

**Prevent Child Abuse
America®**

2020

FEDERAL PUBLIC POLICY AGENDA

Prevent Child Abuse America® advocates for policies and services that strengthen families and communities, promote healthy child development, and prevent child abuse and neglect before it occurs. We support services that improve child well-being through our extensive network of chapters in nearly all 50 states and nearly 600 Healthy Families America® (HFA) evidence-based home visiting program sites.



Studies show that the **total lifetime economic burden** associated with treating the consequences of child maltreatment is approximately

\$2 trillion.ⁱⁱ

Neuroscience makes it clear that childhood experiences lay the foundation for the quality of brain development, health, and prosperity into adulthood.ⁱⁱⁱ Science also tells us that by intervening early to address risk-factors at the individual, family, and community levels allows us to prevent bad things from happening and promote strengths in children and families.

Exposure to violence or other adverse childhood experiences (ACEs), like child abuse and neglect, are linked to chronic health problems, mental illness, and substance misuse in adulthood, among other negative outcomes. People who have experienced trauma are at increased risk to have behavior problems in school, become depressed, attempt suicide, develop conditions like heart disease and lung cancer, and are more likely as adults to struggle with homelessness, criminality, finances, and unemployment.^{iv}



However, **ACEs can be prevented.** Doing so could reduce:

UP TO
21 MILLION CASES
OF DEPRESSION

UP TO
1.9 MILLION CASES
OF HEART DISEASE

UP TO
2.5 MILLION CASES
OF OBESITY^v

In addition, the prevention of ACEs could reduce the associated lifetime economic burden of child maltreatment; there is an estimated cost-benefit ratio of approximately \$7 for every \$1 invested in high-quality early childhood experiences for at-risk children.^{vi} **Prevention remains the most cost-effective approach to minimizing the impact of ACEs.**

If we are to achieve our prevention aims, we must prioritize children and families in both policy and budgetary decisions. **Prevent Child Abuse America recommends Congress take the following actions in 2020:**

- ✿ **Finalize reauthorization and increase funding for the [Child Abuse Prevention and Treatment Act](#)**
- ✿ **Double funding for the [Maternal Infant and Early Childhood Home Visiting program](#)**
- ✿ **Reduce adverse childhood experiences (ACEs) by funding the Centers for Disease Control and Prevention at \$10 million for [child sexual abuse prevention](#) and \$33 million for the [Essentials for Childhood](#) framework**
- ✿ **Support implementation of the [Family First Prevention Services Act](#)**
- ✿ **Ensure [federal policies and funding prioritize prevention](#) to strengthen families and child well-being**



Reauthorize and increase funding for the Child Abuse Prevention and Treatment Act

Action: Finalize reauthorization and increase Child Abuse Prevention and Treatment Act (CAPTA) funding, appropriating \$270 million for both Title I State Grants and Title II Community-Based Child Abuse Prevention (CBCAP) Grants.

CAPTA reauthorization passed in the US House of Representatives unanimously and in the US Senate Committee on Health, Education, Labor, and Pensions with bipartisan support during the 116th Congress. It also received a \$16 million increase to CBCAP for the first time in 15 years. The increase was aided by a Senate bipartisan “Dear Colleague” letter which was signed by 28 US Senators, nearly one-third of the Senate, advocating for robust funding increases in CAPTA appropriations.

Every day, an estimated four to eight children die from abuse and neglect.

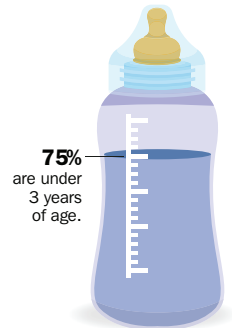
Children who die from abuse and neglect are overwhelmingly young;

approximately one-half are less than a year old, and 75 percent are under three years of age.^{vii} We still have a long way to go in reaching all of the children and families who could benefit from CAPTA, but that task would be difficult and less effective without funding.

Unfortunately, CAPTA has been chronically under-funded and, as a result, the law has not lived up to its potential. CAPTA is currently funded at well under its 2010 authorized level of \$200 million, a drop in the bucket compared to the public dollars spent after neglect or abuse has occurred.



are less than one year old.



75% are under 3 years of age.

Prevention requires a highly integrated, multi-system public health approach. CBCAP is designed to create environments where families get the support they need before the harm occurs. **This work includes voluntary evidence-based home visiting programs, community-based parent support programs—including self-help and skills-building, early childhood and child care programs, family resources centers, and coordination and connection with mental health and substance use services, among others.**

These grants are designed to meet the specific needs of individual communities and carried out by public-private partnerships that use federal funding to leverage greater state and local public and private funds. The flexibility in CBCAP provides options for communities to implement evidence-based approaches that demonstrate significant promise. CBCAP awardees can tailor programs to serve the needs of communities while evaluating programs, measuring outcomes, meeting fidelity, and adhering to implementation science principles to achieve positive child and family outcomes.

