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The **Child Abuse
Prevention
and Treatment Act**

*40 Years of Safeguarding
America's Children*

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Preface

THE STORY of the Child Abuse Prevention and Treatment Act (CAPTA) is one of interrelationships among advocates, researchers, policymakers, and public and private agencies. At times a story of challenges and obstacles, this rich history is ultimately one of cooperation and collaboration in addressing the critical issue of child maltreatment. It is a story told by the pioneers, past and present: Those who have led the field of child maltreatment research and practice, as well as those who continue to respond to the daily challenges of ensuring that children have an opportunity to grow into healthy and productive adults.

CAPTA and the work that it has engendered are understood best in the context of politics, cultural events, and societal changes. Over four decades, CAPTA has progressed from responding primarily to the occurrence and effects of child maltreatment to focusing more on risk, protection, and prevention. This evolution has included broad recognition of the need for a multidisciplinary approach and development of vital cross-system partnerships.

CAPTA is also a story of the National Center on Child Abuse and Neglect (NCCAN) and its successor, the Office on Child Abuse and Neglect (OCAN). In 1974, CAPTA recognized that a national problem required a national response and mandated the creation of a National Center on Child Abuse and Neglect to spearhead federal efforts. NCCAN, and later OCAN, provided leadership and funded the vital programs that helped to inform and transform child protection throughout the nation.

The National Conferences on Child Abuse and Neglect are also woven into this rich history. Since 1976, the National Conferences have served to simultaneously drive and respond to the field by focusing on the most current thinking on child maltreatment issues and trends. The themes and content of these major training and technical assistance events reflect both the changing CAPTA requirements and the emerging work of NCCAN and later the Children's Bureau's OCAN, their stakeholders and partners.

The story of the next 40 years is already being written: through innovative Children's Bureau-supported projects throughout the country; in the technical assistance being provided to states to improve child protection systems; and in the strong partnerships with states and tribes, national organizations, and recognized experts who help guide and support these efforts. The goal may be the most ambitious ever undertaken: a comprehensive child welfare system that supports children, families, and communities in ways that will prevent the occurrence – or recurrence – of maltreatment in the future.

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We also want to thank the many people interviewed for their time and thoughtful reflections, which have added depth to this historical review, including Sandra Alexander, Sharon Amatetti, Douglas Besharov, Barbara Bonner, Cheryl Ann Boyce, Mark Chaffin, Deborah Daro, Diane DePanfilis, Anne Cohn Donnelly, Howard Dubowitz, Deanne Tilton Durfee, Michael Durfee, Sally Flanzer, Dorothy V. Harris, Wayne Holder, Richard Krugman, Cheryl Peterson, Teresa Rafael, Andrea Sedlak, Linda Spears, Mary Sullivan, Penny Trickett, Nancy Young, Ying-Ying Yuan, and Joan Levy Zlotnik.

Special thanks goes to Tom Birch, formerly of Sen. Walter Mondale's staff and Director of the National Child Abuse Coalition, whose insights into the legislative history of CAPTA and its successors were invaluable. The work of John E.B. Myers in chronicling the history of child protection in America was enlightening and very helpful. The efforts of Dorothy V. Harris, former Project Director of the NCANTPP, and Kristin Zagar, former NCANTPP Project Manager, in getting this venture off to a successful start are also greatly appreciated.

The conclusions and personal views expressed in this document are solely the responsibility of the authors and those who were interviewed, and do not represent official Children's Bureau, ACF, or HHS views or policies.

I. Child Protection in America

THROUGHOUT HISTORY, parents have had primary responsibility for their children and the right to raise them as they see fit. In the United States, this right is codified in the 14th Amendment to the Constitution, which includes the statement that “no state [shall] deprive any person of life, liberty, or property, without due process of law.” The Supreme Court has affirmed the principle that “liberty” referred to in the amendment “denotes not merely freedom from bodily restraint but also the right of the individual to ... establish a home and bring up children ... according to the dictates of his own conscience ...” *Meyer v. Nebraska* (1923). “Reasonable” corporal punishment was widespread, and rarely did the government interfere with the parental prerogative to punish their children as they saw fit.

This lack of interference does not mean that society was indifferent to the plight of abused and neglected children. To the contrary, as John E.B. Myers, one of America’s foremost authorities on child maltreatment, noted in his book *The History of Child Protection in America*, “Efforts to protect children from abuse and neglect are as old as maltreatment itself.”ⁱ

Organized child protection in the United States can trace its origins to the late 19th century, when the high-profile case of Mary Ellen Wilson led to the creation in 1874 of the Society for the Prevention of Cruelty to Children (SPCC) in New York. In short order, the movement to establish non-governmental child protection organizations spread throughout the country. By 1880, there were 37 such organizations in the United States. By 1922, the number of non-governmental charities dedicated to protecting children reached an all-time high of more than 300.

While charities were actively involved in child protection, the federal government was not. The [1909 White House Conference on the Care of Dependent Children](#) recommended the creation of the federal Children’s Bureau, which was accomplished in 1912. The Children’s Bureau (CB) was given a very broad mandate to: investigate and report upon all matters pertaining to the welfare of children and child life among all classes of people, and investigate the questions of infant mortality, the birthrate, orphanages, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, and legislation affecting children in the several states and territories. Most importantly, in creating the Children’s Bureau, Congress recognized for the first time that the federal government has some responsibility for the welfare of children.



The case of Mary Ellen Wilson marked the establishment of legal remedies for child abuse, and creation of the first Society for the Prevention of Cruelty to Children.



THE NON-GOVERNMENTAL CHILD PROTECTION CHARITIES were largely dependent on private donations, and their funding suffered greatly during the Great Depression, which began with the stock market crash in October 1929 and persisted through the early 1940s. Despite increasing public awareness of child maltreatment and a desire to protect children, many nongovernmental charities disbanded for lack of funding.

At the same time, there was a growing call for government involvement in child protection and other social services. In 1935, Douglas Falconer, a social worker, wrote:

“For many years responsibility for child protection was left almost entirely to private agencies.... Great sections of child population were untouched by them and in many other places the service rendered was perfunctory and of poor standard.... The belief has become increasingly accepted that if children are to be protected from neglect the service must be performed by public agencies.”ⁱⁱ

The widespread misery of the Great Depression opened the door to increased acceptance of federal government involvement in what had previously been considered matters of individual or state responsibility. A majority of Americans now believed that the federal government had a legitimate role in ensuring the general welfare of the people. This was epitomized in 1935, when President Franklin D. Roosevelt signed into law the Social Security Act, which generated an array of programs to aid numerous groups of Americans. In addition to the social insurance program for retired workers, the Act included unemployment insurance, old-age assistance, aid to dependent children, and grants to the states to provide various forms of medical care.



IN 1939, the St. Louis Children’s Aid Society sent questionnaires to councils of social agencies in 36 cities with populations over 250,000. The questionnaire asked about the role of private agencies in meeting the needs of children, including protective services. According to Myers, half of the 30 responding agencies reported that private children’s agencies had some responsibility for child protection, and three reported that public welfare departments had recently assumed primary responsibility for protective services.

In 1954, Vincent De Francis, then Director of Children’s Services at the American Humane Association, conducted a national inventory of child protective services. Published in 1956, De Francis’s inventory found only



President Franklin Delano Roosevelt signs Social Security Bill in 1935, ushering in a new federal role in ensuring the well-being of Americans.



Photolithograph by F. Luis Mora, Children's Bureau, Department of Labor, 1939. National Archives, Publications of the U.S. Government. (287-P-L5.14:M45 939).

84 private nongovernmental child protection societies still operating in the country in 1967—in contrast to the more than 300 such agencies that were operating three decades earlier. Further, the remaining agencies were located in only 16 states: Connecticut, Illinois, Indiana, Kentucky, Maryland, Massachusetts, Minnesota, Missouri, Nebraska, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Tennessee, and Texas. Thirty-two states had no private child protective services whatsoever. Government agencies were gradually assuming responsibility for child protection, typically through county departments of welfare or social services.

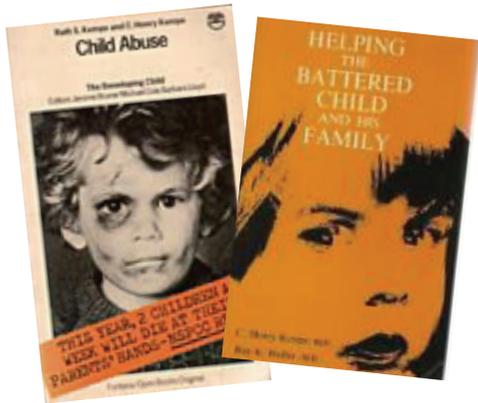


MEDIA ATTENTION ON CHILD ABUSE AND NEGLECT increased during the 1960s, as did the call for action. On January 15, 1962, in Washington, D.C., the CB sponsored a one-day meeting to discuss ways in which it could support states and communities in addressing the problem of child abuse. The meeting included 25 pediatricians, judges, lawyers, social workers, and other experts from various parts of the country. They discussed the challenges involved and agreed that treatment would require a concerted effort from the medical, legal, and social work communities. The group recommended that the need for legislation be explored further, and that the CB disseminate information to the various professions dealing with children.

A second meeting convened by the CB in May with legal experts provided the basis for a draft model statute, which was then circulated



Dr. C. Henry Kempe, author of the ground-breaking article “The Battered-Child Syndrome.”



further among members of the legal profession, law enforcement officers, pediatricians, hospital administrators, social workers, and others concerned with child well-being. By the summer of 1963, the CB was distributing suggested legislative language for a law requiring doctors and hospitals to report suspected abuse.



DR. C. HENRY KEMPE, then Professor and Chairman of the Department of Pediatrics at the University of Colorado School of Medicine, was one of the experts who participated in the CB’s discussions on child abuse and neglect. In 1962, he published “The Battered-Child Syndrome” in the *Journal of the American Medical Association*. In the article, Kempe described battered-child syndrome (BCS) as the clinical evidence of injuries resulting from non-accidental trauma in children, usually perpetrated by a parent or caretaker. He noted that, in general, the explanations given for the injuries were improbable, and that victims of BCS were usually very young and frequently exhibit signs of chronic neglect, such as malnutrition. Through this article, Kempe illuminated the gravity of the problem by assigning physical child abuse a name and providing data on the prevalence, etiology, and consequences of child battery. Almost overnight, child abuse became a national issue.

States responded quickly to public outcry and the call for mandatory reporting. By 1967, every state and the District of Columbia had enacted some form of child abuse and neglect reporting law to permit individuals to refer cases of suspected child abuse or neglect to a public agency.

But the CB knew that ensuring that cases of child abuse and neglect were reported, while an important step, was not enough to solve the problem. In keeping with its emphasis on prevention, the CB provided research and demonstration grants as early as 1966 to explore the causes of child abuse and what steps might be taken on the national level to prevent further cases. These early grants paved the way for much greater efforts in the next decade.



IN 1967, De Francis conducted a follow-up to his landmark Inventory of Child Protective Services. The 1956 inventory found 84 private nongovernmental child protection societies operating in the country. By 1967, that number had dropped to a mere ten.

De Francis wrote in 1967 that, “Protective services under public welfare [were] reported to exist in 47 states.” Yet, he complained, “No state and no community has developed a Child Protective Services program adequate in size to meet the service needs of all reported cases of child neglect, abuse, and exploitation.”ⁱⁱⁱ

II. The Making of CAPTA

THE 1970 WHITE HOUSE CONFERENCE ON CHILDREN AND YOUTH put a focus on child maltreatment. Outcomes of the 1970 conference included the establishment of state councils designed to monitor the status of children in the state. In Washington, D.C., The Senate Committee on Labor and Public Welfare created a new Subcommittee on Children and Youth, chaired by Senator Walter Mondale. The Nixon Administration followed up with a \$300,000 budget request to help carry out recommendations at the state level.

The issue of child abuse and neglect had also reached the House of Representatives. Several members introduced legislation to address the issue of child abuse and neglect—most notably Patricia Schroeder, a Democrat from Denver, Colorado, home of the National Center for the Prevention and Treatment of Child Abuse and Neglect established by Dr. C. Henry Kempe; Mario Biaggi, a Democrat from New York, in whose District was Dr. Vincent Fontana, head of the Foundling Hospital in New York City; and Peter Peyser, a Republican from Westchester County in New York. Despite a combined total of more than 100 co-sponsors in the House, none of these bills passed into law. It was not until 1971, when Senator Walter Mondale became chairman of the newly created Subcommittee on Children and Youth, that the issue of child abuse and neglect gained broad visibility on Capitol Hill.

As Senator Mondale began to hold hearings on the issue of child abuse and neglect in 1973, the Office of Child Development (OCD) within HEW's Office of the Secretary, was designated to be the lead agency for interdepartmental efforts to address the issue. That year OCD awarded two grants totaling \$99,368 to collect information about the problem and survey current local child protection efforts. The Children's Division of the American Humane Association was funded to establish a clearinghouse to gather data on the nature and characteristics of child abuse and neglect, to collect information on reporting procedures and protective services, and to design a voluntary uniform reporting system for states.^{iv}

The hearings convened in 1973 by Senator Mondale affirmed De Francis's view that state and local efforts in both the public and private

“Henry Kempe worked with Senator Mondale and Pat Schroeder on the House side to get legislation through. Early language had a national center located in Denver. Nixon argued that a national center was not needed, but when it became clear that the legislation was going to pass, he said that a national center was too important to be located anywhere but Washington, D.C.”

—Richard Krugman, former Director of the C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect and Chairman of the U.S. Advisory Board on Child Abuse and Neglect

Senator Walter Mondale (far right) convenes hearings to gather expert testimony on child abuse and neglect in America.



sectors to combat child abuse and neglect were widely deficient. As Douglas J. Besharov, who was to become the first Director of the National Center on Child Abuse and Neglect, would later tell Congress:

“... Although all 50 states had child abuse reporting laws, the legal framework for child protection work was often incomplete and unnecessarily complex, thus making it difficult to successfully implement effective programs. Moreover, the institutional support necessary to sustain adequate treatment and preventive services was widely lacking. Child protective workers were generally not given the training, skills and ancillary services necessary to meet their important responsibilities.

“In almost every community in the nation, there were inadequacies, breakdowns, and a lack of coordination in the child protection protective process. Reports were increasing faster than agencies could handle them, yet detection and reporting remained haphazard and incomplete; protective investigations were often backlogged or poorly performed; and suitable treatment programs were almost nonexistent for the majority of families needing them.

“Too often, the only treatment alternatives available to child protective agencies were infrequent and largely meaningless home visits; overused, and

sometimes abusive, foster care; and unthinking reliance on court action. Lacking suitable long-term treatment services, most American communities were faced with a grim choice in cases of serious abuse or neglect: either break up such families or leave the children at home where they might be seriously injured or even killed.

“Studies indicated that as many as three-quarters of the children whose deaths were suspected of being caused by child abuse or neglect were previously known to the authorities.”^v

Despite growing resolve on Capitol Hill to address the issue of child maltreatment, the atmosphere for introducing legislation on child abuse and neglect was uncertain. Two years earlier, President Nixon had vetoed a bill that addressed child care. HEW staffing in the area of maternal and child health was on the decline.^{vi} It was not an Administration that took a robust stand on federal government support of children’s issues, which the President generally thought would be addressed more appropriately at the state level.

The Senate Committee heard testimony from a number of groups and individuals. According to Tom Birch, who worked for the committee under Senator Mondale:

“The hearings brought together a number of people to testify, including representatives of such organizations as the Denver-based National Center for the Prevention and Treatment of Child Abuse and Neglect. They talked about the ability to rehabilitate families. Brandt Steele at that time talked about a 90 percent success rate in rehabilitating families. Another very persuasive witness was Jolly K., one of the founders in 1970 of Parents Anonymous[®]. She testified that she abused her child, at times seriously, and sought help to stop. She went from agency to agency to agency, but was turned away each time. She testified that there needed to be a place for treatment and rehabilitation for people like her” (personal communication, July 30, 2013).

As the Senate moved forward with legislation to address child abuse and neglect, members of the House launched a similar effort. Rep. John Brademas, a Democrat from Indiana who was chairman of the Select Education Subcommittee, drafted legislation that included provisions of the three earlier House bills. Like the Senate bill, the House bill included

“In our society, care and protection of children beyond the parental role are the responsibility of the State.... Many states have this responsibility spelled out in their welfare laws.... Parents have the primary responsibility for meeting the needs of their children. Society has the obligation to help parents discharge this responsibility. Society must assume this responsibility when parents are unable to do so.”

—*HEW testimony before Congress*^{vii}

Child Abuse Prevention and Treatment Act of 1974 (P.L. 93-247)

KEY PROVISIONS

- Provided assistance to states to develop child abuse and neglect identification and prevention programs
- Authorized limited government research into child abuse prevention and treatment
- Created the National Center on Child Abuse and Neglect (NCCAN) within the Department of Health, Education, and Welfare to:
 - Administer grant programs
 - Identify issues and areas needing special focus for new research and demonstration project activities
 - Serve as the focal point for the collection of information, improvement of programs, dissemination of materials, and information on best practices to States and localities
 - Created the National Clearinghouse on Child Abuse and Neglect Information
- Established Basic State Grants and Demonstration Grants for training personnel and to support innovative programs aimed at preventing and treating child maltreatment

—Child Welfare Information Gateway. (2012). *Major Federal Legislation Concerned with Child Protection, Child Welfare, and Adoption*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

provisions for a National Center on Child Abuse and Neglect, a focus on parent self-help groups, and provisions for research and demonstration grants. But the House bill also had several significant differences. It included a definition of child abuse (which would later become a focal point for ideological disputes). It also included a modest provision for state grants to improve child protective services, to be awarded after states met eligibility requirements such as having mandatory reporting laws, preserving victim confidentiality, and appointing guardians *ad litem*. Finally, the House bill called for the creation of a 15-member national commission on child abuse and neglect, which would

include representatives from federal agencies that would have some role in addressing issues of child maltreatment.

Congressman Brademas took the legislation to the floor for a vote under “suspension of the rules,” which limited discussion of the bill to 40 minutes, prohibited the offering of any amendments, and required a two-thirds majority of Members present and voting to pass the bill. “In retrospect, it boggles the mind,” said Tom Birch, “that new authority, for new programs, and big money could have passed in the House under suspension of the rules” (personal communication, July 30, 2013).

The final bill passed in the House with a vote of 354 to 36, and in the Senate with a vote of 57 to seven. The Child Abuse Prevention and Treatment Act of 1974 was now on its way to becoming the law of the land.

Nevertheless, there were several outspoken critics of CAPTA, who felt that the legislation was not sufficient to truly address the problem of child maltreatment in America. Bill Lunsford, the new Director of the Child Welfare League of America (CWLA), had opposed the narrow approach the bill was taking because, he said, we will never address child maltreatment appropriately or sufficiently unless we address parenting practices, corporal punishment, income disparities, and the types of challenges that confront

low-income families and the menu of frustrations that can build up to a loss of control. Edward Zigler, who was appointed by President Nixon as the first Director of the Office of Child Development (now the Administration for Children and Families), called the legislation “a token effort,” because he felt it did not begin to address the depth and complexity of the issue.^{viii}

Senator Mondale acknowledged the modest scope of the bill but believed strongly that the current political climate would not support passage of more expansive legislation. Facing opposition from the Nixon Administration and resistance from other members of Congress to anything perceived as another poverty program, Mondale instead portrayed child abuse as an individual problem that could affect any American parent.

Many policymakers and advocates believed that, while separating issues of poverty and class from child maltreatment may have facilitated the legislative process, it served to minimize the impact of these factors on the issue.^{ix} Tension around the contributions of social-ecological factors to child maltreatment persists in the field to this day.



PRESIDENT NIXON SIGNED the Child Abuse Prevention and Treatment Act (CAPTA) into law on January 31, 1974. CAPTA marked the first significant effort of the federal government to improve the response to physical abuse, neglect, and sexual abuse.

III. A National Response

PASSAGE OF CAPTA marked the nation's first major step forward in addressing issues related to child maltreatment. In testimony before Congress, it was estimated that some 60,000 children were reported to be abused each year,^x but there was no systematic way to assess the true scope of the problem. Few states had structures in place to deal adequately with child maltreatment, nor was there any consistency from state to state in dealing with the issue. The early years following the enactment of CAPTA focused largely on: What constitutes child maltreatment? What is the scope of the problem? What do we need to have in place to begin to address the issues effectively? What can we do to better coordinate our efforts at the federal level? What can we do to support the states in their efforts?



CAPTA MANDATED CREATION of a National Center on Child Abuse and Neglect (NCCAN) within HEW to spearhead federal efforts to address

LEGISLATIVELY MANDATED RESPONSIBILITIES OF NCCAN

- Monitoring research, maintaining a clearinghouse on child abuse programs, and compiling and publishing training materials for persons working in the field
- Establishing a program of demonstration grants to be used in training personnel in the fields of medicine, law, and social work and to support innovative projects aimed at preventing or treating child abuse or neglect
- Providing funding to the states for programs to develop child abuse and neglect identification and prevention programs
- Directing the undertaking of a comprehensive study to investigate the national incidence of child abuse and neglect, including the extent to which incidents of child abuse and neglect were increasing in number or severity
- Ensuring effective coordination between programs related to child abuse and neglect supported by federal funds
- Establishing an Advisory Board, to include representatives of all federal agencies responsible for child abuse programs, to assist with program coordination and advise on standards for prevention and treatment projects

child maltreatment. Prior to the passage of CAPTA, HEW's Office of Child Development (OCD) was the lead agency on the Intra-Departmental Committee on Child Abuse and Neglect, which focused on the development of preventive strategies. In the first year after CAPTA's enactment, OCD maintained responsibility for federal efforts to improve the identification, treatment, and prevention of child maltreatment and for the administration of CAPTA while the new national center was created.

The new NCCAN was placed in the Children's Bureau, Administration for Children, Youth and Families, in what was then the Office of Human Development Services.

Douglas J. Besharov, JD, was appointed as Director of NCCAN in 1975. A nationally recognized expert on child protective services who had served as executive director of the New York State Assembly Select Committee on Child Abuse and Neglect since 1971, Besharov would serve as Director of NCCAN for four years.

"We were a band of excited people," recalled Besharov. "We worked hard, but felt we had been given a very important job. With the creation of the National Center on Child Abuse and Neglect, people had high hopes that finally the problem of child abuse and neglect would be resolved.

"In those early years, NCCAN had a staff of more than 15 people in Washington, D.C., plus one in each of the 10 Regional Offices. We enjoyed resources and a level of independence that many envied.

"As the Federal government's first focused effort to address child maltreatment, everything was new, so we really had to think everything through. The field was also relatively new—we were all novices."

—*Douglas Besharov, first Director of NCCAN*



ONE OF THE 1ST CHALLENGES undertaken by NCCAN was to begin to identify the scope of the problem. Dr. Edward Zigler's remarks at the First National Conference on Child Abuse and Neglect in 1976 reflected the view of many at that time:

"There is general agreement that theoretical and empirical research in the area of child abuse remains primitive and rudimentary.... If there is anything that must be done first and done quickly in the child abuse area, it would be the development of



Douglas J. Besharov

the knowledge base that is a prerequisite for cost-effective interventions.”^{xi}

NCCAN moved quickly to begin to develop such a knowledge base. The Children’s Bureau had awarded a grant to the American Humane Association (AHA) in 1973 to manage the National Child Abuse and Neglect Reporting Study (NCANRS) and analyze reports of child abuse and neglect filed under mandatory reporting laws.^{xii} With the creation of the national center, responsibility for this grant initiative was transferred to NCCAN.

The NCANRS data collection effort focused solely on cases of child abuse and neglect reported to state child protective service agencies. Data were collected from the states in two ways: (1) by asking states to submit data for each case of child abuse and neglect reports; and (2) by surveying states to obtain aggregate counts of the number of reports received, and the number of reports substantiated. State participation was voluntary. Data were collected from the states from 1976 to 1987.

