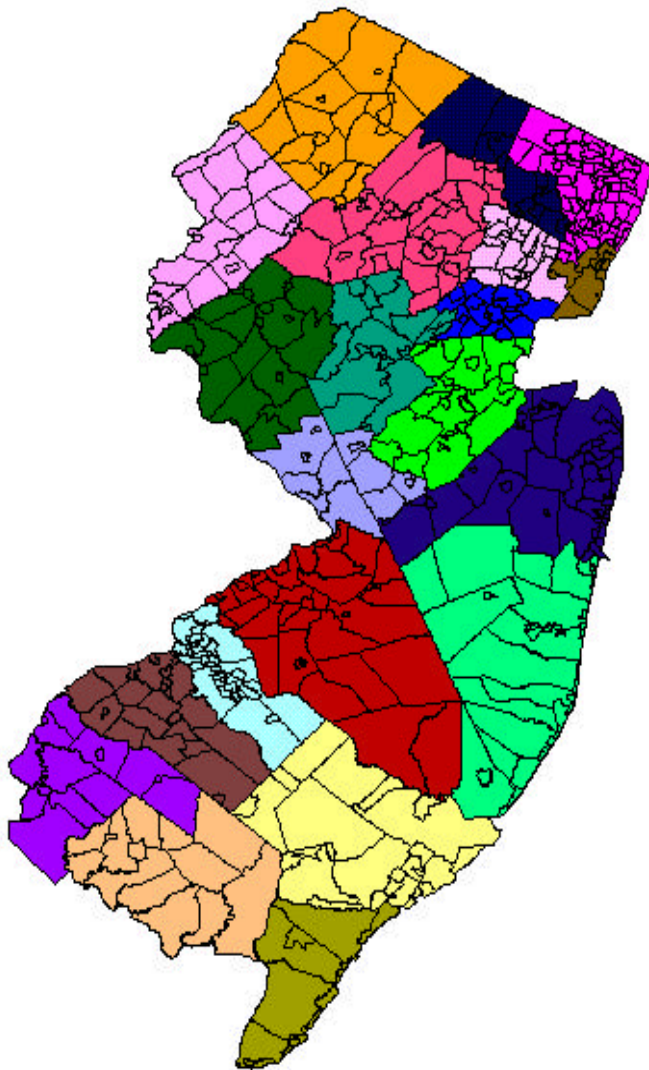


# Child Abuse and Neglect In New Jersey

Statistical Report for 1999



Charles Venti  
*Director*  
*Division of Youth and Family Services*

June 2001

**50 East State Street  
PO Box 717  
Trenton, New Jersey 08625-0717**

**Telephone Listing**

Office of Child Abuse Control (24-hour hotline for reporting child abuse/neglect).....	1-800-792-8610
Institutional Abuse Investigation Unit .....	1-800-215-6853
Division's Action Line.....	1-800-331-3937
Adoption Hotline .....	1-800-99-ADOPT
Foster Parent Hotline .....	1-800-NJ-FOSTER
Community Education Office .....	609-292-8469

**Field Offices**

**Northern Region**

Bergen	1-800-531-1096
Bayonne	1-800-982-7396
Jersey City	1-800-982-7397
North Hudson	1-800-982-7401
Morris DO	1-800-392-9518
Central Passaic	1-800-531-1260
Northern Passaic	1-800-847-1743
Sussex	1-800-392-2654
Warren	1-800-531-1229

**Southern Region**

Atlantic	1-800-392-2655
Burlington	1-800-847-1753
Camden North	1-800-982-7412
Camden Central	1-800-531-1091
Cape May	1-800-531-1259
Cumberland	1-800-531-1228
Gloucester	1-800-847-1741
Salem	1-800-531-1263

**Metropolitan Region**

Newark I	1-800-392-9532
Newark II	1-800-392-9531
Newark III	1-800-847-1751
East Orange	1-800-392-9535
Bloomfield	1-800-392-9536
Edison	1-800-531-1258
Perth Amboy	1-800-531-1261
Elizabeth	1-800-847-1738
Plainfield	1-800-847-1750

**Central Region**

Hunterdon	1-800-392-2724
Mercer	1-800-392-2721
North Monmouth	1-800-392-9511
South Monmouth	1-800-392-9512
Ocean	1-800-442-6232
Somerset	1-800-392-2734

**Adoption Resource Centers (ARCs)**

Northern	1-800-392-2658
<i>(Jurisdiction: Bergen, Hudson, Morris, Passaic, Sussex, &amp; Warren Counties)</i>	
Essex	1-800-392-2843
<i>(Jurisdiction: City of Newark)</i>	
Metropolitan	1-800-543-3127
<i>(Jurisdiction: Middlesex and Union Counties, and all Essex County municipalities except Newark)</i>	
Central	1-800-392-2735
<i>(Jurisdiction: Hunterdon, Mercer, Monmouth, Ocean, and Somerset Counties)</i>	
Southern	1-800-982-7395
<i>(Jurisdiction: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem Counties)</i>	
Metro Select	1-888-895-2404
<i>(Jurisdiction: Selected home adoptions from Essex, Middlesex and Union Counties)</i>	

If you would like a printed copy of this report, which includes the Appendix, please contact the Division of Youth and Family Services, Data Analysis and Reporting Unit  
Phone: (609) 984-9534  
Fax: (609) 292-8224  
Email: [jversace@dhs.state.nj.us](mailto:jversace@dhs.state.nj.us)

The Data Analysis and Reporting Unit is located at:  
50 E. State Street  
7<sup>th</sup> Floor  
P. O. Box 717  
Trenton, New Jersey 08625-0717

### *About This Report...*

I am pleased to share with you the New Jersey Department of Human Services, Division of Youth and Family Services' (DYFS) statistical report on the occurrence of child maltreatment in New Jersey during 1999. It is easy to see the scope of the problem of child abuse and neglect from the data in this report and thus the importance of the Division's dual mission to protect vulnerable children and prevent child abuse and neglect.

Being statistical in nature, the report tells us how many children were maltreated. It cannot tell us who the children are or about their individual experiences. The families of many are victimized by dependency on alcohol and drugs; a lack of the basic necessities required to get through each day -- necessities that we may take for granted; or their overwhelming life circumstances. We believe that many families might be less likely to harm their children if they had access to additional help and support. Their stories and experiences strengthen our commitment to improve service quality and availability, work together to prevent child abuse and neglect, provide therapeutic treatment to children and families, and to assure permanency for every child in New Jersey.

I remain encouraged by the dedication of DYFS staff, our child advocates, helping professionals -- all of those who give care to these children and their families -- and the public who assist the Division each day by making us aware of potential or actual harm to children. Together, we can give children hope for the future and prospects for a secure family life.

The Division encourages the work of all those who will use this report to conduct research on child maltreatment and we look forward to benefiting from their findings and insights.

Sincerely,

Charles Venti  
Director

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## Executive Summary

### *All Referrals*

- The total number of referrals to the Division declined by 1,597 in 1999 (77,921) from the number received in 1998 (79,518). The decline occurred in the number of both abuse/neglect and family problem referrals. The number of recorded requests for information and referral (I&R's) also decreased by 286, from 5,208 to 4,922.
- 94.6% of all cases referred to DYFS were classified either as child abuse and neglect or family problems. Referrals for Juvenile Services, Adoption Services, and "Other" Services comprised the remaining 5.4% (4,200) of all referrals.
- There was a great deal of variation among the counties in numbers, percentages and rates per thousand children in abuse/neglect referrals, family problem referrals, and substantiated abuse/neglect cases.

### *Abuse and Neglect*

- The statewide child abuse/neglect substantiation percentage decreased for the fifth consecutive year, dropping from 24.5% in 1998 to 23.5% in 1999.
- 4.5 of every 1,000 children under 18 years of age living in New Jersey were abused or neglected in 1999.
- As in prior years, DYFS received more referrals for neglect than any other kind of harm (22,795) but substantiated a larger *percentage* of emotional abuse referrals (36.2% of 437 referrals). The substantiation percentage among emotional abuse cases was 41.5% in 1998 and 68.4% in 1997.
- School personnel, anonymous callers, police, and health professionals made the majority of abuse/neglect referrals -- 61.2% of 39,276. DYFS staff substantiated 25.5% of the referrals they made.
- Reports from correctional facilities (50%), police (43.2%), and health professionals (41.7%) are most likely to be substantiated, while referrals from anonymous callers are least likely to be substantiated (10.1%).
- The single most frequently occurring type of maltreatment that DYFS staff substantiated was lack of supervision (23.3% of all substantiated incidents).
- Bruises or welts were the most common type of injury sustained among children whose cases were substantiated, accounting for 14.5% of all abuse/neglect injuries.
- A parent was the primary perpetrator of harm in 80% of all substantiated cases. Parents are the more likely perpetrators of all forms of abuse (physical, neglect, emotional, sexual, and multiple types), but relatives are almost equally likely to be the perpetrators of sexual abuse.

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- Females are the primary perpetrators of abuse in seven of every ten cases. Most are in their early thirties. Male perpetrators are, on average, almost four years older than female perpetrators.
- The average age of the victims of abuse and neglect was 7.1 years. Sexually abused children are, on average, older than the victims of other kinds of abuse (10.5 years of age). Children who are neglected are the youngest (5.6 years of age).

### *Family Problem Referrals*

- DYFS received 34,445 family problem referrals in 1999, 421 fewer than the number received in 1998. Family problem referrals constituted 44.2% of all referrals to DYFS, an increase of 0.4% above the percentage of all referrals DYFS received in 1998.
- School personnel, health professionals, police, and anonymous callers together accounted for 59.2% of all family problem referrals.
- 17 of every 1,000 children under 18 years of age were the subject of a family problem referral in 1999. This was a decrease of 0.6 children per 1,000 from the rate reported in 1998 (17.6 per one-thousand).
- Parenting issues and concern for a child who was the sibling of another already referred for abuse/neglect were by far the primary reasons for family problem referrals, comprising almost 61% of all reasons given.

### *Institutional Abuse*

- DYFS received 1,993 institutional abuse (IA) referrals in 1999, comprising 5.1% of the 39,276 abuse/neglect referrals DYFS received in 1999. The 1,993 IA referrals represented a decrease of 255 or 11.3% from the number received in 1998.
- Together, foster homes, public day schools, and child day care centers were the subjects of 54% of all IA referrals. Foster homes accounted for 503 referrals (25.2% of all IA referrals).
- IA staff received more reports involving physical abuse than any other kind of harm (841 referrals, or 42.2% of the 1,993 total IA referrals).
- DYFS workers substantiated 227 or 11.4% of all referrals that IA units received in 1999. A larger percentage of sexual abuse referrals was substantiated (25%) than any other type, followed by neglect (16.8%), emotional abuse (8.3%), multiple types of abuse (6.8%) and physical abuse (5.4%).
- Referrals from religious day schools were most likely to be substantiated (43.5% of religious day school referrals). 7.2% of foster homes referrals were substantiated.

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### *Child Fatalities*

- In 1999, 29 child fatalities occurred as a result of abuse or neglect, two fewer than the number as reported in 1998. Of the 29 fatalities that occurred in 1999, 12 children were not known to DYFS and eight children were actively under DYFS supervision. The remaining nine children (or other family members) were under supervision in the past but were not under DYFS supervision at the time of death.

### *Substance Abuse*

- A caregiver was documented as having a substance abuse problem in 32.6% of all abuse/neglect cases substantiated during 1999.
- In 1999 DYFS substantiated 1,111 abuse/neglect reports that involved prenatal substance abuse. These cases accounted for 12% of all substantiated abuse/neglect cases.

Under Title 9 and Title 30 of the New Jersey statutes the Division of Youth and Family Services (DYFS) is authorized to investigate allegations of abuse or neglect and requests for services made either by clients themselves or on behalf of others. The Division classifies the referrals it receives for intervention and services either as abuse/neglect, family problems, or "other" requests. It also handles thousands of requests for services each year that do not require field intervention. These are known as requests for information and referral (I&R).

This report focuses on referrals that involve allegations of abuse and neglect, abuse/neglect reports that are substantiated, and family problem reports that DYFS received during 1999. Throughout the document there are tables and charts that summarize these incidents for each of New Jersey's 21 counties and for the state as a whole.

Specifically, this report contains:

- national, state, county, and municipal child abuse/neglect referral and referral substantiation figures;
- state and county family problem referral figures;
- characteristics of the victims and perpetrators of child abuse and neglect;
- figures on institutional abuse referrals and substantiated cases;
- figures on child fatalities due to abuse and neglect;
- the impact of substance abuse on abuse and neglect cases; and
- numbers of child abuse and neglect referrals and substantiated cases by municipality.

## Introduction

Most parents do not intend to harm their children or place them at risk of harm. However, the stress of personal, work-related or family problems, or a lack of knowledge about parenting may compromise the well-being of families and put children at risk of harm. Child maltreatment (this term is used interchangeably with abuse and neglect or harm throughout this report) is often the result of a combination of psychological, social, situational and societal factors. Some examples include:

- parents who have difficulty coping with the pressures of child rearing;
- parents who lack adequate parenting skills;
- parents who overreact when a child acts out because they lack experience with the various stages of child development;
- parents who may have been victims of child abuse who also behave in physically aggressive or neglectful ways towards their children because it is the only coping behavior they know; and
- parents whose inadequacies are exacerbated by a lack of financial and/or adequate housing resources, substance abuse, mental illness, domestic violence, medical problems and unemployment.

### *The Mission of DYFS*

It is an essential responsibility of the state to create and support conditions that permit families and communities to nurture each child. If the family is unable to protect a child, it is in the best interests of each child, the family, and the community that public and private resources are mobilized to assure a safe and permanent environment for each child and to strengthen and support the family. These are the broad goals of the child welfare system.

The mission of the Division of Youth and Family Services is to ensure the safety, permanency, and well-being of children and to support families.

### *Guiding Principles*

Under the umbrella of the agency's mission, the Division of Youth and Family Services operates within twelve guiding principles. These principles are consistent with our goals of safety, permanency, and well-being and are our prevailing philosophy as we serve children and families.

1. **The health and safety of each child are paramount and the needs of the child must come first.** Put safety first. A child's health and safety are the paramount concerns. Children must not remain in homes that are unsafe nor return home without safety measures in place.
2. **Planning for safety, permanency and well-being begins at intake.** Initial case assessment and planning identify the services needed to achieve safety, permanency, and well-being, regardless of whether a child is living at home or in an out-of-home placement. Safety,

permanency and well-being are considered simultaneously throughout a child's involvement in the child welfare system, from intake through case closing.

3. **Effective case practice depends on individualized case assessment and case planning.** The case assessment, case plan, and services must be customized to the individual needs of the child and family. Assessment must drive decision-making to ensure effective service delivery.
4. **Effective case practice focuses on the strengths of the family and empowers families.** Families possess certain inherent strengths and opportunities which, under favorable conditions, they can draw upon when problems emerge. The knowledge and experiences of family members are valuable in assessing, planning, decision-making, and delivering services. Families who feel valued and respected are empowered to care for themselves and make changes in their own lives.
5. **Effective case practice is culturally competent.** Assessing, planning, decision-making, and delivering services must occur within the cultural context of the family. The child welfare service system must operate in a way that is compatible with the customs, behaviors, and beliefs of members of distinct groups. It must respect diversity in race, ethnicity, religion, gender, economic status, and affectional orientation.
6. **Effective case practice requires timely and consistent decision-making and consideration of a child's sense of time.** A consistent, nurturing parent-child relationship is critical to a child's identity, self-esteem, and ability to trust and form relationships with others. A child's sense of time is different from an adult's sense of time. Case practice decisions, particularly related to placement, must be timely and take a child's sense of time into consideration.
7. **Effective case practice recognizes the importance of the birth family to a child.** Children remain emotionally connected to their birth families, even when they are living apart or parental rights have been terminated. The child welfare service system must respect the child's positive sense of his/her birth family, regardless of the family history or the long-term case plan for a child.
8. **Collaboration among community partners is key to establishing effective services at local, county and state levels.** The child welfare agency, on its own, cannot meet the challenges to prevent maltreatment and provide children with a safe and permanent living situation. Broad-based, multi-disciplinary collaboration is essential to ensure effective assessment, planning, and services for children.
9. **Effective case practice maintains respect for children, birth families, relatives, and foster/adoptive families.** The child welfare service delivery system must respect the inherent worth and dignity of every individual. Children and families have a right to be offered help with their problems or situations in a non-judgmental and respectful manner.

10. **Effective case practice requires outcome-based accountability.** Client and system outcomes, rather than process information, provide better measures of performance. Establishing benchmarks for success helps to measure whether change is occurring.
11. **Effective case practice requires the redirection of resources based on outcomes and changing needs.** Assessment of strengths and needs must be ongoing, not "one-time only." The child welfare service delivery system requires the flexibility to re-design services in response to measured outcomes, and to meet the changing needs of the children and families served.
12. **Staff competency is critical to effective case practice.** The child welfare service delivery system must ensure that staff is adequately trained and receives appropriate supports to enable the effective use of case practice knowledge and skills. Each staff member must continually evaluate his/her ability to deliver effective child welfare services.

### *Case Screening and Assessment*

DYFS classifies the referrals it receives according to screening guidelines. Information that the screening worker gathers, in consultation with a supervisor, forms the basis of the classification. DYFS classifies and counts most referrals it receives as either abuse/neglect or family problem cases. In addition to reports of child abuse/neglect and family problems, DYFS receives referrals for child welfare services for juveniles, adoption services and "other" social services, also under the auspices of N.J.S.A. 30:4C-11. These are defined the following way:

- **Juvenile Services.** These are requests to DYFS from the Family Court for juvenile services under Title 2A, requests from law enforcement agencies or a parent at the recommendation of a law enforcement agency to intervene in a conflict between a parent or guardian and a juvenile regarding behavioral problems. These could include unauthorized absence from home for more than 24 hours or unauthorized absence from school or the commission of a crime or disorderly persons offense.
- **Adoption Services.** These are requests to DYFS for services that include counseling, placement of children and evaluation of adoption placements made by private agencies.
- **Other Services.** These are requests to DYFS for general social services that may include courtesy investigations for other states, home assessments for the court or probation, court ordered supervised visitation, custody evaluations, and domestic violence risk assessments.

Referrals that are inappropriate for DYFS intervention may be referred to other community agencies or resources. These are known as "I&R", or Information and Referral cases. Examples of I&R cases include requests for housing, child care, financial support, health services, and so on.

Except for I&R cases referrals are followed by a response that includes personal field contacts with families and children as well as contacts with other sources that may have information

about the family or circumstances of the case. This stage of DYFS involvement is called the intake process.

When DYFS receives a referral alleging abuse or neglect, a DYFS caseworker conducts a child protective services investigation to determine whether a child has been harmed or is at risk of harm. The purpose of the investigation is to:

- gather all relevant information, including information about the circumstances which led to or may lead to harm to the child;
- determine what harm the child has suffered or is at risk of suffering;
- take action as necessary to ensure the current safety of the child;
- assess the service needs of all family members and begin interventions to ensure the continued safety and well-being of the child and improve family functioning on a longer range basis; and
- determine whether a child is abused or neglected as defined in statute.

When conducting an investigation of an abuse/neglect referral, caseworkers try to resolve the immediate crisis and to stabilize the situation. After ensuring the safety of the child, their goal is to maintain the family unit and to assess what services they need to prevent the family from falling into the kind of dysfunction that can lead to further maltreatment. The primary decisions or issues considered during the investigation include:

- Did the child suffer harm or is he/she threatened with harm as defined by state law?
- Is the parent/caretaker(s) responsible for the abuse or neglect?
- Do sources of corroboration or witnesses exist?
- Has all evidence been obtained?
- Are there any other victims?
- Is abuse or neglect likely to occur in the future?
- If so, what is the level of risk of abuse or neglect?
- Is the child safe?
- What measures may be necessary to ensure the child's safety?
- Are there other children in the home who are at risk of harm?
- Are there emergency needs in the family?
- Are continuing services necessary to protect the child and reduce the risk of abuse or neglect occurring in the future?

An assessment of a family's service needs is conducted during or following a child abuse investigation or when someone requests child welfare services. When conducting an assessment, the DYFS worker:

- evaluates the circumstances of the child, his or her family and the community, including the child's need for protection;
- identifies whether the family needs child welfare services;
- identifies which specific services can meet the needs of the child and the family; and
- identifies who shall provide those services.

For family problem referrals, the information gathered during intake is also considered as part of the assessment, and services are offered or provided to alleviate the problem. Referrals that are initially classified as family problem cases are reclassified as abuse/neglect if DYFS learns that a child has been harmed or is at risk of harm.

During a family assessment, the worker considers:

- the nature, extent, and causes of the factors contributing to the risk of maltreatment;
- the effects of the maltreatment and the treatment needs of all family members;
- the individual and family strengths that can be tapped during the intervention;
- the conditions/behaviors that must change for the risk of maltreatment to be reduced or eliminated; and
- the family's prognosis for change.

### *Service Provision*

Once the family assessment is complete, the worker, family and community service providers devise a case plan together. The plan identifies the interventions they will use to ameliorate the conditions and behaviors that resulted in child abuse/neglect or the family problem. The decisions include:

- the goals that must be achieved to reduce the risk of abuse/neglect and/or meet the identified treatment needs;
- the priorities among the goals;
- the interventions or services that will be used to achieve the goals;
- the steps or tasks that must be completed for goals to be achieved;
- the responsibilities of the DYFS worker, family members and service providers;
- the time frames for goal achievement; and
- how the case plan will be evaluated to measure goal achievement.

Child abuse and neglect is complex and multidimensional. No single agency, individual or discipline has the necessary knowledge, skills and resources to provide all the assistance these children and families need. Rather, DYFS seeks the assistance and skills of many to prevent and alleviate the consequences of abuse.

