

Testimony Submitted by the National Child Abuse Coalition, Washington, D.C., to the Subcommittee on Labor, HHS and Education Appropriations, U.S. House of Representatives, regarding the Department of Health and Human Services, Administration for Children and Families; March 30, 2007

The National Child Abuse Coalition, committed to strengthening the federal response to the protection of children and the prevention child abuse and neglect, urges FY08 funding for the Child Abuse Prevention and Treatment Act (CAPTA) programs at the authorized level of \$200 million:

- **CAPTA basic state grants at \$84 million;**
- **CAPTA community-based prevention grants at \$80 million; and**
- **CAPTA research and demonstration grants at \$36 million.**

1. Basic State Grants: At current funding, child protection agencies are unable to serve close to half the abused and neglected children in their caseloads.

CAPTA funds programs have not kept pace with the needs of communities for supporting families and protecting children. States are hard pressed to treat children or protect them from further harm. In 2004, according to the most recent HHS data, an estimated 3 million reports of possible abuse and neglect were made to states, and almost 900,000 of these reports were substantiated. In 2004, just over 40 percent of the child victims received no services following a substantiated report of maltreatment: suspected abuse reported, report investigated, report substantiated, case closed. Almost 1,500 children died as a result of abuse or neglect. The most endangered are the youngest: more than 80 percent of children who were killed were under age 4.

CAPTA's Basic State Grants help states protect children. The nation's child welfare system has long been stretched beyond capacity. No state passed the test when measured against the HHS Child and Family Service Reviews to evaluate a state's performance in protecting children. Federal officials repeatedly cited states for certain deficiencies: significant numbers of children suffering abuse or neglect more than once in a six-month period; caseworkers not visiting children often enough to assess needs; and not providing promised medical and mental health services.

Funding CAPTA state grants at \$84 million would enable state child protective services to expand post-investigative services for child victims, shorten the time to the delivery of services, and increase services to other at-risk families

2. Community-Based Prevention Grants: For every federal dollar spent on foster care and adoption subsidies, we spend less than 13 cents in federal child welfare funding on preventing and treating child abuse and neglect.

Annual direct costs of child abuse and neglect in the U.S. total over \$24 billion in hospitalizations, chronic health and mental health care, child welfare services, law enforcement, and courts. Indirect costs from special education, other health and mental health care, crime, and lost productivity, total more than \$94 billion annually.¹ Community services to prevent child abuse are far less costly than the damage inflicted on children from abuse and neglect. A GAO evaluation of child abuse prevention efforts found "total federal costs of providing prevention programs for low-income populations were nearly offset after four years."²

CAPTA's Prevention Grants help states to develop community-based prevention services, including parenting education, home visiting services, and respite care. We spend billions of dollars every year on foster care to protect the children who have been the most seriously injured; we can do a much better job at protecting children before the damage is so bad that we have no other choice than to remove them

¹ Fromm, S. (2001). *Total Estimated Cost of Child Abuse and Neglect in the United States*. Prevent Child Abuse America.

² U.S. General Accounting Office (1992). *Child Abuse: Prevention Programs Need Greater Emphasis* (GAO/HRD-92-99).

from their homes. Funding CAPTA prevention grants at \$80 million would help communities support proven, cost-effective approaches to preventing child abuse and neglect.

3. Discretionary Research and Demonstration Grants: Current funding levels short-change community efforts to develop innovative programs to serve children and families and to improve our knowledge about child maltreatment.

We urge Congress to approve the President's proposed increase of \$10 million to support home visitation programs, with **funds available to promote an array of research- and evidence-based home visitation models that enable communities to provide the most appropriate services suited to the families needing them.**

The U.S. Advisory Board on Child Abuse and Neglect recommended as the highlight of its 1991 report, *Creating Caring Communities*, the establishment of universal voluntary home visitor services. The Centers for Disease Control (CDC) Task Force on Community Preventive Services in its 2003 report evaluating the effectiveness of strategies for preventing child maltreatment "recommends early childhood home visitation for prevention of child abuse and neglect in families at risk for maltreatment, including disadvantaged populations and families with low-birth weight infants."³

Research evidence supports the value of a range of early childhood home visitation models using professionals, nurses, paraprofessionals, and trained volunteers from the community in improving parenting and family health and preventing child maltreatment.

