AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

# PREVENTING CHILD ABUSE AND IMPROVING RESPONSES TO FAMILIES IN CRISIS

## HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTHY FAMILIES AND COMMUNITIES

COMMITTEE ON EDUCATION AND LABOR

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED ELEVENTH CONGRESS

FIRST SESSION

HEARING HELD IN WASHINGTON, DC, NOVEMBER 5, 2009

**Serial No. 111–38**

Printed for the use of the Committee on Education and Labor

Available on the Internet:
*http://www.gpoaccess.gov/congress/house/education/index.html*

U.S. GOVERNMENT PRINTING OFFICE

53–040 PDF WASHINGTON : 2010

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512–1800; DC area (202) 512–1800
Fax: (202) 512–2104 Mail: Stop IDCC, Washington, DC 20402–0001

## COMMITTEE ON EDUCATION AND LABOR

GEORGE MILLER, California, *Chairman*

Dale E. Kildee, Michigan, *Vice Chairman*
Donald M. Payne, New Jersey
Robert E. Andrews, New Jersey
Robert C. "Bobby" Scott, Virginia
Lynn C. Woolsey, California
Rubén Hinojosa, Texas
Carolyn McCarthy, New York
John F. Tierney, Massachusetts
Dennis J. Kucinich, Ohio
David Wu, Oregon
Rush D. Holt, New Jersey
Susan A. Davis, California
Raúl M. Grijalva, Arizona
Timothy H. Bishop, New York
Joe Sestak, Pennsylvania
David Loebsack, Iowa
Mazie Hirono, Hawaii
Jason Altmire, Pennsylvania
Phil Hare, Illinois
Yvette D. Clarke, New York
Joe Courtney, Connecticut
Carol Shea-Porter, New Hampshire
Marcia L. Fudge, Ohio
Jared Polis, Colorado
Paul Tonko, New York
Pedro R. Pierluisi, Puerto Rico
Gregorio Kilili Camacho Sablan, Northern Mariana Islands
Dina Titus, Nevada
Judy Chu, California

John Kline, Minnesota, *Senior Republican Member*
Thomas E. Petri, Wisconsin
Howard P. "Buck" McKeon, California
Peter Hoekstra, Michigan
Michael N. Castle, Delaware
Mark E. Souder, Indiana
Vernon J. Ehlers, Michigan
Judy Biggert, Illinois
Todd Russell Platts, Pennsylvania
Joe Wilson, South Carolina
Cathy McMorris Rodgers, Washington
Tom Price, Georgia
Rob Bishop, Utah
Brett Guthrie, Kentucky
Bill Cassidy, Louisiana
Tom McClintock, California
Duncan Hunter, California
David P. Roe, Tennessee
Glenn Thompson, Pennsylvania

Mark Zuckerman, *Staff Director*
Barrett Karr, *Republican Staff Director*

---

## SUBCOMMITTEE ON HEALTHY FAMILIES AND COMMUNITIES

CAROLYN McCARTHY, New York, *Chairwoman*

Yvette D. Clarke, New York
Robert C. "Bobby" Scott, Virginia
Carol Shea-Porter, New Hampshire
Paul Tonko, New York
Jared Polis, Colorado
George Miller, California
Judy Chu, California

Todd Russell Platts, Pennsylvania, *Ranking Minority Member*
Howard P. "Buck" McKeon, California
Brett Guthrie, Kentucky
David P. Roe, Tennessee
Glenn Thompson, Pennsylvania

# C O N T E N T S


| | Page |
|---|---|
| Hearing held on November 5, 2009 | 1 |
| Statement of Members: | |
| McCarthy, Hon. Carolyn, Chairwoman, Subcommittee on Healthy Families and Communities | 1 |
| Prepared statement of | 3 |
| Additional submissions: | |
| Report from the National Network to End Domestic Violence | 51 |
| Report, "Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences," Internet address to | 64 |
| 2007 series of AP articles on child sex abuses | 64 |
| Cates, Sheryl, chief executive officer, National Domestic Violence Hotline, prepared statement of | 98 |
| The Child Welfare League of America (CWLA), prepared statement of | 98 |
| The Family Violence Prevention Fund, prepared statement of | 103 |
| The National Association of Public Child Welfare Administrators, prepared statement of | 108 |
| The National Network to End Domestic Violence (NNEDV), prepared statement of | 110 |
| Melmed, Matthew, executive director, Zero to Three, prepared statement of | 115 |
| Platts, Hon. Todd Russell, Senior Republican Member, Subcommittee on Healthy Families and Communities | 3 |
| Prepared statement of | 4 |
| Statement of Witnesses: | |
| Hammond, Rodney, Ph.D., Director, Division of Violence Prevention, National Center for Injury Prevention & Control, Centers for Disease Control & Prevention, U.S. Department of Health and Human Services | 6 |
| Prepared statement of | 8 |
| Kaplan, Caren, MSW, director of child protection reform, American Humane Association | 16 |
| Prepared statement of | 19 |
| Oliva, Sandra, executive director, Nassau County Coalition Against Domestic Violence | 23 |
| Prepared statement of | 25 |
| Sawyer, Robert Quinn, MSW, LICSW, Olmsted County Child and Family Services | 35 |
| Prepared statement of | 37 |
| Smith, Teresa M., LSW, coordinator executive director, Children's Advocacy Center | 32 |
| Prepared statement of | 34 |
| Spigner, Carol Wilson, DSW, Kenneth L.M. Pray professor, University of Pennsylvania School of Social Policy and Practice | 12 |
| Prepared statement of | 14 |

# PREVENTING CHILD ABUSE AND IMPROVING RESPONSES TO FAMILIES IN CRISIS

**Thursday, November 5, 2009**
**U.S. House of Representatives**
**Subcommittee on Healthy Families and Communities**
**Committee on Education and Labor**
**Washington, DC**

The subcommittee met, pursuant to call, at 10:05 a.m., in room 2175, Rayburn House Office Building, Hon. Carolyn McCarthy [chairwoman of the subcommittee] presiding.

Present: Representatives McCarthy, Tonko, Chu, Platts, Guthrie, and Roe.

Also Present: Representatives Woolsey and Moore.

Staff Present: Tylease Alli, Hearing Clerk; Calla Brown, Staff Assistant, Education; Adrienne Dunbar, Education Policy Advisor; Ruth Friedman, Senior Education Policy Advisor (Early Childhood); David Hartzler, Systems Administrator; Fred Jones, Staff Assistant, Education; Joe Novotny, Chief Clerk; Alexandria Ruiz, Administration Assistant to Director of Education Policy; Melissa Salmanowitz, Press Secretary; Kim Zarish-Becknell, Policy Advisor, Subcommittee on Healthy Families and Communities; Stephanie Arras, Minority Legislative Assistant; Alexa Marrero, Minority Communications Director; Ryan Murphy, Minority Press Secretary; Susan Ross, Minority Director of Education and Human Services Policy; Mandy Schaumburg, Minority Education Counsel; and Linda Stevens, Minority Chief Clerk/Assistant to the General Counsel.

Chairwoman MCCARTHY. Good morning. I would like to welcome our witnesses to this hearing. Today, we are dealing with a very difficult and upsetting subject—abuse and neglect—and we know sometimes, unfortunately, it results in fatalities. We will hear from witnesses on how to improve response for and prevent violence and abuse in families in crisis. Abuse, neglect, and fatalities are of significant social concerns in our Nation.

The official number of children killed from abuse or neglect nationwide in 2007 is 1,760. In 2001, the total was 1,300. Three-quarters of the fatalities are children under four.

As a nurse for over 30 years, I have seen firsthand the risks and illnesses that can result due to abuse and neglect. We know that children who experience abuse or neglect and children that witness abuse have their sense of security, trust, and safety shaken to the core. Studies have shown that young children are more likely to be

reported as victims. In fact, of all cases, the maltreatment rate for infants was 21 percent. For children ages one to three it was 13 percent.

The majority of child victims experience neglect. In fact, more than 60 percent of the children who come to the attention of child welfare authorities are victims of neglect. They are victims of acts of omission in terms of their care, in terms of their well-being. Sometimes these instances of neglect happen due to the simple fact the parents need assistance. These parents are not monsters. Rather, they need to be connected with available services or perhaps they need help with basic parental know-how.

We know from studies that the impact of chronic,

long-term neglect is devastating to the development of children. Victims of abuse and neglect are more likely to have developmental delays and impaired language and cognitive skills. They are more likely to be arrested for delinquency and violent criminal behavior as adults. We also know they have poor health outcomes as adults.

Over 35 years ago, Congress enacted the Child Abuse Prevention and Treatment Act, or CAPTA, with a very simple purpose: Creating a single Federal focus to deal with the front-end issues associated with abuse and neglect. I like to think of CAPTA prevention programs as the first line of defense in the child welfare system.

The CAPTA formula and competitive grants focus on the prevention of child abuse and ensuring continued well-being and safety of children. The CAPTA programs consists of two major grant programs, as well as targeted research, data collection, and technical assistance to the States. These grant programs provide funding for improvements to child protection services, promising prevention efforts, and community-based efforts to prevent abuse and neglect.

CAPTA provides grants to States for technical assistance and requires States to have laws related to reporting child abuse investigations and procedures and resources for working with affected families. In order to receive funds, States must meet a minimal definition of child abuse and neglect.

While CAPTA has brought much-needed attention and change to the issues of child maltreatment, this number still remains too high. The rates of physical abuse have decreased in recent years, but the rates of neglect have remained conservatively consistent, and we know that difficult financial times can certainly aggravate violence in victims, with fewer personal resources becoming increasingly vulnerable.

For example, since the economic crisis began, it has been reported that three out of four domestic violence shelters have reported an increase in women seeking assistance from abuse. That means we have more work to do, which is why I am holding this hearing today.

I want to thank you all for being here, and I look forward to the testimony that we will hear.

I now recognize the distinguished gentleman from Pennsylvania, Ranking Member Platts, for his opening statement.

[The statement of Mrs. McCarthy follows:]

**Prepared Statement of Hon. Carolyn McCarthy, Chairwoman, Subcommittee on Healthy Families and Communities**

I'd like to welcome our witnesses to this hearing. Today are dealing with a very difficult and upsetting subject, abuse and neglect, which sometimes result in fatalities.

We will hear from witnesses on how to improve responses for and prevent violence and abuse in families in crisis.

Abuse, neglect and fatalities are of significant social concerns in our nation. The official number of children killed from abuse or neglect nationwide in 2007 is 1,760. In 2001, the total was 1,300.

Three-quarters of the fatalities are children are under four. As a nurse for 30 years, I have seen firsthand the risks and illnesses that can result due to abuse and neglect.

We know that children who experience abuse or neglect, and children that witness abuse have their sense of security, trust and safety shaken to the core.

Studies show that young children are more likely to be reported as victims. In fact, of all cases, the maltreatment rate for infants was twenty one percent and for children ages one to three it was 13 percent.

The majority of child victims experience neglect. In fact, more than 60 percent of the children who come to the attention of child welfare authorities are victims of neglect.

They're victims of acts of omission in terms of their care, in terms of their well being.

Sometimes these instances of neglect happen due to the simple fact that parents need assistance.

These parents are not monsters, rather they need to be connected with available services or perhaps they need help with basic parental know-how.

We know from studies that the impact of chronic, long-term neglect is devastating to the development of children.

Victims of abuse and neglect are more likely to have developmental delays, and impaired language or cognitive skills. They are more likely to be arrested for delinquency and violent criminal behavior as adults.

We also know they have poor health outcomes as adults.

Over thirty-five years ago Congress enacted the Child Abuse Prevention and Treatment Act—or "CAPTA"—with a very simple purpose: creating a single federal focus to deal with the front end issues associated with child abuse and neglect.

I like to think of CAPTA prevention programs as the first line of defense in the child welfare system. The CAPTA formula and competitive grants focus on the prevention of child abuse and ensuring continued well-being and safety of children.

The CAPTA programs consist of two major grant programs, as well as targeted research, data collection and dissemination and technical assistance to the states.

These grant programs provide funding for improvements to child protective services, promising prevention efforts and for community-based efforts to prevent abuse and neglect.

CAPTA provides grants to states for "technical assistance" and require states to have laws related to reporting child abuse, investigation procedures and procedures and resources for working with affected families.

In order to receive funds, States must meet a minimal definition of child abuse and neglect.

While CAPTA has brought much needed attention and change to the issues of child maltreatment, this number remains too high.

The rates of physical abuse have decreased in recent years, but the rates of neglect have remained disturbingly constant.

And we know that difficult financial times can certainly aggravate violence and victims with fewer personal resources become increasingly vulnerable.

For example, since the economic crisis began, it has been reported that three out of four domestic violence shelters have reported an increase in women seeking assistance from abuse.

That means we have more work to do, which is why I am holding this hearing today. Thank you all for being here and I look forward to the testimony.

---

Mr. PLATTS. Thank you, Madam Chair. I first want to thank and commend you for your continued leadership and focus on this very important issue as we seek to work with partners throughout the

Nation in protecting our children and helping our Nation's families do right by their children.

I am going to submit my full statement for the record because, as I mentioned, I want to apologize up front to you and to the witnesses. I am against human cloning, but for me, I am supposed to be in about four spots right now, so I only have about a half hour before I run out, and hopefully I will get back for a later part of the hearing this morning.

I want to very much thank our witnesses for being here to share your expertise and your knowledge, but most importantly, I want to thank you for day in and day out working to help protect our Nation's children and to serve them and their families so that we can all be part of the same team.

Your work is critically important to the safety of so many children throughout this country. Each day you are making a difference, and I commend you for your efforts.

With that, I will submit my statement for the record and allow us to move forward.

Thank you, Madam Chair.

[The statement of Mr. Platts follows:]

**Prepared Statement of Hon. Todd Russell Platts, Ranking Minority Member, Subcommittee on Healthy Families and Communities**

Good morning. I would like to welcome you all to our hearing today.

Today we will examine ways to prevent child abuse and improve responses to families in crisis. As we all know, child abuse comes in many different forms. Child abuse can be physical, sexual, or emotional in nature, and occurs in all segments of our population, crossing ethnic, racial, and even economic lines in some cases.

According to the American Academy of Pediatrics, each year more than 2.5 million cases of child abuse and neglect are reported. Recent studies show that twenty-five percent of girls and one in eight boys will be sexually abused before they reach eighteen years of age. We know that these children suffer both short and long-term physical and emotional damage. Many children become depressed well into adulthood. Others become violent, and even suicidal. Children who are abused are at a higher risk of abusing drugs and alcohol.

Congress has made progress on this issue over the last several decades with the Child Abuse Prevention and Treatment Act (CAPTA), first passed in 1974. This legislation provides minimum standards that states must incorporate in their statutory definitions of child abuse and neglect. CAPTA defines child abuse and neglect as, "any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm." The last authorization of CAPTA in 2003 focused on three major goals: preventing child abuse and family violence before it occurs; maintaining local projects with demonstrated value in eliminating barriers to permanent adoption; and addressing the circumstances that lead to child abandonment.

We will hear today from several experts on the successful prevention and treatment of child abuse. For example, the Differential Response System has received bipartisan support and demonstrated effectiveness with its approach that allows child protective services to respond differently to confirmed reports of child abuse and neglect. Child protective services take into consideration the type and severity of abuse reported, number of sources of reports and willingness of the family to participate. Results have shown a reduction in investigations, repeated reports of maltreatment, court involvement, child in-placements, while at the same time increasing family involvement and the number of children served.

Despite the considerable work that has been done on this issue at both the federal and local level, child abuse is still on the rise. As such, we must continue to explore innovative ways to prevent child abuse in our communities. Teresa Smith, Coordinator and Executive Director of the Pinnacle Health Children's Resource Center in Harrisburg, Pennsylvania, has joined with us today. Currently the Co-Chair of the Pennsylvania CAPTA Workgroup, I am grateful for her sharing with us the importance of implementing CAPTA in states nationwide, including Pennsylvania.

I look forward to hearing the testimony from all of our witnesses today. As we move toward the reauthorization of CAPTA, we must take into consideration the current trends in child abuse and neglect and remain focused on prevention at the local level. Thank you, Chairwoman McCarthy.

---

Chairwoman MCCARTHY. Thank you. Pursuant to committee rule 7(c), any member may submit an opening statement in writing at this time, which will be made a part of the permanent record. Without objection, all members will have 14 days to submit additional materials or questions for the hearing record.

I would like to briefly introduce our distinguished panel here this morning. The complete bios of the witnesses will be inserted into the report.

Today, we will hear from six witnesses, each of whom will focus on abuse and neglect prevention and action. I want to thank all of you for taking the time out to be here in front of this panel.

I also ask unanimous consent for a member of the full committee, Ms. Woolsey, and a member who is not on a committee, Representative Gwen Moore, to sit on the dais and ask questions. Each of these members have been leaders in domestic violence and child welfare issues.

Again, I welcome you to our committee. In the interest of time, given the large number of witnesses today, I will keep my formal introductions short.

Our first witness is Dr. Rodney Hammond, the Director of Violence Prevention at the National Center for Injury, Prevention, and Control at the CDC. He has held this position since 1996. At the CDC, Dr. Hammond is responsible for research and programs to prevent homicide, suicide, family, intimate partner and sexual assault, child abuse, and youth violence. Through his professional career, efforts have been focused on youth violence, prevention, and it is a public health concern.

Our next witness is Dr. Wilson Spigner of the University of Pennsylvania School of Social Policy and Practice, Philadelphia, Pennsylvania. Prior to her arrival at Penn, Dr. Spigner was the Associate Commissioner of the Children's Bureau at the U.S. Department of Health and Human Services, Administration for Children and Families, and was responsible for the administration of Federal child welfare programs.

Our next witness is Caren Kaplan. She has almost 30 years experience in child welfare and policy and practice. As the Director of the Child Protection Reform at the American Humane Association, Caren oversees the National Initiative on Chronic Neglect. Caren manages several efforts to examine and refine the assessments of child safety, risk, and comprehensive family functioning by child protection agencies.

Our next witness is Sandra Oliva from Hempstead, New York, which is part of my district. Sandra is the Executive Director of the Nassau County Coalition Against Domestic Violence. She served in that role for nearly 25 years. Under her leadership, the Nassau County Coalition Against Domestic Violence has grown into a multifaceted, comprehensive domestic violence service organization, helping over 3,000 adults and children annually.

Sandra's vision, insight, and commitment have encouraged the agency to develop individualized and tailored services to meet the needs of adults and youth victims in crisis. These services include crisis intervention, counseling, advocacy services, safe homes, transitional housing, community education and outreach, legal services, and legislation and legal advocacy.

I now yield to Ranking Member Platts to introduce our next witness, Ms. Smith.

Mr. PLATTS. Thank you, Madam Chair. I am delighted to have the opportunity to introduce a fellow Pennsylvanian, Ms. Teresa Smith. Ms. Smith is Executive Director of the PinnacleHealth Children's Resource Center and has been an employee of PinnacleHealth system for 24 years. She

cofounded the hospital-based Children's Advocacy Center Program in Harrisburg, Pennsylvania, in 1994, and since that time she has been working to ensure that children are safe and well cared for.

The Children's Advocacy Center in Harrisburg is one of the most renowned children advocacy centers in Pennsylvania, and a great model program for other centers around the State, and including in my congressional district. The Center collaborates with partners in the community to prevent, investigate, and treat child abuse. Ms. Smith is also a site reviewer for the National Children's Alliance and the cochair of the Pennsylvania CAPTA Working Group.

Ms. Smith, we are delighted to have you here. Thanks for your work back home and for your testimony here today.

I yield back.

Chairwoman MCCARTHY. Finally, I would like to introduce Rob Sawyer from Olmsted County Child and Family Services in Minnesota. Welcome. Mr. Sawyer is the former Director of Child and Family Services in Minnesota and has spent years working on child abuse prevention issues in his State. He brings a wealth of the ground experience in our discussion today. And we welcome you.

Let me explain the lighting system that is in front of you. For those of you who have not testified in front of Congress before, everyone, including the members, is limited to 5 minutes of presentation of questions. The green light will illuminate when you start speaking. The yellow light will go on when your time is just about up. And when you see the red light, you will need to conclude your testimony.

We will be more lenient on allowing members to finish their thoughts. So we want to hear all of your testimony.

Please be certain to turn on your microphones when you start to speak to us.

We will now hear from our first witness.

Dr. Hammond.

**STATEMENT OF RODNEY HAMMOND, PH.D., DIRECTOR OF DIVISION OF VIOLENCE PREVENTION NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL, CENTERS FOR DISEASE CONTROL AND PREVENTION**

Mr. HAMMOND. Thank you and good morning, Chairwoman McCarthy, Ranking Member Platts, and other distinguished mem-

bers of the subcommittee. On behalf of CDC, it is an honor to be here.

I serve as the Director of the Division of Violence Prevention at CDC's Injury Center. Today, I will highlight that public health can complement child welfare and protective services by bringing proven prevention strategies to scale.

This involves three key points. First, that public health has an important role to play in preventing child

maltreatment. Second, that we have the opportunity to put in place innovations in how we prevent child maltreatment through evidence-based strategies. Third, that scaling up these approaches necessitates partnerships between public health, social services, and child-serving entities to ensure quality.

We know that child maltreatment has significant short- and long-term health consequences. For example, in 2007, an estimated 1,760 children younger than 18 years old died as a result of maltreatment. We also know that approximately 794,000 children were determined by State and local Child Protective Services to be victims of child maltreatment. These numbers, no doubt, are an underrepresentation because the data only reflect cases that are reported to the Child Protective Services system.

But we also know that exposure to child maltreatment has long-term health consequences into adulthood, such as heart disease, cancer, drug abuse, and depression. Moreover, studies show that exposure to child maltreatment is linked to other forms of violence, including youth violence and intimate partner violence.

There is a wealth of evidence showing the needs of children for healthy development. First, we know that children need to be safe from physical and psychological harm. Secondly, we know that children need a degree of stability in their environment. And, third, they need a nurturing parent or other caregiver that is consistently available to meet their needs.

The way to reduce child maltreatment is to promote child health. We can do this by fostering safe, stable, nurturing relationships using a public health approach. We are at a critical juncture because we now have prevention programs that work. Now is the time to focus on wide-scale implementation of those programs.

Recent CDC studies show that child maltreatment rates actually fall when parents have access to interventions that address problems with child behavior. For example, PPP, a parenting program, combines broad social campaigns with targeted parenting support services. In addition, early childhood home visitation programs are effective. For instance, the nurse-family partnerships focus on first-time mothers during pregnancy, working to promote positive health and interactions between mother and child.

Although there are promising interventions, there are still some opportunities for improvement. We need data that provides a comprehensive understanding of the ideal settings for interventions, and we need a better understanding of risk surrounding child maltreatment.

We need to continually evaluate promising strategies, including programs and policies that target at the individual and community levels so that we can widely implement. We need to develop public health capacity to support prevention programs that complement

Child Welfare and Child Protective Services. We must work to make prevention accessible, especially to parents, without stigma.

So, in conclusion, public health can lessen the burden on child welfare and protective services by bringing prevention strategies to scale and ensuring that they are accessible to all families that need and want them. Scaling up these approaches necessitates collaboration between public health, social services, and child serving agencies. A partnership between public health and child protection services will allow more people to access programs that strengthen families and help children to live life to their fullest potential.

I would like to thank the subcommittee for its continued support of CDC and its injury and violence programs, and I would be happy to answer any questions that you may have. Thank you.

[The statement of Mr. Hammond follows:]

**Prepared Statement of Rodney Hammond, Ph.D., Director, Division of Violence Prevention, National Center for Injury Prevention & Control, Centers for Disease Control & Prevention, U.S. Department of Health and Human Services**

Good morning Chairwoman McCarthy, Ranking Member Platts and distinguished Members of the Subcommittee. My name is Dr. Rodney Hammond, and I am the Director of the Division of Violence Prevention, a Division of the National Center for Injury Prevention & Control (NCIPC) within the Centers for Disease Control & Prevention (CDC). Thank you for the opportunity to appear before you on behalf of CDC to discuss our Agency's research and prevention activities addressing child maltreatment. At CDC, we work to ensure that all people achieve their optimal lifespan with the best possible quality of health at every stage of life.

Regardless of gender, race or economic status, injuries are a leading cause of death for young Americans. Violence is a particularly serious threat to the health and well-being of children and adolescents in the United States. Furthermore, violence such as child maltreatment is preventable. CDC is leading the nation's efforts in reducing premature death, disability, human suffering and the medical costs associated with violence. Working with state and local governments, nonprofit organizations, academic institutions, private entities, other federal agencies and international organizations, CDC continues to document the rates of violence including identifying the risk and protective factors for child maltreatment, finding effective prevention strategies, and promoting widespread adoption of these solutions. We strongly believe that every child deserves to live his or her life to their fullest potential. Preventing child maltreatment is one major step toward that end.

I will begin my testimony today by giving an overview of child maltreatment and explaining CDC's unique public health role in its prevention. I will share updates on promising interventions and gaps within the field, and I will close by highlighting that the widespread adoption of proven interventions is an effective solution to preventing a majority of childhood injuries and deaths from maltreatment.

*Child Maltreatment: Definition*

"Child abuse" is deliberate and intentional words or overt actions that cause harm, potential harm, or threat of harm to a child. "Child neglect" is the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm.[1] CDC defines child maltreatment as any act or series of acts of commission or omission by a parent or caregiver that results in harm, potential harm, or threat of harm to a child. Much of the child maltreatment field divides acts of commission into three broad categories—physical, sexual, or emotional abuse. Acts of omission are often referred to as child neglect and divided into two categories—failure to provide for a child's basic needs and failure to protect a child. Thus the term "child maltreatment" as used in this testimony applies to a broad range of harmful activities including "child abuse" and "neglect".

*The Burden of Child Maltreatment in the U.S.*

The magnitude of child maltreatment in the United States is not easily determined, but it is clearly substantial. In 2007, an estimated 1,760 children younger than 18 years old died as a result of maltreatment and approximately 794,000 children were determined by state and local child protective services agencies to be victims of child abuse or neglect.[2] It is likely that the actual number of children who

experience maltreatment each year is even larger, because many cases go unreported or undetected. Survey data provide a more troublesome picture of the problem of child maltreatment. Estimates based on a 2008 national survey of children aged 2—17 years indicate that approximately one in ten children reported having experienced maltreatment and one in sixteen were victimized sexually.[3] Child maltreatment through blunt trauma to the head or violent shaking (also known as abusive head trauma or shaken baby syndrome) is the leading cause of head injury among infants and young children. Additionally, homicide was the fourth leading cause of death for children ages 1-9 years in 2006.

In addition to injuries and related health issues during childhood, child maltreatment can increase the risk factors for many of the leading causes of death among adults. CDC research shows that children who experience maltreatment are at an increased risk for a variety of health problems, including heart disease, cancer, chronic lung disease, liver disease, alcoholism, drug abuse, and depression. In addition, child maltreatment is closely linked with other forms of violence in adulthood such as intimate partner violence. Furthermore, studies have also shown that witnessing or experiencing abuse as a child can increase the risk factors for becoming a victim or perpetrator of violence. Addressing violence issues at an early stage would aid in assuring optimal prevention and wellness for individuals throughout their lifespan.

*CDC's Role in Child Maltreatment Prevention: Promoting Safe, Stable, Nurturing Relationships*

CDC's child maltreatment prevention program aims to prevent maltreatment and its consequences through data monitoring to understand the problem and its trends over time, research and development, capacity building to ensure organizations and entities are equipped to engage in prevention efforts, communication, and leadership. CDC's public health approach emphasizes rigorous science and complements other approaches such as those of the child welfare system, criminal justice and mental health systems. CDC achieves these primarily through data monitoring and sharing; research on possible interventions; community implementation and evaluation of interventions; and widespread adoption of proven interventions. This multipronged effort adds to the knowledge base regarding violence and how to prevent it. The long-term goal of CDC's work in child maltreatment prevention is to achieve lasting change in the factors and conditions that place children at risk through making changes at individual, family, community, and societal levels to reduce rates of child maltreatment.

Within this field, there is a great need for primary prevention strategies that stop abuse and neglect before it occurs. Developing effective prevention programs is essential. CDC in consultation with national experts has identified safe, stable, and nurturing relationships (SSNRs) between caregivers and children as the foundation of a unified strategic approach and message to empower parents and caregivers and to reduce child maltreatment. This approach is aimed at motivating change in parenting behavior and increasing parents' skills and knowledge to lower incidents of child maltreatment. SSNRs strengthen parenting practices that prevent child maltreatment by focusing on positive caregiving behaviors. Accordingly, promotion of SSNRs can have synergistic effects on health problems as well as contribute to development of skills that enhance acquisition of healthy habits and lifestyles throughout the lifespan. It should also be noted that SSNRs are not only about the direct relationship parents have with their child but also the environment and context within which they parent (e.g., community support such as accessible childcare). Rather SSNRs becomes a comprehensive approach that focuses on making changes at the individual, family, community, and societal levels to reduce rates of violence in populations.

*Promising Interventions*

CDC recognizes a number of promising and effective strategies for the prevention of child maltreatment. There is substantial evidence that promoting SSNRs can be effective in reducing child maltreatment.[4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21] The most basic approach to facilitating SSNRs is teaching parents positive child rearing and management skills and strategies that are safe and nurturing. There is substantial evidence that parent training programs or behavioral family interventions delivered in clinical settings and focused on influencing children's behavior through positive reinforcement are effective at influencing the child rearing practices of families.[22,23]

In fact, a new CDC-funded study shows that when parents have access to proven parenting interventions designed to address problems with child behavior (e.g., tantrums), key measures of child maltreatment fall. For example, Triple P, the Positive

Parenting Program, uses a multi-level strategy focusing on parenting and family support that aims to prevent behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. Triple P incorporates a wide range of support mechanisms for parents including local media, brief public seminars, and parent consultation by specially trained providers in clinics, schools, churches, and community centers. Research results showed that implementing Triple P in an area containing 100,000 children could translate annually into 688 fewer cases of child maltreatment, 240 fewer out-of-home placements, and 60 fewer children with injuries requiring hospitalization or emergency room treatment.

In addition, early childhood home visitation programs show strong evidence of effectiveness in reducing violence against visited children. These programs are designed to decrease the likelihood of child maltreatment by providing parents with guidance for and examples of caring and constructive interaction with their young children. This approach facilitates the development of parental life skills, strengthens social support for parents, and links families with social services. Nurse-Family Partnership, or NFP, is one example of an evidence-based early childhood home visitation program that was developed based on evidence from randomized, controlled trials. NFP focuses on first-time mothers during pregnancy and works to promote and teach positive health and development behaviors between a mother and her baby. Additionally, NFP is delivered by registered nurses over a period of time (typically from the mother's first trimester to the child's second birthday), thereby fostering a bond between nurse and mother.

This early intervention during pregnancy allows for any critical behavioral changes needed to improve the health of the mother and child. Several randomized controlled trials have found this program to effectively reduce abuse and injury, improve cognitive and socio-emotional outcomes in children and have a very favorable benefit-cost ratio. An evaluation of NFP documented a 48 percent decline in rates of child abuse and neglect at the time of a 15-year follow-up study. Furthermore, studies found reduced rates of crime and antisocial behavior among both children and mothers.

Recognizing the significant benefits of home visiting programs such as the NFP, the President has proposed in his 2010 budget, a home visiting program designed to support the establishment and expansion of evidence-based programs in states and territories. The President's proposal gives priority to models that have been rigorously evaluated and shown to have positive effects on critical outcomes, such as the reduction in child abuse and neglect. This new home visitation program will create long-term positive impacts for children and their families as well as positive impacts for society as a whole.

*Areas for Improvement in the field of Child Maltreatment Prevention*

Although there are promising interventions within the field of child maltreatment prevention, there are still some areas for improvement.

*Improved Monitoring*

Routinely collected data for monitoring the rates of fatal and non-fatal child maltreatment are limited. Simply put, better data on child maltreatment will strengthen the ability to measure the true costs of maltreatment; target crucial programs and policies to populations or areas most in need to determine if progress is made; and help make the best use of limited resources. Improved ability and capacity to monitor nonfatal and fatal child maltreatment at the national and state levels, will inform efforts to operationalize, measure, and monitor the implementation of SSNR activities. CDC is working to address this gap by funding the development and implementation of the National Violent Death Reporting System, which monitors fatal child maltreatment across 18 states.

*Development and Evaluation of New Approaches to Prevention*

Caregiving behaviors occur in many different contexts and develop with time. Understanding the development of caregiving behaviors and how the contexts in which they occur influence child development is key to understanding which interventions and policies promote SSNRs and reduce child maltreatment. To gain a full understanding of the ideal times and settings for intervention strategies, research is needed that examines how SSNRs and negative caregiving behaviors, including child maltreatment, develop. Understanding the development of different forms of child maltreatment perpetration (i.e., physical abuse, neglect, and sexual abuse) is critical because the different forms of child maltreatment might have varying causes and thus require different intervention strategies and timing. Moreover, although many parenting programs have been evaluated, evaluation research is beneficial to determine if such approaches are effective for the prevention of child maltreatment and

for the promotion of SSNRs, paying special attention to whether these approaches are effective in different settings and with different populations.

*Building Community Capacity*

The concept of a public health approach to child maltreatment prevention is still relatively new, and capacity to address prevention in community settings is not yet robust. Building community receptivity and capacity for preventing child maltreatment facilitates the implementation of evidence-based prevention strategies. Ensuring community participation requires clarification of barriers to cooperation and outlining key actions to foster a multidisciplinary, collaborative approach to child maltreatment prevention and the promotion of SSNRs. Working with experts within the field of child maltreatment, CDC is developing evidence-based strategies needed to help communities and their leaders understand the magnitude of the problem and the long-term benefits of investments in primary prevention, including tools that can be used to apply public health approaches to child maltreatment and the promotion of SSNRs. For example, some tools that CDC is reviewing include strategy guidance products that help community planners and practitioners select the appropriate type and mix of SSNR promotion strategies in their community.

*Conclusion*

As you have heard, there is a strong and growing scientific basis for the primary prevention of child maltreatment. In looking toward the future, preventing such adverse exposures as maltreatment by ensuring that all children are protected and raised in a safe, stable, and nurturing environment is strategic for achieving measurable and lasting impacts on health throughout life. It is critical to develop the evidence for interventions that work and then get these interventions into the hands of parents and caregivers who can use them effectively to prevent child maltreatment. CDC is working to improve the gap between research and practice and between discovery and delivery and to continue progress in preventing and controlling violence. To save lives, parents, caregivers, and providers need support for adopting and maintaining interventions over time. Violence is preventable, and thus should not happen.

I would like to use this opportunity to thank the Subcommittee for its continued support of CDC and its injury and violence prevention programs. I would be happy to answer any questions that you many have. Thank you.

ENDNOTES

[1] Leeb RT, Paulozzi L, Melanson C, Simon T, Arias I. Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008.

[2] Department of Health and Human Services, Administration on Children,Youth, and Families. Child Maltreatment 2007 [online]. Washington (DC):Government Printing Office; 2009. [cited 2009 Apr 15]. Available from:www.acf.hhs.gov.

[3] Finkelhor, D., Hammer, H., and Sedlak, A. 2008. Sexually Assaulted Children: National Estimates and Characteristics. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

[4] National Scientific Council on the Developing Child. Young children develop in an environment of relationships. Working Paper No. 1. [online] 2004. [cited 2006 Aug 10]. Available from url: *www.developingchild.net/reports.shtml.*

[5] Board on Children, Youth, and Families, National Research Council and Institute of Medicine. From neurons to neighborhoods: the science of early childhood development. Committee on Integrating the Science of Early Childhood Development. In: Shonkoff JP, Phillips DA, editors.Washington, DC: National Academy Press; 2000.

[6] Barnard KE, Solchany JE. Mothering. In: Bornstien MH, editor. Handbook of Parenting. Vol. 3. New Jersey: Lawrence Erlbaum Associates, Publishers; 2002. pp. 3—25.

[7] Ainsworth M.Patterns of infant-mother attachments: antecedents and effects on development. Bulletin of the New York Academy of Medicine 1985;61:792—812.

[8] Bowlby J. Developmental psychiatry comes of age. American Journal of Psychiatry 1988;145:1—10.

[9] Antonovsky A.How the sense of coherence develops over the lifespan in: unraveling the mystery of health. How people manage stress and stay well. San Francisco: Jossey-Bass; 1987. pp. 89—127.

[10] Widom CS, Maxfield M.An update on the "cycle of violence." National Institute of Justice Research Brief. Washington (DC): National Institute of Justice, 2001:1—8.

[11] Sidebotham P, Heron J.Child maltreatment in the "children of the nineties": a cohort study of risk factors. Child Abuse and Neglect 2006;30:497—522.

[12] Seagull EAW.Social support and child maltreatment: a review of the evidence. Child Abuse and Neglect 1987;11:41—2.

[13] Waters E, Kondo-Ikemura K, Posada G, Richters JE.Learning to love: mechanisms and milestones. In: Gunnar M, Sroufe L, editors. Self processes and development. Minnesota Symposium on Child Psychology. Vol. 23. New Jersey: Erlbaum; 1991. pp. 217—55.

[14] Shaw DS, Gilliom M, Ingoldsby EM, Nagin DS.Trajectories leading to school age conduct problems. Developmental Psychology 2003;39:189—200.

[15] Dawson G, Asman DB.On the origins of a vulnerability to depression: the influence of the early social environment on the development of psychobiological systems related to risk of affective disorder. In: Nelson CA, editor. The effects of early adversity on neurobehavioral development. Minnesota Symposia on Child Psychology 2000. New Jersey: Erlbaum. pp. 245—79.

[16] Dawson G, Frey K, Panagiotides H, Yamada E, Hessl D, Osterling J.Infants of depressed mothers exhibit atypical frontal electrical brain activity during interactions with mother and with a familiar nondepressed adult. Child Development 1999;70:1058—66.

[17] Seeman TE, Singer B, Horwitz R, McEwen BS.The price of adaptation-allostatic load and its health consequences: McArthur studies of successful aging. Archives of Internal Medicine 1997;157:2259—68.

[18] Widom CS, Maxfield M.An update on the "cycle of violence." National Institute of Justice Research Brief. Washington (DC): National Institute of Justice, 2001:1—8.

[19] Kotch JB, Browne DC, Ringwalt CL, Dufort V, Ruina E.Stress, social support, and substantiated maltreatment in the second and third years of life. Child Abuse and Neglect 1997;21(11):1025—37.

[20] Garbarino J, Kostelny K. Child maltreatment as a community problem. Child Abuse and Neglect 1992;16:455—64.

[21] Cohen S, Wills TA. Stress, social support, and the buffering hypothesis. Psychological Bulletin 1985;98(2):310—57.

[22] Taylor TK, Biglan A.Behavioral family interventions for improving child-rearing: a review of the literature for clinicians and policy-makers. Clinical Child and Family Psychology Review 1998;1(1):41—60.

[23] Lundahl B, Risser HJ, Lovejoy MC.A meta-analysis of parent training: moderators and follow-up effects. Clinical Psychology Review 2006;26:86—104.

---

Chairwoman MCCARTHY. Thank you.

Dr. Spigner.

**STATEMENT OF CAROL WILSON SPIGNER, MSW, DSW, ASSOCIATE PROFESSOR/CLINICIAN EDUCATOR, UNIVERSITY OF PENNSYLVANIA SCHOOL OF SOCIAL POLICY AND PRACTICE**

Ms. SPIGNER. Good morning. Chairwoman McCarthy and Ranking Member Platts, it is an honor for me to be back here in this forum. I speak based on my experience. I have been working in child welfare 40 years, including my service as Associate Commissioner of the Children's Bureau. Since I left the Children's Bureau, I have been focusing on assisting large child welfare systems attempt to improve their services.

