

**PROTECTING CHILDREN, STRENGTHENING
FAMILIES: REAUTHORIZING CAPTA**

HEARING

BEFORE THE

SUBCOMMITTEE ON CHILDREN AND FAMILIES

OF THE

COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS

UNITED STATES SENATE

ONE HUNDRED TENTH CONGRESS

SECOND SESSION

ON

EXAMINING REAUTHORIZATION OF THE CHILD ABUSE PREVENTION
AND TREATMENT ACT (CAPTA) (PUBLIC LAW 93-247), FOCUSING ON
PROTECTING CHILDREN AND STRENGTHENING FAMILIES

JUNE 26, 2008

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PROTECTING CHILDREN, STRENGTHENING FAMILIES: REAUTHORIZING CAPTA

THURSDAY, JUNE 26, 2008

U.S. SENATE,
SUBCOMMITTEE ON CHILDREN AND FAMILIES, COMMITTEE ON
HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The subcommittee met, pursuant to notice, at 2:40 p.m. in Room SD-430, Dirksen Senate Office Building, Hon. Christopher Dodd, chairman of the subcommittee, presiding.

Present: Senators Dodd and Isakson.

OPENING STATEMENT OF SENATOR DODD

Senator DODD. I apologize to our witnesses and our guests in the hearing room, and to my colleague from Georgia, for being a few minutes late getting over here. I'm delighted you're all here this afternoon for a very important hearing, and I thank our audience as well as my colleagues and the staff who are here.

Let me begin with a brief opening statement about the issue before us today. I'll turn to my colleague Senator Isakson of Georgia and then we'll turn to our witnesses here and ask them for some opening comments and statements, and then have a good conversation with each other about the importance of this effort.

I'd like to welcome my colleague, as I said, to this important hearing and thank our very distinguished witnesses this afternoon for being with us today as well. Today's hearing will look at the Child Abuse Prevention and Treatment Act and hear from different perspectives, its successes, its shortcomings, and how it is being implemented across the country.

Today in the United States nearly a million children are abused in some way each year. It's a stunning number. While CAPTA has brought much-needed attention and change to the issues of child maltreatment, this number is astonishingly and unacceptably high.

We're here today to hear from an array of witnesses who will discuss their experiences with CAPTA and suggest changes that might be made during the reauthorization of this vitally important piece of legislation. CAPTA was initially enacted in 1974 with a very simple purpose: creating a single Federal focus to deal with the problems of child abuse and neglect. CAPTA provides a Federal minimum definition of what constitutes child abuse and neglect. It is composed of basic grants for States to improve their child protective systems, grants for community-based services, and activities to prevent child abuse and neglect. It authorizes Children's Justice

Act grants, for States to create multidisciplinary task forces to address sexual abuse, child abuse and neglect, fatalities, and abuse and neglect cases involving disabled children. CAPTA also provides discretionary grants to fund research, resource centers, and demonstration projects related to preventing and treating child abuse.

Over the past 34 years, CAPTA has been reauthorized and changed to adapt to emerging trends and needs in this arena. We continue to see changing needs, which we will begin to address at this hearing.

CAPTA has improved the outcomes of rates of child maltreatment, but disparities and concerning trends remain. The rates of physical abuse have decreased in recent years, but the rates of neglect have remained disturbingly constant and 60 percent of child maltreatment cases are due to neglect. Minorities are impacted acutely by child maltreatment, with the highest rates of child victims reported for African-American children, totaling nearly 20 victims out of every 1,000 children, with other races not far behind. The rate of abuse for white children is about half of that.

Other issues that need to be addressed include the role of domestic violence and child abuse in neglect cases and the role of fathers and men in these cases. Domestic violence is involved in approximately half of all cases that are reported to child protection services. In my home State of Connecticut, in the home visiting population, 18 percent of fathers in urban communities are in prison when their children are born and only 30 percent of the fathers in these programs live with their children.

Perhaps the most disturbing finding is that the youngest children in this country are the most abused and neglected—I find that incredible—and I would add, the most vulnerable.

CAPTA can and should address these issues. States have implemented CAPTA in a variety of ways and some are testing and putting in place innovative programs to address these problems, which we hope to encourage with this legislation. A number of States are looking at what is known as differential response, which recognizes that we cannot have a one-size-fits-all child welfare system. In Philadelphia, for instance, an effort is under way to screen every child reported to the child welfare system, whether they be substantiated or unsubstantiated cases of neglect or abuse.

Mental health is a major factor in child abuse and neglect. Again, my home State of Connecticut will soon conduct a trial on the in-home cognitive behavioral therapy for treating mothers with depression. The goal of this effort is to address the root cause of some child abuse and neglect, as research shows that depression in mothers increases their risk for abuse and neglect.

Although child abuse and neglect are preventable, they currently cost this country an estimated \$103.8 billion annually in 2007 dollars. Of course, the true cost is far beyond that. I only mention those numbers just for those who wonder about this issue in purely financial terms. The larger cost is largely an emotional one, of behavioral and developmental effects that abuse and neglect have on children long into their lives.

We convene this hearing today to hear how CAPTA is being implemented in the field and how it can be changed and improved to better address the needs of our children and families. The needs of

our children and families, of course, are paramount. This is one of the most serious responsibilities that we have as legislators.

Let me—if I can now turn to my colleague from Georgia for his opening comments and then we'll be anxious to hear from our witnesses.

[The prepared statement of Senator Dodd follows:]

PREPARED STATEMENT OF SENATOR DODD

I would like to welcome my colleagues to this important hearing, and thank our distinguished witnesses for being with us today. Today's hearing will look at the Child Abuse Prevention and Treatment Act and hear, from different perspectives, its successes, its shortcomings, and how it is being implemented across the country.

Today, in the United States, nearly a million children are abused in some way each year.

It is a stunning number. While CAPTA has brought much-needed attention and change to the issues of child maltreatment, this number is astonishingly and unacceptably high. We are here today to hear from an array of witnesses who will discuss their experience with CAPTA and suggest changes that might be made during reauthorization of this vital legislation.

CAPTA was initially enacted in 1974 with a simple purpose: creating a single Federal focus to deal with the problems of child abuse and neglect.

CAPTA provides a Federal minimum definition of what constitutes child abuse and neglect. It is composed of basic grants for States to improve their child protective systems, grants for community-based services and activities to prevent child abuse and neglect, and authorizes Children's Justice Act grants for States to create multidisciplinary task forces to address sexual abuse, child abuse and neglect fatalities, and abuse and neglect cases involving disabled children. CAPTA also provides discretionary grants to fund research, resource centers, and demonstration projects related to preventing and treating child abuse. Over the past 34 years, CAPTA has been reauthorized and changed to adapt to emerging trends and needs in this arena. We continue to see changing needs, which we will begin to address at this hearing.

CAPTA has improved the outcomes and rates of child maltreatment, but disparities and concerning trends remain. The rates of physical abuse have decreased in recent years, but the rates of neglect have remained disturbingly constant, and 60 percent of child maltreatment cases are due to neglect.

Minorities are impacted acutely by child maltreatment, with the highest rates of child victims reported for African-American children, totaling nearly 20 victims out of every thousand children, with other races not far behind. The rate of abuse for white children is about half.

Other issues that need to be addressed include the role of domestic violence in child abuse and neglect cases, and the role of fathers and men in these cases. Domestic violence is involved in approximately half of all cases that are reported to child protective services. In the State of Connecticut's home visiting population, 18 percent of fathers in urban communities are in prison when their chil-

dren are born, and only 30 percent of fathers in these programs live with their children.

Perhaps the most disturbing finding is that the youngest children in this country are the most abused and neglected. And, I would add, the most vulnerable.

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A number of States are looking at what is known as "differential response," which recognizes that we cannot have a "one-size-fits-all" child welfare system. In Philadelphia an effort is underway to screen every child reported to the child welfare system, whether they be substantiated or unsubstantiated cases of neglect or abuse.

Mental health is a major factor in child abuse and neglect, and my home State of Connecticut will soon conduct a trial on an in-home cognitive behavioral therapy for treating mothers with depression. The goal of this effort is to address the root cause of some child abuse and neglect, as research shows that depression in mothers increases their risk for abuse and neglect.

Although child abuse and neglect are preventable, they currently cost this country an estimated \$103.8 billion annually, in 2007 dollars. Of course, the true cost is the emotional, behavioral, and developmental effects abuse and neglect have on children long into their lives. We convene this hearing today to hear how CAPTA is being implemented in the field and how it can be changed and improved to better address the needs of our children and families. This is one of our most serious responsibilities as legislators.

Senator DODD. I now turn to Senator Isakson for an opening statement.

STATEMENT OF SENATOR ISAKSON

Senator ISAKSON. Well, thank you, Mr. Chairman. I'm honored to be here with you today, and I want to welcome all of our guests and our professionals, and in particular Ms. Tanya Long. I had the occasion earlier today to read her compelling story. Your courage to come forward is a great testimony to CAPTA and the program that it funds, Parents Anonymous, and I'm looking forward to everyone being able to hear the benefits of that program and what it did for you and your life and the life of your children and your grandchild. So welcome to you.

Thanks to all of you for being here today and I look forward to the testimony.

Senator DODD. Thank you very much, Senator.

Let me introduce our very distinguished panel of witnesses. First of all, I'd like to welcome Dr. Cheryl Boyce. Doctor, we thank you for being with us. Dr. Boyce is a child clinical psychologist in the Division of Pediatric Translational Research and Treatment and Development, the National Institutes of Health. Dr. Boyce is here to discuss her research on child abuse and neglect. We look forward to hearing what you've learned through your research regarding intervention, home visitation, and the effects of child abuse and neglect on mental health and behavior.

Tanya Long we've already sort of introduced by Senator Isakson and we welcome. I want to underscore the comments of Senator Isakson. It takes a lot of courage to stand up and talk about a personal journey. But, know full well, Ms. Long, that your story is one that is not unique. I know that it seems that way, but unfortunately it's not. There are literally thousands and thousands of people that are going through, or have gone through similar journeys.

Your presence here today and your sharing this story gives us a dimension that is beyond the data and the numbers and the statistics. I almost hesitate to use some of these numbers in talking about the number of cases and how much it costs, because it's important for people to understand this in real, personal terms, and your presence and participation here make that possible. You're performing a very, very valuable national service by being here this afternoon and we're all very, very grateful and honored you're here. We thank you very, very much.

I'd like to also introduce if I can Karen Foley—is it “SHAEN”? Is that the correct?

Ms. FOLEY-SCHAIN. Yes.

Senator DODD. Karen Foley-Schain today is joining us from Connecticut. She is the Executive Director of the Connecticut Children's Trust Fund, the State agency that distributes CAPTA Title 2 funding in Connecticut, where she has served as the Executive Director since 1999. We thank you as well for being with us, from my home State.

Caren Kaplan is the Director of Child Protection Reform at the American Humane Association. She is leading a national initiative on differential response, and she has done extensive work on chronic neglect and the assessment of child safety, risk, and comprehensive family functioning by child protection agencies. Certainly your testimony will be tremendously valuable.

We'll begin with you, Dr. Boyce, if we can, and ask you if you would try and keep your opening statements down to 5 or 6 minutes or so. I promise you that your full remarks and any supporting data and information which you think will be valuable for our committee in its consideration of the reauthorization of this program will be made a part of the record.

That goes for all of the witnesses today. If you can kind of abbreviate it a bit, we can get to some of the questions. We thank you again for being with us.

Dr. Boyce, the floor is yours.

STATEMENT OF CHERYL ANNE BOYCE, PH.D., CHIEF, CHILD ABUSE AND NEGLECT PROGRAM, NATIONAL INSTITUTE OF MENTAL HEALTH

Dr. BOYCE. Good afternoon. Thank you, Chairman Dodd, and thank you, Senator Isakson, for coming today. You've given me a great introduction. In addition to being at the National Institute of Mental Health, where I serve as Chief of the Child Abuse and Neglect Research Program, I am a child clinical psychologist who has seen these cases at Children's National Medical Center in the past, not far from where we are today.

I serve as a co-chair on one of the larger inter-agency efforts to combat child abuse and neglect through research collaborations,

the NIH Child Abuse and Neglect Research Working Group, and I co-chair this along with Valerie Holmes, who's at the partner institute, NICHD, which you may be familiar with.

I oversee research that seeks to reduce and prevent the negative consequences of child abuse and neglect, specifically mental disorders, which you referenced in your opening statement. We work routinely with ACF, the Centers for Disease Control and Prevention, the Department of Justice, Department of Education, and Department of Defense, as well as advocacy groups and the public community.

We know, as you've just stated, that child abuse and neglect can have a profound impact on children's immediate as well as long-term mental and physical health. In 2006, as you referenced in your statement, it's almost a million children who were victims, 905,000. More than 60 percent of these children experience neglect. This has been a specific emphasis of our research efforts through a consortium that we've funded for many years.

Furthermore, it's the youngest children that are at risk. Ages birth to 3 years have the highest rates of victimization. Most devastating is that 1,500 children die annually due to child abuse and neglect. Those who have been exposed to neglect are exposed to various risk factors and subsequent health problems. They experience high rates of post-traumatic stress disorder, depression, isolation, self-destructive behaviors, and then co-morbid problems, including substance abuse, tobacco use, alcohol abuse, and neurological impairments.

The youngest children are at highest risk. Neglect is the most pervasive problem and children are suffering from immediate and long-term problems over the course of development and throughout their life.

This is a complex public health issue, and that was highlighted previously by the Surgeon General, who held a workshop to make child maltreatment a national priority. It is caused by a myriad of factors, including individual, family, community level elements. Research to combat child maltreatment has included work in the basic area, biomedical area, behavioral, social sciences, and includes areas such as mental health, public health, prevention, alcohol and substance abuse, neurology, injury, trauma, child development, gene-environment interactions. We use all of these to inform prevention, assessment, treatment, and services for this vulnerable population of children and their families.

For example, right now we have announcements out there on violence and trauma and on interventions to call for our best research innovations to prevent child abuse and its potential negative effects. It's the complexity of these interactions that must be taken into account, so we can understand the consequences of maltreatment and focus on those factors that might promote resiliency in the face of this adversity.

We have longitudinal studies that offer critical information not only on mental health and physical health, but recent reviews suggest that there are adverse effects on the academic and intellectual functioning and occupational functioning of children who are abused.

When we look at services, we have some surprising and unfortunate patterns of children who are maltreated when it comes to services. Looking at the youngest children, 48 percent of toddlers and 68 percent of preschool-aged children evidence behavioral problems or developmental delays, but only 22 percent receive services. Looking at the children who are a little older than 2 years, 48 percent have indicated mental health problems, but only a quarter of those are receiving services.

Then when you look at children who are 3 years out of their first reports, 28 percent are reported as having already chronic health issues, and 30 percent of school-age children are identified as potentially in need of special education services.

In summary, we know this is a complex, multifaceted problem and we need to integrate knowledge at different levels of analysis—biology, individual, family, and the neighborhood. We need to intervene early, which is often the case for neglect, and follow children over time to understand when to intervene at key points of risk to impact their development and trajectories and reduce the negative effects on mental and physical health over time. When children are identified, we need to make sure that they're getting effective services.

With that, I will close and I am available to answer any questions you may have to help inform your decisionmaking now and in the future.

[The prepared statement of Dr. Boyce follows:]

PREPARED STATEMENT OF CHERYL ANNE BOYCE, PH.D.

SUMMARY

Child abuse and neglect can have a profound impact on children's immediate and long-term mental and physical health. It is a complex public health issue, likely caused by a myriad of factors, including elements involving the individual, the family, and the community. Children and adolescents exposed to child abuse and neglect experience high rates of post-traumatic stress disorder, depression, isolation, self-destructive behaviors and co-morbid problems including tobacco use; misuse of drugs and alcohol, as well as alcohol dependence; and neurological impairments. Reviews suggest that child abuse and neglect have adverse effects on academic and intellectual functioning and occupational functioning, which are likely to impact subsequent development and life trajectories as well.

Numerous prevention programs target caregivers to prevent maltreatment. Research has also demonstrated that there are numerous risk and protective factors that interact to affect maltreatment and are potential targets for effective interventions. Understanding the complexity of the many risk factors faced by children and families forms the basis for developing a new generation of targeted prevention and intervention research.

INTRODUCTION

Chairman Dodd and members of the subcommittee, good afternoon and thank you for the opportunity to speak to you today on research conducted and supported by the National Institutes of Health (NIH) to address the public health problem of child abuse and neglect. I am Cheryl Anne Boyce, Chief of the Child Abuse and Neglect Research Program at the National Institute of Mental Health (NIMH) within the NIH, an agency of the Department of Health and Human Services (HHS), as well as the co-chair of the NIH Child Abuse and Neglect Working Group. I am also a member of the Federal Interagency Workgroup on Child Abuse and Neglect led by the Office on Child Abuse and Neglect (OCAN) within the Children's Bureau of HHS's Administration for Children and Families (ACF) and a member of the technical working group for the National Survey of Child and Adolescent Well-Being.

I oversee research seeking to reduce and prevent the negative consequences of child abuse and neglect, specifically mental disorders. We at NIH believe that research on child abuse and neglect should be used to inform services and policy, and

therefore, we work routinely with other agencies, including ACF, the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Justice, the Department of Education, and the Department of Defense; advocacy groups; and the public community to facilitate the dissemination of research knowledge funded by NIH.

OVERVIEW AND CONSEQUENCES OF CHILD ABUSE AND NEGLECT

Child abuse and neglect can have a profound impact on children's immediate and long-term mental and physical health. In 2006, an estimated 905,000 children were victims of child abuse or neglect,¹ and children ages birth to 3 years had the highest rates of victimization. Approximately 1,500 children die annually due to child abuse or neglect. Children and adolescents who have experienced abuse and neglect are exposed to various risk factors for subsequent health problems and experience high rates of post-traumatic stress disorder (PTSD), depression, isolation, self-destructive behaviors and co-morbid problems such as tobacco use; misuse of drugs and alcohol, as well as alcohol dependence; and neurological impairments.¹

RESEARCH EFFORTS TO ADDRESS CHILD ABUSE AND NEGLECT

Because child abuse and neglect is a complex public health issue, likely caused by a myriad of factors, including elements involving the individual, the family, and the community, a research program focused on understanding and addressing these problems must necessarily draw upon interdisciplinary theories and approaches. In order to advance our knowledge of child abuse and neglect, NIH-funded research facilitates multi-disciplinary work in the basic biomedical, behavioral, and social sciences, including areas such as mental health, public health and prevention; tobacco use; misuse of drugs and alcohol, as well as alcohol dependence; neurology; injury; trauma; and child development. NIH research projects utilize rigorous scientific research designs that can inform prevention, assessment, treatment, demonstrations, or other types of service activities.

In 1997, NIH convened a working group of its major research Institutes and offices supporting research on child abuse and neglect to: (1) assess the state of the science; (2) make recommendations for a research agenda; and (3) develop plans for future coordination efforts at the agency. This group, the NIH Child Abuse and Neglect Working Group, meets routinely to coordinate relevant NIH research efforts and regularly meets with representatives of other Federal agencies. The working group has sponsored a number of workshops to stimulate research on child abuse and neglect. In addition, NIH Institutes are currently participating in two specific program initiatives to promote research related to child abuse and neglect. The first initiative, "Mental Health Consequences of Violence and Trauma,"² is designed to enhance scientific understanding of the etiology of psychopathology related to violence and trauma, as well as studies to develop and test effective treatments, services, and prevention strategies. Along with HHS partner agencies including SAMSHA, CDC, and ACF, NIH is the lead agency on the second funding initiative, "Research Interventions on Child Abuse and Neglect,"³ which is designed to stimulate research on interventions that assist in changing the negative biological and behavioral health effects of child abuse and neglect and may target individuals or groups of individuals such as dyads, families, communities, or service systems.

Child maltreatment received heightened attention as a result of a March 2005 Workshop convened by the Surgeon General entitled, "Making Prevention of Child Maltreatment a National Priority—Implementing Innovations of a Public Health Approach."⁴ The workshop participants generated ideas for eliminating obstacles to change; and identified opportunities for advancing innovations in science, service delivery, care coordination, and prevention. As an outgrowth of the workshop, the NIH Child Abuse and Neglect Working Group called for additional studies to provide a solid evidence base for prevention and intervention programs. The goal of this new initiative is to provide a scientific basis for understanding the biological and behavioral trajectories that can lead to child abuse and neglect in order to intervene at an early age.

A great deal of research has focused on identifying contextual factors that protect against maltreatment, as well as individual factors that better predict which children are likely to benefit from intervention. Innovative research funded by NIH has explored complex gene and environment interactions among maltreated children

¹ http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can.

² <http://grants.nih.gov/grants/guide/pa-files/PA-07-312.html>.

³ <http://grants.nih.gov/grants/guide/pa-files/PA-07-437.html>.

⁴ <http://www.surgeongeneral.gov/healthychild/workshop.html>.

that may account in part for these differences. For example, a recent study has shown that past child abuse experiences plus a variation in a specific gene accounted for more than twice the number of PTSD symptoms in adults who had later undergone other traumas, compared to traumatized adults who were not abused in childhood.⁵ A history of child abuse was not enough alone to lead to increase in PTSD symptoms, nor was variations in the stress-related gene enough by itself; it was the interaction between the two factors. This is a single illustration of the complexity of the interactions that must be taken into account to understand the consequences of maltreatment and the factors that may promote resiliency in the face of adverse experience.

A body of research that encompasses prospective longitudinal studies have offered critical information about the developmental trajectories of children who have been maltreated, as well as information about their pathways. Reviews suggest that child abuse and neglect have adverse effects on academic and intellectual functioning and occupational functioning, which are likely to impact subsequent development and life trajectories as well.⁶ Of these studies, the National Survey of Child and Adolescent Well-Being (NSCAW), begun in 1999, includes a nationally representative sample of children and families who are reported to child protective services.⁷ A grant from NIMH allowed for the collection of additional contextual information about the service systems for these children, as well as for data analyses related to children's services. Some notable findings from NSCAW are:

- 48 percent of children older than 2 years with completed child welfare investigations had indication of mental health problems, while only a quarter of them received mental health services.⁸
- 48 percent of toddlers and 68 percent of preschool-aged children in child welfare evidenced behavioral problems or developmental delays, but only 22 percent received services.⁹
- 28 percent are reported as having chronic health conditions within the 3 years after a report to child protective services.^{10 11}

Nearly 80 percent of perpetrators of child maltreatment were parents, according to data reports in 2006.¹² Findings suggest that among caregivers, partner violence, substance abuse, and parental depression are robust risk factors for future maltreatment.¹² By unraveling the complex, multi-level risk factors faced by children and families that may lead to child abuse and neglect, and understanding the multitude of trajectories that may result from it, research provides a solid underpinning for developing a new generation of targeted prevention and intervention research.

CONCLUSION

We know that we must continue to find ways to prevent child abuse in this country and decrease its negative consequences. This is a challenge that requires research translation, dissemination and collaboration across Federal, State, and local agencies and entities. I hope you will find the information that I have provided useful and helpful. I would be pleased to answer any questions at this time.

Senator DODD. Well, Dr. Boyce, thank you very, very much. We will have some questions for you about that.

Ms. Long, thank you again for being with us and we're happy to receive your testimony.

⁵Binder EB, Bradley RG, Wei L, Epstein MP, Deveau TC, Mercer KB, Tang Y, Gillespie CF, Heim CM, Nemeroff CB, Schwartz AC, Cubells JF, Ressler KJ. Association of FKBP5 Polymorphisms and Childhood Abuse With Risk of Posttraumatic Stress Disorder Symptoms in Adults. *JAMA* 299 (11): 1291–1305. March 19, 2008.

⁶Widom CS. (1998) Childhood Victimization: Early Adversity and Subsequent Psychopathology. In B.P. Dohrenwend. (Ed.) *Adversity, Stress, and Psychopathology*, (pp. 81–95) New York, NY: Oxford University Press.

⁷http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/index.html.

⁸Burns B, Phillips S, Wagner R, et al.: Mental Health Need and Access to Mental Health Services by Youth Involved With Child Welfare: A National Survey. *Journal of the American Academy of Child Adolescent Psychiatry* 43:960–970, 2004.

⁹Stahmer AC, Leslie LK., Hurlburt M, Barth RP, Webb MB, Landsverk J, and Zhang J. (2005). Developmental and Behavioral Needs and Service Use for Young Children in Child Welfare. *Pediatrics* 116(4), 891–900.

¹⁰Ringeisen H, Casanueva CE, Urato MP, and Cross TP (Forthcoming). "Special Health Care Needs Among Children in Child Welfare." *Pediatrics*.

¹¹http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/special_health/special_health.html.

¹²<http://www.childwelfare.gov/can/>.

STATEMENT OF TANYA LONG, PARENT, COLUMBUS, OH

Ms. LONG. Good afternoon.

Senator DODD. Grab that microphone. I think we've got to push a button there for you. Can someone?

Ms. LONG. Good afternoon.

Senator DODD. There you go.

Ms. LONG. My name is Tanya Long. Thank you, Chairman Dodd and Senator Isakson, for offering me this opportunity to put a face, a human face, on the prevention of child abuse and neglect by focusing on family-strengthening and child abuse prevention.

I am honored to testify today as a parent from Columbus, OH, and share my personal story of prevention and strengthening of families. I am a mother of 4 children ages 9, 10, 18, 32, and a grandmother of a 7-year-old. I am standing before you today as just an example of one family who transformed their lives for the better through a CAPTA-funded program. The program that I found success through was Parents Anonymous, which provides weekly support groups for parents and their children. My testimony will focus on the importance of prevention, how I have given back to my community to ensure that programs meet the diverse needs of families, and suggestions for strengthening the CAPTA statute.

Reaching out and engaging and empowering parents like me are critical factors in protecting children and preventing child abuse and neglect for future generations. CAPTA-funded programs should build on people's strengths, help individuals and families address their needs respectfully, and provide vital supports to parents and children of any age, race, and who reside in neighborhoods all across America.

I would like to share with you my personal journey. I sought help, received support, gained strength, and found hope for my family's future through Parents Anonymous. In 1998 I became homeless and hit rock bottom. My addiction to crack cocaine interfered with my ability to provide a safe and nurturing environment for my children. To the outside world, I appeared to be a highly functioning and supportive parent, but when I used drugs I neglected my children's needs. I did not want to be a parent any more because I was caught in the grips of cocaine.

When I had my third and fourth children 18 months apart, I felt overwhelmed and unprepared to take on the daunting task of raising two more young boys. I was faced with the most important choice of my life, my children or the drugs. I chose my children.

Then the real work began. I made a commitment to become clean and sober. I entered an outpatient drug program and moved into a homeless shelter. I needed to face head-on my inadequacies as a parent. I needed to move through the pain and really take hold of my emotions and what was underlying my actions.

My family and I were able to attend the weekly parent and children's meeting at the shelter and then in the community when I moved. Through the support, the mutual support of other parents, I was able to share my deepest fears, insecurities, and feelings of shame and guilt for neglecting my children because of my drug addiction. I replaced my feelings of helplessness with hope and found the courage and the strength to make lasting changes in my life.

The other parents in my group helped me identify my strengths and find solutions that worked for my family and me.

I am living proof of the effectiveness of CAPTA funding in preventing child abuse and neglect. After 5 months I was able to secure housing for my family. I had become a fully committed parent. I had transformed my negative attitudes, gained new parenting skills, and significantly improved my self-esteem. I'm going on 9 years—sorry, on 10 years of recovery. With all the positive changes in my life, I'm a stronger parent and my children are thriving today. They became a joy to me.

My daughter is a confident young woman. By strengthening my own family and receiving training and support I was able to grow and develop leadership skills. I feel blessed to be able to give back to other parents now by going through various leadership roles, such as co-trainer, board member, and advocate for prevention programs to strengthen families. I have developed numerous publications and co-trained with Parents Anonymous all over the country, focusing on the importance of engaging parents in the planning, implementation, and evaluation of programs and policy decisions as specified in CAPTA.

My prevention journey began with a focus on my own struggles and turning my life around by strengthening my family. I believe I need to give back because I have been blessed to receive so much. I am confident that when my children grow up they will raise their children in a safe and productive environment, free of abuse and neglect, and they will give back to their own community.

Several years ago, I received the greatest complement from my own mother and family members when they acknowledged the positive changes in me. After seeing the way I handled my youngest boys, my mom says she wishes she'd hugged my brothers more so they would have become better men.

I am currently attending college full-time, committed to obtaining a degree in communications. My oldest son is a loving, caring father and my 18-year-old daughter is a self-assured and confident young woman on her way to college. My younger boys are healthy, happy and successful students. Through my role modeling, they are all following in my footsteps and taking on leadership roles in their schools and the community.

My story is not unique. I am no more special than the hundreds of thousands of other parents who are out there working to conquer their own personal demons. I am here giving a voice today to the family-strengthening message as one example of hope and change, but we cannot forget the thousands of parents who are struggling with their parenting and other problems right now and do not have the courage to ask for our help or there is no program or supportive person in their lives to turn to. Strengthening CAPTA so that vital Federal dollars support prevention programs like Parents Anonymous will save the lives of thousands of children and their parents.

Before closing, I thank you for your commitment and leadership on these critical issues facing families. Your help is desperately needed in order to prevent child abuse and neglect. Together we can strengthen families all across America to prevent child abuse and neglect for generations to come.

Thank you.

[The prepared statement of Ms. Long follows:]

PREPARED STATEMENT OF TANYA LONG

Good afternoon, my name is Tanya Long. Thank you Chairman Dodd, Ranking Member Alexander and distinguished members of the Subcommittee on Children and Families for offering me this opportunity to put a human face on the prevention of child abuse and neglect by focusing on the effective family strengthening program: Parents Anonymous®.

I am honored to testify today as a Parents Anonymous® parent from Columbus, OH and share my personal story of prevention and strengthening of families. I am a mother of four children, ages 9, 10, 18 and 32 and a grandmother of a 7-year-old. I am standing before you today as an example of just one family who has transformed their life for the better through the evidence-based Parents Anonymous® Program, a CAPTA-funded program that provides weekly support groups for parents and their children serving millions nationwide for nearly 40 years. My testimony will focus on the importance of prevention, how I have given back to my community to ensure that programs meet the diverse needs of families and suggestions for strengthening the CAPTA statute. Reaching out, engaging and empowering parents like me are critical factors in protecting children and preventing child abuse and neglect for future generations. The unique philosophy and practices of mutual support and shared leadership ensure the success of Parents Anonymous® by building on people's strengths, helping individuals and families address their needs respectfully and providing weekly and on-going vital supports to parents and their children of any age, ethnicity, and who reside in neighborhoods all across America.

I am proud to continue the legacy first begun by Jolly K., the founding mother of Parents Anonymous®. This year marks the 35th anniversary of Jolly K.'s groundbreaking testimony before Congress when she put a human face to the complex problem of child maltreatment. A hush fell over the room when Jolly K. testified before Congress about her abusive behavior toward her child and how she successfully turned her life around through Parents Anonymous®. She was considered by leading experts as the single most effective witness because her personal story humanized the problem of child maltreatment by focusing on effective prevention programs (*Public Policy*, Harvard University, 1978). This courageous testimony in 1973 ensured the passage of the first Federal legislation to focus on prevention: The Child Abuse Prevention and Treatment Act of 1974 (CAPTA). Her moving Senate and House testimony reported on nationwide television and in the *Los Angeles Times* caught the attention of the Nation and had a major impact on Congress and on public opinion.

