

Child Abuse Prevention and Treatment Act (CAPTA) Recommendations to the 116th Congress

Introduction & Priorities

Prevent Child Abuse America® advocates for policies and services that strengthen families, promote healthy child development, and prevent child abuse and neglect before it occurs. In the United States, at least 1 in 7 children experience child abuse and/or neglect annually.ⁱ Studies show that the **total lifetime economic burden associated with child maltreatment is approximately \$2 trillion.**ⁱⁱ This economic burden rivals the cost of high profile public health epidemics such as stroke and type 2 diabetes.

The estimated average lifetime cost per victim of nonfatal child maltreatment includes childhood healthcare costs, adult medical costs, loss of productivity, child welfare costs, criminal justice costs and special education costs. When we fail to prevent abuse and neglect from occurring, it has tremendous consequences for the child, the family, our communities and our nation.

Prevent Child Abuse America estimates that implementing effective policies and strategies to prevent child abuse and neglect can save taxpayers \$80 billion per year.ⁱⁱⁱ Greater focus on prevention now yields significant cost reduction later, saving taxpayers from long-term, costly interventions, while simultaneously improving outcomes for children and families. **Prevent Child Abuse America® recommends Congress take the following actions in 2019:**

- **Reauthorize** the Child Abuse Prevention and Treatment Act (CAPTA)
- **Significantly increase funding** for CAPTA while emphasizing **Community-Based Grants** (CB-CAP)
- **Re-envision and modernize** CAPTA with a sharp focus on **Primary Prevention**

Reauthorize the Child Abuse Prevention and Treatment Act (CAPTA)

CAPTA is critical landmark legislation originally enacted in 1974. Today, CAPTA remains the only federal program exclusively dedicated to the prevention, assessment, identification and treatment of child abuse and neglect. It is also the only federal legislation providing universal primary prevention capacity building to support local services essential to building healthy and thriving communities in **every state**. Congress must act urgently to reauthorize this program, which expired on September 30, 2015.

Significantly Increase Funding for CAPTA

The expansive mission and directives inserted into CAPTA by Congress are severely underfunded and have led to uneven implementation and protection. CAPTA is currently funded at less than half its authorized level of \$200 million, a drop in the bucket compared to the public dollars spent after neglect or abuse has occurred. Some states received as little as \$85,000 in FY17 to meet nearly two-dozen mandated requirements while also maintaining their Child Protective Service (CPS) systems.^{iv} Increased funding is critical to provide the resources states need to develop, implement, and evaluate strategies that prevent child maltreatment, reduce entry into the public child welfare system, and enhance the overall wellbeing outcomes of children and families.

We urge Congress to provide significant new resources to a reformed CAPTA. **We recommend that Congress authorize and appropriate \$500 million for Title I and \$500 million for Title II in the first year of reauthorization, ramping up to \$1 billion for each title over 5 years.**



Prioritize Community-Based Child Abuse Prevention (CB-CAP) Grants (Title II)

An increase in CB-CAP funding will transform communities and family support in every state. Increasing funding to \$500 million annually will allow for greater service delivery, facilitate robust systems-building at the state and community levels, and increase protective factors. Research has shown that the protective factors are linked to a lower incidence of child abuse and neglect and improved health and well-being.

CB-CAP grants provide critical support for locally-driven services that are essential to building healthy and thriving communities, *including voluntary evidence-based home visiting programs, parental skills-building, self-help programs, mental health and substance use services, and other family support services.* **Although Congress has authorized funding of \$80 million per year for CB-CAP, it is currently funded at \$39 million annually for all 50 states,** falling short of the funding necessary to help support families, increase protective factors, and ensure all children thrive.

The original **Adverse Childhood Experiences (ACE)** Study by the Centers for Disease Control (CDC) and Kaiser Permanente is the one of largest investigations of childhood abuse and its impact on adult health and well-being. The study demonstrates the clear impact that exposure to violence has on the development of a child, such as increased risk for physical health issues, increased risk for addiction and increased risk for mental health issues, in addition to other leading causes of illness and poor quality of life in the United States.^v CB-CAP funding can work to reduce ACES in each community and to serve as a catalyst for, and partner to, efforts which cultivate the wellbeing of children and families such as, early childhood development, broad parenting support, health care, mental health supports, substance abuse intervention, crime reduction, housing stability, jobs opportunity, and upward mobility.

Re-envision and Modernize CAPTA with a Focus on *Primary Prevention* (Title I)

CAPTA, as written in 1974, is primarily focused on intervention-based child welfare strategies that are implemented after crisis occurs, rather than on the prevention of crisis through family strengthening and support. We urge Congress to restructure CAPTA for a stronger focus on prevention strategies; better align CAPTA to current best practices; and to support a system that empowers families and communities by providing the tools and resources necessary for a healthy, safe home so that the foster care is a system of last resort.

As Associate Commissioner of the Children's Bureau, Jerry Milner, has noted: "Tweaking what we have in place won't solve the problems...We need to change the focus of child welfare to primary prevention of maltreatment and unnecessary removal of children from their families. We can only break the cycle of family disruption and maltreatment by addressing the root causes of those situations."^{vi}

We urge Congress to re-envision Title I to strengthen states' abilities to provide service delivery and community infrastructure, including a cohesive system for preventing child abuse and neglect through integrating with intervention services. Building these linkages will strengthen the implementation of the Family First Prevention Services Act (FFPSA), the SUPPORT Act, and other existing federal policy in each state. Additionally, Title I should be bolstered to support increased accountability among states, investments in new demonstration grants, and expanding research and technical assistance, including but not limited to:

- **Service delivery and infrastructure:** Create community networks of child and family services to build collaboration, infrastructure and linkages at the systems and case levels. This includes public health, primary care, mental health, substance abuse treatment, domestic violence, responsible fatherhood, early intervention and special education, public housing, juvenile justice, and early childhood education.

