

Legislative Proposal

Date: 04/01/2019

Sponsor:

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I. Purpose of Bill:

Prevent child abuse going under the guise as lawful correction of children. To create a safe measure to prevent childhood abuses which leads to psychological problems and disabilities early on or later on in life. This stresses our financial system for those who are in need of state-paid medications, hospitalizations, doctors visits such as psychiatry, therapeutic services, or even correctional facilities, as well as the need to use HUD, EBT, SSDI, and SSI.

II. Recommended Solution:

Prohibit all physical punishment of children of all ages so as to promote the reporting of all and any instances that may be abuses towards children. As well as, to further discourage abuses of children, thereby reducing the amount of child abuse altogether. In turn reducing the amount of people that are made mentally ill due to child abuse under the guise of legal parental correction of children. In addition, reducing the amount of citizens that need to turn to public assistance because their chances of being a productive part of society was diminished in childhood by the abuses of such people and the lack of reporting those abuses; as well as, the inability for law enforcement to act upon such reports. In addition, to reduce the amount of transient persons and criminals, who were abused as children and forced into transiency, trafficking, drugs, alcohol, crime, and related issues, henceforth. Thereby saving the State of California an innumerable amount of funds in the coming years. Which then could be allocated to offset any costs for the education and training of any government agencies that are directly affected by the enactment of this bill. Including but not limited to; parolees, probationers, and programs for raising awareness in the general public of the detrimental long-term effects of child abuse on society as a whole. The funds saved can be allocated to creating more jobs for law enforcement and social workers. This would help take stress off of the officers of the law and social workers allowing them more time off and a better home and work life balance. Which in turn will make it easier for them to correctly handle and address the added reports of all and any physical punishment of children. Thereby guaranteeing children the right to safety in their own home; creating more trust in the government agencies sworn to protect them, as well as guaranteeing all children the chance to be a productive member of society.

III. Studies, Reports, Stats & Facts:

1. According to the Scholarly Article written by Joan Durrant P.H.D. and Ron Ensom M.S.W. R.S.W. in 2012 ‘studies found links between “normative” physical punishment and child aggression, delinquency and spousal assault in later life...Virtually without exception, these studies found that physical punishment was associated with higher levels of aggression against parents, siblings, peers and spouses.’ [Straus MA. *Ordinary violence, child abuse, and wife-beating: What do they have in common?* In: Finkelhor D, Gelles R, Hotaling G, et al., editors. *The dark side of families: current family violence research*. Beverly Hills (CA): Sage; 1983. p. 213–34]

The article goes on to explain that, “Early experiments had shown that pain elicits reflexive aggression.” [ELICITATION OF AGGRESSION BY A PHYSICAL BLOW. AZRIN NH, HAKE DF, HUTCHINSON RRJ *Exp Anal Behav*. 1965 Jan; 8():55-7]

“In an early modeling study, boys in grade one who had watched a one-minute video of a boy being yelled at, shaken and spanked with a paddle for misbehaving showed more aggression while playing with dolls than boys who had watched a one-minute video of nonviolent responses to misbehavior.” [Fairchild L, Erwin WM. *Physical punishment by parent figures as a model of aggressive behavior in children*. *J Genet Psychol* 1977;130:279–84]

According to the same article quoted earlier “In a treatment study, Forgatch showed that a reduction in harsh discipline used by parents of boys at risk for antisocial behavior was followed by significant reductions in their children’s aggression.” [Forgatch MS. *The clinical science vortex: a developing theory of antisocial behaviour*. In: Pepler DJ, Rubin KH, editors. *The development and treatment of childhood aggression*. Hillsdale (NJ): Erlbaum; p. 291–315]

“Although randomized control trials can be used to study the effect of reducing physical punishment (as in the Forgatch study), they cannot be used to study the effect of imposing such punishment because it would be unethical to assign children to a group receiving painful treatment when research suggests that such pain poses harm not outweighed by potential benefit. The few existing randomized control trials showed that physical punishment was no more effective than other methods in eliciting compliance.” [Source: *Physical punishment of children: lessons from 20 years of research*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3447048/>]

“In one such study, an average of eight spankings in a single session was needed to elicit compliance, and there was “no support for the necessity of the physical punishment.” [An analysis of the physical punishment component of a parent training program. Day DE, Roberts MWJ *Abnorm Child Psychol*. 1983 Mar; 11(1):141-52.

“One of the first large prospective studies (1997, $n= 807$) controlled for initial levels of child antisocial behavior and sex, family socioeconomic status and levels of emotional support and cognitive stimulation in the home. Even with these controls, physical punishment between the ages of six and nine years predicted higher levels of antisocial behavior two years later. Subsequent prospective studies yielded similar results, whether they controlled for parental age, child age, race and family structure; poverty, child age, emotional support, cognitive stimulation, sex, race and the interactions among these variables; or other factors. These studies provide the strongest evidence available that physical punishment is a risk factor for child aggression and antisocial behaviour.” [Spanking by parents and subsequent antisocial behavior of children. Straus MA, Sugarman DB, Giles-Sims J Arch Pediatr Adolesc Med. 1997 Aug; 151(8):761-7.] Toward a developmental-contextual model of the effects of parental spanking on children's aggression. Gunnoe ML, Mariner CL Arch Pediatr Adolesc Med. 1997 Aug; 151(8):768-75. Corporal punishment and the growth trajectory of children's antisocial behavior. Grogan-Kaylor A Child Maltreat. 2005 Aug; 10(3):283-92. Parental corporal punishment predicts behavior problems in early childhood. Mulvaney MK, Mebert CJJ Fam Psychol. 2007 Sep; 21(3):389-9 Grogan-Kaylor A. The effect of corporal punishment on antisocial behavior in children. Soc Work Res 2004;28:153-62]

“Together, results consistently suggest that physical punishment has a direct causal effect on externalizing behavior, whether through a reflexive response to pain, modeling or coercive family processes.”

[<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3447048/>]

2. “Studies were showing associations between physical punishment and mental health, physical injury, parent–child relationships and family violence in adulthood. One of the first such studies linked slapping and spanking in childhood with psychiatric disorders in adulthood in a large Canadian sample and its findings have since been supported by an ever-growing number of studies.”

[Slapping and spanking in childhood and its association with lifetime prevalence of psychiatric disorders in a general population sample. MacMillan HL, Boyle MH, Wong MY, Duku EK, Fleming JE, Walsh CA CMAJ. 1999 Oct 5; 161(7):805-9.]

Physical punishment is associated with a range of mental health problems in children, youth and adults, including depression, unhappiness, anxiety, feelings of hopelessness, use of drugs and alcohol, and general psychological maladjustment. These relationships may be mediated by disruptions in parent–child attachment resulting from pain inflicted by a caregiver, by increased levels of cortisol or by chemical disruption of the brain’s mechanism for regulating stress.” [Physical punishment, childhood abuse and psychiatric disorders. Afifi TO, Brownridge DA, Cox BJ, Sareen J Child Abuse Negl. 2006 Oct; 30(10):1093-103. Rodriguez CM. Parental discipline and abuse potential affects on child depression, anxiety, and attributions. J Marriage Fam 2003;65:809-17]

“Researchers are also finding that physical punishment is linked to slower cognitive development and adversely affects academic achievement.” [Straus MA,

Paschall MJ. Corporal punishment by mothers and development of children's cognitive ability: a longitudinal study of two nationally representative age cohorts. *J Aggress Maltreat Trauma* 2000;18:459–83]

3. “In addition, physical punishment can cause alterations in the dopaminergic regions associated with vulnerability to the abuse of drugs and alcohol” [Harsh corporal punishment is associated with increased T2 relaxation time in dopamine-rich regions. *Sheu YS, Polcari A, Anderson CM, Teicher MH Neuroimage. 2010 Nov 1; 53(2):412-9.*]

“These findings are all consistent with the growing body of literature on the impact of adverse childhood experiences on neurological, cognitive, emotional and social development, as well as physical health.” [The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *Anda RF, Felitti VJ, Bremner JD, Walker JD, Whitfield C, Perry BD, Dube SR, Giles WH Eur Arch Psychiatry Clin Neurosci. 2006 Apr; 256(3):174-86.*]

a) Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

Symptoms usually begin early, within 3 months of the traumatic incident, but sometimes they begin years afterward. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic.

Anyone can develop PTSD at any age. This includes war veterans, children, and people who have been through a physical or sexual assault, abuse, accident, disaster, or many other serious events. What Is a Traumatic Event? A traumatic event is a frightening, dangerous, or violent event that poses threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures.

[<https://www.nctsn.org/what-is-child-trauma/about-child-trauma>]

Children and teens can have extreme reactions to trauma, but their symptoms may not be the same as adults. In very young children (less than 6 years of age), these symptoms can include:

- Wetting the bed after having learned to use the toilet

- Forgetting how to or being unable to talk
- Acting out the scary event during playtime
- Being unusually clingy with a parent or other adult

[Source: <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>]

b) “Abuse and neglect of children are extremely common in our society, and their effects are well documented to persist over time. Each year over 3 million children are reported for abuse–neglect in the United States (Wang & Daro, 1997). Posttraumatic stress disorder may not be the most common psychiatric diagnosis in children with histories of abuse and neglect (Putnam, 2003). For example, in one study of 364 abused children (Ackerman, Newton, McPherson, Jones, & Dykman, 1998), the most common diagnoses in order of frequency were separation anxiety disorder, oppositional defiant disorder, phobic disorders, PTSD, and attention-deficit hyperactivity disorder (ADHD).”