I want to talk a little bit about the background related to CAPTA and then offer four areas that I think would be useful to consider in improving Child Protective Services.

CAPTA was originally enacted in 1974 to assure that all children experiencing maltreatment have the protection of the State. CAPTA encouraged the development of systems that could receive reports of abuse and neglect, evaluate them, and provide protection for children.

CAPTA has facilitated effectively the development of child protective systems across the country, as well as the development of knowledge and practice strategies to address this problem. Over the years, CAPTA has been modified to include adoption, abandoned infants, and homeless children. It provides funding for prevention, research, and program development.

We have heard the statistics already on maltreatment today, but I want to underscore several ideas. First, that neglect is the largest category of child maltreatment. Secondly, I want to underscore that the data tells us that the children under four are the most vulnerable. They comprise 75 percent of the children who die. They are unable to protect themselves and often invisible to the community because of their age.

For the children at greatest risk, child protection involves using the police power of the State to intervene in family life. Through a combination of assessment,

decisionmaking and service, protective service agencies operate to help families and children.

The four areas of concern I would like to speak to briefly are decisionmaking; interstate referrals for abuse and neglect; support for workers; and then, finally, the issue of partnership with communities.

Let me just say that we have made significant progress in terms of decisionmaking and developing

decisionmaking protocols to guide child protective service workers, but we are not where we need to be. We now have the capacity through technology and other resources to begin to apply actual science to the predictive aspects of child protection. We need an additional focus on decisionmaking to improve the way judgments are made.

Secondly, I want to speak to the question of interstate referrals. What we have found—I live and work in an area that involves two jurisdictions. If the child, the location of the event, and the perpetrator are not in the same jurisdiction, cases are likely to fall through the cracks because one jurisdiction will say, Well, the child is not in your jurisdiction; another will say, Well, the event didn't occur here. So in a time of mobility, there is a real problem that cases get—reports get lost and potential perpetrators don't get tracked. So that is an area that I would encourage you to look at.

The third area I would encourage you to look at is really improving the capacity of supervisors to support

frontline workers. This is very difficult work. Workers are exposed to difficult situations; to child trauma repeatedly. They are at risk of burnout, they are at risk of secondary trauma.

I think the most critical thing that we can do in terms of that is strengthen the supervisors' ability not only to manage work, but to support them.

The next area has to do with partnerships with communities. Child protection cannot be done by the child protective service system alone. Communities shape the values and attitudes that we have toward children. A number of jurisdictions have been quite effective in sharing information about the conditions of children in their neighborhood and organizing the neighborhood to begin to create new messages and new structures to protect children and to create neighborhood ownership of the responsibility for child protection.

So one of my recommendations is that you use the discretionary resources of CAPTA to promote more focus on neighborhood-based strategies to child protection. They will complement prevention strategies. They will also complement the work of the child protective agency in attempting to increase the safety of children.

I want to thank you for the opportunity and look forward to any questions you may have.

[The statement of Ms. Spigner follows:]

**Prepared Statement of Carol Wilson Spigner, DSW, Kenneth L.M. Pray Professor, University of Pennsylvania School of Social Policy and Practice**

Chairwoman McCarthy and Ranking Member Platts: I am pleased to have the opportunity to participate in this hearing with its focus on issues that need to be considered in the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA). I speak based on over forty years of experience working with or on behalf of children and families in distress. I continue to work with a number of child welfare agencies in their efforts to improve the quality of service to children and families. I wish to thank you both for your leadership on this issue.

*Background*

CAPTA was originally enacted in 1974 to assure that all children experiencing maltreatment had the protection of the state. CAPTA initially encouraged the development of systems that could receive and evaluate allegation of abuse and provide protection to children. The focus was on identification of children at risk, prevention and intervention. CAPTA has facilitated the development of child protection systems across this nation and the development of knowledge and practice strategies to address this problem. Over the years the CAPTA has been modified to include a focus on adoption, abandoned infants, homeless children and children with disabilities. By providing funding for prevention, research, program development, this legislation has been a major building block for child protective services.

CAPTA authorizes in Section 106, the provision of formula grants to states and territories to help improve their child protective service (CPS) systems. To receive funding States must establish a child protective service system and be able to comply with various requirements related to the intake, screening, reporting, investigation, and treatment of child maltreatment cases. Among the requirements for funding of the basic grant States must define child abuse and neglect, at a minimum, to include any "recent act, or failure to act, on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm." States are required to provide "to the maximum extent practicable" annual state data reports to the Secretary. Section 106 requires the Secretary to annually compile this State data in a report.

CAPTA does not direct the specific practices of state child protective agencies but rather identifies the essential components of a child protective service system. States have considerable discretion in the design of their systems consistent with the values of their community and the available resources. As a result all of the states have the shared goal of protecting children, but structure their responses differently.

*Maltreatment Today*

Today we continue to struggle to make sure that every child has a safe and stable environment in which to grow up. According to Child Maltreatment 2007, during fiscal year 2007 the number of referrals received was nearly 3.2 million and involved 5.8 million children. 794,000 children were found to be maltreated. The most frequent problem was neglect (59%) followed by physical abuse (10.8%) and sexual abuse (7.6%).

Children of all ages are affected, but young children age of three and under are the most vulnerable. Their vulnerability stems from their age, dependency and their inability to protect themselves or speak out. Because may of these children are not in school or child care setting, they can be hurt without anyone recognizing injury, trauma and neglect. There were an estimated 1760 deaths attributed to maltreatment in 2007. Children under the age of one are had the highest rate of maltreatment related deaths and children under the age of 4 comprised 75% of the children who died.

For children at greatest risk, child protection involves using the police power of the state to intervene into the privacy of the family. We have an obligation to intervene and should do so with attention to the child's safety, stability and well being. We want to protect them and to do so in a manner that does the least damage. Most children are helped by working with their families to improve safety and the quality of care they receive. One in five maltreated children was placed in foster care in 2007.

Through a combination of assessment, decision making and service, child protective service agencies work to help vulnerable families and children. Staff must assess the safety and risks to children; determine whether it is safe to leave the child with the family or if placement is necessary; and decide which services are provided to increase safety and reduce risk in families. The work is complex.

I would like to identify four areas of concern that could be improved if addressed in the reauthorization of CAPTA: decision making, responsibility for inter-state allegations, support for frontline workers and partnerships with communities.

*Issue #1: Decision-making*

CAPTA can assist in strengthening the capacity of state child protection programs to conduct systematic decision making related to the safety of children and selecting service options.

Several years ago, the City of Philadelphia was plagued by child fatalities. I was asked to head a review team to identify needed reforms. In reviewing the operation of the Department of Human Services, we learned that the agency was not consistent in its decision making. During investigations some children who were unsafe were being not served while other children whose families were struggling with the problems which were not related to safety and risk but rather material needs were being accepted for protective services. The resources of the agency were not being used in a focused way contributing to failure to identify some of the most vulnerable children. The criteria being used to screen for safety were not clear. As a result the purpose of child protection was not clear and the agency's ability to protect children was compromised.

Nationally, we have made progress in developing systematic decision making tools which identify factors that need to be assessed and the criteria for assessment. The tools have been developed for screening referrals and assessing risk and safety. The tools guide the worker's examination of important areas that are thought to be predictive. With some of the newer technology, we now have the ability to apply actuarial science to maltreatment to improve our protocols and decision making and to begin to identify which services work for which families. Moving this forward will require focused investments.

Recommendation: Create within CAPTA opportunities to enhance the development of decision making protocols that are empirically based; have the ability to predict future abuse; and identify appropriate services. Such tools can allow child protective services to focus resources on the families where children are at greatest current and future risk and to provide services that foster the outcomes of safety, permanency and well being.

*Issue #2: Unclear responsibility for investigation of reports that cross state lines.*

Child maltreatment is no respecter of state lines. Given the mobility of our society, it is not unusual for an incident of maltreatment to occur in a state other than the one which the child resides. For example a custodial parent may learn of abuse that occurred in an adjacent state during a visit to other members of the family. If the parent makes a report in the state where she resides, she may find that the state is without jurisdiction because it was not the location of the abuse. On the other hand, if the report is made to the state in which the abuse occurred, they may indicate that they have no jurisdiction because the child is not currently living in their state.

The result is that neither of the jurisdictions will investigate the allegation and the opportunity for protection is lost. Future abuse may continue for this child or others. It is difficult to document how often this occurs, but in the absence of a clear federal standard or interstate agreements which provide clarity about responsibility, children in these situations do not have access to investigations or assessment that will evaluate the need for protection.

Interstate compacts have been developed in other areas of child welfare such as foster care and adoption, which clarify responsibilities among the states when a child moves beyond the original jurisdiction.

Recommendation: Using the authority of CAPTA, the federal government work with the states to develop clear guidelines that establish responsibility for investigation of allegations of child maltreatment in instances when the location of the abuse, the location of the victim and the location of the perpetrator involve more than one state.

*Issue #3: Supervisory Support for Frontline Workers*

Frontline workers go out into communities every day and confront families and children where sexual and physical abuse and neglect are suspected. We expect workers to be fair and engage families who did not invite them into their lives and are understandably angry and defensive. Every day workers have to look at the consequences of maltreatment on children including physical injury; sexual trauma; the sadness, depression and anger.

Workers are asked to deal with trauma, conflict and hostility repeatedly in the course of their work. The work is stressful and over time can lead to secondary trauma and burnout and reduce effectiveness. In order to be productive and objective,

frontline workers need to have supervision that focuses not only on the work tasks and decision making, but also on the impact of repeated stress on their performance. Key to providing this kind of support and guidance are supervisors. Most supervisors are good at managing the flow of work but not as skilled at managing the emotional aspects and it impact on performance.

There is general recognition that the work force needs to be supported and strengthened. One way to do this is to assist supervisors in developing the skills needed to assess and assist staff in dealing with the emotional impact of their work so that they can continue to work effectively.

Recommendation: Provide training and technical assistance resources that focus on the role of the supervisor in managing not only the administrative and practice requirement of the work, but also the soci-emotional aspects of the work.

*Issue # 4: Partnership with communities*

Finally, the prevention of child abuse and neglect cannot be done by agencies alone. In the communities where children experience the greatest risk, there is a need for both agency and community leadership and residents to address the problem. We need to begin to change the cultural attitudes that make it easy to victimize children. This will require partnerships that extend beyond the usual collaborators. We need to develop strategies for child protection that focus on neighborhoods; and include decentralized services and the inclusion of neighbors, community institutions, faith-based organization and community leaders in the discussions about improving the safety and well being of children.

In the past, child protective services have operated with little interaction with residents. The work has been invisible except when children disappeared from the community or a tragedy occurred. We have come to recognize that how children are valued and cared for is more influenced by the attitudes of the community than the state or local government. When communities are provided data and information on the status of children, they mobilize to act and bring about change. In communities that have built partnerships with residents, there is a real interest in the conditions of children and leadership develops which offers new ideas and underscores the importance of raising children well. Houston, Texas has used this approach to deal with child safety and disparities in the child welfare system. We need to continue to expand and test this approach.

Recommendation: Establish demonstration grants to support neighborhood partnerships based on shared responsibility for child protection. These grants will be used for the purpose of adapting current approaches to new communities and evaluating the impact in order to better document and understand this approach.

Madam Chairwoman, Thank you again for the opportunity to address this Committee.

---

Chairwoman MCCARTHY. Thank you.

Ms. Kaplan.

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

Ms. KAPLAN. Good morning. Chairwoman McCarthy, Ranking Member Platts and members of the subcommittee, my name is Caren Kaplan, 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 chairwoman, ranking member, and subcommittee members for the invitation to do so.

American Humane is a national, nonpartisan membership organization that was founded 132 years ago to protect the welfare of children and animals. Our testimony reflects over a century of progressively advocating at the Federal, State, and local levels for laws that protect both children and animals from abuse and neglect.

In 1974, Congress passed what was and still remains the preeminent Federal legislation addressing child

maltreatment. Throughout the United States, a primary responsibility of child protection agencies is to receive and respond to all reports of alleged child abuse and neglect. Historically, there has been one response by the Child Protection Agency to accepted reports: An investigation.

Given that the majority of families who come to the agency's attention are at low or moderate risk of

maltreatment and are not experiencing immediate safety issues, a trend has emerged since 1993 among child welfare agencies to respond to these families differentially—in a way that is much more responsive to the needs they present.

Differential response—I will also refer to it as DR—is based on several foundational tenets. Families are not all the same and the severity of the family situation is not identical across families who come to the attention of the agency. It is important to be responsive to the specific differences.

Another foundational tenet of differential response is based on the fact that the child welfare data nationally collected annually indicate that many families receive no post-investigation services. After being identified and labeled as child abusers, these families refuse services and the case is closed.

A significant proportion of these families will return to the agency, as there is no intervention to the immediate difficulties they have. Some will eventually be involved in the court, and they will be ordered to comply with court decisions. Thus, our historical approach with these families has been to produce incentives to meet an obligation instead of promoting cooperation and motivating families to change, which is the aim of differential response.

Differential response emphasizes the value of child and family assessments without a determination that

maltreatment has occurred. It allows for access for available resources and services rather than solely investigating the occurrence of maltreatment. Services are provided to families without labeling a perpetrator, a victim, and without listing anyone in the central registry.

Thirty-eight percent of victims, or over 300,000 children nationwide, received no post-investigative services. This was data from 2007. In States that have mature differential response practices, much like Minnesota—my colleague, Rob Sawyer will speak to this—between 60 and 80 percent of the families screened by the county child welfare agencies receive this family assessment response. And that is the name used in Minnesota to refer to their differential response system.

Families who come to the attention of the CPS agency because the child has poor hygiene is inadequately supervised, harshly disciplined, are examples of families that can receive a non-investigation response. Families who come to the attention of the CPS agency because the child has been sexually abused will receive an investigatory response.

The likelihood of any criminal activity requiring involvement of law enforcement is not considered appropriate for differential response. Families for which there is substance abuse or domestic violence or family violence of any kind may receive one or the other

response, depending on the specific situation and the characteristics of the family.

Differential response has been implemented Statewide and in selected jurisdictions in 20 States nationwide. The number continues to grow. Although research is in its infancy, random assignment design studies, a rigor that is not common in the child welfare system, show the following positive results: Child safety is not compromised. In some instances, safety is achieved sooner. Repeat cases of abuse and neglect decrease. There are higher rates of family cooperation and participation. There are lower placement rates in foster care. The costs to the system are reduced over time. And there is increased satisfaction both by the workforce and the families that are participating in a differential response system.

On behalf of American Humane, I respectfully request that the subcommittee entertain four recommendations: Support the efforts of State, local, and tribal child welfare agencies to provide differential responses to individual families who come to the attention of the Child Protection Agency. Many families, through no fault of their own, lack the personal history, know-how, and resources to protect their children from harm or risk of harm. Differential response systems allow for and promote the use of interventions that do not alienate nor demonize parents, but rather engage parents in addressing the needs so they can successfully and safely parent their child.

Support flexibility to front load the system. The current Federal child welfare funding streams provide incentives to place children outside their home. The primary way to prevent removal of children from their families' origin is to invest resources, whether they be staff time in an intervention, concrete and therapeutic services, and formal and informal supports, at the beginning of families' involvement with the Child Protection System.

The identification of service needs in a differential response begins at the first contact with the family, without delaying the availability of service provision until an investigation or any other agency procedures are completed. To the extent possible, encourage modifications in the State Automated Child Welfare Information System, better known as SACWIS, that allows recapturing the data of those children who are part of a differential response.

With the implementation of differential response, the current child welfare data systems require modification in order to collect and produce quality data so that we can understand and assess what is happening with these families.

While we understand that appropriated levels of funding do not come out of this committee, it is significant to note that, as I said previously, 300,000 children identified as victims of maltreatment receive no post-investigative services. Therefore, we request your support for the increase of allocations.

American Humane hopes this CAPTA reauthorization serves as a foundation and impetus for the reduction of children who experience abuse and neglect and an increase in the number of families who have sufficient strengths, capacity, and supports to keep children safe from harm.

Thank you.

[The statement of Ms. Kaplan follows:]

**Prepared Statement of Caren Kaplan, MSW, Director of Child Protection Reform, American Humane Association**

Chairwoman McCarthy, Ranking Member Platts 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 Chairwoman McCarthy, Ranking Member Platts and the members of this Subcommittee for the invitation to do so.

American Humane, a national, nonpartisan membership organization, was founded 132 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 preeminent 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 2007, an estimated 3.2 million referrals, involving the alleged maltreatment of approximately 5.8 million children, were made to Child Protective Services (CPS) agencies [US HHS, 2009]. An estimated 1.86 million children received an investigation or assessment. In 2007, an estimated 792,000 children were determined to be victims of abuse or neglect. Of the 792,000 victims, 38% of the victims (300,960 children) received no post investigation services.

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.

Historically, there has been one response by the child protection agency to accepted reports of alleged maltreatment—an investigation. Given that the majority of families that come to the attention of the child protection agency are deemed to present low or moderate risk of maltreatment, and are not experiencing immediate child safety issues, there has been a developing trend for the past 15 years to respond to these families differentially in a manner that supports families.

Differential Response is based on several foundational tenets. Families are not all the same—and in particular the severity of the family situation is not identical across families who come to the attention of the child protection agency and therefore, it is important to be responsive to the differences among the families that come to the attention of the child protection agency. Another foundational tenet of Differential Response is based on the notion that over the many years in which we have collected data—the 2009 report of the Children's Bureau on Child Maltreatment that examines 2007 data and is the 18th issuance of this official report—many families (38% of victims in 2007) received no post-investigation services. After being

identified and labeled as 'child abusers', these families refuse services and the case is closed. A significant proportion of these families will return to the CPS agency as there was no intervention to remediate their difficulties. Some will eventually require juvenile or family court involvement and they will be ordered to comply with court decisions. Thus, our historical approach with these families has produced incentives to 'meet an obligation' and resist anything that resembles comparable interference and enforcement instead of breeding the cooperation and motivation of families to change—which is the aim of Differential Response systems.

Differential Response Systems is an approach that allows CPS to respond differently to accepted reports of child abuse and neglect. It emphasizes the value of the assessment of the child and his/her family without requiring a determination that maltreatment has occurred or that the child is at risk of maltreatment [U.S. Department of Health and Human Services, 2003]. It allows for access to available resources and services rather than solely investigating the occurrence of maltreatment. 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]. It is accompanied by greater efforts to identify, build, and coordinate formal and informal services and supports that respond to the families self-identified needs.

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 almost twenty states and this number is rapidly expanding. 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.

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 the reauthorization of CAPTA*

- Support the efforts of states, local and tribal child welfare agencies to provide Differential Responses to individual families who come to the attention of the child protection agency. The preponderance of families is not individuals who have committed egregious harm to their children. Many, through no fault of their own, lack the personal history, know-how and resources to protect their children from harm or the risk of harm. Differential Response systems allow for and promote the use of interventions that do not alienate or demonize parents but rather engage the parent in addressing their needs so they can successfully and safely parent their children.
- To the extent possible, encourage modifications in State Automated Child Welfare Information System in Differential Response jurisdictions that allow for capturing the expanded child protection responses. Recognize that with the implementation of Differential Response, the current child welfare data systems require modifications in order to collect and produce quality data to better understand and assess these reforms. Without essential modifications, workers may be entering case data in an automated system and documenting by hand the data of other cases. This dual approach is ripe for errors and should be eliminated.
- Support flexibility to 'front load' the system. The current federal child welfare funding streams, such as Title IV-E, provide incentives to use of out of home placement. It is important to recognize that the primary way to prevent removal of children from their families of origin is to invest resources—whether they be staff time and intervention, concrete and therapeutic services, and/or formal and informal sup-

ports—at the beginning of the families' involvement with the child protection system.

• 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 300,960 children identified as victims of maltreatment received no post-investigative services. Therefore, we request your support for the increase in allocations. Greater balance is needed in the investments in child maltreatment prevention, identification and early protective interventions compared to investments in interventions after a child has been separated from his/her family.

• 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 language 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 decision making 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 decision makers 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 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 decision makers, 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% 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% of women and 63% 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.

• 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*

The first goal of any child protection system response is to keep children safe from harm. American Humane hopes this CAPTA 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 safe from harm.

As a longstanding member of the National Child Abuse Coalition (NCAC), an alliance of over 30 organizations committed to strengthening the federal response to the protection of children and the prevention 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 preeminent 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 111th Congress ends. As this legislation progresses, we look forward to a continued dialogue with Chairman McCarthy, Ranking Member Platts, Members of the Subcommittee and the entire Congress.

---

Chairwoman MCCARTHY. Thank you, Ms. Kaplan.

Sandra.

**STATEMENT OF SANDRA OLIVA, EXECUTIVE DIRECTOR, NASSAU COUNTY COALITION AGAINST DOMESTIC VIOLENCE, INC.**

Ms. OLIVA. Thank you, Chairwoman McCarthy and the distinguished members of the committee, for the opportunity to testify about the Family Violence Prevention and Services Act, known as FVPSA. I am Sandy Oliva. I am the Executive Director of the Nassau County Coalition Against Domestic Violence, a full-service domestic violence and rape crisis agency serving all of Nassau County, New York.

I have been in that role for 25 years, but I come here today not to speak for my agency but to speak on behalf of all of my colleagues across the country and of course all of the survivors whom we serve.

I am testifying to support the FVPSA's swift reauthorization. It expired in 2008. So swiftness is important.

FVPSA is the only Federal funding dedicated to domestic violence shelters and services, and for 25 years it has been the lifeblood of programs that are at the heart of our Nation's effort to prevent and end domestic violence. With 1.5 million American women and some 800,000 men physically abused by their spouses or partners, 15.5 million children exposed to that violence annually, and an average of three women a day being murdered by former or current partners, it is clear that the work is essential.

While FVPSA-funded domestic violence programs have saved and transformed millions of lives, great needs remain. As the economic crisis that we are in further widens, the gap between the growing

demand and available resources, it is more important than it ever was before to invest in these cost saving programs so that advocates across the Nation are supporting the FVPSA reauthorization bill that will allow us to continue to provide these vital services and build upon our strengths to improve and expand services.

Let me tell you about a couple of the people that we have served and their families. First, Anita. My agency helped her. She had been in a very long-term abusive, terribly violent marriage, and one night her husband told her, It's time for couples therapy, we are going together; put her in the car, but took her to a remote area and shot her, left her for dead. Fortunately, she was found and rushed to the hospital. The hospital knew to call our

hotline and one of our advocates went to her side.

Eventually, she came into our safe home, where she was reunited with her terrified young daughter and was able to heal from her physical injuries and begin to plan for her future. Now she is living in a safe location, one of our transitional homes, and has moved from crisis to stability. There is a woman who was left for dead and got a new chance at life with her child.

There are approximately 1,400 FVPSA-funded programs like ours across the Nation. In 2007 and 2008, these programs sheltered almost 600,000 adults and children. Last year, my agency served over 3,000 individuals, adults and children, and answered over 6,000 hotline calls.

Domestic violence programs across the country are available 24/7 and respond to both the immediate crisis needs of victims in danger and their longer term needs to become safe and self-sufficient. And for almost every story like Anita's, there is a gut-wrenching story of a victim who cannot receive lifesaving services because programs simply don't have the resources.

According to Domestic Violence Counts 2008, on just one day in 2008, while over 60,000 victims were served by DV programs, almost 9,000 requests for services went unmet because programs lacked adequate resources to serve them. So I strongly support the recommendation to increase the funding authorization level at FVPSA to meet the needs of all victims.

Another one of our clients, I will call her Mary, she came to her safe home with her five children after her 2-month old baby was released from the hospital with 16 broken bones. The abuser, who had been violent with every member of that family for years, threatened to kill them all if she ever told anyone about the abuse that had been going on.

She was at the shelter for a while, received individualized counseling, case management, advocacy, legal services from our agency, and the children had to have a great deal of therapy as well. But now this once victimized, terrified, and tormented family is thriving in a safe environment with the tools they need to rebuild their lives.

Excitingly, I am thrilled to be able to say, especially in this company, that we, our domestic violence agency, is about to collocate with the local Coalition Against Child Abuse and Neglect so that both of our agencies can work with families like Mary's in an efficient and effective way. And we are very excited about the colloca-

tion and the collaborative effort, which we hope will be a model across the country.

We support the recommendation to include a funding

set-aside for specialized services for abused children and their parents in the FVPSA reauthorization so that programs have the resources to provide age-appropriate services to children in a supportive environment for the nonabusive parent and break the cycle of violence. You cannot have safe children if you don't have safe parents.

To successfully meet the needs of all victims, programs must be able to target resources, and the FVPSA statute must be reflective of all victims needs. Throughout FVPSA the language should be more inclusive of children and youth, as well as victims from underserved populations.

State plans to distribute FVPSA funding should reflect steps taken to meet the needs of all victims, including those who are marginalized. Specifically, we recommend that it include appropriate definitions of domestic violence, dating violence, and youth, to ensure that victims, regardless of age, can receive vital tailored services. We also recommend enhanced and improved targeted resources for culturally specific programs and services so that all victims can be safe.

Finally, the DELTA grants, prevention grants, are a key component of FVPSA reauthorization. They help communities and States make strides toward preventing domestic

violence, and we think prevention is probably the most important thing that can happen. They do this by changing the community and personal attitudes about relationships and abuse. Therefore, we strongly support the recommendation to enhance and expand DELTA.

To sum up, in the words of one little boy, when asked what he liked about the shelter that he and his mom had been in in Maryland, he responded, Well, I can sleep at night now.

All victims and their children deserve to be able to sleep at night and feel safe. To move closer to achieving this goal, we urge the committee to prioritize the swift reauthorization of FVPSA, inconclusive of the recommendations with an adequate funding level.

Thank you very much.

[The statement of Ms. Oliva follows:]

**Prepared Statement of Sandra Oliva, Executive Director, Nassau County Coalition Against Domestic Violence**

Chairwoman McCarthy, Ranking Member Platts, Chairman Miller, Ranking Member Kline and distinguished members of the Committee, my name is Sandra Oliva and I thank you for the opportunity to appear before the Subcommittee to discuss the importance of swiftly reauthorizing the Family Violence Prevention and Services Act (FVPSA). As an advocate for victims of domestic violence, I am honored to address Representatives who have demonstrated phenomenal leadership on behalf of victims. I thank Representative McCarthy for inviting me to testify and want to report that victims in New York's 4th district are proud of your brave and tireless efforts to enact sensible firearms legislation that is so important to domestic violence victims, who are at extreme risk when perpetrators have and use guns against them.

I am Sandra Oliva, Executive Director of the Nassau County Coalition Against Domestic Violence (NCCADV). I have served in the role of director for almost 25 years. NCCADV, founded in 1977, serves all of Nassau County, which with over 1.3 million inhabitants, is the most heavily populated suburban area in the country. I

am a member and former Board Member of the New York State Coalition Against Domestic Violence and, in turn, I work in partnership with the National Network to End Domestic Violence (NNEDV) and the National Coalition Against Domestic Violence (NCADV). Having been a part of the movement to end violence against women for almost 30 years, I hope to speak on behalf of my colleagues across the country and, of course, on behalf of the survivors that we serve.

I am testifying to support the swift reauthorization of the Family Violence Prevention and Services Act (FVPSA), which expired in 2008. First authorized in 1984, FVPSA is the only federal funding dedicated to domestic violence shelters and services and has been the lifeblood of programs that have been preventing and ending domestic violence for 25 years. While FVPSA has helped programs save and transform countless lives, significant needs remain. A FVPSA reauthorization bill should build on FVPSA's successes while improving to meet the complex and diverse needs of all victims of domestic violence. FVPSA's swift reauthorization, with key improvements and adequate funding allocation, will ensure that victims across the country have continued access to services that save lives.

*Domestic Violence—Across the nation and in Nassau County*

When I began working in this field, much less was known about domestic violence and few resources existed to help victims as they endured life-threatening violence. While we now know more about domestic violence and our society has acknowledged it as a crime, domestic violence is still widely underreported. The statistics are alarming. Annually, approximately 1.5 million American women and 800,000 men are physically abused by their spouses or partners[1] and 15.5 million children are exposed to this violence.[2]

Estimates based on population reveal that there are likely 100,000 women currently at risk of domestic violence in Nassau County alone.[3]

Domestic violence is serious, degrading and life-threatening. Domestic violence and dating violence includes threats, coercion, and physical and sexual assaults against a current or former intimate partner. All too often domestic violence ends in death. In 2005 alone, 1,181 women were murdered by an intimate partner in the United States[4]—an average of 3 women a day. In Nassau County, in 2008 and 2009, 16 adults and children lost their lives in domestic violence homicides. The numbers across the country seem to indicate an upward trend of senseless loss of life as a result of domestic violence. For example, advocates from STAND! Against Domestic Violence in Concord, California, are shocked and appalled by the level of violence they have seen this year—domestic violence homicides have claimed the lives of 10 adults and children in 2009. Last year, in York County Pennsylvania, 10 individuals were murdered in domestic violence-related incidents and in Minnesota 35 people lost their lives in domestic violence homicides.

Domestic violence is more than a crime—it is a public health crisis. Such violence and trauma have immediate and long-term costs on our communities through lost productivity, medical and health related costs and law enforcement and court interventions. The Academy on Violence and Abuse estimates the cost of abuse to the healthcare system alone to be between $333 billion and $750 billion.[5] Many social ills ravaging our country are connected to domestic violence, and as the cycle of violence is perpetuated through children who witness the violence, these costs continue to multiply.

*The Legacy of FVPSA—Sustaining lifesaving services*

Although the incidence, prevalence and severity statistics paint a grim picture, there is hope for victims and for a world free from domestic violence. For many victims, this hope starts with the help of a trusted advocate from a local domestic violence organization. These vital organizations, which are at the heart of our nation's response to domestic violence, are sustained by the dedication of the staff, volunteers and community and the consistent funding provided by FVPSA.

NCCADV, along with approximately 1,500 domestic violence shelters and programs across the country, has been sustained by the funding and support provided by FVPSA, specifically through the state formula grants. Since FVPSA first passed in 1984, it has provided a stable, modest funding source to ensure that our lights would be on and that someone was there to answer crisis calls in the middle of the night. NCCADV, like most domestic violence programs, provides lifesaving services that have evolved to meet both the immediate crisis needs of victims in danger and their longer-terms needs to become safe and self-sufficient. We offer comprehensive services to help victims rebuild their shattered lives, including emergency safe housing/shelter, 24-hour hotlines, counseling, transitional housing, legal and education services, and systems and legislative. Domestic Violence Counts 2008, a 24-hour census of domestic violence shelters and services conducted by the National Network

to End Domestic Violence (NNEDV) across the nation reveals that NCCADV's services are typical of those provided to victims in almost every community. The consistency and flexibility of FVPSA funding make this modest funding stream far more valuable than some of NCCADV's larger funding sources. Because it is unrestricted funding, it is used by many domestic violence agencies to fill gaps in funding and sustains agencies that literally save lives.

The scope of FVPSA-funded services is remarkable. In fiscal years 2007 and 2008, FVPSA-funded programs sheltered 593,597 adults and children in crisis in America. In Nassau County, we provided 22,836 services to 3,217 adult and child victims of domestic violence and answered 6,116 hotline calls. To date, NCCADV has responded to more than 188,000 domestic violence hotline calls and has conducted over 23,130 intake interviews with victims. Over 2,740 women and children fleeing from violent homes have turned to NCCADV's shelter, the Safe Home for Abused Families (SHAF), since it first opened in 1981. We have provided advocacy in more than 20,000 court proceedings. Of course, NCCADV is just one program of 1,500. We are heartened to know that millions of lives have been touched by FVPSA-funded services since 1984.

The number of services provided, however, would have no relevance if we weren't highly confident in their efficacy and their transformative impact on people's lives. Our confidence in our services was affirmed in a recently released multi-state study which shows conclusively that the nation's domestic violence shelters are addressing both urgent and long-term needs of victims of violence and are helping victims protect themselves and their children.[6]

Of course, the strongest testament to our work is in the stories of survivors saved by our programs. Recently NCCADV helped "Anita", who was in a violent and abusive marriage. One night, her husband told her he was driving them to marriage counseling but instead he drove to a remote area. There, he shot her and left her for dead. Fortunately, a jogger found her and she was rushed to the hospital. The NCCADV hotline was contacted and one of our hospital advocates was soon by her side. Our advocates helped her enter the Safe Home upon her release from the hospital. She was reunited with her terrified young daughter who was picked up by relatives. Her husband had disappeared and has still eluded capture. At NCCADV, Anita was able to heal from her physical injuries and begin to plan for her future. With the help of our counselors, she and her child built their strength. We assisted them in relocating to a safe location. NCCADV helped her from crisis to stability—a woman who was left for dead, has a new chance at life. Stories like Anita's happen every day at programs all over the country. In fact, according to NNEDV's national Domestic Violence Counts 2008, in one day:[7]

- Advocates in Pennsylvania helped a woman obtain a 3-year protection order after her abuser held her at knifepoint for a day, broke her ribs and blackened her eye.
- A father in Illinois turned to a local program to help him obtain a protection order for his daughter who was critically injured by her boyfriend.
- An Arkansas woman found safety in an emergency shelter after her abuser threatened to shoot her in the head and attach her protection order to the hole in her head.

In addition, the benefits of FVPSA expand beyond the local work of agencies meeting the immediate and long-term needs of victims. For instance, the New York State Domestic Violence Coalition (NYSCADV), along with 55 other state and territorial coalitions across the nation, use FVPSA funding to coordinate statewide efforts to end domestic violence. Through advocacy, technical assistance and training, NYSCADV helps NCCADV and all service providers and victims in New York State.

Millions of lives have been saved and transformed in this country, from Anchorage, AK to Portland, ME and everywhere in between, because of the commitment of advocates and the Congressional and Executive leadership that have supported FVPSA. Therefore, advocates across the nation support a FVPSA reauthorization that will not only allow us to continue to provide these vital services but that will also allow us to build upon our strengths to improve and expand services. The recommendations included in this testimony have been developed in consultation with advocates and victims across the nation and we urge Congress to pass a FVPSA bill reflective of these priorities. The recommendations include, (1) an increased authorization level of $350 million, (2) targeted funding for specialized services for children and abused parents, (3) improvements to meet the complex needs of all victims, and (4) statutorily defining the DELTA prevention grants.

*(1) Investment in services—Increasing the funding authorization level*

FVPSA-funded programs, frankly, have had a remarkable impact despite a lack of adequate resources. Often operating on shoe-string budgets, domestic violence

programs and shelters use public funding in an efficient way and make the most of limited resources. But given the paucity of funding, domestic violence programs simply cannot meet the breadth and depth of demand on our services.

Even programs like NCCADV, which is a well-established, long-standing agency with comprehensive services, struggle to meet all of the needs of victims who come forward for services. Last year, at least 25 families reached out to us for emergency shelter but we couldn't provide it because the shelter was full. We, like other domestic violence agencies, always work with victims to help them find safe alternatives but in some instances it is just not possible. With the life-threatening nature of domestic violence, this is simply not acceptable. Across New York State and across the country, however, it is clear that many programs cannot meet the increasing demand for services. According to Domestic Violence Counts 2008, 58% percent of programs in New York State served over 5,300 victims on just one day. On that same day, however, over 930 requests for services went unmet as programs lacked the resources or space to meet the need. Nationally, while over 60,000 victims were served on the census day, almost 9,000 requests for services went unmet.[8] In fiscal years 2007 and 2008, over 240,000 adults and children requested emergency shelter from FVPSA-funded programs and were turned away due to a lack of space. For those individuals who were not able to find safety that day, the consequences can be extremely dire including continued exposure to life-threatening violence or homelessness in many cases. It is absolutely unconscionable that victims cannot find safety for themselves and their children due to a lack of adequate investment in these services.

The gap between adequate resources and increasing demand widens as the economic situation worsens. A bad economy does not cause domestic violence but financial strain can certainly exacerbate violence and victims with fewer personal resources become increasingly vulnerable. Since the economic crisis began, three out of four domestic violence shelters have reported an increase in women seeking assistance from abuse.[9] Faced with shrinking budgets and reduced donor funding, domestic violence programs simply cannot meet the needs of all of the victims who come forward for help. A frightening trend across the country reveals that many programs have had to reduce services, cut staff and, in extreme cases, some have had to close their doors. According to the National Center for Victims of Crime, 92% of victim service providers have seen an increased demand in the last year, but 84% reported that cutbacks in funding were directly affecting their work.[10] This fall, advocates watched in horror as state budgets were balanced by cutting funding for domestic violence programs. California was the most extreme of these when the Governor completely eliminated funding for domestic violence programs earlier this year. While we are grateful that California State funding has now been reinstated, we know that many programs in California have already had to close.

In rural, remote and impoverished communities, many programs can only provide the most basic services. They use their FVPSA funding to keep the lights on and their doors open. We cannot underestimate how important this is—victims must have a place to flee to when they are escaping life-threatening violence. The fact is that countless shelters across the country would not be able to operate without FVPSA funding.

In Nassau County, we know that we could do more with more resources. We estimate that there are 100,000 victims of domestic violence in Nassau County at any given time. With more funding for outreach, we know that we would see an increase in demand for services. We know that young victims and victims from culturally specific communities in Nassau County, and across the nation, are often reluctant to come forward for services because the services are not always provided in a way that is culturally responsive. Undoubtedly, with more funding, organizations in Nassau County could go a long way toward bridging this gap. Many of the recommendations for FVPSA's reauthorization will expand the reach both in breadth and depth of services to ensure that 1) ALL victims in crisis can receive immediate support and 2) that those services are tailored, targeted and comprehensive so that victims can rebuild their lives.

As funding for the criminal justice response to domestic violence receives steady increases, more and more victims seek the critical services they need to flee violence and rebuild their shattered lives. While such safety net services, available 24 hours a day, 7 days a week, are primarily supported by FVPSA, FVPSA funding remains relatively stagnant. Without a matched investment in services, too many victims are left with nowhere to turn. For the past 25 years, FVPSA funding has allowed millions of victims to find immediate safety and move from crisis to stability. In order to ensure that all victims are served when they are in danger and to provide the comprehensive services victims need to rebuild their lives after abuse, we need to increase our investment in this vital funding stream.

Therefore, I strongly support the recommendation to increase the funding authorization level of FVPSA to at least double its current authorization of $175 million to $350 million.

*(2) Specialized Services for Children—Intervening in the cycle of violence*

"Mary" came to the Safe Home with her five children, after her 2 month old baby was released from the hospital. Child Protective Services had referred her family to NCCADV. The baby had a broken arm and other injuries from the abuser's violence. All the children had scars and bruises, as did Mary. The abuser threatened to kill her, the children and her family if she ever told anyone of the abuse. At NCCADV, Mary received individualized counseling, case management and advocacy to help her attend to the myriad of issues that arise from abuse. At the same time, the children began to heal through play therapy. After leaving shelter, they continued receiving counseling and are now safe as the abuser is in prison. This once victimized and tormented family is now thriving in safe a environment with the tools they need to rebuild their lives.

We know that intergenerational violence is perpetuated as children witness and experience violence. In fact, one study found that men exposed to physical abuse, sexual abuse and adult domestic violence as children were almost 4 times more likely than other men to have perpetrated domestic violence as adults.[11]

Children who are exposed to domestic violence are more likely to exhibit behavioral and physical health problems including depression, anxiety and violence towards peers.[12] They are also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and perpetrate sexual assault.[13]

One-half to two-thirds of residents of domestic violence shelters are children, and FVPSA-funded services have always provided services to the children in shelter. We know that the most important service you can give to a child is to provide safety for her/his non-abusive parent so that the child and parent can heal together. Children who witness and experience domestic violence need specialized, age-appropriate services in order to fully heal and break the cycle of violence. But these services must be provided in the context of supporting the non-abusive parent and child together. By empowering the parent to become safe and stable, we help the child.

