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Statement of
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Before the
Subcommittee on Select Education
Committee on Education and Labor
United States House of Representatives
on
Child Abuse and Neglect and the Implementation
of the Child Abuse Prevention and Treatment Act
Administered by the
National Center on Child Abuse and Neglect
Department of Health and Human Services



Mr. Chairman and Members of the Subcommittee, I am pleased to be here today to ^{Discussion of} discuss our report on "Increased Federal Efforts Needed to Better Identify, Treat, and Prevent Child Abuse and Neglect."]1/

As you know, the National Center on Child Abuse and Neglect was established in 1974 in the Department of Health, Education, and Welfare, now the Department of Health and Human Services, to serve as a focal point for Federal efforts and to help the States establish programs to identify, treat, and prevent abuse and neglect. Our work was directed primarily at determining the progress and problems of selected States and localities in establishing such programs and to identify ways the Federal Government, through the National Center, could improve child protective services and better assist States and localities in resolving problems. In examining

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State and local programs, we used as criteria the Center's draft "Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects." The Center's director, at our request, identified selected standards as essential elements of an adequate system for identifying, creating, and preventing child abuse and neglect. We then discussed the standards with recognized experts in the child abuse and neglect field and with State and local child protective services officials. These individuals generally agreed that the standards represented essential elements of an adequate system.

Our review was conducted at HHS headquarters in Washington, D.C., primarily at the Center, and at HHS regional offices in five cities. We performed fieldwork at child protective services agencies in seven localities in five States--California, New York, North Carolina, Texas, and Virginia. We contacted other public and private community agencies that were conducting activities to combat child abuse and neglect in the localities we visited. We also contacted State and local chapters of organizations of professionals, such as teachers and physicians, who are required to report suspected cases of child abuse and neglect. In selecting States for review, we considered such factors as child population, geographical differences, and whether child protective services were locally or State administered. We believe that the problems we found generally represent the types of problems being encountered in other States and localities.

In summary, we found that while the locations we visited had made progress, all still encountered many problems in identifying, treating, and preventing abuse and neglect. The main causes cited for these

problems were lack of funding and staff. In addition, we found that while the National Center has made many important contributions in this area, overall it has not provided adequate leadership and assistance to the States.

Before addressing these specific areas and improvements that are needed, I will briefly define and discuss the extent of the child abuse and neglect problem and the State and Federal responsibilities to address the problem. Child abuse and neglect is the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child by a person responsible for the child's welfare. Abuse refers to committing physical injuries, such as burns and fractures. Neglect refers to acts of omission, such as the failure to provide adequate food, clothing, shelter, education, or health and emotional care; a lack of supervision; and abandonment.

In 1977 over 512,000 reports of child abuse and neglect were submitted to the American Humane Association. According to HHS, reports have risen over 100 percent in the last 4 years. It is generally recognized, however, that the actual incidence of child abuse and neglect is greater than that reported because many incidents go unreported. The Center estimates that about 1 million children are abused or neglected each year.

States and localities are responsible for responding to reports of abuse and neglect and establishing and operating programs to identify, treat, and prevent the problem. All States have child abuse laws that are intended to protect children through child protective services and through reporting and investigating suspected child abuse and neglect cases.

Although the Federal Government has promoted children's welfare through legislation since 1912, a specific Federal focus on child abuse and neglect was not established until 1974. In 1973, this Subcommittee and the Subcommittee on Children and Youth, Senate Committee on Labor and Public Welfare (now named Committee on Labor and Human Resources), conducted a series of hearings on efforts to combat child abuse and neglect. A number of problems and concerns were identified, including:

- differences in the definitions of child abuse and neglect among States, which made collecting information difficult;
- incomplete identification and reporting;
- inadequate resources for conducting investigations and providing treatment services;
- understaffed child protective services units and under-trained workers;
- limited prevention efforts; and
- a lack of coordination of child protective agencies.