[Disorders of Extreme Stress: The Empirical Foundation of a Complex Adaptation to Trauma Bessel A. van der Kolk,1,4 Susan Roth,2 David Pelcovitz,3 Susanne Sunday,3 and Joseph Spinazzola1;Journal of Traumatic Stress, Vol. 18, No.5, October 2005, pp. 389–399 (C 2005)

<https://static1.squarespace.com/static/518bb7cde4b0d1e7bd9c37b5/t5a7865e70d929789ff437e30/1517839848211Disorder+of+Extreme+Stress+2005.pdf>

“Histories of childhood physical and sexual assaults also are associated with a host of other psychiatric problems in adolescence and adulthood: substance abuse, borderline and antisocial personality, as well as eating, dissociative, affective, somatoform, cardiovascular, metabolic, immunological, and sexual disorders.”[e.g., Breslau et al., 1997; Cloitre, Tardiff, Marzuk, Leon, & Portera, 2001; Dube et al., 2001; Felitti et al., 1997; Finkelhor & Kendall Tackett, 1997; Herman, Perry, & Van der Kolk, 1989; Kilpatrick et al., 2000, 2003; Lyons-Ruth & Jacobovitz, 1999; Margolin & Gordis, 2000; Putnam & Trickett, 1997; Van der Kolk, Perry, & Herman, 1991; Wilson, Van der Kolk, Burbridge, Fisler, & Kradin, 1999; Zlotnick et al., 1996]

c)“the younger the age of onset of the trauma, the more likely one is to suffer from the cluster of DESNOS(Disorders of Extreme Stress) symptoms, in addition to PTSD... the younger the age of onset, the higher the likelihood the individual currently had DESNOS. The relationship between age of onset and current PTSD”

[Disorders of Extreme Stress: The Empirical Foundation of a Complex Adaptation to Trauma Bessel A. van der Kolk,1,4 Susan Roth,2 David Pelcovitz,3 Susanne Sunday,3 and Joseph Spinazzola1;Journal of Traumatic Stress, Vol. 18, No.5, October 2005, pp. 389–399 (C 2005)

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“The DSM-IV Field Trial for PTSD supported the notion that trauma, particularly trauma that is prolonged, that first occurs at an early age and

that is of an interpersonal nature, can have significant effects on psychological functioning above and beyond PTSD symptomatology. These effects include problems with affect dysregulation, aggression against self and others, dissociative symptoms, somatization, and character pathology.”

[Disorders of Extreme Stress: The Empirical Foundation of a Complex Adaptation to Trauma Bessel A. van der Kolk,1,4 Susan Roth,2 David Pelcovitz,3 Susanne Sunday,3 and Joseph Spinazzola1;Journal of Traumatic Stress, Vol. 18, No.5, October 2005, pp. 389–399 (C 2005)

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“The field trial demonstrated that (a) early interpersonal traumatization gives rise to more complex posttraumatic psychopathology than later interpersonal victimization; (b) these symptoms occur in addition to PTSD symptoms and do not necessarily constitute a separate cluster of symptoms; (c) the younger the age of onset of the trauma, the more likely one is to suffer from the cluster of DESNOS symptoms, in addition to PTSD; (d) The longer individuals were exposed to traumatic events, the more likely they were to develop both PTSD and DESNOS”

[Disorders of Extreme Stress: The Empirical Foundation of a Complex Adaptation to Trauma Bessel A. van der Kolk,1,4 Susan Roth,2 David Pelcovitz,3 Susanne Sunday,3 and Joseph Spinazzola1;Journal of Traumatic Stress, Vol. 18, No.5, October 2005, pp. 389–399 (C 2005)

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d)“The prevalence estimates of childhood trauma histories in general psychiatric populations range from 40 to 70%. Patients with these histories are consistently found to have high degrees of problems with affect dysregulation, loss of impulse control, dissociative, somatization, and severe character pathology. [e.g., Bryer, Nelson, Miller, & Krol, 1987; Chu & Dill, 1989; Herman et al., 1989; Mueser et al., 1998; Saxe et al., 1993, 1994; Van der Kolk, 2003]

“The results of the DSM-IV Field Trial suggested that trauma has its most pervasive impact during the first decade of life and becomes more circumscribed, i.e., more like “pure” PTSD, with age.”

[Disorders of Extreme Stress: The Empirical Foundation of a Complex Adaptation to Trauma Bessel A. van der Kolk,1,4 Susan Roth,2 David Pelcovitz,3 Susanne Sunday,3 and Joseph Spinazzola1;Journal of Traumatic Stress, Vol. 18, No.5, October 2005, pp. 389–399 (C 2005)

<https://static1.squarespace.com/static/518bb7cde4b0d1e7bd9c37b5t5a7865e70d929789ff437e30/1517839848211Disorder+of+Extreme+Stress+2005.pdf>

4. “no study has found physical punishment to have a long-term positive effect, and most studies have found negative effects.”[Grogan-Kaylor A. The effect of corporal punishment on antisocial behavior in children. Soc Work Res2004;28:153–62]

5. “75% of substantiated physical abuse of children occurred during episodes of physical punishment...children who were spanked by their parents were seven times more likely to be severely assaulted by their parents (e.g., punched or kicked) than children who were not spanked.”[Trocmé N, MacLaurin B, Fallon B, et

al.Canadian Incidence Study of Reported Child Abuse and Neglect: final report. Ottawa (ON): Public Health Agency of Canada; 2001]

6.“In an American study, infants in their first year of life who had been spanked by their parents in the previous month were 2.3 times more likely to suffer an injury requiring medical attention than infants who had not been spanked.”[Injury in the first year of life: risk factors and solutions for high-risk families. *Crandall M, Chiu B, Sheehan K J Surg Res. 2006 Jun 1; 133(1):7-10.*]

“Incidental to the analysis of family contributions to the severity of problem behavior was the increasing realization within the group and the field that family dissolution and change were integral to children’s progression from problem behavior to severe forms of delinquency, antisocial behavior, depression, and drug abuse in adolescence...Despite gains during treatment, returning children back into pathogenic environments meant losing treatment gains” [Capaldi & Patterson,1991; Forgatch, Patterson, & Skinner, 1988;Patterson, 1982. Redl & Wineman,1957.Source: The Oregon Model of Behavior Family Therapy: From Intervention Design to Promoting Large-Scale System Change, Thomas Dishion, Marion Forgatch, Patricia Chamberlain, and William E. Pelham III, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5389456/>]

7. According to an NPR Public Health article from 2014 written by Nancy Schute she says, “And sadly, parents and other relatives pose the greatest risk. Most victims, **81 percent**, were maltreated by a parent, according to the 2011 data. About **6 percent** of perpetrators were nonparent relatives; 4 percent were unmarried partners of parents; and just 3 percent were unrelated adults”

She goes on to explain “Children who are maltreated are much more likely to have physical and mental health problems later on. They face a higher risk of suicide and of getting in trouble with the law. But there's a big gap between the number of people who say they were abused or neglected as children and the official rate of annual confirmed cases, which runs about 1 percent. That may be because looking at annual numbers alone understates a child's risk of maltreatment throughout childhood, researchers say. By that measure, 12.5 percent of children have experienced at least one episode of abuse or neglect by age 18. The numbers are worse for children in minority groups, with 21 percent of African-American children, 14.5 percent of Native Americans and 13 percent of Hispanic children affected.”

I’d like to turn your attention to the next piece of her article which states, ‘Just looking at the 1 percent annual number makes it easy for people to think that maltreatment affects just a few children with bad parents, says Christopher Wildeman, an associate professor of sociology at Yale University who led the study...When it's 12.5 percent of parents, this isn't psychopaths, this isn't drug

addicts,” Wildeman told Shots. "A lot of these folks are in dire straits financially and certainly have their ups and downs, like we all do."

Nancy goes on to write:

“The risk was highest in the early years of a child's life, with 25 percent of first reports of maltreatment coming before a child turned 2. All told, 6 percent of children had been maltreated by the age of 5.”

8. In a different article on Psychologytoday written by Noam Sphancer P.H.D “Infants as young as 10-months-old are being hit, routinely, for the purpose of causing them pain, by their normative and well meaning parents.”

‘Child protective services are good at limiting maltreatment among children who have been neglected or abused, Wildeman says, but not so much at helping avoid that maltreatment in the first place...If you could address that immediate time when parents are stressed out and broke, and the child is crying,’ he says, ‘it could lower the risk of abuse in early childhood. A variety of preventive efforts, from home nurse visits for first-time parents to training in how to manage children's behavior, have been tested over the years and shown to reduce a child's risk of maltreatment. But the programs aren't widely funded.’ [Shute, Nancy, 2014; *Odds Of Abuse And Mistreatment Add Up Over Children's Lives*, Source:

<https://www.npr.org/sections/health-shots/2014/06/02/318227196/odds-of-abuse-and-mistreatment-add-up-over-childrens-lives>]

9. According to NCJRS.gov (National Criminal Justice Reference System):

- Children are usually unable to protect themselves because of their level of physical and mental development; frequently they do not like to talk about the abuse. They may delay disclosure or tell only part of the story.
- An emotional bond often exists between the child and the offender; children may want the abuse to stop, but they may not want the offender to be punished.
- Crimes of abuse are not usually isolated incidents; instead, they take place over a period of time, often with increasing severity Interviews of children require special handling; legal issues governing child testimony are complicated and ever changing, and children—whether victims or witnesses are often viewed as less credible or competent than the accused.
- Child abuse cases often involve concurrent civil, criminal, and sometimes administrative investigations; they often cross jurisdictional lines.
- The criminal justice system was not designed to handle the special needs of children.

10. “Every year, (in high-income countries) about 4–16% of children are physically abused and one in ten is neglected or psychologically abused.” [Child Maltreatment 1

11. Corporal punishment – or the use of spanking as a disciplinary tool – increases aggression in young children in the long run and is ineffective in teaching a child responsibility and self-control. In fact, new evidence suggests that it may cause harm to the child by affecting normal brain development. Other methods that teach children right from wrong are safer and more effective.

[<https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Says-Spanking-Harms-Children.aspx>]

12. Consensus is growing among human rights advocates that spanking, or corporal punishment as it is commonly known in international circles, violates children's human rights according to at least seven human rights treaties (Gershoff & Bitensky, 2007). The United Nations has said unequivocally that "Corporal punishment and other cruel or degrading forms of punishment are forms of violence" (Committee on the Rights of the Child, 2006, para. 18); that corporal punishment violates Article 19 of the Convention on the Rights of the Child, which protects children from "all forms of physical or mental violence" (United Nations, 1989, Article 19, para. 1); and that it should be banned in all contexts (Committee on the Rights of the Child, 2006).

