

**BREAKING THE SILENCE ON CHILD ABUSE:  
PROTECTION, PREVENTION, INTERVENTION,  
AND DETERRENCE**

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**HEARING**  
BEFORE THE  
SUBCOMMITTEE ON CHILDREN AND FAMILIES  
OF THE  
COMMITTEE ON HEALTH, EDUCATION,  
LABOR, AND PENSIONS  
UNITED STATES SENATE  
ONE HUNDRED TWELFTH CONGRESS  
FIRST SESSION  
ON  
EXAMINING CHILD ABUSE, FOCUSING ON PROTECTION, PREVENTION,  
INTERVENTION, AND DETERRENCE

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DECEMBER 13, 2011

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Printed for the use of the Committee on Health, Education, Labor, and Pensions



Available via the World Wide Web: <http://www.gpo.gov/fdsys/>

U.S. GOVERNMENT PRINTING OFFICE

88-103 PDF

WASHINGTON : 2014

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# **BREAKING THE SILENCE ON CHILD ABUSE: PROTECTION, PREVENTION, INTERVENTION, AND DETERRENCE**

**TUESDAY, DECEMBER 13, 2011**

U.S. SENATE,  
SUBCOMMITTEE ON CHILDREN AND FAMILIES,  
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,  
*Washington, DC.*

The subcommittee met, pursuant to notice, at 10:20 a.m. in Room SD-106, Dirksen Senate Office Building, Hon. Barbara Mikulski, presiding.

Present: Senators Mikulski, Boxer, Casey, Franken, Blumenthal, Alexander, Isakson, and Burr.

## **OPENING STATEMENT OF SENATOR MIKULSKI**

Senator MIKULSKI. Good morning, everybody.

The subcommittee on children and families will now come to order.

Today we have a very powerful and poignant hearing. We will be addressing one of the most difficult issues one needs to raise in child welfare policy. That is, how do we protect the children in our communities and in our country if they are victims of child abuse? Particularly, if they are victims of child abuse, either within their own home or when they are somewhere the children have been placed in the care of a trusted adult.

The focus of this hearing is, the topic will be "Breaking the Silence on Child Abuse." How we can protect children when they are being abused. How we can intervene and protect them. And then, what policies should we put in place to achieve deterrence of this vile and repugnant act against children.

It is sad that we have to have this hearing, but the reality exists in our society. It is late breaking news. It is headline evening news. But this hearing will not be one of sensationalism, and it will not be sensational. Our hearing is focused not on the sensational, but on solutions, rooted in prevention, intervention, and deterrence.

This hearing is the result of a letter to me from Senator Bob Casey who had a tragic, tragic incident in Pennsylvania. This hearing will not focus on Pennsylvania. It will focus on the broad issues because it goes on in every State and, regrettably, in every community.

I also want to thank my Ranking Member, Senator Burr of North Carolina, for his active participation in developing the framework and the witnesses for this hearing. Senator Burr has a long-

standing and persistent reputation for standing up for vulnerable populations and we have worked together on a variety of these issues, including the protection of children when they are in daycare centers.

We also want to note her longstanding advocacy, Senator Barbara Boxer, for her role and her own ideas.

I am going to give a brief opening statement, and I welcome all of you who are here. And all of you who are watching in their home, and in the locker room, and in the dugout, and all over our country, we have got to dedicate ourselves now to the right policies, the right legislation to really protect our children.

While many have been shocked by the recent child sexual abuse, unfortunately, I am not surprised. Many, many years ago, I worked as a child neglect social worker in Baltimore. I saw the danger to children up close and personal. I was with them in the ER. I was with them in the courtroom. I was with them when I had to remove them from their own homes, and I was with them as I tried to put them on the road to recovery and rehabilitation from what had been done to them. Because I saw the permanent and indelible scars that this leaves on a child for all of their lives.

For me, that experience as a young social worker so many years ago was a searing, searing experience. I learned from it. I grew up while I was working in it, and now as a Senator, I continue to devote my life to being able to work on this. This is why I am so determined we are going to take what we hear today and turn it into an action plan. We have worked on this in appropriations, putting into place programs with the Center for Missing and Exploited Children, working with the FBI, the Marshall Services, and others. But again, our focus is really on prevention—protection, prevention, and deterrence.

There is nothing more troubling than a child who has been physically, sexually, or emotionally abused. Then abused again because of the failure for adults that they turn to who either do not listen and rebuff and reject them, or who do listen, but in order to protect the brand of an institution or the reputation of a team, do not report it. They abide by a cover up of silence, a conspiracy of silence. So the child is doubly victimized: those who abuse them and then the system that turns their back on them.

We are going to hear about some of this today. One is from Mr. Sheldon Kennedy, a former professional hockey player who skated for the United States of America. Abused by a minor league hockey coach; by a coach his parents had come to trust. What was additionally troubling about Mr. Kennedy and his experience is that the abuse was allowed to continue despite the red flags.

So we want to talk about that because we want to break that code of silence for preventing not only the first abuse, but the second abuse.

Mr. Kennedy's story is not the first. There have been many examples in our history where children have been subjected to this second abuse, victimized a second time where they have been overlooked, ignored, or covered up. Well, this Senator takes the position that no institution should ever be too big to report or too famous to report, and no adult should ever feel that they are protected because of the brand that they represent.

My hope is that this hearing will point out what we need to do to help our children. Our job is to ensure that we have the right legislative program and the right prevention. There is currently a law on the books, passed on a bipartisan basis, the Child Abuse Prevention Treatment Act written in 1974. It is to provide funds to the States for prevention, and investigation, and prosecution. We need to examine whether that law is sufficient or whether it needs to be amended.

My own view is in recent years, whether Congress should look at reform. It is my belief that every adult has a responsibility for a child. It takes a village to raise a child, and it takes a village to protect a child. And I believe regardless of who you are, if you see something, if you know something, then report it. If you see something, do something.

So we are going to listen to that and now I am going to turn to my colleagues, to Senator Burr, my Ranking Member, who has done such a great job. Then to Senator Casey, who has requested this hearing, a staunch, staunch advocate of children. Then we will go to Senator Boxer and her own advocacy.

#### OPENING STATEMENT OF SENATOR BURR

Senator BURR. Madam Chairman, thank you for your willingness to hold this hearing today. More importantly, I want to thank you for your passion for children. Clearly, that comes across, not only in your opening statement, but in your actions in Congress.

Nothing is more important than the safety and the well-being of our Nation's children. No child should ever have to suffer the pain or shame of abuse at the hands of an adult, be it of a parent, a teacher, a coach, or a stranger met in the park, or on the Internet.

I also want to thank all of our witnesses for their time and dedication to our shared goal of ensuring that children are free from abuse and neglect. And in those horrific instances when a child is abused, I thank today's witnesses for their commitment to ensuring that we intervene quickly and more importantly, provide those children with the support and the treatment that they need to heal and recover.

Over the years, Senator Mikulski and I have worked very closely together on legislation that would require criminal background checks for individuals working in childcare or volunteering with vulnerable populations like kids, the disabled, and the elderly.

When parents leave their children with an adult in an entrusted organization—daycare, school, sports activities, afterschool care, summer camp—they should not have to worry that they might be dropping their child off to be cared for by someone who has been convicted of a violent crime, especially a crime against children.

The use of criminal background checks for keeping criminals and violent offenders away from children, however, is but one important piece for keeping children safe. A criminal background check will only weed out the offenders known to the criminal justice system or another government agency such as Child Protective Services.

Today, we will be hearing a lot about the offenders known to children and often known to be suspected by adults within a com-

munity who remain unknown to the judicial authorities due to the silence of their victims and the silence of the adult bystanders.

To truly ensure our children are safe, both children and adults must break the silence of abuse. However, since children who are being abused live a life of fear and shame, and are thus least able and likely to come forward, it is adults with whom the greatest responsibility for breaking the silence of abuse rests. As one of our witnesses said in her testimony today, "Child abuse is a grownup problem."

Although crimes against children through such means as sex trafficking or the Internet often tend to gain the greatest air time on cable news, I think it is important for us to remember that most instances of abuse against kids, sexual and physical, are occurring not across the State lines or on the Internet, but in our own neighborhoods and communities, and by folks we know.

Since the vast majority of abuse is occurring so close to home, it is critical that we train and empower adults to know the signs of abuse and to know what to do when they see or suspect it.

There is no quick fix. There is no single piece of legislation that will make the problem of child abuse magically go away. However, the adults returning to a collective sense of responsibility for all the children of their community can, from the grassroots level, begin to break the silence and benefits all kids.

I look forward to working with Chairman Mikulski and all of my Senate colleagues to better understand and respond to the issues of child abuse in this Nation today. We often hear that children are our Nation's future. How we, as adults, treat and how we respond to the ill-treatment of our Nation's children will determine what that future looks like.

I thank my colleagues. I thank the Chair.

Senator MIKULSKI. Excellent.

I would like to turn now to Senator Bob Casey, who requested this hearing, and this committee was already contemplating it, but who has been such a longstanding advocate. We know he has legislation. We are going to be focusing on the broad policy.

Senator Casey, let us hear from you, please proceed.

#### STATEMENT OF SENATOR CASEY

Senator CASEY. Madam Chair, thank you very much. I want to commend you and Senator Burr for bringing us together today, and I am grateful for that not only on behalf of the people of the Commonwealth of Pennsylvania, but the whole country. We are grateful.

And I want to say to Senator Mikulski, that your work, if I can use an old phrase "laboring in the vineyard," goes back long before you were a member of the United States House of Representatives or a member of the U.S. Senate, a long, long time ago helping children as an advocate. So we are grateful that you spent so many years working so hard to protect our kids.

Child abuse is the ultimate betrayal, isn't it, the ultimate betrayal of a child, when every child has, and should have, a reasonable expectation of safety and security. It is hard to begin to comprehend the horror that a child must feel when they are the victim of abuse, especially when they are the victim of abuse by someone



they know, someone they trust, maybe even someone that they love. I could think about it for years, and I could not begin to comprehend how horrific that is.

It is the ultimate betrayal and it happens because adults fail. Not because children do anything wrong, we cannot just blame it upon systems. We are all adults and we all have to take some measure of responsibility.

What has to come out of a hearing like this one? Maybe not today, maybe not in the next few days, but when we come to a consensus about what to do, it is as basic as we could imagine: it is about protecting children no matter what the cost, no matter what the impediment, no matter what the obstacle.

So that is what we are here to do today and ultimately, I think it is about holding adults accountable, and that is why legislation that I have introduced says to States,

“If you want to have the benefit of a Federal program to prevent child abuse, you have to pass a law that makes sure that every adult is a mandated reporter.”

I know there is some disagreement about that, and we will debate that and other aspects of the bill as we move the discussion forward.

I think Senator Mikulski makes a very important point when she says that this is much broader than one bill, and it is much broader than one incident, or one scandal, or one news item, and we have seen several in the last couple of months.

It is getting back to that basic obligation that every public official has to protect our kids, and to do everything we can to fight against, and to push back, and to deal with that betrayal that we all know in our hearts is at the root of this.

Chairman Mikulski, we appreciate your work on this, and you and Senator Burr are doing the country a great service today.

Senator MIKULSKI. Thank you very much.

I want to say to my colleagues, I would like to turn now to Senator Boxer, who has done such incredible due diligence in the area of child protection. To others, I would hope that you would weave your opening statement or part of that in your question period. After Senator Boxer, we are going to move to an excellent panel.

Senator Boxer, we want to welcome you. You have, over the years, really been remarkable in your advocacy for children and the due diligence you have put in, in recommending several pieces of legislation. Some are with us; some are with judiciary, but it does not matter. We all need to be in it together, and we have to be in it for the kids.

Please proceed.

#### STATEMENT OF SENATOR BOXER

Senator BOXER. Thank you, colleagues. You are all so eloquent.

Chairman Mikulski and Ranking Member Burr, I thanked you privately for this, what you are doing today. I want to thank you publicly. Not enough committees are doing, in my opinion, the diligence that should be done, and I am so appreciative of you. And, of course, Senator Casey for requesting this hearing.

I speak to you today as a mother, and a grandmother, and a Senator from the largest State in the Union, believing that there must be zero tolerance for crimes against kids. Zero tolerance. We need a new ethic in this country. I think Senator Burr referred to that idea, that we get it from the heart, from the soul in our own communities. So we need a new ethic in this country, as much as we need to strengthen our laws.

If this ethic were in place, this zero tolerance, this kind of sensibility about the fact that we need to protect our kids. If that ethic were in place, many crimes against children would be prevented. And those who commit such acts would be caught before their crimes are repeated and repeated and repeated, and the innocents are damaged for life.

I am going to give you just two facts because sometimes we glaze over this issue, because there are so many numbers thrown at us. I am just going to give you two of the many I have.

There are 700,000 reported cases of child abuse every year. Think about it 700,000. Some of our States have fewer than 700,000 people living in them. Every year, there are 700,000 reported cases of child abuse, and included in that, 80,000 reported cases of child sexual abuse. That is every year.

And the other percentage I want to give you is that 71 percent of all sex crime victims are children. Seventy-one percent of the victims are children.

I do not believe Congress has done enough to prevent these atrocities. And I want to tell you my own involvement, and I have worked so closely with all of you on so many issues.

Senator Isakson and I just worked together to prevent violence in the Peace Corps, and all of you supported us in that endeavor. So a lot of our involvement stems from something. He had a constituent, and he took that issue to heart.

In May 1997, Sherrice Iverson, a Californian, 7-year-old from Los Angeles was molested and killed in a Nevada casino bathroom. The assailant's friend witnessed the molestation and learned of the murder. He did not do one thing to stop it and he never reported it.

So that moved me in 1998 to introduce legislation that dealt with reporting requirements. Nothing happened, and in the meantime, unreported cases of child abuse have occurred at educational institutions, religious institutions, daycare centers, and interestingly, on Federal land and property.

The worst part of the failure to report these horrific crimes is it allows the serial killer to go on, and on, and on to prey on more and more defenseless children. So it is time to protect our children nationwide.

You know in 1994, we came together to pass the Violence Against Children Act. I am sorry.

Senator MIKULSKI. Once again.

Senator BOXER. A Freudian slip. I want that to happen next. The Violence Against Women Act, and it has been successful. We worked hard, across party lines. It is time to pass the Violence Against Children Act, which would be an all-encompassing way to bring about this new ethic of zero tolerance.

But today because I have been told by the Chairman and the Ranking Member, do not talk about a specific bill. I will not do that. I am for so many bills, and I have written some of them. I am for all of them.

But I do want to make one point that I do not think anyone is aware of and this is critical. Today on Federal property, if there is a crime in this building, or in a national park, or on a military base, we do not have reporting requirements other than if it is a professional that sees a person after the fact. So in our own bailiwick here, in our own house, so to speak, we have work to do. We are going to want to tell the States what to do, but we had better look at our own law, which is extremely weak. So I am going to close now with a final thought.

After 9/11, our Nation reached a consensus. That consensus was: no one would ever sit passively on an airplane as a terrorist tried to take it over. I do not care if you are under 5 feet tall, as I am, we will get up out of our seat and we will do what it takes, all of us.

Now, our Nation needs to reach a consensus that we never, ever, ever turn a blind eye to a crime against an innocent child. We have to defend our kids, otherwise we are failing as human beings and we are failing as legislators.

I thank you, colleagues. I know you share this passion, and I am so grateful to all of you. Thank you.

[The prepared statement of Senator Boxer follows:]

#### PREPARED STATEMENT OF SENATOR BOXER

Chairman Mikulski, Ranking Member Burr and Senator Casey, I so appreciate this hearing.

As a mother, grandmother and Senator from California, I believe there should be zero tolerance for crimes against children. We need a new ethic in this country as much as we need to strengthen our laws.

If this ethic were in place, many crimes against children would be prevented and those who commit these crimes would be caught before their crimes are repeated and repeated and innocent children are damaged for life.

The facts cry out for attention:

- There are 700,000 reported cases of child abuse every year, including up to 80,000 reported cases of child sexual abuse.
- Seventy-one percent of all sex crime victims are under the age of 18, and 38 percent of all kidnapping victims are under the age of 18.

Congress has not done enough to prevent these atrocities.

In May 1997, Sherrice Iverson, a 7-year-old from Los Angeles was molested and killed in a Nevada casino bathroom. The assailant's friend witnessed the molestation and learned of the murder. He did nothing to stop it and he never reported it. That moved me to get involved in the issue of failure to report.

Unreported cases of child abuse have occurred at institutions of higher education, religious institutions, day care centers, and on Federal land and property.

The worst part of the failure to report these horrific crimes is that it allows serial child abusers to continue to prey on the most defenseless among us.

It is time to act to protect children nationwide. Just as we came together in 1994 to pass the landmark Violence Against Women Act, we should now work together to pass a Violence Against Children Act.

Today, I am not here to talk about the many good bills on this subject. But, I do want to point out that the Federal Government has no reporting requirements for those who witness these crimes on Federal property, including GSA buildings, military bases and national parks.

I close with this thought. After 9/11, our Nation reached consensus that we would never ever sit passively on an airplane as a terrorist tried to take it over. Now our Nation needs to reach a consensus that we will never ever turn a blind eye to a crime against an innocent child. We must all be ready to act to defend children.

Senator MIKULSKI. Thank you, Senator Boxer. We look forward to working with you on your other legislation.

We would like to now call our panel, Mr. Sheldon Kennedy, former hockey player. Michelle Collins, Vice President of the Center for Exploited and Missing Children, and Frank Cervone from Pennsylvania, who heads up the Support Center for Child Advocates.

While they are coming to the table, I would also like to acknowledge as we get ready to turn to Mr. Kennedy, someone else who was a victim of terrible sexual abuse at the hands of her nanny. Miss Lauren Book of Florida, who is brought to our attention by Florida colleagues, and Lauren, we want to welcome you. We thank you for taking your personal tragedy and turning it into an organization called Lauren's Kids, that your father is with you. We will go forward to your advice and council in moving this bill.

We had such enormous outpouring from the people who wanted to testify, to use the hearing to come forward to bring to our national attention the depth and breadth of this horrific problem. We could not accommodate everybody at this table, but we want to encompass them at the legislative table. And Lauren, we look forward to benefiting from your experience, not only what happened to you, but your thoughtful work in prevention.

I am going to comment on everybody. Mr. Sheldon Kennedy was a professional hockey player. He skated for the United States of America. During his young career, he was terribly abused, and then he was abused a second time because people paid more attention to protecting the coach and protecting the brand. Mr. Kennedy was eager, and we eagerly want to hear, not only your story, but all of your recommendations about that.

Then we are going to turn to Michelle Collins, who represents the group established by Congress, the National Center for Missing and Exploited Children. She comes to us with tremendous background and experience. She oversees the Cyber Tipline. I say to my colleagues, we already have a congressionally authorized recipient of reports on child sexual exploitation. She has, and then also the Child Victim Identification program. So we need to know, again, from a policy level.

And then Senator Casey, did you want to introduce your representative from Pennsylvania?

Senator CASEY. Yes. I will be brief and we could go on for a while about Frank Cervone. I have known Frank a long time, and I am so grateful he is here with us.

Frank is the executive director of the Support Center for Child Advocates, which is a pro bono program that provides legal council to abused and neglected children. He is also chair of the Pennsylvania Children's Trust Fund, which funds community-based programs to prevent child abuse and neglect. Frank has a distinguished record working to protect kids in Pennsylvania and few people I know, if any, have the record and the commitment that Frank has. I should also mention that he is a graduate of the University of Pennsylvania, and Villanova University School of Law, and he has a Master's Degree in Theology and Ministry from La-Salle University. Frank, we are grateful you are here as well. Thank you.

Senator MIKULSKI. Praise the Lord.

Mr. Kennedy, we would like to welcome you, and we so appreciate this. We will ask you again to proceed with your testimony and any thoughts, recommendations, or insights you would like to provide the U.S. Senate.

**STATEMENT OF SHELDON KENNEDY, FORMER NHL PLAYER  
AND CO-FOUNDER, RESPECT GROUP, INC., ALBERTA, CANADA**

Mr. KENNEDY. Thank you. Good morning, Senator Mikulski, Ranking Member Burr, and members of the subcommittee. Thank you for inviting me as a witness today.

For many Canadians, hockey is everything. It is our passion, our culture, our national pride. Like most boys growing up on the prairies, I dreamed of playing in the national hockey league. Unfortunately for me, the dream came true. I played for the Detroit Red Wings, the Boston Bruins, the Calgary Flames.

But it is not my dream that I am best known for. It is my nightmare. As a junior hockey player, I suffered years of abuse and harassment at the hands of my coach Graham James. Despite the nature of the abuse, the hurt I experienced, and the fact I knew what was being done to me was wrong, it took me over 10 years to come forward to the authorities.

Why I didn't say anything? This is the question that I ask myself again and again and again. It is the question I know everyone else was asking, and it is the question that plagues the millions of sexual abuse victims around the world. Even though I wrote a whole book on the subject, the answer is quite simple: because I did not think anyone would believe me.

In my case, my abuser was International Hockey Man of the Year. In Canada, that gave him almost god-like status. Sound familiar? The man who preyed on me took advantage of his position as a coach to look for children who were especially vulnerable: single parent households, families with drinking problems, boys who needed a father figure, etc. These kids, and often their parents too, looked up to him as a hero. This was someone who could make their dreams come true, and he used that trust to hurt them.

This imbalance of power and authority creates a deeper problem, and it is the one that I think this subcommittee has to deal with head-on if you truly want to prevent child abuse. In every case of child abuse, and certainly in my own, there are people who had a gut feeling that something was wrong, but did not do anything about it. Their attitude was, "I don't want to get involved." "It's not my problem." "He couldn't possibly be doing that." "Ah, the authorities will take care of it." And that is what pedophiles and predators are counting on. They are counting on the public's ignorance, or worse yet, their indifference. That is what keeps child abusers in business and that, Senators, is what we have to address.

From my experience, a child who is being abused has to tell, on average, seven people before their story is taken seriously. Seven. That is completely unacceptable.

When my story became public in 1997, there were people who refused to believe it. Many were angry that I exposed an ugly side of their beloved sport. Fortunately, Hockey Canada responded seriously to my situation and made abuse prevention education mandatory for their 70,000 coaches. And this is the positive message that I want to leave you with this morning.

Seven years ago, I co-founded Respect Group, Inc. in partnership with the Canadian Red Cross, internationally recognized experts in the prevention of child abuse. Together, we launched an online training program for sport leaders called Respect in Sport. It focuses on educating all adult youth leaders on abuse, bullying, and harassment prevention including a sound understanding of your legal and moral responsibilities.

Our belief at Respect Group is that we may never fully eliminate child abuse, but by empowering the 99 percent of well-intentioned adults working with our youth, we can greatly reduce it.

I am proud to say that through Respect in Sport, we have already certified over 150,000 youth leaders which represents a high percentage of all Canadian coaches.

Many sport and youth serving organizations have mandated the Respect in Sport program and the list continues to grow. Hockey Canada, Gymnastics Canada, the entire province of Manitoba, school boards, and some early adopters here in the United States including USA Triathlon, USRowing. In addition, organizations like Hockey Canada and Gymnastics Canada have implemented our Respect in Sport program designed specifically for parents.

We are also seeing proactive initiatives by the Canadian government to combat child maltreatment. Not just tougher legislation and minimum sentences for perpetrators, but a Federal approach headed up by Minister Rona Ambrose to introduce prevention education that spans the multiple ministries that touch our most vulnerable Canadian youth.

We have learned that social change takes time and has to occur at both the grassroots level, and from the Government on down. I am pleased to say that is exactly what is happening in Canada and I hope that is what will happen here too.

Over the years, through my work at Respect Group, I have learned that educating the good people, the 99 percent of our population is our best defense to prevent abuse. Training must be mandatory to ensure full compliance and reduce liability. The education

has to be simple and consistent. All forms of abuse leave the same emotional scars, so training has to be comprehensive.

Education is best delivered online to insure consistency, safety of the learner, convenience, and the greatest reach. And finally, training must be ongoing. It is not a one-time thing.

Too often, society's response to child abuse is to focus on punishing the criminal. If the teacher, priest, or coach is sent to jail for a long time, then we feel that we have done our jobs as citizens or as politicians. Punishing the bad guys makes us feel good, but it does not fully solve the problem.

Senators, you need to give all adults working with youth, and all parents the tools to recognize and respond to abuse when it first arises. I am under no illusion that such an approach will eliminate child abuse, but I do know that mandatory education creates a platform within all organizations for that conversation to happen. Empower the bystanders, and you will be taking an important first step in breaking the silence on child abuse.

Thank you, and I would be happy to take any questions.

[The prepared statement of Mr. Kennedy follows:]

#### PREPARED STATEMENT OF SHELDON KENNEDY

Good morning Chairwoman Mikulski, Ranking Member Burr, and members of the subcommittee. Thank you for inviting me as a witness today.

For many Canadians, hockey is everything. It is our passion, our culture and our national pride. Like most boys growing up on the Prairies, I dreamed of playing in the National Hockey League and luckily for me, that dream came true. I played for the Detroit Red Wings, the Boston Bruins and the Calgary Flames.

But it's not my dream that I'm best known for—it's my nightmare. As a junior hockey player, I suffered years of sexual abuse and harassment at the hands of my coach, Graham James.

Despite the nature of the abuse, the hurt I experienced and the fact I knew what was being done to me was wrong, it took me over 10 years to come forward to the authorities. Why didn't I say anything?

This is the question that I asked myself again, and again, and again. It's the question I know everyone else was asking. And it's the question that plagues the millions of sexual abuse victims around the world.

Even though I wrote a whole book on the subject, the answer is quite simple—because I didn't think anyone would believe me.

In my case, my abuser was *International Hockey Man of the Year*! In Canada, that gave him almost God-like status, sound familiar?

The man who preyed on me took advantage of his position as a coach to look for children who were especially vulnerable (single parent households, families with drinking problems, boys who needed a father figure, etc).

These kids—and often their parents too—looked up to him as a hero. This was someone who could make their dreams come true and he used that trust to hurt them.

This imbalance of power and authority creates a deeper problem and it's the one that I think this subcommittee has to deal with head-on if you truly want to prevent child abuse.

In every case of child abuse—certainly in my own—there are people who had a “gut feeling” that something was wrong but didn't do anything about it.

Their attitude was “I don't want to get involved”, “It's not my problem”, “He couldn't possibly be doing that” or “the authorities will take care of it”.

And that's what pedophiles and predators are counting on. They are counting on the public's ignorance or—worse yet—their indifference. That's what keeps child abusers in business. And that, Senators, is what you have to address.

From my experience, a child who is being abused has to tell—on average—seven people before their story is taken seriously. Seven! That is completely unacceptable.

When my story became public in 1997, there were people who refused to believe it. Many were angry that I had exposed an ugly side of their beloved sport.

Fortunately, Hockey Canada responded seriously to my situation and made abuse prevention education mandatory for their 70,000 coaches. And this is the positive message that I want to leave you with this morning.

Seven years ago, I co-founded Respect Group Inc. in partnership with the Canadian Red Cross, internationally recognized experts in the prevention of child abuse.

Together, we launched an on-line training program for sport leaders called Respect in Sport. It focuses on educating all adult youth leaders on abuse, bullying and harassment prevention including a sound understanding of your legal and moral responsibilities.

Our belief at Respect Group is that we may never fully eliminate child abuse, but by empowering the 99 percent of well-intentioned adults working with our youth we can greatly reduce it.

I am proud to say that, through Respect in Sport, we have already certified over 150,000 youth leaders which represents a high percentage of all Canadian coaches.

Many sport and youth serving organizations have mandated the Respect in Sport program and the list continues to grow; Hockey Canada, Gymnastics Canada, the entire Province of Manitoba, School Boards and some early adopters here in the United States including USA Triathlon and USRowing. In addition, organizations like Hockey Canada and Gymnastics Canada have implemented our Respect in Sport program designed specifically for parents.

We are also seeing proactive initiatives by the Canadian Government to combat child maltreatment. Not just tougher legislation and minimum sentences for perpetrators but a Federal approach to prevention education that spans the multiple Ministries that touch our most vulnerable, Canadian youth.

We have learned that social change takes time and has to occur at both the grass-roots level and from the Government on down. I am pleased to say that is exactly what is happening in Canada and I hope it's what will happen here too.

Over the years, through my work at Respect Group, I've learned that:

- Educating the good people—the 99 percent of our population—is our best defense to prevent abuse;
- Training must be mandatory to ensure full compliance and reduce liability;
- The education has to be simple and consistent;
- All forms of abuse leave the same emotional scars so training has to be comprehensive;
- Education is best delivered on-line to ensure consistency, safety of the learner, convenience and the greatest reach; and finally,
- Training must be ongoing, it's not a one-time thing.

Too often, society's response to child abuse is to focus on punishing the criminal. If the teacher, priest or coach is sent to jail for a long time, then we feel that we've done our jobs as citizens or as politicians. Punishing the bad guys makes us feel good, but it does not fully solve the problem.

Senators, you need to give all adults working with youth and all parents, the tools to recognize and respond to abuse when it first arises.

I am under no illusion that such an approach will fully eliminate child abuse, but I do know that mandatory education creates a platform within all organizations for that conversation to happen.

Empower the bystanders and you'll be taking an important first step in breaking the silence on child abuse!

Thank you and I would be happy to take your questions.

Senator MIKULSKI. Thank you, Mr. Kennedy.

Miss Collins, let us get the perspective of the Center for Missing and Exploited Children.

**STATEMENT OF MICHELLE K. COLLINS, VICE PRESIDENT, EXPLOITED CHILDREN DIVISION AND ASSISTANT TO THE PRESIDENT, NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN, ALEXANDRIA, VA**

Ms. COLLINS. Madam Chairwoman and members of the subcommittee, I welcome this opportunity to appear before you to talk about the very important issue of child sexual abuse.

Senator Mikulski, your firsthand experience working these types of cases gives you invaluable insight and we appreciate your leadership on these issues.



With your permission, I will abridge my testimony in the interest of time.

As you know, the National Center for Missing and Exploited Children, NCMEC, is a not-for-profit corporation authorized by Congress, and working in partnership with the Department of Justice. We are a private-public partnership and for 27 years, we have served as the national resource center and clearing house on missing and exploited children.

One of our key programs is the Cyber Tipline, the national clearinghouse for crimes against children on the Internet, and it is operated in partnership with the Federal, State, and local law enforcement agencies.

We receive reports in eight categories of crimes against children including possession, manufacture, and distribution of child pornography, and extra-familial child sexual molestation. These reports are made by the public as well as by electronic service providers who are required by law to report apparent child pornography to law enforcement via the Cyber Tipline. These are reviewed by NCMEC analysts and then referred to the appropriate law enforcement agency.

As we all know, recent events have highlighted the problem of child sexual abuse, but what are the facts? We have come a long way since 1974 when Congress passed CAPTA. The States have made significant progress in the reporting, investigation, and treatment of these cases. All 50 States have laws requiring mandatory reporting of child abuse. Last year, the 560 accredited child advocacy centers in the United States served more than 270,000 abused children.

But despite this progress, the problem persists. According to the Department of Health and Human Services, in 2009 State child protective agencies reported 543,000 substantiated instances of neglect, 123,000 substantiated instances of physical abuse, and 66,000 substantiated incidents of child sexual abuse.

However, the HHS data comes from State child protective agencies, and is generally limited to abuse committed by caretakers. DOJ data indicates that there are actually many more incidents of child sexual abuse and child sexual assault each year. A DOJ study estimated that 285,400 children were victims of a sexual assault in that year.

What are we learning about child sexual abuse? We do not hear about it, usually, from the child victims. In fact, DOJ found that only one-third of these incidents were reported to law enforcement. We hear about abuse from those who are designated as mandatory reporters under State laws, and other concerned adults who report allegations of abuse. These mandatory reporters are specified by profession in most States including healthcare professionals, law enforcement officers, educators, and childcare providers. In addition, 18 States require all adults to report abuse.

We also learn about child sexual abuse through the investigations of child pornography on the Internet. Law enforcement investigations of crimes against children in the online world often lead to the discovery of child victims in the offline world. Individuals who possess and distribute child pornography, may be sexually abusing a child or they may be communicating and trading images

of somebody else who is sexually abusing a child. And because very few of these child victims tell anyone about their abuse, it is only through the great work of Federal, State, and local law enforcement that these abusers are caught, and the children get the help they desperately need.

Who are abusing these children? The vast majority of child victims are victimized by somebody that they know and somebody they should be able to trust. According to a DOJ survey, 81 percent of child sexual assaults were committed by somebody with legitimate access to the child. Of the child pornography victims that have been identified by law enforcement, 70 percent were abused by a parent or guardian, a relative, a neighbor, a family friend, babysitter, coach, or a guardian's partner.

The good news is that regardless of how the abuse is reported, many child victims today are getting the help that they need. However, there is room for improvement in our reporting system.

Mandatory reporters should always be required to report child sexual abuse directly to law enforcement. Although they may be required to report to their supervisors within an organization, child sexual abuse is a crime in all States, and law enforcement must be involved at the outset. Once a report is made, law enforcement will involve the appropriate child protection authority.

Another recommendation is to require training of mandatory reporters on how to better recognize the signs of child sexual abuse so they'll be better equipped to respond to the warning signs.

And the most important change we can make is to encourage all adults to speak up for the child victims of sexual abuse. We should teach people what to look for and to build momentum for combating child sexual abuse.

I recognize that many people are afraid of getting involved, or of making a mistake in allegation based on mere suspicion, but we are the only ones who can act on these suspicions and help stop the abuse.

I am confident that we can work together to better protect children.

Thank you.

[The prepared statement of Ms. Collins follows:]

PREPARED STATEMENT OF MICHELLE COLLINS

Madame Chairwoman and members of the subcommittee, I welcome this opportunity to appear before you to discuss the problem of child sexual abuse. Senator Mikulski, your first-hand experience working these cases gives you invaluable insight. We appreciate your leadership on these issues.

As you know, the National Center for Missing & Exploited Children is a not-for-profit corporation, authorized by Congress and working in partnership with the U.S. Department of Justice. NCMEC is a public-private partnership, funded in part by Congress and in part by the private sector. For 27 years NCMEC has operated under congressional authority to serve as the national resource center and clearinghouse on missing and exploited children. This statutory authorization (see 42 U.S.C. § 5773) includes 19 specific operational functions, among which are:

- operating a national 24-hour toll-free hotline, 1-800-THE-LOST® (1-800-843-5678), to intake reports of missing children and receive leads about ongoing cases;
- operating the CyberTipline, the "9-1-1 for the Internet," that the public and electronic service providers may use to report Internet-related child sexual exploitation;
- providing technical assistance and training to individuals and law enforcement agencies in the prevention, investigation, prosecution, and treatment of cases involving missing and exploited children;

- tracking the incidence of attempted child abductions;
- providing forensic technical assistance to law enforcement;
- facilitating the deployment of the National Emergency Child Locator Center during periods of national disasters;
- working with law enforcement and the private sector to reduce the distribution of child pornography over the Internet;
- operating a child victim identification program to assist law enforcement in identifying victims of child pornography;
- developing and disseminating programs and information about Internet safety and the prevention of child abduction and sexual exploitation; and
- providing technical assistance and training to law enforcement in identifying and locating non-compliant sex offenders.

Our longest-running program to help prevent the sexual exploitation of children is the CyberTipline, the national clearinghouse for leads and tips regarding crimes against children on the Internet. It is operated in partnership with the Federal Bureau of Investigation (“FBI”), the Department of Homeland Security’s Bureau of Immigration and Customs Enforcement (“ICE”), the U.S. Postal Inspection Service, the U.S. Secret Service, the Military Criminal Investigative Organizations (“MCIO”), the Internet Crimes Against Children Task Forces (“ICAC”), the U.S. Department of Justice’s Child Exploitation and Obscenity Section, as well as other State and local law enforcement. We receive reports in eight categories of crimes against children:

- possession, manufacture and distribution of child pornography;
- online enticement of children for sexual acts;
- child prostitution;
- sex tourism involving children;
- extra familial child sexual molestation;
- unsolicited obscene material sent to a child;
- misleading domain names; and
- misleading words or digital images on the Internet.

These reports are made by both the public and by Electronic Service Providers (“ESPs”), who are required by law to report apparent child pornography to law enforcement via the CyberTipline (18 U.S.C. §2258A). The leads are reviewed by NCMEC analysts, who examine and evaluate the content, add related information that would be useful to law enforcement, use publicly available search tools to determine the geographic location of the incident in the report, and provide all information to the appropriate law enforcement agency for investigation. These reports are triaged continuously to ensure that children in imminent danger get first priority.

The FBI, ICE, Postal Inspection Service and the MCIOs have direct and immediate access to all CyberTipline reports, and assign agents and analysts to work at NCMEC. In the 13 years since the CyberTipline began, NCMEC has received and processed more than 1.2 million reports. ESPs have reported to the CyberTipline more than 8 million images/videos of apparent child pornography. Working in conjunction with law enforcement, more than 60 million images and videos have been reviewed by the analysts in our Child Victim Identification Program (“CVIP”), which assists prosecutors to secure convictions for crimes involving identified child victims and helps law enforcement to locate and rescue child victims who have not yet been identified.

As we all know, recent events have highlighted the problem of child sexual abuse. A great deal has been written and said about it. But what are the facts?

We’ve come a long way since Congress initiated the Federal efforts to combat child abuse in 1974. Thanks to the Child Abuse Prevention and Treatment Act (CAPTA), States have made significant progress in the reporting, investigation and treatment of these cases. All 50 States have laws requiring mandatory reporting of child abuse under certain circumstances. There are now 560 accredited children’s advocacy centers in the United States, with 290 more working toward accreditation. These facilities coordinate investigation and intervention services in a child-friendly environment—and last year served more than 270,000 abused children.