I would like to share with you my personal journey. I sought help, received support, gained strength and found hope for my family's future through the proven effective solution provided by Parents Anonymous®. In 1998, I became homeless and hit rock bottom. My addiction to crack cocaine interfered with my ability to provide a safe and nurturing environment for my children. To the outside world I appeared to be a highly functioning and supportive parent. But, when I used drugs, I neglected my children's needs. I neglected my only daughter's emotional needs over the years given all my insecurities. My last two pregnancies were the straw that broke the camels back so to speak. I did not want to be a parent anymore because I was caught in the grips of my cocaine addiction. When I had my third and fourth children 18 months apart, I felt overwhelmed and unprepared to take on the daunting task of raising two young boys. I was faced with the most important choice of my life—my children or the drugs. I chose my children. Then the real work began.

First, I made a commitment to become clean and sober then I entered an outpatient drug treatment program and moved into a homeless shelter. I needed to face head on my inadequacies and problems as a parent. I needed to move through the pain and really take hold of my emotions and what was underlying my actions. Parents Anonymous® is truly a prevention program open to any parent before or after abuse or neglect has occurred. Thankfully, they reached out to me and my children. We were able to attend the weekly Parents Anonymous® group and Children's Program at the shelter and one in the community after we found housing. Through the mutual support of the other parents, I was able to share my deepest fears, insecurities and feelings of shame and guilt for neglecting my children because of my drug addiction. I replaced my feelings of helplessness with hope and found the courage and strength to make lasting changes in my life. Parents Anonymous® was there for me through all of my ups and downs. They believed in me and gave me support in ways that I had never thought about. The other parents in my group helped me identify my strengths and find the solutions that worked for my family and me. I

am living proof of the effectiveness of Parents Anonymous® in preventing child abuse and neglect.

After 5 months I was able to secure housing for my family. I had become a fully committed parent. Through my active participation in Parents Anonymous®, I had transformed my negative attitudes, gained new parenting skills, and significantly improved my self esteem. I am now going on 10 years in recovery. I now am an Alcoholics Anonymous sponsor of 6 individuals committed to recovery. With all the positive changes in my life, I am a stronger parent and my children are thriving. My children became a joy to me. I've learned that if you treat children as valued human beings, you're going to get it back. Be fair, honest and respectful and your children will grow up to be productive and caring adults. By strengthening my own family and receiving training and support from Parents Anonymous® Inc., I was also able to grow and develop my leadership skills. I feel blessed to be able to help other parents now, by giving back through various leadership roles such as co-trainer, board member and advocate for prevention programs to strengthen families. I have developed numerous publications such as *Shared Leadership in Action* curricula, training Manuals for Group Facilitators and Children's and Youth Program, and the National Parent Leadership Month Toolkit. Also I have co-trained and provided extensive technical assistance with Parents Anonymous® Inc. staff all over the country for national, State, and county agencies and initiatives on the development and enhancement of evidence-based, community-based prevention programs and the importance of engaging parents in the planning, implementation and evaluation of programs and policy decisions as specified in CAPTA. My prevention journey began with a focus on my own struggles and turning my life around by strengthening my family—but I believe I need to give back because I have been blessed to receive so much. Locally, I am serving on several Boards of Directors, including: Legal Aid of Columbus, OH, Columbus Child Development Council that oversees Head Start Programs, and the Godman Guild Community Center. I am also the co-founder of a Recovery Ministry. On a national level, I serve on the board of Parents Anonymous® Inc., National Center on Shared Leadership, founding member of the National Birth Parent Advocacy Organization and the Research Advisory Committee of Casey Family Programs.

I am confident that when my children grow up, they will raise their children in a safe and productive environment free of abuse and neglect and they will give back to their own community. Several years ago, I received the greatest compliment from my own mother and family members when they acknowledged the positive changes in me. After seeing the way I handle my youngest boys, my mother said that she wished she had hugged my brothers more so that they would have become better men. I am currently attending college full-time—committed to obtaining a degree in communications. My 18-year-old daughter is now very self-assured and confident. She has just graduated from high school and is going on to college. My daughter is also contributing to our community in various ways: she is a peer counselor at her high school, a camp counselor for several years and a Children's Program volunteer for Parents Anonymous® in Columbus, OH. My younger boys are happy, healthy and successful students. Both are very active in our church and one of my son's is currently helping to co-lead art classes at his school. Through my role modeling, they are all following in my footsteps and taking on leadership roles in their schools and the community.

My story is not unique. I am no more special than the hundreds of thousands of other Parents Anonymous® parents who changed their life forever since we began in 1969 or any one else out there working to conquer their own personal demons. I am here giving a voice today to the family strengthening message as one example of hope and change. But we cannot forget the thousands of parents who are struggling with their parenting and other problems right now and do not have the courage to ask for help or there is no program or supportive person in their life to turn to. Strengthening CAPTA so that vital Federal dollars support evidence-based programs like Parents Anonymous® will save the lives of thousands of children and their parents. Before closing, I thank you for your commitment and leadership on these critical issues facing families. Your help is desperately needed in order to prevent child abuse and neglect. Together, we can strengthen families all across America to prevent child abuse and neglect for generations to come.

Senator DODD. Well, if I were a university you just graduated. That was a great, great statement, Tanya.

Ms. LONG. Thank you.

Senator DODD. Thank you immensely. Very proud of you. You've got some lucky kids, too.

Ms. LONG. I'm very proud of them.

Senator DODD. I know you are. I could hear that in your voice.

Ms.—is it “Foley-Schain”?

**STATEMENT OF KAREN FOLEY-SCHAIN, M.A., M.ED., LPC,
EXECUTIVE DIRECTOR, CONNECTICUT CHILDREN'S
TRUST FUND, HARTFORD, CT**

Ms. FOLEY-SCHAIN. Yes.

Senator DODD. Do you pronounce both names?

Ms. FOLEY-SCHAIN. Yes.

Senator DODD. Welcome.

Ms. FOLEY-SCHAIN. Thank you, Senator Dodd and Senator Isakson. I am here today to tell you a good news story. It sounds like the second good news story of the day. The good news is this: The State of Connecticut has been making steady progress in its efforts to prevent child abuse and neglect. What's behind this progress? CAPTA. CAPTA has provided the State the opportunity to show that prevention programs make a real difference in the lives of children and families and to help us make the case that those prevention efforts must be supported.

As a result, the State has increased its investment from less than \$1 million a decade ago to more than \$14 million today. National and local foundations and individual donors have also joined in this cause.

The Children's Trust Fund is Connecticut's lead agency for CAPTA Title 2, community-based grants for the prevention of child abuse and neglect. The trust fund currently receives about \$700,000 in CAPTA funds each year. CAPTA Title 2 has provided the vision for everything we do at the Children's Trust Fund. This program has led us to finding the most effective means of strengthening families, funding a broad range of organizations to implement these programs, conducting research to assess their effectiveness, and developing strategies to improve our efforts.

At this time CAPTA funds are supporting three major initiatives. They include: preventing “shaken baby syndrome,” an effort to get the word out to every parent that they should never under any circumstance shake their baby; preventing childhood sexual abuse, a program that gives adults information about how molesters successfully offend against children and giving parents steps that they can take to keep their children safe. We also offer training for human services staff so that they can better support and engage parents preventively.

CAPTA funds have enabled Connecticut to set a proactive agenda for the prevention of child abuse and neglect. This agenda also grew out of the recognition that more and more resources and more and more funding were going to address the needs of children and families after a crisis had occurred, when it is much more costly and difficult to do so. This led many policymakers to ask if more could be done to avoid these problems.

The search for this type of solution, which is at the heart of CAPTA, was a perfect match for the mission of the efforts of the Children's Trust Fund. As a result, the trust fund was given additional resources and responsibilities for a number of new programs.

I'd like to briefly tell you about one of these programs, the Nurturing Families Network. The Nurturing Families Network focuses on providing intensive home visiting services to high-risk families at a critical time in their lives, when their first child is born. The program grew out of the Healthy Families America model and it has been modified and strengthened to address the mixed results shown by a number of national evaluations. In addition, the highly regarded parents as teachers curriculum has been fully integrated into this effort.

The program has been rigorously researched and the results have been consistently strong. The research shows that the program is reducing the instance of child abuse and neglect, improving parent-child relationships, and leading to better outcomes for both parents and children. The program is providing services in 42 locations to families giving birth at all 29 birthing hospitals in the State of Connecticut.

While the trust fund has made significant progress, we recognize that there is still much to be done and we have identified two priorities for further development. The trust fund is working with researchers at the Cincinnati Children's Hospital to offer and study an in-home cognitive behavioral therapy for mothers with depression who are participating in the Nurturing Families Network. Research shows that depression has dramatic negative effects on maternal functioning, including an increased risk for child abuse and neglect, and also negative effects on child development.

A second area of focus is on fathers and men. The trust fund is taking steps to develop a component within the home visiting, the Nurturing Families Network, that would offer a full service of home visiting and groups to fathers and men who are significant in the lives of children participating in the program.

In closing, I would recommend that States be encouraged to work on these two areas through CAPTA reauthorization. It seems that once the field is focused on an issue, we learn very quickly what works, what doesn't, and what is worth a try. These issues merit that type of thinking and exploration. We hope that you will reauthorize CAPTA at the highest level possible, which would allow us to expand into these and other new areas. With your support, the Children's Trust Fund and the trust and prevention funds across the country can continue to make a unique and important contribution to children and families in the United States.

Thank you.

[The prepared statement of Ms. Foley-Schain follows:]

PREPARED STATEMENT OF KAREN FOLEY-SCHAIN, M.A., M. ED., LPC

Thank you Senator Dodd and Senator Alexander, and members of the Subcommittee on Children and Families for this opportunity to testify today on the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA).

I am here today to tell you a good news story. The good news is this:

The State of Connecticut has been making steady progress in its efforts to prevent child abuse and neglect.

What is behind this progress? CAPTA.

CAPTA has been a catalyst for increasing the State's efforts to prevent child abuse and neglect. CAPTA has enabled us to raise awareness of the need to prevent child abuse and neglect and to enlist the support of many in this cause.

CAPTA has provided the State with the opportunity to show that prevention programs make a real difference in the lives of children and families and to make the case that those prevention efforts must be supported.

As a result the State has increased its investment in child abuse and neglect prevention from less than \$1 million a decade ago to more than \$14 million today. National and local foundations and individual donors have also supported this cause by contributing more than \$1 million dollars in just the past few years.

CAPTA funds, and the additional State and private sector donations they have been able to attract, are an investment paying real dividends. These dividends come in the form of reduced numbers of new cases of child abuse and neglect, and better outcomes for children and families.

The Children's Trust Fund is Connecticut's lead agency for CAPTA Title II—Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP). The Trust Fund currently receives about \$700,000 dollars in CAPTA funds each year.

The Trust Fund is a State agency in the executive branch of government. The Trust Fund reports to the Governor and the Connecticut General Assembly. A 16-member council made up of legislative and executive branch appointees, who represent the business and social services community, parents and a pediatrician, oversees its efforts.

CAPTA TITLE II

COMMUNITY-BASED GRANTS FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT (CBCAP)

The CAPTA CBCAP program has provided the vision for everything we do at the Children's Trust Fund. This program had led us to finding the most effective means of assisting and strengthening families in order to prevent child abuse and neglect, funding a broad range of organizations to implement these programs, conducting research to assess their effectiveness and developing strategies for improving our efforts.

We primarily use the CAPTA funds to implement and test innovations in the field and to support the professional development of our State contracted and other human services staff.

At this time CAPTA funds are largely being used to support three major initiatives. They include:

- Preventing shaken baby syndrome.
- Preventing childhood sexual abuse.
- Training human services staff to better engage and support families in prevention efforts.

The funds are also being used to research the effectiveness of these initiatives and to develop strategies to improve them.

SHAKEN BABY SYNDROME

Inspired by the work of Dr. Mark Dias in up-state New York, the Children's Trust Fund launched a multifaceted program to prevent shaken baby syndrome. The goal of this effort is to get the message to all new parents—and those who care for children—that they should never under any circumstance shake a baby.

Shaken baby syndrome is the most lethal and severe form of child abuse. Experts estimate that several children die and that hundreds more are hospitalized and face debilitating and permanent injuries each year in Connecticut as a result of this tragic problem.

Research also shows that this problem is more wide spread than is often thought. Many children who are diagnosed with shaken baby syndrome are found to have histories of head injury and other symptoms related to milder shaking.

Through the *Shaken Baby Prevention Project* the Trust Fund staff has trained hospital and medical professionals and community service providers throughout Connecticut on methods to prevent shaken baby syndrome. This effort has led to ongoing programs and research efforts within several hospitals.

In addition hundreds of high school and middle school students and parents of young children have participated in community education programs on this topic. The Trust Fund has embedded these strategies into the home visiting program for new parents and encouraged other service providers to do the same.

The Trust Fund is working with the University of Connecticut to examine the effectiveness of these efforts.

THE STRANGER YOU KNOW

The Trust Fund, in collaboration with several State agencies and children's organization, conducted a research project to assess the nature of childhood sexual abuse in Connecticut and programs that were available to prevent it.

The research found that most child sexual abuse prevention programs promoted a fear of strangers and relied on children to say “no” to molesters by teaching them the difference between “good and bad touch.”

This approach seemed at odds with what we learned about childhood sexual abuse in the State.

We found that it was unrealistic to expect children to protect themselves when they were emotionally, and sometimes physically, overwhelmed by someone much larger.

We also found that the greatest threat to children does not come from strangers. In fact, we learned that about 90 percent of children personally knew their molester—about half were relatives and half were trusted adults known to the child and their family through school, sports, religion and other social ties.

As a result we developed *The Stranger You Know . . .* a program that reflects the understanding gained through the research. The program transfers the responsibility for keeping children safe from children to adults.

The program gives adults information about how child molesters successfully offend against children. It helps parents see patterns of behavior that represent danger and provides them with steps to take to keep their children safe.

The Stranger You Know . . . began as a pilot program in one Connecticut community.

A study of the pilot found that participants were more aware of child sexual abuse and how to keep children safe. The study also found that the program’s message extended beyond the individuals who attended the presentation as a result of word of mouth exchanges.

To date the program has reached 1,000 parents in Connecticut.

FAMILY DEVELOPMENT TRAINING AND CREDENTIALING (FDC)

The Children’s Trust Fund is working with the University of Connecticut Center for the Study of Culture, Health and Human Development, to teach human service providers new skills for working with families.

This training program teaches skills that help service providers engage families on a voluntary basis before they become involved with State-mandated services. The program teaches providers how to best assist families to build on their strengths and to develop a healthy self-reliance and interdependence with others in their community.

Organizations have found that this training leads to a more cohesive workplace, that staff do a better job, and the interventions with families become more successful.

This year the Trust Fund will work with the 12 Community Action Agencies (CAP) in Connecticut to provide this training to more than 500 front line and leadership staff.

Connecticut has credentialed roughly 600 students in this program.

LEVERAGED FUNDS—STATE AND PRIVATE SECTOR FUNDING

CAPTA funds have enabled Connecticut to set an agenda for the prevention of child abuse and neglect. It has helped create a real momentum for the development of additional programs to support children and families.

This effort also grew out of a recognition that the courts, the Department of Children and Families, our school and other helping agencies are stretched beyond the limits in attempting to deal with the wide variety of issues facing children and families. They have seen more and more resources and more and more funding being directed to addressing children and families after a crisis has occurred—when it was much more difficult and costly to intervene. This has led many policymakers to ask if more can be done to avoid these problems.

The search for this type of solution—which is at the heart of CAPTA—was a perfect match for the efforts and mission of the Children’s Trust Fund. As a result, the Trust Fund was given additional resources and responsibilities for a number of programs focused on preventing child abuse and neglect and ensuring the healthy development of Connecticut’s children.

THE NURTURING FAMILIES NETWORK (NFN)

Chief among these has been the development of *Nurturing Families Network*. The program’s focus is on providing intensive home visiting services to high risk families at a critical time in their lives—when their first child is born.

Why home visiting?

The Trust Fund choose to focus on home visiting because this approach has been shown to reduce the incidence of child abuse and neglect, to improve parent-child relationships and lead to better outcomes for both parents and children.

A number of evaluations have found that children whose parents participate in a home visiting program have better birth outcomes, stronger literacy skills, more social competence, and higher levels of school readiness than their peers whose parents were not enrolled in this type of program.

Evaluations have also shown significant achievements for parents who participate in home visiting programs. These include gains in employment and education, stable households, and access to health care.

Initially the Trust Fund implemented the *Healthy Families America* home visiting model. Given the mixed results of national evaluations and issues identified through our own research we decided to go in a different direction.

We considered using a program of nurse home visitors. However, given high nursing salaries and a severe shortage of nurses in Connecticut we decided it was not feasible to go this way.

We also considered programs that focused on child development. While these programs had strong results in some areas, research suggested that they were not as effective when working with high risk populations—and they did not have a strong focus on preventing child abuse and neglect.

As a result the Trust Fund worked closely with researchers at the University of Hartford Center for Social Research and a continuous quality improvement team to begin the work of establishing a new model.

Through these efforts we fleshed out the strengths of *Healthy Families* and identified gaps and barriers in the model. We changed, modified and revised these areas. We added “best practices” that were identified in the field. We tested these new approaches, worked on implementation strategies, developed a comprehensive training program for all staff and developed an integrated set of program policies and practice standards that would ensure program quality.

As a result we have established a home visiting model that reflects state-of-the-art practice. The model is based on a solid theory of change, recognizes the value and importance of the relationship between the families and the staff, while applying the most recent science on child development and parenting practices, employing master level clinical supervisors, and requiring extensive training and credentialing for its home visiting staff and other staff.

The program model integrated the highly regarded *Parents as Teachers* curriculum into the home visiting service. We see the addition of this curriculum as a real strength of the program.

Let me tell you a bit about the *Nurturing Families Network* in Connecticut.

The *Nurturing Families Network* is providing services to families giving birth at all of the 29 birthing hospitals in the State. Services are offered at 42 locations with expanded programs in the cities of Hartford and New Haven.

The *Nurturing Families Network* provides parent education and support for 5,000 new parents each year, including *Nurturing Parenting* groups that are open to the community. The *Nurturing Parenting* group program has received proven program status through the Office of Juvenile Justice and Delinquency.

The program offers intensive home visiting for high risk and hard to reach families living in poverty. The program connects high-risk parents with a home visitor who meets with the family on a weekly basis for up to 5 years. Roughly 1,300 new parents are receiving home visits under this program.

The home visitors work against a backdrop of unwanted babies, domestic violence and the high potential for child abuse or neglect to assist the parents to address many issues and to help break the family’s social isolation. Through ongoing contact a trusting and meaningful professional relationship is formed. This relationship is at the core of the program’s success.

The *Nurturing Families Network* has been rigorously researched and evaluated by the University of Hartford Center for Social Research. The results have been consistently strong.

Among the positive outcomes for this program are:

- The rate of child abuse and neglect is far lower for high-risk NFN participants than for similar families not in this type of program.¹

¹This finding is based on comparative data from 3 studies of abuse and neglect rate for families identified at high risk using the Kempe Family Stress Checklist. The incidence of child abuse and neglect in the high-risk families identified by the Kempe participating in the *Nurturing Families Network* is 1.6 percent in 2006. *University of Hartford, 2007*. A 2-year study of prenatal mothers categorized into low- and high-risk groups based on the Kempe found that 22 percent of the high-risk mothers had abused or neglected their children versus 6 percent of

- Program participants experienced a significant decrease in parental frustration, sadness and loneliness and an increase in coping and stress management skills, developed more realistic expectations of their children, and had fewer difficulties in relationships.²

- Program participants made statistically significant gains in education and employment.³

We will continue to offer and study this program. The *Nurturing Families Network* is a program that can help more families and more children have a better life.

In addition to State funding this program received grant support from the Hartford Foundation for Public Giving, several local United Ways, and municipal governments.

FAMILY SCHOOL CONNECTION

I would also like to tell you about a new program the Trust Fund has recently piloted in Hartford, Connecticut—the *Family/School Connection* (FSC).

The program provides home visiting and support services to families whose children are struggling with truancy, behavioral or academic issues at school—and are likely to be struggling at home.

Family School Connection is modeled after the highly successful *Nurturing Families* home-visiting program. *Family School Connection* extends the *Nurturing Families* model to families with elementary school children (ages 5–12).

Performance measures for this program have found that parents who participated made statistically significant gains in the following areas:

- The participants had healthier parenting attitudes and experienced less parenting stress.⁴
- The participants were more accepting and had more realistic expectations of their children.⁵
- The participants were more involved in their child's academic life.⁶

the low-risk parents. *Steven-Simon, Child Abuse and Neglect, 2001*. A 2-year study comparing medical charts 2 years after the children's birth to families defined at-risk on the Kempe and those defined as no risk found that 25 percent of the children in the at-risk group had been victims of abuse, neglect, or failure to thrive. The rate was 2 percent for the no-risk group. *Murphy, Child Abuse and Neglect, 1985 Neglect, 1985*

²This finding is based on pre-post measures on the Child Abuse Potential Inventory and the Community Life Skills Scale. The Child Abuse Potential Inventory (CAPI) is a standardized instrument designed to measure someone's potential to abuse or neglect children. The CAPI is widely used and well researched. The Community Life Skills Scale (CLS) is a standardized instrument designed to measure someone's knowledge and use of community resources and support. The outcome data on program participants is positive. The data suggest that the mothers are developing strategies to better cope with stress, are developing less rigid attitudes and expectations about their children, and are taking more responsibility for their lives. The results of the Community Life Skills Scale are also positive. Mothers showed an increased awareness and use of resources in their community. Specifically the mothers had greater access to public and private transportation, more supportive relationships with friends and families and a decrease in social isolation.

³The University of Hartford examined mother's employment and education data by age cohort, analyzing data for mothers who were 19 or younger when they had their child and those who were 20 and older. Among the younger cohort 83 percent enter the program without a high school diploma. Roughly 50 percent of this group were in high school or a GED program during their first year of parenthood to receive their diploma. Among the older cohort 50 percent more mothers were enrolled in school after a year in the program than at the time of program entry—including high school, college, vocational and other schools. Among both cohorts the number of mothers enrolled in and completing school continues to increase with each program involvement. Among the younger cohort the percentage of the mothers in the workforce increases from 11 percent to 35 percent.

⁴The University of Hartford Center for Social Research is using the Parenting Stress Index-Short Form¹ (PSI-SF) to measure parenting and family characteristics that fail to promote normal development and functioning in children. The Parenting Stress Index is significantly correlated with measures of neglectful parenting and other measures of abusive parenting. Outcome data from the families participating in the program at entrance and 6 months show a significant ($p < .05$) change in the desired direction indicating healthier parenting attitudes.

⁵The PSI-SF also identifies parents who are at risk for dysfunctional parenting. The Parent-Child Dysfunctional Interaction subscale measures parents' perceptions of whether their child meets their expectations and the degree to which parents feel their children are a negative aspect of their lives. Higher scores on this subscale indicate an inadequate parent-child bond. Outcome data from the families participating in the program at entry and 6 months show a significant ($p < .05$) change in the desired direction indicating that parents are more accepting and have more realistic expectations of their children.

⁶The researchers used the Parent-School Involvement Survey to examine parent's perception of their school involvement. The survey assessed the parents' perceptions of their child's school,

Continued

This program shows a great deal of promise. The Children's Trust Fund is in the process of expanding this from a pilot program based at Betances Elementary School in Hartford to four new sites in Middletown, Windham, Norwich and New Haven.

This program was developed in collaboration with the Jr. League of Greater Hartford and Hands on Hartford, formerly, Center City Churches.

We are also working with Deveroux Foundation to incorporate a new tool for assessing the social and emotional development of school-age children into the program.

HELP ME GROW

The final program I want to discuss is *Help Me Grow*.

Help Me Grow is a prevention program for all children who experience the developmental challenges that go hand-and-hand with growing up. Children who are facing behavioral, learning or other developmental issues are connected to local programs that can provide expertise and assistance.

Help Me Grow trains parents, pediatric and other providers to recognize the early signs of developmental problems and to contact *Help Me Grow* when they have a concern.

The research on Help Me shows:

- The demand for the program has grown. *Help Me Grow* received 3,300 calls last year, up by 16 percent from the previous year. The number of services requested by each caller also increased. As a result there was a 60 percent increase in referrals to community-based services.
- There is a high level of success in connecting families to services. Eighty-six percent of families referred to *Help Me Grow* during the past year were connected to services.
- Participation rates in the *Help Me Grow* "Ages & Stages Child Monitoring Program" increased by 4 percent from last year. This figure is up by 13 percent from 2 years ago.

It is also worth noting that research on the training efforts of *Help Me Grow* indicate that following the training pediatric providers identify children with developmental and behavioral risks twice as often. The training increases their awareness and this allows them to recognize more children and families in need.

Over the next 2 years the Children's Trust Fund plans to distribute the "Ages and Stages Child Monitoring" tool to all pediatric providers across the State. Through this effort the Trust Fund will encourage all pediatric providers to monitor child development and to provide the "Ages and Stages" kits to all parents when their babies are 4 months old.

The Children's Trust Fund received a grant award from the W.K. Kellogg Foundation to enhance the capacity of *Help Me Grow* to reach and engage hard to reach families. These include families who do not have a phone or who have complex needs. The Trust Fund is currently piloting this effort in the city of Hartford.

In addition the Commonwealth Fund in Boston is funding an effort to replicate *Help Me Grow* nationally. The Children's Medical Center will be administering this effort. We are glad to see that our work in Connecticut will be of help to others.

NEXT STEPS

While Trust Fund efforts to prevent child abuse and neglect have made significant strides over the past decade, we recognize that there is still much to be done. The Trust Fund has identified two priorities for further program development.

The Children's Trust Fund will be working with Drs. Frank Putnam and Robert Amerman at the Cincinnati Children's Hospital to offer and study an in-home cognitive behavioral therapy for treating mothers with depression who are participating in the *Nurturing Families Network*.

Research on mothers shows that depression has a dramatic negative effect on maternal functioning, including an increased risk for abuse and neglect. In addition, maternal depression has negative effects on the social, emotional, and cognitive development of children. Despite these findings most depressed mothers do not receive treatment.

the time they spend with their child doing school-based activities such as reading, helping with homework or volunteering at the school. The outcome measures were administered when families entered the program and then after 6 months of program involvement. There was change in the desired direction indicating that parents had become more involved in their child's academic life.

Programs like the *Nurturing Families Network* were built on the assumption that this type of service could be found in the community and that the role of the program was to help mothers receive these services.

At the current time, however, there are few options for mothers to receive this type of service. As a result we have determined that the service must be integrated into the home visiting program itself.

The in-home cognitive behavioral approach we will be testing is designed to be closely aligned with the home visiting service. The program has been successfully implemented in Ohio where 85 percent of the mothers received the full number of treatment sessions, and 85 percent had full or partial remission of their depression.

A second area of focus is on fathers and men.

Research shows that children fare better when both parents are involved in their lives. The Children's Trust Fund is taking steps to research and develop a program component within the *Nurturing Families Network* specifically for fathers and men who are significant in the lives of children participating in the program.

This component would be well integrated in the *Network* but would be different in several important ways—the staff would develop outreach strategies and activities tailored to men, work with fathers who are not living with their children, and offer a full range of home visiting and group services.

While Connecticut and other States have important efforts focused on fathers and men they tend to be for those that have developed significant problems with child support, the courts, and child protective services. The fathers tend to be estranged from their children. In Connecticut the average age for fathers in this type of program is 31.

In the *Nurturing Families Network* the average age of fathers is 21. This age difference gives us a full decade to prevent some of these problems from developing and to help fathers and men have meaningful and nurturing relationships with the children in their lives.

I would recommend that States be encouraged to work on these issues through CAPTA reauthorization. It seems that once the field is focused on an issue we learn very quickly what works, what doesn't and what is worth a try. These issues merit that type of thinking and focus.

IN CLOSING

As you can see, the programs administered by the Trust Fund are working.

We are strongly committed to the goal of CAPTA, offering a solid program, getting strong results, helping to improve the lives of children and families all across the State of Connecticut and preventing child abuse and neglect.

CAPTA has given us an important focus and a helpful hand to build on our efforts over the years.

We hope that you will reauthorize CAPTA at the highest level possible and continue to support our efforts and those of children's trust and prevention funds across the country who are also administering this important program.

Your support allows each of us to make a unique and important contribution to children and families across the United States.

Thank you.

Senator DODD. Very excellent testimony. Thank you.

Ms. FOLEY-SCHAIN. Thank you.

Senator DODD. I'm proud of my fellow Nutmegger there. Thank you.

Ms. Kaplan.

STATEMENT OF CAREN KAPLAN, MSW, DIRECTOR OF CHILD PROTECTION REFORM, AMERICAN HUMANE ASSOCIATION

Ms. KAPLAN. Chairman Dodd and Senator Isakson, my name is Caren Kaplan and I am the Director of Child Protection Reform at American Humane. I am honored to provide comments on the reauthorization of the Child Abuse Prevention and Treatment Act and thank the Chairman and the subcommittee members for the invitation to do so.

American Humane, a national nonpartisan membership organization, was founded 130 years ago to protect the welfare of children and animals. Our testimony reflects over a century of history pro-

gressively advocating at the Federal, State, and local levels for laws that protect children and animals from abuse and neglect.

In 1974 Congress passed what was and still remains the pre-eminent Federal legislation addressing child abuse and neglect. The reauthorization of CAPTA allows for opportunities to engage families and provide effective, responsive services earlier in order to diminish both the initial occurrence of maltreatment and subsequent recurrence.

American Humane has embraced several large-scale initiatives that advance the Nation's child welfare system. We promote the inclusion of these items through amendments to the most recent reauthorization of CAPTA, the Keeping Children and Families Safe Act of 2003.

The traditional child protection response on investigation is perceived as overly accusatory as an initial response to low and moderate risk reports of maltreatment. Differential response is an approach typically used with reports that do not allege serious and imminent harm, that allows child protective services to respond differently to accepted reports of child abuse and neglect and tailor the response to the needs and circumstances of the family without fault-finding.

Services, including those services related to economic hardship such as housing assistance, transportation, child care, and others, may be provided to families without a formal determination that maltreatment has occurred, labeling someone as a perpetrator, and listing them in the State's central child abuse registry.

Differential response has been implemented either statewide or in selected jurisdictions in about 20 States and the number is increasing rapidly. Although research is in its infancy, random assignment design studies involving control and experimental groups, a rarity in our field, have indicated that child safety is not compromised and in some instances attained sooner, repeat cases of abuse and neglect decrease, family cooperation and participation increase, placement rates of children in foster care are lowered, costs are reduced over time, and satisfaction both by families involved with the child welfare system and child welfare workers increases.

Our current child protection system needs widespread integration of family involvement and leadership models that reclaim the family's roles and responsibilities as decisionmakers about their children. These models are grounded in the belief that children are best protected within the context of their families and that the family group has a right to be active partners in making decisions about their children's safety, permanency, and well-being.