For example, results from the randomized trial of the Healthy Families New York program based on the Healthy Families America model using Family Support Workers (specially trained paraprofessionals who live in the target community and share the same language and cultural background as program participants) showed that the program had positive effects in the areas of parenting and child abuse and neglect, birth outcomes, and health care. According to the research team analyzing the Healthy Families program in New York, the results for the subgroup of participants who resemble the clients typically served by the Nurse Family Partnership (NFP) model of home visiting by nurses are similar to those found in randomized trials of NFP.⁴

In another randomized trial, adolescent mothers who received case management services and Parents as Teachers (PAT) home visitors were significantly less likely to be subjected to child abuse investigations than control group mothers who received neither case management nor PAT home visitation.⁵ Randomized trials of the Parent-Child Home Program, a home visitation early literacy and parenting program model, show significant ongoing positive effects on parents' interaction with their children, in contrast to control group families examined before and after completion of the program.⁶

In another study of home visiting models funded by CDC, researchers concluded from a literature review of evaluations of home visitation programs that where randomized trials might not always be feasible, non-randomized studies are important to validate research or provide stronger evidence when the

³ Hahn, R.A., Bilukha, O.O., Crosby, A., Fullilove, M.T., Liberman, A., Moscicki, E.K., et al. (2003). *First reports evaluating the effectiveness of strategies for preventing violence: Early childhood home visitation*. Center for Disease Control, Morbidity and Mortality Weekly Report, 52, 109.

⁴ DuMont, K., et al. (2006). *Healthy Families New York Randomized Trial: Impacts on Parenting After the First Two Years*. New York State Office of Children and Families. Working Paper Series.

⁵ Wagner, M.M. & Clayton, S.L. (1999). The Parents as Teachers Program: Results from Two Demonstrations. *The Future of Children: Home Visiting: Recent Program Evaluations*, 9(1), 91-115.

⁶ Joint Dissemination Review Panel of U.S. Department of Education. (1978). *Unanimous Approval of Research Findings, 1967-1978, Mother-Child Home Program of Verbal Interaction Project*. Freeport, NY: Verbal Interaction Project.

O'Hara, J.M. & Levenstein, P. (1981). *Second Year Progress Report: 9/15/80 - 9/14/81: Tracing the Parent-Child Network. Final Report, Grant No. NIEG 800042*, National Institute of Education, U.S. Department of Education.

Levenstein, P., O'Hara, J.M., & Madden, J. (1983), "The Mother-Child Home Program of the Verbal Interaction Project", in Consortium for Longitudinal Studies, ed., *As the Twig is Bent* Hillsdale, NJ: Lawrence Erlbaum Associates.

Levenstein, P. & O'Hara, J.M., (1993) "The necessary lightness of mother-child play", in K.B. MacDonald, eds., *Parents and Children Playing* Albany, NY: State University of New York Press.

randomized trial is compromised. In its review of evaluations of various models, the report found that the evaluated programs reduced child maltreatment by approximately 39 percent, overall.⁷

Funding research and program innovations at \$36 million, as the President requests, would provide support for a diversity of home visitation models, as well as the field-initiated research, training, technical assistance, and data collection also authorized by CAPTA out of this money.

Child Welfare Spending: A Failure to Invest

Our failure to invest in our child protective service system and community-based programs for preventing child maltreatment has created a spending gap of almost \$17 billion in services to intervene on behalf of children. Current available data peg federal, state and local dollars for child protective services and preventive services at only about \$3.1 billion of the estimated \$20.2 billion total cost of what we ought to be spending.

According to the Urban Institute, states reported spending \$22 billion on child welfare in 2002, and they could categorize how \$17.4 billion of the funds were used.⁸ Of that amount, \$10 billion was spent for out-of-home placements, \$1.7 billion on administration, \$2.6 billion on adoption, and **\$3.1 billion (about 18 percent) on all other services, including prevention, family preservation and support services, and child protective services.**

Failure to invest in a working child protection system results in a national failure to keep children free from harm. The cost to child protective services in 2002 of investigating the 1.745 million children who were screened in for investigations, plus the expense that would have been incurred if services had been provided to all of the 896,000 substantiated child victims (as well as to the 708,000 children in unsubstantiated reports who also received some services), totals \$7.2 billion. Second, consider the cost of preventive services -- \$13 billion if offered to the three million child maltreatment victims identified in the HHS National Incidence Study III. That's a total cost of \$18.4 billion. Yet, in 2002, states spent only \$3.1 billion in federal, state and local funds on protective and preventive services for children. Our national child welfare policy represents a morally unacceptable failure to invest in this system.

These are conservative cost figures. When adjusted to account for inflation, data indicate that investigations by child protective service agencies cost approximately \$1011 per case. The cost per case to provide basic in-home services such as homemaker assistance or family counseling is \$3,360.⁹ These costs are low to start with. Pay scales in child welfare are generally low and noncompetitive -- significantly lower, for example, than salaries for teachers, school counselors, nurses and public-health social workers¹⁰ -- which brings these costs in at a low level.

