Washoe County and the northwestern part of the state. The third service jurisdiction (comprising rural regional offices) is run by the Division of Child and Family Services (DCFS) and provides child welfare services to 15 counties. The Statewide Data Profile of Nevada provided by the Administration for Children and Families on 6/8/2017 revealed that maltreatment while in care is more frequent in Nevada compared with national rates, but there are some improvements in the areas of permanency and well-being (for a complete review of the CFSR results see the 2018 Annual Progress Services Report available at (<http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Tips/Reports/AnnualProgressServicesReportSFY2018.pdf>)).

Statewide data for FY 2017 reflected in the Continuous Quality Improvement (CQI) reveal that several safety outcomes are in need of improvement. The pattern repeats in the areas of permanency but there are some areas of strength, including placement with siblings. Also, although many of the child well-being areas are in need of improvement, Nevada exceeds national standards with respect to visiting children in their residence (for a complete review of Nevada's April–December 2017 quarterly child and family services review survey results here: U.S. Department of Health and Human Services, February 2018 CFSR-Nevada Statewide Assessment).

## Child Welfare Interventions

Child welfare professionals use various interventions to assist children and families and promote child safety, child permanency, and family and child well-being. Among the many approaches, family engagement models that are family-centered and strengths-based are recognized as leading best practices. A growing body of evidence (as summarized by the Child Welfare Information Gateway, 2010b) suggests that the most effective family engagement strategies include, but are not limited to, the following components:

1. **Frequent and substantive caseworker visits.** Frequent, meaningful, and focused contact with families by caseworkers produces increased child safety, improved family functioning, and timely establishment of permanency.
2. **Family group decision-making (FGDM).** FGDM has come to signify the general use of a process in which families are empowered to engage more directly by joining forces with professionals and other vital support people in the decision-making process. This approach is also known as family group

conferences, family team conferences, family team meetings, and family unity meetings.

3. **Motivational interviewing.** Motivational interviewing is a counseling method designed to promote behavior change and has been found to be effective with child welfare parents who are struggling with substance abuse issues.
4. **Collaborative strategies.** This practice model supports the use of strength-based approaches to help families achieve case goals.
5. **Active and meaningful roles for families.** This intervention approach calls for active involvement of families, and it has proven effective in creating stronger worker-client alliances.
6. **Father involvement.** Historically, fathers have not been sought for active and meaningful engagement in case planning. However, fatherhood programs are emerging as viable practical options.
7. **Family search and engagement.** Diligent search programs prove successful in locating relatives who can serve as effective caregivers. Family search models also encourage other types of family interactions, including sibling connections.
8. **Mediation.** Mediation models rely on neutral parties to assist families and child welfare agencies in setting up goals and plans that improve family functioning.
9. **Parent partner programs.** These programs use peer mentors and parent advocate groups to assist families in navigating child welfare service systems.
10. **Foster family–birth family meetings.** Such gatherings help birth and foster families plan reunification strategies. This model also allows for more information sharing and support between the birth and foster families.
11. **Parent and youth involvement in agency councils and boards.** This approach encourages the meaningful involvement of youths and parents in guiding child welfare policy and practice development within local communities.

(For more information about strategies that counter child maltreatment refer to Child Neglect: A Guide for Assessment, Prevention and Intervention at <http://www.childwelfare.gov/pubs/usermanuals/neglect/neglect.pdf>).

## Future Considerations

### ***Quality Parenting Initiative (QPI)***

The Quality Parenting Initiative (QPI), initiated by the Youth Law Center, launched in 2008 in Florida with the goal of increasing parenting excellence for foster children. Nevada is one of 10 states that has adopted the QPI approach. (Available at <http://www.qpinevada.org/>).