Despite this progress, the problem persists. According to the U.S. Department of Health and Human Services (HHS), in 2009 State child protective agencies reported approximately:

- 543,000 substantiated incidents of neglect;
- 123,000 substantiated incidents of physical abuse, and;

- 66,000 substantiated incidents of child sexual abuse.<sup>1</sup>

However, the HHS data does not accurately depict the scope of child sexual abuse. Because the HHS data is compiled from reports made by State child protective service agencies, it is generally limited to allegations of child abuse committed by caretakers. The U.S. Department of Justice (DOJ) data indicates that there are actually many more incidents of child sexual abuse each year. A DOJ incidence study estimated that, in a given year, 285,400 children were victims of a sexual assault.<sup>2</sup> Although it is difficult to know with certainty how many children are sexually assaulted each year, we do know that child sexual abuse continues to be a serious problem that deserves our immediate attention.

How are we learning about child sexual abuse? We usually don't hear about the abuse from the child victims. DOJ found that, for a variety of reasons, only one-third of the estimated incidents of child sexual abuse were reported to law enforcement.<sup>3</sup> Some child victims disclose their abuse after becoming adults. For example, many adults came forward after highly publicized allegations of abuse by members of the clergy. For some adults, the damage resulting from childhood sexual abuse becomes more pronounced as they grow older and begins to affect many aspects of their lives.

We hear about abuse from those who are designated as mandatory reporters under State laws and other concerned adults who report allegations of abuse. These mandatory reporters are specified by profession in most States—generally professions that involve contact with children and an opportunity to see the signs of abuse. These usually include health care professionals, law enforcement officers, educators, and child care providers. In addition, 18 States require all adults to report abuse.

Finally, we also learn about child sexual abuse through investigations of child pornography on the Internet. Law enforcement investigations of crimes against children in the *online* world often lead to the discovery of crimes against children in the *offline* world. Individuals who possess and distribute child pornography may be sexually abusing a child or may trade images with someone who is sexually abusing a child. Because very few child victims tell anyone about their abuse, it is only through the great work of Federal, State and local law enforcement that these abusers are caught and the children can get help.

Who are abusing these children? The vast majority of child victims are victimized by someone they know, someone they should be able to trust—someone who is in their lives for a legitimate reason. This is true for cases investigated primarily by child protective services and for cases investigated primarily by law enforcement. According to a DOJ survey, 81 percent of child sexual assaults were committed by someone with legitimate access to the child.<sup>4</sup> Of the child pornography victims identified by law enforcement, 70 percent were abused by a parent, guardian, relative, neighbor, family friend, babysitter, coach or a guardian's partner.<sup>5</sup>

The good news is that, regardless of how the abuse is reported, many child victims today are getting the help they need. However, there is room for improvement in our reporting system.

Mandatory reporters should always be required to report child sexual abuse directly to law enforcement. Although mandatory reporters may also be required to report suspected child sexual abuse to their supervisors within an institution or organization, child sexual abuse is a crime in all States and law enforcement must be involved at the outset. Once a report is made, law enforcement will involve the appropriate child protection authorities.

Another recommendation is to require training of mandatory reporters on how to recognize the signs of child sexual abuse, which can be both physical and psychological. This will ensure that they are better equipped to respond to warning signs.

The most important change we can make is to encourage all adults to speak up for the child victims of sexual abuse. We should teach people what to look for and make this information widely available in an effort to encourage grassroots momen-

<sup>1</sup>U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2009*, pages 46–47. This is the most current report.

<sup>2</sup>U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, *National Incidence Studies of Missing, Abducted, Runaway and Thrownaway Children*, August 2008, Page 2.

<sup>3</sup>*Ibid*, Page 5.

<sup>4</sup>*Ibid*, Table 3, Page 7. Identity of perpetrator: Family member, 10 percent of estimated victims; Acquaintance, 64 percent of estimated victims; Person known by sight, 7 percent of estimated victims.

<sup>5</sup>Data from Child Victim Identification Program, National Center for Missing & Exploited Children, December 2011.

tum for combating child sexual abuse. I recognize that many people are afraid of getting involved or of making a mistaken allegation based on mere suspicion. But we are the only ones who can act on these suspicions and help stop the abuse.

Recent events have highlighted the gaps in the reporting of child sexual abuse. I'm confident that we can work together to better protect children.

Thank you.

Senator MIKULSKI. Thank you, Miss Collins.

Mr. Cervone. Is it Cervone or Cervonee?

Mr. CERVONE. Cervone; Chervone if you want.

[Laughter.]

**STATEMENT OF FRANK P. CERVONE, ESQ., EXECUTIVE DIRECTOR, SUPPORT CENTER FOR CHILD ADVOCATES, PHILADELPHIA, PA**

Mr. CERVONE. Thank you, Chairwoman Mikulski and Ranking Member Burr, Senator Casey, and other members of the committee for this opportunity to testify today.

And thank you, Senator Casey, in particular for calling for this hearing and for continued leadership in this area. We know that you are a great friend for children in healthcare, in early education, and childcare. In all the ways, we know we can turn to you. Thank you very much.

The Support Center for Child Advocates is Philadelphia's volunteer lawyer program for abused and neglected children. We are a big law shop for kids. We represent about 850 children each year in court in various types of victimization cases. I am assisted today in this presentation by the work of Cathleen Palm, and our colleagues in the Protect Our Children Committee, which is Pennsylvania's statewide coalition of advocates, and physicians, and service providers.

I would like to put some of the events of recent days and weeks into context, reflecting the reality that many more children are physically and sexually abused, but they garner little attention from policymakers or from the people who should be caring for them.

Sadly, it seems, this is not just a Penn State or Syracuse story. Sadly, we needed these scandals. We needed even these bad actors to bring this discussion forward.

We welcome the Speak Up to Protect Every Abused Child Act, introduced by Senator Casey. This legislation helps shift child protection strategies from one where the children are required, essentially, to protect themselves from abuse and victimization, and highlights and transfers to adults the responsibility to step up for kids. It calls for training, for mandated reporters. It calls for better knowledge and data-informed policies. It represents a solid starting point to a critical discussion.

We know that families sometimes keep secrets. Last week in our office, we opened two cases representing child victims in the prosecution of their alleged abusers. It is one very important aspect of our work to be in the criminal courts on behalf of child victims.

One was an 11-year-old girl. She was sexually abused by her father for years, and her mother was not believing her. She knew, apparently knew, but failed to believe her.

The other, a boy of 10, sexually abused by his mother's boyfriend, and now the mother is failing to bring the child to court for interviews and for prosecution of the abuser.

For these cases, like the more notable ones we are hearing about, we should ask: where were the adults in their lives over all the years that the youth were carrying their sad secrets? This is what is typical, that for many, we are left wondering, "What was missing in their lives?" In wholesome adults whom they might have trusted? In knowledgeable adults who might have noticed the warning signs.

While it is hard to know the extent of underreporting, we know that many cases come forward with a long history of secrecy and nondisclosure. The days or years that pass suggest that someone knew and should have known. And there is another theme in the Penn State cases that should not go unnoticed. Lives were changed and children were protected because a couple of moms listened to and believed their children, and now they are standing with them in what will be a gut wrenching court process.

There can be no better child protection tool than insuring every child is connected to adults who have pledged to nurture, to listen to them, and to speak up for a child.

Why don't victims of abuse come forward? Well, violations of trust are the hardest to endure. The abusers are trusted parents, an aunt or an uncle, a pastor, or a parent, or a coach, and the violations of that trust are tremendously confusing. The child's defenses are compromised, in the beginning, by grooming behaviors and in the end, by threats of embarrassment and harm.

In our work, we hear all the time that the child or adult felt reluctance to disclose and then suffered the pain of keeping the secret.

Why don't people intervene? Well, this is the question we are all asking. It is getting all of this attention. But again, the story, the understanding of it belongs to us.

Why are we adults reluctant to report? Undoubtedly, we have all experienced feelings of indifference, of isolation about the opportunity to intervene. We say things like, "It is not my job. Someone else will respond." Or we think, "If I step in here, it will be worse for the child." To which I say, "How can it get worse?" We fool ourselves if we think that stopping a crime is not the best solution. And I can tell you, I have heard from the kids. They want the abuse to stop.

Feelings of loyalty to the institution get in the way, aversion to scandal, the survival and health of the institution is what becomes paramount.

Finally, people respond in strange ways to cultures of power in families and small towns, in big institutions, there is often a heavy price to pay for speaking out. We must help the victims and the reporters come forward.

Every State has a mandatory reporting statute. I teach on this stuff. I have literally taught it my whole career. It is very easy to teach, and yet people are confused about their duty to report. A remarkably large number of mandated reporters, I am betting a lot of people in this room, people who come into contact with children

in their work have never been trained on the duty to report what the law is in their State.

The Speak Up legislation will require States to mandate the reporting of known or suspected incidents. This standard articulates the duty that we should all know and feel. We know that the mechanics of this mechanism have got to be worked out, but what we have is a laboratory, because there are States that are doing it both ways, and we should be studying those.

A word about capacity. Increasing the numbers of reports of suspected abuse without increasing the resources of the system's capacity to respond may be facially noble, but may be dangerous to kids who really need the system's attention. Kids get removed in an abundance of caution. That is what we all do. We pull them out of the fire, or so we think.

But removal to foster care is not always beneficial or even benign. The child can be traumatized. School can be interrupted. The investigation can get it wrong. The findings about becoming a child abuser have all sorts of implications for future employment of that child's parent. For these reasons, we have to get it right. And need we remember that our jails are filled with adults who were the kids in this system. We are not doing so well at this.

Finally, a word about intervention. Not every family needs a hammer; some of them need the velvet glove. One of the hard tasks of child welfare work is to distinguish the cases that need the hammer from those that need the helping hand. We call this "differential response." But differential response takes capacity. It takes science. It takes knowledge about the differences, and this is a hard game. We need knowledge and research to make this happen.

Finally, Senator Casey's legislation opens a door of understanding, and invites serious discussion about who should be considered a perpetrator of child abuse. I have had dozens of conversations in recent weeks with knowledgeable professionals about which, if any, of the Penn State officials were mandated reporters. This ought to be clear to everyone. It certainly should be clear to the prosecutors and other professionals, and even they are fighting.

We are at a curious moment. The attention of the Nation is finally set upon child protection, as it should be. It seems attractive to be as protective of children as we possibly can, yet it would be prudent to be aware of unintended consequences.

We can be a healthier community tomorrow if the victims of yesterday and today get help. Sadly, some of today's victims will become abusers themselves, not to mention drinkers, angry family members, spouses who cannot trust, their harm eating away at their ability to be healthy and safe.

We must get the message out to victims who have not yet disclosed. If you have been abused, tell someone. Get help. The healing will come. We can change the story of these lives. Let's do it right.

Thank you.

[The prepared statement of Mr. Cervone follows:]

PREPARED STATEMENT OF FRANK P. CERVONE, ESQ.

Chairwoman Mikulski, Ranking Member Burr, Senator Casey and other members of the committee, thank you for this opportunity to testify today. Senator Casey, I appreciate you calling for this hearing, and for your continued leadership to ensure

that children are protected, connected to health care, and have access to high-quality childcare and education opportunities, in Pennsylvania and across the Nation. Thank you, Senator.

The Support Center for Child Advocates (*Child Advocates*) is Philadelphia's lawyer pro bono program for abused and neglected children. For 35 years, we have offered the skills and dedication of lawyer-social worker teams, and we represent more than 850 children each year. While our direct service work is Philadelphia-focused, we work with partners across the Commonwealth of Pennsylvania and the Nation on the development of effective policy and practice for vulnerable children. We attempt to offer a balanced, candid and constructive assessment of what our children need and how we are all doing for our kids.

I am assisted in this presentation by the work of Cathleen Palm and our colleagues in the Protect Our Children Committee (POCC), Pennsylvania's statewide coalition of advocates, physicians and service providers joined together in coordinated strategies to prevent child abuse and achieve targeted child welfare reforms that are child-centered. POCC was co-founded in 2003 by the Pennsylvania Coalition Against Rape (PCAR) which is the oldest anti-sexual violence coalition in the country.

At *Child Advocates*, we work to change the story for children. I would like to provide the committee with observations and insights of what we have seen in child abuse and child welfare work in Pennsylvania and other jurisdictions over the past 20 years. During my testimony I will:

- Attempt to place recent events into a context, reflecting the reality that many more children are physically and sexually abused but that they garner little attention from policymakers or from the people who should be watching out for them;
- Share the experiences of children who have been abused, about the reasons they do not come forward, and why caregivers—so-called “mandated reporters” and others—often fail to fulfill their legal and moral duties of protection; and
- Suggest some changes to current laws relating to child abuse reporting, investigation and service, to assist you and other lawmakers in this important task of reform that might make our world safer for kids.

The Penn State and Syracuse cases have gathered much attention to the world of child abuse, but this is not just a Penn State or Syracuse story. Sadly, it seems we needed these scandals, even these bad actors, to bring the discussion forward.

We welcome the Speak Up to Protect Every Abused Child Act (the “Speak Up Act”) of 2011 introduced by Senator Casey. This legislation helps shift child protection strategies from one where children are required to protect themselves from abuse and sexual victimization. It highlights and transfers to adults the responsibility to protect children. It calls for training of mandated reporters, and information for all caregivers. It calls for better knowledge and data-informed policies. It represents a solid starting point to a critical debate.

#### CHILD ABUSE AND SECRETS

We know that families sometimes keep secrets. Last week in our office we opened two cases representing child victims in the prosecution of their alleged abusers: one an 11-year-old girl, sexually abused by her father for years, and her mother not believing her; the other, a boy of 10, sexually abused by his mother's boyfriend, and now the mother is failing to bring the child to court for interviews and prosecution of the abuser.

Consider, as well, all the youths reported about in the Penn State case, and what is common in the cases: where were the adults in their lives, over all the years that the youths were carrying their sad secrets? For too many we are left wondering what was missing in their lives, in wholesome adults whom they might have trusted, in knowledgeable adults who might have noticed the warning signs? Surely there were signs, in the behaviors of the kids, perhaps even in the behaviors of the adults.

While it is hard to know the extent of underreporting, we know that many cases come forward with a long history of secrecy and non-disclosure. The days or years that pass suggest that someone knew, that someone should have known. For all of the failings of human beings and our policies, there is one central theme to this story receiving too little attention. Lives were changed, children were protected, because a couple of Moms listened to and believed their children and now are standing by them in what will be a gut-wrenching court process. There can be no better child protection tool than ensuring every child is connected to adults who have pledged to nurture, listen to, and speak up for a child.

Why don't victims of abuse come forward?



Violations of trust are the hardest to endure. The abusers are trusted persons, an aunt or uncle, a pastor or parent or coach, and violations of that trust are tremendously confusing. The child's defenses are compromised, in the beginning by grooming behaviors, and in the end by threats of embarrassment and harm. In our work we hear all the time, that the child or adult felt reluctance to disclose, and then suffered the pain of keeping the secret.

Why don't people intervene? This is the question we are all asking in the cases gaining our attention. But again, the story, and understanding it, belongs to all of us.

Why are we adults reluctant to report?

Undoubtedly we have all experienced the feelings of indifference or isolation about some opportunity to intervene: "it's not my job" . . . "someone ELSE will respond". Or we think: "If I step in here, it'll be worse for the child." To which I say: how can it get worse? We fool ourselves if we think that stopping a crime is not the best solution.

I once had a 12-year-old client, who was at once so close and loyal to her abusive mother that she sometimes hindered our efforts for protection, and at the same time deeply concerned about her young siblings. One day she sat down next to me on a sidewalk step and said, "You have to get us out of here." Yes, the kids want the abuse to stop.

Feelings of loyalty to an institution or person also get in the way of reporting. Aversion to "scandal" becomes the dominant theme. The survival and health of the institution becomes paramount.

Finally, people respond in strange ways to the culture of power. It is well known that domestic violence cases are all about power and control, so the reluctance of the child or adult victim to report abuse in the face of a threat seems easy for us to acknowledge. But one must imagine how hard it is to take on the sports stars at a big sports-dominated university, or the powerful judge before whom you must practice, or the Uncle in the family who is everyone's favorite. In families, small towns and big institutions, there is often a heavy price to pay for speaking out. We must help both victims and reporters come forward, making it safe and fruitful to do so.

#### ACCOUNTABILITY AND TRANSPARENCY: CHILDREN'S OMBUDSMAN

We recommend that each children and youth agency have its own complaint-resolution device, and that each State have a Children's Ombudsman. Today about half the States have some form of independent complaint-investigation mechanism. We must recognize that children and youth agencies live in a landscape that is traditionally unexamined and unknown.

Why is accountability important? One must acknowledge that child welfare services are little known and often forgotten to most of the public at-large. It is said that "child abuse lives in the shadows of our lives." The same can be said of the systems and services that are provided to children and families needing them: they live without account. Certainly there are systemic oversights, like the regulatory schema, the licensure process and the budgeting process. But when the child welfare system acts in a manner that is questionable or suspect or even abusive, citizens and consumers presently have little recourse outside the system that is arguably ag-grieving them. Individuals need a place to turn. The public at-large needs assurance that this is a system worthy of our confidence.

The *authority to investigate* is the key: the Children's Ombudsman can investigate problems, complaints and other issues that come to its attention. This combines the classical individual complaint-resolution mechanism of many ombudsman functions, with the important capacity for systemic advocacy. Each year, across the land, we hear more than occasional reports of problems of county or State child welfare agencies not communicating with their local prosecutors, or the failures to provide notice to parents when changing a case goal, or countless other issues which laws, litigations and tragedies would eventually highlight.

Consider the following real story from a few years back that illustrates the need for a Children's Ombudsman. I took the call myself:

I received a phone call from a lawyer, who learned of a sister-of-a-friend with a Children and Youth problem in a small town, in a rural PA county. That prior Saturday night, a mid-twenties single mother was house-sitting for a friend. In the middle of the night, her 3-year-old boy whom I will call Richie, left his bed, opened two latched doors, and wandered into the street. Next morning, mother frantically searched for Richie. Thankfully, he had been found by a passing motorist, who called police. But because he was a stranger to this town, he was placed in protective service of foster care. The mother felt pressured to sign a

“Voluntary Placement Agreement” or lose the child in court; this gave the agency 30 days to act . . . and it planned to use most of them!

In most communities, this child would have been home the next day. But 10 days later, he was still in care. Only with some outside calls from our office did the child even have one visit in those 10 days with his mother. There were never any signs of child abuse. Neither mother nor child had any prior history with the C&Y agency in her home county. Yet no family members were contacted to serve as placement resources. The worker did not even meet with her supervisor until Thursday to shape a reunification plan.

Conversations such as occurred between the worker and mother are rarely witnessed, so we cannot be certain of all that transpired. I can attest that this very upset and entirely innocent mother felt railroaded, disregarded and abused. In more than half the States, there is no place for Richie’s mother to call. And in Pennsylvania, unlike Rhode Island or Michigan, the story of the system’s failure to protect the infant boy *would* never, *COULD NEVER* be told. There is no office in Pennsylvania to conduct such an investigation and no authority to publish such a report.

In my own experience however, as a professional community, we remain uncomfortable with the burdens of accountability and transparency. We recommend that the Children’s Ombudsman have *discretion to make public* its investigative reports and its annual report.

I served on Mayor John Street’s Child Welfare Review Panel 5 years ago, which was appointed following publication of some notorious deaths of children who had been served by the Philadelphia child and youth agency. Consistent with State rules, each fatality had been studied; the Panel found the study process to be sound and thorough, their recommendations honest and challenging. BUT THEY WENT NOWHERE. These were lives unrequited, their deaths unredeemed. Without that leadership meltdown and a tremendous investment of public will, the many deficiencies in that system would never have seen the light of day. That dead-end secrecy is the all-too-common reality of child welfare work across the Commonwealth and around the Nation.

We should note that what gave rise to that crisis was not the child deaths per se, tragic as they were, but that their deaths had been forgotten. To its credit, the local children and youth agency and city government rose to the occasion, creating mechanisms to become self-corrective. But the response was so large, so thorough, and so well-funded, that it is unlikely to happen ever again! We should make clear that there is much that is good about our system, its people and its practice. The Ombudsman will not erode confidence; rather it will *build* confidence that these are systems we can trust, that mandated reporters and the public should feel assured will respond appropriately to reports of suspected child abuse.

If you believe that the child welfare system is self-correcting, that it is sufficiently safeguarded with regulations and the oversight of the licensure process, that its good people are good enough, then perhaps there is no need for a Children’s Ombudsman. The experiences of countless families and children tell a different story. You will hear that confidentiality is needed to protect children and families; my concern is that secrecy protects bad systems and bad practice.

Accountability and transparency make for good government; they will also make for safer kids and a better system to serve them.

#### THE DUTY TO REPORT

Every State has a mandatory reporting statute. I have been lecturing and teaching on the subject for many years. While the laws on reporting are relatively straightforward and teachable, many folks find them technical and confusing. A remarkably large number of mandated reporters—people who come into contact with children in their work—have never even been to a training program on the requirements of these laws.

Last year, the Protect Our Children Committee conducted a survey of mandated reporters in Pennsylvania. There were 1,400 professionals who responded, and their comments and questions provided a powerful reminder that effective and ongoing training is essential. And yet our State, which has required mandatory reporting of child abuse since 1975 and which permits prosecution for the failure to report, has no training requirement for mandated reporters.

The survey revealed that nearly 40 percent of those responding had never been trained or had received a training before significant changes in the law took effect in 2007. Often the trainings are not connected to professional licensure or continuing education requirements. Across the Nation, we should be assured that our caregivers and professionals know their duty and the pathway for response.

We recommend that Congress strengthen the mandatory reporting provisions in the Child Abuse Prevention and Treatment Act (CAPTA) so that States ensure mandated reporters receive training. It might also promote the cooperation, not just on investigation, but also reporting of abuse. Senate Bill 1877 includes a nice emphasis and designated resources to encourage States to execute educational campaigns and much-needed training.

The Speak Up legislation requires a “study of the efforts of States relating to State laws for mandatory reporting.” We suggest that such a research study is needed NOW to determine whether certain State approaches have resulted in better protections and outcomes for children. The Federal review could also help to determine the *floor* States should meet in, who should report, what must be reported (e.g., suspected or known), how such reports are to be made, and penalties for failure to report.

The Speak Up legislation would require States to mandate the reporting of “suspected or known incidents of child abuse and neglect” by every adult, which would require a significant policy shift in many States and may not effectively respond to the distinction between *knowing or witnessing* acts of abuse versus having a suspicion that abuse may be occurring. I recommend that we learn from the States that have such legislation, comparing the rates of reporting and substantiation and the sources of the reports. In general we know that most reports of suspected abuse today come from mandated reporters, and that those reports have higher substantiation rates and thus are at least arguably more reliable.

All States have provision for civil immunity for good faith reporting of suspected child abuse. However institutions such as hospitals (and probably some individuals) have been sued under Federal civil rights provisions for violations of confidentiality rights, for making reports of abuse. Legal work to assert the immunity and get a person relieved of such suits can be costly and time-consuming. Increasing the number of mandated reporters is likely to increase this kind of litigation. To fully promote good-faith reporting, the provisions for immunity from liability should be ironclad, and the law should provide a pathway for expeditious dismissal of such claims.

Congress and the States should ensure that penalties for failure to report are sufficient to encourage reporting. When the failure to report results in a summary offense akin to a traffic citation, the penalty falls short of the crime.

A minority of States, including Pennsylvania, allow reporting up the chain of responsibility or chain of command. That is, workers in organizations can legitimately tell their superiors, not child welfare or law enforcement officials, in order to satisfy the duty to report child abuse. These provisions have come under intense scrutiny in the wake of the Penn State scandal with many suggesting that this approach is fundamentally flawed, but on what basis is that being determined? Is it possible that such an approach results in both a cleaner and safer approach for children by having a well-identified and more thoroughly trained professional make the report, so long as the superior does not delay the report or conduct their own investigation?

For example, instead of the school janitor or teacher’s aide making the report, an institution might designate the counseling or social work department to make reports to authorities when they receive a report from a staff member. The duty to report by this designated person must then be immediate and followed up with a written form to authorities. It might be that the needed change is linked to the initial reporter being provided, in writing, assurance that the report was, in fact, filed. It might also require that institutional practice not deny or penalize the initial employee for notifying both the designated internal person and the appropriate authorities directly.

#### THE CAPACITY TO RESPOND

Increasing the number of reports of suspected abuse, without increasing resources or the system’s capacity to respond, may be facially noble, but may be dangerous to the kids who really need the system’s attention. Kids will get removed in an abundance of caution—that’s what we all do. But removal to foster care is not always beneficial or even benign. The child can be traumatized. School is often interrupted. The investigation can get it wrong. Findings about being a child abuser have all sorts of implications for future employment of that child’s parent. For all these reasons, it is incumbent that the system get it right. Need we be reminded that our jails are filled with adults who used to be kids in the foster care and juvenile justice systems! We are not doing so well by our kids! Part of the solution to the problem of child abuse lies in improving the capacity of the system to respond well to the cases it now gets.

Are State hotlines and child welfare systems up to the task?

In many States, the majority of reports about suspected child abuse—regardless of the perpetrator of the alleged abuse—are directed to the State's child abuse hotline. In Pennsylvania we know it as ChildLine.

On average Pennsylvania's ChildLine receives about 2,300 calls per week. In the days immediately following the initial arrest of Mr. Sandusky, the hotline answered more than 4,800 calls. The volume of calls remains at an elevated level, but not as dramatic as those initial post arrest days.

Last year ChildLine answered more than 121,000 calls, but the staffing and technology issues contributed to a nearly 9 percent rate of missed calls.

Raising awareness and the subsequent recognition and reporting of child abuse are critical elements of how we protect children. But if the calls to report abuse go unanswered, investigations are not conducted, service delivery and therapy are delayed or unavailable, we will have won the battle but lost the war.

I want to flag two components of capacity that relate directly to services on the street in our work. First, Teresa Huizar of the National Children's Alliance will address the need for skillful multidisciplinary investigation and forensic interviewing that is state-of-the-art in sex abuse investigations. I would add that these mechanisms are almost non-existent in physical abuse cases in many jurisdictions, including my own, solely because of a lack of resources. If prosecutions fail for lack of good evidence that would have been available if only we had the tools, know that the perpetrator is likely to be at it again.

Second, we urge Congress to raise the cap now imposed on the release of funds held in trust in the Crime Victims Fund, to provide needed services and supports to victims of crime and their families. These funds were and are collected from criminal defendants, and should be used to meet the needs of victims.

The Victims of Crime Act (VOCA) Program was established by the Victims of Crime Act of 1984 and is administered by the Federal Office for Victims of Crime. Its purpose is to assist victims of crime to cope with the physical, emotional and criminal justice issues associated with crime. VOCA-funded victim services agencies provide courtroom support, accompaniment to medical appointments, networking and referrals for treatment services, and other supportive services to victims of crimes. A portion of Federal VOCA funds are also made available to State-based victim assistance programs, which provide cash payments to victims to pay (or reimburse out-of-pocket) for direct costs associated with crimes, such as medical examinations, counseling and other treatment costs, travel costs to court, funeral expenses, etc. For example, in fiscal year 2010, Pennsylvania's Victim Compensation Assistance Program (VCAP) received and disbursed \$4.9 million, or 28 percent of its total revenue, from VOCA trust funds, and VOCA trust funds contributed 50 percent of the total State expenditure for victim services, or \$14 million.

The Federal Crime Victims Fund is a trust account dedicated solely to supporting services for all crime victims. In fact, the VOCA statute requires States to give priority to funding services for victims of child abuse. The Crime Victims Fund comes from money already collected from Federal criminal fines, forfeitures and other penalties and does not add to the Nation's debt or deficit. Since 2000, Congress has placed a limit or "cap" on the amount of money that can be released from the Federal Crime Victims Fund on an annual basis. Although (as of December 2010) the Fund now has more than \$7 billion in it and is continuing to grow, for the past several years Congress has capped the annual Fund distribution at \$705 million. The VOCA cap must be raised because these funds are desperately needed now, for services and cash support. The economy has forced funding cuts by other funders making it impossible to maintain services to victims when they are most needed, let alone address the need for increased services. We urge you to eliminate the cap or significantly increase the annual distribution to the States of these desperately needed funds for direct services to victims including children.

Any solution for this country's children must include a reality check about the capacity of the system to respond to the cases it now gets. Last week Allegheny County, Pennsylvania's second largest county, enacted a 21 percent increase in property taxes to blunt a reduction in Federal and State funding that when combined with the loss of local funding, would have extracted \$22 million from family support centers and direct services for abused children. This was a fearsome moment, a crisis perhaps only momentarily averted in this age of cost-cutting.

A word about differential response: when it comes to interventions about child abuse and differential responses, we should be clear that too little distinction can be problematic: if the only tool you have is a hammer, every problem looks like a nail!

Some families are healthy and safe enough to merit voluntary, supportive services. In our work, many families and many children can be served just as well, if not better, with services in the home, informed by meaningful assessments, and

supported by extended-family involvement, Family Group Decision-Making, and other preventative services. Other children need a far more intensive, even intrusive approach. One of the hard tasks of child welfare work is to distinguish the case that needs the hammer, from the one that needs the helping hand. Differential responses are valuable and needed but they also are often only as effective as the assessments that study the risks, and the resources that might permit a child to safely remain in the home. Unfortunately advocates and pediatricians in Pennsylvania are seeing some serious cases of physical abuse go by without intervention. We know there is a real pattern, but we do not know whether the problem extends beyond our State, or to what degree our particular Pennsylvania specific-approach to differential response or how we define child abuse is a contributing factor. Pennsylvania is a statistical outlier in the investigation and determination of child abuse, i.e., it investigates child abuse 8.3 per 1,000 children versus 40.3 per 1,000 children nationally, and then determines a child is a victim of child abuse 1.4 per 1,000 children versus 9.3 per 1,000 nationally. It is a distinction that for years has been widely known impacting, to some degree, our ability to draw down CAPTA and Children's Justice Act funding, but it has never really been fully explored or explained from a research-based perspective. The recent reauthorization of CAPTA elevated the commitment to differential responses to reports of child abuse. The emerging work on evaluating and improving the quality of a differential response must be an even greater priority. With study as I have touched upon, we can learn from our differences, but we must have the courage to ask about them.

Other children need a far more intensive, even intrusive approach. One of the hard tasks of child welfare work is to distinguish the case that needs the hammer, from the one that needs the helping hand. This is known as "differential response". Differential responses are valuable and needed but they also are often only as effective as the assessments and resources that might permit a child to safely remain in the home. Unfortunately advocates and pediatricians in Pennsylvania are seeing some serious cases of physical abuse go by without intervention. We cannot yet know if this is a real pattern, and we do not know whether the problem extends beyond our State.

The recent reauthorization of CAPTA elevated attention to and commitment for differential responses to reports of child abuse. The emerging work on evaluating and improving the quality of a differential response must be an even greater priority.

#### VICTIMIZATION, TREATMENT AND PREVENTION

We must ensure that when reports are filed, victims get the protection, therapy, services and support they need. We must be clear and resolved, that healing will come. We must also get the message out to victims who have not yet disclosed: If you have been abused, tell someone . . . get help!

We should be thinking about PREVENTION in all of our interventions and activities: connecting every child to a nurturing and trusted adult who guards their safety and well-being, encouraging parents to empower children to speak up if they are being hurt, teaching caregivers about duty to report and how to recognize signs; and ensuring there are comprehensive quality services when victims come forward for treatment so that their pain does not turn sour.

Some of today's victims will become abusers themselves, not to mention drinkers, angry family members, spouses who cannot trust, their harm eating away at their ability to be healthy and safe. We can be a healthier community tomorrow if the victims of yesterday and today get help.

In other words, the adverse experience of child abuse has long-term and costly consequences for the child but also all for society. Each of us bears and is asked to contribute to these costly consequences, in the form of treating addiction, chronic and costly health conditions, increased rates of incarceration and school failure.

#### DEFINING CHILD ABUSE

Finally, Senator Casey's legislation opens a door of understanding and invites serious discussion about who should be considered a perpetrator of child abuse.

The legislation seeks to amend the definition of child abuse to include "any deliberate act, on the part of an individual other than a parent or caretaker, that results in death, serious physical or emotional harm, or sexual abuse or exploitation, or that presents an imminent risk of serious harm to a child."

Like many States, under Pennsylvania law there are limitations on those persons who can be considered a "perpetrator" of child abuse. A parent, a paramour of a parent, an individual (over the age of 14) living in the same home as the child, or a person responsible for the welfare of a child can be considered a perpetrator.

A baseball coach, member of the clergy, family member not living in the child's home are among those who might not be considered a perpetrator of child abuse under State law. I have had dozens of conversations in recent weeks with knowledgeable professionals, about which if any of the Penn State officials were mandated reporters and whether Mr. Sandusky is even covered by the law. We need to eliminate that kind of confusion. The Speak Up bill will make our laws more clear and help us get to the crimes we need to stop.

In summary, we recommend:

- Strengthen the mandatory reporting provisions in CAPTA, so that we protect the kids that really need us.
- Proceed deliberately, informed by real data and supported by genuine resources, to define who should be considered a perpetrator of child abuse, how we differentiate cases and services, and how to expand the community's obligation to keep its kids safe.
- Demand transparency and accountability through creation of the independent State-level Child Advocate or Ombudsperson, and get reliable data that measures not just numbers but outcomes.
- Act with urgency to support services to victims, by increasing the availability of forensic interviewing and release of the Crime Victims Trust Funds.

We are at a curious moment: the attention of the Nation is finally set upon child protection, as it should be. It seems attractive to be as protective of children as we possibly can be, yet it would be prudent to be aware of unintended consequences. We can be a healthier community tomorrow if the victims of yesterday and today get help. Sadly, some of today's victims will become abusers themselves, not to mention drinkers, angry family members, spouses who cannot trust, their harm eating away at their ability to be healthy and safe. We must get the message out to victims who have not yet disclosed: if you have been abused, tell someone . . . get help! Healing will come. We CAN change the story. Let's do it right.

Senator MIKULSKI. Thank you very much.

We are going to move on now to our questions. I am going to take my time at the end of the panel.

I wanted to acknowledge the presence of two of our Republican colleagues, Senator Lamar Alexander and Senator Isakson. We would be happy to yield to you if you have to go.

Senator ALEXANDER. I have to go.

Senator MIKULSKI. Alright. Well, I really want to acknowledge the roles of Senators Alexander and Isakson. Senator Alexander is a very valuable member of this community and committee as a former governor in Tennessee, the president of a university. He has firsthand knowledge in terms of how do you run States and universities to prevent this kind of stuff. So we want to thank him.

Senator Isakson has a longstanding advocacy in this area, his work with Senator Boxer, that was noted, in their aggressive way. They stepped forward when we knew that our Peace Corps volunteers had been abused in countries, and then were abused by the Peace Corps for the failure to take action to protect them. Sounds familiar.

We have a good panel here and one of the best is Senator Burr. Let me turn to you for your question, then Senator Casey, and then Senator Blumenthal, and then I will do the wrap up.

Senator BURR. Thank you, Chairman.

Sheldon, very quickly, I am just going to repeat something I heard you say, but I want to make sure I am right. If greater laws had been in place, that wouldn't have necessarily solved your problem would it?

Mr. KENNEDY. Not necessarily greater laws. I look at my situation, and I look at all the adults, all the trusted adults around that are in the system, and I look at the victims of this. And not only are they being victimized by the perpetrator, but they are being

victimized by the institution, by the adults that are around them, the trusted adults because they, again, are reminded that it must be their fault if none of these adults are standing up for them.

So what we have learned is that we need to give all adults the confidence and the courage through education to recognize and respond to these issues.

Senator BURR. I think all of you touched on education to some degree. You were very specific on it.

Mr. Cervone, my question is pretty simple. We have an opportunity as we begin to mold and shape legislation that we cast a wide net, where we try to cover potentially everybody, or we cast a narrow net, maybe targeted at individuals that have the contact with kids, where an intense education program, public knowledge of what we are doing might have an impact.

If you recommended to this committee whether it be a wide net to initially start or a narrow net, what would it be?

Mr. CERVONE. Well, you do not even have to guess, 25 States are doing the wide net and we should be finding out from them how they are doing. We ought to be comparing these two types of approaches because we are all about this very confusing question. It seems facially attractive to cast a wide net. We know that there is a higher degree of reliability from reports that come from professionals who are involved with the work. So there is something, in a sense, attractive about both approaches.

We are all wondering which is the right approach. Clearly, all of us ought to feel the duty to protect our kids. We all ought to be informed about how to respond. It is quite unclear to me whether the approach is the professionals should report, or every person should have this legal duty with some penalty. And I think it is a mistake to jump in, to try to answer that without asking of the data which is the right approach, which is working today?

Senator BURR. Then let me just say to that, that I was specifically talking about where we focus the educational component, because I think all three of you said education is absolutely crucial.

I said in my opening statement, I am not sure if there is a single piece of legislation that is a magic bullet that solves this problem, but education over a generation begins to effect change. And clearly we know statistically that many individuals that abuse children were, in fact, abused as children themselves. So it is a generational attempt that we make.

Mr. CERVONE. We do not now have a federally sponsored mandatory reporting framework. We do not have mandatory training for those of us who are in the business of caring for kids. So where do we approach it from a training perspective or education perspective? That targeted approach seems to be very compelling.

We clearly need to inoculate the entire community. In the business, we call this primary prevention. You know, bus cards and the like, to inoculate the entire community.

But there is clearly a frontline of folks who we want to be particularly well-trained and well-versed on the subject.

Senator BURR. Ms. Collins, you were very emphatic in your recommendations that child sexual reports always go first to law enforcement. Have there been instances or issues where reports have

been made first to places like Child Protective Services, and then not being immediately referred to the appropriate places?

Ms. COLLINS. Across each State, they have different report up through the institutional report. CPS reports to law enforcement. When the discussion is going, revolving a sweeping, all adults are mandated reporters, and then when you are dealing, really, in approaching the various types of abuse, whether it be neglect, maltreatment, child physical abuse, emotional abuse, or sexual abuse. The sexual abuse component certainly is a crime in every single State that law enforcement would be able to respond, and certainly involve the appropriate child protection agencies.

But we were really trying to narrow it down into one specific type of abuse that would, certainly, go to law enforcement.

Senator BURR. Great, great. I thank the Chair.

Senator MIKULSKI. Senator Casey, please proceed.

Senator CASEY. Thank you very much.

I wanted to start with Mr. Cervone. Frank, I wanted to ask you about some of your testimony already. If you had the opportunity to enact a Federal law today that did three things, what are the most important three elements of that legislation in terms of what we can do to prevent this from happening again?

