# 2021 FEDERAL POLICY AGENDA



Prevent Child Abuse America® (PCA America) advocates for policies and services that strengthen families and communities, promote healthy child development, and <u>prevent child abuse and neglect before it</u> <u>occurs.</u> We support services that improve child and family well-being through our nationwide network of chapters and one of the most widely implemented home visiting programs in the country, with nearly 600 Healthy Families America® (HFA) evidence-based program sites, delivering approximately one million voluntary home visits every year.

Indisputably, the future health and prosperity of America depends on what we do for our children and families today. Like nearly every sector of society right now, families are facing new challenges due to the global pandemic. Parenting itself is a challenge, even without the added stress of uncertainty, instability, social isolation, job loss, inconsistent or nonexistent access to affordable high-quality childcare, or inadequate food and shelter.

Family strengthening is more important now than ever, as families who already faced complex needs are under even more pressure. Prevention services are a critical link of support for families who are facing a variety of challenges, which includes cyclical poverty, structural racism, cultural and civil unrest, inter-generational abuse, and addiction.



A public health approach to the prevention of child abuse and neglect requires strategies and policies that address the conditions and contexts in which children and families live. Victims of injury and violence suffer physical, mental, and/or emotional health consequences, and society bears its share of the burden through medical expenses, foster care, and work loss costs. **Children who die from abuse and neglect are overwhelmingly young; approximately one-half are less than a year old, and 75% are under 3 years of age.**<sup>ii</sup>

Investing in families and providing prenatal, early childhood support, and parenting education can improve birth outcomes, child development and educational achievement, and can reduce premature mortality, mental illness, violent crime, substance abuse and addiction, and the prevalence of child abuse and neglect. These investments pay off as studies show that the **total lifetime economic burden associated with treating the consequences of child maltreatment is** 

approximately \$2 trillion."

If we take the steps outlined in this document, addressing some of the root causes of parental stress, together, we'll make sure that children and families can keep moving forward, even during this difficult time. If we are to achieve our prevention aims, we must prioritize all children and families in both policy and budgetary decisions.

PCA America recommends Congress and the Biden Administration take the following actions in 2021:

- Reauthorize and increase funding for the Child Abuse Prevention and Treatment Act
- Expand and scale up the Maternal, Infant and Early Childhood Home Visiting program
- Fund the Centers for Disease Control and Prevention for child sexual abuse prevention and the Essentials for Childhood framework to prevent and reduce adverse childhood experiences
- Prioritize primary prevention policies and funding





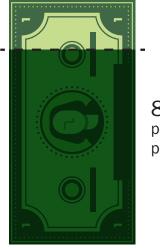
Reauthorize and increase funding for the Child Abuse Prevention and Treatment Act

Action: Finalize reauthorization and increase Child Abuse Prevention and Treatment Act (CAPTA) funding, appropriating \$750 million for the Community-Based Child Abuse Prevention (CBCAP) grants (Title II).

During the 116th Congress, CAPTA reauthorization passed the U.S. House of Representatives unanimously and in the U.S. Senate Committee on Health, Education, Labor, and Pensions with bipartisan support. In addition, a Senate bipartisan "Dear Colleague" letter signed by 28 U.S. Senators, nearly one-third of the Senate, advocated for robust funding increases in CAPTA appropriations. Consequently, CBCAP received a \$16 million increase for the first time in 15 years and an additional \$5 million increase the following year. However, in 2020, this still only funded

prevention at **82 cents per child per year**, resulting in a great deal of unmet need. CBCAP is designed to create environments where families get the support they need before harm occurs. CBCAP provides **grants to all 50 states** to meet the needs of communities and are carried out by public-private partnerships that use federal funding to leverage greater state and local public and private funds.

Due to the pandemic, parents are increasingly experiencing lost wages due to reduced work hours, lack of childcare, or budgets being stretched, these factors have collectively increased stress and strain on caregivers and may reduce a parent's capacity to cope effectively with the typical day-to-day stresses of raising children. Access to concrete supports can be instrumental in lowering familial stress and incidence of child abuse and neglect. CBCAP is vital to providing these supports to families, **including voluntary evidence-based home visiting services**, **community-based parent support programs, early childhood and child care programs, family resource centers, and coordination and connection with mental health, substance use, and domestic violence services, among others.** 



82<sup>¢</sup> per child per year.

