



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

July 1, 2008

The Honorable George Miller
Chairman
Committee on Education and Labor
U.S. House of Representatives
Washington, DC 20515

The Honorable Howard McKeon
Ranking Member
Committee on Education and Labor
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Miller and Ranking Member McKeon:

On behalf of the 148,000 members and affiliates of the American Psychological Association (APA), I am pleased to share with you our recommendations in preparation for the upcoming reauthorization of the *Child Abuse Prevention and Treatment Act* (CAPTA). APA appreciates the opportunity to comment on this vitally important law that guides child protection in cases of abuse and neglect.

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

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

Originally enacted in 1974, CAPTA is the most important law addressing child abuse and neglect.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

The need for these important services is urgent, and the stakes for our nation are high. According to the U.S. Department of Health and Human Services (HHS), substantiated cases of child abuse and neglect involved approximately 905,000 children in 2006. Fatalities from child maltreatment remain high: an estimated 1,530 children die of abuse or neglect each year. In addition, our child protection system is sorely in need of resources as funds for child abuse prevention and treatment programs have not kept pace with the needs of communities. In fact, children already known to child welfare services are repeatedly harmed and return for help. In 2006, children who had been prior victims of maltreatment were 96 percent more likely to experience a recurrence of maltreatment than those who were not prior victims.

APA supports the inclusion in CAPTA of standards and enforcement provisions to prevent and respond to child abuse and neglect at certain residential treatment facilities. To this end, we applaud the recent passage of the *Stop Child Abuse in Residential Treatment Programs for Teens Act of 2008* (H.R. 6358) by the House of Representative and urge the Senate to adopt companion legislation.

An October 2007 Government Accountability Office report entitled *Residential Treatment Program: Concerns Regarding Abuse and Death in Certain Programs for Troubled Youth* found thousands of allegations of abuse, including abuse leading to death, at residential treatment programs in the United States and in American-owned and operated facilities abroad between the years 1990 and 2007. While the reports of deficient services at unregulated residential programs alone are alarming, there have been publicized accounts of physical and sexual abuse and neglect. The *Stop Child Abuse in Residential Programs for Teens Act* lays a strong foundation for necessary change by monitoring the care of children in these residential facilities.

We urge you to give consideration to each of the recommendations outlined below. Further, throughout this reauthorization process, it is our hope that you will consider APA as a resource to you. Our members and staff are prepared to provide you with research and materials on relevant programs and policies.

1) Definitions

a) **Child Abuse and Neglect.**

Recommendation:

We recommend rewording the CAPTA definition of **child abuse and neglect** as follows:

The term ‘child abuse and neglect’ means, at a minimum, any ~~recent~~ act or failure to act on the part of a parent or ~~caretaker~~ **other person responsible for the child’s care**, which ~~results in the~~ **causes or has the potential to cause death, serious physical or emotional harm or impairment, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm** ~~endangerment of the child’s health or safety.~~

Rule of Construction: Nothing in this paragraph shall be construed as implying that occurrences of child abuse and neglect are limited to those involving a parent or other caretaker. However, for purposes of this section the term “child abuse and neglect” is to be applied to cases involving a parent or other individual responsible for the child’s care.

Rationale:

Currently, the definition of child abuse and neglect in CAPTA is limiting and is based on a harm standard rather than a risk standard. Our proposed recommendation would improve the definition of **child abuse and neglect** in CAPTA and bring the legislation more in line with parameters set forth in the National Incidence Study of Child Abuse and Neglect (NIS).

We strongly recommend this change, in addition to encouraging and, where appropriate, incentivizing the use of preventive and alternative response models throughout CAPTA. This will serve to emphasize to States the importance of maximizing the effectiveness of CAPTA funds, ultimately resulting in a reduction of the number of maltreatment reports, by strongly focusing on the prevention of child abuse and neglect for families with unsubstantiated reports of child maltreatment and high-risk families without a formal report of abuse and neglect.

b) Neglect.

