The Stronger Child Abuse Prevention and Treatment Act (H.R. 485)

A bold, bipartisan response to the tragic rise in child maltreatment

Background
Child abuse and neglect is a pervasive public health problem that continues to affect millions of children across the country. Following significant declines in the rate of child abuse and neglect across the 1990s and 2000s, the rate of child maltreatment has ticked up in recent years as the opioid epidemic has devastated families and communities across the country.

Despite our growing understanding of how to effectively prevent child abuse and neglect, the federal government has failed to provide the necessary funding to reverse the rise in child maltreatment. The number of children receiving an investigation or response from child protective services agencies and the number of children who have died as a result of child abuse and neglect have risen steadily over the past decade.

While it still unclear how the COVID-19 pandemic is affecting rates of child abuse and neglect, initial research indicates that the number of children hospitalized due to child abuse and neglect has remained stable during the pandemic, suggesting a continued need to support America’s families.

Congress must act now to prevent this crisis from worsening. Federal investment in prevention must grow to meet the needs of families across the country, especially at a time when families face unprecedented challenges due to the COVID-19 pandemic. Families who are at-risk of experiencing child maltreatment should receive prevention services before children are harmed, and all families who face the challenges of parenting should receive the tools and supports to grow stronger and closer together.

For families who have experienced maltreatment, prompt child protective services should ensure the safety and well-being of children, and help families address the root causes of child maltreatment to effectively prevent future re-victimization.

About the Bill
The Stronger Child Abuse Prevention and Treatment Act is a bipartisan proposal that will help states address the recent rise in child abuse and neglect by providing strategic funding to build networks of prevention services designed to strengthen families and to improve the quality of child protective services.

The bill will authorize $270 million for the expansion of prevention services to reach over 3 million children annually and another $270 million to foster new research and support state child protective services agencies to expand services to meet increased demand without sacrificing quality.

The Stronger Child Abuse Prevention and Treatment Act will also help address child abuse and neglect by improving the quality of federal and state data. Specifically, the bill will establish uniform standards for
counting child fatalities and near fatalities related to child maltreatment and will create an electronic system that allows states to share data from their child abuse and neglect registries with other states.

Additionally, the bill will:

- Address racial bias across the child welfare system and ensure that prevention services are accessible to all families;
- Support the development of strategies and best practices for reducing rates of child abuse and neglect linked to parent substance use disorder;
- Strengthen and expand intrastate coordination among agencies serving vulnerable families at risk of child abuse and neglect to ensure such families have access to physical and mental health services, domestic violence prevention programs, disability supports, and substance use treatment when necessary;
- Educate child welfare professionals and paraprofessionals on practices and strategies that effectively treat and prevent child abuse and neglect, including child sexual abuse;
- Provide funding for research and technical assistance activities aimed at enhancing providers’ and administrators’ knowledge of effective child abuse and neglect prevention and treatment strategies; and
- Increase prevention funding for tribal organizations and migrant programs.