Because of these problems, the Congress passed the Child Abuse Prevention and Treatment Act (Public Law 93-247) on January 31, 1974, to provide Federal leadership and assistance with identifying, treating, and preventing child abuse and neglect. The act was originally authorized through fiscal year 1977. On April 24, 1978, it was extended through fiscal year 1981. The act established the National Center on Child Abuse and Neglect. The Center is located in the Children's Bureau within HHS' Administration for Children, Youth, and Families, Office of Human Development Services. The act mandated the Center to

- annually summarize research on child abuse and neglect;

- develop and maintain an information clearinghouse on all programs (including private programs) that prevent, identify, and treat child abuse and neglect;
- publish training materials on child abuse and neglect;
- assist public and nonprofit private agencies in planning, improving, developing, and carrying out child abuse and neglect prevention, identification, and treatment programs and activities;
- research the causes, prevention, identification, and treatment of child abuse and neglect;
- study the national incidence of child abuse and neglect;
- fund demonstration programs and projects to develop and support multidisciplinary training programs and to support services related to abuse and neglect; and
- provide grants to States.

The Federal Government provides financial support for State and local efforts primarily through titles XX and IV-B of the Social Security Act. The title XX program provides grants to States for social services that are directed at five goals, one of which is preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interest, and preserving, rehabilitating, or reuniting families. The title IV-B program provides funds to State and local public welfare agencies for establishing, extending, and strengthening child welfare services.

I would now like to discuss our findings and conclusions in more detail and with your permission, Mr. Chairman, I would also like to provide a copy of our report for the record.

RELUCTANCE OF PROFESSIONALS
TO REPORT SUSPECTED CHILD
ABUSE AND NEGLECT

National, State, and community organizations (including the Center) have promoted public awareness of abuse and neglect, and officials believe that these activities have increased the number of abuse and neglect incidents reported. However, additional effort is needed to increase reporting by certain groups of professionals who are in unique positions to observe abuse and neglect and are required by law in most States to report such instances to child protective services agencies. These persons often do not report suspected cases for a variety of reasons and need additional training in how to identify and report abuse and neglect.

The five States we visited had laws which required certain persons to report suspected child abuse and neglect cases to a child protective services agency. These persons were usually professionals who come in contact with children such as medical personnel, teachers, social service workers, child care workers, and law enforcement officers.

It is particularly important that professionals who have contact with children report suspected child abuse and neglect, because they are often in positions to obtain help for the families and because their reports are more likely to be substantiated than those from non-professional sources. Representatives of State and local professional organizations (including physicians, nurses, teachers, social workers, dentists, psychologists, psychiatrists, and mental health practitioners) told us that members of their professions were not reporting all suspected child abuse and neglect cases. Several State and local child protective

services officials expressed the same opinion. Many professionals were not reporting suspected cases because

- they do not know that they are required to make a report,
- they are afraid of lawsuits or reprisals,
- they are reluctant to get involved, or
- they believe that reporting would not really help and that reports might aggravate the situation.

PROBLEMS IN THE INVESTIGATION OF REPORTS

The States and localities visited lacked the capability to conduct adequate investigations, as recommended by the Center's standards. Local units do not have clear consistent criteria for staff to use in deciding whether a report is valid and, if so, which intervention strategy to use. Local units also lacked sufficient qualified staff to assess emergency and nonemergency situations in a timely manner and with sufficient expertise. The Center needs to do more to help States and localities overcome the problems that hinder prompt and adequate investigations, particularly insufficient staff.

The localities visited did not have community definitions and standards to help child protective services staff make case decisions. According to local officials child protective services workers were basing intervention decisions on their personal definitions and standards--as a result, some clients might get help while others in similar circumstances might not.

Officials in all locations told us that their child protective services units were not investigating reports within the timeframes recommended by the Center's standards. All officials said they were

starting investigations of emergencies within 24 hours, but their criteria for emergencies sometimes differed from the Center's. Again, as already mentioned what constitutes an emergency often depends on the personal definitions and standards of caseworkers or supervisors. For instance, officials said some reports of sexual abuse (such as incest) are not emergencies because they usually have occurred over a long period of time and pose no immediate danger to the child. The timeframes for investigating nonemergencies varied in the localities visited from 1 to 14 days.