DYFS funds and supports, through its purchase of service contracts, a myriad of programs designed to help prevent child abuse and neglect and to further increase public awareness about it. Services include programs that: teach parenting skills, increase the ability of families to successfully nurture their children, and provide respite care, counseling, homemaker and child care services. DYFS currently funds 1,123 contracts that serve more than 200,000 individuals or their families at a cost of more than \$200 million in federal and state dollars.

DYFS also collaborates with the Children's Trust Fund (CTF), which awards child abuse and neglect prevention grants to programs throughout the state. In 1998-1999, the New Jersey Task Force on Child Abuse and Neglect and the CTF jointly sponsored the community-based family

resource programs grants. A total of \$763,317 was awarded to 28 programs serving children and adults in all 21 counties in New Jersey. Among the programs that the community-based family resource grant support are parenting education classes for teen mothers, home visiting programs for at-risk newborns, respite care, mentoring programs for boys and girls, support groups for grandparents, and programs for families of substance abusers.

The New Jersey Task Force on Child Abuse and Neglect is comprised of child advocates, child welfare, medical, psychological and law enforcement professionals who advocate for a multi-disciplinary approach to treating victims of child abuse. The Task Force is charged with improving the state's child protective services and increasing public awareness of the causes of child abuse and neglect.

### ***Improving Services to Families***

During 1999, the Division continued the work it began in 1998 to meet the goals of its Strategic Plan. To meet these goals, the Division undertook a number of activities and developed a number of new programs and initiatives to protect children and support families. Two notable initiatives established during 1999 involved the Division's partnering with faith and community-based organizations. The following paragraphs present details on the Divisions' progress with the Strategic Plan, and an overview of these cooperative programs.

### **The Strategic Plan**

The Division's Strategic Plan, issued in June of 1998, established six goals to carry out its mission. The goals are:

1. Reform New Jersey's foster care system;
2. Improve safety and expedite permanency for children;
3. Improve the quality and accountability of DYFS direct service and administrative operation;
4. Enhance the professionalism of the child welfare workforce;
5. Improve case assessment and planning for children and families; and
6. Strengthen New Jersey's system of prevention services for at-risk children and families.

The following are among the key events and activities that took place during 1999 that demonstrate the Division's progress:

- The Division initiated a comprehensive statewide foster home recruitment campaign to increase the pool of available foster care resources, and created a toll free telephone number - 1-877-NJ-FOSTER - to handle resulting inquiries. The Division contracted with Foster and Adoptive Family Services (formerly the New Jersey Foster Parents Association) to staff the hotline. Foster and Adoptive Family Services distributes "welcome" packets to prospective foster and adoptive parent applicants within 24 hours of the inquiry. The toll free number for adoption inquiries is 1-800-992-3678 (1-800-99ADOPT).

- DYFS began using the Parents as Tender Healers (PATH) 24-hour pre-service training curriculum to train applicants. This competency-based, child-focused and video-driven curriculum uses foster parents as co-trainers.
- The Division implemented a revised foster care board rate structure. The new structure increased the monthly board rate paid to foster parents for each child in care by an average of \$100. The new structure is based on the specialized care needs of the child and the direct services that the foster parent provides the child.
- The DYFS Bureau of Licensing issued *Interim Procedures for Processing New Applicants* and implemented a certification program for new foster homes. The goal of this program is to uniformly apply and monitor foster home standards across the state.
- The DYFS Bureau of Licensing initiated a program to re-certify existing foster homes. This program, which began in June 1999, will be phased in over a two-year period.

### **Family Group Conferencing**

As part of its Foster Care and Permanency Reform program, the Division developed the *Family Group Conferencing* initiative. This family-centered, child-focused, strength-based program brings parents and extended family together when foster placement services are being considered for their children. A neutral facilitator conducts the conferences, which provide an opportunity to identify and draw on family members to prevent placement or develop them as a placement resource, and consider the values and culture of the family.

Through the Family Group Conferences, the Division hopes to:

- avoid placement of children where possible;
- reduce the length of time in placement;
- increase the likelihood of reunification by developing stronger, more effective plans for children that focus on the strength and resources of families; and
- foster a greater degree of compliance with the case plan since the family is actively involved in its development.

The Division plans to have 20 facilitators in each of the four DYFS geographic regions. Each facilitator will attend an extensive orientation and training program.

### **Development Program for Expert Evaluations**

In an effort to reduce delays in permanency planning and protective service efforts, DYFS implemented a program to augment the pool of qualified psychologists and psychiatrists available to conduct requisite evaluations and provide expert testimony in court proceedings. Anecdotal evidence from Family Court and DYFS staff indicated that the lack of available qualified experts was delaying court proceedings and, in a related way, was affecting the Division's ability to comply with fundamental provisions of the Adoption and Safe Families Act

of 1997. In late 1999, the Division convened a workgroup comprised of DYFS staff, representatives from the legal community, psychologists, and the Rutgers University School of Social Work to devise and implement an improvement program, the **Expert Evaluator/Witness Project**. The key components of this program included:

- increasing the hourly fees for conducting evaluations requested by the Family Court and for providing expert testimony;
- increasing the cap on the number of reimbursable hours per evaluation;
- developing a recruitment campaign;
- developing a three-day training curriculum for newly recruited expert evaluators; and
- developing standard outlines for psychological referrals and evaluation reports.

A successful statewide recruitment campaign was initiated in the spring of 2000. Three cohorts of newly recruited psychologists and psychiatrists were trained.

In 2001, the Division plans to 1) continue recruitment (concentrating on the southern half of the state) and training, 2) develop and formalize structures for providing ongoing supervision and support to expert evaluators and witnesses, and 3) to finalize minimum standards and formats for evaluation requests from DYFS field staff and for expert reports.

### **Partnership Programs: Community Hills Housing**

The Community Hills Housing program, developed by the New Community Corporation (NCC) of Newark, has earmarked 40 of its 206 affordable two and three bedroom townhouses for foster parents from Essex and adjoining counties. In addition to offering below market interest rates, the program includes an on-site day care center and other services to participating residents to strengthen family life and create a safe environment for children.

### **Partnership Programs: Home Ownership for Permanency Program (HOPP)**

The New Jersey Housing and Mortgage Finance Agency has teamed with DYFS to offer this program to provide \$8 million to assist low and moderate income adoptive families to either purchase a home or make needed repairs or renovations on their current home. HOPP serves parents who seek to adopt hard to place children such as sibling groups, older children, and those with special needs.

## Definitions Used In The Report

### *Child Abuse and Neglect*

Under N. J. S. A. 9:6-8.21a, DYFS classifies cases as child abuse or neglect according to the following legal definition:

An abused child means a child less than 18 years of age:

- whose parent or guardian inflicts, or allows to be inflicted upon such child, physical injury by other than accidental means, which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ;
- whose parent or guardian creates or allows to be created a substantial or ongoing risk of physical injury to such child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, or protracted loss or impairment of the function of any bodily organ;
- whose parent or guardian commits or allows to be committed an act of sexual abuse against the child;
- whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as the result of the failure of his or her parent or guardian to exercise a minimum degree of care:
  - in supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so, or though offered financial or other reasonable means to do so; or
  - in providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to be inflicted harm, or substantial risk thereof, including the infliction of excessive corporal punishment; or by any other acts of a similarly serious nature requiring the aid of the court;
- who has been willfully abandoned by his or her parent or guardian;
- upon whom excessive physical restraint has been used under circumstances which do not indicate that the child's behavior is harmful to herself or himself, others or property; or
- who is in an institution other than a day school, and:
  - has been placed there inappropriately for a continued period of time with the knowledge that the placement has resulted or may continue to result in harm to the child's mental or physical well-being; or

has been willfully isolated from ordinary social contact under circumstances which indicate emotional or social deprivation.

*It is important to note that DYFS investigates allegations of child abuse and neglect when they involve person(s) who have control, custody or guardianship over the child. The police investigate other incidents including acts between adults and children or between two or more children under the age of 18, when there is no custodial relationship between the alleged perpetrator and the child. The New Jersey statutes (N.J.S.A. 9:6-8.21a) define a caretaker or custodian as follows:*

“Parent or guardian” means any natural parent, adoptive parent, foster parent, stepparent, or any person, who has assumed responsibility for the care, custody or control of a child or upon whom there is a legal duty for such care. Parent or guardian includes a teacher, employee or volunteer, whether compensated or uncompensated, of an institution who is responsible for the child's welfare and any other staff person of an institution regardless of whether or not the person is responsible for the care or supervision of the child. Parent or guardian also includes a teaching staff member or other employee, whether compensated or uncompensated, of a day school, as defined in section 1 of PL 1974, c. 119 (C.9:6-8.21).

### ***Substantiated Child Abuse and Neglect***

The DYFS case practice guidelines identify four elements that form the basis for a decision whether to substantiate abuse or neglect:

1) whether the victim is a child (under 18 years of age); 2) whether the perpetrator is a parent or caregiver; 3) whether the actions of the parent or caregiver were necessary, justified, reasonable, and/or appropriate; and 4) whether serious harm or substantial risk of serious harm as defined in N.J.S.A. 9:6-8.21c resulted from the parent's/caretaker's action or inaction. Risk of harm must be evaluated in terms of specific factors, including, for example, the child's age, size, emotional state and capacity to protect him or herself and the presence of any handicaps or physical limitations or conditions.

### ***Family Problems***

DYFS receives many referrals each year that require an assessment of the need for services, and where abuse or neglect is not evident. Many of these referrals require services to families to prevent or reduce the likelihood that abuse or neglect, as defined by law, will occur. As with abuse/neglect cases, "family problem" referrals are followed by a response that includes personal contacts with the family and others who may have information relevant to the assessment. The information that the caseworker gathers describes the family's problems and service needs, and whether continued DYFS involvement is appropriate.

DYFS provides services to families directly, through the purchase of services by contract, or by referral to other community resources under N.J.S.A. 30:4C-11 when the welfare of the child will be endangered without proper care and custody. N.J.S.A. 30:4C-11 states:

"Whenever it shall appear that any child within this State is of such circumstances that the child's welfare will be endangered unless proper care or custody is provided, an application setting forth the facts in the case may be filed with the Division of Youth and Family Services by a parent or other relative of such child, by a person standing in *loco parentis* to such child, by a person or association or agency or public official having a special interest in such child or by the child himself, seeking that the Division accept and provide such care or custody of such child as the circumstances may require."

The reasons for referral for family problems that DYFS uses appear in alphabetical order in the lists below. For the purposes of this report, they are categorized as child-related or parent-related problems. DYFS codes these behaviors or circumstances, when found in a case, as family problems and provides or arranges for services accordingly when the circumstances of the case do not rise to the legal definition of abuse or neglect.

### ***Child-Related Family Problems***

1. Alcohol Abuse -- a child has an alcohol dependency problem;
2. Adolescent Parent -- a child's parent or primary caregiver is a minor (under age 18) and needs counseling or other assistance or support services.
3. Developmentally Disabled -- a child is diagnosed as developmentally disabled;
4. Emotional -- a child's behavior is causing a disturbance or disruption in the home, school or community;
5. Medical -- a child needs specialized medical care or has serious medical problems;
6. Pregnant -- a pregnant minor needs counseling or other assistance;
7. Psychiatric -- a child has a diagnosed psychiatric disorder;
8. Sibling of Child Referred for Abuse/Neglect -- a child requires services who is the sibling of a child who is already the subject of a referral alleging abuse or neglect;
9. SIDS (Sudden Infant Death Syndrome) -- a previously healthy infant dies suddenly from no known cause;
10. Drug Abuse -- a child has a drug dependency or drug abuse problem;
11. Sexual Assault/Activities -- a child is sexually assaulted *by other than a caretaker (these cases are referred to the County Prosecutor for investigation)*, or children engage in inappropriate sexual activities that are beyond the parent's knowledge or control.

### ***Parent-Related Family Problems***

1. Parent-Alcohol Abuse -- a parent abuses or is dependent on alcohol;
2. Domestic Violence -- there is alleged spousal abuse or violence between adult members of a household;
3. Emotional -- a parent is overwhelmed due to life stresses such as marital problems, care of several young children, lack of social supports or is unable to provide consistent child care or maintain needed relationships with other adults;
4. Family of Perpetrator -- the named perpetrator in another case has a family with children of his own;
5. Financial -- a parent cannot bring serious money management problems under

- control or has inadequate income;
6. Homelessness -- a family is currently or about to become homeless, or a family lives in housing that is grossly inadequate or that is in severe disrepair;
  7. Lack of Supervision -- a child is not receiving adequate supervision from the parent or caregiver, but the incident does not rise to the level of “neglect” under state statute;
  8. Medical -- a parent’s medical condition is causing stress in the family necessitating supportive services or counseling;
  9. Parenting Issues/Concerns -- a parent lacks necessary skills or knowledge to adequately parent, nurture, stimulate or properly care for a child;
  10. Psychiatric --a parent has a diagnosed psychiatric disorder which is impacting on his or her daily functioning and parenting responsibilities; and
  11. Drug Abuse -- a parent engages in drug abuse or has a drug dependency.

## National Incidence of Child Abuse and Neglect

It is difficult to say with certainty how many children each year are victims of abuse and neglect in the United States. Reports of national statistics prepared or commissioned by government agencies and advocacy organizations are rife with footnotes detailing differences among the states in their definitions of child abuse, screening and assessment decision making, counting methods, and systems for identifying victims. Some studies that are done use complex methodologies to estimate the incidence of abuse and neglect from sample data; others rely on survey data compiled from some or all of the states or reported to computerized national data systems.

The most prominent source of national abuse/neglect statistics that compiles actual data from all of the States is the National Child Abuse and Neglect Data System (NCANDS). It uses the State data to produce an annual report on alleged maltreatment, dispositions of investigations, and data on the victims and perpetrators of known maltreatment. Its figures include children whose investigation resulted in a disposition of either substantiated or "indicated" child maltreatment. Forty-seven states reported substantiation figures and nine states reported both substantiated and "indicated" figures (figures for New Jersey in this report include only those children whose abuse/neglect investigation was substantiated. New Jersey does not use the "indicated" category among its dispositions).

In the latest report produced from NCANDS data, Child Maltreatment 1999,<sup>1</sup> the U. S. Department of Health and Human Services reported that during 1999 child protective services agencies investigated more than 1,796,000 reports alleging child maltreatment involving an estimated 2,974,000 children. Approximately 826,000 of these children were determined to be abused or neglected, or about 29.2% of the total reported. The child maltreatment victimization rate of 11.8 per thousand children in the population is a decrease from the 1998 rate of 12.6 children per thousand, and the sixth consecutive decrease overall.

In 1999, 56 % of victims suffered neglect, an additional 2.4% were medically neglected; 21.3% were physically abused; 11.3% were sexually abused; and 7.7 % were emotionally maltreated. Professionals including educators, medical staff, law enforcement, social service personnel and others submitted the majority of reports (54.7%) alleging child maltreatment. Nonprofessionals including family members, alleged victims and other community members made the remaining 45.3% of reports. The four most common report sources were education personnel (15%), legal or law enforcement personnel (13.6%), anonymous or unknown reporters (12.2%), and social service personnel (13.2%).

A second prominent source of national child abuse/neglect statistics -- Prevent Child Abuse America (PCAA) -- estimated that 3,154,000 children were reported to child protective services agencies as alleged victims of abuse or neglect in 1998 (the most recent year that data were available). About one million of these reports were confirmed. Where the NCANDS reports are produced from actual data files submitted to them, the PCAA data is captured via survey. In its

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<sup>1</sup> U. S. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau. Child Maltreatment 1999. Contract # ACF-105-99-9801. A copy of the report may be downloaded from <http://www.acf.dhhs.gov/programs/cb>.

1998 Fifty State survey, PCAA found a victimization rate of 14 children per 1,000. PCAA reported that 51% of reported cases involved neglect, 25% involved physical abuse, 10% involved sexual abuse, 3% involved emotional abuse, and 11% involved other forms of maltreatment.

In terms of the percentages of the types of reports, 1999 figures for New Jersey were similar to those in both national reports for neglect and physical abuse cases: 58% of all reports involved neglect and 30.2%, physical abuse. The percentage of reports for sexual and emotional abuse were somewhat lower in New Jersey, and New Jersey also reports "multiple types" of maltreatment as a separate category. Details by type of maltreatment appear later in this report.

### *Consequences of Child Abuse*

In addition to the initial and immediate pain endured by the victims of abuse and neglect, many suffer long-term consequences that impact their physical, intellectual, emotional and social development and well-being. In a recent article, Lesa Bethea (1999), drawing on the work of others noted that among these consequences were delays in reaching developmental milestones, refusal to attend school, separation anxiety disorders, increased likelihood of future substance abuse, aggressive behaviors, high-risk health behaviors, criminal activity, abnormal preoccupation with illness, depressive and affective disorders, personality disorders, post-traumatic stress disorder, panic attacks, schizophrenia, and abuse of their own children and spouses.<sup>1</sup> Kelly et al (1997) notes that a history of child maltreatment nearly doubles the risk that teenagers will experience multiple problems during adolescence. They cite as consequences a greater likelihood among maltreated youth of delinquency, teen pregnancy, drug use, low academic achievement, mental health problems, and multiple problem behaviors.<sup>2</sup>

### *Causes of Child Abuse*

Many studies have been done that identify factors associated with the risk of child maltreatment. Early research efforts focused on the behavior or characteristics of parents as the cause of abuse and neglect. These efforts proved to be inadequate, however, since the models failed to account for the occurrence of different forms of abuse that some children suffer.

Since 1993 there has been a shift away from cause and effect research models to a broad ecological approach that considers characteristics of the individual, family, community and society as contributors to the occurrence of child abuse. Some of the factors found to be related to child maltreatment include:

- **Community/Society:** high crime rate, lack of social services, poverty, and unemployment.

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<sup>1</sup> Bethea, Lesa, M. D. (March 15, 1999) Primary Prevention of Child Abuse. American Family Physician. <http://www.aafp.org/afp/990315ap/1577.html>.

<sup>2</sup> Kelley, Barbara Tatem, Terrence B. Thornberry, Ph. D. and Carolyn A. Smith, Ph. D. In the Wake of Childhood Maltreatment. Juvenile Justice Bulletin. August 1997. <http://www.ncjrs.org/victjuv.htm>. A synopsis of the article is available at <http://www.tyc.state.tx.us/prevention/juvvict.htm>.

- **Parent-related:** personal history of physical or sexual abuse as a child, teenage parenthood, single parenthood, substance abuse, poor coping skills, low self-esteem, emotional immaturity, known history of child abuse, lack of social support, domestic violence, lack of parenting skills, history of mental health problems, multiple young children, unwanted pregnancy, and denial of pregnancy.
- **Child-related:** pre-maturity, low birth weight, and handicap.<sup>3</sup>

There is also some indication that the number of risk factors present in families is related to the likelihood of abuse and neglect. In a longitudinal study of 644 families, Brown et al (1998) found that the prevalence of abuse or neglect increased substantially, from three percent when no risk factors were present to 24 percent when four or more risk factors were present. This study looked at 39 risk factors grouped into four categories: demographic risks, family characteristics, parenting and parent-child, and child characteristics. Examples of the factors they studied include large family size, maternal education, maternal alienation, low parental warmth, and maladaptive parental personality traits.<sup>4</sup>

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<sup>3</sup> Lesa Bethea, Op. cit.

<sup>4</sup> Brown, J., Cohen, P., Johnson, J. G. and Salzinger, S. (1998) A Longitudinal Analysis of Risk Factors for Child Maltreatment: Findings of a 17 Year Prospective Study of Officially Recorded and Self Recorded Child Abuse and Neglect. Child Abuse and Neglect 22 (11). pp 1065-1078.

## Child Abuse and Neglect in New Jersey -- 1999 Referrals

DYFS screening staff classify the referrals they receive either as abuse/neglect, family problem, juvenile services, adoption, or "other." Referrals that are classified as abuse/neglect are clearly defined by state statute. Most other referrals that do not rise to the statutory level of abuse/neglect are classified as family problems. Those classified as family problem referrals usually require service intervention and support to prevent the crisis or problem from escalating and placing the child at risk of abuse or neglect (refer to the *Introduction* for the statutory definition of abuse/neglect).

### All Referrals

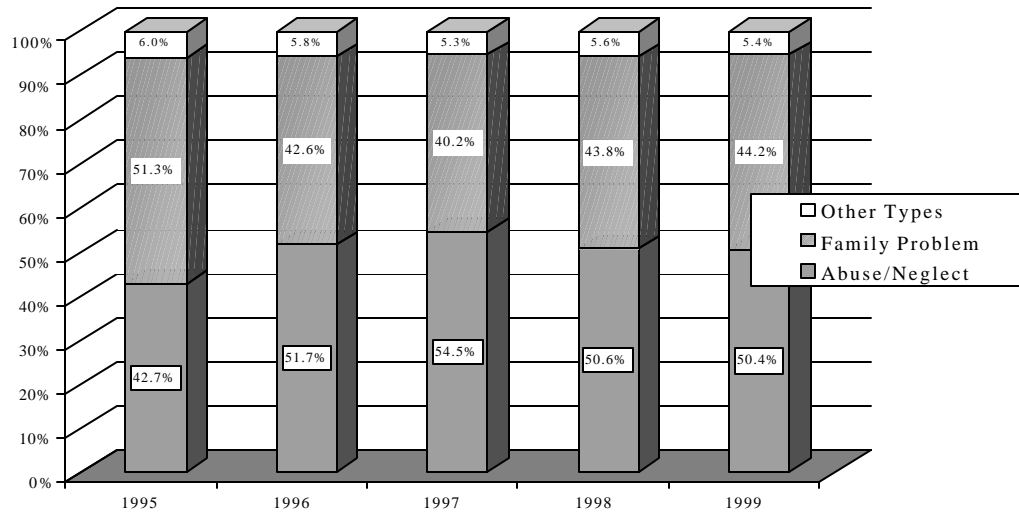
- DYFS received a total of 77,921 referrals for intervention and services during 1999. The totals include 39,276 referrals for abuse and neglect, 34,445 referrals for family problems, 1,178 referrals for juvenile services, 57 for adoption services, and 2,965 "other" service requests. In addition, DYFS received 4,922 requests for information that its staff referred to an appropriate service or information provider (I&R's).
- As *Table 1* shows, the total number of referrals (excluding I&R's) decreased by 1,597 from the number received in 1998.