[<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3768154/>]

13. "The objective of this study was to examine associations between maternal and paternal use of corporal punishment (CP) for 3-year-old children and intimate partner aggression or violence (IPAV) in a population-based sample. Approximately 65% of the children were spanked at least once in the previous month by 1 or both parents. Of couples who reported any family aggression (87%), 54% reported that both CP and IPAV occurred. The most prevalent patterns of co-occurrence involved both parents as aggressors either toward each other (ie, bilateral IPAV) or toward the child. The presence of bilateral IPAV essentially doubled the odds that 1 or both parents would use CP, even after controlling for potential confounders such as parenting stress, depression, and alcohol or other drug use. Despite American Academy of Pediatrics' recommendations against the use of CP, CP use remains common in the United States. CP prevention efforts should carefully consider assumptions made about patterns of co-occurring aggression in families, given that adult victims of IPAV, including even minor, nonphysical aggression between parents, have increased odds of using CP with their children." [Taylor, Lee, Guterman, & Rice, 2010; *Pediatrics*, 2010 Sep; 126(3):415-24. doi: 10.1542/peds.2010-0314. Epub 2010 Aug 23. <https://www.ncbi.nlm.nih.gov/pubmed/20732943>]

14.) Number of Child Abuse And Neglect Reported Just for the year of 2015 in California:

California	Number
At Risk / Sibling Abused	68,545
Caretaker Absence / Incapacity	6,849
Emotional Abuse	43,651
Exploitation	215
General Neglect	231,256
Physical Abuse	98,938
Severe Neglect	9,158
Sexual Abuse	42,364
Substantial Risk	0

Alameda County	Number
At Risk / Sibling Abused	11
Caretaker Absence / Incapacity	516
Emotional Abuse	1,536
Exploitation	11
General Neglect	3,204
Physical Abuse	3,895
Severe Neglect	404
Sexual Abuse	1,325
Substantial Risk	0

Contra Costa County	Number
At Risk / Sibling Abused	2,462
Caretaker Absence / Incapacity	125
Emotional Abuse	73
Exploitation	7
General Neglect	5,470
Physical Abuse	1,708
Severe Neglect	11
Sexual Abuse	445
Substantial Risk	0

Fresno County	Number
At Risk / Sibling Abused	4,847
Caretaker Absence / Incapacity	39

Fresno County	Number
Emotional Abuse	1,170
Exploitation	3
General Neglect	10,035
Physical Abuse	2,836
Severe Neglect	54
Sexual Abuse	1,056
Substantial Risk	0

Kern County	Number
At Risk / Sibling Abused	1,373
Caretaker Absence / Incapacity	206
Emotional Abuse	144
Exploitation	3
General Neglect	13,871
Physical Abuse	1,660
Severe Neglect	213
Sexual Abuse	939
Substantial Risk	0

Los Angeles County	Number
At Risk / Sibling Abused	27,638
Caretaker Absence / Incapacity	1,677
Emotional Abuse	17,429
Exploitation	55
General Neglect	46,451
Physical Abuse	25,756
Severe Neglect	2,348
Sexual Abuse	11,302
Substantial Risk	0

Orange County	Number
At Risk / Sibling Abused	8,150
Caretaker Absence / Incapacity	239
Emotional Abuse	371
Exploitation	32
General Neglect	13,879

Orange County	Number
Physical Abuse	5,347
Severe Neglect	507
Sexual Abuse	3,433
Substantial Risk	0

Riverside County	Number
At Risk / Sibling Abused	125
Caretaker Absence / Incapacity	388
Emotional Abuse	87
Exploitation	6
General Neglect	26,514
Physical Abuse	9,428
Severe Neglect	134
Sexual Abuse	2,342
Substantial Risk	0

Sacramento County	Number
At Risk / Sibling Abused	179
Caretaker Absence / Incapacity	60
Emotional Abuse	480
Exploitation	3
General Neglect	10,285
Physical Abuse	7,057
Severe Neglect	653
Sexual Abuse	1,766
Substantial Risk	0

San Bernardino County	Number
At Risk / Sibling Abused	4,840
Caretaker Absence / Incapacity	921
Emotional Abuse	918
Exploitation	10
General Neglect	19,737
Physical Abuse	8,196
Severe Neglect	1,778
Sexual Abuse	4,515

San Bernardino County	Number
Substantial Risk	0

San Diego County	Number
At Risk / Sibling Abused	7,927
Caretaker Absence / Incapacity	777
Emotional Abuse	9,665
Exploitation	16
General Neglect	17,039
Physical Abuse	8,787
Severe Neglect	1,016
Sexual Abuse	5,575
Substantial Risk	0

San Francisco County	Number
At Risk / Sibling Abused	1,283
Caretaker Absence / Incapacity	97
Emotional Abuse	204
Exploitation	9
General Neglect	1,993
Physical Abuse	1,498
Severe Neglect	76
Sexual Abuse	393
Substantial Risk	0

San Joaquin County	Number
At Risk / Sibling Abused	40
Caretaker Absence / Incapacity	234
Emotional Abuse	2,769
Exploitation	17
General Neglect	3,974
Physical Abuse	2,408
Severe Neglect	431
Sexual Abuse	1,293
Substantial Risk	0

Santa Barbara County	Number
At Risk / Sibling Abused	26
Caretaker Absence / Incapacity	179
Emotional Abuse	785
Exploitation	4
General Neglect	2,746
Physical Abuse	1,219
Severe Neglect	60
Sexual Abuse	515
Substantial Risk	0

Solano County	Number
At Risk / Sibling Abused	1,083
Caretaker Absence / Incapacity	134
Emotional Abuse	754
Exploitation	3
General Neglect	2,040
Physical Abuse	1,074
Severe Neglect	56
Sexual Abuse	536
Substantial Risk	0

Stanislaus County	Number
At Risk / Sibling Abused	222
Caretaker Absence / Incapacity	104
Emotional Abuse	157
Exploitation	2
General Neglect	6,927
Physical Abuse	1,672
Severe Neglect	85
Sexual Abuse	848
Substantial Risk	0

Tulare County	Number
At Risk / Sibling Abused	2,761
Caretaker Absence / Incapacity	113

Tulare County	Number
Emotional Abuse	319
Exploitation	3
General Neglect	5,130
Physical Abuse	2,151
Severe Neglect	146
Sexual Abuse	741
Substantial Risk	0

Santa Clara County	Number
At Risk / Sibling Abused	2,159
Caretaker Absence / Incapacity	336
Emotional Abuse	616
Exploitation	2
General Neglect	5,770
Physical Abuse	2,674
Severe Neglect	123
Sexual Abuse	310
Substantial Risk	0

Ventura County	Number
At Risk / Sibling Abused	1,143
Caretaker Absence / Incapacity	110
Emotional Abuse	642
Exploitation	1
General Neglect	6,184
Physical Abuse	2,387
Severe Neglect	32
Sexual Abuse	1,245
Substantial Risk	0

15. “Children develop and fare better if they have a permanent emotional attachment to a legally responsible adult caretaker. This suggests that maximum feasible efforts should be made to maintain children safely in the permanent custody of their birth families. Where this is not possible, the emotional

attachment of a child to an alternative permanent caregiver should be considered in permanency decisions.

A child is entitled to live in the least restrictive, most family-like and community-based setting that can meet the child's needs for safety and developmental support. Guidelines for placement restrictiveness are necessary, including criteria by which restriction is to be measured. Case review and other methods should assure that the principle is applied correctly in all cases. Brain development is experience-dependent. Prenatal and post-natal parenting practices may cause permanent damage to a child's brain. This damage may constitute maltreatment under some circumstances." [<http://www.cdss.ca.gov/cfsweb/res/pdf/appendicesreport.pdf>]



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Reports of Child Abuse and Neglect, by Type of Abuse

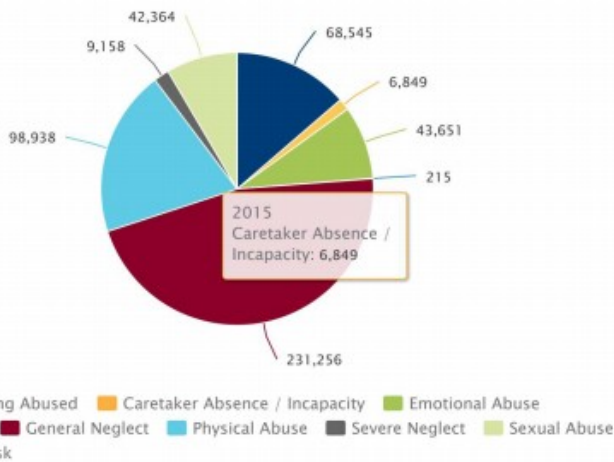
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[See Definition, Source & Notes](#)

Location: 1 selected
Year(s): 2015
Data Type: Number

California



Definition, Source & Notes [\(Return to top\)](#)

Definition: Number of abuse and neglect reports for children under age 18, by type of abuse (e.g., in 2015, 98,938 child abuse and neglect reports in California were allegations of physical abuse).

Data Source: Webster, D., et al. California Child Welfare Indicators Project Reports, U.C. Berkeley Center for Social Services Research (Jun. 2016).

Footnote: A child is counted only once (per year, per county); if a child has more than one allegation in a year, they are counted in the category considered most severe. Reports include substantiated, inconclusive, unfounded, and assessment-only referrals, as well as those "not yet determined." For more information on "Substantial Risk," please visit: <http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/ac107/PDF/07-52.pdf>. LNE (Low Number Event) refers to data that have been suppressed because there were fewer than 180 reports of child abuse and neglect.

Learn More About Child Abuse and Neglect

[<https://www.kidsdata.org/topic/4/childabuse-reports-type/table#fmt=1040&loc=2,127,347,1763,331,348,336,171,321,345,357,332,324,369,358,362,360,337,327,364,356,217,353,328,354,323,352,320,339,334,365,343,330,367,344,355,366,368,265,349,361,4,273,59,370,326,333,322,341,338,350,342,329,325,359,351,363,340,335&tf=84&ch=19,18,17,16,15,13,14,12,20&sortColumnId=0&sortType=asc>]

16. According to the World Health Organization, the United States has one of the highest rates of mental illness; “United States, USA, 2016, 21.5649600888”

[<https://ourworldindata.org/mental-health>]

Prevalence of Serious Mental Illness (SMI)

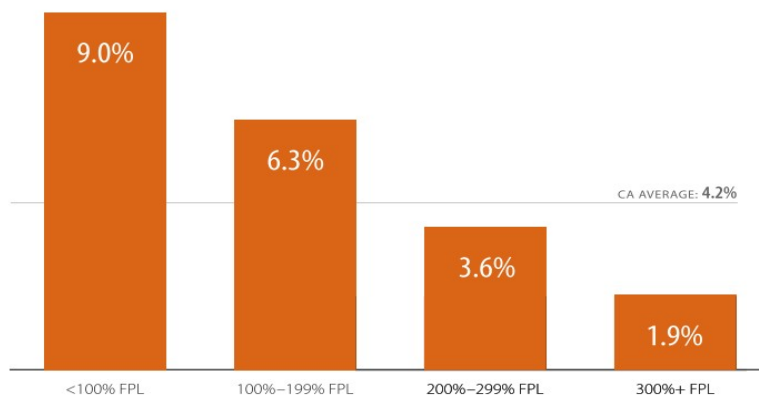
- In 2017, there were an estimated 11.2 million adults aged 18 or older in the United States with SMI. This number represented 4.5% of all U.S. adults.
- The prevalence of SMI was higher among women (5.7%) than men (3.3%).
- Young adults aged 18-25 years had the highest prevalence of SMI (7.5%) compared to adults aged 26-49 years (5.6%) and aged 50 and older (2.7%).
- The prevalence of SMI was highest among the adults reporting two or more races (8.1%), followed by White adults (5.2%). The prevalence of SMI was lowest among Asian adults (2.4%).

