

# NATIONAL CHILD ABUSE COALITION

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## Child Abuse and Neglect: Prevention and Treatment Policy Recommendations

**To: Office of Presidential Transition**

**From: American Humane Association  
American Professional Society on the Abuse of Children  
American Psychological Association  
Association of University Centers on Disabilities  
Child Welfare League of America  
Family Violence Prevention Fund  
First Focus  
National Alliance of Children's Trust and Prevention Funds  
National Association of Counsel for Children  
National Association of Social Workers  
National Center on Shared Leadership  
National Exchange Club Foundation  
National PTA  
National Respite Coalition  
Parents Anonymous® Inc.  
Prevent Child Abuse America  
Stop It Now!®  
Voices for America's Children**

**Date: November 18, 2008**

**Objective: Develop a national strategy to prevent child maltreatment so that children are, first and foremost, protected from abuse and neglect.**

**Issue: Child abuse is a problem with multiple causes and wide-reaching consequences.**

Over the years, research has demonstrated how maltreated children are at increased risk of other related problems including debilitating physical health conditions, school failure, criminal and delinquent behavior, substance abuse, teen pregnancy, and emotional and mental health problems.<sup>1</sup> Our failure to prevent the abuse and neglect of children from occurring in the first place costs American taxpayers over \$103 billion per year.<sup>2</sup> In 2007, a UNICEF<sup>3</sup> report found the United States was ranked 20<sup>th</sup> in child well-being out of the world's 21 wealthiest nations. The measures used by UNICEF represent educational, health and safety, material, and family and peer well being: measures that can reduce the potential for child maltreatment.

To protect children adequately and prevent child maltreatment successfully, a range of public services, private agencies and citizens must work together. The federal government can assist

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<sup>1</sup> V.J. Felitti, R.F. Anda, et al. (1998). *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study.* American Journal of Preventive Medicine. C. S. Widom (1992). *The Cycle of Violence.* Washington, DC: National Institute of Justice.; S.R. Morgan (1976). *The Battered Child in the Classroom.* Journal of Pediatric Psychology. ; H.P. Martin & M.A. Rodeheffer (1980). *The Psychological Impact of Abuse in Children.* In: G.J. Williams. *Traumatic Abuse and Neglect of Children at Home.* Baltimore, MD: Johns Hopkins University Press.

<sup>2</sup> Wang, C & Holton, J. (2008). *Total estimated cost of child abuse and neglect in the United States: Statistical evidence.* Chicago, IL: Prevent Child Abuse America.

<sup>3</sup> United Nations Children's Fund (2007). *Child Poverty in Perspective: An overview of Child Well-being in Rich Countries.* Innocenti Report Card 7, UNICEF Innocenti Research Center, Florence, Italy, p. 2. <http://www.unicef.org/media/files/ChildPovertyReport.pdf>.

those roles. Until communities make it their priority, this nation will continue to bear the enormous cost of treating the terrible damage caused by the abuse and neglect of children. Leadership from the federal government is needed to dedicate the resources to prevent child abuse from ever happening.

Good outcomes for children and families at risk of abuse or neglect depend as well on a stable and highly skilled child welfare workforce able to provide services that meet federal goals. Large caseloads and worker turnover delay the timeliness of investigation and limit the frequency of worker visits with children, hampering agencies' attainment of some key federal safety and permanency outcomes.<sup>4</sup> Agencies struggle to fill social work vacancies. The supply of licensed social workers is insufficient to meet the needs of organizations serving children and families as workload expansion plus fewer resources impedes social worker retention.<sup>5</sup>

### **Proposals: Campaign Commitments -- Preventing Child Maltreatment**

We applaud the commitment of President-elect Obama to promote the prevention of child maltreatment, to support parents with young children, and to expand Early Head Start.

- **Allocate increased resources to support community-based child abuse prevention** activities through the Child Abuse Prevention and Treatment Act (CAPTA). To prevent child abuse and neglect, communities must provide an array of effective strategies that support and strengthen families. All families need support; universal child abuse prevention programs offer the support families need. For example, evaluations of home visiting services have shown positive effects in the areas of parenting, child abuse and neglect, birth outcomes, and health care.<sup>6</sup> Crisis nurseries have been demonstrated to protect children against abuse at home.<sup>7</sup> According to a nationwide longitudinal study, parents who participated over time in parent support groups showed improvement in child protective factors and reduced child maltreatment.<sup>8</sup>
- **Provide greater resources to family support and strengthening programs** by funding Promoting Safe and Stable Families (PSSF) at its fully authorized level. Research is clear that by investing in positive outcomes for children and families, family support and family strengthening programs can also lead to fewer incidences of child abuse and neglect. Unfortunately, the PSSF discretionary grant is currently funded at just \$63.3 million, \$136.7 million short of the authorized level. Fully funding PSSF will promote the expansion of family support services in communities across the nation and provide more intensive help for families in crisis.
- **Support parents with young children through an array of research- and evidence-based home visitation models** that enable communities to provide the most appropriate services suited to the families needing them. Research evidence supports the value of a range of early childhood home visitation models using professionals, nurses, paraprofessionals, and trained volunteers from the community in improving parenting and family health and preventing child maltreatment. The results from various randomized trials evaluating different home visitation models, using trained paraprofessionals, nurses and other professionals, show positive effects in parenting, child abuse and neglect, birth

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<sup>4</sup> U.S. General Accounting Office (2003). *Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff*. Washington, DC.