There is an urgent need to build knowledge, policy, and prevention and intervention practices to address the unique safety and protection needs of children who are chronically neglected by their families. Chronic child neglect refers to the ongoing serious pattern of deprivation of a child's basic physical, developmental, and emotional needs by a parent or caregiver.

The system's inability to reach these families and impact the well-being of their children is a fundamental gap. Intervening with these families for short periods of time in an incident-driven system will not work. Prerequisites for success include a comprehen-

sive, community-based approach with specialized assessment, skilled staff, manageable workloads, an expansive service array, and long-term involvement.

A comprehensive approach to address child maltreatment recognizes the link between family and animal violence and involves the vital partnership between animal welfare and child protection agencies. When animals in a home are abused or neglected, it is a warning sign that others in that household may not be safe.

Funding of CAPTA, as has been said, should be appropriated at the authorized level. Greater balance is needed between investments in child maltreatment prevention, identification, and early protective interventions compared to the investments in interventions after a child has been separated from his or her family.

The first goal of any child protection system response is to keep children safe from harm. American Humane hopes that the CAPTA reauthorization serves as a foundation and an impetus to reduce the number of maltreated children and increase the number of families who have sufficient strengths, capacities, and supports to keep their children safe from harm.

Thank you very much.

[The prepared statement of Ms. Kaplan follows:]

PREPARED STATEMENT OF CAREN KAPLAN, MSW

Chairman Dodd, Ranking Member Alexander and members of the subcommittee, my name is Caren Kaplan and I am the Director of Child Protection Reform at American Humane. I am honored to provide comments on the Reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) and thank Chairman Dodd, Ranking Member Alexander and the members of this subcommittee for the invitation to do so.

American Humane, a national, nonpartisan membership organization, was founded 130 years ago to protect the welfare of children and animals. Our testimony today reflects over a century of history progressively advocating at the Federal, State and local levels for laws that protect children and animals from abuse and neglect.

In 1974, Congress passed what was, and still remains, the pre-eminent Federal legislation addressing child abuse and neglect. This landmark legislation sets forth a minimum definition of child abuse and neglect and authorizes Federal funding to States in support of prevention, identification, assessment, investigation, and treatment activities.

Through its provisions—the Basic State Grants, the Community-Based Prevention Grants and the Research and Demonstration Grants, CAPTA provides State, local, and tribal public child welfare agencies with a foundation for quality child protective services, enhancements of the formal and informal preventive, community-based services, the opportunity for systemic and practice improvements, and expansion of our understanding and knowledge that will guide our State statutes, policies, practices and customs. This is the essence of CAPTA and the promise of our Nation's ability to keep children safe and families together.

IMPROVING THE CHILD PROTECTION SYSTEM

The first goal of any child protection system response is to keep children safe from harm. In fiscal year 2006, an estimated 3.3 million referrals, involving the alleged maltreatment of approximately 6.0 million children, were made to Child Protective Services (CPS) agencies [US HHS, 2008]. An estimated 3.6 million children received an investigation or assessment. In 2006, an estimated 905,000 children were determined to be victims of abuse or neglect. Of the children who received post-investigation services, nearly 60 percent (58.9 percent) were victims and 30.3 percent were nonvictims. *Forty percent of the 905,000 victims received NO post-investigation services.* Of the children who were placed in foster care, more than 20 percent (21.5 percent) were victims and 4.4 percent were nonvictims. The number of reports and the number of child victims has remained relatively stable over the past decade.

American Humane has dedicated the past several years to the successful launch of large-scale initiatives that advance our Nation's child welfare system in order to effectively protect children and support families. I would like to detail several of these issues and opportunities to be responsive through the reauthorization of CAPTA.

DIFFERENTIAL RESPONSE SYSTEMS

American Humane advocates for the implementation of Differential Response Systems in Child Welfare as an effective way to respond to reports of abuse and neglect. Differential response also referred to as "dual track," "multiple track," or "alternative response" and "family assessment," encourages families to recognize their own needs and seek services to enhance parenting skills, mental health concerns, substance abuse issues, work/day care issues and/or other distinct needs of each family. Differential response encourages family participation in agency- and community-based services. By alleviating the concerns raised without a formal determination or substantiation of child abuse and neglect, these "alternatives" to traditional child protection investigative response achieve or maintain child safety through family engagement and collaborative partnerships.

Differential Response Systems (DRS) is an approach that allows CPS to respond differently to *accepted* reports of child abuse and neglect. The child protection agency assesses the needs of the child or family without requiring a determination that maltreatment has occurred or that the child is at risk of maltreatment [US HHS, 2003]. Services may be provided to families without a formal determination of abuse or neglect or labeling someone as a perpetrator and listing them in the State's central child abuse registry. [CWLA, 2005].

Children and their families who come to the attention of public child welfare agencies have diverse life circumstances, strengths, challenges and needs. Differential Response allows agencies to respond to accepted or "screened in" reports of suspected child abuse and neglect in more than one way, with the intent on being most responsive to the situations of families. Without embracing an allegation, incident-driven approach, families are, in general, more receptive to the receipt of and involvement in needed services. As differential response systems evolve, child welfare systems are incorporating a third pathway to respond to the families whose reports do not meet the statutory threshold of alleged abuse and neglect.

Differential Response is typically used with reports that do not allege serious and imminent harm. Factors such as the type and severity of the alleged maltreatment, the number of previous reports, the source of the report, and the willingness of the parents to participate in services determine the appropriateness of this response and suggest a non-adversarial, cooperative approach to meet each family's unique needs. By providing interventions that correspond to the severity of the concern being reported, differential response results in appropriate services to resolve the family issues thereby easing the cause or likely reoccurrence of the original concern.

Differential Response has been implemented, either Statewide or in selected jurisdictions in about 20 States and this number is rapidly expanding. Although research is in its infancy, random assignment design studies involving control and experimental groups have indicated the following positive results:

- Child safety is not compromised and in some instances attained sooner.
- Fewer repeat cases of abuse and neglect.
- Higher rates of family cooperation and participation.
- Increase and changes in service provision; greater focus on basic needs and economic hardship.
 - Lower placement rates of children in foster care.
 - Reduced costs over time.
 - Increased satisfaction, both by families involved with the child welfare system and child welfare workers.
- Community stakeholders preferred the dual-response approach.

Opportunities for CAPTA Reauthorization

Title I of CAPTA authorizes grants to States to help improve their child protective service systems. Within the eligibility requirements, there is opportunity to encourage States to develop and implement differential response to families who come to the attention of the child protection system.

Title II of CAPTA authorizes grants to States to develop community-based prevention services including home visitation, parent education, and respite care. Since the intent is to develop a continuum of preventive services for children and families through State and community-based collaborations and partnerships, statutory lan-

guage can promote the development of *community response pathways*—a *third response* to families—established by State and local public child welfare agencies.

In CAPTA's Research and Demonstration Activities, there is an opportunity to build the knowledge and evidence on the multitude of differential response approaches that are currently being planned and/or implemented across the Nation.

FAMILY INVOLVEMENT AND LEADERSHIP

American Humane strongly advocates for the widespread integration of family involvement and leadership models committed to institutionalizing fair and transparent planning and decisionmaking processes that recognize and build on the protective capacities of the family group and provides them with opportunities to reclaim their roles and responsibilities as decisionmakers about their children.

In the past 10 years, public child welfare and community-based organizations have been implementing numerous family involvement and leadership models as a way to provide inclusive and culturally respectful processes when critical safety and permanency decisions are being made about children. Family group involvement and leadership models are based on a commitment to ensuring that children's rights to the resources of their families and communities are honored, respected, and actively cultivated, especially when children and their families are involved with formal systems, in particular child welfare. They recognize the inherent right of children and families to be connected. These models are grounded in the belief that children are best protected within the context of their families and that the family group has the right to be active partners in making decisions about their children's safety, permanency and well-being. These models also provide a family perspective for understanding and responding to the unique developmental needs of children and their family. Family Group Decision Making offers communities an evidence-based approach to reach the goals of positioning families and young people as drivers of services, creating individualized, family-driven service plans, promoting cultural and linguistic competence and building partnerships among systems.

Opportunities for CAPTA Reauthorization

The State Grant eligibility requirements provide an opportunity to advance the involvement and leadership of families as a principle practice of quality child protection.

CHRONIC NEGLECT

American Humane advocates for the building of knowledge, policy, prevention and intervention practices that address the unique safety and protection needs of children who are chronically neglected by their families. Through the identification and monitoring of specialized child protection practices nationwide, the development of best practice guidance, and the creation of strategic alliances with traditional and non-traditional partners, comprehensive, community-based approaches can prevent neglect and the recurrence of neglect, reduce the risks of chronicity, support and strengthen families in which neglect occurs, and facilitate system change that is more responsive to, and effective with, families that chronically neglect their children.

Chronic child neglect refers to the ongoing, serious pattern of deprivation of a child's basic physical, developmental and/or emotional needs by a parent or caregiver. While definitions of chronic child neglect and the implementation of these definitions, vary by State, county and local child welfare systems, several dimensions include the duration of neglect, the time period covered by multiple Child Protective Services reports, the number of reports (not just substantiations), the referral for multiple types of maltreatment, the documentation of non-adherence in medical or school records, and the child's developmental indicators.

While the lack of definitional clarity and the use of various dimensions to identify chronic neglect compromise a shared understanding, the system's inability to reach these families and impact the well-being of their children is a fundamental gap. Prerequisites for success include: Differential assessment; skilled staff; manageable workloads; service array; and long-term intervention.

For more than a decade, State reports to the National Child Abuse and Neglect Data System have indicated that more than half of all child victims in the United States suffered neglect.

Given the enduring prevalence of neglect in child maltreatment cases, there has been a long-standing need to focus on prevention, assessment, treatment and interventions targeting neglect in child welfare. According to the National Incidence Study-3 (1996), children from families with incomes less than \$15,000/year were *44 times* more likely to be victims of neglect compared to children from families with incomes greater than \$30,000/year.

Although a growing body of literature illustrates some evidence-based best practices for decreasing neglect, such limited endeavors fall short of the comprehensive and integrated approach that is essential to command the visibility, political will and system reform to improve the safety, permanency and well-being of families in which neglect occurs. With few notable exceptions, advancements in the specialized practice and research of neglect are in their infancy. The magnitude of this need increases exponentially when addressing the chronicity of neglect.

The enormous human toll is compounded by the significant economic toll, as resources are disproportionately devoted to families that chronically neglect their children. Costs associated with these families have been determined to be seven times that of other families that neglect their children [Loman & Siegel, 2004]. There is an undeniable need for more sustained and broad-ranging approaches to families that go beyond immediate safety issues, as well as more relevant literature and research to provide a base of knowledge that informs our practices and policies.

Opportunities for the Reauthorization of CAPTA

An increasing number of States are struggling to confront the insidious nature of chronic neglect. The Federal Government can provide leadership and guidance to States in the CAPTA reauthorization by providing a clear definition of *chronicity* or *chronic neglect*.

While there has been a significant amount of work on neglect at the Federal level, there are insufficient connections between Federal efforts and what happens on the ground at the State and local levels. There is an opportunity in CAPTA's Research and Demonstration Activities to enhance the connections between research and practice; target the efforts on *chronicity*; and assure broader dissemination of that which is known and that which is a promising practice.

THE LINK® BETWEEN CHILD AND ANIMAL MALTREATMENT

American Humane actively addresses the internationally recognized link between animal abuse and family violence. Through its campaigns against violence, American Humane is a leader in raising public awareness, advocating for stronger legislative initiatives, and providing tools for decisionmakers, social service providers, animal care and control professionals, veterinarians, parents, and other concerned citizens to recognize problems and take appropriate steps to end abuse and protect its both human and non-human victims.

Child and animal protection professionals have recognized this link and cycle of violence between the abuse of both children and animals. This link also expands to violence against women by domestic partners and violence to elders in the home. One of the first research studies to address the link found that 88 percent of 57 families being treated for incidents of child maltreatment also abused animals in the home. [Deviney, Dickhert, and Lockwood, 1983]. And a 1997 survey of 50 of the largest shelters for battered women in the United States found that 85 percent of women and 63 percent of children entering shelters discussed incidents of pet abuse in the family. [Ascione, F. R. 1997]

When animals in a home are abused or neglected, it is a warning sign that others in the household may not be safe. In addition, children who witness animal abuse are three times more likely of becoming aggressive or abusive. [Currie, C.L., 2006].

Opportunities for the Reauthorization of CAPTA

In detailing the comprehensive approach required to address child abuse and neglect, title I should acknowledge the vital partnership between animal welfare agencies and child protection agencies. Much like the recognition of the relationships between and among domestic violence, mental illness, substance abuse and child maltreatment, CAPTA should include language that supports and enhances interagency collaboration between the child protection system and animal welfare agencies in identifying child abuse and neglect.

FUNDING AND INVESTMENT

American Humane advocates for the funding of CAPTA at the authorized level and greater balance in the investments in child maltreatment prevention, identification and early protective interventions compared to investments in interventions after a child has been separated from their family.

It has been a long-standing battle cry of advocacy organizations and their constituents that the child protection system is woefully under-funded. The merits of this statement can be demonstrated by the following four statements.

- The annual number of child victims has remained relatively constant over the past decade.

- Historically, there has been a significant gulf between the appropriated levels of funding and that which is authorized in statute.
- The conservative estimated annual cost of child abuse and neglect is \$103.8 billion in 2007 value [Prevent Child Abuse America, 2008] and CAPTA appropriations for fiscal year 2007 were approximately \$100 million.
- A study *Total Estimated Cost of Child Abuse and Neglect in the United States*. [Prevent Child Abuse in America, 2008] calculates that investments in the prevention of child abuse and neglect can save the Nation over \$100 billion per year.

Opportunities for the Reauthorization of CAPTA

While we understand the appropriated levels of funding do not come out of this committee, it is significant to note when discussing levels of funding with your colleagues, that 362,000 children identified as victims of maltreatment received no post-investigative services.

In order to diminish both the initial occurrence of maltreatment and subsequent recurrence, it is essential to engage families and provide effective, responsive services before their challenges become severe and the risks of maltreatment expand and/or escalate.

CONCLUSION

As a longstanding member of the National Child Abuse Coalition (NCAC), an alliance of 30 organizations committed to strengthening the Federal response to the protection of children and the prevention of child abuse and neglect, American Humane lends its enthusiastic support to NCAC's recommendations for the reauthorization of CAPTA. NCAC's testimony has been provided to the subcommittee in writing.

American Humane appreciates the opportunity to offer our testimony and comments to the subcommittee in regard to the reauthorization of the Child Abuse Prevention and Treatment Act. Given that CAPTA is the pre-eminent Federal legislation addressing child abuse and neglect and expires this year, it is our hope that its reauthorization is given the highest priority and completed before the 110th Congress ends. As this legislation progresses, we look forward to a continued dialogue with Chairman Dodd, Ranking Member Alexander, members of the subcommittee and the entire Congress.

We hope this reauthorization serves as a foundation and impetus for the reduction of children who experience abuse and/or neglect and an increase in the number of families who have sufficient strengths, capacity, and supports to keep their children with them, safe from harm.

Senator DODD. Thank you very much, Ms. Kaplan. Very, very, very good testimony.

Well, we've got some questions for you. I'll announce in advance, by the way, that obviously other members of this committee have a strong interest in the subject matter as well and I'm going to leave the record open as well for additional questions that we may submit in writing to you and ask you in a timely fashion to get back.

I was just talking to staff about the plans for all of this, and obviously we want to get as much information and data together here, to then finish the bill. Lamar Alexander, who is normally the Ranking Republican, the Senator from Tennessee, on this committee, has a strong interest in this subject matter, has been very supportive historically. I think this is an issue which is going to enjoy some broad bipartisan support, because it's had a wonderful history and record of making a difference. Obviously, your testimony today gives us some additional ideas on how we can even improve upon the work that's been done.

Again, my hope would be that we could put something together. Obviously, this is going to be somewhat of a truncated session, for all the obvious reasons. Our ability to get this done—I'm hopeful we can before we adjourn. Then of course, the level of approach with appropriations as well requires separate effort. Nonetheless,

people like Senator Harkin on this committee are very supportive of CAPTA and sit on the Appropriations Committee, and other members as well. We'll be anxious to move along and develop as quickly as we can some ideas as part of this reauthorization effort.

With that in mind, let me begin if I can with you, Dr. Boyce. It's two or three questions, but let me frame them as one for you if I can. Given, as you point out, the majority of the maltreatment cases fall into the neglect area, I wonder how your research effort at NIH has addressed child neglect per se, just focusing on that, and do we have a better understanding of how to prevent neglect or how to provide support to families where children suffer neglect?

Third, are there new areas of research that we should be pursuing regarding child abuse and neglect that we could possibly make a part of this reauthorization effort that today, for whatever reason, would be less available to you and to others doing the kind of research in this area?

Dr. BOYCE. Those are very important questions. Neglect is an issue that has been near and dear to my heart, something that, as I said, we've focused on specifically for the problems in terms of the prevalence. There is currently and was a special request for announcements that created a consortium of neglect researchers. What was special about this, it was the first time that we had researchers that were across all domains working on this issue.

For instance we had researchers who looked at indicators in terms of dental neglect, so that we could think about the earliest ways that we could identify it through dentists, through schools, so that we could intervene early. That is clearly the message here.

We also had grants that looked at neglect and its effects in adolescence. We do know that it occurs early in life usually, but we also wanted to make sure that if we do not catch those families and children early that we are able to intervene at different times along the developmental trajectory, so that we can stop this life course issue in terms of those negative effects that we've seen in terms of health.

To answer the last part of your question in terms of new areas of research, of course with more we can always do more. We can try to do it faster. We've continued the neglect consortium work and we've continued to bring new researchers in. We do try to fund excellent research that addresses neglect and also other related indicators in terms of early intervention and looking at things such as maternal depression, parental depression, substance use, and all those risk factors.

I applaud you for specifically pointing out neglect because that's something that we have, a focused inter-agency effort to work on and continue to work on today.

Senator DODD. Obviously, economic factors play a very important role in all of this. I mentioned in my opening comments about the disproportionate share of racial and ethnic minority children experiencing maltreatment. I wonder if any research has been done at NIH that looked into this issue, and additionally disabled children. Again, I find this, that very young children and disabled children—I was reading the testimony last evening and some of the staff memos in preparation for this hearing and I find it just so hard to believe that the youngest of our children are the ones that are suf-

fering, and also the disabled children are at higher risk of being maltreated.

I wonder if NIH has addressed this in any way.

Dr. BOYCE. Yes, we do. Like I said, there's always more research and more we can learn. Just for example, we did fund a grant that looks specifically at racial disproportionality to try to unpack what's happening there in terms of ways we could better target services based on culture and environmental factors, because we know that's important. In terms of disabilities, we also do look at that. In terms of physical abuse, you'll see some neurological impairments. We do look at the brain and thinking about how early neglect really will impact the brain and impact education, impact functioning. This is going to be something that if the injury is severe enough will impact a child over their development and then over the life course.

Senator DODD. Give us some ideas in terms of what you're finding in the study and how we might begin? One of the things we all want to do obviously is prevent this.

Dr. BOYCE. Yes.

Senator DODD. Identifying and treating it is obviously a major focus of our attention, but the most important job I think we could do is obviously to prevent it.

Dr. BOYCE. Yes.

Senator DODD. To what extent—and again, I get this idea of the one-size-fits-all worries me in many ways. I like the idea that we're able to respond to this with understanding the localities differences that occur and different needs. What are you finding that might be worthwhile for us to know here as a committee about different approaches we might take, particularly in the area of the disabled and the ethnic minority communities if these numbers are as high as they are. What aren't we doing right that we ought to be doing right to reduce these percentage numbers?

Dr. BOYCE. I think some of the things we are doing right is early intervention and looking for those families who are at risk. Research has shown us which families are most at risk for interventions. National data really helps us, so we know where to go in terms of looking at risk. That can help with prevention. We want to work with families when they're at risk. We want to work with families once there's one incident, so there's not another incident or this doesn't happen with other children in the family.

Then in terms of thinking about disability, we know that there is an overlap in terms of these children will often need special education services. There are areas that we can explore and do more research and do more intervention on, but that's where we have found, with the research thus far, the key points and the key places where prevention efforts currently exist. Those are areas that we could look at the research and think about ways to do that better always, but those are the key ways to do it, early intervention and thinking about when we have identified a child in terms of disability.

Senator DODD. Well, what about some of the ideas—I mentioned the Philadelphia case, and that may seem a little excessive to some, but just without getting into the issue of whether or not there's been substantiated cases or not, that just when people are

coming into that system, given the fact there have been higher percentages—if you’ve got a disabled child, and again there are certain factors here, wouldn’t that flag that issue almost immediately? Not to identify and label necessarily a family, but nonetheless, given the rates that are occurring, even before the problem emerges to flag it and to begin to work with it immediately.

Dr. BOYCE. Right, because substantiation differs by States and that’s always been an issue as we try to work with this. We really worked on making sure that there were definitions that didn’t matter about substantiation. We know in terms of research what risk is and we don’t worry about the court definitions because that’s not always an accurate indicator because of the differences across States.

When families enter with any risk factor there’s always an opportunity to intervene, and it doesn’t have to reach substantiation for someone to intervene. There are models across the United States where, whether it’s substantiated or not, a family can receive services, and we’re happy to see that because then we know this is a family at risk and that we can start with interventions or prevention right away.

Senator DODD. Last on this point before I turn it over to my colleague, are you familiar with this Philadelphia case I talked about?

Dr. BOYCE. I’m not familiar with the specific case. Maybe you could—

Senator DODD. What they do, they’re dealing immediately with children in the child welfare system. They begin right then and there. I’m wondering if that’s going over the top, is that going too far. I don’t know what the costs associated with that, but there are some obvious questions people might raise.

Well, I can come back to that in a minute.

Senator ISAKSON. Thank you, Senator.

You had said, Dr. Boyce, that the most common form of abuse is neglect and the most neglected are those between ages 1 and 3.

Dr. BOYCE. Birth to 3, yes.

Senator ISAKSON. Is that correct?

Dr. BOYCE. Yes.

Senator ISAKSON. I suspect all of these programs depend on a referral to get the neglected child to some area of help, but the hardest place to get a referral would be somebody 1 to 3, I would think, because they’re not in school yet. Where do these referrals come from and where do they go to?

Dr. BOYCE. There are various places where these referrals can come. They can come through pediatric offices. All young children see doctors. There are a lot of models for where there is early identification. We do think about different associations in terms of looking at pediatricians, who are often the ones who are seeing kids early. I also mentioned schools, but when we talk about schools there’s also opportunities in day care.

There are models and ways to identify early and identify risks and not wait for a substantiated case, because by that point we know that there may have been multiple risks that are already causing damage to the child’s functioning and their development.

Senator ISAKSON. Ms. Long, how did you find Parents Anonymous, or how did they find you?

Ms. LONG. When I went to live in the homeless shelter with my children, Parents Anonymous was there as a support group for the mothers. The thing about it was we were all in the same boat, so there was no embarrassment in attending this group. I had no idea what it was about until I attended, and it was there for me with mutual support.

Senator ISAKSON. Your comment in your testimony, your talk about your peers giving you support made all the difference in the world, I think that's what's so important in this. Whether it's an infant or whether it's someone on drugs, if you're all alone and you don't have a support group the chances of you making it out are almost nil. You've got to have that support element.

So your referral really came I guess from the homeless shelter, then?

Ms. LONG. It didn't—it wasn't a referral as much as parents were strongly suggested to attend as part of their agreement to be in the shelter. But, that is not how Parents Anonymous works. It's just the way it was in that shelter.

Parents Anonymous in Columbus is under the umbrella of Catholic Social Services and any parent all over the country, but in Ohio, can access them through—their in the phone book. Some States have help lines. Parents Anonymous is currently trying to have a national help line, and that's one of the ways that you can—and it's word of mouth. Mostly it's word of mouth, because parents are so grateful to receive that support because someone, another parent, understanding what they're going through. They're happy to tell other parents who are struggling that it's there for them.

Senator ISAKSON. I don't want to get too personal, but if I may ask, are you married?

Ms. LONG. No, sir, I am not.

Senator ISAKSON. Were you married when you had your first child?

Ms. LONG. Yes, I was.

Senator ISAKSON. That was the one that's 32 years old?

Ms. LONG. Yes.

Senator ISAKSON. The others you raised alone?

Ms. LONG. Yes, I have.

Senator ISAKSON. I make this point, Mr. Chairman. I chaired the State Board of Education. I worked with a lot of outreach groups and worked with a lot of troubled kids. It always troubled me that the root cause of a lot of our problems are never in attendance at things like that, and that's men.

You know, the number of broken homes and single moms that end up having to raise their kids in a very difficult world—and Morehouse University in Atlanta is beginning a study about the patterns of children born out of wedlock, the responsibilities of the male role model with families and the difference it can make.

I just had to—reading your story, I suspected that was the case. That male role model can make so much difference and the family—the support group you got in the homeless shelter was the group that replaced what would have been there if there was a family. I think that's probably a fair statement to say, all right?

Ms. LONG. Could you repeat that last part?

Senator ISAKSON. The support that you got from the Parents Anonymous group and your peers who were in that program kind of supplanted what was the family relationship that you didn't have at that time, because the husband was gone; is that correct? Or was he still around?

Ms. LONG. No. Parents Anonymous is for anyone in a parenting role and there are men who come to the Parents Anonymous groups. It encompasses whole families, anyone in a parenting role. We have groups for foster parents, grandparents, parents with children with disabilities. Anyone in a parenting role. We have fathers groups.

I wouldn't say that it supplanted it. What it did was provided mutual support, which was other parents sharing how they felt about raising their children. In that shelter it just so happened that it was for mothers and children. There are shelters around the country that take in families and there are Parents Anonymous groups there as well.

Senator ISAKSON. Thank you.

Can I have one last question?

Senator DODD. Ask away.

Senator ISAKSON. Ms. Foley-Schain, you mentioned the Nurturing Families Network was a referral network that most of your referrals came from. Is that a Connecticut entity or is that a national entity?

Ms. FOLEY-SCHAIN. The Nurturing Families Network is a Connecticut entity. There are similar programs operating in different States around the country. In terms of how we engage families in the program, we have staff who are employed by Nurturing Families Network sites, who are called "nurturing connections coordinators. Their whole job is about connecting with families and connecting those families to the program or other services.

Those staff go into prenatal clinics. They're on the halls of the maternity ward. They're available, as soon as we identify that a mother is pregnant, to try to engage her, and if we miss her at that point we try again at the time she gives birth to her child.

The connections coordinators also go to other human services organizations in the locality where they're operating, say for example a WIC office, or to ob-gyns and other clinics.

Senator ISAKSON. Thank you very much.

I look forward to working with you on the reauthorization, Mr. Chairman.

Senator DODD. Thank you very much, Senator.

Let me digress just for a second. These are not under-aged staff members of the Senate committee here. These are students from Connecticut who are here today, and I'm delighted they're with us. Thank you for being here. I hope you're enjoying the hearing and learning something from it.

We've got students from—it sounds like "The Bury's" from Connecticut—from Woodbury, Southbury, and Middlebury, and Seymour. It's nice to have you with us. Their teacher is with us. Is it Lisa Peters?

Ms. PETERS. I'm not their teacher, but we do have a teacher with us.

Senator DODD. Well, great. Thank you, thank you for being with us. Nice to have you with us.

Let me pick up. I want to pick up on, Ms. Long, on the question that Senator Isakson raised about the support services. I think it's one thing to wrestle, as you pointed out, your own substance abuse issues, and that in itself, overcoming that and getting support is absolutely essential, but also to learn how to be a supportive, strong parent is a critical element in this, and to be taking on the responsibility of, one, moving away from the substance abuse and simultaneously learning, that's an awful lot to be saddled with. I wanted to know how that worked.

I know it's one thing to be around other parents who are struggling with this, but sometimes that can be in itself—it's good and it's encouraging to know you're not alone. I don't mean to minimize that. It seems to me there needs to be more than just that to make this work right, to be providing you with the guidance and support on what you need to be doing and how you could do this to become a stronger and a more supportive parent.

I wonder if you might talk about that a bit. Maybe you did and I just missed it, but it seemed to me you were wrestling with the addiction issue, you were meeting wonderful people who were going through this as well, so that in itself has its own source of strength. Beyond that, was there anything else here that made a difference for you in terms of getting back on your feet and becoming that parent that you've described?

Ms. LONG. Yes, sir. It was—along with the mutual support that I received through Parents Anonymous, as well as my recovery program, which I did work and share with other addicts and alcoholics and that recovery program, all of that was support. For me and I think countless other parents who are in Parents Anonymous, it's four basic principles that Parents Anonymous adheres to, which is mutual support, shared leadership, mutual respect, and personal growth.

Coupled with all of these, parents see themselves growing. There was a study done on parents where they did this 10-step type of—it wasn't a program, but it was 10 steps that they took to becoming fully committed parents. One of those steps—one of the things that they noticed was that parents when they had trusted others who believed in them, then their confidence grew and they were able to mirror back strengths that they saw in others, and that the parents were given—we would trade with each other, debrief, say. We would do trainings together. We would ask each other how did we do.

For me, that just gave me confidence in myself that someone, (A), wanted to know my opinion, and then trusted and believed in what I had to say. Gaining that confidence gave me the leadership skills, not only with Parents Anonymous, but helped me also, enabled me to reach out and empowered me to reach out to my own community, where I began advocating for my own family and eventually for my community as well as nationally.

I had been able to get a bus stop changed for my daughter because I was nervous about her going, catching the bus in the dark in a bad neighborhood, so much so that the poor woman when I called her when my son started kindergarten and tried to walk

home by himself because the bus stop was so far away, as soon as she heard my voice she said: "OK, Ms. Long, where do you want the bus stop?" So that type of thing.

Senator DODD. We could use you here.

[Laughter.]

Ms. LONG. It was just because I felt empowered by the professionals and Parents Anonymous who worked with me through shared leadership, is what we call it.

Senator DODD. Did you have a job during all of this? Were you working?

Ms. LONG. No, sir, I was not working at the time.

Senator DODD. In terms of—what was the reaction as you went out or others were going out and finding jobs within the community? Do you have any evidence you can give to us about how that—whether or not there's that kind of support as well?

Ms. LONG. Because I am a full-time student, I do make time to volunteer and work in my community. I have had offers for employment.

Senator DODD. Good. It was—to the best of your knowledge, there's a responsive community?

Ms. LONG. Oh, absolutely. As a matter of fact, people say to us all the time either they want me to come and speak on their behalf, and I won't because they have their own parents and their own organizations that are just fabulous and that have been empowered through supported programs, CAPTA-funded programs.

Senator DODD. Let me if I can, I'm going to turn to Karen and let me chat with you a little bit. I mentioned this earlier to Dr. Boyce, but I want to give you a chance to give us a Connecticut perspective if you can in talking about the disproportionate share of child abuse and neglect in the minority communities, and certainly the problem is acute in Connecticut, as you pointed out. What can the Children's Trust Fund or CAPTA do in your view to address this problem?