States have said they need the flexibility to use federal funds to help families sooner—before serious danger arises or harm occurs.

CBCAP represents the main federal investment in primary prevention for the entire country; however, it is funded at \$55.6 million for all 50 states, which is below its 2010 authorization of \$80 million. In 2019, this funded prevention at only **53 cents per child per year**, resulting in a great deal of unmet need. Some states receive as little as \$85,000 annually in state grants—not enough to properly meet nearly **two dozen state grant requirements** while also maintaining their Child Protective Service systems. To meet the expansive mission of the law and support upstream prevention, funding increases are vital.



53¢ per child per year.

We urge Congress to restructure CAPTA to provide a stronger focus on prevention strategies, better align to current best practices, and 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.

Properly funding CAPTA is essential to reducing the rates of child abuse and neglect in this country. Increasing funding to \$540 million annually will allow for greater service delivery to address the needs of vulnerable families and facilitate robust systems-building at the state and community levels.

We urge Congress to increase CAPTA's funding to \$540 million annually, appropriating \$270 million for both Title I and Title II.



Double the funding for Maternal, Infant, and Early Childhood Home Visiting program

Action: Double funding for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program from \$400 million to \$800 million annually over two years by 2022 and increase tribal set-aside funding from 3% to 6% to serve more children and families in need and address maternal mortality and morbidity.

The MIECHV program is a federal-state partnership that provides evidence-based home visiting services in all 50 states, the District of Columbia, and five US Territories. MIECHV is the cornerstone of evidence-based public policy and has widespread bipartisan support. The program builds upon **decades of scientific research** that show a positive return on investment to society and taxpayers through improved health, education, and employment outcomes, while reducing mental health, special education and criminal justice costs, and dependence on welfare and involvement with child protective services.^{viii}

It is Prevent Child Abuse America's priority to support the expansion and funding of home visiting programs, including HFA, an evidence-based two-generation model that demonstrates powerful outcomes for mothers and babies. Rigorous studies have shown HFA leads to:

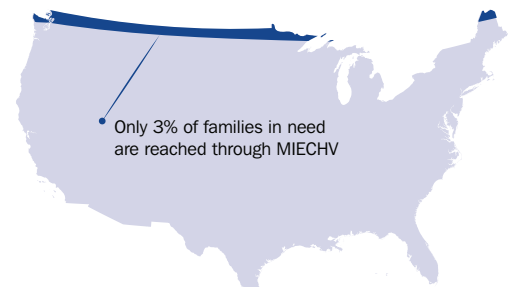


Under current law, federally funded home visiting services reach only about 286,108 of the 18 million pregnant women and families that could benefit from home visiting.^x

The US House of Representatives passed H.R. 4768, the Home Visiting to Reduce Maternal Mortality and Morbidity Act, which would double funding for MIECHV over two years, and would double the tribal set aside, responding to the disproportionately high levels of maternal mortality and morbidity in American Indian and Alaska Native communities. MIECHV is an important part of a continuum of voluntary, evidence-based services for families at risk of maternal mortality or morbidity. A doubling of funding would substantially increase the ability to address maternal mortality and morbidity through an effective, existing infrastructure. MIECHV programs are already on the ground, addressing the social determinants of health that affect maternal well-being, such as social support, transportation, mental health, housing, and nutrition.

MIECHV creates connections between mothers and health practitioners in the community, breaking down barriers to care and strengthening the link between healthcare resources and the families who need them. It also provides screening in maternal depression, both prenatally and postpartum, and connects mothers in need with appropriate community-based interventions. Finally, it targets the social determinants of health affecting families, such as parental stress, access to health care, income and poverty status, and environmental conditions.^{xi}

Thanks to federal support, home visiting has a strong infrastructure in states and several tribal communities. **Currently, however, MIECHV reaches only an estimated three percent of families in need.** As our nation struggles with numerous public health and educational challenges, including the opioid crisis, it is of utmost importance that we invest in prevention.



We urge Congress to increase services to families in need and double funding for MIECHV from \$400 million to \$800 million annually.

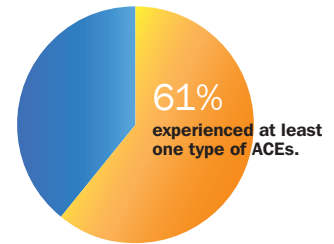


Reduce adverse childhood experiences (ACEs)

Action: Increase funding for the Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC) to \$10 million for child sexual abuse prevention and \$33 million for the Essentials for Childhood framework to expand from seven funded states to all 50 states.