While the information collected under the NCANRS helped to inform policymakers about trends in child maltreatment, there were some significant limitations to the study at that time. Differences in child maltreatment legislation from state to state resulted in data comparisons that were not always “apples to apples.” The voluntary nature of the study meant that participation varied from year to year; the number of participating states reached a maximum of 39 in 1980. This variation also limited the ability of researchers to chart trends over time. Only eight of the 54 participating states and territories submitted “unduplicated” data; the others provided

“New Mexico received one of the first waves of discretionary grants from NCCAN. Basically, we developed what we called a Family Resource Center and lifted CPS out of the county office. It was a very specialized, multidisciplinary kind of intervention—at that time, a big step away from the routine way of delivering services. We had psychiatrists and psychologists on contract,

as well as masters-level social workers—it was quite the deal. We were trying to test several approaches, in both intervention and program management. First, our intervention was much more social service-oriented. Through this approach, we also hoped to generate more self-referrals. Second, we wanted to test strategies for managing staff morale, because burnout had been a gigantic issue when I was

the county director.

“From my perspective, work done through this and other NCCAN-funded demonstration grants—what we learned through these trials—laid the foundation for other approaches that followed.”

—Wayne Holder, former District III Field Operations Manager and Bernalillo County Director, New Mexico Health and Social Service Department, and Project Director, Family Resource Center

data that included multiple reports for a single child or family. Finally, some states reported data on individual children, some reported only on families, and some reported on both children and families.

In 1976, NCCAN awarded a contract for the design and implementation of the first national study of the incidence and severity of child abuse and neglect. Intended to be responsive to the legislative mandate to “make a full and complete study and investigation of the national incidence of child abuse and neglect, including a determination of the extent to which incidents of child abuse and neglect are increasing in number or severity,”^{xiii} the study remediated some of the shortcomings of the NCANRS. The contract provided for a two-year period of design and pretest work. The first National Incidence Study (NIS-1) would be conducted in 1979-80 and published by NCCAN in 1981.



CAPTA PROVIDED UNPRECEDENTED FINANCIAL ASSISTANCE TO help states develop child abuse and neglect identification and prevention programs. Although modest in size, these grants—and the requirements that went with them—played an important role in stimulating the development of systems to address child maltreatment.

To be eligible for the basic state grants, states had to meet certain requirements, including stronger laws governing the reporting of alleged child abuse and neglect, as well as standards relating to investigation and cooperation among law enforcement, the courts, and social service agencies. The basic state grant was non-competitive; if the legislative requirements for the grant program were met, then the state received the funds. The amount of the award was based on a formula; thus the basic state grants were sometimes referred to as formula grants.

One of NCCAN’s first priorities was to support states in enhancing their reporting laws. Although most states had laws in place, improvements were needed in areas such as reporting of neglect as well as abuse, confidentiality of reports and immunity for reporters, and appointing guardians *ad litem* in court proceedings.

In addition to the grant to revise the model reporting law, NCCAN awarded a number of other grants for research and demonstration projects. These discretionary grants, so-called because they were available at the discretion of the federal government, were designed to increase knowledge about the causes, nature, extent, consequences, prevention, identification, and treatment of child abuse and neglect. The awards reflect the priority areas of the time. The first wave of discretionary grants addressed such topics as:

- Improving the differentiation of child abuse cases from other categories of early childhood social illness, such as failure to thrive and accidents;

“CAPTA has played an enormous role in helping to ensure that there is a floor upholding child protection in this country—that there is some standardization, some basic core requirements to child protection response in America.”

—Linda Spears, *Child Welfare League of America and Former Liaison Officer in Massachusetts*

- Evaluating child neglect laws and developing a model termination of parental rights act and guidelines for its interpretation;
- Surveying child protective service agencies and programs to plan experimental demonstration programs;
- Training those working with children in the identification of child abuse and neglect;
- Conducting public awareness campaigns;
- Developing comprehensive, community-based, multidisciplinary programs for prevention and treatment; and
- Addressing the needs of specific populations, including military, rural, migrant, and Native American populations.

The second round of research and demonstration grants, funded for FY1976, reflected the call for support and guidance for the providers who needed to respond effectively to the increasing numbers of reported cases of child abuse and neglect. Of the 24 new grants awarded, 22 addressed the issue of professional education and training curricula.

Program priorities for 1979 and 1980 included the protection of children from abuse and neglect by staff in institutions, primary and secondary intervention efforts, and innovative ways to respond to sexual abuse.



“A major influence I saw from NCCAN was the establishment of the 10 Regional Resource Centers. I thought that model was pretty effective in reaching out to states and local communities and supporting their efforts to address child maltreatment.”

—Richard Krugman

RESOURCE PROJECTS TO PROVIDE training and technical assistance to state and local agencies were established in all 10 HEW Regions. NCCAN's efforts contributed to a deepening understanding of the various types of maltreatment during the 1970s, including neglect and emotional maltreatment, as well as a growing awareness of and willingness to talk about sexual abuse.

In providing training and technical assistance to states and communities, early NCCAN efforts focused on the following seven elements of effective child protection systems, all of which are still emphasized today:

- Accurate knowledge of the true incidence of child maltreatment
- Strong and well-publicized reporting laws
- Well-maintained central registries of child maltreatment reports
- Adequate supply of specially trained child protective workers
- Treatment programs for parents and children
- Effective court systems
- Interdisciplinary cooperation

Funding for Parents Anonymous®, the organization advocate Jolly K. helped to create, was mandated in CAPTA—the only national organization to receive specific mention in the legislation. NCCAN funding helped Parents Anonymous® develop additional chapters around the country.



THE NATIONAL CLEARINGHOUSE on Child Abuse and Neglect Information was first established by NCCAN in 1974 to collect, organize, and disseminate information on all aspects of child maltreatment in order to build the capacity of professionals in the field.

Clearinghouse services were designed to be responsive to the changing needs of the field, and to meet the cross-disciplinary needs of professionals working in child abuse and neglect, child welfare, and adoption.

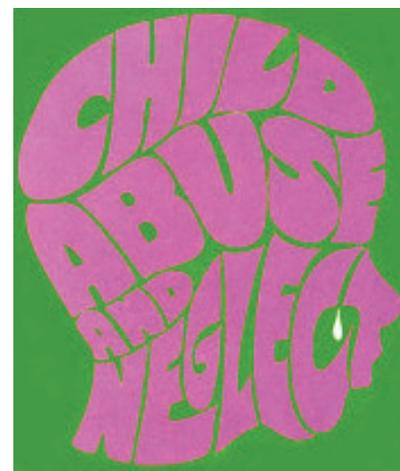
One of NCCAN's most successful and enduring resources, *The Child Abuse and Neglect User Manual Series*, was first launched in 1979. Developed for professional workers and others concerned with the prevention, identification, and treatment of child abuse and neglect, there were 21 volumes in the series. Many were addressed to those working in certain professions, such as teaching, nursing, mental health, law enforcement, child protective services, and day care. Others focused on specific topics within the field of child maltreatment, such as family violence, child protection in military communities, or sexual abuse and exploitation. All of the *User Manuals* advocated a multidisciplinary approach.

NCCAN also developed its first campaign to raise public awareness and generate referrals to services for families at risk of child abuse and neglect. The campaign included television and radio public service announcements, newspaper ads, posters, and a handbook for communities. The materials emphasized advance planning to ensure that communities were prepared to follow up effectively on resulting reports and requests for help.



IN SUPPORT OF ITS MISSION to collect information on effective strategies in the prevention and treatment of child maltreatment, and to disseminate this information to states and local communities, NCCAN convened the first-ever federally-sponsored National Conference on Child Abuse and Neglect. At the time, the National Conference was the only event in the nation that brought together practitioners, researchers, policymakers, and others to discuss issues related to child maltreatment.

The 1st National Conference on Child Abuse and Neglect was held in Atlanta, Georgia, in January 1976. To understand the impact of this national conference on the field of child protection, one need only to recall the status of the field at the time. States were gearing up, passing and implementing legislation to direct the actions of a loosely defined network of child protection professionals. Drawing largely from the social work/child welfare profession, the juvenile court system, and the law enforcement field, this rudimentary network of professionals began the challenging task of finding ways to identify and treat child abuse and neglect. Institutional support for their efforts was widely lacking. There were no forensic experts and no



Early child abuse and neglect messaging reflected the style of the times. An NCCAN logo from the 1970s.

“The booklets [User Manuals] produced by NCCAN were very good and a good contribution to practice—taking the best possible knowledge of the time and from different disciplines.”

—Howard Dubowitz, Professor of Pediatrics and Director of the Center for Families, University of Maryland School of Medicine

programmatic approaches to intervention; there was no research related to outcomes and no basis for the formulation of policy other than the desire to protect children from harm and dangerous parenting. Prevention would not become a major focus of the field for some years. Well-intended intervention that led to the wholesale placement of maltreated children created a population of children growing up in foster care, experiencing little contact with birth families, and drifting from placement to placement, then into adulthood. This situation led to later changes in federal and state policy.

The 1st National Conference reflected those times. Its three-pronged theme focused on *the role of government in child protection, methods for improving society's ability to protect children, and parenting and prevention of child abuse and neglect*. The keynote address at that first conference, delivered by Edward Zigler, was pessimistic in its tone, suggesting that efforts to combat child maltreatment were doomed to failure because of the complexity of the issues involved. His remarks reflected the enormous challenges facing the fledgling field of child protection, but they were met by a passionate field determined to succeed.

The 2nd National Conference on Child Abuse and Neglect was held a year later in Houston, Texas, in April 1977. Participation still reflected a field consisting primarily of government and professionals with direct child protection mandates. Embracing the early priorities of NCCAN, the focus of the conference was on *innovation in intervention and implementation* of model laws and reporting requirements.

In their preface to the proceedings, Dr. Michael Lauderdale from the University of Texas School of Social Work, and Doug Besharov, noted that, “In four major plenary sessions, leaders from the various disciplines [social work, psychology, psychiatry, medicine, government, education, and law] discussed the role of the consumer/family, the role of the community, the role of state and federal governments, and the role of the political process in dealing with the problems posed by child maltreatment. In addition, 25 panels and 80 workshops provided detailed information and discussion related to the many issues of child abuse and neglect and suggested various levels of intervention with children, parents, families, communities, legislatures, and the federal government.”^{xiv} They went on to say that:

“If any theme could be said to have run through the whole massive proceeding, it was probably this: that child abuse and neglect is not merely a private affair between caretaker and child, but rather a crisis that affects and is affected by the entire community—and “community” may be defined as broadly as one wishes. Although our efforts for social reforms must not overshadow intervention with individuals, which is still a viable and needed modality, the field

has moved past the concept of the ‘sick parent’ to that of the ‘conflicted society.’”^{xv}

As the understanding of environmental and familial causes of maltreatment began to expand, so did recognition of the urgent need to involve other disciplines in child protection. The medical and education fields were seen to have frontline prevention and reporting responsibilities.

The 3rd National Conference on Child Abuse and Neglect was held in New York City in April 1978. By this time, the field of professionals and government agencies responding to child abuse and neglect was transforming into an operational nationwide network. The theme of the conference, *Multiculturalism*, reflected growing awareness that the diversity of the children and families being served called for more individualized approaches. Understanding complex cultural elements as they related to protection and prevention was as important as knowledge of the dynamics of maltreatment, laws, and intervention techniques. Appropriately, renowned cultural anthropologist and scholar Margaret Mead served as the keynote speaker at the Conference. It was to be her last public address.



CAPTA CALLED FOR THE SECRETARY OF HEW to “make such arrangements as may be necessary or appropriate to ensure that there is effective coordination between programs related to child abuse and neglect under this Act and other such programs which are assisted by federal funds.” One of the responsibilities of the Board was to “assist the Secretary in the development of Federal Standards for child abuse and neglect prevention and treatment programs and projects.”

In response, a Federal Advisory Board on Child Abuse and Neglect was created to include representatives from federal agencies that would play some role in addressing issues of child maltreatment. These included the then Offices of Child Development and Education, the National Institute of Education, the National Institute of Mental Health, the National Institute of Child Health and Human Development, the Social and Rehabilitation Service, and the Health Services Administration. In the years to come, the composition of the Federal Advisory Board would change as existing agencies began to address child maltreatment and new agencies were created. A U.S. Advisory Board comprised of experts outside the federal government would also be appointed to make recommendations to policymakers.

The first report of the new Federal Advisory Board on Child Abuse and Neglect was published in March 1978. Entitled *Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects*,^{xvi} the report synthesized and described the best knowledge available on the prevention and treatment of child abuse and neglect in accord with two major purposes. The first was to provide all users of the federal standards

with an overview regarding the problem of child abuse and neglect, and the goals of the *Standards*. The second was to provide institutions and individuals with specific standards and guidelines which they could use to: assess existing programs in terms of children's and families' needs; determine those policies, procedures, or program components that must be improved or developed; and plan and achieve needed changes.

The Federal Advisory Board based the standards on three major premises: (1) preventive efforts must be stressed and receive attention at least equal to that directed toward the assessment and treatment of suspected or actual incidents of child abuse and neglect; (2) service systems must exert a coordinated effort on both the state and local levels to effectively prevent and treat child abuse and neglect; and (3) ongoing efforts must be made to improve our knowledge about preventing, and treating child abuse and neglect by continued research and program innovation. Finally, the report included a glossary defining all of the major terms used in the *Standards*.

In the coming years, these *Standards* would guide federal efforts in the prevention and treatment of child abuse and neglect.



BY THE TIME OF CAPTA's first reauthorization in 1978, its chief sponsor, Walter Mondale, was Vice President of the United States under President Jimmy Carter. The reauthorization of CAPTA went unchallenged. A few relatively minor revisions were made based on the field's experience in working under the law and with the new agency NCCAN.

Building on the 1974 legislation, The Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 required all states to fund child protection programs. It also increased training and technical assistance and required NCCAN to: (1) establish research priorities; (2) disseminate annual summaries of research on child maltreatment, as well as training materials in the prevention, identification, and treatment of child abuse and neglect; and (3) prepare a comprehensive plan to bring about maximum coordina-

tion of the goals of all agencies with responsibilities with respect to child abuse and neglect, to be submitted to the Federal Advisory Board. At least

The Child Abuse Prevention and Treatment and Adoption
Reform Act of 1978 (P.L. 95-266)

KEY CHILD ABUSE AND NEGLECT PROVISIONS

- Required the National Center on Child Abuse and Neglect (NCCAN) to:
 - Develop a comprehensive plan for facilitating the coordination of activities among agencies
 - Establish research priorities for making grants
 - Set aside funds to establish centers for the prevention, identification, and treatment of child sexual abuse

- Provided for annual summaries of research on child abuse and neglect
 - Child Welfare Information Gateway. (2012). *Major Federal Legislation Concerned with Child Protection, Child Welfare, and Adoption*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

three of the members of the Advisory Board were required to have backgrounds in the field of child abuse and neglect.

In addition, the CAPTA Reform Act of 1978 defined “sexual abuse” and directed NCCAN to support demonstration grants designed to prevent, identify, and treat the sexual abuse of children.

One policy issue that arose during the 1978 CAPTA reauthorization but ultimately was not addressed concerned the possibility of a religious exemption from child abuse and neglect reporting requirements. The House version of the bill initially included such a provision, which was later dropped. The Senate bill did not address the matter. This issue would arise again in future legislation.

No new eligibility requirements for the basic state grants were added to the 1978 reauthorization. In terms of meeting the 10 eligibility requirements specified within the initial legislation, 16 states were eligible in 1975, the year after CAPTA was enacted. By the following year, that number had risen to 29 states. In 1978, when CAPTA was reauthorized, 43 states had met the eligibility requirements for funding.

The eligibility criteria with which states struggled the most included the requirement for guardians *ad litem* to represent the best interests of the child during legal proceedings. This was due largely to the lack of federal or state mechanisms to pay such guardians *ad litem* for their work. Issues around definitions (for example, what constitutes “mental injury”?) were problematic for many states—including Pennsylvania and Indiana, which grappled with this for decades.

Another challenge that would persist for years concerned confidentiality. Many states cited confidentiality when refusing to disclose any information about the circumstances in a case—particularly when there was a child fatality. Confidentiality norms were traditionally based on those in medicine and social work, which require maintaining confidentiality of patients and clients. All too often, then, the general public knew only of the tragic result of a case—and made judgments accordingly—without the benefit of any relevant details. It became clear that agencies were doing themselves, their staffs, and the public a disservice and often lost support by not disclosing more information about these cases. Judicious disclosures also helped the public to gain a greater understanding of the issue.



By FY1979, there was a reorganization of the federal bureaucracy. The Department of Health, Education and Welfare was disaggregated into a Department of Health and Human Services (DHHS) and a new Department of Education. Within DHHS, NCCAN remained a part of the Children’s Bureau within the Administration on Children, Youth and Families, Office of Human Development Services.



THE EARLY 1980S saw growing public concern for the plight of abused and neglected children, particularly victims of child sexual abuse. In 1980, NCCAN funded regional institutes to train child protective service workers and other professionals in the treatment of child sexual abuse within families. NCCAN also funded several field-initiated research studies on intra-familial child sexual abuse. Additional research and demonstration grants addressed such issues as the use of children in pornography, child sexual abuse prevention curricula for school-aged children, and the creation of specialized units to address child sexual abuse.

In October 1979, the 4th National Conference on Child Abuse and Neglect convened in Los Angeles, California. The theme *multidimensional approaches* reflected the growing diversity within the child protection

“My first National Conference on Child Abuse and Neglect was the one in Los Angeles. It was great—I was just blown away. I was at the conference with all the ‘superstars’ at the time—Roy Herrenkohl, Ray Helfer. The field was small enough that there were a handful of people working in this area. Henry Kempe was still alive and he was at this meeting, I believe. You could see all the leaders—the idea was big, it was exciting, it was new. Researchers and service providers were bringing all of their knowledge to the table and sharing. You had doctors, lawyers, social workers, public health professionals. It was interdisciplinary, it was very exciting. As a young researcher, I felt I had been given an

incredible movable feast. It was inspirational”.

“The first several OCAN national conferences really were THE meeting for child maltreatment—there were no other conferences around specifically focusing on this issue. Now, you have a number of options, and people have to make choices. In some respects, the field became fragmented and, regrettably, those focusing on treatment issues versus prevention issues retreated back to their own disciplines or specialty. I think the field was hurt by this division. We lost the benefits you get from looking at an issue through multiple lenses. Child maltreatment is a complex issue—if it had one cause, we

would have solved it by now. It embodies lots of different issues and behaviors, and it requires multiple agencies to address it. We, and the families we want to help, are better served when we work in a collaborative manner. By not affording people the opportunity to gather, we’re not generating the kinds of sparks and joint projects that really advance the field.

“Why go to the National Conference? Because you’re going to meet people you won’t meet by going to your family reunion every year.”

—Deborah Daro, Associate Professor and Research Fellow at the Chapin Hall Center for Children, University of Chicago

field—diversity in cultures and in the professions and agencies joining in the campaign to combat child abuse and neglect. In many ways, this expansion of the field resulted from NCCAN’s increasing awareness and concern about diverse forms of child maltreatment, especially sexual abuse, as well as the need to assist public agencies to improve their capacity to respond effectively to the problem.



THE FEDERAL ADVISORY BOARD on Child Abuse and Neglect published *Working Together: a plan to enhance coordination of child abuse and neglect activities* in 1980. In his cover letter to the President and the Congress, John Calhoun, Chairman of the Advisory Board, stated:

“While the primary focus of this plan is on federal activities, we wish to emphasize that child abuse and neglect can only be prevented and treated when states and communities organize, coordinate, and carry out necessary preventive and child protective programs. The federal government role is to enhance local program capacities and to facilitate community prevention and treatment activities.

“We submit this plan with the sincere hope that it will serve as a blueprint for renewed efforts on the part of the federal government to meet the serious challenge which child abuse and neglect poses to the welfare of our nation’s children and families.”^{xvii}

The Advisory Board’s plan was aimed at achieving six basic objectives:

1. To identify strategies for developing community-based comprehensive plans for **preventing** child abuse and neglect;
2. To identify specific ways to bring the attention of federal, state, and local child abuse and neglect programs to the **needs of the abused and neglected child**, within the context of his or her family;
3. To specify mechanisms to stimulate activities to improve state and local child protective services;
4. To identify ways to stimulate **voluntary sector** research, service delivery, and advocacy for the prevention and treatment of child abuse and neglect and to improve coordination with appropriate public agencies;
5. To identify and implement proposals for **improving communication and coordination among federal agencies** involved with child abuse and neglect activities; and
6. To specify the mechanisms by which **the National Center on Child Abuse and Neglect will maintain its leadership role** not only in coordinating

child abuse and neglect activities but also in improving the capacity of public and private agencies to respond effectively to the problem.

These objectives formed the framework for the Advisory Board's recommendations, which in turn laid the groundwork for future NCCAN initiatives to support coordinated systems of care in the prevention and treatment of child abuse and neglect.

IV. Debate over the Federal Role in Child Protection

IN THE 10 YEARS FOLLOWING ENACTMENT OF CAPTA, NCCAN made great strides in clarifying what constitutes child maltreatment and the scope of the problem, and in supporting state and local communities in developing legislation, policies, and programs. NCCAN also promoted the development of comprehensive, multidisciplinary programs for prevention, protection, and treatment; training professionals who work with children; and raising public awareness. NCCAN's focus now turned toward developing a deeper understanding of the causes and impacts of child maltreatment, and on effective approaches to prevention, intervention, and treatment.

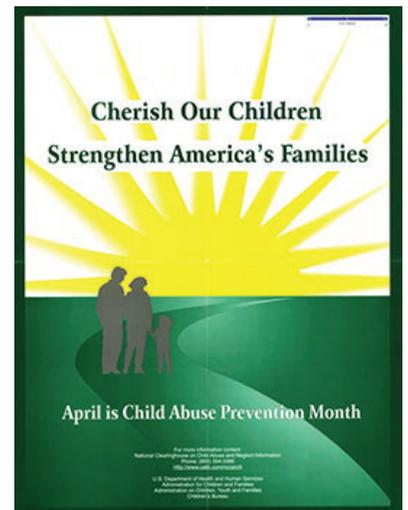
The 1980s also marked a period of intense philosophical debate over the role of the federal government in child welfare programs between those who argued for an expanded role and those who sought to reduce its role. In response, the field saw a rapid expansion in the number of child welfare advocacy groups. The battle over CAPTA and the federal role in addressing child maltreatment had begun.



The presidency of Ronald Reagan has been termed the “Reagan Revolution” in recognition of the political realignment that occurred during his tenure. Reagan led a movement to roll back the New Deal/Great Society legacy of domestic and social programs. The result was a significant change in perspective on the proper role of the federal government and how the business of politics was conducted. The impact on NCCAN and other social welfare programs was substantial.

Steven Wisensale, then Associate Professor of Public Policy at the University of Connecticut, described the national shift in policy as follows:

“By the time Reagan assumed the presidency in 1981, the family had already made its way onto the national political agenda. As a result, the new occupant of the White House was confronted with at least two very challenging questions related to families that could not be ignored. First, what was



Poster from the first Child Abuse Prevention Month, April 1983.

the status of America's families? Were they strong and stable or weak and vulnerable? And second, what role—if any—should government play in addressing the needs of families? That is, where do we draw the line between what families are expected to do and what government is obligated to do? And, more specifically, what level of government (federal, state, or local) is obligated to do what?

“Beginning with his inaugural address in January, 1981, combined with his success in getting major cuts in social welfare under the 1981 Omnibus Reconciliation Act (OBRA), Ronald Reagan made it clear to all that government, and the federal government in particular, should not be expected to solve many of the nation's problems. According to his thinking, government was the problem, not the solution. Soon the policies of new federalism (now commonly referred to as devolution), deregulation, privatization, retraction, and retrenchment were rooting themselves deep within the political landscape. Whatever momentum Carter created for a national family policy was quickly shifted into reverse by Reagan.”^{xviii}

Even before being sworn into office as the nation's 40th President, Ronald Reagan declared his intention to repeal CAPTA.