<sup>5</sup> Whitaker, T. Weismiller, T. & Clark, E. (2006). "Assuring the sufficiency of a frontline workforce: A national study of licensed social workers. Executive summary." Washington, DC: National Association of Social Workers.

<sup>6</sup> Hahn, R.A., Bilukha, O.O., Crosby, A., Fullilove, M.T., Liberman, A., Moscicki, E.K., et al. (2003). *First reports evaluating the effectiveness of strategies for preventing violence: Early childhood home visitation*. Center for Disease Control, Morbidity and Mortality Weekly Report, 52, 109.

<sup>7</sup> *Crisis Respite: Evaluating Outcomes for Children and Families Receiving Crisis Nursery Services*. ARCH National Respite Network, 2007.

<sup>8</sup> *National Outcome Study of Parents Anonymous* (2007). U.S. Department of Justice, Washington, DC.

outcomes, and health care. Immediate enactment and funding of the *Education Begins at Home Act* would provide states with the resources necessary to build coordinated home visitation systems.

- **Expand the focus on assisting families in building protective factors** that help ensure prevention of child abuse and neglect. Based on research, essential protective factors have been identified that help strengthen families and prevent child abuse and neglect. Often, small and simple changes in practice or policy help families make significant positive changes. Strategies to promote these protective factors can be implemented in all settings that serve children and their families, including early care and education, child welfare, education, community based prevention programs and others.
- **Provide states with funds adequate to improve child protective services, including infrastructure enhancement**, through the CAPTA Basic State Grants. States are hard pressed to respond quickly and adequately to the volume of reports of child maltreatment, to treat abused and neglected children, or to protect them from further harm, a fact that is particularly troubling when the youngest children suffer the highest victimization rate. The nation's protective services (CPS) system has long been stretched beyond capacity, and CAPTA funds have not kept pace with the needs of communities for supporting families and protecting children. At current funding levels, child protection agencies are unable to serve hundreds of thousands of abused and neglected children in their caseloads. According to the most recent HHS data, almost 40 percent of the 900,000 child victims known to CPS received no services following a substantiated report of maltreatment.<sup>9</sup> CAPTA's Basic State Grants help states protect children.
- **Add flexibility to the use of Title IV-E funds** for the purpose of preventing or intervening to prevent child abuse, as proposed in the Invest In Kids Act (HR 5466), and link the use of funds to state or community-based measurable outcomes and data.
- **Expand the number of eligible children for Early Head Start.** Through the comprehensive services provided to young children and their families, Early Head Start programs can play an important role in preventing the abuse and neglect of children and in protecting children and ameliorating the affects of maltreatment they may have already suffered by offering greater attention (including eligibility) to serving children referred by child welfare services who have been maltreated or are at-risk of abuse or neglect; providing training for Head Start personnel who work with children referred by child welfare services; and attending to the needs of parents for parenting skills training and training in basic child development.

### **Proposals: Campaign Commitments -- Health Care**

We support the commitment of President-elect Obama to mandate health care coverage for every child, and we urge special attention to meeting the health care needs of abused and neglected children.

In shaping the scope of health care services related to the prevention and treatment of child maltreatment, coverage should be available to all children, including benefits for regular preventive-care visits, early intervention, diagnostic and treatment services, and mental health services. Existing supplemental service delivery systems already addressing the health care of children and families, such as home visitor services, should be provided as part of a benefits package for children to improve access to health care.

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<sup>9</sup> U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2006*. Washington, D.C., U.S. Government Printing Office, 2008.