To that end, I am very excited about NCCADV's unique partnership with the local child abuse agency, the Coalition Against Child Abuse and Neglect. This month, we are moving to a shared space, where we will offer adult, youth and child victims enhanced, seamless services in one central location. At The Safe Place in Bethpage, NY, each organization will maintain its independent identity and mission while streamlining operations and collaborating on services provided to individuals and families. Through joint case management, the entire family's issues (emergency housing, counseling, legal representation, and parenting skills workshops, for instance) can be addressed on an ongoing basis as they work to piece together their broken lives and build a safe supportive environment.

If we had more targeted resources for specialized children's services, NCCADV could easily serve twice as many children as we currently do. Such funding would allow programs like NCCADV to sustain and enhance the essential services provided to children and their families and would allow other domestic violence programs to develop this critical work.

Therefore, we strongly support the recommendation to include a funding set-aside (25% of excess funding over appropriations of $130 million) for the Specialized Services for Abused Children and Their Parents in the FVPSA reauthorization.

*(3) Enhancing FVPSA to meet victims' diverse and complex needs*

To successfully meet the needs of all victims, programs must be able to proactively target resources, and FVPSA must be reflective of all victims' needs. Throughout FVPSA, the language should be more inclusive of children and youth as well as victims from underserved populations. The state plans that are developed to distribute FVPSA funding should reflect steps taken to meet the needs of all victims, including those who are marginalized. The additional recommendations outlined below will help to ensure that all victims can be served by FVSPA-funded programs.

*(A) Teen and Youth Victims*

At NCCADV, we serve victims of intimate partner violence, regardless of age and legal relationship to the abuser. We are also committed to reaching out to teens and youth, who are often very reluctant to seek services. We have one teen counselor and one teen educator but we desperately need additional resources to provide counseling and outreach.

Recently, NCCADV helped a 17 year-old girl whose boyfriend was extremely controlling and verbally and physically abusive. This young survivor is currently attending our teen dating violence support group, where she has begun to regain her strength and finds comfort and validation in the company of her peers.

At the ACCESS-York domestic violence program in York, Pennsylvania, an 18 year-old abused, malnourished and pregnant teen received services after being referred by a local health clinic. At ACCESS, she found transitional housing and was connected with community health services. With good prenatal care, she gave birth to a healthy baby. She completed her high school education and graduated with honors. ACCESS was able to give her the services she needed to start her adult life safely.

By providing early intervention services to youth and teens victims of dating violence, we are able to help them define their relationships boundaries and distinguish between healthy and abusive behavior. NCCADV strongly believes in investing in these services, and we plan to allocate additional resources to teen services. It is essential that the FVPSA reauthorization allows us to continue to meet the unique needs of youth victims and victims of dating violence, by explicitly referencing youth and dating violence throughout the statute.

In order to continue to be able to provide services to teen and youth victims, advocates support the recommendation to clarify the definitions of domestic violence, dating violence and youth to ensure that all victims, regardless of age, can receive vital, tailored services.

*(B) Resources for racial and ethnic minority communities*

In racial and ethnic minority communities, service providers need resources to develop programs and strategies that build upon cultural and community strengths and eliminate barriers to information and services. The proposed amendments to FVPSA and dedicated funding can help ensure that appropriate services are available to victims in ethnic and minority communities. In Nassau County, our population is becoming increasingly culturally diverse. The Asian population in Nassau County has increased to 6.3% of the total population. In 2007, there were 162,564 Latino/Latina individuals in Nassau County, comprising 12.4% of the estimated county population, and Spanish is the language of 42% of the Nassau County families who speak a language other than English in their home. Twenty-three percent of clients at NCCADV are Latino/Latina.

NCCADV provides many of our services in Spanish, provides a language line and partners with culturally-specific community-based programs. We know, however, that many victims from racial and ethnic minority communities do not seek services for fear of becoming isolated from their cultural communities.

Therefore, we support recommendations to enhance and improve targeted resources for culturally-specific programs and services so that all victims can be safe.

*(C) Resources for Victims from Marginalized Communities*

We know that victims from underserved and marginalized communities, including victims with mental and physical disabilities, victims from rural areas, elderly and youth victims and those from marginalized religious populations often struggle to access services.

Therefore, we support recommendations to make the FVPSA statute reflective and inclusive of such needs and provide targeted resources.

*(D) Resources for Victims and Programs in the U.S. Territories*

Resources are currently available for domestic violence programs and Territorial coalitions in the U.S. Territories but the funding formula is not fairly devised to provide adequate resources. Therefore, victims from the U.S. Territories often cannot get the services they need to flee violence.

We support recommendations to alter the current funding formula to fairly distribute funding to services and coalitions in the U.S. Territories of American Samoa, Guam, Northern Mariana Islands and the Virgin Islands.

*(4) Prevention—The Need to Stop Violence Before it Starts*

Meeting the urgent needs of victims in crisis is vital in order to save and rebuild lives. But we know that in order to end domestic violence for good, we also have to invest in prevention work. Therefore, advocates in New York and across the nation strongly support the recommendations to enhance and expand the Demonstration Grants for Community Initiatives/DELTA grants in the FVPSA reauthorization. DELTA is authorized through FVPSA but is an independent funding line item. These statewide prevention efforts, administered by the Centers for Disease Control (CDC) and the National Center for Injury Prevention and Control, have made bold

strides toward preventing domestic violence by changing community and personal attitudes about relationships and abuse.

In Nassau County, we acknowledge a great need for prevention work. Currently, we have a unique education program aimed at changing attitudes about violence in primary and secondary school students. However, we certainly do not have adequate resources to sustain all of the prevention work that is necessary in our community. Fortunately, because the New York State Coalition Against Domestic Violence (NYSCADV) is a DELTA grant recipient, NCCADV and programs across the state benefit from this statewide initiative. We are highly anticipating the release of a state-specific primary prevention tool-kit that NYSCADV will be releasing in spring of 2010. The primary prevention tool-kit will contain exercises, activities, information and resources to help individuals and groups think about what would prevent domestic violence from happening in our communities. Tools and resources are based on lessons learned from the New York State DELTA Project and successes from DELTA-funded and non-funded domestic violence programs throughout the state. The tool-kit will help organizations to initiate their own process of discovery to determine the role they wish to play in changing their communities. With interactive, web-based tools, NCCADV will be able to connect with other advocates to share successes and challenges with others across the state and the country.

Each statewide DELTA project works with a number of local initiatives to develop community-specific prevention plans. The local projects learn from one another and depend on the guidance of state domestic violence coalitions for support and technical assistance. For instance, the California Partnership Against Domestic Violence (CPEDV) and STAND! Against Domestic Violence in Concord, California are involved with a local DELTA project called "Men Mentoring Boys Into Compassionate Men." This project is lead by men to encourage other men to challenge violence against women. Their annual "Men of Merit" initiative has been recognized by the CDC as a successful prevention strategy because of its positive emphasis on men's ability to reduce the occurrence of intimate partner violence as well as its ability to engage multiple partners, agencies and state representatives and community. CPEDV's involvement in the project allows CPEDV to share findings and best practices across the state of California.

New York and California are two of the fourteen current DELTA grant recipients, which includes Alaska, Delaware, Florida, Kansas, Michigan, Montana, North Carolina, North Dakota, Ohio, Rhode Island, Virginia and Wisconsin. A partnership between CDC and the Robert Wood Johnson Foundation is currently supporting additional states in a DELTA "Prep" project that is helping them to devise statewide prevention plans. With additional funding, the DELTA Prep states will receive resources they need to implement and execute their statewide plans. Additional resources will also help to extend research findings and tools to support community-specific prevention efforts to the rest of the country.

Therefore, advocates support the recommendation that DELTA grants become statutorily defined, reflect current best practice and are authorized at $20 million annually.

*Building on Strength while Embracing Change*

Our nation depends on FVPSA-funded programs to meet the immediate, urgent and long-term needs of victims of domestic violence and their children. Domestic violence organizations, sustained by FVSPA funding, have helped to save and transform countless lives. FVPSA has reduced costs to taxpayers by stopping and preventing costly violence. While we celebrate our successes, we are ever aware that victims' needs are great and we have much to do to end domestic violence in this country. In order to move closer to achieving this essential goal, we urge the Committee to prioritize the swift reauthorization of FVPSA, inclusive of the recommendations outlined in the testimony above with an adequate funding authorization level.

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] Based on 1 in 5 women experiencing DV in the U.S., Nassau County's population of 1.3 million and Census data from 2000.

[4] Bureau of Justice Statistics, Homicide Trends in the U.S. from 1976-2005. US Department of Justice. (2008).

[5] Dolezal, T. McCollum D., Callahan, M., Edan Prairie, MN: The Academy on Violence and Abuse; 2009.

[6] Lyon, E., Lane S. (2009). Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences. National Resource Center on Domestic Violence and UConn School of Social Work. Found at *http://www.vawnet.org.*

[7] Domestic Violence Counts 08: A 24-Hour census of domestic violence shelters and services across the United States. The National Network to End Domestic Violence.

[8] Domestic Violence Counts 08: A 24-Hour census of domestic violence shelters and services across the United States. The National Network to End Domestic Violence.

[9] Mary Kay's Truth About Abuse. Mary Kay Inc. (May 12, 2009).

[10] National Center for Victims of Crime. Crime and the Economy. 2009

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

[12] 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.

[13] 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.

---

Chairwoman MCCARTHY. Thank you, Sandra.

Ms. Smith.

## STATEMENT OF TERESA M. SMITH, LSW, COORDINATOR EXECUTIVE DIRECTOR, CHILDREN'S ADVOCACY CENTER

Ms. SMITH. Chairwoman McCarthy, Ranking Member Platts, and all of the subcommittee members, I would like to thank you for the opportunity to speak to you today on the Child Abuse Prevention and Treatment Act and the impact this funding has had on service provision locally, Statewide, and nationally for child victims of abuse.

My experience as a former child welfare caseworker in Pittsburgh, the director of a local children's advocacy center in Harrisburg, and an accreditation site reviewer for the National Children's Alliance, have helped to shape my commitment to ensure children receive what they need to feel safe, cared for, and believed. I have also had the privilege of acting as cochair of the CAPTA Work Group in Pennsylvania and observing firsthand the teamwork and perseverance necessary from State and local government, nonprofit agencies, and public-private partnerships to meet the requirements necessary to become compliant and eligible under CAPTA.

Pennsylvania, as the 50th State to do so, submitted its application and State plan for CAPTA in the spring of 2006. Professionals from child-serving agencies and disciplines across the State have been working diligently to meet the requirements and have selected several areas for improvement to Pennsylvania's child welfare response. Although our State is early in this process, great strides have been made that demonstrate the efforts of those committed to providing quality services to child victims an their non-offending family members.

The Pennsylvania CAPTA Work Group has selected several areas for improvement. Among them, enhancing the Child Protective Services system by developing, improving, and implementing risk safety and developmental assessment tools. Skill-based training for child welfare workers, State, public, and private agency staff is critical to ensure children at risk are identified and appropriate strategies and actions take place for their health, safety, and welfare. Developing and facilitating training protocols on mandated re-

porting target audiences with children, such as primary medical providers, schools, hospital staff, and first responders. Collaborations among many child-serving agencies and community-based programs support comprehensive physical and behavioral health needs of children who are reported to be abused.

These are among just a few of the initiatives in progress as Pennsylvania carries out CAPTA requirements for compliance. CAPTA funding has allowed Pennsylvania the opportunity to move forward with the establishment and training of citizen review panels to provide recommendations for systemic change of the Child Protective Services system.

Training of health care providers to report

drug-affected infants has increased the opportunities to engage families that might have remained "invisible" in the system, thereby improving outcomes for those that are addicted, as well as their children.

I have conducted more than 70 accreditation site visits of children's advocacy centers across the country over the past 7 years. I have met many dedicated professionals, community members, and staff members from public and private agencies who are charged with providing services to child abuse victims and their non-offending family members. Many centers utilize Federal funding for child abuse prevention and treatment programs to reach underserved populations and develop public-private partnerships to provide services in creative ways.

CAPTA compliance has allowed Pennsylvania to examine its current child welfare system and develop improvements for the benefit of children and families. In addition to child abuse prevention and awareness efforts, CAPTA compliance will also allow Pennsylvania to increase its impacts on providing a coordinated response to child abuse across the State through access to funding from the Criminal Justice Act.

The Children's Advocacy Center, or CAC, model is a collaborative community response that coordinates

multidisciplinary partners in the investigative evaluation and treatment of child victims of abuse. Thousands of child abuse victims in Pennsylvania have benefited from the collaborative team approach for child interviews, medical exams, and mental health treatment.

CJA funding will be a welcome resource to assist those communities in developing effective child abuse multidisciplinary teams. The PinnacleHealth Children's Resource Center, as an accredited CAC, has served a geographic region of more than 20 counties for many years. In 2008, the Children's Resource Center evaluated 883 children for many counties in central Pennsylvania. Approximately 52 percent are referred for services from Dauphin County, a third-class county. The CRC has seen an increase in the numbers of children referred for both sexual and physical abuse and an increase in requests to interview siblings of children that have died.

Dauphin County has seen a 12.8 percent increase in the numbers of indicated cases of child abuse thus far this year. In 2008, there were four reported deaths in Dauphin County. In the first 10 months of this year, there have already been 10 child deaths. Prior to 2009, Pennsylvania did not keep statistics of child near deaths,

but has kept them this year in compliance with CAPTA. In Dauphin County alone there have been eight near fatalities of children, four of which were indicated cases of abuse. The increase in numbers of reported abuse cases and the severity of this abuse inflicted is evident in this community.

CAPTA and CJA provide support for local programs and is essential to continuing the comprehensive quality services provided to child abuse victims in Pennsylvania and throughout the United States. Child abuse prevention efforts as well as coordinated interventions are imperative to providing a safe environment for children, families, and the communities in which they live.

I welcome any questions you may have.

[The statement of Ms. Smith follows:]

**Prepared Statement of Teresa M. Smith, LSW, Coordinator Executive Director, Children's Advocacy Center**

Thank you for the opportunity to speak with you today on the Child Abuse Prevention and Treatment Act and the impact this funding has on service provision locally, statewide and nationally for child victims of abuse. My experiences as a former child welfare caseworker in Pittsburgh, the director of a local Children's Advocacy Center in Harrisburg, PA and as an accreditation site reviewer for the National Children's Alliance have helped to shape my commitment to ensuring children receive what they need to feel safe, cared for and believed. I have also had the privilege of acting as co-chair of the CAPTA workgroup in Pennsylvania and observing firsthand the teamwork and perseverance necessary from state and local government, non-profit agencies and public-private partnerships to meet the requirements necessary to become compliant and eligible under CAPTA.

Pennsylvania, as the 50th state to do so, submitted its application and state plan for CAPTA in Spring 2006. Professionals from child-serving agencies and disciplines across the state have been working diligently to meet the requirements and have selected several areas for improvement to Pennsylvania's child welfare response. Although our state is early in this process, great strides have been made that demonstrate the efforts of those committed to providing quality services to child abuse victims and those children at risk of abuse.

*Pennsylvania CAPTA State Plan*

The Pennsylvania CAPTA workgroup has selected several areas for improvement that include:

Improving legal preparation and representation through the expansion of the Court Improvement project statewide including training for Guardians ad Litem in juvenile dependency matters.

Enhancing the child protective services system by developing, improving and implementing risk, safety and developmental assessment tools. Skill-based training for child welfare workers, state, public and private agency staff is critical to ensure children at risk are identified and appropriate strategies and actions take place for their safety, health and welfare.

Developing and facilitating training protocols on mandated reporting to target audiences that have regular and ongoing contact with children such as primary medical providers, schools, hospital staff and first responders.

Supporting and enhancing collaborations among many child-serving agencies and community-based programs that include comprehensive physical and behavioral health needs of children who are reported to be abused.

These are among just a few initiatives that are in process as Pennsylvania carries out CAPTA requirements for compliance. CAPTA funding has allowed Pennsylvania the opportunity to move forward with the establishment and training of Citizen Review Panels to provide recommendations for systemic change of the child protective services system. Training of healthcare providers to report drug-affected infants has increased opportunities to engage families that might have remained "invisible" in the system thereby improving outcomes for those addicted and their children.

I have had the privilege of conducting more than 70 accreditation site visits for the National Children's Alliance across the United States over the past 7 years. I have had the met dedicated professionals, community members and staff members from public and private agencies charged with providing services to child abuse victims and their non-offending family members. Many centers utilize federal funding

for child abuse prevention and treatment programs to reach underserved populations and develop public-private partnerships to provide services in creative ways.

*Children's Advocacy Center Model: A Community Response to Child Abuse*

CAPTA compliance has allowed Pennsylvania to examine its current child welfare system and develop improvements for the benefit of children and families. In addition to child abuse prevention and awareness efforts, CAPTA compliance also allows Pennsylvania the opportunity in the future to increase its impact on providing a coordinated response to child abuse across the state through access to funding from the Criminal Justice Act (CJA).

The Children's Advocacy Center (CAC) model is a collaborative community response that coordinates multidisciplinary partners in the investigation, evaluation and treatment of victims of child abuse. Pennsylvania currently has 9 nationally accredited CACs and 10 centers that have achieved Associate member status with the National Children's Alliance. Thousands of child abuse victims in Pennsylvania have benefited from the collaborative team approach for interviews, medical exams and mental health treatment that CACs provide, yet many more child victims live in communities without an established center. CJA funding will be a welcome resource to assist those communities in developing effective child abuse multidisciplinary teams.

PinnacleHealth Children's Resource Center (CRC), as an accredited CAC, has served a geographic region of more than 20 counties for many years and receives limited funding designated through the child protective services needs-based budgets from 8 surrounding counties. In 2008, the CRC evaluated 883 children from many counties in Central Pennsylvania. Approximately 52% are referred for services from Dauphin County, a 3rd class county. The CRC has seen an increase this year in numbers of children referred for both sexual and physical abuse and an increase in requests to interview siblings of children that have died. Dauphin County has seen a 12.8% increase in numbers of indicated cases of child abuse thus far from last year. In 2008, there were 4 reported child deaths in Dauphin County. In the first 10 months of this year, there have already been 10 child deaths. Prior to 2009, Pennsylvania did not keep statistics of child near deaths, but has kept them this year in compliance with CAPTA. In Dauphin County alone, there have been 8 near fatalities of children, 4 which were indicated cases of abuse. The increase in numbers of reported abuse cases and severity of the abuse inflicted is evident in this community.

CAPTA and CJA provides support for local programs and is essential to continuing the comprehensive quality services provided to child abuse victims in Pennsylvania and throughout the United States. Child abuse prevention efforts as well as coordinated interventions are imperative to providing a safe environment for children, families and the communities in which they live.

---

Chairwoman MCCARTHY. Thank you.

Mr. Sawyer.

**STATEMENT OF ROB SAWYER, MSW, LICSW, DIRECTOR, CHILD AND FAMILY SERVICES, OLMSTED COUNTY COMMUNITY SERVICES**

Mr. SAWYER. Good morning, Chairwoman McCarthy, Ranking Member Platts, and members of the subcommittee. My name is Robert Sawyer, former Director of Child and Family Services in Olmsted County, Minnesota. I appreciate the opportunity to offer comments on the reauthorization of the Child Abuse Prevention and Treatment Act, and thank Chairwoman McCarthy, Ranking Member Platts, and the members of the subcommittee for the invitation to do so. The comments that I will offer reflect a local perspective on child welfare reform efforts and differential response in child protection in particular.

For more than a decade, the Minnesota Department of Human Services in collaboration with 87 counties and 11 tribes has been actively engaged in child welfare reform. Minnesota is a State-supervised, county-administered child welfare system generating con-

siderable local control on the provision of services for children and families in the child welfare system.

Minnesota counties fund approximately 48 percent of all child welfare services in the State. The State department and counties enjoy a positive, constructive working relationship that has facilitated a strong child welfare reform effort.

The Minnesota Department of Human Services, in cooperation with the McKnight Foundation, supported the 4-year pilot project in 20 counties from years 2000 to 2004. A rigorous field study was conducted by the Institute of Applied Research using control groups, participant interviews, and the review of administrative data. Significant findings included: Child safety was

uncompromised, fewer child maltreatment reports, less costly approach in the long run, families liked the approach, social workers supported the approach.

In 2005, Minnesota law was changed, requiring a differential response system in child protection, with the preferred way to approach families being a family assessment for reports not alleging substantiation child endangerment.

What is differential response? A differential response system organizes a child protection agency to respond in a proportional manner to reports about possible child

maltreatment. At a minimum, an investigative response and a family assessment response provides an agency option in how to approach a family when there is an accepted report of child maltreatment. An investigative response continues to focus on reports alleging substantial child endangerment.

A family assessment response is a formal response of the agency that assesses the needs of the child or family without requiring a determination that maltreatment occurred or that the child is at risk of maltreatment.

The majority of families reported for neglect or abuse receive a family assessment response where fault finding is set aside and replaced with a safety-focused family assessment and services. In Minnesota, high risk reports continue to receive a forensic investigation, but greater attention is now paid to family and community engagement and the recognition of strengths that could be used to promote safety and well-being.

During the 4 years, 2000 to 2004, that this program transitioned from pilot to full implementation, out-of-home placements in Minnesota decreased 22 percent. Olmsted County initiated the countywide differential response system in 1999. The differential response system is organized to provide an investigative response, a family assessment response, and a domestic violence response for those reports where a child is exposed to intimate family violence.

The implementation of groups of provision, a consultation framework, family involvement strategies, and group decisionmaking for major decisions has supported the practice model that strives for partnership with families and collaboration with community resources.

Over the past decade, with the implementation of a differential response system, Olmsted County has seen the following positive results: Fewer investigations, less repeat child maltreatment, less

court involvement, less children in placement, more family involvement, and more children served.

Perhaps the greatest lesson learned through the implementation of a differential response system is that it is not what we have to do alone that is important, but how we choose to do it that makes a difference. We have changed how we see and engage families and through that have reached better results.

The following recommendations are respectfully presented for consideration: One, support the efforts of States, counties, and tribal child welfare agencies to establish differential response systems and child protection. Two, support the efforts of State, counties, and tribal child welfare agencies to front load the system, providing supportive interventions for at-risk families screened out of child protection.

Thank you for the work you will do in the reauthorization of CAPTA, continuing to enhance safety and well-being for children and the strengthening of families to provide a safe, nurturing home life.

[The statement of Mr. Sawyer follows:]

**Prepared Statement of Robert Quinn Sawyer, MSW, LICSW, Olmsted County Child and Family Services**

Chairwoman McCarthy, Ranking Member Platts and Members of the Subcommittee,

My name is Robert Quinn Sawyer, former Director of Child and Family Services in Olmsted County, Minnesota. I appreciate the opportunity to offer comments on the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) and thank Chairwoman McCarthy, Ranking Member Platts and the members of this Subcommittee for the invitation to do so.

The comments that I will offer reflect a local perspective on Child Welfare Reform efforts and Differential Response in Child Protection in particular.

For more than a decade the Minnesota Department of Human Services in collaboration with the 87 counties and 11 tribes has been actively engaged in Child Welfare Reform. Minnesota is a state supervised county administered child welfare system generating considerable local control in the provision of services for children and families in the child welfare system. Minnesota counties fund approximately 48% of all child welfare services in the state while the federal government contributes 36% and the state government 14%. The state department and counties enjoy a positive constructive working relationship that has facilitated a strong child welfare reform effort.

The Child Protection System since the 1960's saw a significant increase in the reporting of child maltreatment as expanding reporting requirements were added in an effort to address perceived child safety concerns. The system was limited to an investigative response that became an increasingly forensic process with a focus on procedure and practices that were developed in response to the most severe forms of child abuse and neglect. The Child Protection System had one way of responding to all reports accepted for intervention. Nationally and in Minnesota approximately one third of accepted reports of child maltreatment were founded. In Minnesota approximately 65 to 70% of all reports were concerned with child neglect.

In 1997 Minnesota legislation prompted child welfare reform in an effort to improve child welfare outcomes. A pilot project in Olmsted County experimented with an Alternative Response to child protection reports of low or moderate levels of risk. In 1999 legislation permitted counties to voluntarily engage in Alternative Response an early name for Differential Response. The Minnesota Department of Human Services in cooperation with the McKnight Foundation supported a four year pilot project in 20 counties from 2000—2004. A rigorous field study was conducted by The Institute of Applied Research, using control groups, participant interviews and the review of administrative data. Significant findings included:

1. Child Safety was uncompromised
2. Fewer new child maltreatment reports
3. Less costly approach in the long run
4. Families liked the approach

5. Social Workers supported the approach

In 2005, Minnesota law was changed requiring a Differential Response System in Child Protection with the preferred way to approach families being a Family Assessment for reports not alleging substantial child endangerment. At the time of the law, all 87 counties in Minnesota were voluntarily providing a Differential Response System.

What is Differential Response? A Differential Response System organizes a child protection agency to respond in a proportional manner to reports of possible child maltreatment. At a minimum an Investigative Response and a Family Assessment Response provides an agency options in how to approach a family when there is an accepted report of child maltreatment. An Investigative Response continues to focus on reports alleging substantial child endangerment. A Family Assessment Response is a formal response of the agency that assesses the needs of the child or family without requiring a determination that maltreatment occurred or that the child is at risk of maltreatment.

Effective social work practice in child protection strives to engage children and families in a constructive working relationship that resolves the issues and challenges impacting child safety and well-being. Collaborative working relationships with community resources and families build supportive coordinated efforts to enhance safety and well-being. Both an Investigative Response and a Family Assessment Response utilize the same structured decision making tools to provide a frame of reference for evaluating child safety and well-being and the identification of family needs.

Minnesota is a leader in developing a Differential Response System to reports of child maltreatment. The majority of Minnesota families reported for neglect or abuse receive a Family Assessment Response where fault finding is set aside and replaced with a safety focused family assessment and services. High risk reports continue to receive a forensic investigation but greater attention is now paid to family and community engagement and the recognition of strengths that could be used to promote safety and well-being. During the four years (2000—2004) this program transitioned from pilot to full implementation, out of home placements decreased 22%.

Olmsted County is one of 87 counties in the state of Minnesota with responsibility for administering the child welfare system providing intervention and services for children and families where there are child protective concerns. Olmsted County initiated a county wide Differential Response System in 1999. The Differential Response System is organized to provide an Investigative Response, a Family Assessment Response and a Domestic Violence Response for those reports where a child is exposed to intimate family violence. The implementation of group supervision, a consultation framework, family involvement strategies and group decision making for major decisions has supported a practice model that strives for partnership with families and collaboration with community resources.

In recent years the Differential Response System has been enhanced by the development of a Parent Support Out Reach effort to respond to families screened out of child protection that may have needs that if addressed now will prevent their future entry into child protection. Targeted early intervention front load the child protection system providing necessary service to families when they need them.

Over the past decade with the implementation of a Differential Response System Olmsted County has seen the following positive results:

1. Fewer investigations
2. Less repeat child maltreatment
3. Less court involvement
4. Less children in placement
5. More family involvement
6. More children served

Perhaps the greatest lesson learned through the implementation of a Differential Response System is it is not what we have to do alone that is important but how we choose to do it that makes a difference. We have changed how we see and engage families and through that have reached better results.

The following recommendations are respectfully presented for consideration:

1. Support the efforts of states, counties and tribal child welfare agencies to establish Differential Response Systems in child protection.

2. Support efforts of states, counties and tribal child welfare agencies to "front-load" the system providing supportive interventions for at-risk families screened out of child protection.

Thank you for the work you will do in the reauthorization of CAPTA continuing to enhance safety and well-being for children and the strengthening of families to provide safe, nurturing home life.

Chairwoman MCCARTHY. Thank you, Mr. Sawyer.

I thank you all for your testimony. As I said earlier, we knew that this was going to be a difficult hearing, basically hearing the issues that are facing our families and children in our Nation. Like many of you, I believe that we all can do better to protect our children. They are the future of this Nation. I think it is extremely important that we have our work cut out for us, but hopefully work with all of you as we go forward on the reauthorization.

Dr. Spigner, one of the things you had said in your testimony, especially talking about when a child abuse case happens over State lines, even though they might live in your State and how sometimes they are falling through the cracks and the cases are not really followed through.

We also know that, unfortunately, we have seen many stories. In fact, I have from the Associated Press a series of reports from 2007 which discuss the shadow of sex abuse in U.S. schools. Because one of the things we have seen, that someone who might be a sex offender goes from one State to another State and works at a school. And I have a great concern about that. If you could talk about that a little bit on what can be done and how we can improve on that.

Ms. SPIGNER. One of the critical issues in this whole process of evaluating reports of child abuse is attempting to identify the perpetrators. When people cross State lines—and, generally, teachers, child care providers, when they go to a new State, they have to go through a criminal records clearance and a child abuse records clearance. If there has been no identification because a case has fallen through the cracks, then when they are reviewed their records come back as if there was no problem.

So that the more we can resolve the interstate conflicts, the more we can identify perpetrators that may be moving around, and that is true in terms of teachers, child care providers, as well as relatives. If a case is screened out because it didn't occur in the right place or because the child is not in a particular place, we have no track record on that. We cannot even predict how many of these cases are lost because there is no trail.

Chairwoman MCCARTHY. Thank you.

Sandra, you talked about your unique partnership we have in Nassau County for the local abuse agencies and the coalition against child abuse and neglect. Could you go into it on how basically you came up with the idea and how you became the partners and have a little more influence on the family and the child?

Ms. OLIVA. Yes. I would be happy to. We have actually been planning and working on this I would say for 6 years now. Our agency has had a long-term State grant, which we actually just had doubled, to put domestic violence specialists within the Nassau County Department of Social Services Child Protective Services Unit.

So we have seen for a very long time how critical it is to work on the issues of domestic violence and child abuse in coordinated ways. So very often you have co-occurrence in the same family. And if you don't have safe parents, if the non-abusive parent isn't feeling safe, she is not going to be able to protect the child.

So we began to work together with the local child abuse agency, which has a child advocacy center, as has been described today, to

look at ways we could partner and determine what we really need to do was not just have projects together but really to work very closely to cross-train our staffs so when we had a family come in we could identify the issues for the children and the moms. And when they had children come into their center who had been sexually assaulted, they could begin to identify where the mothers also had been victims and been unable to protect themselves or their children and also needed help.

And so we are really looking—we are calling it the safe place. And we are looking at one location where all families will come. They will be served for their different specific needs by the two different agencies, because we remain two separate agencies at this point. But we would be able to—our staffs will be working back and forth, we will be doing programs together.

We are going to have a training institute about family violence, which focuses both on domestic violence and child abuse. We are going to be working with parents because the issue of supporting families and working with parents and strengthening parenting is critical in protecting victims and in giving them—really enabling them to tap into their strengths and live independently and live self-sufficiently, which is also critical.

So this idea has been brewing between our two agencies, myself and the director of the other agency, now for years and years, trying to figure out the best way to do it. The State is very excited about it because this is a model. It is really not done anywhere else.

So we are hoping that we can develop something which other agencies across the country will be interested also in developing. And of course it is smart business. There is also cost savings involved and there are efficiencies involved. In these days, you need to save every penny you can for programs. Why duplicate the cost of boardrooms and kitchens and bathrooms and copiers and that kind of thing when there are smart ways to do business?

Chairwoman MCCARTHY. Thank you.

Mr. Roe.

Mr. ROE. Thank you Madam Chairwoman for holding this very important hearing. And thank every one of you all for being here to participate. And I am sorry you have to be here. I am sorry the issue is even out here.

My career and background is an Ob/Gyn physician. And you go through a difficult pregnancy to deliver a healthy baby and then you put it in an environment where it can't be healthy and safe.

I was just—I don't know about Dr. Hammond. I noticed a CDC definition of the threat of harm. I felt that maybe that kept me in the straight and narrow. I felt the threat of harm sometimes at home to keep me getting my homework and so forth.

One of the issues, Ms. Oliva, I want to talk to you about which I think is extremely important are domestic shelters. At home ours is called Safe Passage. And my job before I got here was mayor of our city, and we almost passed the hat. I mean, we would get a few Federal dollars, a few State dollars, a few local dollars.

Two weeks ago my wife and I, I guess, attended a fundraiser. We were the keynote people at the fundraiser to try to raise a little money, because it is a life vest. It is not a boat, it is a life vest,

because these people are sinking, they have no other place to go. And it needs to be open 24/7. And I wholeheartedly support that program.

I mean, we have tremendous volunteers in Johnson City, Tennessee, where I am from, that support this, very needed. And also the Children's Advocacy Center also, great programs.

Just a comment about the funding, if you would. How, where you are, are you able to fund your center?

Ms. OLIVA. We are able to fund our center primarily through TANF funds, because we are reimbursed on a per person, per day basis. In New York State it is different from most in that those women who go into a shelter, unless they have a lot of money, and almost not ever come in with access even to that kind of money, they have to go on to TANF, they have to go onto welfare. And so we are reimbursed that way.

That is really a degrading process for so many people, and it is shameful. But on the other hand, it has really produced a supply of funding for the neighborhood shelters in New York to survive. But I will tell you, it is not enough because you can't have a shelter in isolation. And the FPSA money goes to shelters and to programs that support it. You have got to have a hotline running 24 hours a day. You have got to have advocates able to work with women and to advocate for them with all the many systems. You have got to be interacting with the criminal justice system on behalf of these women; we provide legal services. So especially with growing immigrant populations we need—really we need specialized immigration legal services for so many of our clients. So the funding for these programs is essential.

Mr. ROE. And I agree with you.

Ms. OLIVA. You can't live on volunteers. You must have paid staff, and that is where most of the cost is.

Mr. ROE. Our problem is we can barely pay the staff. Everywhere you are understaffed. And so I hear you loud and clear.

A couple of just quick questions. A demographic I noted years ago, if you are 18 years old when you have your first child, you have a high school education and you are married, those three things, you almost don't live in poverty. And those things, I think, are missing. So when the children are abused, is it educational level, is it drug abuse, is it poverty, is it urban versus rural? I know you have got a model to tell us. And anybody can answer this question. Someone who is at risk, I guess, is what I am asking.

Ms. OLIVA. You are asking what puts people at the greatest risk.

Mr. ROE. Right.

Ms. OLIVA. Well, in domestic violence it has a great deal to do with the way in which people grow up, what they learn, what they learn about how to channel their feelings, how to channel their anger, how to use the power that they have within their families. And so much of abuse is about that.

But there is no doubt that the economic issues are there. And if you—we have so many women who are stuck in relationships. They can't get out of marriages. They can't get out of the house or the apartment that they are living because where are they going to go, how are they going take care of their kids? And so the economic issues are tremendous.

We find that being able to provide transitional housing through Federal HUD dollars has been the key to helping women not just escape on a temporary basis from the immediate danger, but to become self-sustaining and really begin violence-free lives with their family.

Mr. ROE. Dr. Hammond, one quick question. My time is about out, but did you all have a demographic of that from an educational level, drug abuse, all those factors that we know may play a role?

Mr. HAMMOND. Well, there is no question that things like substance abuse, level of income, et cetera, are contributors to child abuse. But I want to underscore there is no absolute profile of who is and is not an abuser. But what we try to do in public health is look at the circumstances surrounding families. The pressures of everyday parenting can be exacerbated, for example, by economic conditions, interpartner conflict in the home. And the more we can involve others, and in particular I would suggest the primary health care system, as an avenue for the support of parents, the more we can provide some system for early intervention on these pressures.

So what we see is that it is possible to recognize some of the very subtle risks that create the potential for child abuse and neglect in families. But families, and parents particularly, need a safe environment in which to get the help where there is less risk of them, in fact, losing their kids. So that is why I have been underscoring the need for public health to complement what child protective services and child welfare agencies can do.

Mr. ROE. Thank you.

Thank you, Madam Chair.

Chairwoman MCCARTHY. Thank you.

Representative Chu.

Ms. CHU. Thank you, Madam Chair.

Ms. Kaplan and Mr. Sawyer, you made a compelling argument for the deferential response system, and you said that 20 States already have this, and it is kind of a no-fault system where there is a front load of services in families where there may be abuse or neglect. How do these States pay for it? Does it require funding above and beyond the allocation that is there? Can any CAPTA funds be utilized for it, or can this be done through reallocation of funds?

Mr. SAWYER. In Minnesota about approximately half of the funding for all child welfare services is raised through local property tax. So the State county commissioners are in a position to levy funding that is used. The second source of funding comes from the State legislature and the appropriations that it makes. And then the third source of funding in Minnesota is the Federal revenue that comes into the State. And it really is a stream of funds.

And I think the request to the Federal Government is that the more flexible and the less caps that are put on funding makes it easier for the system to access and be able to fund programs at an appropriate level.

Ms. KAPLAN. And I would just add that—I wanted Rob to go first because I knew what he was going to say specific to Minnesota. CAPTA Title I dollars can be used. CAPTA Title II dollars cannot be used because they are targeted to children that are not involved with the child protection system. And that is by design so that

there are monies that are dedicated exclusively for the preventive arm.

But that is not typical. It is very much a patchwork where people are taking dollars from the Children's Justice back, they are taking dollars from Safe and Stable Families. There are local and State revenue streams, but there is not a dedicated source of dollars. And as you know, CAPTA dollars are not aplenty, and so a small amount might have the ability to go ahead and be targeted toward it. They are able to do it, but there are not a whole lot of dollars to do that.

Ms. CHU. So are you saying that one part of the fund should be more flexible, or that there should be targeted funds for this.

Ms. KAPLAN. I think that, frankly, the States would be very pleased to have more flexibility, and that flexibility should allow for using the dollars in this way.

Ms. CHU. Thank you.

Dr. Hammond, Prevent Child Abuse in California bought to my attention a fundamental flaw in the structure of our child protective services. They said that most funds are only available after a case is made official; and that is to say when Child Protective Services gets an initial phone call making them aware of possible abuse or neglect, Federal funds can't be used—can't be used to evaluate whether or not that case should be pursued. And considering the fact that an average investigation costs $1,200, it could be quite costly to the tight budgets of child abuse agencies.

Can you talk about this? It basically would seem like the incentive would then be to either make a finding of abuse to pay for that investigation and evaluation. Shouldn't there be funds for an initial evaluation?

Mr. HAMMOND. Thank you for the question.

I am not familiar with the details of the law and how the money flows with respect to evaluations, but I can say that everything that we can do to invest on the front end with preventive services will—in the back end will lessen the cost of families getting enmeshed in the child protective services systems.

There is no question that the cost of investigations, et cetera, are probably very, very high, but what would be very helpful is if we had ways to identify support for preventive services, perhaps through new ways of doing health care in the primary health care system that would prevent the need for the back-end cost that you are referring to. But I am happy to refer your question to the Department of Health and Human Services regarding the specifics of how costs are related to child abuse investigations and what can be done there, and I would be happy to provide that.

Ms. CHU. Thank you.

Chairwoman MCCARTHY. Mr. Platts.

Mr. PLATTS. Thank you, Madam Chair. And, again, my apologies for having to run out and come back, but that is one of the benefits of written testimony. I do apologize, though, if I ask a question that was already addressed and is being repetitive.

Ms. Smith, I want to start with your testimony. And you talk about the numbers, staggering, a 12.8 percent increase in indicated cases in Dauphin County, and then from 4 last year deaths and already 10 this year, just a really heart-wrenching statistic.

Are you able to try to identify, or would you be able to, what you think is driving that? Is it added stress because of the economic issues? Is it, you know, other, you know, social issues, you know, what is really kind of an underlying thing we need to look at?

Ms. SMITH. Well, I think as Ms. Oliva had mentioned——

Chairwoman MCCARTHY. Could you put your mic on?

