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before the

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Chairwoman Mikulski, Ranking Member Burr, Members of the Sub-committee: thank you for the opportunity to testify on this important matter. It is one I have been involved in for two decades at the local, state, and national level, and throughout my tenure as the Executive Director of National Children's Alliance.

National Children's Alliance is the national association and accrediting body for, as well as a provider of training and technical assistance to, more than 750 Children's Advocacy Centers throughout the US. We empower local communities to respond to child abuse by providing grants for the start-up and development of Children's Advocacy Centers which coordinate a multidisciplinary team for the investigation, prosecution, and treatment of child abuse. These Children's Advocacy Centers served more than 267,000 child victims of abuse throughout the US last year alone.

The Scope of the Problem

To understand the scope of child sexual abuse, one must first understand that children of every gender, age, ethnicity, socioeconomic status, and family structure are at risk for abuse. However, girls are 5 times more likely to be abused than boys[1]. Unfortunately, this does not mean that it is rare for boys to be sexually abused. Twenty-six percent of victims under the age of 12 are male and 8% are between the ages of 12-17.[2] And, while children are most likely to be abused between the ages of 7 and 13[3], more than 20% are victimized prior to the age of 8[4].

Most child sexual abuse occurs within the context of the family[5] and nearly all children who are sexually abused are victimized by someone they know and trust. Recent media attention has been given to those cases involving adults in a position of trust. These cases share in common some distinguishing factors including the ways in which the alleged perpetrators groom children and ingratiate themselves with the victims' family members.[6]

What is universally true in all cases of sexual abuse is the way in which perpetrators seek out particularly vulnerable children to prey upon: quiet, lonely, particularly trusting, or troubled children.[7] This is one reason that children without either parent, such as children in foster care, are 10 times more likely to be

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[1] Sedlack, 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, Executive Summary. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

[2] Snyder, H.N. (2000). Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved January 12, 2009 from http://www.ojp.usdoj.gov/bjs/pub/pdf/saycrle.pdf

[3] Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *The Future of Children*, Vol. 4, No. 2, *Sexual Abuse of Children*, pp. 31-53.

[4] Snyder, 2000.

[5] Elliott, M., Browne, K., $ Kilcoyne, J. (1995). Child sexual abuse prevention: What offenders tell us. *Child Abuse &Neglect*, 5, 579-594.

[6] Elliott et al, 1995.

[7] Budin, L. E., & Johnson, C. F. (1989). Sex abuse prevention programs: Offenders' attitudes about their efficacy. *Child Abuse & Neglect*, 13, 77-87; Conte J.R. (1987). Ethical Issues in evaluation of prevention programs. *Child Abuse & Neglect*, 11, 171-172.

sexually abused than those who live with both biological parents. And, children who live with a single parent with a live-in partner are 20 times more likely to be victims of child sexual abuse than children living with both biological parents.[8]

Child sexual abuse is a crime perpetuated by silence and secrecy. Isolation, whether within a family or by community, adds significant risk for sexual abuse. Children who live in rural areas, for example, are almost 2 times more likely to be identified as victims of child sexual abuse.[9] And, of course, it is to the advantage of the perpetrator to further isolate the child victim to prevent disclosure.

Understanding the scope of the problem also necessitates understanding that child sexual abuse exists on a continuum. This is not a continuum of severity in terms of the effect on the victim, as some in the public and media have misunderstood it. All child sexual abuse causes trauma, even as the symptoms vary by victim. Rather, it is a continuum of deviant and harmful behavior by the perpetrator that begins on one end with secretive and furtive victimization, slides into amateur or professional photo-documentation of that abuse primarily for the sexual gratification of the offender, may move toward commercialization or public sharing of those images with other offenders, and on the far end of that continuum may include prostituting or trafficking the child. And, of course, a child may experience one, all, or some combination of these forms of child sexual abuse.

Although Law Enforcement are to be commended for their successes with online child sexual exploitation, which have included a 21% increase in arrests of offenders who solicited youth online for sex over the past few years, research indicates that this form of child sexual abuse accounts for less than 1% of all child sexual abuse.[10] Likewise, child sex trafficking, which has recently received significant media interest, is a serious but relatively uncommon form of child sexual abuse, as compared to other types of child sexual abuse. Research over a little more than one year period yielded 391 allegations of child sex trafficking from task forces that investigate such matters.[11]

This does not in any way diminish the importance of combating all forms of child sexual abuse. Rather, it points out the necessity of having a range of legal and treatment responses available to address each form of child sexual abuse on the continuum. And, it allows for thoughtful public policy that allocates resources based, in part, upon the prevalence of varying forms of child sexual abuse as experienced by victims rather than based upon that which most shocks us or is most recently in the public spotlight.