*Table 1: Annual Number of Referrals to DYFS by Type Since 1995*

<i>Type of Referral</i>	1999		1998		1997		1996		1995	
	n	%	n	%	n	%	n	%	n	%
Abuse/Neglect	39,276	50.4%	40,228	50.6%	42,795	54.5%	37,179	51.7%	28,924	42.7%
Family Problems	34,445	44.2%	34,866	43.8%	31,569	40.2%	30,638	42.6%	34,760	51.3%
Other Services	2,965	3.8%	3,152	4.0%	2,851	3.6%	2,644	3.7%	2,414	3.6%
Juvenile Services	1,178	1.5%	1,177	1.5%	1,280	1.6%	1,336	1.9%	1,544	2.3%
Adoption Services	57	0.1%	95	0.1%	97	0.1%	131	0.2%	136	0.2%
<b>Total</b>	<b>77,921</b>	<b>100%</b>	<b>79,518</b>	<b>100%</b>	<b>78,592</b>	<b>100%</b>	<b>71,928</b>	<b>100%</b>	<b>67,778</b>	<b>100%</b>
Information and Referral (I&R)	4,922		5,208		5,436		8,062		8,673	

- Child abuse and neglect and family problem referrals historically comprise at least 94% of all referrals that DYFS receives.
- For the third consecutive year, the proportion of all referrals received by DYFS intake staff classified as family problem cases increased while the proportion of abuse/neglect referrals decreased.

**Figure 1: Proportion of Referrals by Type**



**Abuse/Neglect and Family Problem Referrals**

- DYFS received a total of 73,721 child abuse and neglect and family problem referrals in 1999. 73,588 came from sources within New Jersey and 133 were received on New Jersey children for incidents that occurred in another state.
- Essex County -- with the largest child population in New Jersey -- had the largest *number* of abuse and neglect and family problem referrals in the state (9,886, or 13.4% of the state total).
- *Table 2* and *Figure 2* show the relative proportion of abuse/neglect to family problem referrals reported for each County. Counties at the top of *Figure 2* (Morris, Bergen, Sussex, Passaic, Middlesex, and Hudson) show a larger proportion of family problem referrals to abuse/neglect referrals. The proportion of abuse/neglect is larger than family problem referrals for the remaining counties, with the proportion increasing toward the bottom of the figure.

**Table 2: Percent of All Referrals by Type**

County	Family Problem Referrals	Abuse/Neglect Referrals	Total Number of Referrals
Essex	40.3%	59.7%	9,886
Camden	37.8%	62.2%	6,464
Hudson	50.2%	49.8%	6,006
Monmouth	44.6%	55.4%	5,693
Passaic	54.1%	45.9%	5,573
Middlesex	53.1%	46.9%	4,804
Mercer	46.0%	54.0%	4,371
Bergen	71.5%	28.5%	3,644
Union	45.3%	54.7%	3,290
Ocean	26.2%	73.8%	3,272
Burlington	45.0%	55.0%	3,198
Morris	71.6%	28.4%	2,833
Atlantic	41.1%	58.9%	2,705
Cumberland	46.3%	53.7%	2,591
Gloucester	39.1%	60.9%	1,959
Warren	49.9%	50.2%	1,605
Cape May	25.3%	74.7%	1,578
Somerset	49.0%	51.0%	1,413
Sussex	65.8%	34.2%	1,093
Salem	47.4%	52.6%	1,055
Hunterdon	49.2%	50.8%	555
<b>Total</b>	<b>46.8%</b>	<b>53.2%</b>	<b>73,588</b>

The total of 73,588 referrals came from sources within New Jersey. It excludes 133 referrals received on children from New Jersey for incidents that occurred out-of-state.

**Figure 2: Abuse/Neglect & Family Problem Referrals - Proportions by County**

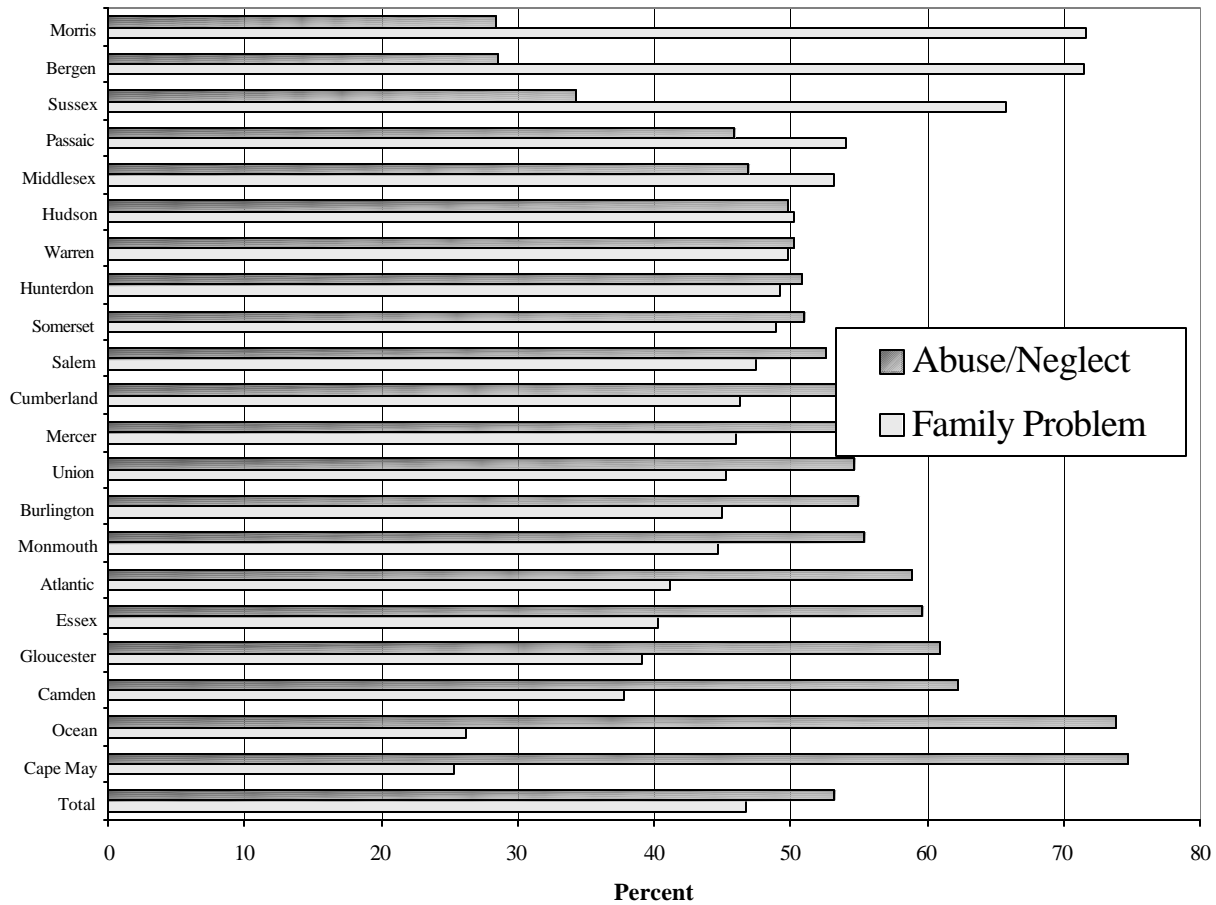


Table 3 on page 7 shows the combined statewide rate for both abuse/neglect and family problem referrals per 1,000 children under 18 years of age living in each County. The data in the table show:

- Statewide, 36.4 of every 1,000 children were the subject of a family problem or abuse/neglect report. This figure is down slightly from the number reported for 1998 (37.8).
- Cape May, Cumberland, Salem, and Warren Counties had rates in excess of 61 per 1,000 children. Mercer and Essex Counties reported more than 50 per 1,000. Bergen and Hunterdon Counties had the smallest rates in the state -- fewer than 20 per 1,000 children.

**Table 3: Abuse/Neglect & Family Problem Referrals  
Rate Per 1,000 Children**

County	Family Problem Referrals	Abuse & Neglect Referrals	Total Referrals	Rate per 1,000 Children <sup>(1)</sup>	County Rank on % Children Under 18 Years Poverty <sup>(2)</sup>
Cape May	400	1,178	1,578	68.3	6
Cumberland	1,200	1,391	2,591	67.0	3
Salem	500	555	1,055	61.4	8
Warren	800	805	1,605	61.2	14
Mercer	2,010	2,361	4,371	54.7	10
Essex	3,982	5,904	9,886	51.8	2
Atlantic	1,113	1,592	2,705	45.9	7
Hudson	3,018	2,988	6,006	45.9	1
Camden	2,445	4,019	6,464	45.6	5
Passaic	3,015	2,558	5,573	43.7	4
Monmouth	2,537	3,156	5,693	36.2	15
Middlesex	2,553	2,251	4,804	29.3	13
Union	1,492	1,798	3,290	28.5	9
Gloucester	765	1,194	1,959	27.8	12
Ocean	856	2,416	3,272	27.3	11
Sussex	719	374	1,093	26.1	19
Morris	2,028	805	2,833	25.9	20
Burlington	1,440	1,758	3,198	25.2	16
Somerset	692	721	1,413	21.2	18
Bergen	2,607	1,037	3,644	19.8	17
Hunterdon	273	282	555	17.9	21
<b>Total</b>	<b>34,445</b>	<b>39,143</b>	<b>73,588</b>	<b>36.4</b>	

What accounts for the large differences among Counties in the rate of referrals DYFS receives? There are many factors associated with child abuse or neglect. As discussed earlier, studies have linked characteristics, conditions and circumstances of parents, children, family and community to maltreatment. Another measure that has been found consistently to be associated with child maltreatment is poverty. Table 3 shows this relationship for New Jersey. For the most part, counties that rank higher in child poverty also show larger referral rates for child maltreatment and family problems.

(1) Includes children under age 18. Rates are based on population estimates as of July 1, 1999. See Estimates for Counties by Age and Sex: Annual Time Series July 1, 1990 to July 1, 1999. U.S. Census Bureau, Population Division.

(2) Source of county poverty estimates: New Jersey Department of Labor. Estimated Number and Percent Poor for Total Persons, Persons Under 18, and Related Children Age 5 to 17 and Estimated Median Household Income by County: New Jersey 1997.

### Historical Overview of Key Child Maltreatment Statistics

The table below offers a snapshot of child maltreatment and family problem referrals that DYFS has received during the six-year period 1994 to 1999. Since 1994, there has been a steady decline in the percentage of substantiated abuse/neglect referrals and, until 1999, a steady increase in the number of referrals received per 1,000 children living in New Jersey.

	1999	1998	1997	1996	1995	1994
<b>Abuse/Neglect Reports:</b>						
Number of Abuse/Neglect Reports	39,276	40,228	42,795	37,179	28,924	28,144
Number of Reports Per 1,000 Children*	19.4	21.5	20.2	19.1	15.1	12.4
<b>Substantiated Abuse/Neglect:</b>						
Number of Substantiated Reports	9,222	9,851	11,065	10,537	9,279	9,519
Percent of Abuse/Neglect Substantiated	23.5%	24.5%	25.9%	28.3%	32.1%	33.8%
Number Substantiated Per 1,000 Children*	4.5	5.0	5.6	5.7	5.1	3.7
<b>Family Problem Reports:</b>						
Number of Family Problem Reports	34,445	34,866	31,569	30,638	34,760	37,810
Number of Reports Per 1,000 Children*	17.0	17.6	15.9	16.1	18.1	19.3

\* Number of resident children per county is based on 1994-1999 US Census Bureau estimates

## Child Abuse and Neglect

### *Abuse/Neglect Referrals*

- DYFS received a total of 39,276 child abuse and neglect referrals in 1999. Of this number, all but 133 involved incidents that occurred within New Jersey. The total represents a decrease of 952 referrals (2.4%) from the number reported in 1998.

*Table 4: Abuse/Neglect Referrals  
Rate Per 1,000 Children*

- Statewide, DYFS received 19.4 abuse/neglect referrals per 1,000 children from sources within New Jersey during 1999 (*Table 4*). The number per 1,000 children decreased by 0.8 from the number reported for 1998.
- Essex County reported the largest absolute number of child abuse and neglect reports (5,904). The smallest number was recorded in Hunterdon County (282). When the number of reports is viewed as a rate -- to allow county-to-county comparisons -- Cape May County had the highest rate of abuse/neglect referrals per 1,000 children (51), and Bergen County had the lowest rate (5.6).
- The number of abuse/neglect referrals decreased in 11 counties between 1998 and 1999 (*Table 5*). The largest percentage decrease occurred in Salem (14.4%), Bergen (13.5%), Essex (13.3%), and Warren (13%) Counties. The remaining counties that experienced a decrease were Sussex (10.7%), Camden (9.6%), Middlesex (9.2%), Monmouth (8.7%), Cumberland (6.6%), Passaic (6.2%), and Gloucester (4.8%). Among the Counties that had increased referrals, the largest percentage increases occurred in Mercer (52%) and Somerset (48.4%).

County	Number of Abuse/Neglect Referrals	Rate per 1,000 Children <sup>(1)</sup>
<b>Cape May</b>	1,178	51.0
<b>Cumberland</b>	1,391	36.0
<b>Salem</b>	555	32.3
<b>Essex</b>	5,904	31.0
<b>Warren</b>	805	30.7
<b>Mercer</b>	2,361	29.6
<b>Camden</b>	4,019	28.4
<b>Atlantic</b>	1,592	27.0
<b>Hudson</b>	2,988	22.8
<b>Ocean</b>	2,416	20.2
<b>Passaic</b>	2,558	20.1
<b>Monmouth</b>	3,156	20.1
<b>Gloucester</b>	1,194	17.0
<b>Union</b>	1,798	15.6
<b>Burlington</b>	1,758	13.8
<b>Middlesex</b>	2,251	13.7
<b>Somerset</b>	721	10.8
<b>Hunterdon</b>	282	9.1
<b>Sussex</b>	374	8.9
<b>Morris</b>	805	7.4
<b>Bergen</b>	1,037	5.6
<b>Total<sup>(2)</sup></b>	<b>39,143</b>	<b>19.4</b>

(1) Includes children under age 18. Rates are based on population estimates as of July 1, 1999. Source: Population Estimates for Counties by Age and Sex: Annual Time Series July 1, 1990 to July 1, 1999. U.S. Census Bureau, Population Division.

(2) The total excludes 133 referrals on NJ children that occurred out-of-state.

**Table 5: Child Abuse/Neglect Referrals 1996 through 1999**

	1999	1998	1997	1996	98-'99 Difference	
					n	Percent
<b>Mercer</b>	2,361	1,553	2,249	1,529	808	52.0%
<b>Somerset</b>	721	486	380	275	235	48.4%
<b>Hunterdon</b>	282	252	339	289	30	11.9%
<b>Cape May</b>	1,178	1,083	992	749	95	8.8%
<b>Morris</b>	805	760	736	727	45	5.9%
<b>Union</b>	1,798	1,707	2,095	1,876	91	5.3%
<b>Atlantic</b>	1,592	1,516	1,539	1,526	76	5.0%
<b>Ocean</b>	2,416	2,310	2,686	2,318	106	4.6%
<b>Hudson</b>	2,988	2,870	3,202	2,947	118	4.1%
<b>Burlington</b>	1,758	1,732	1,566	1,634	26	1.5%
<b>Gloucester</b>	1,194	1,254	1,299	1,079	-60	-4.8%
<b>Passaic</b>	2,558	2,726	2,896	2,623	-168	-6.2%
<b>Cumberland</b>	1,391	1,490	1,455	1,098	-99	-6.6%
<b>Monmouth</b>	3,156	3,458	3,552	2,607	-302	-8.7%
<b>Middlesex</b>	2,251	2,480	2,521	1,965	-229	-9.2%
<b>Camden</b>	4,019	4,444	4,968	4,418	-425	-9.6%
<b>Sussex</b>	374	419	448	588	-45	-10.7%
<b>Warren</b>	805	925	962	886	-120	-13.0%
<b>Essex</b>	5,904	6,809	6,499	5,994	-905	-13.3%
<b>Bergen</b>	1,037	1,199	1,486	1,271	-162	-13.5%
<b>Salem</b>	555	648	793	680	-93	-14.4%
<b>Out of State<sup>(1)</sup></b>	133	107	132	100	26	24.3%
<b>Total</b>	<b>39,276</b>	<b>40,228</b>	<b>42,795</b>	<b>37,179</b>	<b>-952</b>	<b>-2.4%</b>

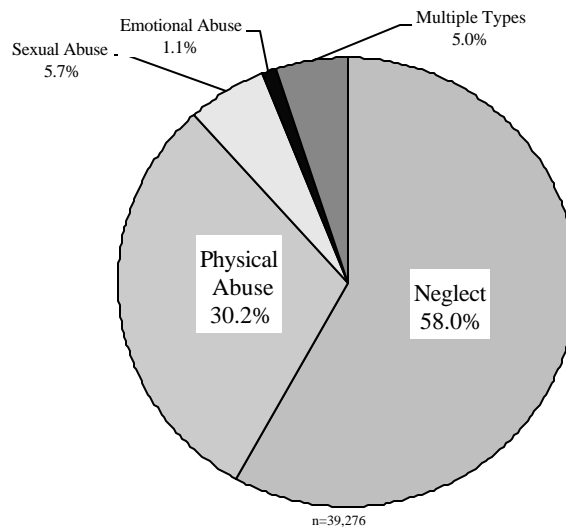
(1) These are referrals on NJ children for incidents that occurred out-of-state.

- The number of abuse/neglect referrals has increased every year since 1996 in Cape May, Morris, and Somerset Counties. The percentage change in referrals over that span of time ranged from 10.7% in Morris County to 162.2% in Somerset County. Referrals decreased every year since 1996 only in Sussex County (36.4%).

**Types of Reported Abuse/Neglect**

- As it has in other years, child neglect accounted for the majority of all abuse/neglect referrals in 1999 (58%). Physical abuse referrals accounted for another 30.2% of child abuse referrals. The percentages for all categories appear in Figure 3.

**Figure 3: Types of Reported Abuse/Neglect**



- In 1999, there was a reversal in the four-year statewide trend that saw the percentage of neglect referrals increase and physical abuse referrals decrease slowly but steadily (*Table 6*).

*Table 6: Types of Reported Abuse/Neglect - 1995 through 1999*

	1999	1998	1997	1996	1995
<b>Neglect</b>	58.0%	58.3%	57.8%	57.3%	46.9%
<b>Physical Abuse</b>	30.2%	29.9%	30.2%	30.4%	37.9%
<b>Sexual Abuse</b>	5.7%	6.0%	5.8%	6.2%	9.2%
<b>Emotional Abuse</b>	1.1%	1.0%	0.9%	1.1%	1.4%
<b>Multiple Types</b>	5.0%	4.8%	5.3%	5.0%	4.5%

*Table 7* below displays the specific types of child abuse and neglect reported by county. As in prior years, neglect is by far the most prevalent form of maltreatment reported to DYFS. Nearly six of every ten reports involved neglect during 1999.

- More than half of all referrals involved neglect in 15 counties. Cape May County reported a larger percentage of neglect referrals (73.3%) and a smaller percentage of physical abuse referrals (14.9%) than any other county.
- Only Bergen County reported a larger percentage of physical abuse (48.8%) than neglect (35.8%) referrals.