### ***Family First Prevention Services Act (P. L. 115 – 123)***

In 2018, Congress passed the Family First Prevention Services Act (P. L. 115 – 123). The legislation is designed to expand services that can prevent placement of children into foster care and reduce the number of children in congregate care. Starting October 1, 2019, states can access entitlement funding for children and families considered to be candidates for foster care and for those foster youths who are pregnant or parenting. On October 1, 2018, the USDHHS will issue additional guidance by providing a list of qualifying services for a child considered to be a “candidate for foster care.” Although this legislation brings promise, many states struggle to create and enhance a service array and needed infrastructure to provide mental health, substance abuse, housing, and economic-support services. Many advocacy groups, including the Child Welfare League of America, observe that for this new legislation to realize its full intent, Congress must fully fund existing Title IV-B programs including Child Welfare Services, Promoting Safe and Stable Families, Adoption Opportunities Act, and Adoption and Kinship Incentives Fund.

### ***Opioid Epidemic and Child Welfare***

After a steady 10-year decline in child welfare caseloads, we began to see an uptick in rates in 2015. The rise is believed to be associated with the opioid epidemic. Radel, Baldwin, Crouse, Ghertner, and Waters (2018, p. 1) found that “nationally, rates of drug overdose deaths and drug-related hospitalizations have a statistical relationship with child welfare caseloads (that is, rates of child protective services reports, substantiated reports, and foster care placements). Generally, counties with higher overdose death and drug hospitalization rates have higher caseload rates. In addition, these substance use indicators correlate with rates of more complex and severe child welfare cases.” (For a full report of this study that examined substance use, opioid addiction, and child welfare, see Laura Radel, Melinda Baldwin, Gilbert Crouse, Robin Ghertner, and Annette Water’s article *Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a Mixed-Methods Study*, available at <https://rhyclearinghouse.acf.hhs.gov/library/2018/substance-use-opioid-epidemic-and-child-welfare-system-key-findings-mixed-methods-study>).

Although exact numbers of children in the child welfare system because of caregivers who misuse opioids is unknown, the NCANDS Child Maltreatment 2016 report stated that almost 30% of all child maltreatment victims have a caregiver who misuses drugs. Recent studies have also shown that the opioid epidemic has led to an increase in neonates born to mothers who use opioids (Lynch, Sherman, Snyder, & Mattson, 2018). In a study



conducted across 10 states, Lynch et al. (2018) found that infants born with neonatal abstinence syndrome (NAS) reported to the child welfare system increased over 95% between 2004 and 2014. NAS occurs when a newborn exhibits drug withdrawal symptoms commonly resulting from opioid exposure in utero. Children born with NAS require medical treatment and are at an increased risk of experiencing physical, emotional, and behavioral problems.

The Substance Abuse and Mental Health Services Administration (SAMHSA) released *A Collaborative Approach to the Treatment of Pregnant Women with Opioid use Disorders*, which provides policy considerations for the child welfare system as well as medical providers to assist pregnant women who misuse opioids. The report provides an assessment for child welfare employees to ensure adequate steps are taken to assist expecting mothers who use opioids and children born with NAS. The article is available at <https://store.samhsa.gov/shin/content//SMA16-4978/SMA16-4978.pdf>

### ***Child and Family Services Improvement and Innovation Act of 2011***

The Child and Family Services Improvement and Innovation Act of 2011 (P. L. 112-34) is the reauthorization of the Stephanie Tubbs Jones Child Welfare Services Program and the Promoting Safe and Stable Families (PSSF) Act ([http://aaicama.org/cms/federal-docs/CRS\\_PL\\_112\\_34.pdf](http://aaicama.org/cms/federal-docs/CRS_PL_112_34.pdf)). Among its many features, it requires child welfare agencies to produce more positive outcomes by arranging regular visits between workers and families.