Mental Health Services — SMI

- The NSDUH defines mental health services as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health.
- In 2017, among the 11.2 million adults with SMI, 7.5 million (66.7%) received mental health treatment in the past year.
- More women with SMI (71.5%) received mental health treatment than men with AMI (57.7%).

Adults with Serious Mental Illness, by Income California, 2014

PERCENTAGE OF ADULT POPULATION



Notes: Serious mental illness (SMI) is a categorization for adults age 18 and older. See page 3 for full definitions. FPL is federal poverty level. 100% of FPL was defined in 2014 as an annual income of \$11,670 for an individual and \$23,850 for a family of four. Excludes 2% of adults for whom the level of income could not be determined. See page 54 for a description of the methodology used to develop these estimates.
Source: Charles Holzer and Hoang Nguyen, “Estimation of Need for Mental Health Services,” accessed December 22, 2017, charlesholzer.com.

Mental Health Prevalence

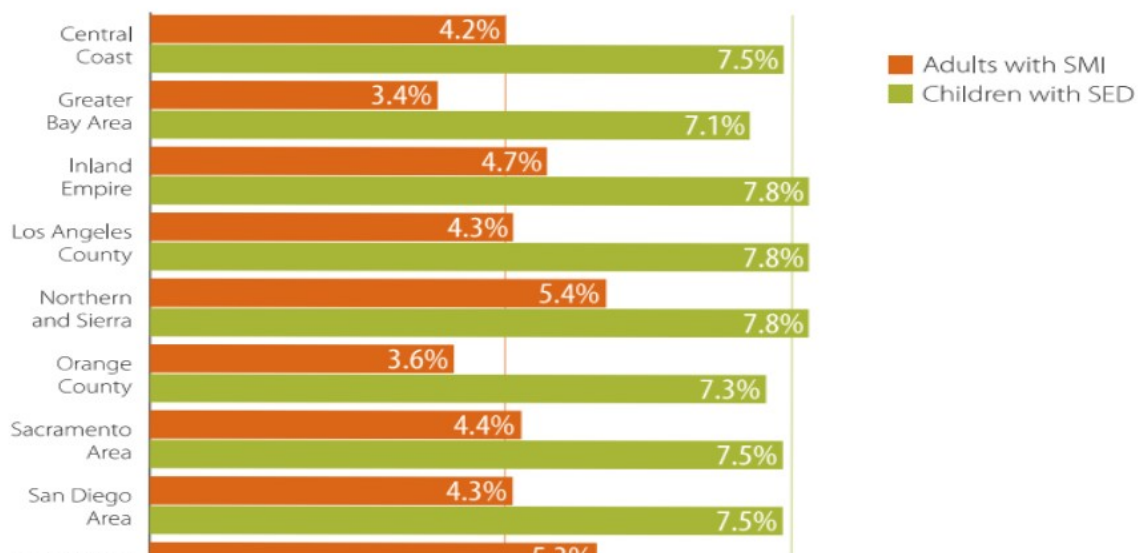
The prevalence of serious mental illness was highest among the poorest Californians, affecting close to 1 in 10 adults below 100% of the federal poverty level.

- The percentage of young adults aged 18-25 years with AMI who received mental health treatment (57.4%) was lower than adults with AMI aged 26-49 years (66.2%) and aged 50 and older (75.6%).

[source: <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>]

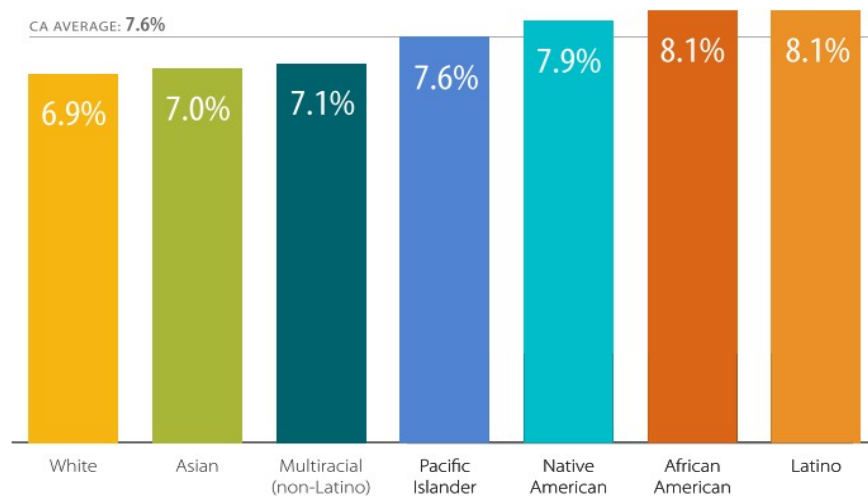
Adults with SMI and Children with SED, by Region California, 2014

PERCENTAGE OF POPULATION



Children with SED, by Race/Ethnicity California, 2014

PERCENTAGE OF CHILD POPULATION



Mental Health Prevalence

Serious emotional disturbance in California children varied slightly by race/ethnicity: Latino, African American, Native American, and Pacific Islander children experienced rates of SED close to 8%, while rates for white, Asian, and multiracial children were about 7%.

Notes: Serious emotional disturbance (SED) is a categorization for children age 17 and under. See page 3 for full definitions. See page 54 for a description of the methodology used to develop these estimates.
Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services," accessed December 22, 2017, charlesholzer.com.

[<https://www.chcf.org/wp-content/uploads/2018/03/MentalHealthCalifornia2018.pdf>]

17. “In a report to the UN General Assembly, a UN rights expert has emphasized that poverty is closely associated with racism and contributes to the persistence of racist attitudes and practices which in turn generate more poverty.

Racial or ethnic minorities are disproportionately affected by poverty; and the lack of education, adequate housing and health care transmits poverty from generation to generation, a United Nations rights expert has said.

According to Ruteere, poverty does not result only from an unequal sharing of resources. 'Discrimination against groups and persons based on their ethnicity, race, religion or other characteristics or factors has been known to encourage exclusion and impoverish certain groups of the population who suffer from unequal access to basic needs and services.' In his report to the UN General Assembly last November, the UN Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance, Mutuma Ruteere, was of the opinion that the issues of poverty and racism are inextricably linked.

He noted that certain groups and individuals, including people of African descent, indigenous peoples, minorities, Roma, Dalits and migrants, are still confronted with poverty and discrimination, especially in the enjoyment of their economic and social rights. ”[<http://www.socialwatch.org/node/16324>]

18. “Mental illness also increases one’s risk of becoming impoverished: when suffering from mental illness, those affected face higher health care costs, decreased productivity, and poor general health....Heightened exposure to violence and other traumas in low-income communities furthers the cyclical nature of poverty, trauma, and mental illness. This highlights the importance of implementing multi-level, evidence-based interventions in poverty-impacted communities which can simultaneously: 1) prevent trauma exposure by increasing safety and security in homes and communities; 2) screen and address hunger and food insecurity and; 3) enhance emotional wellness and reduce the burden of serious mental health needs. ”

[http://mcsilver.nyu.edu/sites/default/files/reports/Mental_Health_and_Poverty_one-sheet.pdf]

“An overwhelming majority of people with mental and psychosocial disabilities are living in poverty, poor physical health, and are subject to human rights violations. Development stakeholders - including governments, civil society,

bilateral development agencies, research institutions and others - need to ensure that people with mental and psychosocial disabilities benefit from development efforts, just like any other group. People with mental and psychosocial disabilities are a vulnerable group as a result of the way they are treated by society. They are subjected to stigma and discrimination on a daily basis, and they experience extremely high rates of physical and sexual victimization. Frequently, people with mental disabilities encounter restrictions in the exercise of their political and civil rights, and in their ability to participate in public affairs. They also are restricted in their ability to access essential health and social care, including emergency relief services. Most people with mental disabilities face disproportionate barriers in attending school and finding employment. As a result of all these factors, people with mental disability are much more likely to experience disability and die prematurely, compared with the general population.

Vulnerable groups often targeted by development groups also have high rates of mental disabilities. For instance, up to two thirds of people with HIV/AIDS have depression, while rates of mental disability among the homeless can be greater than 50%, but their mental health needs are commonly not addressed. People with mental disabilities are not only missed by development programmes, but can be actively excluded from these programmes. This is in spite of the fact that an explicit goal of development is to reach the most vulnerable. ”

[https://www.who.int/mental_health/policy/development/en/]

According to NAMI:

- An estimated 26% of homeless adults staying in shelters live with serious mental illness and an estimated 46% live with severe mental illness and/or substance use disorders.
- Approximately 20% of state prisoners and 21% of local jail prisoners have “a recent history” of a mental health condition.
- 70% of youth in juvenile justice systems have at least one mental health condition and at least 20% live with a serious mental illness.
- Serious mental illness costs America \$193.2 billion in lost earnings per year.

[Source: <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>]

In Napa State Hospital alone:

Patient Commitments	Population	Percentage of Total at Facility
Incompetent to Stand Trial	383	30%
Lanterman Petris Short	216	17%
Mentally Disordered Offender	78	6%
Not Guilty by Reason of Insanity	590	47%

Approximately 2,335 employees work at DSH-Napa, providing care and services twenty four hours a day, seven days a week. The clinical staff includes psychologists, psychiatrists, social workers, rehabilitation therapists, psychiatric technicians, and registered nurses to name a few. Administrative staff classifications include hospital police officers, dietetics, custodial, warehouse Information Technology staff, as well as many other positions that serve to support the large hospital infrastructure. DSH Napa is considered one of the major employers in Napa County. Approximately 34% of employees reside in Napa County and another 49% reside in neighboring Solano County.