*Table 7: Specific Types of Reported Child Abuse/Neglect by County*

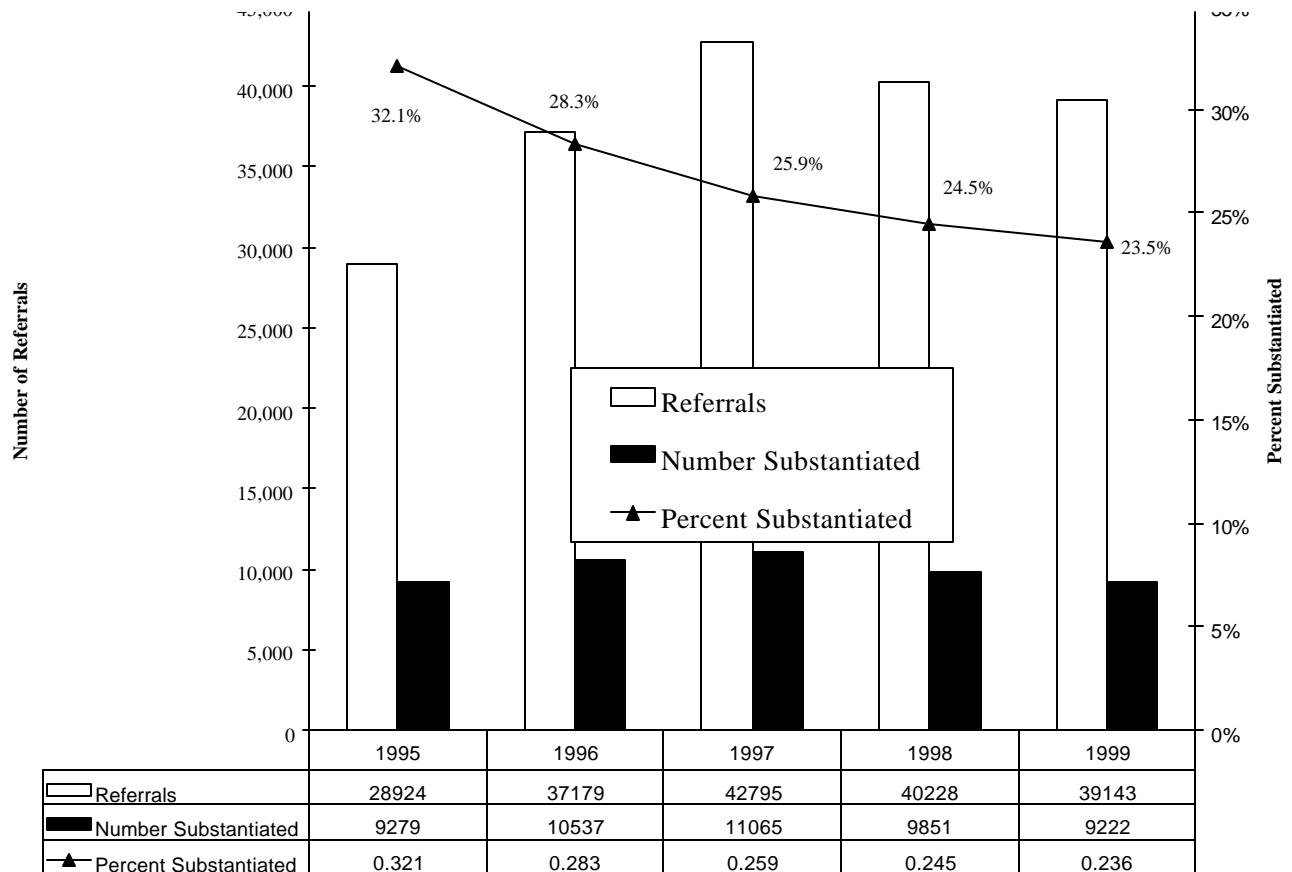
	<i>Physical Abuse</i>		<i>Emotional Abuse</i>		<i>Sexual Abuse</i>		<i>Neglect</i>		<i>Multiple Types</i>		<b>County Total</b>
	Number	%	Number	%	Number	%	Number	%	Number	%	
<b>Atlantic</b>	443	27.8%	10	0.6%	109	6.8%	963	60.5%	67	4.2%	1,592
<b>Bergen</b>	506	48.8%	20	1.9%	103	9.9%	371	35.8%	37	3.6%	1,037
<b>Burlington</b>	543	30.9%	24	1.4%	98	5.6%	1,012	57.6%	81	4.6%	1,758
<b>Camden</b>	1,085	27.0%	40	1.0%	165	4.1%	2,500	62.2%	229	5.7%	4,019
<b>Cape May</b>	176	14.9%	4	0.3%	61	5.2%	863	73.3%	74	6.3%	1,178
<b>Cumberland</b>	441	31.7%	13	0.9%	115	8.3%	758	54.5%	64	4.6%	1,391
<i>Essex</i>	637	30.2%	24	1.1%	112	5.3%	1,234	58.5%	102	4.8%	2,109
<i>Newark City</i>	790	20.8%	16	0.4%	167	4.4%	2,658	70.0%	164	4.3%	3,795
<b>Essex Total</b>	1,427	24.2%	40	0.7%	279	4.7%	3,892	65.9%	266	4.5%	5,904
<b>Gloucester</b>	351	29.4%	6	0.5%	55	4.6%	725	60.7%	57	4.8%	1,194
<b>Hudson</b>	1,232	41.2%	35	1.2%	212	7.1%	1,405	47.0%	104	3.5%	2,988
<b>Hunterdon</b>	90	31.9%	11	3.9%	20	7.1%	136	48.2%	25	8.9%	282
<b>Mercer</b>	700	29.6%	11	0.5%	123	5.2%	1,432	60.7%	95	4.0%	2,361
<b>Middlesex</b>	721	32.0%	75	3.3%	126	5.6%	1,260	56.0%	69	3.1%	2,251
<b>Monmouth</b>	891	28.2%	27	0.9%	114	3.6%	1,897	60.1%	227	7.2%	3,156
<b>Morris</b>	286	35.5%	22	2.7%	87	10.8%	373	46.3%	37	4.6%	805
<b>Ocean</b>	504	20.9%	34	1.4%	95	3.9%	1,602	66.3%	181	7.5%	2,416
<b>Passaic</b>	970	37.9%	25	1.0%	147	5.7%	1,253	49.0%	163	6.4%	2,558
<b>Salem</b>	193	34.8%	1	0.2%	44	7.9%	286	51.5%	31	5.6%	555
<b>Somerset</b>	257	35.6%	23	3.2%	55	7.6%	358	49.7%	28	3.9%	721
<b>Sussex</b>	126	33.7%	2	0.5%	23	6.1%	215	57.5%	8	2.1%	374
<b>Union</b>	611	34.0%	13	0.7%	129	7.2%	968	53.8%	77	4.3%	1,798
<b>Warren</b>	267	33.2%	1	0.1%	32	4.0%	474	58.9%	31	3.9%	805
<b>Out of State<sup>(1)</sup></b>	43	32.3%	0	0.0%	34	25.6%	52	39.1%	4	3.0%	133
<b>Total</b>	<b>11,863</b>	<b>30.2%</b>	<b>437</b>	<b>1.1%</b>	<b>2,226</b>	<b>5.7%</b>	<b>22,795</b>	<b>58.0%</b>	<b>1,955</b>	<b>5.0%</b>	<b>39,276</b>

(1) These are referrals on NJ children for incidents that occurred out of state..

## Substantiated Child Abuse and Neglect

- DYFS field staff substantiated a total of 9,222 of the 39,276 (23.5%) child abuse and neglect referrals they received in 1999.
- The percentage of child abuse and neglect referrals that have been substantiated has continued to decrease, continuing a trend that began in 1994. The line in *Figure 4* depicts this trend for the five years between 1995 and 1999.

**Figure 4: Child Abuse Referrals, Substantiated Cases & Substantiation Percentages Since 1995**



*Table 8* on page 12 shows that Salem County DYFS staff substantiated a larger percentage of abuse/neglect referrals than staff in any other County (40.9%). The County with the second highest percentage was Union (30.4%). More than one-quarter (27.7%) of the Union County substantiated referrals came from police, whose referrals tend to have a higher probability of substantiation than referrals from most other sources. A closer look in this instance shows referral source seemed to have little relationship to the Salem County substantiation rate (*Tables 12 and 13* on pages 16 and 17, respectively contain information about the source of abuse/neglect referrals in each County).

- The percentage of substantiated referrals increased in seven of New Jersey's 21 counties and decreased in 14 counties compared with 1998 figures. In three of these seven counties -- Hudson, Monmouth and Salem -- DYFS staff substantiated a somewhat larger percentage of referrals from particular sources in 1999 compared to 1998. DYFS staff in Hudson County

substantiated a larger percentage of police and school referrals in 1999 (48.9% combined) compared with 1998 (36.9% combined). In the other two counties -- Monmouth and Salem - - DYFS staff substantiated a larger percentage of referrals from anonymous sources and community groups in 1999 compared with 1998. In Monmouth County, the combined percentage in 1999 was 13.5% in 1999 compared with 7% in 1998. The corresponding Salem County percentages were 14.1% in 1999 and 2.9% in 1998.

- Salem County had the largest percentage change in substantiated cases between 1998 and 1999: 8.8% more referrals were substantiated in 1999 compared to 1998. The largest decrease between 1998 and 1999 occurred in Warren County (9%).

**Table 8: Child Abuse/Neglect Substantiation Percentages by County  
1995 through 1999**

	1999	1998	1997	1996	1995	1998-1999 Difference
<b>Atlantic</b>	21.5%	19.5%	21.2%	27.1%	38.3%	2.0%
<b>Bergen</b>	25.3%	23.8%	32.4%	27.5%	25.0%	1.5%
<b>Burlington</b>	23.8%	25.9%	30.5%	25.1%	30.9%	-2.1%
<b>Camden</b>	23.9%	24.5%	26.1%	29.5%	35.8%	-0.6%
<b>Cape May</b>	26.6%	32.4%	32.1%	28.7%	33.4%	-5.8%
<b>Cumberland</b>	25.2%	25.1%	21.9%	27.4%	32.2%	0.1%
<i>Essex</i>	25.1%	30.9%	31.5%	39.3%	43.4%	-5.8%
<i>Newark City</i>	31.0%	32.5%	37.2%	41.5%	51.7%	-1.5%
<b>Essex Total</b>	28.9%	32.0%	35.3%	40.8%	48.5%	-3.1%
<b>Gloucester</b>	19.8%	17.4%	19.7%	20.1%	19.6%	2.4%
<b>Hudson</b>	18.6%	13.6%	18.3%	19.8%	25.7%	5.0%
<b>Hunterdon</b>	17.0%	21.0%	16.5%	17.0%	23.9%	-4.0%
<b>Mercer</b>	19.3%	23.7%	25.9%	31.5%	32.9%	-4.4%
<b>Middlesex</b>	23.3%	24.7%	22.8%	23.4%	25.3%	-1.4%
<b>Monmouth</b>	21.8%	17.3%	22.4%	28.3%	29.7%	4.5%
<b>Morris</b>	18.8%	20.3%	26.9%	26.7%	29.1%	-1.5%
<b>Ocean</b>	20.0%	20.5%	19.4%	21.1%	26.0%	-0.5%
<b>Passaic</b>	22.4%	25.5%	26.3%	27.7%	26.5%	-3.1%
<b>Salem</b>	40.9%	32.1%	32.0%	32.8%	41.2%	8.8%
<b>Somerset</b>	18.7%	25.1%	28.4%	26.9%	34.4%	-6.4%
<b>Sussex</b>	28.6%	31.5%	24.3%	26.7%	23.3%	-2.9%
<b>Union</b>	30.4%	33.9%	27.6%	27.5%	32.7%	-3.5%
<b>Warren</b>	13.2%	22.2%	13.4%	19.0%	18.7%	-9.0%
<b>Out of State<sup>(1)</sup></b>	25.5%	15.0%	32.6%	28.0%	25.0%	10.5%
<b>Total</b>	<b>23.5%</b>	<b>24.5%</b>	<b>25.9%</b>	<b>28.3%</b>	<b>32.1%</b>	<b>-1.0%</b>

(1) These are referrals on children from New Jersey for incidents that occurred out-of-state. DYFS substantiated 34 of these referrals.

- The percentage of substantiated abuse/neglect cases has decreased every year since 1995 in three Counties, Camden, Essex and Mercer. In 1999, these counties ranked fifth, first and twelfth in child population, respectively.

### **Abuse/Neglect Substantiation Rate Per 1,000 Children**

To describe the incidence of child maltreatment for New Jersey in a way that makes it comparable across counties, the number of events (referrals, substantiated cases, etc.) were converted to a rate per 1,000 children under the age of 18. The county substantiation rate per 1,000 children appears in *Table 9* on page 13.

- Statewide, the child abuse and neglect referral substantiation rate for children under 18 years of age was 4.5 per 1,000 in 1999. This figure is lower than that reported in 1998 (5.0).

**Table 9: Abuse/Neglect Substantiation by County Rate Per 1,000 Children**

County	Number of Substantiated Cases	Rate per 1,000 Children <sup>(1)</sup>
Cape May	313	13.6
Salem	227	13.2
Cumberland	350	9.0
Essex	1,706	8.9
Camden	959	6.8
Atlantic	343	5.8
Mercer	455	5.7
Union	546	4.7
Passaic	574	4.5
Monmouth	688	4.4
Hudson	556	4.2
Warren	106	4.0
Ocean	482	4.0
Gloucester	237	3.4
Burlington	418	3.3
Middlesex	525	3.2
Sussex	107	2.6
Somerset	135	2.0
Hunterdon	48	1.5
Bergen	262	1.4
Morris	151	1.4
<b>Total<sup>(2)</sup></b>	<b>9,188</b>	<b>4.5</b>

(1) Includes children under age 18. Rates are based on population estimates as of July 1, 1999. Source: Population Estimates for Counties by Age and Sex: Annual Time Series July 1, 1990 to July 1, 1999. U.S. Census Bureau, Population Division.

(2) The total excludes 34 substantiated cases among 133 New Jersey children referred for incidents that occurred out-of-state

- The abuse/neglect substantiation rate per 1,000 children was highest in Cape May and Salem Counties -- more than 13 per 1,000, and lowest in Hunterdon (1.5 per 1,000 children), Bergen (1.4) and Morris Counties (1.4). Nine counties were at or above the statewide average of 4.5 per 1,000 (Table 9).

**Types of Substantiated Abuse and Neglect**

- Though comprising the smallest number of referrals a higher percentage of emotional abuse referrals was substantiated than any other kind of harm. DYFS workers substantiated almost four of ten emotional abuse referrals in 1999. Of the 158 substantiated emotional abuse cases, 29.8% were referred by police and 26.2% occurred in Ocean County. Sexual abuse, neglect, physical abuse, and multiple types of abuse/neglect followed emotional abuse in that order, from the largest percentage to the smallest percentage of referrals substantiated, continuing the pattern observed in prior years.

**Figure 5: Reported and Substantiated Abuse/Neglect by Type**

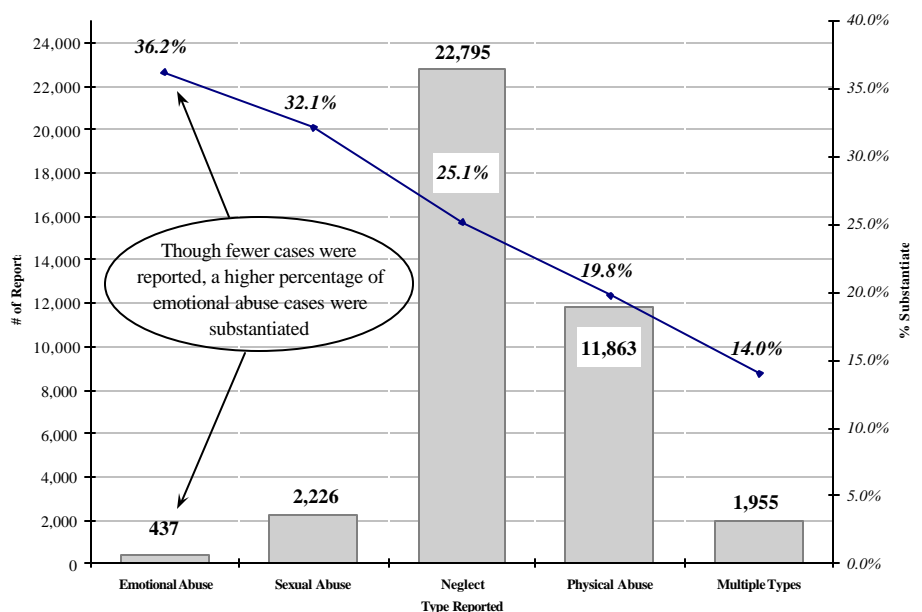


Table 10 on page 14 shows how substantiation percentages for each type of abuse and neglect varied among the counties. The amount of variation was especially notable among the percentages of physical abuse, neglect and sexual abuse cases. For example, Bergen County DYFS staff substantiated 44.7% of physical abuse referrals, compared to 16.6% in both Cape May and Ocean Counties.

- Of all cases substantiated, neglect was the finding in 62.1% statewide. More than two-thirds of all substantiated cases in four counties involved neglect in 1999. These were Cape May (71.2%), Essex (70.1%), Monmouth (69.8%), and Sussex (68.2%). Bergen County has the smallest percentage of all substantiated neglect cases (39.7%). The range in substantiation of neglect referrals varied from 39.7% in Bergen County to 71.2% in Cape May County.
- The percentage of substantiated sexual abuse referrals ranged from 3.1% in Monmouth County to 23.8% in Morris County.

*Table 10: Specific Types of Substantiated Abuse/Neglect by County*

	<i>Physical Abuse</i>		<i>Neglect</i>		<i>Sexual Abuse</i>		<i>Emotional Abuse</i>		<i>Multiple Types</i>		<b>County Total</b>
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	
<b>Atlantic</b>	94	27.4%	197	57.4%	29	8.5%	1	0.3%	22	6.4%	343
<b>Bergen</b>	117	44.7%	104	39.7%	33	12.6%	3	1.1%	5	1.9%	262
<b>Burlington</b>	124	29.7%	242	57.9%	30	7.2%	13	3.1%	9	2.2%	418
<b>Camden</b>	270	28.2%	593	61.8%	54	5.6%	14	1.5%	28	2.9%	959
<b>Cape May</b>	52	16.6%	223	71.2%	16	5.1%	9	2.9%	13	4.2%	313
<b>Cumberland</b>	91	26.0%	197	56.3%	43	12.3%	8	2.3%	11	3.1%	350
<i>Essex</i>	163	30.8%	316	59.6%	29	5.5%	6	1.1%	16	3.0%	530
<i>Newark City</i>	195	16.6%	880	74.8%	73	6.2%	2	0.2%	26	2.2%	1,176
<b>Essex Total</b>	358	21.0%	1,196	70.1%	102	6.0%	8	0.5%	42	2.5%	1,706
<b>Gloucester</b>	55	23.2%	155	65.4%	21	8.9%	3	1.3%	3	1.3%	237
<b>Hudson</b>	167	30.0%	318	57.2%	52	9.4%	2	0.4%	17	3.1%	556
<b>Hunterdon</b>	12	25.0%	26	54.2%	8	16.7%	1	2.1%	1	2.1%	48
<b>Mercer</b>	110	24.2%	287	63.1%	42	9.2%	9	2.0%	7	1.5%	455
<b>Middlesex</b>	131	25.0%	324	61.7%	44	8.4%	13	2.5%	13	2.5%	525
<b>Monmouth</b>	151	21.9%	480	69.8%	21	3.1%	10	1.5%	26	3.8%	688
<b>Morris</b>	27	17.9%	80	53.0%	36	23.8%	6	4.0%	2	1.3%	151
<b>Ocean</b>	80	16.6%	288	59.8%	31	6.4%	42	8.7%	41	8.5%	482
<b>Passaic</b>	174	30.3%	323	56.3%	62	10.8%	3	0.5%	12	2.1%	574
<b>Salem</b>	92	40.5%	111	48.9%	11	4.8%	3	1.3%	10	4.4%	227
<b>Somerset</b>	34	25.2%	85	63.0%	14	10.4%	2	1.5%	0	0.0%	135
<b>Sussex</b>	24	22.4%	73	68.2%	5	4.7%	0	0.0%	5	4.7%	107
<b>Union</b>	144	26.4%	350	64.1%	41	7.5%	6	1.1%	5	0.9%	546
<b>Warren</b>	31	29.2%	63	59.4%	10	9.4%	0	0.0%	2	1.9%	106
<b>Out of State<sup>(1)</sup></b>	6	17.6%	16	47.1%	10	29.4%	2	5.9%	0	0.0%	34
<b>Total</b>	<b>2,344</b>	<b>25.4%</b>	<b>5,731</b>	<b>62.1%</b>	<b>715</b>	<b>7.8%</b>	<b>158</b>	<b>1.7%</b>	<b>274</b>	<b>3.0%</b>	<b>9,222</b>

(1) These are substantiated cases on children from NJ that occurred out-of state.

- The largest proportion of substantiated cases involving multiple types of abuse and neglect was found in Ocean County in 1999 (8.5%). There were none in Somerset County.

## Source of Abuse/Neglect Referrals

Table 11: Source of Child Abuse/Neglect Referrals

Referral Source	Number of Referrals	Number Substantiated	Percent Substantiated
Correctional Facility	34	17	50.0%
Police	<b>5,117</b>	2,213	43.2%
Health	<b>4,235</b>	1,766	41.7%
County Welfare	55	15	27.3%
DYFS	1,245	331	26.6%
Legal	279	74	26.5%
Self	476	123	25.8%
Other Agency	2,472	630	25.5%
Court	301	70	23.3%
Relative	2,944	644	21.9%
Facility Administration	276	58	21.0%
Community Group	671	136	20.3%
School	<b>7,384</b>	1,441	19.5%
Facility Staff	469	80	17.1%
Friend/Neighbor	2,786	427	15.3%
Parent	3,221	462	14.3%
Anonymous	<b>7,311</b>	735	10.1%
<b>Total</b>	<b>39,276</b>	<b>9,222</b>	<b>23.5%</b>

Above the Statewide Average  
Below the Statewide Average

- As in prior years, anonymous callers, school personnel, police, and health professionals made the majority of abuse/neglect referrals to DYFS in 1999. These sources accounted for 61.2% of the total.
- The largest number of referrals came from school personnel (7,384 of 39,276) and the smallest number came from correctional facility staff (34).
- Abuse and neglect referrals from correctional facility staff, police and health professionals are most likely to be substantiated. In 1999, DYFS substantiated 50% of correctional facility referrals (17 of 34), 43.2% (2,213) of the 5,117 referrals made by police and 41.7% (1,766) of the 4,235 referrals made by health professionals.

- As in the past, anonymous referrals were least likely to be substantiated. The percentage of substantiated referrals from anonymous callers was 10.1%, compared to 10.9% in 1998.