Mr. CERVONE. As I mentioned, I believe that it is essentially mandatory training, federally sponsored mandatory training for reporters of abuse, for those of us who classically are considered the mandated reporters is essential. That we do not yet have that Federal framework in many States, quite literally tens of thousands of folks who come into contact with kids are not aware of their obligation, and we ought to make that clear.

I am a personal fan, and as you know, we have been working on the creation of children's ombudsmen in Pennsylvania that each State ought to have a mechanism whereby the person who feels like the system is not responding, the victim themselves, a caregiver, a professional might have an independent place to go. So that, in a sense, a bureaucracy does not victimize them as Senator Mikulski had suggested earlier.

Third, there are services in the system that ought to be expanded. The Crime Victims Act collects money that provides victim services and Congress caps the release of those dollars. Those dollars ought to be released to the street to provide services.

And service, so-called forensic interviewing services, you will hear from Miss Huizar later about CAC's and the expertise needed to do the investigations. Those services are almost nonexistent for physical abuse cases in many communities. We would like to see that changed. Let's do it right, as I said.

Senator CASEY. And you made the point in your testimony, I will try to get to it in a second, but you made a very strong point about the urgency of doing a study now. Could you please walk us through that proposal?

Mr. CERVONE. Yes, that is correct. All over the land, I can tell you—I have had conversations with legislators in a number of States and their staff, and with dozens of people in the General Assembly of Pennsylvania—legislators want to act. You want to respond. And yet, it would be, in a sense, unwise and imprudent to proceed without some information.



This is an area in which we have knowledge, but we are not tapping it. We are not providing, we are not doing, we are not funding, we are not cracking the data. Yesterday, the National Child Abuse statistics came out. They suggest that child abuse is down, thankfully. What do we know about that? What is that telling us about the duty to report?

It would appear that our reporting statutes are working, that we are getting at some of this, and I believe that our treatment is working. As I said, folks, abused kids grow up to be abusers themselves, sadly, for many of them. But if they get help, they turn that around. It appears that treatment is working. We ought not to turn away from that kind of approach, but we do not need to do it blindly. We can study this work and we ought to study it now.

Senator CASEY. We will be sending a letter to the Department of Health and Human Services to conduct that kind of an analysis of the 18 States that have a mandatory reporting for all adults to further inform us about how this requirement has worked to protect kids. So we can talk more with members of the committee about that.

Finally, I wanted to ask if we have a brief second, I will get to two questions for other witnesses. But I did want to ask, as well, about this question of training.

What is the best model for training in terms of not just the type of training, but the frequency or the degree to which even folks that have some expertise are trained? But even more so if they are not people that have personal experience or expertise. Can you outline for us what would be the model training program, and also the regimen under which it operates?

Mr. CERVONE. Yes. The first is, we should rely on the constructs we now have for licensure and certification so that we do not have to create a regulatory structure for every person in the world. There are tens of thousands of professionals who are required to engage in training to keep their license.

If we recognize that part of their profession is to engage kids, then it seems to me a small step to say that, "A requirement of your license is that you learn your responsibility to care for kids who come before you." So we should build it into the licensure and certification programs.

Second, these training programs do not have to be expensive. I have been providing these kinds of training for years, and we gain a level of knowledge and retention with several hours of programming with them.

Mr. Kennedy suggested we might use online programming. Obviously, this is the way that the world is going to make it more expansively available, and it makes sense that we use distance learning devices where we can.

Last, the Pennsylvania Coalition Against Rape, I know that we are aware that the Commonwealth has a great program that focuses on the experiential side. It puts the story in the context of the lived experience of these professionals.

So you have a child. She is in your classroom and she is acting out in this particular way. What might you ask of that situation? And you engage the professional in the kind of dialogue that teaches them to be analytical on their own.

Senator CASEY. Thanks very much.

Senator MIKULSKI. I want to turn to Senator Franken, who has worked hard on this issue. But before that, Congresswoman Bass, I just want to acknowledge that you have been here all morning.

Congresswoman Bass of California is a longstanding, aggressive advocate for children. We know that you have a parallel bill in the House. We wanted to note the fact that you have been here to listen to the testimony. I was going to acknowledge you, but I know you have to get to a vote, but we welcome your presence here today and working across the Dome with you.

Congresswoman BASS. Thank you.

Senator MIKULSKI. So thank you for advocacy, and your attendance today. Senator Blumenthal, excuse me, Senator Franken.

#### STATEMENT OF SENATOR FRANKEN

Senator FRANKEN. Thank you, Madam Chair.

Mr. Cervone, the title of this hearing is, "Breaking the Silence in Child Abuse: Protection, Prevention, Intervention, and Deterrence," and I know we are talking about a piece of legislation on prevention and intervention.

But you have mentioned a couple of times that a number of the abusers were victims themselves. And so I think that treatment is obviously, and you have mentioned treatment yourself a number of times, is one thing that we need to add to this.

What percentage of abusers were abused themselves? Do we have any idea? Anybody?

Mr. CERVONE. We can certainly get that kind of information for you.

Mr. FRANKEN. OK. But I think that we really have to focus on treatment of these children who are abused. I think that is just vitally important because whether they become abusers or not, this is something that will stick with them for the rest of their lives unless they get treated. And I think they can go other places, as you mentioned. They can turn to drugs, they can turn to alcohol, they can become unhappy people who are not good parents, etc.

Mr. CERVONE. Our business is using a phrase "whole child representation," that however the child comes to you, that you recognize that this is a whole package of a human being. And that we have to think holistically about what he or she needs.

And so the child that comes and is going to testify, the case is not over that day. Really, in a way, it just began because after she is done, and if the abuse occurred and the abuser is convicted, now she gets on with her life, and part of getting on with her life is to get that healing. Sometimes it is hard for her to heal essentially before the trial.

Senator FRANKEN. Absolutely.

Mr. Kennedy, you talked about 150,000 youth leaders being trained. There are a lot of people around this country who want to serve youth and become mentors and volunteers.

When you have 150,000 of them, you have seen in these high profile cases that the numbers of people who are victimizing these children are people who have injected themselves into the roles of mentors, etc. And as a result we have, in the past, we had something called the PROTECT Act, which was authorized in 2003 as

a pilot program for nonprofit youth-serving organizations to obtain FBI background checks of potential mentors, volunteers, and employees. And I support that program.

We have renewed it every year, usually by unanimous consent. This year it has been different. The program was allowed to expire. Do you agree, Mr. Cervone, that background checks are a good investment?

Mr. CERVONE. Shortly after that Act was passed, our office implemented background check protocol for all of our volunteer attorneys. All of the big volunteer programs the mentoring programs like Big Brothers, Big Sisters, and others are using it. It is absolutely a good investment. It is another of those thresholds that we should take advantage of.

We are collecting this information. We have it out there. We should connect the dots.

Senator FRANKEN. Well this year, unfortunately, it was the first year that this has not been reauthorized. And don't you think we should do everything we can to equip youth-serving organizations with this important tool?

Mr. CERVONE. Absolutely, absolutely.

Senator FRANKEN. OK. Well, I would underscore that myself and this is something that, I think, we need to get done. I know that Senator Schumer has proposed a bill to make sure that that becomes permanent, and this is something that I am not sure has gotten as much attention as it should.

Because in the past, if you used this service, you know that there is like a 6 percent kick out—

Mr. CERVONE. Right.

Senator FRANKEN. Of people who have the background checks, who have something where you are going to say, "Well, we cannot have this person be a mentor, or be a youth advisor." And unless we are able, unless these organizations, these nonprofit organizations are able to use a service, we may not be able to have the mentors. We may not be able to do this and protect the kids at the same time.

Mr. KENNEDY. If I may, I totally agree with the background checks. I think sometimes they give an organization a false sense of security. I think that we rely too much on them. I think they are a piece.

I do believe that we need to reach all the members, whether they be volunteer based or not, and give them the tools, because they may be the best Big Brother or Big Sister that we have. We are in a position of power, and we may have all our kids coming to us, and disclosing to us what might have happened to us because we are in that position.

So we need to be able to educate ourselves so that, you know, what if we do have a disclosure? We need to know how to handle that. So I think they go hand-in-hand. Not only the background checks, but I think that that educating and empowering message at the front end has to happen, and it has to happen to every volunteer person out there that works with our youth.

Senator FRANKEN. So you would agree with me. These background checks are necessary, but not sufficient?

Mr. KENNEDY. Absolutely.

Senator FRANKEN. But they are necessary.

Mr. KENNEDY. Absolutely.

Senator FRANKEN. Thank you.

Senator MIKULSKI. Before I go to Senator Blumenthal, Senator Franken.

Senator FRANKEN. Yes.

Senator MIKULSKI. Was that bill that you just cited, did it have a sunset provision, or is it just not reauthorized?

Senator FRANKEN. This is the first year it was not reauthorized. Usually it is renewed every year, usually by unanimous consent.

Senator MIKULSKI. Well, let's take a look at it, but again, I think if it is not unsettled, then it exists.

Senator FRANKEN. No, it is authorized every year, and this is a real problem. I have had people that run mentoring programs say that this has become a problem because they do not have the funding to do the background checks, and they have had it every year. It is not that much. It is like \$20 per check.

Mr. CERVONE. Right.

Senator MIKULSKI. But it is still a lot if you are a little group.

Senator FRANKEN. Yes, and it is actually essential, and as I say, usually it is renewed every year by unanimous consent, but this year. I am quite sure of that.

Senator MIKULSKI. All right. Well, let's take a look at it.

Senator FRANKEN. And Senator Schumer has the bill too.

Senator MIKULSKI. Hold your comments until I come to you.

Senator FRANKEN. Thank you.

Senator MIKULSKI. OK, Senator Blumenthal. Senator Blumenthal comes to us also as an attorney general. Everybody comes to the table not only with their experience and involved in being a Senator, but with their background, and your insights are being very welcomed here.

#### STATEMENT OF SENATOR BLUMENTHAL

Senator BLUMENTHAL. Thank you. Thank you, very much, Madam Chairwoman and I cannot thank you enough for having this hearing, which is not only timely, but to use Senator Casey's word "urgent," given the magnitude and the severity of this problem in this country. And I come to it with the perspective of a law enforcer for 20 years in the State of Connecticut, but familiar with the law enforcement systems and criminal laws of other States.

I want to particularly thank Senator Casey because he has focused on an area that is critical for law enforcement, which is the reporting. You cannot prosecute what you do not know. And often, as we have heard from this panel, and we know from our own experience, enormous courage and fortitude is required for reporting, and training, and services. But I want to focus on that law enforcement aspect, because the reporting is certainly a lot less meaningful unless there is effective law enforcement; that is, punishment or at least a law enforcement response of some kind commensurate with the severity and really immorality of the crime and it is a crime in most States.

Miss Collins, do you think that the law enforcement systems of most States are really adequately supported financially and otherwise to do the job that is required here?

Ms. COLLINS. When we are looking at the numbers, the fact that not all of these obvious types of crimes are being reported, law enforcement is basically swimming in reports regarding child sexual exploitation, many of them being Internet-related and certainly many of them not.

Cooperation has been key and most States, by having law enforcement officers who are working specifically with child abuse—child physical abuse, child sexual abuse—working in multidisciplinary teams. If they have a child advocacy center in their region to really draw upon law enforcement, medical, and the child services to work together, given the short resources that are out there, to try to do everything they possibly can with the goal of helping the victim, and certainly bring forth a successful prosecution. But with resources being what they are, law enforcement certainly needs everything they can get.

Senator BLUMENTHAL. So you would agree, I think, that the Child Abuse Prevention and Treatment Act, known as CAPTA, really should provide more support to State and local law enforcement in that regard.

Ms. COLLINS. Certainly, and training also, in order to respond to these types of crimes.

Senator BLUMENTHAL. And I am struck by the fact that many of these offenses of child abuse really occur across State lines. And the difficulty of law enforcement is amplified by the fact, for example, that a father in Virginia may be abusing a child from a mother who is living in Connecticut. And that occurrence, by the way, is not expected of one. Someone met with me, literally, this morning about such allegations and maybe it is time we have stronger Federal criminal laws like we adopted in the wake of the Lindbergh kidnapping and killing that applies specifically to kidnapping, crimes across State laws. Maybe it is time that kind of law applied to child abuse as well, criminalizing it federally, in some respect, to provide greater support for law enforcement. Would you agree?

Ms. COLLINS. Certainly. On a State and local level, the Internet Crimes Against Children Task forces are 61 primary task forces of law enforcement that respond to exclusively, well, I guess not exclusively, but primarily to Internet facilitated crimes against children. With the Internet, of course, being just one subset of the tool that could be used in the exploitation of children.

But to your point, Senator, it also can help facilitate individuals across State lines who have similar interests in sexually abusing a child and facilitating that. There has been great cooperation between the Federal law enforcement, the FBI, ICE, U.S. Postal Inspection Service to work with these ICAC task forces recognizing that depending upon the type of crime, the jurisdiction may be more appropriate on the Federal level than on the State level. And certainly, room for improvement exists.

Senator BLUMENTHAL. And do you think that the Internet and—I think I know the answer to this question because as Attorney General, I worked with NCMEC on Internet, child abuse, and cyber stalking, and so forth—presents a growing threat to children?

Ms. COLLINS. It certainly does. The Internet, the more children that are online, the more children who have cameras in their cell phones, the more individuals who are going online. Broadband is

certainly giving a great opportunity to many people within the United States to have access. But the more people online and the more technology tools that are developed, certainly there are risks along with great opportunity.

Senator BLUMENTHAL. I really want to thank this panel for its testimony. Thank you, Madam Chairwoman. I hope that we will have an opportunity to continue to work together in developing support, not only for Senator Casey's proposal, but for other kinds of better protection, focusing on deterrence, which is one of the subjects here.

I am also told, Madam Chairwoman, that the PROTECT Act of 2003 was a pilot program, and it was not brought up for a vote this year, which resulted in its expiration. And so, I think it was not sun-setted so much as just being a pilot program. And so, I think Senator Franken's suggestion and your support is very well taken.

Senator MIKULSKI. Sure. Let's work together, even if it means going across committee lines, and see if we just cannot get that aspect done.

Senator FRANKEN. We are both on judiciary, so.

Senator BLUMENTHAL. We can work on it.

Senator FRANKEN. Yes, thank you.

Senator MIKULSKI. Miss Collins, first of all, we want to thank the Center for Missing and Exploited Children for whatever they do.

Ms. COLLINS. Thank you.

Senator MIKULSKI. That Center was created because Congress acted after little Adam Walsh was kidnapped. His father was a fierce and unrelenting advocate, and wanted to take his own anguish and rage about what happened to his little boy, and do something about it. And we started kind of advertising on milk cartons about missing children.

Now we are grown up and it provides a lot of information, so let me go to the information. First of all, the Adam Walsh incident was the so-called "danger from a stranger."

Ms. COLLINS. That is right.

Senator MIKULSKI. Of the number of children who are physically or sexually abused, what percentage of that comes from the stranger danger?

Ms. COLLINS. That is an excellent question and I think that the number would be difficult to put your finger on because we do not know how many incidents are not being reported.

Senator MIKULSKI. But from those that are, tell us what you know.

Ms. COLLINS. I actually would have to look that up, and get that to your staff, and get that to you later.

[The information referred to follows:]

"According to a survey conducted by the Department of Justice, of the incidents of child sexual abuse that are reported to law enforcement, approximately 34 percent of the victims under age 18 were assaulted by a family member; 58 percent were assaulted by an acquaintance; and 7 percent were assaulted by a stranger. This does not include incidents of non-sexual physical abuse.

The Department of Health and Human Services compiles data regarding allegations of child abuse that are investigated

by child welfare agencies. Because this data is collected pursuant to CAPTA, it comprises only those reports involving caretaker abuse as defined by that statute—while this includes physical and sexual abuse it doesn't include incidents involving strangers. However, it is important to recognize the difficulty in defining these relationships: many child victims have ongoing relationships with coaches, teachers and the like, who are not family members but who are also not strangers. This is what offers them a unique opportunity to abuse these children."

Senator MIKULSKI. Well, watching all the shows on cable about this, they said 10 percent.

Ms. COLLINS. OK.

Senator MIKULSKI. But let's get the validation.

Ms. COLLINS. Certainly.

Senator MIKULSKI. The other, then, goes to this whole issue of, and we have discussed in a very poignant way, why don't we come forward? Well, it is fear. They are sometimes tied to their abuser in some way, a stepfather. And it is just not like reporting a crime like, you know, "I've been mugged." Or, "My pocket's been picked." They know it is going to cause a big stir and disruption.

So it is hard for a child. But when a child then is able to do that, and then perhaps, Mr. Kennedy, you could comment on this as well. The data that I have heard, and tell me if it is so, is that a child often attempts to tell somewhere between 7 and 10 adults before they are heard and taken seriously. Do you have data on that? Miss Collins.

Ms. COLLINS. I am very sorry. In terms of the children who are not disclosing for many of the reasons that you are saying, not believing, certainly that they are going to be believed. In other cases, it is the fact that the abuse and the grooming has been so subtle, that the child does not necessarily know at that point that this was wrong, or that there was somebody who is going to listen.

Senator MIKULSKI. But when they have actually had an act perpetrated upon them, and then desperation, fear, all that. Finally, because usually it is not one incident where they will go tell an adult, they are often confused about what happened to them, and hurt, and ashamed, but then after repeated behavior usually from the same predator. Let's use the term "predator" here. It is stalking, predatory activity.

Then the child gets it together and comes forward, and people react in a way that is not helpful to the child. Do we have data on that?

Ms. COLLINS. I do not have data regarding the number of children who come forward, disclose, and are not believed. We do know, though, from the Department of Justice study that only one-third of children or individuals who indicate that they were sexually abused actually reported it.

Senator MIKULSKI. Mr. Kennedy, do you have thoughts on that because, you see, if we are going to go to mandatory reporting, if you see something, say something. If you know of something, do something which is kind of the policy position I would like to take, but I am just trying to get an on-the-ground reality.

Mr. KENNEDY. Alright. Well, I think that we brought that stat in. We can forward that on to your colleagues.

I think that the kids are telling. There is lots of education that is in the schools about bullying, about abuse, etc. The kids understand these issues a lot more than we do as adults. We have never been given the tools to recognize this stuff, but yet when it comes right down to it, we are all expected to do the right thing.

How can we expect our adults in positions of power to understand what sexual abuse is? I mean if we went around this room and we walked down the streets in Washington, or Penn State, we ask the adults that are in the leadership positions, "Can you give me the definition of abuse, bullying, and harassment and your legal responsibilities around it?" The odds of getting the right answer are not very good. But yet we are expecting them to report it.

So that is why we say that mass education, we have to give people the tools so they can report it. These issues carry fear, so if we can eliminate that fear and give people confidence to act on their gut feeling, we are going to get a lot more of these parents, and these coaches, and these leaders, and these teachers reporting and listening to our kids. Our kids are telling; we are not acting.

Senator MIKULSKI. Well, Mr. Kennedy, that then takes me to my next question, sir, for your recommendations. Repeatedly, the answer as you have said, we need the tools. Hey, I am for that. What would those tools be?

Because consistently, each one of you have talked about training and education; two different things, education and training. Tell us these tools that you feel so passionate would have a big impact.

Mr. KENNEDY. Well, what has worked for us is that the first time we started trying to do this, is we started education and trying to catch the bad guy. Everybody get their back up against the wall, and we are going to figure out who is the pedophile or perpetrator in here. It did not work so well.

What we have learned, when we go into youth-serving organizations, all volunteers, every adult that is within whether it be schools, the whole national youth football association, and so forth. It is no different whether you are a college coach or if you are a little league coach. The reality is, is you have power over the players.

Senator MIKULSKI. What are the tools?

Mr. KENNEDY. What we do is give them broad-based education on all sexual abuse, bullying, harassment education, believing that they are a good person in a position of power, and we need to give them tools to recognize them, and to act on them.

And when we go into an organization, it is mandatory. First and foremost, is we have to create a standard within an organization that if you want to be a part of our organization, you need to take this program, period. And so forth. We database the whole thing, so we know if that individual has taken the program. So it really becomes a risk and liability tool for the organization on the back-bend.

We are saying that because we are out there, we are creating posters. We are creating policies. We are creating procedures around all of these issues within all of these organizations, and that it stops there.



Our goal is to deliver on the posters. We are all promoting fun, safe. We are going to take care of Johnny. We are going to take care of Julie. But the reality is, if you walked around those schools and we asked our teachers, "Can you give me the definition of abuse, bullying and harassment and what you need to look out for to help these kids that all these parents trust you with?" The odds of getting the answer are not very good.

Mr. CERVONE. Senator, there are reporting tools. There are investigative tools. There are treatment tools. As a profession, as a discipline, we have skills in each of these areas. This community of child-serving professionals knows how to do this. We know how to investigate cases, but we are not staffing. We are not providing sufficient resources to do it right.

We know how to treat trauma, but across the land, we are only beginning to make inroads in getting treatment to be trauma-based. And at the front end with reporting, we have talked a lot today that the professionals who come in contact with kids need to know about it. They need to know what the pathway is. We have to make those pathways work. We need to give the systems capacity to do it.

Our hotline in Pennsylvania drops, on average, 9 percent of its calls. So as a colleague recently said, "If you are one of the 1 in 10 who calls and makes the report, and your call gets dropped, how are you feeling?" Are you feeling unprotected? But, we know how to do this.

Senator MIKULSKI. Well, my own time has expired and we want to move to panel two. This has been a very, very excellent panel. I want to thank each and every one of you for your experience, your expertise. Now as you hear us, if you want to submit additional recommendations or fine tune and amplify what you have said in your testimony, we really will welcome it. And we will welcome that from you.

Mr. CERVONE. Thank you.

Senator MIKULSKI. So this panel is excused, and we are going to move to panel two. Thanks so much.

We are now going to turn to Erin Sullivan Sutton, the Assistant Commissioner for Children and Families from Minnesota, who Senator Franken will introduce.

Dr. Block, the President of the American Academy of Pediatrics. And Teresa Huizar, the Executive Director of the National Children's Alliance, an excellent advocacy organization.

Senator Franken, do you want to introduce Erin?

Senator FRANKEN. Yes. Thank you, Madam Chair and thank you, Madam Chair, for your leadership for holding this hearing on this very important issue.

It is my pleasure to introduce Erin Sullivan Sutton, the Assistant Commissioner for Children and Families at the Minnesota Department of Human Services.

As an attorney, social worker, and instructor, Ms. Sutton has dedicated her career to public service. In her position, she is responsible for developing policies and administering programs that promote child safety. She previously served as Minnesota's Director of Child Safety and Permanency where she oversaw adoption, foster care, and other children's services. She also serves on the exec-

utive committee for the National Association of Child Welfare Administrators, and is a past president of that organization.

In all, Assistant Commissioner Sutton has spent nearly 30 years in the child welfare field, and has spent more than 20 years with the Minnesota Department of Human Services.

Miss Sutton, thank you for your service and for all that you do to keep Minnesota's children safe. I look forward to hearing your testimony.

Thank you, Madam Chair.

Senator MIKULSKI. We also want to welcome Dr. Robert Block, the current President of the American Academy of Pediatrics, a respected organization of 60,000 pediatricians committed to improving children's health.

In addition to his own talent in pediatrics, he has an additional specialty in being a child abuse pediatrician. A very unique one, board certified in this unique subspecialty.

And we thought it would help to get a clinical perspective, and then from essentially the doctor either in the ER or the doctor in the examining room who sometimes first hears the story. We could benefit from their experience both in prevention, and intervention, and protection, and then also perhaps in some of these treatment things that have come up. We are so glad to have you.

And then we want to recognize Teresa Huizar. How do you—  
Ms. HUIZAR. Huizar.

Senator MIKULSKI. Huizar, who is the executive director of the National Children's Alliance, which is the accrediting body for 700 child advocacy centers. Remember this is where it gives child abuse victims comprehensive service from forensic interviews, which is different than a medical interview. But it does give medical evaluations and mental health treatment. These centers coordinate with law enforcement, social service, and the courts.

She comes with a great deal of experience from running two of these centers, and is an internationally recognized expert. We really think it is great that you could come here, and we look forward to your testimony, and we look forward to really good advice and recommendations as you hear this hearing unfold. Work with us so that we can not, at the end of the day, not just feel good that we have listened, but that we do good with what we have heard.

Ms. Sutton, why don't you start, we go to Dr. Block, and down.

**STATEMENT OF ERIN SULLIVAN SUTTON, J.D., ASSISTANT COMMISSIONER FOR CHILDREN AND FAMILY SERVICES, MINNESOTA DEPARTMENT OF HUMAN SERVICES, ST. PAUL, MN**

Ms. SUTTON. Good morning, Chairperson Mikulski, Ranking Member Burr, Senator Franken, and members of the subcommittee. I am Erin Sullivan Sutton. As was mentioned, I am assistant commissioner of Children and Family Services at the Minnesota Department of Human Services.

I am here today representing the American Public Human Services Association and its affiliate, the National Association of Public Child Welfare Administrators, as well as the State of Minnesota.

We have learned a lot about preventing child abuse neglect over the years and what interventions result in positive outcomes for

children and their families. With your help, we can be even better. I am going to spend some time this morning talking about some of the work that we have done in Minnesota, and the work that we have done to recognize the continuum of situations reported to State child protection systems.

We talked a lot this morning about a crime committed against children that comes to the attention of child protective services and law enforcement. But we also have thousands and thousands of families who are struggling to provide adequate care for the children that we have recognized we need to have a different response system to help them safely care for the children.

Our recommendations involve three areas: integration of services, mandatory reporting requirements, and child welfare finance reform.

The conditions that led to the development of the original CAPTA legislation in 1974 have changed significantly over the intervening years. The reality of parents or others harming children were under recognized 40 years ago. Public systems of intervention were not prepared to respond.

Since then, through your work and the work of States and local communities, there have been sustained efforts to educate the public and to develop a child protection infrastructure to respond quickly to reports of child abuse and neglect.

And one of the issues that we must address is the capacity of States to respond to all of the reports coming to our attention, and responding in a way that works for children and their families.

Although CAPTA is the single funding source designed to address maltreatment of children, it offers very limited support to States to fully carry out our requirement, and does not adequately account for the expenditures related to these requirements.

For example in Minnesota, our basic CAPTA received \$445,000 to help us develop an infrastructure for child protection. We very much appreciate that, however I think it is important to recognize that our State uses approximately \$28 million simply to conduct assessments of reports of maltreatment.

In addition to assessments, it is absolutely imperative that we have the capacity to provide other services to children and their parents, to keep children safe and well cared for. Because the total distribution of funds is extremely limited, public child welfare agencies often tap into other Federal funding sources, State funding, and local resources to provide the care in somewhat of a patch-work manner.

Ninety percent of all Federal funds are used in child welfare for foster care or adoption assistance. The remaining 10 percent support prevention programs. The imbalance in our funding structure indicates the need for a stronger Federal role in providing adequate resources for preventing and treating child abuse neglect.

In Minnesota over the years in the past decade, we have learned that by investing resources earlier and in more flexible ways to meet individual needs of families, we were able to keep children safer sooner, reduce repeat maltreatment, and reduce the need for out of home care.

Over the past decade, Minnesota has made significant changes in how we address child maltreatment. The majority of our reports in

Minnesota are driven by poverty, mostly child maltreatment involving child neglect. And we have learned that those situations are more responsive to resources and services that help families address basic needs, and provide counseling, education, and connections to community support, rather than adversarial approaches to families.

We do need aggressive law enforcement interventions in situations involving substantial child endangerment and horrific crimes including sexual abuse against children. However, we also know that we need prevention and intervention efforts in Minnesota that focus on respectful engagement of families that are focused on keeping children safely with their families whenever possible. Minnesota has been a leader in the development of differential response.

We retain a forensic investigation for reports alleging substantial child endangerment, but now in Minnesota, more than 70 percent of our child maltreatment reports receive an alternative family assessment. This approach sets aside the investigative fault finding activity and it focuses on insuring child safety by engaging the family in the services and resources they need to keep the children safe. There are structured assessments of safety risks and strengths and these are conducted with families in partnership, and those assessments form the basis of service delivery and planning.

A random clinical trial in Minnesota followed outcomes for a period of 5 years from 2000 to 2005. And using this approach, we were able to demonstrate that children who were made safer sooner by quickly engaging parents in constructive conversations involving child safety. It resulted in lower child maltreatment reporting rates and decreased the need for out-of-home placement, which was one outcome we did not expect to see.

We also saw that both families and child welfare workers identified this approach as creating greater cooperation and greater satisfaction. And we also learned that this approach to family assessment services was much more costly in the long run.

Minnesota has used that experience to employ further strength-based family collaborative approaches in the subsequent years. From 2006 to 2010 by introducing a number of programs, we have seen a 10 percent reduction in child maltreatment reports in Minnesota as well as a 24 percent reduction in the number of children reporting out of home placement. I also should mention, in those communities where we have both early intervention services as well as the family assessment services, we have seen a significant reduction in the need for the reports coming in the first instance.

To assure greater well-being for children, Federal and State laws should invest in a variety of prevention and early intervention activities to support safe and stable families. Early intervention programs by child protection agencies for family engagement have proven to be very effective.

For example, Minnesota's parent support pilot program is a project that engages families and provides services for parents needing support before there is a need for child protection investigation. Families are identified as being at-risk and reported to the agency, but on that given day are not yet meeting the criteria

of maltreatment. If we intervene and engage with those families, they avail themselves of services, and again, we have made a difference, and have been able to prevent maltreatment from occurring.

Our recommendations is, any improvements to CAPTA should be aligned with reform efforts in both Federal and State law to use a holistic approach that cuts across historical barriers such as departments, congressional committees, or jurisdictions to provide an effective, efficient service array that focuses on positive outcomes as well as accountability.

I mentioned earlier the need for finance reform, and the imbalance of Federal funding for States to provide child welfare services. You have asked for APHSA's recommendations on how to better protect, prevent, and intervene to deter child abuse moving forward.

It is critical that Congress and States work together to keep kids safer sooner, particularly when we know who many of these at-risk kids are, and we see them daily in our community. In order to do this, States need flexibility to use Federal funds in the manner that best meets the individual needs of families coming to our attention. Financing should promote flexibility while maintaining an appropriate framework for accountability. We need to be accountable for the work that we are doing.

Because maltreatment has many causes, the continuance of child welfare services needs to include a broad range of community-based interagency programs that support the families, that provide treatment for children, and promotes the general well-being of children who come to our attention. And most importantly, we need to prevent the incidence of maltreatment as well as maltreatment and improve the conditions that lead to families being involved in the child welfare system.

We would encourage you as you are looking at changes to CAPTA, to also look at Federal finance reform, particularly how Federal Title IV-E sponsored care funds are used that are very limited and based on income eligibility standards prepared from 1996. Also, we would encourage you to maintain or increase current levels. I am aware that CAPTA is not exempt from the sequestration under the Budget Control Act and I am also aware of the pressure on Congress to reduce funding.

It is of paramount concern, however, that this committee do all that you can do to help ensure that a sequestration occurred that programs such as CAPTA are not reduced to a level where we can no longer adequately serve the most vulnerable children. Children at risk deserve better than to be placed in harm's way by reduction in funding. And these very limited resources are critical to our capacity to serve families.

Thank you.

[The prepared statement of Ms. Sutton follows:]

PREPARED STATEMENT OF ERIN SULLIVAN SUTTON, J.D.

#### INTRODUCTION

Good morning Chairperson Mikulski and Ranking Member Burr, and members of the subcommittee. I am Erin Sullivan Sutton, assistant commissioner of Children and Family Services for Child Safety and Permanency, Child Support Enforcement,

Community Partnerships and Child Care Services, Management Operations, Transitional Support Quality Services, Office of Enterprise Technology—Transition Support Systems and Transition to Economic Stability. I have worked in the field of child welfare for 28 years. My testimony today will focus on child protection services including child maltreatment prevention and intervention, and approaches to securing child safety.

I am here today representing the American Public Human Services Association (APHSA), and its affiliate, the National Association of Public Child Welfare Administrators (NAPCWA) as well as the State of Minnesota. I serve on the NAPCWA executive committee and am a past president of the organization.

On behalf of all child welfare directors, I would like to thank the subcommittee for your interest in the Child Abuse Prevention and Treatment Act, also known as CAPTA, which States have used to support the delivery of services for children who come to the attention of child welfare due to allegations of abuse and neglect or who are at risk of abuse or neglect. Minnesota has used CAPTA dollars to fund and establish innovative initiatives to support families and keep children safe from maltreatment. We appreciate your efforts to hold this hearing to bring about greater awareness of this critical issue and your desire to examine better ways to improve the child protection system's capacity to identify, intervene, and protect at-risk children as well as to prevent child maltreatment from ever occurring.

Our recommendations involve three critical areas: integration of services, expanded mandatory reporting requirements, and child welfare finance reform. Each of our recommendations—which I will discuss in more detail—is designed to make the child welfare program more efficient and to give States greater flexibility to determine what works best for the families and children they serve.

States can become more responsive to the needs of at-risk children, families, and other community needs by building upon the interagency coordination provisions of the 2010 CAPTA reauthorization. By providing for a fully integrated system, States can provide a holistic approach that cuts across historical barriers to provide an effective, efficient, and outcomes-focused service delivery system for children and families. In addition, finance reforms that give States the ability to prioritize prevention and expand populations of children served are needed.

APHSA believes that the Federal Government must help defray the cost of any additional assurances built into CAPTA. Recommendations that universal mandatory reporting requirements be included in CAPTA as an assurance should be accompanied by additional funding to offset the cost of training and public awareness campaigns.

Finally, APHSA is concerned with CAPTA's future funding levels. In particular, the promise of sequestration, as required by the Budget Control Act, threatens the long-term viability of the CAPTA program. CAPTA funding needs to be sufficient to ensure that the program's core mission is met.

#### *CAPTA and Its Impact*

Child maltreatment has a profound impact on our Nation's children, families, and social environments and is of particular concern for public child welfare. Public child welfare agencies work to reduce child abuse and neglect by supporting and responding to families either not known to the system (primary prevention); families known, but with no open case (early intervention/secondary prevention) and families already part of the system (intervention). Child welfare is responsible for responding to abuse committed by a family member, caretaker, or someone living with the child. Law enforcement is responsible any time a child is abused and a crime is committed. Children at risk of maltreatment are often from families where the parents or caregiver(s) have multiple personal, emotional, and interpersonal stressors that interfere with healthy parenting. These stressors include: a history of childhood trauma, mental health issues, poverty, domestic violence, inaccurate knowledge about child development, social isolation, and the absence of appropriate social support networks.<sup>1</sup>

The conditions that led to the development of the original CAPTA legislation in 1974 have changed significantly over the intervening years. Forty years ago the reality of parents harming children was under-recognized by the public and systems of intervention were not always prepared to respond. Since then there have been sustained efforts to educate the public and develop a child protection infrastructure to respond quickly to reports of child maltreatment. In most instances, both mandated reporters and the general public diligently report suspected child maltreat-

<sup>1</sup>Goldman, J., Salus, M.K., Wolcott, D., & Kennedy, K.Y. (2003). *A coordinated response to child abuse and neglect: The foundation for practice*. DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Abuse and Neglect.

ment. Child physical and sexual abuse within the family is responded to with a forensic investigation coordinated between law enforcement and child protection. Child maltreatment in licensed facilities is investigated by the licensing agent (generally a State's department of health, education, human services, or corrections) and law enforcement addresses crimes against children occurring outside the family unit.

According to the 2009 National Child Abuse and Neglect Data Systems (NCANDS) report, in 2009 the child protection system received 3.3 million referrals alleging the maltreatment of approximately 6 million children. Of these referrals 61.9 percent were screened and approximately 25 percent were substantiated. Even when alleged maltreatment is not substantiated, many families are exposed to child maltreatment risks that, left unresolved, are likely to result in child maltreatment.

Expanded public understanding of child physical and sexual abuse, coupled with aggressive intervention, has reduced the number of incidents of child maltreatment. The recent Fourth National Incidence Study (NIS) of Child Abuse and Neglect issued by the U.S. Department of Health and Human Services found that both physical abuse and sexual abuse have decreased significantly over the past 20 years. Together physical, sexual, and emotional abuse have decreased by 26 percent between 1993 and 2005 and sexual abuse alone by 38 percent during the same time period.

Although CAPTA is the single Federal funding source designed to address maltreatment of children, it offers limited support to States to fully carry out its requirements and does not adequately account for the expenditures related to these requirements. For example, Minnesota's State allocation for a CAPTA State Grant is \$445,000 annually, yet our State uses approximately \$28 million for assessment and investigation of reports of alleged maltreatment—expenses paid by local property tax dollars and limited general fund revenue. In addition to assessment, child welfare systems must provide other services to children and their parents to keep children safe and well cared for.

Because the total distribution of these funds is extremely limited for each State, public child welfare agencies often tap into other Federal funding streams such as the Temporary Assistance for Needy Families program, Social Services Block Grant, the Stephanie Tubbs Jones Child Welfare Services Program, and other State and local funds that serve families. Federal resources for prevention are scarce and mainly support children placed in out-of-home settings such as foster care and adoption. Ninety percent of all Federal dollars are used for foster care; only the remaining 10 percent supports prevention programs. This imbalance indicates the need for a stronger Federal role in providing adequate resources for preventing and treating child abuse and neglect. In Minnesota, we have learned that by investing resources earlier and in more flexible ways to meet the individual need of families, we are able to keep children safer sooner, reduce repeat maltreatment, and reduce the need for out-of-home care.

#### CHILD PROTECTIVE SERVICES IN MINNESOTA

Over the past decade Minnesota has made significant changes in how we address child maltreatment. Driven by poverty, most child maltreatment, especially child neglect, is more responsive to resources and services that address basic needs and that provide counseling, education, and connections to community supports than to adversarial investigative practices. We also acknowledge that most families reported to the child protection system are struggling but are not found to be abusive or neglectful. Aggressive law enforcement efforts are not needed for these families and are often counter-productive and mismatched to the family's needs. Whenever possible, child maltreatment prevention and intervention efforts in Minnesota focus on respectful engagement of families concerning child and family safety and well-being. Our practice model recognizes that most parents want to keep their children safe and that families are best served by interventions that identify and support parent protective capacities such as parental residence, concrete supports, and social and emotional competence.

