



DATA ON CHILD MALTREATMENT DEATHS

Chairman Davis, thank you for the opportunity to provide additional information to the Subcommittee regarding child maltreatment deaths. You have asked me to recommend up to three policy changes that would improve understanding of child deaths from maltreatment and the ability to prevent such tragedies from occurring without requiring additional funding. As set forth in my original written and oral testimony before the Subcommittee, the only way to substantively fix the problem of child maltreatment is to invest in and support struggling families. But until that happens, there are ways to make improvement within existing resources. My recommendations are as follows:

1. Amend Federal Child Welfare Law to Identify the Key Data Elements States Should Be Reporting about Child Maltreatment Deaths

As every witness testified at the hearing on child maltreatment deaths, the number of child maltreatment deaths is underreported. Part of the problem is that some states do not report any data on child maltreatment deaths.

The Child Abuse Prevention and Treatment Act (CAPTA) requires states to work with the Department of Health and Human Services (HHS) on reporting certain data on child maltreatment, including the number of child maltreatment deaths. But states are only required to report the data “to the maximum extent practicable.”¹ As a result, if a state finds it is not practicable to report on a particular element, presumably they are not required to do so. In 2009, there were only 2 states (Missouri and New Hampshire) that reported on all the data elements identified in CAPTA.² Only 19 states³ reported on all the data elements relating directly to child maltreatment deaths and 3 states (Alaska, Massachusetts and North Carolina) did not report on child maltreatment deaths at all.

Collecting, analyzing and reporting data is expensive and, given the current economic environment, it is unrealistic to expect that every state has the resources needed to start reporting on all of the data elements outlined in CAPTA. But it does seem reasonable to expect that every state child welfare system should be able to report some data on the number of child maltreatment deaths in the state, even if it is not a perfect measure.

If we want an accurate count of how many child maltreatment deaths there are, the first step is to get some level of data from every state.

In addition to getting a more accurate count of the number of child maltreatment deaths, there also needs to be a focus on finding out what factors or characteristics are related to such deaths so efforts to prevent them can be better targeted. This requires data regarding the details surrounding child maltreatment deaths such as characteristics of the child and perpetrator, family circumstances and dynamics and type of maltreatment. With this type of data, the children most at risk can be identified and appropriate preventative services can be targeted to their families.

Under CAPTA, however, states are only required to work on reporting the number child maltreatment deaths, how many were in foster care and how many received family preservation or reunification services in the last 5 years. There is no

requirement that states report other details about the child and family, although some states voluntarily provide this information on some of their child maltreatment deaths to HHS through the National Child Abuse and Neglect Data System (NCANDS).⁴

If we want particular information about child maltreatment deaths, it should be clearly defined in federal child welfare law so states know what data they should be collecting and reporting.

In determining what additional data to require, it is important to balance the need for additional data against the consistency and cost of obtaining the data. Some data such as a child's age is an objective measure and fairly easy to obtain from a review of available documents such as the child's birth and death certificates. Other data, such as the family's financial situation or the existence of substance abuse or domestic violence issues, involve a level of subjective judgment and may require substantial investigative resources to obtain.

Balancing the interests of cost versus the need for accurate and comprehensive data on child maltreatment deaths, I recommend the following:

- Legislation mandating that all states report to HHS the number of known deaths from child maltreatment
- Legislation to require that states work on providing additional data elements on child maltreatment deaths as outlined below. But to avoid imposing an unfunded mandate on states in difficult economic times, I also recommend that states only be required to report the data to the maximum extent practicable:
 - Year in which the death occurred to the extent it is different from the year in which the death was reported as resulting from maltreatment
 - Age, race and sex of the child
 - Perpetrator's relationship with the child
 - Location where maltreatment occurred (home, other residence, etc.)
 - Type of maltreatment – sexual abuse, physical abuse, neglect, psychological maltreatment and medical neglect
 - For physical abuse, whether a weapon such as a firearm was used
 - For neglect, the manner of death (drowning, asphyxia, motor vehicle, etc.)

One option is to amend the data provision in CAPTA to include the foregoing recommendations. Another option is to amend section 432(a)(8)(B) of Promoting Safe and Stable Families under Title IV-B of the Social Security Act which currently requires states to annually provide certain information to HHS.

2. Amend Title IV-B of the Social Security Act to Require States to Submit a Data Improvement Plan

As every witness testified at the recent hearing, even among those states that do report on child maltreatment deaths, what is reported is often incomplete because of limitations in a state's data collection and reporting system.

One option to address this problem is to require every state to submit to HHS a data improvement plan that evaluates and addresses any deficiencies in its child welfare data collection and reporting system. The data improvement plan should include the following: (1) an evaluation of any barriers or limitations to accurate and comprehensive data collection and

reporting on child maltreatment, including the data elements identified in CAPTA and any other data elements identified in other child welfare laws; (2) a plan to address and eliminate each barrier and limitation; and (3) identification of any changes to state or federal law that would enable better data collection and reporting. The data improvement plan should also identify whether the state's data on child maltreatment deaths includes information from any of the following sources: (1) the child welfare system; (2) the vital statistics department; (3) the prosecutor/attorney general's office; (3) state and/or local child death review team; (4) state and/or local health departments; (5) law enforcement; (6) medical examiners and/or coroner's office; and (7) any other source. To the extent a state does not obtain or include information from one of the sources identified in (1) to (6), the state should describe why such information is not included and its plan for obtaining information from such sources in the future. After submitting an initial data improvement plan, any subsequent plan should address progress made in addressing previously identified barriers and limitations. My recommendation is that states be required to submit a data improvement plan biennially.

