

2022-2024

FEDERAL POLICY AGENDA



Prevent Child Abuse America® (PCA 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 promote programs and resources proven by science that enable kids, families, and entire communities to thrive—today, tomorrow, and for generations to come. PCA America includes a **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.

Evidence shows that children's early experiences impact them throughout life—both positively and negatively. Kids raised in [safe, stable, and nurturing relationships and environments](#) are more likely to enjoy good physical and mental health, succeed academically and socially, and go on to contribute to economic prosperity for everyone.

Exposure to violence early in life is linked to [leading causes of death](#) like heart disease and lung cancer, and can increase the likelihood of homelessness, addiction, and unemployment. It can also heighten the risk of behavior problems in school, depression, and suicide.ⁱⁱ



Prevention services and supports are critical for families and communities. Working alongside families, together we can help to lay the foundation for children and for the success of the entire family. Poverty, unemployment, inadequate housing, and/or food insecurity can result in an overload of stress on parents, a significant risk factor for child abuse and neglect. At PCA America, we are committed to eliminating conditions like these that put our children at risk. We directly address social determinants of health, including systemic and structural racism by ensuring equitable access to high quality services and supporting communities to effectively address health disparities.



TOGETHER, IF WE TAKE THE STEPS OUTLINED IN THIS DOCUMENT AND ADDRESS POLICIES AT THE NATIONAL, STATE, AND LOCAL LEVELS, WE CAN PREVENT CHILD ABUSE, AMERICA—BECAUSE CHILDHOOD LASTS A LIFETIME.



Reauthorize and increase funding for the Child Abuse Prevention and Treatment Act (CAPTA) to \$500 million for Title I and \$750 million for Community-Based Child Abuse Prevention (CBCAP) grants (Title II) in the first year of reauthorization, and increase to \$1 billion and \$1.5 billion respectively over five years.

[CAPTA](#) is due to be reauthorized by Congress. In March 2021, the U.S. House of Representatives passed the Stronger CAPTA ([H.R. 485](#)). In June 2021, the U.S. Senate Committee on Health, Education, Labor and Pensions (HELP) approved the CAPTA Reauthorization Act of 2021 ([S. 1927](#)), which built on the reforms made by the House bill. Both bipartisan bills increase funding levels to \$270 million for [Title I](#) and \$270 million for [Title II](#) and make important reforms to strengthen the law's emphasis on prevention and family strengthening services.

Expanding CAPTA would be transformational for communities and families. It will grow our capacity as a nation to create environments where families get the support they need before they are in crisis, thereby preventing child welfare system involvement. CBCAP grants are instrumental in providing preventative supports in all 50 states, including voluntary evidence-based home visiting services, community-based parent support programs, early childhood and childcare programs, family resource centers, and coordination with mental health, substance use, and domestic violence services, among others.

PCA America supports a strong and comprehensive CAPTA reauthorization bill that includes significantly higher funding levels, increases transparency and accountability in the program, strengthens the law's emphasis on primary prevention and family strengthening services, and promotes race equity.



Reauthorize and increase funding for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program over the next five years by \$200 million annually, for a total of \$1.4 billion.

The MIECHV program is a federal-state partnership that provides evidence-based home visiting services in all 50 states, the District of Columbia, five US Territories and 25 tribal communities. MIECHV is the cornerstone of evidence-based public policy and has widespread bipartisan support. The home visiting programs that MIECHV supports include [Healthy Families America](#) and serve as an equity accelerator by fostering relationships with families, building on their strengths, and adapting to meet their specific needs and goals. It builds upon decades of scientific research showing 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, as well as involvement with child protective services.ⁱⁱⁱ As our nation struggles with numerous public health challenges, it is important that we make robust investments in MIECHV. This program has been flat-funded for nearly a decade, and current resources are estimated to serve only 2-3% of those who could benefit from the home visiting programs.^{iv} PCA America supports increasing funding for MIECHV by \$200 million per year over the next five years, doubling the tribal set-aside from 3% to 6%, and continuing to allow virtual home visiting with model fidelity to be an approved option for service delivery.



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.

Preventing child sexual abuse requires a collective effort to further understand the causes of child sexual abuse and approaches to tackle it. A 2019 [CDC report](#) outlined major gaps in our evidence and the need for dedicated funding for child sexual abuse prevention.^v The CDC child sexual abuse prevention line-item appropriation was increased from \$1.5 million in FY 2021 to \$2 million in FY 2022; however, additional federal investment in child sexual abuse prevention is needed to build and strengthen the evidence of current programs and policies. This funding would allow the CDC to expand research for the development, evaluation, and dissemination of child sexual abuse prevention policies and practices, including the thoughtful development and rigorous evaluation of primary prevention interventions for child sexual abuse.



Prioritize and increase economic and concrete supports for families.

One in five babies and toddlers in the U.S. live with families whose incomes are below or near the poverty line.^{vi} Policies that strengthen family financial security help create the conditions for all children, families and communities to thrive. The child tax credit, paid family and medical leave, childcare subsidies, cash assistance, and other policies that strengthen family incomes can lessen the stressors of poverty that overload families and can promote safe and nurturing family environments, while increasing access to resources and ultimately building more prosperous communities.