The next four tables (Tables 12 through 15) show the number and percentage of referrals DYFS received and substantiated from each referral source within each county. The tables that contain the percentages permit county comparisons on referral source. The tables show substantial variability among the counties in the percentage of referrals DYFS received and substantiated from each referral source. For example:

- Although police, health professionals, schools personnel and anonymous sources refer a significant proportion of cases to DYFS, parents made a substantial percentage of referrals in both Hunterdon (13.8%) and Gloucester (12.5%) Counties, and relatives and friends/neighbors made a substantial percentage of referrals in Salem County (11.2% and 13.7%, respectively). Friends/neighbors also accounted for 13.3% of Warren County referrals.
- The percentage of referrals received from health officials that DYFS workers substantiated varied from 1.9% in Sussex County to 29.3% in Essex County; the percentage of referrals from school personnel varied from 5.9% in Gloucester County to nearly 25% in Bergen County.

*Table 12: Number of Abuse/Neglect Referrals by County and Source*

	Legal	Parent	Relative	School	Self	Anon.	Friend/ Neighbor	Commun. Group	Other Agency	Health	County Welfare	DYFS	Police	Facility Admin.	Facility Staff	Court	Correct. Facility	Total
<b>Atlantic</b>	6	144	141	296	15	280	61	52	105	173	0	23	264	11	16	5	0	<b>1,592</b>
<b>Bergen</b>	10	65	49	306	6	88	45	5	90	97	0	33	219	5	10	9	0	<b>1,037</b>
<b>Burlington</b>	29	170	118	293	21	297	131	24	125	177	0	51	254	23	36	6	3	<b>1,758</b>
<b>Camden</b>	16	392	324	687	35	784	361	86	215	447	10	150	416	35	37	24	0	<b>4,019</b>
<b>Cape May</b>	15	74	85	225	11	335	102	19	44	71	1	30	156	2	1	7	0	<b>1,178</b>
<b>Cumberland</b>	4	100	119	245	19	292	121	7	78	122	0	60	167	11	21	21	4	<b>1,391</b>
<i>Essex</i>	17	152	170	446	19	387	125	27	76	274	1	76	276	21	16	23	3	<b>2,109</b>
<i>Newark City</i>	15	284	353	484	52	731	209	87	237	700	1	134	397	37	46	26	2	<b>3,795</b>
<b>Essex Total</b>	32	436	523	930	71	1,118	334	114	313	974	2	210	673	58	62	49	5	<b>5,904</b>
<b>Gloucester</b>	5	149	70	156	38	246	53	18	50	121	0	26	244	6	4	7	1	<b>1,194</b>
<b>Hudson</b>	5	203	227	666	32	544	228	57	154	358	8	81	362	11	31	20	1	<b>2,988</b>
<b>Hunterdon</b>		39	12	67	1	51	17	3	16	16	3	6	45	5	1	0	0	<b>282</b>
<b>Mercer</b>	15	149	209	416	33	581	153	12	238	194	8	79	181	23	53	14	3	<b>2,361</b>
<b>Middlesex</b>	7	193	163	558	37	447	158	25	95	171	0	58	298	12	16	12	1	<b>2,251</b>
<b>Monmouth</b>	12	267	229	632	29	598	272	55	168	246	11	93	481	6	26	25	6	<b>3,156</b>
<b>Morris</b>	3	54	30	151	15	99	28	14	71	64	0	55	193	7	15	3	3	<b>805</b>
<b>Ocean</b>	45	254	166	392	20	397	223	81	151	202	2	62	384	6	6	25	0	<b>2,416</b>
<b>Passaic</b>	47	165	184	561	47	354	156	22	213	373	7	111	233	12	46	25	2	<b>2,558</b>
<b>Salem</b>	6	42	62	70	6	91	76	20	50	24	0	18	73	3	5	9	0	<b>555</b>
<b>Somerset</b>	4	66	35	140	4	90	39	12	76	62	0	22	109	12	42	5	3	<b>721</b>
<b>Sussex</b>	1	33	14	51	12	63	37	20	30	19	0	12	49	6	24	3	0	<b>374</b>
<b>Union</b>	7	114	120	371	17	380	80	8	120	261	2	47	208	17	15	29	2	<b>1,798</b>
<b>Warren</b>	7	84	49	159	7	171	107	15	48	42	0	15	95	2	2	2	0	<b>805</b>
<b>Out of State</b>	3	28	15	12		5	4	2	22	21	1	3	13	3	0	1	0	<b>133</b>
<b>Total</b>	<b>279</b>	<b>3,221</b>	<b>2,944</b>	<b>7,384</b>	<b>476</b>	<b>7,311</b>	<b>2,786</b>	<b>671</b>	<b>2,472</b>	<b>4,235</b>	<b>55</b>	<b>1,245</b>	<b>5,117</b>	<b>276</b>	<b>469</b>	<b>301</b>	<b>34</b>	<b>39,276</b>
% of Total	0.7%	8.2%	7.5%	18.8%	1.2%	18.6%	7.1%	1.7%	6.3%	10.8%	0.1%	3.2%	13.0%	0.7%	1.2%	0.8%	0.1%	100.0%

*Table 13: Percent of Abuse/Neglect Referrals by County and Source*

	Legal	Parent	Relative	School	Self	Anon.	Friend/ Neighbor	Commun. Group	Other Agency	Health	County Welfare	DYFS	Police	Facility Admin.	Facility Staff	Court	Correct. Facility	<i>Total</i>
<b>Atlantic</b>	0.4%	9.0%	8.9%	18.6%	0.9%	17.6%	3.8%	3.3%	6.6%	10.9%	0.0%	1.4%	16.6%	0.7%	1.0%	0.3%	0.0%	<b>1,592</b>
<b>Bergen</b>	1.0%	6.3%	4.7%	29.5%	0.6%	8.5%	4.3%	0.5%	8.7%	9.4%	0.0%	3.2%	21.1%	0.5%	1.0%	0.9%	0.0%	<b>1,037</b>
<b>Burlington</b>	1.6%	9.7%	6.7%	16.7%	1.2%	16.9%	7.5%	1.4%	7.1%	10.1%	0.0%	2.9%	14.4%	1.3%	2.0%	0.3%	0.2%	<b>1,758</b>
<b>Camden</b>	0.4%	9.8%	8.1%	17.1%	0.9%	19.5%	9.0%	2.1%	5.3%	11.1%	0.2%	3.7%	10.4%	0.9%	0.9%	0.6%	0.0%	<b>4,019</b>
<b>Cape May</b>	1.3%	6.3%	7.2%	19.1%	0.9%	28.4%	8.7%	1.6%	3.7%	6.0%	0.1%	2.5%	13.2%	0.2%	0.1%	0.6%	0.0%	<b>1,178</b>
<b>Cumberland</b>	0.3%	7.2%	8.6%	17.6%	1.4%	21.0%	8.7%	0.5%	5.6%	8.8%	0.0%	4.3%	12.0%	0.8%	1.5%	1.5%	0.3%	<b>1,391</b>
<i>Essex</i>	0.8%	7.2%	8.1%	21.1%	0.9%	18.3%	5.9%	1.3%	3.6%	13.0%	0.0%	3.6%	13.1%	1.0%	0.8%	1.1%	0.1%	<b>2,109</b>
<i>Newark City</i>	0.4%	7.5%	9.3%	12.8%	1.4%	19.3%	5.5%	2.3%	6.2%	18.4%	0.0%	3.5%	10.5%	1.0%	1.2%	0.7%	0.1%	<b>3,795</b>
<b>Essex Total</b>	0.5%	7.4%	8.9%	15.8%	1.2%	18.9%	5.7%	1.9%	5.3%	16.5%	0.0%	3.6%	11.4%	1.0%	1.1%	0.8%	0.1%	<b>5,904</b>
<b>Gloucester</b>	0.4%	12.5%	5.9%	13.1%	3.2%	20.6%	4.4%	1.5%	4.2%	10.1%	0.0%	2.2%	20.4%	0.5%	0.3%	0.6%	0.1%	<b>1,194</b>
<b>Hudson</b>	0.2%	6.8%	7.6%	22.3%	1.1%	18.2%	7.6%	1.9%	5.2%	12.0%	0.3%	2.7%	12.1%	0.4%	1.0%	0.7%	0.0%	<b>2,988</b>
<b>Hunterdon</b>	0.0%	13.8%	4.3%	23.8%	0.4%	18.1%	6.0%	1.1%	5.7%	5.7%	1.1%	2.1%	16.0%	1.8%	0.4%	0.0%	0.0%	<b>282</b>
<b>Mercer</b>	0.6%	6.3%	8.9%	17.6%	1.4%	24.6%	6.5%	0.5%	10.1%	8.2%	0.3%	3.3%	7.7%	1.0%	2.2%	0.6%	0.1%	<b>2,361</b>
<b>Middlesex</b>	0.3%	8.6%	7.2%	24.8%	1.6%	19.9%	7.0%	1.1%	4.2%	7.6%	0.0%	2.6%	13.2%	0.5%	0.7%	0.5%	0.0%	<b>2,251</b>
<b>Monmouth</b>	0.4%	8.5%	7.3%	20.0%	0.9%	18.9%	8.6%	1.7%	5.3%	7.8%	0.3%	2.9%	15.2%	0.2%	0.8%	0.8%	0.2%	<b>3,156</b>
<b>Morris</b>	0.4%	6.7%	3.7%	18.8%	1.9%	12.3%	3.5%	1.7%	8.8%	8.0%	0.0%	6.8%	24.0%	0.9%	1.9%	0.4%	0.4%	<b>805</b>
<b>Ocean</b>	1.9%	10.5%	6.9%	16.2%	0.8%	16.4%	9.2%	3.4%	6.3%	8.4%	0.1%	2.6%	15.9%	0.2%	0.2%	1.0%	0.0%	<b>2,416</b>
<b>Passaic</b>	1.8%	6.5%	7.2%	21.9%	1.8%	13.8%	6.1%	0.9%	8.3%	14.6%	0.3%	4.3%	9.1%	0.5%	1.8%	1.0%	0.1%	<b>2,558</b>
<b>Salem</b>	1.1%	7.6%	11.2%	12.6%	1.1%	16.4%	13.7%	3.6%	9.0%	4.3%	0.0%	3.2%	13.2%	0.5%	0.9%	1.6%	0.0%	<b>555</b>
<b>Somerset</b>	0.6%	9.2%	4.9%	19.4%	0.6%	12.5%	5.4%	1.7%	10.5%	8.6%	0.0%	3.1%	15.1%	1.7%	5.8%	0.7%	0.4%	<b>721</b>
<b>Sussex</b>	0.3%	8.8%	3.7%	13.6%	3.2%	16.8%	9.9%	5.3%	8.0%	5.1%	0.0%	3.2%	13.1%	1.6%	6.4%	0.8%	0.0%	<b>374</b>
<b>Union</b>	0.4%	6.3%	6.7%	20.6%	0.9%	21.1%	4.4%	0.4%	6.7%	14.5%	0.1%	2.6%	11.6%	0.9%	0.8%	1.6%	0.1%	<b>1,798</b>
<b>Warren</b>	0.9%	10.4%	6.1%	19.8%	0.9%	21.2%	13.3%	1.9%	6.0%	5.2%	0.0%	1.9%	11.8%	0.2%	0.2%	0.2%	0.0%	<b>805</b>
<b>Out of State</b>	2.3%	21.1%	11.3%	9.0%	0.0%	3.8%	3.0%	1.5%	16.5%	15.8%	0.8%	2.3%	9.8%	2.3%	0.0%	0.8%	0.0%	<b>133</b>
<b>Total</b>	<b>0.7%</b>	<b>8.2%</b>	<b>7.5%</b>	<b>18.8%</b>	<b>1.2%</b>	<b>18.6%</b>	<b>7.1%</b>	<b>1.7%</b>	<b>6.3%</b>	<b>10.8%</b>	<b>0.1%</b>	<b>3.2%</b>	<b>13.0%</b>	<b>0.7%</b>	<b>1.2%</b>	<b>0.8%</b>	<b>0.1%</b>	<b>39,276</b>
# in Category	279	3,221	2,944	7,384	476	7,311	2,786	671	2,472	4,235	55	1,245	5,117	276	469	301	34	

*Table 14: Number of Substantiated Abuse/Neglect Referrals by County and Source*

	Legal Parent	Relative	School	Self	Anon.	Friend/ Neighbor	Commun. Group	Other Agency	Health	County Welfare	DYFS	Police	Facility Admin.	Facility Staff	Court	Correct. Facility	Total	
<b>Atlantic</b>	2	17	20	49	2	29	1	23	78	0	2	112	3	0	3	0	<b>343</b>	
<b>Bergen</b>	0	7	8	65	1	4	4	0	25	38	0	7	98	0	2	3	0	<b>262</b>
<b>Burlington</b>	6	21	13	63	9	30	23	2	32	75	0	23	106	7	5	0	3	<b>418</b>
<b>Camden</b>	6	62	73	149	3	81	60	14	54	206	6	37	197	6	1	4	0	<b>959</b>
<b>Cape May</b>	2	14	31	61	1	41	32	5	9	24	0	18	73	0	0	2	0	<b>313</b>
<b>Cumberland</b>	3	22	31	44	5	21	26	1	15	54	0	11	102	3	3	7	2	<b>350</b>
<i>Essex</i>	5	13	51	95	6	42	31	3	17	123	0	16	112	7	3	5	1	<b>530</b>
<i>Newark City</i>	6	37	103	108	20	94	44	26	68	377	0	57	203	8	13	11	1	<b>1,176</b>
<b>Essex Total</b>	11	50	154	203	26	136	75	29	85	500	0	73	315	15	16	16	2	<b>1,706</b>
<b>Gloucester</b>	0	16	21	14	14	13	6	2	13	39	0	7	91	1	0	0	0	<b>237</b>
<b>Hudson</b>	4	18	36	131	5	17	19	7	33	105	2	25	141	2	9	2	0	<b>556</b>
<b>Hunterdon</b>	0	7	3	5	0	5	3	0	3	6	1	1	14	0	0	0	0	<b>48</b>
<b>Mercer</b>	2	16	54	59	4	64	25	3	52	73	2	9	75	6	6	3	2	<b>455</b>
<b>Middlesex</b>	3	25	20	117	10	41	10	5	25	95	0	13	149	5	1	6	0	<b>525</b>
<b>Monmouth</b>	5	34	40	113	11	73	37	20	47	75	1	25	193	2	3	3	6	<b>688</b>
<b>Morris</b>	1	6	3	11	1	4	9	4	14	8	0	23	62	0	3	2	0	<b>151</b>
<b>Ocean</b>	9	46	21	65	4	40	25	14	40	54	0	6	147	2	2	7	0	<b>482</b>
<b>Passaic</b>	15	32	37	135	7	22	23	1	64	124	2	21	84	1	3	1	2	<b>574</b>
<b>Salem</b>	2	24	16	37	3	20	10	12	21	17	0	6	51	0	3	5	0	<b>227</b>
<b>Somerset</b>	0	6	12	24	0	5	5	0	9	25	0	1	39	1	8	0	0	<b>135</b>
<b>Sussex</b>	1	9	1	9	11	8	4	6	8	2	0	7	27	2	12	0	0	<b>107</b>
<b>Union</b>	2	18	37	64	6	71	19	4	46	151	1	12	106	0	3	6	0	<b>546</b>
<b>Warren</b>	0	2	6	23	0	9	8	5	10	12	0	3	26	2	0	0	0	<b>106</b>
<b>Out of State</b>	0	10	7	0	0	1	3	0	2	5	0	1	5	0	0	0	0	<b>34</b>
<b>Total</b>	<b>74</b>	<b>462</b>	<b>644</b>	<b>1,441</b>	<b>123</b>	<b>735</b>	<b>427</b>	<b>136</b>	<b>630</b>	<b>1,766</b>	<b>15</b>	<b>331</b>	<b>2,213</b>	<b>58</b>	<b>80</b>	<b>70</b>	<b>17</b>	<b>9,222</b>
% of Total	0.8%	5.0%	7.0%	15.6%	1.3%	8.0%	4.6%	1.5%	6.8%	19.1%	0.2%	3.6%	24.0%	0.6%	0.9%	0.8%	0.2%	100.0%

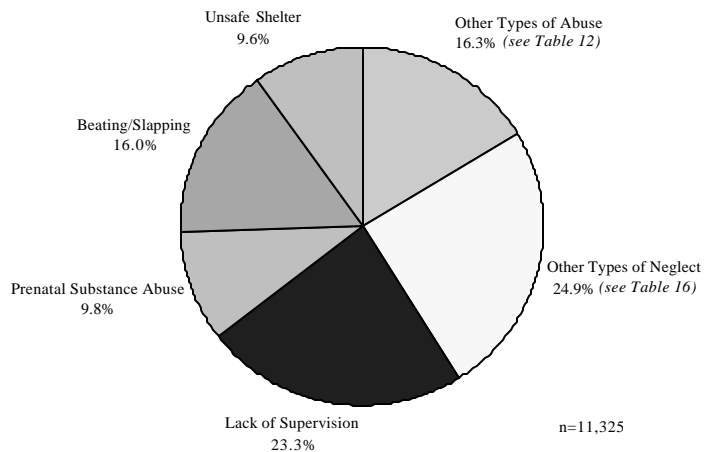
*Table 15: Percent of Substantiated Abuse/Neglect Referrals by County and Source*

	Legal	Parent	Relative	School	Self	Anon.	Friend/ Neighbor	Commun. Group	Other Agency	Health	County Welfare	DYFS	Police	Facility Admin.	Facility Staff	Court	Correct. Facility	<i>Total</i>
<b>Atlantic</b>	0.6%	5.0%	5.8%	14.3%	0.6%	8.5%	0.3%	0.6%	6.7%	22.7%	0.0%	0.6%	32.7%	0.9%	0.0%	0.9%	0.0%	<b>343</b>
<b>Bergen</b>	0.0%	2.7%	3.1%	24.8%	0.4%	1.5%	1.5%	0.0%	9.5%	14.5%	0.0%	2.7%	37.4%	0.0%	0.8%	1.1%	0.0%	<b>262</b>
<b>Burlington</b>	1.4%	5.0%	3.1%	15.1%	2.2%	7.2%	5.5%	0.5%	7.7%	17.9%	0.0%	5.5%	25.4%	1.7%	1.2%	0.0%	0.7%	<b>418</b>
<b>Camden</b>	0.6%	6.5%	7.6%	15.5%	0.3%	8.4%	6.3%	1.5%	5.6%	21.5%	0.6%	3.9%	20.5%	0.6%	0.1%	0.4%	0.0%	<b>959</b>
<b>Cape May</b>	0.6%	4.5%	9.9%	19.5%	0.3%	13.1%	10.2%	1.6%	2.9%	7.7%	0.0%	5.8%	23.3%	0.0%	0.0%	0.6%	0.0%	<b>313</b>
<b>Cumberland</b>	0.9%	6.3%	8.9%	12.6%	1.4%	6.0%	7.4%	0.3%	4.3%	15.4%	0.0%	3.1%	29.1%	0.9%	0.9%	2.0%	0.6%	<b>350</b>
<i>Essex</i>	0.9%	2.5%	9.6%	17.9%	1.1%	7.9%	5.8%	0.6%	3.2%	23.2%	0.0%	3.0%	21.1%	1.3%	0.6%	0.9%	0.2%	<b>530</b>
<i>Newark City</i>	0.5%	3.1%	8.8%	9.2%	1.7%	8.0%	3.7%	2.2%	5.8%	32.1%	0.0%	4.8%	17.3%	0.7%	1.1%	0.9%	0.1%	<b>1,176</b>
<b>Essex Total</b>	0.6%	2.9%	9.0%	11.9%	1.5%	8.0%	4.4%	1.7%	5.0%	29.3%	0.0%	4.3%	18.5%	0.9%	0.9%	0.9%	0.1%	<b>1,706</b>
<b>Gloucester</b>	0.0%	6.8%	8.9%	5.9%	5.9%	5.5%	2.5%	0.8%	5.5%	16.5%	0.0%	3.0%	38.4%	0.4%	0.0%	0.0%	0.0%	<b>237</b>
<b>Hudson</b>	0.7%	3.2%	6.5%	23.6%	0.9%	3.1%	3.4%	1.3%	5.9%	18.9%	0.4%	4.5%	25.4%	0.4%	1.6%	0.4%	0.0%	<b>556</b>
<b>Hunterdon</b>	0.0%	14.6%	6.3%	10.4%	0.0%	10.4%	6.3%	0.0%	6.3%	12.5%	2.1%	2.1%	29.2%	0.0%	0.0%	0.0%	0.0%	<b>48</b>
<b>Mercer</b>	0.4%	3.5%	11.9%	13.0%	0.9%	14.1%	5.5%	0.7%	11.4%	16.0%	0.4%	2.0%	16.5%	1.3%	1.3%	0.7%	0.4%	<b>455</b>
<b>Middlesex</b>	0.6%	4.8%	3.8%	22.3%	1.9%	7.8%	1.9%	1.0%	4.8%	18.1%	0.0%	2.5%	28.4%	1.0%	0.2%	1.1%	0.0%	<b>525</b>
<b>Monmouth</b>	0.7%	4.9%	5.8%	16.4%	1.6%	10.6%	5.4%	2.9%	6.8%	10.9%	0.1%	3.6%	28.1%	0.3%	0.4%	0.4%	0.9%	<b>688</b>
<b>Morris</b>	0.7%	4.0%	2.0%	7.3%	0.7%	2.6%	6.0%	2.6%	9.3%	5.3%	0.0%	15.2%	41.1%	0.0%	2.0%	1.3%	0.0%	<b>151</b>
<b>Ocean</b>	1.9%	9.5%	4.4%	13.5%	0.8%	8.3%	5.2%	2.9%	8.3%	11.2%	0.0%	1.2%	30.5%	0.4%	0.4%	1.5%	0.0%	<b>482</b>
<b>Passaic</b>	2.6%	5.6%	6.4%	23.5%	1.2%	3.8%	4.0%	0.2%	11.1%	21.6%	0.3%	3.7%	14.6%	0.2%	0.5%	0.2%	0.3%	<b>574</b>
<b>Salem</b>	0.9%	10.6%	7.0%	16.3%	1.3%	8.8%	4.4%	5.3%	9.3%	7.5%	0.0%	2.6%	22.5%	0.0%	1.3%	2.2%	0.0%	<b>227</b>
<b>Somerset</b>	0.0%	4.4%	8.9%	17.8%	0.0%	3.7%	3.7%	0.0%	6.7%	18.5%	0.0%	0.7%	28.9%	0.7%	5.9%	0.0%	0.0%	<b>135</b>
<b>Sussex</b>	0.9%	8.4%	0.9%	8.4%	10.3%	7.5%	3.7%	5.6%	7.5%	1.9%	0.0%	6.5%	25.2%	1.9%	11.2%	0.0%	0.0%	<b>107</b>
<b>Union</b>	0.4%	3.3%	6.8%	11.7%	1.1%	13.0%	3.5%	0.7%	8.4%	27.7%	0.2%	2.2%	19.4%	0.0%	0.5%	1.1%	0.0%	<b>546</b>
<b>Warren</b>	0.0%	1.9%	5.7%	21.7%	0.0%	8.5%	7.5%	4.7%	9.4%	11.3%	0.0%	2.8%	24.5%	1.9%	0.0%	0.0%	0.0%	<b>106</b>
<b>Out of State</b>	0.0%	29.4%	20.6%	0.0%	0.0%	2.9%	8.8%	0.0%	5.9%	14.7%	0.0%	2.9%	14.7%	0.0%	0.0%	0.0%	0.0%	<b>34</b>
<b>Total</b>	<b>0.8%</b>	<b>5.0%</b>	<b>7.0%</b>	<b>15.6%</b>	<b>1.3%</b>	<b>8.0%</b>	<b>4.6%</b>	<b>1.5%</b>	<b>6.8%</b>	<b>19.1%</b>	<b>0.2%</b>	<b>3.6%</b>	<b>24.0%</b>	<b>0.6%</b>	<b>0.9%</b>	<b>0.8%</b>	<b>0.2%</b>	<b>9,222</b>
# in Category	74	462	644	1,441	123	735	427	136	630	1,766	15	331	2,213	58	80	70	17	

## Types of Caregiver Maltreatment

Figure 6 illustrates the type of abuse or neglect that DYFS substantiated in 1999. DYFS staff recorded a total of 11,325 maltreatment incidents among the 9,222 substantiated abuse/neglect cases (more than one type of maltreatment may be recorded for a child).