The lack of sufficient qualified staff was a significant problem in every State and most localities visited. Caseloads and supervisor-to-worker ratios in most cases significantly exceeded the standards recommended by the Center. Officials acknowledged in one location that some reports were not being investigated and in others that the timeliness, comprehensiveness, intensity, and accuracy of many investigations were adversely affected because of insufficient staff. We were also told that high caseloads created problems in hiring and keeping staff.

PROBLEMS IN THE TREATMENT OF CASES

We found that the States and localities visited had not adequately developed capabilities for treatment of abuse and neglect cases. Among the more serious problems were the lack of adequate treatment services and sufficient qualified staff. In addition, multidisciplinary teams were not widely used for diagnosing treatment needs and the use of central registers for case management was limited.

Services cited frequently as not available in sufficient quantities were (1) emergency 24-hour shelters, (2) emergency financial assistance,

(3) day care, (4) transportation to services, (5) housing and household assistance, and (6) homemaker services.

The following adverse consequences were cited when insufficient treatment services were available for child abuse and neglect cases:

- Services were provided on a priority basis and clients were on waiting lists.
- Caseworkers were inhibited in securing treatment for families with multiple problems.
- Unmet client needs resulted in an increased potential for recurrence of abuse and neglect.
- Caseworkers used foster care and institutional placement more frequently.

The lack of sufficient treatment staff was a serious problem in every State and most localities visited. As discussed previously, caseloads in the States visited were significantly higher than recommended by the Center's standards.

State and local officials stated that workers do not have enough time to plan, implement, and monitor treatment services. For example, officials in one locality said that they have to prioritize their time and be selective in handling cases due to high caseloads. Only cases with the most severe problems receive close attention. They also stated that high caseloads cause more cases to be designated as unfounded and closed sooner than they should be because caseworkers do not want to refer cases to overloaded treatment workers. The officials said that this results in many borderline cases being rejected, thereby increasing the possibility that a problem will reoccur. Several officials stated

that high caseloads contributed to low staff morale and led to increased caseworker burnout.

MORE PREVENTION EFFORTS NEEDED

The Center, States, and localities have devoted little attention to preventing abuse and neglect--compared to efforts to identify and treat the problem. Before 1978, the Center gave priority to identification, reporting, and treatment. In 1978, after passage of the amended Child Abuse Prevention and Treatment Act, the Center began to devote additional effort to prevention. However, a number of projects were still underway when we completed our fieldwork and their results and value were unknown at that time. State and local officials told us that efforts to establish and implement prevention programs or approaches had been limited. In some locations, officials categorized prevention activities as minimal and unorganized. The two main problems cited as hindering or preventing the establishment of prevention programs or approaches were the lack of funding and staff. Other causes were the lack of knowledge about what types of prevention approaches work, uncertainty about how to establish and operate prevention programs, a lack of cooperation among service agencies, difficulty in identifying target groups, and priority given to identifying and treating child abuse and neglect.

Although the Center's recent prevention efforts are encouraging, it needs to increase its assistance to States and localities in establishing and operating prevention programs. In particular, the Center needs to concentrate on developing criteria for measuring the effectiveness of prevention programs and on the research projects which it has funded for this purpose. In addition, the Center should inform States about promising programs as such information becomes available.

PROBLEMS IN THE CENTER'S
LEADERSHIP AND ASSISTANCE

HHS, through the Center, has not achieved the leadership role or provided the assistance needed to deal with child abuse and neglect as intended by the act and its 1978 amendments. As I previously stated, States and localities are experiencing significant difficulties in identifying, treating, and preventing abuse and neglect. In light of the intent and the requirements of the legislation and the magnitude of the problems we identified, the Center needs to do much more. We also believe that the leadership and assistance provided by the Center would be enhanced by better support from HHS.