Fear over the proposed repeal of CAPTA and other child welfare legislation mobilized the field. A number of organizations banded together to form the National Child Abuse Coalition (NCAC), a group committed to strengthening the federal response to child protection. Other advocacy groups were either strengthened or newly formed, as the field prepared for what would be a battle over the future of CAPTA and federal involvement in child welfare programs.



CAPTA'S REAUTHORIZATION IN 1978 had extended the law for another three years. Rather than reauthorizing CAPTA in 1981, it was the Reagan administration's plan to let CAPTA expire. However, Republican Senators Robert Stafford of Vermont and Lowell Weicker of Connecticut supported reauthorization, which ensured that there would not be a majority of votes in the Senate to repeal the CAPTA legislation. Even so, any bill to reauthorize CAPTA would face strong opposition from the Reagan administration and its supporters. To avoid a legislative battle and yet continue the services currently being provided under CAPTA, Senate supporters utilized

a budget resolution to continue CAPTA funding while side-stepping the reauthorization issue. In other words, the budget resolution continued to provide funding for programs under CAPTA—including NCCAN and its grant programs—despite no formal reauthorization of the program.



AS THE DEBATE OVER THE APPROPRIATE ROLE of the federal government in child welfare programs persisted on Capitol Hill, NCCAN proceeded to operate under successive continuing resolutions, which allows for federal agencies and programs to maintain operations until Congress enacts the regular appropriations.

Funding for NCCAN grants and programs, however, was sharply curtailed beginning in 1982. NCCAN had always been funded substantially below its authorized levels. In 1982, though, CAPTA funding was slashed by 30 percent, from \$22.9 million in 1981 to \$16.2 million in 1982. Funding would remain at \$16.2 million until 1985.



THROUGHOUT THIS TIME, NCCAN continued to support state efforts and provide federal leadership in the field of child maltreatment.

In FY1981, NCCAN awarded 24 additional grants for projects addressing the sexual abuse and exploitation of children and published a volume

AUTHORIZATION VS. APPROPRIATION

There are two types of legislation that affect every federal program: (1) the authorizing legislation, which authorizes the government to allocate funds to implement a program; and (2) the appropriating legislation, which allows government agencies to incur financial obligations in implementing the program. In other words, authorizing legislation sets policies and funding limits for agencies/programs; appropriations legislation is what a department or agency needs before it can cut a check or sign a contract. Authorizing legislation is typically set for two or more years, while appropriations are typically made annually.

There is no general requirement, either constitutional or statutory, that an appropriation be preceded by a specific authorization. Occasionally, funding for an existing program is included in appropriations without a corresponding reauthorization of the program.

Conversely, legislatures will sometimes pass authorizing legislation for a program without approving a corresponding appropriation. This enables legislators to say that they voted to support the program without actually having to commit funds to implement it.

In another form of political opposition, funds might be authorized and appropriated by Congress, but not requested and/or spent by an Administration that opposes the program.

of articles on the topic: *Sexual Abuse of Children: Selected Readings*. NCCAN also awarded millions of dollars in grants aimed at understanding how best to prevent child abuse and neglect in families, supporting efforts ranging from primary prevention programs (such as general parent education classes) to targeted services for families in crisis.

Field-initiated research included studies on child neglect and adolescent maltreatment. This would be the last year that field-initiated research projects were funded by NCCAN until 1988.



AFTER TWO YEARS OF DESIGN AND PRE-TEST WORK, the first [National Incidence Study \(NIS-1\)](#) was conducted in 1979-80 and published by NCCAN in 1981.

NIS-1 was the first large-scale, comprehensive research study on the incidence of child maltreatment. Unlike its predecessor, the National Child Abuse and Neglect Reporting Study (NCANRS), which analyzed reports of abuse and neglect filed under mandatory reporting laws, the NIS surveyed representative samples of professionals across the United States who were asked to estimate the number of neglected and abused children seen in their practices. Thus, the NIS estimates included both abused and neglected children who appeared in the official CPS statistics and those who did not.

The report on NIS-1 estimated that at least 652,000 children were abused and/or neglected in the United States during the study period, or 10.5 children for each 1000 U.S. children under the age of 18 years. Additional data regarding the forms of maltreatment and the age, sex, income, race, and geographic setting of maltreated children were also presented. One conclusion drawn from the study was that child maltreatment in the U.S. was a problem of major proportions, and that only one-fifth of the children recognized as maltreated by professionals were officially reported to local CPS agencies.

One of the key achievements of the NIS-1 was the development of operational definitions of child maltreatment that were both clear and objective in specifying the kinds of situations encompassed by the study. Use of a nationally representative design, with comparable methods and definitions, meant that one could compare NIS estimates to identify changes over time in the incidence and distribution of abused and neglected children. NIS-1 data provided a baseline against which findings from subsequent national incidence studies would be compared in assessing changing national patterns in the frequency, severity, and distribution of child abuse and neglect.



5th National Conference in Milwaukee.

THE 5TH NATIONAL CONFERENCE on Child Abuse and Neglect, held in Milwaukee, Wisconsin, in April 1981, provided the field an opportunity for *Looking Back—Looking Ahead*. It was a time for the field to recognize its

accomplishments, especially around establishing model laws and standards of good practice, as well as a time to recognize that actual practices too often fell short. While the desire to help vulnerable children and families was strong, there was not yet a great deal of knowledge about how best to achieve positive outcomes. The 5th National Conference focused on quality and best practice, as well as neglect, adolescent maltreatment, and the impacts of family violence and substance abuse.

The Milwaukee conference was also noteworthy as the first National Conference to be convened under the Reagan Administration. The political battles taking place in the field between advocates for CAPTA and the Reagan Administration were reflected in the tone of the conference, with administration officials in attendance bearing the brunt of the field's anger and frustration. The contentious tone contributed to the fact that there would not be another National Conference on Child Abuse and Neglect convened by the Reagan administration for nearly two-and-a-half years.



RECOGNIZING THE ALARMING RATE at which children continued to be abused and neglected and the need for innovative programs to prevent child abuse and assist parents and families affected by maltreatment, the U.S. Senate and House of Representatives resolved that the week of June 6-12, 1982, should be designated as the first National Child Abuse Prevention Week. Members of Congress asked the President to issue a proclamation calling upon government agencies and the public to observe the week with appropriate programs, ceremonies, and activities promoting the prevention of child abuse and neglect.

The following year, President Reagan proclaimed April to be the first National Child Abuse Prevention Month. As a result, child abuse and neglect awareness activities began to be promoted across the country during the entire month of April of each year, rather than only one week. The National Center on Child Abuse and Neglect coordinated activities at the federal level, including creating and disseminating information and promotional materials. In 1984 for example, posters, bumper stickers, and buttons displayed the theme, "Kids—You can't beat 'em." Print, radio, and television public service announcements, meanwhile, urged viewers to "Take time out. Don't take it out on your kid." The issuance of a Presidential proclamation recognizing April as National Child Abuse Prevention Month continues to this day.



BY THE EARLY 1980S, nearly a decade after the creation of CAPTA, efforts in the field were beginning to shift toward the prevention of child maltreatment. The results of research and demonstration projects, including

many funded by NCCAN, were highlighting the importance of family support and systems of care.

NCCAN reached out in FY1983 to fund research and demonstration projects in a number of areas that had not received significant attention previously. These included projects to: (1) strengthen support systems and provide education to parents at their worksite, thereby preventing stress and isolation; (2) test models for the use of family therapeutic day care homes as remedial settings for abused and neglected children; (3) assess informal, non-systematic screening at intake in child protective service agencies; (4) examine alternatives to taking cases to court, with an emphasis on reducing the stress on the child; (5) develop model approaches to assessing child fatalities among children already known to the CPS system; and (6) research projects to assess the state of the theoretical knowledge base for the treatment and prevention of child sexual abuse.

Training and technical assistance resources for states were consolidated in FY1983 into 10 ACYF Regional Resource Centers on Children and Youth Services. These centers replaced and expanded the services formerly provided by the Children's Bureau's resource centers on child abuse and neglect, adoption, and child welfare training. The Centers were responsible for working collaboratively with states and private/grassroots organizations to identify resources, match resources to state and local needs, and provide training and technical assistance. The grants reflected a new way of thinking about federal technical assistance centers, as grantees were expected to develop alternative sources of funding to sustain the projects at the end of their two-year grants.



THE 6TH NATIONAL CONFERENCE on Child Abuse and Neglect was held in Baltimore, Maryland, in September 1983. Its theme emphasized *A Commitment to Children by Strengthening Families, Communities, and Services*. During this period of rapidly growing interest in child sexual abuse, workers in the field were striving to learn more about how best to handle these cases. In addition, recognition of the environmental contributions to child maltreatment led to an increased focus on prevention. NCCAN had begun to seek projects on parent education and respite care as well as child fatality assessments.



BY 1984, NCCAN had funded approximately 375 research and demonstration projects nationwide to further the knowledge-base about preventing, identifying, and treating child abuse and neglect. Priority areas for 1984 included:

- Developing remedial preventive projects aimed at maltreated adolescents;



6th National Conference in Baltimore.

- Building capacity and resources in minority communities;
- Engaging school systems in preventing child maltreatment;
- Establishing procedures for dealing with situations of medical, nutritional, and social neglect of impaired infants;
- Creating innovative designs focused on problems associated with child neglect, including case decision-making, intervention techniques, and case management procedures resulting in more effective handling of neglect cases by Child Protective Services;
- Assessing the “lack of supervision” category of child neglect;
- Examining emotional maltreatment from the perspectives of identification, investigation, adjudication, and treatment;
- Improving the handling of child sexual abuse cases from initial investigation to litigation;
- Developing strategies that can serve as alternatives to litigation;
- Studying nonprofessional sources of reports of child maltreatment; and
- Implementing a variety of previously demonstrated techniques and procedures that can improve services, such as: perinatal prevention services in and around hospitals; peer support groups for adults and teenagers; multidisciplinary case consultation teams; and parental self-referral systems—including a major expansion and replication of parent aide projects nationwide.



BY 1984, there still was no agreement in Congress as to the fate of CAPTA, and no reauthorizing legislation. However, Congress did pass

“NCCAN’s grant programs have been extremely useful in providing needed research, technical assistance and services such as prevention. As a grantee since the early 1980s, I am aware that the research funded by NCCAN has provided the field with valuable information. But there is a disconnect. The relatively small amount of money for a very big problem limits what can be

accomplished. Appropriations are often less than half of the amount of funds authorized by Congress.

“However small, NCCAN grants do have an impact. For example, despite an early grant to try to prevent child abuse and neglect through the pediatric primary care system, there continued to be a huge need for training health professionals about

child maltreatment. It is only in the past three to four years that child abuse has become a recognized specialty in pediatric medicine. We are about to launch online training videos and disseminate a model to bring social history back into medicine. What started as an NCCAN grant lives on!”

—Howard Dubowitz

several laws that had an impact on CAPTA, NCCAN, and the children and families served.



PRIOR TO 1984, there had been no major changes to CAPTA. That changed with the case of Baby Doe, which brought a marked shift in what was considered to be child maltreatment.

In the early 1980s, the Reagan Administration was troubled by reports of the possible neglect of severely disabled newborns by hospital staff. The primary case was a 1982 incident involving “Baby Doe,” a Bloomington, Indiana, baby with Down syndrome whose parents declined surgery to address several other medical conditions, leading to the baby’s death. Dr. C. Everett Koop, a pediatric surgeon and Surgeon General at the time, argued the child was denied treatment (and food and water) not because the treatment was risky but rather because the child was intellectually disabled.

A similar situation in 1983 involving a “Baby Jane Doe” again brought the issue of withholding treatment for newborns with disabilities to public attention. Born in New York City with an open spinal column and several brain abnormalities, Baby Jane Doe would have been bedridden, paralyzed, epileptic, and with severe brain damage if she lived. After consulting with specialists, clergy, and social workers, the parents decided to treat the newborn with antibiotics and bandages, rather than surgery to repair the defect. After reviewing her medical records, the Surgeon General again argued that Baby Jane Doe was being discriminated against due to her medical conditions and mental retardation.

Koop’s efforts to educate Congress about this issue ultimately led to passage of the Child Abuse Amendments of 1984 (P.L. 98-457), the so-called Baby Doe Amendment, which extended the laws defining child abuse to include the withholding of fluids, food, and medically indicated treatment from disabled children. The Baby Doe Amendment mandates that states receiving federal money for child abuse programs develop procedures to report medical neglect, which the law defines as the withholding of treatment unless a baby is irreversibly comatose or the treatment is “virtually futile” in terms of the newborn’s survival (palliative care is still required). Assessments of a child’s quality of life are not valid reasons for withholding treatment.

“The issue was so charged with emotion that it couldn’t just be dismissed,” recalls Tom Birch. “The medical community was greatly concerned because anyone who was aware of the birth of a severely disabled newborn could call child protective services and thereby undermine the authority of the physician in these cases. CPS folks were feeling absolutely unqualified to make decisions in such cases, so arrangements had to be made to ensure that there was qualified medical expertise available in the event of a call. This issue marked a major shift in the field—a new kind of responsibility

“BABY DOE” AMENDMENTS

The Child Abuse Amendments of 1984 (P.L. 98-457) amended CAPTA to include the following provisions:

- Required states to have in place procedures with state protective systems to respond to the reporting of medical neglect, including instances of withholding medically indicated treatment from disabled infants with life-threatening conditions
- Directed HHS to develop regulations and to provide training and technical assistance needed by care providers to carry out the provisions of the act

for CPS workers, and a new perspective on what was considered child maltreatment” (personal communication, July 30, 2013).

NCCAN awarded \$500,000 in “Baby Doe” Training and Technical Assistance grants to states in FY1985. These were designed to support development and implementation of information and education programs or training programs to improve the provision of services to disabled infants with life-threatening conditions.

The Child Abuse Amendments of 1984 included several other provisions that reflected the national concerns of the time:

- The mid-1980s marked a period of high unemployment. NCCAN was instructed to fund studies on the relationship between high unemployment and child maltreatment, and the relationship between child maltreatment and non-payment of child support.
- Family violence was identified as a particular area of concern.

“What I found most interesting about these amendments, and each reauthorization moving forward,” said Tom Birch, “is that no one questioned whether CAPTA and the work of NCCAN should be continued. The field never again had to battle for legislative authority to do this work” (personal communication, July 30, 2013).



MEANWHILE, STATE AND LOCAL child protective systems continued to struggle with how best to respond to reports of sexual abuse in the face of challenges that included: inconsistent definitions in both federal and state laws; inherent difficulties in investigating reports by young children and thus in identifying and documenting the abuse; the stigma that attaches to victims; and the public’s expectation that, in addition to the family court’s role in protecting victims, perpetrators of sexual abuse would be prosecuted in criminal courts. In the 1984 Victims of Crime Act, Congress included

Ray E. Helfer, MD, (right) congratulates the governor of Kansas on creating the first Children’s Trust Fund in 1980.



funding to encourage states to improve their handling of child abuse cases, with a particular emphasis on child sexual abuse.



IN ADDITION TO SUPPORTING the development of Parents Anonymous® chapters, NCCAN also took an interest in the movement to create state Children’s Trust Funds.

Dr. Ray Helfer, a pediatrician in Michigan, observed in the early 1980s that, just as there are trusts to maintain funding for our nation’s wildlife and highways, there should be trust funds to nurture and protect our most precious resource—our children. These so-called children’s trust funds could be supported with revenue from a variety of sources such as surcharge fees on marriage licenses or other vital records, individual and corporate fundraising, and state and federal resources.

Kansas, the first state to pass such legislation in the spring of 1980, required surcharges on marriage licenses to provide funds to support child abuse prevention. Other states soon followed, and by 1984, the number of states with Children’s Trust Funds increased to 15. That year, Congress enacted the Child Abuse Prevention Federal Challenge Grants (title IV of P.L. 98–473) to “challenge” or otherwise encourage more states to follow suit. By 1989, all but three states would pass Children’s Trust Fund legislation.

NCCAN launched the Child Abuse Prevention (CAP) Challenge Grants initiative, which for the first time directed federal funds to assist state prevention efforts. Previously, most federal funds distributed to the states were spent on treatment, with little left over for prevention. The Challenge Grants initiative recognized the need to ensure a continuing source of funds

dedicated to averting child abuse and neglect in addition to treating its consequences. Formula grants provided funding to states to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. Section 405 of the legislation provided the following illustrative examples of prevention activities:^{xix}

1. Providing statewide educational and public informational seminars for the purpose of developing public awareness regarding the problems of child abuse and neglect;
2. Encouraging professional persons and groups to recognize and deal with the problems of child abuse and neglect;
3. Making information about the problems of child abuse and neglect available to the public and to organizations and agencies which deal with child abuse and neglect; and
4. Promoting the development of community prevention programs, including:
 - a. Community-based educational programs on parenting, prenatal care, perinatal bonding, child development, basic child care, care of children with special needs, coping with family stress, personal safety and child abuse prevention training for children, and self-care training for latchkey children; and

“While states spent challenge grants in all four categories designated in the law, they reported spending about 70 percent of challenge grant funds on community prevention programs. Twelve states spent 100 percent of their Prevention Activities challenge grant funds on community prevention programs. Activities reported under this category included educational programs on parenting, child development, basic child care, coping with

family stress, and sexual abuse prevention. Other community-based prevention programs noted in the law focused on crisis care, child abuse counseling, peer support groups for abusive or potentially abusive parents and their children, and respite or crisis child care.

“Several states rely on their federal challenge grants to fund activities that cannot be supported with state funds. For example, 11 states reported that they were prohibited

from using state funds to support public awareness or media campaigns, research or program evaluation, training for professionals, development of a state prevention plan, technical assistance to local communities, and administration. States use challenge grants to support such activities.”

—From U.S. General Accounting Office report *Child Abuse Prevention, Status of the Challenge Grant Program*

- b. Community-based programs relating to crisis care, aid to parents, child abuse counseling, peer support groups for abusive parents and their children, lay health visitors, respite or crisis child care, and early identification of families where the potential for child abuse and neglect exists.



7th National Conference in Chicago.



THE 7TH NATIONAL CONFERENCE on Child Abuse and Neglect was held in Chicago, Illinois, in November 1985. Its theme, *Reaching for the Rainbow: A National Commitment to End Child Abuse*, reflected a renewed optimism from representatives of the many disciplines involved in recognizing, reporting, investigating, and treating child abuse and neglect. A more sophisticated body of knowledge, techniques, and skills was being shared to promote skilled handling of forensics and clinical responses to child maltreatment. Policy and programmatic attention was being given to the prevention of child maltreatment as never before. The field not only had developed and expanded its identity and membership, come to a greater understanding of those it served, and refined its knowledge and practices, it had also begun to extend the scope of its vision and purpose.



IN 1986, CAPTA operated under a continuing resolution that provided ongoing funding without new reauthorizing legislation. However, passage of the Children's Justice and Assistance Act brought new amendments to CAPTA and another grants program to NCCAN.



THE CHILDREN'S JUSTICE AND ASSISTANCE ACT OF 1986 (P.L. 99-401) was a set of amendments to CAPTA designed to encourage states to enact reforms to improve the legal and administrative handling of child abuse cases, particularly cases of child sexual abuse, in a manner that limited additional trauma to the child. The legislation was proposed by Senator Paula Hawkins, a Republican from Florida, who revealed that she had been raped by a trusted elderly neighbor at age five. According to Tom Birch, who was present at the hearing:

“She went on to make the point that she felt especially traumatized by the investigation and the experience that she was put through when she was brought to appear as a witness at the hearing for this man’s trial. She felt small and defenseless sitting in the witness chair, and here was that man who had raped and molested her sitting across from her. She said it was just a horrible experience. So the

Children’s Justice Act was written with the intention of providing direction and support (funding) for developing more child-friendly approaches in courtroom proceedings, such as appropriate acceptance of a video-taped testimony of the child, cross-examination of the child through some sort of video in the other room, and availability of a child-sized chair” (personal communication, July 30, 2013).

The Children’s Justice Act (CJA) would later be amended through the Keeping Children and Families Safe Act of 2003 to address the handling of cases of children with disabilities and serious health problems who were victims of abuse or neglect.

Funding for the program was strategic, in that it did not entail any appropriations from Congress. Congress had previously established the Crime Victims Fund (CVF) through the Victims of Crime Act (VOCA) of 1984. The Fund was financed by fines and penalties paid by convicted federal offenders, not from tax dollars. Senator Hawkins included a provision in the CJA that some of the CVF money would support CJA activities. CJA amended the VOCA to increase the maximum amount that may be deposited into the Crime Victim’s Fund, and required that specified portions of such funds be used for Children’s Justice Act Grants to states. These grants were administered by NCCAN, which was also charged with gathering and disseminating information to state law enforcement officials. In order to be eligible for a CJA grant, states had to meet the eligibility requirements of the Basic State Grants.



IN ADDITION TO THE NEW CJA GRANTS, NCCAN awarded a total of 98 grants in FY1985, the vast majority of which addressed child sexual abuse. In addition, NCCAN funded an analysis of factors contributing to the failure of family-based child welfare services, and supported the Center for Legal Resources on Child Welfare Programs. NCCAN also provided seed grants of approximately \$20,000 to 16 local voluntary organizations to support efforts to recruit, train, and use volunteers as Court-Appointed Special Advocates (CASAs) or guardians *ad litem*.

In FY1986, the Children’s Bureau awarded grants to create six new National Resource Centers (NRCs) for Child Welfare Services. This move reflected the Reagan Administration’s overarching goal of shifting responsibility for social services to the states and private sectors. An article in the January-February 1986 issue of *Children Today* announcing the grants stated, “In keeping with the Office of Human Development Services’ entrepreneurial emphasis ... the Centers will be expected to seek a great deal of their funding from sources other than the federal account.”^{xx} State agencies,

it noted, would be expected to pay part of the cost for consultative services in the NRCs' topical areas: family-based services, foster and residential care, legal resources on child welfare programs, child welfare program management and administration, youth services, and special needs adoption. Three additional resource centers—one on child welfare services to developmentally disabled children, one on child abuse and neglect, and a child abuse clinical resource center—were announced later in 1986.

According to Dodie Livingston, then Commissioner of the Administration on Children, Youth and Families, the National Resource Centers were to

“Aside from supporting research and demonstration activities, NCCAN is statutorily required to provide technical assistance and training and maintain an information clearinghouse. One way that NCCAN set out very soon to address this was by establishing 10 federal resource centers on child abuse and neglect in the 10 federal regions.

“In 1981, after other regional resource centers had been set up addressing adoption and child welfare training, OHDS [Office of Human Development Services] consolidated those three into a single multipurpose resource center in each federal region, leaving consequently a single resource center overwhelmed with having to address an expanded constituency while still trying

to maintain the same level of activity in child abuse.

“In 1984, OHDS eliminated support altogether for those resource centers, and then last year announced that money would be available for nine resource centers operating nationally, not necessarily in each federal region, addressing a range of child welfare services. These are not all specifically aimed at serving the cause of preventing and treating child abuse, but the two that are, one on child abuse and one on child sexual abuse, have not been funded, along with the third on developmental disabilities, while the grant awards were made last September for the six others of these nine that have been proposed.

“OHDS put out a new request for applications last November

explaining that the applicants to the child abuse and sexual abuse resource centers had not fully responded to their initial request. Well, either the Department didn't adequately explain what it wanted in the announcement in the federal Register, or didn't like what it got, but the result has been that for over a year now the child abuse field has been without the benefit of resource centers. And I understand that there still has not been any action taken to review the applications for the resource centers that were solicited in November and, I believe, have been in since January.”