Minnesota has been a leader in the development of a differential response to child maltreatment. While retaining forensic investigation for reports alleging substantial child endangerment, more than 70 percent of Minnesota child maltreatment reports receive an alternative assessment called the Family Assessment Response (FAR). This approach sets aside the investigative fault-finding activity and focuses on ensuring child safety by engaging the family in the services and resources they need to keep their children safe. Structured assessments of safety, risk, strengths, and needs are conducted with families and inform service planning and delivery.

A random clinical field trial following outcomes from 2000–2005 revealed that this approach made children safer sooner by quickly engaging parents, resulting in lower

child maltreatment re-reporting and decreased need for out-of-home placements. Both families and child protection workers identified this approach as creating greater cooperation between families and child protection agencies and greater satisfaction in services and outcomes. Although requiring more funding initially, FAR was 35 percent less costly over the 5-year longitudinal study.

Minnesota has extensively employed other strength-based family collaborative interventions including engaging extended family in child safety and permanency decisions (via Family Group DecisionMaking), early intervention with at-risk families (via a Parent Support Outreach Program), and use of family and community safety teams assisting families to ensure child safety within their own homes (via Signs of Safety). From 2006–10, introducing these programs has led to a 10 percent reduction in child maltreatment reports in Minnesota as well as a 24 percent reduction in the number of children requiring out-of-home placement.

#### RECOMMENDATIONS

##### *Integrated Services*

To assure greater well-being for children, Federal and State laws invest in a variety of prevention and early intervention activities that support safe and stable families, including in-home training for new parents; parent support groups; access to after-school programs; interventions for distressed families; and youth mentoring and supports to successful adulthood. Child welfare services also provide child support services such as timely receipt of court-ordered payments and parent engagement activities. Child welfare links to the juvenile justice, mental health, and education systems assure interdisciplinary efforts toward permanency, including cross-cutting initiatives to divert youth from the justice system and secure their successful transition to independent adulthood. And when necessary to support children's long-term health and stability, our agencies also arrange foster and adoptive home placements.

The 2010 reauthorization of CAPTA included language “supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs.” The degrees to which States have been able to take advantage of this directive vary. For many States, the current system of child welfare services are defined by a series of Federal programs, under the jurisdiction of different congressional committees, administered by different Federal agencies, each with their unique administrative protocols. This situation results in a siloed organizational structure where public agencies are challenged to coordinate services, reduce redundancy where it may exist, and close service gaps. It is a system where administrative needs, accountability over how funds are used, and competition over which programs deserve funding take priority over outcomes. It is a system that has been required to give more importance to outputs than outcomes. Public health and human service agencies have the expertise and knowledge to accomplish the work that must be done—work that could move us to a new level of wise investment and positive results—if we begin focusing on positive outcomes for children and families.

Many intervention strategies used by child protection agencies for family engagement and delivery of services have proven to be effective. For example, Minnesota's Parent Support Program is a pilot project that engages families and provides services for parents needing support and education to prevent child abuse and neglect; these activities take place prior to a report or investigation. These services are often directed toward helping families meet their basic needs, for example, getting access to health care services, transportation, or job training and placement. According to the Institute of Applied Research, Minnesota's Parent Support Program evaluation shows that family intervention/engagement practices are proven to be effective during the prevention or early intervention stage. Consequently, many States are using similar models to promote effective prevention strategies in their child welfare programs. Expanding the language in CAPTA to include other prevention models will support congressional intent for States to “develop, operate, expand, enhance and coordinate initiatives, programs, and activities to prevent abuse and neglect and support coordination of resources and activities to better strengthen and support families,” hence reducing the likelihood of child abuse and neglect.

##### *Recommendations*

Improvements in CAPTA should be aligned with reform efforts in both Federal and State governments to use a wide array of resources available to promote child safety. A more holistic approach that cuts across historical barriers such as department jurisdictions or congressional committee jurisdictions is required to provide an



effective, efficient, and outcomes-focused service delivery system for children and families.

#### *Finance Reform*

The subcommittee asked for APHSA's recommendations on how to better protect, prevent, intervene, and deter child abuse going forward. It is critical that the Congress and States work together to make children safer sooner. In order to do this, States need flexibility to use available funds in the manner that best meets their needs, their culture, and social/economic environment. Federal, State, and local financing should promote flexibility, within a blended assimilation of services while maintaining an appropriate framework of accountability. State and local child welfare systems differ as a matter of governance, tradition, resources, advocacy, and leadership. That said, because maltreatment has many causes, the continuum of child welfare services ought to include a broad range of community-based, inter-agency programs that support families, promote the general well-being of all children, and prevent the incidence of maltreatment or other conditions that lead to child welfare service involvement.

There are three primary goals for Federal finance reform:

1. *Expand covered services by allowing States to use Title IV-E funds on services other than foster care.* Child welfare agencies need the flexibility to work with communities, to identify at-risk families and children, and to provide various types of services (such as early intervention, family counseling, and substance abuse assistance) as a strategy to prevent maltreatment or other conditions that lead to children becoming involved in the child welfare system. Our experiences tell us that the earlier child welfare is able to work with troubled families the less likely it is that the situation will escalate to a point where child abuse occurs.

2. *Expand covered populations by delinking IV-E eligibility from the (1996) AFDC standard.* At the present time, the IV-E program (the largest source of Federal child welfare revenue) covers children whose families have income (and other resources) at or below the level that would have made them eligible for AFDC in 1996. Apart from the fact that applying a standard that is now 16 years old makes little sense, APHSA and NAPCWA contend that Federal eligibility should not be tied to the income of the parents. Instead, Federal support should be available to all children regardless of income.

3. *Maintain or increase current funding levels.* CAPTA is not exempt from sequestration under the provisions of the Budget Control Act. Since CAPTA funding is already stretched to the maximum, any additional reductions could prove devastating. APHSA understands the current budget situation and that Congress must find ways to reduce expenditures. However, there are some programs that must be exempt from such efforts, and CAPTA is one of those. APHSA realizes that Congress is most likely not going to add another program to its list of those exempt from sequestration. It is of paramount concern, however, that this committee do all it can to help ensure that, if sequestration occurs, programs such as CAPTA are not reduced to a level where they can no longer adequately serve the most vulnerable populations. Children at risk deserve better than to be placed in harm's way by a blind reduction in funding.

#### *Recommendations*

If Congress amends the CAPTA statute, it should also consider passing legislation on comprehensive finance reform and increasing State flexibility on how to blend funding from different programs. This will make it easier for agencies to determine what is in the best interest of children without increased concern about available resources.

#### *Mandatory Reporting Requirements*

Children have a right to be protected from harm. Bills have been introduced and are pending before this committee to require that all adults report child abuse and neglect to the appropriate authorities. For example, Senator Robert Casey's bill (S.1877), the "Speak Up To Protect Every Abused Kid Act," would require every State to pass a universal mandated reporting law. It is understandable why some people want to adopt a Federal standard requiring that every individual become a mandated reporter if they have reason to believe that a child has been harmed or is in danger of being harmed. Under current law, States are responsible for determining who is a mandated reporter. This is a State issue and should remain a State issue.

CAPTA establishes a system of child protection for States to respond to reports of child maltreatment and children at risk of maltreatment. In most States, certain professionals are mandated by law to report child maltreatment. Those professionals

include social workers, teachers and other school professionals, physicians and other health care workers, mental health professionals, child care providers, medical examiners, clergy, and law enforcement. Some States are reviewing their current laws and recommending that their State legislature codify certain professionals and expand their definition of a mandated reporter. For example, some States are including professionals working in institutions of higher learning as mandated reporters. Seven States and the District of Columbia include domestic violence workers as mandated reporters and nine States include court-appointed special advocates as mandated reporters. Approximately 18 States and Puerto Rico have laws that mandate all persons be responsible for reporting suspected child abuse and neglect.

Section 106(a) of CAPTA does allow the use of Federal funds for “developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect.” Senator Casey’s bill, S.1877, appropriately includes authorization of \$5 million in fiscal year 2012 and \$10 million in fiscal years 2013–16 for educational campaigns and training. There is no guarantee, however, these funds will be appropriated. APHSA would urge that the bill be amended to become effective only if authorization levels were fully funded.

S.1877 authorization levels for public educational campaigns need to be increased. If these campaigns are to be effective, they are, by their very nature, expensive. Without a robust and continuing campaign on what is a reportable event, universal mandatory reporting could unintentionally result in an increase in false reports. Because all reports require a preliminary investigation, universal reporting is likely to result in a drain on available resources. Not only the child welfare system, but State and local law enforcement and judiciary agencies will likely be stressed beyond capacity.

S.1877 stipulates that for a State to continue receiving CAPTA funding, it must enact universal mandated reporting criminal laws. Using CAPTA funding as leverage against States for not passing what is appropriately a criminal statute is unreasonable. Why would the Federal Government threaten to withhold funding and as a result put additional children at risk because a State was unable or unwilling to pass a universal mandated reporting criminal statute? The safety of children should never be used as a leverage to require State action.

#### *Recommendations*

While APHSA does not believe any additional Federal mandates dealing with mandatory reporting requirements are necessary, should the Congress decide otherwise, additional funding sufficient to properly fund a national on-going public awareness campaign and for additional training must be made available to the States before those requirements go into effect.

#### CONCLUSION

CAPTA is a vital element of the larger child welfare system and must be viewed within that context. It would appear that Federal funding for CAPTA might well be reduced in the future as Congress looks for ways to cut the Federal deficit or allow sequestration to take place. At the same time, Congress seems intent on adding additional unfunded mandates to the program. Protecting children is a Federal and State responsibility. We need to work together to ensure that resources are available and policies aligned so that we can prevent child abuse and neglect, and when it does occur, to intervene in the most effective manner possible.

We recommend that Congress find ways to provide additional flexibility for States on how to use not just CAPTA funding, but other Federal funding for child welfare services. Funding streams for programs that affect children need to be better coordinated and integrated to promote healthier and safer children.

Child welfare administrators across the country are faced with multidimensional demands to ensure the safety of all children. APHSA encourages Congress to view improvements to CAPTA through this more integrated lens.

Senator MIKULSKI. Thank you very much for that really content-rich testimony, and we will have questions.

Dr. Block.

**STATEMENT OF ROBERT W. BLOCK, M.D., FAAP, PRESIDENT,  
AMERICAN ACADEMY OF PEDIATRICS, TULSA, OK**

Dr. BLOCK. Thank you, Chairperson Mikulski and Ranking Member Burr, and members of the subcommittee on children and families.

Thank you for inviting me to speak today on behalf of myself, and the over 60,000 members of the American Academy of Pediatrics. I will abridge my comments and hope you will find value in my written testimony.

One important point: not all children will become adults, but it is certainly true that each adult was once a child. The experiences and opportunities afforded to each of us in our early years have a long-term impact on our health and development. They create a substantial imprint on adults that we one day become.

In order to optimize the health and well-being of our entire society, we must not view children and their welfare as isolated individuals or events. But instead, recognize that children's physical and mental health must be addressed as a beginning of health across the entire life course.

For this reason, I became interested in child maltreatment during my residency training 40 years ago. Throughout my experience evaluating child abuse cases, and testifying in court on behalf of abused children, the question I am most frequently asked is: how can you do this work? The answer is: how can you not?

We may now recognize that child abuse and neglect not only damage an individual's short-term health, but also alter a child's neurophysiology and long-term well-being. Children who have suffered abuse and neglect may develop a variety of behavioral and psychological issues, including conduct disorders, decreased cognitive functioning, communication impairments, emotional instability, post-traumatic stress disorder, and others.

The landmark Adverse Childhood Experiences or ACE studies also demonstrated a relationship between childhood trauma and the presence of adult diseases including heart disease, cancer, chronic lung disease, and liver disease as well as unintended pregnancy, sexually transmitted diseases, and alcoholism. Based on this study, childhood trauma may be the leading cause of poor health among adults in the United States.

Pediatricians are in an excellent position to detect and prevent abuse because of their unique relationship with families and experience in child development. Pediatricians are trained to identify injuries and behavioral changes resulting from abuse or neglect, and to understand the physician's role in treating or reporting abuse. However, there are inconsistencies with what is considered suspicious and sometimes limited understanding of the child abuse reporting process, even within the medical community.

As president of the American Academy of Pediatrics, I can assure you that providing the necessary specialized education and training to report abuse and neglect, and serve these children appropriately is embraced at the very highest levels of leadership within our organization.

The Academy respectfully submits the following recommendations. Every adult has a responsibility to protect children and to report maltreatment to the proper authorities. Support, as you have

heard, for education and training is crucial to ensure every adult knows his or her responsibility to report and to protect children who may be victims of abuse.

One common reason mandatory reporters do not report suspected abuse is fear of legal retribution. The AAP was pleased CAPTA reauthorization did require the Secretary of Health and Human Services to recommend potential changes needed to address this issue, and the Academy looks forward to that report.

Healthcare financing must provide payment to professionals for the more complex and lengthy visits that are typical of and very, very necessary for children who have been abused.

In addition, child welfare workers and mental health professionals are crucial to identifying, treating, and preventing child abuse.

It would be important for Congress to take steps to support these professions and their training programs. We have a new child abuse pediatrics subspecialty which has the potential to expand the number of physicians with expertise in this very important field. More financial support is necessary to ensure every physician with interest and passion to pursue child abuse pediatrics is able to do so.

The AAP has proposed the Health Child Abuse Research, Education, and Services or Healthcare's Network that would serve as regional consortium centers of excellence to help bring the medical profession into full partnership in the prevention, diagnosis, treatment, and research around child abuse and neglect. Funding and support for this, network is needed.

The Federal Government can create better coordination across agencies, and increasing funding for CAPTA, home visitation, and other underfunded programs.

At the State level, as Senator Blumenthal mentioned, child abuse definitions, reporting requirements, and exemptions differ greatly. A report of suspected or substantiated abuse in one State may not follow a child if he or she moves to another State, allowing abused or neglected children to slip through the cracks. More attention must be paid to interstate reporting and investigation.

So, as a pediatrician, a child abuse specialist, and as a father and grandfather, I will remind the committee that early experiences matter for the rest of our lives. Every one of us in this room has an obligation to ensure every child in America has the opportunity to live free from fear of harm so that he or she may grow into a productive, happy, and healthy adult.

It is an honor to be able to provide testimony on behalf of myself and the American Academy of Pediatrics. I look forward to your questions.

Thank you.

[The prepared statement of Dr. Block follows:]

PREPARED STATEMENT OF ROBERT W. BLOCK, M.D., FAAP

Chairperson Mikulski and Ranking Member Burr, and members of the Subcommittee on Children and Families, thank you for inviting me to speak today and for your leadership on this important issue. My name is Dr. Robert W. Block and I am honored to provide testimony on behalf of myself and the over 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists of the American Academy of Pediatrics (AAP).

## AMERICAN ACADEMY OF PEDIATRICS' WORK IN CHILD WELFARE

Recognizing pediatricians' unique role in child welfare, the issue of abuse and neglect was first addressed by the AAP in 1962, when the AAP's executive board advised the Committee on Infant and Preschool Child to address the issue of the battered child syndrome. An official Committee on Child Abuse and Neglect (COCAN) was officially established in 1990. That same year, the Academy established an education and training arm, the Section on Child Abuse and Neglect (SOCAN), which has approximately 550 members comprised of child abuse pediatricians, general pediatricians and affiliate members (physicians and allied health professionals).

These two entities have supported AAP's ongoing efforts in this field, and have since developed 24 policy statements and clinical reports; created a residency curriculum and fellowship programs in child abuse and neglect; and contributed to the education and training of pediatricians and others working in the field of child maltreatment through its annual conference, numerous educational manuals, publications, and electronic and web-based resources.

Currently, AAP collaborates with organizations and agencies such as the American Academy of Child and Adolescent Psychiatry; the Academy on Violence and Abuse; American Medical Association, Futures Without Violence, National Association of Children's Hospital and Related Institutions (NACHRI), and National Health Collaborative on Violence and Abuse. The Academy also works with various Federal agencies such as the Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Department of Health and Human Services Office of Child Abuse and Neglect, and the Department of Justice (DOJ). Currently the organization is partnered with the Department of Justice to assist pediatricians in identifying children who are exposed to sexual violence and connecting them with the resources and treatment they need.

I became interested in child maltreatment during my residency training in Philadelphia between 1969 and 1972. I continued to work as a general academic pediatrician at the University of Oklahoma, Tulsa campus from 1975 onward, specializing in child abuse since 1985. I was the founding Chair of the American Board of Pediatrics sub-board on child abuse pediatrics, and hold certificate #1, culminating a 37-year career in Tulsa. I have personally evaluated over 2,000 individual cases, and reviewed and testified in many cases as well. Throughout my many years in this field, the question I am most frequently asked is, "How can you do this work?" My answer is, "how can you not?"

## CHILD MALTREATMENT IN AMERICA

In 2008, U.S. State and local child protective services (CPS) received 3.3 million reports of children being abused or neglected. Seventy-one percent of the children were classified as victims of child neglect; 16 percent as victims of physical abuse; 9 percent as victims of sexual abuse; and 7 percent as victims of emotional abuse.<sup>1</sup> A non CPS study indicated that one in five children has been the victim of maltreatment.<sup>2</sup>

Sadly, these numbers are almost certainly only the tip of the iceberg. The majority of cases of abuse and neglect go unreported. In one major study sponsored by the CDC, 25 percent of adults reported having been victims of physical and/or emotional abuse as a child, 28 percent said they had been physically abused, 21 percent said they had been sexually abused, and 11 percent had been psychologically abused.<sup>3</sup>

## LONG-TERM HEALTH EFFECTS OF ABUSE

Not all children will have the opportunity to become adults, but every adult was once a child. The experiences and opportunities afforded to each of us in our early years, both positive and negative, have a long-term impact on our health and development and create a substantial imprint on the adults that we one day become. Pediatricians today are caring for and protecting the beginning of health for a child's entire life span, especially for vulnerable children who are victims of abuse or neglect. In order to optimize the health and well-being of our entire society, we must not view children and their welfare as isolated individuals or events, but instead

<sup>1</sup>U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2008* [Washington, DC: U.S. Government Printing Office, 2010] available at: <http://www.acf.hhs.gov>.

<sup>2</sup>Finkelhor D, Turner H, Ormond R, Hamby SL. Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics*. 2009; 124:1411-1423.

<sup>3</sup>Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACE) study. <http://www.cdc.gov/NCCDPHP/ACE/prevalence.htm>.

recognize that children's physical and mental health must be addressed as the beginning of health across the entire life course.

Children who have suffered abuse or neglect may develop a variety of short- or long-term behavioral and functional problems including conduct disorders, poor academic performance, decreased cognitive functioning, emotional instability, depression, a tendency to be aggressive or violent with others, post-traumatic stress disorder (PTSD), sleep disturbances, anxiety, oppositional behavior, and others.<sup>4,5</sup> These conditions can linger long after the abuse or neglect has ceased, even with consistent and attentive parenting by foster or adoptive parents or birth parents who have successfully changed their own behaviors. In addition, abused or neglected children often suffer impairments in their language abilities and cognitive skills and one recent study found 36 percent of preschoolers in foster care to be developmentally delayed.<sup>6</sup> These deficiencies almost certainly correlate with inadequate parental care during sensitive periods of development, providing children with less exposure to language and fewer opportunities for cognitive development.

Until recently, the medical field did not have a complete understanding that child abuse and neglect not only damage an individual's short-term health, but also alters a child's neural physiology. Pediatricians now understand that the dysfunctional behaviors that manifest themselves in children who experience abuse or neglect are the result of the brain's physiological adaptations to the abnormal world in which the developing child exists.

Early maltreatment alters the child's neural physiology to adapt the brain structurally to its environment, while also significantly changing the expected responses to stress and affecting the child's ability to learn from experience. When a child suffers an adverse experience, the part of the brain that acts in emotional regulation (the amygdala) initially becomes more sensitive to stress.<sup>7</sup> However, when a child suffers repeated stressful experiences, the amygdala will shrink as a result of chronic exposure to high concentrations of stress hormones, thereby becoming less sensitive to stressful experiences over time.<sup>8</sup> The more chronic stress the child experiences, the more physiological changes in the brain are likely to take place.

By allowing experiences to alter its structure, the brain can grow to become the best brain for a child's given surroundings. For example, a more visually complex environment may favor a larger visual cortex, whereas a child born blind might devote more cortical area to hearing. Similarly, a brain grown in a more threatening world may benefit from a more highly developed fight-or-flight response than would be necessary in a healthier environment.<sup>9,10</sup> These adaptations in the brain, although initially useful for managing and surviving in the child's stressful environment, do not prepare the child for success in school or for lifelong health and productivity. The brain's adaptations will also affect the individual's response to stimuli, resulting in an altered response to stressful situations across the child's life span.<sup>11,12</sup>

#### ADVERSE CHILDHOOD EXPERIENCES STUDY

Child abuse not only alters a child's brain chemistry and neurophysiology, but an increasing body of evidence also documents the robust relationship between adverse experiences in early childhood and a host of other medical complications that manifest throughout an individual's life. It was not until the 1980s and 1990s that researchers recognized that risk factors for diseases, such as smoking, alcohol abuse, and risky sexual behaviors, were not randomly distributed in the population. In fact,

<sup>4</sup>Holbrook TL, Hoyt DB, Coimbra R, Potenza B, Sise M, Anderson JP. Long term trauma persists after major trauma in adolescents: new data on risk factors and functional outcome. *J Trauma*. 2005;58 (4):764-771.

<sup>5</sup>Lansford JE, Dodge KA, Pettit GS, Bates JE, Crozier J, Kaplow J. A 12-year prospective study of the long-term effects of early child physical maltreatment on psychological, behavioral, and academic problems in adolescence. *Arch Pediatr Adolesc Med*. 2002;156 (8):824-830.

<sup>6</sup>Zimmer MH, Panko LM. Developmental status and service use among children in the child welfare system: a national survey. *Arch Pediatr Adolesc Med*. 2006;160 (2):183-188.

<sup>7</sup>McEwen BS. Glucocorticoids, depression, and mood disorders: structural remodeling in the brain. *Metabolism*. 2005;54 (5 suppl 1):20-23.

<sup>8</sup>Landfield PW, McEwen BS, Sapolsky RM, Meany MJ. Hippocampal cell death. *Science*. 1996;272 (5266):1249-1251.

<sup>9</sup>Gunnar MR, Donzella B. Social regulation of the cortisol levels in early human development. *Psychoneuroendocrinology*. 2002;27 (1-2):199-220.

<sup>10</sup>De Bellis MD, Chrousos GP, Dorn LD, et al. Hypothalamic-pituitary-adrenal axis dysregulation in sexually abused girls. *J Clin Endocrinol Metab*. 1994;78 (2):249-255.

<sup>11</sup>Pfefferbaum B. Posttraumatic stress disorder in children: a review of the past 10 years. *J Am Acad Child Adolesc Psychiatry*. 1997;36 (11):1503-1511.

<sup>12</sup>Pfefferbaum B. Post-traumatic stress disorder in children: a review of the past 10 years. *J Am Acad Child Adolesc Psychiatry*.

risk factors for many chronic diseases tended to cluster; if an individual had one risk factor, he or she was likely to have one or more other risk factors as well. The landmark Adverse Childhood Experiences (ACE) study,<sup>13</sup> sponsored by the CDC and Kaiser Permanente and conducted by co-principal investigators Vincent J. Felitti, M.D. and Robert F. Anda, M.D. MS, was one of the first long-term studies to examine the direct connection between risk factors for disease and poor health status in adulthood and their antecedents in adverse experiences during childhood.

The ACE study surveyed almost 18,000 middle-class adults insured through Kaiser Permanente's Health Maintenance Organization (HMO), regarding their childhood experiences involving abuse, neglect, or family dysfunction. Specifically, individuals were asked about their experiences of psychological, physical or sexual abuse; violence against their mother; living in a household with individuals who were substance abusers, mentally ill, suicidal, or ever imprisoned; and the death of a biological parent, regardless of the cause of death. The adverse childhood experiences were then compared to adult risk behaviors, disease, and health status. A prospective arm of the study continues to follow the cohort to compare childhood experiences against current emergency department use, doctor office visits, medication costs, hospitalizations, illnesses, and death.

Of the thousands of responders, more than half reported at least one adverse childhood experience and more than 10 percent experienced five or more adverse experiences. Among those adults who had experienced the highest levels of childhood trauma, those individuals were:

- Five times more likely to have been alcoholic;
- Nine times more likely to have abused illegal drugs;
- Three times more likely to be clinically depressed;
- Four times more likely to smoke;
- Seventeen times more likely to have attempted suicide;
- Three times more likely to have an unintended pregnancy;
- Three times more likely to report more than 50 sexual partners;
- Two times more likely to develop heart disease; and
- Two times more likely to be obese.

The ACE study demonstrated a graded relationship of adverse childhood experiences to the presence of adult diseases, including heart disease, cancer, chronic lung disease, and liver disease, as well as unintended pregnancy,<sup>14</sup> sexually transmitted diseases,<sup>15</sup> and alcoholism. Individuals who experienced multiple categories of adverse experiences during childhood were likely to have multiple health risk factors as adults. Child abuse, neglect, and other circumstances that disrupt the parent-child relationship are significantly associated with many leading causes of adult death and poor quality of life. Based on this study, childhood trauma, including abuse and neglect, may be the leading cause of poor health among adults in the United States.

#### PEDIATRICIANS' ROLE IN CHILD MALTREATMENT DETECTION

Pediatricians are in an excellent position to detect and prevent child abuse because of their unique relationships with families<sup>16</sup> and expertise in child development, and because the youngest children represent the highest proportion of victims. Because pediatricians have contact with families during challenging and stressful times (e.g., when a child is ill), they can become familiar with a family's stressors and strengths. Certain elements of normal child development are often the triggers for child maltreatment and cause difficulty for some parents, specifically excessive crying, awakening at night, separation anxiety, normal exploratory behavior, normal negativism, normal poor appetite, and toilet-training resistance. Experts suggest that pediatricians anticipate these normal developmental stages and provide guidance to families about how to best manage potentially difficult situations that may trigger physical abuse. For example, pediatricians already discuss with parents how much their infant cries and can offer strategies for coping. The literature shows

<sup>13</sup>Felitti VJ, Anda RF, Nordenberg P, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998;14 (4):245-258.

<sup>14</sup>Dietz PM, Spitz AM, Anda RF, et al. Unintended pregnancy among adult women exposed to abuse or household dysfunction during their childhood. *Journal of the American Medical Association.* 1999;282:1359-1364.

<sup>15</sup>Hillis SD, Anda RF, Felitti VJ, Nordenberg D, Marcjbanks PA. Adverse childhood experiences and sexually transmitted diseases in men and women: a retrospective study. *Pediatrics.* 2000;106(1):E11

<sup>16</sup>Flaherty EG, Stirling J, Committee on Child Abuse and Neglect. The Pediatrician's Role in Child Maltreatment Prevention. *Pediatrics.* 2010;126:833.

that parents view pediatricians as respected advisors and counselors.<sup>17</sup> A majority of pediatricians (70 percent) that participated in the study agreed that they can help prevent physical abuse by providing this anticipatory guidance. In addition to providing guidance during key developmental periods, physicians are often connected to community resources that have the welfare of the child and family as a priority.

Detecting sexual abuse, however, is very different. Because of the existing relationship with children and their families, physicians must be able to detect emotional and behavioral changes that indicate abuse may have occurred. Pediatricians will almost certainly encounter sexually abused children in their practices and may be asked by parents and other professionals for consultation.

The diagnosis of sexual abuse and the protection of the child from additional harm depend, in part, on the pediatrician's willingness to consider abuse as a possibility. Sexually abused children who have not disclosed abuse may present to medical settings with a variety of symptoms and signs. Because children who are sexually abused are generally coerced into secrecy, the clinician may need a high level of suspicion and may need to carefully and appropriately question the child to detect sexual abuse in these situations. Many pediatricians do not feel prepared to conduct such comprehensive medical assessments. In such circumstances, pediatricians may refer children to other physicians or health care professionals with expertise in the evaluation and treatment of sexually abused children.<sup>18</sup>

Sexually abused children are seen by pediatricians in a variety of circumstances such as: (1) the child or adolescent is taken to the pediatrician because he or she has made a statement of abuse or abuse has been witnessed; (2) the child is brought to the pediatrician by social service or law enforcement professionals for a non-acute medical evaluation for possible sexual abuse as part of an investigation; (3) the child is brought to an emergency department after a suspected episode of acute sexual abuse for a medical evaluation, evidence collection, and crisis management; (4) the child is brought to the pediatrician or emergency department because a caregiver or other individual suspects abuse because of behavioral or physical symptoms; or (5) the child is brought to the pediatrician for a routine physical examination, and during the course of the examination, behavioral or physical signs of sexual abuse are detected. Whether it is physical or sexual abuse, pediatricians must be trained to identify injuries and behavioral changes, and to understand their role in confronting or reporting abuse.

#### PEDIATRICIANS' ROLE IN REPORTING CHILD MALTREATMENT

Pediatricians, other physicians, teachers, law enforcement officials, and others are required by law in every State to report suspected as well as known cases of child abuse to the proper authorities. In many States, the suspicion of child sexual abuse as a possible diagnosis requires a report to both the appropriate law enforcement and child protective service agencies. With funding from the Agency for Healthcare Research and Quality (AHRQ), the AAP Pediatric Research in the Office Setting (PROS) network conducted a study on child abuse recognition and reporting behaviors of pediatricians and sponsored a multidisciplinary conference in an effort to identify strategies to reduce or eliminate barriers to reporting and improve the health and well-being of abused children. The study found that clinicians reported 6 percent of the 1,683 patients to child protective services. Clinicians did not report 27 percent of injuries considered likely or very likely caused by child abuse and 76 percent of injuries considered possibly caused by child abuse. The data indicate that clinicians vary in how they judge the level of suspicion at which they should invoke the "reasonable suspicion" criterion that mandates a report to CPS. These prospective results confirm published results of clinician surveys.<sup>19</sup> A recent study conducted by the Academy found that many pediatricians are not reporting all suspected cases of child abuse and neglect. The reasons for this included:

- A belief that one had to be certain that abuse or neglect had occurred;
- Lack of confidence in CPS intervention;
- Lack of feedback from CPS in prior cases reported;
- Reliance on others to report (e.g. emergency room personnel); and

<sup>17</sup> Flaherty EG, Stirling J, Committee on Child Abuse and Neglect. The Pediatrician's Role in Child Maltreatment Prevention. *Pediatrics*. 2010;126:833.

<sup>18</sup> Kellogg ND, Committee on Child Abuse and Neglect. Evaluation of Sexual Abuse in Children. *Pediatrics*. 2005;116(2):506-512.

<sup>19</sup> Flaherty EG, Sege RD, et al. From Suspicion of Physical Child Abuse to Reporting: Primary Care Clinician Decision-Making. *Pediatrics*. 2008;122(3):611-619.



- Fear of legal retribution from families.<sup>20</sup>

Even within the medical community there are inconsistencies with what is suspicious and varying degrees of knowledge and understanding of what reporting means in terms of a child's safety and well-being. What many fail to realize is that a report is NOT an accusation; but rather is a request for further investigation. This underscores the importance of specialized education and training for pediatricians, as well as for all mandated reporters. The Academy is fully committed to educating our members and giving them the tools to report all cases of abuse and neglect and serve these children appropriately. As president of the AAP, I can assure you that this endeavor is embraced at the very highest levels of leadership within the organization.

As mentioned above, one common reason mandatory reporters do not report suspected child abuse relates to the fear of legal retribution. The Child Abuse Prevention and Treatment Act (CAPTA) requires each State to provide immunity from civil or criminal liability for individuals who make good faith reports of suspected or known child abuse or neglect. "Good faith" reports refer to the assumption that the reporter, to the best of his or her knowledge, had reason to believe the child in question was subjected to abuse or neglect. These good faith protections from liability are incredibly important, but unfortunately do not go far enough to protect pediatricians and other mandatory reporters from frivolous law suits. For instance, these laws do not protect physicians or other mandatory reporters who consult, cooperate or assist with the filing of a mandatory report. There is much anecdotal evidence of a primary care pediatrician who suspects a child is the victim of abuse, and requests a child abuse specialist to review the case. If the primary care pediatrician then makes a report to child services, he or she is protected from suit; the child abuse specialist, however, is not protected and often targeted for civil liability. Further, I have colleagues in child abuse pediatrics who have been sued for violating families' 4th and 14th Amendment rights after filing good faith reports of suspected child abuse.

It is incredibly unfortunate that pediatricians, medical specialists, and other mandatory reporters who are striving to protect children to the best of their abilities are targeted in this way. In addition, it takes incredible amounts of time and financial resources to make repeated visits to court, retain legal counsel, and cover other legal expenses involved in each individual suit, as well as an intense emotional toll. Our time and resources would be much better spent caring for the children who need us.

#### INTER-STATE ISSUES

CAPTA established the Federal definition of child abuse and neglect: "Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm." Most States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, U.S. Virgin Islands and Puerto Rico, have civil and criminal statutes that expand on the CAPTA child abuse definition and further specify different types of abuse. Unfortunately, these State laws vary widely, providing children with only a patchwork of protection against a variety of forms of abuse and neglect. For instance, depending on the State in which a child resides, civil and/or criminal statutes may protect that child against any combination of the following types of abuse: physical abuse, neglect, sexual abuse or sexual exploitation, emotional abuse, parental substance abuse and/or abandonment.

In addition to wide variations in child abuse definitions, State laws vary widely and are incredibly inconsistent with regard to who may be charged with child maltreatment and when a report of suspected child abuse or neglect must be made. Generally, States require a report of suspected child abuse to be made when an individual knows or has reasonable cause to believe that a child has been subjected to abuse or neglect. These standards provide guidance only for mandatory reporters of child abuse in deciding whether to make a report to child protective services and do not apply to the general public. Further, several State statutes define the persons who can be reported to child protective services as perpetrators of abuse or neglect, mandating that only individuals who have some relationship or regular responsibility for the child may be reported to child services. State laws generally define this person as parents, guardians, foster parents, relatives, or other caregivers respon-

<sup>20</sup> Jones R, Flahery EG. Clinicians' Description of Factors Influencing Their Reporting of Suspected Child Abuse: Report of the Child Abuse Reporting Experience Study Research Group. *Pediatrics*. 2008;122(2):259-266.

sible for a child. Individuals who may only have occasional or rare contact with a child would not be included under many States' child abuse reporting laws.

Many States also provide exceptions in their child abuse laws that exempt certain acts from their statutory definitions of child abuse or neglect. A number of States specify that financial inability to provide for a child is exempted from the definition of neglect. Physical discipline is exempted from the definition of abuse in some States, as long as the discipline is "reasonable" and "causes no bodily injury" to the child. One of the most common exemptions from child abuse and neglect statutes (included in the laws of 31 States, the District of Columbia, Guam and Puerto Rico) exempts parents who choose not to seek medical care for their children due to religious beliefs. Of the 34 States/jurisdictions with such laws, only 16 States and Puerto Rico authorize the court to order medical treatment for a child when the child's condition requires medical intervention. The American Academy of Pediatrics considers refusing medically necessary treatment to any child to be medical neglect. Unfortunately, there are far too many stories of children who have died as a result of medical neglect when readily available medical interventions could have been accessed.

Child abuse and neglect cases are further complicated when a child crosses State boundaries. Every State and county, and most large cities in the United States administer their own child welfare systems. Each child welfare department may have different statutory requirements with regard to child abuse and neglect; the agencies may also collect different data, work with law enforcement, and track children and their families in different ways. Although every State participates in inter-state compacts, State agencies differ in response time and in the quantity of information shared with other States. Because of these inter-state and inter-jurisdictional issues, a report of suspected child abuse or a case of substantiated abuse in one State would not carry with a child if he or she moves to another State. If an investigation of suspected abuse or neglect is underway, a parent or caregiver may move across State lines for the intent purpose of avoiding child protective services. In these cases, it may be months or years before another report is made or substantiated, resulting in continued abuse or neglect. Unfortunately, abused or neglected children slip through the cracks far too frequently.

#### CHILD ABUSE PEDIATRICS

All pediatricians do receive some training in child abuse and virtually every physician will encounter and report cases of child abuse and neglect during their careers. However, in recognition of the strong scientific basis for child abuse pediatrics and the need to address the comprehensive medical assessment and diagnosis of child maltreatment, the American Board of Pediatrics recently approved a new subspecialty of Child Abuse Pediatrics and the first board exam was offered in November 2009. Since that time, more than 200 pediatricians have become certified in the new field of child abuse pediatrics. This small cadre of doctors not only perform exams, but they also serve as expert witnesses, see and treat patients, perform research, and teach residents and medical students. These pediatricians often work in academic settings or with Child Advocacy Centers, and serve as a resource to their fellow health care providers, social workers, child protective services, law enforcement, the judiciary, and many others. As one of these subspecialists, I can attest personally that we are spread extremely thin, isolated from one another, and often find it difficult to access appropriate funding for the work we do.

#### MOVING FORWARD: RECOMMENDATIONS FOR CHILD ABUSE PROTECTION, PREVENTION, INTERVENTION AND DETERRENCE

The AAP has a long-standing commitment to the health and well-being of children and is contributing to this field in a number of ways. Above all, the American Academy of Pediatrics is committed to the health and well-being of all infants, children, adolescents, young adults, and their families across the country and with that in mind, respectfully submits the following recommendations:

**Support for the Medical Home:** Every child should have a medical home that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. The medical home can help provide the primary prevention to ensure child abuse does not occur. The pediatrician can work with new or struggling parents to develop productive parenting and discipline techniques as well as identify families that may need further assistance to prevent abuse or neglect from taking place.