Reporting and Under-reporting Child Abuse

Recent events have shed much-needed light on the state of child abuse reporting in the US. While CAPTA requires that all States have mandated reporting requirements, these vary widely by State.

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[8] Sedlack, et al 2010.

[9] Sedlack, et al 2010.

[10] Mitchell, K., Jones, L., Finkelhor, D., & Wolck, J., (2011). Internet-facilitated commercial sexual exploitation of children: Findings from a nationally representative sample of law enforcement agencies in the U.S. *Sex Abuse*, vol. 23 no. 1, 43-71.

[11] Mitchell et al 2011.

Eighteen States have universal mandated reporting for all adults. More commonly, the balance of the States identify a subset of those who have direct contact with children (teachers, medical providers, daycare providers, etc) who have a legal duty to report child abuse or face certain civil penalties. However, reporting rates vary enormously by State, as do substantiation rates of those reports.

Although all States allow voluntary reporting, how reports are made, and to whom they are made, the list of mandated reporters is greatly variable: 18 States require all adults to report suspected abuse, while the balance provides a list (again, variable across the States) of professionals with contact with children who must report.

With regard to the process of reporting and to whom the report is made, there is, once again, great variation among States. In some states, reports must be made to Child Protective Services. In others, to Law Enforcement. In some States, to both. And, some states require a written report while others only require a verbal report. Additionally, not all states clarify whether reporting abuse to one's supervisor discharges one's own duty to report. This guessing game regarding the process of reporting is a significant barrier to the proper reporting of child sexual abuse.

Because children who are sexually abused are generally victimized by those that they trust and love, they are reluctant to disclose that abuse. Two out of every three individuals who say that they were abused as children never told anyone. Too often, the shame of abuse which should belong solely to the offender is felt powerfully by the victim. And, no child wants a beloved coach, or youth minister, or family friend to get in trouble. Knowing that children are reluctant to report abuse makes it incumbent upon us all to both educate children about body safety and to assume the primary responsibility for identifying abuse. Child sexual abuse is a grown-up problem.

Understanding that, in order for children to tell about abuse, they must first have facts about child sexual abuse and body safety, Children's Advocacy Centers have been at the forefront of providing this important information. Last year, Children's Advocacy Centers in the US provided child abuse prevention education to more than 389,000 children, mostly in a school setting. And a handful of innovative States have passed Erin's Law, a law promulgated by an adult survivor of child sexual abuse who was treated through a Children's Advocacy Center in Illinois, which mandates that schools provide child abuse prevention and body safety information to students just as they address other childhood safety issues such as fire and tornado drills. Congress should mandate that schools receiving Department of Education funds contain such information in their student health curricula.

Perhaps the most common question lately has been "Why do those who suspect or know about abuse fail to report it?" A recent national poll of American adults found that while 95% expressed concern about abuse:

- When actually confronted with suspected abuse, only 1/3 contacted law enforcement, CPS, or other authorities;

- Additionally, more than one in four Americans said that they had been in situations where they suspected a child had been a victim of abuse but did not know what to do.

When asked WHY they took no action, respondents said that they did not know the signs of abuse (or were not confident in their knowledge), were uncertain about how to report abuse, and were afraid of the consequences or misunderstood what would happen when they reported. This "Bystander Action Gap" between the 97% of Americans that say that everyone has a responsibility to prevent child abuse and protect children and the 33% who say that people are reluctant to report suspected cases because they do not want to get involved,[12] is both at the heart of recent events and the greatest barrier to protecting children.

Just as the federal government has played a vital role in public education campaigns on other health issues such as the dangers of smoking, or drunk driving, a public education campaign aimed at all adults regarding how to prevent abuse and protect children is warranted. This does not necessarily mean that all adults must be mandated reporters. Rather, it means that all adults must be provided with the information needed to recognize signs of abuse, dispel myths about abuse and the reporting process, and inform the public about how to report.