—From testimony presented by Tom Birch at a Hearing on March 12, 1986, before the House of Representatives Intergovernmental Relations and Human Resource Subcommittee of the Committee on Government Operations

serve as “centers of excellence and expertise in the prevention and treatment of child abuse and neglect and child sexual abuse. The Centers will provide training, technical assistance, and consultation to state and local agencies, will disseminate a wide range of materials, and will develop new materials as needed by the child abuse field.”^{xxi} Advocates in the field held a different view: from their perspective, the restructuring and consolidation of the National Resource Centers had the overall effect of reducing the federal support available to those working on child maltreatment issues.



NCCAN CONTINUED TO CONVENE the Federal Advisory Board on Child Abuse and Neglect. In 1986, the group produced *Child Abuse and Neglect Publications* and *A Report to the Congress: Joining Together to Fight Child Abuse*. These were to be the Advisory Board’s last reports before the passage of the Child Abuse Prevention, Adoption, and Family Services Act of 1988, which included provisions to establish a new nongovernmental Advisory Board on Child Abuse and Neglect and a separate Federal Inter-agency Task Force on Child Abuse and Neglect. These became operational in FY1989.



THE [second National Incidence Study \(NIS-2\)](#), mandated under The Child Abuse Amendments of 1984, was conducted in 1986 and 1987. NCCAN released the report on its findings in 1988.

The purpose of NIS-2 was not only to assess the current national incidence of child abuse and neglect, but also to determine how the severity, frequency, and character of child maltreatment changed since the NIS-1. As a follow-up to the first national incidence study, the second study utilized essentially the same design but added a second set of definitional standards of abuse and neglect. One set, termed the “Harm” standard, corresponded identically to the definitions used in the NIS-1 and considered children to be maltreated only if they had already experienced harm from abuse or neglect. The second set of definitional standards used in the NIS-2, the “Endangerment” standard, was broader and more inclusive. Under the Endangerment Standard, children who experienced abuse or neglect that put them at risk of harm were included in the set of those considered to be maltreated, together with the already-harmed children.

NIS-2 revealed that an estimated 14.8 children per 1,000, or a total of 931,000 children nationwide, experienced abuse or neglect using the original standardized study definitions of maltreatment. Under the revised definitions, an estimated 22.6 children per 1,000, or a total of more than 1.4 million children nationwide, experienced abuse or neglect.

“Comparing the incidence rate in 1986 to the incidence rate in 1980, when the previous national incidence study was completed, reveals that the number of children who experienced demonstrable harm from abuse or neglect increased 66%. During that time, the rate of moderate injury more than doubled and the incidence of sexual abuse more than tripled. The number of children reported to Child Protective Services (CPS) agencies increased nearly 57% between 1980 and 1986 and has continued to rise since that time.”

—*Biennial Report to the Congress on the National Center on Child Abuse and Neglect for Fiscal Years 1987–88*



DURING THE REAGAN ADMINISTRATION, the field voiced substantial dissatisfaction with the way CAPTA was being administered. Complaints were lodged, and the General Accounting Office (GAO) issued a report entitled *Mismanagement at the Office of Human Development Services*. In 1986, Congressman Ted Weiss (D-NY) held a hearing to explore some of the charges, which included: scoring of grant applications by unqualified reviewers; ignoring the legislatively mandated public comments in developing funding directions; awarding grants preferentially; and delaying the expenditure of Congressionally authorized and appropriated funds. The hearing report also criticized NCCAN for failing to evaluate its demonstration programs.^{xxii}

The Child Abuse Prevention, Adoption, and Family Services Act of 1988 (P.L. 100-294) marked another significant rewrite of the original CAPTA legislation—largely to address some of the specific concerns that had been raised regarding the administration of CAPTA. The new law provided for the following:

- Designating a full-time director of the National Center on Child Abuse and Neglect who had experience in the field “to be responsible only for the administration and operation of the Center and for the implementation of its functions.”
- Creating a national data collection system.
- Establishing a U.S. Advisory Board to be comprised of individuals with specific professional expertise.
- Establishing an Interagency Task Force on Child Abuse and Neglect to be appointed from among federal agencies with responsibility for

Child Abuse Prevention, Adoption, and Family Services Act of 1988 (P.L. 100-294)

KEY CHILD ABUSE AND NEGLECT PROVISIONS

- Established the Inter-Agency Task Force on Child Abuse and Neglect, with responsibility for programs and activities related to child abuse and neglect
- Broadened the scope of research to include investigative and judicial procedures applicable to child abuse cases and the national incidence of child abuse and neglect
- Established a national data collection system to include standardized data on false, unfounded, or unsubstantiated cases and the number of deaths due to child abuse and neglect

—Child Welfare Information Gateway. (2012). *Major Federal Legislation Concerned with Child Protection, Child Welfare, and Adoption*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau.

OTHER RELEVANT LEGISLATION

Several laws were passed during this period that had an impact on CAPTA and NCCAN.

Anti-Drug Abuse Act of 1988 (P.L. 100-690)

In 1988, the Anti-Drug Abuse Act amended the Victims of Crime Act, authorizing the use of a portion of the state Children's Justice Act funds to help tribal communities develop and establish programs to improve the investigation and prosecution of child abuse cases.

CJA Partnerships for Indian Tribes

Since 1989, the Federal Crime Victims Division within the Office for Victims of Crime (OVC), U.S. Department of Justice had provided funding to American Indian tribes through the Children's Justice Act (CJA) Partnerships for Indian Communities grant program. These funds were used to help tribes develop, establish, and operate programs to handle serious child abuse cases, especially sexual abuse cases, by developing specialized services and procedures that address the needs of American Indian child victims.

Drug-Free Schools and Communities Act Amendments of 1989

Among other provisions, the Drug-Free School and Communities Act Amendments of 1989 (P.L. 101-226) established the Emergency Child Abuse Prevention Services Grants. Under this program, which was administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), state and local agencies responsible for or with experience in providing child abuse prevention services were eligible for grants to improve the delivery of services to children whose parents are substance abusers.

Child Abuse Prevention Challenge Grants Reauthorization Act of 1989

The Child Abuse Prevention Challenge Grants Reauthorization Act of 1989 (P.L. 101-126) incorporated the Challenge Grants program into CAPTA (Title II), with NCCAN continuing to administer the state grants.

When the Challenge Grant Program was reauthorized, there was some debate in Congress as to whether challenge grants had been intended as "seed money" for the states to begin prevention programs or whether grants should be used to establish and then maintain state prevention activities. The program, funded at \$6 million per year, represented the only federal funding stream dedicated solely to child abuse prevention, although states could also use other federal funding streams for prevention. The law stipulated four broad and sometimes overlapping categories of prevention activities: (1) education and public informational seminars; (2) education for professionals; (3) dissemination of information to the public; and (4) development of community prevention programs.

programs and activities related to child abuse and neglect and chaired by the Director of NCCAN.

- Mandating support for National Resource Centers.
- Requiring the Secretary to establish a formal peer review process for the evaluation of grant and contract applications with peer review panels made up exclusively of experts in the field of child abuse and neglect, and to provide the list of rankings after the application review process is completed to specified congressional committees upon request.
- Identifying home health visiting, respite, and crisis care as areas eligible for discretionary funding.
- Requiring studies of: (1) the incidence of child abuse in alcoholic families and the relationship between child abuse and familial alcoholism; (2) individual legal representation of children in child abuse or neglect cases in each state and the effectiveness of guardian *ad litem* and court-appointed special advocates; and (3) high-risk groups which have been historically underserved or unserved by programs relating to child abuse or neglect.
- Extending the limit of research grants from three to five years.

Parents Anonymous[®] was no longer specifically named in the law as a recipient of NCCAN funding, although the language used—“including a national [parent self-help] program of demonstrated effectiveness”—made clear Congress’ intention that the funding to Parents Anonymous[®] would continue, as no other organization in 1988 fit that description.

The legislation also required the establishment of a National Commission on Child and Youth Deaths to study and evaluate comprehensively federal, state, and local public and private resources which affect child and youth deaths and the effectiveness of programs, policies, systems, and efforts to prevent and identify such deaths. Within a year, the Commission was to make recommendations with respect to: (1) a national policy designed to reduce and prevent child and youth deaths, including more accurate reporting systems and appropriate roles for the federal government, states, and local governments and the private sector; (2) revisions needed within federal laws and programs to achieve an effective federal role in preventing such deaths; and (3) changes required to improve national data collection with respect to deaths.



IN FY1988, NCCAN awarded 34 new discretionary grants to address such issues as: advocates for children in criminal court proceedings; prevention of serious or fatal maltreatment; minority organizations assisting in combatting child abuse and neglect; public/private partnerships to combat child abuse and neglect; diagnosis and treatment of chronic neglect; and the relationship between child abuse and teen pregnancy.

In 1989, NCCAN supported the planning and development of nine model projects to encourage community groups to work together to prevent physical child abuse and neglect. NCCAN underscored its intent to have the projects be both community-based and comprehensive, and to network with and encourage the involvement of many community service providers. A cross-site evaluation of the nine prevention projects was conducted to examine and document their experiences and contribute to an understanding of ways to strengthen families through enhancing community resources and partnerships. Each project was required to conduct core activities that could be evaluated across sites in addition to activities unique to its location.

Funding was also awarded to address such areas as family functioning of neglectful families, prosecution of child maltreatment cases, parent self-help groups, prevention of physical abuse and neglect, and the adaptation of child sexual abuse training curricula for demonstration with Native American populations. Ten field-initiated research projects were funded to study such topics as the impact of court practice on children's testimony, the prevalence of ritualistic child abuse, CPS screening models, childhood post-traumatic stress disorder, the academic effects of child abuse and neglect, and the impact on children of witnessing family violence.



THE CAPTA AMENDMENTS OF 1988 required the establishment of a new national data collection system on reports of, and deaths due to, child abuse and neglect. This voluntary system, which came to be known as the National Child Abuse and Neglect Data System (NCANDS), was to provide both case-level and aggregate data. To this day, NCANDS provides much of the field's knowledge about the number and characteristics of cases of child abuse and neglect.

In developing NCANDS, NCCAN consulted with several national organizations and approximately 40 states to identify common data elements and data collection approaches, ultimately leaving data definitions up to the states. The NCANDS program design called for a two-part implementation: Part A, the Summary Data Component, was a compilation of key indicators of child abuse and neglect statistics; Part B, the Detailed Case Data Component, was a compilation of detailed case data that could be used to examine trends and issues in the field. Data collection would begin in the summer of 1991.

NCCAN also established the [National Data Archive on Child Abuse and Neglect \(NDACAN\)](#) in 1988. Its primary mission was to acquire, process, preserve, and disseminate high-quality datasets relevant to the study of child maltreatment for use in future research. This task was to be greatly facilitated in 1994, when NCCAN began requiring its grantees to prepare data and documentation according to NDACAN's guidelines

“The biggest impact that NCCAN had on the field was through the grant-funded projects. Research and demonstration projects provided funding to evaluate the efficiency and effectiveness of child welfare services.

“As an NCCAN grantee, I have been pleased to see the renewed interest in prevention and increased efforts to bridge the gap between research, policy, and practice. The Evaluation Summits have brought state leaders together to discuss the impact of research on policy and practice.”

—Diane DePanfilis, Professor and Director of the Ruth Young Center for Families and Children, University of Maryland

“Interpretation of the Child Abuse Prevention, Adoption and Family Services Act of 1988 was very interesting. The law required the Department to develop a data analysis program but did not require states to participate. So from the very beginning, the program was established to be a voluntary data collection program, not one established by rule—states could choose whether or not to participate. The Adoption and Foster Care Analysis and Reporting System (AFCARS) was implemented through rules released December 1993, based on the Omnibus Budget Reconciliation Act of

1986. Participation in AFCARS is mandatory.

“Because its voluntary nature was—and remains—a core principle of NCANDS, the states had a lot of input into the design of the system. During the initial design period, we held two national meetings, and about 45 states participated to reach consensus on the scope of the system. It was during those meetings that states enthusiastically embraced the idea that there would be some elements of NCANDS that are aspirational—important enough to include in the system, although they were not yet able to provide the

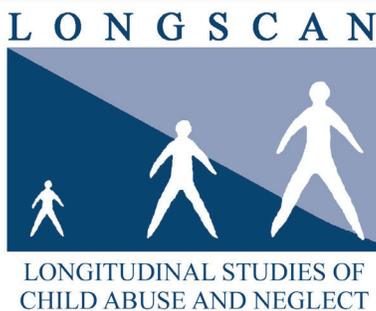
data. So the design met the needs of the states, and met the greater consensus needs, by staging two components. The first component, consisting of aggregated counts on 15 data elements, was launched in 1991. The second component consists of case level data with initially 117 data elements. The case level data component replaced the aggregated data component for national reporting in 2000, as the majority of states were able to provide these more detailed data.”

—Ying-Ying T. Yuan, PhD,
Principal,
Walter R. McDonald &
Associates, Inc.

and to archive data with NDACAN upon the completion of their grants. *Depositing Data with the National Data Archive on Child Abuse and Neglect: A Handbook for Investigators*^{xxiii} was developed to outline the investigator’s responsibilities and to provide a clear set of deliverables that must be submitted to NDACAN. NDACAN would continue to facilitate the secondary analysis of research data relevant to the study of child abuse and neglect for decades to come.



THE LONGITUDINAL STUDIES OF CHILD ABUSE AND NEGLECT (LONGSCAN), initiated by NCCAN in 1990, was a consortium of research studies launched through a coordinating center at the University of North Carolina Injury Prevention Research Center and five satellite sites. Each site conducted a separate and unique research project on the etiology and impact of child maltreatment. While each project could stand alone on its own merits, through the use of common assessment measures, similar data



collection methods and schedules, and pooled analyses, LONGSCAN was a collaborative effort.

The coordinated LONGSCAN design permitted a comprehensive exploration of many critical issues in child abuse and neglect on a combined sample of sufficient size for unprecedented statistical power and flexibility. Built into the design was also the ability to replicate and extend findings across a variety of ethnic, social, and economic subgroups.

The goal of LONGSCAN was to follow the children and their families until the children themselves became young adults. Comprehensive assessments of children, their parents, and their teachers were undertaken at child ages 4, 6, 8, 12, 14, 16, and 18. Maltreatment data was collected from multiple sources, including record reviews, at least every two years. Yearly telephone interviews allowed the sites to track families and assess yearly service utilization and life events. The National Data Archive on Child Abuse and Neglect made a restricted LONGSCAN dataset available to members of the research community who met eligibility criteria and agreed to the requirements of the data license.



AFTER A GAP OF NEARLY FOUR YEARS, the 8th National Conference on Child Abuse and Neglect was held in Salt Lake City, Utah, in October 1989. It embraced the theme *Off the Beaten Path: Putting an End to Child Abuse and Neglect*. In the face of increased caseloads and reduced resources, the field continued to pursue innovative approaches to the prevention, intervention, and treatment of child abuse and neglect. This conference reaffirmed the importance of cultural understanding and cross-cultural competence.



WHILE CREATION OF AN INTERAGENCY WORK GROUP to coordinate federal government efforts in the prevention and treatment of child abuse and neglect was mandated in CAPTA from the outset, passage of the 1988 reauthorization revitalized this effort. As before, the Interagency Task Force on Child Abuse and Neglect was required to:

- Coordinate federal efforts with respect to child abuse prevention and treatment programs;
- Encourage the development by other federal agencies of activities relating to child abuse prevention and treatment; and
- Coordinate the use of grants under CAPTA with the use of grants received under other programs.

In addition, the Interagency Task Force was charged to:

- Prepare a comprehensive plan for coordinating the goals, objectives, and activities of all federal agencies and organizations that have responsibility for programs and activities related to child abuse and neglect, and to



8th National Conference in Salt Lake City.

submit the plan to the U.S. Advisory Board within 12 months after the enactment of the Child Abuse Prevention, Adoption and Family Service Act of 1988; and

- Coordinate adoption-related activities, develop federal standards with respect to adoption, and prevent duplication in the allocation of resources to adoption activities.

Chaired by NCCAN, the Interagency Task Force was composed at the time of 30 representatives from federal agencies, including the Departments of Agriculture, Defense, Education, Health and Human Services, Housing and Urban Development, Interior, Justice, Transportation, and the Office of Personnel Management. The group's commitment to collaboration was reflected in the signing of several interagency agreements. In 1990, for example, NCCAN signed interagency agreements with the Department of the Navy to study the incidence and characteristics of incestuous families within the Navy; the Department of the Interior (Bureau of Indian Affairs) to continue to support the special child sexual abuse project with the Hopi Tribe of Northern Arizona; and the U.S. Public Health Service (Maternal and Child Health Bureau) to continue development of an infrastructure for child protection throughout the Pacific Basin.

Interagency Task Force members also conducted a self-survey to gain information about federal funding resources for activities related to child abuse and neglect, and identify federal agency activities related to child abuse and neglect in order to better understand federal efforts. The Task Force produced *A Guide to Funding Resources for Child Abuse and Neglect and Family Violence Programs*, as well as *A Plan for Coordinating Federal Activities on Child Abuse and Neglect* as required by law.



THE 1988 AMENDMENTS TO CAPTA also called for the creation of a U.S. Advisory Board on Child Abuse and Neglect. The mission of the board was to evaluate the nation's efforts to accomplish the purposes of the Act and to make recommendations to Congress and the Administration on ways in which those efforts could be improved.

BLUE RIBBON CAMPAIGN TO PREVENT CHILD ABUSE

In 1989, the Blue Ribbon Campaign to Prevent Child Abuse began as a Virginia grandmother's tribute to her grandson who died as a result of abuse. She tied a blue ribbon to the antenna of her car as a way to remember him and to alert her community to the tragedy of child abuse. The Blue Ribbon Campaign has since expanded across the country; many people wear blue ribbons each April in memory of those who have died as a result of child abuse and in support of efforts to prevent abuse.



The Blue Ribbon Campaign recognizes our collective responsibility to prevent and confront all forms of child abuse and neglect.

In 1990, the U.S. Advisory Board published its first report, *Child Abuse and Neglect: Critical First Steps in Response to a National Emergency*.^{xxiv} In this report, the Board asserted that, although progress had been made, child maltreatment “may still be the most under-researched social problem.” It identified as problems the unsystematic nature of the research on child maltreatment, a decline in public support for it from 1975 to 1990, a shortage of researchers in the field, and specific topics that had been especially understudied.

The Advisory Board recommended establishment of state and regional resource centers for training, consultation, policy analysis, and research on child protection. Among its other recommendations were the development of a new data system, the creation of a U.S. Department of Health and Human Services-wide research advisory committee, a major role for the National Institute of Mental Health in research planning, implementation, and coordination, as well as in providing research training and career development awards.

The report expressed the Advisory Board’s conclusion that child abuse and neglect had reached critical levels in the United States and its concern that “the system the nation has devised to respond to child abuse and neglect is failing.” The Advisory Board identified 31 “critical first steps” to begin to address the emergency. These recommendations were organized into eight areas: recognizing the national emergency, providing leadership, coordinating efforts, generating knowledge, diffusing knowledge, increasing human resources, providing and improving programs, and planning for the future.

In its report *A Plan for Coordinating Federal Activities on Child Abuse and Neglect*, the Federal Interagency Task Force on Child Abuse and Neglect noted that, “The U.S. Advisory Board on Child Abuse and Neglect cites the Task Force specifically in 11 of the recommendations set forth in its recently released report. The recommendations suggest that numerous activities designed to bolster federal efforts in regard to the prevention and treatment of child abuse and neglect be implemented through the Task Force. It is the Task Force’s intention to continue to work not only with the Advisory Board, but with all interested parties to ensure that abused and neglected children and their families receive the federal services and attention they both need and deserve.”^{xxv}

“While many organizations and legislators agreed that the state of the child protection system had reached crisis levels, pronouncing it a ‘national emergency’ was, in part, an effort to secure additional funding. President George H.W. Bush and the Congress had reached a budget agreement that only permitted additional deficit spending and/or a tax increase if the President declared an issue a national emergency.”

—David Lloyd, former Director of NCCAN

FROM THE 1ST U.S. ADVISORY BOARD REPORT,
CHILD ABUSE AND NEGLECT: CRITICAL FIRST
STEPS IN REPSONSE TO A NATIONAL EMERGENCY

“For twenty-five years the nation has become more aware of the magnitude of child abuse and neglect. The Board has concluded that child abuse and neglect in the United States now represents a national emergency.

“The Board bases this conclusion on three findings: (1) each year hundreds of thousands of children are being starved and abandoned, burned and severely beaten, raped and sodomized, berated and belittled; (2) the system the nation has devised to respond to child abuse and neglect is failing; and (3) the United States spends billions of dollars on programs that deal with the results of the nation’s failure to prevent and treat child abuse and neglect.

“The American child maltreatment emergency leads the Board to make the following observations:

“Not only are child abuse and neglect wrong, but the nation’s lack of an effective response to them is also wrong. Neither can be tolerated. Together they constitute a moral disaster.

“All Americans share an ethical duty to ensure the safety of children. Protection of children from harm is not just an ethical duty: it is a matter of national survival.

“Although some children recover from maltreatment without serious consequences, the evidence is clear that maltreatment often has deleterious effects on children’s mental health and development, both short- and long-term.

“Although most victims of serious and fatal child abuse are very young, to regard older children and adolescents as invulnerable to the severe consequences of abuse and neglect is a mistake.

“All Americans should be outraged by child maltreatment.

“The Board believes that the extent of the emergency is so compelling that it dictates an immediate response. The Board has decided, therefore, to devote its first report to alerting the nation to the existence of the emergency and to recommending 31 critical first steps that will provide a framework for a decade of review and reconstruction of policies and programs that have exacerbated the emergency.

“As important as these 31 critical first steps are, implementing them will only result in controlling the emergency. Once the emergency is brought under control, the Board believes that the nation should commit itself to achieving an equally important goal: the replacement of the existing child protection system with a new, national, child-centered, neighborhood-based child protection strategy.”

V. A Greater Focus on Prevention

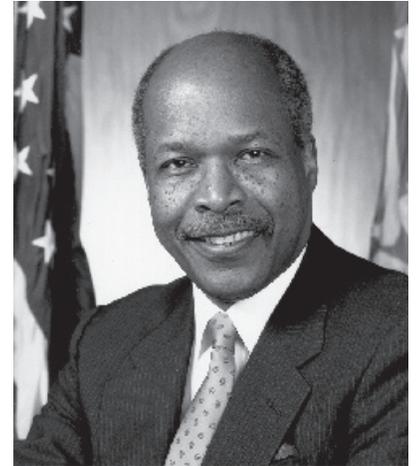
THE 1980S SAW A SIGNIFICANT EXPANSION in public awareness of child maltreatment, research on its underlying causes and consequences, and the development and dissemination of both clinical interventions and prevention strategies. As more became known of the diversity within the maltreatment population, unique subpopulations were singled out for specific programmatic options and legislative attention. It wasn't until the 1990s that an emphasis was placed on establishing a strong foundation of support for every parent and child, available when a child is born or a woman is pregnant.



IN 1990, Secretary of U.S. Department of Health and Human Services Louis W. Sullivan, MD, created an unprecedented Secretarial initiative to galvanize nationwide efforts to prevent and treat child abuse and neglect. He made the fight against child abuse and neglect a personal priority and a priority for the entire department. Secretary Sullivan also met with other members of the President's cabinet to discuss how jointly they could address this important issue.

The initiative included three strategies: (1) increase public awareness of the problem; (2) promote intra- and interagency coordination of child abuse and neglect activities; and (3) encourage all sectors of society to participate.