If a child is a victim of abuse, a medical home can provide a crucial source of stability, continuity of care, and information. Although many patients with a significant history of trauma will need to be followed by mental health professionals, the

pediatrician still plays an important role in management and coordination of care among specialists. In the United States there is a disturbing shortage of appropriately trained child and adolescent psychiatrists and other mental health professionals who are trained to work with children. By providing a medical home, the pediatrician could work longitudinally with caregivers and continue to treat symptoms that are obstructing therapy. Pediatricians can also facilitate access to community resources, work closely with the child's school to address behavioral challenges to learning, and help coordinate care among specialists in other disciplines. However, this work is extraordinarily time consuming, and many pediatricians are precluded from doing this important work due to lack of payment for their time.

**Health Care Financing:** Children who have been victims of abuse present incredibly complicated cases that require multidisciplinary, intensive health care treatments. For instance, one child may require immediate care for his or her injuries sustained as a result of abuse, followed by psychological therapy by mental health professionals, as well as coordination among the child abuse pediatrician, primary care physician, law enforcement, child welfare services, and others.

Each victim of child abuse needs and deserves thorough and sustained medical care, but unfortunately, the health care financing system does not recognize or acknowledge the time and costs associated with each individual child abuse case. Health care financing for these vulnerable children should support child welfare goals of health, safety, and permanency for all children and adolescents. Health care financing should provide payment to health care professionals for the more complex and lengthy visits that are typical of and necessary for children who have been victims of maltreatment. Financing must also cover the cost of the health care management to ensure that this medically complex population receives appropriate and timely health care services. If a child is found to be a victim of abuse or neglect and therefore moved into foster care, it is essential that these children receive the benefits of State and Federal entitlement programs for which they are eligible without delay.

**Education and Resources for Child Abuse Pediatricians:** The new Child Abuse Pediatrics subspecialty has the potential to greatly expand the knowledge base and number of physicians with expertise in this very important area. Unfortunately, unlike other medical subspecialties, there is limited funding for pediatricians to enter child abuse pediatric training programs and not many fellowships for child abuse pediatricians exist. Further, because of limited resources and strained budgets at many hospitals, it is difficult for the medical centers to create new fellowship programs to support the intensive, interdisciplinary and coordinated approach of child abuse pediatricians. In addition, the child abuse fellowships and training programs that currently exist are generally located as part of large academic medical institutions in major metropolitan areas, which results in a poor geographic distribution of physicians with the experience, knowledge, and education to diagnose and treat serious and complicated child abuse or neglect cases. More financial support is necessary to ensure every physician with the interest and passion to pursue child abuse pediatricians is able to do so.

Because almost any physician that cares for children is likely to encounter a victim of abuse or neglect in his or her career, it is absolutely necessary that physicians, especially pediatricians, have the resources and training necessary to identify victims of abuse and intervene properly. For this reason, the AAP has proposed the Health Child Abuse Research, Education, and Services (Health CARES) network. The Health CARES network would serve as regional consortia to help bring the medical profession into full partnership in the prevention, diagnosis, and treatment of child abuse and neglect. Health CARES would also provide the infrastructure to collect and coordinate resources for services, education, and research on child maltreatment. The network would also serve as Centers of Excellence to disseminate best practices in abuse diagnosis and prevention, provide further education and curricula for all health care providers, and provide resources for multidisciplinary research.

**Mental Health and Child Welfare Workforce:** In addition to increasing opportunities for physicians and pediatricians to expand their own knowledge of child abuse pediatricians, it is necessary to also provide greater support for the expansion of the mental health profession workforce and the child welfare workforce. Today, child welfare workers have overwhelming caseloads, work long hours, and are generally underpaid for their tireless work. In addition, our Nation has a serious lack of child psychiatrists, child psychologists and other mental health professionals trained to work with children who are victims of maltreatment. These professionals are crucial components of the mission to identify, treat and prevent child abuse and neglect, and Congress should take steps to support these professions and their training programs.

**Prevention:** The prevention of child abuse and neglect from ever taking place should be the goal of our entire society. We all have a moral obligation to protect children from harm, but unfortunately, the current child welfare system focuses the vast majority of its resources on children after neglect or abuse has occurred and the child has come to the attention of child protection agencies. Primary prevention programs that provide parents and families with the education and resources they need to successfully parent have been shown to reduce child abuse and neglect, while also reducing costs to local, State and Federal Governments. Primary prevention programs require far less funding compared to the costs associated with caring for a victim of child abuse while in the foster care system and the health care costs required to treat the physical and mental health conditions that result from abuse or neglect through the child's life. There are a number of model programs for preventing child abuse and neglect, including:

- Home visitation: There are many evidence-based primary prevention programs in existence around the country focused on family development and parent education that have demonstrated decreases in child abuse and neglect among targeted populations. In particular, the Maternal, Infant, and Early Childhood Home Visitation Program funded through the Affordable Care Act and administered through HRSA is an excellent example of an evidence-based/evidence-informed grassroots level primary prevention program that works directly with at-risk families to provide parenting support and guidance to ensure the health and well-being of infants, children and their families. The AAP encourages Congress to protect this valuable program and maintain its funding levels.

- Period of Purple Crying: In addition, in many States, including my home State of Oklahoma, behavioral researchers and advocates have created the Period of Purple Crying Campaign to prevent abusive head trauma in infants. This primary prevention program is designed to educate all parents about coping with the stressors of their baby's first months of life. It is a vital educational program to reduce the incidence of abusive head trauma resulting from a child being shaken by their caregiver. This program and others that have demonstrated impacts on reducing child abuse and neglect should be supported.

- Stop It Now!: An evidence-informed program to prevent child sexual abuse is Stop It Now!, which relies on the public health model to create educational materials and social marketing campaigns. Using the results of interviews and focus groups with survivors, people who have abused children in the past, and family members of both, Stop It Now! develops prevention education materials, media messaging, training tools and community-based program strategies designed to motivate and support adults to step forward, speak up, and take action to protect children.

**Education, Support and Protection for Mandatory Reporters:** In order to provide children with the protection they need and provide mandatory reporters with the security and confidence to report suspected child abuse and neglect, opportunities for education and training to gain a greater understanding of the child welfare system and the child abuse investigation process is necessary. In addition, although every State has a law protecting mandatory reporters who act in good faith from prosecution under State and local laws, most States do not extend these protections to other health care providers, investigators, child welfare agencies or law enforcement who cooperate or assist with the filing of a mandatory report or provide consultation services to health care providers. The AAP was pleased the last CAPTA reauthorization included a requirement for a report from the Secretary of Health and Human Services addressing potential statutory or regulatory changes needed to address this issue. However, this is only the first step and the AAP recommends Congress take steps to protect all mandatory reporters and those who consult or assist with reports of suspected child abuse from lawsuits.

Although most adults are not considered mandatory reporters by law, every individual has a responsibility to protect children from harm or neglect, as well as report any and all knowledge of maltreatment to the proper authorities. Every adult should know his or her responsibility and there are significant opportunities to communicate this responsibility, as well as the steps independent adults can take to protect children who are victims of abuse.

**Better Coordination at the Federal Level:** The Federal Government has a crucial role to play in preventing child abuse and neglect and caring for the victims of abuse. Unfortunately, child abuse prevention, treatment, foster care, and child welfare services are fragmented and responsibilities are spread across multiple agencies and offices, including CDC, HRSA-MCHB, AHRQ, Substance Abuse and Mental Health Services Administration (SAMHSA), DOJ and others. Better coordination at the Federal level could improve program efficiency and effectiveness at the grassroots level across the country.

**CAPTA Funding:** CAPTA was originally enacted in 1974 and amended numerous times since then, most recently in December 2010. CAPTA provides the majority of Federal funding to States in support of child abuse and neglect prevention, assessment, investigation, prosecution, and treatment activities, and also provides grants to public agencies and nonprofit organizations, including Indian Tribes, for demonstration projects. Unfortunately, CAPTA is chronically underfunded. The AAP strongly recommends Congress increase funding for CAPTA and its associated programs to provide States with the resources they need to prevent and treat child abuse and properly protect children.

#### CONCLUSION

Again, it is indeed an honor to provide testimony on behalf of myself and the over 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists of the American Academy of Pediatrics. I appreciate the opportunity to discuss this very important national issue and would be happy to answer your questions.

Senator MIKULSKI. Thank you, Dr. Block.  
Miss Huizar.

#### **STATEMENT OF TERESA HUIZAR, EXECUTIVE DIRECTOR, NATIONAL CHILDREN'S ALLIANCE, WASHINGTON, DC**

Ms. HUIZAR. Thank you. Chairwoman Mikulski, Ranking Member Burr, members of the subcommittee, thank you for holding this important and substantive hearing in shedding light on the problem of child sexual abuse.

The National Children's Alliance is the national association and accrediting body for the Nation's 750 children's advocacy centers. Those centers serve more than 267,000 abused children last year. Children's advocacy centers coordinate a multidisciplinary team approach to the investigation, prosecution, and treatment of child abuse, and in so doing, work closely with law enforcement, prosecutors, child protective services, victim advocates, medical and mental health professionals.

My colleagues have already eloquently spoken on the need for improved reporting mechanisms, and I join them in their call for more training for mandated reporters. Recent events have many asking, "Why individuals do not report suspected child abuse?" And we know that while 95 percent of Americans express deep concern about abuse, only one-third contacted the authorities when actually confronted with abuse. Adults do not report because they do not know the signs of abuse, and because they worry about what will happen when they do, and because they do not know how to report.

All of these problems can be addressed by widespread training and public awareness campaigns to the 240 million American adults who should be reporting abuse if they suspect it. And that is something that is uniquely the Federal Government's role to do given the scale of that task.

But we cannot forget that perhaps the most important and concerning underreporting occurs among the most vulnerable; that is, abused children themselves. Research tells us that only one-third of adults who say they were abused as children ever told anyone. Knowing that children are reluctant to report, means that adults must take primary responsibility for identifying and reporting abuse and also, that children must be trained in body safety information and abuse prevention. Children's advocacy centers have been at the forefront of that work, training nearly 400,000 school

children last year. But this work must be extended and expanded to America's 17 million children.

And while barriers to reporting abuse are finally receiving well-warranted attention, we do not think these alone will save children. Improved child abuse reporting must be paired with equally strong intervention in order for abused children to receive the hope and health that they so desperately need.

Children's advocacy centers play a key role in that response. This model of comprehensive care has been proven to improve investigation and prosecution while insuring that abused children receive needed medical and mental healthcare, and all the while saving, on average, \$1,000 per child abuse case.

Sadly, this effective response is not available to all of America's children. There are still more than 1,000 counties in the United States in which abused children have no access to these services, many of those in counties represented by States that serve on this committee.

We call on Congress to finish the good work it established with the creation of the Victims of Child Abuse Act in 1990 by expanding these services to all of America's children.

And lest one think that all improvements to the reporting and intervention of child abuse are complicated or difficult to achieve in light of these tight budget times, it is important to be reminded that many are at little or no cost. Improved data collection about the scope of the problem, modifying confidentiality laws to encourage information sharing for those that investigate and treat child abuse, and the adoption of model protocols for civil and criminal case coordination take more political will than funds to achieve.

Finally, child abuse investigations are a gateway to services for victims. Research tells us that the best long-term predictor of recovery after abuse is not the legal outcome of the case. It is whether the child receives treatment and support.

Untreated child sexual abuse has terrible lifelong effects and a host of maladies that are the result of the trauma of abuse. But fortunately, over the past decade and through the work of the National Child Traumatic Stress Network, we now know a great deal about successfully treating trauma in children. Evidence-supported, trauma-focused, mental health treatment is remarkably effective in reducing trauma in child victims and in helping them to begin to heal, and every child who has been the victim of abuse deserves to have access to it.

Children who have been abused absolutely depend on proven mental health treatments on their path to recovery and healing. And certainly, society having failed to protect these children from abuse in the first place can certainly work to restore them to wholeness after the fact. If we invest in their treatment now, we will save ourselves from having to pay for the costs of their compromised physical and emotional health later.

It is our collective responsibility to protect children from abuse. And when that fails, to report it and to ensure the victims receive those services they need to heal and lead healthy and productive lives. The health and well-being of our great Nation's children depend upon it, and they certainly depend upon you, Senators, as well.

Thank you.

[The prepared statement of Ms. Huizar follows:]

PREPARED STATEMENT OF TERESA HUIZAR

Chairwoman Mikulski, Ranking Member Burr, members of the subcommittee, thank you for the opportunity to testify on this important matter. It is one I have been involved in for two decades at the local, State, and national level, and throughout my tenure as the Executive Director of National Children's Alliance.

National Children's Alliance is the national association and accrediting body for, as well as a provider of training and technical assistance to, more than 750 Children's Advocacy Centers throughout the United States. We empower local communities to respond to child abuse by providing grants for the start-up and development of Children's Advocacy Centers which coordinate a multidisciplinary team for the investigation, prosecution, and treatment of child abuse. These Children's Advocacy Centers served more than 267,000 child victims of abuse throughout the United States last year alone.

THE SCOPE OF THE PROBLEM

To understand the scope of child sexual abuse, one must first understand that children of every gender, age, ethnicity, socioeconomic status, and family structure are at risk for abuse. However, girls are 5 times more likely to be abused than boys.<sup>1</sup> Unfortunately, this does not mean that it is rare for boys to be sexually abused. Of the victims under the age of 12, 26 percent are male and 8 percent are between the ages of 12–17.<sup>2</sup> And, while children are most likely to be abused between the ages of 7 and 13,<sup>3</sup> more than 20 percent are victimized prior to the age of 8.<sup>4</sup>

Most child sexual abuse occurs within the context of the family<sup>5</sup> and nearly all children who are sexually abused are victimized by someone they know and trust. Recent media attention has been given to those cases involving adults in a position of trust. These cases share in common some distinguishing factors including the ways in which the alleged perpetrators groom children and ingratiate themselves with the victims' family members.<sup>6</sup>

What is universally true in all cases of sexual abuse is the way in which perpetrators seek out particularly vulnerable children to prey upon: quiet, lonely, particularly trusting, or troubled children.<sup>7</sup> This is one reason that children without either parent, such as children in foster care, are 10 times more likely to be sexually abused than those who live with both biological parents. And, children who live with a single parent with a live-in partner are 20 times more likely to be victims of child sexual abuse than children living with both biological parents.<sup>8</sup>

Child sexual abuse is a crime perpetuated by silence and secrecy. Isolation, whether within a family or by community, adds significant risk for sexual abuse. Children who live in rural areas, for example, are almost 2 times more likely to be identified as victims of child sexual abuse.<sup>9</sup> And, of course, it is to the advantage of the perpetrator to further isolate the child victim to prevent disclosure.

Understanding the scope of the problem also necessitates understanding that child sexual abuse exists on a continuum. This is not a continuum of severity in terms of the effect on the victim, as some in the public and media have misunderstood it. All child sexual abuse causes trauma, even as the symptoms vary by vic-

<sup>1</sup>Sedlack, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

<sup>2</sup>Snyder, H.N. (2000). Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved January 12, 2009 from <http://www.ojp.usdoj.gov/bjs/pub/pdf/saycrle.pdf>.

<sup>3</sup>Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *The Future of Children*, Vol. 4, No. 2, *Sexual Abuse of Children*, PP. 31–53.

<sup>4</sup>Snyder, 2000.

<sup>5</sup>Elliott, M., Browne, K., and Kilcoyne, J. (1995). Child sexual abuse prevention: What offenders tell us. *Child Abuse & Neglect*, 5, 579–594.

<sup>6</sup>Elliott et al., 1995.

<sup>7</sup>Budin, L.E., & Johnson, C.F. (1989). Sex abuse prevention programs: Offenders' attitudes about their efficacy. *Child Abuse & Neglect*, 13, 77–87; Conte, J.R. (1987). Ethical Issues in evaluation of prevention programs. *Child Abuse & Neglect*, 11, 171–172.

<sup>8</sup>Sedlack, et al. 2010.

<sup>9</sup>Sedlack, et al. 2010.

tim. Rather, it is a continuum of deviant and harmful behavior by the perpetrator that begins on one end with secretive and furtive victimization, slides into amateur or professional photo-documentation of that abuse primarily for the sexual gratification of the offender, may move toward commercialization or public sharing of those images with other offenders, and on the far end of that continuum may include prostituting or trafficking the child. And, of course, a child may experience one, all, or some combination of these forms of child sexual abuse.

Although law enforcement are to be commended for their successes with online child sexual exploitation, which have included a 21 percent increase in arrests of offenders who solicited youth online for sex over the past few years, research indicates that this form of child sexual abuse accounts for less than 1 percent of all child sexual abuse.<sup>10</sup> Likewise, child sex trafficking, which has recently received significant media interest, is a serious but relatively uncommon form of child sexual abuse, as compared to other types of child sexual abuse. Research over a little more than a 1-year period yielded 391 allegations of child sex trafficking from task forces that investigate such matters.<sup>11</sup>

This does not in any way diminish the importance of combating all forms of child sexual abuse. Rather, it points out the necessity of having a range of legal and treatment responses available to address each form of child sexual abuse on the continuum. And, it allows for thoughtful public policy that allocates resources based, in part, upon the prevalence of varying forms of child sexual abuse as experienced by victims rather than based upon that which most shocks us or is most recently in the public spotlight.

#### REPORTING AND UNDER-REPORTING CHILD ABUSE

Recent events have shed much-needed light on the state of child abuse reporting in the United States. While CAPTA requires that all States have mandated reporting requirements, these vary widely by State.

Eighteen States have universal mandated reporting for all adults. More commonly, the balance of the States identify a subset of those who have direct contact with children (teachers, medical providers, daycare providers, etc.) who have a legal duty to report child abuse or face certain civil penalties. However, reporting rates vary enormously by State, as do substantiation rates of those reports.

Although all States allow voluntary reporting, how reports are made, and to whom they are made, the list of mandated reporters is greatly variable: 18 States require all adults to report suspected abuse, while the balance provides a list (again, variable across the States) of professionals with contact with children who must report.

With regard to the process of reporting and to whom the report is made, there is, once again, great variation among States. In some States, reports must be made to Child Protective Services. In others, to law enforcement. In some States, to both. And, some States require a written report while others only require a verbal report. Additionally, not all States clarify whether reporting abuse to one's supervisor discharges one's own duty to report. This guessing game regarding the process of reporting is a significant barrier to the proper reporting of child sexual abuse.

Because children who are sexually abused are generally victimized by those that they trust and love, they are reluctant to disclose that abuse. Two out of every three individuals who say that they were abused as children never told anyone. Too often, the shame of abuse which should belong solely to the offender is felt powerfully by the victim. And, no child wants a beloved coach, or youth minister, or family friend to get in trouble. Knowing that children are reluctant to report abuse makes it incumbent upon us all to both educate children about body safety and to assume the primary responsibility for identifying abuse. Child sexual abuse is a grown-up problem.

Understanding that, in order for children to tell about abuse, they must first have facts about child sexual abuse and body safety, Children's Advocacy Centers have been at the forefront of providing this important information. Last year, Children's Advocacy Centers in the United States provided child abuse prevention education to more than 389,000 children, mostly in a school setting. And a handful of innovative States have passed Erin's Law, a law promulgated by an adult survivor of child sexual abuse who was treated through a Children's Advocacy Center in Illinois, which mandates that schools provide child abuse prevention and body safety infor-

<sup>10</sup> Mitchell, K., Jones, L., Finkelhor, D., & Wolck, J. (2011). Internet-facilitated commercial sexual exploitation of children: Findings from a nationally representative sample of law enforcement agencies in the U.S. *Sex Abuse*, vol. 23, no. 1, 43-71.

<sup>11</sup> Mitchell et al. 2011.



mation to students just as they address other childhood safety issues such as fire and tornado drills. Congress should mandate that schools receiving Department of Education funds contain such information in their student health curricula.

Perhaps the most common question lately has been “Why do those who suspect or know about abuse fail to report it?” A recent national poll of American adults found that while 95 percent expressed concern about abuse:

- When actually confronted with suspected abuse, only 1/3 contacted law enforcement, CPS, or other authorities;
- Additionally, more than one in four Americans said that they had been in situations where they suspected a child had been a victim of abuse but did not know what to do.

When asked WHY they took no action, respondents said that they did not know the signs of abuse (or were not confident in their knowledge), were uncertain about how to report abuse, and were afraid of the consequences or misunderstood what would happen when they reported. This “Bystander Action Gap” between the 97 percent of Americans that say that everyone has a responsibility to prevent child abuse and protect children and the 33 percent who say that people are reluctant to report suspected cases because they do not want to get involved,<sup>12</sup> is both at the heart of recent events and the greatest barrier to protecting children.

Just as the Federal Government has played a vital role in public education campaigns on other health issues such as the dangers of smoking, or drunk driving, a public education campaign aimed at all adults regarding how to prevent abuse and protect children is warranted. This does not necessarily mean that all adults must be mandated reporters. Rather, it means that all adults must be provided with the information needed to recognize signs of abuse, dispel myths about abuse and the reporting process, and inform the public about how to report.

#### RESPONDING TO CHILD ABUSE AND THE ROLE OF CHILDREN’S ADVOCACY CENTERS

In recent weeks, much attention has been drawn to the problems within the child abuse reporting system in the United States. However, improvements made to the reporting system will not reduce the incidence or impact of child abuse and, in fact, may have perverse effects if those improvements are not linked to a strengthened child abuse *intervention* system.

An increase in informed reports of suspected child abuse and neglect is desirable only if we have the ability to adequately investigate and prosecute the resulting cases, and to provide appropriate treatment to the victims. Flooding the system with ill-informed reports will only result in overwhelming investigators (both Child Protective Services and law enforcement) leading to:

- delayed investigations while triaging occurs,
- poorer quality investigations as each case receives less time and attention; and
- personnel shortages in coping with the increased volume.

Changes with reporting requirements and procedures must be paired with the resources to manage the resulting flow of reports.

Children’s Advocacy Centers play a key role in this response. Children’s Advocacy Centers are child-friendly facilities in which a multidisciplinary team comprised of law enforcement, child protective services, prosecutors, victim advocates, medical practitioners, and mental health professionals convenes and coordinate its efforts to investigate and prosecute child abuse cases while protecting children and providing needed treatment to victims. Across the United States, there are currently 750 Children’s Advocacy Centers which together served more than 267,000 child victims of abuse in 2010 alone.

The majority of these Children’s Advocacy Centers were founded after the passage of the Victims of Child Abuse Act in 1990; which was an important part of Congress’ efforts to improve the investigation, prosecution, and treatment of child abuse. Monies appropriated by Congress each year since 1990 have improved the response within existing Centers, while aiding the development of new Children’s Advocacy Centers in areas previously underserved. These dollars, much appreciated though modest, have been used to leverage State funding, private foundations, and local community donors.

This *investment has yielded significant returns*. The model of comprehensive care for child abuse victims has significant evidence of its efficacy. Independent research has found that child abuse cases that are coordinated through a Children’s Advocacy Center have:

<sup>12</sup> Penn, Schoen, & Berland Associates (2008). Bystanders and Child Abuse Survey. Safe Horizon—Hope Shining. [http://www.hopeshining.org/files/Bystanders\\_and\\_Child\\_Abuse.pdf](http://www.hopeshining.org/files/Bystanders_and_Child_Abuse.pdf).

- a shortened length of time to disposition;<sup>13</sup>
- increased rates of prosecution;<sup>14</sup>
- more satisfaction on the part of child victims and their non-offending caregivers;<sup>15</sup>
- higher levels of service provision for medical evaluations;
- and increased referrals for mental health treatment than non-CAC cases.<sup>16</sup>

In short, the multidisciplinary team approach has shown that it is possible to reduce trauma to child victims of abuse while improving the legal outcome of cases and holding offenders accountable. And, at a time when financial resources are limited at every level of government, Children's Advocacy Centers have been demonstrated to *save on average over \$1,000 per child abuse case* compared to non-CAC communities.<sup>17</sup>

#### FEDERAL BUDGET IMPLICATIONS

Sadly, this effective and efficient response is not available to every child sexual abuse victim in the United States. Currently, abused children in 2,093 counties in the United States have access to the services of a Children's Advocacy Center. Meaning that, abused children in more than 1,000 counties have no access to this comprehensive care; and 347 of those underserved counties are in States with members on this subcommittee. Indeed, those areas that are underserved are the most rural, most geographically isolated, and the most resource-poor parts of our country. But, these children are not simply Maine's children, or Texas' children, or Colorado's children: they are America's children. And, an accident of geography should not prevent them from humane and compassionate care that can alleviate their suffering. Moreover, while Federal support continues to aid existing Children's Advocacy Centers, fiscal year 2011 will serve as the first year since the inception of the Victims of Child Abuse Act in which communities with the will and desire to better serve child abuse victims through the formation of a Children's Advocacy Center will have no Federal support in doing so. In these areas in particular, increased reporting will not result in increased protection of children unless efforts to improve child abuse reporting are matched with resources to ensure a corresponding and proven response.

Beyond reporting and intervention services, Children's Advocacy Centers have a unique role in providing training to their multidisciplinary team members. In the first 6 months of 2010, more than 20,000 law enforcement officers, child protective services workers, mental health providers, prosecutors, victim advocates, and mental health professionals received training through or coordinated by their local Children's Advocacy Center. Investigating, prosecuting, and treating child abuse is complex and specialized work. It requires highly trained professionals and ready access to continuing education for those professionals. Because 98 percent of child abuse investigations and prosecutions occur at the State/local level, training resources using Federal funds should likewise be driven down to this level. Misalignments between the allocation of Federal funding for provision of training and technical assistance resources and the proportion of child abuse cases investigated and prosecuted at the local, State, and Federal levels should be avoided and corrected where they occur.

The past two Federal budget years have forced increasingly difficult choices on Congress and the Administration. However, recent substantive cuts to State and local law enforcement will unquestionably and significantly impact the ability of those entities to respond to child abuse cases. Reports from the States indicate that many law enforcement organizations already have hiring freezes, have had layoffs, or have disbanded specialized units responding to crimes against children.<sup>18</sup> Addi-

<sup>13</sup> Walsh, W.A., Lippert, T., Cross, T.P., Maurice, D.M. & Davison, K.S. (2008). How long to prosecute child sexual abuse for community using a children's advocacy center and two comparison communities? *Child Maltreatment*, 13(1), 3–13.

<sup>14</sup> Smith, D.W., Witte, T.H., & Fricker-Elhai, A.E. (2006). Service outcomes in physical and sexual abuse cases: A comparison of child advocacy center-based and standard services. *Child Maltreatment*, 11(4), 354–60.

<sup>15</sup> Lalayants, M., & Epstein, I. (2005). Evaluating multidisciplinary child abuse and neglect teams: a research agenda. *Child Welfare*, 84(4), 433–58.

<sup>16</sup> Smith et al. 2006.

<sup>17</sup> Formby, J., Shadoin, A.L., Shao, L, Magnuson, S.N., & Overman, L.B. (2006). Cost-benefit Analysis of community responses to child maltreatment: A comparison of communities with and without Child Advocacy Centers. (Research Report No. 06–3). Huntsville, AL: National Children's Advocacy Center.

<sup>18</sup> International Association of Chiefs of Police. (2011). Police Chiefs: Budget Cuts, Increased Demands Leave Law Enforcement Struggling To Protect Public Safety [Press release]. Retrieved from <http://www.theiacp.org/About/WhatsNew/tabid/459/Default.aspx?id=1434&v=1>.

tional decreases in Federal support for State and local law enforcement would further reduce the ability of those strained organizations to effectively investigate and prosecute the existing annual caseload of child abuse cases. Such decreases, particularly if combined with increased child abuse reporting requirements, would create an influx of new cases without adequate resources—a perfect storm, if you will, in which children who have already been victimized will be cast adrift in the system.

#### LOW COST IMPROVEMENTS CAN BE MADE TO THE CHILD ABUSE RESPONSE SYSTEM

While constraints on budgets at every governmental level have strained the system of response to child abuse, it is important to remember that a number of improvements could be made to the system at little cost. These improvements center around assessing the scope of the problem, modifying confidentiality laws, and the adoption of model protocols for child abuse response.

Currently, it is impossible to fully assess the scope of child abuse in the United States generally, and child sexual abuse, specifically given the current reporting system. States, through their Child Protective Services agencies, are required to report to the Federal Government using the National Child Abuse and Neglect Data System (“NCANDS”). However, NCANDS is a voluntary system. Unsurprisingly, given the voluntary nature of it, compliance has been uneven. Since 2001, 24 States did not report child abuse and neglect numbers for at least one of the years, and some did not report at all. Moreover, definitions of child abuse and neglect are not standardized making comparisons among and between States unnecessarily difficult. The Department of Health and Human Services should standardize definitions and methodologies used to collect this data and compliance should be mandatory to receive Federal funds.

Even more problematic is the fact that, NCANDS data does not include law enforcement data. Because third-party child abuse (that of unrelated individuals, those in a position of trust such as coaches, teachers, ministers) is in many States reported exclusively to and investigated exclusively by law enforcement, our understanding of the extent and nature of third-party abuse is incomplete. And, within the information that is collected, our access to statistics pertaining specifically to child sexual abuse is limited. National Uniform Crime Statistics, required to be reported by local and State law enforcement and collated by the FBI, does not break out crimes against children. This means that child sexual abuse that does not fit within the category of forcible rape is not captured at all and that any child abuse that is included cannot be segregated out for further study. The National Uniform Crime Statistics reporting form should be modified to capture child sexual abuse separately from adult sexual assault and rape, and State and local law enforcement should be rapidly transitioned to the new form. Without a clear understanding of all forms of child sexual abuse, both intra-familial and extra-familial, it will remain challenging to devise effective prevention and intervention strategies.

For policymakers to better understand child sexual abuse, we will also need to re-examine and modify existing laws governing confidentiality. CAPTA contains provisions<sup>19</sup> for information-sharing between law enforcement and Child Protective Services during the course of child abuse investigations. However, implementation of this provision has been uneven, sporadic, and in some cases, non-existent. Moreover, best practices models clearly indicate that the improvement of child abuse investigations requires sharing of information not only between law enforcement and Child Protective Services but also between and among all members of the multidisciplinary team. CAPTA should be modified to clarify that all members of the multidisciplinary team involved in a child abuse investigation may share information to further the investigation, protect the child, and provide appropriate treatment to the child. Moreover, while HIPAA contains a child abuse investigation exemption to restrictions on the sharing of medical information, it is unclear as to whether this extends to ongoing treatment. Congress should modify HIPAA to ensure that child victims of abuse receive appropriate medical and mental health care that is informed by all the expertise of the multidisciplinary team.

Every jurisdiction with a Children’s Advocacy Center contains one or more multidisciplinary teams working under a protocol that ensures close coordination between members of the multidisciplinary team and civil and criminal legal proceedings. However, those jurisdictions without access to a Children’s Advocacy Center rarely operate under such a written and signed protocol, leading to disjointed investigations and counterproductive interventions. The Federal Government, led by the Departments of Justice and Health and Human Services, and in cooperation with States, should adopt a model protocol for assuring that civil and criminal legal pro-

<sup>19</sup> Child Abuse Prevention and Treatment Act, Section 106.

ceedings are closely coordinated between child protection and law enforcement agencies, formally recognizing existing protocols in areas that already have them and requiring the institution of such protocols in areas that do not.

#### MENTAL HEALTH TREATMENT FOR CHILD ABUSE VICTIMS

While investigation of child abuse is important to the safety of victims and the accountability of offenders, it also serves as a gateway to services for victims. Research indicates that the best long-term predictor of child well-being following child sexual abuse isn't the outcome of the legal case, but rather the support and treatment that the victim receives. Whether any non-offending caregivers are supportive and whether successful trauma-focused mental health treatment is provided, are far more determinative of outcome than are legal rulings.

Child sexual abuse has well-documented life-long effects. Victims of child sexual abuse are more likely than their non-abused counterparts to become pregnant as teens, to drop out of high school, to abuse substances such as alcohol and drugs, to engage in self-destructive and risk-taking behavior, and to experience anxiety and depression. As adults, these individuals have increased morbidity and mortality, suffering from a host of physical and mental ailments at higher rates than their non-abused peers.<sup>20</sup> Moreover, their own children are more likely to suffer sexual abuse during the course of their lifetimes than other children. This is truly the saddest possible cycle of abuse.<sup>21</sup>

This host of maladies is the result of the trauma caused by abuse. Child abuse victims experience rates of trauma symptoms (hyper-arousal, fear, sleep disturbances, anxiety, depression) at rates verging on those experienced by war veterans. Because the nature of child sexual abuse is such that it often involves repeated episodes, sustained over a long period of time, and is often coupled with other forms of abuse, these child victims sustain complex trauma symptoms. Child victims of abuse, and others who suffer from complex trauma symptoms, are more likely to perform poorly in school, have behavior problems at home, and have poor mental and physical health.

Fortunately, much has been learned over the past 15 years about successfully treating trauma in children. Congress established the National Child Traumatic Stress Network in 2001 to collect data about, create and test treatments for, and disseminate training and tools for successful treatment of, children who had been traumatized. As a result, we now know that some treatments formerly thought to be effective with this population are, in fact, not. And, more importantly, we also know about evidence-supported mental health treatments that are effective. Evidence-supported, trauma-focused mental health treatment has been shown to be remarkably effective in reducing trauma symptoms in child victims and helping them begin to heal. Randomized controlled trials, the "gold standard" for clinical testing, has shown that children who complete a course of trauma-focused, evidence-supported mental health treatment show marked reduction in trauma symptoms, increased ability to cope with trauma reminders, and significantly improved functioning at home and school. Every child who has been the victim of abuse deserves to be assessed to see if they would benefit from such treatment, and if so, to have it provided to them promptly.

Abused children served within Children's Advocacy Centers have access to such trauma-focused, evidence-supported mental health treatment. National Children's Alliance and the National Child Traumatic Stress Network have partnered to disseminate training and resources to directors of Children's Advocacy Centers and to the clinicians to whom they refer. For the 267,000 children served within Children's Advocacy Centers last year there is no doubt that the care they received was improved and suffering they experienced was reduced for having had access to such treatment. However, the future of training for such treatment, as well as resource development, is threatened. Appropriations are yet to be finalized for this critical network for fiscal year 2012. And while the Senate has recommended level funding in order to maintain this critical work on behalf of children who have suffered trauma, the House has recommended a reduction so dramatic it would virtually eliminate the network altogether. Children who have been abused depend on proven mental health treatments on their path to recovery and healing. From a social responsibility standpoint, if we have failed collectively to protect these children from

<sup>20</sup> Dube, S.R., Anda, R.F., Whitfield, C.L., Brown, D.W., Felitti, V.J., Dong, M., Giles, W.H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28 (5), PP. 430-438.

<sup>21</sup> Penelope K. Trickett, Jennie G. Noll and Frank W. Putnam (2011). The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. *Development and Psychopathology*, 23 , PP. 453-476 doi:10.1017/S0954579411000174.

harm, the least we can do is to help restore them to wholeness. From a purely economic standpoint, if we invest in their treatment now, we will save ourselves from having to pay for the costs of their compromised physical and emotional health later. We call on Congress to assist child victims of abuse by continuing to provide access to such treatment, and trained clinicians, through this vital network.

#### IN SUMMARY

Child sexual abuse is a far too common experience for America's children. In 2010, 9 percent of substantiated child abuse cases were sexual abuse. However, it is difficult to know the full scope of the problem. NCANDS data regarding substantiated child sexual abuse cases only contains data collected from Child Protective Services. In many States, extra-familial and third-party abuse cases are investigated solely by law enforcement. Their data is not captured by NCANDS nor by the Uniform Crime Statistics Report. So, cases involving adults in a position of trust are rarely captured in these official reports making it difficult to create effective prevention and intervention strategies. Moreover, all such data collection efforts undercount child sexual abuse because studies have consistently shown that  $\frac{2}{3}$  of individuals who report they were abused as children never told anyone during their childhood. This not only impacts the accuracy of prevalence data and our understanding of the scope of the problem, but also points to the importance of prevention activities.

And, child sexual abuse is preventable. More than 2 decades of research reflects the effectiveness of child sexual abuse prevention and body safety information for children. Last year alone, Children's Advocacy Centers, provided such information to more than 389,000 children. However, all school-aged U.S. children should have access to this information. Ultimately, though, the responsibility for preventing child sexual abuse falls not on children to protect themselves but on adults to protect them from harm.

When adults suspect abuse, or when children disclose abuse, there are often barriers to reporting that abuse. While CAPTA requires that all States have reporting processes and procedures, these vary widely. Who must make a report, how that report is made, and to whom varies by State. Lack of certainty about the signs of abuse, how to make a report, and what will happen once a report is made are the leading causes of inaction or failure to report in cases of suspected or known abuse. However, a public education campaign to educate all adults on the signs of abuse and how to report could greatly reduce confusion and enhance public safety. More and better training for mandated reporters is essential to better protecting children.

However, increased public education campaigns and mandated reporter training will result in an increased number of informed child abuse reports. To avoid flooding the system with reports that exceed the ability of investigating agencies to respond, resources available to law enforcement and Child Protective Services must be commensurate to the increased volume of reports. One of the most effective response systems is available through Children's Advocacy Centers. There are more than 750 such centers throughout the United States that have been proven to be cost-efficient in coordinating the investigation, prosecution, and protection of children while ensuring that child victims of abuse receive effective treatment. However, there are still more than 1,000 counties in the United States that lack access to this response. Moreover, while investigation and prosecution of child abuse cases is important in holding offenders accountable and enhancing community safety, this alone is not sufficient to help victims heal. Victims require trauma-focused, evidence-supported mental health treatment in order to heal. Those child victims that complete treatment experience a significant reduction in trauma symptoms, have fewer behavior problems at school and home, and experience less depression and anxiety than those without such treatment.

It is our collective social responsibility to protect children from abuse. And, when that fails, to report it and ensure that victims receive the services they need to heal and lead healthy and productive lives. The health and well-being of our Nation's children depend upon it.

Thank you.

Senator MIKULSKI. Senator Burr.

Senator BURR. Ms. Huizar, let me follow up, if I can, to devise an effective prevention and intervention strategy, and to know how best to direct resources, it is important that we know the full scope of the problem of sexual abuse in children.

What is needed to improve the current data collection and reporting across child protective services and law enforcement, for us to glean the data that we need to make the right decisions?

Ms. HUIZAR. I am so glad you asked that, Senator Burr, because I think this is really at the heart of understanding the problem of child sexual abuse.