In addition, CBCAP-funded programs can be an important tool in expanding supports to families in under-resourced communities. For too long, the child protective system has over-surveilled families and children of color. Reforms to CAPTA must be aimed at eliminating institutional and systemic racism and promoting racial equity by increasing access and opportunity for those from historically marginalized groups.

A greater emphasis on primary prevention that supports families instead of a strong reliance on intervention that surveils families is foundational to this goal. CBCAP-funded programs are developed to be of, by, and for their diverse communities. This allows them to have a high level of trust with families, including black, indigenous, and families of color, who often experience institutional biases of race, class and gender when seeking help that results in traumatizing blaming and shaming and unnecessary child welfare system involvement.

In order to build up services, we must provide more funding to CBCAP. CBCAP represents the main federal investment in primary prevention for the entire country; however, it has been chronically under-funded and, as a result, the law has not lived up to its potential.

Properly funding CAPTA is essential to reducing the rates of child abuse and neglect in this country. **PCA America urges Congress to increase funding for CAPTA, appropriating \$750 million for CBCAP grants, allowing for greater service delivery to address the needs of vulnerable families and facilitate robust systems at the state and community levels.** 

### Expand and scale up the Maternal, Infant, and Early Childhood Home Visiting program

Action: Increase funding for the reauthorization of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program by \$200 million per year for five years reaching a \$1.4 billion authorized funding level by 2027.

Home visiting is a prevention strategy where highly trained professionals partner with families to provide personal support from pregnancy through their children's first years of life— raising children who are physically, socially, and emotionally healthy and ready to learn. 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**. It 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.<sup>iv</sup>

In 2019, federally funded home visiting services only reached about 300,000 of the approximately 18 million pregnant women and families (including more than 23 million children); **less than 2% of families that could benefit from home visiting.**<sup>v</sup> We support the expansion of home visiting programs, including Healthy Families America (HFA), an evidence-based two-generation model that demonstrates powerful and sustained outcomes for mothers and babies.



Rigorous studies have shown HFA results in favorable outcomes in the areas of maternal and child health, positive parenting practices, child maltreatment, child development and school readiness, family violence, family economic self-sufficiency, and linkages and referrals.

<u>Evidence-based home visiting programs</u> have been shown to reduce major risks for maternal and infant mortality, giving communities an opportunity to address a major health concern disproportionately impacting communities of color. Maternal and infant mortality disproportionately affects African American women, including the preterm birth rate, which is an alarming 50% higher for Black women.<sup>vi</sup> Black, Tribal, Indigenous and other women of color face persistent barriers during the prenatal and postpartum periods.

MIECHV not only creates connections between mothers and community health practitioners, but also addresses the social determinants of health that affect maternal well-being, such as parental stress, social support, access to health care, income and poverty status, housing, transportation and environmental conditions.<sup>vii</sup> MIECHV also provides screening in maternal depression, both prenatally and postpartum.

Thanks to federal support, home visiting has a strong infrastructure in states and several tribal communities. As our nation struggles with numerous public health challenges, it is of utmost importance that we make robust investments in MIECHV. MIECHV has been funded at \$400 million annually since 2013 and in order to reach more eligible families and meet anticipated increased need brought on by the COVID-19 pandemic, we urge Congress to increase funding for MIECHV by \$200 million per year over the next 5 years, reaching \$1.4 billion by 2027.

### Prevent and reduce adverse childhood experiences

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.

The original adverse childhood experiences (ACEs) study, conducted over 20 years ago by the CDC and Kaiser Permanente, is one of the largest investigations of childhood adversity and abuse and its association with adult health and well-being. The study demonstrates the clear association that exposure to violence and adversity 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.<sup>viii</sup>

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At least five of the top 10 leading causes of death are associated with adverse childhood experience (ACEs). Preventing ACEs could reduce many health conditions, including up to 21 million cases of depression, 1.9 million cases of heart disease, and 2.5 million cases of overweight/obesity.<sup>ix</sup>



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 ACEs are playing out in numerous ways every day and that children of different races and ethnicities do not experience ACEs equally. Nationally, 61% of black non-Hispanic children and 51% of Hispanic children have experienced at least one ACE, compared with 40% of white non-Hispanic children and only 23% of Asian non-Hispanic children.<sup>xi</sup> The good news is that we know what works to prevent harm and promote thriving children, families, and communities.