Secretary Sullivan convened a December 1991 meeting, "We Can Make a Difference: Strategies for Combating Child Maltreatment," in Washington, D.C. The purpose of the meeting was to challenge leaders from business, social services, professional associations, criminal justice, education, the public sector, and religion to join in a coordinated effort to prevent child maltreatment. These leaders represented thousands of others around the nation whose activities they were in a position to influence. During the meeting, small groups composed of the representatives of each sector met to exchange ideas on strategies they could pursue within their organizations at the local and state levels to become more effective in the battle against child maltreatment. Public awareness materials were developed, asking the public to "Show Your Care." These were released during Child Abuse Prevention Month (April) 1992.^{xxvi}



HHS Secretary Louis Sullivan made combating child maltreatment a personal priority.



THE CHILD ABUSE PREVENTION, ADOPTION, AND FAMILY SERVICES ACT of 1988 was due to be reauthorized in 1991. However, the Administration of President George H.W. Bush proposed to extend the Act for a limited one-year period. They argued that the U.S. General Accounting Office, national child advocacy organizations, and the Advisory Board on Child Abuse and Neglect had put forth a number of comments and recommendations to address perceived deficiencies in the administration and management of the responsibilities under the Act. These recommendations included significant changes in the focus and structure of a wide range of federal activities, as a means of strengthening the federal role in providing national leadership for coordinated initiatives to address child abuse and neglect. The one-year period, they believed, would provide an opportunity to give thoughtful consideration to the comments and recommendations, and to develop legislative proposals that would clearly articulate the mission, focus, structure, and responsibilities of the federal government, and NCCAN in particular, in addressing the issue of child abuse and neglect.

On April 15, 1991, the U.S. Department of Health and Human Services underwent a major reorganization. Child-oriented programs from the Family Support Administration, the Maternal and Child Health Block Grant (formerly administered by the Public Health Service), and the Office of

“I know I am speaking in indelicate terms today. It is not a delicate topic. It must not be treated with kid gloves. It is a festering wound in our society, for too long hidden in the darkness of guilt and shame. Tragically, that guilt and shame has not come from those that abuse and neglect these children; rather, in a perverse irony, the guilt and shame hangs like a shroud over the very children who have been abused and neglected. That must change. And it can be changed.

“But I can’t change it alone.

The Advisory Board on Child Abuse can’t do it alone. The largest churches in the world can’t do it alone. Businesses, professional sports, or movie stars can’t do it alone.

“But you know what? Working together, we can make a tremendous difference. And that’s why we’ve asked you here today. With your help and commitment, and with the help and commitment of the people and resources of the organizations you represent, we can, as a team, begin to defeat child abuse and neglect

in America. We can begin to encourage a “Culture of Character” within the members of our organizations, within our neighborhoods, and within ourselves; a “Culture of Character” that shows we care about each other, we care about our children, we care about our country, and we want to do something about it.”

—*The Honorable Louis W. Sullivan, MD, Secretary of Health and Human Services, at the National Meeting on Child Abuse and Neglect, December 6, 1991.*

Human Development Services (including ACYF) were consolidated into the newly created Administration for Children and Families.

That same year, NCCAN was separated from the Children's Bureau and given bureau status within the Administration on Children, Youth and Families. This provided NCCAN with greater visibility and control over budget and policy initiatives. David Lloyd was named director of NCCAN. The Children's Bureau and NCCAN continued to share similar concerns and to work closely together on issues related to child abuse and child welfare.

Two divisions were created within NCCAN. The Program Policy and Planning Division provided oversight to Parts I and II of the Child Abuse and Neglect State Grants, the Community-Based Prevention Grants, Children's Justice Act Grants, Research and Demonstration Grants. It also had the lead on issues related to child protective services. The Clearinghouse Division oversaw NCCAN's clearinghouses, resource centers, the Emergency Services grants, training and technical assistance, and publications.

In 1991, the Commissioner for Children, Youth and Families asked the National Academy of Sciences to convene an expert panel to develop a future agenda for child maltreatment. The charge to the panel was to examine the quality of the existing research, determine areas of strength and weakness, and offer guidance regarding ways in which current and future research resources might be directed to improve the development of the field.

The report of the panel noted that:

“In the past, research on child abuse and neglect has developed within a categorical framework that classifies the research by the type of maltreatment typically as reported in administrative records. Although the quality of research within different categories of child abuse and neglect is uneven and problems of definitions, data collection, and study design continue to characterize much research in this field, the panel concluded that enough progress has been achieved to integrate the four categories of maltreatment into a child-oriented framework that could analyze the similarities and differences of research findings. ... This approach recognizes the need for the construction of collaborative, long-term efforts between public and private research sponsors and research investigators to strengthen the knowledge base, to integrate studies that have evolved for different types of child maltreatment, and eventually to reduce the problem of child maltreatment. This approach also highlights the connections that need to be made between



A logo of the National Center on Child Abuse and Neglect.

research on the causes and the prevention of child maltreatment, for the more we learn about the origins of child abuse and neglect, the more effective we can be in seeking to prevent it. In the same manner, the report emphasizes the connections that need to be made between research on the consequences and treatment of child maltreatment, for knowledge about the effects of child abuse and neglect can guide the development of interventions to address these effects.”^{xxvii}

“One of NCCAN’s highly productive research initiatives was the graduate research fellowship program, which encouraged promising researchers to move into a career that involved child abuse and neglect. If you look back through the very small portfolio of funded fellowships, you will find the names of many folks who are established researchers in the field today.”

—Mark Chaffin, Professor of Pediatrics, University of Oklahoma Health Sciences Center



9th National Conference in Denver.



TO ATTRACT NEW RESEARCHERS to the field of child abuse and neglect, NCCAN launched a program to award modest grants to provide support for graduate and medical students conducting research on important aspects of child maltreatment. Eight such awards were made in FY1991; nine were awarded in FY1992. Several additional cohorts of Graduate Research and Medical Research Fellowships in Child Abuse and Neglect would be awarded before the program was suspended in 2003.

Additional research priorities for NCCAN during this period included: joint law enforcement agency/child protective services investigations of reports of maltreatment; the psychological impact of child maltreatment; empirical evaluations of treatment approaches for child victims of physical or sexual abuse; children as witnesses; and juvenile sexual offenders. Priority areas for training and technical assistance included training for judges to improve the criminal and civil court intervention process in child sexual abuse cases, as well as funding for the National Resource Center on Child Sexual Abuse and the National Resource Center on Child Abuse and Neglect. NCCAN also funded efforts to strengthen leadership and resources for cultural competence in child abuse and neglect.



THE 9TH NATIONAL CONFERENCE on Child Abuse and Neglect was held in Denver, Colorado, in September 1991. The theme, *Reaffirming Our Roots*, reflected a renewed emphasis on sharing and building proven skills related to forensic and clinical aspects of child protection. School- and community-based prevention programs were also featured.



IN 1991, the U.S. Advisory Board on Child Abuse and Neglect issued its second annual report entitled *Creating Caring Communities: Blueprint for an Effective Federal Policy on Child Abuse and Neglect*.^{xxviii} While it had initially planned to focus its second report on developing a national strategy

“I think [the National Child Abuse and Neglect] conferences have been critical for bringing together many different disciplines doing this work. If you are exclusively dealing with children, you are at the bottom of the totem pole. And if you are dealing with abused and neglected children, then you are

at the bottom of *that* group. The conferences, in my view, really help to energize, cross-fertilize, and provide support to those who are doing this very difficult work. To really be effective, you have to leverage the resources of health, mental health, public health, and other relevant systems, or you will

not make any real progress.

“The U.S. Advisory Board held public hearings at early national conferences, and released its second report at the 1991 conference in Denver.”

—Richard Krugman

to implement the recommendations in its first report, the Board soon realized that, to understand NCCAN, the Board needed to understand the context within which NCCAN operated—what the Board came to call the “collective federal child protection effort.” Input from the Federal Interagency Task Force, discussions taking place in 1990 regarding reauthorization of CAPTA, and input from the field led the Board to expand the nature of its second report to an examination of the federal role in child protection and development of a new national strategy.

The blueprint outlined by the Board provided recommendations in six major areas of reform:

- Developing and implementing a national child protection policy;
- Preventing and reducing child maltreatment by strengthening neighborhoods and families;
- Providing a new focus on child abuse and neglect and strengthening families in all relevant federal agencies;
- Enhancing federal efforts related to the generation, application, and diffusion of knowledge concerning child protection;
- Improving coordination among federal, state, tribal, and private sector child protection efforts; and
- Implementing a dramatic new federal initiative aimed at preventing child maltreatment—piloting universal voluntary neonatal home visitation.

Child Abuse, Domestic Violence, Adoption and Family Services Act of 1992
(PL 102-295)

KEY CHILD ABUSE AND NEGLECT PROVISIONS

- Revised provisions for research and assistance activities to include:
 - Cultural distinctions relating to child abuse and neglect
 - Culturally sensitive procedures with respect to child abuse cases
 - The relationship of child abuse and neglect to cultural diversity
- Provided for assisting states in supporting child abuse and neglect prevention activities through community-based child abuse and neglect prevention grants

—Child Welfare Information Gateway. (2012). *Major Federal Legislation Concerned with Child Protection, Child Welfare, and Adoption*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau.

“We were appointed to the U.S. Advisory Board and sworn in by Secretary Louis Sullivan. Sullivan spoke to us from his heart, eschewing his staff notes, and told us that child abuse is a serious problem and tasked us to look into it and tell him what he needed to do. We were given an incredibly

broad challenge, and those were very difficult years.

“The Advisory Board issued its reports to both HHS and Congress, which meant that HHS did not ‘clear’ or censor the report—it was independent. Unfortunately, we found ourselves in a situation where we were told

one year, ‘This report is too broad; give us something specific.’ When the Board was more specific in its recommendations the next year, we were accused of trying to micromanage the bureaucracy. So in the end, nothing happened.”

—Richard Krugman

Most of the Board’s recommendations ended with at least two “options for action,” although the Board deliberately refrained from recommending specific approaches to implementation.



REAUTHORIZATION OF CAPTA under the Child Abuse, Domestic Violence, Adoption and Family Services Act of 1992 (P.L. 102-295) did not result in major changes to the law.



BY 1992, NCCAN had funded \$69.5 million in programs to carry out the following primary responsibilities:

- **State Grant Programs:** Basic State Grant, Medical Neglect State Grant, Community-Based Prevention grants, Children’s Justice Act grants
- **Research and Demonstration Projects:** Discretionary grants, as well as the Emergency Child Abuse and Neglect Prevention Services Program
- **Resource Centers:** National Resource Center on Child Abuse and Neglect at the Kempe Center, and the National Resource Center on Child Sexual Abuse
- **Clearinghouses:** Clearinghouse on Child Abuse and Neglect Information, and the National Information Clearinghouse for Infants with Disabilities and Life-Threatening Conditions
- **Interagency Task Force on Child Abuse and Neglect**



NCCAN PUBLISHED THE FIRST REPORT from the National Child Abuse and Neglect Data System (NCANDS) Summary Data Component in 1992. Responses from the states to the 1991 data collection survey had been excellent, with data received from 49 states, the District of Columbia, Guam, and the U.S. Armed Forces. An NCCAN contractor then translated data collected by states to produce national reports.

Between 1992 and 1995, NCCAN completed an update of its *Child Abuse and Neglect User Manual Series*. Manuals updated or developed include the following: *The Role of Law Enforcement in Response to Child Abuse and Neglect*; *Child Neglect: A Guide for Intervention*; *The Role of Mental Health Professionals in Prevention and Treatment of Child Abuse and Neglect*; *Crisis Intervention in Child Abuse and Neglect*; *Protecting Children in Substance Abusing Families*; *Treatment of Abused and Neglect Children: Infancy to Age 18*.

As the Summary Data Component continued in its second year, the more complex Detailed Case Data Component (DCDC) was being pilot-tested in nine states. Some of the questions to be addressed by the data in the DCDC were:

- What is the relationship between victim demographic factors such as age, race, gender, and socio-economic status, and types of maltreatment, such as physical abuse, sexual abuse, neglect, emotional maltreatment, and so forth?
- What risk factors, such as alcohol abuse, drug abuse, domestic violence, lack of housing, and so forth, are related to substantiated cases of abuse and neglect? Do these factors relate to specific types of maltreatment or to all types of maltreatment?
- What is the relationship between types of maltreatment and the characteristics of the perpetrator? Are specific types of maltreatment more likely to be committed by one parent or another or by other relatives?

Thirteen states participated in the first year of DCDC data collection. During this time, the continuance of annual technical assistance meetings and of a state advisory group contributed to the evolving sense of ownership of the system by the federal government and the participating states.



The *User Manual Series* remains one of NCCAN's most enduring multidisciplinary resources.

“Data collection provided the foundation for everything else. It gave us findings that we could look at, numbers, so we could ask ‘does this look like what’s happening in your state?’ Regional staff that learned to use the data were given a tremendous tool to assist states to improve their programs.”

—Sally Flanzer, former Director of the Division of Data, Research and Innovation, Children’s Bureau, and former Region IX Child Welfare Program Manager

VI. A More Collective Effort

THE 1990S ALSO SAW A MORE FOCUSED EFFORT on how to best address child maltreatment. A greater sense of shared responsibility and attention to partnership and collaboration emerged. With the battle of CAPTA's survival apparently won, energies now turned to systems integration and building universal systems of care.



LESS THAN ONE YEAR after President Clinton's election on August 10, 1993, he signed the Family Preservation and Support Services Program Act as part of the Omnibus Budget Reconciliation Act (P. L. 103-66). This law marked the first major revision of Title IV-B of the Social Security Act since 1980.

Although not a reauthorization of CAPTA, the Family Preservation and Support Services Program Act had an impact on CAPTA programs by calling attention to child maltreatment and its prevention. The Act authorized nearly \$1 billion over five years to fund services to “promote family strength and stability, enhance parental functioning, and protect children.”^{xxix} These included services to help preserve families in crisis (such as counseling, respite care, and intensive in-home assistance) as well as other forms of family support (including parent support groups, home visits, drop-in family centers, and child care). Services to help reunify families after an out-of-home placement, and the ability to devote more funds to staff training, also were permitted.

In discussing the Act, HHS Secretary Donna Shalala stated that, “We can no longer afford a one-size-fits-all bureaucratic method. We need an approach more tailored to the individual needs of each family. An approach that respects the sanctity of the family. An approach that keeps families together.”^{xxx}

One of the most significant provisions of the Family Preservation and Support Services Program Act was the requirement for states to engage in a broad, community-based planning process to determine a mix of services and supports that is “more responsive to the needs of individuals and communities and more sensitive to the context in which they are

to be delivered.”^{xxxii} The planning process called for inclusion of a variety of voices, such as representatives of community-based agencies, local government, tribes, and professional and advocacy organizations, as well as parents and consumers of services. For the first time, states were formally urged to plan for services *across* programs and funding streams, including the Independent Living program and CAPTA’s formula grants.

Two other provisions of the Act held lasting value. First, the law established the Court Improvement Program (CIP), which provided grants to improve the handling of child welfare cases by state courts. Second, the Act provided additional funding for state expenditures to plan, design, or develop statewide automated child welfare information systems (SACWIS). Through this provision, states could access 75 percent federal funding for a limited period (initially through FY1996) to create or enhance such a system. In exchange, participating states agreed that the SACWIS would support reporting to the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS), thus greatly enhancing the quality and availability of data within those national systems.



THE 10TH NATIONAL CONFERENCE on Child Abuse and Neglect, held in the fall of 1993 in Pittsburgh, focused on *Building Bridges to the Future*. In many ways, this conference marked a change in the scope of child protection practice and ushered in a vision of the practice as it is known today. Preventive efforts could be targeted not only at the general population, but toward at-risk groups and communities. If maltreatment occurred, families could be given services to prevent placement. And if placement were necessary, services could be provided to strengthen families and promote unification.

In conjunction with the 10th National Conference, ACF also convened a National Family Violence Conference in Pittsburgh to address the broader issues of violence in families.



THREE YEARS AFTER THE RELEASE of its original report (1990), the U.S. Advisory Board on Child Abuse and Neglect concluded in its third report, *The Continuing Child Protection Emergency: A Challenge to the Nation*,^{xxxiii} that the child protection emergency had clearly deepened in all parts of the country. The Board noted that reports of child abuse and neglect continued to climb; an inordinate number of children continued to die at the hands of caretakers; and adequate and affordable treatment for child abuse victims and their families remained exceedingly difficult to find. The collapse of the nation’s child protection system had also continued. The



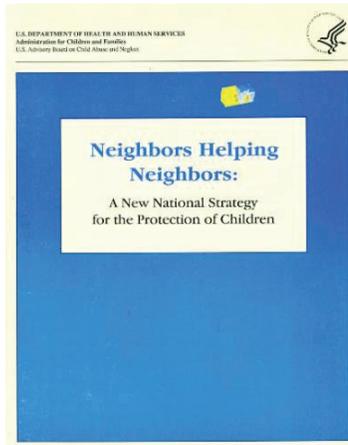
10th National Conference in
Pittsburgh.

“The field has come a long way over the past 40 years, from a focus on identifying child maltreatment, to understanding its complexity, to identifying evidence-based approaches to its prevention, intervention, and treatment. It is a journey that has been supported and advanced through the leadership of NCCAN/OCAN, and particularly through the convening of the National Conferences.”

—Dorothy V. Harris, former
President of the Board of
Prevent Child Abuse America
and President of the National
Association of Social Workers

report called upon national leaders to respond in a meaningful way to the critical recommendations set forth during the previous three years. Those recommendations included enacting an explicit national child protection policy that would be comprehensive, child-centered, family-focused, neighborhood-based, and which would emphasize treatment and prevention of abuse and neglect.

The U.S. Advisory Board issued another report in 1993. Building on the philosophy expressed in its 1991 report, the Advisory Board used its fourth report to outline steps to create a comprehensive, neighborhood-based approach to preventing child maltreatment. *Neighbors Helping Neighbors: A New National Strategy for the Protection of Children*^{xxxiii} presented five key elements of a new national strategy: (1) strengthen neighborhoods; (2) reorient the delivery of human services, including justice services; (3) improve the role of government in addressing child maltreatment; (4) refocus social values that contribute to child maltreatment; and (5) strengthen and broaden the knowledge base about child abuse and neglect. The report also articulated key principles to guide the implementation of the new national strategy and outlined a comprehensive approach to implementation.



The 4th Advisory Board report included 34 specific policy recommendations to help children lead healthier, happier lives.



ALTHOUGH NOT A REAUTHORIZATION OF CAPTA, the Human Service Amendments of 1994 (P.L. 103-252) established, among other provisions, a new Title II of CAPTA entitled “Community-Based Family Resource Programs” (CBFRP). Essentially, the existing Community-Based Child Abuse and Neglect Prevention grants were made more comprehensive in nature by combining three programs into one: the Emergency Child Abuse and Prevention Services grant program, the Family Resource and Support grant program, and the Community-Based Child Abuse and Neglect Prevention grant program. The new Community-Based Family Resource Programs focused “not on prevention of child abuse and neglect alone, but

CREATION OF THE CHILD AND FAMILY SERVICES REVIEWS

The Social Security Act Amendments of 1994 (P.L. 103-432) also reauthorized HHS to review the conformity of state child and family service programs with the requirements in Titles IV-B and IV-E. These reviews had been taking place for years; however, the states and Congress were increasingly dissatisfied with the reviews’ strict focus on assessing state agencies’ compliance with procedural requirements without regard to child and family outcomes. Under the leadership of Associate Commissioner Carol Williams, Children’s Bureau staff began the long process of developing a new system of reviews to meet legislative requirements while providing more insight into how children and families were faring. As early as fiscal year 1995, CB was conducting pilot tests in several states of the review process that would later become known as the Child and Family Services Reviews.

on parental support services as the key to healthier and more stable families.”^{xxxiv} The CBFRP were later reflected in CAPTA’s reauthorization under the Child Abuse Prevention and Treatment Act Amendments of 1996.

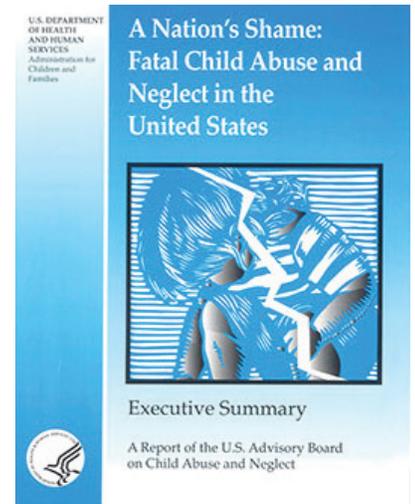
To build the capacity of grantees, NCCAN launched a training and technical assistance initiative for the CBFRPs. Support was provided to assist state and local agencies in developing and implementing neighborhood-based family support services and to establish public and private partnerships to expand family resource programs.



EVEN WHILE THE U.S. ADVISORY BOARD was developing its report *Neighbors Helping Neighbors*, the nation’s attention was being captured by a series of disturbing news reports describing the most tragic consequences of child maltreatment: child deaths. As a result, in its 1992 reauthorization of CAPTA, Congress required the U.S. Advisory Board to develop a report on the nature and extent of child abuse and neglect fatalities and how these deaths might be prevented.

After more than two years of extensive research, study, and public hearings, the Board issued *A Nation’s Shame: Fatal Child Abuse and Neglect in the United States*^{xxxv} in 1995. In addition to an in-depth analysis of current conditions, the report offered 26 recommendations for addressing “deep-seated problems within the law enforcement, child protection and health agencies and courts that comprise the country’s child protection system.” Among these recommendations were calls for increased attention to data collection and research, more effective investigation and prosecution efforts, enhanced professional training, establishment of Child Death Review Teams, and more community-based services and primary prevention efforts. The report also called attention to the challenges posed by the diverse local, state, and federal agencies that comprised the child protection system. Unfortunately, the report noted, these agencies responded to different constituencies as legislatively authorized in a range of laws, different legislative oversight committees, and different budgets. Abused and neglected children were not always the primary focus of some of the agencies.

While the Advisory Board report was being prepared, many of its recommendations became areas of focus for discretionary grants. In FY1994, for example, NCCAN invited proposals specifically on the use and effectiveness of risk assessment systems. The same year, proposals were invited for demonstration projects for professional training to encourage efficient, effective child death reviews. Other research and demonstration priorities during this period included child maltreatment prevention, development of training and caseload standards for guardians *ad litem*, and symposia on child abuse and neglect prevention and domestic violence. The neglect cluster acquired particular significance as one of NCCAN’s first attempts



“The most widely read report of the U.S. Advisory Board was *A Nation’s Shame: Fatal Child Abuse and Neglect in the United States*. This reader-friendly report was the catalyst for the child fatality review movement. These teams have been adopted by countries around the world.”

—Deanne Tilton Durfee,
former member and Chair of
the U.S. Advisory Board on
Child Abuse and Neglect

to implement an integrated evaluation that enabled comparison of results across the projects. NCCAN would fund many more clusters with this feature in the years to come.



THE [third National Incidence Study \(NIS-3\)](#) mandated under the Child Abuse Prevention, Adoption, and Family Services Act of 1988 and the Child Abuse, Domestic Violence, Adoption and Family Services Act of 1992, was conducted between 1993 and 1994; results were published in 1996.

NIS-3 provided important insights about the incidence and distribution of child abuse and neglect and about changes in incidence since the previous studies:

- There were substantial and significant increases in the incidence of child abuse and neglect since the previous national incidence study was conducted in 1986.
- Under the Harm Standard definitions, the total number of abused and neglected children was two-thirds higher in the NIS-3 than in the NIS-2. This means that a child's risk of experiencing harm-causing abuse or neglect in 1993 was one and one-half times the child's risk in 1986.
- Under the Endangerment Standard, the number of abused and neglected children nearly doubled from 1986 to 1993. Physical abuse nearly doubled, sexual abuse more than doubled, and emotional abuse, physical neglect, and emotional neglect were all more than two and one-half times their NIS-2 levels.
- The total number of children seriously injured and the total number endangered both quadrupled during this time.