**Figure 6: Types of Caregiver Maltreatment**



*The single most frequently occurring substantiated act of maltreatment that met the legal definition of abuse or neglect was lack of supervision. This was followed by beating and slapping, prenatal substance abuse, and unsafe shelter, in that order.*

Table 16 shows in detail the type of behaviors included in the categories "Other Types of Neglect" and "Other Types of Abuse" that appear in Figure 6 above ("Other Neglect", "Other Physical Abuse", and "Other Sexual Abuse" are among the coding choices available in the DYFS data collection system).

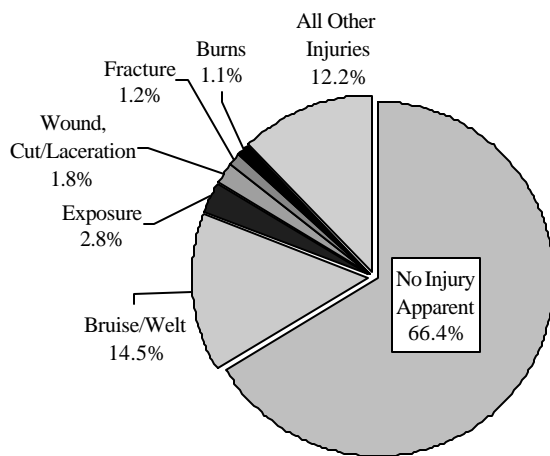
**Table 16: Caregiver Maltreatment - Detail of "Other" Abuse/Neglect**

<b>Other Types of Physical &amp; Sexual Abuse</b>		<b>Other Types of Neglect</b>	
Fondling/Touching	446	Other Neglect	1,468
Other Physical Abuse	467	Medical Neglect	418
Emotional Abuse	295	Lack of Food/Clothing	304
Oral Sex/Sodomy	130	Abandonment	281
Digital Penetration	134	Educational Neglect	176
Other Sexual Abuse	112	Emotional Neglect	78
Intercourse	75	Locking In/Out	54
Burning/Scalding	59	Untreated Dental Problems	21
Sexual Exploitation	27	Permit Sexual Activity	20
Cutting/Stabbing	36	<b>"Other" Neglect Total</b>	<b>2,820</b>
Shaking	38		
Masturbation	16		
Asphyxiation	9		
Sexually Transmitted Disease	0		
<b>"Other" Abuse Total</b>	<b>1,844</b>		

## Injury from Substantiated Child Abuse/Neglect

- In 1999, DYFS recorded 3,794 injuries to children resulting from abuse or neglect. Consistent with findings in prior years, no visible injury could be ascertained in more than 66% of all incidents.
- A bruise or welt was the most frequently recorded injury, accounting for 14.5% of all injury findings. The "Other Injury" category in *Figure 7* comprised 12.2% of all injuries. Details of the types of injuries in the "Other Injury" category appear in *Table 17*.

*Figure 7: Abuse/Neglect Injuries*



*Table 17: Abuse/Neglect Injuries  
Detail of "Other" Injuries*

Type of Injury	Number
Bite Marks	55
Sexually Trans. Disease	54
Infection	49
Brain Injury	46
Internal Injuries	42
Death	29
Failure to Thrive	20
Poisoning	20
Malnutrition	19
Sprain/Dislocation	15
Visual Impairment	11
Parasitic Infection	6
Hearing Impairment	6
Mental/ Social Retardation	3
"Other" Injury	1,007
<b>Total</b>	<b>1,382</b>

## Perpetrators of Abuse and Neglect

### *Relationship to the Victim*

- The victim's parent was the primary perpetrator in 80% of all substantiated abuse/neglect referrals. These figures are consistent with those reported in prior years.
- While parents and relatives are equally likely to be the perpetrators of sexual abuse (23% by parents and 22% by relatives), a parent is the primary perpetrator in the large majority of physical abuse, neglect, emotional abuse, and multiple type of abuse cases. *Table 18* shows that a parent was the perpetrator between 72.6% to 89.1% of these cases.

**Table 18: Relationship of the Perpetrator to the Abuse/Neglect Victim by Type of Maltreatment**

	Physical Abuse		Neglect		Multiple Types		Sexual Abuse		Emotional Abuse		Total <sup>(2)</sup>	
	n	%	n	%	n	%	n	%	n	%	n	% of Known Caretakers
Natural Parent	1,728	75.6%	5,070	89.1%	196	72.6%	153	23%	121	76.6%	7,268	80.0%
Relative	134	5.9%	250	4.4%	20	7.4%	148	22%	4	2.5%	556	6.1%
Paramour of Parent	141	6.2%	97	1.7%	20	7.4%	126	19%	8	5.1%	392	4.3%
Step parent	137	6.0%	37	0.6%	16	5.9%	73	11%	22	13.9%	285	3.1%
Institutional Staff	30	1.3%	71	1.2%	3	1.1%	22	3.3%	1	0.6%	127	1.4%
Other Caregivers	18	0.8%	26	0.5%	3	1.1%	70	10%	0	0.0%	117	1.3%
Baby Sitter	25	1.1%	49	0.9%	1	0.4%	36	5.3%	0	0.0%	111	1.2%
Foster Parent	28	1.2%	35	0.6%	7	2.6%	7	1.0%	2	1.3%	79	0.9%
Educational Staff	8	0.3%	8	0.1%	0	0.0%	20	3.0%	0	0.0%	36	0.4%
Adult Sibling	14	0.6%	11	0.2%	3	1.1%	5	0.7%	0	0.0%	33	0.4%
Sibling	6	0.3%	9	0.2%	0	0.0%	14	2.1%	0	0.0%	29	0.3%
Adoptive Parent	15	0.7%	10	0.2%	0	0.0%	1	0.1%	0	0.0%	26	0.3%
Reg Day Care Home <sup>(1)</sup>	1	0.0%	20	0.4%	1	0.4%	0	0.0%	0	0.0%	22	0.2%
Unreg Day Care Home <sup>(1)</sup>	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
<b>Total</b>	<b>2,286</b>	<b>100.0%</b>	<b>5,693</b>	<b>100.0%</b>	<b>270</b>	<b>100%</b>	<b>675</b>	<b>100%</b>	<b>158</b>	<b>100%</b>	<b>9,082</b>	<b>100.0%</b>

(1) Reg= Registered; Unreg= Unregistered

(2) There were 140 cases missing perpetrator information.

- Though they comprise a small percentage of the perpetrators of abuse and neglect overall (between three and four percent), parent paramours and step parents are disproportionately involved as perpetrators of substantiated sexual abuse cases (19% and 11%, respectively).

### **Perpetrator Demographics**

- Females were the primary perpetrators in almost 70% of all substantiated abuse and neglect cases.
- The average age of all perpetrators of substantiated abuse/neglect cases was 33.2 years.
- Female perpetrators are almost four years younger than male perpetrators. The average age of all female perpetrators was 32.1 years compared with 35.9 years for males.
- Black females and white males comprised the majority of perpetrators. Nearly 53% of all female perpetrators were black and 42.6% of all male perpetrators were white. Detailed demographic information about the perpetrators appears below in *Table 19*.

**Table 19: Race, Gender and Mean Age of Perpetrators of Abuse/Neglect**

Race	Females			Males		
	n	%	Mean Age	n	%	Mean Age
Black	3,274	52.7%	31.8	949	35.5%	34.7
White	1,915	30.8%	33.1	1,139	42.6%	37.0
Hispanic	901	14.5%	31.0	515	19.3%	34.3
Asian	74	1.2%	34.8	24	0.9%	45.6
Other (Unable to Determine)	33	0.5%	35.1	37	1.4%	42.0
Interracial	11	0.2%	32.3	6	0.2%	34.3
Native American	4	0.1%	33.2	2	0.1%	46.3
<b>Total</b>	<b>6,212</b>	<b>100.0%</b>	<b>32.1</b>	<b>2,672</b>	<b>100.0%</b>	<b>35.9</b>

Age missing for 1,797 cases. Race and/or gender were not coded for 338 cases.

## Characteristics of the Victims of Abuse/Neglect

- Very young children are the most likely to be maltreated. 16.9% of victims were under one year of age, and 38.7% were under five years of age. Conversely, 16.4% were older than 12 years of age. (Figure 8).
- The average age of maltreated children was slightly more than seven years while the median age was just under seven years (Table 20)<sup>5</sup>.

Figure 8: Age Groups of Abuse/Neglect Victims

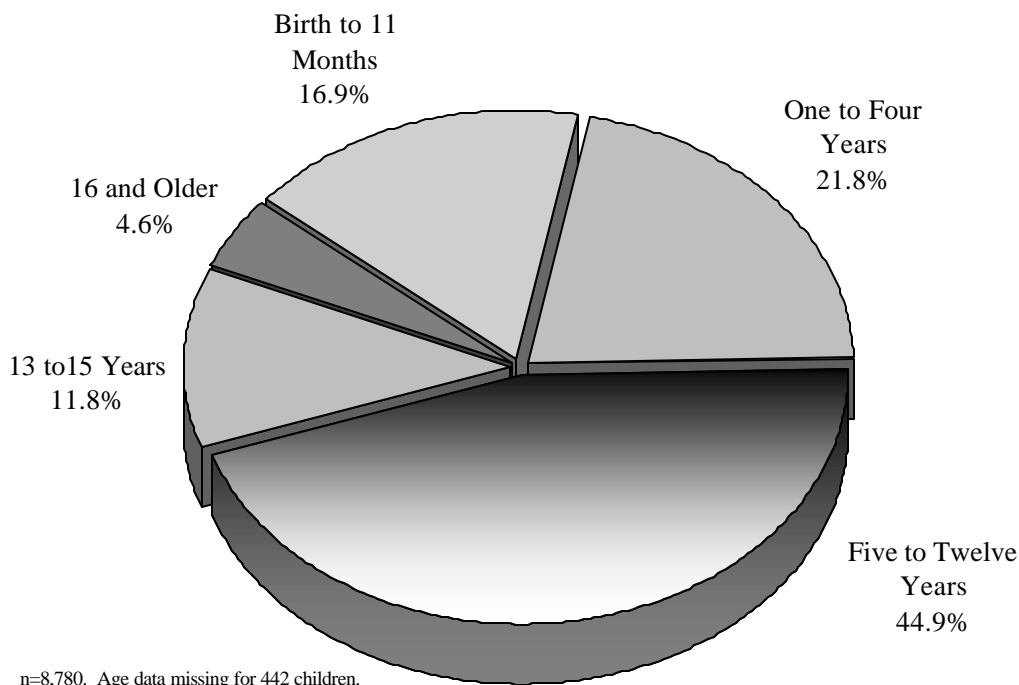


Table 20:  
Age of Victim by Maltreatment Type

Type of Maltreatment	Average Age <sup>(1)</sup>	Median Age <sup>(1)</sup>
Physical Abuse	9.3	9.3
Neglect	5.6	5.0
Multiple Types	8.6	8.9
Sexual Abuse	10.5	10.6
Emotional Abuse	8.5	8.6
<b>All Types</b>	<b>7.1</b>	<b>6.8</b>

(1) Age data missing for 442 children

- In part because the capability to protect oneself or escape harm varies with age, children are vulnerable to different types of maltreatment at different ages. Sexual abuse was substantiated among older children (about 10 1/2 years of age), while the youngest children are victims of neglect (less than six years old).<sup>6</sup>
- About five of every ten abused or neglected children were black, and three of ten were white. Hispanic children comprised 15.3% of all victims (Table 21).

<sup>5</sup> The average age is calculated using all age figures and is sensitive to extremes -- e.g., children who are less than one-year-old and those who are older than 17; the median is not calculated arithmetically, and so is not affected by extreme age figures. Rather, the median age is the age of the child who is in the middle of a list of ages, arranged in either ascending or descending order.

<sup>6</sup> For all cases of maltreatment, but especially sexual abuse, incidents among younger children may be underreported because they lack the ability to disclose harm to investigators.

**Table 21: Demographic Characteristics of the Victims of Abuse/Neglect<sup>(1)</sup>**

Race	Females				Males			
	n	%	Mean Age	Median Age	n	%	Mean Age	Median Age
Black	2,090	47.6%	6.5	6.2	2,060	46.9%	6.2	6.1
White	1,396	31.8%	8.2	8.1	1,493	34.0%	7.5	7.2
Hispanic	697	15.9%	8.1	7.9	649	14.8%	6.7	6.5
Asian	25	0.6%	8.7	7.2	39	0.9%	6.6	6.7
Unable to Determine	103	2.3%	7.9	7.3	75	1.7%	7.8	8.0
Interracial	62	1.4%	7.1	6.7	61	1.4%	5.1	4.2
Native American	17	0.4%	5.0	6.1	11	0.3%	5.6	6.7
<b>Total</b>	<b>4,390</b>	<b>100.0%</b>	<b>7.4</b>	<b>7.1</b>	<b>4,388</b>	<b>100.0%</b>	<b>6.8</b>	<b>6.5</b>

(1) Data missing for 444 cases.

- On the whole, female victims were older than male victims. The difference in the average age was about seven months.

## Family Problem Referrals

In addition to providing protective services to abuse/neglect victims, DYFS workers provide services directly or through purchase of service contracts to families who they determine to be at-risk of harming their children unless an intervention occurs. A DYFS worker assesses the family's problems, service needs and determines whether continued DYFS involvement is appropriate.

- DYFS received 34,445 family problem referrals in 1999, 421 fewer than the number received in 1998.
- The number of family problem referrals constituted 44.2% of all referrals to DYFS in 1999, an increase of 0.4% over the percentage of the total number of referrals received in 1998.
- Essex County reported more family problem referrals than any other county. The 3,982 Essex County referrals comprised 11.6% of the statewide total. Both figures were smaller than the figures reported for 1998 (4,516 referrals; 13% of the statewide total). The next highest number of referrals came from Hudson (3,018) and Passaic (3,015) Counties. County figures appear in *Table 22*.

**Table 22: Family Problem Referrals by County**

County	Number	% of Total
<b>Atlantic</b>	1,113	3.2%
<b>Bergen</b>	2,607	7.6%
<b>Burlington</b>	1,440	4.2%
<b>Camden</b>	2,445	7.1%
<b>Cape May</b>	400	1.2%
<b>Cumberland</b>	1,200	3.5%
<i>Essex</i>	<i>1,707</i>	<i>5.0%</i>
<i>Newark City</i>	<i>2,275</i>	<i>6.6%</i>
<b>Essex Total</b>	3,982	11.6%
<b>Gloucester</b>	765	2.2%
<b>Hudson</b>	3,018	8.8%
<b>Hunterdon</b>	273	0.8%
<b>Mercer</b>	2,010	5.8%
<b>Middlesex</b>	2,553	7.4%
<b>Monmouth</b>	2,537	7.4%
<b>Morris</b>	2,028	5.9%
<b>Ocean</b>	856	2.5%
<b>Passaic</b>	3,015	8.8%
<b>Salem</b>	500	1.5%
<b>Somerset</b>	692	2.0%
<b>Sussex</b>	719	2.1%
<b>Union</b>	1,492	4.3%
<b>Warren</b>	800	2.3%
<b>Total</b>	<b>34,445</b>	<b>100.0%</b>

As observed among child abuse/neglect referrals, most family problem referrals come from school personnel, health professionals, police, and anonymous sources. These four groups accounted for 20,384 of the 34,445 family problem referrals DYFS received (59.2%).

*Table 23* shows statewide figures for each source that made referrals to DYFS. County level detail appears in *Tables 24* and *25* on the next two pages. These tables also show substantial variation among the counties on the percentage of family problem referrals DYFS staff received from many sources. With respect to referrals from school personnel, health professionals, police, and anonymous sources, *Table 25* shows that:

**Table 23: Source of Family Problem Referrals**

<b>Referral Source</b>	<b>Number</b>	<b>Percent of Total</b>
<b>School</b>	6,958	20.2%
<b>Health</b>	5,008	14.5%
<b>Police</b>	4,743	13.8%
<b>Anonymous</b>	3,675	10.7%
<b>Parent</b>	3,316	9.6%
<b>Other Agency</b>	3,021	8.8%
<b>Relative</b>	2,206	6.4%
<b>Friend/Neighbor</b>	1,742	5.1%
<b>DYFS</b>	1,169	3.4%
<b>Court</b>	893	2.6%
<b>Self</b>	586	1.7%
<b>Community Group</b>	470	1.4%
<b>Legal</b>	317	0.9%
<b>Facility Staff</b>	170	0.5%
<b>County Bd of Soc Svcs</b>	78	0.2%
<b>Facility Administration</b>	48	0.1%
<b>Correctional Facility</b>	45	0.1%
<b>Total</b>	<b>34,445</b>	<b>100.0%</b>

- Referrals from school personnel varied from 13.3% of the total in Essex County to 29.7% of the total in Hunterdon County.
- Referrals from health professionals varied from 5.2% of the total in Salem County to 20.7% of the total in Essex County and 20.8% in Passaic County.
- Referrals from police varied from 9.2% of the Passaic County total to 30% of all Morris County family problem referrals.
- Anonymous referrals varied from 7.7% of the Hunterdon County total to 14.5% of the total in Sussex County.