Currently, Promoting Safe and Stable Families, section 432(a)(8)(B), requires states to submit certain documents to HHS. This provision could be amended to also require states to submit a data improvement plan as outlined above. Additionally, section 432(c), which requires HHS to compile the reports required under section 432(a)(8)(B) and submit them to the House Ways and Means Committee and the Senate Finance Committee, could be amended to also require that HHS prepare a report based on the states' data improvement plans.

Another option is to include the data improvement plan requirement as part of the state plan provisions under section 422(b) of the Stephanie Tubbs Jones Child Welfare Program.

3. Amend Title IV-B of the Social Security Act to Require that a State Identify and Target Priority Populations for Child Maltreatment Prevention Services

Until there is sufficient funding to provide child maltreatment prevention services to all at-risk families states, states should be allocating their limited prevention resources to the families with the highest need.

States should be required to identify priority populations within those children and families generally at-risk of abuse and neglect. For example, poverty is one of the most consistent predictors of abuse and neglect.⁵ But there is not enough funding to provide prevention services to all children living in poverty. In 2009, there were more than 12 million children living in poverty nationwide, but states had a capacity to provide child abuse and neglect prevention services to only about 3 million children.⁶ As a result, to most effectively utilize the limited prevention resources it has, a state should go beyond providing services to families in poverty and, instead, target those who are poor *and* who have other risk factors as well such as young children⁷ or teenage mothers.⁸

Or a state can target certain geographic areas or communities that have multiple risk factors for abuse and neglect such as those with high rates of poverty, teen parents, community violence and unemployment and a lack of access to social services and community resources.⁹ The state can calculate the rates on these various measures (e.g., the child poverty rate and the unemployment rate) and create a vulnerability score for each county. It can then use these scores to prioritize among the different communities and geographic areas around the state.

But a state should not target its resources based on communities with higher rates of *reported* maltreatment as the reported victimization rate is not an accurate measure of how many children are actually abused or neglected in any given community. Studies have shown only a minority of children who are abused and neglected are actually reported to and

investigated by a state child welfare agency.¹⁰ And the magnitude of underreporting may vary significantly among different communities.

For example, children in communities that lack access to medical care have a higher risk of abuse and neglect.¹¹ But without adequate medical care, children are less likely to see the doctor and so the abuse and neglect may go unnoticed. Ironically, this means that more children in counties with little or no medical coverage may be abused or neglected, but the reported victimization rate may actually be lower. Conversely, children in communities with a strong support system for families may have a higher reported victimization rate. This may not be because there is more abuse and neglect actually occurring. Instead, as more families access services (e.g., go to the doctor, attend parenting classes), there is simply more opportunity for the abuse or neglect to be identified.

Section 432(a) of Promoting Safe and Stable Families already requires states to develop a state plan. This section could be amended to include a provision that requires states to identify and prioritize populations at-risk for abuse and neglect and to target its prevention services to those at the highest risk of maltreatment.

Respectfully submitted,

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· 42 U.S.C. §5106a(d).

· *Child Maltreatment 2009*, U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2010.

· Arkansas, D.C., Florida, Idaho, Kansas, Kentucky, Minnesota, Missouri, Nevada, New Hampshire, New Jersey, Oklahoma, Oregon, Puerto Rico, Tennessee, Texas, Utah, Vermont, Washington

· *Child Maltreatment: Strengthening National Data on Child Fatalities Could Aid in Prevention*. Government Accounting Office. GAP-11-599. July 2011.

· Sedlack AJ, Broadhurst DD. *Executive Summary of Third National Incidence Study of Child Abuse and Neglect*. Administration of Children and Families. 1996. Available at: <http://www.childwelfare.gov/pubs/statsinfo/nis3.cfm#top>. (Accessed on October 30, 2009).

· Based on the 44 states that reported number of children receiving prevention services data. *Child Maltreatment 2009*, U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2010. Data on children in poverty is from the Annie E. Casey Foundation KIDS Count database.

· *Child Maltreatment 2009*, U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2010.

· Stiffman NM, et al. *Household Composition and Risk of Fatal Child Maltreatment*. *Pediatrics* 109(4):615-21. April 2002.

DFPS Strategic Plan for Child Abuse and Neglect Prevention Services, December 2008. Available at: www.dfps.state.tx.us/documents/Prevention.../2008-12-01_ICC-SP.pdf (Accessed on July 21, 2010). Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

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

· DFPS Strategic Plan for Child Abuse and Neglect Prevention Services, December 2008. Available at: www.dfps.state.tx.us/documents/Prevention.../2008-12-01_ICC-SP.pdf (Accessed on July 21, 2010).