### ***Prudent Parenting***

Many foster adolescents experience limited independence and lack the opportunity to develop skills that will assist them in establishing employment, exceeding in higher education, and fostering healthy adult relationships upon exiting the foster care system (Pokempner, Mordecai, Rosado, & Subrahmanyam, 2015). Youths who age-out of the foster care system are at an increased risk of experiencing unemployment, homelessness, and staying in poverty (Pokempner et al., 2015). The child welfare system historically has limited the decision-making power of foster parents and the ability of foster youths to participate in routine activities such as going on school trips, joining sports teams, having sleepovers, and engaging with their peers outside of school (Pokempner et al., 2015).

To address these issues, the Sex Trafficking and Strengthening Families act was passed in 2014 to promote foster youth well-being. Under this act, each state was required to adopt prudent parenting standards to “support normalcy for children in foster care” (Pokempner et al., 2015). Prudent parenting standards give foster youths the autonomy to participate in age-appropriate activities that will allow adolescents to develop positive decision-making skills, gain responsibility, and cultivate a support system. Prudent parenting standards are an attempt to recognize that “typical” adolescent activities are vital to improving the trajectory of foster youths who age-out of the child welfare system. (For the full report see the Jennifer Pokempner, Kacey Mordecai, Lourdes Rosado and Divya Subrahmanyam (2015) article *Promoting Normalcy for Children and Youth in Foster Care*, which can be accessed through this link: [http://jlc.org/sites/default/files/publication\\_pdfs/JLC-NormalcyGuide-2015FINAL.pdf](http://jlc.org/sites/default/files/publication_pdfs/JLC-NormalcyGuide-2015FINAL.pdf)).

After the implementation of the Sex Trafficking and Strengthening Families Act, a small study was conducted by White, Scott, and Munson (2017) on foster youths who participated in extracurricular activities, including sports, arts, and academic clubs. Adolescents engaged in a least one extracurricular activity reported better grades and were two times more likely to graduate from high school than foster youths who did not participate in an activity. These findings indicate the importance of foster youths engaging in “normal” activities as part of healthy development.

### ***Child Welfare Workforce***

The federal law presents an opportunity for Nevada to further examine casework and family engagement approaches. The Nevada child welfare workforce is committed to the needs of children and families. Our state workers are among the most educated, dedicated, and skilled professionals in the country. A well-developed, competent, and supported child welfare workforce is vital to ensuring the safety, permanency, and well-being of children who are involved in the child welfare system. In Nevada, NRS 432B.195, 432B.397 and NAC 432B.090 require the state to provide staff training and development opportunities. Nevada has implemented major changes to its training protocols for new workers and existing staff (see the 2009 Nevada Statewide Assessment report for a summary of planning and initiatives, available at <http://dcfs.nv.gov/uploadedFiles/dcfsnv.gov/content/Tips/Reports/NevadaStatewideAssessment2009.pdf>). In addition to training efforts, future policy directives supporting infrastructures are central to ensuring the child welfare goals of safety, permanency, and family and child well-being.

## **Summary and Conclusion**

Although any level of child maltreatment is of concern and must be addressed with the highest degree of urgency, Nevada has consistently registered lower rates (7.2 out of 1,000 children) than those that exist nationally (9.1 per 1,000 children). In 2016, Clark County and Washoe County experienced the state’s highest rates of maltreatment, 2.286 and 555 children respectively. As is the case nationally and regionally, the most prevalent type of child maltreatment in Nevada is neglect. In 2010, about 76% of all maltreatment cases were classified as situations involving neglect. As recent as the 2016 reporting period, neglect remained the most frequently occurring type of maltreatment (80% of all types).

The circumstances leading to a child being maltreatment are varied and many conditions coexist. Poverty and other direr economic conditions, parental substance abuse, and parental mental health challenges are conditions most often associated with substantiated cases of child maltreatment. After ten years of decline, nationally and within the state of Nevada, child maltreatment rates are again on the rise. This sobering finding is even more disappointing given the slight decrease in child poverty rates that occurred over the most recent past years.