Ms. FOLEY-SCHAIN. I think there is a couple of different areas to look at here. I think when you're talking about children with special needs and children with disabilities, you're looking at an additional hardship on the parent, and raising children who have complicated medical problems or other special needs require an awful lot from parents. One of the things that we've attempted to do is to include special curriculum to help parents look at those things, but also to have an intensive home visiting program that enables the home visitors to have flexibility when working with families, so if there's a special needs situation we can go out two, three times a week and support that parent until they're on their feet and feel that they have the ability to cope with what is a demanding situation to begin with, having a child, and then the extra demands of dealing with a child with special needs.

These efforts try to make sure that they understand what the parents is dealing with, the sense of maybe being overwhelmed by what's going on, the sense of being isolated, being alone in that, and then really jumping in, not to do the work for the parent, but to help the parent be in a place where they can feel better about managing that situation.

I think when we talk about racial and ethnic communities we're really talking a lot about the impact of poverty. In Connecticut we've been fortunate to have researchers tied to our program since its inception, and what we've found is that when we look at the families who come into our program from communities where there is not—the balance is white, Caucasian mothers, the risk factors with the families in the minority communities are the same. We really feel that poverty is a huge underlying issue here.

We think that, at the most basic level, intensifying services in areas where there is higher poverty and therefore more risk is the most basic step that we can take. In Connecticut we have enhanced our Nurturing Families. We've also done other programs. We have Parents Anonymous in some shelters and things like that, too.

Thinking about this one, we've really intensified the numbers of sites and the services that are available in the cities of Hartford and New Haven and hope to continue that.

Senator DODD. The risks are the same. That's what I was looking for.

Ms. FOLEY-SCHAIN. The risks are the same. The risks are the same.

Senator DODD. Economics are the driving factor in what we're talking about?

Ms. FOLEY-SCHAIN. That's right.

Senator DODD. Let me ask you this. Again, we're talking about an authorization bill here. We've got to get to some appropriations. I was interested, I mentioned in Philadelphia, what certain States are doing differently to deal with the prevention, to really, how can we do a better job. I want to do a better job in this bill on the prevention side of this, so we're not coming back year after year and looking at constant numbers here, but how we in Congress can make a real dent in these numbers.

One of the things that strikes me here is obviously whether or not we're providing, to what extent the States are going to be able to take with CAPTA funds and do more prevention or—as you pointed out, in our State we've gone from a million to \$14 million in State resources on this issue. I don't know what the numbers are around the rest of the country.

What I want to get at with you here is whether or not there is adequate resources—and again, I'm not trying to drive for an answer here; the answer is obviously, anyone who stands before you looking for money, there's never adequate resources. To what extent within that context can States use these dollars to then create the kind of innovative programs at a local level that really drive toward the prevention part of this.

Are there some ideas you might have as to how we might incentivize that a bit, so that we can maybe encourage States to be more involved in the prevention side of this, either through awarding or rewarding States that, in fact, step up to this in providing additional help—I don't know. They're just ideas I'm trying to think of on how we encourage greater local involvement, supporting what we do with CAPTA, fully recognizing that, even with the money we've committed to this, it's going to come up short if you're really trying to get at the prevention side of this. I don't know if I'm saying that very well.

Ms. FOLEY-SCHAIN. No, absolutely clear, and I agree. I think resources is a huge issue. I think the field of child abuse and neglect prevention is a relatively new field. However, over the last 20 years I think we have tested and researched and developed some very solid programs, and that now is the time to seriously invest in these programs and bring them to scale.

I think when we look at the balance between what we're investing in child abuse prevention versus the other side of the coin after a child's been involved in the child protective services system, it's huge, and that States and perhaps the Federal Government will need to maintain those investments in child protection services while increasing the prevention side. Hopefully, ultimately we would see that change.

In terms of the incentives, one of the things I think that was very helpful to the Children's Trust Fund initiative was that CAPTA was an incentive-driven program. Initially for every dollar that the State was able to leverage new moneys for new efforts, CAPTA matched a dollar. Then over the years it went down to 20 cents on the dollar and now it's about 2 cents on the dollar.

It still matters. However, I think if that were to go back up or maybe around particular efforts that your committee felt you wanted to target and try to get some momentum behind, that that might be a way to do it. It's helpful for a funder like the Children's Trust Fund to go to others and say: "For every dollar you give us toward this effort, we'll partner with you around, we're going to be able to bring down another dollar in Federal funds."

I think the third thing is that we've found that, again referring back to the Nurturing Families Network, that we would be eligible for Medicaid reimbursement for 85 percent of the efforts that we're providing, and we would be able to claim that at 50 percent. However, there are some challenges with the way the Medicaid program is structured and our ability to make those claims and to work with very small organizations to do that.

The 50 cents on the dollar is also a huge incentive for States to, I think, make investments into these programs. If there was a way to have some sort of a funding stream for those programs that did meet the criteria for Medicaid or other Federal programs to bring that in on a matched basis, I think it would be tremendous.

Senator DODD. Well, those are some good ideas. We've proven in the past in other areas that this works as a way of securing additional funding.

Dr. Boyce provided some several findings in her testimony about the mental, behavioral, and physical effects of maltreatment on a child. On an again sort of related question to the last one, I'm curious about the infrastructure through CAPTA, the Child Abuse Prevention and Treatment Act—we should say that more often for our audience that may be listening; we talk in acronyms here and not everyone always understand exactly what we're talking about, but "CAPTA" is the Child Abuse Prevention and Treatment Act—the infrastructure currently in place that could provide the services, funding levels aside, that have been identified by the information that Dr. Boyce has provided as necessary for improving children's health.

Is that infrastructure in place in your view?

Ms. FOLEY-SCHAIN. If I'm understanding your question, is there an infrastructure through this country, through CAPTA, to be able to funnel funds into these kinds of efforts?

Senator DODD. Right, in the area identified by Dr. Boyce.

Ms. FOLEY-SCHAIN. I would think that they are. I think the children's trust and prevention funds have done a tremendous job, and it's really on the backs or the heels of those efforts across the country that we've learned as much as we have. Each of the States receives a CAPTA allotment and they've pursued efforts to engage other partners to raise other money and to build infrastructures for reaching out to different families and also through different avenues, too, reaching different families.

Senator DODD. Let me ask as well if I can, and I think you're the right person to ask about this, but I'll ask anyone else who has knowledge of this to step in. In the last CAPTA reauthorization, Congress added a provision that required States to refer children under the age of 3 who are involved in substantiated cases of child abuse and neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act. Yet the most recent child maltreatment report in 2006, rather, reveals that children with disabilities are 54 percent more likely to be victims of maltreatment than children without disabilities.

In light of these statistics, what progress has been made with regard to the implementation of these provisions, and do we have any suggestions on how to strengthen the evaluation of the implementation so that children with delays and disabilities can be served properly and ultimately have safe and successful lives?

Ms. FOLEY-SCHAIN. I can tell you a bit about what I know has happened in Connecticut as a result of this legislation. This is actually through CAPTA I and our Department of Mental Retardation. They came together and recognized that there were some limitations around how the Part C is set up in the State requiring that children either have certain medical conditions or have a referral because there's some concern about a developmental delay. Together these groups came up with a protocol that's now in the Department of Children and Families policies that there would be a co-occurring visit to a pediatrician when there's any investigation of maltreatment and then, based on the pediatrician's assessment, the child would be referred for Part C.

In terms of children who come into the care of the child protective services agency and go into foster care, they do an extensive assessment which includes developmental assessment, looking for developmental delays, and would also make those kinds of referrals.

Senator DODD. Dr. Boyce, do you have any comment on this at all?

Dr. BOYCE. I'm not going to speak specifically to that part of the bill. I can talk a little bit about services research, and some of the services research we have. What we do see is that children are often in multiple areas, so they might be in one system and another system at the same time. We have some innovative researchers who have been able to capture all that data and get it all in one stream, so that we can see where there's duplication and so

that we can identify better which systems work best, which we can capture earlier.

Services research is beginning to tackle some of this issue that you're speaking to in terms of how do you capture kids who are in one set of services for educational developmental disability. The issue is usually they're often in other service systems.

Senator DODD. I make that case so often, not on this matter, but I can't tell you how many times I've gone to colleagues and asked for their support and they'll say: "Look, I'll help you with the WIC money, but I can't help you out with the Section 8 money." And I'll say: "We're talking about the same family here in some ways. So, in some ways you're helping me on the one hand and taking it away with the other, and the net effect is I'm a loser in those terms." I'm trying to make people understand exactly.

I should have made that point myself in my opening comments, that sometimes we have a tendency to pigeonhole people, not recognizing that child or family may actually be in a lot of those categories.

Ms. KAPLAN. Well, if I can draw on that point—

Senator DODD. Yes, I was going to ask you as well, Ms. Kaplan.

Ms. KAPLAN. The issue is, you mentioned infrastructure before. Any time there is a provision in CAPTA, obviously to make a change in the way the children are treated there has to be the infrastructure within the agency to support that change. In the way that the wording was provided, there was no mandate on the side of policy providers. It really was a one-way agreement in which there was a desire to go ahead and put this in place.

Many institutional changes have to be made for workers to have protocols. I will tell you that Massachusetts has done a wonderful job at doing this, but they started long before the provision was in place in CAPTA. They realized the vulnerability of these children beforehand.

What's difficult is, to be very candid, the money stays the same and the list of prerequisites—

Senator DODD. Grows.

Ms. KAPLAN [continuing]. Keeps going. There are additions. And there's no incentive to do more things with less money, because that's how it ends up. You have more, so you have less to do for each thing. When you don't have a partner on the other side who understands that they need to be doing this too, it's really hard to make that happen.

Senator DODD. Well, why don't you share? What would you recommend we include here to make that happen?

Ms. KAPLAN. I'd like to think about that, because I have many responses, but they're not—

Senator DODD. We don't tolerate people thinking about things.

[Laughter.]

Ms. KAPLAN. Oh, sorry about that.

Senator DODD. This is Washington.

Give it some thought, will you?

Ms. KAPLAN. I will.

Senator DODD. Because it really is—you know, you're in Massachusetts and there are certain States that have histories of being involved in these matters early on and engaged in it, and we all

know in this room here today there are other States that aren't as, for a variety of reasons, aren't as engaged. It doesn't mean they wouldn't be or couldn't be. I think if we provide the right kind of incentives and so forth you can get that kind of partnering that we're talking about, that I think is absolutely critical, given the levels that we're going to be able to provide.

Candidly here, I'm not going to tell anyone in this room anything you don't know already. We've got huge deficits in this country. We've got expenditures that are occurring in places that I have serious disagreements with, but nonetheless are occurring, and I'm not going to be able to change it myself. We're battling for scarce resources to commit on serious problems, this being one.

I happen to care deeply about this issue and what goes on. My service in Congress correlates directly to the life of CAPTA. I was elected to Congress in the year this bill became law, in 1974. In the 27 years I've been in this body and on this committee, I've fought year after year after year for this program.

We need better partners. We need more partners, candidly. How we get that—I'd love to think that I could just—that it would happen because someone gives a great speech in some State legislature someplace and miraculously the resources appear. I think we're more likely to get cooperation through exactly what Ms. Foley-Schain was talking about, those incentive ideas that see people seeing the financial reward in effect for stepping up to the plate.

I couldn't agree with you more. I think it's a very good point you make on that, having the infrastructure and the greater demands and resources remain rather flat. It's a very—

Ms. KAPLAN. May I comment on one of the questions you asked another witness?

Senator DODD. Certainly you may. This is open. This is a very relaxed gathering here.

Ms. KAPLAN. When I made my remarks I talked a little bit about differential response.

Senator DODD. I wanted to ask you about that, in fact. So go ahead now.

Ms. KAPLAN. Do you want me to wait until you ask?

Senator DODD. No, no. I want you to go. No, because it's a concept I was reading about last night and trying to understand the differential response. The language itself—for those who are not as well informed about it, would you explain it, first of all?

Ms. KAPLAN. Well, yes, that's what I was going to say. I'll back it up and I'll explain it a little bit.

As you know, there are reports that come to the child abuse and neglect agency and the first decision that is made is a screening decision. If there is a screening decision to accept a report, then this child, this family, is involved in the child welfare system. What we have done over the course of our lives in the child welfare system is treat every family the same. So a child that's sexually abused is treated the exact same way as a parent who is not supervising his or her child.

What we've come to know is that there is only about 10 percent of the families that come to our attention that really have egregious harm. We have a fairly intrusive system that is adversarial, that does identify fault, and the last time I looked I wasn't able to

partner with anyone who is going to blame me for something. It doesn't surprise me that many parents are not willing to cooperate with a child welfare system when it's really a "gotcha."

What differential response realizes is that there are many families who don't have the severity of the problem that this 10 percent have, and that we can provide services to these families at the front end once they are accepted and therefore lessen the risk to the family for future reports. Oftentimes we never see these families again.

The issue becomes, as my colleague Karen said, "the issue is a lot about poverty." These families have increased surveillance because of the poverty issue. Many of the families that come to the attention of the child welfare agency have economic hardship issues. They need housing assistance, they need transportation, they need child care. It's not so much an issue of that they beat their child near death. It's really an issue of needing the supportive services that we've been talking about.

What differential response does is allow those families to have a different response, a family-friendly response, a partnership response, one in which the family is allowed to own the process as best we are able, given that we are a mandated system, and they get to decide what services they need. What a surprise, when we give families voice they feel better about what we've done with them.

I want to mention one thing to go with the prevention side that Minnesota has done, because Minnesota's been doing this for about a decade now. Minnesota is probably one of the most researched systems of differential response. They call their system a family assessment response. They now have a third track that was established in 2005 called a parent support outreach program. These are for cases that are not accepted by the child welfare agency. So there's a report, it does not meet the statutory threshold, and there is a community pathway.

We all know that a lot of these families that need the preventive services come to our attention and we typically close our doors and say, "you don't qualify," and then the risk escalates, and then there is harm to the child, and then we'll pay attention.

With differential response, you not only have a way to address those low- to moderate-risk families, but you also have a way in which you can address families that have needs that do not meet the statutory threshold for accepting, and yet they still need help. That's the first step, because research says that the greatest predictor of recurrence is the first report—not the first substantiation; the first report.

Senator DODD. That's helpful. Very good. That helps a lot.

How do you hope to see the reauthorization of this legislation address these issues of identification?

Ms. KAPLAN. American Humane has worked very closely with the National Child Abuse Coalition and we do have some suggested language that we'll be happy to provide to you if you would like—Senator DODD. Absolutely.

Ms. KAPLAN [continuing]. About encouraging these front-door approaches so that we're able to intervene with families earlier.

Senator DODD. Dr. Boyce, how do you—once again, I'm going back to NIH. What's your reaction to this, what Ms. Kaplan said?

Dr. BOYCE. You said a lot, so I can speak a little bit to prevention, just to get back to thinking about models. I think that might be helpful in terms of some of what we've learned about prevention. There are different models of prevention. You can intervene in a very broad way in terms of thinking about prevention, in terms of parenting. Then we do have levels of prevention where once there's a risk or there's an indicator that we intervene.

I think a little bit of what you're talking about in terms of how families can come to the attention to get resources or refer themselves, which is another option, is a very important idea in terms of thinking about services, so that we don't see these numbers not getting services. When I was talking a little about services and not using services, and we know there's a problem, there's this disconnect in finding ways to broaden that, to broaden services and reduce the gap between when we know a family has problems and being able to give them services, whether it be at the first report, the first risk, but early.

Senator DODD. Do you agree with Ms. Kaplan about the first report?

Dr. BOYCE. In terms of the data?

Senator DODD. Yes.

Dr. BOYCE. It's clear that once we have one report, one substantiation, it's likely to happen again. We don't want that second one to happen.

Senator DODD. But she said something different. She said it was the first report, not the first substantiated, that's the indicator.

I'm not trying to be cute about a distinction here, but I thought you made a distinction.

Ms. KAPLAN. There is—that is the distinction, you are correct.

Senator DODD. Do you agree with that?

Dr. BOYCE. I would have to doublecheck. My data looks at substantiation. In terms of reports, I've seen that data, too. There are multiple data sources and national surveys.

Senator DODD. Yes.

Ms. Long, did you want to comment? I saw you kind of chafing at the bit to jump into this and say something.

Ms. LONG. I was agreeing with both the ladies, particularly on the prevention, because we know that there's less money spent on prevention than actually in the treatment of child abuse and neglect cases, and we know, through programs that have prevention in them, that families are strengthened, and that when there is evidence-based practices that are used that prevention works.

A national study done for Parents Anonymous by the National Council on Crime and Delinquency showed, proves statistically that there is a reduction in the risk factors, there is improvement in protective factors, and in situations where people were physically and emotionally abused these behaviors were significantly reduced.

Senator DODD. Well, that's good.

I thank you. This has been helpful this afternoon. Ms. Kaplan, we'll look forward to those suggestions you've got, and from you, Karen, as well, some thoughts and ideas on how we incentivize as well.

Ms. Long, you've been very, very helpful. We just are thrilled with how your journey is going. As the father of a 3-year-old and a 6-year-old, I'm learning here in this process. I'm a late bloomer in the father business. When I was on the presidential trail, I used to say I was the only candidate that got mail from AARP and diaper services.

[Laughter.]

Ms. LONG. My mom told me when you have children later in life they keep you young.

Senator DODD. Well, they're doing that, I'll tell you. They're keeping me up.

Ms. LONG. Yes, they do.

Senator DODD. Dr. Boyce, thank you very, very much, and for the work you're doing as well.

Again, I'll leave the record open for a little bit because I know other colleagues may have some additional questions for you. Please feel that the record remaining open also is an opportunity for you to add any additional thoughts and ideas you have as we get closer. As I said, I'm going to try and craft something here, and we'll obviously keep all of you very well-informed as to that process, and we'll be soliciting your advice and suggestions on how we write this up, this reauthorization bill, and then try and get as much support as we can and if possible do something before this session ends, and certainly with the possibility of appropriations as well.

It's going to be an important time here to get this right. We'll be calling on you in a more informal setting for your ideas and suggestions.

That goes for people in the audience as well. I know there's a lot of collected wisdom and expertise on this issue that's in this room, not just reflected by those who testified on the panel here today. We'll be calling on you and asking—I'm asking. Let me use this opportunity. I'm asking, if you've got some thoughts and ideas on what we ought to add to this, we welcome your suggestions, your advice. The staff here will certainly respond to any thoughts that you have on the subject matter.

We thank you for your presence in the room today as well.

With that, the committee will stand adjourned.

[Additional material follows.]

ADDITIONAL MATERIAL

PREPARED STATEMENT OF SENATOR CLINTON

I'd like to thank subcommittee Chairman Dodd and Ranking Member Alexander for organizing this important hearing. I'd also like to thank our witnesses for joining us to share their research, experience, and knowledge surrounding the critical issue of child abuse prevention and treatment.

Since its enactment in 1974, the Child Abuse Prevention and Treatment Act (CAPTA) has been the backbone of Federal support for child abuse prevention. States have used these funds to improve their child protection infrastructures, to research innovative approaches to prevention, and to implement community-based programs targeted to meet the needs of families at risk.

Though CAPTA has helped States make great strides, there is still an incredible amount of work to be done. In fiscal year 2006, over 900,000 children were victims of child maltreatment. According to HHS' Annual Child Maltreatment Report, nearly 40 percent of victims never receive post-investigation services. Child welfare systems struggle to retain qualified staff and to provide services targeted to the needs of individual families.

In this reauthorization, Congress must give CAPTA the power it needs to address these problems. I have introduced legislation that helps us get started. My *Child Welfare Workforce Improvement Act* amends CAPTA by calling for a nationwide study of the child welfare workforce, so that we can assess the needs of the professionals charged with helping families at risk. Another area that needs critical attention in this reauthorization is the intersection of child protection and domestic violence services. Currently, 30 to 60 percent of families who come into contact with the child welfare system also experience domestic violence, yet these two types of agencies face considerable barriers in working together to help support such vulnerable children and families. Due to this alarming connection, we must do more to facilitate collaboration between child protection and domestic violence services so that families receive the help they need. Reunification of children in foster care is yet another topic to tackle in CAPTA. Reunification promotion represents an effort at child abuse prevention and treatment within the context of foster care. As we concentrate on promoting family engagement and endeavor to bring family-centered practices into the spectrum of child welfare services, we must not ignore the fact that successful reunification depends on parent engagement.

All these improvements in the child welfare system require a dramatic increase in CAPTA authorization levels. We cannot continue to underfund one of the most important tools we have available to protect vulnerable children from abuse and neglect.

Throughout my career, I have been a champion for improving child welfare, and the 110th Congress has been no exception. In this Congress I've introduced the *Adoption Improvement Act of 2007*, legislation that supports States in retaining prospective adoptive parents who inquire with public child welfare agencies about adopting children from foster care. My *Focusing Investments and Resources for a Safe Transition (FIRST) Act* provides grants for Individual Development Accounts for youth aging out of foster

care so that these young adults have a financial resource for independent living.

Today's panelists have brought to our attention the myriad topics that need our attention in reauthorizing CAPTA. I am eager to work with my colleagues in the Senate to improve Federal support for child abuse prevention and treatment. Working together, we can ensure that vulnerable families receive the help they need.

PREPARED STATEMENT OF SENATOR ALEXANDER

Mr. Chairman, thank you for holding this hearing and thank you to all of our witnesses for being here.

The Child Abuse Prevention and Treatment Act (CAPTA) has a long history of strong bipartisan support. I am very pleased that we are having this hearing today to learn about the successes of the program and to learn about any changes we may need to make to ensure that the program remains a strong part of our national efforts to protect children and strengthen families.

I look forward to learning about what CAPTA has accomplished since we last reauthorized the law in 2003 and what Congress can do to ensure that we prevent the maltreatment of children and that abused children are appropriately and quickly identified and referred for appropriate services.

The CAPTA programs are a vital part of the effort to help States protect children and prevent child abuse. Funds have helped States develop better data systems to analyze their child abuse statistics which helps States identify abused children, detect patterns in what leads to abuse so that we can prevent its occurrence, and identify ways to improve training and assistance for social workers, community leaders, school officials, and parents themselves. CAPTA also supports research projects to improve professional development and training of social workers, identify new trends in child abuse and neglect, and operate the National Incidence Study to keep track of State efforts to reduce and prevent child abuse.

All of this, in turn, protects our most precious resource, our children.

Last year, Tennessee received \$1.3 million under the CAPTA programs to serve 1.4 million children. Tennessee does a lot of innovative things with these funds, including the establishment of the Tennessee Children's Trust Fund Advisory Committee. The mission of the Advisory Committee is "to take the leadership role in ensuring that statewide child abuse prevention efforts have coordination and support, reflect evidence-based practices, involve both public and private community partners and are available to all Tennessee children." Funding for the Advisory Committee comes from many sources, with CAPTA playing a significant role.

It is my hope that we can work to improve CAPTA's successful implementation and continue to make progress to reduce and prevent child abuse both in Tennessee and the rest of the Nation.

PREPARED STATEMENT OF SENATOR ROBERTS

Mr. Chairman, thank you for holding this hearing today on an issue that greatly affects children and families in my State and throughout the Nation. I recognize the importance of the Child

Abuse Prevention and Treatment Act (CAPTA). It assists States in addressing the prevention and treatment of child abuse and neglect.

In 2007, the State of Kansas received \$268,698 through CAPTA. This funding has assisted the State in preventing, investigating, and treating child abuse. In 2007, the Kansas Department of Social and Rehabilitation Services received 53,048 reports of children in need of care. Over half of these reports are assigned for investigation. According to the Kansas Department of Social and Rehabilitation Services, 33 percent of the assigned reports involved instances of physical abuse.

It is my hope that we reauthorize and strengthen CAPTA to ensure that States have the adequate tools and resources to address child abuse. We all have an obligation to protect our Nations' children from harm and abuse.

PREPARED STATEMENT OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)

On behalf of the 148,000 members and affiliates of the American Psychological Association (APA), we thank you for holding this important hearing to discuss the upcoming reauthorization of the *Child Abuse Prevention and Treatment Act (CAPTA)*.

APA is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. Comprised of researchers, educators, clinicians, consultants, and graduate students, APA works to advance psychology as a science, a profession, and a means of promoting health, education, and human welfare.

APA has a longstanding commitment to the prevention of child maltreatment. Efforts include journal publications, public policy statements, Federal advocacy initiatives, co-sponsorship of national programs, such as Adults and Children Together Against Violence and the National Conference on Child Abuse and Neglect, and membership in the National Child Abuse Coalition. Our members are also actively engaged in service delivery, research, policy development, prevention, practice and community intervention initiatives related to helping children and families impacted by abuse and neglect, and have formed a separate membership section on child maltreatment as well as an Interdivisional Task Force on Child Maltreatment Prevention.

Originally enacted in 1974, CAPTA is the most important law addressing child abuse and neglect. It provides Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations for demonstration programs and projects. Additionally, CAPTA identifies the Federal role in supporting research, evaluation, technical assistance, and data collection activities; establishes the Office on Child Abuse and Neglect; and mandates the National Clearinghouse on Child Abuse and Neglect Information.

The need for these important services remains urgent, and the stakes for our Nation are high. According to the U.S. Department of Health and Human Services, an estimated 3.3 million reports of possible child abuse or neglect were made to child protective agencies in 2006. Of those reports, 905,000 were substantiated. Fatalities from child maltreatment remain high with an estimated 1,530 child deaths resulting from abuse or neglect each year. Of those fatalities, 78 percent were among children under 4 years of age. However, our child protection system remains sorely in need of resources as funds for child abuse prevention and treatment programs have not kept pace with the needs of communities. In fact, children already known to child welfare services are repeatedly harmed and return for help. In 2006, children who had been prior victims of maltreatment were 96 percent more likely to experience a recurrence of maltreatment than those who were not prior victims. These data reveal a public health crisis warranting concerted national attention and an increased focus on prevention.

Child abuse and neglect may result in significant short- and long-term physical, psychological and behavioral health problems. Psychological consequences of child maltreatment may include depression, anxiety and dissociative disorders, post-traumatic stress disorder, substance use, and suicidal ideation. In addition, child abuse and neglect may adversely impact a child's physical, cognitive, emotional, and social development. Timely identification and appropriate prevention and interven-

tion with individualized assessment and tailored supports are required to minimize negative consequences of child maltreatment.

As the subcommittee moves to reauthorize CAPTA, increased emphasis on child neglect and on prevention and early intervention services is of paramount importance. Child neglect is the most common form of maltreatment from substantiated cases, accounting for 64 percent of cases, with 60 percent of all perpetrators of child maltreatment having neglected children. Of the deaths related to child maltreatment in 2006, 43 percent were attributed to neglect or medical neglect. Yet, little emphasis or direction is currently given to neglect in CAPTA.

The urgent need to focus on prevention is evident not only in the numbers of children who are abused and neglected but also in those who receive no follow-up services. In 2006, approximately 40 percent of children with substantiated cases of child abuse or neglect did not receive post-investigation services. Clearly, prevention and early intervention services for children and families are critical. Prevention programs, such as home visitation and parent education programs have proven effective in preventing child maltreatment especially for populations at elevated risk and for families that remain intact. We strongly support the ability of States to use CAPTA funds to support a wide range of effective alternative models, including alternative or differential response, multiple track, or concurrent planning services, to better serve the needs of children and families and decrease instances of child abuse and neglect.

In addition to an increased emphasis on child neglect and prevention and early intervention services, we encourage the subcommittee to consider provisions to further enhance CAPTA. These provisions would include: increased collaboration among agencies involved with abused and neglected children; mandatory attorney representation for victims of child abuse and neglect; culturally competent and linguistically appropriate services for children and families; prevention of maltreatment of children with disabilities; development and implementation of collaborative procedures between child protective services and domestic violence services in the investigation, intervention, and delivery of services provided to children and families; and a Federal study through the Centers for Disease Control and Prevention (CDC) to evaluate the effectiveness of different models (including international models) of mandatory reporting and the ways in which specific models apply to research (e.g., reporting mandates by researchers versus research exemptions).

In closing, the American Psychological Association would like to thank you for the opportunity to share our comments related to the reauthorization of the *Child Abuse Prevention and Treatment Act*. We appreciate the subcommittee's ongoing commitment to the prevention of child maltreatment and look forward to serving as a resource and partner as you work on this and other important issues affecting children and their families.

PREPARED STATEMENT OF THE ASSOCIATION OF UNIVERSITY CENTERS
ON DISABILITIES (AUCD)

The Association of University Centers on Disabilities (AUCD), formerly American Association of University Affiliated Programs (AAUAP), is pleased to submit written testimony on the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) to Chairman Dodd and the other distinguished members of the Senate Subcommittee on Children and Families of the Health, Education, Labor, and Pensions Committee.

AUCD supports and promotes a national network of university-based, interdisciplinary programs. Network members consist of: 67 University Centers for Excellence in Developmental Disabilities Education, Research, and Service; 35 Maternal and Child Health Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Programs; and 20 Developmental Disabilities Research Centers. Collectively, these programs perform an array of functions, such as academic preparation, community outreach and training, clinical and community services, research and evaluation, information dissemination, policy analysis, and advocacy. The purpose of these various functions is to enhance the independence, productivity, and quality of life of individuals with disabilities and families.

For the programs represented by AUCD, addressing the issue of child abuse and neglect is an integral part of promoting the well-being of individuals with disabilities and their families, as well as preventing disabilities that occur as a result of abuse and neglect. Indeed, cause and effect are intertwined when it comes to child maltreatment and disabilities. Children with disabilities are particularly vulnerable to child abuse, and child abuse may result in the acquisition or development of disabilities, which may, in turn, make children even more vulnerable for further abuse.

In 2006, HHS reports that child victims who were identified as having a disability were 52 percent more likely to experience recurrence than children without a disability. (Nearly 8 percent of victims—7.7 percent—had a reported disability.)

Maltreatment of children adversely affects their health and development (Halfon & Klee, 1987; Shonkoff & Phillips, 2000). Studies of children in foster care suggest that maltreated children have high rates of illness, injuries, and developmental delays (Chernoff, Combs-Orme, Risley-Curtiss, & Heisler, 1994; Halfon, Mendonca, & Berkowitz, 1995; Hochstadt, Jaudes, Zimo, & Schachter, 1987). Chernoff and others examined the results of health examinations provided to children younger than 5 years of age at the time of entry into foster care and found 23 percent had abnormal or suspect results on developmental screening examinations (Chernoff et al., 1994).

Findings regarding the development of children involved with child welfare who are not in foster care have only recently become available. Using data obtained from the National Survey of Child and Adolescent Well-Being (NSCAW), Stahmer and others (2005) found high rates of developmental and behavioral problems among young children who had been investigated for maltreatment. Also using NSCAW, Rosenberg, Smith, and Levinson (2007) found 47 percent of children who had been substantiated for maltreatment and were younger than 3 years of age had developmental delays that made them likely to be eligible for Part C early intervention.

Such alarming statistics on the child maltreatment/disabilities nexus provide a cogent argument for attending to disability concerns in CAPTA.

AUCD worked with House and Senate staff during the 2003 reauthorization to address abuse and neglect of children with disabilities and to refocus the law on primary prevention activities. Following are some of the provisions promoted by AUCD that are now included in the law:

- Grants to States may now be used for supporting collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.
- New eligibility requirements and support for training, technical assistance, research, innovative programs regarding linkages between CPS and community-based health, mental health, and developmental evaluations.
- Authorization for research on effects of maltreatment on child development and identification of successful early intervention services.
- Provision for referral of a child under age 3, in a substantiated case of abuse or neglect, to early intervention services funded under IDEA Part C.
- Emphasis throughout the law on community-based and prevention-focused activities, including the importance of respite as a critical component of child abuse and neglect prevention.
- Families of children with disabilities, parents with disabilities, and organizations who work with such families are strongly emphasized.