Responding to Child Abuse and the Role of Children's Advocacy Centers

In recent weeks, much attention has been drawn to the problems within the child abuse reporting system in the US. However, improvements made to the reporting system will not reduce the incidence or impact of child abuse, and in fact may have perverse effects if those improvements are not linked to a strengthened child abuse intervention system.

An increase in informed reports of suspected child abuse and neglect is desirable only if we have the ability to adequately investigate and prosecute the resulting cases, and to provide appropriate treatment to the victims. Flooding the system with ill-informed reports will only result in overwhelming investigators (both Child Protective Services and Law Enforcement) leading to:

- delayed investigations while triaging occurs,
- poorer quality investigations as each case receives less time and attention;
- and personnel shortages in coping with the increased volume.

Changes with reporting requirements and procedures must be paired with the resources to manage the resulting flow of reports.

Children's Advocacy Centers play a key role in this response. Children's Advocacy Centers are child-friendly facilities in which a multidisciplinary team comprised of law enforcement, child protective services, prosecutors, victim advocates, medical practitioners, and mental health professionals convenes and coordinate its efforts to investigate and prosecute child abuse cases while protecting children and

[12] Penn, Schoen, & Berland Associates (2008). Bystanders and Child Abuse Survey. Safe Horizon – Hope Shining. http://www.hopeshining.org/files/Bystanders_and_Child_Abuse.pdf

providing needed treatment to victims. Across the United States, there are currently seven hundred and fifty Children's Advocacy Centers which together served more than 267,000 child victims of abuse in 2010 alone.

The majority of these Children's Advocacy Centers were founded after the passage of the Victims of Child Abuse Act in 1990; which was an important part of Congress' efforts to improve the investigation, prosecution, and treatment of child abuse. Monies appropriated by Congress each year since 1990 have improved the response within existing Centers, while aiding the development of new Children's Advocacy Centers in areas previously underserved. These dollars, much appreciated though modest, have been used to leverage state funding, private foundations, and local community donors.

This investment has yielded significant returns. The model of comprehensive care for child abuse victims has significant evidence of its efficacy. Independent research has found that child abuse cases that are coordinated through a Children's Advocacy Center have:

- a shortened length of time to disposition[13];
- increased rates of prosecution[14];
- more satisfaction on the part of child victims and their non-offending caregivers[15];
- higher levels of service provision for medical evaluations;
- and increased referrals for mental health treatment than non-CAC cases[16].

In short, the multidisciplinary team approach has shown that it is possible to reduce trauma to child victims of abuse while improving the legal outcome of cases and holding offenders accountable. And, at a time when financial resources are limited at every level of government, Children's Advocacy Centers have been demonstrated *to save on average over $1,000 per child abuse case* compared to non-CAC communities[17].

Federal Budget Implications

Sadly, this effective and efficient response is not available to every child sexual abuse victim in the US. Currently, abused children in 2,093 counties in the US have access to the services of a Children's Advocacy Center. Meaning that, abused children in more than 1,000 counties have no access to this comprehensive care; and 347 of those underserved Counties are in States with members on this Sub-Committee. Indeed, those areas that are underserved are the most rural, most geographically isolated,

[13] Walsh, W.A., Lippert, T., Cross, T. P., Maurice, D. M. & Davison, K. S. (2008). How long to prosecute child sexual abuse for community using a children's advocacy center and two comparison communities? *Child Maltreatment, 13*(1), 3-13.

[14] Smith, D. W., Witte, T. H., & Fricker-Elhai, A. E. (2006). Service outcomes in physical and sexual abuse cases: A comparison of child advocacy center-based and standard services. *Child Maltreatment*, *11*(4), 354-60

[15] Lalayants, M., & Epstein, I. (2005). Evaluating multidisciplinary child abuse and neglect teams: a research agenda. *Child Welfare, 84*(4), 433-58.

[16] Smith et al 2006.