Even though a causal analysis is complicated, child welfare officials note the correlation in the increasing child maltreatment rates and the current opioid epidemic. Nevada, like

many of its regional neighbors, is challenged to keep pace with the vexing needs created by parental substance disorders, particularly opioid addiction. Given the myriad of adverse conditions that children experience when they are victims of maltreatment, we must remain steadfast in efforts to protect them and to provide parents, caregivers, and families with necessary supports to increase well-being. The persistent nature of child maltreatment in Nevada demands continued attention. A continuum of care is required, and we must persevere in providing effective programming, prevention, and policy responses.

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## Appendix A

### Child Welfare Data Sources

#### *National or Federal Reports and Information Sources*

##### **The Annie E. Casey Foundation**

This organization, founded in 1948 by Jim Casey, the founder of the United Parcel Service, works to implement public policy, human-service reform, and community activism, and to initiate grants to help American families and child in need. This agency is located at 701 St. Paul Street, Baltimore, MD 21202. Tel. 410-547-6600. For more information visit their website: <http://www.aecf.org/>.

##### **California Evidence-Based Clearinghouse**

In partnership with the California Department of Social Services and Chadwick Center for Child and Families—Rady Children’s Hospital-San Diego, this organization seeks to identify and implement best practices to improve the overall safety and well-being of children and families. CEBC provides information to child welfare agencies at the statewide level but also to local private and public entities invested in the betterment of the child welfare system. To learn more, visit their website: <http://www.cebc4cw.org/leadership/overview/>.

##### **Casey Family Programs**

Founded by Jim Casey in 1966, this organization is the largest program focused exclusively on foster care services in the United States. It attests to its mission of improving child well-being through establishing research, national services and programs, technical assistance, and legislative policy. The Casey Family Programs headquarters is located at 2001 Eighth Avenue, Suite 2700, Seattle, WA 98121. Tel. 206-282-7300. Visit their website: <http://www.casey.org/index.htm>.

##### **Children’s Defense Fund**

Initiated in 1973, this nationally recognized nonprofit organization is dedicated to establishing programs, campaigns, research, and policies to prevent the maltreatment of children. The mission of the Children’s Defense Fund is better health, education, and well-being for all American children. The Children’s Defense Fund national headquarters is located at 25 E Street NW, Washington, D.C. 20001. Tel. 800-CDF-1200 (800-233-1200). For more information visit their website: <http://www.childrensdefense.org/>.

##### **Child Welfare Information Gateway**

Affiliated with the Children's Bureau, the Administration for Children and Families, and the U.S. Department of Health and Human Services, this resource provides information, publications, and research data to professionals and child advocates. To learn more visit their website: <http://www.childwelfare.gov/index.cfm>.



### **Child Welfare League of America (CWLA)**

Founded in 1920, the Child Welfare League of America is the nation's oldest membership-based child welfare organization and the largest of its kind with more than 700 public and private agency memberships nationwide. The CWLA is dedicated to improving the well-being and overall outcomes of neglected and abused children through awareness campaigns, publications, community-based programs, research, and technical assistance. To learn more about this organization visit their website: <http://www.cwla.org/>.

### **The Collaboration to AdoptUsKids**

A national program providing online photo listing services for children in the foster care system and information to potential foster families or adoptive parents. AdoptUsKids is affiliated with the Children's Bureau, Administration for Children & Families and the U.S. Department of Health & Human Services. For more information access [www.adoptuskids.org](http://www.adoptuskids.org).

### **Crimes Against Children Research Center**

The mission of this agency is to encourage public awareness and professional intervention through the facilitation of research data and publications to access factors and consequences of all forms of child abuse and neglect. To contact this agency write to Crimes Against Children Research Center, University of New Hampshire, 20 College Rd., #126 Horton Social Science Center, Durham, NH 03824, or call (603) 862-1888. More information can be found at <http://www.unh.edu/ccrc/index.html>.