Research shows that for every additional \$1,000 that states spent on federal, state and local benefit programs per person living in poverty, there was a 4% reduction in substantiated child abuse, a 2% reduction in foster care placements and about an 8% reduction in fatalities due to child abuse and neglect.^{vii}

PCA America, in partnership with an extensive network of allied organizations, will support and promote federal policies and funding that prioritize primary prevention through increasing economic supports to families such as:

- **Affordable high-quality childcare:** Investing in high-quality childcare is one of the most effective ways to break the pervasive cycle of poverty, ensure equal opportunity for all, boost our economy, and keep parents employed while ensuring children develop the skills they need for success in school and life. This is especially important for children and families with less access to resources, communities of color, and immigrant families who often face greater difficulty finding high quality, affordable childcare.^{viii}
- **Universal preschool:** Access to preschool and family engagement programs are shown to positively impact children's cognitive and social skills and school achievement, and decrease conduct problems, as well as reduce child abuse and neglect.^{ix}
- **The child tax credit (CTC):** The [expanded CTC](#) reached 36 million families across the country and lifted more than three million children out of poverty, providing much-needed support for parents struggling to put food on the table, pay mortgages or rent, and make ends meet. The Center on Poverty and Social Policy at Columbia University estimates that the child tax credit expansion could cut child poverty overall by 40-45 percent in one year and reduce racial disparities in child poverty.^x
- **Paid family and medical leave:** [Paid family and medical leave](#) generate substantial health benefits for children and families, including promoting health equity, higher rates of maternal health, lower rates of family stressors, reductions in hospitalizations for abusive head trauma, and allowing employees to meet their personal and family health care needs while fulfilling work responsibilities.^{xi, xii, xiii}

For too long in our nation's history, primary prevention policies and support have been underfunded and inaccessible for far too many. These policy objectives are within our reach, and now is the time to level the playing field for children and families through the adoption of such policies and programs. The research is clear that investing in families and providing prenatal and early childhood support improves birth outcomes, child development, and educational achievement, and reduces premature mortality, mental illness, violent crime, substance abuse and addiction, and child abuse and neglect.^{xiv}

Sources:

ⁱ Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the National Survey of Children's Exposure to Violence. *JAMA Pediatrics*, 169(8), 746-754

ⁱⁱ Centers for Disease Control and Prevention. *Adverse Childhood Experiences Prevention Strategy*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2021.

ⁱⁱⁱ Avellar, S., and Paulsell, D. (2011). *Lessons Learned from the Home Visiting Evidence of Effectiveness Review Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services*. Washington, DC.

^{iv} National Home Visiting Resource Center. (2020). *2020 Home Visiting Yearbook*. Arlington, VA: James Bell Associates and the Urban Institute

^v Department of Health and Human Services, Centers for Disease Control and Prevention. (2019). *Report to Congress on Child Sexual Abuse Prevention*.

^{vi} Koball, H., Moore, A., & Hernandez, J. (2021). *Basic facts about low-income children: Children under 9 years, 2019*. New York: National Center for Children in Poverty, Bank Street College of Education.

^{vii} Murez, Cara (2021) "State spending on poverty reduces child abuse, foster care placements, deaths." *Health News*

^{viii} Minoff, Elisa et al. (2020). *What We Owe Young Children: An Anti-Racist Policy Platform for Early Childhood*. Center for the Study of Social Policy. Available here: <https://cssp.org/resource/what-we-owe-young-children/>.

^{ix} Centers for Disease Control and Prevention (2016). *Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

^x Curran, M.A. (2021). *Research Roundup of the Expanded Child Tax Credit: The First 6 Months*. Center on Poverty and Social Policy at Columbia University. Available here: <https://static1.squarespace.com/static/5743308460b5e922a25a6dc7/t/61c499b72338bb0fb7012b6b/1640274362155/Child-Tax-Credit-Research-Roundup-CPSP-2021.pdf>

^{xi} Nandi, A., Jahagirdar, D., Dimitris, M. C., Labrecque, J. A., Strumpf, E. C., Kaufman, J. S., Vincent, I., Atabay, E., Harper, S., Earle, A., & Heymann, S. J. (2018). *The Impact of Parental and Medical Leave Policies on Socioeconomic and Health Outcomes in OECD Countries: A Systematic Review of the Empirical Literature*. *The Milbank quarterly*, 96(3), 434–471. <https://doi.org/10.1111/1468-0009.12340>

^{xii} Georgetown Center on Poverty and Inequality (2019). *The Paid Family and Medical Leave Opportunity: What Research Tells Us About Designing a Paid Leave Program that Works for All*

^{xiii} Romig, K. and Bryant, K. (2021). *A National Paid Leave Program Would Help Workers, Families*. Washington, DC: Center on Budget and Policy Priorities

^{xiv} Cora Peterson, Curtis Florence, Joanne Klevens. "The Economic Burden of Child Maltreatment in the United States." *Child Abuse & Neglect The International Journal* 86 (2018): 178-183. In partnership with the National Center for Injury Prevention and Control Centers for Disease Control and Prevention (CDC).