Ms. SMITH. As Ms. Oliva had mentioned, she was talking about economic stressors really having an impact, I think, on the stress that people are feeling. I can't specifically say in these cases in Dauphin County what those things were that brought it to that point, but I know that the children that we are seeing more in our advocacy center, and we are a hospital-based center so we can provide the medical exams right there, seem to be not only more frequent, but more severe cases, particularly of physical abuse. And I believe that some of those deaths were related specifically to physical abuse of those children.

Mr. PLATTS. Is there any change in the age of a child—children being abused, any variables in that sense?

Ms. SMITH. We haven't done a study recently, but I think the majority of the children that we are seeing, the average age is still around 6 to 8 years old. We do seem to see a lot of very young children. I know that we have evaluated children as young as just a few weeks old.

Mr. PLATTS. Two weeks.

Ms. SMITH. A few weeks. I believe one of the child deaths in Dauphin County was of a 5-week-old infant.

Mr. PLATTS. Just heart-wrenching as a parent and hard to imagine the harm of a parent doing that to their own child.

In the testimony you also reference the citizen review panels.

Ms. SMITH. Yes.

Mr. PLATTS. Could you expand on that and how that kind of works, and the type of feedback or the structure?

Ms. SMITH. Well, we are just in the process of doing that. Actually letters have just gone out. There will be three panels in Pennsylvania in different regions of the State. We are going to be training the citizens in the child welfare system itself and then asking for their input in what they see. The citizens were sent letters requesting anybody that was interested. We were hoping to have folks from various areas maybe that already had some experience in their life of dealing with the child welfare system, and utilizing that to help make changes and to really look at the system.

Mr. PLATTS. So the panel, the goal is how to improve the system in how we respond, prevent and respond to child abuse more so than helping in the local communities to identify——

Ms. SMITH. Well, regionally they will be pulled from those regions. So hopefully we will be able to get some of the information from the rural areas as well as from the urban areas of what the specific issues are that are being dealt with.

Mr. PLATTS. Again, about how to respond to, prevent and respond to.

Ms. SMITH. Yes. System improvement.

Mr. PLATTS. Right. What is working in their area and try to have that shared in a broader sense.

Ms. SMITH. They will be working with State officials from the Department of Public Welfare and sharing that information. And then the department will be looking at how to take that and put it into action.

Mr. PLATTS. Somewhat related. Dr. Spigner, in your testimony you talked about neighborhood-based strategies. Could you expand, one, when you talk about neighborhood, do you mean truly a local neighborhood or a local community, and how you anticipate that working?

Ms. SPIGNER. That is a great question. A number of jurisdictions have started this process by mapping where the reports come from, because reports, sometimes they are dispersed, but sometimes they are really aggregated in certain neighborhoods or certain communities. So the first thing an agency would do is to look at where the reports are coming from, then to begin to identify those communities with the greatest vulnerability in terms of child abuse and neglect.

Then the agency really recruits neighborhood leaders and residents and shares information about what is happening to the children and families in their community, and begin a process of brainstorming and collaboration to begin to build strategies that the neighbors can literally engage in to keep children safe.

One of the problems we have in child protection is that we have held onto this notion of privacy and confidentiality so closely, that people really don't understand how many children are being removed from the neighborhood, what the circumstances are. So when data gets presented, it really surprises people, because this has been kind of an invisible process.

And this is not about destroying privacy, but it is about giving a picture of what is happening in a community. Then you begin to see the community say, wow, we didn't know what is happening to our kids. We need to begin to think together about how we can use churches and civic clubs and actually communities to work on this issue of safety, to begin to say to a parent in a way we are not willing to do now, don't you really think—let me offer you another way to talk to your child about this, so that you begin to change almost the culture of the neighborhood so that children's safety becomes paramount. And it is a capacity-building process. But I think we have got to recognize that communities are part of the answer, and we need to begin that kind of discourse.

Mr. PLATTS. And empowering those communities and getting that buy-in at the local level to respond, because I can equate it to the difference today in growing up. When I was a kid in our neighborhood, there was—I mean, the times are different. And so if anything happened to anyone in that neighborhood with any of us kids, it was immediately known by everybody. Also it was different because moms were more present in the communities because of different times, where now both parents are having to work more. With both parents working or more single-parent families, it is harder to have that type of engagement that maybe we need to try to return to for the safety of children in all ways, including when it comes to abuse.

Ms. SPIGNER. Let me just say that there are a number of jurisdictions that have been working on this. In Jacksonville it has been

really interesting, because as they began to talk to the community, the neighborhood, about what kids needed, what was needed, people began to say, well, our kids really don't have anything to do after school. So it kind of raises the challenge of caring, and it puts pressure. And so they began to organize within that community after-school programs and got some city funding so that kids could stay in their neighborhood, but there was someplace for them to go.

We have seen a similar strategy in Houston, where they looked at the area where most of the kids are coming from, and they began to talk about what was going on in that neighborhood because of the high rates of entry of African American children in the child welfare system. So they began to mobilize the African American community. And now they are beginning to see after a period of 3 to 5 years declines in reports and increased safety in kids.

So we have got to think about new partnerships.

Mr. PLATTS. Thank you, Madam Chair.

Chairwoman MCCARTHY. Thank you. And thank you for that line of questioning.

Before I call on the next questioner, I just want to say with the testimony that you have all been saying, and Dr. Hammond mentioned public health, primary care and nursing services, and then working together, what Sandra was talking about of bringing everything together, until we are able to have—and also, Dr. Spigner, what you were talking about, bringing the community together in one place so that you can see the child and the family as a whole. I happen to think that would certainly help each and every one of you in your job.

Mr. Tonko.

Mr. TONKO. Thank you, Madam Chair.

Ms. Oliva, you talked about in your testimony about the importance of providing services to teens as it relates to their being victimized by dating violence.

Ms. OLIVA. Yes.

Mr. TONKO. Can you indicate for us where there might be added efforts made for those who are victimized by dating violence as opposed to domestic violence? Are there needed professionals, or are there approaches that need to be taken to address that population?

Ms. OLIVA. Well, actually dating violence is a subset of domestic violence, it is a form of, because domestic violence has to really be seen as something broader than just a husband/wife or two partners who are living together. It also involves intimate partners, whether they are related, living together or seeing each other, dating each other and having a relationship. And as we all know, our kids are dating earlier and earlier, you know, seem to be getting older faster. And this issue of violence within teen relationships is growing exponentially. It is the one place where we are really seeing significant increase in the violence is in particularly for young women between 16 and 24. This is a very high-risk population in high schools and colleges.

And so we believe that early intervention through prevention services, being able to reach young people, teens, and not expect them to come to the schools for their help; but to work with the schools, to be able to bring the issues, the messages to the schools, to let the kids know who is there to help them. But kids are not

going to go for help to a school counselor because of the stigma or the fear of ratting on the guy, or the stigma of being seen by everyone as the young woman who was raped or the young man who is being beaten.

So what we are really talking about is being able to work collaboratively between schools and programs to do the kind of outreach so that young people know about and learn about healthy relationships early when they are beginning to have relationships. And I am talking about, you know, young boys and girls and working with them and giving them a place to come to.

And that is why the kind of funding we have been talking about for domestic violence is so critical, because this outreach and prevention and the ability to provide services. I mean, so many young women now, especially with the advent of technology, are being stalked. We had one girl who she had to turn her cell phone on next to her pillow at night so that he could hear her breathing any time he wanted to from his home and she would never be out of reach.

I mean, these kinds of things are happening to our kids, and we have to become aware of it. It is so critical to reach them young. If you teach people young to be in healthy, respectful, nonviolent relationships, then we won't need these programs generations later. Prevention is key.

Mr. TONKO. So if there is a stigmatization that occurs through the school networking, how do you best reach——

Ms. OLIVA. Well, we go into the schools. We use some of our FPSA money to go into the schools to do programs within, the guidance programs within the social studies curricula. We are working within different—depending on where in the school we are invited in that we can get, at levels, at junior high school, high school, college levels, and reach the kids and talk with them and have sessions with them.

But we understand that the kids are not going to come out publicly in front of their friends for the most part. But we do get our kids coming up to us saying, my friend, this is happening to her. And then we can reach out to the individual through the guidance counselors and the social workers in the schools and arrange for the children to come and work with us on site or other sites near the school, make use of other programs, because you have got to have—I mean, absolutely you have got to have communities. This has got to be integrated work. You cannot be isolated and have a program here and a program there and a school here and a library there. You have got to integrate all of the resources of a community in order to work so that we can prevent this and we can have young people growing up in healthy, safe relationships. And they in turn will then provide healthy, safe environments for their children.

Mr. TONKO. And how early in the networking with children, youth?

Ms. OLIVA. We start very early. We start in first, second grades. But we primarily focus—because we know at that age what we are really teaching them is things like hands are not for hitting, not to be—you know, not to be physically hurtful of each other.

But really our real focus is around the junior high school, somewhere around the early teens, because kids 12 years old are involved in relationships. At 13 and 14 they are in sexual relationships, and if you don't reach them then when they are beginning to form their ideas—children often replicate what they have learned at home, and they also replicate what peers—you know, what is the thing to do and how to be. And if they don't all—if they don't begin to believe that the way to be within relationships is loving and respectful and nonabusive, then we are never going to—this issue is going to be perpetuated in parents and children, and it is just going to go on and on. So to stop it we have to get to the kids.

Mr. TONKO. And just a question about how perhaps boys, young men, relate to the program as opposed to girls and young women.

Ms. OLIVA. We have been working on different projects over the years that are very successful with young men. They are primarily the kinds of programs that say, you know, real men don't hit, real men don't hurt. It is that kind of using men who are good role models for them to be there talking to the kids in the schools. It is very effective when young men see men they respect speaking to them about how—you know, how real men are loving and kind and don't physically harm and hurt and abuse.

And, of course, you know this is very complex. Abuse is not always physical. There are an awful lot of other kinds of abuse that go on that you don't see, that don't come to the attention of the criminal justice system or the guidance counselors in the school or the social workers and agencies, but people who are in very painful, denigrating relationships.

So it is very critical to reach the young men and the women, and they are both responsive. I do believe that people want to learn and want to be happy and healthy, and what they need is a hand. They need someone out there to reach them personally. And we find what is especially effective at the college level is working with the residential assistants, for example, in the dorms, and to have someone there who has been trained and understands, not to be the counselor, but to get someone to the right help. So it is reaching out, letting people know what is available in your community, whom you can go to to help you get the help you need. And that, to me, is the way it has to be.

Mr. TONKO. Thank you.

Chairwoman MCCARTHY. Ms. Moore.

Ms. MOORE. Thank you so much, Subcommittee Chair McCarthy, for allowing me to participate in this hearing.

I have so enjoyed working with the National Network to End Domestic Violence, with all the domestic violence coalition partners over the past several months to get this desperately needed reauthorization of FPSA. And I certainly look forward to working with the subcommittee and the committee in the months ahead to do this.

I want to ask the panel some important questions, but I just want to state for the record, Madam Chair, that I do think we need to seek to increase, substantially increase, the authorization levels for the FPSA program. And I think that this hearing really substantiates and elucidates the reasons.

We have heard some really chilling testimony here today about the kinds of dangers that women and children, and even men, are in in domestic violence situations, and with some staggering statistics that Ms. Oliva presented for the Academy on Violence and Abuse stating, was it, $333 billion to $700 billion being the cost of abuse in our health care system. So it is no wonder that these insurance companies want to treat domestic violence as a preexisting condition and not pay for it when you consider a $750 tab for the cost of domestic violence.

Dr. Hammond made a statement in his testimony, in his written testimony and in his oral testimony, that these children and families were at greater risk for cancer, heart disease and other sorts of diseases you don't ordinarily associate with domestic violence. And so, again, I think prevention, as all of them have mentioned, is increasingly important.

And, of course, Dr. Wilson Spigner talked about the importance of getting the communities involved. I remember Billie Holiday's song, you know, if I get beat up by my papa, I ain't gonna call no coppa, and it ain't nobody's business if I do. It is our business. Domestic violence is our business.

I guess in terms of reauthorizing the program, there is increased monies for States and territories in a new grant program to reach out to underserved communities. So I would ask Ms. Oliva and Mr. Sawyer in particular, who has worked with 11 tribes in Minnesota, number one, what difference does having cultural competent services make? I notice in the territories there is a higher rate of domestic violence. And then I want Ms. Oliva to tell us what happens to these families who they are unable to serve because of the dearth of funding?

Mr. SAWYER. In Minnesota the Department of Human Services and a number of the tribes have begun a new collaboration over the last 2 or 3 years, and that collaboration is really focused around trying to strengthen the tribes themselves, to build capacity within the tribal community to provide outreach and services to the members of its tribes.

I think that overall in the system there is a continuing need for the personnel who work in the child welfare system to reflect the populations that they work with, is probably a good place to start in terms of reaching common ground, in terms of understanding of each other. But I think it is that basic appreciation that we are all different, and we have to be very respectful of those differences and find ways to make sure that we are approaching the work in a way that decreases issues like——

Ms. MOORE. My time may expire, so I want to make sure I push you toward answering my question. I mean, is there a consequence that we all need to know about in terms of not having culturally competent services?

Ms. OLIVA. You know, this is an issue which creates so much shame and stigma and a sense of wanting to keep this private and this "behind closed doors" concept. And it is very difficult for people to reach out and make known that they—or even to be able to feel safe doing so. So it is extremely important that people have the ability to reach out in places that they are comfortable. And culture competence and culture familiarity and language familiarity cer-

tainly are critical for that, because the important thing is to get people to reach you, to reach out to you before the police come to the door because the neighbor heard a shot or someone screaming. You want people to be able to reach for help. And when they do come out for help, or when they are brought for help, you want them to feel safe and able to communicate what their needs are and what is happening in their homes to themselves and their children.

Ms. MOORE. With your diligence, could you please answer my second question: What happens when there is no room in the shelter? Can you give us some examples?

Ms. OLIVA. Domestic violence programs never turn somebody—never say, sorry, we are busy, call back tomorrow, we don't have room. However, more and more we are seeing shelters, including my own, not able to meet the needs. So we need to—we get very creative, and in every possible way we use much of our discretionary money on helping people pay for transportation, medicine, food, you know, that kind of thing, so that they can be in some kind of emergency situation, they can be relieved of it.

We have used motels for very short-term stays. We try to work with everyone to find is there a safe place for you to be. We have transported people all over the country. But—sometimes because that is the safest thing for them, but also because sometimes we just don't have the resources, and so we have to scrounge and find. It is very difficult, it is extremely difficult, and sometimes people give up when they don't get the help they need right away, and it just feels easier to just go back. And that is terrible, and we don't want that to happen. That is why these resources are critical.

Ms. MOORE. I yield back. Thank you, Madam Chair.

Chairwoman MCCARTHY. Thank you.

As you probably heard, bells are going off, and beepers are going off. We are in the middle of a vote. So we usually have time on this panel to actually go for a second round of questions. That is the beauty of—I personally think of our subcommittee anyhow. But with that, being that we are going to be down there for 45 minutes, I want to thank each and every one of you for coming in. It was heartbreaking testimony, but it certainly gives us a good roadmap on what else it is we need to do as we go forward on the reauthorization.

We heard the testimony today about the importance of good prevention programs, the need for good decisions to be made by our child welfare workers, and the need to consider all appropriate avenues for families that are in crisis. As we move towards reauthorization, we will have our work cut out, but by taking a comprehensive approach to abuse, violence, prevention, children, families and communities, we will be a healthier Nation.

I want to thank again all of our witnesses for being here today. Each of you have highlighted the very real concerns with access and the issues we need to focus on during the reauthorization process.

I want to mention that there has been a great deal of interest in this hearing, and we have received many requests to submit written testimony. I would also like to submit two reports for the record, one from the National Network to End Domestic Violence,

which provides a snapshot of the lifesaving work of domestic violence services and shelters across the country. The second is called Meeting Survivors' Needs: A Multiple State Study of Domestic Violence Shelter Experiences. I would also like to introduce the 2007 series of AP articles on child sex abuses in our schools. Without objection, so ordered.

[The information follows:]

2008

Domestic Violence Counts

The National Census of Domestic Violence Services

# National Summary

On September 17, 2008, 78% of identified domestic violence programs in the United States and Territories, or 1,553 out of 2,000 programs, participated in the 2008 National Census of Domestic Violence Services. The following figures represent the information provided by these 1,553 participating programs about services provided during the 24-hour Census survey period.

**60,799 Victims Served In One Day**

30,433 domestic violence victims found refuge in emergency shelters or transitional housing provided by local domestic violence programs.

30,366 adults and children received non-residential assistance and services, including individual counseling, legal advocacy, and children's support groups.

**Percentage of Participating Programs Providing These Services On the Census Day**

| | |
|---|---|
| 87% | Individual Support or Advocacy |
| 58% | Children's Support or Advocacy |
| 58% | Legal Accompaniment/Services |
| 51% | Transportation |
| 46% | Group Support or Advocacy |
| 33% | Transitional Housing |
| 24% | Childcare/Daycare |

**21,683 Hotline Calls Answered**

Domestic violence hotlines are a lifeline for victims in danger, providing support, information, safety planning, and resources. In the 24-hour survey period, domestic violence programs answered more than 14 hotline calls every minute.

**30,210 People Trained**

On the survey day, individuals in communities across the United States attended 1,455 trainings sessions provided by local domestic violence programs, gaining much needed information on domestic violence prevention and early intervention.

**8,927 Unmet Requests for Services In One Day**

Many programs reported a critical shortage of funds and staff to fully assist victims in need of services such as transportation, childcare, language translation, mental health and substance abuse counseling, and legal representation. Over 50% of these unmet requests for services were from victims seeking emergency shelter or transitional housing.

Most programs operate shelters, hotlines, and outreach services 24 hours a day, 7 days a week. In many areas, domestic violence programs provide a wide variety of services to large geographic areas. Lack of staffing was a key reason many programs could not meet domestic violence victims' requests for services. 70% of programs have less than 20 paid staff, including 38% with less than 10 paid staff. The average starting salary of a full-time, salaried front-line advocate is $24,765.

*"We are the only shelter in an area of over 89,000 miles. Clients arrive at our door in freezing temperatures because they have nowhere else to go. We are an essential part of this community."*

— Alaska DV Program

*"When asked what he liked best about staying in the shelter, a 10-year-old boy answered, 'I can sleep at night.'"*

— Maryland DV Program

# On September 17, 2008...

A woman sought a protection order from her ex-husband who had been released on parole after being in jail for 9 years. When the judge asked her if she was still afraid of him, she replied, "Yes. The only reason I'm still alive today is because his gun jammed."

A woman in North Carolina learned that her abuser will only get 3 months of probation despite breaking her arm and threatening her life.

A teenage girl in Texas, currently living in a shelter, discovered that she is pregnant after being raped by her stepfather.

The staff from a domestic violence program in California attended the funeral of a woman who had been killed by her husband.

A woman decided to stay with her abuser because her only other choice was to be homeless.

On September 17, 2008, more than 60,000 victims of domestic violence, with stories like these, found refuge, support, and safety at domestic violence programs and shelters across the United States and Territories. Suffering life-threatening and degrading abuse, these victims depend on the immediate and compassionate response of domestic violence programs to help them escape abuse and rebuild their shattered lives.

For the third consecutive year, the National Network to End Domestic Violence (NNEDV) conducted the National Census of Domestic Violence Services (Census)—a national unduplicated count of adults and children seeking domestic violence services in a 24-hour period. NNEDV identified 2,000 domestic violence programs, and 1,553 of these programs (78 percent) participated in the Census. During the 24-hour Census period, programs provided support and services to 60,799 adults and children, answered 20,658 hotline calls*, and provided community education and training to 30,210 people across the United States and Territories.

Although over 60,000 people received assistance from domestic violence programs, 8,927 requests for services went unmet because of a lack of resources. Overwhelmingly, programs reported being unable to serve victims due to lack of funding, staff, and shelter space. Programs reported waiting lists of more than a month for everything from housing and emergency shelter to counseling and legal aid. "With funding cuts, we've gone from a staff of 14 to just 9," an Iowa program reported, "and we are still trying to provide services to 8 counties and traveling up to 100 miles one way." A Pennsylvania program adds, "With over $250,000 in funding cuts, the only other option is to cut staff. Who's going to care about the women, battered, bruised, and degraded? Here, there will be 2 fewer of us left who care."

### The Economic Crisis Hits Home

A declining economy in the United States in 2008 affected all Americans, but disproportionately affected victims of domestic violence. While a bad economy does not cause domestic violence, it limits resources and services to victims and thereby limits victims' choices and options. Programs reported concerns for 2009 as they experienced a decrease in donations and faced funding cuts across the board. "Victims will need more resources, but there will be less to give," a California program reported.

Advocates expressed concern for victims of domestic violence because a lack of money and jobs is a barrier to victims who want to leave an abusive relationship. "Victims, regardless of their income level, are reluctant to leave their abusers because they're afraid they'll lose their jobs in this time of economic uncertainty and not have the resources for themselves and their children," reported a Missouri program. Furthermore, advocates are concerned that abusers may exploit the pressure of economic scarcity in the home to further control and threaten victims.

* The National Domestic Violence Hotline and the National Teen Dating Abuse Helpline answered an additional 1,025 calls on the survey day.

# 08 Victims Served

Domestic violence programs across the country work hard every day and night to meet the full range of victims' needs and provide important services. A program in Alaska stated, "We are the only shelter in an area of over 89,000 miles, and there are so few resources for our families. Clients arrive at our door in freezing temperatures because they have nowhere else to go. We are an essential part of this community."

## Housing and Shelter

When victims leave abusive relationships, finding a safe place to stay is critical since leaving is one of the most dangerous times for victims. Shelter and housing continue to be two of the key services that programs provide. Without shelters or transitional housing, many victims face the unimaginable choice of either becoming homeless or returning to their abusers.

On the day of the Census, more than 30,000 victims requested and received housing, either in emergency shelters or in transitional housing. Out of the more than 60,000 individuals who received services on the survey day, 33 percent were housed in emergency shelter while 17 percent were in transitional housing.

| | Emergency Shelter | Transitional Housing | Non-Residential Services | Total |
|---|---|---|---|---|
| Children | 10,385 | 6,073 | 6,430 | **22,888** |
| Adults | 9,922 | 4,053 | 23,936 | **37,911** |
| **Total** | **20,307** | **10,126** | **30,366** | **60,799** |

**Emergency Shelter**

Emergency shelters are short-term living arrangements for victims in response to immediate crisis and danger, providing a safe place for victims and their children while they plan for the future. Programs that do not have a shelter building sometimes provide funds for hotel rooms. As shown in the chart above, participating programs provided emergency shelter to 20,307 adults and children on the survey day.

**On the Census Day:**
9,922 adults and 10,385 children stayed in emergency shelters.

75% of the participating programs provided emergency shelter.

**Transitional Housing**

Transitional housing is temporary accommodations designed to house residents after their stay in emergency shelter and before they make permanent living arrangements. Transitional housing options are imperative to help victims become survivors, allowing them to recover from emotional and physical abuse while rediscovering skills and resources to help them rebuild a life after violence. On the survey day, 33 percent of participating programs provided transitional housing to 10,126 adults and children.

**On the Census Day:**
33% of the participating programs offered transitional housing.

4,053 adults and 6,073 children were living in transitional housing.

## Advocacy Services

Whether a victim chooses to enter shelter or not, victims who contact domestic violence programs need core services, such as crisis intervention, safety planning, court or hospital accompaniment, legal assistance, and more. Staff and volunteers spend countless hours advocating on behalf of survivors, and domestic violence programs offer a wide variety of services. On the Census day, programs provided non-residential services to an additional 23,936 adults and 6,430 children.

Victims often face a wide range of issues; a New Hampshire program noted that, for many, domestic violence "includes loss of housing, mental health issues, medical care for injuries, damages to property, lack of transportation, waiting up to 8 weeks for counseling appointments, grueling court battles, loss of wages, substance misuse, and more."

In addition to immediate crisis intervention services, many programs also provide critical services that help victims embark on a sustainable path to safety and self-sufficiency. These programs assist with budgeting and credit repair, job counseling, identifying social supports, education, community involvement, and other skills. For most domestic violence victims, economic independence is integral to help them transform from victims to survivors and escape violent partners. During the survey day, 25 percent of programs offered financial skills and budgeting advocacy, but throughout the year, 72 percent of programs offer this service to victims.

The chart below shows the wide range of services programs across the nation provided to victims of domestic violence on the Census day.

**Percentage of Participating Programs Providing These Services On the Census Day**

| | |
|---|---|
| 87% | Individual Support or Advocacy |
| 75% | Emergency Shelter (including hotels or safe houses) |
| 58% | Children's Support or Advocacy |
| 58% | Legal Accompaniment/Services |
| 51% | Transportation |
| 49% | Advocacy Related to Public Benefits/TANF/Welfare |
| 46% | Group Support or Advocacy |
| 43% | Advocacy Related to Housing Office/Landlord |
| 43% | Advocacy Related to School System |
| 34% | Advocacy Related to Mental Health |
| 33% | Transitional Housing |
| 31% | Advocacy Related to Child Welfare/Protective Services |
| 25% | Financial Skills/Budgeting |
| 24% | Childcare/Daycare |
| 23% | Translation/Interpretation Services |

## Crisis Hotlines

Domestic violence crisis hotlines are a real lifeline for victims in danger. When victims make the brave and difficult decision to call for help, it is essential that they reach a compassionate, calm, and knowledgeable advocate who can help them take the next step.

On the Census day, local and state hotline staff answered 20,658 calls. The National Domestic Violence Hotline and the National Teen Dating Abuse Helpline answered an additional 1,025 calls during the survey period. In total, advocates responded to 21,683 hotline calls in the 24-hour period, equivalent to more than 14 calls every minute.

## Prevention and Community Education

Because outreach and education are essential to ending violence, many domestic violence programs offer trainings to their communities as part of their mission. "Our volunteer community advocates reach out to victims before they are subjected to severe domestic abuse," reported a Massachusetts program. "We know that violence tends to escalate so reaching individuals at an earlier point and providing education and referrals are critical."

Many organizations are implementing innovative programs to educate and work with youth and teens to prevent dating violence and to reach out to those experiencing or witnessing violence at home. Programs from California to Virginia are launching campaigns to educate middle and high school students about dating abuse. In Indiana, programs have comprehensive services for children from counseling to afterschool tutoring. In Tennessee, a program provides police officers with crayons, coloring books, stuffed animals, and blankets to give to the children in households where officers respond to domestic violence calls.

**On the Census Day:**
Participating programs provided 1,455 training and education sessions to 30,210 individuals across the United States.

*"A woman who didn't speak English very well was afraid of being alone during the birth of her child. We were able to give her a baby shower, childcare, and during her delivery, two of our staff and one volunteer were with her."*

*— Georgia DV Program*

*"I spoke with a woman on our intake hotline who was in crisis. She felt unsafe in her home, overwhelmed, and had many questions about orders of protection, small claims court, and counseling. I stayed on the phone with her for over an hour, making sure she got all the information she needed. By the end of the call, she was feeling better and thanked me for my concern and help."*

*— New York DV Program*

# 08 Unmet Needs

Despite the incredible efforts of domestic violence programs, 8,927 requests for services were unmet on the survey day because of a lack of resources—from limited funds for critical services to not enough shelter space to insufficient program staff.

**On the Census Day:**
Approximately 55% of unmet requests were for housing (3,286 umet requests for emergency shelter and 1,586 unmet requests for transitional housing).

45% were for non-residential services (4,055 unmet requests).

In addition to limited funding and staff, programs also noted that lack of specialized resources (such as drug and alcohol counselors, support group for same sex couples or legal services for immigrant victims) and limited accessibility services (such as too few translators) were reasons why victims' requests for services went unmet.

Trained and compassionate advocates know the danger that victims face as they make the courageous decision to seek help. When programs receive requests for services they cannot provide, advocates spend an average of 41 minutes working with a victim to find alternative services. Despite their best efforts, however, resource scarcity creates a situation in which some victims must remain in unsafe situations.

## Limited Funding

Programs cited "not enough funding" as the number one reason they were unable to serve victims on the survey day. Funding cuts in the past few years have had significant impact on programs' ability to meet victims' needs. Thirty (30) percent of domestic violence programs reported budgets of less than $350,000 a year.

## Not Enough Staff

The connection between limited funding and limited staff is clear. Overwhelmingly, programs reported having to cut staff because of reduced funding. A Pennsylvania program reports, "Next year we'll lose $60,000 more in Victims of Crime Act (VOCA) funding (we've already lost more than $200,000), and we have no place else to cut except staff."

According to the 74 percent of participating programs that reported, the average starting salary for a domestic violence advocate is $24,765. Of those programs, 16 percent of programs offered a starting salary of less than $20,000.

In New York, "We are limiting healthcare plans, reducing 401(k) contribution, and cutting staff from 3 full-time positions to 1 or 2 part-time. We're losing staff to the private sector which offers better salaries, better benefits, and pensions."

**Percentage of Programs That Provide the Benefits Below**

| | |
|---|---|
| 84% | Health insurance |
| 61% | Dental insurance |
| 55% | Retirement plan |
| 53% | Life insurance |
| 41% | Vision insurance |
| 35% | Disability insurance |
| 16% | No response provided |

Lack of sufficient staffing critically affects programs' ability to meet victims' needs since most programs provide services and shelter 24 hours a day, 7 days a week. Seventy (70) percent of domestic violence programs that participated in this survey employ fewer than 20 paid staff, and over one-third (38 percent) of programs operate with fewer than 10 paid staff members.

| Programs With This Number of... | Staff | Volunteers |
|---|---|---|
| < 10 | 38% | 38% |
| 10 - 20 | 32% | 26% |
| 21 - 40 | 18% | 15% |
| > 40 | 8% | 16% |
| No Response Provided | 4% | 5% |

Yet, despite the low pay and limited benefits, many advocates work extra unpaid hours and donate travel expenses to assist victims because, as an Arkansas program reports, "to most advocates, this is not a job. It is our heart and passion."

## Impact on Victims

When funds are decreased, programs are forced not only to let go of staff but also to reduce or eliminate critical programs, such as counseling, legal assistance, and community outreach and education. A New York program currently has a waiting list of over 35 women and 40 children in their counseling program. A California program reported that they have a one-month waiting list for intake services because of limited staff; in other words, victims must wait a month before they receive services.

## Transportation Costs

Unaffordable gas prices in 2008 prevented survivors from going to court, attending support groups, or seeking help. Programs also had to limit transportation services for victims. "Most of our staff members donate their gas to the organization because they know we can't afford to pay for each trip, and the residents *need* to go to their jobs, school, court appearances, doctor appointments, etc.," a Missouri program reported. During the survey day, 51 percent of participating programs provided transportation to victims.

## Limited Legal Services

Victims of domestic abuse often need legal assistance with restraining orders and civil and family court matters. Without the financial resources to hire attorneys to properly represent them in court, many victims are further victimized by their abusers through the court system. Of programs that participated in the Census, only 10 percent of programs are regularly able to connect victims to attorneys when legal representation is needed.

| | |
|---|---|
| 7% | Programs have attorneys on staff to represent victims. |
| 25% | Programs have an established partnership with a legal services organization. |
| 36% | Programs refer victims to legal services or pro-bono attorneys, and most often, they are ABLE to be served. |
| 26% | Programs refer victims to legal services or pro-bono attorneys, and most often, they are UNABLE to be served. |
| 6% | No response provided. |

"It's particularly scary," a Georgia program noted, "when a victim cannot afford legal representation and must go to court to face the abuser who can afford legal counsel." Programs report that abusers' attorneys bully victims and advocates to drop protection orders or give up child custody. On the survey day, 58 percent of participating programs provided legal accompaniment to victims, ensuring that victims did not have to go to court alone.

Victims of domestic violence often have complex and difficult legal needs. Further exacerbating victims' legal vulnerability is the fact that, as one Ohio program points out, "despite good laws to hold batterers accountable, victims are at the mercy of law enforcement, prosecutors, and judges. Many victims simply give up or are discouraged from coming to court. One of the victims today left court crying and upset, convinced her abuser would kill her. She never came back to the following court dates and didn't respond to any form of contact."

Even when pro bono legal representation is available, a Tennessee program cautioned, "We need attorneys who actually understand the dynamics of domestic violence. Oftentimes, we end up having to debrief with the victim after they meet with the attorney to clarify their rights and to fully explain the process."

*"We are proud of all the tireless advocacy our employees do for victims of domestic violence and sexual assault. None of us make a lot of money or have any benefits, so it is a real testimony to the dedication to the work that keeps us all here."*

— Georgia DV Program

*"This economic climate may give batterers additional leverage when using emotional and financial abuse to control their partners."*
— Massachusetts Advocate

*"Our program provided emergency transportation to a client and her son who was sexually assaulted. The mother told us that the emergency services she received through our shelter and the transportation to the medical exam 'saved our lives. You have no idea of what they mean to us.'"*
*— Alaska DV Program*

## Needed Substance Abuse and Mental Health Services

Programs also indicated a need for more substance abuse and mental health services for victims of domestic violence. An Iowa program reported, "There is no place in this community that could or would be willing to assist a client with a mental health issue, so we had to drive her to another city to get the help she needed. We do that on a regular basis with victims who have mental health and substance abuse issues."

Limited mental health and substance abuse resources are an issue that many other programs reiterated. In Virginia, "Because of our area's limited resources, it is hard to get emergency mental health services unless the victim is suicidal."

## The Economic Crisis

Programs are reporting increasing hardships for victims as the economy continues to decline. "We have had an increase in the number of clients forced to stay in violent relationships because they don't have the necessary finances to leave and are afraid that, if they do leave, they won't be able to find a job," reported a California program. A Massachusetts program added, "This economic climate may give batterers additional leverage when using emotional and financial abuse to control their partners."

In addition, programs from Maine to Idaho are reporting an increase of calls from victims requesting financial help. "Providing funds for a client's phone bill may not be considered direct service, but it is still incredibly important because that may be the only way that victim can call for help," explained a Michigan program.

A Virginia program summed up the effect of the economy: "We have very little housing resources and funds, churches and other community partners can't provide financial assistance, and our local food banks have a shortage of food." Their sentiment is echoed by many other programs across the country. An Arizona program reported, "We're seeing a decrease in donations of food, diapers, paper goods, linens, cleaning supplies, etc." Programs are also worried that fundraising efforts will not be as successful as previous years since donors, feeling the crunch of the economic crisis, will be less inclined to give.

As other social services cut staff and services due to the economic crunch, domestic violence programs are called on to provide services and assistance while operating on shoe-string budgets and cutting corners. Programs from Maryland to Illinois reported having outdated, unusable computers and phone systems and not enough funds to purchase basic office supplies.

## Natural Disasters

In the summer and fall of 2008, Iowa, Kentucky, Ohio and Texas were affected by hurricanes, flooding, and storms. Many programs in Texas, Iowa, and Ohio had to evacuate their residents and relocate them to other shelters. During the survey day, many programs in these states were still recovering from Hurricane Ike, wind storms, and flooding. Despite these hardships, a Texas program reported, "During the survey period, we were able to provide housing and services to hurricane evacuees from other shelters, giving them support, shelter, and safety not only from the storm but also from their abusive situations as well. We are proud to be able to assist these victims in their time of crisis."

08

# Conclusion

The National Census of Domestic Violence Services, administered by the National Network to End Domestic Violence, revealed that 60,799 adults and children in the United States and Territories received services and support from 1,553 local domestic violence programs during a 24-hour period in September 2008. Indeed, during this one day, advocates in programs across the country were able to—

- Assist a woman in Pennsylvania in obtaining a **3 year protection order** after she was held at knifepoint for a day, during which the abuser broke her ribs and blackened her eyes.
- **Give shelter to a woman and her 2 teenage boys** in Texas after they fled the abuser and were living in her car for a week.
- Provide funds to **buy a bus ticket** for a woman in Illinois to go home after her abuser dumped her by the interstate with no money or shoes.
- Keep a woman in Arkansas safe in an emergency shelter until she could be **reunited with her family** after her abuser threatened to shoot her in the head and attach her protection order to the hole in her head.
- Provide a woman in Kansas with a **safe place to stay**, clothing, and community resources after her abuser burned down her house.
- Help a father in Illinois **obtain a protection order** on behalf of his daughter who had been critically injured by her boyfriend.
- **Reunite a mother and her 14-year-old daughter** at a local domestic violence shelter in Idaho, after the girl had been kidnapped by her boyfriend and taken across state lines.

Nevertheless, while these and more than 60,000 other domestic violence victims received services from local domestic violence programs, a total of 8,927 requests by victims for services went unmet due to inadequate funding and resources.

This unmet demand highlights the need for additional funding and support. Given the dangerous and potentially lethal nature of many victims' circumstances, insufficient funding of domestic violence programs and services should be acknowledged as a serious barrier to those seeking help and safety. Domestic violence programs across the country struggle every day to serve victims who contact them. However, the reality is that with limited resources, funding and staffing, these programs are unable to meet the needs of every victim who calls or comes to their doors seeking help.

What Can You Do?

- *Urge Congress to increase funding to Violence Against Women Act (VAWA), Family Violence Prevention Services Act (FVPSA) and the Victims of Crime Act (VOCA) annual distribution and to reauthorize FVPSA by calling or writing your Congressional representative.*
- *Contact NNEDV or your state coalition for more information on what you can do to help end domestic violence.*
- *Support your local domestic violence program, either by volunteering or donating money or goods.*
- *If you have a friend who is a victim of domestic violence, listen and acknowledge your friend's experience. Affirm the injustice of the violence. Respect your friend's autonomy. Respect your friend's confidentiality.*

# Appendix 1
# Methodology & Understanding the Census Data

The Census is a point-in-time count that provides a noninvasive, unduplicated count of individuals who access domestic violence services during a single 24-hour period. Developed in 2006 by a team of experts in the field of domestic violence, the goal of the Census is to survey the number of individuals who contact domestic violence programs in search of assistance.

The "snapshot" methodology provides an unduplicated count, operating on the assumption that a victim is unlikely to access services at more than one domestic violence program in a 24-hour period. It is impossible for a victim to be sheltered in two programs simultaneously, nor is a victim likely to travel from one primary purpose domestic violence program to another in the same day. Programs are often located far apart and serve a wide geographic area.

The Census is noninvasive and takes into account the dangerous nature of domestic violence and the need to prioritize victim safety and confidentiality. It is an aggregate, statewide count of the number of victims who seek services, and an aggregate count of the number of services programs provided.

Although this is the third annual count of domestic violence services, the data cannot be compared to previous years' Census. The Census relies on voluntary self-reporting of primary purpose domestic violence programs. Without a 100 percent participation rate from year to year, straight line data comparisons do not hold much significance. Furthermore, extrapolating the current data to project the total number of victims seeking services on this day would likely produce an inaccurate total count. Any attempt at extrapolation or projection would require a much closer analysis of nonparticipating programs than this study intends or attempts to make.

The data reported in this Census is a 24-hour period "snapshot," thus multiplying the 1-day total by 365 to create a yearly number would be inaccurate. Some victims might only use services once a year, while others may access support many times over the course of a year. In addition, most programs experience days where many victims seek services and some days where few victims seek services.