*Table 24: Number of Family Problem Referrals by County and Source*

	Legal	Parent	Relative	School	Self	Anon.	Friend/ Neighbor	Commun Group	Other Agency	Health	County Welfare	DYFS	Police	Facility Admin.	Facility Staff	Court	Correct. Facility	Total
<b>Atlantic</b>	0	115	82	170	18	128	38	34	89	149	0	20	205	1	23	41	0	<b>1,113</b>
<b>Bergen</b>	21	269	159	586	3	282	144	15	241	304	1	86	425	0	6	65	0	<b>2,607</b>
<b>Burlington</b>	12	192	84	261	24	188	87	9	156	209	0	31	165	2	6	14	0	<b>1,440</b>
<b>Camden</b>	14	251	150	438	21	221	159	37	213	453	7	93	317	1	7	59	4	<b>2,445</b>
<b>Cape May</b>	2	52	20	89	25	49	22	8	37	37	1	13	41	1	0	3	0	<b>400</b>
<b>Cumberland</b>	7	102	91	255	27	152	68	7	111	175	2	18	122	0	1	62	0	<b>1,200</b>
<i>Essex</i>	22	152	130	300	40	156	83	31	116	286	2	68	182	1	15	119	4	<b>1,707</b>
<i>Newark City</i>	16	184	238	229	67	188	85	33	114	537	7	119	251	4	28	170	5	<b>2,275</b>
<b>Essex Total</b>	38	336	368	529	107	344	168	64	230	823	9	187	433	5	43	289	9	<b>3,982</b>
<b>Gloucester</b>	5	114	25	107	7	85	24	9	46	79	0	15	212	1	2	33	1	<b>765</b>
<b>Hudson</b>	14	251	192	599	93	364	161	48	213	556	19	139	326	0	9	34	0	<b>3,018</b>
<b>Hunterdon</b>	1	40	5	81	0	21	8	0	28	17	0	7	55	3	0	7	0	<b>273</b>
<b>Mercer</b>	15	137	129	470	60	208	74	33	268	248	6	120	205	0	10	25	2	<b>2,010</b>
<b>Middlesex</b>	9	318	161	593	24	327	130	26	190	298	5	64	333	3	3	66	3	<b>2,553</b>
<b>Monmouth</b>	22	254	170	669	46	305	129	21	154	273	15	86	340	1	10	35	7	<b>2,537</b>
<b>Morris</b>	14	171	57	383	6	210	65	32	230	171	3	50	608	1	9	15	3	<b>2,028</b>
<b>Ocean</b>	21	79	55	183	5	69	34	19	83	91	1	46	158	5	0	7	0	<b>856</b>
<b>Passaic</b>	75	223	185	717	75	244	122	19	293	627	7	97	276	6	8	36	5	<b>3,015</b>
<b>Salem</b>	3	53	44	108	3	40	59	21	57	26	0	15	55	0	0	16	0	<b>500</b>
<b>Somerset</b>	12	85	35	146	9	61	23	4	63	97	2	9	110	2	23	5	6	<b>692</b>
<b>Sussex</b>	7	93	44	152	3	104	36	36	57	51	0	3	75	7	1	49	1	<b>719</b>
<b>Union</b>	22	106	128	232	24	168	95	16	151	264	0	57	182	4	7	31	5	<b>1,492</b>
<b>Warren</b>	3	75	22	190	6	105	96	12	111	60	0	13	100	2	2	1	2	<b>800</b>
<b>Total</b>	<b>317</b>	<b>3,316</b>	<b>2,206</b>	<b>6,958</b>	<b>586</b>	<b>3,675</b>	<b>1,742</b>	<b>470</b>	<b>3,021</b>	<b>5,008</b>	<b>78</b>	<b>1,169</b>	<b>4,743</b>	<b>45</b>	<b>170</b>	<b>893</b>	<b>48</b>	<b>34,445</b>
% of Total	0.9%	9.6%	6.4%	20.2%	1.7%	10.7%	5.1%	1.4%	8.8%	14.5%	0.2%	3.4%	13.8%	0.1%	0.5%	2.6%	0.1%	

*Table 25: Percent of Family Problem Referrals by County and Source*

	Legal	Parent	Relative	School	Self	Anon.	Friend/ Neighbor	Commun. Group	Other Agency	Health	County Welfare	DYFS	Police	Facility Admin.	Facility Staff	Court	Correct. Facility	Total
<b>Atlantic</b>	0.0%	10.3%	7.4%	15.3%	1.6%	11.5%	3.4%	3.1%	8.0%	13.4%	0.0%	1.8%	18.4%	0.1%	2.1%	3.7%	0.0%	<b>1,113</b>
<b>Bergen</b>	0.8%	10.3%	6.1%	22.5%	0.1%	10.8%	5.5%	0.6%	9.2%	11.7%	0.0%	3.3%	16.3%	0.0%	0.2%	2.5%	0.0%	<b>2,607</b>
<b>Burlington</b>	0.8%	13.3%	5.8%	18.1%	1.7%	13.1%	6.0%	0.6%	10.8%	14.5%	0.0%	2.2%	11.5%	0.1%	0.4%	1.0%	0.0%	<b>1,440</b>
<b>Camden</b>	0.6%	10.3%	6.1%	17.9%	0.9%	9.0%	6.5%	1.5%	8.7%	18.5%	0.3%	3.8%	13.0%	0.0%	0.3%	2.4%	0.2%	<b>2,445</b>
<b>Cape May</b>	0.5%	13.0%	5.0%	22.3%	6.3%	12.3%	5.5%	2.0%	9.3%	9.3%	0.3%	3.3%	10.3%	0.3%	0.0%	0.8%	0.0%	<b>400</b>
<b>Cumberland</b>	0.6%	8.5%	7.6%	21.3%	2.3%	12.7%	5.7%	0.6%	9.3%	14.6%	0.2%	1.5%	10.2%	0.0%	0.1%	5.2%	0.0%	<b>1,200</b>
<i>Essex</i>	1.3%	8.9%	7.6%	17.6%	2.3%	9.1%	4.9%	1.8%	6.8%	16.8%	0.1%	4.0%	10.7%	0.1%	0.9%	7.0%	0.2%	<b>1,707</b>
<i>Newark City</i>	0.7%	8.1%	10.5%	10.1%	2.9%	8.3%	3.7%	1.5%	5.0%	23.6%	0.3%	5.2%	11.0%	0.2%	1.2%	7.5%	0.2%	<b>2,275</b>
<b>Essex Total</b>	1.0%	8.4%	9.2%	13.3%	2.7%	8.6%	4.2%	1.6%	5.8%	20.7%	0.2%	4.7%	10.9%	0.1%	1.1%	7.3%	0.2%	<b>3,982</b>
<b>Gloucester</b>	0.7%	14.9%	3.3%	14.0%	0.9%	11.1%	3.1%	1.2%	6.0%	10.3%	0.0%	2.0%	27.7%	0.1%	0.3%	4.3%	0.1%	<b>765</b>
<b>Hudson</b>	0.5%	8.3%	6.4%	19.8%	3.1%	12.1%	5.3%	1.6%	7.1%	18.4%	0.6%	4.6%	10.8%	0.0%	0.3%	1.1%	0.0%	<b>3,018</b>
<b>Hunterdon</b>	0.4%	14.7%	1.8%	29.7%	0.0%	7.7%	2.9%	0.0%	10.3%	6.2%	0.0%	2.6%	20.1%	1.1%	0.0%	2.6%	0.0%	<b>273</b>
<b>Mercer</b>	0.7%	6.8%	6.4%	23.4%	3.0%	10.3%	3.7%	1.6%	13.3%	12.3%	0.3%	6.0%	10.2%	0.0%	0.5%	1.2%	0.1%	<b>2,010</b>
<b>Middlesex</b>	0.4%	12.5%	6.3%	23.2%	0.9%	12.8%	5.1%	1.0%	7.4%	11.7%	0.2%	2.5%	13.0%	0.1%	0.1%	2.6%	0.1%	<b>2,553</b>
<b>Monmouth</b>	0.9%	10.0%	6.7%	26.4%	1.8%	12.0%	5.1%	0.8%	6.1%	10.8%	0.6%	3.4%	13.4%	0.0%	0.4%	1.4%	0.3%	<b>2,537</b>
<b>Morris</b>	0.7%	8.4%	2.8%	18.9%	0.3%	10.4%	3.2%	1.6%	11.3%	8.4%	0.1%	2.5%	30.0%	0.0%	0.4%	0.7%	0.1%	<b>2,028</b>
<b>Ocean</b>	2.5%	9.2%	6.4%	21.4%	0.6%	8.1%	4.0%	2.2%	9.7%	10.6%	0.1%	5.4%	18.5%	0.6%	0.0%	0.8%	0.0%	<b>856</b>
<b>Passaic</b>	2.5%	7.4%	6.1%	23.8%	2.5%	8.1%	4.0%	0.6%	9.7%	20.8%	0.2%	3.2%	9.2%	0.2%	0.3%	1.2%	0.2%	<b>3,015</b>
<b>Salem</b>	0.6%	10.6%	8.8%	21.6%	0.6%	8.0%	11.8%	4.2%	11.4%	5.2%	0.0%	3.0%	11.0%	0.0%	0.0%	3.2%	0.0%	<b>500</b>
<b>Somerset</b>	1.7%	12.3%	5.1%	21.1%	1.3%	8.8%	3.3%	0.6%	9.1%	14.0%	0.3%	1.3%	15.9%	0.3%	3.3%	0.7%	0.9%	<b>692</b>
<b>Sussex</b>	1.0%	12.9%	6.1%	21.1%	0.4%	14.5%	5.0%	5.0%	7.9%	7.1%	0.0%	0.4%	10.4%	1.0%	0.1%	6.8%	0.1%	<b>719</b>
<b>Union</b>	1.5%	7.1%	8.6%	15.5%	1.6%	11.3%	6.4%	1.1%	10.1%	17.7%	0.0%	3.8%	12.2%	0.3%	0.5%	2.1%	0.3%	<b>1,492</b>
<b>Warren</b>	0.4%	9.4%	2.8%	23.8%	0.8%	13.1%	12.0%	1.5%	13.9%	7.5%	0.0%	1.6%	12.5%	0.3%	0.3%	0.1%	0.3%	<b>800</b>
<b>Total</b>	0.9%	9.6%	6.4%	20.2%	1.7%	10.7%	5.1%	1.4%	8.8%	14.5%	0.2%	3.4%	13.8%	0.1%	0.5%	2.6%	0.1%	<b>34,445</b>
# in Category	317	3,316	2,206	6,958	586	3,675	1,742	470	3,021	5,008	78	1,169	4,743	45	170	893	48	

**Table 26: Family Problem Referrals  
Rate per 1,000 Children**

**Family Problem Referral Rate Per 1,000 Children**

- In 1999, there were 17 family problem referrals reported per 1,000 children under 18 years of age living in New Jersey. This number was smaller than the 17.6 referrals per 1,000 children reported in 1998.
- Cumberland County experienced the highest rate of family problem referrals per 1,000 resident children (31) and Ocean County had the lowest (7.1) in 1999. Despite having the largest number of family problem referrals reported to DYFS, Essex County ranked seventh in terms of the rate per 1,000 children (20.9). The number of family problem referrals and the rate per 1,000 children appear in *Table 26*.

County	Number of Family Problem Referrals	Rate per 1,000 Children <sup>(1)</sup>
Cumberland	1,200	31.0
Warren	800	30.5
Salem	500	29.1
Mercer	2,010	25.2
Passaic	3,015	23.7
Hudson	3,018	23.0
Essex	3,982	20.9
Atlantic	1,113	18.9
Morris	2,028	18.5
Cape May	400	17.3
Camden	2,445	17.3
Sussex	719	17.1
Monmouth	2,537	16.1
Middlesex	2,553	15.6
Bergen	2,607	14.2
Union	1,492	12.9
Burlington	1,440	11.3
Gloucester	765	10.9
Somerset	692	10.4
Hunterdon	273	8.8
Ocean	856	7.1
<b>Total <sup>(2)</sup></b>	<b>34,445</b>	<b>17.0</b>

(1) Includes children under age 18. Rates are based on population estimates as of July 1, 1999. Source: Population Estimates for Counties by Age and Sex: Annual Time Series July 1, 1990 to July 1, 1999. U.S. Census Bureau, Population Division.

**Classification of Family Problem Referrals**

*Table 27* below compares family problem referrals by county for 1999, sorted into three categories: Parent Issue, Child Issue, and Parent-Child Issue. The Parent Issue column contains cases where risk to a child was due primarily to a parental problem or behavior (such as lack of parenting skills). The Child Issue and Parent-Child Issue columns are similarly defined (pages xii and xiii in the Introduction have detailed definitions of these categories).

- Statewide, more than half of the family problem referrals (54.6%) were *parent-focused* and 35% were *child-focused*. In the remaining cases, both parents and children exhibited a condition or behavior(s) that led to a referral.
- There were substantial differences among the counties in the percentage of referrals in each category. Four counties recorded more than half of their family problem referrals as *child-focused* (Camden, Gloucester, Mercer, and Ocean); nine recorded more than half as *parent-focused* (Bergen, Burlington, Essex, Hudson, Middlesex, Morris, Somerset, Sussex, and Union). Among these nine counties, Sussex County recorded the largest percentage of *parent-focused* referrals (76.4%).

Table 27: Categories of Reported Family Problems by County

	Child Issue	% Child Issue	Parent Issue	% Parent Issue	Parent/Child Issue	% Parent/Child Issue	Total
Atlantic	505	45.4%	513	46.1%	95	8.5%	1,113
Bergen	612	23.5%	1,803	69.2%	192	7.4%	2,607
Burlington	459	31.9%	734	51.0%	247	17.2%	1,440
Camden	1,250	51.1%	1,018	41.6%	177	7.2%	2,445
Cape May	198	49.5%	182	45.5%	20	5.0%	400
Cumberland	505	42.1%	596	49.7%	99	8.3%	1,200
Essex	319	18.7%	1,057	61.9%	331	19.4%	1,707
Newark City	373	16.4%	1,421	62.5%	481	21.1%	2,275
Essex Total	692	17.4%	2,478	62.2%	812	20.4%	3,982
Gloucester	399	52.2%	321	42.0%	45	5.9%	765
Hudson	741	24.6%	1,998	66.2%	279	9.2%	3,018
Hunterdon	129	47.3%	102	37.4%	42	15.4%	273
Mercer	1,129	56.2%	770	38.3%	111	5.5%	2,010
Middlesex	825	32.3%	1,529	59.9%	199	7.8%	2,553
Monmouth	915	36.1%	1,185	46.7%	437	17.2%	2,537
Morris	522	25.7%	1,373	67.7%	133	6.6%	2,028
Ocean	437	51.1%	317	37.0%	102	11.9%	856
Passaic	1,501	49.8%	1,307	43.3%	207	6.9%	3,015
Salem	238	47.6%	238	47.6%	24	4.8%	500
Somerset	171	24.7%	428	61.8%	93	13.4%	692
Sussex	92	12.8%	549	76.4%	78	10.8%	719
Union	356	23.9%	989	66.3%	147	9.9%	1,492
Warren	374	46.8%	366	45.8%	60	7.5%	800
<b>Total</b>	<b>12,050</b>	<b>35.0%</b>	<b>18,796</b>	<b>54.6%</b>	<b>3,599</b>	<b>10.4%</b>	<b>34,445</b>

Table 28 on page 30 lists the types of family problems that DYFS received in 1999. DYFS screening staff may record more than one family problem for a referral. Hence the number of problems exceeds the number of referrals the Division receives. In the table, the problems are categorized as *child-focused issues* or *parent-focused issues*. Each identified problem is presented as a percentage of all issues (parent *and* child), and as a percentage of only the relevant group (parent *or* child).

- In 1999, the five most frequently identified *child-focused issues* were, in descending order: 1) children who were siblings of a child actually reported as abused or neglected; 2) sexual assault by a non-caretaker; 3) emotional/behavioral problems; 4) child medical problems; and 5) child psychiatric problems. These five categories accounted for 93.7% of the total *child-focused* referrals. These same problems accounted for 94.1% of all *child-focused issues* in 1998.
- The five *parent-focused issues* recorded most frequently were, in descending order: 1) parenting issues (lacking the skills or knowledge necessary to adequately nurture, stimulate, or properly care for a child); 2) drug abuse; 3) domestic violence; 4) lack of supervision; and 5) alcohol abuse. These categories accounted for 87.8% of all *parent-focused issues*, about the same percentage reported in 1998.

*Table 28: Types of Family Problems Referred for Service*

<i>Child-Focused Issues</i>	<b>Number Reported</b>	<b>As % of Only Child Issues</b>	<b>As % of All Issues</b>
Sibling In Family Referred For Abuse/Neglect	10,512	65.7%	23.6%
Sexual Assault/Activities (by a non-caretaker)	1,566	9.8%	3.5%
Emotional Problems	1,252	7.8%	2.8%
Medical Problems	885	5.5%	2.0%
Psychiatric Problems	777	4.9%	1.7%
Adolescent Parent	378	2.4%	0.8%
Drug Abuse	328	2.1%	0.7%
Alcohol Abuse	127	0.8%	0.3%
Developmentally Disabled	80	0.5%	0.2%
Pregnancy	68	0.4%	0.2%
SIDS	24	0.2%	0.1%
<b>Total Child-Focused Issues</b>	<b>15,997</b>	<b>100.0%</b>	<b>35.9%</b>
<i>Parent-Focused Issues</i>	<b>Number Reported</b>	<b>As % of Only Parent Issues</b>	<b>As % of All Issues</b>
Parenting Issues	16,500	57.8%	37.1%
Drug Abuse	2,611	9.2%	5.9%
Domestic Violence	2,390	8.4%	5.4%
Lack of Supervision <sup>(1)</sup>	1,940	6.8%	4.4%
Alcohol Abuse	1,600	5.6%	3.6%
Homelessness	1,188	4.2%	2.7%
Psychiatric Problems	912	3.2%	2.0%
Emotional Problems	510	1.8%	1.1%
Family of Perpetrator	326	1.1%	0.7%
Financial Problems	292	1.0%	0.7%
Medical Problems	201	0.7%	0.5%
Substance Exposed Newborn <sup>(2)</sup>	61	0.2%	0.1%
<b>Total Parent-Focused Issues</b>	<b>28,531</b>	<b>100.0%</b>	<b>64.1%</b>

Notes:

(1) A child is not receiving adequate supervision from the caregiver, but the incident does not rise to the level of "neglect" under state statute.

(2) DYFS policy stipulates that staff use the family problem code "W" (Newborn -- Substance Exposed) to describe this type of referral and also to code and investigate these allegations as neglect cases.

## **Institutional Abuse**

Institutional abuse (IA) refers to child abuse/neglect that occurs in public or private day and residential out-of-home facilities that serve children under the age of 18. These include foster homes, child care programs, schools, detention and correctional facilities, and other congregate care arrangements. The Central Office Institutional Abuse Investigation Unit (IAIU) has administrative responsibility for the IA program. It screens and distributes appropriate referrals to regional IA units for investigation. IAIU takes appropriate action to assure that children are not placed at risk of further harm and works to prevent future acts of child abuse/neglect in out-of-home settings.

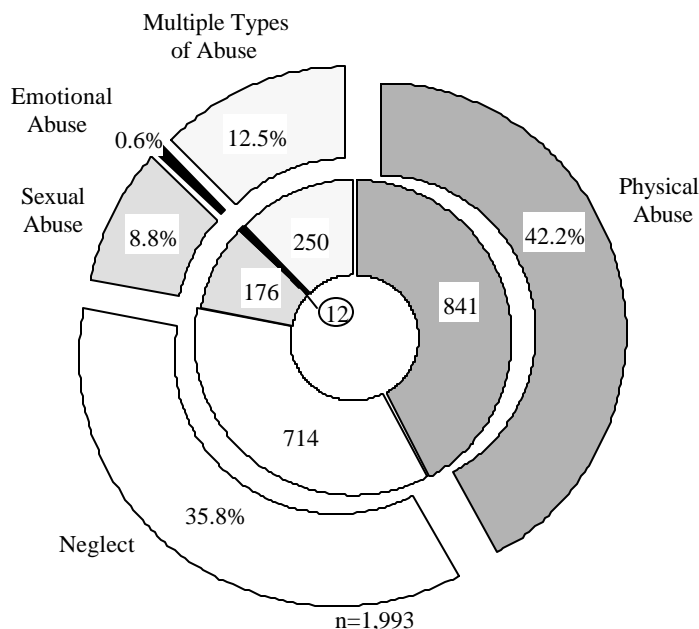
Referrals that the IAIU Centralized Screening Unit receives can be handled in four ways. A case may be: 1) accepted for investigation, 2) referred to another unit or agency, 3) determined inappropriate, or 4) resolved in intake. *Cases resolved at intake* are those where a caretaker may have acted inappropriately but the incident was not indicative of child abuse/neglect. In these cases, IAIU

requests facilities to take and document immediate corrective action to prevent the possible occurrence of abuse or neglect. An example of such cases includes inappropriate physical restraint of an acting-out child. IAIU monitors corrective action plans where an allegation suggests the need for a routine IA investigation by regional IA staff. Corrective action plans may apply to a specific individual, group, or to facility policies or procedures.

### ***Institutional Abuse/Neglect Referrals***

- DYFS received and investigated 1,993 referrals on children who were the subject of institutional abuse allegations in 1999. These accounted for 5.1% of the 39,276 child abuse/neglect referrals the division received. The IA Centralized Unit also resolved at intake 570 additional cases. As noted above, these are not abuse/neglect cases but are indicative of inappropriate behavior on the part of the caretaker that requires corrective action.

***Figure 9: Number and Percent of Referrals by Type Reported to Institutional Abuse Units***



- The 1,993 IA referrals received in 1999 represented a decrease of 11.3% over the 2,248 referrals received in 1998.
- In 1999, the largest percentage of IA referrals involved physical abuse (42.2%), followed by neglect (35.8%), multiple types (12.5%), sexual abuse (8.8%), and emotional abuse (0.6%) (Figure 9).
- As Table 29 below shows, most institutional abuse/neglect referrals in 1999 involved foster homes, public day schools and child care centers, in that order. Together, these locations accounted for 54% of the 1,993 referrals. In 1998, these locations accounted for 55% of all IA referrals. The figure in 1997 was 56.1%.

**Table 29: Location of Alleged Institutional Abuse/Neglect Incident**

<b>Facility Type</b>	<b>Number of Referrals</b>	<b>% of All Referrals</b>
Foster Home	503	25.2%
Day School-Public	364	18.3%
Child Day Care Center	209	10.5%
Residential Care Program	180	9.0%
Other <sup>(1)</sup>	133	6.7%
Detention Facility	131	6.6%
Bus Company	92	4.6%
Day School-Private	62	3.1%
Registered Family Day Care Home	62	3.1%
Group Home	51	2.6%
Juvenile-Family in Crisis Center	29	1.5%
Children's Shelter	24	1.2%
Mental Health Facility	24	1.2%
Camp	24	1.2%
Day School-Religious	23	1.2%
Hospital	21	1.1%
After School Program	16	0.8%
Pre-Adoptive Home	14	0.7%
Corrections Facility	12	0.6%
Division of Developmental Disabilities Program	12	0.6%
Unregistered Family Day Care Home	4	0.2%
Teaching Family Home	3	0.2%
<b>Total</b>	<b>1,993</b>	<b>100.0%</b>

(1) These are programs recorded as "Other."

