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Testimony for the Record

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Hearing on Child Deaths Due to Maltreatment

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Chairman Davis, Ranking Member Doggett and Members of the Subcommittee, thank you for the opportunity to provide testimony in response to your hearing on child deaths due to child maltreatment. CLASP is a non-profit organization that develops and advocates for policies at the federal, state, and local levels to improve the lives of low-income people. We focus on policies that strengthen families and create pathways to education and work. Part of this work focuses on the prevention and treatment of child maltreatment.

The death of even one child is an incredible tragedy. When that death is the result of maltreatment that could have been prevented, it is unacceptable and represents a failure on the part of the community, state and our country as a whole. Knowing more about a problem, accurately quantifying it and learning about how to best identify it can help inform and enhance the best solutions. But we know enough about preventing and treating child maltreatment to act now while simultaneously working to continually improve data and information.

We know that, in addition to fatal maltreatment, non-fatal and near-fatal maltreatment also have significant and lasting negative impacts. Beyond the immediate physical and psychological trauma of maltreatment, children suffer a host of problems long into adulthood. They are at greater risk of alcohol and drug abuse, depression, suicide attempts, unintended pregnancy, intimate partner violence, sexually transmitted diseases, fetal deaths, smoking, ischemic heart disease, liver disease and chronic obstructive pulmonary disease.¹ Children who have been in foster care, including those who “age out” of foster care upon turning 18, typically attain fewer years of education and have less steady employment. Not surprisingly then, they are more likely to experience homelessness and poverty and to be involved with the criminal justice system.²

We know that, in spite of what is commonly portrayed in the media, the vast majority of child maltreatment is neglect. Over three-quarters (78.3 percent) of all child maltreatment is neglect. Similarly, two-thirds of all child maltreatment *fatalities* involve neglect. Neglect alone is responsible for more (35.8 percent) maltreatment deaths than is physical abuse (23.2 percent) though the majority (36.7 percent) of child maltreatment fatalities child are due to multiple maltreatment types.³

¹ Centers for Disease Control and Prevention, *Adverse Childhood Experiences, Major Findings*, available at: <http://www.cdc.gov/nccdphp/ace/findings.htm>

² P. Pecora, R. Kessler, J. Williams, K. O'Brien, A. Downs, et al. *Improving Family Foster Care, Findings from the Northwest Foster Care Alumni Study*, (Casey Family Programs, 2005) <http://www.casey.org/NR/rdonlyres/4E1E7C77-7624-4260-A253-892C5A6CB9E1/923/CaseyAlumniStudyupdated082006.pdf>; M. Courtney, et al. *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21*, (Chapin Hall Center for Children at the University of Chicago: 2007) http://www.chapinhall.org/article_abstract.aspx?ar=1355&L2=61&L3=130; English, D., Widom, C. & Brandford, C. *Childhood Victimization and Delinquency, Adult Criminality, and Violent Criminal Behavior: A Replication and Extension, Final Report Submitted to NIJ*. (2002); and, U.S Department of Health and Human Services, *Coming of Age: Employment Outcomes for Youth Who Age Out of Foster Care Through Their Middle Twenties*. (Washington, DC: 2008) http://www.urban.org/UploadedPDF/1001174_employment_outcomes.pdf.

³ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *Child Maltreatment 2009*. (Washington, DC: 2010).

Though neglect can have just as, if not more, dire of consequences for children than does physical abuse, the appropriate response to neglect, particularly that which may be a symptom of poverty, is likely a much different one than that needed for sadistic physical or sexual abuse.

We know that poverty is the single best predictor of child abuse and neglect. This is not to say that most poor parents abuse or neglect their children—indeed the vast majority does not. In 2009, there were over 14 million poor children⁴ and about three quarters of a million children were found to be abused or neglected after an investigation by authorities.⁵ The true incidence of maltreatment may be as high as three million children annually⁶—but even that number shows that most poor parents are not abusing or neglecting their children. Nonetheless, poverty and socioeconomic status are consistently the best predictors of child abuse and neglect.⁷ In addition, those who experience abuse and neglect as children are much more likely to experience a host of lifelong challenges, including poverty, in their adulthoods.