A large and growing body of research indicates that toxic stress during childhood can harm the most basic levels of the nervous, endocrine, and immune systems. The original ACEs study, conducted over 20 years ago by the CDC and Kaiser Permanente, is one of the largest investigations of childhood abuse and its association with adult health and well-being. The study demonstrates the clear association that exposure to violence has on the development of a child, such as increased risk for physical health issues, addiction, and mental health issues, as well as other leading causes of illness and poor quality of life in the United States^{xii}. Individuals who have experienced six or more ACEs die, on average, 20 years earlier than those who report no ACEs.^{xiii}

ACEs are common—probably more common than you think—**nearly 61% of all respondents experienced at least one type of ACEs.**



According to the CDC, as many as **one in six adults** has experienced **four or more types of ACEs.**

Moreover, **at least five of the top ten leading causes of death** are associated with ACEs, and the CDC studies suggest that preventing ACEs could **reduce the number of adults with depression by as much as 44%**. We know that the effects of this trauma are playing out in numerous ways every day. The good news is that we know what works to prevent harm and heal children.

Essentials for Childhood

The CDC's [*Essentials for Childhood*](#) evidence-based federal initiative aims to establish safe, stable, and nurturing relationships and environments for all children to prevent child maltreatment and ensure children reach their full health and life potential. *Essentials for Childhood* promotes the positive development of children and families, and specifically the prevention of all forms of child abuse and neglect through a coordinated effort of the following strategies:

- 1 Raising awareness and commitment to promoting safe, stable, nurturing relationships and environments;
- 2 Using data to inform actions;
- 3 Creating the context for healthy children and families through norms change and programs; and
- 4 Implementing child and family friendly policies.

The CDC's Division of Violence Prevention is funding seven state health departments in California, Colorado, Kansas, Massachusetts, North Carolina, Utah, and Washington to work comprehensively across these four goal areas.

This framework utilizes a collective impact approach, which is particularly appropriate for **solving complex social problems** that no single organization or sector can solve alone. This includes identifying and convening key stakeholders from different sectors, including business and media, and entails alignment, coordination, identification of and filling critical gaps, and metrics to track the progress and implementation of evidence-based programs. State initiatives have been successful in bringing to the table decision-makers representing several federal initiatives, such as the Child Care and Development Block Grant, Head Start/Early Head Start, MIECHV and CBCAP grants, and Race to the Top Early Learning Challenge grants, as well as philanthropic and community organizations, creating an enormous opportunity to align and leverage substantial funds and efforts, all of which have led to impressive health impacts in many states.

We request \$33 million for the *Essentials for Childhood* framework to expand from seven funded states to all 50 states, which we hope to achieve incrementally; costs include 50 states, Washington, DC, and seven territories for \$33 million. Funding 25 states costs \$18 million and funding 12 states costs \$9 million.



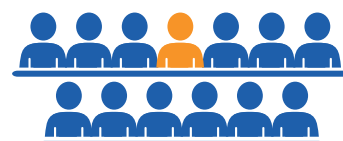
Child Sexual Abuse Prevention

A [recent study](#) found that child sexual abuse victims will incur an estimated **cost of nearly \$9.3 billion across their lifetime**^{xiv} to treat the associated consequences of their abuse. Federal investment in child sexual abuse prevention is needed to build and strengthen the evidence of current programs and policies, if we are to achieve child sexual abuse prevention at a large scale.

Figures indicate as many as **1 in 4 girls**



and **1 in 13 boys**



experience this type of serious adverse childhood experience during their childhood.

Resources for child sexual abuse have mostly focused on treatment for victims and criminal justice-oriented approaches for perpetrators. While these efforts are important after child sexual abuse has occurred, **little investment has been made in preventing child sexual abuse before it occurs**. Child sexual abuse is preventable—a successful national approach would comprehensively address all child sexual abuse by emphasizing primary prevention, as well as treatment for victims and accountability for perpetrators.

In the FY 2019 appropriations bill, the CDC was directed to release a report on the current evidence associated with child sexual abuse prevention. [The report](#), released in December 2019, **outlined major gaps** in our evidence, which include the need to:

- 1 Develop research that assesses exposure to child sexual abuse and risk and protective factors over time to inform primary prevention efforts;
- 2 Identify risk and protective factors for child sexual abuse at multiple levels of influence—individual, relationship, community, and societal;
- 3 Examine and identify distinctions between different types of child sexual abuse perpetration;
- 4 Determine how risk and protective factors for child sexual abuse perpetration interact with other forms of violence perpetration to better prevent all forms of violence; and
- 5 Strengthen, develop, and disseminate evidence-based prevention policies, programs, and practices.