These changes make CAPTA a stronger law. Unfortunately, although more requirements and optional activities for States have been added, there has been no corresponding increase in funding to actually implement these activities. Therefore, many of the activities listed above have not yet been fully implemented. There is also a lack of current data on how States are dealing with these new requirements.

One of the changes that has received some attention and evaluation is the new requirement for States to refer children who are younger than 3 years old with developmental delays and who are “involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C” (Keeping Children and Families Safe Act of 2003, 114[v][1][B][xxi]).

Our University Center at the University of Colorado Denver, under the direction of Dr. Cordelia Robinson, has been tracking the impact of this provision since the enactment of the Keeping Children and Families Safe Act of 2003. (Please see the attached article, “Rates of Part C Eligibility for Young Children Investigated by Child Welfare.”) This research shows that substantiated and unsubstantiated children have similar rates of delays. Another 2004 article by Robinson & Rosenberg 2004 indicate that a relatively small proportion of substantiated children are enrolling in Part C and these are mostly children in foster care. Unfortunately, Part C does not currently have the capacity to serve all the substantiated children—much less the larger number of children who are likely to be Part C eligible but who are not substantiated.

One of the challenges identified in this study is that families who have neglected or abused their children are difficult to engage in Part C services. Most early intervention programs are voluntary and these families need a great deal of support and encouragement to get them involved in services. Few agencies have been successful in engaging these families. For example, in February Arapahoe County, Colorado child welfare referred 28 children under 3 to the local Part C agency. The Part C staff could not reach 8 children and another 8–10 refused Part C services. This example demonstrates that additional resources will be required to ensure enrollment of maltreated children who live with their biological families. We believe this challenge can be met, but it must be funded.

The need for additional funding to make the goals of this legislation a reality are brought home by data from Connecticut, where it is estimated that it would require an additional 1 million dollars to cover the cost of the evaluations for children referred by child welfare.

Child welfare professionals also need better information about the services that Early Head Start, IDEA Part C and Part B 619 provide and how to refer families, including those that do not reach “substantiation,” for early intervention services. Conversely, early intervention professionals need training that leads to their ability to understand and collaborate with the CPS system and culture. Training should be targeted in competency areas. For example for the Part C providers, training needs to be delivered on the culture of poverty and family abuse and neglect. These areas are rarely covered in the traditional early intervention professional preparation programs. Likewise, CPS and other CAPTA providers should receive training in developmental disabilities and developmental screening and referrals.

Current law requires States to develop infrastructures to link child protective service agencies with an array of health care, mental health care, and developmental service agencies to improve screening, accurate diagnosis and provide comprehensive health and developmental services. These could include Early Head Start, Head Start, Part B Section 619 Preschool of IDEA, Title V agencies and the network of University Centers for Excellence in Developmental Disabilities that provide research, education, training, and direct services. States need more technical assistance and incentives to develop these infrastructures and to collaborate between the early intervention and child welfare systems. These systems should be encouraged to develop joint referral mechanisms, conduct joint trainings, utilize technical assistance to understand each others systems, support screenings/evaluations, understand the complexities of the families involved, and iron out system-related issues (surrogate parents, for example). States that are most successful have also learned how to tap into other funding sources to provide screenings and evaluations, such as Medicaid.

In addition, AUCD provides the following recommendations for the 2008 reauthorization of CAPTA:

- **Comprehensive health and developmental evaluations.**—Each child under the age of 6 for whom there is an open case, *not just substantiated case*, with Child Protective Services should be referred for a comprehensive health and developmental evaluation, if one has not already been done. These screenings and evaluations can be conducted through the CAPTA system as well as the medical or other appropriate system.

- **Comprehensive Health Evaluation.**—A definition for “comprehensive health evaluation” should be added to mean a process equivalent to the Early and Periodic Screening, Diagnosis, and Treatment requirement, and should encompass, at a minimum, the child’s gross motor skills, fine motor skills, cognition, speech and language function, self-help abilities, emotional well-being and overall mental health, oral health, coping skills, and behavior.

- **Respite care services.**—Respite care should be more available, accessible, and affordable for families who are at risk of abuse and neglect, particularly families of children and/or parents with disabilities. Respite should be considered a *core service* of child abuse prevention programs.

- **Equal protection for all children.**—Extend protection to all children from medical neglect by removing language from CAPTA with the effect of allowing States to permit parents to withhold medical care from sick and injured children on religious grounds in the provision stating that there is no “Federal requirement that a parent or legal guardian provide a child any medical service or treatment against the religious beliefs of the parent or legal guardian . . .”, in accord with the U.S. Supreme Court holding that the first amendment does not allow one’s religious practices or beliefs to endanger one’s children.

- **Differential responses.**—Promote the implementation of policies and procedures which encourage the development of differential, multiple responses for refer-

ral of family to a community organization or voluntary preventive services where the child is not at risk of imminent harm.

- **Research.**—Support more research to examine rates of Part C eligibility and participation in early intervention among children who are investigated for maltreatment. Data must be collected to verify services data specific to CAPTA activities for EI, health and developmental evaluations.

- **State Incentives.**—Provide incentives to States that fund all the core services in title II.

In addition to requesting Chairman Dodd and his colleagues on the Health Subcommittee to include the above recommendations in CAPTA, **AUCD also requests that Chairman Dodd and the other distinguished subcommittee members encourage their colleagues on the Appropriations Committee to increase funding for CAPTA.** Without such increases, the above listed and all other provisions in CAPTA will be stripped of their ability to make a meaningful difference in the lives of children and families.

Federal funding to help States and communities protect children and prevent child abuse and neglect has been woefully inadequate. Current appropriations for child abuse and neglect are only at half the authorized amounts. In fiscal year 2008, basic State grants are funded at \$27 million, discretionary grants at \$33.7 million, and community-based grants at \$37 million. These levels of funding demonstrate a complete disregard for prevention, when compared to billions of dollars spent on foster care and institutionalization at the far end of the child welfare services continuum.

As a result, hundreds of thousands of children remain in serious jeopardy and are even at risk of losing their lives. The U.S. Department of HHS received 3.3 million reports of suspected child abuse and neglect. The report states that substantiated cases of child abuse and neglect investigated by child protective service (CPS) agencies numbered an estimated 905,000 children nationally in 2006. States report that nearly half (41 percent) of the child victims or their families in confirmed cases of child abuse and neglect receive no treatment or any other kind of services following investigation of the report. Deaths from child maltreatment remain unacceptably high: an estimated 1,530 children died of abuse or neglect in 2006 alone. Near-fatal child maltreatment leaves thousands of children permanently disabled each year.

Therefore, at a minimum, we urge your support to fund the Child Abuse Prevention and Treatment Act (CAPTA) programs at the authorized levels in the FY 2009 Labor, Health and Human Services, and Education Appropriations Bill:

- CAPTA basic State grants at \$84 million,
- CAPTA discretionary research and demonstration grants at \$37 million, and
- CAPTA Title II community-based prevention grants funding at \$80 million.

To begin to close the gap between what Federal, State and local dollars currently allocate to protect children and treat child victims, and resources necessary to implement CAPTA, Federal funding levels for the reauthorized CAPTA should be increased to \$500 million for title I and \$500 million for title II.

The current early intervention system is struggling to serve the families now enrolled. The new CAPTA requirements have substantially increased the workload for providers of Part C evaluation and intervention services. Currently, Part C serves about 200,000 children nationwide. The Department of Education has established a benchmark for each State to serve 2 percent of the population of children under the age of 3. Unfortunately, one-half of the States are not meeting this benchmark. In addition, most States are only getting 10 percent (or less), of Federal funds to support the Part C system. Congress should increase appropriations for Part C of the Individuals with Disabilities Education Act (IDEA) so that all eligible children can be served under the program.

AUCD urges Chairman Dodd and his colleagues on the subcommittee to include the provisions outlined above and to fund CAPTA and Part C at meaningful levels. Failure to do so is to allow our Nation's most vulnerable children to continue to be subjected to the most egregious violations of their human rights and to strap the American taxpayer with the ever-increasing price tag of responding to the devastating and far-reaching effects of child maltreatment.

Thank you for considering these observations and recommendations. AUCD would be happy to provide further input as you begin to draft legislation to reauthorize CAPTA. Please contact Kim Musheno, Director of Legislative Affairs, in our national office for more information at 301-588-8252; kmusheno@aucd.org.

PREPARED STATEMENT OF LISA PION-BERLIN, PH.D., PRESIDENT & CHIEF EXECUTIVE OFFICER, PARENTS ANONYMOUS® INC.

Good afternoon, my name is Dr. Lisa Pion-Berlin, President and Chief Executive Officer of Parents Anonymous® Inc., the oldest family strengthening program in America dedicated to the prevention of child abuse and neglect. Thank you Chairman Dodd, Ranking Member Alexander and distinguished members of the Subcommittee on Children and Families for offering me this opportunity to share the stories of hundreds of thousands of families who have changed their lives forever through evidence-based Parents Anonymous® Programs and dedicated themselves to giving back to improve the systems designed to help families nationwide.

Through the extraordinary efforts of Jolly K., a courageous mother seeking help for her family and working in partnership with her social worker, the first Parents Anonymous® group was started in 1969. From these humble beginnings, Parents Anonymous® Inc. launched a national prevention network of accredited and affiliated community-based agencies to operate Parents Anonymous® adult and children and youth programs to successfully reach millions of parents and their children, partner with professionals, and effectively engage local communities to provide help, support, strength and hope to diverse families. We are the Nation's oldest child abuse prevention organization dedicated to strengthening families, with an almost 40-year track record of successfully providing leadership in preventing maltreatment, including physical abuse, emotional abuse, neglect and sexual abuse. Parents Anonymous® is truly a prevention program open to any parent before or after abuse or neglect has occurred. Parents Anonymous® Inc. is the Nation's premier child abuse prevention program dedicated to strengthening families, with research demonstrating its effectiveness and national standards to ensure quality programs.

Tanya Long, National Parent Leader is testifying today to continue the legacy first begun by Jolly K., the founding mother of Parents Anonymous®. This year marks the 35th anniversary of Jolly K.'s groundbreaking testimony before Congress when she put a human face to the complex problem of child maltreatment. A hush fell over the room when Jolly K. testified before Congress about her abusive behavior toward her child and how she successfully turned her life around through Parents Anonymous®. She was considered by leading experts as the single most effective witness because her personal story humanized the problem of child maltreatment by focusing on effective prevention programs (*Public Policy*, Harvard University, 1978). This courageous testimony in 1973 ensured the original passage of The Child Abuse Prevention and Treatment Act of 1974 (CAPTA). Her moving Senate and House testimony reported on nationwide television and in the *Los Angeles Times* caught the attention of the Nation and had a major impact on Congress and on public opinion.

The unique philosophy and practices of mutual support and shared leadership ensure the success of Parents Anonymous® by building on people's strengths, helping individuals and families address their needs respectfully and providing weekly and on-going vital supports to parents and their children of any age, ethnicity, and who reside in neighborhoods all across America. Our history, principles and model of mutual support and shared leadership have also had significant impact on our Nation's policies and practices related to child maltreatment prevention by emphasizing a strengths-based approach and engaging parents in meaningful leadership roles to ensure we respond effectively to the needs of families. From its inception, Parents Anonymous® Inc. has led the way with a proactive, preventative approach to responding to diverse issues facing parents. Parents serve in significant leadership roles in all policymaking and program operations decisions and activities of Parents Anonymous® Inc. Our unique, evidence-based shared leadership approach is the cornerstone of the CAPTA-Title II language that promotes meaningful parent involvement in planning, program development, oversight, evaluation and policy decisions of the Lead Agencies and the locally funded programs.

Moreover, Parents Anonymous® Inc. has developed another program: *Shared Leadership in Action* is designed to ensure meaningful roles for parent consumers to work with private and public agencies across all human service sectors (child welfare, justice, health, mental health, and schools) to better meet the needs of families through program development, policy-changes and creating long-term positive outcomes for families. Training, technical assistance and evaluation services are provided through shared leadership teams of Parents Anonymous® Inc. Research results on the *Shared Leadership in Action Program* include statistically significant increases in knowledge and abilities to engage in successful shared leadership efforts that create systems reform. Furthermore, 20 States that have participated in *Shared Leadership in Action* have improved their child welfare systems by making organizational changes and strengthening services to address families' unique

needs. We have developed Parent Advocacy Programs within child protective service systems to increase the re-unification of children by partnering with the family in the Child Protective Services system.

Today, Parents Anonymous® Inc. leads a dynamic Network of nearly 200 accredited and affiliate organizations that implement Parents Anonymous® programs annually to nearly 20,000 parents and children of diverse economic, ethnic and social backgrounds throughout the United States. Our affiliates are seasoned State, regional, and local public and private organizations with broad-based expertise in social services, mental health, and child development. The Parents Anonymous® prevention model serves the entire family through free, weekly ongoing, community-based Parents Anonymous® Mutual support groups for adults based on the helper-therapy principle and shared leadership, and specialized Children and Youth Programs.

Our Programs have been successfully replicated to meet the needs of families in diverse settings including community centers, mental health settings, substance abuse programs, military installations, social service agencies, faith-based organizations, schools, child care centers, adult and juvenile correctional facilities, shelters, and Native American Reservations. We serve parents and children of any type, age, race, circumstance, and physical and/or mental challenge (who have the ability to function in a group), ensuring the broadest prevention impact: from primary to secondary to tertiary.

For almost four decades, Parents Anonymous® Inc. has successfully collaborated with: (1) Parents of varied cultural and ethnic backgrounds to ensure meaningful leadership roles for parents in their communities and at the State and national levels; (2) Accredited Parents Anonymous® affiliates to ensure quality child abuse prevention programming; (3) Public child welfare, health and mental health agencies to improve service delivery systems; (4) Government and private foundations to develop and expand Parents Anonymous® prevention programs and collaborate on public awareness campaigns; (5) Citizens to encourage volunteerism so that others in need can be helped; and (6) Public officials at the local, State and Federal levels to develop and implement responsive public policies that build on the strengths of families. For 40 years, Parents Anonymous® has played a role nationally in shaping the child maltreatment prevention agenda from one of "blame and shame" to one that emphasizes the protection of children by building on the strengths of parents, resulting in strong families that nurture and promote positive relationships with their children and youth.

Parents Anonymous® Inc. has been recognized nationally for our leadership capabilities in child abuse and neglect prevention. The Federal Office of Child Abuse and Neglect highlighted our Parent Leadership Program and Children's Program in their Emerging Practices Initiative to Prevent Child Maltreatment (2003) as a promising strategy for national replication. The National Crime Prevention Council identified the Parents Anonymous® Group as one of the top 50 strategies to prevent domestic crimes (2002). The Federal Center for Substance Abuse Prevention selected the Parents Anonymous® Program as a Promising Family Strengthening Program to prevent substance abuse (2000). Also the U.S. Commission on Child and Family Welfare identified the exemplary Parents Anonymous® Parent Leadership Program as a National Model for helping parents and fostering meaningful leadership (1996). The Federal Office of Juvenile Justice and Delinquency Prevention selected Parents Anonymous® Programs as a National Model Family Strengthening Program for the prevention of juvenile delinquency (1995).

Child maltreatment prevention is addressed by Parents Anonymous® Inc. through national child abuse prevention public awareness campaigns with the purpose of educating and calling the public to action. We obtain national media coverage, including television, radio, newspaper and magazine to offer parenting tips on everyday stressors and highlight personal stories on families that instill hope and strength to prevent any act of child maltreatment. Parents Anonymous® Parent Leaders and staff have been interviewed and published in *The New York Times*, *Washington Post*, *Los Angeles Times*, *Life Magazine*, *Parenting*, *Redbook* and *Better Homes and Gardens*, just to name a few. Also we have been on a *Good Morning America Special Segment*, *The Today Show*, *CNN News*, *Geraldo Rivera*, *Leeza Gibbons Show*, and numerous public affairs programs. Interviews have covered a broad range of topics such as how to control your anger toward your children, dealing with your teenagers, behavior problems in young children and promoting prevention through the idea that Asking For Help is A Sign of Strength. Parents Anonymous® emphasizes prevention as the central goal verses sensationalism that leaves viewers including parents, staff and citizens, feeling helpless and inhibits ones' ability to seek or offer help early before abuse or neglect occurs.

Parents Anonymous® was the first innovative prevention program to exemplify an ecological systems approach by recognizing the essential need to partner with parents, promoting shared leadership and building on the strengths of families to successfully address child maltreatment prevention, parenting concerns and other violence-related issues across all levels of society. In Parents Anonymous® Groups, parents and their children express their feelings, model positive behaviors and mutually support one another to create long-term positive growth and development. Any issue of personal violence and topics regarding the prevention of physical, emotional and sexual abuse and neglect are addressed in the weekly Parents Anonymous® Programs. Parents Anonymous® Inc. has demonstrated the effectiveness of engaging parents and staff in meaningful leadership roles to ensure better outcomes for families. We have successfully created and promoted meaningful parent leadership roles throughout the Parents Anonymous® Inc. Network and the field of child abuse prevention. We have conducted several research studies based on a conceptual framework for parent leadership and shared leadership and numerous evaluations of trainings on leadership practices and the sustainability of leadership behaviors, resulting in the development of standardized instruments for measuring parent leadership and shared leadership potential. Parents Anonymous® Inc. is nationally recognized for its expertise on parent leadership and shared leadership and has responded to numerous requests to conduct trainings and design technical assistance for public and private agencies and communities on effective strategies, skills and outcomes. Major Federal and State agencies and national organizations are now following our lead, embracing the important concepts of parent leadership and shared leadership and looking for creative ways to partner with parents to prevent child abuse. We utilize our expertise on parent leadership and shared leadership to raise awareness about child abuse prevention, shape the direction of child welfare reform, improve the foster care system and integrate child abuse prevention strategies into child health and child well-being programs including public health.

Research substantiates only a few family strengthening programs as evidence-based to prevent child abuse and neglect (U.S. Office of Child Abuse & Neglect, 2001). Over the past 39 years, several studies have been conducted on the effectiveness of Parents Anonymous®. The most recent National Outcome Study in 2007 was conducted by the National Council on Crime and Delinquency and funded by the Office of Juvenile Justice and Delinquency, U.S. Department of Justice. This study demonstrated that Parents Anonymous® is an evidence-based program that prevents child abuse and neglect by reducing risk and increasing protective factors. This research included a national representative sample of diverse parents new to Parents Anonymous® followed over a 6-month period. Statistically significant results for parents who participated in Parents Anonymous® were: **Reduced Child Maltreatment Outcomes:** 73 percent of parents decreased their parenting distress, 65 percent of parents decreased their parent rigidity, 56 percent of parents reduced use of psychological aggression towards their children, and for parents who reported using physical aggression: 83 percent stopped physically abusing their children; **Reduced Risk Factors:** 86 percent of the high stressed parents reduced their parental stress, 71 percent of parents reduced their life stressors, 40 percent of parents reduced any form of domestic violence, and 32 percent of parents reduced their drug/alcohol use; and **increased protective factors:** 67 percent of parents improved their quality of life; for parents starting out needing improvement: 90 percent improved in emotional and instrumental support, 88 percent improved in parenting sense of competence, 84 percent improved in general social support, 69 percent improved in use of non-violent discipline tactics, and 67 percent improved in family functioning. Also a qualitative study was conducted with Latino parents confirming the aforementioned results. In conclusion, parents who continued to attend Parents Anonymous® groups over time showed improvement in child maltreatment outcomes, and risk and protective factors compared to those who dropped out. Strong evidence suggests that parents benefit and strengthen their families through Parents Anonymous® regardless of their race, gender, education or income. The researchers found that 22 percent of the families were involved with the juvenile justice system and as a result of their children's exposure to the Program, they had significantly less child behavior difficulties over time (NCCD, 2007). This groundbreaking longitudinal study of Parents Anonymous® is the only independent outcome research conducted nationwide to assess the impact of parent mutual support-shared leadership groups on child abuse and neglect prevention. Furthermore, Parents Anonymous® utilizes a program fidelity tool to ensure that our program is being implemented based on the model and principles that yield these positive results.

Through national collaborations, we have worked tirelessly to refine, expand, and enhance CAPTA without giving up its critical prevention focus. Parent Leaders have

continued to testify before Congress on CAPTA and other prevention issues to inform and educate lawmakers on the effectiveness of strengths-based prevention programs. The 1996 Conference Report on the Reauthorization of CAPTA emphasized the importance of meaningful, ongoing and effective parent involvement in program and policy issues with a separate section and identifies Parents Anonymous® as the organization who can assist in achieving these goals.

In 2008, we believe legislative intent regarding effective prevention programs, meaningful partnerships with parents and accountability can be strengthened by the following of recommended changes to CAPTA. Input from Parents Anonymous® Parents, volunteers and organizations as well as members of the National Child Abuse Coalition have shaped the following proposed legislative changes:

I. EMPHASIZE SHARED LEADERSHIP

SEC. 105. GRANTS TO STATES AND PUBLIC OR PRIVATE AGENCIES AND ORGANIZATIONS. [42 U.S.C. 5106]

a. GRANTS FOR PROGRAMS AND PROJECTS.—The Secretary may make grants to, and enter into contracts with States, public agencies or private agencies or organizations (or combinations of such agencies or organizations) for programs and projects for the following purposes:

3. MUTUAL SUPPORT PROGRAMS.—The Secretary may award grants to private organizations to establish or maintain a national network of mutual support, shared leadership and self-help programs as a means of strengthening families in partnership with communities.

II. STRENGTHEN PREVENTION GOAL AND CREATE ACCOUNTABILITY BY ADDING AN APPROVAL PROCESS FOR THESE ACTIVITIES

SEC. 106. GRANTS TO STATES FOR CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT PROGRAMS. [42 U.S.C. 5106a]

a. DEVELOPMENT AND OPERATION GRANTS.—The Secretary shall make grants to the States, based on the population of children under the age of 18 in each State that applies for a grant under this section, for purposes of assisting the States in improving the child protective services system of each such State. **Each State shall implement any of these improvement strategies utilizing these funds to partner with community-based prevention agencies and families affected by abuse and neglect in—**

Add new section on accountability: There is no clarity as to what these funds are used for since the separate application requirement was removed. No reporting is done—so the impact on families' lives cannot be even described nor can measurable impact be assessed regarding the prevention of child maltreatment.

III. STRENGTHEN PURPOSE, REQUIREMENTS, AND MEANINGFUL PARENT LEADERSHIP OF TITLE II—COMMUNITY-BASED CHILD ABUSE PREVENTION PROGRAMS

SEC. 201. PURPOSE AND AUTHORITY. [42 U.S.C. 5116]

[This section was amended by sec. 121 of P.L. 108–36.]

(a) PURPOSE.—It is the purpose of this title—

(1) to support community-based efforts to develop, operate, expand, and enhance *programs and initiatives focused on* the prevention of child abuse and neglect, *that* strengthen and support families to reduce the likelihood of child abuse and neglect in *partnership with families*; and

(2) to foster an understanding, appreciation, and knowledge of diverse populations in order to be effective in preventing and treating child abuse and neglect.

(b) AUTHORITY.—The Secretary shall make grants under this title on a formula basis to the entity designated by the State as the lead entity (hereafter referred to in this title as the “lead entity”) under section 202(1) for the purpose of—

(1) developing, operating, expanding and enhancing community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect that are accessible, effective, culturally appropriate, and build on existing strengths that—

(A) offer assistance to families by *building on their strengths*;

(B) provide early, comprehensive support for parents;

(C) promote the development of parenting skills, especially in young parents and parents with very young children;

(D) increase family stability;

(E) improve family access to other formal and informal resources and opportunities for assistance available within communities;

(F) support the additional needs of families with children with disabilities through respite care and other services;

(G) utilize parents in meaningful leadership roles in the planning, implementation, oversight, evaluation and policy decisions of the Lead Agency and local funded programs, including parents of children with disabilities, parents with disabilities, racial and ethnic minorities, and members of other underrepresented or underserved groups; and

(H) provide referrals to early health and developmental services;

(2) fostering the development of a continuum of preventive services for children and families through State and community-based collaborations and partnerships both public and private;

(3) financing the start-up, maintenance, expansion, or redesign of specific *child abuse and neglect prevention programs and activities* (such as *parent education, mutual support and leadership services, respite care services home visiting and other similar services and other activities*) identified by the inventory and description of current services required under section 205(a)(3) as an unmet need, and integrated with the network of community-based *child abuse and neglect prevention programs and activities* program to the extent practicable given funding levels and community priorities;

(4) maximizing funding through leveraging of funds for the financing, planning, community mobilization, collaboration, assessment, information and referral, startup, training and technical assistance, information management, reporting and evaluation costs for establishing, operating, or expanding community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect; and

(5) financing public information activities that focus on the healthy and positive development of parents and children and the promotion of child abuse and neglect prevention activities.

SEC. 202. ELIGIBILITY. [42 U.S.C. 5116a]

[This section was amended by sec. 122 of P.L. 108-36.]

A State shall be eligible for a grant under this title for a fiscal year if—

(1)(A) the chief executive officer of the State has designated a lead entity to administer funds under this title for the purposes identified under the authority of this title, including to develop, implement, operate, enhance or expand community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect (through networks where appropriate);

(B) such lead entity is an existing public, quasi-public, or nonprofit private entity (which may be an entity that has not been established pursuant to State legislation, executive order, or any other written authority of the State that exists to strengthen and support families to prevent child abuse and neglect) with a demonstrated ability to work with other State and community-based agencies to provide training and technical assistance, and that has the capacity, *resources and identified roles* to ensure the meaningful involvement of parents who are consumers and who can provide leadership in the planning, implementation, and evaluation of programs and policy decisions of the applicant agency in accomplishing the desired outcomes for such efforts;

(C) in determining which entity to designate under subparagraph (A), the chief executive officer should give priority consideration equally to a trust fund advisory board of the State or to an existing entity that leverages Federal, State, and private funds for a broad range of child abuse and neglect prevention activities and family resource programs, and that is directed by an interdisciplinary, public-private structure, including participants from communities; and

(D) in the case of a State that has designated a State trust fund advisory board for purposes of administering funds under this title (as such, title was in effect on the date of the enactment of the Child Abuse Prevention and Treatment Act Amendments of 1996) and in which one or more entities that leverage Federal, State, and private funds (as described in subparagraph (C)) exist, the chief executive officer shall designate the lead entity only after full consideration of the capacity and expertise of all entities desiring to be designated under subparagraph (A);

(2) the chief executive officer of the State provides assurances that the lead entity will provide or will be responsible for providing—

(A) community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect composed of local, collaborative, public-private partnerships directed by interdisciplinary structures with balanced representation from private and public sector members, parents, *consumers* and public and private nonprofit service providers and individuals and organizations experienced in working in partnership with families with children with disabilities;

(B) direction through an interdisciplinary, collaborative, public private structure with balanced representation from private and public sector members, parents, *consumers*, public sector and private nonprofit sector service providers, and parents with disabilities; and

(C) direction and oversight through identified goals and objectives, clear lines of communication and accountability, the provision of leveraged or combined funding from Federal, State and private sources, centralized assessment and planning activities, the provision of training and technical assistance, and reporting and evaluation functions; and

(3) the chief executive officer of the State provides assurances that the lead entity—

(A) *will utilize parents in meaningful leadership roles* in the development, operation, oversight and evaluation of the community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect and in the policy-decisions of the Lead Agency;

(B) has a demonstrated ability to work with State and community-based public and private nonprofit organizations to develop a continuum of preventive, family centered, comprehensive services for children and families through the community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect *this is ill-defined and a hold over from other language*;

(C) has the capacity to provide operational support (both financial and programmatic) training, technical assistance, and evaluation assistance, to community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect through innovative, interagency funding and interdisciplinary service delivery mechanisms; and

(D) will integrate its efforts with individuals and organizations experienced in working in partnership with families with children with disabilities, parents with disabilities, and with the child abuse and neglect prevention activities of the State, and demonstrate a financial commitment to those activities.

SEC. 203. AMOUNT OF GRANT. [42 U.S.C. 5116b]

[This section was amended by sec. 123 of P.L. 108-36.]

(a) RESERVATION.—The Secretary shall reserve 1 percent of the amount appropriated under section 5116i of this title for a fiscal year to make allotments to Indian tribes and tribal organizations and migrant programs.

(b) REMAINING AMOUNTS.—

(1) IN GENERAL.—The Secretary shall allot the amount appropriated under section 5116i of this title for a fiscal year and remaining after the reservation under subsection (a) of this section among the States as follows:

(A) 70 percent of such amount appropriated shall be allotted among the States by allotting to each State an amount that bears the same proportion to such amount appropriated as the number of children under the age of 18 residing in the State bears to the total number of children under the age of 18 residing in all States (except that no State shall receive less than \$175,000 under this subparagraph).

(B) 30 percent of such amount appropriated shall be allotted among the States by allotting to each State an amount that bears the same proportion to such amount appropriated as the amount of private, State, or other non-Federal funds leveraged and directed through the currently designated State lead entity in the preceding fiscal year bears to the aggregate of the amounts leveraged by all States from private, State, or other non-Federal sources and directed through the current lead entity of such States in the preceding fiscal year.

(2) ADDITIONAL REQUIREMENTS.—The Secretary shall provide allotments under paragraph (1) to the State lead entity.

(c) ALLOCATION.—Funds allotted to a State under this section—

(1) shall be for a 3-year period; and

(2) shall be provided by the Secretary to the State on an annual basis, as described in subsection (b) of this section.

Need to add a section on the return of funds not in compliance by a lead agency: to be put back into program funds not into the general Federal treasury. Many other Federal programs have these types of provisions.

SEC. 204. EXISTING GRANTS. [42 U.S.C. 5116c]

[Note: This section was repealed by sec. 124 of P.L. 108-36.]

SEC. 205. APPLICATION. [42 U.S.C. 5116d]

[This section was amended by sec. 125 of P.L. 108-36.]

