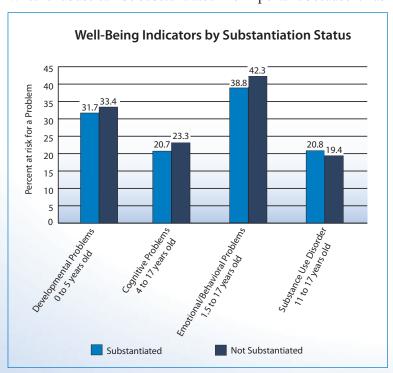


NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

Child Well-Being Spotlight

Children with Substantiated and Unsubstantiated Reports of Child Maltreatment are at Similar Risk for Poor Outcomes

In substantiated cases of maltreatment, child protective services determine whether abuse or neglect can be proven, with credible evidence, to have occurred. Less than one in five investigated reports are substantiated. This decision—whether abuse can be substantiated—is important because it has implications for how much a child and family are



involved with the child welfare system and what services they receive. According to estimates from the National Survey of Child and Adolescent Well-Being (NSCAW), children with unsubstantiated reports of abuse or neglect experience the same risk of negative outcomes as children with substantiated reports. ^{1,2} Children in both groups were at risk for severe developmental and cognitive problems, as well as emotional or behavioral problems and substance use disorders. ³ These data suggest the role of child protective services as a gateway for referrals and receipt of services to all children who come into contact with the child welfare system.

For more information on the well-being of children in the child welfare system, see: http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/

- ¹ Percentages are from the National Survey of Child and Adolescent Well-Being II (NSCAW II). Baseline data collection began in 2008-2009. The study includes 5,873 children ranging from birth to 17.5 years old at the time of sampling.
- ² Developmental problems were defined based on children birth to 5 years old having a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., Down syndrome) and/or being 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Areas included cognitive development based on the Battelle Developmental Inventory, 2nd edition or Kaufmann Brief Intelligence Test (K-BIT), communication development based on the Preschool Language Scales, 3rd edition, and adaptive development based on the Vineland Daily Living Skills. Children 1.5 to 17 years were considered to be at risk for a behavioral/emotional problems if either (1) a caregiver reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Child Behavior Checklist (CBCL); (2) an adolescent reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Youth Self-Report; (3) a teacher reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Teacher Report Form; (4) a clinically significant score was obtained on the Child Depression Inventory, or (5) a clinically significant score was obtained on the PTSD scale of the Trauma Symptoms Checklist. Children 4 to 17 years old were considered to be at risk for a cognitive problem or low academic achievement if they had a score 2 standard deviations or more below the mean for the K-BIT or Woodcock-
- Johnson III (considered a cognitive need). Risk of a substance abuse problem was defined by a Total score of 2 or more on the CRAFFT substance abuse screening test. A CRAFFT total score of 2 or more is highly correlated with having a substance-related diagnosis and the need for substance abuse treatment.
- ³ Comparisons between children with substantiated/indicated and unsubstantiated reports control for child's gender, age, main type of maltreatment, placement, household poverty, and risk factors reported by caseworkers (low social support and high stress in the family).

Source: The National Survey of Child and Adolescent Well-Being II (NSCAW II) is the second nationally representative sample of children reported to child protective services sponsored by the Administration for Children, Youth and Families (ACF). The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews with caseworkers, children, caregivers, and teachers.

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