The report illustrates the need for dedicated funding for child sexual abuse prevention research and outlines gaps that exist in research, as well as activities that will be important in addressing those gaps. Currently, there are very few child sexual abuse prevention programs with evidence of effectiveness (e.g., Stewards of Children, Enough Abuse). Although many states mandate the implementation of child sexual abuse prevention training in school districts through Erin's Law, little guidance or direction is provided on which programs to implement. As such, communities are often forced to create their own child sexual abuse prevention programs and often lack the expertise and funding to evaluate the effectiveness of these programs. Priority must be given to building the evidence-base on “what works” to prevent child sexual abuse and disseminating this information to communities across the country.

To prevent child sexual abuse from ever occurring, we must continue to build the evidence behind “what works” as we strive to keep children, families, and communities safe. If we are to achieve child sexual abuse prevention at a large scale, then a significant federal investment in child sexual abuse prevention is needed. The philanthropic community currently supporting prevention research and evaluation cannot continue to fund it alone. We support continuing to build the evidence and implementing primary prevention programs based on the best available research.

We urge Congress make it a priority to include \$10 million in funding for the CDC to expand research for the development, evaluation, and dissemination of child sexual abuse prevention practices, including the thoughtful development and rigorous evaluation of primary prevention interventions for child sexual abuse.



Support the implementation of Family First Prevention Services Act

Action: Build a collaborative environment to support the understanding and implementation of the Family First Prevention Services Act (Family First)

Prevent Child Abuse America successfully advocated for the passage of Family First, which was signed into law on February 9, 2018, in the bipartisan Budget Act of 2018 (H.R. 1892). Family First includes historic reforms to help keep children safe with their families and avoid entry into foster care. This is a historic, once-in-a-generation law that, for the first time, provides flexibility for child welfare programming by allowing states, territories, and tribes the option of using federal Title IV-E funds before children enter the foster care system by utilizing important services such as mental health, substance use, counseling, and other in-home parent skill-based programs. In addition, states have the option to use this federal funding for evidence-based home visiting programs such as Healthy Families America (HFA).

HFA's more than 25 years of rigorous research documenting evidence of effectiveness, flexibility of enrollment, and its well-supported evidence rating by the Family First Clearinghouse make it one of the best prevention choices for states and child welfare organizations seeking to stabilize families.

The supplemental Family First Transition Act passed at the end of 2019 to address states' needs in the implementation of the law. It provides \$500 million in [additional funds](#), over two years, to help states transition to Family First. Prevent Child Abuse America will advocate for further federal guidance and support on requirements for states to claim available prevention funding for programs and services that promote healthy outcomes for children and families. In addition, through our networks at the state level, we will offer guidance, technical assistance, and peer-to-peer support on this important new policy. This process will include activities such as peer-to-peer learning, improving strategies through sharing of resources, crossing knowledge boundaries, developing or sharing innovative ideas, and building a supportive collaborative environment where members can learn from each other about how to best address successes and challenges in states, reporting and sharing this information with Congress.



Monitor pertinent policy and appropriations issues

Action: Engage in collaborative advocacy with an extensive network of allied organizations to ensure federal policies and funding prioritize prevention to strengthen families and child well-being.

Prevent Child Abuse America will monitor policy issues such as the Child Care and Development Block Grant, Social Services Block Grant, Temporary Assistance for Needy Families, Medicaid policy, paid family leave, earned income tax credits, and the 21st Century Cures Act, among others, to ensure prevention strategies are prioritized. We will engage in collaborative advocacy for these policies with other public policy partners, including the following coalitions, of which we are formal members: the National Child Abuse Coalition, the National Home Visiting Coalition and the National Coalition to Prevent Child Sexual Abuse and Exploitation, the CDC Division of Violence Prevention Policy Network, and Child Trauma and ACEs Policy Work Group.

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 impart far-reaching adverse impacts on children throughout their lives, including effects on their emotional, social, and cognitive development. Greater focus on prevention now yields significant cost reductions later, saving taxpayers from costly long-term 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.



"I'm able to get high school credit and learn how good it is to spend loving time with my son. I've learned how to play with, talk to, and soothe him. [I use these techniques] at home and they've worked well."

– Letter from 17-year-old mother to Parent Child Center, a CBCAP funded program in Vermont



"Home visiting gave me the routine my family needed. Programs like the one that helped me pair parents looking for additional support and mentoring with trained home visitors such as nurses, social workers, and educators to help lay the foundation for the health, education, development, and economic self-sufficiency of the entire family...thanks to the home visiting program, I enrolled in college, have earned my first medical license as an emergency medical technician, and am on track to become a paramedic."

– Christine, Healthy Families America home visiting participant

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