A grant may not be made to a State under this title unless an application therefore is submitted by the State to the Secretary and such application contains the types of information specified by the Secretary as essential to carrying out the provisions of section 202, including—

(1) a description of the lead entity that will be responsible for the administration of funds provided under this title and the oversight of programs funded through the community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect (through networks where appropriate) which meets the requirements of section 202;

(2) a description of how the community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect (through networks where appropriate) will operate and how *child abuse and neglect prevention programs and activities* services provided by public and private, nonprofit organizations, will be integrated into a developing continuum of family centered, holistic, preventive services for children and families;

(3) a description of the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the State;

(4) a budget for the development, operation and expansion of the community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect that verifies that the State will expend in non-Federal funds an amount equal to not less than 20 percent of the amount received under this title (in cash, not in-kind) for activities under this title;

(5) an assurance that funds received under this title will supplement, not supplant, other State and local public funds designated for the start up, maintenance, expansion, and redesign of community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect;

(6) an assurance that the State will utilize funds from these and other sources and implement activities to ensure the meaningful involvement of parents who are consumers and who can provide leadership in the planning, implementation, and evaluation of the programs and policy decisions of the applicant agency in accomplishing the desired outcomes for such efforts;

(7) a description of the criteria that the entity will use to develop, or select and fund, community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect as part of network development, expansion or enhancement;

(8) a description of outreach activities that the entity and the community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect will undertake to maximize the participation of racial and ethnic minorities, children and adults with disabilities, homeless families and those at risk of homelessness, and members of other underserved or underrepresented groups;

(9) a plan for providing operational support, training and technical assistance to community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect for development, operation, expansion and enhancement activities;

(10) a description of how the applicant entity's activities and those of the network and its members (where appropriate) will be evaluated;

(11) a description of the actions that the applicant entity will take to advocate systemic changes in State policies, practices, procedures and regulations to improve the delivery of community-based and prevention-focused programs and ac-

tivities designed to strengthen and support families to prevent child abuse and neglect services to children and families and *the utilization of parent and family advocates*;

(12) an assurance that the applicant entity will provide the Secretary with reports at such time and containing such information as the Secretary may require.

SEC. 206. LOCAL PROGRAM REQUIREMENTS. [42 U.S.C. 5116e]

[This section was amended by sec. 126 of P.L. 108-36.]

(a) IN GENERAL.—Grants made under this title shall be used to develop, implement, operate, expand and enhance community-based, and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect that—

(1) assess community assets and needs through a planning process that involves parents and local public agencies, local nonprofit organizations, and private sector representatives;

(2) develop a strategy to provide, over time, a continuum of preventive, family centered services to children and families, especially to young parents and parents with young children, through public-private partnerships;

(3) provide—

(A) core *child abuse and neglect prevention* services such as—

(i) parent education, mutual support, *shared leadership*, and self help, and *parent leadership* services;

(ii) *respite services, including crisis nurseries*;

(iii) *voluntary home visiting services*;

(iii) outreach services;

(iv) community and social service referrals; and

(v) follow-up services; and

(B) access to optional services, including—

(i) referral to and counseling for adoption services for individuals interested in adopting a child or relinquishing their child for adoption;

(ii) child care, early childhood development and intervention services;

(iii) referral to services and supports to meet the additional needs of families with children with disabilities and *parents with disabilities*;

(iv) referral to job readiness services;

(v) referral to educational services, such as scholastic tutoring, literacy training, and General Educational Degree services;

(vi) self-sufficiency and life management skills training;

(vii) community referral services, including early developmental screening of children; and

(viii) peer counseling;

(4) develop, *support maintain on-going* leadership roles for the meaningful involvement of parent *consumers* in the development, operation, evaluation, and oversight of the programs and services and *policy decisions of the Lead Agency*;

(5) provide leadership in mobilizing local public and private resources to support the provision of needed *child abuse and neglect prevention programs and activities*; and

(6) participate with other community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect in the development, operation and expansion of networks where appropriate.

(b) PRIORITY.—In awarding local grants under this title, a lead entity shall give priority to effective community-based *child abuse and neglect prevention* programs serving low income communities and those serving young parents or parents with young children.

SEC. 207. PERFORMANCE MEASURES. [42 U.S.C. 5116f]

[This section was amended by sec. 127 of P.L. 108-36.]

A State receiving a grant under this title, through reports provided to the Secretary.—*No accountability: If States do not use these funds properly or meet the obligation period, what are the consequences, can funds be held back by Federal authority. The Federal Government has no compliance authority to take any action in the case of noncompliance to any provision of this section of the statute.*

(1) shall demonstrate the effective development, operation and expansion of a community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect that meets the requirements of this title;

(2) shall supply an inventory and description of the services provided to families by local programs that meet identified community needs, including core and optional services as described in section 202;

(3) shall demonstrate that they will have *effectively* addressed unmet needs identified by the inventory and description of current services required under section 205(3);

(4) shall describe the number of families served, including families with children with disabilities, and parents with disabilities, and the involvement of a diverse representation of families in the design, operation, and evaluation of community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect, and in the design, operation and evaluation of the networks of such community-based and prevention-focused programs;

(5) shall demonstrate a high level of satisfaction among families who have used the services of the community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect;

(6) shall demonstrate the establishment or maintenance of innovative funding mechanisms, at the State or community level, that blend Federal, State, local and private funds, and innovative, interdisciplinary service delivery mechanisms, for the development, operation, expansion and enhancement of the community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect;

(7) shall describe the results of a peer review process conducted under the State program; and

(8) shall *document the leadership roles, responsibilities and results of parent consumers and funds utilized* to ensure the continued leadership of parents in the on-going planning, implementation, and evaluation of such community-based and prevention-focused programs and activities *of the Lead Agency and local programs* designed to strengthen and support families to prevent child abuse and neglect.

SEC. 208. NATIONAL NETWORK FOR COMMUNITY-BASED CHILD ABUSE AND NEGLECT PREVENTION PROGRAMS. [42 U.S.C. 5116g]

[This section was amended by sec. 128 of P.L. 108-36.]

The Secretary may allocate such sums as may be necessary from the amount provided under the State allotment to support the activities of the lead entity in the State—

(1) create, operate and maintain an information clearinghouse;

(2) to fund a yearly symposium on State system change efforts that result from the operation of the community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect;

(4) to create, operate and maintain a computerized communication system between lead entities; and

(5) to fund State-to-State technical assistance through bi-annual conferences.

SEC. 209. DEFINITIONS. [42 U.S.C. 5116h]

[This section was amended by sec. 129 of P.L. 108-36.]

For purposes of this title:

(1) **CHILDREN WITH DISABILITIES.**—The term “children with disabilities” has the same meaning given the term “child with a disability” in section 602(3) or “infant or toddler with a disability” in section 632(5) of the Individuals with Disabilities Education Act.

(2) **COMMUNITY REFERRAL SERVICES.**—The term “community referral services” means services provided under contract or through interagency agreements to assist families in obtaining needed information, mutual support and community resources, including respite care services, health and mental health services, employability development and job training, and other social services, including early developmental screening of children, through help lines or other methods.

(3) **COMMUNITY-BASED AND PREVENTION-FOCUSED PROGRAMS AND ACTIVITIES TO PREVENT CHILD ABUSE AND NEGLECT.**—The term “community-based and prevention-focused programs and activities to strengthen and support families to prevent child abuse and neglect” includes organizations such as family resource programs, family support programs, voluntary home visiting programs, respite care programs, parenting education, mutual support programs, and other community programs or networks of such programs that provide activities that are designed to prevent or re-

spond to child abuse and neglect and have evidence demonstrating their effectiveness to prevent all forms of abuse and neglect with diverse families nationwide.

(4) RESPITE CARE SERVICES.—The term “respite care services” means short-term care services, including crisis nurseries, provided in the temporary absence of the regular caregiver (parent, other relative, foster parent, adoptive parent, or guardian) to children who—

- (A) are in danger of abuse or neglect;
- (B) have experienced abuse or neglect; or
- (C) have disabilities, chronic, or terminal illnesses.

Such services shall be provided within or outside the home of the child, be short-term care (ranging from a few hours to a few weeks of time, per year), and be intended to enable the family to stay together and to keep the child living in the home and community of the child.

SEC. 210. AUTHORIZATION OF APPROPRIATIONS. [42 U.S.C. 5116i]

[This section was amended by sec. 130 of P.L. 108–36.]

There are authorized to be appropriated to carry out this title, \$150,000,000 for fiscal year 2009 and such sums as may be necessary for each of the fiscal years 2010 through 2013.

PREPARED STATEMENT OF CHILD WELFARE LEAGUE OF AMERICA (CWLA)

Chairman Dodd and Senator Alexander and members of the subcommittee, the Child Welfare League of America submits this statement on the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA).

CWLA represents hundreds of State and local direct service organizations including both public and private, and faith-based agencies. Our members provide a range of child welfare services from prevention to placement services including adoptions, foster care, kinship placements, and services provided in a residential setting.

CWLA believes that keeping children safe from child abuse and neglect should always be the first goal of any child protective services response. The best ways to ensure that children are safe from all forms of maltreatment are comprehensive, community-based approaches to protecting children and supporting and strengthening families. As a collective, public and private agencies, in collaboration with individual citizens and community entities, can prevent and remedy child maltreatment, achieve child safety and promote child and family well-being.

HISTORY OF CHILD PROTECTION

Child protection can trace its origins back to the nineteenth century when, in 1875, the Society for the Prevention of Cruelty to Children was established in New York City.¹ After publicity surrounding the treatment of a young child captured the attention of the public, the President of the American Society for the Prevention and Cruelty to Animals was approached and as a result of his support, existing State legislation to protect children was vigorously enforced for the first time. Other States and jurisdictions would eventually follow in enacting their own laws. In 1899, Illinois became the first State to create a Juvenile Court to address issues of dependence, delinquency, and neglect. By 1907, 26 States had followed with their own juvenile court laws.

In 1909, the first White House Conference on Children was convened and one of the results of that Conference was the creation of a Children’s Bureau at the Federal level. Part of the mission of the new Bureau at the urging of the White House Conference was to “investigate and report on all matters relating to the welfare of children and child life among all classes of people.”²

Throughout the following decades other laws were enacted at the Federal and State level but, in 1960, Dr. C. Henry Kempe’s work on “battered child syndrome” raised the importance of communities in their efforts to protect children and led the medical community to improve methods of identifying and protecting children from abuse. In 1974, the Congress acted with the adoption of the first Child Abuse Prevention and Treatment Act (CAPTA). That landmark law enacted through this committee established national standards for specific reporting and response practices for States to include into their child protection laws.

¹Child Welfare League of America (CWLA). (1999). *CWLA Standards of Excellence for Services for Abused and Neglected Children and Their Families*. Washington, DC: Author.

²Ibid.

THE ROLE OF LEGISLATION

CAPTA, as significant as it is, is only one part of a system we call the child welfare system. Other important laws that play a direct or indirect role in child protective services (CPS) include enactment of the 1935 Social Security Act which included the Aid to Dependent Children section that required public agencies to provide child welfare services to protect children who were neglected, dependent, homeless or in danger of becoming delinquent. Later changes were made to that law as it became Aid to Families with Dependent Children (AFDC) and States were required to provide for children in foster care. The Social Services entitlement was a source of funds to States to address some of the support services that might assist families in leaving AFDC, it also served as the major source of funds for State CPS systems. In 1981, this funding became the Social Services Block Grant (SSBG), Title XX of the Social Security Act. SSBG still remains the single biggest Federal source of funds for CPS. In 1978, Congress recognized some of the earlier injustices carried out under Federal law against Native Americans and passed the Indian Child Welfare Act (ICWA—P.L. 95-608). Two years later P.L. 96-272 created title IV-E foster care and adoption assistance. Throughout the last three decades numerous amendments have been made to these laws and CAPTA has been reauthorized six times.

THE CHALLENGES BEFORE US

A few months ago the latest national data on child abuse and neglect were released by the Department of Health and Human Services (HHS). The numbers tell a familiar story: over 900,000 children substantiated as abused and neglected, out of the more than 3.3 million child abuse reports made. In 2006, children in the age group of birth to 1 year had the highest rate of victimization at 24.4 per 1,000 children of the same age group in the national population; More than 40 percent (41.1 percent) of the estimated 1,530 child fatalities in 2006 were attributed to neglect; physical abuse also was a major contributor to child fatalities.³

Of the child victims almost 9 percent were sexually abused and 16 percent were physically abused. It is little recognized that nearly 65 percent of the 900,000 children are victims of neglect. These are children whose mistreatment can be just as serious as those victims of sexual or physical abuse. It also tells us that we are not doing enough to prevent these children from coming into care or being brought to the attention of the Child Protective Services (CPS) system.

A consistent statistic from year to year, including 2006, is that of the 900,000 abused and neglected children which identified that nearly 40 percent did not receive follow up services.⁴ There are several reasons for this including the way in which data is collected, how States provide services, and in some instances the reluctance on the part of some families to access services. Still with such a high and consistent percent going without follow-up help, it is clear that services are not being adequately provided at the front end of the child welfare system. For some that may mean they will return to the child welfare system.

In 1996, the U.S. Department of Health and Human Services released the Third National Incidence Study (NIS) of Child Abuse and Neglect. The NIS is a congressionally mandated, periodic research effort to assess the incidence of child abuse and neglect in the United States. The fourth study is currently underway and is expected to be released later this year. The NIS gathers information from multiple sources to estimate the number of children who are abused or neglected and to provide information about the nature and severity of the maltreatment, the characteristics of the children, perpetrators, and families, and the extent of changes in the incidence or distribution of child maltreatment since the previous NIS.

In the 1996 study, a significant correlation was found between the incidence of maltreatment and family income. It found that 47 percent of children with demonstrable harm from abuse or neglect and 95.9 percent of endangered children came from families whose income was less than \$15,000 per year.

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 that fit the study's harm standard and over 25 times more likely to suffer some form of maltreatment as defined by the endangerment standard.⁵

³Administration on Children, Youth, and Families (ACYF). (2008). *Child Maltreatment 2006*. Available online. Washington, DC: U.S. Department of Health and Human Services (HHS).

⁴Ibid.

⁵Sedlack, A.J. & Broadhurst, D.D. (1996). *Third National Incidence Study of Child Abuse and Neglect: Final report*. Washington, DC: U.S. Department of Health and Human Services.

The stress created by living in poverty may play a distinct role in child abuse and neglect. Parents who experience prolonged frustration in trying to meet their family's basic needs may be less able to cope with even normal childhood behavior problems. Those parents who lack social support in times of financial hardship may be particularly vulnerable. Parents who are experiencing problems with employment are frequently rated by child protective services staff as being at moderate to high risk of child maltreatment.

These figures also tell us that we can prevent more children from coming into the system with the right kind of investments both in services and in the CPS system.

KEY ISSUES FOR CAPTA REAUTHORIZATION AND THE COMMITTEE

Funding for CAPTA

CPS systems in the 50 States are funded by a variety of sources. The Social Services Block Grant (SSBG) serves as a major source of funding with 41 States spending \$257 million in SSBG funds in 2005 for child protection.⁶ SSBG is once again threatened with a potential reduction of \$500 million in the President's proposed fiscal year 2009 budget as it was in the previous two budgets. At one point, shortly after CAPTA was created and before SSBG became a block grant it was the primary source of funding for State CPS systems. At \$1.7 billion SSBG is well below its historic high levels that came close to \$3 billion. In fact, SSBG supports more than 30 different types of human services and populations, well beyond child protective services.

The CAPTA State grants that are intended to support State child protective services systems stands at little more than \$27 million. There has been little change in the last decade, actually little change in funding levels since 1974. The table below indicates the allocation that States represented by Senators on the full committee receive. In comparison you will notice the State grants represent a very small part of your respective State's budgets and what they need for CPS. Yet it is on this less than modest money that we hang numerous mandates and policies.

If Congress is serious about the practices we hope to promote through the reauthorization of this act, then the appropriations process must work in conjunction with this reauthorization. Perhaps in considering improvements in CAPTA the committee should consider some form of funding triggers that might cause this program to receive greater support. There are a number of requirements in CAPTA including those around mandatory reporting of child abuse, data collection and services for vulnerable children. These mandates may become more enforceable and in fact realistic if Congress can give this law the priority it deserves.

State	State Allotment ⁷
Alaska	111,280
Colorado	433,800
Connecticut	323,076
Georgia	809,391
Iowa	273,535
Illinois	1,180,108
Kansas	274,538
Massachusetts	531,011
Maryland	508,218
North Carolina	745,961
New Hampshire	150,196
New Mexico	211,725
New York	1,552,099
Ohio	963,019
Oklahoma	332,482
Rhode Island	130,161
Tennessee	507,429
Utah	293,335
Vermont	94,351
Washington	538,575
Wyoming	88,445

⁶Administration for Children and Families (ACF). (2007). *SSBG 2005: Annual report on expenditures and recipients, 2005*. Available online at <http://www.acf.hhs.gov/programs/ocs/ssbg/annrpt/2005/index.html>. Washington, DC: U.S. Department of Health and Human Services.

The Foundation of Prevention, Protection and Child Welfare: Workforce

Whatever the challenge in child welfare whether we are discussing preventing abuse from taking place, moving children from foster care toward reunification with his or her family, placing a child in a kinship or adoptive family, finding more foster families, training of parents, or investigating abuse effective services are built on a strong workforce.⁷

The investigation and prevention of child abuse including acting and making decisions that should always be about the best interest of the child, come down to a strong and competent workforce. A competent workforce includes being fully staffed, with adequate and competent supervision with training that prepares the new worker and assists the current worker with on-going skills.

Although CWLA recommends caseload/workload measures for each area of child welfare practice, workloads are best determined through careful time studies carried on within the individual agency. They should be based on the responsibilities assigned to complete a specific set of tasks, or units of work, for which the worker is responsible. For those agencies interested in developing their own specific workload figures, time required for the conduct of the following tasks should be calculated to include:

- Direct contact with children and families;
- Travel;
- Collateral visits, outreach activities, and court schedules;
- Emergencies that interrupt regular work schedules;
- Supervision, case conferences, consultation, and collaboration;
- Work with community service providers;
- Attendance at staff meetings, staff development, professional conferences, and administrative functions; and
- Telephone contacts, reading of records, dictation, reports of conferences and consultations.

Services for Abused or Neglected Children and Their Families (Includes CPS)

Initial Assessment/Investigation	12 active cases per month, per 1 social worker.
On-going Cases	17 active families per 1 social worker, and no more than 1 new case assigned for every 6 open cases.
Combined Assessment/Investigation and On-going Cases	10 active on-going cases and 4 active investigations per 1 social worker.
Supervision	1 supervisor per 5 social workers.

Whatever actions this subcommittee takes in regard to CAPTA reauthorization and increased funding, there are actions both the committee and Congress can and must take to address the workforce issue.

Perhaps the best place to focus this discussion is in this subcommittee and the full committee because this is not just a human service issue but also a workforce issue. We need a national strategy that will build on the work of experts in the field of child welfare but also other human service fields facing some of the same challenges that are brought on by our ever changing society. We must also strengthen child welfare work with and between the higher education communities. There are few CWLA meetings held with our membership on the biggest challenges within child welfare that do not include a discussion of what many of our member agencies label "a workforce crisis." Regardless of whether we are talking to local agencies, local governments or State agencies, we hear their on-going concerns about where the next set of workers will come from and how to maintain a current well-trained staff.

What we need most of all is leadership at the national level that will make this part of our national agenda and national economic strategy for the 21st century.

Fortunately, Congress is beginning to take some first and significant steps. In the remaining months we urge members of both parties in both houses to follow through on some key initiatives.

First, the HELP Committee is working diligently with their House counterparts to complete a final reauthorization of the Higher Education Act. Within these discussions is the possible inclusion of a House proposal to provide for loan forgiveness

⁷ Administration for Children and Families (ACF). (2007) CAPTA State Allotments. Available on line at http://www.acf.dhhs.gov/programs/cb/programs_fund/index.htm#state. Washington, DC: U.S. Department of Health and Human Services.

to social workers who work and remain at a child welfare agency. Under the proposal a worker would receive a loan forgiveness benefit of \$2,000 for each of the first 5 years the worker continues in the field. We urge Congress to include this in a final Higher Education bill. It is an important tool and can become a building block to a workforce strategy in this area.

Second, in recent days the House, working through the Ways and Means Committee, has passed a bipartisan child welfare bill, the Fostering Connections to Success Act (H.R. 6307). This bill includes an important provision that will allow the current title IV-E foster care and adoption assistance training funds to be used for private agencies as well as public agencies. Similar to child care, child welfare has built much of its services on a combination of non-profit and faith-based agencies as well as public agencies. This extension of training funds, long a part of the CWLA agenda, is also found in legislation recently introduced by a member of the committee, Senator Hillary Rodham Clinton (D-NY), as part of the Child Welfare Workforce Improvement Act (S. 2944). We encourage the Senate leadership and members of the committee to get behind this proposal. This source of funding would assist in both on-going training of current workers as well as offer an incentive for these workers to remain in their occupations.

Third, S. 2944, also calls for a national workforce study by the National Academy of Sciences. This study would examine contributing factors to staff turnover, make recommendations on appropriate workloads and caseloads, examine training needs, and examine the use of data. The resulting findings and the directives to the Department of Health and Human Services could enhance a national strategy in the area of child welfare workforce development. This proposal could be adopted through the CAPTA reauthorization and we urge members to assure that the needed funding is provided so that it is carried out.

Promise in Prevention and Intervention

CAPTA reauthorization can serve as a way to encourage innovation but we also point out that there are other legislative proposals currently before Congress and this committee that could enhance CAPTA.

One example of a program that could help address prevention of child abuse and that is currently under consideration as part of another bill is home visitation. Home visitation programs refer to different model programs that provide in-home visits to targeted, vulnerable, and new families. Home visitation programs—either stand-alone programs or center-based programs—serve at least 400,000 children annually between the ages of 0 and 5.⁸

The eligible families in these home visitation programs may receive services as early as the prenatal stage. Because a child's early years are the most critical for optimal development and provide the foundation necessary for success in school and life, home visiting can make a lifetime of difference. Nurses and other trained members of the community conduct home visits on a weekly, bimonthly, or monthly basis. Program goals include an increase in positive parenting practices, improvement in the health of the entire family, increase in the family's ability to be self-sufficient, and enhanced school readiness for the children.

We recognize the value both in human and economic terms, and the great benefits to our Nation and to vulnerable families and children by enacting policies that prevent the need for ever placing a child in foster care. There is no simple model for prevention of child abuse and in fact we believe that a commitment to preventing child abuse will involve multiple efforts and strategies. Greater investment and support for home visitation is one critical part of such a strategy.

Currently home visitation programs rely on a range of Federal, State and local funds. Unfortunately these funding sources can be unreliable, even for programs that are demonstrating effectiveness in a range of areas. In recent years, States have utilized funding sources including the Social Services Block Grant (SSBG), title IV-B part 1, Child Welfare Services, title IV-B part 2, Promoting Safe and Stable Families (PSSF), the Child Abuse Prevention and Treatment Act (CAPTA) State grants and Community-Based Family Resource and support grants. All of these funding sources are used to fund a range of other services, and all have been subject to reductions or proposed reductions in each of the last five budgets. This highlights the need for specific funding for home visiting programs to strengthen and stabilize the funding.

All families benefit from information, guidance, and help in connecting with resources as they meet the challenges of parenthood and family life. For families with

⁸Chapin Hall Center for Children at the University of Chicago. (2006). *Challenges to Building and Sustaining Effective Home Visitation Programs: Lessons Learned From States*. Chicago, IL: Author.

limited resources, or those that face additional challenges, the need for support and assistance is even greater.

Families are central to child safety and well-being. Children develop the ability to lead productive, satisfying and independent lives in the context of their families. Family ties especially those between parent and child are extremely important in the development of a child's identity. Through interaction with parents and other significant family members, children learn and come to subscribe to their most cherished personal and cultural values and beliefs. They learn right from wrong, and gain competence and confidence. Family relationships must be nurtured and maintained to meet the needs of children for continuity and stability, which support healthy development.

Home visitation services stabilize at-risk families by significantly affecting factors directly linked to future abuse and neglect. Research shows that families who receive at least 15 home visits have less perceived stress and maternal depression, while also expressing higher levels of paternal competence.⁹ Research shows that participating children have improved rates of early literacy, language development, problem-solving, and social awareness. These children also demonstrate higher rates of school attendance and scores on achievement and standardized tests. Studies show that families who receive home visiting are more likely to have health insurance, seek prenatal and wellness care, and have their children immunized. Home visitation programs may also reduce the disproportionality or overrepresentation of children and families of color in the child welfare system, while improving outcomes for these families.

The HELP Committee has before it S. 667, the Education Begins at Home Act, sponsored by Senator Clinton and Senator Christopher Bond (R-MO). Its companion bill, H.R. 2343, passed the House Education and Labor Committee last week. We encourage the HELP Committee to build on this action.

Reauthorizing CAPTA provides an opportunity to explore a number of issues involving child abuse and neglect. Some States use the differential response method to address reports of abuse and neglect. Differential response is a form of practice in child protective services that allows for more than one method of response to reports of child abuse and/or neglect. Also called "dual track," "multiple track," or "alternative response," this approach recognizes the variation in the nature of reports and the value of responding differentially.

There is great variation in State and county implementation of differential response, which generally involves low- and moderate-risk cases that receive a non-investigation assessment response without a formal determination or substantiation of child abuse and neglect. While States are attempting several approaches in this area the basic policy difference is in how complaints of abuse and neglect are dealt with and screened into or out of the CPS system. In some instances responses to reports of child abuse and neglect may result in greater family support and services to address the underlying causes.

Another innovation to be examined under reauthorization is Family Group Decision Making (FGDM). FGDM offers a new approach to working with families involved with the child welfare system. Families are engaged and empowered by child welfare agencies to make decisions and develop plans that protect and nurture their children from enduring further abuse and neglect. The FGDM approach recognizes that families are the experts of their own situation, and therefore, are able to make well-informed decisions about their circumstances.

We propose that the committee examine ways to assist States in developing policies and procedures which encourage the development of differential, multiple responses for referral of families and children not at risk of imminent harm to a community organization or voluntary prevention services; and policies and procedures encouraging the involvement of families in decisionmaking pertaining to cases of abuse and neglect of children.

Again, additional funds must be increased if the committee is serious about making improvements in child abuse prevention, even if such funding is suggested as a pilot or experimental use.

The Disproportional Representation of Children of Color and Ethnic Groups in the System

CAPTA reauthorization also offers policymakers an opportunity to address the issue of disproportionality and disparate outcomes in the child welfare population. A recent study issued by the Government Accountability Office (GAO) found that

⁹Daro, D., Howard, E., Tobin, J., & Hardin, A. (2005). *Welcome Home and Early Start: An Assessment of Program Quality and Outcomes*. Available online. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.

while African-American children make up only 15 percent of the national child population, they represent 34 percent of the foster care population.¹⁰ Similar statistical profiles exist for Native American and Hispanic children in certain States or parts of the country when there is a higher concentration of Native Americans and Hispanic populations.

The Congressional Research Service (CRS)¹¹ and GAO have found that there are several factors contributing to a disproportionate number of African-American children entering and remaining in foster care, including bias or cultural misunderstandings between child welfare decisionmakers and the families they serve. GAO noted in its study that in all of the States they visited a lack of adequate support services contributed to disproportionality and disparate outcomes. The report notes “GAO was told that poorer families without access to supportive services may have a more difficult time weathering problems of substance abuse or emotional issues.”

CAPTA may provide a way to reduce the over representation of certain children in the entire child welfare system through the use of family group decisionmaking, deferential response, home visitation, and other emerging practices. If policymakers only deal with this fact when children are already in foster care or being moved toward adoption, then we will have missed the key avenue to address this, when children enter care.

The White House Conference on Children and Youth

CWLA indicated in its opening comments that the best ways to ensure that children are safe from all forms of maltreatment are comprehensive, community-based approaches to protecting children and supporting and strengthening families.

We believe any action you take on this reauthorization as well as any action that may be taken to reform the title IV-E programs will not be enough. That is not a reflection on Congress or your efforts but it is a reality that whatever happens in Washington can only be complete if there is engagement and commitment from communities all across America.

To be sure, CWLA believes the Federal Government could be doing much more in the area of child welfare, including greater investment of Federal dollars in the system. That includes investment for prevention and it also means a commitment to children already in care and families struggling to come back together. Commitment to the front end of services should not be conditioned on a lack of commitment at the other end or parts of the system.

CWLA also recognizes that dollars and Federal action alone cannot reduce the level of child abuse or the number of children in foster care. This has to be a partnership at the Federal, State and local levels. It is for that reason that late last year CWLA called on Congress to act to restore the oldest White House Conference, the White House Conference on Children and Youth and to focus it on these most vulnerable families and children.

There are now twin bills in Congress. In the House, H.R. 5461 has been introduced by Congressman Chaka Fattah (D-PA) and Congressman Jon Porter (R-NV) along with its 50 other cosponsors, and on the Senate side, S. 2771 has been introduced by Senator Mary Landrieu (D-LA) and Senator Chuck Hagel (R-NE) along with more than a dozen other sponsors including the Chair of this subcommittee and several other HELP Committee members.

This Conference was once held every 10 years but has not been held since President Nixon called it in 1970. Its results have been noteworthy. We listed earlier its call for the creation of a Children’s Bureau in 1909 and the Bureau’s mission in regards to child protection. It should also be of interest to this subcommittee that one of the results of the 1970 convening was a recommendation to create a designated Senate committee on children’s issues and we are sure the members of this subcommittee recognize their own value over the years since.

The White House Conference would be, like its cousin the Conference on Aging, a 2-year event. In 2009, there would be several focused State and national meetings. In addition to official meetings, the policy committee that the legislation establishes would provide an opportunity for communities and States to organize their own focused events resulting in perhaps hundreds of meetings across the country. Meetings and events that would allow systems of health and mental health, providers of housing, substance abuse treatment experts, social service providers, schools, churches as well as other parts of the child welfare community to open a dialogue

¹⁰ U.S. Government Accountability Office. (2007). *African-American Children in Foster Care: Additional HHS Assistance Needed to Help States Reduce the Proportion in Care*. [GAO-07-816.] Washington, DC: Author

¹¹ Congressional Research Service. (2005). *Race Ethnicity and Child Welfare*. Washington, DC: Author.

on how their cities and neighborhoods can come together to address these needs of these families in crisis. If we can get it right for our most vulnerable children and families we can get it right for all. Only after all of these voluntary efforts and official gatherings would there then be a national gathering or convention at the White House.

We urge the subcommittee and the full committee to act on this legislation this year. It is bipartisan and bicameral and offers Congress an opportunity to reach beyond the politics of this year. But there is a much more significant reason for this White House Conference. It represents a vision of how communities can come together all across the country to engage in a discussion of not just needed Federal support but local community action; how systems can coordinate and communicate to prevent abuse and neglect wherever possible; and when not possible how to act in the best interest of the child so that he or she has a permanent and loving family.

The Child Welfare League of America thanks the subcommittee for these hearings and its attention and we look forward to working with you on these key issues.

PREPARED STATEMENT OF SUE ELSE, PRESIDENT, NATIONAL NETWORK TO END DOMESTIC VIOLENCE (NNEDV)

Chairman Dodd, Ranking Member Alexander and members of the subcommittee, thank you for the opportunity to submit written testimony for this hearing on the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA). We are grateful to the subcommittee for your leadership and your ongoing work to improve the safety and well-being of children and families across the Nation. The National Network to End Domestic Violence (NNEDV) is a membership and advocacy organization representing the 55 State and U.S. territory domestic violence coalitions. NNEDV is the voice of these coalitions, there are more than 2,000 local domestic violence member programs, and the millions of domestic violence survivors who turn to them for services. In their work with victims and their families, our members see the impact that abuse and violence have on the lives of children who are vulnerable both as witnesses to violence and as victims themselves. In order to address this violence and keep children and families safe, we support the reauthorization of CAPTA as well as the Family Violence Prevention and Services Act (FVPSA), legislation that has historically been included in CAPTA. We hope to work with the subcommittee to ensure that these critical Federal programs are reauthorized and strengthened to address the needs of children and families.