- **Provide preventive services to strengthen families and protect children as core functions of public health.** Support to state and local health care agencies should recognize child abuse and neglect as a public health issue in 1) integrating existing research-based public health prevention interventions, 2) testing and developing new public health prevention interventions, and 3) providing prevention information for consumers and providers of health care.
- **Collecting health data should encompass information on child abuse and neglect reports** and child maltreatment fatalities. Activities aimed at reducing violence in communities should address the prevention of violence against children at home by their parents or guardians.
- **Expand Medicaid and SCHIP.** Extending coverage to include low-income uninsured children ensures that the health care and well-being of those children most at risk of abuse or neglect receive attention.
- **Guarantee coverage of treatment for mental health problems as a uniform health benefit,** including access to a broad array of services – prevention and early intervention, inpatient, outpatient, partial hospitalization, residential treatment and home and community-based services. Prevent the tragic necessity of parents relinquishing custody of their children to the state because they are unable to afford the mental health services for their seriously emotionally disturbed children. Coverage should include a continuum of accredited mental health services, long-term and intensive, especially important for treating victims of child abuse and preventing the harmful, more costly long-term consequences of child maltreatment. Less intensive services are insufficient to recovery for maltreated children.
- **Link access to children’s health care to other community services** such as Head Start or day care programs, which include abused and neglected youngsters who may be unrecognized and therefore inadequately treated.
- **Provide school health education programs** with mental health education, and a curriculum including parenting and child development with a focus on the prevention of such health-risk behaviors as child abuse and neglect.
- **Mandate priority access to school-related health services** in communities with high rates of child abuse and neglect in measuring community health and level of need for services to children and youth. Adolescents should be able to receive school-based health care screenings for physical and mental health concerns.
- **Enhance coordination of mental health and child protective services** to establish better linkages and referrals for improving access to mental health services for maltreated children. Coordinated systems need to be built. The majority of children with behavioral and mental health problems have a history of abuse and neglect. These children and their families need multiple services, which in many cases are fragmented or nonexistent.

### **Proposals: Federal Agency Roles in Addressing Child Maltreatment**

We believe that a broad range of federal agencies have a role in protecting children and preventing child maltreatment, founded on the missions of their individual agencies.

The same children appear for services across systems, whether child welfare, juvenile justice, domestic violence, mental health, education, public health or developmental disabilities, to cite a few. However, government’s response to abused and neglected children has often been fragmented, crisis-oriented and driven by symbolic and political expediency, news headlines and

budget restraints unrelated to need. As a result, the legislative response -- at all levels of government -- has often tended to focus on narrow issues in protecting children, frequently causing legislators to design piecemeal solutions.

Every federal agency should be charged with examining the relationship of its mission to the abuse and neglect of children, identifying the appropriate role each agency should play in this important undertaking, targeting policies and allocating resources, that include collaborations and blending funding across cabinet-level agencies, to programs with a role in protecting children and preventing child maltreatment. Agency leaders should examine the current system of care for children and how that relates to the points at which families touch the various systems their agencies support. An effort must be initiated to ensure that all federal funding, policies and regulations related to child well-being are coordinated and working towards complimentary goals.

- **Build a coordinated system of family services at HHS** through existing programs and funding authorities, with the mission of protecting children and preventing child maltreatment. Build on programs serving children and families (such as TANF, Maternal and Child Health Block Grant, Indian Health Service, and Early Head Start) to offer a variety of child maltreatment prevention services. Integrate program services and blend funding streams to achieve the maximum collaboration among various systems including, child welfare, domestic violence, substance abuse, mental health, and public health.
- **Create consistency across HHS regions** by allowing the use of Title IV-E training funds for training in activities designed to keep children out of foster care.
- **Engage the leadership of the Administration for Children and Families** in promoting the implementation of non-adversarial approaches in response to reports of abuse and neglect through such approaches as differential response and family group decision-making, which encourage families to recognize their own needs and seek services to enhance parenting skills, address mental health and substance abuse concerns, work, daycare and other family needs.
- **Support efforts to address the importance of culturally competent and linguistically appropriate services for children and families** and to support analysis and evaluation of research- and evidence-based practices that are effective across populations and well-suited to specific populations.
- **Charge the Surgeon General with the development of a public health initiative on the prevention of child maltreatment** and with issuing a comprehensive report on the nature and extent of child abuse in the United States, its causes, prevention and treatment. A Surgeon General's report would serve as a call to action to heighten the nation's awareness of our shared responsibility to protect children and prevent child abuse and neglect.
- **Because child maltreatment and domestic violence coexist** in 30 to 60 percent of the families in which either is present, particular attention within HHS and the Department of Justice, for example, must be paid to the development and implementation of collaborative procedures in child welfare and domestic violence prevention programs in the investigation, intervention, and delivery of services and treatment provided to children and families, all aimed at enhancing the safety both of children and victims of domestic violence.
- **Establish policies in HHS and DOJ addressing the coordination** of child abuse and neglect, domestic violence and animal protection efforts, recognizing the link between the abuse and neglect of children, domestic violence and animal cruelty. Agency initiatives

should include development of model cross-reporting laws, interagency cross-training, and establishment of protocols among first responders.