- **Accountability:** HHS should require states to adhere to strict goals and standards. State plans should be evaluated critically rather than reviewed based on assurances. The federal government should provide guidance on best practices, service delivery planning and coordination, and implementation. States should be required to demonstrate effective coordination and be accountable for outcomes.
- **Legal substantiation and screening:** Substantiation procedures vary among states. There is a need to implement rigorous legal standards for substantiating maltreatment and for enhanced screening. Special attention needs to be paid to children under the age of three, including children with disabilities. Infants less than one year old are the most vulnerable demographic and should have a rapid response of 24 hours or less.
- **Strengthening data collection and reporting:** It is essential to examine the mitigating and underlying circumstances of child abuse and neglect. Currently NCANDS data is voluntary and nearly half the states across the country only report child fatality data on children already known to CPS.^{vii} There should be clearer and stronger federal guidelines and requirements for states regarding reporting.
- **New demonstration and multiyear innovation grants:** Invest in pilot programming focused on integrating public health concepts with community-based planning, development, and implementation services including cross-sector and multi-system supports. This should include expansion of the evidence-based processes such as the Centers for Disease Control and Prevention's *Essentials for Childhood* Framework. The CDC's is funding five state health departments to implement strategies based on best available evidence in the Framework using a collective impact process.

Research Expansion and Technical Assistance:

A significant expansion of research and evaluation is needed to help promote protective factors and the address underlying issues that can lead to maltreatment, such as substance abuse, mental health, poverty, and increased parental skills building. Research and guidance through technical assistance will help communities build effective systems that improve outcomes for children and families and provide accountability through program evaluations and best practices.

- **Comprehensive Safe Infant Sleep Programs:** We encourage the development and implementation of comprehensive strategies to promote infant safe sleep practices for families and caregivers with infants.
- **Child Sex Abuse (CSA) Prevention:** The risk factors, demographics of victims, and the services necessary for the prevention or treatment of CSA are unique from other types of abuse, such as physical abuse or neglect. More research in this issue area as well as support to states engaging in prevention strategies is needed.
- **Mandatory Reporter Training:** Current research indicates that professional mandatory reporters have varying levels of knowledge about reporting. There has been little federal support of research, training, or guidance to states on how to implement mandatory reporter laws and quality and effective training.
- **Families with Complex Needs:** Congress must promote best practices for families with complex needs, such as domestic violence, substance abuse, mental health, and families struggling with ACEs by providing the necessary training and technical assistance, and programming to reduce incidences of child maltreatment in which economic stress is a contributing factor.

- **Abusive Head Trauma & Shaken Baby Syndrome Prevention Programs:** Infant crying has been postulated as a risk factor for abusive head trauma (AHT). Many deaths attributed to AHT are seen in approximately 85% of ⁱshaken infants. The case fatality rate for AHT has been estimated to exceed 20%, with significant disability for nearly two-thirds of the survivors.^{viii} We encourage greater funding of research to better identify methods to reduce these fatalities and the dissemination of effective AHT prevention efforts in all birthing hospitals.

In conclusion, we have an extraordinary opportunity to contribute to a prosperous future for our nation by giving children in every state the fundamental tools for future success. Child abuse and neglect has a far-reaching adverse impact on children throughout their lives including on their emotional, social, and cognitive development.

We ask Congress to invest \$500 million for each title in CAPTA, at total of \$1 billion. Funding will be used to improve the safety and stability of families by: enhancing the capacity of communities to offer broad-based family and parental supports; continually improving systems through data analysis, aligning strategies across sectors to address barriers and create efficiencies; implementing and supporting strategic collaborations with traditional family serving agencies and non-traditional partners; and engaging in multidisciplinary coordinating, monitoring, and reporting on strategies and outcomes.

Greater focus on prevention now yields significant cost reduction later, saving taxpayers from long-term, costly interventions, while simultaneously improving outcomes for children and families. Our nation must work together to strengthen families, promote healthy and safe childhoods, and prevent child abuse and neglect before it occurs through necessary resources and support.

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i Fortson B, Klevens J, Merrick M, Gilbert L, Alexander S. (2016). Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities. Atlanta, GA: National Center for Injury Prevention and Control Centers for Disease Control and Prevention (CDC)

ii Cora Peterson, Curtis Florence, Joanne Klevens. "The Economic Burden of Child Maltreatment in the United States." *Child Abuse & Neglect The International Journal* 86 (2018): 178-183. The National Center for Injury Prevention and Control Centers for Disease Control and Prevention (CDC).

iii Gelles, Richard J., & Perlman, Staci (2012). *Estimated Annual Cost of Child Abuse and Neglect*. Chicago IL: Prevent Child Abuse America.

iv U.S. Dept of Health and Human Services (DHHS). Administration on Children, Youth and Families (ACYF). Instructional Memo number: ACYF-CB-PI-17-05 2. Issuance Date: April 10, 2017.

v "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults," published in the *American Journal of Preventive Medicine* in 1998, Volume 14, page 245.

vi "Trump's Top Child Welfare Official Speaks" *The Chronicle of Social Change*, November 6, 2017.

vii U.S. Government Accountability Office. (2011, July). *Child Fatalities from Maltreatment: National Data Could Be Strengthened*. (Publication No. GAO-11-811T).

viii Parks SE, Annett JL, Hill HA, Karch DL. *Pediatric Abusive Head Trauma: Recommended Definitions for Public Health Surveillance & Research*. Atlanta (GA): Centers for Disease Control & Prevention; 2012.