Introduction
Given the statistics of how child maltreatment affects an individual, why is it still a worldwide epidemic affecting numerous children in low and high-income countries? Society itself has flourished from where it once stood yet child maltreatment has made little to no improvements in the hands of the caregivers, parents or family members in care of a child. Their actions result in the harm, potential harm, or threats of harm to their own child or children. Although child maltreatment has occurred for years, it has now been brought to the attention of the public health and social welfare services due to the numerous, long-term consequences it has had on a child’s life into adulthood.

Methods & Materials
Several forms of child maltreatment are known widely, that clinicians or psychologists recognize when they observe or study children.

- **Physical**- is the intentional use of physical force or implements against a child that results in, or has the potential to result in, physical injury
- **Sexual**- Any completed or attempted sexual act, sexual contact, or non-contact sexual interaction with a child by a caregiver
- **Psychological**- Intentional behavior that conveys to a child that he/she is worthless, flawed, unloved, unwanted, endangered, or valued only in meeting another's needs.
- **Neglect**- Failure to meet a child's basic physical, emotional, medical/dental, or educational needs; failure to provide adequate nutrition, hygiene, or shelter; or failure to ensure a child’s safety

Findings
**Agency reports**
**UK (England)**
1.50% of children were estimated to have been referred to social services for abuse (excluding neglect and intimate-partner violence); the rate for all social welfare referrals for children (<18 years) in 2007 was 4.96% per year
0.84% of all social welfare referrals were estimated to have been investigated for abuse; 2.77% of children were investigated in 2007
0.30% of children started on a child-protection plan in 2007 (previously child protection registration);
reports according to primary reason were: neglect 44%, physical abuse 15%, multiple 10%, psychological abuse 23%, and sexual abuse 7%

**USA**
4.78% of children were investigated in 2006
1.21% of children were substantiated in 2006; primary reasons were: neglect 60%, physical abuse 10%, multiple 12%, psychological abuse/unknown 11%, and sexual abuse 7%

**Canada**
2.15% of children were investigated in 2003
0.47% of children remained suspicious
0.97% of children were substantiated; primary reasons were: neglect 38%, physical abuse 23%, psychological abuse 23%, and sexual abuse 9%

**Australia**
3.34% of children were referred in 2002–03
0.68% of children were substantiated; primary reasons were: neglect 34%, physical abuse 28%, psychological abuse 34%, and sexual abuse 10%

Conclusions
Child maltreatment cannot be stopped but could be prevented if one is aware of it. With the help of clinicians and psychologists, children can now get the help they need, preventing them from developing long-term effects that follow them into adulthood. Avoiding such effects not only helps the child, but society, and their participation in it. If an individual can receive early care, it will help their recovery as whole. The New York State Office of Mental Health (OMH) has several locations dedicated to helping individuals get the help they need to overcome the mental illnesses that disrupt their lives.

Acknowledgements