Federal resources have received
limited coordination and focus

HHS, through the Center, has devoted little attention to coordinating Federal child abuse and neglect programs. As a result, the act's purpose has not been carried out, and Federal efforts have not been focused.

During House and Senate hearings leading to passage of the act, the Center was discussed as a focal point for Federal resources and efforts to deal with abuse and neglect. The act gave the Secretary of HHS responsibility for assuring effective coordination between programs under the act and other such programs assisted by Federal funds. The act also established an Advisory Board on Child Abuse and Neglect to help the Secretary coordinate programs established to combat the problem.

The Congress increased its emphasis on coordination in the 1978 amendments to the act which required the Center to prepare a comprehensive plan to accomplish maximum coordination of the goals, objectives, and activities of all agencies and organizations with responsibilities

concerning abuse and neglect. This comprehensive plan was to be submitted to the Advisory Board not later than April 1979. The board was to review the comprehensive plan, make appropriate changes, and submit it to the President and the Congress not later than October 1979. The plan was submitted to the Advisory Board on April 24, 1979. However, because of delays in appointing members from the public to serve on the board, the plan was not finalized until May 1980.

The Advisory Board has not been effective in promoting coordination and carrying out the 1978 amendments. The board's charter was expired between September 1977 and August 1979. Between September 1977 and March 1979, no meetings were held; between March and August 1979, three meetings were held. Also, the membership composition required by the April 1978 amendments, which provided that public members be appointed to serve on the board, was not achieved until August 1979. Furthermore, some agencies that conduct abuse and neglect activities, such as the former Bureau of Education for the Handicapped, now part of the new Department of Education, and the National Institute on Drug Abuse were not represented on the board.

Aside from developing the comprehensive plan, little progress has been made in coordinating Federal efforts. Since April 1977 the Center, working with the Advisory Board, has been developing a descriptive catalogue of Federal child abuse and neglect programs, largely by extracting information from the "Catalogue of Federal Domestic Assistance." However, the Center's catalogue was not published until October 1980.

According to a Center official, the efforts in working with the other agencies have been limited and informal and have focused on specific issues, such as sexual abuse. Only two interagency agreements

had been developed to promote coordination--one with the Alcohol, Drug Abuse, and Mental Health Administration and one with HHS' Fair Information Practice Staff. Both agreements address protecting the confidentiality of private information and reporting child abuse and neglect. Officials acknowledged that little had been done to coordinate the activities of federally assisted programs or private agencies concerning child abuse and neglect.

According to Center officials, although required by Federal coordination regulations, none of the agencies with responsibilities for child abuse and neglect had provided annual reports on plans, budgets, and activities concerning child abuse and neglect to the Advisory Board. Furthermore, the Center had not followed up with the agencies to obtain the information.

Center officials said that the Advisory Board had not been effective, that the Center has a limited awareness of the child abuse and neglect activities of other Federal agencies, and that coordination regulations had not been implemented. Officials attributed these problems to a lack of staff at the Center, the time-consuming nature of coordination, and the overall reluctance of some agencies to coordinate for fear of losing control over their activities.

Successful approaches and programs have not been identified and advocated

The Center has provided little guidance and assistance on which approaches and programs are effective in dealing with child abuse and neglect. Due to a largely unsuccessful evaluation program, the Center has been unable to determine which programs work best. In addition, the Center has not provided adequate information to States and localities on

approaches and programs that show promise of success even after extensive research and evaluation have been funded.

During fiscal years 1974 through 1978, the Center funded 21 research and 78 demonstration projects at a cost of about \$40 million and independent evaluations for 56 of the 78 demonstration projects for about \$2.5 million. At the time of our fieldwork, the Center had not adequately informed States and localities on the chances for success of any of the programs, approaches, or techniques used in various projects. A Center official acknowledged that a number of weaknesses and limitations had precluded the project evaluations from providing meaningful information for purposes of replication or policy formulation. The problems mentioned were

- lack of knowledge in the social services field about how to measure the effect of programs on behavior,
- insufficient attention to project planning because of pressure to award grants before appropriation deadlines,
- lack of control over projects to assure logical implementation,
- high turnover of Center project officers,
- excessive number of project variables, and
- lack of evaluation methodology in the early phases of project implementation.

