

2009 Virginia Women in History

Testimony for the

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Good morning Mr. Chairman and members of the committee. It is a privilege to be here today. My name is Joann Grayson. I am a clinical psychologist, a professor at James Madison University, and a member of the American Psychological Association. For the past 25 years I have served as a forensic evaluator for courts and the department of social services. I coordinate a local prevention and intervention program for foster children. I have edited a national publication about child abuse and neglect for the past 20 years.

My husband and daughters and I live on and operate a small family farm. When I make budgeting decisions for my farm or my family I use two main criteria . I ask "What do we need?" and "What will be effective?"

Today I'm here to discuss with you the reauthorization of CAPTA, the Child Abuse Prevention and Treatment Act, and how the criteria of need and effectiveness apply to this legislation.

The need for CAPTA is self-evident. 1999 statistics show over 800,000 substantiated cases of child maltreatment and over 1000 child deaths due to abuse or neglect.

Numbers are not the only way to gauge need. The negative effects of maltreatment are well documented. For example, as a group, maltreated children incur a nearly four-fold increased lifetime risk for psychiatric disorders and a three-fold risk for substance abuse. There is heightened risk of academic failure and juvenile delinquency. Untreated children are six times more likely to maltreat their own children, creating a continuing cycle of abuse. Obviously, CAPTA's focus on prevention must be maintained and strengthened.

How effective are the intervention and prevention efforts supported by CAPTA?

I have been in a position to watch the emergence and refinement of successful programs to prevent and reduce maltreatment. Consider just a few examples of progress:

- * Substantiated cases of child maltreatment are lower for the sixth year in a row.
- * Teenage pregnancy rates are lower than they have been in the past 20 years.

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* The incidence of shaken babies has fallen dramatically in localities where public awareness campaigns have been undertaken.

* We are partnering with houses of worship to reach minority communities because spiritual leaders want to bring proven prevention programs to their congregations.

* Businesses have invested in child abuse prevention. For example, in Hampton, VA, business interests contribute heavily to the Healthy Families program because having workers who are effective parents makes good business sense.

* Changes in court processing of child abuse and child sexual abuse cases have been significant. When I began my career, these cases were often not pursued at all, young children were barred from testifying and sentences for offenders (when convicted) were minimal. Children who did testify were frequently traumatized by the legal process.

Today children routinely testify in court and we have learned how to accommodate their special needs. Children are likely to have a trained guardian ad litem appointed to assist them and may also have a court appointed special advocate. Court is still a stressful experience for children, but many of the children I work with leave the legal arena feeling that they have done a good job.

What has made the difference since the early 1970's when I started my career? CAPTA has funded training for mental health professionals, for CPS workers, for judges, for doctors and for others. The legislation has supported research, the development of protocols, court improvement projects, and many intervention and prevention efforts.

There is still a need for attention to the balance between personal freedom of families and child protection. Many innovations are currently in progress for handling cases differently than in the past. For example, my state along with others is implementing a Multiple Response System that allows intervention and help without investigation and labeling in less serious cases of maltreatment. Child Fatality Teams have improved responses to suspicious deaths. Extensive research about risk assessment is allowing workers to better predict which families need increased services. Recently, training has been offered in how to respond in a sensitive fashion to persons of different cultures.

The strength of our nation depends upon people who are capable and who function well. The consequences of failure to address child maltreatment is the destruction of lives and perhaps the destruction of community. Identifying parenting problems early and offering assistance can mitigate the effects of maltreatment and prevent reoccurrence of abuse.

CAPTA has a unique role in supporting system improvement, prevention efforts, services, and research. To maintain these critical functions, higher authorized funding levels are needed. CAPTA has been successful in many ways, but the work of this legislation is not finished. Child abuse and neglect must remain a national priority.