CAPTA was due for reauthorization at the end of FY1995. For 18 months, the Senate attempted to move Senate Bill S9 reauthorizing CAPTA through Congress, but the House of Representatives would not consider the legislation. Instead, the House, which was controlled by Republicans, proposed to “block grant” some 30 human service programs, including those related to child abuse and neglect, to the states as part of a broad welfare reform effort.

Block granting—the practice of providing a large sum of federal money to states with only general provisions as to the way it is to be spent—was a widely advocated and often-implemented practice in the Reagan Administration, supporting, as it did, the goal of devolution. Many Republican lawmakers continued to favor this practice.

Regarding CAPTA, though, the Senate position prevailed: CAPTA was not included in the bill. The federal government retained its leadership role in the prevention, identification, and treatment of child abuse and neglect.

ADDITIONAL OBSERVATIONS FROM NIS-3

Concerning Cause

“Although the NIS does not address the causes of abuse and neglect, it was striking how often illicit drug use was noted in the narrative descriptions on the NIS data forms. The increase in illicit drug use since the fall of 1986 when the NIS-2 data were collected may have contributed to the rise in incidence observed in the NIS-3. Economics is another factor that may have enlarged the problem. Family income is the strongest correlate of incidence in nearly all categories of abuse and neglect, with the lowest income families evidencing the highest rates of maltreatment. Increases in incidence since 1986 may partially derive from decreased economic resources among the poorer families and the increase in the number of children living in poverty.”

Concerning CPS Response

“The NIS-3 findings concerning the percentages of abused and neglected children whose maltreatment received CPS investigation are cause for serious concern. Only a minority of the children who were abused or neglected, by either definitional standard, received CPS attention for their maltreatment. . . . Especially remarkable was the finding that CPS investigation extended to only slightly more than one-fourth of the children who were seriously harmed or injured by abuse or neglect.

“Another important finding was that the percentages of maltreated children who receive CPS investigation have decreased significantly since the NIS-2. The percentage of children receiving investigation among those who met the Harm Standard dropped from 44 percent to 28 percent, while the percentage of CPS investigation of children who met the Endangerment Standard fell from 51 percent to 33 percent. . . . At the same time, the actual numbers of countable children investigated by CPS remained stable (when considering Harm Standard totals) or even slightly increased (considering the Endangerment Standard totals). Thus, as the total number of maltreated children has risen, it means that a larger percentage of them have not had access to CPS investigation of their maltreatment. This picture suggests that the CPS system has reached its capacity to respond to the maltreated child population.”



WITH WELFARE REFORM PASSED, Congress then took up reauthorization of CAPTA. The Child Abuse Prevention and Treatment Act Amendments of 1996 (P.L. 104-235) reflected many of the concerns of the time. It added new state requirements to address problems in the child protection system, including safeguards against false reports of child abuse and neglect, delays in termination of parental rights, and a lack of public oversight of child protection.

To foster public oversight, CAPTA provided for federal grants to establish citizen review panels in each state. According to the amendment, Citizen Review Panels (CRPs) were to be made up of a representative sample of the community, meet at least once every three months, and submit an annual report outlining their activities and recommendations. Child protection agencies were to be cooperative in providing needed information and technical assistance to the panels. The legislation provided the panels with a broad mandate:

- To ensure that the state was in compliance with the state CAPTA plan;
- To assure that the state was coordinating with the Title IV-E foster care and adoption programs;

Child Abuse Prevention and Treatment Amendments of 1996 (P.L. 104-235)

KEY CHILD ABUSE AND NEGLECT PROVISIONS

- Reauthorized CAPTA through FY2001
- Added new requirements to address the problems of false reports of abuse and neglect, delays in termination of parental rights, and lack of public oversight of child protection
- Required states to institute an expedited termination of parental rights process for abandoned infants or when the parent is responsible for the death or serious bodily injury of a child
- Set the minimum definition of child abuse to include death, serious physical or emotional injury, sexual abuse, or imminent risk of harm
- Recognized the right of parental exercise of religious beliefs concerning medical care
- Continued the Community-Based Family Resource and Support Grants Program, the Adoption Opportunities Act, Abandoned Infants Assistance Act, Victims of Child Abuse Act, Children's Justice Act Grants, and the Missing Children's Assistance Act
- Provided for federal grants for the establishment of not less than three citizen review panels in each state, such as child fatality panels or foster care review panels, for the purpose of examining the policies and procedures of state and local agencies and where appropriate, specific cases, to evaluate the extent to which the agencies are effectively discharging their child protection responsibilities, including:
 - A review of the extent to which the state child protective services system is coordinated with the foster care and adoption programs established under Title IV-E
 - A review of child fatalities and near fatalities
- Abolished the National Center on Child Abuse and Neglect (NCCAN) and created the Office on Child Abuse and Neglect

—Child Welfare Information Gateway. (2012). *Major Federal Legislation Concerned with Child Protection, Child Welfare, and Adoption*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

- To assess the CPS agency in its compliance with the review of child fatalities; and
- To evaluate any other piece of the CPS system that the Panel deemed important.

Currently, all states have enacted some form of Citizen Review Panels in child protection, ranging from one statewide CRP to several regional CRPs.



As noted previously, the Community-Based Family Resource Programs were included in the Human Service Amendments of 1994. These were renamed the Community-Based Family Resource and Support (CBFRS) Programs and included in the Child Abuse Prevention and Treatment Act Amendments of 1996. Much as before, these grants were created to: (1) support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families

to reduce the likelihood of child abuse and neglect; and (2) foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

CBFRS-funded programs and services could:

- Offer comprehensive support for parents;
- Promote the development of parenting skills;
- Improve family access to formal and informal resources;
- Support needs of parents with disabilities through respite or other activities;
- Provide referrals for early health and development services; and
- Encourage meaningful parent leadership.

Programs could also support the development of a continuum of preventive services through public-private partnerships; funding the start-up, maintenance, expansion, or redesign of child abuse prevention programs; maximizing resources through leveraging funds; and financing public education activities that focus on the promotion of child abuse prevention.

In addition to public awareness and education efforts aimed at the general public, CBFRS programs were instructed to target services to vulnerable families at risk of abuse or neglect. These families included parents, parents and/or children with disabilities, racial and ethnic minorities, members of underserved or underrepresented groups, fathers, homeless families and those at risk of homelessness, unaccompanied homeless youth, and adult former victims of child abuse and neglect or domestic violence.



THE 1996 CAPTA REAUTHORIZATION also brought significant changes in how child abuse prevention and treatment work was carried out at the federal level. Perhaps in response to the Republican Congress's push to streamline government, as well as the Clinton Administration's emphasis on bringing child abuse prevention and child welfare programs into greater alignment, the Act abolished NCCAN as a separate entity within ACYF. Instead, it provided the option for an Office on Child Abuse and Neglect (OCAN) to be created within the Children's Bureau to coordinate the functions required under CAPTA.

The creation of OCAN became part of a larger reorganization of the Children's Bureau, which was announced in the *Federal Register* on December 8, 1997.^{xxxvi} OCAN was tasked with providing leadership and direction on CAPTA and Children's Justice Act programs, as well as other initiatives related to child abuse and neglect. Four additional divisions comprised the new Children's Bureau: Policy (responsible for developing regulations and policy); Program Implementation (operating and monitoring programs under titles IV-B and IV-E, as well as the CAPTA Basic State Grants); Data, Research and Innovation (establishing research priorities, administering discretionary



Catherine M. Nolan, Director of OCAN, at the 16th National Conference in Portland, OR.

NCCAN/OCAN DIRECTORS

1975—1981	Douglas Besharov
1981—1982	James Harrell
1982—1983	Preston Bruce
1984—1988	Helen Howerton
1988—1989	Susan Weber
1989—1990	Jeff Rosenberg, acting
1990—1991	Jim Young, acting
1991—1995	David W. Lloyd
1995—1998	Emily Cooke, acting
1998—	Catherine M. Nolan

grant programs, and analyzing and disseminating data from AFCARS and NCANDS); and Child Welfare Capacity Building (managing training and technical assistance efforts, including the National Resource Centers and clearinghouses). Catherine Nolan was appointed Director of OCAN in 1998.

The 1996 reauthorization of CAPTA also eliminated the requirement that the federal government have an Interagency Task

Force on Child Abuse and Neglect. By this time, approximately 60 people representing some sixteen federal agencies and offices served on the Task Force, which met five times a year. Subcommittees addressed such issues as research, child fatalities, direct service, training, and parenting education, among others.

Given the Task Force's many accomplishments and its low operating cost, Task Force members felt strongly that the group should be maintained despite no longer being mandated. To bolster their argument, Task Force members prepared a report entitled *The Interagency Task Force on Child Abuse and Neglect: The Power of Federal Coordination* which provided an overview of the major areas of contribution of the Task Force toward encouraging federal coordination and reducing duplication of effort, along with selected examples of each. The report concluded with the following statement, which reflects the group's view to this day:

“The Task Force is a model of many agencies cooperating to achieve a common goal: improved prevention and treatment of child abuse and neglect. If it were no longer to exist, there would be no governmental unit to disseminate cross-agency information about current and planned activities in the area of child abuse and neglect; there would be no unit that tries to make sense out of many concurrent streams of research and program activity; there would be no unit that identifies issues and looks for cross-agency solutions. In other words, there would be no entity whose sole charge is to coordinate

SELECT INTERAGENCY TASK FORCE CONTRIBUTIONS
TO FEDERAL COORDINATION

Dissemination of Information

- The Research Subcommittee of the Task Force published an annual compendium of *Federally Funded Research on Child Abuse and Neglect*. This guide was the only reference that presents a comprehensive picture of federal research in child maltreatment, including each agency's projects, budgets, objectives, and findings. As such, it was a vital tool for both researchers and federal planners.
- The Task Force served as a vehicle for the dissemination of information about sudden infant death syndrome, which may shed light on questions regarding fatal child abuse and neglect.
- As a result of Task Force discussions, the Indian Health Service gained information leading to greater access to resources and funds for Native American communities.
- Through the auspices of the Task Force, the *NCCAN User Manual Series* was widely distributed, thus furthering the state of practice knowledge across the field of child welfare.

Interagency Agreements

- The Maternal and Child Health Bureau and NCCAN developed an agreement to provide information, prevention services, early identification, treatment, and follow-up of child victimization in the Pacific Basin as a result of Task Force discussions.
- The Indian Health Service and NCCAN reached an agreement in which funds were transferred to train professionals residing in Native American communities in the assessment, treatment, and prevention of child abuse.
- The Department of Justice reached agreements with Defense, Interior, and NCCAN to develop a series of videos aimed at Native American audiences and to host joint symposia on issues relevant to law enforcement, the investigation of child abuse, and the administration of the Children's Justice Act program.

Facilitation of Coordinative Mechanisms

- The Clearinghouse Consortium on Child Abuse and Neglect was established as an initiative of the Task Force. Comprised of 18 information clearinghouses and resource centers sponsored by five federal agencies, the mission of the Consortium was to increase collaboration and coordination in the development and dissemination of child abuse information.
- Because of the Task Force, staff of the Bureau of Indian Affairs (Department of the Interior), the Department of Justice, and the Indian Health Service at HHS became aware that they were all being asked to develop central registries of convicted child abusers. The three agencies decided to work together to reduce duplication and create a more streamlined and useful product.

Coordination of Research Agendas

- The National Institute on Drug Abuse (NIDA) convened an expert panel in February 1996 on Childhood Trauma, Child Abuse and Neglect, and Drug Abuse.

federal activities in the area of child abuse—and coordination means efficiency and eventual cost-savings to the public, as well as improved outcomes for children and families.”^{xxxvii}

The mandated Interagency Task Force became the Federal Interagency Work Group on Child Abuse and Neglect (FEDIAWG) and, under the leadership of OCAN, continued to meet to:

- Offer a forum through which staff from relevant federal agencies could communicate and exchange ideas concerning child maltreatment-related programs and activities;
- Collect information about federal child maltreatment activities; and
- Provide a basis for collective action through which funding and resources could be maximized.

FEDIAWG meetings included presentations by national experts on child maltreatment issues and projects, focus groups of the membership for development of tools and instruments, agency updates, and requests for joint funding for new initiatives. Over the more than two decades of collaboration, the Task Force/Work Group developed and implemented new grant programs, contracted projects, targeted materials, and shared presentations and other informational materials.

Equally important were the FEDIAWG subcommittees formed to pursue work on specifically identified topics. Subcommittees included: the Prevention Subcommittee, the Research Subcommittee, the Family Violence and Child Welfare Subcommittee, and the Tribal Child Welfare Subcommittee. The National Institutes of Health Child Abuse and Neglect Working Group collaborated with various federal agencies as the coordinator for the FEDIAWG Research Subcommittee.

The new OCAN continued the work of NCCAN in overseeing Community-Based Prevention grants, Children’s Justice Act grants, and discretionary grants for research and demonstration projects. Its support of the National Resource Center on Child Abuse and Neglect continued, as did support of the Clearinghouse on Child Abuse and Neglect Information, and the National Information Clearinghouse for Infants with Disabilities and Life-Threatening Conditions.

Priority areas for discretionary grant funding were determined based on four criteria: (1) legislative mandates; (2) Administration priorities; (3) feedback from the field; and (4) lessons learned from previous projects.

Funding for the FY1996 discretionary grants concentrated on fostering demonstration models that focused on the prevention, intervention, or treatment of neglected children and their families. It was designed to fund models that identify: (1) families at risk for child neglect; (2) chronically neglectful families; or (3) neglected children, whether in out-of-home

placements or in reunified families, who may be in need of special services. Eleven such demonstration programs were funded.

A National Resource Center on Child Maltreatment was also funded at this time to provide training and technical assistance, resource materials, and support activities to state, local, tribal, and other publically supported agencies and organizations that work in child maltreatment prevention, identification, and treatment. Funding also continued for the National Resource Center for Community Based Family Resource and Support programs.



THE 11TH NATIONAL CONFERENCE on Child Abuse and Neglect was held in Washington, D.C., in September 1996. Its theme, *Weaving a National Commitment*, recognized the importance of partnerships among diverse professionals, advocates, policymakers, and organizations—public and private—collaborating with communities to share in the responsibility for addressing child maltreatment. Federal efforts were focused on the prevention, intervention, or treatment of neglected children and their families; community-based efforts to support families and protect children; and public awareness and education efforts aimed at the general public. Also addressed were building family support, strengthening parent capacity, preserving families where developmental disabilities were involved, and designing model interventions with neglectful families.

In conjunction with the 11th National Conference, as CB prepared for the organizational changes to come, a series of five focus groups convened to explore the question, “What can the federal government do to help you support families and ensure children’s safety?” As the invitational flier distributed to all conference participants described it: “We all have a role to play in helping to ensure that children grow up safe and well. Today is a time of changing roles and strategies in the delivery of child protective services and social services in general. In this changing world, what do you believe are the most important things the federal government can do to help you support families and keep children safe?”



11th National Conference in
Washington, D.C.

“The national conference attracts great speakers—and not necessarily folks that you would think of. For example, educator and activist Jonathan Kozol spoke at one conference, and I remember thinking, “Is he a dead-on hit for

people in child welfare?”—and he *was* dead-on. When you heard him, he was exactly right. The National Conferences bring in the kind of speakers who inspire you. We’re not talking to ourselves about our world. We’re hearing

about how *other people* see our work, which helps us to look at our work differently and think differently about how we solve the problems facing the field.”

—Linda Spears

Prospective discussion questions included:

- What is needed to ensure child safety? What is the greatest hindrance to safety?
- What is the top issue in child abuse and neglect prevention/intervention/treatment, and what does the federal government need to do about it?
- What current federal policies and programs are helpful in addressing this problem? Which are counterproductive?
- If you had to identify one top priority for federal leadership in the field of child abuse and neglect, what would it be?

Recommendations from the field included a greater focus on prevention, mental health, substance abuse, early identification, and community involvement. Information dissemination and promoting planning and collaboration at the state and local levels were also important. Focus group participants further stated that legislative requirements and a strong federal presence helped to ensure continued state and local support for prevention, intervention, and treatment activities in the face of fiscal challenges and changing priorities.



THE 12TH NATIONAL CONFERENCE on Child Abuse and Neglect was held in Cincinnati, Ohio, in November 1998. With a theme of *Engaging America's Communities: Joining Together for Safe Children and Strong Families*, this conference reaffirmed the need for community involvement in a variety of forms to help respond to child maltreatment. It reflected the emphasis of the newly formed Office on Child Abuse and Neglect on collaboration and partnerships—at all levels—to engage in a more comprehensive effort to address the prevention and treatment of child abuse and neglect.



12th National Conference in
Cincinnati.

VII. Evidence–Based Practice

WHILE CAPTA HAD ALWAYS encouraged and supported collaboration among agencies and programs providing child abuse and neglect prevention and treatment services, these partnerships expanded significantly during this period and would become a hallmark of the work moving forward.

In addition, the Adoption and Safe Families Act of 1997 (ASFA) required the development of a set of outcome measures that could be used to assess the performance of states in achieving the national child welfare system goals, thus ushering in a new level of accountability from public child welfare agencies serving children and families.



ASFA ALSO STRENGTHENED another important partnership for OCAN. Recognizing the frequency of substance abuse issues in families served by the child protection system, ASFA required that the Secretary of Health and Human Services prepare a report to Congress on substance abuse and child protection, describing: (1) the extent and scope of the problem of substance abuse in the child welfare population; (2) the types of services provided to this population; (3) the effectiveness of these services; and (4) recommendations for legislative changes that might be needed to improve service coordination. *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection*,^{xxxviii} prepared jointly by ACF, SAMHSA, and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), and issued in 1999, began a collaboration with far reaching impact in the field.

The implementation of the report’s recommendations regarding building collaborative working relationships resulted in the development of a number of joint projects between SAMHSA’s Center for Substance Abuse Treatment (CSAT) and CB’s OCAN, including National and Regional Leadership and Collaboration Meetings, a program of discretionary grants for communities, and a new National Center on Substance Abuse and Child Welfare.

“CSAT’s work with the Office on Child Abuse and Neglect is a great example of collaboration at its best. Together we have not only addressed the important intersection of substance abuse and child protection and maximized limited resources to fund innovation, but we have modeled that collaboration for our partners at the federal, state and local levels.”

—Sharon Amatetti, Senior
Public Health Analyst,
SAMHSA/CSAT





ANOTHER KEY PARTNERSHIP with the National Institute of Mental Health (NIMH) focused on attracting researchers from all disciplines to support collaborative research on child maltreatment. For a number of years, an interagency agreement between CB and NIMH provided funds to NIMH for continued support of ongoing research grants that sought to expand the knowledge base for the two agencies. These research grants also provided valuable information to the field in such areas as the prevention of and response to child neglect, effective strategies to ameliorate the impact of child maltreatment on its victims, and successful interventions with families with substance use disorders involved with the child protection system. Several publications and data sets were generated by these projects where little was previously known.



DOMESTIC VIOLENCE HAD LONG BEEN RECOGNIZED as a threat to family harmony and child safety. In June 1999, more than 300 professionals around the country who worked on issues related to the intersection of domestic violence and child maltreatment convened in Jackson Hole, Wyoming, to



Translational Research on Child Neglect Consortium (TRCNC)

“In 1997, a working group was formed to respond to the Director of the National Institute of Health’s (NIH) request for a review of the NIH research portfolio. That working group became the research subcommittee of the Federal Interagency Work Group on Child Abuse and Neglect. The result was interagency collaboration in funding

research on CAN issues, support for new researchers, and an increased focus on neglect. The role of the subcommittee was to inform policy through research and dissemination.

“The shared funding and cross-pollination through diverse partnerships and different venues have allowed us to do research that would not have traditionally been done and

to disseminate that research broadly. The result of this collaboration has been a group of extremely strong researchers with projects ranging from neuroscience to longitudinal studies to different types of abuse and beyond. The focus was on junior investigators, mentoring, and community participatory research.”

—Cheryl Boyce, former Chief of the Child Abuse and Neglect Research Program at the National Institute of Mental Health

explore strategies for transforming the way child welfare agencies, domestic violence organizations, courts, other service providers, and communities respond to families in need. Later that year, a subgroup of meeting participants, working with the National Council of Juvenile and Family Court Judges (NCJFCJ), developed *Effective Interventions in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*^{xxxix}—commonly referred to as “the Greenbook” due to its green cover.

Following publication of the Greenbook, CB collaborated with eight HHS agencies and the Department of Justice (DOJ) to develop a demonstration project to implement guidelines in the document. These guidelines were directed to child welfare agencies, community-based domestic violence providers, and dependency courts.

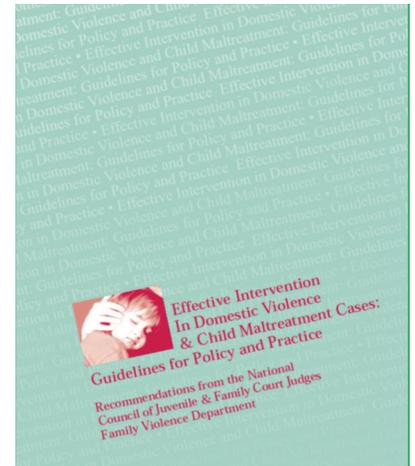
Beginning in 2000, six demonstration sites were funded across the country, bringing together battered women’s organizations, child protection agencies, the courts, and other partners to establish collaborative structures and develop policies and procedures to enhance the safety and well-being of battered women and their children. Many other organizations contributed in important ways: law enforcement, probation and parole, prosecutors, health care providers, children’s advocates, mental health providers, domestic violence survivors, and other community-based groups.

The NCJFCJ, Family Violence Prevention Fund, and the American Public Human Services Association provided technical assistance to the sites. Every local site was evaluated individually, and a national cross-site evaluation conducted at the completion of the initiative examined the effects of implementing the Greenbook’s recommendations on collaboration, systems change, and practice. Many lessons were learned and products such as training curricula, community assessment tools, and multimedia materials were developed and collected to assist others in doing this work.



AS AN OUTGROWTH OF THE CONCERN about inadequate responses to reports of child maltreatment, the Child Abuse Prevention and Enforcement Act (P.L. 106 – 77) was enacted in March 2000. This legislation authorized the use of federal law-enforcement funds by states to improve the criminal justice system.

The intention of the Act was to provide timely, accurate, and complete criminal history record information to child welfare agencies, organizations, and programs engaged in the assessment of activities related to the protection of children, including protection against child sexual abuse, and placement of children in foster care. It allowed the use of federal grants by law enforcement to: (1) enforce child abuse and neglect laws, including laws protecting against child sexual abuse; (2) promote programs designed to prevent child abuse and neglect; and (3) establish or support cooperative



The “Greenbook” has helped child welfare, domestic violence service providers, and family courts work together more effectively to serve families experiencing violence.

LAUNCH OF NEW E-NEWSLETTER



The Children's Bureau's long history of publishing research and information for child welfare professionals took a big step into the digital age with the debut of Children's Bureau Express in March of 2000. Available via web or email, Children's Bureau Express offered a monthly digest of news and information published jointly by the Bureau's National Clearinghouse on Child Abuse and Neglect Information and its National Adoption Information Clearinghouse.

programs between law enforcement and media organizations to collect, record, retain, and disseminate information useful in the identification and apprehension of suspected criminal offenders.

Although not a reauthorization of CAPTA, the Act had an impact on those working in the field of child maltreatment, particularly in law enforcement and the courts.



IN AN EFFORT TO UNDERSTAND child protective services systems change efforts and innovations being implemented in several states and local communities, CB supported a study through an interagency agreement in 2000 with the Office of the Assistant Secretary for Planning and Evaluation (ASPE). The National Study of Child Protective Services Systems and Reform Efforts had five components: (1) a mail and/or phone survey of child protective services agencies, including collection of information from several types of respondents; (2) analysis of state laws, policy documents, reports and other material that describe state child protective services systems and their operation; (3) site visits to ten communities to gather more in-depth information; (4) preparation of a "white paper" on child protective service system improvement; and (5) the convening of a symposium on child protective services. The study yielded reports on state CPS policies, practices, reform efforts, and a review of current literature on CPS systems and reform efforts.