[<http://www.dsh.ca.gov/napa/>]

In Atascadero State Hospital:

Patient Commitments	Population	Percentage of Total at Facility
Incompetent to Stand Trial	269	22%
Lanterman Petris Short	8	1%
Mentally Disordered Offender	574	48%
Mentally Ill CDCR Prisoner	223	19%
Not Guilty by Reason of Insanity	122	10%

Approximately 2,140 employees work at DSH-Atascadero providing round-the-clock care, including psychologists, psychiatrists, social workers, rehabilitation therapists, psychiatric technicians, registered nurses, and other clinical and administrative staff. There are approximately 173 different job classifications at the facility, including hospital police, kitchen staff, custodial staff, warehouse workers, groundskeepers, information technology staff, plant operations staff, spiritual leaders, and other clinical and administrative staff

[<http://www.dsh.ca.gov/atascadero/>]

The prevalence of serious mental illness varied by income, with much higher rates of mental illness at lower income levels for both children and adults. The incidence of mental illnesses in California’s jails and prisons is very high. In 2015, 38% of female prison inmates and 23% of the male prison population received mental health treatment while incarcerated.

In 2012, the annual cost of placing an offender in a Bureau of Prisons institution or federal residential reentry center was roughly eight times the cost of placing the same offender under post-conviction supervision by a federal probation officer.

[<https://www.uscourts.gov/news/2013/07/18/supervision-costs-significantly-less-incarceration-federal-system>]

California’s Annual Costs to Incarcerate an Inmate in Prison (2018-19)

Type of Expenditure	Per Inmate Costs
Security	\$35,425
Inmate Health Care	\$26,665
Medical care	16,100
Psychiatric services	6,051
Pharmaceuticals	3,124
Dental care	1,389
Facility Operations and Records	\$7,687
Facility operations (maintenance, utilities, etc.)	4,610
Classification services	2,109
Maintenance of inmate records	794

Reception, testing, assignment	150
Transportation	24
Administration	\$4,840
Inmate Food and Activities	\$3,733
Food	2,119
Inmate employment and canteen	997
Clothing	362
Religious activities	135
Inmate activities	120
Rehabilitation Programs	\$2,478
Academic education	1,277
Cognitive behavioral therapy	742
Vocational training	459
Miscellaneous	\$375
Total	\$81,203

[https://lao.ca.gov/policyareas/cj/6_cj_inmatecost]

20. “The use of physical punishment to discipline children has been linked to a range of mental health problems and is strongly opposed by the American Academy of Pediatrics. However, in surveys a significant number of American parents report spanking or slapping their children. The study, “Physical Punishment and Mental Disorders: Results From a Nationally Representative U.S. Sample,” in the August 2012 Pediatrics (published online July 2), examined whether harsh physical punishment, such as pushing, grabbing, shoving, slapping or hitting, is linked to mental disorders even in the absence of more severe child maltreatment (i.e., physical abuse, sexual abuse, emotional abuse, neglect, or exposure to intimate partner violence). Researchers in Canada examined data from a U.S. epidemiologic survey from 2004 to 2005. Harsh physical punishment was associated with increased odds of mood disorders, anxiety disorders, alcohol and drug abuse, and several personality disorders. Researchers found 2 percent to 7 percent of mental disorders were attributable to physical punishment. Study authors conclude pediatricians and other health care providers who work with

children and parents should be aware of the link between physical punishment and mental disorders. From a public health perspective, study authors conclude reducing physical punishment may help decrease the prevalence of mental disorders in the general population. [*American Academy of Pediatrics, 7/2/2012 For Release: July 2, 2012 <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/Spanking-Linked-to-Mental-Illness.aspx>*]

“One of the reasons why so few parents question the wisdom of "spare the rod and spoil the child" and why so few researchers have investigated the potential adverse effects, is probably the culturally accepted assumption that, when done "in moderation," physical punishment is harmless and sometimes necessary. This study starts from assumptions that are almost the opposite of that aspect of American culture. It tests the hypothesis that the greater the use of physical punishment, the greater the probability, later in life, of depression, suicidal ideation, alcohol abuse, wife assaults, and child abuse.

The findings are based on 6,002 families who were studied as part of the 1985 National Family Violence Survey. Measures used were a questionnaire regarding physical punishment in the family of origin, physical abuse measures, child abuse, wife assault, depressive symptoms, suicidal ideation, and drinking index measures. The results suggest that use of physical punishment by parents is a risk factor for depression, suicide, alcohol abuse, physical abuse of children, and physical assaults on wives.

For example, for some children being hit by those they love and on whom they depend for their very existence, may be a traumatic event with consequences similar to other traumatizing events. Another possibility, and one which is suggested by a recent stay, is that physical punishment tends to create a feeling of helplessness and powerlessness. Limiting and ending all use of spanking and other physical punishment, as is now the national policy in Sweden and several other countries can make an important public health contribution. Pediatricians and others involved in pre and post-natal care have the potential to contribute to the health of children, and ultimately the entire population, by unambiguously informing parents that speaking or other hitting of children is never appropriate because, even though it may serve to correct an immediate problem, it puts the child at risk for serious medical and other problems later in life. "

[*Physical Punishment by Parents: A Risk Factor in the Epidemiology of Depression, Suicide, Alcohol Abuse, Child Abuse and Wife Beating Murray A. Straus Glenda Kaufman Kantor 1991. <https://files.eric.ed.gov/fulltext/ED341907.pdf>*]

IV. Fiscal Impact: \$0.00 besides the normal \$717 to \$890 it takes to pass a law and the costs to enforce the law. [<http://content.time.com/time/magazine/article/0,9171,736133,00.html>]

It will cost nothing of the government to prohibit all physical punishment of children. If anything it will help the government and taxpayers by preventing future Mental Health problems leading to less criminal activity, less domestic violence calls, less need of government paid resources.

There might be an offset at first of more reports made to police and more reports made to cps. But all in all it should discourage people from even attempting to strike a child at all.

“States spent \$20 billion on child Welfare Services in 2000. Less violence against children will reduce this figure enormously according to the Urban Institute.”[<https://www.gopetition.com/petitions/end-corporal-punishment-against-children-in-all-settings.html>]

“The US spent \$2 trillion in 2011 on all health care costs...\$1 trillion for violence-related healthcare costs.”

[<https://www.gopetition.com/petitions/end-corporal-punishment-against-children-in-all-settings.html>]

“The economic cost to California for the 71,289 victims in 2017 is \$19.31 billion that same amount could send more than 2 million children to preschool. Given significant under-reporting, the estimated cost incurred because of one year of abuse could be as high as \$284.4 billion.”

a)PROJECTED IMPACT:

For every child saved from physical punishment, that is one less child in need of psychiatric assistance, one less child in need of public assistance, one less child off the streets and safe at home where they should be. And we could allocate money to local police stations that need more employees to be able to handle the increase in reports of child abuse and invest more into police sensitivity/mental illness/child trauma/as well as cultural diversity awareness training as well as giving them a better work/life balance so they can better handle situations.

[<https://www.fresno.gov/police/wp-content/uploads/sites/5/2018/05/2018-Personnel-Survey.pdf>]

This could create more jobs for police officers as well as social workers in the state of California and the demand for psychologists and psychiatrists would rise as well. We could also allocate some of the money to training of these officials and government agencies that are directly impacted by the enactment of this bill.

“Child welfare agencies in the United States are charged with ensuring the safety, permanency, and well-being of children who have been abused or neglected, and those who are at risk of abuse or neglect. The services provided by states and by counties vary widely, and include services for

children and families to prevent abuse and neglect, child protective services such as family assessments and investigations, providing payments and supports for out of home placements such as foster care or kinship care, and adoption and guardianship services and supports for children and families. How child welfare agencies pay for those services varies, too. In state fiscal year (SFY) 2012, the year for which the most recent funding information is available, states spent more than \$28.2 billion, from federal, state, and local sources, on child welfare activities. Of that amount, about \$12.7 billion were federal funds, and of those federal funds, nearly \$6.5 billion were from Title IV-E.1 Title IV-E of the Social Security Act is the largest federal funding stream for child welfare activities.

The *limitations of federal funding* – both the amount and the restrictions placed on how the funds can be used – pose challenges to policymakers and child welfare agency decision-makers as they decide how best to allocate funds to meet the best interest of each child and family facing abuse or neglect or at serious risk of either.”

[\[https://www.childtrends.org/publications/an-introduction-to-child-welfare-funding-and-how-states-use-it-3/\]](https://www.childtrends.org/publications/an-introduction-to-child-welfare-funding-and-how-states-use-it-3/)

“Every year, California county child welfare agencies receive 650,000 reports of suspected child abuse and neglect, mostly by telephone to the hotline. Of these referrals, 92% are closed after initial contact and do not receive any support or services.

Approximately one-third of telephone hotline referrals are re-referrals of the same families from the previous year. Nationally, parental alcohol and drug abuse is a factor in two-thirds of cases with children in foster care.

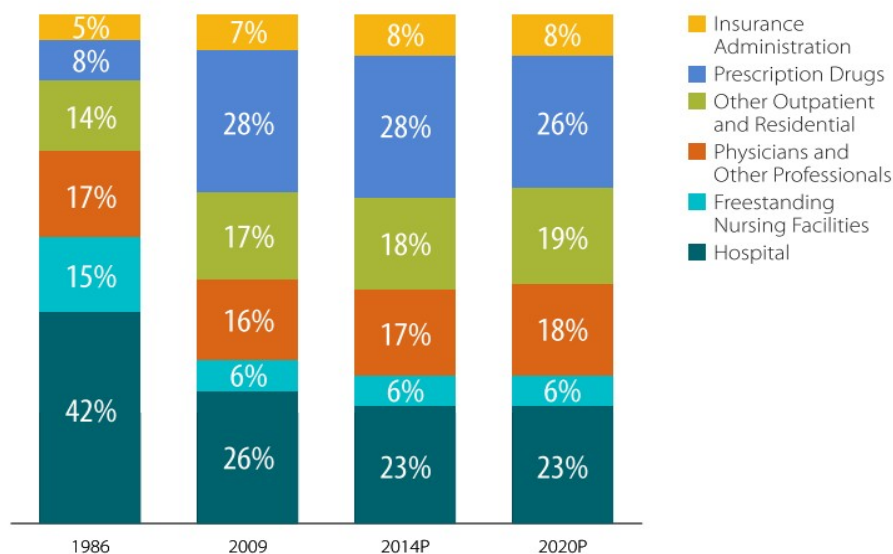
Research shows that children from families with annual incomes below \$15,000, as compared to children from families with annual incomes above \$30,000, were over 22 times more likely to experience some form of maltreatment.