### **The Federal Interagency Forum on Child and Family Statistics**

Initially founded in 1994, the forum is composed of 22 federal government agencies centered on the mission of improving federal data collection and research on American children and their families. Their annual report, titled America's Children: Key National Indicators of Well-Being, 2011, can be viewed at [http://www.childstats.gov/pdf/ac2011/ac\\_11.pdf](http://www.childstats.gov/pdf/ac2011/ac_11.pdf).

### **The Foster Family-Based Treatment Association**

Founded in 1988, this association is composed of North American members of foster care treatment agencies and organizations. By implementing research, publications, conferences, and assistance programs, association members work to strengthen the relationships with children and their biological and foster parents as well as influence policies that directly affect them. For more information visit <http://www.ffa.org/>.

### **National Center on Substance Abuse and Child Welfare (NCSACW)**

This agency, funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT), the Administration on Children, Youth and Families (ACYF), and the Children's Bureau's Office on Child Abuse and Neglect (OCAN), provides technical assistance, online and seminar trainings, and information sources to community, tribal, and state agencies to better the lives of families struggling with substance abuse and dependence. To learn more about this agency call (866) 493-2758 or visit the website at <http://www.ncsacw.samhsa.gov/default.aspx>.

### **National Child Welfare Workforce Institute**

This organization seeks to improve the child welfare system through promoting innovative solutions to systemic issues. NCWWI focuses on professional development, change leadership, increasing capacity-building, and promoting education to improve the outcomes of children and families who come in contact with the child welfare system. More information is available on their website:

<https://ncwwi.org/index.php/about-ncwwi/ncwwi-overview>.

### **The National Child Traumatic Stress Network**

This organization was created by Congress in 2000 to improve the quality of care attributed to children and adolescents affected by traumatic stress and their families. Funded by the Donald J. Cohen National Child Traumatic Stress Initiative and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, this organization implements awareness campaigns and networking to increase the availability of services for traumatized youths and their families. Visit the website: <https://www.nctsn.org/>.

### **The National Child Welfare Resource Center for Family-Centered Practice**

This organization offers technical assistance, education, and training to state and tribal welfare agencies to better promote the health and well-being of children and their families. Their office is located at 1150 Connecticut Avenue, NW, Suite 1100, Washington, DC 20036. Tel. (202) 638-7922.

### **The National Resource Center on Children and Families of the Incarcerated**

This organization was created in 2006 through a partnership of the Federal Resource Center on Children of Prisoners and the Family and Corrections Network (FCN) to provide assistance to children of the incarcerated and their families. Through the support of scholars, correctional workers, legislators, and agency providers, this agency uses technical services, information sources, trainings, and research to advocate for the needs of those affected by incarceration. Learn more at their website:

<http://fcnetwork.org/>.

### **The National Resource Center for Child Welfare Data and Technology (NRC-CWDT)**

Sponsored by the Children's Bureau, this national organization provides free technical assistance to courts as well as state and tribal welfare agencies to improve data collection regarding children and their families. More information can be found on their website:

<http://www.centerforchildwelfare.org/kb/trsup/ManageWithDataNRCCWDT2014.pdf>.

### **National Resource Center for Permanency and Family Connections**

Located at the Hunter College Silberman School of Social Work, this organization is focused on securing permanency and positive outcomes for children, adolescents, and their families through providing technical assistance, training programs, and information services to public agencies at local, tribal, and state levels. To contact this agency write to The National Resource Center for Permanency and Family Connections at the Silberman School of Social Work at Hunter College, A Service of the Children's

Bureau, 2180 Third Avenue, 7th Floor, New York, NY 10035, or call (212) 396-7562, or visit their website at <http://www.nrcpfc.org/index.html>.

### **Prevent Child Abuse America (PCA America)**

Established in 1972, this organization is centered on promoting education, facilitating activities, and sponsoring legislation to prevent child abuse and neglect at state and federal levels. For more information on PCA America and its publications, research, and advocacy visit their website: <http://preventchildabuse.org/>.