IN 2000, the National Research Council and Institute of Medicine issued *From Neurons to Neighborhoods: The Science of Early Childhood Development*, a pioneering report on "brain wiring" and early childhood development. *From Neurons to Neighborhoods* examined the effect of the climate—family, child care, community—within which the child grows. The report found that early experiences have a powerful impact on the developing brain, and exposure to violence can lead to "toxic stress" that

can produce acute and chronic changes in neurochemical systems and specific brain regions. This, in turn, can result in long-term changes in brain “circuits.”

The breakthroughs in understanding brain development and the consequences of early exposure to violence were a driving force behind renewed efforts in prevention and early intervention. Partnerships at the federal level with the Office of Child Care and the Office of Head Start were revitalized. The early 2000s would see several joint CB/Head Start grant programs designed to identify both optimal strategies for engaging high-risk families and approaches associated with promising outcomes.

The profound impact of exposure to violence also sharpened the emphasis on using evidence-based and evidence-informed approaches to prevention, intervention, and treatment to better ensure positive outcomes for children and families.



THE PROMOTING SAFE AND STABLE FAMILIES AMENDMENTS of the Social Security Act (P.L. 107 – 133) were passed by Congress in 2001 in an effort to: (1) encourage and enable states to develop or expand programs of family preservation services, community-based family support services, adoption promotion and support services, and time-limited family reunification services; (2) reduce high-risk behavior by children with incarcerated parents by providing one-on-one relationships with adult mentors; and (3) continue improvements in state court systems, as required by the Adoption and Safe Families Act of 1997.

The most significant part of this legislation for the child abuse and neglect community was the amendment of the definition of family preservation services to include infant “safe haven” programs. The purpose of safe haven laws was to ensure that relinquished infants were left with persons who could provide the immediate care needed for their safety and well-being. By 2014, all 50 states, the District of Columbia, and Puerto Rico had enacted safe haven laws designed both to protect newborns, and to protect parents from arrest or prosecution for child abandonment.



TRAINING AND TECHNICAL ASSISTANCE to the field had traditionally been provided by a number of topic-based resource centers that operated largely independently of one another. As part of an effort to create a more coordinated system of research and demonstration projects and technical assistance, regional Quality Improvement Centers (QICs) were funded in FY2001. The QICs supported knowledge development through regional research and demonstration projects in child welfare, as well as providing training and technical assistance to funded projects.

The Quality Improvement Centers on Child Protective Services and Adoption were tasked with planning a project for a particular region, selecting an advisory group, awarding subgrants, providing technical assistance, and evaluating and disseminating their findings. They worked closely with federal staff in these efforts. Four QICs on child protective services were funded for five years, one each in Colorado, Kentucky, Utah, and Washington State. Research topics addressed such issues as CPS clinical

“Scientists can now credibly say that the early childhood years—from birth to age 5—lay the foundation for later economic productivity, responsible citizenship, and a lifetime of sound physical and mental health. Conversely, deep poverty, abuse, neglect, and exposure to violence in early childhood can all lead to toxic stress.

“In contrast to normal or tolerable stress, which can build resilience and properly calibrate a child’s stress-response system, toxic stress is caused by extreme, prolonged adversity in the absence of a supportive network of adults to help the child adapt. When it occurs, toxic stress can actually damage the architecture of the developing brain, leading to disrupted circuits and a weakened foundation for future learning and health.

“The greatest harm comes from the cumulative burden of

multiple risk factors, including neglect, abuse, parental substance abuse or mental illness, and exposure to violence. With each additional risk factor, the odds of long-term damage to brain architecture increase.



“Neuroscience and the biology of stress help us to begin to understand how poverty and other adversities are literally built into our bodies. Prolonged activation of the body’s stress system during early development can damage the formation of the neural connections that

comprise our brain architecture and set our stress-response system at a hair-trigger level. We can thus comprehend why children born into such circumstances have more problems in school, are more likely to commit crimes, and are more prone to heart disease, diabetes, and a host of other physical and mental illnesses later in life.

“By addressing the circumstances that can produce toxic stress—always asking, ‘How can we best protect our children?’—local, national, and global leaders would improve not only the life prospects of their youngest citizens, but also outcomes for their societies.”

—Jack Shonkoff, *Preventing Toxic Stress in Children, 2009*
Dr. Shonkoff, co-author of From Neurons to Neighborhoods, was a keynote speaker at the 15th National Conference on Child Abuse and Neglect.

casework supervision, substance abuse and child maltreatment, engagement of African American and Native American families reported for neglect, and success models for adoption.



CONGRESS HAD DIRECTED HHS IN 1994 to develop regulations for reviewing state programs administered under Titles IV-B and IV-E of the Social Security Act that also addressed child and family outcomes. The new Child and Family Services Reviews (CFSRs) began in 2001. They were intended to examine child welfare practices at the ground level, capturing actual practice among caseworkers and service providers, and determining the effects of those interactions on the children and families involved. The CFSRs were also a primary mechanism for promoting the federal government goal of change and improvement and services to children, youth, and families nationally.

In support of that goal, CB worked with grantees and other child maltreatment stakeholders to participate in the CFSR process, review CFSR Final Reports to identify specific findings relevant to child abuse and neglect, and develop resources for the National Clearinghouse on Child Abuse and Neglect Information.

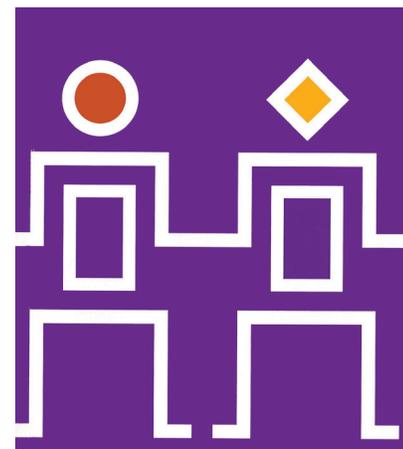


IN APRIL 2001, the 13th National Conference on Child Abuse and Neglect was held in Albuquerque, New Mexico. By now, the field was a mature network comprised of individuals from a variety of backgrounds and professions working together to protect children, to preserve and strengthen families, and to remediate the effects of child abuse and neglect on victims. In keeping with the commitment to collaboration, more than 30 national organizations and federal agencies joined as partners in the conference, helping to ensure that the conference offerings would be timely and address the most urgent issues facing the field.

The theme for the 13th National Conference on Child Abuse and Neglect, *Faces of Change: Embracing Diverse Cultures and Alternative Approaches*, recognized the fact that the diversity of the field fosters multiple perspectives and approaches to addressing key issues related to child maltreatment. It also challenged the field itself to review existing assumptions and incorporate non-traditional and culturally competent responses in working with families and communities in the prevention and treatment of child abuse and neglect.



DISCRETIONARY FUNDING THROUGHOUT THE EARLY 2000S included continued support of the Quality Improvement Center on Child Protective



13th National Conference in Albuquerque.

“Field-initiated grants gave researchers an opportunity to continue work they had already begun, or to pursue important topics that might have been outside the NIH’s current priority areas. When they were discontinued in the early 2000s, it all came down to whoever the current decision-makers were and what they wanted to see happen, and it often changed from year to year.”

—*Penelope Trickett, Professor in the School of Social Work, University of Southern California-Los Angeles*

Services, the National Data Archive on Child Abuse and Neglect, LONGSCAN, the Community-Based Family Resource and Support Programs and their National Resource Center, and evaluations of existing child abuse and neglect prevention or intervention programs. Also funded were field-initiated demonstration projects advancing the state of the art in the field, replication of demonstrated effective practices in the prevention of child abuse and neglect, fellowships for university-based doctoral candidates, and the National Resource Center for Child Maltreatment.

CB provided funding to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) from FY2002 through FY2004 to support NIAAA’s grant to the National Center on Addiction and Substance Abuse. The National Center was exploring effective interventions with General Assistance and Temporary Assistance for Needy Families (TANF) families experiencing substance abuse problems and involvement with the child protection system in the hope that these grants would provide valuable information to improve practice for both agencies.



ON SEPTEMBER 11, 2001, a series of four coordinated terrorist attacks were launched upon the United States. These attacks and their aftermath had a profound impact on the nation for many years to come. While Congress proceeded with hearings that had been scheduled for CAPTA’s reauthorization, it would be two years before such legislation was passed.



IN 2003, CAPTA WAS REAUTHORIZED under the Keeping Children and Families Safe Act (Public Law 108-36). The law, among other things, required more comprehensive training of child protective services personnel, including a mandate to inform alleged abusers during the first contact of the nature of complaints against them. The law called for child welfare agencies to coordinate services with other agencies, including public health, mental health, and developmental disabilities agencies. The law also directed the collection of data for the fourth National Incidence Study of Child Abuse and Neglect. Finally, the law marked the latest iteration of Title II, the Community-Based Child Abuse Prevention Program (CBCAP).

“In light of the terrorist activities in recent weeks, you, our country’s leaders, are focused on our nation’s security and the protection of our citizens. While most of us have come to know fear for our safety in a new way since September 11, for millions of children in our country personal safety is not a new fear. They wake up and go to sleep each day wondering how and when the next assault on them will occur from their parents or others in their home or neighborhood. They are emotionally, physically, and sexually assaulted and they are ignored and left to fend for themselves. Today I am speaking on behalf of these children. I am asking you to speak for them as well when you reauthorize CAPTA.

“President Bush and the First Lady have said several times since the attacks we should ‘love our children.’ And most parents love their children to the best of their abilities. Unfortunately, for millions of children, their parents’ abilities are not very good or are absent. And for those children, it is dangerous to be loved by their parents. Child abuse is ‘parenting gone wrong’ and it has lousy outcomes for children and society. It robs children of their childhood, shatters their bodies and self-esteem and nationally kills more than 2,000 children each year. Just since CAPTA was last reauthorized in 1996, there have been more than 6 million confirmed reports of abuse and more than 10,000 children killed as a direct result of abuse. Thousands of others have died as an indirect result of abuse.

“There is ample data to support that children who survive abuse are more likely to have physical and mental health problems, and retarded or delayed brain development, and they are more likely to show up as a juvenile delinquent, pregnant teen, bully, domestic violence victim or perpetrator, adult criminal, or parent who then abuses their child. And business leaders are beginning to recognize that the impact of abuse takes a toll on their employees’ ability to be productive in the workplace. It limits children from reaching their full potential and becoming productive citizens and consumers, and it costs business and communities billions in tax dollars to treat.

“Given this knowledge, many corporations are investing their philanthropic dollars and employee volunteer hours to support front-end prevention programs. It not only makes business sense, it is the humane thing to do. . . . Corporate partnerships are essential to effective child abuse prevention efforts, but we cannot succeed without the leadership and resources of our federal government.”

—Testimony of Sandra P. Alexander, then Executive Director of the Georgia Council on Child Abuse, for the U.S. House of Representatives Hearing on “Prevention and Treatment of Child Abuse and Neglect: Policy Directions for the Future,” October 17, 2001.



THE COMMUNITY-BASED FAMILY RESOURCE AND SUPPORT (CBFRS) program was reauthorized, amended, and renamed the Community-Based Grants for the Prevention of Child Abuse and Neglect. For the sake of brevity, CB called it the Community-Based Child Abuse Prevention Program

(CBCAP). CBCAP provided funding to states to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. To receive these funds, the Governor was required to designate a lead agency to receive the funds and implement the program. Some of the core features of the program included:

- The blending of federal, state, and private funds to be made available to community agencies for child abuse and neglect prevention activities and family support programs;
- Attention to fostering parent leadership and participation in the planning, implementation and evaluation of prevention programs;
- Interagency collaborations with public and private agencies in the states to form a child abuse prevention network to promote greater coordination of resources;
- The use of funds to support programs such as voluntary home visiting programs, parenting programs, family resource centers, respite and crisis care, parent mutual support, and other family support programs;
- An emphasis on promoting the increased use and high quality implementation of evidence-based and evidence-informed programs and practices; and
- A focus on the continuum of evaluation approaches that use both qualitative and quantitative methods to assess the effectiveness of the funded programs and activities.

Grants were also made available through the CBCAP Tribal and Migrant Discretionary Program to extend financial support to tribes, tribal organizations, and migrant programs for child abuse prevention programs and activities consistent with the goals outlined by Title II of CAPTA. These were to: (1) promote more efficient use of CBCAP funding by investing in programs and practices with evidence demonstrating positive outcomes; (2) foster critical thinking across the state lead agencies and their funded programs to ensure more informed funders, consumers, and community partners; and (3) underscore the importance of a culture of continuous quality improvement by facilitating ongoing evaluation and quality assurance activities.



IN SUPPORT OF THE KEEPING CHILDREN AND FAMILIES SAFE ACT requirement that states develop policies and procedures to address the needs of infants born and identified as being affected by prenatal drug exposure, four grants were funded to develop models to identify and serve substance exposed newborns. Although the projects were each housed in a different type of agency—private hospital, state public health agency, local child welfare agency, and university-based early intervention program—and each used different models and interventions, they all developed collaborative

work groups with similar representation, and they all employed specialized staff to engage families in services.



THE ACT ALSO MANDATED another national incidence study, the NIS-4, which collected data in 2005 and 2006. The principal objectives of the NIS-4 were to provide updated estimates of the incidence of child abuse and neglect in the United States and measure changes in incidence from the earlier studies. [NIS-4 findings](#) were reported in 2010 and showed an overall decrease in the incidence of maltreatment since the NIS-3, as well as decreases in some specific maltreatment categories and increases in others.



AS PART OF THE 20TH ANNIVERSARY of the original Presidential Proclamation designating April as Child Abuse Prevention Month, the National Child Abuse Prevention Initiative was launched in 2003. A broad range of child abuse prevention partners collaborated in producing a community resource packet/guide. This effort would be repeated annually in support of National Child Abuse Prevention Month.

CB's OCAN also worked with Prevent Child Abuse America to produce *Gateways to Prevention: What Everyone Can Do to Prevent Child Abuse, A Child Abuse Prevention Community Resource Packet*,^{x1} which was unveiled in 2003 at the 14th National Conference. The packet contained resources designed to help communities, organizations, and individuals raise public awareness about the prevention of child abuse and neglect.



A MAJOR COMPONENT of its National Child Abuse Prevention Initiative was the 2003 release of [Emerging Practices in the](#)

Keeping Children and Families Safe Act of 2003 (P.L. 108-36)

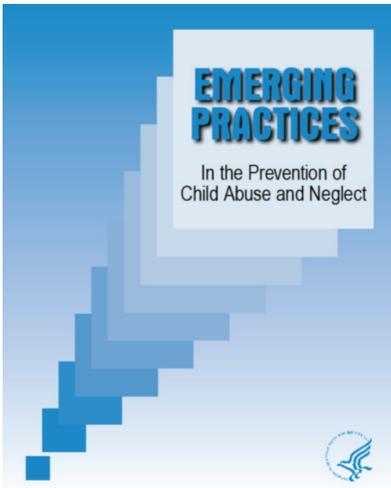
KEY CHILD ABUSE AND NEGLECT PROVISIONS

- Reauthorized CAPTA through FY2008
- Authorized an expanded continuing interdisciplinary and longitudinal research program; provided for an opportunity for public comment on research priorities
- Emphasized enhanced linkages between child protective service agencies and public health, mental health, and developmental disabilities agencies
- Mandated changes to state plan eligibility requirements for the CAPTA state grant, including:
 - Policies and procedures to address the needs of infants born and identified as being affected by prenatal drug exposure
 - Provisions and procedures requiring that a CPS representative at the initial contact advise an individual of complaints and allegations made against him or her
 - Provisions addressing the training of CPS workers regarding their legal duties in order to protect the legal rights and safety of children and families
 - Provisions to require a state to disclose confidential information to any federal, state, or local government entity with a need for such information
 - Provisions and procedures for referral of a child under age 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act

—Child Welfare Information Gateway. (2012). *Major Federal Legislation*

Concerned with Child Protection, Child Welfare, and Adoption. Washington, DC:

U.S. Department of Health and Human Services, Children's Bureau.



A component of the *Child Abuse Prevention Initiative*, *Emerging Practices* presented information on exemplary prevention programs nominated for the project and reviewed by an advisory group of experts. The programs focused on family relationships, parenting, emergency care, assessment, and assault protection.

“Pushing the grant programs to more rigor and requiring evaluations were great achievements. We moved from giving people money to implement their good ideas to requiring that they demonstrate the effectiveness of those good ideas.”

—Sally Flanzer

Prevention of Child Abuse and Neglect,^{xli} the product of a two-year effort to generate new information about effective and innovative prevention programs. The report presented information on selected programs and initiatives operating around the country for the prevention of child maltreatment. It concluded with a discussion of the limits of existing knowledge about the effectiveness of prevention, the need to expand efforts to understand the performance and impact of prevention programs, and observations about this process and recommendations for next steps.

While the information contained in *Emerging Practices in the Prevention of Child Abuse and Neglect* contributed to an ever-deepening body of knowledge about the type and range of programs in the United States for the prevention of maltreatment, it highlighted that much more could and must be learned about the effectiveness of these programs in terms of what works and for whom. Imbedded in the Prevention Initiative was a commitment to supporting future work based on the findings of this report, thereby contributing to advancing theory, policy, and evidence-based practice in child abuse prevention.

Toward that end, in 2003 eight grants were funded for five years to replicate a demonstrated Effective Prevention Program or select one of the effective practices from the *Emerging Practices* study. The grants selected for funding all chose to replicate the Family Connections prevention program based at the University of Maryland, Baltimore. There was also a corresponding national cross-site evaluation.

In addition, four grants were also funded to conduct rigorous evaluations of existing prevention programs. These grants focused on evaluating the Healthy Families New York home visiting program, the National Exchange Club parent aide program, a social marketing program for child abuse prevention, and respite and crisis care.



IN 2003, CB AWARDED nine demonstration grants to launch the Improving Child Welfare Outcomes through Systems of Care initiative. The initiative was an outgrowth of the State Child and Family Services Reviews, which showed that serious deficiencies existed in most state child welfare agencies in terms of ensuring children’s safety, finding them permanent homes, and promoting their well-being.

The Improving Child Welfare Outcomes through Systems of Care demonstration explored the use of a principle-guided approach to improve outcomes for children and families involved with the child welfare system. The effort promoted system and organizational change across child welfare agencies and other child- and family-serving systems to address policy, practice, and cross-system collaboration issues. Grants were funded for a five-year project period, with grantees receiving technical assistance and participating in a national evaluation of the initiative.

Consistent with CAPTA mandates, one of the six guiding principles of these demonstration projects was interagency collaboration, stemming from the increasing recognition that child welfare agencies cannot work in isolation if they are to meet the complex needs of the children and families in the child welfare system.



THROUGH AN INTERAGENCY AGREEMENT with SAMHSA's Center for Mental Health Services (CMHS), also in 2003 CB began funding initiatives to provide a child welfare technical assistance presence in child and family mental health. A supported position in each grantee organization brought information and resources related to child welfare/child abuse and neglect to the network of Community Mental Health Center Systems of Care grantee communities and to state, local and tribal mental health systems, national organizations, and family organizations. Their specialized knowledge about systems of care implementation assisted states and locales in fostering systems-level mental health/child welfare collaboration.



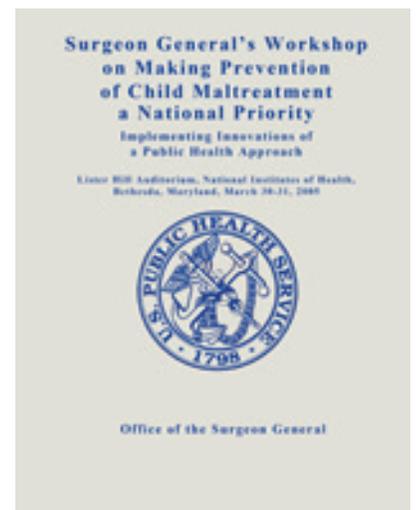
THE 14TH NATIONAL CONFERENCE on Child Abuse and Neglect was held in St. Louis, Missouri, in the spring of 2003. The theme, *Gateways to Prevention*, once again focused the field on the prevention of child maltreatment and innovations in practice. The program reflected OCAN's major initiatives at the time, including identifying effective child abuse prevention practices, improving child welfare outcomes through systems of care, and highlighting the role of fathers in the healthy development of children.



IN 2005, THE SURGEON GENERAL convened a workshop on *Making Prevention of Child Maltreatment a National Priority: Implementing Innovations of a Public Health Approach*. Its purpose was to discover and articulate effective strategies for preventing child maltreatment and promoting child well treatment by advancing prevention and promotion as a national public health priority, enhancing evidence-based prevention and promotion strategies, integrating prevention and promotion services into all systems of care, incorporating child development literacy into the national consciousness; strengthening essential public-private care systems, and establishing a strategic public health approach for prevention and promotion. OCAN worked closely with the Office of the Surgeon General to plan and implement the workshop.



14th National Conference in St. Louis.



“I can think of no terror that could be more devastating than child maltreatment, violence, abuse, and neglect perpetrated by one human being upon another.... I believe it is time for critical thinking to formulate a new national public health priority, preventing child maltreatment and promoting child well treatment.”

—Surgeon General Richard H. Carmona, MD, MPH



15th National Conference in Boston.



THE 15TH NATIONAL CONFERENCE on Child Abuse and Neglect was held in April 2005 in Boston, Massachusetts. The theme *Supporting Promising Practices and Positive Outcomes: A Shared Responsibility* recognized the importance of connecting practice to outcomes and highlighted the value of research and data in the field of child protection. The theme also reinforced the message that responsibility for child protection and the prevention of maltreatment must be shared by a variety of professionals in different disciplines, by policy and lawmakers, by agencies in the public and private sectors, and by communities.



BETWEEN 2003 AND 2010, publications in the *Child Abuse and Neglect User Manual Series* were again updated, including: *Child Protection in Families Experiencing Domestic Violence*; *Child Protective Services: A Guide for Case Workers*; *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*; *The Role of Educators in Preventing and Responding to Child Abuse and Neglect*; *Supervising Child Protective Services Caseworkers*; *Working with the Courts in Child Protection*; *Child Neglect: A Guide for Prevention, Assessment and Intervention*; *The Importance of Fathers in the Healthy Development of Children*; *The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect*; *Protecting Children in Families Affected*

LAUNCH OF THE CHILD WELFARE INFORMATION GATEWAY

The launch of the Child Welfare Information Gateway in 2006 represented a consolidation and expansion of the mandates of the National Child Abuse and Neglect Clearinghouse and the National Adoption Information Clearinghouse. The Gateway now spanned the full spectrum of child welfare topics, promoting the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the general public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more. A significant feature was the access provided through the Gateway to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice, including resources that could be shared with families.



Child Welfare Information Gateway
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

by *Substance Use Disorders; Community Partnerships: Improving the Response to Child Maltreatment; The Role of First Responders in Child Maltreatment Cases: Disaster and Nondisaster Situations.*



CBCAP WAS ONE OF THE EARLY federal grant programs to require that grant funds be increasingly allocated toward evidence-based (EB) and evidence-informed (EI) practices. Many community-based prevention programs were new to understanding what EB programs were, and most were limited in their capacity to implement them. FRIENDS National Resource Center for Community-Based Child Abuse Prevention became the backbone of OCAN's concerted efforts to build grantee's general capacity.

A work group of state lead agencies was formed to develop a blueprint of sorts for identifying and implementing appropriate EB/EI practices. *Integrating Evidence-Based Practices Into CBCAP Programs: A Tool for Critical Discussions* addressed four general capacity-building topics: (1) implementing with fidelity; (2) implementing with adaptation; (3) implementing new programs; and (4) strengthening existing programs. Other related topics include assessing agency capacity to implement identified programs or activities, engaging in continuous quality improvement, and developing logic models and data systems. Recognizing that some states would need more intensive, one-on-one technical assistance to build capacity, a formalized intensive technical assistance process was developed.