Recommendation:

We propose that a separate definition be added for **neglect**. Following is our recommendation:

the term ‘neglect’ means, at a minimum, the failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred but where the child’s physical or mental health, welfare, or safety may be at risk

Rationale:

Child neglect is the most common form of maltreatment from substantiated cases, accounting for 64 percent of cases in 2006, with 60 percent of all perpetrators of child maltreatment having neglected children. Of the deaths related to child maltreatment, 43 percent were attributed to neglect or medical neglect. Yet, little emphasis or direction is currently given to neglect in CAPTA.

2) Prevention of Child Abuse and Neglect

Recommendation:

We strongly support alternative models of service provision (e.g., alternative response, differential response, family assessment response, dual track, multiple track) to families with unsubstantiated reports of child maltreatment and high-risk families without a formal report of

abuse and neglect. Additionally, we recommend the authorization of research and evaluation to build on the base of evidence regarding the effectiveness of such models.

In addition, we support provisions enabling the Centers for Disease Control and Prevention (CDC) to develop, evaluate, and disseminate evidence-based public health interventions that prevent child maltreatment and promote safe, stable, and nurturing relationships for children with parents and other significant persons. CDC should support state and community adoption and evaluation of evidence based public health programs and ensure the infrastructure exists to support the delivery and maintenance of these child maltreatment prevention strategies. A pipeline of public health research is also needed to refine and extend our understanding of effective prevention programs and key implementation components for effectiveness.

Rationale:

The urgent need to focus on prevention is evident not only in the numbers of children who are abused and neglected but also in those who receive no follow-up services. In 2006, approximately 40 percent of children with substantiated cases of child abuse or neglect did not receive postinvestigation services. Clearly, prevention and early intervention services for children and families are critical. Prevention programs, such as home visitation and parent education programs have proven effective in preventing child maltreatment especially for populations at elevated risk and for families that remain intact. We strongly support the ability of States to use CAPTA funds to support a wide range of effective alternative models of child protection, including alternative, differential or family assessment response or dual or multiple track, to better serve the needs of children and families and decrease instances of child abuse and neglect. This approach may allow some child protective service (CPS) systems to provide appropriate preventive services to a family before child maltreatment has occurred, eliminating the consequences of child abuse and neglect.

Some States, for example, use models of child protection, such as those identified above, to address reports of abuse and neglect, thus reducing the recurrence of maltreatment without compromising the safety of children. The models allow for more than one method of response to reports of child abuse and/or neglect, recognizing the variation in the nature of reports and the value of responding differentially.¹

There is great variation in State and county implementation of alternative response models, which generally involve low- and moderate- risk cases that receive a non-investigation assessment response without a formal determination or substantiation of child abuse and neglect.² While States are attempting several approaches in this area, the basic policy difference is in how complaints of abuse and neglect are dealt with and screened into or out of the CPS system. In some cases, for instance, alternative responses to reports of child abuse and neglect may result in greater family support and services to address the underlying causes.

An evaluation of a family assessment response model in Minnesota found that, despite an increase in initial investment costs to pay for additional services and staff time, subsequent costs were reduced because fewer of the children and families reappeared in the system. In addition,

both families and those providing services preferred the alternative response when it was possible³.

3) **Children with Disabilities**

Recommendation:

We urge the inclusion of legislative language addressing the needs of children with disabilities consistently throughout CAPTA. Specifically, we support the authorization of funding for enhanced data collection; research; training programs; dissemination of best practices for law enforcement and victim/witness service providers related to the maltreatment of children with disabilities; and resources dedicated to enhancing service provision to efficiently meet the needs of children and parents with disabilities.

Rationale:

Children with disabilities represent approximately 15 percent of the child population, yet receive relatively little attention in spite of their unique needs when they are abused and neglected. Current research findings suggest that these children are abused at 3.4 times the rate of all other children. More specifically, children with developmental disabilities are four times more likely to be abused and children with behavioral disabilities are seven times more likely to be abused. According to HHS, in 2006 approximately eight percent of maltreated children had a reported disability. Children who were reported as having a disability during a CPS investigation were 54 percent more likely to be considered a victim of maltreatment than children who were not reported as having a disability. In addition, child victims who were reported with a disability were 52 percent more likely to experience recurrence of maltreatment than children without a disability.