## **State of Nevada Reports and Information Sources**

**Nevada Department of Health and Human Services (DHHS), Division of Child and Family Services 2013-2014 Biennial Report, accessible at:**  
[http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Tips/Reports/BIENNIAL\\_REORT\\_2013\\_2014\\_Final.pdf](http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Tips/Reports/BIENNIAL_REORT_2013_2014_Final.pdf).

### *2017 Quality Improvement Case Review*

<http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Tips/Reports/2017QualityImprovementCaseReviewsfinal.pdf>.

### *2015 Statewide Child Fatality Report*

[http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Tips/Reports/2015\\_Statewide\\_Child\\_Death\\_Report\\_final.pdf](http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Tips/Reports/2015_Statewide_Child_Death_Report_final.pdf).

### *2016 Nevada Citizen's Review Panel*

<http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Tips/Reports/CRP2016AnnualReport.pdf>.

**For information on indicators of child abuse and potential warning signs visit** <http://www.unce.unr.edu/publications/files/cy/2009/sp0911.pdf>.

### **Nevada Institute for Children's Research & Policy (NICRP)**

Established in 1998 as a provisional chapter of the Prevent Child Abuse Nevada organization, this organization is dedicated to promoting policies, programs, and services for Nevada's children through the development and application of research pertaining to issues regarding children. To contact the office write to UNLV School of Community Health Sciences, 4505 Maryland Parkway, Box 453030, Las Vegas, NV 89154-3030, or call 702-895-1040. More information can be found on their website: <http://nic.unlv.edu/index.html>.

### **Nevada KidsCount**

Sponsored by the Annie E. Casey foundation and funded through a grant to the University of Nevada, Las Vegas Center for Business and Economic Research, the mission of Nevada KidsCount is to collect and analyze data pertaining to the physical, educational, social, and economic well-being of children in Nevada in an effort to promote education and legislation pertaining to state-wide issues regarding children.

This agency can be contacted by writing to Nevada KIDS COUNT, University of Nevada, Las Vegas, 4505 S. Maryland Parkway, BEH 205, Las Vegas, NV 89154-6002, or by calling 702-895-3540. For more information visit their website: <http://business.unlv.edu/?p=3293>.

### **Prevent Child Abuse Nevada**

Prevent Child Abuse Nevada is a provisional chapter of the Prevent Child Abuse America organization, and is centered upon preventing child abuse through community involvement, awareness campaigns, establishing prevention programs, and initiating activities to promote advocacy. To contact this agency write to Nevada Institute for Children's Research and Policy, 4505 Maryland Parkway, Box 453030, Las Vegas, Nevada 89154-3030, or call (702) 895-1040. More information can be found at <http://nic.unlv.edu/pcanv.html>.

### **Children's Advocacy Alliance**

Children's Advocacy Alliance, a nonprofit community-based organization, issues a report that captures how Nevada children are faring in the areas of safety, school readiness, and children's health. The organization advocates on behalf of children and engages with the Nevada State Legislature and other decision-making bodies to bring about change on behalf of children. More information is available at <http://caanv.org/>.

## ***Online Resources for State Child Welfare Law and Policy – Nevada***

**Website for Administrative Code** (Note: See Chapters 127, 424, 432, 432A, 432B)  
<http://search.leg.state.nv.us/NAC/NAC.html>

**Website for Agency Policies**  
<http://dcfs.nv.gov/Policies/>

**Website for Statutes**  
<http://www.leg.state.nv.us/NRS/Index.cfm>

**Website for Nevada Court Rules**  
<https://www.leg.state.nv.us/courtrules/>

## **Community Resources**

### **Child Abuse and Recognition and Reporting**

This is a special publication issued by the University of Nevada Cooperative Extension. It provides information on indicators of child abuse and potential warning signs. To learn more visit <http://www.unce.unr.edu/publications/files/cy/2009/sp0911.pdf>