Conservative estimates of the cost of abuse and neglect to U.S. society each year are staggering: \$25 billion in direct costs (i.e., hospitalization, mental health treatment, and police services) is compounded by \$95 billion for indirect costs such as juvenile delinquency, adult criminality and lost productivity to society. ” [\[http://www.childsworld.ca.gov/res/pdf/facts.pdf\]](http://www.childsworld.ca.gov/res/pdf/facts.pdf)

Type	Number Employed	Average Annual Salary
Child, Family, and School Social Workers	28,540	\$51,410
Healthcare Social Workers	13,570	\$67,860
Mental Health and Substance Abuse Social Workers	11,990	\$57,900
Social Workers, All Other	13,870	\$64,390

Mental Health Expenditures, by Service Category

United States, 1986, 2009, 2014, and 2020



Notes: Projections (shown with P) of treatment expenditures for mental health include clinical treatment and rehabilitative services and medications and exclude peer support services and activities to prevent mental illness. Other outpatient and residential includes other personal, residential, and public health plus freestanding home health services.

Sources: "Table A.7," in *National Expenditures for Mental Health Services and Substance Abuse Treatment: 1986–2009*, Substance Abuse and Mental Health Services Administration (SAMHSA), 2013: 66, [stores.samhsa.gov](https://www.samhsa.gov); "Table A.3," in *Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010–2020*, SAMHSA, 2014: A-5, [stores.samhsa.gov](https://www.samhsa.gov).

Mental Health

Spending

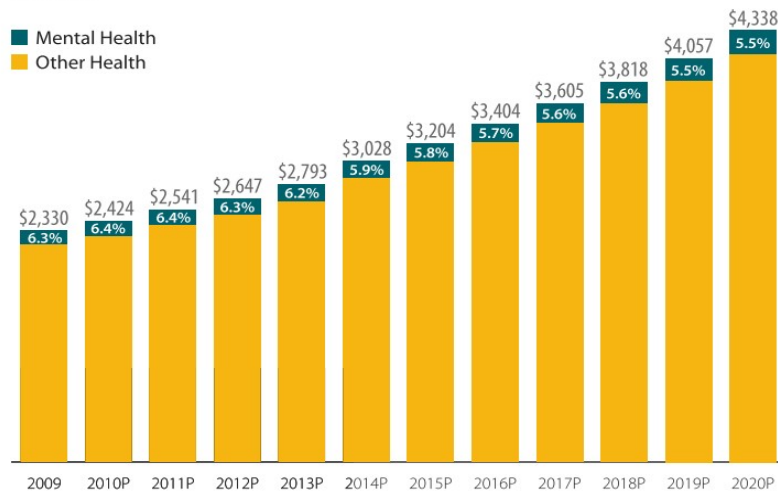
The delivery of mental health services evolved between 1986 and 2009, resulting in significant changes in expenditures for mental health treatment. As a percentage of total expenditures, hospital and nursing facility expenditures declined while the share of expenditures for prescription drugs and outpatient care increased. During this time, many new and expensive psychiatric medications with fewer side effects resulted in more widespread use.

All Health and Mental Health Expenditures

United States, 2009 to 2020

IN BILLIONS

■ Mental Health
■ Other Health



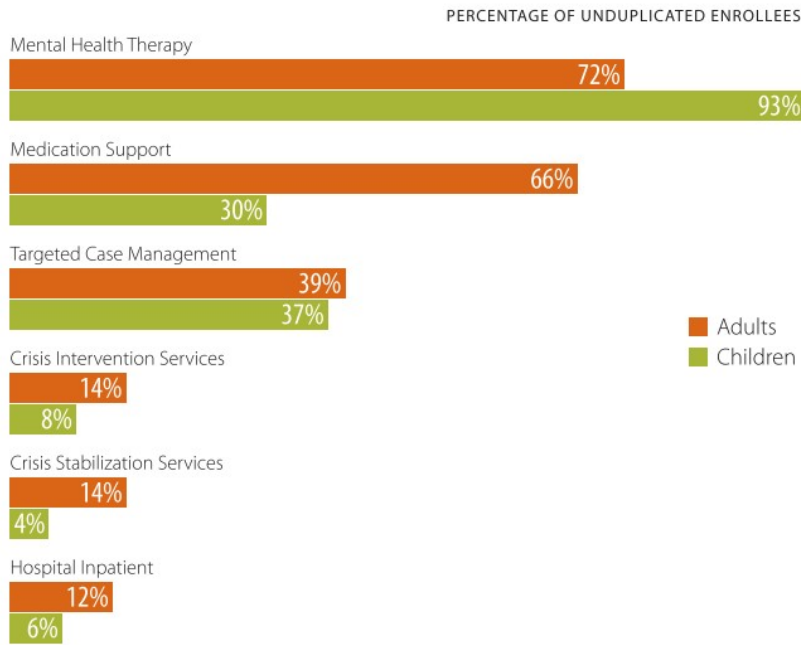
Notes: Projections (shown with P) of treatment expenditures for mental health compared to the Centers for Medicare & Medicaid Services National Health Expenditure Accounts (NHEA). Spending includes clinical treatment and rehabilitative services and medications and excludes both peer support services for which there is no cost and activities to prevent mental illness. Projections incorporate expansion of coverage through the Affordable Care Act, implementation of the provisions of mental health parity regulations, and expectations about the expiration of patents for certain psychotropic medications.

Source: "Table A.1.1 in Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010–2020, Substance Abuse and Mental Health Services Administration, 2014: A-2, store.samhsa.gov."

Mental Health Spending

Spending on mental health in the United States is projected to grow by over 60%, from \$147 billion in 2009 to \$238 billion in 2020. All other health spending is projected to grow by close to 90% during the same time. Mental health's share of total health spending is expected to decrease slightly from 6.3% in 2009 to 5.5% in 2020.

Use of Medi-Cal Specialty Mental Health Services by Age Group and Service Category, California, FY 2015



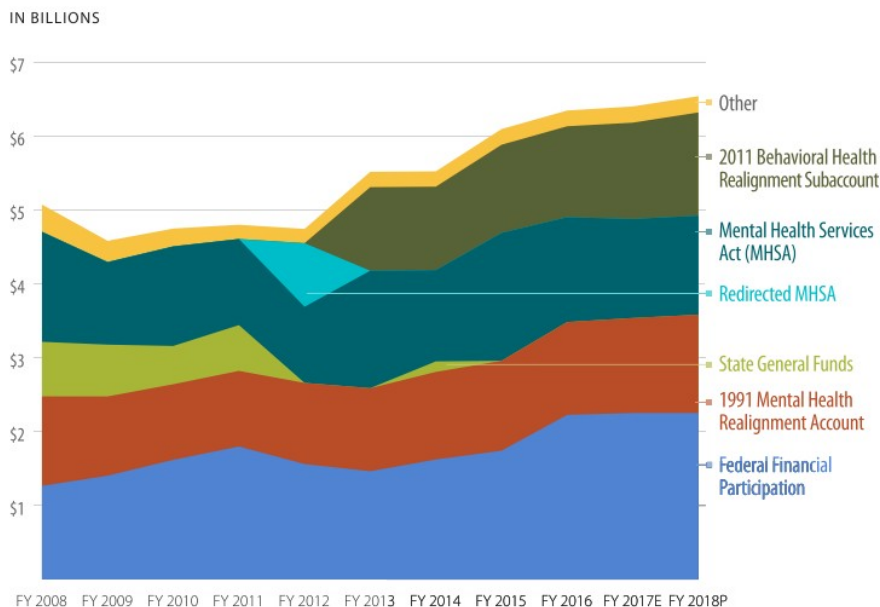
Notes: Specialty mental health services are Medi-Cal entitlement services for adults and children that meet medical necessity criteria, which consist of having a specific covered diagnosis, functional impairment, and meeting intervention criteria. Mental health therapy includes therapy and other service activities; hospital inpatient includes psychiatric health facility and administrative days, managed care and fee-for-service psychiatric inpatient hospital days. If Medi-Cal enrollees used more than one type of hospital care, they will be counted twice. Children are age 0 through 20; adults are age 21 and older. Fiscal year (FY) refers to July 1 of previous year through June 30 of stated year.

Source: Statewide Aggregate Specialty Mental Health Services Performance Dashboard, California Department of Healthcare Services, 2016, www.dhcs.ca.gov (PDF).

Mental Health Medi-Cal

Of those people receiving county specialty mental health services, similar percentages of adults used mental health therapy as used medication, while children were much more likely to use therapy than a psychotropic medication. Approximately 40% of children and adults used targeted case management for assistance in accessing community services. Smaller percentages of adults and children used inpatient and crisis services.

California's Public Mental Health System Financing Trends, FY 2008 to FY 2018



Notes: These figures encompass revenues received, estimated (E), or projected (P) to be received by counties in support of the Medi-Cal and safety-net mental health services they provide. Other public mental health services, such as forensic services in state hospitals and mental health services and medications provided by Medi-Cal managed care plans and Medi-Cal fee-for-service, are not included. Fiscal year (FY) refers to July 1 of previous year through June 30 of stated year. See Appendix D for definitions.

Source: Financial Report, Mental Health Services Oversight and Accountability Commission, January 26, 2017, www.mhsoac.ca.gov (PDF).

Mental Health California's Public System

Funding of California's county-based mental health system more than doubled and the federal share of Medicaid mental health services almost tripled, from FY 2008 to FY 2017. Mental Health Services Act (MHSa) funds are projected to approach \$1.3 billion in fiscal year 2018.

The Economics of Child Abuse

A Study of California

A Report by Safe & Sound

Child maltreatment is a persistent and pervasive problem throughout California. Although it is a hidden social ill, its impact is significant. Child maltreatment impacts not just the child, but the family, the community, and society at large. In California, as many as one out of every 19 children is suspected of being maltreated. The impact of maltreatment not only morally degrades our society, it significantly hurts our economy. In fact, the physical, mental, and emotional effects of maltreatment persist long after child maltreatment occurs, and result in ongoing costs to every sector of California.