### **Substantiated Institutional Abuse/Neglect Referrals**

- IA staff substantiated 227 of the 1,993 (11.4%) abuse/neglect referrals they received in 1999. The substantiation figure for 1998 was 10.2%.

Table 30 on page 33 shows the number and percentage of referrals received and substantiated by the IA Units in 1999, and that:

- IA Units received more referrals for physical abuse than any other kind of maltreatment (841 referrals or 42.2% of the 1,993 total referrals). These referrals are the least likely type to be substantiated. Only 45, or 5.4% of all physical abuse referrals were substantiated.
- DYFS IA staff substantiated a larger *number* of neglect referrals than any other type of referral (120). However, they substantiated a larger *proportion* of the sexual abuse referrals they received (44 of 176, or 25%).
- The number of substantiated neglect referrals comprised 52.9% of all substantiated cases in 1999 (120 of the total of 227 substantiated cases).

*Table 30: Substantiated Institutional Abuse/Neglect Cases by Type*

	Referrals	Percent of All Referrals	Substantiated Cases		
			N	Percent of Type	Percent of Total
Sexual Abuse	176	8.8%	44	25.0%	19.4%
Neglect	714	35.8%	120	16.8%	52.9%
Emotional Abuse	12	0.6%	1	8.3%	0.4%
Multiple Types	250	12.5%	17	6.8%	7.5%
Physical Abuse	841	42.2%	45	5.4%	19.8%
<b>Total</b>	<b>1,993</b>	<b>100%</b>	<b>227</b>	<b>11.4%</b>	<b>100%</b>

- Although the number of referrals involving religious day schools is relatively small, IAIU staff substantiated a higher percentage of referrals involving religious day schools than any other type of facility during 1999 (10 of 23 referrals, or 43.5%). The largest number but a small percentage of substantiated referrals occurred among those involving DYFS foster homes. Details appear in Table 31 below.

*Table 31: Institutional Abuse/Neglect Referrals and Substantiated Cases by Facility Type*

Location	Number of Referrals	Number Substantiated	Percent Substantiated
Day School - Religious	23	10	43.5%
Registered Family Day Care Home	62	22	35.5%
Corrections Facility	12	4	33.3%
Camp	24	7	29.2%
Children's Shelter	24	5	20.8%
Group Home	51	10	19.6%
After School Program	16	3	18.8%
Bus Company	92	17	18.5%
Residential Care Program	180	28	15.6%
Pre-Adoptive Home	14	2	14.3%
Detention Facility	131	18	13.7%
Mental Health Facility	24	3	12.5%
Hospital	21	2	9.5%
Other	133	12	9.0%
Day School - Public	364	28	7.7%
Child Day Care Center	209	15	7.2%
Foster Home	503	36	7.2%
Juvenile-Family in Crisis Center	29	2	6.9%
Day School - Private	62	3	4.8%
Unregistered Family Day Care Home	4	0	0.0%
Division of Developmental Disabilities Program.	12	0	0.0%
Teaching Family Home	3	0	0.0%
<b>Total</b>	<b>1,993</b>	<b>227</b>	<b>11.4%</b>

- In 1999, neglect was the predominant form of harm substantiated among referrals involving residential care programs, foster homes, registered family day care homes, child day care centers and bus companies.
- Although they investigated a number of referrals involving after school programs, pre-adoptive homes, mental health facilities, hospitals and juvenile-family in crisis centers in 1999, IAIU staff substantiated few referrals (two or three) at any of these facilities. They did not substantiate any

referrals involving unregistered family day care homes, Division of Developmental Disabilities programs and teaching family homes. *Table 32* shows the number of substantiated cases for each type of facility in 1999.

*Table 32: Types of Substantiated Institutional Abuse/Neglect by Facility Type*

<b>Facility</b>	<b>Physical Abuse</b>	<b>Sexual Abuse</b>	<b>Neglect</b>	<b>Emotional Abuse</b>	<b>Multiple Types</b>	<b>Total</b>
Foster Home	11	3	17	0	5	36
Residential Care Program	4	1	21	0	2	28
Day School - Public	5	13	10	0	0	28
Registered Family Day Care Home	2	0	16	1	3	22
Detention Facility	9	4	3	0	2	18
Bus Company	1	2	13	0	1	17
Child Day Care Center	1	0	14	0	0	15
Other	2	3	6	0	1	12
Group Home	4	3	3	0	0	10
Day School - Religious	0	10	0	0	0	10
Camp	0	1	6	0	0	7
Children's Shelter	0	1	4	0	0	5
Corrections Facility	1	0	0	0	3	4
After School Program	0	1	2	0	0	3
Day School - Private	2	1	0	0	0	3
Mental Health Facility	1	0	2	0	0	3
Hospital	1	1	0	0	0	2
Pre-Adoptive Home	1	0	1	0	0	2
Juvenile-Family in Crisis Center	0	0	2	0	0	2
Unregistered Family Day Care Home	0	0	0	0	0	0
Division of Developmental Disabilities Pgm	0	0	0	0	0	0
Teaching Family Home	0	0	0	0	0	0
<b>Total</b>	<b>45</b>	<b>44</b>	<b>120</b>	<b>1</b>	<b>17</b>	<b>227</b>
<b>Percent of Total</b>	<b>19.8%</b>	<b>19.4%</b>	<b>52.9%</b>	<b>0.4%</b>	<b>7.5%</b>	<b>100.0%</b>

## **Child Fatalities**

### *National Child Fatality Figures*

The death of a child is the most severe consequence of child maltreatment and the most troubling to those charged with protecting them from an abusive family member or other caretaker. Reporting data on these cases in many states is complicated by difficulties in identifying such cases and by the fragmented system of maintaining automated data among many agencies. Because of the time needed to report conclusive findings, lack of investigative coordination and information sharing among law enforcement agencies, medical professionals, and child welfare agencies in many communities, these estimates may be an undercount of the number of deaths attributable to child maltreatment. The fatality numbers reported by the U. S. Department of Health and Human Services include primarily those victims known to state child protective services agencies either prior to or as a result of the death of a child.

In 1999 an estimated 1,137 children died of abuse/neglect, a rate of 1.62 deaths per 100,000 children younger than 18 years of age in the general population.<sup>7</sup> This figure compares to an estimated 1,100 fatalities in 1998 or 1.6 deaths per 100,000 children younger than 18 years of age.

Most maltreatment fatality victims were very young. Children not yet one year old accounted for 42.6% of the fatalities, 81.7% were not yet five years of age. These deaths are those that have been reported to CPS agencies and, in some instances, may include deaths that have been identified by other agencies, such as coroner's offices or fatality review boards.

One or both parents maltreated 80.9% of child fatality victims. One parent acted alone in 42.2% of all fatalities.

Maltreatment deaths were more often associated with just neglect (38.2%) than with any other single type of abuse. Physical abuse was a contributing factor in 26.1% of reported fatalities, and a combination of both neglect and physical abuse was associated with another 22.7% of maltreatment fatalities.

### *Child Fatalities in New Jersey*

In 1990, the Commissioner of the New Jersey Department of Human Services established the Child Death and Critical Incident Review Board. In December 1992, the state strengthened the authority of the Board by elevating its authority by means of State Regulations that have the force and effect of law. In 1997, the New Jersey Comprehensive Child Abuse Prevention and Treatment Act (CCAPTA) established the Child Fatality and Near Fatality Review Board to replace the Child Death and Critical Incident Review Board. The Board draws its membership from a variety of disciplines, including social services, child advocacy, justice and law enforcement, pediatric medicine, substance abuse treatment, mental health treatment, and education. In the spring of 2000, the Board established four geographically-based Community-Based Child Fatality and Near Fatality Review Teams to assist in the task of reviewing all fatalities and near fatalities occurring in the State. The composition of the Teams mirrors that of the Board.

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<sup>7</sup> U.S. Department of Health and Human Services, Administration on Children Youth and Families, Child Maltreatment 1999 op.cit., p39-41.

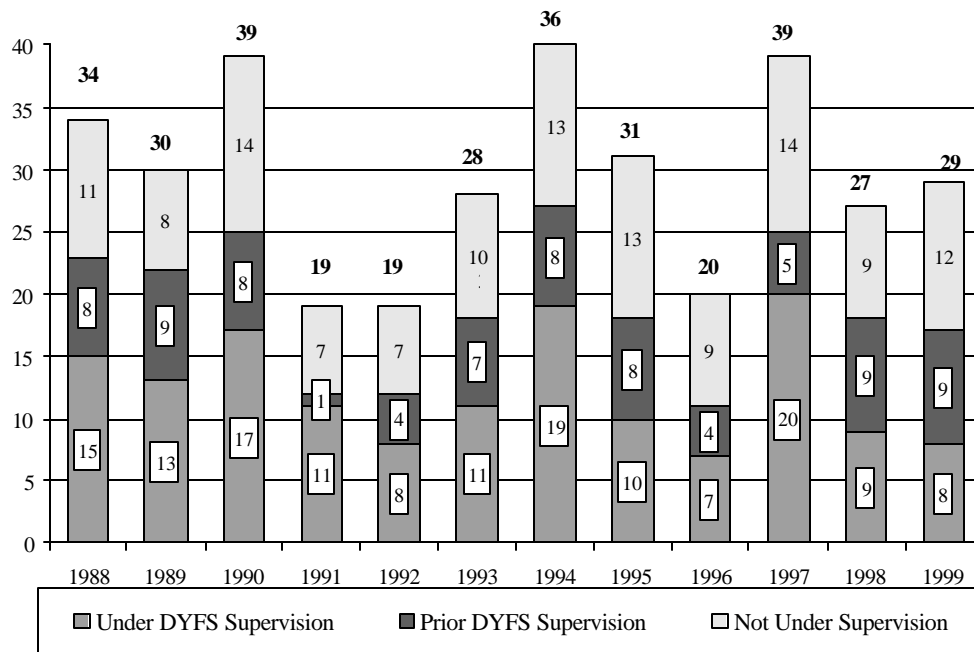
The principal objective of the board is to provide an impartial review of individual case circumstances and to develop recommendations for broad-based system, policy and legislative revisions. The purpose of the Board includes, but is not limited to the following:

- To review each incident of child fatality and near fatality of a child in New Jersey in order to identify the cause of the incident, the relationship of the incident to the governmental support system as determined relevant by the Board, and methods of prevention;
- To describe trends and patterns of child fatalities and near fatalities in New Jersey;
- To evaluate the response of government support systems to the children in families who are reviewed and to offer recommendations for system improvements, especially as related to future prevention strategies;
- To identify groups at high risk for child abuse and neglect, or child fatality, in terms that support the development of responsive public policy; and
- To improve data collection sources by developing protocols for autopsies, death investigations, and the complete recording of the cause of death on the death certificate, and make recommendations for system-wide improvements in data collection for the purpose of improved evaluation.

The initial report of the Child Fatality and Near Fatality Review Board was completed in June 2000. The report concludes that the families of origin in child maltreatment fatality cases were subject to a similar cluster of stressful conditions known to impact on overall family functioning. These conditions include: unemployment and/or reliance on public welfare; single or teen parenthood; crowded or unstable living arrangements; limited parenting skills; and other pressures generally associated with compromised ability to meet the basic safety needs of the family. Impaired physical health and substance abuse problems were noted to intensify these stresses and so, increase the level of risk to the children in the family. Consistent with national statistics, data compiled on child abuse/neglect deaths in New Jersey for 1998 and 1999 revealed that children under age five constitute the majority of child abuse fatalities. In cases where substance abuse history was available, 59% of abuse/neglect deaths in 1998 evidenced substance abuse, and in 1999 substance abuse was noted about 88% of child maltreatment deaths.

In 1999, 29 children died from abuse or neglect in New Jersey. Of the 29 deaths, eight children were under DYFS supervision, nine were previously under DYFS supervision (or others in the family were under supervision) and 12 were not known to DYFS. *Figure 10* on the following page shows the numbers of child deaths that occurred in New Jersey due to abuse or neglect between 1988 and 1999. During this span of time, there has been an average of about 29 child fatalities per year due to abuse or neglect.

*Figure 10: Child Fatalities Due to Abuse/Neglect*



As a means of dealing with the problem of infant abandonment - often placing them at risk of death - New Jersey passed the Safe Haven Infant Protection Act in August 2000. The Act allows distressed parents, or someone acting on their behalf, to drop off a child less than 30 days old at a hospital emergency room or police station without risk of legal prosecution and provided for a toll-free telephone hotline (1-977-839-2339). Hospital or police personnel who receive an abandoned baby are expected to offer medical treatment and social services to the birth mother.

While it is preferred that women seek and receive proper medical care and counseling while pregnant, the law recognizes that some will elect not to keep their children. In these cases, DYFS immediately takes custody of the abandoned child and seeks a permanent living arrangement.

## Substance Abuse

Across the nation, the relationship between parental alcohol and drug abuse and child maltreatment is becoming increasingly evident. In a recent survey of state child welfare administrators, the Child Welfare League of America (CWLA) found that at least 50% of substantiated child abuse and neglect reports involve parental abuse of alcohol or other drugs. In addition, 80% of the respondents to the CWLA survey reported that substance abuse and poverty are the top two issues contributing to abuse and neglect in their states<sup>8</sup>. In 1997, 36 of 41 states (88%) responding to a national survey conducted by Prevent Child Abuse America named substance abuse as one of the top two problems presented by families reported for abuse/neglect.<sup>9</sup>

<sup>8</sup> Child Welfare League of America. (1998). *Alcohol and Other Drug Survey of State Child Welfare Agencies*. Washington, D. C. Child Welfare League of America.

<sup>9</sup> Wang, C. T., and Daro, D. (1998). *Current Trends In Child Abuse Reporting and Fatalities: The Results of the 1997 Annual Fifty State Survey*. Chicago, IL. Prevent Child Abuse America.

DYFS caseworkers noted that at least one caregiver was known to have a substance abuse problem in 32.6% of the substantiated *abuse/neglect cases*, and among 7.3% of *family problem* referrals it received in 1999. Substance abuse by a caretaker was suspected among another six percent of substantiated abuse/neglect cases. Among the substantiated abuse/neglect cases with known substance abuse, 83.1% were classified neglect, 9.8% were classified physical abuse, 2.7% were classified emotional abuse, and 1.6% were classified sexual abuse, and 2.9% were classified multiple types of abuse.

Substance abuse was more likely to be found among substantiated abuse/neglect cases that involve young children than older children. In cases where victim age was recorded, substance abuse was a factor in 45% of substantiated abuse/neglect cases in which the victim was younger than five years old, and almost 75% of the cases where the victim was younger than ten years old.

The use of drugs or alcohol by women during pregnancy has presented another serious concern among child welfare professionals and the public -- infants who are born substance exposed. DYFS substantiated 1,111 abuse/neglect reports in 1999 where prenatal substance exposure was part of the referral (a referral may have contained more than one abuse/neglect allegation). These 1,111 reports comprised 12% of the 9,222 confirmed abuse/neglect cases for the year.

- The number of substantiated cases with prenatal substance abuse comprised 12% of all substantiated cases statewide.
- Prenatal substance abuse comprised a significant percentage of the total number of cases substantiated in several counties. For example, as *Table 33* shows, prenatal substance abuse was found in more than 15% of all substantiated cases in Essex (19.5%), Union (19.4%), Atlantic (15.5%), and Camden (15.2%) Counties in 1999.

To address substance abuse among the families it serves, DYFS created the Child Protection Substance Abuse Initiative (CPSAI) in 1995 in four cities. During the 1999 – 2000 contract year, the program expanded to all of the Division’s

**Table 33: Cases Involving Substantiated Prenatal Substance Exposure**

	<b>Number of Cases With Prenatal Substance Abuse</b>	<b>As % of All Substantiated Cases Within The County</b>	<b>As % of All Substantiated Cases Within New Jersey</b>
<b>Atlantic</b>	53	15.5%	4.8%
<b>Bergen</b>	10	3.8%	0.9%
<b>Burlington</b>	43	10.3%	3.9%
<b>Camden</b>	146	15.2%	13.1%
<b>Cape May</b>	28	8.9%	2.5%
<b>Cumberland</b>	48	13.7%	4.3%
<i>Essex</i>	83	15.7%	7.5%
<i>Newark City</i>	250	21.3%	22.5%
<b>Essex Total</b>	333	19.5%	30.0%
<b>Gloucester</b>	18	7.6%	1.6%
<b>Hudson</b>	76	13.7%	6.8%
<b>Hunterdon</b>	3	6.3%	0.3%
<b>Mercer</b>	49	10.8%	4.4%
<b>Middlesex</b>	42	8.0%	3.8%
<b>Monmouth</b>	43	6.3%	3.9%
<b>Morris</b>	9	6.0%	0.8%
<b>Ocean</b>	23	4.8%	2.1%
<b>Passaic</b>	62	10.8%	5.6%
<b>Salem</b>	7	3.1%	0.6%
<b>Somerset</b>	7	5.2%	0.6%
<b>Sussex</b>	0	0.0%	0.0%
<b>Union</b>	106	19.4%	9.5%
<b>Warren</b>	4	3.8%	0.4%
<b>Out of State</b>	1	2.9%	0.1%
<b>Total</b>	<b>1,111</b>	<b>12.0%</b>	<b>100.0%</b>

District Offices and Adoption Resource Centers. The CPSAI provides in-home substance abuse assessments by Certified Alcohol and Drug Counselors (CADCs) and follow-up intensive support services.

CADC assessments yield a diagnosis of the parent/caregivers' severity of addictive illness, the intensity of treatment services necessary to treat the client addictive illness, referral and case management, and most importantly, the level of risk posed to children by the addiction. Home Visitors, who work under the direction of the CADC, provide intensive in home support services to clients including peer counseling, introduction to 12-step programs and transportation to Alcohol Anonymous (AA) and Narcotics Anonymous meetings and to treatment sites. During the 1999 – 2000 contract year (9/1/99 to 8/31/00), CADCs completed 5,575 assessments and the Home Visitors provided support services to 3,857 families.

It should be noted that the DYFS-CPSAI received national recognition in the National Center on Addiction and Substance Abuse at Columbia University (CASA) report, No Safe Haven: Children of Substance Abusing Parents. In the publication, New Jersey's CPSAI was cited as one of the most promising models in the nation to deal with the substance abuse epidemic and the high correlation with child abuse and neglect.

DYFS has also been working with New Jersey's welfare reform program -- Work First New Jersey (WFNJ) -- to expand the Women and Children's Substance Abuse Initiative. The program includes a six-month residential component for women and children and intensive outpatient substance abuse treatment in Asbury Park, Camden, Jersey City and Newark. The residential component is projected to serve 36 women and up to 60 children per year while the intensive outpatient component is projected to serve 240 women and their children per year in each city.

## Help Available to New Jersey Families

There are many social service resources available to New Jersey residents. Besides the statewide child abuse reporting hotline (1-800-792-8610), families under stress or in crisis can call the Family Help Line at 1-800-THE KIDS (1-800-843-5437), to find out what community services are available to them. Volunteers, who are trained by Parents Anonymous, staff the Family Help Line. For general information and materials about child abuse and neglect, citizens may contact the DYFS Community Education Office at (609) 292-8469. A more complete list of resource numbers appears below. If access to the world wide web is available, citizens may visit [www.state.nj.us](http://www.state.nj.us) to learn more about available state government services.

### Resource Numbers

Addictions Hotline.....	1-800-322-5525
Adoption Hotline.....	800-992-3678
Bureau of Vital Statistics.....	609-292-4087
Child Abuse Reporting Hotline .....	800-792-8610
Child Care Information .....	1-800-332-9CARE
Child Care Program Licensing.....	609-292-1018
Child Support.....	1-877-NJKIDS1
Children's Trust Fund.....	609-633-3992
Community Services for Seniors (Department of Health and Senior Services).....	800-792-8820
Division of Deaf & Hard of Hearing.....	1-800-792-8339
Developmental Disabilities Council of NJ.....	1-800-216-1199
Department of Law & Public Safety Consumer Complaints .....	800-242-5846
Division of Developmental Disabilities Information & Complaints .....	800-832-9173
Division of Family Development Hotline (Food Stamps, Fair Hearings).....	800-792-9773
Domestic Violence Hot Line.....	800-572-7233
DYFS Action Line.....	800-331-3937
DYFS Institutional Abuse Investigation Unit (schools, foster homes, residential facilities, etc.).....	800-215-6853
Family Health Line (Maternal, Child & Community Health Services).....	800-328-3838
Housing Assistance (Department of Community Affairs).....	609-633-6150
Institutionalized Elderly Office of the Ombudsman .....	1-877-582-6995
Kinship Navigator Program (help for kin caring for children) .....	1-877-816-3211
Lifeline Medical Assistance (PAAD).....	1-800-792-9745
Lifeline Utility Assistance (Gas & Electric).....	800-792-9745
Low Income Home Energy Assistance (LIHEEP).....	1-800-510-3102
Mental Health Services Complaints and Inquiries.....	800-382-6717
New Jersey Family Care/KidCare (health coverage programs).....	1-800-701-0710
Foster and Adoptive Family Services (formerly New Jersey Foster Parents Association). .....	800-222-0047
New Jersey Task Force on Child Abuse and Neglect.....	609-292-0888
New Jersey AIDS Hotline .....	1-800-624-2377
Parents Anonymous.....	800-843-5437
Safe Haven Infant Protection Hotline .....	1-877-839-2339
Services for Children with Special Health Care Needs (Department of Health) .....	609-292-5676
Social Security .....	800-772-1213
State Health Insurance Program - Info & Assistance - Senior Affairs.....	800-792-8820
Women's Referral Central.....	609-292-8840
Work First New Jersey (New Jersey's welfare reform program).....	1-800-792-9777