Undoubtedly, poverty contributes to maltreatment and maltreatment to poverty in a myriad of complex ways. But it is useful to think of three basic pathways:

- 1) For some, poverty and the lack of resources associated with it prevent parents from adequately caring for their children. Think of the single mother who can find work only during the night shift but cannot afford child care during that time. She must decide whether to leave her children alone so she can work to put clothes on their backs, a roof overhead, and food on the table. She may tuck the children in bed, kiss them goodnight, hope that they do not awaken, and pray that nothing happens before she returns.
- 2) For others, the stress of poverty may serve as the straw that breaks the camel's back. Think of the father who has recently lost his job who is feeling inadequate because he can't provide for his family and is unable to find a new job. Feeling powerless and facing immense stress, he no longer has the patience to cope with a crying newborn or a defiant toddler, and lashes out by shaking the child for the few seconds it takes to cause permanent brain damage or death.
- 3) For others, underlying conditions – substance abuse, domestic violence, or mental health issues – may interfere with a parent's ability both to hold down a job and to care for her children—thus leading to poverty and maltreatment. This is especially true when treatment is unaffordable or unavailable. Think of the mother who was abused as a child and is now in a relationship fraught with domestic violence. She is struggling with depression and using alcohol or drugs in an attempt to cope. All of these factors prevent her from reliably attending work, and therefore she cannot keep a job. She also neglects her children and sometimes lashes out at them emotionally and physically.

⁴ CLASP calculations of American Community Survey data, Table C17024, <http://www.census.gov/acs/>.

⁵ *Child Maltreatment 2009*

⁶ U.S. Department of Health and Human Services, *The Fourth National Incidence Study of Child Abuse and Neglect*, (Washington, DC: 2010).

⁷ NIS-4 and personal communication with Andrea Sedlak, December 9, 2010

We highlight the connection between poverty and maltreatment not in an effort to excuse the maltreatment but rather to make clear that the causes of maltreatment are varying and sometimes complex and point to the need for a comprehensive range of responses.

Perhaps most importantly, **we know a great deal about how to prevent and treat child maltreatment.** Research provides guidance about what works to prevent child abuse and neglect, to stabilize families in crisis and keep children safely in their homes so they are not torn from everyone and everything that they know. There are a number of programs and initiatives at the state and local level to be built upon. Congress has already taken important strides in this direction by investing in voluntary, evidence-based, early-childhood home visitation in the Maternal, Infant and Early Childhood Home Visiting program created last year⁸ and in Promise Neighborhoods initiative. Similarly, when Promoting Safe and Stable Families was reauthorized in 2006, Congress created a competitive grant program in Title IV-B of the Social Security Act for regional partnerships to provide comprehensive family-based substance abuse treatment.⁹ Home visiting programs connect families to the supports and services they need to care for their children. They improve the health of children and their parents, as well as prepare children for school. These programs break down isolation and engage families in community life – enriching the community as it strengthens families and improves outcomes for children.¹⁰ Promise Neighborhoods are modeled after the Harlem Children’s Zone which provides comprehensive services in a community struggling with concentrated poverty and violence and offers much promise as a model for reaching families in an entire neighborhood.¹¹ Comprehensive, family-based residential treatment services have been found to very effective, particularly for mothers with children who are involved in or at risk of involvement with the child welfare system.¹²

These are exciting steps forward but represent fairly modest investments and none of these approaches offers a “silver bullet”. In addition to continued support for home visiting, Promise Neighborhoods and family-based substance abuse treatment, there are other interventions that are effective at preventing and treating child maltreatment. For example, differential or alternative response¹³ and “family teaming” approaches like Family Group Decision Making¹⁴ hold great promise. Unfortunately, current federal child welfare financing fails to adequately support these

⁸ For more information on the program see: <http://www.clasp.org/admin/site/publications/files/home-visiting-detailed-summary.pdf>

⁹ For additional information on the program, see: <http://www.clasp.org/admin/site/publications/files/0337.pdf> and http://www.clasp.org/resources_and_publications/publication?id=0346&list=publications.

¹⁰ See, for example, <http://homvee.acf.hhs.gov/>.