### **Child & Family Web Guide**

This website is a directory that assesses, informs, and provides sources to a vast amount of child welfare sources for psychological, social, and physical health. To learn more visit <http://ase.tufts.edu/cfw/>

### **Hotlines to Report Suspected Child Abuse or Neglect in Nevada**

(800)-992-5757, or (702)-399-0081 for Clark County, or (775)-785-8600 for Washoe County

### **Nevada Child Seekers**

Founded in 1985, Nevada Child Seekers is the only nonprofit missing children service in Nevada focused on educating the public on prevention techniques and reuniting lost and abused children with their caregivers. The agency is located at 3C Sunset Way, Suite A15, Henderson, NV 89014. Tel. 702-458-7009. You can learn more about Nevada Child Seekers at their website <http://nevadachildseekers.org/>.

### **Ron Wood Family Resource Center**

This family resource center, located in Carson City, focuses on providing families with information on how to obtain services and access resources such as parenting classes, after school programs, and basic skills training within the organization or through agency referrals. The organization was founded in 1995 through community engagement and is partially funded by the Nevada Revised Statute NRS 430A. For more information see <http://www.ronwoodcenter.org>, or call (775) 884-2269.

### **S.A.F.E. House**

Founded in 1994, this organization provides domestic abuse victims and their children services such as crisis intervention, counseling, and shelter as well as treatment to those who abuse. The organization is located at 921 American Pacific Dr. Suite 300, Henderson NV 89014. Call (702) 451-4203, or for 24-hour assistance, 702-564-3227. More information is available at <http://www.safehousenv.org>.

### **24-Hour Crisis Hotlines to Report Child Abuse or Neglect in Nevada**

All reports are transferred to the Division of Child and Family Services, Child Protective Services, or law enforcement. For more assistance, call 775-784-8090.

### **Further Readings**

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## Major Child Welfare Databases

### **Adoption and Foster Care Analysis and Reporting System (AFCARS)**

A reporting of foster care and adoption counts. Most of the information available on the AFCARS reports can be found at

[http://www.acf.hhs.gov/programs/cb/stats\\_research/index.htm](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm).

### **Child Trends DataBank**

Child Trends DataBank administers data from state and national data reports, provides technical assistance to private and nonprofit agencies, and develops legislation pertaining to improving the well-being of America's children. Over 70 indicators of child well-being are tracked in their efforts to evaluate trends in the lives of American children. See their website at <https://www.childtrends.org/>.

### **Child Welfare Outcomes Report Data**

This system provides a custom report builder containing the most up-to-date data about child welfare outcomes. The annual data reporting system provides state performance data in seven categories: (a) reduce recurrence of child abuse and/or neglect; (b) reduce the incidence of child abuse and/or neglect in foster care; (c) increase permanency for children in foster care; (d) reduce time in foster care to reunification without increasing reentry; (e) reduce time in foster care to adoption; (f) increase placement stability; and (g) reduce placement of young children in group homes or institutions. Current data is available at <https://cwoutcomes.acf.hhs.gov/cwodatasite/>. For the most recent published report access <http://www.acf.hhs.gov/programs/cb/pubs/cwo04-07/cwo04-07.pdf>.

### **National Child Abuse and Neglect Data System (NCANDS)**

NCANDS is a national database created through federal legislation that provides child abuse statistics composed of case-level data for all children who are involved in the child protection system. Information is available at <https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands>.

### **National Incidence Studies of Child Abuse and Neglect (NIS)**

NIS is a congressionally mandated data reporting system that provides abuse and neglect estimates and also measures changes in incidences from the earlier time waves. To access documents and related publications visit <http://www.childwelfare.gov/systemwide/statistics/nis.cfm>.

### **National Indian Child Welfare Association (NICWA)**

The NICAW is the only national organization centered upon training, technical assistance, public policy, and community involvement to combat the maltreatment of children and improve the lives of American Indian families and their children. This organization acts in accordance with the federally mandated Indian Child Welfare Act of 1978 to ensure that American Indian children are not separated from their families and their culture. For more information visit the website <http://www.nicwa.org/>.