What does the spending gap mean? States report having difficulty in recruiting and retaining child welfare workers,¹¹ because of issues like low salaries, high caseloads, insufficient training and limited supervision, and the turnover of child welfare workers -- estimated to be between 30 and 40 percent annually nationwide.¹² The average caseload for child welfare workers is double the recommended level, and obviously much higher in many jurisdictions.¹³ Because our system is weighted toward protecting the most seriously injured children, we wait until it gets so bad that we have to step in. Far less attention in policy or funding is directed at preventing harm to children from ever happening in the first place or

⁷ Hahn, R., et al. (2005). *Home Visiting Programs to Prevent Child Abuse: Taking Silver and Bronze Along With Gold*. U.S. Centers for Disease Control and Prevention. Child Abuse and Neglect: The International Journal. Vol. 29, p. 215-218

⁸ Scarcella, C.A. (2004). *The Cost of Protecting Vulnerable Children IV: How Child Welfare Funding Fared during the Recession*, Washington, DC. Urban Institute.

⁹ Courtney, M.E. (1998). "The Costs of Child Protection in the Context of Welfare Reform". *The Future of Children*, Vol. 8, No. 1.

¹⁰ U.S. General Accounting Office (2003). *HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff* (GAO-03-357).

¹¹ U.S. General Accounting Office (1995). *Child Welfare: Complex Needs Strain Capacity to Provide Services* (GAO/HEHS-95-208).

¹² U.S. General Accounting Office (2003). *HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff* (GAO-03-357).

¹³ Alliance for Children and Families, American Public Human Services Association, Child Welfare League of America (2001). *The child welfare workforce challenge: Results from a preliminary study*. Dallas.

providing the appropriate services and treatment needed by families and children victimized by abuse or neglect.

Increasing funding for CAPTA's basic state grants and community-based prevention grants will help to begin to address the current imbalance. It is time to invest additional resources to work in partnership with the states to help families and prevent children from being abused and neglected.

The Case for Prevention

Our present system of treating abused and neglected children and offering some help to troubled families is overworked and inadequate to the task. Hundreds of thousands of children are currently identified as having been abused, but receive no services to prevent further abuse. We must focus attention on children and families known to the system in order to prevent reoccurrence of abuse, as well as provide services to families earlier, before problems become severe. Putting dollars aside for prevention is sound investing, not luxury spending.

We know that child abuse prevention fights crime, because research has shown us that victims of child abuse are more likely to engage in criminality later in life, and that childhood abuse increases the odds of future delinquency and adult criminality overall by 40 percent.¹⁴ We know that preventing child maltreatment helps to prevent failure in school. Typically abused and neglected children suffer poor prospects for success in school, exhibiting poor initiative, language and other developmental delays, and a disproportionate amount of incompetence and failure.¹⁵ Ensuring that children are ready to learn means ensuring that children are safe at home. We know that preventing child abuse can help to prevent disabling conditions in children. Physical abuse of children can result in brain damage, mental retardation, cerebral palsy, and learning disorders.¹⁶

Research conducted by CDC in collaboration with Kaiser Permanente shows us that childhood abuse is linked with behaviors later in life which result in the development of chronic diseases that cause death and disability, such as heart disease, cancer, chronic lung and liver diseases, and skeletal fracture, and that the adult victims of child maltreatment are more likely suffer from depression and suicide attempts.¹⁷

Community-based services to overburdened families are far less costly than the damage inflicted on children that leads to outlays for child protective services, law enforcement, courts, foster care, health care and the treatment of adults recovering from child abuse. A range of services, such as voluntary home-visiting, family support services, parent mutual support programs, parenting education, and respite care contribute to a community's successful strategy to prevent child abuse and neglect.

National Child Abuse Coalition Member Organizations: Alliance for Children and Families, American Academy of Pediatrics, American Bar Association, American Humane Association, American Professional Society on the Abuse of Children, American Psychological Association, Association of University Centers on Disabilities, Boys and Girls Clubs of America, CHILD Inc., Child Welfare League of America, Children's Defense Fund, First Star, General Federation of Women's Clubs, National Alliance of Children's Trust and Prevention Funds, National Association of Children's Hospitals, National Association of Counsel for Children, National Association of Social Workers, Nat'l. Center for Child Traumatic Stress, National Center for State Courts, National CASA Association, National Education Association, National Exchange Club Foundation, National PTA, National Respite Coalition, Parents Anonymous, Prevent Child Abuse America, Voices for America's Children

¹⁴ C. S. Widom (1992). *The Cycle of Violence*. Washington, DC: National Institute of Justice.

¹⁵ S.R. Morgan (1976). *The Battered Child in the Classroom*. Journal of Pediatric Psychology.

¹⁶ H.P. Martin & M.A. Rodeheffer (1980). *The Psychological Impact of Abuse in Children*. In: G.J. Williams. Traumatic Abuse and Neglect of Children at Home. Baltimore, MD: Johns Hopkins University Press.

¹⁷ V.J. Felitti, R.F. Anda, et al. (1998). *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study*. American Journal of Preventive Medicine.