We recommend the collection of data related to the abuse and neglect of children with disabilities. To date, only two national studies have been conducted. Also, CAPTA should assure that all services provided to children who are abused and neglected adhere to parameters set forth by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Absent such assurance, many children with disabilities who are abused or neglected may not receive services to the same extent as provided to children without disabilities.

In addition, we strongly support training on communicating and interacting with children with disabilities for those receiving and responding to reports of child abuse and neglect. Because those receiving reports of abuse and neglect often lack specific training in communication and interaction with children with disabilities, they may provide differential levels of service (e.g., failure to take a report or to refer the report for follow up investigation based upon the misconception that communication is problematic, too time consuming, or impossible). Moreover, when a child requires accommodations for effective communication, agencies frequently fail to provide the needed accommodation.

4) Young Children in the Child Protective and Child Welfare Systems

Recommendation:

We strongly encourage increased support for programs to prevent child abuse and neglect among children from birth to five years of age and address the mental health needs of young children in the child protective and child welfare systems due to abuse and neglect.

Rationale⁴:

Very young children are particularly vulnerable to child abuse and neglect. In 2006, the victimization rate was inversely proportional to the age of the child, ranging from 24.4 per 1,000 children under age one to 6.3 per 1,000 children ages 16-17. Approximately 45 percent of children who died of abuse or neglect were younger than one, and 78 percent of children who died were under the age of four.

Thirty-nine percent of all children who encounter the child welfare system are aged birth to five years. Research indicates that between 30 to 80 percent of children in the child welfare system suffer from mental health problems, compared to 16 to 22 percent of the general child population. In addition, just over one-half of children aged three to 24 months whose families were investigated for maltreatment were classified as high risk for developmental delay or neurological impairment; approximately one-third of children aged three and under had below-average cognitive development; and approximately one-third of children aged five and under had below-average language skills. Without intervention, such children are at high risk for poor academic achievement and associated risks of school failure and behavior problems.

According to the National Survey of Child and Adolescent Well-Being, among children in the child welfare system, 37 to 44 percent were found to be in the borderline or clinically elevated range on measures of behavioral and emotional functioning, yet only 11 percent were receiving outpatient mental health services. The lack of provision of appropriate services compared to the substantial needs of these children demonstrates the clear necessity for CAPTA to support enhanced and focused efforts to address the mental health needs of young children in the child protective and child welfare systems.

5) Cultural Competence and the Overrepresentation of Minority Children in Foster Care

Recommendation:

We strongly support the inclusion of provisions to both address the importance of culturally competent and linguistically appropriate services for children and families and to support research into evidence-based practices that are effective across populations and well-suited to specific populations.

Rationale:

APA believes it is critical that all prevention and intervention services for children and families impacted by child maltreatment be culturally competent, linguistically appropriate, and address the needs of diverse populations.

Minorities are impacted acutely by child maltreatment. The highest rates of child victims reported for are African-American children, totaling nearly 20 victims out of every thousand children, with other minority populations also markedly affected.

Additionally, CAPTA reauthorization offers policymakers the opportunity to address the issue of disproportionality and disparate outcomes in the foster care population. The Government Accountability Office (GAO) found that while African American children only make up 15 percent of the national child population, African American children represent 34 percent of the foster care population⁵. American Indians represent one percent of the general population and two percent of the foster care population, and a constituency identified as "other" by the GAO only represents two percent of the child population, while representing five percent of the foster care population.

Once removed from their home, African American children are less likely than other children to be reunited with their families or adopted. The Congressional Research Service (CRS) and the GAO have determined several factors contributing to a disproportionate number of African American children entering and remaining in foster care, including bias or cultural misunderstandings between child welfare decision makers and the families they serve. The GAO noted in its study that, "in all of the states we visited," a lack of adequate support services contributed to disproportionality and disparate outcomes.