*"To invest in a healthy America, you have to invest in programs that help educate and heal families."*
*— Kentucky DV Program*

*"Individuals and families impacted by intimate partner violence will not 'go away' because the funding 'goes away'!!! "*
*— Connecticut DV Program*

# Appendix 2
# Services Provided on the Census Day

This chart shows the wide range of services participating domestic violence programs provided to victims on the Census day and throughout the year.

| Services Provided | On Sept. 17, 2008 | Throughout the Year |
|---|---|---|
| Individual Support or Advocacy | 87% | 98% |
| Emergency Shelter (including hotels or safe houses) | 75% | 88% |
| Children's Support or Advocacy | 58% | 85% |
| Legal Accompaniment/Services | 58% | 89% |
| Transportation | 51% | 84% |
| Advocacy Related to Public Benefits/TANF/Welfare | 49% | 88% |
| Group Support or Advocacy | 46% | 92% |
| Advocacy Related to Housing Office/Landlord | 43% | 86% |
| Advocacy Related to School System | 43% | 84% |
| Advocacy Related to Mental Health | 34% | 85% |
| Transitional Housing | 33% | 38% |
| Advocacy Related to Child Welfare/Protective Services | 31% | 85% |
| Financial Skills/Budgeting | 25% | 72% |
| Childcare/Daycare | 24% | 45% |
| Rural Outreach | 24% | 60% |
| Translation/Interpretation Services | 23% | 63% |
| Therapy/Counseling for Adults (by a licensed practitioner) | 23% | 44% |
| Advocacy Related to Substance Abuse | 22% | 79% |
| Advocacy Related to Immigration | 21% | 78% |
| Job Training/Employment Assistance | 20% | 51% |
| Medical Services/Accompaniment | 18% | 72% |
| Advocacy Related to Disability Issues | 16% | 77% |
| Therapy/Counseling for Children (by a licensed practitioner) | 16% | 37% |
| Media/Press Response or Outreach | 13% | 66% |
| Advocacy Related to Placement/Care for Animals | 6% | 60% |
| Advocacy Related to Technology Use (Cyberstalking, etc.) | 6% | 53% |

*"Chances are everyone knows a woman or child who has been a victim of domestic violence or sexual assault and without local domestic violence programs, what would happen to them?"*
— An Iowa DV Program

# Appendix 3
# Summary Data

| State or Territory | Response Rate | Adults Served | Children Served | Total People Served | Unmet Requests for Service | Hotline Calls Answered | Total People Trained | Served in Shelter | Served in Transitional Housing | Non-Residential Served |
|---|---|---|---|---|---|---|---|---|---|---|
| AK | 100% | 303 | 247 | **550** | 47 | 73 | 215 | 202 | 67 | 281 |
| AL | 100% | 435 | 214 | **649** | 20 | 217 | 569 | 269 | 75 | 305 |
| AR | 72% | 199 | 180 | **379** | 43 | 133 | 2,370 | 165 | 42 | 172 |
| AZ | 78% | 761 | 655 | **1,416** | 119 | 283 | 318 | 1,004 | 226 | 186 |
| CA | 62% | 2,281 | 1,591 | **3,872** | 686 | 1,081 | 1,875 | 1,142 | 870 | 1,860 |
| CO | 93% | 615 | 413 | **1,028** | 183 | 547 | 356 | 325 | 249 | 454 |
| CT | 89% | 498 | 104 | **602** | 75 | 128 | 385 | 101 | 60 | 441 |
| DC | 50% | 103 | 77 | **180** | 2 | 9 | 14 | 30 | 104 | 46 |
| DE | 100% | 129 | 42 | **171** | 53 | 21 | 36 | 46 | 17 | 108 |
| FL | 95% | 1,670 | 1,272 | **2,942** | 209 | 814 | 1,239 | 1,271 | 588 | 1,083 |
| GA | 67% | 795 | 754 | **1,549** | 174 | 425 | 379 | 589 | 325 | 635 |
| GU | 100% | 16 | 2 | **18** | 8 | 4 | 150 | 1 | 11 | 6 |
| HI | 86% | 342 | 179 | **521** | 28 | 110 | 176 | 109 | 56 | 356 |
| IA | 100% | 627 | 289 | **916** | 122 | 407 | 532 | 326 | 105 | 485 |
| ID | 100% | 386 | 191 | **577** | 178 | 196 | 238 | 140 | 89 | 348 |
| IL | 96% | 1,913 | 913 | **2,826** | 909 | 1,217 | 1,114 | 694 | 410 | 1,722 |
| IN | 49% | 654 | 400 | **1,054** | 67 | 363 | 707 | 473 | 220 | 361 |
| KS | 100% | 663 | 249 | **912** | 50 | 280 | 635 | 240 | 85 | 587 |
| KY | 100% | 1,046 | 269 | **1,315** | 159 | 290 | 253 | 400 | 84 | 831 |
| LA | 40% | 229 | 131 | **360** | 58 | 102 | 156 | 85 | 92 | 183 |
| MA | 90% | 1,071 | 482 | **1,553** | 292 | 550 | 669 | 358 | 337 | 858 |
| MD | 100% | 882 | 351 | **1,233** | 154 | 450 | 227 | 205 | 162 | 866 |
| ME | 100% | 324 | 178 | **502** | 41 | 132 | 92 | 83 | 138 | 281 |
| MI | 94% | 1,407 | 1,132 | **2,539** | 389 | 648 | 1,250 | 827 | 811 | 901 |

| State or Territory | Response Rate | Adults Served | Children Served | Total People Served | Unmet Requests for Service | Hotline Calls Answered | Total People Trained | Served in Shelter | Served in Transitional Housing | Non-Residential Served |
|---|---|---|---|---|---|---|---|---|---|---|
| MN | 42% | 743 | 513 | **1,256** | 202 | 486 | 849 | 410 | 88 | 758 |
| MO | 100% | 1,208 | 844 | **2,052** | 415 | 505 | 673 | 1,004 | 253 | 795 |
| MS | 80% | 136 | 159 | **295** | 45 | 149 | 704 | 164 | 73 | 58 |
| MT | 48% | 150 | 48 | **198** | 15 | 112 | 65 | 34 | 9 | 155 |
| NC | 74% | 1,009 | 412 | **1,421** | 178 | 827 | 605 | 597 | 54 | 770 |
| ND | 100% | 158 | 128 | **286** | 15 | 79 | 157 | 61 | 43 | 182 |
| NE | 83% | 406 | 323 | **729** | 144 | 252 | 354 | 208 | 136 | 385 |
| NH | 100% | 139 | 74 | **213** | 11 | 54 | 20 | 86 | 41 | 86 |
| NJ | 88% | 747 | 365 | **1,112** | 247 | 586 | 294 | 296 | 149 | 667 |
| NM | 56% | 374 | 319 | **693** | 91 | 103 | 139 | 251 | 147 | 295 |
| NV | 60% | 156 | 58 | **214** | 17 | 126 | 9 | 134 | 22 | 58 |
| NY | 58% | 3,506 | 1,843 | **5,349** | 934 | 1,689 | 986 | 1,757 | 571 | 3,021 |
| OH | 100% | 1,246 | 914 | **2,160** | 85 | 600 | 1,538 | 562 | 287 | 1,311 |
| OK | 77% | 504 | 254 | **758** | 73 | 488 | 157 | 327 | 51 | 380 |
| OR | 58% | 741 | 536 | **1,277** | 344 | 491 | 406 | 224 | 312 | 741 |
| PA | 100% | 1,719 | 757 | **2,476** | 242 | 847 | 1,690 | 699 | 433 | 1,344 |
| PR | 100% | 132 | 102 | **234** | 30 | 50 | 158 | 123 | 43 | 68 |
| RI | 100% | 95 | 34 | **129** | 12 | 52 | 170 | 41 | 16 | 72 |
| SC | 85% | 180 | 84 | **264** | 9 | 142 | 703 | 172 | 1 | 90 |
| SD | 31% | 207 | 131 | **338** | 44 | 298 | 35 | 161 | 26 | 151 |
| TN | 100% | 605 | 442 | **1,047** | 67 | 467 | 819 | 322 | 115 | 610 |
| TX | 71% | 2,431 | 1,936 | **4,367** | 664 | 1,338 | 3,088 | 1,675 | 895 | 1,797 |
| UT | 100% | 365 | 394 | **759** | 141 | 193 | 151 | 278 | 245 | 236 |
| VA | 87% | 842 | 529 | **1,371** | 170 | 610 | 341 | 521 | 115 | 735 |
| VI | 100% | 54 | 14 | **68** | 3 | 3 | 0 | 1 | 7 | 60 |
| VT | 100% | 125 | 47 | **172** | 20 | 149 | 52 | 41 | 19 | 112 |
| WA | 69% | 920 | 573 | **1,493** | 267 | 570 | 357 | 458 | 411 | 624 |
| WI | 72% | 996 | 530 | **1,526** | 346 | 668 | 1,371 | 470 | 271 | 785 |
| WV | 100% | 501 | 143 | **644** | 21 | 196 | 275 | 120 | 62 | 462 |
| WY | 67% | 167 | 67 | **234** | 9 | 48 | 89 | 25 | 7 | 202 |
| **TOTAL** | **78%** | **37,911** | **22,888** | **60,799** | **8,927** | **20,658** | **30,210** | **20,307** | **10,126** | **30,366** |

[The report, "Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences," may be accessed at the following Internet address:]

*http://www.ncjrs.gov/pdffiles1/nij/grants/225025.pdf*

---



EDUCATION WEEK

Published Online: October 21, 2007
Published in Print: October 24, 2007

# Calif. Rules Mask Details of Sex-Related Misconduct

**Past misdeeds may be off-limits to other districts.**

**By Juliet Williams**

*Associated Press*

Back to Story

Keep your staff **sharp** with an **edweek.org site license.**

**Learn how your organization can benefit from an edweek.org site license. >>**

More than 300 California educators had their teaching licenses revoked or suspended because of sex-related offenses from 2001 through 2005.

But you can't tell that from the state's enforcement records—at least not those available to the public.

While some of the most egregious sex abuse is flagged, state law allows many offenses to remain confidential in education records, even when teachers go to prison and register as sex offenders.

**A Lingering Shame**

Overview:
How Project Unfolded

Part I:
Sex Abuse a Shadow Over U.S. Schools
Calif. Rules Mask Details of Sex-Related Misconduct

Part II:
Band Teacher's Abuse Scars Family, Splits Community
Gender Affects Response to Teacher-Student Sex

Part III:
Efforts to Curb Educator Sex Abuse Seen as Weak
Signs of Improper Sexual Interest From Educators
Schoolhouse Sex-Abuse Suspects Face Serial Accusations

The lack of information reflects a system for disciplining teachers that, across the country, is often shrouded in secrecy. That makes it difficult for states to share valuable information about errant teachers, and allows some to find other jobs in the classroom.

In California alone, the Associated Press reviewed more than 2,000 cases in which teachers there were punished for misconduct. Among them were hundreds of cases classified as "general misconduct."

The case of Tanda Rucker, a former college basketball star who taught and coached girls basketball at Encinal High School near Oakland, was one of those. After several teenagers each

reported having a sexual relationship with Ms. Rucker, she pleaded no contest to 18 felony counts. She was sentenced to a year in jail and ordered to register as a sex offender.

Yet an official bulletin from California's Commission on Teacher Credentialing reported only that Ms. Rucker's teaching credential was revoked for misconduct under broad sections of state law that cover everything from theft to murder.

**Dangerous Loophole**

The AP's review found dozens of similar cases, often involving pleas of no contest, a common legal agreement that allows a person to avoid a trial or civil liability, but still leads to conviction. California law also bars the credentialing commission from revealing the reason teachers who plead no contest lose their licenses.

It's a dangerous loophole, says state Assemblyman Todd Spitzer, a Republican from Orange County.

"There is the possibility that one of these people could move to another jurisdiction, most likely another state, and you wouldn't be able to find out their history," says Mr. Spitzer, a former prosecutor and high school English teacher.

Here's how it can happen: California submits information on teachers who lose their licenses to a national database. But because of California's law, the state provides only limited details.

So officials in another state may find out that someone they want to hire had a problem in California, but it's nearly impossible for them to learn more from education records.

**Records Often Sealed**

In some cases, school officials have only a one-year window to access California disciplinary records.

That came into play in 2002, after California granted a probationary license to Craig Kinder. He'd been forced out of a suburban St. Louis district amid accusations that he'd touched students inappropriately.

Mr. Kinder was acquitted on criminal charges, but California officials gave him a license only on the condition that he tell prospective employers about his past.

He didn't do that when he applied at California's Newport-Mesa Unified School District. And by the time district officials figured out he'd lied, the state—and the very California agency that required Mr. Kinder to disclose his history—had sealed his disciplinary records.

That made it tough to fire Mr. Kinder, says Lorri McCune, then the district's assistant superintendent of human resources. "This to me was a gross miscarriage of their responsibility," Ms. McCune says. "We had basically no recourse, which really made me sick."

Mr. Kinder eventually voluntarily surrendered his California license in 2003, after the Newport-Mesa district spent hundreds of thousands of dollars trying to force him out.

His attorney did not respond to messages left by the

**A Lingering Shame:** Sexual Abuse of Students By School Employees

Read more about this series, **"A Lingering Shame: Sexual Abuse of Students by School Employees."** The collection includes a new Associated Press

Associated Press.

series on the issue, as well as special *Education Week coverage.*

Mary Armstrong, the state credentialing commission's legal counsel, couldn't discuss the Kinder case, but says her agency seals some disciplinary records because state law requires it.

"It's a balance between the rights of a teacher who may be falsely accused," she says, "and the rights of the public."

*Copyright 2007 Associated Press. All rights reserved. This material may not be published, broadcast, rewritten, or redistributed.*

Vol. 27, Issue 09, Page 19

EDUCATION WEEK

Published Online: October 21, 2007
Published in Print: October 24, 2007

# Sex Abuse a Shadow Over U.S. Schools

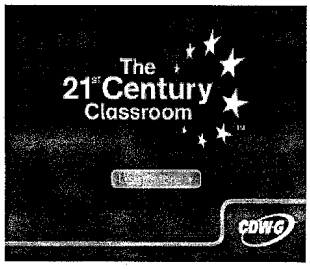
Mitchell King, right, appearing in court in Wausau, Wis., in 2005, is one of 44 Wisconsin public school teachers who lost their teaching licenses between 2001 and 2005 because of sexual misconduct.
—File Photo by Butch McCartney/Wausau Daily Herald/AP

**Investigation examines cases of educator misconduct across nation.**

**By Martha Irvine and Robert Tanner**

*Associated Press*

Back to Story




The young teacher hung his head, avoiding eye contact. Yes, he had touched a 5th grader's breast during recess. "I guess it was just lust of the flesh," he told his boss.

That got Gary C. Lindsey fired from his first teaching job in Oelwein, Iowa. But it didn't end his career. He taught for decades in Illinois and Iowa, fending off at least a half-dozen more abuse accusations.

When he finally surrendered his teaching license in 2004—40 years after that first little girl came forward—it wasn't a principal or a state agency that ended his career. It was one persistent victim and her parents.

Mr. Lindsey's case is just a small example of a widespread problem in American schools: sexual misconduct by the very teachers who are supposed to be nurturing the nation's children.

Students in America's schools are groped. They're raped. They're pursued, seduced, and think

they're in love.

An investigation by the Associated Press has found more than 2,500 cases over five years in which educators were punished for actions that ranged from bizarre to sadistic.

There are 3 million public school teachers nationwide, most devoted to their work. Yet the number of abusive educators —nearly three for every school day—speaks to a much larger problem in a system that is stacked against victims.

Most of the abuse never gets reported. Those cases reported often end with no action. Cases investigated sometimes can't be proven, and many abusers have several victims.

And no one—not the schools, not the courts, not the state or federal governments—has found a surefire way to keep molesting teachers out of classrooms.

Those are the findings of an AP investigation in which reporters sought disciplinary records in all 50 states and the District of Columbia. The result is an unprecedented national look at the scope of sex offenses by educators—the very definition of breach of trust.

A Lingering Shame
Overview:
How Project Unfolded
Part I:
Sex Abuse a Shadow Over U.S. Schools
Calif. Rules Mask Details of Sex-Related Misconduct
Part II:
Band Teacher's Abuse Scars Family, Splits Community
Gender Affects Response to Teacher-Student Sex
Part III:
Efforts to Curb Educator Sex Abuse Seen as Weak
Signs of Improper Sexual Interest From Educators
Schoolhouse Sex-Abuse Suspects Face Serial Accusations

(Following its own, six-month investigation in 1998, *Education Week* published a three-part series, **"A Trust Betrayed,"** that documented the national scope of sexual misconduct involving students and school employees. That series, based in part on a database of nearly 250 cases drawn from published accounts, was **updated with further research in 2003**.)

**Solution Elusive**

The Associated Press' seven-month investigation found 2,570 educators whose teaching credentials were revoked, denied, surrendered, or sanctioned from 2001 through 2005 following allegations of sexual misconduct.

Young people were the victims in at least 1,801 of the cases, and more than 80 percent of those were students. At least half the educators who were punished by their states also were convicted of crimes related to their misconduct.

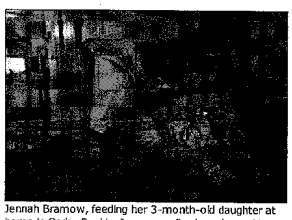
The findings draw obvious comparisons to sex-abuse scandals in other institutions, among them the Roman Catholic Church. A review by America's Catholic bishops found that about 4,400 of 110,000 priests were accused of molesting minors from 1950 through 2002.

Clergy abuse is part of the national consciousness after a string of highly publicized cases. But until now, there's been little broad public awareness of the extent of educator abuse. Beyond the horror of individual crimes, the larger shame is that the institutions that govern education have only sporadically addressed a problem that's been apparent for years.

"From my own experience—this could get me in trouble—I think every single school district in the nation has at least one perpetrator. At least one," says Mary Jo McGrath, a California lawyer who

has spent 30 years investigating abuse and misconduct in schools. "It doesn't matter if it's urban or rural or suburban."

One report mandated by Congress estimated that as many as 4.5 million students, out of roughly 50 million in American schools, are subject to sexual misconduct by an employee of a school sometime between kindergarten and 12th grade. That figure includes verbal harassment that's sexual in nature. (**"Sexual Abuse by Educators Is Scrutinized,"** March 10, 2004.)



Jennah Bramow, feeding her 3-month-old daughter at home in Cedar Rapids, Iowa, was 8 when she and two other girls told their parents that music teacher Gary C. Lindsey had sexually abused them. The Bramow family later won a civil suit against the district.
—David Lienemann/AP

Jennah Bramow, one of Mr. Lindsey's accusers in Cedar Rapids, Iowa, wonders why there isn't more outrage.

"You're supposed to be able to send your kids to school knowing that they're going to be safe," says Ms. Bramow, now 20. While other victims accepted settlement deals and signed confidentiality agreements, she sued her city's schools for failing to protect her and others from Mr. Lindsey—and won. Only then was Mr. Lindsey's teaching license finally revoked.

As an 8-year-old elementary school student, Ms. Bramow told, in a videotaped interview taken in 1995, how Mr. Lindsey forced her hand on what she called his "pee-pee."

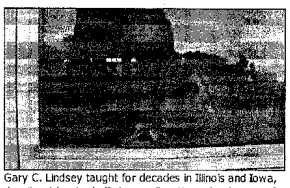
She also drew a picture that showed how Mr. Lindsey made her touch him on the zipper area of his pants.

**Common Patterns**

Mr. Lindsey, now 68, refused requests for an interview. "It never occurs to you people that some people don't want their past opened back up," he said when an AP reporter approached him at his home outside Cedar Rapids and asked questions.

That past, according to evidence presented in the Bramows' civil case, included accusations from students and parents along with reprimands from principals that were filed away, explained away, and ultimately ignored until 1995, when accusations from Ms. Bramow and two other girls forced his early retirement.

Even then, he kept his teaching license until the Bramows took the case public and filed a complaint with the state.



Gary C. Lindsey taught for decades in Illinois and Iowa, despite at least a half-dozen allegations that he sexually abused students. He finally surrendered his teaching license in 2004—40 years after the first student came forward.
—Mark Carlson/AP

Like Mr. Lindsey, the perpetrators that the AP found are everyday educators—teachers, school psychologists, principals, and superintendents among them.

They're often popular and recognized for excellence and, in nearly nine out of 10 cases, they're male.

While some abused students in school, others were

cited for sexual misconduct after hours that didn't necessarily involve a student from their classes, such as viewing or distributing child pornography.

They include:

• Joseph E. Hayes, a former principal in East St. Louis, Ill. DNA evidence in a civil case determined that he impregnated a 14-year-old student. Never charged criminally, his license was suspended in 2003. He has ignored an order to surrender it permanently.

• Donald M. Landrum, a high school teacher in Polk County, N.C. His bosses warned him not to meet with female students behind closed doors. They put a glass window in his office door, but Mr. Landrum papered over it. Police later found pornography and condoms in his office and alleged that he was about to have sex with a female student. His license was revoked in 2005.

• Rebecca A. Boicelli, a former teacher in Redwood City, Calif. She conceived a child with a 16-year-old former student then went on maternity leave in 2004 while police investigated. She was hired to teach in a nearby school district; board members said police hadn't told them about the investigation.

**Unions Urge Balance**

The overwhelming majority of cases the AP examined involved teachers in public schools. Private school teachers rarely turn up, because many are not required to have a teaching license and, even when they have one, disciplinary actions are typically handled within the school.

The nation's two major teachers' unions, the American Federation of Teachers and the National Education Association, each denounced sexual abuse while emphasizing that educators' rights also must be taken into account.

"Students must be protected from sexual predators and abuse, and teachers must be protected from false accusations," said NEA President Reg Weaver, who refused to be interviewed and instead released a two-paragraph statement.

Kathy Buzad of the AFT said that "if there's one incident of sexual misconduct between a teacher and a student, that's one too many."

The United States has grown more sympathetic to victims of sex abuse over recent decades, particularly when it comes to young people. Laws that protect children from abusers bear the names of young victims. Police have made pursuing Internet predators a priority. People convicted of abuse typically face tough sentences and registry as sex offenders.

Even so, sexually abusive teachers continue to take advantage, and there are several reasons why.

For one, many Americans deny the problem, and

**Investigation's Major Findings**

A total of 2,570 educators nationwide were punished for sexual misconduct from 2001 to 2005, representing about a quarter of all educator-misconduct cases found by the Associated Press in that time period.

• The total number of times an action was taken against a teacher's license for sexual misconduct was 2,625. (More than 50 teachers lost licenses in more than one state.) Licenses were revoked in 1,636 of the cases; surrendered in 440 cases; suspended in 376 cases; and denied in 108 cases. Other punishments were handed out in the remainder of the cases.

• Students were clearly identified as victims in at least 1,467 of the sexual-misconduct cases. The victim was a young person, a category including students, unidentified youths, family members, and neighbors, in at least 1,801 of the cases.

even treat the abuse with misplaced fascination. Popular media reports trumpet relationships between attractive female teachers and male students.

"It's dealt with in a salacious manner with late-night comedians saying, 'What 14-year-old boy wouldn't want to have sex with his teacher?' It trivializes the whole issue," says Robert J. Shoop, a professor of educational administration at Kansas State University who has written a book aimed at helping school districts identify and deal with sexual misconduct.

"In other cases," he added, "it's reported as if this is some deviant who crawled into the school district—'and now that they're gone, everything's OK.' But it's much more prevalent than people would think."

- Educators made physical contact in at least 1,297, or 72 percent, of the cases in which the victims were youths. The remainder were cases that did not involve physical contact, including verbal sexual harassment and other offenses.
- There were criminal convictions in at least 1,390, or 53 percent, of the cases.
- Nearly nine out of 10 of the educators punished for sexual misconduct were male.
- At least 446 of the cases that the AP found involved educators who had multiple victims.

SOURCE: Associated Press

**No National Policy**

The AP investigation found efforts to stop individual offenders but, overall, a deeply entrenched resistance toward recognizing and fighting abuse.

It starts in school hallways, where fellow teachers look away or feel powerless to help. School administrators make behind-the-scenes deals to avoid lawsuits and other trouble. And in state capitals and Congress, lawmakers shy from tough state punishments or any cohesive national policy for fear of disparaging a vital profession.

That only enables rogue teachers, and puts young people who aren't likely to be believed in a tough spot.

In case after case the AP examined, accusations of inappropriate behavior were dismissed. One girl in Mansfield, Ohio, complained about a sexual assault by teacher Donald Coots and got expelled. It was only when a second girl, years later, brought a similar complaint against the same teacher that he was punished.

And that second girl also was ostracized by the school community and ultimately left town.

Unless there's a videotape of a teacher involved with a child, everyone wants to believe the authority figure, says Wayne Promisel, a retired Virginia detective who has investigated many sex-abuse cases.

He and others who track the problem reiterated one point repeatedly during the AP investigation: Very few abusers get caught.

They point to several academic studies estimating that only about one in 10 victimized children reports sexual abuse of any kind to someone who can do something about it.

Teachers, administrators, and even parents frequently don't, or won't, recognize the signs that a crime is taking place.

"They can't see what's in front of their face. Not unlike a kid in an alcoholic family, who'll say, 'My

family is great,' " says Ms. McGrath, the California lawyer and investigator who now trains entire school systems in how to recognize what she calls the unmistakable "red flags" of misconduct.

**E-Mail as Evidence**

In Hamburg, Pa., in 2002, those "red flags" should have been clear. A student skipped classes every day to spend time with one teacher. He gave her gifts and rides in his car. She sat on his lap. The bond ran so deep that the student got chastised repeatedly—even suspended once for being late and absent so often. But there were no questions for the teacher.

Heather Kline was 12, a girl with a broad smile and blond hair pulled back tight. Teacher Troy Mansfield had cultivated her since she was in his 3rd grade class.

"Kids, like, idolized me because they thought I was, like, cool because he paid more attention to me," says Ms. Kline, now 18, sitting at her mother's kitchen table, sorting through a file of old poems and cards from Mr. Mansfield. "I was just, like, really comfortable. I could tell him anything."

He never pushed her, just raised the stakes, bit by bit—a comment about how good she looked, a gift, a hug. She was sure she was in love.

By winter of 7th grade, he was sneaking her off in his car for an hour of sex, dropping in on her weekly baby-sitting duties, e-mailing her about what clothes she should wear, about his sexual fantasies, about marriage and children.

Mr. Mansfield finally got caught by the girl's mother, and his own words convicted him. At his criminal trial in 2004, Heather read his e-mails and instant messages aloud, from declarations of true love to explicit references to past sex. He's serving up to 31 years in state prison.

The growing use of e-mails and text messages is leaving a trail that investigators and prosecutors can use to prove an intimate relationship when other evidence is hard to find.

**Reported Sexual-Misconduct Cases**

More than 2,500 educators' credentials were revoked, denied, surrendered, or sanctioned from 2001 to 2005 for sex-related misconduct. Those actions made up one-fourth of all educator misconduct cases nationally.

SOURCES: AP state bureaus' research J. Parsons, N. Rapp—AP

Even then, many in the community find it difficult to accept that a predator is in their midst. When such cases break, defendants often portray the students as seducers or false accusers. However, every investigator questioned said that is largely a misconception.

"I've been involved in several hundred investigations," says Martin Bates, an assistant superintendent in a Salt Lake City school district. "I think I've seen that just a couple of times ... where a teacher is being pursued by a student."

Too often, problem teachers are allowed to leave quietly. That can mean future abuse for another student and another school district.

"They might deal with it internally, suspending the person or having the person move on. So

their license is never investigated," says Charol Shakeshaft, a leading expert in teacher sex abuse who heads the educational leadership department at Virginia Commonwealth University.

It's a dynamic so common it has its own nicknames—"passing the trash" or the "mobile molester."

**Rise in State Action**

Laws in several states require that even an allegation of sexual misconduct be reported to the state departments that oversee teacher licenses. But there's no consistent enforcement, so such laws are easy to ignore.

School officials fear public embarrassment as much as the perpetrators do, Ms. Shakeshaft says. They want to avoid the fallout from going up against a popular teacher. They also don't want to get sued by teachers or victims, and they don't want to face a challenge from a strong union.

In the Iowa case, Mr. Lindsey agreed to leave without fighting when his bosses kept the reason for his departure confidential. The decades' worth of allegations against him would have stayed secret, if not for Ms. Bramow.

Across the country, such deals and lack of information-sharing allow abusive teachers to jump state lines, even when one school does put a stop to the abuse.

While some schools and states have been aggressive about investigating problem teachers and publicizing it when they're found, others were hesitant to share details of cases with the AP—Alabama and Mississippi were among the more resistant. Maine, the only state that gave the AP no disciplinary information, has a law that keeps offending teachers' cases secret.

Meanwhile, the reasons given for punishing hundreds of educators, including many in California, were so vague there was no way to tell why they'd been punished, until further investigation by AP reporters revealed it was sexual misconduct.

And in Hawaii, no educators were disciplined by the state in the five years the AP examined, even though some teachers there were serving sentences for various sex crimes during that time. They technically remained teachers, even behind bars.

Elsewhere, there have been fitful steps toward catching errant teachers that may be having some

**How Project Unfolded**

Associated Press reporters in every state and the District of Columbia worked for months to provide a national look at sexual misconduct among educators.

The effort began in March, when AP reporters asked state education officials for records of disciplinary actions taken against teacher licenses from 2001 through 2005.

To obtain the records, most of the reporters had to file formal requests, some repeatedly.

Cooperation from state agencies varied widely. In the end, though, all but one provided most of the requested information.

Maine has a law that keeps offending teachers' names secret, making it the only state that refused to disclose cases of sexual misconduct to the AP. The three cases the AP found in Maine were made public in widely circulated news reports.

Once AP reporters collected all the disciplinary records, they began to get as much detail as possible on cases of alleged sexual misconduct.

Their secondary sources included court, police, and prison records and state sexoffender registries, as well as various news accounts on the cases, including the AP's.

The reporters were then asked to input their findings into a database.

If the state took an action against an educator following an accusation of sexual misconduct, then that person was included in the AP's count.

All the educators were disciplined for doing

effect. The AP found the number of state actions against sexually abusive teachers rose steadily, to a high of 649 in 2005.

More states now require background checks on teachers, fingerprinting, and mandatory reporting of abuse, though there are still loopholes and a lack of coordination among districts and states.

U.S. Supreme Court rulings in the past 20 years on civil rights and sex discrimination have opened schools up to potentially huge financial punishments for abuses, which has driven some schools to act.

And the National Association of State Directors of Teacher Education and Certification keeps a list of educators who have been punished for any reason, but only shares the names among state agencies.

**Holes in Safety Net**

The uncoordinated system that's developed means some teachers still fall through the cracks. Aaron M. Brevik is a case in point.

Mr. Brevik was a teacher at an elementary school in Warren, Mich., until he was accused of using a camera hidden in a gym bag to secretly film boys in locker rooms and showers. He also faced charges that he recorded himself molesting a boy while the child slept.

Found guilty of criminal sexual conduct, Mr. Brevik is now serving a five- to 20-year prison sentence and lost his Michigan license in 2005.

something sexual, inappropriate, and unprofessional. Many were charged criminally, and 1,390 cases resulted in a conviction.

A very small minority of cases, including a couple of dozen involving prostitution, had no direct connection to either schools or to children.

But they did involve sexual misbehavior, and since education officials punished the teachers for those actions, they made it into the AP count.

In some cases, the allegations didn't result in criminal prosecution.

But the states, typically through their education departments, took action, most often in the form of revocation, suspension, or denial of a state teaching license.

Sometimes states accepted the surrender of a teacher's license after an accusation surfaced, or as part of a plea deal.

Once reporters entered the teachers in the database, reporters and their editors in each state double-checked the information.

Finally, a team of editors went through the database case by case, eliminating several dozen cases in which it was possible to view the alleged misbehavior as nonsexual.

What Michigan officials apparently didn't know when they hired him was that Mr. Brevik's teaching license in Minnesota had been permanently suspended in 2001 after he allegedly invited two male minors to stay with him in a hotel room. He was the principal of an elementary school in southeastern Minnesota at the time.

"I tell you what, they never go away. They just blend a little better," says Steve Janosko, a prosecutor in Ocean County, N.J., who handled the case of a former high school teacher and football coach, Nicholas J. Arminio.

Mr. Arminio surrendered his New Jersey teaching license in 1994 after two female students separately accused him of inappropriate touching. The state of Maryland didn't know that when he applied for teaching credentials and took a job at a high school in Baltimore County. He eventually resigned and lost that license, too.

Even so, until this month, he was coaching football at another Baltimore County high school in a

job that does not require a teaching license. After the AP started asking questions, he was fired.

Victims also face consequences when teachers are punished.

In Pennsylvania, after news of teacher Troy Mansfield's arrest hit, girls called Ms. Kline, his 12-year-old victim, a "slut" to her face. A teacher called her a "vixen." Friends stopped talking to her. Kids no longer sat with her at lunch. Her abuser, meanwhile, had been a popular teacher and football coach.

**A Lingering Shame:** Sexual Abuse of Students By School Employees

Read more about this series, **"A Lingering Shame: Sexual Abuse of Students by School Employees."** The collection includes a new Associated Press series on the issue, as well as special *Education Week coverage*.

So, between rumors that she was pregnant or doing drugs and her own panic attacks and depression, Ms. Kline bounced between schools. At 16, she ran away to Nashville.

"I didn't have my childhood," says Ms. Kline, who's back home now, working at a grocery cash register and hoping to get her General Educational Development credential so she can go to nursing school. "He had me so matured at so young. I remember going from little baby dolls to just being an adult."

The courts dealt her a final insult. A federal judge dismissed her civil suit against the school, saying administrators had no obligation to protect her from a predatory teacher since officials were unaware of the abuse, despite what the court called widespread "unsubstantiated rumors" in the school. The family is appealing.

In Iowa, the state supreme court made the opposite ruling in the Bramow case, deciding she and her parents could sue the Cedar Rapids schools for failing to stop Mr. Lindsey.

Ms. Bramow, now a young mother who waits tables for a living, won a $20,000 judgment. But Mr. Lindsey was never criminally charged, because of what the former county prosecutor deemed insufficient evidence.

Arthur Sensor, the former superintendent in Oelwein, Iowa, who vividly recalls pressuring Mr. Lindsey to quit on Feb. 18, 1964, regrets that he didn't do more to stop him back then.

Now, he says, he'd call the police.

"He promised me he wouldn't do it again, that he had learned. And he was a young man, a beginning teacher, had a young wife, a young child," Mr. Sensor, now 86 years old, said during testimony at the Bramows' civil trial. "I wanted to believe him, and I did."

*John Parsons, special-projects manager for the Associated Press' News Research Center, contributed to this report.*

*Copyright 2007 Associated Press. All rights reserved. This material may not be published, broadcast, rewritten, or redistributed.*

Vol. 27, Issue 09, Pages 1,16-19

EDUCATION WEEK

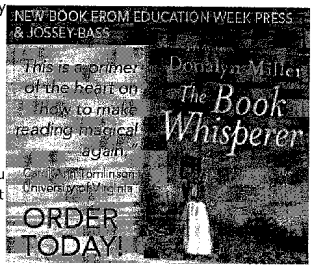
Published Online: October 22, 2007

# Band Teacher's Abuse Scars Family, Splits Community

**By Martha Irvine**

*Associated Press*

Back to Story




They've learned to watch their older daughter for any sign that something's wrong.

She cuts her long, blond hair and dyes it jet black. And they worry.

Her father picks up a book she's been reading, *The Road* by Cormac McCarthy, and skims it for clues. He notices a highlighted passage: "You forget some things, don't you," it reads. "Yes. You forget what you want to remember and you remember what you want to forget."

Her parents can relate. There's a lot they'd like to forget, too—especially since the day nearly three years ago when their then-15-year-old daughter told them her elementary school band teacher had molested her and other girls.

The teacher, Robert Sperlik Jr., pleaded guilty last year to sexual abuse and kidnapping of more than 20 girls, some as young as 9. Among other things, he told prosecutors that he put rags in the girls' mouths, taped them shut, and also bound their hands and feet with duct tape and rope for his own sexual stimulation.

According to court documents, he rubbed their inner thighs and shoulders and forced them to sit, while bound, in closets and school storage rooms. At least one girl told prosecutors that when Mr. Sperlik stood behind her, she could feel his erect penis on her back.

He pretended it was a game, gave the girls candy, and told them not to tell. And for a long time, none of them did.

A seven-month Associated Press investigation found stories like these are all too common. AP reporters in every state and the District of Columbia identified 2,570 teachers who were punished for sexual misconduct from 2001 to 2005 alone, for actions that ranged from fondling to viewing child pornography to rape.

**A Lingering Shame**

**Overview:**

How Project Unfolded

**Part I:**

Sex Abuse a Shadow Over U.S. Schools

Calif. Rules Mask Details of Sex-Related Misconduct

**Part II:**

Band Teacher's Abuse Scars Family, Splits Community

Gender Affects Response to Teacher-Student Sex

**Part III:**

Efforts to Curb Educator Sex Abuse Seen as Weak

Signs of Improper Sexual Interest From Educators

Schoolhouse Sex-Abuse Suspects Face Serial Accusations

Though experts who deal with sexual abuse say victims tell the truth more often than not, the ordeal is often worsened when the community around them is

drawn in, and people take sides. Often, victims and their families face uncooperative administrators, disbelieving neighbors, and an agonizing legal journey.

**'Silent Epidemic'**

This family in Berwyn, Ill., a suburb west of Chicago, understands the emotional toll.

"It's a silent epidemic is what it is," the girl's father says. "People are protecting people who aren't worth protecting. I hope our daughters will have that instilled in them, too—that you report what you know."

The couple, a telecommunications technician and a stay-at-home mom, spoke on the condition that they and their daughter not be identified, so she can try to move on from the nightmare that began in the late 1990s.

They want to share their story to encourage anyone being abused by an educator to come forward. They also hope school officials will do more to get abusive teachers out of classrooms.

The parents of a girl who was molested in elementary school by her band teacher hold hands in their living room with a portrait of their daughter nearby on Sept. 6, in Berwyn, Ill. The teacher, Robert Sperlik Jr. pleaded guilty last year to sexual abuse and kidnapping more that 20 girls.
—M. Spencer Green/AP

"I thought my children were safest in school," the girl's mother says. She shakes her head. As a child, she went to Pershing Elementary School, the same school her two daughters attended and one of several in Berwyn, where Mr. Sperlik taught band for 18 years. "I don't trust anybody now."

Her daughter was a 4th grader when Mr. Sperlik began teaching her how to play the clarinet. She liked him. He said nice things about her and played funny games during class, including letting students draw lips on duct tape and put it on their mouths.

Eventually, though, she and two of her friends started to feel uncomfortable with what they described as increasingly creepy behavior. After attending a school seminar about inappropriate touching in 2001, they took a piece of paper and wrote a note to the woman who spoke to them.

He "rubs our leg sometimes, rubs our back to feel for a bra," the girl, then age 11, wrote for herself and her friends. "He comments [to] me about my hair and how nice it looks when it's down, comments to [another female student] on how she dresses and that she should be a model."

They asked the woman not to say anything and, if she did, not to mention their names. "We are afraid to tell our parents," the girl wrote in the note, which eventually made its way to Karen Grindle, the principal at Pershing.

**Principal Reassures Parents**

The girls thought it was enough to flag an adult's attention without having to be too explicit.

Ms. Grindle, according to court documents, spoke to the children individually and to some of their parents, though she didn't show the letter to the parents. She told them that their daughters felt uncomfortable with the band teacher—that she had spoken to Mr. Sperlik, that he explained that

he was only correcting their posture and tapping them on the knee to help them keep a beat.

The parents felt reassured. "She told me she had my daughter's self-interest at heart. That made me feel good," the mom says.

Later in court, however, the girls claimed they had privately told Ms. Grindle that Mr. Sperlik touched them in their groin area. Ms. Grindle insisted that never happened.

Sperlik, a former elementary school band teacher, pleaded guilty in 2006 to sexual abuse and kidnapping of more than 20 girls, some as young as age 9.
—Illinois Dept. of Corrections/AP

Given her findings, she made no report to police or child protective services. She did, however, tell Mr. Sperlik not to touch his students for any reason.