FAMILY VIOLENCE AND CHILDREN: THE NEED TO ADDRESS BOTH IN CAPTA

Domestic violence is a pervasive public health issue that affects one in four women in their lifetime.¹ It is estimated that a staggering 15.5 million children are exposed to domestic violence every year² and slightly more than half of female victims of intimate partner violence live in households with children under the age of 12.³ One-half to two-thirds of the residents of domestic violence shelters are children. In 2007, the National Census of Domestic Violence Services found that in one 24-hour period, 13,485 children were living in a domestic violence shelter or transitional housing facility, while another 5,526 received services at non-residential programs.⁴

Too often children who witness abuse are victimized as well. Research has found that over 50 percent of batterers physically abuse their children versus only 7 percent of non-batterers.⁵ A batterer is four to six times more likely than a non-batterer to sexually abuse his children.⁶ According to research from the Bureau of Justice Statistics, 96 percent of sexual assault survivors under the age of 12 and 85 percent of those ages 12 to 17 were raped by family members, friends or acquaintances.⁷

Exposure to domestic violence causes other emotional and physical problems among children. They are more likely than children who are not exposed to domestic violence to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution,⁸ and exhibit behavioral and physical health problems including depression, anxiety, and violence towards peers.⁹ The cycle of violence is perpetuated as children witness violence and become perpetrators themselves. Children who witness spousal assault and who have also been the victims of parental assault are six times more likely to assault other children outside their family.¹⁰ One study found that men exposed to physical abuse, sexual abuse and adult domestic violence as children were almost four times more likely than other men to have perpetrated domestic violence as adults.¹¹ Nearly half a million 14- to 24-year-olds leave the juvenile justice system, Federal or State prisons or local jails annually, and a high percentage of them have experienced or witnessed violence at home.¹²

The high rate of co-occurrence of domestic violence and child abuse demands that we have an integrated approach to addressing the needs of both children and non-abusing parents. Therefore CAPTA must take steps to address the needs of victims of domestic violence and FVPSA must be improved to better meet the needs of children and families, especially in underserved communities.

ADDRESSING DOMESTIC VIOLENCE IN CAPTA

It is critical that the child welfare system ensure the safety of both children and their parents who are victims of domestic violence. Too often parents who are victims of domestic violence are re-victimized by the child welfare system when it does not recognize the dynamics of domestic violence and labels the non-abusive partner as a child abuser. This in turn can cause further trauma for children and families who may be separated rather than being able to focus on supporting each other. When making provisions for services to children exposed to domestic violence, child welfare programs need to also support the care-giving role of victims of domestic violence. This is essential to both the safety and well-being of the child as well as the non-abusive parent. More data is needed to understand the co-occurrence of this violence and to provide context and a deeper understanding of the relationship between victims' experiences of violence and mental health and substance abuse. In addition, training and education about domestic violence must be provided at all levels of child welfare agencies in order for these agencies to effectively address the needs of the family where there is co-occurrence. CAPTA should also standardize consultation with domestic violence experts within the child welfare system and other programs dealing with child abuse, as well as provide funding for consultations. Finally, it is important that changes be made so that victims of domestic violence are not entered into child abuse databases simply because they are victims. Entering domestic violence victims into these databases is an inaccurate practice that may jeopardize a victim's safety and can seriously impede their ability to secure future employment.

There are promising examples of work on these intersections in the field. In Connecticut, the *Safe Families, Safe Homes* curriculum has been used to provide cross-training for Head Start Family Services Staff on issues of domestic violence, child welfare and mental health and substance abuse, enabling them to have a better understanding of how these issues affect families coming into contact with the system. In addition, the Connecticut Department of Children and Families has supported the Devereaux Early Childhood Assessment (DECA) training program that focuses on preventing abuse and violence by increasing protective factors for children and supporting parents and children who may be experiencing abuse.

NNEDV is a member of the National Child Abuse Coalition and we support legislative proposals that have been developed with our coalition partners in order to address these issues. We would like to work with the subcommittee to ensure that these provisions are included in the reauthorization.

FVPSA: KEEPING FAMILIES AND CHILDREN SAFE

In order to ensure the safety of children and families, we also encourage the subcommittee to include as part of CAPTA legislation a reauthorization of FVPSA with improvements to better serve victims' and children's needs. Thanks to the leadership of Chairman Dodd and other members of the subcommittee, FVPSA was enacted by Congress in 1984 in order to address public awareness and prevention of family violence, provide services for victims and their dependents, and provide training and resources to local agencies and nonprofit organizations working to address domestic violence. Thanks to the ongoing leadership of this subcommittee, reauthorization of FVPSA has been included in four reauthorizations of CAPTA: the Child Abuse Prevention, Adoptions, and Family Services Act of 1988; Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992; Child Abuse Prevention and Treatment Act Amendments of 1996; and, the Keeping Children and Families Safe Act of 2003. FVPSA is administered by the Department of Health and Human Services (HHS) Administration on Children and Families, and for over two decades it has been the lifeblood of core domestic violence programs, including shelters and outreach programs, in communities nationwide. FVPSA includes three central programs: Formula Grants for Shelter and Services; Community Initiatives to Prevent Abuse, which is frequently referred to as Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Grants; and, the National Domestic Violence Hotline. Working together, these FVPSA programs have made significant progress toward ending domestic violence and keeping families and communities safe. However, there are steps that should be made to build on the success of FVPSA and improve services for victims and their children.

THE NEED FOR FVPSA-FUNDED SERVICES FOR FAMILIES

Despite the progress and success brought by FVPSA, a strong need remains for FVPSA-funded services for victims. Research has shown that one in every four women will experience domestic violence during her lifetime.¹³ To respond to this pervasive public health issue, there are over 2,000 community-based domestic violence programs for victims and their children. These programs offer services such as emergency shelter, counseling, legal assistance, and preventative education to millions of women, men and children annually.¹⁴ The National Census of Domestic Violence Services found that in one 24-hour time period domestic violence programs across the Nation served over 53,200 women, men and children. Unfortunately, due to a lack of resources, 7,707 requests for services were unmet during that same day.¹⁵ It is critical that more victims be able to access these services because they are effective at reducing violence and saving lives. Research shows that shelter programs are among the most effective resources for victims with abusive partners¹⁶ and that staying at a shelter or working with a domestic violence advocate significantly reduced the likelihood that a victim would be abused again and improved the victim's quality of life.¹⁷ These programs keep children and their non-abusive parents safe and allow families to rebuild their lives after crisis.

KEY PROGRAMS AUTHORIZED IN FVPSA

FVPSA State Formula Grants

Administered through the HHS, the FVPSA Formula Grants provide funding to States, Territories and Tribes to support domestic violence services in their communities using a population-based formula. FVPSA Formula Grants enable communities to respond with lifesaving emergency assistance when victims of domestic violence and their families reach out for help. Over the past 30 years, shelters and local programs have evolved to provide a wide spectrum of residential and nonresidential services, which can include shelter or transitional housing, safety planning, counseling, legal services, child care and services for children, career planning, life skills training, community education and public awareness, and other necessities such as clothing, food, and transportation.

In addition, the FVPSA Formula Grants support essential resource centers, institutes, and State, territorial and tribal coalitions that help local programs and grantees better meet community needs. Despite receiving only a small share of FVPSA funds, these programs ensure a coordinated response to domestic violence, address emerging issues, provide technical assistance to FVPSA grantees, train community members, and meet the needs of underserved communities.

DELTA Grants

In addition to supporting emergency services through local programs and shelters, FVPSA includes the Community Initiatives to Prevent Abuse, which is also known as Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Grants program to expand community-based primary prevention that address the underlying causes of domestic violence in order to stop abuse before it starts. DELTA is administered by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, and it is one of the few funding sources for primary prevention work. DELTA programs are guided by the principles of preventing violence through evidence-based programs that are evaluated to inform future program planning. They use innovative strategies including peer education programs for men about family and relationships, community change initiatives focused on engaging men in prevention efforts, school-based education to prevent youth bullying that often carries into adulthood, and youth-led initiatives to prevent dating violence and promote healthy relationships.

National Domestic Violence Hotline

FVPSA also includes the National Domestic Violence Hotline, a 24-hour, confidential, toll-free hotline, located in Texas. Using a multifaceted telecommunications system, Hotline advocates immediately connect the caller to a service provider in his or her area. Highly trained Hotline advocates provide support, information, referrals, safety planning, and crisis intervention to hundreds of thousands of domestic violence victims and perpetrators. Through a national database, advocates can link callers to more than 5,000 local shelters and other service providers across the country that offer a wide range of services to support and respond to victims' needs. Since opening in 1996, the National Domestic Violence Hotline has received over 1.8 million calls from individuals in need of support and assistance and it now provides services in more than 170 languages. The Hotline averages 19,700 calls a month, and in 2007 the Hotline experienced a 10 percent increase in the number of calls

received. More than 60 percent of callers report that this is their first call for help. Unfortunately, in 2007 over 29,000 of those calls (14 percent of the total) went unanswered due to a lack of resources.

In 2007, the Hotline launched the *loveisrespect* National Teen Dating Abuse Helpline with support from Liz Claiborne Inc. One in five high school females reports being physically and/or sexually abused by a dating partner.¹⁸ This toll-free telephone resource was created to help teens (ages 13–18) who are experiencing dating abuse and is the only teen dating abuse helpline in the country serving the 50 States, Puerto Rico, and the Virgin Islands.

ADDRESSING CHILDREN'S AND FAMILIES' NEEDS IN FVPSA REAUTHORIZATION

FVPSA is scheduled to expire at the end of this year and immediate congressional action is needed to reauthorize this critical legislation and continue the progress we have made toward ending domestic violence and protecting the lives of thousands of victims and their children who come forward each day for help. Reauthorizing FVPSA presents an exciting opportunity to stop violence before it starts and meet the needs of underserved communities while continuing proven, successful strategies. Our priorities for reauthorization include:

1. *Maintain successful response to victims of domestic violence.* FVPSA has been intervening in and preventing domestic violence since it was first authorized in 1984. It funds essential services that are at the core of our Nation's work to end domestic violence: emergency shelters, hotlines, counseling and advocacy, primary and secondary prevention—immediate crisis response and the comprehensive support to help victims put their lives back together. The reauthorization of FVPSA must continue to support this successful approach to meeting the needs of victims and their families.

2. *Better addressing the needs of underserved victims.* Underserved victims, such as those with mental illnesses or disabilities, have special needs that are not always met by traditional service providers struggling to maintain enough funding to keep their doors open. Throughout the statute, language should be more inclusive of children and youth as well as victims from underserved populations. Victims from marginalized racial, ethnic, and religious populations may not feel safe reaching out for help beyond their communities because of pressure from family, shame from their religious institutions and fear of consequences from violating community values and norms. Furthermore, service providers from marginalized communities often struggle to access Federal funds. FVPSA reauthorization should dedicate a percent of funding from the formula grants for culturally specific programs to meet their needs.

3. *Increasing access to funds for community-based programs.* Community-based (including faith-based) programs should have more access to FVPSA funds in order to improve the diversity of available services and create more options for victims to find safety. Outside of the formula grants, a new pilot project designed to build community capacity to provide both services and prevention should be created. In addition, a new grant program called REACH should be created to support evidence-based pilot projects to deliver critical services to victims in underserved communities. REACH is modeled on other programs at the Department of Health and Human Services and will bring services to victims who might otherwise never seek help.

4. *Enhancing children's services.* FVPSA currently includes a set-aside for children's services if appropriations reach \$130 million, but it is largely undefined. Battered women's shelters and domestic violence programs provide safety and support for children, but struggle to meet the demand for children's services. They see the needs of children who are recovering from the trauma of witnessing or experiencing abuse and they are eager to implement new and expanded children's programming. FVPSA reauthorization should enhance children's services and distribute funding efficiently to States and communities to better meet these needs.

5. *Improving the State planning process.* FVPSA uses a State planning process that is intended to bring together service providers, experts, and other stakeholders to develop a plan for delivering services throughout the State. Not all States and FVPSA State administrators take advantage of this process to fully evaluate the needs and create an effective plan. The State planning process used to distribute FVPSA Formula Grants to local programs and the administration of those grants should be improved to be more responsive and accountable to grantees, advocates, and legislators alike.

6. *Strengthening the provision of technical assistance to help meet community needs.* FVPSA currently funds several national resource centers, culturally specific institutes, State coalitions, and Tribes to ensure a coordinated response to domestic

violence and respond quickly to emerging issues. As FVPSA makes continued progress addressing domestic violence, grantees and communities face new challenges and need access to training and technical assistance on the most up-to-date resources, models and research. To continue this and improve the provision of technical assistance, the language authorizing the institutes and resource centers should be restructured and combined with dedicated funds.

7. *Defining and expanding the focus on prevention in the DELTA grants program.* DELTA grants have made bold strides to prevent domestic violence from ever happening by changing community and personal attitudes about relationships and abuse. Community collaborations funded by DELTA have produced innovative models that can be adapted and replicated to strengthen domestic violence prevention efforts. In order to leverage the successes and lessons learned thus far, the DELTA grants should be statutorily defined and expanded to include a secondary-prevention component.

8. *Maintaining the Hotline and leveraging its strengths to address teen dating violence.* When a victim of domestic violence has the courage to pick up the phone and seek help, it is imperative that someone is on the other end of the line and is able to connect her with resources and safety for herself and her family. The National Domestic Violence Hotline should be maintained in order to respond to the growing number of victims who are coming forward for help. In addition, the Hotline should have the opportunity to build on its strengths and expand its focus to include teen dating violence through the *loveisrespect* National Teen Dating Abuse Helpline.

9. *Re-organize and update the statute.* The FVPSA code has been significantly amended 6 times over the last 24 years and is now difficult to interpret and language in some part of the bill is antiquated. This reauthorization provides an opportunity to reorganize the statute in a more logical fashion and update the language to reflect current and emerging best practices. Doing so will ensure that the legislation is more consistent and easier for HHS to implement and Congress to oversee.

10. *Increase the authorization levels of FVPSA programs.* In order to build on the success of FVPSA and continue to meet the needs of victims and their families, programs need increased authorizations. FVPSA Formula Grants to States should be authorized at \$225 million. Within this authorization there should be set-asides for grants to Tribes, State and Territorial Domestic Violence Coalitions, and Technical Assistance and Training Centers, as well as defined set-asides for children's services and grants to underserved communities that begin when funding reaches the level of \$130 million. In order to provide services to the increasing number of victims reaching out for help, the National Domestic Violence Hotline should be authorized at \$7 million annually. The DELTA grants must be authorized at \$20 million, with specific funding set-aside for community grants when appropriations reach \$8 million. In addition, \$15 million should be authorized to support the REACH grant program to create pilot projects reaching victims in underserved communities.

CONCLUSION

As a coalition of domestic violence advocates and service providers, we recognize the critical need to address domestic violence and child abuse in order to keep children and families safe. The cost of intimate partner violence exceeds \$5.8 billion each year, of which \$4.1 billion is for direct medical and mental health care services.¹⁹ Without effective intervention, this violence will repeat itself and continue to impact successive generations. The reauthorization of CAPTA provides an important opportunity to respond to the intersections of domestic violence and the child welfare system as well as continue the progress FVPSA has made toward meeting the needs of domestic violence victims and their children. Together CAPTA and FVPSA can break the cycle of violence affecting our children, families and communities. We look forward to working with the subcommittee to reauthorize this critical legislation and continue progress toward ending domestic violence.

ENDNOTES

1. Tjaden, Patricia & Thoennes, Nancy. National Institute of Justice and the Centers of Disease Control and Prevention, "Extent, Nature and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey," 2000. The Centers for Disease Control (CDC) (2008). *Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence, United States*, 2005.

2. McDonald, R., et al. (2006). "Estimating the Number of American Children Living in Partner-Violence Families." *Journal of Family Psychology*, 30 (1), 137-142.

3. Greenfeld, Lawrence, et al. "Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends and Girlfriends," Bureau of Justice Sta-

istics Factbook, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, March 1998.

4. *Domestic Violence Count 07: A 24-Hour Census of Domestic Violence Shelters and Services Across the United States*. The National Network to End Domestic Violence. (Jan. 2008).

5. Straus, M. "Ordinary Violence, Child Abuse, and Wife-Beating: What Do They Have in Common?" In D. Finkelhor, R.J. Gelles, G.T. Hotaling, and M.A. Straus (Eds.) *The Dark Side of Families: Current Family Violence Research* Beverly Hills: Sage, 1983.

6. Bancroft, Lundy R., "The Connection Between Batterers and Child Sexual Abuse Perpetrators," Unpublished article, precursor to Chapter Four of "The Batterer as Parent," Sage Publications, 1997.

Herman, Judith, M.D. *Father-Daughter Incest* Harvard University Press, 1981; McCloskey, L.A., Figueredo, A.J., and Koss, M. "The Effect of Systemic Family Violence on Children's Mental Health" *Child Development* No. 66, pgs. 1239-1261; Paveza, G. "Risk Factors in Father-Daughter Child Sexual Abuse" *Journal of Interpersonal Violence* 3 (3), Sept. 1988, pgs. 290-306; Sirlles, E. and Franke, P. "Factors Influencing Mothers' Reactions to Intrafamily Sexual Abuse" *Child Abuse and Neglect* Vol. 13, pgs. 131-139.

7. Bureau of Justice Statistics, *Child Rape Victims*, (1994).

8. Wolfe, D.A., Wekerle, C., Reitzel, D. and Gough, R., "Strategies to Address Violence in the Lives of High Risk Youth." In Peled, E., Jaffe, P.G. and Edleson, J.L. (eds.), *Ending the Cycle of Violence: Community Responses to Children of Battered Women*. New York: Sage Publications, 1995.

9. Jaffe, P. and Sudermann, M., "Child Witness of Women Abuse: Research and Community Responses," in Stith, S. and Straus, M., *Understanding Partner Violence: Prevalence, Causes, Consequences, and Solutions*. Families in Focus Services, Vol. II. Minneapolis, MN: National Council on Family Relations, 1995.

10. Widom, C (1989) "Does Violence Beget Violence?" *Psychological Bulletin*. 106: 3-28.

11. Greendfeld, L.A. (1997). *Sex Offences and Offenders: An Analysis of Date on Rape and Sexual Assault*. Washington, DC Bureau of Justice Statistics, U.S. Department of Justice.

12. Rosewater, A., "Promoting Prevention, Targeting Teens: An Emerging Agenda to Prevent Domestic Violence," *Family Violence Prevention Fund* (2003), 21.

13. Tjaden, Patricia & Thoennes, Nancy. National Institute of Justice and the Centers for Disease Control and Prevention, "Extent, Nature and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey." 2000.

14. National Coalition Against Domestic Violence, *Detailed Shelter Surveys* (2001).

15. *Domestic Violence Counts 07: A 24-Hour Census of Domestic Violence Shelters and Services Across the United States*. The National Network to End Domestic Violence. (Jan. 2008).

16. See: Bennett, L., Riger, S., Schewe, P., Howard, A., & Wasco, S. (2004). Effectiveness of hotline, advocacy, counseling and shelter services for victims of domestic violence: A statewide evaluation. *Journal of Interpersonal Violence*, 19(7), 815-829; Bowker, L.H., & Maurer, L. (1985). The importance of sheltering in the lives of battered women. *Response to the Victimization of Women and Children*, 8, 2-8; Gordon, J.S. (1996). "Community Services for Abused Women: A Review of Perceived Usefulness and Efficacy." *Journal of Family Violence* 11(4): 315-329; Sedlak, A.J. (1988). Prevention of wife abuse. In V.B. Van Hasselt, R.L. Morrison, A.S. Bellack, & M. Hersen (Eds.), *Handbook of Family Violence* (pp. 319-358). NY: Plenum Press; Straus, M.A., Gelles, R.J., & Steinmetz, S.K. (1980). *Behind Closed Doors: Violence in the American Family*. NY: Anchor Press; Tutty, L.M., Weaver, G., & Rothery, M. (1999). Residents' Views of the Efficacy of Shelter Services for Assaulted Women. *Violence Against Women*, 5(8), 898-925.

17. See: Berk, R.A., Newton, P.J., & Berk, S.F. (1986). What a Difference a Day Makes: An Empirical Study of the Impact of Shelters for Battered Women. *Journal of Marriage and the Family*, 48, 481-490; Bybee, D.I., & Sullivan, C.M. (2002). The Process Through Which a Strengths-Based Intervention Resulted in Positive Change for Battered Women Over Time. *American Journal of Community Psychology*, 30(1), 103-132; Constantino, R., Kim, Y., & Crane, P.A. (2005). Effects of a Social Support Intervention on Health Outcomes in Residents of a Domestic Violence Shelter: A Pilot Study. *Issues in Mental Health Nursing*, 26, 575-590; Goodkind, J., Sullivan, C.M., & Bybee, D.I. (2004). A Contextual Analysis of Battered Women's Safety Planning. *Violence Against Women*, 10(5), 514-533; Sullivan, C.M. (2000). A model for effectively advocating for women with abusive partners. In J.P. Vincent & E.N. Jouriles (Eds.), *Domestic Violence: Guidelines for Research-Informed Practice* (pp.

126–143). London: Jessica Kingsley Publishers; Sullivan, C.M., & Bybee, D.I. (1999). Reducing Violence Using Community-Based Advocacy for Women With Abusive Partners. *Journal of Consulting and Clinical Psychology*, 67(1), 43–53.

18. Jay G. Silverman, Ph.D.; Anita Raj, Ph.D.; Lorelei A. Mucci, MPH; and Jeanne E. Hathaway, M.D., MPH, “Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality,” *Journal of the American Medical Association*, Vol. 286, (No. 5, 2001).

19. *Costs of Intimate Partner Violence Against Women in the United States*. (2003). Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control, Atlanta, GA.

PREPARED STATEMENT OF THE FAMILY VIOLENCE PREVENTION FUND

As an organization represented by the National Child Abuse Coalition, we support the recommendations included in the testimony of the Coalition. However, we would like to take this opportunity to highlight and expand upon the recommendation regarding increased recognition of the role domestic violence plays in child abuse and neglect and the importance of addressing domestic violence to improve the safety and well-being of children and their non-abusing parents.

CHILDREN EXPOSED TO DOMESTIC VIOLENCE

In the United States, we know that about 15.5 million children are exposed to domestic violence every year¹ and that that exposure can have severe and long lasting consequences. Children exposed to domestic violence are far more likely to exhibit behavior and physical health problems including depression, anxiety and violence toward peers.² In addition they are more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution and commit sexual assault crimes.³ At the same time, children’s responses to exposure to domestic violence vary depending on age and circumstances; many children are resilient.⁴ Importantly, we also know that when provided appropriate services, particularly when in partnership with their non-abusing parent or caretaker, children exposed to domestic violence can go on to live lives full of purpose and free from violence and many of the adverse outcomes associated with that violence.

Domestic violence affects between 30 and 60 percent of families involved in the child welfare system.⁵ However those who work in the child welfare system rarely have systemic training on domestic violence or even have a full understanding of how widespread it is among their client families. In addition, when child protection systems do attempt to address domestic violence, they often seek to impose blanket policies that apply to all victims of domestic violence and frequently blame the non-abusing parent or caretaker for the violence perpetrated on her by another. These policies have now been shown to be illegal in some States⁶ and impractical and unhelpful in others,⁷ however good practice and policy is only now beginning to emerge. Given these realities it is critical that the reauthorization of the Child Abuse Prevention and Treatment Act significantly increase the knowledge of, training around and resources to support innovative child abuse prevention strategies that address the overlapping issues of domestic violence and child maltreatment.

Specifically, we suggest CAPTA be amended to include a focus on:

¹McDonald, R., et al. (2006) Estimating the Number of American Children Living in Partner-Violent Families. *Journal of Family Psychology*, 30(1), 137–142.

²Jaffe, P. and Sudermann, M., “Child Witness of Women Abuse: Research and Community Responses,” in Stith, S. and Strauss, M., Understanding Partner Violence: Prevalence, Causes, Consequences and solutions. Families in Focus Services, Vol. II. Minneapolis, MN: National Council on Family Relations, 1995.

³Wolfe, D.A., Wekerle, C., Reitzel, D. and Gough, R., “Strategies to Address Violence in the Lives of High Risk Youth.” In Peled, E., Jaffe, P.G. and Edleson, J.L. (eds.), Ending the Cycle of Violence: Community Responses to Children of Battered Women. New York: Sage Publications, 1995.

⁴Edleson, J.L. (1999). The Overlap Between Child Maltreatment and Woman Battering. *Violence Against Women*, 5(2), pp. 134 to 154.

⁵Appel, A.E. and Holden, G.W. (1998). The Co-Occurrence of Spouse and Physical Child Abuse: A Review and Appraisal. *Journal of Family Psychology*, 12(4), pp. 578 to 599. Edleson, J.L. (1999). The Overlap Between Child Maltreatment and Woman Battering. *Violence Against Women*, 5(2), pp. 134 to 154.

⁶See especially *Nicholson v. Scoppetta* 181 F Supp2d (EDNY 2002); *Nicholson v. Scoppetta* 3 NY3d 357, 366 (2004).

⁷Edleson, J., et al. Defining Child Exposure to Domestic Violence as Neglect: Minnesota’s Difficult Experience. *Social Work*, Volume 51, Number 2, April 2006.

- Increasing the availability of good data on the overlap of domestic violence and child maltreatment and successful policies, procedures and services that improve safety and well-being for children and their non-abusing parents and caretakers;
- Providing expertise to child protection systems and workers on domestic violence and how to work successfully and safely with families where there is domestic violence, including safety and risk assessment, case consultation, co-location of domestic violence staff and safe approaches to family group conferencing;
- Funding for cross-training and collaboration so domestic violence and child welfare systems can work better together to improve safety and well-being for children and their mothers;
- Ensuring that CAPTA funding is available to support services for mothers and their children together, when that is most appropriate; and
- Increasing the awareness of and skills pertinent to addressing the roles of fathers in the lives of children involved in the child welfare system.

GOOD DATA COLLECTION

The National Child Abuse and Neglect Data System (NCANDS) is the basic vehicle that provides information about children and families who come to the attention of local child welfare agencies. It is increasingly apparent that, among other issues, domestic violence is a characteristic of a large percentage of these families. While not everything about a family's circumstances is known at the time of the report, in many instances the presence of domestic violence in a family may come to light during the report and investigation phases or at decision points related to service provision or placement. Yet to date, NCANDS provides very little if any information about domestic violence and the context and impact of domestic violence in its annual reports. Specifically, we recommend the collection and dissemination of data on:

The Relationship Between Domestic Violence and Categories of Maltreatment

- First, NCANDS breaks maltreatment into various categories. Ideally we would want to identify in what percentage of reports, substantiations and victimization, for each different category of maltreatment, domestic violence is a factor. Community experience suggests that often, exposure to domestic violence may automatically be considered "failure to protect" by the mother and categorized as "neglect." It would help if NCANDS could differentiate whether neglect (or other maltreatment categories, including "other") are being used as a "proxy" for a "failure to protect" or similar allegation (not all States use the same terms).
- Another reason it is important to distinguish which types of maltreatment cases come to child welfare as a result of, or accompanied by, domestic violence is that most reports or petitions are filed in the mother's name, automatically ascribing the maltreatment to her and making her the sole subject for compliance with case plans. However in many instances she may not be an offender against a child but may, indeed, be a victim of violence perpetrated by her partner, and what she most requires is support, protection and the ability to keep her child(ren) with her safely. Without clearer information that helps identify these distinctions, it is difficult to develop or target responses and services appropriately either to the non-offending caretaker or her children.
- Over time, NCANDS has improved its ability to display factors that contribute to substantiation rates. In addition to analyzing domestic violence from the various categories of maltreatment reports, NCANDS should tease out whether and how domestic violence factors into case substantiation or non-substantiation.
- Finally, as an increasing number of States and counties institute some type of multiple or differential response system, it will be important to know if families with co-occurring domestic violence are provided that alternative and also whether they have repeat reports of maltreatment after the diversion to alternative services.

With NCANDS we would also seek to find out:

- the relationship between domestic violence and child fatalities,
- who the perpetrator is in cases of domestic violence,
- the nature and extent of the services that are provided to these families,
- for families with co-occurring domestic violence who are provided alternative response, the nature of the agenc(ies) to which they were referred and whether or not the services were utilized, and
- what percentage of cases where domestic violence is a factor in removal and whether there are other characteristics associated with the domestic violence that leads to the decision to place a child outside of his/her home.

THE EMERGENCE OF BEST PRACTICES TO ADDRESS CO-OCCURRENCE OF DOMESTIC
VIOLENCE AND CHILD ABUSE AND NEGLECT

For about 8 years the U.S. Departments of Health and Human Services and Justice have pooled very limited resources to try and implement best practices around the intersections of children welfare, domestic violence and family courts. Through a demonstration initiative nicknamed the “the Greenbook” (after the cover of the seminal publication outlining recommendations for doing this collaborative work), six test sites were funded and an evaluation conducted. From this effort, new insights were developed about how best to improve outcomes for children in families experiencing domestic violence.⁸ While many specific recommendations have been further developed and refined based on the experiences of these sites, we would like to focus here on two critical practice elements specific to CAPTA: (1) training and education on domestic violence is critical to help already overburdened CPS systems and case workers make good decisions and (2) that the needs of abused mothers and their children cannot be separated, despite funding streams and services systems that inherently separate their interests.

The Need for Domestic Violence Expertise

After several years of attempting to find one model that worked for creating the information sharing, training and technical assistance needed to better serve these families, we have concluded that there is no one single right model for every system. But we have also learned that it is absolutely ESSENTIAL that child protection systems have access to expertise on helping families who are experiencing domestic violence. Two common forms this has taken are the co-location of staff—for instance, the placement of a domestic violence advocate in a child protection agency (often referred to as a “domestic violence specialist”)⁹—and case consultations where supervisors or technical experts are brought in to consult on particularly challenging cases with domestic violence or where they may provide ongoing training and technical assistance to staff that turn over on a regular basis.

The need for this additional expertise stems from the fact that families experiencing domestic violence face particularly complex challenges. While violence may be linked to other risk factors, such as substance abuse or mental health issues, it often may present its own threats. For instance, a caseworker may know a mother is being abused and insist that she not let the child be alone with her abusive partner. The courts, however, may have granted him unsupervised visitation and she would be in violation of her custody agreement if she refused to deliver the child to him unsupervised. By having a domestic violence expert on hand, the caseworker may be able to see that the woman gets advocacy and legal services to help change the visitation order or can safely plan with the woman in a way that addresses the concerns of the child welfare caseworker. What this consultation may look like will differ by jurisdiction but the importance of it is indisputable.

Supporting Mothers and Children Together

At the heart of CAPTA as with all efforts to prevent child abuse and neglect is the simple question: what do children need? And the equally simple answer is that they need a loving and capable parent whenever possible. Yet once the child welfare system intervenes to protect children experiencing domestic violence it often has little to offer those children in terms of resources to address their needs,¹⁰ and the system will often pit the needs of the child against that of the parent even when everyone agrees that what would be best for that child is for her or his mother to be safe and able to care for him or her. It is both this orientation to see the needs of children and their non-abusing mothers and caretakers as at odds as well as the lack of funding and services available to address both of their needs and their need to heal together that must be addressed.