6) Interagency Collaboration

Recommendation and Rationale:

We strongly support increased collaboration among agencies involved with abused and neglected children. One particularly successful example of such collaboration is the Substance Abuse and Mental Health Services Administration (SAMHSA) Systems of Care. A System of Care is a community partnership among families, youth, schools, and public and private organizations (including child welfare, education, mental health professionals, juvenile justice, and primary health care) to provide coordinated services. Effective agency collaboration will ensure successful provision of services.

Another model of effective collaboration is the National Child Traumatic Stress Network (NCTSN). NCTSN represents a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. NCTSN, within the Center for Mental Health Services Emergency Mental Health and Traumatic Stress Services Branch at SAMHSA, provides outstanding and effective trauma services and support for children, families, and providers. It includes programs to support the recovery of children, families and communities impacted by a wide range of traumatic experiences, including physical and sexual

abuse, violence in families and communities, natural disasters and terrorism, accidental or violent death of a loved one, life-threatening injury and illness, and refugee and war experience (especially the impact of war on active duty, guard, and reserve military families).

Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

We additionally support including provisions in CAPTA to encourage the development and implementation of collaborative procedures between child protective services and domestic violence services in the investigation, intervention, and delivery of services provided to children and families.

Research indicates that there is considerable co-occurrence of intimate partner violence and physical child abuse. Studies suggest that between 30 to 60 percent of children of mothers who have been abused are themselves abused. Given this co-occurrence, enhanced collaboration between those involved in providing services related to intimate partner violence and child maltreatment would help ensure the cohesive provision of services.

7) **Attorney Representation**

Recommendation:

We strongly support a requirement for States to appoint an attorney to represent the legal rights of any child found to be abused or neglected, as well as a guardian ad litem to represent the child's own interests.

Rationale:

APA believes that all children subjected to court proceedings involving substantiations of child abuse and neglect should be entitled to legal representation for the duration of court jurisdiction. Attorneys have specific training and privileges not extended to others who represent children, which ensure that children will be appropriately and justly represented during court proceedings related to child maltreatment.

A recent study demonstrated the utility and cost-effectiveness of providing legal representation to children who have been abuse and neglected⁶. The Foster Children's Project (FCP) in Palm Beach County, Florida provides legal representation to children entering shelter care for the primary purpose of helping to expedite children's exit to permanency (i.e., reunification or adoption). In a 2008 report by the Chapin Hall Center for Children at the University of Chicago, children represented by FCP were found to have a significantly higher rate of exit to permanency than children not served by FCP. In addition to this success, while per child foster care costs alone are \$68 per day, the foster care costs for FCP children were as low as \$32 per day when taking into account the lawyers' work to speed permanency.

8) Mandated Reporting

Recommendation and Rationale:

We strongly recommend a mandatory Federal study through the CDC to evaluate the effectiveness of different models (including international models) of mandatory reporting and the extent to which specific models impact research findings related to child maltreatment (e.g., reporting mandates by researchers versus research exemptions).

Because mandated reporting requirements often include, by profession, researchers carrying out research related to child maltreatment, there are questions as to whether these requirements may create a barrier to accurate research findings in the area of child abuse and neglect. Authorizing a study to determine the extent to which mandatory reporting requirements impact research in this area will help clarify whether reporting exemptions for researchers might be indicated to ensure accurate research findings, while minimizing harm to children and families involved in research and, at the same time, meeting state and federal reporting requirements.

In closing, we would like to thank you for the opportunity to share APA's recommendations as you prepare legislation to reauthorize the *Child Abuse Prevention and Treatment Act* to help ensure the continuation and enhancement of vital services for children and families impacted by abuse and neglect. We are grateful for your strong leadership and longstanding commitment to protecting children from maltreatment and look forward to working with you in the months ahead. If we can be of further assistance to you, please contact Annie Toro, J.D., M.P.H., at (202) 336-6068 or atoro@apa.org, or Joslyn Smith at (202) 336-6097 or jsmith@apa.org, in our Public Interest Government Relations Office.

Sincerely,



Gwendolyn Puryear Keita, Ph.D.
Executive Director
Public Interest Directorate