These capacity-building efforts would prove to be highly successful, more than tripling the percentage of programs using evidence-based practices by 2010.



IN 2006, the Child and Family Services Improvement Act included a new competitive grant program with funding for five years to implement regional partnerships for the purpose of improving outcomes for children and families affected by methamphetamine and other substance use disorders. CB partnered with SAMHSA in October 2007 to award 53 Regional Partnership Grants (RPGs) to applicants throughout the country. The grants addressed a variety of common systemic and practice challenges that were barriers to optimal family outcomes. The RPG Program included technical assistance to grantees provided by the National Center on Substance Abuse and Child Welfare.



IN ITS CONTINUING WORK with the Federal Child Neglect Research Consortium, two research grants were funded in 2007: (1) Parent-Child Processes: Negative Self-Regulatory Behavioral Outcomes; and (2) Emotion



The Discussion Tool was developed to help State Lead Agencies work with their funded programs to facilitate appropriate conversations when considering implementing evidence-based or evidence-informed programs and practices.



Processing: Risk for Psychopathology. Both research endeavors added to the knowledge base of the field, providing several publications and generating data in areas where very little had been known.

CB also contributed funding in support of “Research on Interventions for Child Abuse and Neglect,” which was initiated by several institutes from the National Institutes of Health (NIH), the Office of Behavioral and Social Sciences Research (OBSSR), the Fogarty International Center (FIC), and the National Center for Injury Prevention and Control (NCIPC/CDC). These research grants focused on efficacy or effectiveness trials of child abuse and neglect interventions. They also supported research on understanding effective strategies to prevent child abuse and neglect, and on ameliorating the biological and behavioral effects of abuse and neglect on its victims.

“The national leadership of NCCAN, now OCAN, has been critical, especially in recent years around evidence-based practice, promoting home visiting and community-based programs, and really looking at the complexity of how programs get implemented.”

—Joan Levy Zlotnik, Director
of the Social Work Policy
Institute, National
Association of Social Workers



RESPONDING BOTH TO A GROWING BODY OF EVIDENCE suggesting that some home visitation programs can be successful as a child maltreatment prevention strategy, as well as CAPTA appropriations language, OCAN funded in 2007 three grantees to implement and evaluate nurse home visitation services through the Preventing Child Abuse and Neglect through Nurse Home Visitation grants. These grants anticipated the major federal investment in evidence-based home visiting programs initiated as part of the Patient Protection and Affordable Care Act in 2010.

An additional 17 cooperative agreements were funded in 2008 to generate knowledge about the use of evidence-based home visiting programs to prevent child abuse and neglect, including obstacles and opportunities for their wider implementation. Grantees leveraged these grants with other funding sources to develop state and local funding, workforce, and policy infrastructures to support the use of evidence-based home visiting programs and practices. In addition, they implemented select evidence-based home visiting programs with high fidelity to a tested program model, and conducted local implementation and outcome evaluations, along with a cost analysis. Goals of the project were to: (1) build state and local infrastructure and implement systems changes to spread the use of evidence-based home visiting programs; (2) support the implementation of specific evidence-based home visiting approaches within selected target populations, and with strong fidelity to proven, effective models; (3) conduct rigorous local evaluations examining the degree to which system change has occurred, and the effects of home visiting programs in reducing child maltreatment and achieving other family and child outcomes; and (4) conduct a cross-site evaluation drawing data and cross-cutting lessons from the grantees’ local evaluations.



IN A CONTINUING EFFORT TO PROMOTE development of evidence-based knowledge about effective child welfare practice and systemic change and to disseminate this information in a way that informed and altered practice at the direct service level, two new Quality Improvement Centers were funded.

The first was the National Quality Improvement Center on Preventing the Abuse and Neglect of Infants and Young Children (known as the National Quality Improvement Center on Early Childhood or QIC-EC). The QIC-EC supported collaborative research and demonstration projects across child abuse prevention, child welfare, early childhood, and other health, education, and social service systems. It engaged in knowledge development activities to identify characteristics, challenges, and knowledge gaps about models that have been shown to reduce the incidence of child abuse and neglect. It also supported projects that focused on gathering evidence on child abuse and neglect prevention, effective collaborations and systems, and how these efforts can result in better outcomes for the children and families who are at greatest risk for child maltreatment.

The second was the National Quality Improvement Center on Differential Response (QIC-DR). Differential response allows greater flexibility in investigations and better emphasis on prevention by offering more than one method of response to reports of abuse and neglect. The purposes of the QIC-DR were to: (1) learn whether differential response is an effective approach in CPS; (2) design and conduct an evaluation to rigorously study implementation, outcomes, and cost impact of differential response in research and demonstration sites; and (3) build cutting-edge, innovative and replicable knowledge about differential response, including guidance on best practices.



THE 16TH NATIONAL CONFERENCE on Child Abuse and Neglect was convened in Portland, Oregon, in April 2007, with the theme *Protecting Children, Promoting Healthy Families, and Preserving Communities*. The conference coincided with the release of the *2007 Child Abuse Prevention Community Resource Guide*. Both encouraged communities to join the effort to promote healthy families and work collaboratively to provide responsive child abuse prevention and family support services.

During this period, 26 national organizations worked with CB/OCAN through a National Child Abuse Prevention Partners work group. Comprised of federal and non-federal partners interested in the prevention of child maltreatment, work group members helped to develop and disseminate the annual prevention resource guide to inform other prevention initiatives.

“It hasn’t always been easy, but look at what has been generated as a result of our collective effort. We really don’t know how many fewer kids are being abused with any certainty. But the effort has been worth it in terms of creating awareness, concern, involvement, and interventions all over the country.”

—Anne Cohn Donnelly, former
Executive Director of Prevent
Child Abuse America



16th National Conference in Portland.



17th National Conference in Atlanta.



IN 2009, the 17th National Conference on Child Abuse and Neglect returned to Atlanta, Georgia, site of the first conference in 1976. Its theme, *Focusing on the Future: Strengthening Families and Communities*, reflected a resolve to ensure that every child enjoys a healthy family life in a nurturing community. Conference content also reflected the emphasis on the importance of evidence-based and evidence-informed practice combined with practical experience and real world solutions, the role of parent and family leadership in prevention, and the growing body of evidence regarding home visiting as an effective prevention strategy.



THE CAPTA REAUTHORIZATION ACT OF 2010 focused on improved child protection services systems, improved training programs for mandatory reporters and child workers, and enhanced service collaboration and interagency communication across systems. Notable changes to CAPTA included the following.

Differential Response: The Act added differential response as an eligible use of state grants and required states to identify “as applicable” policies and procedures around its use. The Act also required HHS to disseminate information on differential response best practices. Finally, differential response was added as an eligible topic of research and personnel training under the discretionary grants.

Domestic Violence: The Act recognized the co-occurrence of child maltreatment and domestic violence, and added services for children exposed to domestic violence as an eligible expenditure under the state grants. States were required to show “where appropriate” procedures in place to address the co-occurrence of child maltreatment and domestic violence. The Act also required HHS to disseminate information on effective programs and best practices that address this co-occurrence and ameliorate its negative effects. Domestic violence was included as an eligible target for discretionary grants providing research, training, and technical assistance, services and treatment to children and their non-abusing caregiver, and added to the list of those eligible for CBCAP-funded services.

Substance Abuse: The Act recognized the relationship between child maltreatment and substance abuse. Collaboration between substance abuse treatment services and maltreatment prevention services was promoted by including substance abuse as an eligible topic under the research, technical assistance, and program innovation discretionary grants.

Tribes: For the first time, tribes were explicitly recognized in CAPTA by including tribal representatives on the advisory board and, in that forum, treating tribes as states. Tribes were also eligible for discretionary grants, but not for the basic state grants.

Citizen Review Panels: Citizen Review Panel requirements were revised and included an explicit statement that CRPs “may include adult former victims of child abuse or neglect” and a charge to the Secretary of HHS to conduct a study on the effectiveness of CRPs by 2012.



COLLABORATION CONTINUED TO BE A MAJOR FOCUS of the work at the federal level.

CB’s OCAN played a major leadership role, in partnership with a few key agencies, in sustaining the Early Childhood Federal Partners Systems Work group to promote collaboration across federal agencies. The work group had two main purposes: (1) to foster the development of cross-agency early childhood service systems integration; and (2) to support states and communities in their efforts to build early childhood service systems that address the critical components of access to comprehensive health services and medical homes, mental health and social-emotional development of young children, early care and education, parenting education, and family support.

Key accomplishments of the work group included coordination and execution of several joint technical assistance activities by the federally supported TA providers, development of a matrix of early childhood programs, identification of principles for coordinating technical assistance and a corresponding technical assistance coordination logic model, and two joint grantees meetings, including the *Early Childhood 2010: Innovations for the Next Generation* interdepartmental conference.

OCAN staff proved instrumental in creating the Early Childhood/Child Welfare Partnership work group in 2009 to enhance collaboration between



Sponsored jointly by the U.S. Departments of Health and Human Services and Education, EC2010 brought together state and local partners from a range of programs across the two federal departments, along with other key stakeholders and federal staff.

CAPTA Reauthorization Act of 2010 (P.L. 111-320)

KEY CHILD ABUSE AND NEGLECT PROVISIONS

Amended the state plan eligibility provisions to require submission of a plan that will remain in effect for the duration of the state's participation in the program, with states required to:

- Periodically review and revise the plan to reflect any changes in state programs
 - Provide notice to HHS of any substantive changes related to child abuse prevention that may affect the state's eligibility for the grant program
 - Provide notice to HHS of any significant changes in how the state is using grant funds
 - Prepare and submit to HHS an annual report describing how CAPTA funds were used
- Directed the Secretary of Health and Human Services (HHS) to complete studies and reports to Congress on:
 - Shaken baby syndrome
 - Efforts to coordinate the objectives and activities of agencies and organizations responsible for programs and activities related to child abuse and neglect
 - The effectiveness of citizen review panels in examining state and local child protection agencies and evaluating the extent to which they fulfilled their child protection responsibilities
 - How provisions for immunity from prosecution under state and local laws and regulations facilitate and inhibit individuals cooperating, consulting, or assisting in making good faith reports of child abuse or neglect
- Authorized grants to public or private agencies and organizations to develop or expand effective collaborations between child protective service (CPS) entities and domestic violence service entities to improve:
 - Collaborative investigation and intervention procedures
 - Provision for the safety of the nonabusing parent and children
 - Provision of services to children exposed to domestic violence that also support the care-giving role of the nonabusing parent
- Amended the requirements for state plan assurances to include laws, policies, or programs for:
 - Laws identifying categories of mandated reporters
 - Including fetal alcohol spectrum disorders in procedures for referral and development of a plan of safe care for substance-exposed newborns
 - Including differential response in screening and assessment procedures
 - Requiring that guardians *ad litem* be trained in early childhood, child, and adolescent development
 - Providing that reunification not be required where a parent has committed intrafamilial sexual abuse or must register with a sex offender registry
 - Ensuring the provision of technology to track CPS reports from intake through final disposition

child welfare and early childhood agencies within ACF and other federal agencies. Partnership members meet bi-monthly to exchange information, share resources, and work jointly toward a common vision of increased collaboration among child welfare and early childhood systems to support and amplify positive outcomes for children prenatal to age eight and their families. Achievements of the Partnership include joint communications to the field, development of tip sheets and trainings for use at the local level, national conference presentations, and funding opportunity announcements for discretionary grant programs.



THE PATIENT PROTECTION and Affordable Care Act of 2010 included a provision to create the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The Health Resources and Services Administration (HRSA) partnered with ACF, including CB and other federal agencies, to fund states and tribes in providing evidence-based home visitation services to improve outcomes for children and families in at-risk communities.

HRSA and ACF/OCAN believed the MIECHV program to be a key component in the national effort to build high quality, coordinated

and comprehensive state- and community-wide early childhood systems for pregnant women, parents and caregivers, and young children, ultimately improving social, health, and development outcomes and keeping children safe. The EBHV grant program was formally incorporated into the MIECHV State Formula Grant Program and administered by HRSA.

CB staff within OCAN also partnered in the ACF Tribal MIECHV Team, providing shared oversight, monitoring, support and technical assistance for the Tribal MIECHV grantees. As part of this collaboration, CB initially managed programmatic technical assistance contract for the Tribal Home Visiting Technical Assistance Center.

- Encouraging the appropriate involvement of families in decision-making
- Promoting and enhancing collaboration among child protective, substance abuse, and domestic violence agencies
- Requiring training and programs that address the needs of unaccompanied homeless youth
- Ensuring collaboration with community-based prevention programs and families affected by child abuse and neglect in the development of the state plan
- Ensuring that the state, to the maximum extent possible, has coordinated its CAPTA state plan with its Title IV-B state plan
- Required additional data in the annual state data reports, including:
 - The number of families that received differential response as a preventive service
 - Caseload requirements and the average caseload for CPS workers
 - The education, qualifications, and training requirements for CPS personnel
 - The number of children referred to CPS under policies established to address the needs of infants born affected by illegal substance abuse or fetal alcohol spectrum disorder
 - The number of children under age 3 involved in a substantiated case of child abuse or neglect who were eligible for referral to agencies providing early intervention services and the number of those children who were actually referred

—Child Welfare Information Gateway. (2012). *Major Federal Legislation Concerned with Child Protection, Child Welfare, and Adoption*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.



CB WAS AN ACTIVE PARTNER in the Federal Interagency Task Force on Drug Endangered Children (DEC), established in response to the Obama Administration's 2010 National Drug Control Strategy and chaired by the Deputy Attorney General. The DEC Task Force worked to identify ways to better serve and protect drug endangered children

“I don't think people thought about child abuse prevention and treatment as a field early on, before CAPTA, because it wasn't. The existence of the CAPTA legislation spawned a far-reaching field of people who do training, who do research,

who do administration, who pilot test programs, who provide services of one form or another, and who are advocates. There is a wide range of activities that I suspect would not have happened had there not been this legislation and, as a result,

NCCAN. We're not talking about huge sums of money—just a little bit here and a little bit there—but they all added up to make a big difference.”

—Anne Cohn Donnelly

by building partnerships on the federal, state, tribal, and local levels. Other partners included the Office of National Drug Control Policy and the U.S. Departments of Health and Human Services, Education, Homeland Security, Transportation, and Interior.



THE CHILD AND FAMILY SERVICES IMPROVEMENT AND INNOVATION ACT (Public Law 112-34) authorized and provided funding for two-year extensions of the Regional Partnership Grants (RPGs) and funded new five-year demonstration projects through FY2016. As with the previous round of RPGs, these competitive grants focused on providing integrated activities and services designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who were in an out-of-home placement or at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's substance abuse. A joint effort between CB and SAMHSA, the RPGs continued to emphasize local collaboration and partnerships. In addition, a national cross-site evaluation and evaluation technical assistance contract was awarded to support and evaluate the work of the new RPGs.



ADDITIONAL DISCRETIONARY GRANTS funded during this period focused on such areas as early education partnerships, child welfare and education system collaborations to increase education stability, early education partnerships to expand protective factors for children with child welfare involvement, and rigorous evaluation of existing child abuse prevention programs. Funds also supported the National Data Archive on Child Abuse and Neglect; the National Quality Improvement Center on Early Childhood; the National Quality Improvement Center on Differential Response in Child Protective Services; and grants to tribes, tribal organizations, and migrant programs for community-based child abuse prevention programs.



TO FURTHER ADVANCE ITS FOCUS on partnerships and collaboration, the Network for Action was created in 2011 in partnership with the U.S. Centers for Disease Control and Prevention's Division of Violence Prevention's Knowledge to Action Child Maltreatment Prevention Consortium Leadership Group (K2A), the FRIENDS National Resource Center, and other national prevention organizations. The Network for Action (NFA) brought grantees and partners together to create a shared vision for the future of the prevention of child maltreatment and the promotion of well-being, shared action through engagement with a



NFA connects the people, programs, practices, and policies that are collectively moving America forward toward a vision of preventing child maltreatment and improving child and family well-being.

strategic project of national significance and by increasing the strength of state teams and national networks, and stronger networks with others in the child abuse prevention and family strengthening fields as a basis for meaningful collaboration.

A second national NFA meeting in April 2012 as part of the preconference sessions for the 18th National Conference on Child Abuse and Neglect. In April 2013, a third Network for Action meeting convened in conjunction with other grantee meetings.



THE 18TH NATIONAL CONFERENCE on Child Abuse and Neglect, convened in Washington, D.C., in April 2012, called on the field to embrace past successes, learn from challenges, and move forward toward realizing the dream of eliminating child abuse and neglect. The theme, *Celebrating the Past—Imagining the Future*, coupled with the celebration of the Children’s Bureau’s centennial anniversary, provided a unique opportunity for remembrance and reflection. The program emphasized the importance of early childhood brain development, partnerships with early education providers, and trauma-informed care.

Effective use of technology extended conference offerings to audiences throughout the nation and around the globe. More than 1,500 participants joined virtually through webcasts, doubling the reach of the conference. Social media outlets Facebook, Twitter, and LinkedIn provided updates and alerts, and a mobile app for phones and tablets offered complete conference program information and handouts.

The virtual learning opportunities continued throughout the following year with the new *Making Connections* webcast series, which fostered a learning bridge between National Conferences. Topics addressed included domestic violence, protective factors frameworks, and the Adverse Childhood Experiences study. Seminars were recorded and posted on the National Conferences on Child Abuse and Neglect website, along with presentations and resource materials, for continued on-demand viewing.



CB’s OCAN WORKED WITH the National Prevention Partners to produce *Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2013 Resource Guide*,^{xliii} issued in April 2013.



DEVELOPMENT OF A PROTECTIVE FACTORS FRAMEWORK to further explore the topic and inform future prevention, intervention, and treatment efforts for programs administered by ACYF was completed between 2011-2013. The diverse populations served by ACYF shared a complex set of

“The Network for Action brings together more than 400 individuals and organizations working on prevention and treatment initiatives across a range of sectors with three primary purposes: 1) to create a shared vision for preventing child maltreatment and promoting well-being; 2) engaging in shared action; and 3) building stronger networks across partners. It is an opportunity to work with our key grantee stakeholders and other national partners to support synergy across our work at the national, state, and local levels.”

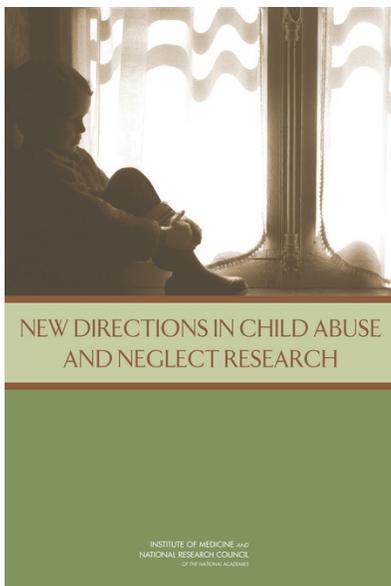
—Melissa Lim Brodowski



18th National Conference in Washington, D.C.



The *Making Connections* webcast series offered online seminars on key topics for the field.



“The IOM report notes that significant advances have been made over the past 20 years in the development of effective programs to prevent and treat child abuse and neglect. CB/OCAN and its federal partners will continue to support research and the implementation of successful and promising programs to address child maltreatment.”

—Catherine Nolan, Director,
Office on Child Abuse and
Neglect

characteristics and circumstances that placed them at risk for a host of adverse outcomes. In addition, their unique characteristics presented challenges to creating a framework that was applicable to all types of children and families served by ACYF. The project worked to identify protective factors at the individual, family, proximal, and community levels of influence that should be considered by ACYF-funded programs. Several FEDIAWG partners worked with CB to ensure that its work complemented other federal efforts to promote protective factors.



ANTICIPATING THE 20TH ANNIVERSARY OF THE 1993 National Research Council report *Understanding Child Abuse and Neglect*, which provided an overview of the research on child abuse and neglect, CB asked the Institute of Medicine (IOM) of the National Academy of Sciences to convene a committee of experts to update its report and provide new recommendations for research. In [*New Directions in Child Abuse and Neglect Research*](#),^{xliiii} issued in September 2013, the committee concluded that while there had been great progress in child abuse and neglect research, a coordinated, national research infrastructure with high-level federal support needed to be established and implemented immediately. The committee recommended an actionable framework to guide and support future child abuse and neglect research.

VIII. Moving Forward

PRIOR LESSONS LEARNED have been used to articulate key areas for moving forward. In 2012, CB was invited to contribute an article on the vision for child welfare for a special issue of the *Journal of Public Child Welfare* to commemorate the CB's Centennial. The article identified elements needed to create a broad, universal child welfare system to support children, families, and communities in ways that would prevent maltreatment which include:

- **Evidence-Based Comprehensive Services:** Comprehensive, evidence-based and evidence-informed services will be available to families through local child welfare agencies and other key public and private partners. These community-based services, beginning with parent supports prior to the birth of children, would be delivered through a system of care that emphasizes the principles of parent and youth involvement, individualized and strengths-based services, integrated service planning, and interagency collaboration.
- **Planning Across Systems:** Planning for comprehensive services will be integrated across systems through a bottom-up approach that involves families and communities, and integrates data-informed decision-making.
- **Developing Shared Outcomes:** States, tribes, and communities—including families—would come together around a shared vision for the healthy development and safety of children, form inclusive collaborations, and utilize data to make informed decisions about the needs of families and how best to meet those needs through a menu of services and supports.
- **A National Research Agenda:** There would be a long-range national child welfare agenda for ongoing research to build evidence about what works and why, and to leverage resources and identify evidence-based and evidence-informed programs and practices. A complement to this research agenda would be establishing knowledge to action

centers not only to collect and disseminate research findings, but to assist communities in linking research to practice and selecting programs and practices that can best serve the needs of their populations.

- **Public Engagement:** An ongoing national campaign will use social media creatively to reframe child maltreatment as a broader issue of achieving optimal health and development of children and families. While prevention campaigns have traditionally relied on tragic stories and statistics to move public opinion about child maltreatment, these have been found to be ineffective in changing how people think about the causes of, and solutions to, child maltreatment. To change hearts and minds about the need to make significant investments in community services, there must be a clear articulation of the realities of the impact of child maltreatment—and its lasting effects—on children’s healthy development. The campaign must also emphasize the cost-benefits of prevention and early intervention.
- **Environment for Policymaking and Funding:** Working with other stakeholders in a national discussion would help to determine how best to guide programs, policies, and funding to be consistent with, and flexible enough, to meet the service needs of children and families as those needs evolve over time. These structural changes would be aligned to support the broader vision of more universal community-based services to families, requirements for integrated planning, shared outcomes, and linkages to a national research agenda.
- **Building the Capacity of the Workforce:** Well-conceived policies, innovative program designs, and relevant research findings would accomplish very little if the people actually working with children and families were without the personal characteristics, skills, knowledge, and resources to do their jobs with excellence. Critical will be a commitment to thinking very carefully about how to strengthen the child welfare workforce as a key component to the vision for reducing maltreatment and contributing to the optimal health and development of children and families.

CAPTA, the National Center on Child Abuse and Neglect, its successor the Children’s Bureau’s Office on Child Abuse and Neglect, and other key partners have made great strides in promoting effective policies and programs to address the prevention, identification, and treatment of child abuse and neglect. Highlighting CAPTA’s 40th anniversary in 2014 at the 19th National Conference on Child Abuse and Neglect, the field celebrated its achievements in research, prevention, and practice that have improved the lives of children and families throughout the country.

Over the coming years, we will continue to infuse the notion of child protection as everyone's responsibility into the national conscience to ensure the healthy development and well-being of America's children: that is the challenge moving forward.



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