⁸Known as the Greenbook Initiative, these recommendations were initially developed and published by the National Council of Juvenile and Family Court Judges (NCJFCJ) in 1999, in *Effective Interventions in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*. For the most up-to-date research and analysis from the demonstration sites, go to www.thegreenbook.info.

⁹Rosewater, Ann for the National Council of Juvenile and Family Court Judges and the Family Violence Prevention Fund (2008), *Building Capacity in Child Welfare Systems: Domestic Violence Specialists*. See also, Taggart, Shellie and Litton, Lauren for the National Council of Juvenile and Family Court Judges and the Family Violence Prevention Fund, *Reflections from the Field: Considerations for Domestic Violence Specialists* (in press).

¹⁰Rosewater, Ann and Goodmark, Leigh for the Family Violence Prevention Fund, (2007) *Steps Toward Safety: Improving Systemic and Community Responses for Families Experiencing Domestic Violence*, p. 36.

In the face of violence, children need many things and often different things. But their need to remain connected to a capable and caring adult remains central. Some children particularly need to maintain the regular rhythms of young life, regular opportunities to be with their families, stay in the same school, see the same teachers and coaches.¹¹ For children experiencing the symptoms of trauma, additional services are needed, yet few of those services exist and where they do exist they need to be modified to meet the needs of children exposed to domestic violence.

Two model programs have been created by Betsy McAllister Groves at Boston Medical Center and Alicia Lieberman at San Francisco General Hospital to provide these needed therapeutic services. While developed to serve the needs of children, both programs work with the mother and children together whenever possible, recognizing that it provides better outcomes for children¹² and creates more long-term stable environments to which the children can return. Evaluations of these programs have demonstrated their success in ameliorating the children's trauma and improving their behavior, as well as improvement in the mothers' interactions with their children.¹³

THE ROLE OF MEN AND FATHERS

Child welfare systems for the most part have been oriented toward mothers. It is true that most mothers remain the primary care-givers of their children and that most case files are opened in a mother's name even if she is not the one doing any harm to the child. But ignoring men is a mistake. By largely dismissing the rolls of fathers and men in the lives of these children, systems are both missing opportunities to constructively engage men and conversely punishing victims and children for abusive men's behavior.¹⁴

Some child welfare systems, however, are taking the lead and searching for new ways to reach out to men and hold abusive men accountable for their own behavior. Through the Greenbook Initiative, several communities have started developing treatment plans for fathers, and hiring batterer intervention staff to help shift thinking in child welfare offices.¹⁵ While abusive men do need to be taken seriously as potential risks to mothers and their children, it is essential that that concern not defeat all efforts to engage with men constructively and support efforts to help them change their behavior. Rather, CAPTA should use its power to drive new practices to encourage local programs to begin working more constructively with men but not begin that work until they have the strong presence of domestic violence advocates or in-house expertise.

Together we hope these recommendations aid the committee in developing new policies within CAPTA to better serve the needs of vulnerable families and most importantly prevent child abuse and neglect.

PREPARED STATEMENT OF FIRST STAR AND THE CHILDREN'S ADVOCACY INSTITUTE

First Star and the Children's Advocacy Institute press for amendments to the public disclosure requirement contained in the Child Abuse Prevention and Treatment Act (CAPTA) that will provide States more clarity regarding the proper balance between confidentiality and disclosure in cases of child abuse death and near death. The U.S. Department of Health and Human Services' Child Welfare Policy Manual (the Manual), which directs States as to the proper implementation of CAPTA, interprets the public disclosure mandates broadly. However, as was revealed in a recent and widely-publicized report, *State Secrecy and Child Deaths in the U.S.*, many States currently fail to re-shift the balance between confidentiality and public disclosure when a child dies or nearly dies from maltreatment.¹ Access to the facts regarding these tragic incidents enables the public to hold child welfare systems accountable and to drive systemic reform where warranted. Many States' narrow reading of CAPTA frustrates the statute's purpose and ignores the guidance provided by the Manual.

¹¹ Ibid.

¹² Ibid. p. 37.

¹³ Lieberman, A.F., Van Horn, P.J. and Ghosh Ippen, C., "Toward Evidence-based Treatment: Child-Parent Psychotherapy and Symptom Improvement in Preschoolers Exposed to Domestic Violence," Annual Meeting of the International Association of Traumatic Stress Studies, New Orleans, 2004.

¹⁴ Rosewater, A. and Goodmark, L., p. 38.

¹⁵ Ibid. See also, www.thegreenbook.info.

¹ *State Secrecy and Child Deaths in the U.S.: An Evaluation of Public Disclosure Practices About Child Abuse or Neglect Fatalities or Near Fatalities, With State Rankings*, a joint report of the Children's Advocacy Institute and First Star (April 29, 2008).

In its current form, CAPTA's public disclosure mandate is overly vague. The following amendments to CAPTA will help bring State policies in line with the Manual and ensure more predictable, consistent, and enforceable disclosure of this critical information:

- Clarify that States are required to release both cases of death *and near death*;
- Clarify that public disclosure of such cases is *mandatory*;
- Further clarify that States cannot grant themselves *discretion through restrictive conditions and limitations*; and
- Add language to direct the scope and nature of the information authorized for release.

1. CLARIFY THAT STATES ARE REQUIRED TO RELEASE BOTH CASES OF DEATH AND NEAR DEATH

CAPTA explicitly requires a State to adopt "provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality." However, many States, such as, Colorado, Massachusetts, New Mexico, Tennessee, Texas, Utah and Vermont, do not provide anywhere in their public disclosure policy for the release of information on near deaths.

This is a blatant violation of an express CAPTA condition. Language must be added to CAPTA to better guide and inform States that the release of findings and information is also required for *near deaths*.

2. CLARIFY THAT PUBLIC DISCLOSURE OF SUCH CASES IS MANDATORY

Section 2.1A.1, Question 1 of the Manual addresses CAPTA confidentiality requirements generally.² This Section specifically distinguishes between situations in which a State "*may*" share confidential child abuse and neglect reports and records and those situations in which a State "*must*" provide certain otherwise confidential child abuse and neglect information. The Manual indicates that a State "*must*" release the findings or information about the case of child abuse or neglect that results in a child fatality or near fatality. Yet, States such as Alabama, Alaska, Arkansas, Kentucky, Louisiana, Maine, Maryland, Missouri, Montana, Nebraska, New Jersey, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Virginia, Wisconsin, and Wyoming use permissive language in their public disclosure policies.

In accordance with the Manual, CAPTA must clarify that a State is required to use mandatory language when constructing its public disclosure policy.

3. FURTHER CLARIFY THAT STATES CANNOT GRANT THEMSELVES DISCRETION THROUGH RESTRICTIVE CONDITIONS AND LIMITATIONS

Currently, the exceptions, limitations and conditions that States may impose on disclosure of information often makes the intended information inaccessible and therefore ineffective in carrying out CAPTA's legislative intent. Section 2.1A.4, Question #4 of the Manual poses the question: "Does a State have the option of disclosing information on these child fatalities and near fatalities, for example, when full disclosure may be contrary to the best interests of the child, the child's siblings, or other children in the household?" The answer indicates that a "State does *not* have discretion in whether to allow the public access to the child fatality or near fatality information; rather, the public has the discretion as to whether to access the information. In other words, the State is not required to provide the information to the public unless requested, but may not withhold the facts about a case unless doing so would jeopardize a criminal investigation."³

In spite of this, the public disclosure policies of States such as, Maine, Maryland, South Dakota, and Wisconsin presently include a provision which allows them to withhold information if the release is determined to be contrary to the best interests of the child who is the subject of the report, the child's siblings or any other child residing in the same dwelling as the child who is the subject of the report. As the Child Welfare Policy Manual makes clear, *States are expressly prohibited from exercising this type of discretion.*

Additionally, some States, such as Minnesota and North Carolina, will not release information about a child fatality or near fatality unless the perpetrator is crimi-

²U.S. Dept. of Health & Human Services, Administration for 4 Children & Families, "Child Welfare Policy Manual," section 2.1A.1, available at http://www.acf.hhs.gov/j2ee/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=67.

³U.S. Dept. of Health & Human Services, Administration for 4 Children & Families, "Child Welfare Policy Manual," section 2.1A.4, available at http://www.acf.hhs.gov/j2ee/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=68.

nally charged. Disclosure simply cannot be dependent on a district attorney's decision to prosecute. Criminal proceedings are not relevant to the importance of disclosure and furthermore these restrictions serve no public benefit. Making disclosure contingent on criminal prosecution represents a gross misinterpretation of CAPTA language.

To avoid such violations of the legislative intent of CAPTA and to align State policies with the guidance provided by the Manual, language must be added to CAPTA that expressly prohibits any discretionary withholding of information by a State.⁴

4. ADD LANGUAGE TO INDICATE EXACTLY WHAT TYPE INFORMATION IS AUTHORIZED FOR RELEASE

Section 2.1A.4, Question 2 of the Manual addresses whether States have the option to disclose "either the findings of the case, or information which may be general in nature and address such things as practice issues rather than provide case-specific information." The answer states that "the intent of this provision was to assure that the public is informed about cases of child abuse or neglect which result in the death or near death of a child" and that a "State must provide for the disclosure of the available facts."⁵

However, many States violate this directive. For example, Delaware authorizes only the release of "systemwide recommendations" and provides that the facts and circumstances of each death or near death shall be confidential. Additionally, Georgia limits its disclosure to whether there is an ongoing or completed investigation of the child's death and whether child abuse was confirmed or unconfirmed. Many States argue that they cannot provide facts about the case because it would violate their mandate for confidentiality. However, it is not the identifying information that is needed for proper public discourse, but rather the facts and circumstances of the case.

In order to avoid such violations of the legislative intent of CAPTA, the public disclosure mandate should clarify exactly what type of information the public is entitled to receive upon request. CAPTA should be amended to read that the public is explicitly entitled to receive information "including, but not limited to, the cause of and circumstances regarding the fatality or near fatality; the age and gender of the child; information describing any previous reports made to and investigations conducted by the child welfare agency regarding the child and/or the child's family, and the results of any such investigations; and information describing any services provided or actions taken by the child welfare agency on behalf of the child and/or the child's family, before and after the fatality or near fatality."⁶

First Star is a 501(c)(3) established in 1999 to strengthen the rights and improve the lives of America's abused and neglected children through education, public policy, legislative reform, and litigation.

The Children's Advocacy Institute was founded in 1989 as part of the Center for Public Interest Law at the University of San Diego (USD) School of Law. CAI's mission is to improve the health, safety, development, and well-being of children. CAI advocates in the legislature to make the law, in the courts to interpret the law, before administrative agencies to implement the law, and before the public to promote the status of children in our society. CAI strives to educate policymakers about the needs of children—about their needs for economic security, adequate nutrition, health care, education, quality child care, and protection from abuse, neglect, and injury. CAI's goal is to ensure that children's interests are represented effectively whenever and wherever government makes policy and budget decisions that will impact them.

PREPARED STATEMENT OF THE NATIONAL CHILD ABUSE COALITION

The National Child Abuse Coalition, representing a collaboration of national organizations committed to strengthening the Federal response to the protection of children and the prevention of child abuse and neglect, calls on Congress to reauthorize the Child Abuse Prevention and Treatment Act (CAPTA) programs to provide the core Federal policy and support for:

1. strengthening the child protective services (CPS) infrastructure;

⁴Unless disclosure is likely to jeopardize a criminal investigation.

⁵U.S. Dept. of Health & Human Services, Administration for 4 Children & Families, "Child Welfare Policy Manual," section 2.1A.4, available at http://www.acf.hhs.gov/j2ee/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=68(emphasis added).

⁶*State Secrecy and Child Deaths in the U.S.: An Evaluation of Public Disclosure Practices About Child Abuse or Neglect Fatalities or Near Fatalities, With State Rankings*, a joint report of the Children's Advocacy Institute and First Star (April 29, 2008).

2. promoting community-based services in prevention of child maltreatment; and
3. initiating research and development of innovative programs to advance the field of prevention and treatment of child abuse and neglect.

Child maltreatment is a serious public health problem. The U.S. Department of Health and Human Services (HHS) reports that CPS agencies in 2006 received 3.3 million reports of suspected child abuse and neglect. Following investigation, an estimated 905,000 of these reports were found to be victims of abuse and neglect. Overall, the youngest children suffer the highest rate of victimization. Infants aged birth to 1 year are the most vulnerable victims of abuse and neglect, with a rate of victimization (24.4 per 1,000 children) almost double that of children aged 1–3. Almost 45 percent of children who died of abuse or neglect had not reached their first birthday, and more than three-quarters of children who were killed (78.0 percent) were younger than 4 years of age. Fatalities due to child abuse and neglect claimed the lives of an estimated 1,530 children in 2006 (compared to 1,460 children in 2005)—4 deaths each day.¹

These are the abused and neglected children who come to the attention of communities across the country for protection from further, even more serious harm. HHS also reports that many more children—whether known or unknown to protective services—are abused and neglected each year: According to the Third National Incidence Study of Child Abuse and Neglect, an estimated 2.8 million children are the victims of abuse and neglect in the United States.² These numbers—and the lives of these children—can not be taken lightly or dismissed.

Preventing the abuse and neglect of children from happening in the first place will keep children safe and avert the consequences of child maltreatment. Research into the results later in life for children who have been maltreated show that:

1. Child abuse prevention can help to prevent crime. Victims of child abuse are more likely to become juvenile offenders, teenage runaways, and adult criminals later in life.³

2. Ensuring that children are ready to learn means ensuring that children are safe at home. Abused and neglected children may experience poor prospects for success in school, typically suffering language and other developmental delays, and a disproportionate amount of incompetence and failure.⁴

3. Preventing child abuse can help to prevent disabling conditions in children. Physical abuse of children can result in brain damage, mental retardation, cerebral palsy, and learning disorders.⁵

4. Preventing child abuse helps prevent serious illnesses later in life. Research links childhood abuse with adult behaviors which result in the development of chronic diseases that cause death and disability.⁶

We know that prevention works. Communities across the country have developed preventive services which show success in support programs for new parents, parent education, respite and crisis care, home visitor services, parent mutual support, and family support services.

Evaluations of home visiting services have shown positive effects in the areas of parenting and child abuse and neglect, birth outcomes, and health care.⁷ Crisis nurseries have been demonstrated to protect children against abuse at home. According to a recent evaluation funded by the HHS Children's Bureau analyzing the number of substantiated reports of child maltreatment in families using crisis nurseries with a comparison group of families for whom crisis respite services were unavailable, the families receiving crisis respite services were far less likely to ever have a substantiated report of maltreatment than the families without nursery serv-

¹U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2006*. Washington, DC, U.S. Government Printing Office, 2008.

²Sedlak, A. and Broadhurst, D. *The Third National Incidence Study of Child Abuse and Neglect*. Washington, DC, U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 1996.

³Widom, C.S. (1992). *The Cycle of Violence*. Washington, DC: National Institute of Justice.

⁴Morgan, S.R. (1976). *The Battered Child in the Classroom*. Journal of Pediatric Psychology.

⁵Martin, H.P. and Rodeheffer, M.A. (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.

⁶Felitti, V.J. and Anda, R.F., 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.

⁷Hahn, R.A., Bilukha, O.O., Crosby, A., Fullilove, M.T., Liberman, A., and 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.

ices.⁸ According to a nationwide longitudinal study conducted by the National Council on Crime and Delinquency funded by the U.S. Department of Justice, parents who participated over time in Parents Anonymous parent mutual support-shared leadership groups showed improvement in child protective factors and reduced child maltreatment and other risk factors.⁹

The incidence of child abuse and neglect exceeds the capacity of our system to respond adequately. HHS reports that the average time from start of investigation to provision of service is 43 days. Less than half (41.1 percent) of child victims receive no services. Just over one-quarter (25.3 percent) of victims had a history of prior victimization. According to the HHS report, “. . . the efforts of the CPS system have not been successful in preventing subsequent victimization.” An analysis of the factors influencing the likelihood of recurrence includes the following results:

- Children who had been prior victims of maltreatment were 96 percent more likely to experience maltreatment again than those who were not prior victims.
- Child victims who were reported with a disability were 52 percent more likely to experience recurrence than children without a disability. (Nearly 8 percent of victims—7.7 percent—had a reported disability.)
- The oldest victims (16–21 years of age) were the least likely to experience a recurrence.¹⁰

Federal officials have repeatedly cited States for certain deficiencies: significant numbers of children suffering abuse or neglect more than once in a 6-month period; caseworkers who are not visiting children often enough to assess needs; and failure to provide promised medical and mental health services. We, as a nation, can do better. A CAPTA-funded 2001 study shows that job stress related to the number and composition of a child protective service worker’s caseload affects decisions on substantiation of maltreatment reports. The same study reveals that a perceived lack of service resources in a community may be tied to an increased recurrence of reports.¹¹

In the 2003 reauthorization of CAPTA, the basic State grant section was amended to require that children under the age of 3 involved in a substantiated case of child abuse or neglect must be referred to early intervention services funded under Part C of the Individuals with Disabilities Education Act.

Unfortunately, the implementation of this essential provision has been sorely lacking. Part C does not have the capacity, without appropriate resources, to serve all children involved in substantiated cases referred by CPS. Nor do Part C agencies necessarily possess the knowledge and expertise to engage families referred by CPS. HHS needs to provide guidance to the States on implementing these procedures, and additional funding is essential in order to serve these children. Some agencies are making this work, but more needs to be done to attend to the important potential lying in these provisions in CAPTA.

Current Federal spending for child protective services and preventive services falls far short of the dollars invested in supporting the placement of children in foster care and adoptive families. For every dollar spent by the Federal Government in subsidies for the out-of-home placement of children, just 14 cents is spent on prevention and protective services. Federal laws have created a system of child welfare support heavily weighted toward protecting children who have been so seriously maltreated they are not safe at home and must be placed in foster care or adoptive homes. These are children whose safety is in danger; they demand our immediate attention. Increasing funding for CAPTA’s basic State grants and community-based prevention grants will help to begin to address the current imbalance. It is time to invest additional resources to work in partnership with the States to help families and prevent children from being abused and neglected.

Unfortunately, far less attention in Federal funding and policy is directed at preventing harm to these children from happening in the first place, or providing the appropriate services and treatment needed by families and children victimized by abuse or neglect. CAPTA must be reauthorized to respond to the current demand for treatment and prevention of child abuse and neglect. In 2008, many States are reporting their largest budget shortfalls in almost a decade and about half the State legislatures are looking to cut a variety of services to avoid spending deficits. As

⁸Crisis Respite: Evaluating Outcomes for Children and Families Receiving Crisis Nursery Services. ARCH National Respite Network, 2007.

⁹National Outcome Study of Parents Anonymous, 2007.

¹⁰U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2006*. Washington, DC, U.S. Government Printing Office, 2008.

¹¹Fluke, J. and Parry, D., et al. *The Dynamics of Unsubstantiated Reports: A Multi-State Study*. American Humane Association, Englewood, CO, 2001.

housing foreclosures and other economic stresses increase pressures on families, we are concerned that over the coming months children will suffer as the funds for necessary services will go down. CAPTA, with a focus on support to improve the CPS infrastructure and our system of community-based prevention services, should be the source to help in providing those resources for prevention, intervention, and treatment.

CAPTA BASIC STATE GRANT PROGRAM

CAPTA should be the core source of funding for child protective services, yet it is not. CAPTA funding for basic State grants at the current level of \$27 million is not up to addressing the scope of the need for support of CPS. The National Child Abuse Coalition believes that an annual authorized funding level of \$500 million is a realistic approach to developing the CAPTA basic State grant program as a source of core funding for child protective services. A commitment at this level of funding will begin to help close the gap between what Federal, State and local dollars currently allocate to protect children and treat child victims, and what those services cost.

CAPTA basic State grants are used for developing innovative approaches in CPS systems. This is potentially an important source of support for improving the child protective service system from State to State. Through the CAPTA basic State grant program, the Federal Government has the opportunity to step up to a leadership role in providing support for the CPS system infrastructure and to begin to rectify the imbalance in the Federal Government's response to the abuse and neglect of children.

States report having difficulty in recruiting and retaining child welfare workers, because of issues like low salaries, high caseloads, insufficient training and limited supervision, and the turnover of child welfare workers—estimated to be between 30 and 40 percent annually nationwide.¹² The average caseload for child welfare workers has typically been nearly double the recommended level, and obviously much higher in many jurisdictions.¹³ Because our system is weighted toward protecting the most seriously injured children, we wait until it gets so bad that we have to step in. Far less attention in policy or funding is directed at preventing harm to children from ever happening in the first place or providing the appropriate services and treatment needed by families and children victimized by abuse or neglect.

In addition to authorizing meaningful appropriations for the basic State grants to help improve the CPS infrastructure, the National Child Abuse Coalition proposes to address through those grants a variety of activities essential to a responsive, efficient and appropriate protective service system, enabling States to improve their CPS systems through CAPTA grant support. In addition to the purposes for basic State grants in current law which address CPS improvements, the Coalition proposes that CAPTA funds be available to address the following issues:

CPS and family violence services collaboration: recognizing that domestic violence and child maltreatment co-exist in 30 to 60 percent of the families among whom either is present; child welfare and domestic violence prevention programs should adopt assessment and intervention procedures aimed at enhancing the safety both of children and victims of domestic violence, including, where appropriate, developing and implementing collaborative procedures between child protective services and domestic violence services, in the investigation, intervention, and delivery of services and treatment provided to children and families.

Data sharing: to develop systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.

Services to families: to promote the implementation of policies and procedures which encourage the development of differential, multiple responses for referral of family to a community organization or voluntary preventive services where the child is not at risk of imminent harm; and policies and procedures encouraging the involvement of families in decisionmaking pertaining to cases of abuse and neglect of children.

Linkages to animal welfare: to promote collaborations between the child protection system and animal welfare agencies in recognizing incidences of child abuse and neglect.

¹² U.S. General Accounting Office (2003). *HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff* (GAO-03-357).

¹³ Alliance for Children and Families, American Public Human Services Association, Child Welfare League of America (2001). *The Child Welfare Workforce Challenge: Results from a Preliminary Study*. Dallas.

Legal representation: to require the appointment of an attorney to represent the legal interests of the child, as well as a guardian *ad litem* to represent the child's best interests.

Medical neglect: to extend protection to all children from medical neglect by removing language from CAPTA with the effect of allowing States to permit parents to withhold medical care from sick and injured children on religious grounds in the provision stating that there is no "Federal requirement that a parent or legal guardian provide a child any medical service or treatment against the religious beliefs of the parent or legal guardian. . . .", in accord with the U.S. Supreme Court holding that the First Amendment does not allow one's religious practices or beliefs to endanger one's children.

CAPTA COMMUNITY-BASED CHILD ABUSE PREVENTION PROGRAM (TITLE II)

CAPTA should be the basic source of funding for community-based prevention programs, yet its resources are inadequate. Current funding for the community-based prevention program at \$37 million is insufficient on a significant scale to the task of preventing the abuse and neglect of children from happening in the first place. The National Child Abuse Coalition believes that annual authorized funding of \$500 million represents a modest commitment to support prevention of child abuse and neglect through CAPTA. Putting dollars aside for prevention is sound investing, not luxury spending.

According to the Urban Institute, States reported spending \$22 billion on child welfare in 2002, and they could categorize how \$17.4 billion of the funds were used. Of that amount, \$10 billion was spent for out-of-home placements, \$1.7 billion on administration, \$2.6 billion on adoption, and \$3.1 billion (about 18 percent) on all other services, including prevention, family preservation and support services, and child protective services.¹⁴ As one of the few dedicated Federal funding sources for prevention, a proper investment in CAPTA Community-Based Child Abuse Prevention grants would go a long way towards correcting the current imbalance between funding services for children after abuse and neglect have occurred, and funding services to ensure that abuse and neglect do not happen in the first place.

The CAPTA Community-Based Child Abuse Prevention grants should assist States and communities to develop tested successful approaches to preventing child abuse and neglect through such essential community-based, family-centered, prevention services as support programs for new parents, parent education, respite and crisis child care, home visitor services, parent mutual support, and other family support services.

To improve upon the ability of CAPTA to support State and local preventive services, the Coalition proposes that CAPTA Title II should be amended to:

- Focus the Title II, Community-Based Child Abuse Prevention grants on support of services aimed at prevention.
- Allow for the redistribution of unexpended funds back through the program.
- Strengthen accountability provisions in the title II program.
- Strengthen title II language to include meaningful parent involvement through all areas of preventive services.
- Elevate home visiting and respite services to the same level as other identified core services of activities, and add crisis nurseries as a core service (removing the phrase "as practicable".)

CAPTA RESEARCH AND DEMONSTRATION GRANTS FOR INNOVATIONS

CAPTA is the only Federal program for support of research and innovations to improve practices in preventing and treating child abuse and neglect, yet funding remains insufficient. CAPTA dollars for R&D at the current funding of \$37 million is inadequate to satisfy the need for advancing our knowledge and improving services for protecting children. At the current funding level, HHS is able to fund only a fraction of the applications for field-initiated research. The Coalition proposes raising the authorized appropriations to the level of \$100 million, which would help to advance the field's knowledge through support for research and program innovations, as well as funding for the training, technical assistance, data collection and information sharing functions also authorized by CAPTA out of this money.

CAPTA funding is an efficient means of enabling States and communities to improve their practices in preventing and treating child abuse and neglect. The discretionary grant program is able to support a broad array of leadership activities which

¹⁴ Scarcella, C.A. (2004). *The Cost of Protecting Vulnerable Children IV: How Child Welfare Funding Fared During the Recession*, Washington, DC Urban Institute.

are uniquely suited to the Federal Government's national perspective and ability to address current issues in order to advance the field of prevention and treatment of child abuse and neglect. Public agencies beleaguered by the crises of the day often do not have the capacity to undertake such activities, but they benefit from tested approaches, like those CAPTA supports. These discretionary grants help ensure that the CAPTA State grant funds and other child protection investments will actually benefit children.

Over the years, important strategies in child abuse prevention and protection of children have developed with seed money from CAPTA. The history of CAPTA funding demonstrates the value of this investment.

- Early in the development of the Parents Anonymous program, CAPTA support helped to enable this parent mutual support-shared leadership organization to expand, through technical assistance and training, beyond its beginnings in southern California to become today an important prevention resource for tens of thousands of families in communities nationwide.

- An initial grant from CAPTA helped the first children's advocacy center developed in Huntsville, AL by then-district attorney and now-Rep. Bud Cramer (D) to serve as the model program for centers protecting children in States across the country.

- In Hawaii, seed money from CAPTA went to develop the successful program of home health visitors. The research and knowledge gained through this experience contributed to the development of the Healthy Families America program now operating in hundreds of communities in almost every State to help parents get their children off to a healthy start.

Research, Training and Technical Assistance Grants

The National Child Abuse Coalition proposes amending CAPTA to focus discretionary spending on current topics important to improving our ability to protect children and prevent abuse and neglect. Among appropriate topics which should be addressed by CAPTA funding are the following:

1. training for domestic violence and for child protection personnel in issues relating to child abuse and neglect and family violence;
2. collect and disseminate information on effective programs and best practices for developing and carrying out collaborations between child protective services and domestic violence services; and
3. development of best practices for research and evaluation to build on the base of evidence regarding differential response.

Training

The connection between workforce quality and family outcomes was documented in a March 2003 report by the U.S. General Accounting Office which states,

“A stable and highly skilled child welfare workforce is necessary to effectively provide child welfare services that meet Federal goals. [However,] large case-loads 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.”¹⁵

It has been documented that a well-prepared staff is more likely to remain in the field of child welfare, thus reducing worker turnover and increasing continuity of services with the family. Some social workers are able to take advantage of Federal assistance through the Title IV-E and Title IV-B programs of the Social Security Act. These funds are used to upgrade the skills and qualifications of child welfare workers though their participation in training programs specifically focused on child welfare practice. While these programs serve a useful purpose and must be preserved, we know that these two programs alone cannot support the entire field of child welfare workers.

A recent NASW study, *Assuring the Sufficiency of a Frontline Workforce: A National Study of Licensed Social Workers*,¹⁶ shines a bright light on issues related to workforce retention. The study warns of an impending shortage of social workers that threatens future services for all Americans, especially the most vulnerable among us, children and older adults. Key findings include:

¹⁵ U.S. General Accounting Office. (March 2003). “HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff.” Washington, DC.

¹⁶ Whitaker, T. Weismiller, T. and 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.

- The supply of licensed social workers is insufficient to meet the needs of organizations serving children and families.
- Workload expansion plus fewer resources impedes social worker retention.
- Agencies struggle to fill social work vacancies.

Congress should provide sufficient funds to allow for research, training, and evaluation of services in the child welfare system. Also, greater investments are needed to provide social workers with professional development preparation and ongoing training opportunities, particularly in the area of cultural competence. We believe that valuable employment incentives, including pay increases, benefits, student loan forgiveness, and promotional opportunities are essential for the development of a highly skilled human services workforce.

Demonstration Grants

In response to needs often overlooked in the prevention of child maltreatment and the protection of abused and neglected children, the National Child Abuse Coalition proposes amending CAPTA to address priorities in:

1. evaluation and replication of models in the medical diagnosis and treatment of child abuse and neglect; and
2. effective collaborations between child protective services and domestic violence services, including attention to investigation and intervention procedures, with regard for the safety of children and of the non-abusing parent, and the necessary services to children exposed to domestic violence.

The technical assistance offerings, evaluation measures, and information dissemination functions supported by CAPTA should address these priorities as well. The statute should focus on improving the evaluations of CAPTA-funded demonstration grants, the replication of successful model programs, and the distribution of information on programs with potential for broad-scale implementation and replication.

DEFINITION OF CHILD ABUSE AND NEGLECT

The National Child Abuse Coalition proposes amending the definition of “child abuse and neglect” in CAPTA to conform with the preponderance of State child abuse reporting laws and to recognize the value and import of early intervention in the protection of children who have been maltreated or are at risk of more serious abuse or neglect. We urge Congress to return the statutory definition to the language of CAPTA as originally enacted in 1974 by removing the words “serious,” “recent,” and “imminent” in recognition of the reality of practice in child protective services and the increased attention to providing preventive services and a differential response to families and children in need of support and assistance.

CONCLUSION

CAPTA has an important role in the Federal response to the prevention of child maltreatment and the protection of abused and neglected children. Unfortunately, the Federal role bears almost no relationship to the extent of the problem of child maltreatment in our society. While the numbers of children abused and neglected each year in the United States remain high, Federal budgetary policy remains focused on paying billions of dollars for the removal of children from homes where they are no longer safe. Relatively few Federal resources are directed at helping States and communities in their response to protecting children at the first instance of harm, or preventing that harm from happening at all.

The prevention of child abuse requires intensive effort and the commitment of resources such as we rarely see in government, certainly more than is allocated to date through CAPTA. We are at a point now where we can act to improve upon the Federal support and leadership. We urge the adoption of legislation to amend CAPTA in ways that will truly assist States and communities in their efforts to keep children from harm. We stand ready to assist this subcommittee and your colleagues in Congress in developing a responsive Federal role for protecting children and preventing child abuse.

[Whereupon, at 3:58 p.m., the hearing was adjourned.]

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