Currently, the data that is turned in by State child protective services, we call NCAN's data, and that does not include information from law enforcement. And in many States, law enforcement are the only individuals that investigate third party abuse. That is, abuse that occurs by individuals outside the family in and of itself. And so this absence of information does not allow us to really understand the scope of the problem.

Secondarily, the uniform crime statistics forum also, which is data that law enforcement turn into the FBI, does not segregate out abuse against children or any crimes against children. So it is swept into these large, broad categories making it impossible to study.

One low-cost solution to this problem, from my estimation, is asking law enforcement to break apart the data about crimes against children versus the same crimes against adults, and to add that to the CPS collected data, so that we have a fuller, richer understanding of the problem.

Senator BURR. Thank you for that.

Miss Sutton, on the ground and working with kids who have been abused, can you talk more about the confidentiality restrictions that CAPTA and HIPAA both cause children victims not to get the best of or maybe the most informed assistance that they need? Or do we have restrictions in CAPTA and in HIPAA that do not allow that information sharing that we need?

Ms. SUTTON. Senator Burr, the confidentiality statutes in CAPTA are, of course as you know, intended to protect the identity of people who are abused and neglected. Although there is provision that allows States to authorize disclosure to other entities that may need the information in order to do this work with children. I am not sure how many States have actually gone so far as to pass that.

Where we also see issues is with respect to HIPAA and sharing information back and forth between child protective service agencies, healthcare agencies.

Another Federal confidentiality statute I would direct your attention to is the Federal Education, FERPA, the Federal Education Confidentiality statute because we often hear of the difficulty trying to get information between education systems and child protection and other service providers. And we absolutely need to be talking together because when we do have kids in care, it is our responsibility to make sure that they have good education outcomes as well.

Senator BURR. I want to thank the Chairman for designing the hearing the way she did, where we talked about the detection of abuses and now the treatments that are necessary.

I hope everybody heard exactly what was said, because we have some stovepipes; stovepipes between law enforcement and child protective services. Stovepipes within that, limit our ability to share the vital medical information with those who are making de-

cisions about intervention. And I would suggest that all of those contribute to maybe not the best decisions about prevention.

So I hope that the Chair will work with me. I know she will as with other members, and help where we can modify those possibly, and not wait for all the States to figure out how they can waiver those current requirements.

I thank the Chair.

Senator MIKULSKI. Excellent comments.

Senator Casey.

Senator CASEY. Thank you, Madam Chair.

Doctor, I would like to start with you and ask you a couple of questions, one that relates directly to your testimony.

First with regard to education and training, you made that a central part of your written testimony as well as your presentation. You also talked about the chronic underfunding of the Child Abuse Prevention and Treatment Act, so called CAPTA.

I wanted to go back to your written testimony about prevention. You go into some length in providing some examples of strategies to implement a stronger prevention program. Can you walk through some of those strategies?

Dr. BLOCK. Yes, Senator. Thank you.

I think that prevention is still an area that we are learning about as we go, sometimes by trial and error. It is very difficult to collect evidence across broad populations to really demonstrate that a certain program works.

I think in the area of child sexual abuse, which has been a central focus of the hearing, we are trying to do two things. And by "we," I mean everyone involved, not just the physicians.

What we are doing is trying to educate children about the privacy of their minds and bodies. But more importantly, since relying on them to protect themselves is not the way to go. We are trying to teach adults in two ways. No. 1, to make them aware that this problem exists. One of our big problems is nobody wants to talk about child abuse. Nobody wants to admit that this society allows this to happen at the rate at which it is happening.

So we have to continue open hearings such as this in order to emphasize the fact that leaders recognize that this is an issue, not only for our children but as I mentioned, for the adults they will become later on.

We need to train adults to recognize what might be abuse, and that requires some pretty careful education because we also need them to understand what is not abuse.

As an example, I remember now that at the end of every day, my third grade teachers, Miss Passino bless her heart, gave each of us a hug as we left the classroom. That would be held in question today, and yet her hug was in no way predatory or abusive. It was a signal and a bodily touch that we know is part of communicating between adults and other adults, as well as adults and children. So we need to define these kinds of things so we do not end up by making mandatory reporters reporting things that are not abuse.

How do we then reach people to educate them about that is a major question, and there are programs that are around the country aimed at anybody who will come to some sessions to under-

stand how they, as adults, can protect children just by some common sense things.

For example, if you are the last teacher to leave the school in the afternoon after perhaps some teacher conferences or a meeting, and there is, I do not want to pick on one person, so a janitor or a coach or another teacher, who is still in the building and there is a little girl sitting on the steps waiting for her late parent to pick her up. It is probably a good idea not to leave the building. You perhaps sit down next to her and wait an extra 5 minutes or help her call for assistance.

That does not mean that you are suspecting everyone around you as abusive. It just means it is a good idea to be alert to possible situations. So it is a longwinded answer, Senator, but I think that when we are talking about prevention efforts, we look for some things that work.

In physical abuse, one of our biggest problems is abusive head trauma, the shaken baby syndrome. And we know through the period of purple crying program and some other programs, that if we can educate parents to the normalcy of their infant crying, to the fact that they are not bad parents if their infant does not quiet when they ask them to, that we protect those babies from people losing their temper and inflicting harm on their children.

So that might be a couple of examples.

Senator CASEY. And then finally with regard to training, you focused in particular on mandated reporters. Can you talk a little bit about that, the best approach there? One of the problems we have is not just the debate about who is the mandated reporter, but that the definition should be broadened. I think it should. But even mandated reporters, not having enough training and experience, people that we ascribe experience and knowledge to, and expertise to, that may not have the proper training.

Dr. BLOCK. I come from a State, Oklahoma, that does have mandatory reporting for everyone way at the end of the law, which does mention teachers, and health professionals, and others as mandatory reporters, but also says, "and every other citizen." I think that is a good idea.

On the other hand, it is important for us to acknowledge that even among my fellow physicians, we do not always report abuse the way it should be reported. And some of the reasons for that are unique to us, particularly in medical liability issues, and now that has expanded into civil rights litigation. So we definitely need protection for reporters, not only for making a report, but then perhaps participating in the process later on if a case goes on to prosecution or some other adjudication.

We need to, as I mentioned, help people understand: what is child abuse? What does it look like? What does it sound like? What do you do when you suspect it is happening? And how can you work through our various disciplines to create an interdisciplinary approach because when I talk to physicians, one of the leading reasons that if they have a suspicious case, they are not quick to report is that they have concerns about the system. What will happen in their particular locale with children's protective services availability in working the case? What will happen with prosecu-



tion? And what will happen to them in terms of their time that will be taken, not only in making the report, but in the follow up?

We can take care of that within the medical profession if we can continue to create the talent wherein our subspecialty can be available to medical schools and to communities that help teach about that. And we need to learn how to work together across disciplines. We are doing a good job of that.

I think right now that children's advocacy centers are playing a leading role in that, but we can do better. We need to be able to have more opportunity to teach each other about what our disciplines are all about, and we need to learn to hold each other accountable for our piece of the puzzle.

Senator CASEY. Thank you.

Senator MIKULSKI. First, I want to thank all three of you for your testimony, and the organizations you represent, and the professionals that you represent.

I have about four questions, but the first one is about deterrence. And I just need a short answer on this and because the others will be longer policy questions.

There is this whole belief that mandatory reporting acts as a deterrent to people who are predators, that if they fear discovery through others who would turn them in or report them, that that acts as a deterrent or a chilling effect on abusive behavior.

I wonder if you believe or if the data demonstrates that mandatory reporting, which I happen to be an advocate of, actually is a deterrence. Let us go down the line. Miss Sutton, what do you think?

Ms. SUTTON. To be honest, I never thought of it in that perspective as a deterrence. I think all too often the predatory offenders that we are talking about are not thinking about mandated reporting.

I do think that mandated reporting, over the years, has provided a tremendous amount of education across our country since CAPTA was first passed in 1974. And in that respect, it has made us all much more aware of abuse and neglect, and hopefully that has resulted in the prevention as well.

Senator MIKULSKI. Dr. Block.

Dr. BLOCK. I think mandatory reporting itself is not a primary deterrent, but it is a secondary deterrent because if we have people reporting what they suspect, then we are going to avoid the second, third, fourth, tenth, twentieth episode. Particularly in sexual abuse, predators do not limit themselves to one victim, unless it is within the family and they only have access to one victim.

So I think it is the yes and no. No, it is not a primary deterrent, but yes, it is very important to getting things stopped before it gets even more out of hand.

Ms. HUIZAR. And I would completely concur with what Dr. Block's opinion is about that.

Senator MIKULSKI. So now the question is: who should report? We have kind of a consensus on the so-called mandated reporter reporting, but then what is the next circle out, all the way to anybody who sees something, do something. See something, say something. We are contemplating in our legislative work here expanding

reporting to everybody and asking States, then, to develop legislation to implement that.

Do you think we should keep it limited and do concentrated training? Do you think we should expand it to everybody? Do you think we should include everybody but do extensive education and training to those who need certification and licensing because of their access to a child the way Mr. Cervone did and at least, we have a core group of people? Miss Sutton, what do you think?

Ms. SUTTON. Senator.

Senator MIKULSKI. Who do you think we should require to report?

Ms. SUTTON. I think I would tend to agree with testimony by Mr. Cervone with respect to research. I would like to know more about those States where everyone is required to report. In Minnesota, we require certain professionals, but encourage everyone to report.

I am concerned about seeing an increase in false reports as well as what the impact may be on the system, and our capacity to respond. Without an increase in the ability to respond to more reports, I would be concerned that we would—

Senator MIKULSKI. And could flood the system and not get to the kids that really need it the most and could be in danger.

Ms. SUTTON. Absolutely.

Senator MIKULSKI. Dr. Block.

Dr. BLOCK. Yes, Senator, I agree with her comments and with yours as well. We have a system already in child welfare that is totally overburdened.

Full disclosure. I have a daughter who survived 4 years as a permanency placement worker working with children in foster care, with a caseload that should have been 24 children, it was 53.

Senator MIKULSKI. Right.

Senator BLOCK. With an on-call that was constant, including a call as she was on the turnpike from Oklahoma City to Tulsa on the night of her wedding rehearsal dinner, but that she needed to respond to.

We have to support these programs. We have, at any given time, 50, 60, 70 percent of workers in the field who are in their first year of experience. So even though we invest in training them, if they cannot survive the system, then we have not gotten a good return on our investment.

So yes, I do think we can encourage everyone to be reporters, but we have to shore up the system first and then we need to educate them, to minimize reports that really are minimal kinds of observations that we are concerned about.

Senator MIKULSKI. So there is the required excellent language which requires a certain body or population, but then encourage the rest of the population on what to do.

I think Dr. Block, you just made an important point which is if you are going to do this work, and those who are child protective workers who are in subspecialties such as yours, sir, they themselves need not only education and training, but ongoing support because of what they see and experience to prevent burnout and the excessive burden.

The fear, I just recall from myself, I bet you did too, that if you goofed in your assessments somebody could die, or be so damaged

as to be permanently disabled all of their life. I mean, fear of screwing up among professionals doing this service is pretty significant.

Miss Huizar, I think you oversee that, so tell me who you think should report? Do you agree with this kind of support that needs to go to those who are charged with these responsibilities?

Ms. HUIZAR. Certainly. I think that all adults should, of course, know the signs of abuse and be encouraged to report, and know how to go about doing that. And I think that anyone that has professional contact with children should be legally required to do so. And I think that it is important to start with training and then move onto expansion of reporting requirements as opposed to the other way around.

In other words, if we spread the word about these things to the largest body of individuals first, then you can phase in, based on research that you do, other groups that you might like to additionally be legally required to report. But in the absence of that research and in the absence of training, I think those would be problematic.

I also think that any increase in expanding the circle of those that are legally required to report absolutely has to be paired with increased resources. Increased resources for State and local law enforcement since most of these are not going to be prosecuted or investigated. Federally increase resources in terms of treatment, in terms of both medical treatment and mental health treatment, and the services of children's advocacy centers.

Senator MIKULSKI. Now that takes me to who should investigate? You know, if you are going to report, all of the things that emerge from reporting is the hesitancy of people to report because, first, they either do not know where they go. Second, they do not want to be mixed up, or they think, "I really don't want to go to the cops about this." And I do not use that—I use that in the best sense of the word.

And I think you, as professionals, would agree the investigation that a child protective service worker does, the inquiry that a physician or a nurse practitioner does, etc, is very different than law enforcement that is gathering evidence for the commission of a crime, where you are trying to gather information for the protection of the child; two different things.

So my question goes that if we have mandatory requirements knowing that child abuse is a crime. I do not minimize that. But should the first line of reporting be child protective services, or should we go directly to the cops and the cops get the children to protective services?

Miss Sutton, you run a pretty big agency.

Ms. SUTTON. In Minnesota, our law requires that there be cross reporting within 24 hours.

Senator MIKULSKI. Cross reporting.

Ms. SUTTON. Cross reporting.

Senator MIKULSKI. Could you say what that is, ma'am?

Ms. SUTTON. Yes, a person can choose to report to law enforcement or to child protection. They are required to report to each other within 24 hours. And then if the allegation involves a violation of a criminal statute, then generally what would happen, there

would be a joint investigation by law enforcement and the agency; the cops doing their role and the agency doing their fact gathering to look at service plans and delivery.

In certain circumstances, law enforcement may ask child protection not to do an assessment if there would be something that could have interfered with the law enforcement investigation. But they do try to go hand-in-hand.

Senator MIKULSKI. But if you are going to report, you get to choose which one you do.

Ms. SUTTON. Yes.

Senator MIKULSKI. But you feel comfortable that you know about it, but then they talk to each other.

Ms. SUTTON. Yes.

Senator MIKULSKI. And because they are highly trained, which is bucks and people.

Ms. SUTTON. Right.

Senator MIKULSKI. We cannot forget that there is no cost to what we are talking about here.

Ms. SUTTON. Right.

Senator MIKULSKI. And then they get training on what is the best way to proceed in the interest of the child. Is that the foremost question in their mind?

Ms. SUTTON. Yes.

Senator MIKULSKI. The interest of the child or the interest in the case? It is a different thing than something called "the case".

Ms. SUTTON. I think the interest is first in assuring whether a child is safe, and then, once we can assure that a child is safe, doing the investigation or assessment of what has occurred.

Also for us, it was really distinguishing between those situations that may involve criminal actions toward children and those situations where families are just struggling to take care of their children. And having that appear to the investigative approach was not serving those families well. So we needed to develop a balance of both so that we could respond most appropriately given the particular situation that came to our attention.

Senator MIKULSKI. Dr. Block.

Dr. BLOCK. In our center, we have all the disciplines housed under one roof including medicine and all the other components. So we are able to—

Senator MIKULSKI. But is that rare, or is that usual and customary?

Dr. BLOCK. I think within child advocacy centers, it is becoming more and more customary.

Senator MIKULSKI. Within the child advocacy centers.

Dr. BLOCK. Right.

Senator MIKULSKI. But they are limited in number, true?

Dr. BLOCK. Very true, because the example I want to give is, I think an optimal way to approach that because regardless of who has received the report, that report comes to the multidisciplinary team. It is quickly discussed in order to figure out who should be doing what, including which children need more extensive medical evaluations, which children need law enforcement investigation, and what have you.

I think that the interdisciplinary—by supporting interdisciplinary centers, interdisciplinary teams, whether they be housed in communities, or at children's hospitals, or wherever it might be a solution.

Senator MIKULSKI. Right. Miss Huizar.

Ms. HUIZAR. I certainly agree that every single child sexual abuse case should be investigated by a multidisciplinary team. I think each brings unique aspects to that investigation, weighing in on what is going on criminally with that, as well as what is going to go on to protect the child, and insuring that simultaneously they are getting treatment.

I think that Tennessee has a nice example in which the way that child abuse reports come in. When they come in through CPS and also there is cross reporting, so they are immediately going to law enforcement. They also pop up for all the children's advocacy centers in the State in NCA track which is case tracking database which ensures that the case does not fall through the cracks.

So if the children's advocacy centers gets one of these reports, and they do not see that kid within a day or two, it gives them the ability to call law enforcement or child protective services and say, "Whatever happened to John Smith? I saw his case come in and it is one that should have been screened in to the children's advocacy center, and we have not seen that child yet."

I think there are some States who are doing some innovative things about that, and if we could broaden that sort of response, it would be very helpful.

Senator MIKULSKI. Thank you. We also have to sort out here legislatively. Are we talking about mandatory reporting, encouraging reporting for child maltreatment? Because, literally, we talk about different categories, one is neglect.

Now, back in my day and from what I understand from discussing it with child protective agencies, the data says that the majority of people who come to the attention of child protective services are those who are not showing up in school. They do not seem like they have had a good meal. Do they need to see a dentist? Like we had a little, etc. But that is different than a battered child.

Then there is a whole other where there is physical abuse, often that shows up either in the classroom, the battered child Dr. Block spoke about, the purple crying, the shaking, etc. But then there is, I will call it, we called it, the "B" words, the battered, bruised, burned, broken. That usually comes into medicine in some way.

One is that reporting, and then the third often is psychological. The child locked in a closet. There is no evidence of physical abuse or just other kinds of horrific things I do not want to elaborate on, but you could give examples. Then there is sexual abuse.

Now those are different things, and they do not all happen to the same child. The neglected child might have loving parents, who is a single mother who is living out of a car, and needs other kinds of intervention. The battered child is obviously in physical and immediate and constant danger. The sexual abuse is a different issue.

Do you think we should have one-size-fits-all mandatory reporting? Do you think it should be targeted in-home or in particular areas? Or are we just creating too much law that will create too much bureaucracy and, once again, our fear for the child that could

fall between the cracks where a cry for help will not be attended to?

Miss Sutton.

Ms. SUTTON. Senator, I would suggest that making the reporting itself as simple as possible so people know what to report and where to report it and that they—

Senator MIKULSKI. They will parse it.

Ms. SUTTON. And they will parcel it out, but make sure people know that they should report child neglect, physical abuse, sexual abuse, emotional injury, and threatened injury which is what CAPTA historically has covered. And then give the flexibility and the ability of the systems working together—and I mean that across systems, the medical community, child advocacy, as well as child protective services—to look at what is the most appropriate intervention based on the assessment of those individual circumstances.

I think that is one of the hardest lessons that we learned in Minnesota was one-size-did-not-fit-all. We were creating more damage and trauma by trying to do that, so that we needed to be much more individualized.

Senator MIKULSKI. Doctor.

Dr. BLOCK. One of the things that pediatricians believe very strongly in is the patient or family centered medical home. In that medical home, not only the physician but other professionals working as a healthcare team are going to be able to see aberrations in development or in physical appearance, in nutrition, whether it is over or under ideal weight.

So we have places like the medical home, where we can do a lot of prevention and a lot of intervention before neglect, emotional abuse, and poor parenting—due to lack of understanding child development—can occur. Unfortunately, not every child has access to those homes, particularly if they are supported by Medicaid or if they are not insured whatsoever.

But I think places like that, places where children come regularly. Schools, for example, can be targets of training to identify behavioral issues that are not translated into, “This is a bad child.” But rather translated into, “Perhaps we should look at what is happening in this child’s early life.” Those would help us.

Senator MIKULSKI. Excellent.

Ms. HUIZAR. I do not believe that we can ask mandated reporters to be expert screeners or assessors of all the responses that should happen after they make a report.

I am in agreement that keeping that reporting duty simple and how they go about that simple is the best way to do that. And I think that what happens after that, in terms of differential response or other things is critically important.

For example, we know that while differential response has been enormously beneficial in neglect cases and in physical abuse cases, it is simply not appropriate in sexual abuse cases. So that is not something we should expect a mandated reporter to know. That is something that our job as child abuse professionals should know.

Senator MIKULSKI. Excellent.

I could sit here and talk all day with you, as you can see. I really want to thank each and every one of you for being with us today.

The work that you actually do each and every day to prevent, protect, and deter child abuse—we look forward to working with you as well as members of the subcommittee, in the House and in the Senate, and those who are on the judiciary committee—to develop a bipartisan legislative framework to address the problems we discussed today.

There were so many people who wanted to submit testimony. I am going to ask for unanimous consent that nine pieces of written testimony be submitted to the record.

[The information referred to may be found in Additional Material.]

Senator MIKULSKI. I particularly, again, want to thank Lauren Book, who was here all day and her advocacy is every day, and her testimony will be duly noted.

Secretary Sebelius sent us testimony. The Baltimore Child Abuse Center, the American Psychological Association, the Committee for Children, Parents Anonymous, Stop It Now!, Darkness to Light, and the Child Welfare League have all submitted their testimony.

We are going to leave the record open for 10 business days until December 28 for questions. The Congress, I hope, will be recessing. But upon our return, we will be examining all of the proposals to see how we move forward.

Listening to all four of you takes me back so many years ago to my own work. And Dr. Block, you and I began in this field just about the same time, and the body of knowledge that has been developed, and the professional expertise, and all of the policy treatment insights has really been stunning.

I feel that in the audience today were four women who believed in me, and helped me get the training I needed to be a good social worker. And yet, they were pioneers for their time, and they would be so pleased to hear where we have come to really protect our children.

Esther Lazarus, who ran the agency; Mazie Rappaport, who was a pioneer in cutting across the red tape; Lisa Benjamin, who pioneered new thinking in the protection of children, focus on the children, not the bureaucracy; and Melinda Shoemaker, who was my trainer, who trained me and encouraged me to go to graduate school.

Those women and all over America, everybody out there that are sweating the details, sweating how to do a good job, and sweating how they can make sure that our children are safe and secure. So we have, now, got to put our sweat equity to the wheel and come up with the right policy.

We look forward to ongoing conversation with you. We thank you and we say God bless you for what you do. God bless our children and protect them. And God bless America.

This meeting is adjourned.

[Additional material follows.]

## ADDITIONAL MATERIAL

## PREPARED STATEMENT OF SENATOR BENNET

I want to thank the Chairman and Ranking Member for holding this hearing. And I would like to express my deep gratitude to the people here, and those who could not be here, who have dedicated their lives to protecting children from abuse. You have taken child abuse from what was too often a private, silent issue towards a broad consensus about our collective responsibility to end these tragedies.

I would especially like to recognize Teresa Huizar's work. She is here today as the executive director of National Children's Alliance. The Alliance runs Children's Advocacy Centers across the United States. Prior to that, Teresa worked in Colorado, spending 15 years working on behalf of the children there and across our region. She conducted school-based child abuse prevention programs for over 10,000 students during her time there and I would like to welcome her here today. She has a wealth of knowledge and expertise to share with us.

There is much work to do to protect children from abuse. Too many children still suffer alone with the secret of abuse. It is critical that adults have the training and education necessary to report suspected abuse, and that there is no tolerance for letting it go unaddressed.

But reporting alone will not solve this problem. Child protection services systems are already overwhelmed and under resourced. Even substantiated cases too often do not get the response and interventions they require. As many of you point out in your testimony, we can't raise the incidents of reporting without building the capacity of the system to respond to the cases.

Equally important is prevention. Treatment for victims that focuses on the trauma they encounter can help break the concentric cycles that continue suffering from generation to generation. And there are other methods of prevention—home visits and education for parents, fingerprinting and background checks for individuals who will be working with children, and support for families at risk that can prevent incidents before they happen. Too often, resources only arrive on the back end, addressing the horrible consequences of abuse and neglect after the fact.

I want to thank each of you for being here today and thank you for your dedication to keeping our children safe.

PREPARED STATEMENT OF BRYAN SAMUELS, COMMISSIONER, ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES, YOUTH AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, WASHINGTON, DC

Chairwoman Mikulski, Ranking Member Burr, and members of the subcommittee, thank you for accepting my written testimony for your hearing on the issue of child abuse. Recent events have brought much attention to this issue, and the Department of Health and Human Services (HHS) welcomes this opportunity to address the Federal role of HHS in preventing child abuse and neglect, protecting its victims, and treating its effects on children and families.

In my position as Commissioner of the Administration on Children, Youth and Families, I am well acquainted with the national scope of abuse and neglect and our Nation's response. Prior to joining the Administration, I served as the Director of the Illinois Department of Children and Family Services from 2003 to 2007, and



subsequently as the Chief of Staff of the Chicago Public Schools. In these positions, I gained a comprehensive understanding of the State role in the prevention of maltreatment, the protection of children, and the treatment of the impacts of abuse and neglect. In my statement, I will provide an overview of a key piece of Federal legislation addressing child abuse, the Child Abuse Prevention and Treatment Act (CAPTA), and the roles of Federal and State Government in implementing the Act. Although there are other statutes related to child abuse and neglect, my statement will be restricted to a discussion of CAPTA.

The Child Abuse Prevention and Treatment Act is a fundamental component of Federal legislation related to the prevention of and response to child maltreatment perpetrated by caregivers. The Act, originally passed in 1974, has been reauthorized and amended several times, most recently in December 2010. When enacted, CAPTA was the original legislation mandating that States have in place systems for reporting, investigating, and responding to abuse.

As summarized in an overview of the legislation's history produced by HHS, "CAPTA provides Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations, including Indian Tribes and Tribal organizations, for demonstration programs and projects. Additionally, CAPTA identifies the Federal role in supporting research, evaluation, technical assistance, and data collection activities; established the Office on Child Abuse and Neglect [located in the Children's Bureau in the U.S. Department of Health and Human Services]; and mandates [the] Child Welfare Information Gateway,"<sup>1</sup> a clearinghouse of information about child welfare practice.

The Act includes a minimum definition of abuse and neglect as follows: "the term 'child abuse and neglect' means, at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm."<sup>2</sup> States may choose to put forth an expanded definition of child abuse and neglect that builds on that provided by CAPTA, and the Act's implementation is highly State-specific. Most States recognize four major types of maltreatment; physical abuse; sexual abuse; and emotional abuse or neglect. Other types of maltreatment, such as educational or medical neglect, are codified in some States. In certain States, exceptions to definitions of abuse and neglect are provided to ensure that religious beliefs, cultural practices, and financial insecurity in and of themselves do not constitute maltreatment.

According to the basic definition, CAPTA applies specifically to cases of child abuse and neglect at the hands of persons with some relationship or regular responsibility for a child. States may indicate in statute which persons can be reported to child protective services as perpetrators of maltreatment.<sup>3</sup> This generally includes parents, guardians, foster parents, relatives, or other caregivers responsible for the child's welfare. State definitions range from broad (as in Oregon, where "Responsible person may include any person."<sup>4</sup> to narrow (as in Connecticut, where "Responsible persons include the child's parent or guardian."<sup>5</sup> In most States, cases of maltreatment perpetrated by strangers, acquaintances, or others not defined in statute as persons responsible for the child are classified as assault and fall under the jurisdiction of the criminal justice system. For the remainder of my testimony, I will address the issue of maltreatment as defined by CAPTA.

Data reported in this testimony come from the National Child Abuse and Neglect Data System (NCANDS), a database to which States voluntarily submit information about reported cases of maltreatment on an annual basis. Statistics reflected below are drawn from the most recent report of this data, *Child Maltreatment 2010*, released on December 8, 2011, which reflects submissions from all 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

#### MALTREATMENT

In addition to providing information about reports, investigations, and services in cases of suspected maltreatment, States furnish data to the Federal Government about confirmed instances of abuse and neglect. The following table illustrates the

<sup>1</sup> Child Welfare Information Gateway (2011). *About CAPTA: A legislative history*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

<sup>2</sup> The Child Abuse and Treatment Act as amended by P.L. 111-320, the CAPTA Reauthorization Act of 2010. Section 3.

<sup>3</sup> The terms "maltreatment" and "abuse and neglect" are used interchangeably throughout this document.

<sup>4</sup> Oregon Rev. Stat. § 419B.005

<sup>5</sup> Connecticut Gen. Stat. § 46b-120.

most common types of maltreatment and the relationship of the perpetrators to the children in question.

Table 1.—Maltreatment Types and Perpetrators, 2010

	Percent of maltreatment cases <sup>6</sup>	No. of maltreatment cases
Type of Maltreatment:		
Neglect .....	78.3	538,557
Physical Abuse .....	17.6	121,380
Sexual Abuse .....	9.2	63,527
Psychological Maltreatment .....	8.1	55,405
Medical Neglect .....	2.4	16,209
Other/Unknown .....	10.6	72,910
Perpetrator of Maltreatment:		
Parent <sup>7</sup> .....	81.3	578,821
Nonparent <sup>8</sup> .....	13.4	95,757
Unknown .....	5.3	37,928

Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Child Maltreatment 2010*.

#### REPORTING

In order to receive CAPTA funds, States must meet certain requirements including the establishment and maintenance of systems for the reporting of abuse and neglect. Most States have hotlines that can be called to report suspected maltreatment. When a call is made, a hotline operator asks the caller a series of questions, according to the protocol of the State or jurisdiction, in order to establish the details of the referral and determine whether the criteria for an investigation have been met. According to the Child Welfare Information Gateway, "In approximately 27 States, cases in which the suspected abuse is caused by someone other than a family member, or in which the abuse involves sexual abuse or severe injury to the child, are considered crimes and must be cross-reported to law enforcement agencies for investigation."<sup>9</sup>

In 2010, approximately 3.3 million referrals of suspected abuse pertaining to 6 million children were made in the United States.<sup>10</sup> While many referrals are made by individuals acting purely out of concern for a child, the majority are made by people who are required by State law to report any suspected maltreatment. As of April 2010, mandated reporters in almost all States included those who regularly encounter and work with children, such as teachers, child care providers, and doctors. Of all referrals received in 2010, 57 percent were made by professionals such as teachers, law enforcement and legal personnel, and social services staff.<sup>11</sup> Anonymous sources, other relatives, parents, friends and neighbors made the remainder of referrals.

#### INVESTIGATIONS

When a hotline call is received, an operator will determine whether there is a reasonable suspicion of harm to a child by a caretaker to warrant an investigation by the child protective services agency. This decision is generally made according

<sup>6</sup>A single report may result in the substantiation of multiple, co-occurring types of maltreatment.

<sup>7</sup>Includes the following categories: Father, father and other, mother, mother and other, mother and father.

<sup>8</sup>Includes the following categories: Child daycare provider, foster parent (female relative), foster parent (male relative), foster parent (non-relative), foster parent (unknown relationship), friend and neighbor, legal guardian (female), legal guardian (male), more than one non-parental perpetrator, other professional, partner of parent (female), partner of parent (male), relative (female), relative (male), group home staff, other.

<sup>9</sup>U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Child Welfare Information Gateway (2010). Cross-Reporting among Responders to Child Abuse and Neglect: Summary of State Laws. Available at: [www.childwelfare.gov/systemwide/laws\\_policies/statutes/xreporting.cfm](http://www.childwelfare.gov/systemwide/laws_policies/statutes/xreporting.cfm).

<sup>10</sup>U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Child Maltreatment 2010*.

<sup>11</sup>*Ibid.*

to specific criteria defined by the State or jurisdiction in which the referral is made. If the reporter is unable to provide sufficient evidence of abuse or neglect, usually because these necessary details are unknown or the screening criteria for maltreatment were not met, the referral will be screened out and no further action will be taken. When referrals are screened in, they become known as reports. Of the 3.3 million referrals received in 2010, 1.8 million pertaining to 3 million children were screened in as reports warranting a response.<sup>12</sup>

Approximately 9 percent of the reports in 2010 were categorized as “Alternative Response,”<sup>13</sup> meaning that an alternative approach to usual child welfare investigative response was used. In these cases, maltreatment may or may not have occurred. According to *Child Maltreatment 2010*, “Cases assigned this response often include early determinations that the children have a low-risk of maltreatment. This response usually includes the voluntary acceptance of Child Protective Services and the mutual agreement of family needs.”<sup>14</sup> This is in contrast to the investigative response, in which assessment and services are generally mandated following a caseworker’s independent determination that the family has needs requiring intervention. In 5 percent of referrals resulting in an alternative response, a child welfare worker determined that maltreatment had in fact occurred.<sup>15 16</sup>

When an investigation does take place, the child welfare worker assessing the report determines whether or not there is evidence of maltreatment. Again, most States require that certain criteria be met before such a determination is made. If these criteria are not met, the investigator will deem the report “unsubstantiated.” However, if evidence of maltreatment is apparent, the case will be “substantiated.” In some States, there is a third category for cases in which there is insufficient evidence to confirm maltreatment, but there is reason to believe that a child faces significant risk in the current setting. Such cases are deemed “indicated.” In 2010, 19 percent of reports were substantiated, 63 percent were unsubstantiated, and 1 percent was indicated.<sup>17</sup> Including the children who had been maltreated and received an alternative response, approximately 695,000 children were the victims of maltreatment in 2010. Thus, the national rate of maltreatment in 2010 was about 9.2 victims per 1,000 children.<sup>18</sup>

<sup>12</sup>Unique count.

<sup>13</sup>The remainder of investigated reports fall into the following categories: Intentionally false, closed with no finding, unknown, and other.

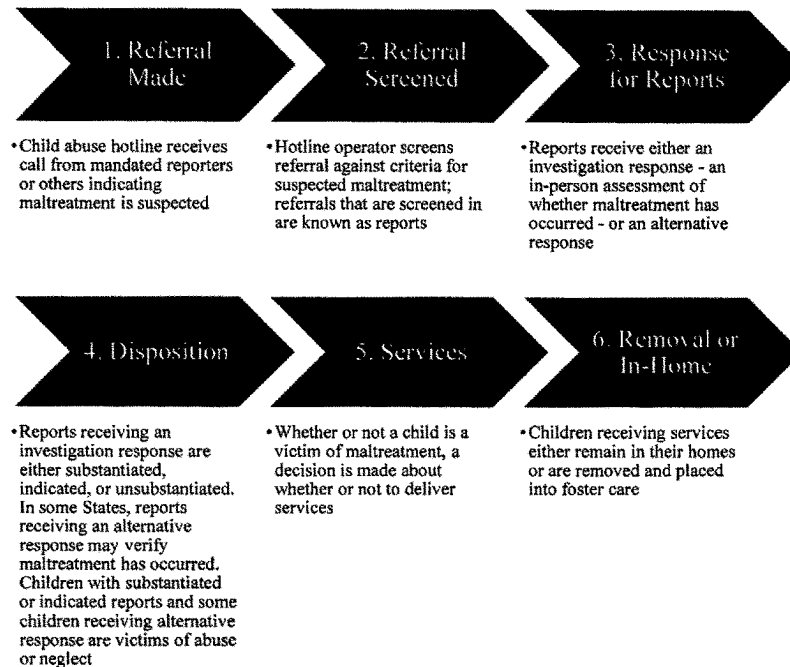
<sup>14</sup>U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2011). *Child Maltreatment 2010*.

<sup>15</sup>For children categorized in NCANDS as “alternative response nonvictim” there was no determination that any child in the report was a victim of maltreatment.

<sup>16</sup>*Ibid.*

<sup>17</sup>U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2011). *Child Maltreatment 2010*.

<sup>18</sup>Unique counts.

**Figure 1. General Process for Child Protective Services, from Referral through Removal**

#### SERVICES

Following an investigation of a report of maltreatment, the determination made either by the investigator or a child welfare caseworker influences whether or not a formal case will be opened for services. While most children and families receiving services from the child welfare system have been the subject of substantiated or indicated reports of maltreatment, services are sometimes delivered to families with unsubstantiated reports. In these cases, typically the investigator or caseworker has determined that, while there is no evidence of maltreatment, the family could benefit from preventive services to keep abuse or neglect from happening. In 2010, approximately 425,000 (61 percent) of victims and 552,000 (24 percent) of non-victims received post-investigation services.<sup>19</sup>

Services delivered fall into two categories: in-home services and out-of-home services. In-home services are delivered to intact families where the child or children have not been removed. Out-of-home services include foster care and other services for children who have been removed from their homes and taken into State custody. According to NCANDS calculations, of the 6 million children who were the subject of hotline reports in 2010, approximately 229,000 children were placed in foster care as a result of reported maltreatment (see Appendix A).<sup>20</sup>

#### FEDERAL ACTIVITIES

In accordance with CAPTA, the Children's Bureau in the U.S. Department of Health and Human Services provides funds to States to support activities including:

<sup>19</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Child Maltreatment 2010*.

<sup>20</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Child Maltreatment 2010*.

- Intake, assessment, screening, and investigation of child abuse and neglect reports; risk and safety assessment protocols;
- Training for child protective services workers and mandated reporters;
- Programs and procedures for the identification, prevention, and treatment of child abuse and neglect;
- Development and implementation of procedures for collaboration among child protection services, domestic violence, and other agencies;
- Services to disabled infants with life-threatening conditions and their families;
- Addressing the needs of infants born with prenatal drug exposure;
- Referring children not at risk of imminent harm to community services;
- Implementing criminal record checks for prospective foster and adoptive parents and other adults in their homes; and
- Protecting the legal rights of families and alleged perpetrators, and supporting Citizen Review Panels.

In fiscal year 2011, \$26,482,000 in CAPTA State grants were awarded to all 50 States, the District of Columbia and five territories. Grants are based on an initial allocation of \$50,000 per State with additional funds distributed in proportion to the State's population of children under the age of 18. Grant amounts ranged from \$55,608 to the Northern Mariana Islands to about \$3 million to California.

Additionally, in fiscal year 2011, \$41,606,000 in Community-Based Child Abuse Prevention (CBCAP) grants were provided to a lead State agency to disburse funds for community-based child abuse and neglect prevention activities. Funds are used to develop, operate, expand and enhance community-based efforts to strengthen and support families to:

- Prevent child abuse and neglect;
- Foster the development of a continuum of preventive services through State and community-based public private partnerships; and
- Finance public information activities focusing on the healthy and positive development of families and child abuse and neglect prevention activities.

Voluntary home visiting programs are a core local service, as are programs that focus on prevention services to families that include children or parents with disabilities. Grant amounts ranged from \$200,000 to several of the territories to about \$3.6 million to California.

In fiscal year 2011, \$25,793,000 was awarded to State, Tribal, agency, and university grantees for Child Abuse Discretionary Activities through CAPTA. These funds support a number of research and demonstration grants and contracts that seek to expand the evidence base for child welfare programs with the goal of improving child outcomes as lessons learned are adopted by communities across the country.