Child maltreatment is a core underlying factor in many of California's ongoing struggles, such as high rates of school dropout, homelessness, incarceration, and chronic health issues. This report shines a light on this largely ignored issue and the negative impact it has on all of us.



California	\$19.31B
Bay Area	\$2.00B (19% of CA population)
SF	\$0.20B (11% of Bay Area population)

The Financial Impact of Child Maltreatment

The cumulative financial impact on California for the 71,289 verified child victims in 2017 is \$19.31 billion. These costs are accrued over the course of the victim's lifetime, however these costs will continue to accumulate each year, until we are able to reduce and ultimately end child maltreatment.

In 2017, Safe & Sound published a report titled *The Economics of Child Abuse: A Study of San Francisco*, finding the cost to be \$0.2B in San Francisco alone. Later that year we expanded our work to assess the greater Bay Area, finding the impact to be \$2B. Now, we have undertaken this report to look at the entire state of California, finding the financial impact to be \$19.31B.

\$268,544

Individual lifetime cost of child maltreatment survivors in 2017

× **71,156**

Substantiated survivors of child maltreatment in California in 2017

+ **\$207,024,000**

Cost for the 133 fatalities from child maltreatment in 2017

= **\$19,315,559,000**

Total economic burden incurred by the California community for the lifetime costs associated with the victims of child maltreatment in 2017

** Numbers in calculation have been rounded.*

Read the full report: <http://safeandsound.org/CA-Cost>

California's Community Risk Factors

A variety of factors make individuals and families more vulnerable to maltreatment. Risk factors are often related to life experiences, such as being a victim of maltreatment. Other risk factors are biological predispositions such as mental illness, or those related to one's community.

These factors place children at greater risk for maltreatment:

Socioeconomic Inequality & Poverty

Today, the gap between the rich and poor is twice as large in California as it was in 1980. Research suggests that income, or socioeconomic status, is the strongest predictor of maltreatment rates.

Lack of Adequate & Affordable Housing

Californians spend a disproportionate amount of their income on housing. California's median monthly housing costs were 47 percent higher than the U.S. median. In addition to increasing families' stress, lack of affordable housing leads to greater rates of cohabitation.

High Unemployment Rates

Although unemployment in California is historically low—4.2 percent as of June 2018—concentrated areas of unemployment persist. High levels of unemployment increase economic uncertainty and stress for families.

Homelessness

As of a 2017 point-in-time count, more than 112,000 individuals were homeless in California—more than 21,000 of whom were in families. Homelessness is a major driver of temporary family separation, not only increasing family stress but also the number of caregivers in a child's life.

Community Violence

Across the state, families exposed to a culture of violence often experience trauma, strain, and fear, all of which increase the likelihood of child maltreatment.

Substance Abuse

From 2014–2016, an estimated 6.37 percent of the California population consumed a problematic amount of alcohol. Families with problematic alcohol or drug use often experience trauma, strain, and fear.

Social Isolation & Marginalization

In 2016, 27 percent of Californians were foreign-born and California's U.S.-born population was characterized by churn and turnover. From 2007–2016, about 5 million people moved to California from other states, while about 6 million left California, leading to deteriorated social and support networks.

Wildfires & Natural Disasters

In the last several years, wildfires have posed an ever-growing threat to Californians. For example, between July 2017 and July 2018, Sonoma County experienced several wildfires and saw a 35 percent increase in reports of child maltreatment, as well as increases in substance abuse and domestic violence.

Breakdown of \$19.31B



Lifetime Productivity \$13B

- Diminished earning potential
- Unemployment because of everything below

Criminal Justice \$545M

- As a child / juvenile, victims are 59% more likely to be arrested
- As an adult, victims are 28% more likely to be arrested

Healthcare \$3.8B

- Higher incidence of chronic health problems
- Mental health issues
- Substance abuse
- Risky sexual behavior

Education \$919M

- Learning disabilities
- Higher absenteeism
- Poorer academic performance

Child Welfare \$787M

- Intervention services
- Foster care
- Counseling services

Fatal Cases \$207M

- In 2017, 133 children died as a result of maltreatment

Total Loss \$19.31B



Strengthening Families.
Ending Child Abuse.

Safe & Sound is a children's advocacy organization working to prevent, stop, and ultimately end child abuse. Citations are available in full report. This report is based on *The Economics of Child Abuse: A Study of San Francisco*, a collaboration between Safe & Sound and Haas School of Business Social Sectors Solution program. This work was funded by: Blue Shield of California Foundation, Casey Family Programs, County Welfare Directors Association of California, S.H. Cowell Foundation, The Golden Door Foundation, The HAND Foundation, Conrad N. Hilton Foundation, Office of Child Abuse Prevention - State of California, and the Zellerbach Family Foundation.

<https://safeandsound.org/CA-Cost/>

V. Examples of other states that have addressed or resolved the problem successfully:
n/a

VI. Urgency: When Passed, this Bill will be Enacted 91 Days after Passing.

VII. Potential Support and Opposition:

A. Key Legislators:	Support/Oppose	Reason:
Eleni Kounalakis	_____	_____
Shannon Grove	_____	_____
Brian Maienschein	_____	_____
Toni Atkins	_____	_____
Robert Hertzberg	_____	_____
Mike McGuire	_____	_____
Nancy Skinner	_____	_____
Maria Elena Durazo	_____	_____
Scott Wiener	_____	_____
Connie Leyva	_____	_____
Bill Dodd	_____	_____
Jim Nielson	_____	_____
Cathleen Galgiani	_____	_____

Support/Oppose

Reason:

Richard Pan

Steve Glazer

Andreas Borgeas

Bob Wieckowski

Anna Caballero

Jerry Hill

Hannah-Beth Jackson

Melissa Hurtado

Jim Beall

Bill Monning

Scott Wilk

Susan Rubio

Mike Morrell

Anthony Portantino

Ben Allen

Henry Stern

Jeff Stone

Ling Ling Chang

Holly Mitchell

Richard Roth

Support/Oppose

Reason:

Bob Archuleta

Tom Umberg

Ben Hueso

Brian Jones

John Moorlach

Patricia Bates

Steven Bradford

Kevin Mullin

Rebecca Bauer-Kahan

Ian Calderon

Rob Bonta

Al Muratsuchi

Todd Gloria

Tasha Boerner Horvath

Jim Wood

Brian Dahle

James Gallagher

Cecilia Aguiar-Curry

Frank Bigelow

Kevin Kiley

Support/Oppose

Reason:

Ken Cooley

Kevin McCarty

Jim Cooper

Marc Levine

Jim Frazier

Heath Flora

Susan Eggman

Tim Grayson

Buffy Wicks

Rebecca Bauer-Kahan

David Chiu

Rob Bonta

Phil Ting

Bill Quirk

Adam Gray

Kevin Mullin

Jim Patterson

Marc Berman

Kansen Chu

	Support/Oppose	Reason:
Devon Mathis	_____	_____
Ash Kalra	_____	_____
Evan Low	_____	_____
Mark Stone	_____	_____
Robert Rivas	_____	_____
Joaquin Arambula	_____	_____
Rudy Salas	_____	_____
Jay Obernolte	_____	_____
Vince Fong	_____	_____
Jordan Cunningham	_____	_____
Tom Lackey	_____	_____
Monique Limón	_____	_____
Christy Smith	_____	_____
Luz Rivas	_____	_____
James Ramos	_____	_____
Chris Holden	_____	_____
Chad Mayes	_____	_____
Laura Friedman	_____	_____
Jacqui Irwin	_____	_____
Jesse Gabriel	_____	_____
Adrin Nazarian	_____	_____

	Support/Oppose	Reason:
Eloise Reyes	_____	_____
Blanca Rubio	_____	_____
Ed Chau	_____	_____
Richard Bloom	_____	_____
Wendy Carrillo	_____	_____
Freddie Rodriguez	_____	_____
Miguel Santiago	_____	_____
Sydney Kamlager	_____	_____
Phillip Chen	_____	_____
Eduardo Garcia	_____	_____
Ian Calderon	_____	_____
Cristina Garcia	_____	_____
Reggie Jones-Sawyer	_____	_____
Sabrina Cervantes	_____	_____
Jose Medina	_____	_____
Autumn Burke	_____	_____
Anthony Rendon	_____	_____
Mike Gipson	_____	_____
Sharon Quirk-Silva	_____	_____
Al Muratsuchi	_____	_____
Melissa Melendez	_____	_____

	Support/Oppose	Reason:
Steven Choi	_____	_____
Tom Daly	_____	_____
Patrick O'Donnell	_____	_____
Randy Voepel	_____	_____
Tyler Diep	_____	_____
Bill Brough	_____	_____
Cottie Petrie-Norris	_____	_____
Marie Waldron	_____	_____
Tasha Boerner Horvath	_____	_____
Brian Maienschein	_____	_____
Todd Gloria	_____	_____
Shirley Weber	_____	_____
Lorena Gonzalez	_____	_____

b) Department of Finance	Support/Oppose	Reason:
_____	_____	_____

c) State Agencies Affected	Support/Oppose	Reason:
Child Protective Services	_____	
DOJ	_____	
CDCR	_____	

SHD	_____
CDSS	_____
HUD	_____
Department of Labor	_____
DOR	_____
CALVCB	_____

d) Interested Groups/ Organizations:Support/Oppose

Reason:

The Awareness Center Inc.	_____	_____
StopSpanking.Org	_____	_____
endhitting.org	_____	_____
American Psychology Association	_____	_____
American Association of Pediatrics	_____	_____
California Protective Parents Association	_____	_____
Centro Contra La Violencia	_____	_____
End All Corporal Punishment of Children	_____	_____
Project NoSpank	_____	_____
American Humane Association	_____	_____
American Orthopsychiatric Association	_____	_____
Association for Childhood	_____	_____

Education International

California Medical Association

Center for Effective Discipline

End Physical Punishment
of Children-USA

International Child Art Foundation

Justice for Children

Loving Alternatives in Parenting

National Association of Social Workers

National Coalition to Abolish
Corporal Punishment in Schools

National Foster Parent Association

The Natural Child Project

Parenting for Peaceful Families

Parents and Teachers Against
Violence in Education

Parents Anonymous

The Peaceful Home Foundation

Society for Adolescent Medicine

United Methodist Church

Village of Child Help

National Committee for
Prevention of Child Abuse

American Academy of Pediatrics	_____	_____
Children's National Medical Center	_____	_____
American Association of Retired Persons	_____	_____
National Congress of Parents and Teachers Association	_____	_____
National Association for the Advancement of Colored People	_____	_____
National Mental Health Association	_____	_____
American Psychological Association	_____	_____
The Menninger Foundation	_____	_____
The National Exchange Club Foundation for the Prevention of Child Abuse	_____	_____
Parents Anonymous, Inc.	_____	_____
Association for Childhood Education International	_____	_____
CHILDHHELP USA	_____	_____
National Council on Crime and Delinquency	_____	_____
National Association of Counsel for Children	_____	_____
National Parent Aide Association, Inc.	_____	_____
American Association of Physicians for Human Rights	_____	_____
Parent Effectiveness Training	_____	_____
EPOCH - USA (End Physical Punishment of Children)	_____	_____
National Association of School	_____	_____

Psychologists

National Council of Teachers of English

American School Counselor Association

National Committee for Rights of the Child

Disability Rights Education and Defense Fund, Inc.