Center officials cited 11 programs and approaches/techniques that they felt showed promise of success. However, in only three cases were the opinions supported by the independent evaluations--the other eight were based on the judgment of Center project officers.

The Center had not clearly and formally made its findings and opinions known. Instead, it has adopted a subtle approach for

disseminating information on effective programs to States, localities, and interested groups and persons. For example, several special publications that the Center distributes and considers advocacy oriented are prefaced with a statement that the information should not be construed as official policy and that the Center assumes no liability for the contents of the publications.

In addition, the standards that the Center considers its primary guidance to States and localities have existed in draft form for 5 years and are annotated "For Review Purposes Only." The Center's Model Child Protection Act, in development for several years, is also in draft form. It has been distributed and used by the Center for assisting States with meeting the State grant eligibility requirements under the act. Officials in all States visited desired information on successful approaches and programs for identifying, treating, and preventing abuse and neglect. One of the most highly regarded experts in the field has said the Center should assume more of a policy formulation role by using its research funding capabilities to identify successful approaches.

Center officials stated that issuing policy statements on successful approaches is not the Center's role. These officials also stated that an extensive review process would be required within HHS before an opinion could be expressed on different approaches. Officials believed that the review process would eliminate much useful information because of the tendency to remove descriptive information that could be considered controversial.

Needed information on States' capabilities has not been developed

Although the Center is responsible for helping States and localities improve their abilities to identify, treat, and prevent abuse and neglect,

it was not adequately aware of States' and localities' progress and problems. Consequently, the Center has no assurance that its assistance has been or is being directed toward the greatest needs.

The Center obtains information on State and local operations through the child abuse specialists in the HHS regional offices and through 10 resource centers throughout the country. The child abuse specialists contacted in five regional offices, however, acknowledged that they did not systematically monitor States' and localities' progress and problems in implementing adequate child abuse and neglect identification, treatment, and prevention programs. As a result, they were not aware of States' and localities' specific progress and problems.

HHS support of the child
abuse and neglect program
has been inadequate

HHS initially opposed creating the Center in 1973. In testimony before this Subcommittee and the Subcommittee on Children and Youth, Senate Committee on Labor and Public Welfare, HHS officials stated that authority already existed to carry out the objectives envisioned by the Congress and that abuse and neglect should be dealt with through overall child welfare programs.

We believe that several factors beyond the Center's control have restricted its ability to provide leadership and assistance:

- The number of staff has remained relatively constant since 1976, even though responsibilities have increased.
- The administration's budget requests and appropriations remained constant at \$18.9 million from fiscal year 1976 through fiscal year 1979, even though the amount authorized increased from \$25 million to \$31 million.

--About \$469,000 of the Center's fiscal year 1978 research funds were withheld by the Office of Human Development Services for "cross-cutting" research in areas broader than abuse and neglect.

--The functioning of the Advisory Board was delayed because public members were not appointed until August 1979.

Although we did not evaluate the Center's use of or need for staff and resources, we believe these factors, considered together, indicate that HHS support for the Center has been inadequate.

AGENCY COMMENTS

Our report contained over 30 recommendations to HHS to

--improve reporting and investigation of child abuse and neglect cases,

--help States improve their treatment capabilities,

--inform States about prevention programs, and

--improve the National Center's leadership and assistance to States.

HHS generally agreed with our report and the areas needing further attention. HHS also concurred with most of our recommendations and said it had taken or planned to take actions to implement them. Although we were encouraged with the response, we believe that it is overly optimistic and tends to create the impression that many problems are closer to resolution than they actually are. We believe that the National Center's progress should be closely monitored.

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Mr. Chairman, this concludes my statement. We will be happy to respond to any questions you or members of the Subcommittee may have.