- **Make appointments to the CAPTA-authorized U.S. Advisory Board on Child Abuse and Neglect**, inactive during the Bush administration, and assure that HHS provides modest resources for its activities. Past work of the Advisory Board has proven a valuable resource for recommendations on promoting the nation's response to protecting children and preventing abuse and neglect through the engagement of federal, state and local resources and community commitments to supporting children and families.
- **Invest resources in the work of the Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control** to address child maltreatment through a public health approach. Coordinate the work of CDC to develop data from the public health perspective with other relevant agencies to ensure collection of all necessary data on child safety and the status and well-being of children.
- **Require the Department of Education to extend IDEA Part C services** to victims of child maltreatment to provide early intervention services for children with special needs who have been abused or neglected. Significantly increase appropriations for Part C so that more eligible children can be served under the program.
- **Promote professional involvement in child protection in higher education** through incentives for graduate education and loan forgiveness in psychology, nursing, social work, and medical and legal training, for example. Foster interdisciplinary collaborations at the graduate school level, through clinical programs and promote training of multi-cultural and multi-lingual professionals in child protection. Support university-affiliated programs at academic medical centers for research and training with a prevention focus.
- **Dedicate funding in HUD's Community Development Block Grants for family strengthening programs**, giving priority for families with children known to child welfare services in assistance with promoting economic self-sufficiency.
- **Charge SAMHSA with requiring state mental health and substance abuse treatment plans to provide for child abuse-related mental health and substance abuse services.** Increase the availability of mental health consultants to work with very young children who are experiencing emotional and behavioral challenges. Develop a public health agenda with attention to the intersection of child maltreatment with substance abuse and mental health, including programs to serve parents needing treatment in order to provide safe, stable, nurturing homes for their children. Develop services for the prevention of child maltreatment related to substance abuse. Promote collaboration between substance abuse and child maltreatment parent self-help groups.
- **Urge SAMHSA to support and expand the funding and activities of the National Child Traumatic Stress Network (NCTSN)**, especially those related to child maltreatment. Encourage the NCTSN and the National Center for Child Traumatic Stress (NCCTS) to develop further resources, training programs, and public awareness efforts related to child abuse and neglect. Promote the development of partnerships between NCTSN/NCCTS and major child maltreatment coalitions, organizations, and state and federal agencies, especially in their work related to child maltreatment, domestic violence, and other forms of trauma related to child abuse. Encourage SAMHSA to broaden the national impact of this program and increase attention to the needs of children, youth, and families affected by trauma and violence, and those who are working to support their recovery.
- **Mandate the Department of Agriculture's Cooperative Extension Service to develop a focus on high-risk families**, through its mission to advance human health and well-being,

including promotion of parenting education, respite and crisis child care, home visitation, and family support groups.

- **Through the WIC program, USDA has the opportunity to address issues of neglect** of children and to include supportive, family-strengthening services and referrals for the families it serves.
- **Promote support through the Justice Department's** criminal justice block grant funding for community-based child abuse prevention activities as authorized, addressing the DOJ mission to prevent crime and delinquency.
- **Charge the DOJ Office of Juvenile Justice and Delinquency Prevention, and in particular its Child Protection Division,** with responsibility, in coordination with HHS, for enhancing the availability of quality legal representation for abused and neglected children and their parents. That Office can also continue and expand its work to help improve how the nation's juvenile and criminal courts address and coordinate the handling of child maltreatment cases.
- **Strengthen the capacity of the Child Protection Division at the Office of Juvenile Justice and Delinquency Prevention (OJJDP),** DOJ, to address child protection issues including overrepresentation of children of color in the child welfare system, cultural competency, advocacy for children and data collection and coordination by courts. Authorized funding for the model juvenile courts and expansion of Court Appointed Special Advocates (Victims of Child Abuse Act) and coordination of court data collection (Strengthening the Abuse and Neglect Courts Act) should be expanded. DOJ evaluation revealed that 91% of children with a Court Appointed Special Advocate never re-enter the system because of subsequent abuse, in contrast to 84% of the general foster care population.
- **Extend the Department of Defense services,** through the Military Family Resource Center and its family advocacy programs, for the prevention of child abuse and neglect and domestic violence in the military. Reduce the stigma associated with seeking help by not requiring soldiers and their families to have a formal diagnosis in order to seek assistance. Provide family strengthening strategies that promote the development of protective factors in military families.
- **Focus funding to the National Institutes of Health** for biomedical and behavioral research on health promotion and disease prevention to address prevention and treatment approaches in child abuse and neglect, building on the work of the Child Abuse and Neglect Working Group, with expanded priority concerns for research in such areas as child and adolescent health, recurrent health conditions, mental health, and substance abuse. Support development of a coordinated research agenda through leadership at NIH in collaboration with other federal agencies supporting scientific research. Establish a standing review committee for setting government-wide research priorities and funding interrelated research projects.