California Association for Health, Physical Education, Recreation and Dance

California Professional Society on the Abuse of Children

National Committee for Prevention of Child Abuse chapter California

Parents and Teachers Against Violence In Education

SPCC

CRC

CAT

ICCPR

ICESCR

CEDAW

CRPD

Human Rights Committee

UNICEF

ACLU

stopchildcruelty.com

livesinthebalance.org

churchesfornon-violence.org

parentinginjesusfootsteps.org

childrenshealthcare.org

safeandsound.org

AHRQ

kellymom.com

Jesus on the Family.org

Why Not Train a Child?

Christian Vegetarian Association

Boycott Blair Cedar

Graceful Mothering

Suffer the Little Children

Spare the Child

Parenting for a Peaceful World

StopTheRod.net

Never Hit a Child

Parenting Decisions.com

Gentle Christian Mothers

Little Children Grassroots
Community

Unto the Least of These

Attachment Parenting International	_____	_____
La Leche League International	_____	_____
The Center for Effective Discipline	_____	_____
Chris's Anti Spanking Web Site	_____	_____
Parenting Without Punishing	_____	_____
Christians for Nonviolent Parenting	_____	_____
Child Advocate.org	_____	_____
NCTSN.org	_____	_____
ISSTD	_____	_____
FCADV	_____	_____
WHO	_____	_____
UN	_____	_____

IX. Prior or similar Legislation(bill number, author, year, and final disposition)

EDUCATION CODE - EDC

TITLE 2. ELEMENTARY AND SECONDARY EDUCATION [33000 - 64100]
(Title 2 enacted by Stats. 1976, Ch. 1010.)

DIVISION 4. INSTRUCTION AND SERVICES [46000 - 65001]
(Division 4 enacted by Stats. 1976, Ch. 1010.)

PART 27. PUPILS [48000 - 49703]
(Part 27 enacted by Stats. 1976, Ch. 1010.)

CHAPTER 6. Pupil Rights and Responsibilities [48900 - 49051]

(Chapter 6 enacted by Stats. 1976, Ch. 1010.)

ARTICLE 5. Prohibition of Corporal Punishment [49000 - 49001]

(Article 5 enacted by Stats. 1976, Ch. 1010.)

49000.

The Legislature finds and declares that the protection against corporal punishment, which extends to other citizens in other walks of life, should include children while they are under the control of the public schools. Children of school age are at the most vulnerable and impressionable period of their lives and it is wholly reasonable that the safeguards to the integrity and sanctity of their bodies should be, at this tender age, at least equal to that afforded to other citizens.

(Repealed and added by Stats. 1986, Ch. 1069, Sec. 2.)

COMMENTS:

“Gentle Discipline

Discipline, v.t. To instruct or educate; to inform the mind; to prepare by instructing in correct principles and habits. - American Dictionary of the English Language

We believe in using gentle discipline when teaching children right from wrong, refraining from spanking and harsh punishments. We believe in following Jesus' example of teaching, patiently instructing and using stories to illustrate what He meant. He was truly dedicated to teaching! He was also a superb example to follow, teaching others by living what He believed.

Parents have an excellent role model in Jesus. We can be patient, and explain things in creative ways to our children. And for all children, even the youngest, we can teach by

example. When we are role models for kindness and compassion, forgiveness and mercy, healing and non-violence, children learn to be that way themselves. It takes time, but children invariably absorb their parents' behavior.

Follow the Golden Rule, and your children will eventually follow it too! You are building a lovely relationship that will last all your lives.”

[<http://parentinginjesusfootsteps.org/gentle-discipline.html>]

"Despite frequent and loud screaming heard coming from the house, the neighbor said there was no indication of abuse." ***Contra Costa Times*, September 4, 2008**

"There never was a time when a major social problem was solved by beating a child. And there never will be such a time... For centuries adults have injured children and have lied about it, and other adults have heard those lies and then merely turned away,"
— **Surgeon General Dr. C. Everett Koop, 1989.**

Alice Miller, a psychoanalyst who re-positioned the family as a locus of dysfunction with her theory that parental power and punishment lay at the root of nearly all human problems.

“Many abused children cling to the hope that growing up will bring escape and freedom. But the personality formed in the environment of coercive control is not well adapted to adult life. The survivor is left with fundamental problems in basic trust, autonomy, and initiative. She approaches the task of early adulthood—establishing independence and intimacy—burdened by major impairments in self-care, in cognition and in memory, in identity, and in the capacity to form stable relationships. She is still a prisoner of her childhood; attempting to create a new life, she re-encounters the trauma.”—**Judith Lewis Herman, *Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror***

“Abuse manipulates and twists a child’s natural sense of trust and love. Her innocent feelings are belittled or mocked and she learns to ignore her feelings. She can’t afford to feel the full range of feelings in her body while she’s being abused—pain, outrage, hate, vengeance, confusion, arousal. So she short-circuits them and goes numb. For many children, any expression of feelings, even a single tear, is cause for more severe abuse. Again, the only recourse is to shut down. Feelings go underground.”
—**Laura Davis, *Allies in Healing: When the Person You Love Is a Survivor of Child Sexual Abuse***

“Parents who discipline their child by discussing the consequences of their actions produce children who have better moral development, compared to children whose parents use authoritarian methods and punishment.”

—Simon Baron-Cohen, Zero Degrees of Empathy: A New Theory of Human Cruelty

“The greater a child’s terror, and the earlier it is experienced, the harder it becomes to develop a strong and healthy sense of self.”

—Nathaniel Branden, Six Pillars of Self-Esteem

It is a disgusting and slavish treatment which would certainly be regarded as an insult if it were inflicted on adults... And consider how shameful, how dangerous to modesty are the effects produced by the pain or fear of the victims. This feeling of shame cripples and unmans the spirit, making it flee from and detest the light of day...

Quintilian, A.D. 35-95

But what you would not so readily believe upon my affirmation, was that there are persons who are stimulated to venery by strokes of rods, and worked up into a flame of lust by blows... A strange instance what a power the force of education has in grafting inveterate ill habits on our morals...

Johann Heinrich Meibom, physician, 1629

A Christian statement supporting legislation to end corporal punishment of children We believe that the adoption of legislation to prohibit corporal punishment of children in all settings is a crucial step towards a compassionate, non-violent society. We support the aims of the Global Initiative to End all Corporal Punishment of Children. Corporal punishment of children has for too long been a common part of our tradition and culture. But physical punishment as a form of discipline is incompatible with the core religious values of respect for human dignity, justice and non-violence and evidence of the harm it causes both in the short and long-term is well documented. Some Christian groups use their religion to justify physical punishment and may argue that it is sanctioned in scriptural texts such as in Proverbs 13:24: “Those who spare the rod hate their children, but those who love them are diligent to discipline them.” But it is not appropriate to take such texts out of their ancient cultural context to justify violence towards children. As Christians, our reading of the Bible is done in the light of Jesus’ teaching and example. Jesus treated children with respect and placed them in the middle of the group, as in Mark 9:37: “Whoever welcomes one such child in my name welcomes me.” The word “discipline” is for many people synonymous with physical punishment. But the word comes from the same root as “disciple”. Positive non-violent discipline is about guiding children and teaching by adult example. It is based on empathy, compassion and an understanding of how children develop. Positive discipline is both respectful and kind and it is the best way to promote self-discipline. People often express concern that banning corporal punishment will mean that many good and loving parents will face prosecution for “light” physical chastisement. But as in other countries where children enjoy equal protection under the law, parents will not be charged and prosecuted unless

doing so is necessary to protect the child from significant harm. We want to emphasize that law reform should go hand in hand with support for parents, widespread education and the promotion of positive discipline. Through working with others and honoring children's human right to equal protection under the law, we can put our faith into action and make significant progress towards a less violent society.

<http://churchesfornon-violence.org/wp/wp-content/uploads/2012/02/A-statement-supporting-legislation-to-end-corporal-punishment-of-children-2012-J1.pdf>

Fathers do not embitter your children, or they will become discouraged. **Colossians 3:21**

Do not repay evil with evil or insult with insult. On the contrary repay evil with blessing, because to this you were called so that you may inherit a blessing. **1 Peter 3:9**

Do not envy the violent or choose any of their ways. **Proverbs 3:31**

He called a little child to him, and placed the child among them. And he said, "Truly I tell you, unless you change and become like little children, you will never enter the kingdom of heaven. Therefore, whoever takes this lowly position of this child is greatest in the kingdom of heaven. And whoever welcomes one such child in my name welcomes me. **Matthew 18:2-5**

“ALTHOUGH WE HAVE QUANTIFIED THE COST OF CHILD ABUSE, IT’S IMPOSSIBLE TO QUANTIFY THE IMPACT OF ABUSE TO A CHILD, THEIR FAMILY AND OUR COMMUNITY — WITH ONE SINGLE CASE OUR SOCIETY HAS BEEN DEGRADED. THIS REPORT PROVES THAT NOT ONLY MORALLY, BUT FISCALLY, IT IS OUR MANDATE AS A COMMUNITY TO END CHILD ABUSE ONCE AND FOR ALL.”—KATIE ALBRIGHT