Ms. Grindle, who was later cleared of criminal charges for not reporting Mr. Sperlik, did not respond to a request for an interview. Nor did Mr. Sperlik, by way of his attorney.

William Jordan, the district's superintendent at the time of the abuse, said he could not comment, citing the victims' civil suit against him, other school officials, and Mr. Sperlik.

"It's important to look at what the school failed to do," says Mark Loevy-Reyes, a Chicago attorney who represents some of the families, including the one profiled in this story . He claims that Mr. Sperlik's behavior came to the attention of school officials on various occasions. "I think it's easy for school districts to turn a blind eye to it, unless they know they can be held accountable."

**Story Comes Out**

In 2001, when the parents initially asked their daughter to tell them what happened, she didn't want to talk about it. So they stopped asking.

The daughter never planned to bring it up again. But four years later, she overheard a conversation her mom was having with her younger sister, an 8th grader whose friend had been dancing provocatively in front of adults.

Her mother explained that it wasn't appropriate. And when the younger daughter protested the lecture, her older sister had to say something.

"You know what, you need to listen to Mom because of what happened to me with that weirdo band teacher," the elder daughter said, opening the door to her long-kept secret.

It was the first time her mother heard anything about duct tape. "What did you say? What do you mean? How did he tape you?" her stunned mother asked, grabbing a kitchen chair and cellophane tape so her daughter could show her.

Her daughter started sobbing and the mother stopped, realizing how much the questions were upsetting her.

"This is not your fault," her mom said, tears streaming down her face, too. "I never knew. I didn't know."

When the girl's father came home and heard the story, he immediately went to the police, even though it was late. "At that moment, as a father, as a man, I needed to go to the proper

authorities," he says, his face reddening as he remembers that cold night in January 2005. "I couldn't sleep through the night without taking matters into my own hands."

Their daughter gave police the names of the two other girls, whom police interviewed separately. Eventually, other young women came forward, some saying that they hadn't realized what Mr. Sperlik was doing was sexual until they were older.

**Community Incredulous**

Many in the community didn't want to believe it. To them, Mr. Sperlik was an awkward but generally well-liked bachelor and accomplished drummer who related to his students better than other adults.

"I've always known Bob's a little socially inept," says Michelle Nafziger, a mother who went to high school with Mr. Sperlik. Her five children also had him for band.

Her daughter was among a group of high school musicians that Mr. Sperlik hand-picked for a jazz group called Take 10, which practiced at his home. None of them were among his accusers.

Ms. Nafziger remembers how Mr. Sperlik had a "Buffy the Vampire Slayer" poster hanging in his home. He also took part in what she thought were harmless band pranks, including duct-taping students and taking photos of it. "He was like a big child," Ms. Nafziger says.

After he accepted a 20-year prison sentence in a plea deal, she said Mr. Sperlik wrote a letter to some of his older, former students, a few of whom visited him behind bars. Mr. Sperlik told them he still did not think he was guilty, Ms. Nafziger said. But he apologized to them.

"He's obviously disturbed. Now I could see that these weren't innocent [duct-] taping things. I could see that he was getting sexual gratification out of that, which is terrible and should not have been allowed," she says. "But I don't know. It left us all feeling really weird."

Dominic Tarullo, a parent whose four children had Mr. Sperlik for band, suspects Berwyn's history of political corruption somehow played a role in getting Mr. Sperlik to accept a plea deal without a fight. "I know him as a real honest, good guy," says Mr. Tarullo, who speculates that Mr. Sperlik wanted to save his elderly parents the embarrassment of a trial. "I just cannot imagine that he was abusing kids."

He's not the only one. Immediately after news of Mr. Sperlik's arrest hit in January 2005, people began questioning the girls' motives: Why didn't they come forward sooner? Were they really telling the truth?

Some think their parents simply want money from a lawsuit. The latter accusation is perhaps the most hurtful.

"How dare you?" says the mother of the first family to step forward. "Why would I put my children in harm's way, throw them in front of a bus? Come on!"

**Victim Hospitalized**

It was almost too much for the girl, who never anticipated such harsh public scrutiny. For a time, she was cutting herself on her arms and ankles, a ritual that is often associated with victims of sexual

**A Lingering Shame:** Sexual Abuse of Students By School Employees

Read more about this series, **"A Lingering Shame: Sexual Abuse**

abuse.

Her parents also had her admitted to a psychiatric hospital after she took sleeping pills last year. She was upset that Mr. Sperlik hadn't gotten more prison time. "I just can't take it anymore," she wrote in a note to her parents.

**of Students by School Employees."** The collection includes a new Associated Press series on the issue, as well as special *Education Week coverage.*

After she came home, they found a counselor who specializes in sexual abuse. It's been helping, they say. And lately, their daughter has been more angry than depressed, showing some fight.

In the spring, she graduated from a private high school. Now, she has started college in central Illinois and a new chapter away from her troubles in Berwyn.

She's also let her hair grow out and no longer dyes it black. For the first time in a long time, her parents are hopeful, though nagging guilt and anger persist.

Her mother still has dreams about going to the school to confront the principal about why she didn't do more. Her father thinks about the day his daughter marries and has kids of her own, how he'll have to resist the urge to park outside her house to watch over them.

"Our kids were like babies still. That's what makes it so hard because they were so innocent," he says.

He rubs his face, as his eyes well up. "All these kids, I feel sorry for all of them, not just my own. We're not the only ones suffering in this. There's a lot of people suffering in this."

*Copyright 2007 Associated Press. All rights reserved. This material may not be published, broadcast, rewritten, or redistributed.*

EDUCATION WEEK

Published Online: October 22, 2007
Published in Print: October 22, 2007

# Gender Affects Response to Teacher-Student Sex

Teacher Carrie McCandless,pausing in a courthouse corridor in Fort Collins, Colo., went on to serve 45 days in jail for uniawful sexual contact with one of her students, a 17-year-old boy.
—File Photo by V.Richard Haro/Fort Collins Coloradoan/AP

**Girls often ostracized for bringing down educators, while boys seen as 'lucky'.**

**By Robert Tanner**

*Associated Press*

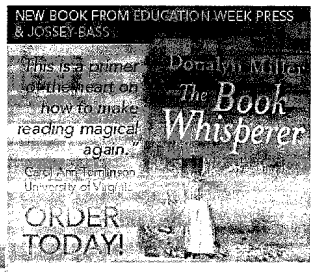
Back to Story

A 17-year-old girl in upstate New York is forced into sex by a male teacher. Instead of sympathy, the student gets harassed for causing trouble for a popular teacher, threatened, and pushed around by other girls. Just six weeks before graduation, she quits school.

A 17-year-old boy in Colorado is seduced by his attractive female teacher. A neighbor tells the teenager's mom it was a sexual conquest like "climbing Mount Everest." He has to hide from the crush of media attention.

They are crimes and abuses, but often they're treated as entertainment.

A Lingering Shame
Overview
How Project Unfolded
Part 1:



Sex Abuse a Shadow Over U.S. Schools

Calif. Rules Mask Details of Sex-Related Misconduct

Part II:

Band Teacher's Abuse Scars Family, Splits Community

Gender Affects Response to Teacher-Student Sex

Part III:

Efforts to Curb Educator Sex-Abuse Seen as Weak

Signs of Improper Sexual Interest From Educators

Schoolhouse Sex-Abuse Suspects Face Serial Accusations

Girls are pressed into the role of seducer or naive victim. Boys are seen as studs. Sexual misconduct by teachers is remarkably common in American schools, a new Associated Press investigation shows. But how Americans react to it is deeply split depending on the victim's gender.

"Hollywood, they think it's such a hot thing when a guy gets laid at a young age. I tell you, it's not a hot thing," says Jeff Pickthorn, who speaks from experience. He was 12 when he began having sex with his 7th grade teacher, who was 24. "They say that guy's lucky. I say, no, he's not lucky at all."

At the time, Mr. Pickthorn might have agreed with them. For several months, he had sex with his teacher, until his parents found out and the teacher was pressured to resign. It left him "with no boundaries," he says now at 54, his life marred by affairs, gambling, and ruined marriages.

**Media Fascination**

The AP's survey of five years of state disciplinary actions against teachers found 2,570 educators were punished for sexual misconduct.

In the cases where the victim's gender was clear, the large proportion were female. Almost nine out of 10 of the offenders were male.

But the boys who are drawn into sexual relationships with their female teachers get an overwhelming amount of attention, especially when the woman is attractive. They're the subject of heavy news coverage, jokes from late-night TV comics, Web sites with photos, videos, and more.

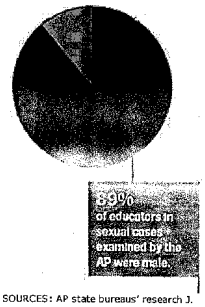
What's more likely to be described as rape or sexual abuse when the victim is female turns into a "tryst" or a "sexual liaison" when the perpetrator is female and the victim is male.

"Prosecutors try hard not to treat these cases differently and not to apply any kind of double standard. But there are some very real double standards in society that affect how these cases will be accepted by jurors and judges," says Michael Sinacore, an assistant state attorney in Tampa, Fla.

He prosecuted Debra Lafave, a former Florida middle school teacher who admitted to having sex with a 14-year-old male student. Public attention paid to the 25-year-old blond newlywed quickly went "off the charts," Mr. Sinacore says, after photos surfaced on the Internet of her on a motorcycle in a bikini.

"There's something wrong with making a celebrity out of someone accused of a sex crime," he said.

Ultimately, the victim's family sought to avoid a trial because of all the media attention. Ms. Lafave pleaded guilty to lewd and




SOURCES: AP state bureaus' research J. Parsons, N. Rapp—AP

lascivious battery and got house arrest and probation.

The earlier case of Mary Kay Letourneau mesmerized tabloids and television. A married mother of four, she had two children by a student. She went to prison but later married the student, by then 21, after she got out.

Colorado high school teacher Carrie McCandless got 45 days behind bars for unlawful sexual contact with a 17-year-old male student. Not knowing the victim was her son, a friend remarked to the teenager's mother that having sex with Ms. McCandless would be like "climbing Mount Everest" for any boy.

In contrast, the case of teacher Kevin Poppleton in upstate New York got almost no media attention. His 17-year-old victim, identified as Amanda C. in state records, said Mr. Poppleton threatened to kill her if she talked and "other girls would scream and yell at her and push her around the locker room." His license was revoked.

**Research on Attitudes**

Students are traumatized by abuse cases, communities shaken. Yet the public imagination seizes on the idea.

Look at the way pop culture presents teacher-student sex with a wink and a nod: the 1984 Van Halen song "Hot for Teacher"; the 1998 trash-noir movie "Wild Things" about a male high school teacher with two manipulative female students; this year's hit cable-TV show "Entourage," in which one of the male characters brags about having sex with a high school teacher.

The roots run deep, at least to the medieval tale of Abelard and Heloise, a scholar who fathers a child with his beloved student.

Approving attitudes can even be found in the courts.

"It's just something between two people that clicked beyond the teacher-student relationship," a New Jersey judge said as he dismissed prison time for a teacher who admitted having sex with a 13-year-old student. "I really don't see the harm that was done, and certainly society doesn't need to be worried."

Judge Bruce A. Gaeta was later reprimanded, but at least one academic report found that his view is common.

Former middle school teacher Debra Lafave sits with her lawyer in court in Tampa, Fla., before the start of her sentencing in 2005 on sex charges involving a 14-year-old student. —File Photo by Chris O'Meara/AP

A 2004 University of Buffalo study gauged perceptions of teacher-student sex. It found that a female teacher with a male student was most often seen as a "normal part of growing up," and respondents were less likely to conclude that the teacher should lose her license. But male respondents, in marked contrast to women, were more likely to see positive aspects in those relationships and less likely to see long-term damage.

Psychologists who treat boys say they suffer doubly: from the abuse itself, and from the view that they were lucky.

"A boy is likely, with a female teacher, to claim that it wasn't a problem, it wasn't molestation, it wasn't abuse, he wasn't hurt by it," says Richard Gartner, a New York psychologist and the author

of the 2005 book *Beyond Betrayal: Taking Charge of Your Life After Boyhood Sexual Abuse*. Recognition of the damage doesn't usually occur until the man is in his 30s, 40s, or later, he said.

That damage varies widely, depending on the victim's age, the abuse itself, and the sexual orientation of the boy and of the abuser, Mr. Gartner says. Victims often report addictive behavior and compulsive disorders, from gambling to sex to substance abuse, he says.

Boy or girl, victims often end up with relationships framed in terms of power and control, not affection.

**A Lingering Shame:** Sexual Abuse of Students By School Employees

Read more about this series, **"A Lingering Shame: Sexual Abuse of Students by School Employees."** The collection includes a new Associated Press series on the issue, as well as special *Education Week coverage*.

But boys' pain is overlooked. "In our society, we're socialized to think that men aren't victims, that that's the province of women," Mr. Gartner says. "To say that you are a victim and particularly a sexual victim, for many boys and men, is to say that you're not entirely a man."

*Associated Press National Writer Martha Irvine contributed to this report.*

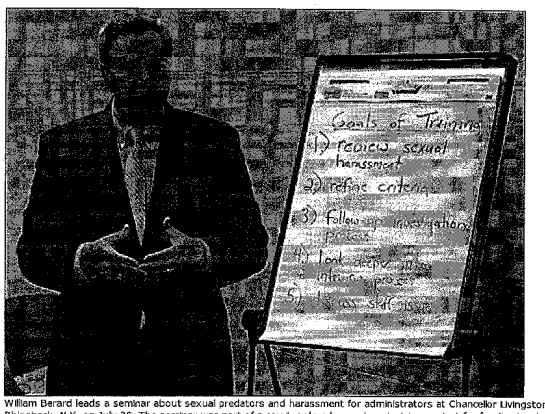
*Copyright 2007 Associated Press. All rights reserved. This material may not be published, broadcast, rewritten, or redistributed.*

Vol. 27, Issue 09, Pages 17-18

EDUCATION WEEK

Published Online: October 23, 2007

# Efforts to Curb Educator Sex Abuse Seen as Weak

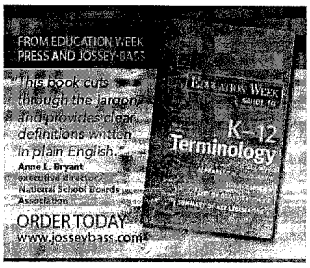


William Berard leads a seminar about sexual predators and harassment for administrators at Chancellor Livingston Elementary School in Rhinebeck, N.Y. on July 30. The seminar was part of a court-ordered, year-long training project for faculty, teachers and students in the Rhinebeck school system.—Tim Roske/AP

**By Robert Tanner**

*Associated Press*

Back to Story




Every school has rules governing teacher behavior. Every state has laws against child abuse, and many specifically outlaw teachers' taking sexual liberties with students. Every district has administrators who watch out for sexual misconduct by teachers.

Yet people like Chad Maughan stay in the classroom.

Mr. Maughan got in trouble twice for viewing pornography at schools in Washington state but was allowed to keep teaching. Within two years, he was convicted of raping a 14-year-old girl in his school.

Legal loopholes, fear of lawsuits, and inattention all have weakened the safeguards that are supposed to protect children in school. The system fails hundreds of kids each year, an Associated Press investigation found. It undoubtedly fails many more whose offenders go free.

State efforts to strengthen laws against sex abuse by teachers have run into opposition from

school boards and teachers' unions. In Congress, a measure that would train investigators and create a national registry of offenders hasn't even gotten a hearing. Few leaders recognize, let alone attack, what children's advocates regard as a national shame.

"Instead of ignoring it or fighting it, why don't you get ahead of it?" says Ted Thompson, the executive director of the National Association to Prevent Sexual Abuse of Children.

The AP investigation identified 2,570 cases from 2001 to 2005 in which teachers were punished or removed from the classroom for sexual misconduct. Students were clearly identified as victims in at least 1,467 of those cases. The allegations ranged from fondling to rape. Reporters in all 50 states and the District of Columbia gathered the cases from state agencies with responsibility for teacher licensing.

Even accounting for population differences, states vary widely on how many teachers they discipline and how rigorously, the investigation showed. That reflects the patchwork nature of the laws and rules that aim to protect schoolchildren. Each state takes its own approach to background checks, fingerprinting, and reporting abuse.

While states have taken halting steps toward accountability in recent years after decades of widespread neglect, there are still many gaps.

A Lingering Shame
Overview:
How Project Unfolded
Part I:
Sex Abuse a Shadow Over U.S. Schools
Calif. Rules Mask Details of Sex-Related Misconduct
Part II:
Band Teacher's Abuse Scars Family, Splits Community
Gender Affects Response to Teacher-Student Sex
Part III:
Efforts to Curb Educator Sex Abuse Seen as Weak
Signs of Improper Sexual Interest From Educators
Schoolhouse Sex-Abuse Suspects Face Serial Accusations

Some states check fingerprints against records only in their own states, not the FBI databases, so they miss offenders from other states. Others check for violations only when teachers are newly hired, missing veteran teachers who have run afoul of the law since they were first hired.

"You can fingerprint them all you want and nothing's going to come up," says John Seryak, a longtime Ohio middle school teacher who now trains teachers to spot when a colleague is abusing kids.

**'Tremendous Resistance'**

School systems also have made an attempt at weeding out wrongdoers. For the past 20 years, educators have shared information with other states about teachers who have run into administrative trouble.

The National Association of State Directors of Teacher Education and Certification created the list, and Roy Einreinhofer, its executive director, says protecting children is one of the group's top goals.

But the list has its flaws. It only provides identifying information such as names, birth dates, and Social Security numbers, nothing describing a teacher's past problems, leaving it up to a state agency or a hiring school district to dig deeper. Also, the list is not publicly available.

"There are some liability issues involved there," Mr. Einreinhofer says. "It just serves as a flag

saying you need to check this person further."

Created in 1987, the list contains names of some 37,000 teachers who have had license problems, which includes all misbehavior, not just sexual.

Similar piecemeal efforts have often run into resistance, from lawmakers reluctant to tackle the subject, from teachers' unions concerned with privacy and due process, and from school boards worried about court fights.

In Washington state, Mr. Maughan's case led to a law that clarified the definition of sexual misconduct and required school districts to share information.

Mr. Maughan had been suspended from one job for looking at pornography on school computers, but the district said only that he had used "poor judgment." At the second job, he was reprimanded for viewing pornography, and told administrators he had an addiction and was getting counseling.

In 2005, school employees found a paper bag containing a 14-year-old girl's red lace underwear and a sexually explicit note from her to Mr. Maughan. The teacher pleaded guilty to rape.

State Sen. Don Benton, who fought for the law that followed the arrest, said "we had tremendous resistance from the teachers' union when it came to personnel files.

"We have to tell school districts, 'Look, you have a duty and a responsibility. As parents, we are entrusting you with our children to take extra steps to ensure that the people you hire are safe.' "

**Union Warns of 'Witch Hunt'**

In Minnesota, the state school boards' association, allied with two church groups, has lobbied against a bill that would give victims of child sex abuse more time to bring civil claims. Schools, like churches, could be held liable if they failed to stop abuse that they should have known about.

"Schools have nothing to fear unless they either actively participated or covered up grave misconduct," says House Majority Leader Steve Simon, a Democrat pushing the measure.

Some union officials argue that the dangers are overstated. "We're turning some of this now into a modern-day witch hunt and making it very difficult for teachers to have to say, 'I'm not one of those.' It's the wrong signal to send," says Steve Monaghan, the president of the Louisiana Federation of Teachers.

His state this past spring declared it a crime punishable by up to six months' imprisonment for a teacher to have sex with a student even if he or she is above the age of consent.

Advocates argue what's needed is a coordinated national approach. But there has been virtually no momentum there.

A report ordered by Congress and released in 2004 examined previous studies and surveys of teacher sexual misconduct and sent a troubling message. It estimated that some 4.5 million students out of 50 million in American public schools "are subject to sexual misconduct by an employee of a school sometime between kindergarten and 12th grade." (**"Sexual Abuse by Educators Is Scrutinized,"** March 10 and **"Report Examining Sexual Misconduct Taps Some Nerves,"** July 14, 2004.)

But that report, compiled by a leading expert, Charol Shakeshaft, who heads the educational

leadership department at Virginia Commonwealth University, was largely ignored.

This year, U.S. Rep. Adam Putnam, a Florida Republican, proposed legislation to create a national public registry of convicted offenders in schools, better training of investigators, and a national hotline for reports of sexual abuse in school.

It still hasn't received a hearing.

"It clearly is a problem and it appears to be growing," Mr. Putnam says, yet he is dismayed by the lack of concern. "You'd think the teachers' association, the school boards, the principals, you'd think all of them would be on board to protect children."

**Advocates Frustrated**

Those who have fought for years to try to raise awareness of the issue see incremental gains, and the AP analysis found a steady increase in teachers removed from the classroom from 2001 to 2005. But advocates are despairing, not satisfied.

"We are mandated to send our children to school. Yet our schools are not being mandated to keep our children safe," says Terri Miller, the president of SESAME Inc., which stands for Stop Educator Sexual Abuse, Misconduct, and Exploitation. "That is a horrendous problem, and that needs to be fixed."

She shares Rep. Putnam's enthusiasm for a new national registry and hopes for federal leadership that would force states to make their laws more uniform.

Others emphasize training as the best way to prevent abuse. Some newly minted teachers graduate from college, have sex with a student, and then say "What's wrong with that?" says Mr. Einreinhofer, at the national teacher-certification officials' group.

**A Lingering Shame:** Sexual Abuse of Students By School Employees

Read more about this series, **"A Lingering Shame: Sexual Abuse of Students by School Employees."** The collection includes a new Associated Press series on the issue, as well as special *Education Week coverage*.

And more training is needed at the nation's public schools themselves. For the past year in Rhinebeck, N.Y., administrators, teachers, students, and parents have gone through a series of programs to recognize problem signs: teachers who get too personal with students, who "groom" students vulnerable to abuse, who test the boundaries by an inappropriate comment or touch.

The school community has been remarkably engaged and committed, says Bill Berard, the lawyer who taught the lessons. Yet the training came as punishment. It was ordered as part of the settlement of a federal civil rights lawsuit, after former Rhinebeck High School Principal Thomas Mawhinney was accused of sexually harassing female students for years.

It often takes such scandals to inspire changes.

The AP investigation raised questions about an abusive teacher in Virginia who got a new job after being suspended for sexually abusing three girls. He molested two female students at the next school before the state finally acted on the earlier trouble and revoked his license.

Now, the Virginia state board of education intends to seek legislation to tighten the background-check and disciplinary process.

"From now on, forever, we're going to ask ourselves, 'Can we do a better job?' " board President

Mark E. Emblidge says.

**Broader Social Problem**

The most powerful tool for change is money, says Mr. Thompson with the national child-abuse-prevention group. That means dropping statutes of limitations that serve as barriers to lawsuits for all childhood sex abuse, he argues. Nothing motivates institutions more than the threat of paying out a big settlement.

Also, he says, it's the right thing to do: "Should somebody who raped a child be free and clear because the clock ticked?"

To victims' advocates, the problem is not just teachers who look the other way when one of their own misbehaves. It isn't only school principals who choose a quiet solution to a problem. Lawmakers, judges, the media, and even parents, they say, have all shown a great deal of reluctance to recognize and deal with sex abuse when it surfaces.

The nation needs to change its attitude toward teacher sexual misconduct, and child abuse overall, much in the way it changed its perspective about drunken driving in the last 25 years, Mr. Thompson says.

"Societally, we have a problem," says Mary Jo McGrath, a California attorney who has worked on teacher sexual-abuse cases for three decades. "Our inability to think that kids might be in danger, our inability to think that the nicest teacher on the block might be an offender—those things keep us uneducated. I'm passionate that people wake up."

*Copyright 2007 Associated Press. All rights reserved. This material may not be published, broadcast, rewritten, or redistributed.*

EDUCATION WEEK

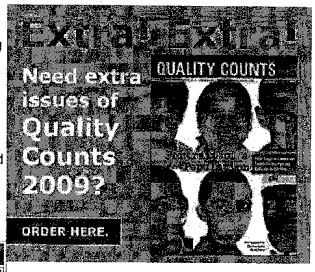
Published Online: October 23, 2007

# Signs of Improper Sexual Interest From Educators

**By The Associated Press**

Back to Story

There are no simple rules for determining if a child is the subject of inappropriate sexual attention from a teacher. It is not always easy to distinguish between an encouraging teacher and someone who is pushing the boundaries of acceptable behavior. Predators work hard to groom children so they don't tell anyone.




While most educators are dedicated professionals, investigators and academic experts who have studied teacher sexual misconduct say there are some warning signs that should make parents pay more attention and take action.

A Lingering Shame
Overview:
How Project Unfolded
Part I:
Sex Abuse a Shadow Over U.S. Schools
Calif. Rules Mask Details of Sex-Related Misconduct
Part II:
Band Teacher's Abuse Scars Family, Splits Community
Gender Affects Response to Teacher-Student Sex
Part III:
Efforts to Curb Educator Sex Abuse Seen as Weak
Signs of Improper Sexual Interest From Educators
Schoolhouse Sex-Abuse Suspects Face Serial Accusations

Their main suggestion to parents: Talk to your child. Make sure your child feels comfortable telling you if a teacher, or anyone, has said or done something that makes him or her uncomfortable. Be a good listener. Other suggestions:

- *Communication between teacher and student.* Monitor e-mails, text messages, phone calls, Internet social networking and blogs, greeting cards, and yearbooks. A teacher's communications should be about school, not the child's personal life.
- *Time together.* After-school activities should be encouraged, but be aware of time spent with a teacher and what goes on. If it's a pizza party with a teacher and a dozen kids, a parent should be there, one expert says. There should be no out-of-school, one-on-one meetings.

• *Gifts or car rides.* Most experts say teachers should not be giving gifts to individual students or car rides, except for emergencies.

• *How your child and their friends talk about teachers.* If they say a teacher is a "friend," find out more. If they joke or mention rumors about a teacher's crush, or that a teacher is a "perv," don't dismiss it. Ask why they say that.

• *Abusive or sexual behavior.* If your child tells you that a teacher made a sexual joke, brushed up against her, discussed sex, or requested a kiss or a date, find out more. Bring it to the attention of school authorities and the police.

• *Question your child if you suspect abuse.* Try to stay calm. Children have a hard time differentiating between your disapproval of an adult's behavior and your disapproval of them. Try not to ask leading questions like "Did he touch your thigh?"

• *Don't keep it to yourself.* If you're suspicious, talk to school authorities. They can question other teachers and students. Follow up and make sure school officials take action. If the behavior indicates a crime or school authorities don't take you seriously, contact police.

**A Lingering Shame:**
**Sexual Abuse of Students By School Employees**

Read more about this series, **"A Lingering Shame: Sexual Abuse of Students by School Employees."** The collection includes a new Associated Press series on the issue, as well as special *Education Week coverage*.

*SOURCES: Education attorney Mary Jo McGrath; Professor Charol Shakeshaft, Virginia Commonwealth University; Professor Robert J. Shoop, Kansas State University*

*Copyright 2007 Associated Press. All rights reserved. This material may not be published, broadcast, rewritten, or redistributed.*

EDUCATION WEEK

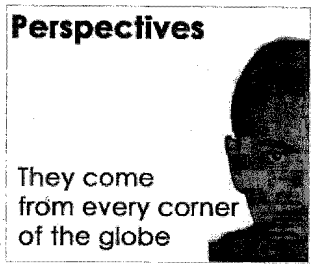
Published Online: October 23, 2007

# Schoolhouse Sex-Abuse Suspects Face Serial Accusations

**By The Associated Press**

Back to Story

*Time and again in their seven-month investigation of sexual misconduct by teachers, Associated Press reporters discovered cases in which educators accused of such misconduct continued to teach. A sampling of such cases follows.*




**Arizona Chief Regrets Response**

By the time Nicole was in her 30s, she no longer thought about what happened to her in the 3rd grade.

Her teacher, Mr. Welsh, had resigned from the Kyrene school district outside of Phoenix, and school administrators promised he would never teach again. Over the years, Nicole forgot his face, how he made her feel, what he did.

According to court documents, Mr. Welsh molested Nicole between 1980 and 1981 while instructing other 3rd graders in class. He abused her as she tried to complete a standardized test, during reading time, and in the dark as everyone else watched a movie. He also molested one of her classmates.

But David Edgar Welsh, a popular teacher who'd described himself to parents as "a person who likes to touch and feel and hug," couldn't stay away from the classroom.

Fifteen years after the Arizona school system showed him the door, he was working in another Arizona elementary school. And this time, police were investigating allegations that he'd molested at least one of his students, a 3rd grader, just like he'd abused Nicole during the 1980s.

"How could this happen?" Nicole, now 35, asked recently as she sifted through court documents that detailed Mr. Welsh's molestation charges. She did not want her last name used because of what happened to her.

Ben Furlong was the superintendent of the Kyrene district, which includes prosperous suburbs southeast of Phoenix, when Nicole's parents sounded the alarm about Mr. Welsh. As the district's top officer, Mr. Furlong learned that students had accused Mr. Welsh of molesting them. He knew that parents were furious.

But after asking Mr. Welsh to quit, Mr. Furlong simply allowed

A Lingering Shame
Overview:
How Project Unfolded
Part I:
Sex Abuse a Shadow Over U.S. Schools
Calif. Rules Mask Details of Sex-Related Misconduct
Part II:
Band Teacher's Abuse Scars Family, Splits Community
Gender Affects Response to Teacher-Student Sex
Part III:
Efforts to Curb Educator Sex Abuse Seen as Weak

Signs of Improper Sexual Interest From Educators

Schoolhouse Sex-Abuse Suspects Face Serial Accusations

Mr. Welsh to resign, a practice that he said was standard at the time. He didn't contact police. He didn't warn state child-protection authorities.

Mr. Furlong, who retired in 1987, says he regrets how he handled the case. "Any time an adult who has power uses that power to abuse a child, it is certainly a serious transgression," he says. "Through time, we learn how to handle these things and sometimes in the process, some people get hurt, and that's very unfortunate, and I'm very sorry about that."

In 2003, Mr. Welsh pleaded guilty to child molestation, as well as attempted sexual exploitation of a minor and attempted child molestation. The last two stemmed from his actions toward Nicole and a classmate, 22 years before.

The judge sentenced him to 19 years in prison, a heavier sentence than expected, though less than the maximum of 24 years. Mr. Welsh died of natural causes 19 months later at a state prison.

**Florida District in the Dark**

Hector Ramirez Almenas appeared to be an impressive candidate when he applied to teach in Port St. Lucie, Fla., a quiet town on the Atlantic Coast. He had glowing recommendations and years of experience as a Spanish teacher and coach.

What the administrators who hired him didn't know was that he'd been accused of sexual misconduct at schools in two other states. Though never convicted of a crime, he was nudged out of one job in Oklahoma and, four years later, surrendered his teaching license in Georgia without admitting guilt.

But Mr. Ramirez never told school officials in Florida, and in some cases, neither did his previous employers.

The first accusations surfaced in 1999 in Lawton, Okla., where Mr. Ramirez worked as a high school teacher and a department chairman. Officials say a 16-year-old student complained to Principal Cynthia Walker that Mr. Ramirez had kissed her and made unwanted comments about her body.

The girl said Mr. Ramirez implied that her grade depended on how much she liked him.

Ms. Walker wrote Mr. Ramirez a memo, telling him she'd found "probable cause" to support the girl's claims. The girl's parents did not want to pursue criminal charges, however, so he was urged to resign, a school attorney said.

Mr. Ramirez claims his resignation was over disciplinary problems he'd had with a male student. "I am an innocent man," he says.

He moved with his family to Georgia and got another high school teaching job. Ms. Walker, his former principal, gave him a good recommendation, and never mentioned the sexual-misconduct accusations.

"Students and parents did love him. There was just the one student who made the allegation of the inappropriate relationship," Ms. Walker says.

In Mount Vernon, Ga., yet another student made allegations. Now 23 and married with two children, she remembers Mr. Ramirez telling her she was smart, pretty, and mature for her age, and says he regularly telephoned her, and sent notes and electronic greeting cards.

"He would tell me he loved me," says the woman, who asked not to be named because of what she endured.

In 2001, she told her superintendent that she and Mr. Ramirez had had sex twice. He resigned and was charged with sexual assault, though the charges were dropped when his 2003 trial ended in a hung jury.

Mr. Ramirez headed south to Florida and applied for a teaching license there, even though he surrendered his Georgia license that same year. While officials in Oklahoma say they did not give him their endorsement this time, he got the job in Port St. Lucie, though authorities there eventually became aware of his past and fired him.

Mr. Ramirez, who now works in social services and still lives in Florida, no longer has a teaching license in the three states where he taught. He remains adamant that he was unfairly targeted.

"There is always two stories for everything," he says.

**Missouri Teacher Hopped Around**

An anonymous phone call finally ended Greg Crowley's 20-year teaching career.

Along the way, he'd been accused of touching his female basketball players inappropriately, of looking down their shirts and up their shorts. He also punched a former student and assaulted the grandfather of a player at a basketball game.

For Mr. Crowley, state personnel laws intended to protect an employee's privacy provided a cover that allowed him to hop from one small, rural Missouri school district to the next, without any warning to his new bosses about his past problems. He held eight jobs in all.

But then came the phone call that raised questions about his sexual relationship with a high school girl in a town where he'd taught years earlier and 300 miles away. Those questions led to others, revealing how he had quietly resigned from another school after allegations of sexual misconduct.

"He got in trouble in every cotton-picking school he was employed at, and no one said anything," says Alice St. Clair, a school nurse and secretary in Luray, Mo., where Mr. Crowley held his last job. He was the elementary school principal in Luray, a town near Iowa and Illinois in the state's northeastern corner. "They wanted it to go away. The schools didn't want a lawsuit."

**A Lingering Shame:**
**Sexual Abuse of Students By School Employees**

Read more about this series, **"A Lingering Shame: Sexual Abuse of Students by School Employees."** The collection includes a new Associated Press series on the issue, as well as special *Education Week coverage*.

In 2000, Mr. Crowley resigned from the Kingston school district following complaints of sexual harassment and misconduct from at least a dozen students. Five pages of complaints cite "sexual or inappropriate behavior" and "immoral conduct."

But rather than report him to the state, the district accepted his resignation and paid him

severance worth more than $16,000. Officials agreed not to tell future employers the real reason why Mr. Crowley left.

State law in Missouri requires local districts to report certain severe offenses, including child abuse, to authorities, said state attorney Kris Morrow. For lesser misconduct, districts have more discretion.

In an interview with the Associated Press, Mr. Crowley accepted no blame. He says the harassment charges came from vindictive female athletes angry after he kicked them off the team. His fights were self-defense, he says.

And the sexual relationship with a high school student? Mr. Crowley, now 45, says the girl had turned 18, though she told police and state investigators that it began when she was either 16 or 17.

"I feel like I got the shaft," he says. "I didn't do anything wrong."

Mr. Crowley, once certified to teach physical education and coach, is now selling cars in Columbia. He says he voluntarily surrendered his license because he was tired of fighting the allegations. State records say his license was revoked.

*Associated Press writers Chris Kahn in Phoenix; Lisa Orkin Emmanuel in Miami; Dorie Turner in Atlanta; Sean Murphy in Oklahoma City; and Alan Scher Zagier in Columbia, Mo.*

*Copyright 2007 Associated Press. All rights reserved. This material may not be published, broadcast, rewritten, or redistributed.*

EDUCATION WEEK

Published Online: May 13, 2009

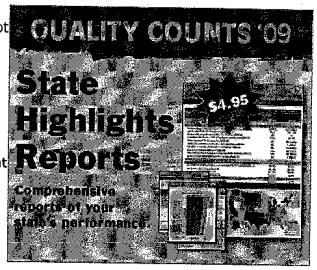
A Lingering Shame: Sexual Abuse of Students By School Employees Complete Coverage ▸

# Appeals Court Upholds Verdict in School District Battery Case

**By The Associated Press**

*Pierre, South Dakota*

Back to Story




A federal appeals court on Tuesday upheld a jury verdict that found the Mitchell School District was not responsible for a former high school teacher's inappropriate touching of a student.

The jury decided last year that Brittany Plamp was the victim of battery by former teacher and coach Andy Tate during her senior year in 2006. But the jury awarded no monetary damages after finding that the school district was not responsible.

Plamp had sought $750,000 in damages.

A three-judge panel of the 8th U.S. Circuit Court of Appeals upheld the jury verdict and rulings made by U.S. Magistrate Judge John E. Simpko, who presided over the trial.

Plamp said Tate fondled her in a classroom under the guise of saying he was checking her body for signs of an eating disorder. She also said Tate made sexual comments to her.

The appeals panel said Plamp did not show that school officials with the proper authority failed to take action after learning about Tate's misconduct.

After Plamp's parents reported Tate's misconduct to School District Superintendent Joseph Graves, he called the police and immediately suspended Tate and refused to let him on school property without a police escort. The district eventually fired Tate.

The magistrate threw out Plamp's claim under federal civil rights law before the trial, and he ruled in the school district's favor during the trial on Plamp's claim under a federal law, Title IX, which prohibits discrimination in education programs.

The appeals panel said Plamp presented sufficient evidence to show Tate violated her constitutional rights, but she failed to show the relevant school officials knew about any continuing, widespread pattern of misconduct. She also failed to show the district's training on harassment was inadequate, the judges said.

On the Title IX claim, the school district would be liable only if it was deliberately indifferent and the appropriate official failed to take action after knowing about the misconduct, the appeals panel said.

A guidance counselor and other teachers who had heard vague complaints about Tate were not the appropriate officials responsible for acting on such misconduct because they had no control over Tate, the judges said. Plamp failed to show that school principals knew about Tate's behavior, and the school superintendent took immediate action when he found out about the misconduct, the appeals court said.

Two female students had previously reported that they felt uncomfortable in Tate's classroom, and an anonymous person talked to a counselor but refused to discuss details or give Tate's name when talking to a principal, the appeals panels said.

The jury considered Plamp's claim that the school district was vicariously liable for Tate's battery under state law, and the appeals court upheld the jury's decision that the district was not liable.

"Based on the evidence presented, a reasonable jury could have found that Tate was acting outside the scope of his employment when he battered Plamp and that the School District could not have foreseen his actions," the appeals panel wrote.

*Copyright 2009 Associated Press. All rights reserved. This material may not be published, broadcast, rewritten, or redistributed.*

---

Chairwoman McCARTHY. I am also expecting several other groups will be submitting testimony towards this as we go forward.

As previously ordered, Members will have 14 days to submit additional materials for the hearing record. Any Member who wishes to submit follow-up and questions in writing to the witnesses should coordinate with the Majority staff within the requested time.

Without objection, this hearing is adjourned. Thank you again.

[Additional submissions of Mrs. McCarthy follow:]

**Prepared Statement of Sheryl Cates, Chief Executive Officer, National Domestic Violence Hotline**

Dear Members: For over 13 years, victims have obtained 24-hour, confidential and anonymous help through the toll-free National Domestic Violence Hotline. Each year, highly trained Hotline advocates provide support, information, safety planning, crisis intervention and referrals to agencies for hundreds of thousands of victims and anyone calling on their behalf. Assistance is available in English and Spanish with access to more than 170 languages through interpreter services. Help is available to callers 24 hours a day, 365 days a year by calling 1-800-799-SAFE (7233) or TTY 1-800-787-3224. The Hotline serves as the only domestic violence hotline in the nation with access to a network of more than 5,000 shelters and domestic violence programs across the United States, Puerto Rico and the U.S. Virgin Islands. Advocates receive approximately 21,000 calls each month.