As many as 1 in 4 girls





and 1 in 13 boys

#### ...experience child sexual abuse, a serious adverse childhood experience, at some point during their childhood.xii

A CDC <u>report</u> released in 2019, **outlined major gaps** in our evidence and the need for dedicated funding for child sexual abuse prevention. 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. But little investment has been made in preventing child sexual abuse before it occurs.

Funding would allow 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.

### We urge Congress to include \$10 million in funding for Child Sexual Abuse Prevention.

The CDC's Essentials for Childhood framework 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. The framework utilizes a collective impact approach, which is particularly appropriate for **solving complex social problems** that no single organization or sector can solve in isolation. State initiatives have been successful in bringing together 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. These collaborations have led to impressive health impacts in many states. The CDC's Division of Violence Prevention is currently funding seven state health departments in California, Colorado, Kansas, Massachusetts, North Carolina, Utah, and Washington.

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.



### Prioritize primary prevention policies and funding

## Action: Engage in collaborative advocacy efforts with an extensive network of allied organizations to ensure federal policies and funding prioritize <u>primary</u> prevention.

PCA America will monitor policy issues such as the Social Services Block Grant, Temporary Assistance for Needy Families, Family First Prevention Services Act, <u>Medicaid policy</u>, <u>paid family and medical leave policies</u>, earned income tax credits, and access to affordable high-quality childcare, among others, with a sharp race and health equity focus, ensuring that primary prevention strategies are prioritized in Congress. We will engage in collaborative advocacy for these policies with other public policy partners, including the following coalitions, of which PCA America are formal members: the <u>National Child Abuse</u> <u>Coalition</u>, the <u>National Home Visiting Coalition</u> and the National Coalition to Prevent Child Sexual Abuse and Exploitation, and as co-lead of the CDC Division of Violence Prevention Policy Network.

Below highlights two prevention areas in which PCA America will be engaged in advocating for federal supports for children and families.

### **Implementation of the Family First Prevention Services Act**

Family First includes historic reforms to help keep children safe with their families and avoid entry into foster care. This is an important, 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 critical services such as mental health, substance use, counseling, and other in-home parent skill-based programs, including evidence-based home visiting programs such as HFA. Through our networks at the state level, PCA America will offer guidance, technical assistance, and peer-to-peer support on this important new policy.

### We will advocate for further federal guidance and <u>support for states</u> to claim available prevention funding for programs and services that promote healthy outcomes for children and families and prevent entry into foster care.

### Economic supports for families, including access to affordable high-quality childcare and expansion of the Child Tax Credit

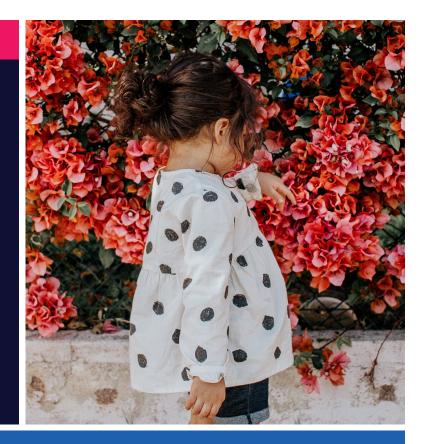
High-quality child care programs promote safe and nurturing family environments and focus on the physical, social, and emotional development of young children. This is especially important for children in families with less access to resources, for communities of color, and immigrant families who often face greater difficulty finding high quality, affordable child care.<sup>xiii</sup> Investing in high-quality childcare is one of the most effective ways to break the pervasive cycle of poverty and ensure equal opportunity for all. Certainly, high quality child care is critical to the building of more prosperous communities and promoting racial, economic and gender equity and child well-being.

Moreover, child care challenges are a barrier to work, especially for mothers, who often take on child care responsibilities when their family cannot find or afford child care. When problems with child care arise, parents are forced to find alternative solutions or miss work to stay home and care for their children. For millions of parents, this situation can lead to an inability to work more hours, taking a pay cut or leaving their jobs. In addition to economic supports, research has suggested that states meeting the demand for child care assistance and neighborhoods with more licensed child care spaces relative to child care need had lower rates of child abuse and neglect.<sup>xiv</sup> Additionally, better quality child care increases the likelihood that children will experience safe, stable, nurturing relationships and environments while decreasing the risk of maltreatment. Indeed, access to affordable, quality child care is associated with reduced parental stress and maternal depression, both of which are risk factors for child abuse and neglect.

PCA America supports an increased investment in child care, particularly for low- and middle-income families, and the expansion of the Child Tax Credit.

### 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.



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