



Chairman Orrin Hatch
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-620

Ranking Member Ron Wyden
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-620

Dear Chairman Hatch and Ranking Member Wyden:

A new analysis calls into question the reliability of federal systems for the collection of child abuse and neglect data. As you conduct oversight of federal child abuse and neglect initiatives, we urge you to explore opportunities to improve the effectiveness of these systems.

The Effect of the Great Recession on Child Well-Being: A Synthesis of the Evidence, authored by PolicyLab at The Children's Hospital of Philadelphia (CHOP) for First Focus, illustrates a concerning inconsistency. The report finds that, according to recent national child welfare data, overall child maltreatment rates continued to fall despite the recession, though rates of neglect have increased and account for a greater share of all maltreatment cases nationwide. However, a growing body of research differs from national data sources indicating that the incidence of (or at least the risk of) child maltreatment increased during the Great Recession. These conflicting reports suggest additional analysis may be needed to reconcile the divergent findings.

Similarly, in an earlier study on the impact of the recession on child abuse, researchers at CHOP's PolicyLab detected a significant increase in children admitted to the nation's largest children's hospitals due to serious physical abuse in the last decade. The study, *Local Macroeconomic Trends and Hospital Admissions for Child Abuse, 2000-2009*, published in the journal *Pediatrics*, found a strong relationship between the rate of child physical abuse and local mortgage foreclosures, which have been a hallmark of the recent recession. The CHOP findings, using data from 38 children's hospitals, contradicted national child welfare data, which showed a decline in child physical abuse over the same period. Furthermore, hospital admissions data supports anecdotal reports by healthcare providers and child welfare workers of an increase in severe abuse cases.

At present, there is no a federal requirement to systematically look at hospital data on child maltreatment. Following a [GAO 2011 report](#) on child fatalities that highlighted the benefits of multiple data sources, there was a push for states to include deaths identified from law enforcement, Child Death Review, hospitals, etc. Unfortunately, not all states implemented these recommendations and this multi-source data review only examined child fatalities. Some states regularly review multiple data sources, but this is not a common practice.

We urge you to review data highlighted in the report on discrepancies in national and hospital level data collected on the incidence of child maltreatment, and to consider further investigation of the data to determine the cause of such discrepancies and potential policy solutions. We urge you to explore policies to encourage child welfare agencies and hospitals to collaborate and share data for a more complete picture of child physical abuse rates in communities across the country. This in turn, will allow for the development of targeted and more effective prevention and intervention measures.

We also ask that you consider the following policy opportunities as you further investigate the existing discrepancies in data on child abuse and neglect:

- Support efforts to increase the uniformity of child abuse and neglect definitions to enable greater comparisons across states and overtime. This could include developing and validating a national standardized system to include uniform definitions;
- Strengthen training for emergency department doctors on identifying abuse and neglect of children;
- Bolster state implementation of the GAO's 2011 recommendation to "Identify ways to help states strengthen the completeness and reliability of data they report to the National Child Abuse and Neglect Data System (NCANDS)." These efforts could include identifying and sharing states' best practices, particularly those that foster cross-agency coordination and help address differences in state definitions and interpretation of maltreatment and/or privacy and confidentiality concerns;"
- Fund demonstrations or incentivize child welfare agencies to partner with local hospitals in tracking severe physical abuse trends; and
- Use health insurance exchanges to enhance indicators for follow up (i.e., missed appointments for child with Failure to Thrive; child appearing multiple times in the emergency department for an injury suspected of abuse).

Thank you for taking the time to consider this important issue. We can all agree that no child should slip through the cracks and that more robust data collection and monitoring is one way to ensure that. We stand ready to work with you to ensure increased coordination and collaboration among all relevant stakeholders so policy solutions can address the true magnitude of child maltreatment.

Sincerely,

A handwritten signature in blue ink that reads "Bruce Lesley". The signature is written in a cursive, slightly slanted style.

Bruce Lesley
President