The program funds research on the causes, prevention, identification and treatment of child abuse and neglect, and investigative, administrative and judicial procedures. It also funds projects to compile, publish and disseminate training materials; provide technical assistance; demonstrate and evaluate methods and procedures to prevent and treat child abuse and neglect; and develop or expand effective collaboration between child protective services and domestic violence agencies. In addition, the program funds a national resource center on issues relating to child maltreatment and a national clearinghouse, the Child Welfare Information Gateway, which gathers and disseminates information on promising programs of prevention and treatment and on the incidence of child abuse and neglect.

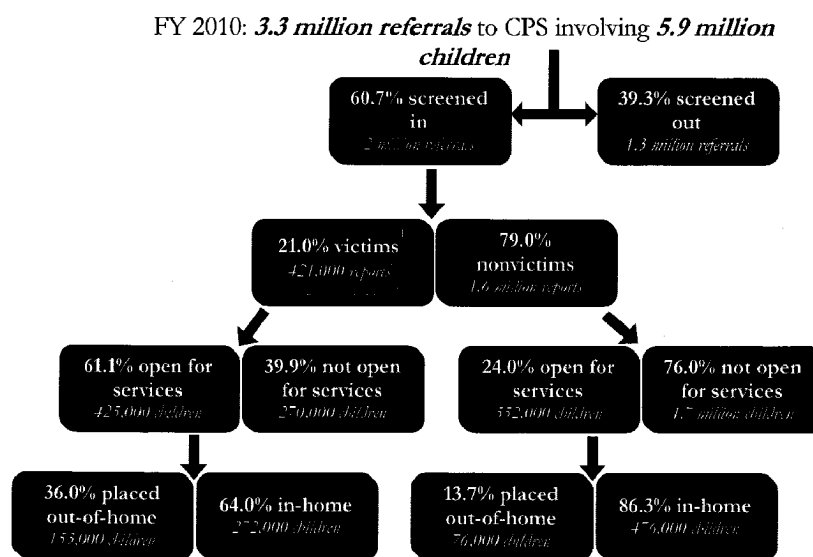
Research and demonstration grants are awarded competitively to public and private agencies, including State and local government agencies, universities, and voluntary and faith-based organizations. Contracts may be awarded to public, nonprofit and proprietary organizations. Two Quality Improvement Centers are funded through this program:

1. The National Quality Improvement Center on Early Childhood works to improve the social, physical, behavioral, cognitive, and emotional well-being of children 0 to 5 years old, and their families, who are at risk of abuse and neglect. The Center fosters collaborative research and demonstration projects across the child abuse prevention, child welfare, early childhood, and other health, education, and social service systems.
2. The National Quality Improvement Center on Differential Response in Child Protective Services works to generate knowledge about effective models of differential response in child welfare. The Center also supports the capacity building at the State and local levels to improve child welfare outcomes for children and their families who come to the attention of the child welfare system.

## CONCLUSION

In summary, while CAPTA establishes minimum standards, States determine many of the specific rules related to what constitutes abuse and neglect, who must report that abuse and neglect, and when abuse and neglect is handled through the child welfare system and when it is handled through law enforcement. Through CAPTA, the Federal Government supports State activities that prevent, assess, investigate, prosecute, and treat the effects of child maltreatment. CAPTA also includes provisions for tracking maltreatment and testing new approaches to addressing abuse and neglect. CAPTA serves as an important Federal tool for protecting children from abuse and neglect.

### Appendix A.—Fiscal Year 2010 Flow of Children through Child Protective Services



Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2011). *Child Maltreatment 2010*.

1. "Victims" here includes NCANDS categories "substantiated," "indicated," and "alternative response victim."

2. When referrals are screened in, they become known as reports.

3. Unique count. Some children had more than one report of maltreatment.

### PREPARED STATEMENT OF LAUREN BOOK, FOUNDER, LAUREN'S KIDS FOUNDATION, MIAMI, FL

Madam Chair, Ranking Member Burr and members of the committee, I would like to thank you for the opportunity to tell you my story and share the perspective I have gained as a victim of childhood sexual abuse for 5 years. I am proud to say that I have grown beyond being just a victim to being an advocate and an educator, because I believe those are the two main ways we will end the epidemic that is childhood sexual abuse.

I was sexually, physically and emotionally abused daily at the hands of our family's live-in nanny from age 11 to age 17. I was groomed and manipulated by a predator who took advantage of the fact that my mother struggled with mental illness and was largely emotionally absent, my father worked and traveled a lot and was largely physically absent, and I was an obedient child who wanted to please adults and ultimately protect my younger siblings. My story illustrates that sexual abuse knows no bounds. It happens to children of privilege and poverty. It happens in every religion, ethnic group and income level. It is epidemic. And I am committed to changing that.

My advocacy in Florida has been instrumental in changing many laws to better protect children and victims of sexual abuse. I would value the chance to influence Federal law as well because the mission of the Lauren's Kids Foundation that I

founded is to create a world where sexual abuse and exploitation of children is not tolerated and where children know it's always OK to tell.

The Penn State and Syracuse tragedies are either a national wake up call and teaching moment or a lost opportunity. How we respond as a society, as a government and as individuals will demonstrate whether we truly value children or are willing to let them continue to be a commodity to be exploited. The work this committee is doing is a great start.

I think the recent Penn State, Syracuse and Citadel cases underscore what I have known for some time—that our society has a very high tolerance for childhood sexual abuse. In each of these cases, preserving the reputation of the institution was placed above protecting the interests of the children—children who were subject to unspeakable abuse and manipulation by people the institution placed in positions of trust and power. Unfortunately, this is a situation that has become all too familiar in our society—a problem that cries out for your attention and action.

Our recommendations relate to four main areas that I will outline briefly:

- First, extending the statute of limitations to bring a civil lawsuit if the victim is under age 16 when the abuse is committed. Our preference would be to eliminate the statute of limitation entirely, since, I can tell you there is no statute of limitations on how long it takes a victim to heal. It's a lifelong process.

Alternatively, at a minimum, we would like to see Congress increase the statute of limitations to 6 years after a victim reaches the age of majority or 6 years after a victim remembers repressed memories of abuse. This “delayed discovery” doctrine is recognized by courts in many jurisdictions and should be codified in the statute to ensure it is applied uniformly to all cases of child sexual abuse.

Clearly, the current 6-year statute of limitations is inadequate because a child may not even have reached adulthood by the time it tolls. Since 85–90 percent of childhood sexual abuse goes unreported entirely or for many years, the current law is highly inadequate.

- Second, we'd like to see Congress use the leverage of Federal funding to impose a reporting obligation on those universities that accept Federal funds. This obligation would relate to childhood sexual abuse that occurs on campus or at university-sanctioned off-campus events. It also ensures the possibility of public scrutiny of these reports by making clear that these reports cannot be shielded under a State public records exemption. And we recommend imposing administrative, civil and criminal penalties, on both individual institutional personnel and institutions that fail to report child abuse. Penalties should include fines and up to 2 years imprisonment for individuals who willfully fail to report or who prevent someone else from reporting, or who conspire to violate this reporting requirement.

Even more important, penalties should include the threat of termination of all Federal funding for a university that fails to report. We believe this institutional sanction is an important hammer that will counter the tendency to put protection of a university's reputation over the interests of children. As the Penn State case demonstrated, unless the penalties for failing to report exceed the pressure to protect the institution, children will be left at risk.

- Third, we would like to see Congress expand Federal criminal jurisdiction to prosecute crimes that occur on university campuses or at university-sponsored or sanctioned events. I think it's clear that campus sexual assaults in general often don't get properly prosecuted because of overly cozy relationships between universities and campus police departments or even local law enforcement agencies in a college town.

We recommend allowing for Federal prosecution of sexual crimes committed on university grounds or at university-sanctioned events, again using the leverage of Federal funding. This provides another route to justice, if campus or local law enforcement authorities fail to act.

- Finally, we'd like to see childhood sexual abuse added to the list of crimes that must be reported in the crime statistics collected under the Clery Act. While the Clery Act is less impactful than the other changes we've recommended, we do think this is a loophole that should be closed. And, again, it must be made clear that universities cannot hide behind State public records exemptions to shield this information, as the Penn State officials were able to do. The Clery Act's disclosure requirements should pre-empt any contrary State public records exemption. Only the identifying information about victims of sexual assault, domestic and dating violence, stalking, and child abuse should be shielded from public disclosure under Clery.

Perhaps most important, Congress should make it a national imperative to educate children about how to avoid the traps predators set for them. In Florida, beginning in January, every kindergarten class in the State will receive a new abuse prevention curriculum developed by my foundation, Lauren's Kids. We hope this will

give every kindergarten student in our State the radar to recognize unsafe situations, and a language and tactics to deal with them. The curriculum manages to empower children without scaring them and to thwart sexual predators without dealing with the topic overtly or explicitly.

If Congress is serious about ending the scourge that is childhood sexual abuse and exploitation, arming children with knowledge is the key to protection.

I deeply appreciate the speed, commitment and seriousness with which this committee and its members have shown in addressing the issue of protecting our children from sexual abuse by those who would abuse their positions of trust within institutions of higher learning to prey on young children. I look forward to working with you and your colleagues on these and other reforms that will help to end sexual abuse and exploitation. Thank you again for extending me the opportunity to share my views.

PREPARED STATEMENT OF THE CHILD WELFARE LEAGUE OF AMERICA (CWL),  
WASHINGTON, DC

INTRODUCTION

Chairwoman Mikulski, Ranking Member Burr, and members of the subcommittee, the Child Welfare League of America (CWL) appreciates the subcommittee's attention to and consideration of this critical issue. According to a recent Government Accountability Office (GAO) report, more than five children die every day as a result of child abuse, with the majority of victims (80 percent) age 4 or younger. In light of recent events surrounding alleged acts of sexual abuse on children, we applaud the committee and the Congress for considering steps to address the need to improve the safety and well-being of all children by introducing legislation and calling for a hearing with the intent of improving child abuse reporting laws.

CWL represents hundreds of State and local direct service organizations including both public and private, and faith-based agencies. Our members provide a range of child welfare services from prevention to placement services including adoptions, foster care, kinship placements, and services provided in a residential setting. CWL believes that keeping children safe from child abuse and neglect should always be the first goal of any child protective services response. The best ways to ensure that children are safe from all forms of maltreatment are comprehensive, community-based approaches to protect children and support and strengthen families. As collective, public and private agencies, in collaboration with individual citizens and community entities, we can prevent and remedy child maltreatment, achieve child safety and promote child and family well-being.

STATISTICS

In 2009, approximately 3.3 million allegations of child abuse and neglect, representing 6 million children, were made to child protective services agencies, resulting in 2.6 million reports for investigation. An estimated 710,000 children were determined to be victims of abuse or neglect. Of these victims, 78.3 percent were neglected, 17.8 percent were physically abused, and 9.5 percent were sexually abused. Almost one-sixth (17.6 percent) of children substantiated as abused or neglected were placed in foster care as a result of an investigation. Approximately 40 percent of children substantiated as abused or neglect never received follow-up services.

It is important to note that neglect, the most common form of maltreatment, can be just as serious as those victims of sexual or physical abuse. In fact, such alarming rates of neglect tell us that we are not doing enough to prevent these children from coming into care or being brought to the attention of the Child Protective Services (CPS) system. Furthermore, such a high and consistent percentage of families going without follow-up help, means that services are not being adequately provided at the front end of the child welfare system.

FEDERAL CHILD ABUSE PREVENTION LAWS

Since the initial passage of the Child Abuse Prevention and Treatment Act (CAPTA) in 1974, Congress has amended the Act several times with the most recent reauthorization in December 2010. CAPTA, the key Federal legislation addressing child abuse and neglect, is the only Federal legislation exclusively targeting prevention, assessment, identification, and treatment of child abuse and neglect. While States must comply with specific Federal requirements and guidelines in order to be eligible for Federal funding, the primary responsibility for child welfare services rests with the States, and each State has its own legal and administrative structures and programs that address the needs of children and families.



In addition to CAPTA, the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act is a Federal law that requires colleges and universities to disclose certain timely and annual information about campus crime and security policies.

Federal law does not identify categories of mandatory reporters of abuse or neglect or direct State-identified mandated reporters to any specific person or agency. Furthermore, less than 20 States require that any person who witnesses child abuse report it, while the majority of States only require certain professionals report abuse.

#### STATE LAWS

Currently, 48 States and the District of Columbia designate professions whose members are mandated by law to report child maltreatment. These individuals, commonly referred to as mandatory reporters, typically have frequent contact with children and may include social workers, teachers and other school personnel, physicians and other health-care workers, child care providers, and law enforcement officers. In approximately 18 States any person who suspects child abuse or neglect is required to report. Of these States, 16 specify certain professionals who must report but also require all persons to report suspected abuse or neglect, regardless of profession.

Additionally, 18 States require mandatory reporters to provide their names and contact information, either at the time of the initial oral report or as part of a written report. However, all jurisdictions have provisions in statute to maintain the confidentiality of abuse and neglect records, and 39 States protect the identity of the reporter from being disclosed to the alleged perpetrator.

#### RECOMMENDATIONS FOR FUTURE IMPROVEMENTS

The failure to report incidents of abuse and neglect can undoubtedly lead to the continued abuse and further compromise the health and well-being of children and CWLA believes more can be done to keep our children safe. Combating abuse and neglect is fundamental to the well-being of all children. We believe that highlighting the importance of reporting child abuse and neglect is an important first step. Therefore, we support Federal and State efforts to combat this problem by strengthening reporting requirements at both the State and local levels.

With the introduction of Senator Bob Casey's Speak Up to Protect Every Abused Kid Act of 2011, it is our hope that Congress will work to pass this legislation. The Speak Up Act of 2011, would require all States to pass and enforce laws requiring all adults to report instances of known or suspected child abuse. The Speak Up Act will also provide a baseline definition of abuse or neglect, support to States to carry out educational campaigns and training to inform individuals about what constitutes child abuse and neglect, and funding for testing innovative approaches that may improve the reporting of incidents of child abuse and neglect. Finally, it requires a report to Congress assessing the implementation of the amendments made by the Speak Up Act, as well as an update on States efforts to improve reporting on and responding to reports of child abuse or neglect.

Currently, failure to report child abuse is a misdemeanor in 39 States and a felony in three. Unlike similar legislative proposals that seek to impose criminal and otherwise punitive penalties for individuals who witness abuse but do not make reports, Casey's bill seeks to focus more on creating uniformity of child abuse reporting laws at the Federal level. Rather than mandating jail time for failure to report, or prohibiting States from accessing the very services intended to help prevent and combat child abuse and neglect, the Speak Up Act will require HHS to work with States to disseminate guidance and information on best practices regarding educating the public on abuse and neglect as well as the responsibilities of all adults to report suspected and known incidents of child abuse or neglect. We think it is imperative that Congress continue to work towards implementing statutes that better assist States and child protection agencies in meeting the needs of vulnerable children and families, instead of focusing on punitive measures that have little if any effect on increasing reporting, and are counterproductive to the overall goal of protecting children.

While the committee's decision to take action on this issue was largely prompted by sexual abuse allegations, we are pleased that the Chairwoman and others are committed to going beyond sexual abuse, which accounts for less than 10 percent of all substantiated cases of abuse and neglect, to examine how well children are being protected from all forms of abuse and neglect. We believe that the provisions laid out in the Speak Up Act are an important first step towards addressing abuse and neglect in this country. In addition, the bill places equal significance on com-

bating all forms of abuse and neglect. It is our hope that Casey and others on the committee will look for ways to strengthen this bill by including more emphasis on preventing child abuse and neglect, and investing in workforce improvements that will help agencies investigate reports of abuse and neglect, and subsequently provide services to the 40 percent of families who are currently not receiving follow-up services.

In closing, CWLA supports Congress' efforts to raise awareness regarding the reporting of child abuse and neglect and will continue to monitor their efforts. We hope that this hearing lays the groundwork for further work on strengthening Federal laws to better protect all children from abuse and neglect. We thank you for your continued leadership on this and other issues involving children, youth, and families and look forward to working with you in the future.

PREPARED STATEMENT OF JOAN COLE DUFFELL, EXECUTIVE DIRECTOR,  
COMMITTEE FOR CHILDREN, SEATTLE, WA

Atrocities at Penn State—not only the alleged abuse but the overt cover up—makes us all sit up and wonder: “How could this have happened? Haven’t we learned by now how to respond if a child is being abused?” The sad fact is yes, we *know* quite well how—but too often mere knowledge isn’t enough. And as we are being reminded, not all State laws requiring the reporting of suspected child abuse are created equal. It’s by now a tragically familiar story: entrusted adults turn a blind eye when the perceived cost—either to themselves or to the venerable institutions they protect—seems just too high. How many more instances of institutional protectionism—at the expense of protecting children—will it take for us to realize that we must require those whom we entrust to keep our kids safe to be trained to identify and report known or suspected sexual abuse?

The best way to protect our kids is to educate children, parents, teachers and other adults to recognize, resist and *report* sexual abuse. Committee for Children has a long history of advocacy around this issue—our research-based *Talking About Touching* program is the most widely respected and popularly implemented sexual abuse prevention program in the United States. Over the past decade our organization has been deeply involved in assisting Catholic dioceses and the U.S. Bishops’ Conference in effecting needed changes in their systems in the wake of the sexual abuse crisis in the Church.

We know that child sexual abuse is preventable, and that there are concrete steps we can take.

For all adults:

- Know common red flags and offenders’ grooming tactics, and question inappropriate behavior, criminal or not.
- Understand the significant and devastating personal, family and social consequences of child sexual abuse.
- Understand that most abuse is perpetrated by a family member, friend or acquaintance (including adults who work with children).
- Be trained in indicators of abuse.
- Know how and when to report.
- Understand that you only need reasonable suspicion—it is not your job to investigate.
- Listen carefully to children and believe them when they disclose abuse.

In addition, for teachers:

- Teach children to recognize and report sexual abuse, starting in preschool.

In addition for families:

- Listen carefully to your children when they do not want to spend time with an adult.
- Teach family safety rules about touching and re-visit them as frequently as you teach other safety rules (such as using a seat belt or bike helmet).

Keeping our kids safe does not come without a price tag. The amount a typical State budget allocates for child sexual abuse programs in a given year, compared to their annual university athletic budget, would fit like a tiny toddler’s frame inside a beefy offensive lineman’s shoulder pads. Even worse, in most States, drastic cuts to sexual assault funds are being proposed. This is just plain wrong. The Federal Government needs to help States fully fund these important programs.

Shame on us if we do not heed the tragic failures at Penn State, Syracuse, and other institutions as a clarion call to educate parents, teachers, coaches, school leaders and kids about sexual abuse prevention and to re-energize and fully fund abuse prevention education in our communities. This is not the time, nor will it ever be the time, to cut back on these vitally important services, even though times are

hard. Protecting children cannot be a fad that comes in and out of favor. We should not let our kids, especially the most vulnerable ones, down.

Our institutions must promote the protection of children over money, reputation and politics. Each one of us has a role in preventing and reporting child sexual abuse.

PREPARED STATEMENT OF JOLIE LOGAN, PRESIDENT AND CHIEF EXECUTIVE OFFICER,  
DARKNESS TO LIGHT, CHARLESTON, SC

Chairwoman Mikulski and members of the subcommittee, I am pleased to have this opportunity to submit this testimony today with regard to the important issue of child sexual abuse (CSA) and what non-offending adults can be doing to prevent this tragedy that is affecting our children and their long-term emotional and physical health—in addition to costing our country over \$37 billion per year. ***Darkness to Light's solution to addressing child sexual abuse is to train non-offending adults to prevent, recognize and react responsibly to child sexual abuse.*** Adults interacting with children—the “front line” of child protection—must be properly informed about how to prevent abuse, recognize the signs of abuse and react responsibly when abuse is suspected.

#### BACKGROUND ON DARKNESS TO LIGHT

*Darkness to Light* (D2L) is a national non-profit organization whose mission is to empower people to prevent child sexual abuse. D2L seeks to accomplish its mission by increasing public awareness of the issue, educating adults to prevent, recognize and react responsibly to CSA, and engaging communities in building and sustaining CSA prevention initiatives.

We believe that adults should shoulder the responsibility of preventing CSA. School-based programs that teach children to say “no” are valuable, but they are not a substitute for adult responsibility. *Darkness to Light* has developed and distributes highly respected prevention training and educational products for adults throughout the Nation who are associated with youth-serving organizations, care for children or simply want to become more responsible members of their community. We have also developed a model for community engagement that provides the tools for building and sustaining community-wide CSA prevention initiatives.

Our signature prevention-training program, *Stewards of Children*, is an adult-focused child sexual abuse prevention program that has been rigorously evaluated and has been shown to increase knowledge, improve attitudes and change the child-protective behaviors of adults over the long-term. The program has been evaluated through a CDC grant by the National Crime Victims Center at the Medical University of South Carolina, the University of South Carolina and the College of Charleston, and is nationally available. In addition, the 2.5 hour *Stewards of Children* program is available in English and Spanish, in both a facilitator-led and online format.

More than 300,000 adults have completed the “*Stewards of Children*” program, and there are currently 4,254 facilitators of this program in 49 States and the District of Columbia, in addition to 15 countries around the world.

#### THE INCIDENCE OF CHILD SEXUAL ABUSE

If child sexual abuse left life-long visible scars on children of the same magnitude as the actual emotional and behavioral scars, there would be a massive outcry for something to be done. By anyone's measure, child sexual abuse is a significant problem that has enormous and lifelong impact on victims and society. ***Retrospective research has found that one in four women and one in six men have been sexually abused as children. At least 1 in 10 children is sexually abused.*** Most people are not aware of the magnitude of the problem because the majority of children do not disclose their abuse to anyone.

Many adults believe they are protecting their children from sexual abuse by teaching their children to stay away from strangers. ***The public is thus often surprised to learn that 90 percent of all victims know and trust their perpetrators, and more than 35 percent of perpetrators are family members.***

#### THE IMPACT OF CHILD SEXUAL ABUSE ON OUR SOCIETY

The effects of child sexual abuse can be severe and devastating to an individual's psychological, emotional, and physical well-being. Child sexual abuse increases the risk for alcohol and drug abuse lasting into adulthood; post-traumatic stress, depression and anxiety; delinquent behaviors and dropping out of school; suicide attempts;

physical aggression and hyperactivity; sexual risk behaviors; and problems with friendships, family relationships and intimate relationships.

Further, immediate consequences to child victims can result in long-term, life-altering consequences as the victim matures into adulthood. *Child sexual abuse is a root cause of many expensive societal problems.* Many experts believe that, with appropriate education, adults who are responsible for children (e.g., parents, teachers, coaches, and mentors) can reduce child sexual abuse and improve outcomes for children who are abused. However, *research suggests that adults currently do an inadequate job of preventing abuse.* Youth-serving organizations are particularly vulnerable to child sexual abuse incidents because pedophiles seek organizations and situations that lend themselves to adult-child interaction.

#### THE FEDERAL ROLE IN BETTER PROTECTING CHILDREN FROM CSA

In concert with the National Coalition to Prevent Child Abuse and Exploitation's guiding values, D2L is working in conjunction with Stop It Now! and Prevent Child Abuse America to advocate for a new national standard for CSA prevention and intervention. Our three organizations are urging Federal agencies to find ways to integrate child sexual abuse and exploitation prevention policies and practices into schools, child/youth-serving organizations, law enforcement agencies and other federally funded programs. With established policies and procedures in place for addressing CSA, all adult staff within an organization—from the janitorial staff and bus drivers to the CEO—would know what steps must be taken to prevent, recognize, respond, and report abuse.

The Federal Government can play a significant role in the prevention of CSA. The solution is inexpensive and currently available: training adults how to prevent, recognize, and react responsibly to incidents or allegations of abuse. Further, evidenced-based programs currently exist to help organizations establish internal policies and procedures for dealing with reports and incidents of CSA. Because the Federal Government annually supports numerous youth-serving organizations through millions of dollars in programmatic funding, we believe the Federal Government can serve as a role model in advancing policies that better protect children from CSA.

***I urge Congress to be pro-active in supporting policies that would require Federal grant recipients—for those grants involving youth—to train all adults involved in the grant program in effective CSA prevention. This requirement should be a special condition for all Federal grants that involve children and youth programming and services.*** Requiring such prevention training would have a huge impact on protecting millions of children across the Nation. Working together, adults across the country can take simple but effective steps to better protect children from child sexual abuse.

Thank you again for your time and attention to this important matter.

PREPARED STATEMENT OF ANTHONY P. MANNARINO, PH.D., PROFESSOR AND VICE CHAIR, DEPARTMENT OF PSYCHIATRY, ALLEGHENY GENERAL HOSPITAL, DREXEL UNIVERSITY COLLEGE OF MEDICINE; PRESENTED ON BEHALF OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION, WASHINGTON, DC

Chairwoman Mikulski, Ranking Member Burr, and members of the subcommittee, I very much appreciate the opportunity to provide written testimony on behalf of the 152,000 members and affiliates of the American Psychological Association (APA) on the subject of protecting children from abuse and neglect. Although some child maltreatment cases receive extensive media attention, many children who are abused or neglected are never identified. Of further concern, most of these children do not receive needed mental health treatment and other services that can help them heal from these experiences.

There are several types of child maltreatment, including physical, sexual, and emotional abuse, as well as neglect. State and national statistics strongly indicate that the most common type of child maltreatment is neglect, which involves a pervasive pattern of a child's physical, emotional, and/or health needs not being addressed. Child abuse and neglect may occur for many reasons but are more common among families in which there are other significant stressors, such as poverty and discrimination. Sexual abuse differs from other forms of child abuse in that it is just as likely to be perpetrated by individuals in or outside of the child's family. However, almost all perpetrators of sexual abuse are known by the child. Some perpetrators of sexual abuse are pedophiles who seek vulnerable children to "groom" prior to engaging them in inappropriate sexual experiences. By the age of 18, about 25 percent of girls and 10–12 percent of boys will have experienced some form of sexual abuse.

There are both short- and long-term adverse effects for children who have been abused. Federal investments in research at the National Institute of Mental Health and the National Institute of Child Health and Human Development have led to advances in understanding the impact of abuse on development, as well as the risk for mental and emotional disorders. Victims of physical abuse are more likely to exhibit significant behavioral difficulties, aggression, peer problems, and poor school performance. Some research has suggested that severe physical abuse can cause changes in children's brain development and result in intellectual delays. Children who have been sexually abused are at increased risk for anxiety, depression, and behavioral problems. They also commonly feel intense shame associated with their sexual victimization and a sense of betrayal because sexual abuse is typically perpetrated by someone whom the child trusts.

Victims of either sexual or physical abuse may develop posttraumatic stress disorder (PTSD). Undiagnosed and untreated PTSD can contribute to drug and/or alcohol problems during adolescence, as teenagers may self-medicate to manage flashbacks and increased arousal that are often part of PTSD. In addition, victims of abuse are more likely to be re-victimized during childhood and as adults. Entry into the child welfare system, which is intended to protect abused and neglected children, may result in "secondary adversities." These children may experience the loss of their family of origin, frequent changes in foster care placement, and disruption in their parental attachments, which can be highly traumatic for them.

There are other significant long-term negative effects of child abuse. Adults victimized as children are at much higher risk for a variety of psychological problems, including depression, anxiety, PTSD, suicide attempts, personality disorders, and drug and alcohol problems. Moreover, they are much more likely to be psychiatrically hospitalized and have more extensive utilization of health services than adults without a history of child abuse. Not surprisingly, having lived so long with the shame and often the secrecy of their childhood victimization, many victims of child abuse make choices in their adult relationships that reinforce their damaged sense of self-esteem and further exacerbate feelings of inadequacy and worthlessness.

Mandated reporting refers to the requirement to report child abuse, including sexual abuse, to a local child protective service (CPS) organization, appropriate State agency, or the police. All 50 States have mandated reporting laws and healthcare professionals in all jurisdictions are subject to these laws. Mandated reporting laws vary from jurisdiction to jurisdiction in important ways. In most jurisdictions, *suspicion* of abuse or *reason to believe* that abuse has occurred is the threshold criterion for a mandated report. Some States require mandatory reports only when a reporter is acting in his or her professional capacity, for example as a psychologist treating patients. In other jurisdictions, a reporter is mandated to report in any circumstance that a reasonable suspicion of child abuse arises, for example if on a weekend the psychologist sees a child being abused on a playground or in a park.

Given the differences from jurisdiction to jurisdiction in how child abuse is defined and mandated reporting requirements, healthcare professionals and other mandated reporters must become familiar with mandatory reporting statutes in their individual jurisdictions. This can be challenging, particularly if individuals live near the border of, for example, adjacent States with different child abuse reporting statutes. Moreover, jurisdictions vary tremendously in their ability to investigate alleged child abuse, primarily related to the amount of resources that are allocated to child welfare agencies.

Media reports sometimes suggest that child abuse victims are destined for lifelong struggles with mental health problems, drug and alcohol problems, and other serious difficulties. This is simply not true. Fortunately, if victimized children can be identified early and provided with appropriate clinical treatment and other services, they can recover and lead productive lives. In the past 10 to 15 years, there have been numerous clinical trials of mental health treatments for abused children that have been demonstrated to be significantly effective. These treatments markedly reduce anxiety, depression, PTSD, behavioral problems, and shame in this vulnerable population of children, and these gains appear to be long lasting. Moreover, when parents are involved in these treatments, they also experience decreases in their own emotional distress and depression and become more effective in managing their children's behavior problems.

These evidence-based treatments for victims of child abuse are now being widely disseminated across the country and even around the world. A congressional initiative has played a significant role in this dissemination. The National Child Traumatic Stress Network (NCTSN) was authorized by the Congress in 2000 as part of the Children's Health Act. The NCTSN's mission is to increase the quality and access to services for children and families exposed to traumatic life events. Through

the efforts of the NCTSN and other national, regional, and State organizations, hundreds of thousands of abused children are now receiving the best available treatments to help them recover and lead healthy, productive lives.

Congress can take a number of critical actions to protect children from abuse and neglect. First, increased Federal investment in research is essential to build the evidence base for effective prevention and treatment. Second, Congress should support the development and dissemination of evidence-based interventions that have been shown to prevent child abuse and neglect. And third, continued support for the NCTSN is critical to providing evidence-based treatments to help children and families recover from the trauma of abuse.

APA and the psychology community look forward to continuing to work with Congress and the executive branch to develop and promote initiatives to prevent child abuse and neglect, to intervene early when instances become known, and to provide effective mental health and related treatment to children and their families. Such efforts will help to ensure that all children and families receive the services and supports that they need and deserve.

PREPARED STATEMENT OF LISA PION-BERLIN, PRESIDENT AND CEO OF  
PARENTS ANONYMOUS® INC., CLAREMONT, CA

We want to thank Chairwoman Mikulski and Ranking Member Senator Burr and all members of the HELP Subcommittee on Children and Families for convening a hearing on the critical issue of the prevention and intervention of child maltreatment in the United States.

Research establishes that child abuse and neglect is a contributing factor to many chronic diseases and psychological problems.<sup>1</sup> Parents Anonymous® Inc. has implemented a strengths-based model of child abuse and neglect prevention for over four decades. **Our programs and strategies have effectively served millions of parents and caregivers and children of all ages in diverse communities worldwide impacting this social problem.** Safe, stable, and nurturing relationships have been established as essential to childhood development and a central edict to the public health approach to preventing child maltreatment.<sup>2</sup> Furthermore, protective factors act as buffers by helping families defend against negative influences from their surroundings.

**In examining solutions, we ask that the subcommittee consider evidence-based Parents Anonymous® groups and the new National Parent Helpline®.** Parents Anonymous® operates weekly, evidence-based<sup>3</sup> support groups for parents and caregivers and their children and youth all around the world to strengthen families to prevent and treat child abuse and neglect. The National Outcome Study<sup>4 5 6</sup> (published in peer-reviewed Journals) demonstrated three important results for the national sample: the significant reduction of risk factors (life stress, emotional domestic violence, and alcohol and drug use) the increase of protective factors (quality of life, social support, parenting sense of competence, family functioning and nonviolent discipline) and significant reduction of child maltreatment outcomes (parenting distress, parenting rigidity and use of psychological aggression towards children) and a 83 percent decrease in physical aggression towards children by the 40 parents who reported using physical aggression before attending Parents Anonymous® groups.

**This new National Parent Helpline® launched on February 1, 2011 confirms our commitment to stand with families to ensure the future of our country.** Being a parent is a critically important job, 24 hours a day, every day of

<sup>1</sup> CDC, Centers for Disease Control and Prevention. (2008). Strategic direction for child maltreatment prevention: Preventing child maltreatment through the promotion of safe, stable, and nurturing relationships between children and caregivers. Atlanta, GA: Author. [www.cdc.gov/ViolencePrevention/overview/strategicdirections.html](http://www.cdc.gov/ViolencePrevention/overview/strategicdirections.html).

<sup>2</sup> Middlebrooks, JS, & Audage, NC. (2008). The effects of childhood stress on health across the life-span. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

<sup>3</sup> <http://www.cebc4cw.org/program/parents-anonymous/>, California Evidence-Based Clearinghouse.

<sup>4</sup> NCCD (National Council on Crime and Delinquency). (July 30, 2007). *Outcome evaluation of Parents Anonymous®*. Report submitted to the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. [www.nccd-crc.org](http://www.nccd-crc.org).

<sup>5</sup> Polinsky, M., Pion-Berlin, L., Williams, S., Long, T. & Wolf, A. (2010). Preventing Child Abuse and Neglect: A National Evaluation of Parents Anonymous Groups. *Child Welfare*, 89 (6), 43–62.

<sup>6</sup> Polinsky, M., Pion-Berlin, L., & Wolf, A. (2011). Parents Anonymous Outcome Evaluation: Promising Findings for Child Maltreatment Reduction. *OJJDP Journal of Juvenile Justice*, 1 (1), 33–47.

the year. All parents and caregivers benefit from support at some time in order to provide safe and nurturing homes for their children. Parents and caregivers face many challenges—economic insecurity, community safety, the education of their children, nurturing positive child development and the prevention of child abuse and juvenile delinquency—just to name a few. Where can a parent turn to get emotional support and assistance to develop solutions to the issues they face raising their children? **The answer is the landmark National Parent Helpline® available Monday through Friday at 10:00 AM to 7:00 Pacific Standard Time.**

**Recently, Penn State parents of some victims stated they had nowhere to turn and when they tried to reach out to their school no one believed them.**

With one telephone call or computer mouse click parents and caregivers become empowered to resolve their issues and receive referrals to services when appropriate. The National Parent Helpline® Web site, <http://www.nationalparenthelpline.org>, with linkages to Facebook, Twitter and YouTube includes comprehensive online parenting resources and a bulletin board for parents and caregivers to share their National Parent Helpline® experiences to build community and help others. This vital new national resource will assist parents with a wide range of issues such as parenting and positive discipline techniques, effective communication strategies, stress reduction, personal care and safety, and provide referrals to community-based prevention programs, shelters, substance abuse programs, respite care, and child care. When parents feel empowered they utilize and expand their own social support networks and build on their resiliency to strengthen their families, reach out to others in their communities and create long-term societal change that benefits everyone.

#### LASTING BENEFITS TO FAMILIES AND COMMUNITIES

By building on the strengths of parents and caregivers and their children, Parents Anonymous® groups and the National Parent Helpline® provide immediate help and emotional support, research confirmed results for prevention and treatment of child abuse and neglect, and the next generation of families to reach out and support others in local communities nationwide. Parents Anonymous® give back in so many ways: as leaders they help others every day. **With 149 million parents in this country, we need to offer immediate assistance through a National Parent Helpline and weekly Parents Anonymous® groups for parents and their children and caregivers who can seek help, get support, build their strengths and create hope for the future!**

PREPARED STATEMENT OF DEBORAH DONOVAN RICE, EXECUTIVE DIRECTOR,  
STOP IT NOW!, SPRINGFIELD, MA

My name is Deborah Donovan Rice and I serve as Executive Director of Stop It Now!, a national child sexual abuse prevention organization founded nearly 20 years ago.

Since 1992, Stop It Now!® has been helping adults, families and communities speak up and have difficult conversations with one another about the sexual abuse of children. In its simplest form, our approach to prevention is about engaging adults in a dialogue; getting people to talk openly about their concerns and providing them with the tools and support necessary to protect children before they are harmed.

For nearly 20 years, we have pioneered shifting responsibility for child sexual abuse from children to adults by providing education, training, and advocacy to parents, professionals, and community leaders. Our community responsibility model teaches adults how to intervene safely and effectively when they see early warning signs of an adult or youth behaving inappropriately with a child. Our focus is on preventing child sexual abuse before children are harmed.

#### INTRODUCTION

Stop It Now! operates the only telephone and e-mail help line dedicated to *preventing* child sexual abuse. For nearly 20 years, we have been talking with adults who contact us about their concerns that a child may have been or is at risk to be sexually abused. Every day, we hear from people who are worried about the safety of a child and who need balanced information, support, and practical resources for taking action in daily life to keep children safe from sexual abuse.

I want to thank you for holding this hearing today. Breaking the Silence on Child Sexual Abuse is a cause very near to my heart. One of the first ads Stop It Now! created for its work in Vermont nearly 20 years ago said “*Silence Shatters Lives.*” We know that when we don’t know what to look for, when we don’t speak up, when

we don't consider the possibility, when we worry more about offending an adult than protecting a child, when we don't report—we let children down.

THE SPEAK UP TO PROTECT EVERY ABUSED KID ACT CAN BE STRENGTHENED BY ADDING  
PROACTIVE PREVENTION OF CHILD ABUSE

As one of the Nation's leading advocates for the prevention of child sexual abuse, we support Senate bill 1877, the Speak Up to Protect Every Abused Kid Act. We also offer our expertise in the belief that this bill can be strengthened to include proactive prevention of child sexual abuse.

MANDATORY REPORTING COMES TOO LATE TO PREVENT CHILD SEXUAL ABUSE

Mandatory reporting focuses on abuse that has already happened. By expanding the responsibility of adults to report suspected and known incidents of abuse, S.1877 may have a positive impact by potentially shortening the length of time a child experiences abuse or preventing one abuser from abusing another child.