The Hotline provides an essential first response to hundreds of thousands of victims each year by directly connecting them to a life-saving network of providers who assist them with a violence-free future. Yet increasing call volume, combined with a lack of resources, undermines the Hotline's capacity to answer each call for help.

In 2008, while the Hotline received 255,047 calls, there were over 42,500 calls (17%) that Hotline advocates were unable to answer due to increased demand.

There were over 18,140 more callers in 2008 than in 2007 and the Hotline has seen a 13% increase in callers needing assistance in languages other than English.

Without increased resources, current call trends suggest the Hotline will be unable to answer nearly 45,000 calls in 2009.

The loveisrespect, National Teen Dating Abuse Helpline (NTDAH) managed by the Hotline was launched in February 2007 to address the alarming and increasing trend of teen dating abuse. NTDAH is a national 24-hour resource that can be accessed by phone or the internet and is specifically designed for teens and young adults ages 13-18. loveisrespect.org offers real-time, one-on-one support from trained Peer Advocates. Peer Advocates are trained to offer support, information and advocacy to those involved in dating abuse relationships as well as concerned parents, teachers, clergy, law enforcement, and service providers.

Clearly the need for these life saving services has increased. The Family Violence Prevention Services Act (FVPSA) remains the core federal funding stream for this life saving aid to victims of intimate partner violence. Your support of this funding will ensure victims get the help they so desperately need and additional FVPSA funding will enhance the capacity to meet growing demand and serve an increasing volume of calls.

Thank you Chairwoman McCarthy and subcommittee members for this opportunity to highlight the importance of increased Family Violence Prevention and Services Act (FVPSA) funding to support the critical services offered by the National Domestic Violence Hotline and the National Teen Dating Abuse Helpline, loveisrespect.org.

Sincerely,

SHERYL CATES, *Chief Executive Officer.*

---

**Prepared Statement of the Child Welfare League of America (CWLA)**

*The Child Welfare League of America (CWLA) is a ninety year-old non-profit organization representing hundreds of state and local child welfare organizations including both public and private, and faith-based agencies. We are pleased to submit testimony to today's hearing by the Subcommittee on Healthy Families and Communities on the topic of Preventing Child Abuse and Improving Responses to Families in Crisis.*

The U.S. Department of Health and Human Services (HHS) releases the latest national data on child abuse and neglect every April. For 2007, the numbers tell a familiar story: Nearly 800,000 children were substantiated as abused and or neglected, out of the more than 3.3 million child abuse reports made. Children in the birth to age 1 year had the highest rate of victimization at 21.9 per 1,000 children. Of the estimated 1,760 child fatalities in 2007, 34.1% were attributed to neglect only with physical abuse a major contributor to child fatalities.[1]

Of the child victims, nearly 8% were sexually abused, and 11% were physically abused. One consistent statistic that surprises some is that nearly 60% of the 800,000 children are victims of neglect.[2] In many cases, neglect can be just as serious as sexual or physical abuse. It also tells us we are not doing enough to prevent these children from being brought to the attention of child protective services (CPS), and thereby being placed into care.

Another consistent statistic is that of the 800,000 abused and neglected children identified, more than 40% did not receive follow up services.[3] Reasons for this include 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 percentage going without follow-up help, clearly 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 system.

In the near future, HHS is expected to release the Fourth National Incidence Study of Child Abuse and Neglect (NIS). The Subcommittee may want to review this study when it is released for the insight it may provide into the need for greater prevention efforts. The last one was published in 1996, and, like that one, this congressionally mandated study is likely to tell us that more children suffer from abuse and neglect than the official statistics indicate. The report will survey professionals from dozens of U.S. counties, and the analysis will shed some light on the number of children harmed by abuse and neglect; characteristics of children, families, and perpetrators; report sources; and CPS investigations.

The NIS includes children who were investigated by CPS agencies, but it also obtains data on children seen by community professionals who were not reported to CPS or who were screened out by CPS without investigation. Therefore, NIS estimates provide a more comprehensive measure of the scope of child abuse and neglect known to community professionals, including both abused and neglected children who are in the official statistics and those who are not.

The NIS follows a nationally representative design, and because all four national studies have used comparable methods and definitions, comparisons can be made about our progress or lack of progress, and this likely will reinforce the need for greater preventive efforts.

*Prevention as part of the child welfare continuum*

Prevention of child abuse and neglect is perhaps the greatest challenge in the continuum of the child welfare system. All too frequently, prevention of abuse and neglect is an add-on service instead of a core component of the range of needed services. The issue of providing or addressing prevention too often is conditioned on whether a child welfare agency or state agency can free up appropriations or funds by reducing the cost, including what some would describe as back-end services typically foster care. Instead, what is required is an investment in the range of services.

Child protection can trace its origins to the 19th Century when, in 1875, the Society for the Prevention of Cruelty to Children was established in New York City. After publicity surrounding the treatment of a young child captured the public's attention, 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 by 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.[4]

The first White House Conference on Children was convened in 1909 and led to 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."[5]

Throughout the following decades, other federal and state laws were enacted, 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, Congress passed the first Child Abuse Prevention and Treatment Act (CAPTA). This landmark law helped establish national standards for specific reporting and response practices for states to include into their child protection laws.

CAPTA is the only federal legislation exclusively dedicated to preventing, assessing, identifying, and treating child abuse and neglect—the continuum of child maltreatment services and supports. Since 1974, CAPTA has been part of the federal government's effort to help states and communities improve their practices in preventing and treating child abuse and neglect. CAPTA provides grants to states to support infrastructure and innovations in state child protective services (CPS).

CAPTA includes three programs:

- CAPTA authorizes grants to the states to develop innovative approaches to improve their CPS systems. To qualify for these grants, states must meet eligibility requirements, such as having mandatory reporting laws, preserving victim confidentiality, appointing guardian ad litems, and establishing citizen review panels.

• CAPTA discretionary funds support state efforts to improve their practices in preventing and treating child abuse and neglect. These funds support program development, research, training, technical assistance, and the collection and dissemination of data to advance the prevention and treatment of child abuse and neglect. These funds also support the National Child Abuse and Neglect Data System, the only federal data collection effort to determine the scope of child abuse and neglect. These funds support national initiatives, such as the National Office of Child Abuse and Neglect, the National Resource Center on Child Maltreatment, and the National Clearinghouse on Child Abuse and Neglect.

• The Community-Based Family Resource and Support Program was created in 1996. The program provides grants to states to support their efforts to develop, operate, and expand a network of community-based, prevention-focused family resource and support programs that coordinate resources among a range of existing public and private organizations. Funding is allocated to states by a formula based on the number of children in a state's population.

While CAPTA is intended to bolster child protection efforts and invests some limited funds into preventing abuse from occurring, it's funding and appropriations history has been dismal at best. Each reauthorization results in adjustments in policy and practice but it has not resulted in increased appropriations or commitment from past congresses or administrations. We hope that will change in the 111th Congress and with the President's next budget in February.

As significant as it is, CAPTA is only one part of the child welfare system and ultimately our prevention initiatives. Over the years laws such as Aid to Dependent with Dependent Children, (AFDC) followed by Temporary Assistance to Needy Families (TANF), and the Social Services Block Grant (SSBG) provide critical funding to child welfare services including services to protect children. Overall, SSBG is a major source of federal funding, representing 11% of federal funding for child welfare services that addresses the needs of vulnerable children and youth.[6] SSBG frequently serves as a link between government funding and private and charitable sources and helps build and fund a network of private agencies. SSBG funds supplement local and charitable efforts by providing federal dollars to fill a gap these charities may not be able to meet. The breadth of services provided by SSBG funds can also cover shortfalls left by other federal social services programs.

Two other important sources of funding also found in the Social Security Act along with TANF and SSBG are Title IV-B part 1, Child Welfare Services (CWS), and Title IV-B part 2, Promoting Safe and Stable Families (PSSF). Both are flexible funding streams that fund a range of services. But even in these instances, with CWS funded at $281 million in annual appropriations and PSSF funded at $368 million in combined mandatory and discretionary appropriations, funds have to be shared between programs that might prevent abuse and those that assist families and children through adoption and reunification services. It should also be noted that both have actually been cut over the past eight years.

*Promising initatives*

There are a number of important efforts taking place across the country and we are encouraged that some of the Administration's new initiatives are building on these efforts and we hope much more will be done.

First and foremost is President Obama's proposal of $8.6 billion over 10 years for a new mandatory program that provides funds to states for evidence-based home visitation programs for low-income families. Home visiting is just one of several other initiatives around child care and early childhood education, which the Obama Administration is proposing to advance their zero to five initiatives.

To date, Congress has been very supportive of this initiative as well. Included in HR 3962, is a provision that would provide much needed grants to states to improve the well-being, health, and development of children by enabling the establishment and expansion of high quality programs that provide voluntary home visitation for families with young children and families expecting children. These grants are intended to target at risk and vulnerable families and communities who are in need of services that will not only reduce abuse and neglect but also improve the overall health and development of young children. Priority funding will provided for programs that adhere to a model of home visitation with the strongest evidence of effectiveness.

Funding for this provision is currently set at $750 million over five years which is much less than what the Administration initially proposed, and half of what the Senate bill's provision contains. CWLA believes that this proposal and other proposals that place an emphasis on evidence based practices and evidence informed innovation can serve as a model for a major prevention initiative.

CWLA is also pleased that the President has proposed and it appears the Congress will approve a new "Promise Neighborhoods" initiative. This initiative, which President Obama raised during the campaign, is based on the Harlem Children's Zone program. The program attacks poverty through a comprehensive school-based model that provides wrap around services for the entire family. It places a special emphasis on early-learning, elementary and secondary education, and guides children through the entire period of learning. The goal is to spread this model to several communities across the country. The planning grants would go to non-profits for one year. Only those grantees that developed proposals that incorporated strong partnership and strong plans would be eligible for larger implementation grants the following year.

CWLA is also very supportive of the Administration's emphasis zero to five initiatives. Some of these efforts include the Early Learning Challenge Grants, which the Education and Labor Committee has already acted on, and other initiatives focused on pre-K funding as well as next year's debate on child care. Although some of these important initiatives that may not be thought of as child abuse prevention, they are all critical components of assistance to the country's most vulnerable families and children.

At the local level we also see examples that can be built on through greater federal support. Some examples include Baltimore's Family Connections program, which uses a range of funding sources from the public, private, faith-based, foundation, and other community partners to show some significant results. The Family Connections program has shown positive results in reducing the instances of abuse and neglect by using limited federal funds to better coordinate communities and services. As the University of Maryland points out,

Evaluation results show Family Connections improves protective factors such as parenting skills and attitudes, and reduces risk factors such as parent depression, caregiver drug use, caregiver stress, and children's behavioral problems. The program also demonstrated reduced incidents of child abuse and neglect and increased child safety and well-being.[7]

The results were enough to encourage HHS to fund eight additional models with initial resources focused on an 11-month community-planning process.

Differential response is one prevention strategy that holds promise in protecting vulnerable children. This form of practice allows for more than one method of response to reports of child abuse and 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.

Great variation exists 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. Although 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.

Initiatives that combine the efforts of the courts and the child welfare community also have shown promise. These initiatives, which provide funds to train key personnel—including judges and child welfare workers involved with the courts, such as court-appointed state advocates (CASAs) and CPS workers—have yielded positive results in keeping families together and addressing the abuse and neglect of infants and the very young.

The Court Teams for Maltreated Infants and Toddlers Project, spearheaded by ZERO TO THREE, has shown great promise and results; what it lacks is a steady source of dedicated funding that can expand on these efforts.

Another innovation being implemented in some areas, both in terms of CPS and in placement decisions, is Family Group Decision Making (FGDM). FGDM offers an approach of working with families and communities 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 situations and therefore are often able to make well-informed decisions about their circumstances with the support of family members and others who have worked with the family.

*The prevention challenge*

Prevention can encompass services as basic as access to child care and it can also include a range of other services that can help families reduce the stresses of par-

enting. Providing respite for parents can ensure a child's well-being when parents are working, in school, or caring for other children.

There is an increasing level of research and work that is being done in terms of prevention. The Children's Bureau highlights common factors that can be found in successful prevention initiatives. This research suggests that you must both reduce risk factors and promote protective factors to ensure the well-being of children and families. This work also shows that protective factors include efforts to strengthen all families. This kind of approach when possible can extend support beyond the most vulnerable families and reach other families may not meet the criteria for the most vulnerable but are families that are dealing with stressors that could lead them to abuse or neglect.

CWLA believes that some of the recent initiatives being advanced by the Administration and some of the research now being developed offers an opportunity to develop a new approach to preventing child abuse. A model that requires and is driven by community-based partners, that requires on-going research and that can implement and replicate proven models but allows enough flexibility to invest in innovative and emerging practices and programs.

*Recommendations*

First and foremost we hope Congress will act soon to reauthorize CAPTA. More importantly however, is our belief that there needs to be a genuine commitment to fund this law. That commitment must be shared by the Administration, the Congress and the advocacy community. It offers limited effectiveness to reauthorize the law and to fund the basic state grants at $27 million, which would only provide in some states enough to hire one or two social workers to carry out the important tasks that can help address child abuse and prevent it in the first place.

CWLA is encouraged and is hopeful that Congress will complete its work this year to make the Administration's new home visitation program a reality. We feel this legislation and the emphasis on outcomes and research offers a way forward for other child abuse prevention initiatives.

CWLA also hopes the Administration will encourage and lead states to fully implement the provisions of the new child welfare legislation, the Fostering Connects to Success Act (PL 110-351) passed late last year. Although some of the provisions deal with children and families already in contact with child welfare, they still have an impact on a larger population. This is especially true of those provisions dealing with health care, training for child welfare workers and other personnel, and tribal funding. We also believe it will help Congress and the Administration take the next step and reform the way we finance child welfare so that we can include funding to address preventing child abuse.

Finally we urge the Committee and the Congress will act soon to pass legislation to re-establish a White House Conference on Children and Youth. CWLA recognizes that dollars and federal action alone cannot reduce the level of child abuse or the number of children in foster care, and therefore this has to be a partnership at the federal, state and local levels. It is for that reason that CWLA has 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 the needs of the country's most vulnerable families and children.

This Conference was once held every ten years but has not been held since President Nixon called it in 1970. Its results have been noteworthy. It was mentioned earlier that the first White House Conference on Children and Youth led to the creation of a Children's Bureau in 1909 and subsequently 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.

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. 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.

ENDNOTES

[1] Administration on Children, Youth, and Families (ACYF). (2008). Child Maltreatment 2006, Summary. Washington, DC: U.S. Department of Health and Human Services (HHS). Online at *www.acf.hhs.gov/programs/cb/pubs/cm05/summary.htm.*

[2] Ibid.

[3] ACYF. (2008). Child Maltreatment 2006. (Chapter Six, Services). Washington, DC: HHS. Online at *www.acf.hhs.gov/programs/cb/pubs/cm05/summary.htm.*

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

[5] CWLA. (2007). History of the White House Conference. Washington, DC: Author. Online at *www.cwla.org/advocacy/whitehouseconfhistory.pdf.*

[6] Scarcella-Andrews, B.R.; Zielewski, E.; & Geen, R. (2006). The Cost of Protecting Vulnerable Children V: Understanding State Variation in Child Welfare Financing (Assessing the New Federalism Occasional Paper). Washington, DC: Urban Institute. Online at *www.urban.org/url.cfm?ID=411115.*

[7] Ruth H. Young Center for Families and Children. (n.d.) Family Connections—National Program Replication Project Website. Baltimore: University of Maryland. Online at *www.family.umaryland.edu/ryc—best—practice—services/family—connections—replication.htm.*

---

## Prepared Statement of the Family Violence Prevention Fund

Chairwoman McCarthy, Ranking Member Platts, and distinguished members of the Committee, thank you for the opportunity to submit this testimony regarding the importance of reauthorizing the Family Violence Prevention and Services Act (FVPSA) and the Child Abuse Prevention and Treatment Act (CAPTA). Your hearing on Preventing Child Abuse and Improving Responses to Families in Crisis could not come at a more opportune time. In 2007, 1,760 children died from neglect or abuse in the United States.[i] And on average, more than three women are murdered each day in this country at the hands of a current or former husband or boyfriend.[ii]

Violence against women and children is a serious problem in the United States that is compounded by the stressors of today's economic conditions. At a time when we need to escalate our response to the emergencies at hand, we see all around us that resources and services are dwindling.

The Family Violence Prevention Fund is a national non-profit organization based in San Francisco, California, that has worked for the last 30 years to end violence against women and children. Our focus has been on preventing violence and abuse, and promoting the safety and well-being of all family members in homes where violence has occurred. We commend the Committee for its commitment to preventing child abuse and improving responses to families in crisis, and thank you for allowing us to submit testimony on these issues. We would like to take this opportunity to highlight and expand upon the connection between child abuse and domestic violence, and how imperative it is to use new knowledge and increased resources to improve our intervention and prevention strategies.

*Intersection of Child Abuse and Domestic Violence*

Research suggests a 30 to 60 percent overlap of child maltreatment and domestic violence.[iii] Further, when active universal screening for domestic violence is used, child protection system case workers identify a history of domestic violence in 45 percent of families they see.[iv] These statistics highlight the co-occurrence of domestic violence and child abuse within families, and the large population that is being seen by both the child welfare system and domestic violence services programs. Often, this co-occurrence refers to both mothers and children being abused by the father of the children or the mother's boyfriend. In other cases, we see mothers unable to adequately care for their children due to the stress of being abused. We also see parents struggling to cope and parent within the context of their own past histories of experiencing or witnessing violence.

In October, 2009, the National Survey on Children Exposed to Violence documented the alarming rates at which children are exposed to domestic violence in the United States. One in 10 children was exposed to family violence in the past year and by the time children reached age 17, more than a third had witnessed a parent being assaulted.[v] Children who are exposed to domestic violence display a host of problematic behaviors at far higher rates than children not exposed to violence. These include being more likely to become a perpetrator of such abuse (for boys) as well as displaying higher rates of violence, aggression, suicide, school failure and mental health problems. At the same time, children's responses to exposure to domestic violence vary depending on age and circumstances; many children are resilient.[vi] Importantly, we know that when appropriate services are provided, 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 vio-

lence and many of the adverse outcomes associated with that violence. What seems to help these children most is the presence of a supportive and protective adult, most often their mother.

The challenge, therefore, for many within the child welfare system and child abuse prevention community is to better understand how domestic violence is impacting children, and the best ways to respond to children and their abused parent(s). However, most child welfare workers do not have standardized training to help them understand the dynamics of domestic violence and put this research into practice. In addition, when child protection systems do attempt to address domestic violence, they often seek to impose blanket policies that apply to all victims, and frequently blame the victim rather than the perpetrator of violence. These policies are now illegal in some states[vii] and have been proven impractical and unhelpful in others.[viii] However good practice and policy have emerged in many communities and states, and the time to bring them to scale is now.

At the same time, domestic violence programs have an enormous opportunity to reach the most vulnerable children who are witnessing this abuse and help them and their abused parent—usually their mother—become safe and begin to recover. By identifying and helping these children, while simultaneously serving their mothers, domestic violence agencies may have their best chance of truly breaking the intergenerational cycle of violence. Yet, these agencies need the direction and, importantly, funding, to start integrating in a holistic way services for children into the work they already do with their mothers.

The reauthorizations of the Child Abuse Prevention and Treatment Act (CAPTA) and the Family Violence Prevention and Services Act (FVPSA) serve as the perfect opportunity to make some of the necessary changes in our nation's response to child abuse and domestic violence.

*Best Practices to Address Co-Occurrence of Domestic Violence and Child Abuse and Neglect*

For about eight 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 child welfare, domestic violence and juvenile 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. This work provided new insights about how to best improve outcomes for children and their mothers in families experiencing domestic violence.[ix] While many specific recommendations have been further developed and refined based on the experiences of these sites, we focus here on three critical practice elements specific to CAPTA:

- Training and education on domestic violence is critical to help already overburdened child protection systems (CPS) and case workers make good decisions;
- The needs of abused mothers and their children cannot be separated, despite funding streams and services systems that inherently separate their interests; and
- Child welfare systems and child abuse prevention programs overall must do a better job in understanding and addressing the role of men and fathers in the lives of families experiencing abuse—whether the father is the primary perpetrator of the abuse or a potential support system to the woman and child, or both.

*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 no one single model is right 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")[x]—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 often.

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 presents its own threats. For instance, a caseworker may know that 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 conflicting

messages can be illuminated and corrected through advocacy and legal guidance. The advocate and the caseworker together can help both the mother and the child stay safe by integrating their knowledge and skills. What this consultation may look like will differ by jurisdiction, but its importance is indisputable.

*Supporting Mothers and Children Together*

At the heart of CAPTA, like all efforts to prevent child abuse and neglect, is the simple question: What do children need to be safe? And the simple answer is that they need a loving and capable parent or caretaker whenever possible. Unfortunately, child welfare systems have often responded to domestic violence by either ignoring its significance or over-reacting and blaming the mother for her own victimization. They will often see the mother as the problem for her "failure to protect" the child from her victimization or blame her for putting her child at risk, rather than placing the blame at the hands of a violent or abusive partner, who in many instances is also the child's father. This is problematic in that it both punishes the mother for being a victim and removes from the child the most important source of strength and comfort the child may need while going through a particularly difficult time. Fortunately, recent research has documented both the need to keep mothers and children connected when there is domestic violence and successful programs that improve both child outcomes and maternal safety. The needs of children and their mothers must be viewed together and efforts to keep children safe must begin with efforts to keep their mothers safe.

Betsy McAllister Groves at Boston Medical Center and Alicia Lieberman at San Francisco General Hospital have created two model programs to provide the therapeutic services these children need. While their goal is to serve children, both programs work with mother and children together whenever possible, as doing so provides better outcomes for children, as well as their mothers,[xi] and creates more long-term stable environments to which the child can return. Evaluations have documented positive results in ameliorating children's trauma and improving their behavior, as well as improving their mothers' interactions with their children.[xii] Both programs success is tied to their understanding of how children process trauma and their need for connection to their primary caretakers, most often their mothers.

*The Role of Men and Fathers*

For the most part, child welfare systems have been oriented toward mothers. It is true that most mothers remain the primary caregivers of their children. But ignoring men is a mistake. By largely dismissing the roles of fathers and men in the lives of these children, systems are both missing opportunities to constructively engage men, and punishing battered mothers and children for men's abusive behavior.[xiii]

Alternatively, some child welfare systems have been successful at developing new fatherhood initiatives and reaching out to men who were once invisible to them. While we applaud these efforts, we have learned that it is dangerous to involve fathers without understanding the risk they may pose to mothers and children. Some child welfare systems are taking the lead and searching for new ways to engage both men and fathers and simultaneously hold them accountable for their violence. Through the Greenbook Initiative, several communities developed treatment plans for fathers, and hired men who specialize in changing violent behavior to help shift thinking in child welfare offices.[xiv] CAPTA is in a unique position to drive new efforts that support forward-thinking fatherhood initiatives that integrate what we know about domestic violence.

*Good Data Collection: NCANDS*

Finally, we would like to address one of the least glamorous, though most necessary, elements of preventing and ultimately ending domestic violence and child abuse: 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 present in a large percentage of these families. While not everything about a family's circumstances is known at the time of the initial 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 little, if any, information in its annual reports about domestic violence, and the context and impact of domestic violence.

This data has enormous consequences because it is likely we are missing the link and making inappropriate and potentially dangerous recommendations to families and juvenile and family courts. First, we would want to identify in what percentage of reports, substantiations and victimization, and for each different category of mal-

treatment, that domestic violence is a factor. Community experience suggests that often, exposure to domestic violence is automatically 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") is 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 is not the offender against a child, but instead may be a victim of violence perpetrated by her partner. In these cases, she needs 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. When this happens, the mother may be put into a database of child abusers, which unfairly labels her and may prohibit her from seeking any job working with children.

Finally, as an increasing number of states and counties institute some type of 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.

Given these concerns we would strongly recommend that data be collected and disseminated on the relationship between domestic violence and categories of maltreatment, including:

- The relationship between domestic violence and child fatalities;
- The relationship between domestic violence and repeat maltreatment;
- The identity of the perpetrator in cases of domestic violence;
- The nature and extent of co-occurring domestic violence and substance abuse;
- The nature and extent of the services provided to these families;
- For families with co-occurring domestic violence who are provided alternative response, the nature of the agency(ies) to which they were referred and whether the services were utilized;
- In what percentage of cases domestic violence is a factor in removal, and whether there are other characteristics associated with the domestic violence that lead to the decision to place a child outside of his/her home; and
- The percentage of domestic violence in the neglect category.

*CAPTA Recommendations*

Given what we have learned around the intersections of domestic violence and child abuse over the last 15 years, and emerging research on best practices for addressing domestic violence as a means of reducing child abuse and neglect and preventing future domestic and sexual violence, we respectfully recommend that CAPTA be amended to include a focus on:

- 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 of 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 and team decision making;
- Funding for cross-training and collaboration so domestic violence and child welfare systems can better work together to improve safety and well-being of 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 fathers can safely play in the lives of these children.

*The Family Violence Prevention and Services Act (FVPSA) Recommendations*

The Family Violence Prevention Services Act (FVPSA) is the lifeblood of domestic violence organizations in the United States. FVPSA is the largest designated federal funding source for emergency services for victims of domestic violence and their children, providing shelters, crisis lines, counseling and victim assistance programs. Every year, the demand for these services continues to rise, and shelters and services must turn away families in danger because of a lack of resources.

As previously discussed, domestic violence programs are an important place to intervene early with children who have been exposed to violence. In a single day in

2007, 13,485 children were living in a domestic violence shelter or transitional housing facility, and another 5,526 sought services at a non-residential domestic violence program.[xv]

Children who live in domestic violence shelters often have suffered many losses. They have most likely left their communities, extended families, friends, schools and all things familiar. It is difficult to comprehend the extent of the consequences for these children. At a minimum, these children need some individualized attention to assess how they are doing and determine whether they require specific care based on their needs. Their mothers, who are often under great stress, need parenting support to repair any damage to their relationships with their children created by the abuser. Without support, the attachment between mothers and children can weaken and further complicate their safety and healing. Therefore it is essential that domestic violence programs have the dedicated resources to help the children in their programs and the training and technical assistance to implement the most effective programs.

*The Need for Technical Assistance to Continue*

Technical assistance and resource centers are also necessary to help victims of domestic violence who may not access targeted domestic violence agencies. Most victims of domestic violence never go to a domestic violence shelter, and often call law enforcement only when it has become a life or death situation. But they do go to the doctor, either for themselves or their children. Reaching out to victims proactively before they may reach out to domestic violence services is another important prevention and early intervention strategy, and health care providers play a critical role. The Family Violence Prevention Fund's National Health Resource Center on Domestic Violence (HRC), is a model for providing technical assistance and training across systems on family violence. The HRC works to improve health and public health responses to victims of family violence, and seeks to directly impact individual, local, state and national health care practice and policy as it relates to violence prevention and intervention. The HRC provides technical assistance to thousands of providers and advocates each year, as well as patient and provider resources, including culturally relevant safety cards, educational posters, quality assurance tools, national consensus guidelines on domestic violence, and a national conference. We must maintain support for these types of resource centers that provide cutting-edge technical assistance, training and information to victims and those who assist them, including health care providers and domestic violence service providers.

*FVPSA Recommendations*

Specifically, we recommend that the Family Violence Prevention and Services Act reauthorization:

- Increase overall authorization to meet increasing needs for services;
- Include a specific funding stream dedicated to children's services within domestic violence programs;
- Maintain support for existing technical assistance resource centers and culturally specific institutes to help identify victims earlier and meet their needs in culturally and linguistically appropriate ways.

Thank you for the opportunity to comment on these critical pieces of legislation. For additional information, please go to *www.endabuse.org*; or contact our Washington, D.C. office at 202-682-1212.

ENDNOTES

[i] U.S. Department of Health and Human Services, Administration on Children, Youth and Families. Child Maltreatment 2007 (Washington, DC: U.S. Government Printing Office, 2009). Available at: *http://www.acf.hhs.gov/programs/cb/stats—research/index.htm#can.*

[ii] Catalano, S. 2007. Intimate Partner Violence in the United States. U.S. Department of Justice, Bureau of Justice Statistics. Available at *http://www.ojp.usdoj.gov/bjs/intimate/ipv.htm.*

[iii] Edleson, J. Interventions and Issues in the Co-Occurrence of Child Abuse and Domestic Violence, 4 CHILD MALTREAT. 91-182 (1999). See also Anne E. Appel & George W. Holden, The Co-Occurrence of Spouse and Physical Child Abuse: A Review and Appraisal, 12 J. FAM. PSYCHOL. 578-599 (1998).

[iv] Active screening at intake for domestic violence in the child welfare system includes the use of formal policies, procedures, and screening tools. See The Greenbook National Evaluation Team, THE GREENBOOK DEMONSTRATION INITIATIVE, INTERIM EVALUATION REPORT 33 (2004).

[v] Finkelhor D., Turner H., Ormrod R., & Hamby S. 2009. Violence, Abuse, and Crime Exposure in a National Sample of Children and Youth, Pediatrics, Volume 12, Number 5.

[vi] Edleson, J. L. (1999). The overlap between child maltreatment and woman battering. Violence Against Women, 5(2), pp. 134 to 154.

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

[viii] Edleson, J., et al. Defining Child Exposure to Domestic Violence as Neglect: Minnesota's Difficult Experience. Social Work, Volume 51, Number 2, April 2006.

[ix] Known 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.*

[x] Rosewater, 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).

[xi] Ibid. p. 37.

[xii] 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.

[xiii] Rosewater, A. and Goodmark, L., p. 38.

[xiv] Ibid. See also, *www.thegreenbook.info.*

[xv] Domestic Violence Counts 07: A 24-hour census of domestic violence shelters and services across the United States. 2008. National Network to End Domestic Violence. Available at *http://nnedv.org/docs/Census/DVCounts2007/DVCounts07—Report—Color.pdf.*

---

## Prepared Statement of the National Association of Public Child Welfare Administrators

On behalf of the American Public Human Services Association and its affiliate, the National Association of Public Child Welfare Administrators, we applaud the committee's interest in preventing child maltreatment and improving responses to families in crisis. We respectfully submit the following for your consideration.

APHSA is a nonprofit, bipartisan organization representing state and local human service professionals for more than 79 years. NAPCWA, created as an affiliate in 1983, works to enhance and improve public policy and administration of services for children, youth and families. As the only organization solely devoted to representing administrators of state and local public child welfare agencies, NAPCWA brings an informed view of the problems today's at-risk children and families face.

*More Resources Needed for Prevention and Protection*

NAPCWA represents state public child welfare administrators implementing child safety and protection programs. Our members depend on a patchwork of federal funding streams, including CAPTA, to meet families' needs. However, most prevention and protection services are supported by state and local dollars. Child protection and safety services include, but are not limited to, child abuse and neglect hotlines and investigations, family intervention, differential response, parent training, mentoring and coaching, and residential substance abuse treatment centers, among others. Each public child welfare agency works to reduce child abuse and neglect by supporting and responding to families either not known to the system (primary prevention); families known, but with no open case (secondary prevention) and families already part of the system (tertiary prevention).

Federal resources for prevention and protection are scarce and support children placed in out-of-home settings such as foster care and adoption. Ninety percent of all federal dollars are used for foster care and adoption, while only the remaining 10 percent supports prevention. This imbalance indicates the need for a stronger federal role in providing resources for preventing and treating child abuse and neglect, including an increase in funding for CAPTA.

*Child Welfare's Role*

Difficult economic times impact at-risk children and families the most. Child welfare has witnessed first-hand how the economic downturn negatively affects the entire family unit. Families struggle with job security, mental and physical health as well as substance abuse issues. States and localities are amplifying their efforts to expand child protection programs and focus on better serving these vulnerable populations.

In addition to supporting parents and other caregivers, the state child welfare agency's primary responsibility is the safety, permanency and well-being of children. Through referrals from the child abuse hotlines as well as tips from mandated reporters such as teachers, physicians and nurses, child protection workers investigate and assess family situations and determine the child's imminent risk of serious

harm. It is the role of child welfare professionals to balance the rights, roles and responsibilities of parents and the safety and well-being of children.

Public agencies cannot ensure child safety alone. Therefore, child welfare agencies collaborate with communities, nonprofit and private agencies, and faith-based organizations to help support children and families. Together, they provide a wide array of prevention and protection activities such as public awareness campaigns, skills-based courses, parent education and support groups, home visitation, family resource centers and respite and crisis care programs.

State, local, federal and private resources help sustain these programs to better serve children and families involved or at-risk of becoming involved in the child welfare system. Below are best practices and promising innovations states are using to keep families stable and healthy, especially during difficult financial times.

*Engaging Community Partners to Reduce Child Maltreatment*

Los Angeles County Department of Children and Family Services partnered with local community-based organizations to establish the Prevention Initiative Demonstration Project. The partnership between the DCFS and community-based organizations extends beyond traditional parameters and contractual agreements. It builds a unique relationship between committed entities to help strengthen families during times of crisis. In 2003, the DCFS established agency-wide goals to reduce reliance on foster care, and support children and families at home. These partnerships were essential to expedite this mission. Through the county's IV-E waiver, the PIDP receives $5 million a year to serve low-income, at-risk families. The PIDP is known for its work using parent advocates, cultural brokers and family visitation centers to assist families in need.

The PIDP's basic principles to reduce child abuse and neglect include increasing families' accessibility to adequate resources and support; creating economically stable environments for families to raise children in their own homes; and developing integrative activities and resources to improve communities and build healthier families. Los Angeles County's effort to engage private, public and nonprofit organizations to collaboratively serve a common purpose is one example of how states and localities are expanding their resources to prevent child maltreatment.

*Enhancing Child Protective Services by Implementing Differential Response Models*

Minnesota established differential response to transform its approach to address child maltreatment reports by implementing a strength-based, community-focused mechanism to effectively improve child safety and well-being. This approach serves to identify families' needs so children can safely remain in their homes.

Due to increased child maltreatment reports, Minnesota launched a four-year differential response pilot project in 20 counties from 2000 to 2004. The pilot began in Olmstead County and provided family assessments and parent support intervention services to families determined to be at-risk. The Institute of Applied Research conducted a rigorous field study on the effectiveness of this pilot program using control groups, participant interviews and a review of administrative data. The findings show that child safety was uncompromised; there were fewer child maltreatment reports and minimal uses of costly approaches; and families and social workers supported the model. Many states are using similar models to reduce child protection reports by providing early intervention.

*Investing in Local Evidence-Based Initiatives to Enhance Child Welfare Prevention and Child-Well Being*

Ohio widely invests in evidence-based, multi-pronged initiatives serving vulnerable children and families. The state has launched various countywide child welfare reform efforts focusing on front-end services to increase support for families in need. One of these efforts includes the Ohio Children's Trust Fund, which supports local and statewide prevention services to help empower families using positive family engagement activities and promote an alternative response to child maltreatment reports. The Incredible Years is an exemplary evidence-based model that provides parent, teacher and child social skills training and has proven to be effective in Ohio's counties. This community-based model seeks to develop comprehensive treatment programs for young children with early onset behavioral issues and works to prevent juvenile delinquency, drug abuse and violence. The program has been rigorously tested using randomized control evaluations and produced evidence of high ratings and effectiveness. Local, federal and state dollars assist the program's sustainability during tough economic times.

Another protection and prevention aspect in Ohio is the Darkness to Light program. This outcome-based program provides sexual abuse prevention and intervention services to vulnerable communities. The program raises awareness about preventing child sexual abuse by educating adults about the prevalence and con-

sequences of child victimization. Darkness to Light offers online support group services that focus on aiding current and past child abuse and domestic violence victims. Outreach efforts include a sexual abuse hotline to serve victims and media campaign to spread awareness. These local innovations offer universal preventive approaches offering cost-effective, multi-layered strategies to improve child well-being.

*Preventing Child Abuse and Neglect Through Home Visitation Models*

The New York State Office of Children and Family Services operates a research-based, comprehensive home visitation model serving more than 20,000 low-income families since 1995. Healthy Families New York is dedicated to provide child abuse and prevention services to expectant parents and parents with infants from zero to three months of age. These children and families are considered to be at-risk of abuse or neglect and live in vulnerable communities with high poverty rates, infant mortality and teen pregnancy. The HFNY's home visitors provide families with support, education and linkages to community services designed to address the following needs: (1) to prevent child abuse and neglect; (2) to enhance parenting skills and parent-child interactions; (3) to ensure optimal prenatal care and child health and development; and (4) to increase parents' self-sufficiency.

The HFNY is rigorously evaluated and shows positive outcomes in childbirth, child abuse and neglect, parenting practices and access to health care. This nationally acclaimed program was featured in a January 2009 issue of The American Journal of Preventive Medicine showing that all mothers enrolled in the HFNY before their 31st week of pregnancy were half as likely to have low-birth weight babies compared to mothers in an unassigned control group. Another study published in the March 2008 issue of Child Abuse and Neglect indicates that the HFNY has seen a decrease in incidences of abuse and neglect during children's first two years of life and reduced use of aggressive parenting practices particularly involving first-time teen mothers. The OCFS's home visitation model has proven to be successful in low-income communities. New York is one state out of many that operate these programs.

*NAPCWA Guidance on Prevention & Protection*

NAPCWA recently released national child safety guidance known as Framework for Safety in Child Welfare. This manual provides tools for states to define, assess and respond effectively to child abuse and neglect. We believe that this guidance will assist states in reducing the likelihood of child fatalities and instances of child maltreatment. Child safety is paramount from the time children come to the attention of state child protection agencies through case closure. However, everyone is responsible for ensuring children's safety, regardless if they are employed by the public or private sector.

Public child welfare agencies work diligently to ensure the safety and well-being of children and families. These agencies respond to more than a million reports of abuse and neglect each year. However, there are minimal federal resources to support child protection and prevention programs. Therefore, we encourage Congress to increase CAPTA funding and restructure the child welfare financing system to better support children and families. Thank you for your leadership and commitment to child safety and family preservation.

---

**Prepared Statement of the National Network to End Domestic Violence (NNEDV)**

Chairwoman McCarthy, Ranking Member Platts, Chairman Miller, Ranking Member Kline, and distinguished members of the committee, thank you for the opportunity to submit testimony for this hearing on the reauthorization of the Family Violence Prevention and Services Act (FVPSA). We are grateful for the subcommittee's leadership on behalf of domestic violence victims and their families. The National Network to End Domestic Violence (NNEDV) is a membership and advocacy organization representing the 56 state and U.S. territory domestic violence coalitions. NNEDV is the voice of these coalitions, their more than 2,000 local domestic violence member programs, and the millions of domestic violence survivors, advocates and professionals that our member programs represent.

In order to ensure the safety of domestic violence survivors, we urge the Subcommittee to act swiftly to reauthorize FVPSA with improvements to better serve victims' needs. FVPSA is the only federal funding dedicated to domestic violence shelters and services and has been the lifeblood of programs that have been preventing and ending domestic violence for 25 years. Its reauthorization is urgently needed to provide stable funding to address victims' needs. To that end, advocates across the country praise the leadership of Representative Gwen Moore (D-WI) who

is leading the effort to draft a FVPSA bill, likely to be introduced by the end of the month, reflective of priorities outlined below. We urge the Committee to prioritize FVPSA reauthorization this year. Reauthorizing FVPSA presents an exciting opportunity to meet the needs of underserved communities while continuing proven, successful strategies. FVPSA's swift reauthorization, with key improvements and adequate funding allocation, will ensure that victims across the country have continued access to services that save lives.

*FVPSA: Keeping Families and Children Safe*

Thanks to the leadership of Committee, 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. 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 taken to build on the success of FVPSA and improve services for victims.