### **National Survey of Child and Adolescent Well-Being (NSCAW)**

The NSCAW is administratively coordinated by the Administration for Children and Families and developed through a research collaboration as a response to a congressional mandate that arose from the 1996 Personal Responsibility and Work Opportunities Reconciliation Act. The NSCAW is a national, longitudinal database spanning 1997–2010 and containing firsthand reports from children, parents, and



caseworkers about child abuse and neglect and child and family well-being. For a collection of reports access

[http://www.acf.hhs.gov/programs/opre/abuse\\_neglect/nscaw/index.html](http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/index.html).

**National Youth in Transition Database (NYTD)**

This data system was launched in October 1, 2010. It is the first national data collection dedicated to tracking the transitions of youths from foster care to independent living. To learn more about this organization visit

[http://www.acf.hhs.gov/programs/cb/systems/nytd/about\\_nytd.htm](http://www.acf.hhs.gov/programs/cb/systems/nytd/about_nytd.htm).

## Appendix B

### Nevada Management Information Systems (Child and Family)

NAME OF SYSTEM	AGENCY
UNITY*	<ul style="list-style-type: none"> <li>• Nevada SACWIS System</li> <li>• Used by:               <ul style="list-style-type: none"> <li>○ All Child Welfare Agencies in Nevada</li> <li>○ Differential Response</li> <li>○ State Youth Parole</li> <li>○ Children's Mental Health</li> </ul> </li> </ul>
COGNOS	<ul style="list-style-type: none"> <li>• Clark County Business Intelligence System</li> <li>• Used by:               <ul style="list-style-type: none"> <li>a. DFS Staff</li> </ul> </li> </ul>
Odyssey	<ul style="list-style-type: none"> <li>• Clark County Courts Records Inquiry System</li> <li>• Used by:               <ul style="list-style-type: none"> <li>a. Clark County Courts</li> <li>b. Limited Number of DFS Staff</li> </ul> </li> </ul>
Family Tracs	<ul style="list-style-type: none"> <li>• Clark County Juvenile Justice Case Mgt. System</li> <li>• Used by:               <ul style="list-style-type: none"> <li>○ Juvenile Justice (County Level)</li> <li>○ Limited Number of DFS Staff</li> </ul> </li> </ul>
CCSD Enrollment Database	<ul style="list-style-type: none"> <li>• Owned by Clark County School District</li> </ul>
NOMADS	<ul style="list-style-type: none"> <li>• Nevada Welfare and Supportive Services Case Management System</li> <li>• Used by:               <ul style="list-style-type: none"> <li>○ Welfare</li> <li>○ Child Support</li> <li>○ DFS Staff</li> </ul> </li> </ul>
SCOPE	<ul style="list-style-type: none"> <li>• Law Enforcement Database (Local)               <ul style="list-style-type: none"> <li>a. Law Enforcement</li> <li>b. DFS Staff</li> </ul> </li> </ul>
Lexis-Nexis Identity Solutions	<ul style="list-style-type: none"> <li>• Public Records Clearinghouse</li> </ul>

*Date sources: Eboni Washington, Clark County Department of Family Services (DFS)*

\*UNITY (Unified Nevada Information Technology for Youth) is the automated information system that captures Nevada's child welfare data. This system permits more accurate reporting of child welfare activities. The UNITY system was fully implemented in the fall of 2000 and is currently being used by all child welfare agencies in the state of Nevada. Because Clark County Family and Youth Services had to enter reports into their own "Family Tracks" data system and

the older “Legacy” Computer system for state reporting purposes, the 2002 data in this report is based on a combination of the older Legacy computer system (Clark County data) and the UNITY system (Washoe County & State data). <http://dcfs.nv.gov/Programs/IMS/>.

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