This is very important, but is it enough? I don't want to tell a child or tell a parent that we "caught" it earlier and that it could have been much worse. I want to be able to tell all children who have ever experienced sexual abuse that as adults we are doing everything we can to ensure that no other child ever experiences the sexual abuse that they have lived through.

We are concerned that an overemphasis on mandatory reporting signals that as a society, we do not believe in preventing harm in the first place and that we accept the inevitability that children will be harmed.

TO PROTECT CHILDREN, WE NEED TO ADDRESS THE REALITY THAT MOST CHILDREN  
DON'T TELL ANYONE ABOUT THEIR ABUSE

Stop It Now!'s research mirrors national statistics that indicate nearly 88 percent of sexual assault is never reported to authorities. Almost a quarter (23 percent) of residents disclosed experiencing sexually abusive behavior by an adult or older child while they were children. Of these, nearly 7 in 10 (65 percent) did not tell an adult about the incident while still a child. Of those who did tell an adult, only 3 in 10 (31 percent) recall that their abuse was reported to authorities.

Our colleagues at Darkness to Light cite similar statistics:

- Of child victims, 73 percent do not tell anyone about the abuse for at least a year. Forty-five percent of victims do not tell anyone for at least 5 years (Smith et al., 2000; Broman-Fulks et al., 2007).
- Of victims that do disclose, 40 percent tell a close friend, rather than an adult or authority figure (Broman-Fulks et al., 2007). These "friend-to-friend" disclosures do not always result in reports to the authorities. As a result, the vast majority of child sexual abuse incidents are never reported.

To protect children, we need to address the reality that most children don't tell anyone about their abuse. Research and anecdotal evidence shows that many reasons impact a child's lack of disclosure: threats, confusion, fear that someone they love will get in trouble, that they'll be blamed, etc. Even when asked directly, many children deny experiencing abuse even when their abuse had been witnessed by others.

Adults need to be more knowledgeable about who sexually abuses, how they access children, and how adults need to set proactive boundaries with the adults who spend time with their children.

REQUIRING ALL ADULTS TO BE MANDATORY REPORTERS WILL NOT PREVENT CHILD  
SEXUAL ABUSE

Mandatory reporting is not a cure-all. We can't rely exclusively on mandatory reporting to protect our children. Given the challenges faced by already overburdened systems, reporting is not always effective for children and families in crisis. Through our Help Services, we hear from people who have reported their concerns to authorities but no case is opened or it falls to the wayside because there is a lack of evidence.

We hear from callers who are scared and frustrated because after their child disclosed abuse to them and they reported it, the child, scared by the whole process, recanted in the investigation or the subsequent forensic interview (usually at a local Child Advocacy Center). The case was then closed and no further investigation or proceedings could happen. This allows the adult who the child said was sexually abusing them to have unsupervised contact with the child.

Mandatory reporting is necessary, but by itself will not prevent the vast majority of child sexual abuse cases. Strategies to prevent child sexual abuse over the long-



term must change societal norms so that society can talk more productively about the issue, while making appropriate help, support and accountability readily available to those who have been victimized, to those who have harmed children, and to the families of both.

#### PREVENTION EDUCATION AND TRAINING CAN REDUCE BARRIERS TO REPORTING

From surveys, focus groups and the Helpline, we know that adults face the following barriers to taking action to prevent child sexual abuse:

- Not knowing or recognizing “warning sign” behaviors that should elicit concern and prompt more questions.
- Fear of being wrong about suspicions or acting on concerns that are ultimately unfounded.
- Fear of making things worse for the child.
- Perceiving only two options for action which are both unsatisfactory: to stay uninvolved or to report the situation to authorities.
- Not knowing where to turn for credible information or to safely explore options.

We urge the committee to expand the training requirements in Senate Bill 1877 beyond mandatory reporting training to supporting more comprehensive training that educates adults on recognizing and intervening at the first sign of inappropriate behavior or boundaries rather than waiting until children have been sexually abused.

#### ADULTS NEED HELP TO OVERCOME BARRIERS TO TAKING ACTION

Our survey findings show that the adult public is ready to do more to fulfill their responsibility to protect children through prevention action. U.S. adults are aware and looking for help, and appear open to pragmatic solutions. But adults need guidance, support, and reassurance that there are effective actions to take. They need to know that it is OK to speak out about a concern without fear of punishment.

Stop It Now! and others have shown that providing adults and communities with accurate information and access to the non-judgmental support and guidance of professionals can produce preventive actions. By offering a confidential place to first talk about observations and concerns, adults are able to map out action steps to keep children safe.

#### TO CHANGE BEHAVIOR WE NEED MORE THAN AN EDUCATIONAL CAMPAIGN

As one of the Nation’s leading advocates for the prevention of child sexual abuse, Stop It Now! has nearly 20 years of experience educating adults about how to take action to prevent the sexual abuse of children. Between 1995 and 2007, Stop It Now! and its local program affiliates commissioned 10 telephone surveys to gauge adult knowledge and attitudes. Our report, *What Do U.S. Adults Think about Child Sexual Abuse? Measures of Knowledge and Attitudes Among Six States* (attached),<sup>1</sup> summarizes key findings and program implications from an analysis of a new, statistically valid, national data set of over 5,000 U.S. adults. This research confirms what our local market research told us: while awareness of child sexual abuse is high, there is a disconnect between individual awareness and action to prevent it.

#### ADULTS NEED HELP TO RECOGNIZE AND REPORT INAPPROPRIATE BEHAVIOR IN PEOPLE WE KNOW AND LIKE

Most adults indicated that they would take action if they were concerned about the sexual safety of a child, but many appear not to recognize abuse or do not do anything if they do. Fear of the negative consequences that people can face if they raise questions about child sexual abuse within their families or social circles helps explain why more adults do not recognize abuse or act on their concerns.

A fundamental barrier is the inability to connect a person someone knows and cares for with the stereotype of the “predator” or “monster” who abuses children. It is often difficult to recognize and acknowledge abusive behavior involving individuals we know and trust, especially family members. Help Services give adults language to talk about what they are observing, what their gut tells them, and how to talk to adults whose behavior concerns them.

In our surveys, there is a clear difference in how respondents said that they would deal with family versus non-family members. It is clear that when abuse is considered definite, or when it is from outside the respondents’ family, the course of action is to report to authorities. If the abuse or suspected abuse takes place within the

<sup>1</sup>The report referred to may be found at [http://www.stopitnow.org/rdd\\_survey\\_report\\_briefing\\_sheet](http://www.stopitnow.org/rdd_survey_report_briefing_sheet).

family, respondents are most likely to say they would talk to or confront the suspected offender.

Barriers to reporting are even higher within families. People fear loss of family relationships, loss of financial support, threats of additional violence, loss of child custody, and a wide range of other negative impacts on the child and family due to public disclosure.

#### ADULTS NEED A SAFE PLACE TO DISCUSS THEIR CONCERNS

At Stop It Now!, we've learned that when people have accurate and balanced information, practical resources, and access to support they do take action to keep children safe. Here's what Helpline callers say<sup>2</sup>:

- *"Stop It Now! has helped me to not only find the information I needed, but has also helped me with how to use it—how to talk with my family and how to approach this in a positive way."*
- *"After talking to you I feel like I have some control over a situation that before felt completely out of control. This conversation has helped me make some decisions."*

IT IS A BETTER INVESTMENT OF FEDERAL RESOURCES TO FUND PROGRAMS AND RESOURCES THAT EDUCATE ADULTS ABOUT THE WAYS THEY CAN PREVENT CHILD ABUSE AND NEGLECT

Senate Bill 1877 includes provisions for educating adults about the ways they can respond to help children and families without reporting in situations where the child or family needs assistance to prevent such circumstances from deteriorating so as to constitute child abuse or neglect. We support this as essential to preventing children from being sexually abused.

In addition to supporting training on State laws for mandatory reporting, we ask the committee to support Prevention Education and Training such as those offered by Darkness to Light and Stop It Now! Both organizations have developed and maintain extensive Web sites that provide free information for anyone who wants to learn what they can do to keep children safe from sexual abuse. This information ranges from reproducible tip sheets on prevention topics to on-line training about how to recognize and react responsibly to prevent sexual abuse.

#### EDUCATION CAN REDUCE THE DISCONNECT BETWEEN AWARENESS OF CHILD SEXUAL ABUSE AND ACTION TO PREVENT IT

Our research shows adults are aware that the vast majority of children are sexually abused by someone they know, that people who sexually abuse children live in their communities and how to recognize signs of a child who has been sexually abused. Adults don't know how to recognize someone who is at risk to abuse and are unclear about what action to take to keep children safe.

When asked a hypothetical question about what they would do if they were in a situation where they thought a child was being sexually abused, the vast majority (91 percent) said they would intervene. A small proportion (8 percent) of residents surveyed had the experience of knowing an adult they were concerned may have been sexually abusing a child. When asked what action they actually took, 65 percent said that they took action—and 22 percent stated that they did nothing. None of us wants to think we're a person who does nothing and yet, too many of us, when faced with a situation in our own lives, are paralyzed and don't know what to say or do, especially when we don't have "proof" that someone has already harmed a child.

REQUIRING A REPORT WITHOUT PROVIDING ADULTS WITH ACCESS TO ACCURATE AND BALANCED INFORMATION, PRACTICAL RESOURCES, AND ACCESS TO SUPPORT IS NOT LIKELY TO SIGNIFICANTLY IMPROVE REPORTING RATES

In the first 2 weeks after the sexual abuse allegations at Penn State, our Help Services experienced a 130 percent increase in contacts. Many of these were survivors or their friends and family, who were reaching out for help for the first time. We heard from parents with questions about the behaviors of adults in their children's schools, churches and neighborhoods. Adults called with concerns about behaviors between children. Extended family members wanted to know how to talk with other family members about their concerns about interactions between children and adults. We also heard from parents who have reported child sexual abuse and feel stuck in the criminal justice system, struggling to find help to keep their children safe, even after there's been a disclosure.

<sup>2</sup>(Anonymous comments, used with permission).

Our Helpline is the primary referral resource for other organizations including Child help, RAINN, Darkness to Light, lin6, and Enough Abuse for calls addressing child sexual abuse and prevention.

REQUIRE CSA PREVENTION TRAINING AS A CONDITION OF ANY FEDERAL GRANT INVOLVING CHILDREN AND YOUTH

In concert with the National Coalition to Prevent Child Abuse and Exploitation's guiding values, Stop It Now! and our partner Darkness to Light have associated with Prevent Child Abuse America to advocate for a new standard for child sexual abuse prevention and intervention. We three national organizations have joined together to support Federal agencies in finding ways to integrate child sexual abuse and exploitation prevention policies and practices into schools, child and youth-serving organizations, law enforcement agencies and other federally funded programs. With established policies and procedures in place for addressing child sexual abuse, all adult staff within an organization—from the janitorial staff and bus drivers to the CEO—would know what steps must be taken to prevent abuse by creating safety for children and also how to recognize, respond to, or report abuse.

The Federal Government can play a significant role in the prevention of child sexual abuse. The solution is inexpensive and currently available: training adults how to prevent, recognize, and react responsibly to incidents or allegations of abuse. Prevention training increases knowledge, improves attitudes, and changes child-protective behaviors. Further, evidence-based programs currently exist to help organizations establish internal policies and procedures for dealing with reports and incidents of child sexual abuse. Because the Federal Government annually supports numerous youth-serving organizations through millions of dollars in programmatic funding, we believe the Federal Government can serve as a role model in advancing policies that better protect children from child sexual abuse. We urge Congress to support policies that would require Federal grant recipients—for those grants involving youth—to train all adults, involved in the program, in child sexual abuse prevention. This requirement should be a special condition for all Federal grants that involve children and youth programming and services.

EARLY IDENTIFICATION AND INTERVENTION SAVES MONEY

The sexual abuse of a child has significant financial and social costs. One of the most thorough studies to calculate the costs of sexual violence was completed in Minnesota. It found that the financial costs associated with the sexual assault of a child total \$207,000.<sup>17</sup> This does not include long-term consequences of child sexual abuse and societal costs. Investing more money in prevention will not only keep children safe, but will dramatically decrease the long-term health and welfare costs associated with child sexual abuse.

FUND DEMONSTRATION PROJECTS AND RESEARCH TO IDENTIFY BARRIERS AND DEVELOP PROGRAM INNOVATIONS AND POLICY CHANGES THAT CAN HELP OVERCOME OR REMOVE BARRIERS TO PREVENTION ACTION

At Stop It Now! we know very well that too often trusted community institutions fail to keep our children safe. What we can do to prevent the next Penn State? Because, unfortunately, it will happen again, unless something fundamental changes.

By focusing on and investing in demonstration projects and research that helps us identify and overcome barriers to not acting to protect children, we can get this into a tipping point where we can look back and say, "Things have changed. Adults know what to do and do it, even when it is uncomfortable."

We can't rely exclusively on mandatory reporting to protect our children. We are reminded that we can't rely on the "system" to prevent children from being sexually abused. And, we don't have a "system" for prevention. We have systems for investigating reports but we don't have systems that mobilize when we're worried and get an icky feeling in our gut when seeing someone interact with a child.

**We need widespread prevention education and training of adults to create a true tipping point that prevents child sexual abuse before children are harmed.**

PREPARED STATEMENT OF ADAM ROSENBERG, ESQ., EXECUTIVE DIRECTOR,  
BALTIMORE CHILD ABUSE CENTER, BALTIMORE, MD

Dear Chairwoman Mikulski, Ranking Member Burr, and members of the committee, I am the Executive Director of the Baltimore Child Abuse Center (BCAC), the not-for-profit child advocacy center designated by Baltimore City to conduct all interviews of children suspected of being sexually abused on behalf of the Baltimore

Police Department, Department of Social Services, and Office of the State's Attorney. In fiscal year 2011, BCAC conducted 887 interviews and risk assessments, 378 forensic medical exams, 310 treatment referrals, and developed 148 case management plans for its children seen. The average age of a child seen was 8 years old and 90 percent of children seen knew their abuser.

As a former Baltimore City Assistant State's Attorney who has worked with cases of sexual child abuse since 1997, I have witnessed firsthand the importance of the multidisciplinary collaboration that a Child Advocacy Center like BCAC presents. They are important and crucial partners in this Nation's fight to ensure that when children have been exposed to abuse and violence that they can receive treatment sorely needed, further their efforts to have justice administered and best of all minimize additional trauma created by the initial violence. Our efforts ensure that children get heard and their voices are no longer silent.

As a former sex crimes prosecutor, and now as executive director, I have seen the pain and anguish that children and their parents display when faced with the very real possibility that their traumatized child will have to retell a most horrid moment in their young lives to a group of strangers with the perpetrator of the crime in the room. Many times, when faced with this damning prospect, children and their families prefer to not proceed or allow the prosecutor to plea the case for a substantially lower sentence, thereby enabling sex offenders to avoid real justice. The dynamics and circumstances surrounding allegations and subsequent criminal investigations into sexual child abuse most directly impact its young victims who see their worst fears realized—the sex offender who told them no one would believe them proved right. These children are victims of crimes committed by sex offenders and pedophiles who knowingly prey upon the fact the child is of tender years and at a greater likelihood they will not report the crime perpetrated.

All children and families are seen in BCAC's bright cheerful home on 2300 North Charles Street—housed in this same building is BCAC's medical clinic staffed by a pediatrician and members of Baltimore Police Department and Baltimore City Department of Social Services agents assigned to child abuse. BCAC is available 24 hours a day, 365 days a year to provide a single interview and point of contact for every reported case of sexual child abuse in Baltimore. We break the silo. Watching and participating in these interviews are detectives, child protective workers, and prosecutors. For some interviews the result ends prosecution and bad guys going to jail, for some it involves a child protection intervention, for others it becomes the start of therapy, connections, and treatment for children and their family members as well—many who disclose to us at BCAC that they were also victims of abuse. BCAC is proud to be a charter and accredited center of the National Children's Alliance.

These cases are different. These reports of sexual child abuse need to be handled differently than a regular criminal investigation. When police and prosecutors come in contact with these cases they often have to unlearn their basic skills or learn how to use their investigatory traits differently. We live in a world where inconsistency is normal, impressions change, and people protect those who have harmed them and children don't know why they do so. Victims exposed to violence respond differently than witnesses to other crimes and children respond and think differently than adults do. Child victims of abuse have both of those differences than a standard witness. These factors are taken into consideration in every interview.

Children seen at BCAC (and other centers like it) not only have a forensic interview conducted, but also medical assessments, mental health referrals, access to family advocacy and support, and education on how to prevent future abuse. These services at BCAC are all offered for no cost for every participant. BCAC and CACs like it reduce trauma and provide a single point of contact at a child family friendly facility. We make sure as a multi-disciplinary team that no case falls through the cracks and that there is adherence to protocols and procedures by law enforcement, social services and prosecutors. We provide the training and the focal point so that every child will be heard and we reinforce the best practices when investigating child maltreatment. We educate the community on a shoe string budget as to how they can prevent abuse, and we urge adults to take responsibility for protecting kids.

However, Baltimore City's children (and children nationwide) have not always been as fortunate to have the highest quality of attention and service when they have reported being sexually abused. In 1985, prior to the implementation of CAC throughout the Nation, an allegation of sexual child abuse would take 15 to 30 days to conduct. Children would be interviewed and interrogated by a variety of professionals of varying skill levels ranging from patrol officers, teachers, principals, intake nurses, doctors, social workers, prosecutors, investigators—upwards of 15 different interviews. This process added further trauma to the child, wasteful addi-

tional costly interviews, inconsistent questioning, and a loss of crucial evidence. BCAC can now provide a response within 2 hours of a report of sexual child assault or abuse.

#### HISTORY

History changed in 1985 when former Congressman Robert “Bud” Cramer, who was the District Attorney in Huntsville, AL, organized an effort to create a better system to help abused children. District Attorney Cramer discovered that his witness, a 12-year-old victim of sexual child abuse, had been interviewed by 14 different agencies during the course of an investigation. Social service and criminal justice systems at the time were not working together in an effective manner that children could trust. This common problem added to the children’s emotional distress, and created a segmented, repetitious, and often frightening experience for the child victims; worst of all, this process damaged the quality and integrity of the criminal prosecution of sex offenders as defense attorneys had multiple varying interviews to damage a child’s credibility.

The child advocacy center model developed through former Congressman Cramer’s vision pulls together law enforcement, criminal justice, child protective service, medical and mental health workers onto one coordinated team. There are now, 25 years later, more than 700 established and developing children’s advocacy centers in the United States alone (that served 236,000 children in 2007) with growing interest internationally. All CACs receive guidance and accreditation from the National Children’s Alliance, a national organization that works with the U.S. Department of Justice to provide support for centers across the country.

CACs came to Maryland via Baltimore City in 1987 due to the advocacy of then Baltimore State’s Attorney Stuart Simms through a Juvenile Justice Advisory Committee grant. The CAC model was then adopted throughout Maryland. Baltimore stands unique in Maryland in that it is entirely run as a standalone not for profit operation, and is responsible for sustaining these services to the city of Baltimore at a cost of \$1.5 million annually obtained through grants, philanthropic support, and government reimbursements.

#### STUDIES ON COST SAVINGS AND EFFICIENCY

The cost savings and efficiency that child advocacy centers bring to a jurisdiction are substantial. Analysis and studies by National Children’s Advocacy Center (NCAC) and Office of Juvenile Justice and Delinquency Prevention show how CACs continue to play an increasingly significant role in the response to child sexual abuse in the United States:

- Annual investigation and prosecution costs are 41 percent lower per jurisdiction with a CAC per a 2005 University of Alabama/NCAC analysis.
- On a per case basis, traditional investigations were 36 percent more expensive than CAC investigations—a savings of more than \$1,000 per case is realized with CACs.
- CAC communities processed 202 percent more cases than non-CAC communities.
- Efficiencies inherent in the CAC investigation reduced cost in Washington, DC by 57 percent compared to procedures without a CAC.
- Professionals in CAC communities work together on investigations 81 percent of the time; without a CAC, joint investigations between police, child protection, and prosecution only occurred in 52 percent of cases.
- Cases in CAC communities are reviewed as a team 56 percent of the time versus 7 percent—allowing all team members to work together for the child’s benefit.
- In communities with a CAC 83 percent of interviews take place at a facility designed for interviewing children versus non CAC communities where 75 percent of interviews took place in CPS agencies, schools, police stations and homes where the crime occurred and the suspect resides.
- In CAC communities, 48 percent received medical exams and 72 percent got mental health services, versus 21 percent and 31 percent respectively.
- Of caregivers seen at CACs, 70 percent reported high satisfaction with services received versus 54 percent in non-CAC communities.
- Offenders confessed in 37 percent of communities with CACs versus 29 percent non-CAC.

Use of children advocacy centers also provides prosecutors and child protective services with untold benefits as well.

- Communities utilizing a CAC have significantly quicker charging decisions and quicker preliminary processing times for these cases than those without CAC (How Long To Prosecute Child Sexual Abuse, Walsh, et al. 2008).

- When prosecutors tripled their use of a CAC in a New York City district it resulted in a doubling of felony prosecutions compared to just a 25 percent increase in prosecution when CAC use remained consistent. (The contribution of children's advocacy centers to felony prosecutions of child sexual abuse, Miller et al. 2009)

- CAC usage has benefited child protective services and showed increased substantiation of allegations of abuse as well as a shorter investigative period than a traditional CPS investigation. It was concluded that the main advantage of CACs is their multidisciplinary nature. (Evaluation of the children's advocacy center model: Efficiency, legal and re-victimization outcomes, Wolfteich et al. 2007).

The key to the remarkable results of these studies demonstrate the powerful collaboration that CAC's bring to a community of law enforcement, prosecutors, child protective services, medical, mental health, and child advocates who without a CAC continue to uncooperatively work in their own silos. CAC services are an economically efficient and more humane means of responding to sexual child abuse. Introducing and utilizing the child advocacy center model throughout the United States and Maryland for 25 years, have dramatically improved the outcomes for hundreds of thousands of children who have been victims of sexual abuse.

CAC's also smartly utilize modern technology and experts to help facilitate and improve these investigations. The marked increase in the use of technology to assist these investigations along with reliable and accepted procedures and well-trained forensic interviewers to speak with child victims argues in favor of these statements' reliability as they make it possible for the court to consider the spontaneity of the child's reports and the suggestiveness of the interviewer's questions. Thomas Lyon, J.D., Ph.D. a professor of Law and Psychology at the University of Southern California and a leading voice on child abuse, neglect and child witnesses, affirms that these statements "would be superior in many ways to in-court testimony because they would be taken closer in time to the alleged event, thus reducing memory problems and issues of intervening taint through multiple interviews or other influences; also, they would be elicited in a non-threatening environment, this increasing the child's ability to answer questions and resist suggestibility." (Thomas D. Lyon. "7. Lyon, T.D., & LaMagna, R. (2007). The history of children's hearsay: From Old Bailey to post-Davis. *Indiana Law Journal*, 82, 1029-1058," citing Crawford, 541 U.S. at 62; *Davis v. Washington*, 126 S. Ct. 2266, 2280 (2006).

Considering recent events unfolding across the country where crimes of child victims of sexual violence had gone allegedly unreported and covered up for years at institutions of higher learning such as Penn State University, The Citadel, and Syracuse University, the outrage expressed by our country underscores the impact that this violence has upon its most tender victims. It is imperative that the Justice Department and this task force consider how it can bolster the efforts of such important multidisciplinary approaches to tackling this problem. By providing an effective, efficient and governmentally supported model of compassionately responding to childhood sexual violence, the surrounding community will be equally empowered to report abuse and help these victims.

Last month I had the honor and privilege of testifying before the Attorney General's Defending Childhood Task Force in Baltimore. I shared the successes and challenges which our fight faces. I told the assembled task force that at BCAC every child we see and meet with decorates a butterfly. Each year we collect over 850 butterflies. These wooden butterflies provide a very real manifestation of the scale of this problem here in Baltimore. We proudly hang the butterflies from the ceilings in our center and recognize that each butterfly is different; each one has its own unique story. Each symbolizes the transformation that occurs within each child and each case. That task force heard from the many voices of victims, survivors, and professionals—BCAC hears those voices every day—24 hours, 7 days a week.

The task force grappled with how this process can be made better for children—among the recommendations made was to have improved processes for information sharing among agencies that serve children. While most CACs work to share the information gathered from its interviews with investigations from police and child protection, multiple other systems do not have information shared such as schools, juvenile justice, parole and probation, and personal health care. Strides need to be made to break additional silos and share more information with these agencies who serve abused children so that efficiencies can be realized and more children can be assisted.

The task force also heard that funding to initiatives to protect and defend childhood must be made a priority. There are insufficient funds and support for most of these critical programs. Nationally, CAC's are cobbled together through a variety

of local, Federal and philanthropic funds. Locally, BCAC is barely funded by the city it has pledged to protect and receives less than 10 percent of its budget by the city we strive to serve despite the fact that our process has been estimated to save over \$1,000 per child or which for us translates into almost \$1 million a year. Congress recently reauthorized the Victims of Child Abuse Act for \$18 million which are meant for 700 sites and national training. While these funds are appreciated they are entirely insufficient to make massive national change. CACs are a best practice that has evolved nationally and needs to be supported at all levels to continue to succeed so that we can prevent abuse, respond to abuse, and treat those who have been abused. Greater Federal funding must be made more readily available so that child advocacy centers and other multi-collaborative agencies can help use their core skills and family focus to provide greater support for our communities.

Finally, many experts testified to the fact that we must change the public dialogue and make prevention of abuse and maltreatment to children a national issue with the best and the brightest helping shape campaigns and ultimately change national perceptions. Many great models of prevention education exist, and partnerships supported by the Federal Government must be encouraged. Schools, religious institutions, youth programs, and agencies like our own must be encouraged to work together to build coalitions to build the infrastructure to protect communities from child abuse. No statewide curriculum or mandate exists in Baltimore, or in Maryland, or in many States nationally. Many are shocked to discover that prevention of child abuse (unlike bullying for example) is not mandated and doesn't exist. Hope exists however; other States and regions of this country have been successful with efforts around effective and proven education in Vermont, Illinois, Texas, and North Carolina. I urge this committee to recommend that every State implement requirements to teach about the prevention of abuse in their State and their schools. That education also must include the need to report abuse. BCAC has held a series of town hall meetings in the wake of these recent school scandals and the most surprising things learned was that people had a reluctance to report suspected abuse and did not know their requirement to do so. This must change—all too often children report to BCAC that they told adults who failed to act. This committee can make recommendations to urge every State to enact such initiatives and provide the public information so that in the end fewer and fewer children will need to be seen at child advocacy centers.

I urge this committee to consider ways to support and grow such unique and important multidisciplinary approaches to combating sexual child abuse as well as urging a national dialogue around preventing sexual child abuse.

PREPARED STATEMENT OF KENNETH WOODEN, AUTHOR AND CHILD SAFETY EXPERT;  
WITH ROSEMARY WOODEN WEBB AND JENNIFER WOODEN MITCHELL, CHILD  
LURES®/TEEN LURES™ PREVENTION, SHELBURNE, VT

Chairman and members of the Senate Health, Education, Labor, and Pensions (HELP) Committee, I thank you for this opportunity to address members of the U.S. Senate and their staff concerning the on-going social crisis of child and youth sexual exploitation. Since my earliest days as an investigative reporter and lifelong child advocate, I have always kept a special file entitled: "Never Forget". Today, let me share that file with the Congress and the American people. My desire is to provide this committee and the media with well-documented examples, from 1905 to the present scandal surrounding Penn State University, of how "The VIP Factor" has been able to seal the fate of an untold number of young victims.

#### THE VIP FACTOR & GENERATIONAL CHILD SEXUAL ASSAULTS

Based on a recent Grand Jury report, Jerry Sandusky allegedly used 9 of the 16 basic Child Lures to entrap and sexually exploit his many young victims: (1) Affection, (2) Assistance, (3) Authority, (4) Bribery, (5) Games, (6) Hero, (7) Job, (8) Threats & Weapons, and (9) Drugs. Four of the victims were allegedly assaulted during sleepovers with Sandusky, another common tactic of sex offenders.

If proven true in a court of Law—he will be but another example of unlimited VIP power over unsuspecting prey. And while it is common knowledge now that child predators come from all walks of life, "The VIP Factor" (Very Important People) is a significant and unaddressed reason why sexual crimes against children have continued unabated for generations. These VIPs are leaders in the community, from within our families, churches, schools, communities, businesses, universities, hospitals and civic organizations. Some are VIPs in education, legal, business, media, military and athletic organizations, as well as in the political world at large. They have imposed a culture of silence that few attempt or care to penetrate. Save for the occasional scandal, which is quickly covered up and soon forgotten.

The result is a growing vast reservoir of victims who, for the most part, keep quiet. Their cries for help are smothered by the offender's threats, as well as by self-imposed shame and guilt, encouraged by the offender to keep their prey in emotional bondage. They use the same lures to exploit innocent youngsters that have proven effective for offenders and irresistible to kids, for generations. These VIPs have added significantly to the vast reservoir of victims, due to their powerful positions, their sophisticated understanding of basic human nature—and the naivety of their young victims.

As Shakespeare wrote, "Bait the hook well, and the fish will bite." The result is the unlawful violation of Children's Basic Human Rights. Few if any of these people pay the price for their crimes. That price tag is left to the American tax payers as we cope with funding "after-the-fact" solutions to the many personal challenges brought on by the trauma of sexual exploitation. Survivors of sexual abuse are at significantly increased risk for a host of personal challenges, including mental illness, depression, substance abuse, eating disorders, cutting, suicide, school drop-out, teen pregnancy, prostitution, homelessness, and criminal behavior. The tentacles of child sexual abuse reach far and wide—and cost society in untold ways. [Documentation B, attached.]

The flip side of the VIP Factor are those in power who could make a difference addressing what the American Medical Association calls a "... silent, violent epidemic," but choose not to. Perhaps they have other political priorities, are protecting jobs or other VIPs or, for whatever reasons, they find this issue too "distasteful" to deal with. Certainly, they are not in the same class as the VIP types who commit deliberate criminal acts against children. Instead, these community leaders chose the path of deliberate indifference, as the human toll of sexual abuse survivors increases in steady numbers, from one generation to the next. I submit the attached Bold and Comprehensive Plan to Prevent Child Sexual Abuse in the United States and indeed, throughout the world. [Documentation A, attached.]

#### **Documentation A.—A Bold and Comprehensive Plan to Prevent Child Sexual Abuse: Leapfrogging the VIP Factor to Safeguard Children & Taxpayers**

**Premise:** At the Federal, State, and local levels, government has a primary responsibility to protect and defend its citizens from foreign and domestic harm.

**Point One:** In 1995, the American Medical Association labeled the sexual assault of women and children, "a violent, silent epidemic." It is long overdue that we end our current National Policy of Denial: "We do Deshrei it." Yiddish for, "Don't talk about it, don't tempt it, and it will go away." We must begin to confront the pervasive social problem of childhood sexual abuse, and its ensuing debilitating effect on health, educational, and social issues. We can do this by establishing a new, honest National Policy of confronting this social cancer with all the creative resources we possess.

**Point Two:** Recognize childhood sexual exploitation as a core social problem, a long-standing historical national health issue which effects American education, society, and our future as a nation.

**Point Three:** Partner with brilliant young entrepreneurs of the high tech world's benevolent algorithms to mobilize mass communication of a web-based Child Lures Prevention Community Plan as a counter weight to VIP predators that entrap, imprison, and degrade our youth. In addition, undertake a national Health Care mailing on preventing child sexual abuse, similar to the government-issued 1988 AIDS brochure. This can help leapfrog over the powerful silent barriers put in place by the VIP factor, which continues to leave our children and youth vulnerable to abuse. These are the same obstacles imposed by the sexual addiction and destructive behavior of untold predators, at the grave expense of human dignity and our destiny as a nation. May God Bless our country and the 20 percent of our population that makes up 100 percent of our future—the Children of America.

#### **Documentation B.—A Legal Prediction: At The Expense of The American Taxpayer**

Individual lawsuits against select organizations and sexual predators have made an impact in recent years on organizations like Unified School Districts, the Catholic Church and Boy Scouts of America.\*

\* (Los Angeles Unified School District, \$6 million in 1990; Northwest Jesuits, \$166 million, 2011; Total paid by the Catholic Church, \$1.8 Billion, 2003–2008; In light of the 1,000 secret files kept by the Boy Scouts of America i.e. "the perversion files", \$18.5 million for one case in Portland, Oregon alone. Total paid by the Boys Scouts of America is unknown.)



Those individual lawsuits, in my judgment, will pale in significance to the legal “perfect storms” that are now on the horizon, in the form of massive class action law suits against these institutions. That vast reservoir of millions of victims is a restless social ocean, as new and egregious revelations are revealed at Penn State University and elsewhere. The dark curtain is being pulled off America, as well as the world, and it’s about time.

From 1985 to 1995, I warned leaders in the Roman Catholic Church—Cardinal Bernardin of Chicago and Cardinal O’Connell of NYC—as well as Public School Superintendents and high level executives within the Boy Scouts of America, of these individual lawsuits on the “horizon.” Their only response was a smile and then disregard of my warnings. One and all, they paid and are continuing to pay a high monetary price, while the victims will pay a lifetime of memories and counseling.

#### RESPONSE TO QUESTIONS OF SENATOR CASEY BY ALL WITNESSES

*Question 1.* I understand from the U.S. Department of Health and Human Services that 36 States (including DC and Puerto Rico) have State-level definitions of child abuse that do not include deliberate acts by *any* individual that leads to death, serious harm or imminent risk of serious harm. These States define child abuse or child neglect (which sometimes is used when a parent fails to protect a child from physical or sexual abuse), or both, as certain acts or omissions by a parent or caretaker.

Can you comment about how State definitions of child abuse differ and what impact this has upon how child abuse and neglect is reported, investigated, and prosecuted? How do differences in State definitions influence a victim’s ability to access services and support? Do you have any recommendations on how the Federal Government can do a better job of ensuring that all children are protected appropriately, regardless of which State they live in?

Answer 1. In Canada, these are Federal laws, not provincial. In terms of State to State differences, I will defer that to the experts.

*Question 2.* Many of you provided testimony on adults’ moral responsibility to protect children by reporting known or suspected incidents of child abuse. In your opinion, when child abuse has been observed or is otherwise known to be occurring, should an adult have a responsibility to report it? In other words, should there be a higher standard for reporting when an adult actually knows or sees child abuse or neglect occurring, versus an adult who suspects child abuse or neglect to be occurring but is not certain? If so, in practical terms, what are the implications of implementing a higher standard?

Answer 2. There are often “grey areas” and, therefore, the highest standard should be implemented. Child protection is paramount and swift action should alleviate any potential negative implications of reporting to the standard.

*Question 3.* Please comment on the Federal role in providing resources to support child abuse prevention and treatment through CAPTA and other Federal programs. What type of investment should be made at the Federal level? How could Federal resources be better leveraged? Please comment on all uses of Federal funds, but on training and prevention efforts in particular.

Answer 3. In terms of specific programs, current Federal resources, etc., I am not an expert on the U.S. system. Therefore, I will defer these issues to the experts.

*Question 4.* Do you think that there is enough awareness among members of the public about how to recognize and report child abuse and neglect, and how to prevent it? What role do you believe that the Federal Government should play in building knowledge and awareness among members of the public, or specific members of the public, about these considerations?

Answer 4. Our approach has been mandatory abuse, bullying and harassment prevention education in youth serving organizations (sport, schools, community youth programs, etc.). We began by training all adults in a position of authority, then parents and we are now creating age-specific programs for youth within the organizations we serve. It is our view that the Federal Government should mandate these programs especially in areas where the Federal or State governments already provide funding to the organizations. It doesn’t mean the Federal Government has to pay for the programs, just provide a standard that is a requirement to obtain funding. “If you want Federal/State funding, prove to us that child protection programs are in-place and required of your membership.”

## RESPONSE TO QUESTIONS OF SENATOR CASEY BY SHELDON KENNEDY

*Question 1.* In your testimony, you state that from your experience “a child who is being abused has to tell—on average—seven people before their story is taken seriously.” That is a startling statement. Can you tell us more about how you arrived at this figure and what has led you to believe that so many challenges stand in the way of adults speaking up for children?

Answer 1. I began using this statement (based on research) back in 1997 when I first disclosed my abuse. I went back to our curriculum Subject Matter Experts, the Canadian Red Cross, and they have provided the following (attached documents) which provide extensive information on this specific issue:

- Adult responses to disclosures of violence.docx.
- 9-Sexual Violence 2009 Eng\_ed3.pdf.
- 13-Intervention to Stop Violence 2009 Eng\_ed3.pdf.

*Question 2.* In your testimony, you state that by “empower[ing] the bystanders [we’ll] be taking an important step in breaking the silence on child abuse.” In your experience, how do you empower the bystanders? Is there a tipping point or critical mass that we need to reach in order to change the culture of silence? You mention educating the “good people”—the 99 percent of our population—as the best defense to prevent abuse. How important is it for us to reach beyond people known as “mandated reporters” and communicate with the general public about child abuse and neglect and how to recognize and report it, as well as prevent it?

Answer 2. Our approach has been mandatory abuse, bullying and harassment prevention education in youth serving organizations (sport, schools, community youth programs, etc.). We began by training all adults (mandated reporters) in a position of authority, then *parents* and we are now creating age-specific programs for *youth* within the organizations we serve. Once you have trained the adult leaders (mandated reporters), parents (programs on becoming “better informed parents” as required by the youth serving organization) and youth (programs on becoming “better informed participants” required by the youth serving organization), you have created a “holistic culture of respect” across all stakeholders in the organization. This is the desired outcome to avoid institutionalization of child abuse and a “bystander mentality”. By educating all of the membership, you have created a standard, provided a consistent message and given everyone the confidence (in numbers) to come forward when issues arise.

*Question 3.* In your opinion, should it be the responsibility of every adult to report known or suspected cases of child abuse? What benefits or drawbacks would you see from making it a legal responsibility?

Answer 3. Yes. There are often “grey areas” and, therefore, the highest standard should be implemented. Child protection is paramount. Swift action should alleviate any potential negative implications of making it a legal responsibility.

[Whereupon, at 12:40 p.m., the hearing was adjourned.]