*The Need for FVPSA-Funded Services for Families*

Since its passage in 1984 as the first national legislation to address domestic violence, FVPSA has remained the only funding directly for shelter programs. 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.[1] Annually, approximately 1.5 million American women and 800,000 men are physically abused by their spouses or partners[2] and 15.5 million children are exposed to this violence.[3] This violence and abuse is devastating, costly and can be deadly. Each day in this country an average of three women are killed by a current or former intimate partner.

Domestic violence is more than a crime—it is a public health issue. To address this issue, there are approximately over 2,000 community-based domestic violence programs for victims and their children (approximately 1,500 of which are FVPSA-funded). These programs offer services such as emergency shelter, counseling, legal assistance, and preventative education to millions of women, men and children annually.[4]

Domestic Violence Counts 2008, a 24-hour census of domestic violence shelters and services, found that in one 24-hour time period domestic violence programs across the nation served over 60,000 women, men and children. Unfortunately, due to a lack of resources, almost 9,000 requests for services were unmet during that same day.[5] For those individuals who were not able to find safety that day, the consequences can be extremely dire including continued exposure to life-threatening violence or homelessness in many cases. It is absolutely unconscionable that victims cannot find safety for themselves and their children due to a lack of adequate investment in these services.

The gap between adequate resources and increasing demand widens as the economic situation worsens. A bad economy does not cause domestic violence but financial strain can certainly exacerbate violence and victims with fewer personal resources become increasingly vulnerable. Since the economic crisis began, three out of four domestic violence shelters have reported an increase in women seeking assistance from abuse.[6] Many programs across the country use their FVPSA funding to keep the lights on and their doors open. We cannot underestimate how important this is—victims must have a place to flee to when they are escaping life-threatening violence. The fact is that countless shelters across the country would not be able to operate without FVPSA funding.

By swiftly passing a FVPSA reauthorization inclusive of the recommendations below and with an adequate authorization level, Congress can work to ensure that victims can find safety and stability after fleeing abuse.

*Key Programs Authorized in FVPSA*

FVPSA State Formula Grants Administered through the Department of Health and Human Services, the FVPSA State 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.

The impact of FVPSA State Formula grants is phenomenal. The flexible, consistent funding provided by FVPSA has helped millions of victims find safety for themselves and their children. In fiscal years 2007 and 2008 almost 600,000 adults and children found safety in FVPSA shelters. Research shows that shelter programs are among the most effective resources for victims with abusive partners[7] 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.[8] These programs keep children and their non-abusive parents safe and allow families to rebuild their lives after crisis. A recently released multi-state study which shows conclusively that the nation's domestic violence shelters are addressing both urgent and long-term needs of victims of violence and are helping victims protect themselves and their children.[9]

DELTA Grants In addition to supporting emergency services through local programs and shelters, FVPSA includes Demonstration Grants for Community Initiatives (also known as DELTA grants, administered by the Centers for Disease Control and Prevention) to expand community-based primary prevention that address the underlying causes of domestic violence in order to stop abuse before it starts. DELTA is one of the few funding sources for primary prevention work. Domestic violence carries a high price tag, with costs exceeding $5.8 billion each year,[10] making it all the more important to stop the cycle of violence before it starts.

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. 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. For many callers, their call to the Hotline is the first time they open up about the abusive relationship. One recent caller described how her abuser had forced her to quit her job and monitored all of her phone calls and conversations, saying "He forced me to give up all my relationships aside from him. I'm completely and utterly alone. Now it's too late to go back to my friends and family. It's been 15 years." The advocate was able to assure her that she was not alone and refer her to a local shelter in the area. The Hotline also provides a helpline for teens who are experience dating abuse.

Since opening in 1996, the National Domestic Violence Hotline has received over 2 million calls from individuals in need of support and assistance and it now provides services in more than 170 languages. While the National Domestic Violence Hotline answers an average of 21,000 calls a month, ever-increasing demand and dwindling resources left 42,500 calls unanswered in 2008.

*Priorities for Reauthorization*

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. Our nation depends on FVPSA-funded programs to meet the immediate, urgent and long-term needs of victims of domestic violence and their children.

We urge the Committee to prioritize the swift reauthorization of FVPSA, inclusive of the recommendations outlined and with an adequate funding authorization level. Our priorities for reauthorization include:

1. Maintain the 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. Address the unique needs of underserved and marginalized communities Victims from marginalized racial, ethnic and religious populations may not feel safe reaching out for help beyond their communities. To meet the needs of victims from underserved populations and Communities of Color, FVPSA reauthorization should:

• Dedicate 2.5% of funding from the formula grants to meet the needs of victims from Communities of Color, through a program entitled Grants to Enhance Culturally and Linguistically Appropriate Services For Racial and Ethnic Approaches to Change, and include language throughout that supports community-based and faith based organizations; and

• Include a pilot project, entitled the Grants for Underserved Populations and Racial and Ethnic Approaches for Change, which is designed to build community capacity to provide both services and prevention for underserved communities.

3. Set-aside funding for specialized services for abused parents and their children One-half to two-thirds of the residents of domestic violence shelters are children, and approximately 15.5 million children are exposed to domestic violence each year. FVPSA currently includes a set-aside for services for children, but it is largely undefined. FVPSA reauthorization should strengthen and clarify funding for services to children and youth, including clarification of how such funds will be distributed. Domestic violence programs provide safety and support for children, but many 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.

4. Protect the confidentiality of victims It is absolutely essential that victims' privacy and confidentiality is addressed in the FVPSA reauthorization. We have recommended that the FVPSA confidentiality is primarily based on VAWA confidentiality provisions to ensure consistent administration among grantees, which often access both funding sources for distinct projects.

5. Fairly distribute funding to the U.S. Territories The U.S. Territories of the U.S. Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands are eligible for FVPSA funds but the distribution formula does not provide adequate resources for Territories or Territorial Coalitions. This inequality should be rectified by amending the relevant funding formulas.

6. Enhance the state planning process The distribution of FVPSA funding should be tied to a state planning process that adequately addressing the unique needs of domestic violence victims, including those who are underserved. The state planning should be made more responsive and accountable to grantees, advocates and legislators alike.

7. Strengthen 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 rapid response 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.

8. Define the service population FVPSA must include distinct definitions for Dating Violence and Youth to ensure that all victims in danger can access services. In some states the definition of Domestic Violence does not include those who are in "dating" relationships or youth victims—yet we know that women between the ages of 16-24 experience the highest rate of intimate partner victimization. The FVPSA reauthorization must ensure that technical definitions do not exclude those in need.

9. Streamline and clarify FVPSA provisions The FVPSA code has been significantly amended 6 times over the last 25 years and is now difficult to interpret; language in some parts is antiquated. To reflect current and emerging best practice, enhance consistent implementation and monitoring by HHS and Congress, and

make provisions consistent with those of the Violence Against Women Act (VAWA) 2005, we recommend streamlining the FVPSA statute.

10. Expand the emphasis on prevention 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 and appropriations increased to continue expansion of these valuable programs. DELTA grants should be authorized at $20 million.

11. Maintain the Hotline and leverage its strengths to address teen dating violence When victims of domestic violence have courageously chosen to pick up the phone and seek help, having someone on the other end to answer the call and connect her resources is critical in keeping her and her family safe. 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, funding should be available to develop and deliver specialized services to teen victims through the use of innovative technology. The National Domestic Violence Hotline should be authorized at $7 million.

*Conclusion*

As a coalition of domestic violence advocates and service providers, we recognize the critical need to address domestic violence in order to keep families and communities safe. Without effective intervention, this violence will continue to repeat itself and impact successive generations. The reauthorization of FVPSA provides an important opportunity to continue the progress that has made toward meeting the needs of domestic violence victims and breaking 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 for Disease Control and Prevention, "Extent, Nature and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey." 2000.

[2] 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.

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

[4] National Coalition Against Domestic Violence, Detailed Shelter Surveys (2001).

[5] Domestic Violence Counts 08: A 24-hour census of domestic violence shelters and services across the United States. The National Network to End Domestic Violence. (Jan. 2009).

[6] Mary Kay's Truth About Abuse. Mary Kay Inc. (May 12, 2009).

[7] 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.

[8] 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.

[9] Lyon, E., Lane S. (2009). Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences. National Resource Center on Domestic Violence and UConn School of Social Work. Found at *http://www.vawnet.org.*

[10] 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 Matthew Melmed, Executive Director, Zero to Three**

Madam Chairwoman and Members of the Subcommittee: I am pleased to submit the following testimony on best practices for the prevention of child abuse and neglect as well as strengthening responses for those families already touched by child maltreatment. My name is Matthew Melmed. For the last 14 years I have been the Executive Director of ZERO TO THREE, a national non-profit organization that has worked for over 30 years to advance the healthy development of America's babies and toddlers. I would like to start by thanking the Subcommittee for all of its work to ensure that our nation's infants and toddlers are safe. I commend you and the Subcommittee for tackling this difficult, yet extremely important issue.

I would like to start by addressing the effects of abuse and neglect on infants and toddlers and offer two sets of recommendations (prevention and treatment) for your consideration as you look at systemic changes to the way in which child abuse is addressed by this nation.

*Vulnerability of Infants and Toddlers to Abuse and Neglect*

Unfortunately, children between birth and three years of age have the highest rates of abuse and neglect in the United States.[1] Specifically, although infants only account for 5.6% of the child population, they represent double that percent of all child maltreatment victims.[2] In fact, infants are over four times more likely to enter foster care than children of all other ages. Infants and toddlers are particularly at risk, not only because they are physically vulnerable, but also because of the important brain development occurring during this period of life.

We know from the science of early childhood development that infancy and toddlerhood are times of intense intellectual engagement.[3] A child's first years set the stage for all that follows. During this time the brain undergoes its most dramatic development, and children acquire the ability to think, speak, learn, and reason. Future development in key domains—social, emotional, and cognitive—is based on the experiences and relationships formed during these critical years.

Contrary to the once-held belief that very young children do not remember, and therefore experience no lasting effects from maltreatment, infants and toddlers are extremely vulnerable to its long-lasting consequences. Research shows that young children who have experienced physical abuse have deficits in IQ scores, language ability, and school performance, even when the effects of social class are controlled.[4] Furthermore, physical abuse extracts a substantial toll on young children's social adjustment, as seen in elevated levels of aggression that are apparent even in toddlers.[5] The effects of maltreatment are not just seen in children who are abused, however. Neglected children may also exhibit a variety of emotional and behavioral problems as well, including: poor coping skills, high levels of dependence, self-abusive behaviors, unresponsiveness to affection, lethargy, low academic achievement, fewer interactions with peers, and unusual sleeping and eating patterns.[6] Long-term negative outcomes of abuse and neglect include school failure, juvenile delinquency, substance abuse, and the continuation of the cycle of maltreatment into new generations. In fact, one third of the individuals who are abused and neglected as children can be expected to abuse their own children.[7]

The effects of abuse and neglect are not just a bad memory, but affect the developing brain architecture in the young child—effects that we can actually see in Figure 1. This figure compares the PET scan of the brain of a healthy child (left) with that of an abused and neglected child in a Romanian orphanage (right). The brain of the healthy child shows high activity (depicted in red) in the temporal lobes. In contrast, the scan of the Romanian orphan shows very little activity in these areas which are responsible for regulating emotions and receiving input from the senses. Furthermore, the abused and neglected brain has smaller brain volume, larger fluid-filled cavities, and smaller areas of connection.

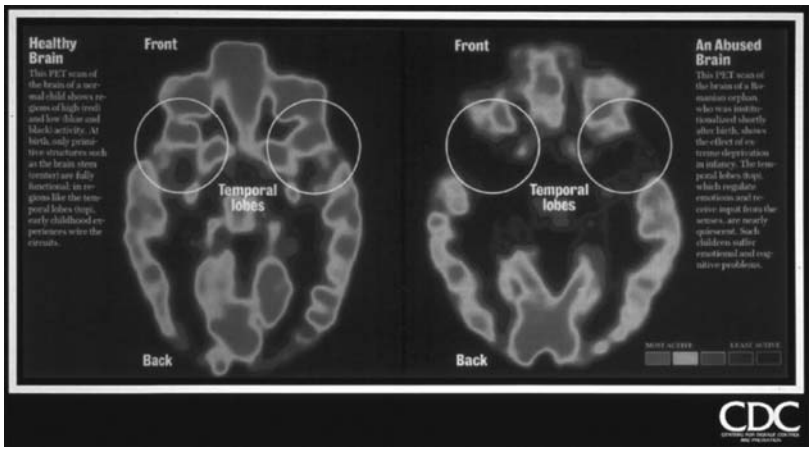



**Figure 1.**—Image reproduced with permission. Harry Chugani, M.D., Children's Hospital of Michigan.

Although the developmental impact of child abuse and neglect is greatest among the very young, research confirms that the early years present an unparalleled window of opportunity to effectively intervene with at-risk children. Intervening in the early years can lead to positive outcomes (e.g., secure attachments, healthy relationships, school success, etc.) and significant cost savings over time through reductions in child abuse and neglect, criminal behavior, welfare dependence, and substance abuse. It is critical that child well-being be the first priority in all child abuse and neglect cases.

*The Effects of Fetal Alcohol Spectrum Disorders*

I particularly want to call the Subcommittee's attention to a condition that is a perennial problem, but often overlooked. Experts estimate that one out of every one hundred US citizens is a victim of Fetal Alcohol Spectrum Disorders (FASD), an array of physical disabilities that is 95% under-diagnosed.[8,9] Although very little research has been done to document the prevalence of FASD among children in the child welfare and juvenile justice systems, one study suggests that almost one in four children in the juvenile justice system is a victim of it.[10]

The brain damage caused by prenatal exposure to alcohol results in poor judgment, impulsivity, difficulty learning from experience and an inability to foresee the consequences of one's behavior. Furthermore, children born with FASD are frequently premature and low birth weight, both of which are risk factors for healthy development.[11] Infants and toddlers in particular can be delayed in reaching developmental milestones, hyperactive, easily over-stimulated,[12] and victims of failure to thrive.[13] Consequently, academic failure and social impairments are common in childhood.

While policies often focus on illegal substance use and abuse, very little attention is given to legal substances such as alcohol and its effects on the healthy development of infants and toddlers. As with child abuse and neglect, intervening early can and does make a difference, both in terms of child development and in economic costs to society. In fact, children who are diagnosed before the age of six are much more likely to succeed in school, careers, and personal relationships.[14] In order to prevent developmental delays resulting from FASD down the road, we must look beyond the limited focus on illegal substances and include screening to detect FASD in infants.

*Preventing Child Abuse and Neglect*

In thinking about approaches to preventing child abuse and neglect, we must recognize that efforts to reach this goal often will not be labeled as child abuse prevention and, in fact, lie largely outside the formal child welfare system. Prevention means reaching out to families with risk factors and their accompanying stressors to connect them with comprehensive services that work to reduce the stress and promote the healthy early development of their young children. Except for a few narrowly targeted initiatives, there is no such thing as a separate program to prevent child abuse, another to promote cognitive development, another to help parents be better parents, and yet another to address social and emotional needs. For the very

young child, especially, all aspects of development are inextricably intertwined and must be addressed as such.

I want to note that child maltreatment, in particular, does not occur only in low-income families. All parents need support in nurturing their children, just as all babies need supportive relationships to promote healthy development. But some families and their children are more at-risk because of poverty, substance abuse, precarious housing or nutritional situations, or lack of education, just to name a few hazards. We need to ensure that families who face multiple risk factors are connected to appropriate services in the community before abuse and neglect occur. In other words, there is not a separate category of families in which abuse and neglect occurs. These are the same families to whom we direct other early childhood interventions. So I encourage you to think broadly about expanding comprehensive solutions for early childhood development and family support in which preventing abuse and neglect will be a natural byproduct of connecting families to an array of resources.

While the bulk of funds to provide such services will not come from the Child Abuse Prevention and Treatment Act (CAPTA) or other child welfare funding streams, the limited funds available through Title II of CAPTA can be instrumental in developing mechanisms and promoting systems change to integrate services outside the child welfare system to meet the needs of at-risk children and families, provide outreach to those families, and help in accessing services.

I also want to emphasize the importance of social and emotional development in young children, which forms the foundation for later learning, and the mental health problems that can occur even when no abuse or neglect is pinpointed. Early social and emotional development is vulnerable to such factors as repeated exposure to violence, persistent fear and stress, abuse and neglect, severe chronic maternal depression, biological factors such as genetic prematurity and low birth weight, poverty, and conditions associated with prenatal substance abuse.

Healthy development occurs within the context of the family. Supportive early relationships can protect against the effects of stress and biological hazards beginning even prenatally. Therefore, problems with social and emotional development that occur in a young child need to be addressed using approaches that focus on the child's interaction with the caregiver. Neurons to Neighborhoods cites programs such as the Family Development Service Program in Los Angeles, where researchers "documented that a relationship-based intervention can have a significant impact on parent-child interaction and on the infant's security of attachment." Another program cited is the Infant-Parent Psychotherapy Program in San Francisco that emphasizes intergenerational patterns of attachments and helps the mother cope with life issues outside the family.[15]

## PREVENTION POLICY RECOMMENDATIONS

### *Create a Broad and Comprehensive Policy that Supports Vulnerable Children and Families*

I encourage the Subcommittee to consider building an integrated approach to addressing the needs of very young children and their families that would encompass outreach and support for parents, high quality early care and education, and supports for the professionals who serve them. In addition, we need the ability to better employ the tools that can identify children at-risk for problems that are more difficult to spot at a young age, but where early intervention can save both heartache and dollars at a later age. Some specific steps include:

1. Providing increased access to high quality family support programs by:

a. Expanding funding for Early Head Start, a program proven effective in reaching families with infants and toddlers and in promoting good parenting practices and healthy child development. Comprehensive early childhood programs, such as Early Head Start, that combine early learning experiences, parent support, home visitation, and access to medical, mental health and early intervention services can provide the specialized services that very young children in the child welfare system need. Results from the Congressionally-mandated Early Head Start Research and Evaluation Project—a rigorous, large-scale, random-assignment evaluation—concluded that parents who participated in Early Head Start had more positive interactions with their children than control group parents—they showed greater warmth and supportiveness, less detachment, more parent-child play interactions, more stimulating home environments, and less spanking by both mothers and fathers.[16]

While the American Recovery and Reinvestment Act provided additional funds for Early Head Start, even with that infusion of funding, we still will only reach six percent of eligible infants and toddlers. Increased funding to quadruple the size of Early Head Start, as the President pledged, will ensure that we reach the most at-risk infants and toddlers early in life when we have the best opportunity to reverse

the trajectory of poor development that can occur in the absence of such supports. It will also help us ensure that parents have the supports they need to sufficiently nurture the healthy development of their infants and toddlers. Although it is the role of the appropriators to increase funding for Early Head Start, this Subcommittee can work to ensure that the authorizers and appropriators understand the importance of programs such as Early Head Start in reaching the most at-risk infants and toddlers.

b. Expanding funding to support other comprehensive approaches that reach out to families with young children. Some communities use programs that deliver parent support and early childhood services through home-based models. These home visiting programs offer information, guidance, and support directly to families in their home environments, eliminating many of the scheduling, employment, and transportation barriers that might otherwise prevent families from taking advantage of necessary services. While home visiting programs, such as Healthy Families America, the Nurse-Family Partnership, the Parent-Child Home Program, and Parents as Teachers, share similar overall goals of enhancing child well-being and family health, they vary in their program structure, specific intended outcomes, content of services, and target populations. Program models also vary in the intensity of services delivered, with the duration and frequency of services varying based on the child's/family's needs and risks.

A growing body of research demonstrates that home visiting programs that serve infants and toddlers, can be an effective method of delivering family support and child development services, particularly when services are part of a comprehensive and coordinated system of high quality, affordable early care and education, health and mental health, and family support services for families prenatally through pre-kindergarten. Research has shown that high quality home visiting programs serving infants and toddlers can increase children's school readiness, improve child health and development, reduce child abuse and neglect, and enhance parents' abilities to support their children's overall development.[17] The benefits of home visiting, however, vary across families and programs. What works for some families and in some program models will not necessarily achieve the same success for other families and other program models.

Expanding access to evidence-based home visiting programs is one strategy in the prenatal to pre-kindergarten continuum which can help prevent long-term costs associated with remediating the effects of maltreatment while promoting healthy social and emotional development in later years. However, it is important to connect home visiting efforts with other child and family services, particularly those focused on children's well-being and healthy development, to help ensure that young children and their families have the supports they need to promote healthy outcomes.

2. Increasing access to preventive and treatment services for families affected by substance abuse, including screening of children for FASD. Millions of children and families are impacted by the growing epidemic of substance abuse. In fact, an estimated 11 percent of all children live in families where one or more parents abuse alcohol or other drugs.[18] This issue is even more pressing for families in the child welfare system where up to 80 percent of children are affected by substance abuse.[19] Families need access to a community-based, coordinated system of comprehensive family drug andalcohol treatment. Prevention and treatment services should include: prevention and early intervention services for parents at-risk of substance abuse; a range of comprehensive treatment options including home-based, outpatient, and family-oriented residential treatment options; aftercare support for families in recovery; and preventive and early intervention services for children that address their mental, emotional, and develop

In addition, given the heightened risk of FASD for children in the child welfare system, we must adopt useful screening strategies for children who come to the attention of child protective services staff. Many affected children will be born into families with severe dysfunction, substance abuse and long histories of parenting failure. Screening infants and children entering child protective services caseloads, and especially those in foster care, would link high risk children with appropriate treatment services. Currently, only children exposed to illegal substances are screened and referred for services despite the more devastating effects of legal substances such as alcohol.

It is also critical to recognize that many parents who maltreat their children do so as a result of the organic brain dysfunction caused by FASD. Behavioral deficits include: impulsive behavior, an inability to plan and remember commitments (e.g. the child's antibiotic regimen) from one day to the next, and emotional volatility. Some states recognize FASD as an adult disability and provide case management and disability payments. With this kind of support, FASD victims have a much greater likelihood of successfully carrying out the tasks of daily living, including

their parenting responsibilities. The focus on screening we recommend for young children should include screening for their parents as well.

3. Increasing access to parent-child therapy by allowing reimbursement through Medicaid for dyadic/relational therapy for at-risk families and funding research into promising approaches. Currently, not all states allow reimbursement through Medicaid for therapy provided to parents and infants or toddlers together. Such therapy is often effective, because the mental health of parents and very young children are so closely interrelated. In a recent study among mother-child pairs where there was a history of domestic violence, not only was the therapy effective in improving the parent-child relationship and the child's behavioral symptoms, but the intervention had a positive effect on the mother's mental health.[20]

The proposed modification would allow infants and toddlers, who health practitioners find are at high risk for developing mental health disorders, to receive a referral for a full diagnostic evaluation. The referral would be made for both the young child and parents using a developmentally appropriate diagnostic tool such as the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised (DC:0-3R). Current diagnostic tools such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and the International Classification of Diseases (ICD-10) do not comprehensively cover the mental health issues of infants, toddlers, and their parents. A comprehensive classification tool such as DC:0-3R will allow professionals to identify, understand, and treat mental health problems, relational issues, and developmental disorders of very young children at an early stage and prevent problems from worsening.

In addition, while some approaches to parent-child therapy have been tested as noted above, more research and demonstrations are needed to advance our understanding of how best to improve parenting skills and repair damage to social and emotional development in infants and toddlers. The Subcommittee could play a critical role by financing such research. Too often, parents are simply sent to parenting classes that may not help them understand and experience how best to interact with their children and support their healthy development.

*Improving Responses to Families Already Touched by Child Maltreatment*

I have already noted the highly detrimental effects of maltreatment on the development of infants and toddlers. We know all too well that the circumstances that often surround a family where abuse or neglect has occurred do not bode well for the child's development, and we also know that the relationships that support this development, once gone awry, do not heal themselves. Much of the CAPTA statute focuses on the legal system for dealing with these cases and has indeed led to a great deal of progress in helping states ensure the physical safety of children. But we need to pay greater attention to the developmental needs of the children involved and the needs of their families—in other words, to the treatment part of the program.

Our Child Protective Services (CPS) system needs to recognize the critical nature of the early years for child development and have procedures in place to move quickly to address the damages of maltreatment and the needs of infants and toddlers and their families. Such procedures must start with training for all involved in the legal side of the system—CPS workers, Guardians Ad Litem, judges and other court personnel—about early childhood development. In their professional training, these key people are not taught about how young children develop and the importance of acting to keep that development on track. ZERO TO THREE's experience with its Court Teams for Maltreated Infants and Toddlers project, which focuses on children in the foster care system and is discussed in more detail under Recommendation #1 below, has been instructive in learning how important such knowledge can be. It can literally change how staff and judges approach their decisions regarding young children.

The second need is services for children and families and quick linkage to them when a family comes into the child welfare system. We know that the levels of services such as mental health and special education among children in the child welfare system have historically been low. As with preventive services, workers at the treatment stage need the ability to connect children and families with a variety of services. Again, the Court Teams initiative creates a "team" of service providers in the community who ensure that the children and parents being supported by the local Court Team receive necessary services. Formation of the teams has brought together providers in communities, many of whom had not been involved with this population before. In some instances, forming the teams has revealed services of which child welfare workers were not aware. For example, the requirement in the 2003 CAPTA reauthorization that all infants and toddlers be referred for assessment under Part C of the Individuals with Disabilities Education Act was a huge

step in seeking to meet the developmental needs of young children. However, states are still grappling with how to implement and fund this linkage and many child welfare workers, themselves, are unaware of the Part C early intervention requirements. I urge the Subcommittee to focus on how to ensure the connection between these two systems can be made more feasible.

Third, an increase in mental health services that address the needs of parents and children together, as discussed under prevention efforts, is extremely important in the context of treating child abuse and neglect. The whole area of infant/early childhood mental health is often overlooked, but addressing the mental health needs of both child and family is one of the keys to healing families and preventing future child maltreatment.

Clearly, there is a great deal of overlap in services for at-risk families to prevent child abuse and neglect and those where abuse and neglect are known to have occurred. I encourage the Subcommittee to explore approaches such as differentiated response that seek to connect families to services no matter what their CPS status.

Finally, the treatment of abuse and neglect continues after children are removed from home and placed in foster care, although this part of the child welfare system is generally addressed through the programs in Part IV of the Social Security Act. Additional policies must be implemented to ensure adequate services are in place for children once they enter foster care.

Infants and toddlers are removed from home at higher rates than older children precisely because they are so vulnerable to the effects of abuse and neglect. In fact, infants are the largest group of children entering foster care in the United States, accounting for 1 in 5 admissions.[21] Once they have been removed from their homes and placed in foster care, infants and toddlers are more likely than older children to be abused and neglected and to stay in care longer.[22] In addition, half of all babies who enter foster care before age 3 months spend 31 months or longer in placement.

Coupled with these alarming statistics is the fact that a young child's removal from his or her home adds additional layers of complexity to the initial trauma of maltreatment. Separation from a child's primary caregiver(s) can cause anxiety, distress, and additional trauma. For these reasons, we must pay particular attention to ensuring that developmentally appropriate services and family connections are available during this critical time in a child's life.

TREATMENT POLICY RECOMMENDATIONS

1. Requiring training for child protective services staff and other personnel involved with children in the child welfare system around the unique needs of infants and toddlers. There is a wealth of scientific knowledge available about very early child development which should be used to make informed decisions about babies in the child welfare system. However, child welfare workers are overburdened and do not have the time or means to seek the training that would provide them with this scientific knowledge base. Congress should provide grants to states to enable them to develop and provide training for child welfare workers and other staff (including Guardians Ad Litem, court personnel, mental health specialists, child care providers, Early Head Start teachers and early intervention specialists) around the developmental needs of infants and toddlers who have been abused or neglected and the steps that need to be taken to address these needs.

In addition, while training is important in providing the initial exposure to information, ongoing technical assistance is critical if the training information is to be applied in real life. Like any bureaucracy, child welfare agencies have developed protocols and guiding assumptions over the decades. Much of the knowledge of infant/toddler development is new and challenges prevailing practices in the field of child welfare (e.g., sibling relationships always trump the child's relationship with the foster parent, etc.). Changing long held opinion in bureaucratic settings is extremely difficult. Developing a mechanism to provide consultation to caseworkers on cases involving infants and toddlers will allow them to reflect on decisions that may otherwise be made without grounding in the child's best interests.

One example of innovation in this area is ZERO TO THREE's Court Teams project for children in foster care. Under the leadership of a juvenile or family court judge, the Court Team model works to increase awareness among court personnel and community providers about the negative impact of abuse and neglect on very young children and to change local systems to improve outcomes and prevent future court involvement in the lives of very young children in the child welfare system. Preliminary data and anecdotal evidence suggest that the Court Teams project is having a positive effect on children and families, including: reducing the number of times maltreated infants and toddlers move from one foster home to another, in-

creasing visits between parents and their young children in foster care, providing critical health and developmental screenings, increasing placements with relatives, expediting and enhancing services to parents to facilitate reunification, and reducing the time to permanency.

2. Ensuring access to early intervention services (Part C of the Individuals with Disabilities Education Act) for children three and younger. Amendments to CAPTA in 2003 required states to develop procedures to ensure that all children 0-3 who are involved in a substantiated incident of abuse or neglect are referred to Part C early intervention services. The IDEA amendments of 2004 also required Part C services for all children who have been maltreated or exposed prenatally to illegal substances or domestic violence. Under Part C, all participating states and jurisdictions must provide early intervention services to any child below 3 who is experiencing developmental delays or has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. In addition, states may choose to provide services for babies and toddlers who are "at-risk" for serious developmental problems, defined as circumstances (including biological or environmental conditions or both) that will seriously affect the child's development unless interventions are provided.

Despite the promise it holds for the future, there is wide variation in the percentage of infants and toddlers enrolled in Part C programs across states. Currently, states carry a significant burden to fund Part C programs, in part, because of inadequate federal funding. The result is that many eligible infants and toddlers do not receive the early intervention services they desperately need in order to reach their full potential in school and in life. Congress should provide incentives and adequate funding for states to increase access to early intervention screening and Part C services for infants and toddlers in foster care. Early intervention services under Part C may prevent or minimize the need for more costly services under Part B of IDEA or even later in a child's life.

3. Adding infants affected with FASD to the policies and procedures CAPTA requires states to have in place to identify and address the needs of infants born with and affected by illegal substance abuse. Infants and toddlers in the child welfare system have ongoing risk factors that predispose them to developmental delays. While developmental delays are often present in young children with FASD, currently, FASD is not included among the eligibility criteria for Part C services. It is critical to screen for FASD specifically because it is a lifelong chronic condition requiring management rather than a developmental delay that can be corrected. As mentioned earlier, when children are screened for FASD and determined in need of early intervention services, those services should be allowable under Part C.

4. Increasing access to parent-child therapy by allowing reimbursement through Medicaid for dyadic/relational therapy for at-risk families and funding research into promising approaches. This approach is discussed under the Prevention section above, but I want to reiterate its importance for families where maltreatment has occurred. CAPTA could be an important source of funding to develop and/or disseminate promising approaches for this type of therapy.

5. Requiring (under Title IV-B of the Social Security Act) that the Department of Health and Human Services promulgate guidelines for states for the care of infants and toddlers in the child welfare system, including:

a. Visitation standards and developmentally appropriate visitation practices for infants and toddlers in out-of-home care. One of the major challenges faced by young children in foster care is developing nurturing relationships with their parents. Standard visitation practice permits one visit each week. In practice, however, visits occur less than once a week. Parent-child contact consists of brief encounters at the child welfare agency. For very young children, infrequent visits are not enough to establish and maintain a healthy parent-child relationship. For parents, visits often become yet another forum where they feel judged and incompetent. Research indicates that visitation with parents and siblings is not only highly correlated with better child functioning at discharge from foster care, but also allows children to leave foster care in much higher numbers and more quickly.[23]

Parental visitation can and should be looked at strategically. Visits can play an important role in concurrent planning (pursuing two permanency options simultaneously—reunification and adoption) and can be used to assess the parent-child relationship and how the family is progressing. The frequency and success of visits between children and parents can provide a caseworker with evidence for either movement to an alternative plan for the child or movement for early reunification. Visits should occur frequently, in a safe setting that is comfortable for both parent and child, and should last long enough for a positive relationship to develop and strengthen. CAPTA can provide a framework for enhancing the visitation experience by providing support and coaching to improve future visits for all involved. Standard

practice must shift from a CPS worker sitting in the corner observing to an engaged and supportive visit coach who helps the parent plan the time with his/her child(ren), handle the actual visit, and reflect afterward on how well the visit went.

b. Minimizing multiple placements while in out-of-home care. In the first year of life, babies need to have the opportunity to develop a close, trusting relationship or attachment with one special person. The ability to attach to a significant caretaker is one of the most important emotional milestones a baby needs to achieve in order to become a child who is trusting, confident, and able to regulate his or her own stress and distress. For babies in foster care, forming this secure attachment is difficult. Multiple foster care placements present a host of traumas for very young children. When a baby faces a change in placement, fragile new relationships with foster parents are severed, reinforcing feelings of abandonment and distrust. Even very young babies grieve when their relationships are disrupted and this sadness adversely effects their development. All placement decisions should focus on promoting security and continuity for infants and toddlers in out-of-home care.

Guidelines should be developed for states on how to minimize multiple placements for infants and toddlers in out-of-home care. For example, a state may decide to develop foster-adopt homes for infants who come into the child welfare system so that if the birth parents cannot successfully regain custody of the child, the child will not be moved again. States should have a system for tracking the number of moves an infant makes while in foster care. When a change in placement is necessary, child welfare workers and foster parents should receive training on how to handle transitions with infants and toddlers so the children have the opportunity to get to know their new caregivers before leaving the security they have gained in the care of their current caregiver.

c. Promoting timely permanent placements for infants and toddlers in foster care.

During the earliest years of a child's life—a time when growth and development occur at a pace far exceeding that of any other period of life—time goes by quickly. Babies can drift for years in foster care. They need stable loving parents as soon as possible. Standard child welfare practice is to seek reunification over the course of months or years, and only when it is clear that the birth parents are not able to regain custody of their children, is an alternative permanency arrangement sought. In the meantime, the babies have grown up in a series of foster homes and have suffered developmental damage they will carry with them throughout their lives. All members of the family's team need to understand concurrent planning right from the start as the legal way to make sure that a child is in a permanent home as quickly as possible.

6. Requiring state child welfare agencies to include in their state plans a description of their approach to addressing the specific needs of infants and toddlers. Infants and toddlers in foster care have needs that are very different from older children. They also move through the child welfare system in ways that are very different from older children—they stay in care longer, they are less likely to be reunified with their parents and they are more likely to be abused and neglected while in foster care. State child welfare agencies should address the unique needs of infants and toddlers in their state plans, with a detailed description of their approach to dealing with issues for babies in foster care such as reducing multiple foster care placements, assuring regular visitation with biological parents, ensuring that all infants and toddlers have access to early childhood and family mental health services, addressing the effects of trauma and separation on infants and toddlers, and promoting interventions that support their healthy development across all domains.

*Conclusion*

We must ensure that infants and toddlers are healthy and safe. During the first years of life, children rapidly develop foundational capabilities—cognitive, social and emotional—on which subsequent development builds. The amazing growth that takes place in the first three years of life creates vulnerability and promise for all children. These years are even more important for maltreated infants and toddlers. We know from the science of early childhood development what infants and toddlers need for healthy social, emotional and cognitive development. We also know that maltreated infants and toddlers are at great risk for poor outcomes. We must continue to seek support for services and programs that ensure that our nation's youngest and most vulnerable children are safe, and that promote and improve their emotional, social, cognitive and physical health and development.

Policies and funding must be directed to preventing harm to all children and reducing further harm to maltreated children. I urge the Subcommittee to make the investment to support and protect our nation's most vulnerable children and their families.

Thank you for your time and for your commitment to our nation's at-risk infants and toddlers.

ENDNOTES

[1] U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2009) Child Maltreatment 2007, Washington, DC: U.S. Government Printing Office, Table 3-6.

[2] Ibid.

[3] Shonkoff, J., & Phillips, D. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development. Washington, DC: National Academy Press.

[4] Ibid.

[5] George, C., and Main, M. (1995). "Social interactions of young abused children: Approach, avoidance, and aggression." Child Development, (50)2, pp. 306-318.

[6] Children's Bureau. (2006) Child Neglect: A guide for prevention, assessment and intervention. Child Welfare Information Gateway. *http://www.childwelfare.gov/can/impact/types/neglect.cfm* (accessed June 30, 2008).

[7] National Research Council. (1993). Understanding child abuse and neglect. p. 223.

[8] Shonkoff, J., & Phillips, D. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development.

[9] Kelly, K. (2005). The importance of early identification of Fetal Alcohol Spectrum Disorder (FASD). The Judges' Page Newsletter. National CASA/National Council of Juvenile and Family Court Judges. *http://www.nationalcasa.org/download/Judges—Page/0502—parental—substance—abuse—issue—0036.pdf* (accessed March 12, 2007).

[10] Fast, D.K., Conrey, J., Loock, C.A. (1999). "Brief reports: Identifying Fetal Alcohol Syndrome among youth in the criminal justice system." Developmental and Behavioral Pediatrics (20)5.

[11] Jernell, J., Wanninger, M., Brodsky, L., Atherly, E., Caros, L., Chang, P., Coder, S., et al. (1999). Guidelines of care for children with special health care needs: Fetal Alcohol Syndrome and fetal alcohol effects. St. Paul, MN: Minnesota Department of Health.

[12] Shonkoff, J., & Phillips, D. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development.

[13] Jernell, J., Wanninger, M., Brodsky, L., Atherly, E., Caros, L., Chang, P., Coder, S., et al. (1999). Guidelines of care for children with special health care needs: Fetal Alcohol Syndrome and fetal alcohol effects.

[14] Kelly, K. (2005). The importance of early identification of Fetal Alcohol Spectrum Disorder (FASD). The Judges' Page Newsletter. National CASA/National Council of Juvenile and Family Court Judges. *http://www.nationalcasa.org/download/Judges—Page/0502—parental—substance—abuse—issue—0036.pdf* (accessed March 12, 2007).

[15] Shonkoff, J., & Phillips, D. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development.

[16] U.S. Department of Health and Human Services, Administration for Children and Families. 2002. Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start. *http://www.acf.hhs.gov/programs/opre/ehs/ehs—resrch/reports/impacts—exesum/impacts—execsum.pdf* (accessed October 23, 2006).

[17] Elizabeth DiLauro, Reaching Families Where They Live: Supporting Parents and Child Development through Home Visiting. Washington, DC: ZERO TO THREE, 2009.

[18] Child Welfare League of America. 2004 Children's legislative agenda. Substance abuse, families and recovery. *www.cwla.org/advocacy/2004legagenda14.htm* (accessed December 14, 2004).

[19] Ibid.

[20] Lieberman, A.F., Briscoe-Smith, A., Ippen, C.G., Van Horn, P. (2006). Violence in infancy and early childhood: Relationship-based treatment and evaluation. In A.F. Lieberman & R. DeMartino (Eds). Interventions for Children Exposed to Violence. New Brunswick, NJ: Johnson & Johnson Pediatric Institute.

[21] Dicker, S., Gordon, E., Knitzer, J. (2001) Improving the odds for the healthy development of young children in foster care. New York: National Center for Children in Poverty.

[22] Wulczyn, F. & Hislop, K. (2002). Babies in foster care: The numbers call for attention. ZERO TO THREE Journal, (22) 4, 14-15.

[23] Hess, P. & Proch, K. (1993). Visiting: The heart of reunification. In B. Pine, R. Warsh, & A. Maluccio (Eds). Together again: Family reunification in foster care. Washington, DC: Child Welfare League of America.

---

[Whereupon, at 11:40 a.m., the subcommittee was adjourned.]

○