¹¹ For more information on the Harlem Children’s Zone see: <http://www.hcz.org/>. El Paso County, Colorado and Allegheny County Pennsylvania offer examples of other communities where collaboration has led to the provision of comprehensive services – in these cases led by the county human services agency. For more information see http://www.clasp.org/publications/El_Paso_report.pdf.1 and

<http://www.alleghenycounty.us/DHSAAboutDHS.aspx?id=11630&LinkIdentifier=id>

¹² For an overview of the type of programs that work and a review of the evidence see The Rebecca Project on Human Rights’ overview at:

http://www.rebeccaproject.org/index.php?option=com_content&task=view&id=71&Itemid=151

¹³ See, for example, U.S. Department of Health and Human Services, *Differential Response to Reports of Child Abuse and Neglect*, 2008, http://www.childwelfare.gov/pubs/issue_briefs/differential_response/.

¹⁴ See, for example the review of the research by the American Humane Association available at, <http://www.americanhumane.org/children/programs/family-group-decision-making/bibliographies/research-and-evaluation/>

kinds of interventions. Instead, Title IV-E dollars, which constitute about half (49.11 percent in FFY 2006) of all federal spending on child welfare, are largely limited to providing room and board, and related casework services, for children who have already been removed from their homes. In comparison, Title IV-B which provides funding to a range of preventive and treatment services and supports accounts for just 5 percent of federal child welfare funding.¹⁵ Federal child welfare financing does not support the goal we all share – preventing child maltreatment.

We know that the child welfare system lacks adequate resources. The capacity to serve even those whose maltreatment is detected is sorely lacking. Of those children who are reported and substantiated, nearly 40 percent get no services at all – not foster care, not counseling, not family supports.¹⁶ The other 60 percent who get some service may not get the right services. Research indicates that half of children involved with the child welfare system have clinically significant behavioral or emotional problems, but only about a quarter are getting mental health services.¹⁷ Similarly, research indicates that while roughly three-quarters of parents of children in foster care need substance abuse treatment less than a third gets it.¹⁸ In addition to an inadequate service capacity, the workforce that provides those services is under-resourced. Currently, the typical child welfare worker – a person often making life and death decisions – has less than two years experience and often carries twice the recommended number of families on his or her caseload.¹⁹

Comprehensive child welfare financing reform is essential to preventing child maltreatment, including fatalities. At the hearing, there was a great deal of discussion about the need to collect better information about the true incidence of child fatalities. CLASP is not opposed to enhancing our knowledge about child fatalities. However, that alone should not be seen as a solution. If we want to reduce child fatalities and all child maltreatment, we need to work steadily towards comprehensive finance reform that can address the range of challenges children and their families face. From CLASP’s perspective, comprehensive financing reform includes three components: (1) expanding Title IV-E to support the full continuum of services needed by children who have experienced or are at risk of experiencing child abuse and neglect, as well as their families; (2) increasing support to enhance the child welfare workforce which provides the critical link that ensures that children and families actually receive the right services and supports once a robust continuum of services is developed; and (3) increasing accountability – both fiscal accountability and accountability for the outcomes children and families experience – to ensure the new investments and flexibility provided by comprehensive financing reform are well used. We would be happy to work with you to provide more detail on each of these components and hope that you will take up the challenge of moving towards comprehensive

¹⁵ CLASP & the Children’s Defense Fund, *Child Welfare in the United States*, 2010,

<http://www.clasp.org/admin/site/publications/files/child-welfare-financing-united-states-2010.pdf>.

¹⁶ *Child Maltreatment 2009*

¹⁷ Barbara Blum, Susan Phillips et al. “Mental Health Needs of and Access to Mental Health Service Use among Children Open to Child Welfare,” *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 43, No. 8 (August 2004).

¹⁸ U.S. Department of Health and Human Services, *National Survey of Child and Adolescent Well-Being: One Year in Foster Care Report*, (Washington DC: November 2003) available at:

http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/exesum_nscaw/exsum_nscaw.html

¹⁹ U.S. General Accountability Office, *Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff*, GAO-03-357 (Washington, D.C.: March 31, 2003).

child welfare financing reform to effectively promote child well-being and prevent child maltreatment, including fatalities. Thank you for your commitment to improving the lives of children and families.