[17] Formby, J., Shadoin, A. L., Shao, L, Magnuson, S. N., & Overman, L. B. (2006). Cost-benefit Analysis of community responses to child maltreatment: A comparison of communities with and without Child Advocacy Centers. (Research Report No. 06-3). Huntsville, AL: National Children's Advocacy Center

and the most resource-poor parts of our country. But, these children are not simply Maine's children, or Texas' children, or Colorado's children: they are America's children. And, an accident of geography should not prevent them from humane and compassionate care that can alleviate their suffering. Moreover, while federal support continues to aid existing Children's Advocacy Centers, FY11 will serve as the first year since the inception of the Victims of Child Abuse Act in which communities with the will and desire to better serve child abuse victims through the formation of a Children's Advocacy Center will have no federal support in doing so. In these areas in particular, increased reporting will not result in increased protection of children unless efforts to improve child abuse reporting are matched with resources to ensure a corresponding and proven response.

Beyond reporting and intervention services, Children's Advocacy Centers have a unique role in providing training to their multidisciplinary team members. In the first six months of 2010, more than 20,000 law enforcement officers, child protective services workers, mental health providers, prosecutors, victim advocates, and mental health professionals received training through or coordinated by their local Children's Advocacy Center. Investigating, prosecuting, and treating child abuse is complex and specialized work. It requires highly trained professionals and ready access to continuing education for those professionals. Because 98% of child abuse investigations and prosecutions occur at the state/local level, training resources using federal funds should likewise be driven down to this level. Misalignments between the allocation of federal funding for provision of training and technical assistance resources and the proportion of child abuse cases investigated and prosecuted at the local, state, and federal levels should be avoided and corrected where they occur.

The past two federal budget years have forced increasingly difficult choices on Congress and the Administration. However, recent substantive cuts to state and local law enforcement will unquestionably and significantly impact the ability of those entities to respond to child abuse cases. Reports from the states indicate that many law enforcement organizations already have hiring freezes, have had layoffs, or have disbanded specialized units responding to crimes against children.[18] Additional decreases in federal support for state and local law enforcement would further reduce the ability of those strained organizations to effectively investigate and prosecute the existing annual caseload of child abuse cases. Such decreases, particularly if combined with increased child abuse reporting requirements, would create an influx of new cases without adequate resources—a perfect storm, if you will, in which children who have already been victimized will be cast adrift in the system.

Low Cost Improvements Can Be Made to the Child Abuse Response System

While constraints on budgets at every governmental level have strained the system of response to child abuse, it is important to remember that a number of improvements could be made to the system at

[18] International Association of Chiefs of Police. (2011). Police Chiefs: Budget Cuts, Increased Demands Leave Law Enforcement Struggling To Protect Public Safety [Press release]. Retrieved from http://www.theiacp.org/About/WhatsNew/tabid/459/Default.aspx?id=1434&v=1

little cost. These improvements center around assessing the scope of the problem, modifying confidentiality laws, and the adoption of model protocols for child abuse response.

Currently, it is impossible to fully assess the scope of child abuse in the US generally, and child sexual abuse, specifically given the current reporting system. States, through their Child Protective Services agencies, are required to report to the federal government using the National Child Abuse and Neglect Data System ("NCANDS"). However, NCANDS is a voluntary system. Unsurprisingly, given the voluntary nature of it, compliance has been uneven. Since 2001, 24 States did not report child abuse and neglect numbers for at least one of the years, and some did not report at all. Moreover, definitions of child abuse and neglect are not standardized making comparisons among and between States unnecessarily difficult. The Department of Health and Human Services should standardize definitions and methodologies used to collect this data and compliance should be mandatory to receive federal funds.

Even more problematic is the fact that, NCANDS data does not include Law Enforcement data. Because third-party child abuse (that of unrelated individuals, those in a position of trust such as coaches, teachers, ministers) is in many states reported exclusively to and investigated exclusively by Law Enforcement, our understanding of the extent and nature of third-party abuse is incomplete. And, within the information that is collected, our access to statistics pertaining specifically to child sexual abuse is limited. National Uniform Crime Statistics, required to be reported by local and State Law Enforcement and collated by the FBI, does not break out crimes against children. This means that child sexual abuse that does not fit within the category of forcible rape is not captured at all and that any child abuse that is included cannot be segregated out for further study. The National Uniform Crime Statistics reporting form should be modified to capture child sexual abuse separately from adult sexual assault and rape, and state and local Law Enforcement should be rapidly transitioned to the new form. Without a clear understanding of all forms of child sexual abuse, both intra-familial and extra-familial, it will remain challenging to devise effective prevention and intervention strategies.

For policymakers to better understand child sexual abuse, we will also need to re-examine and modify existing laws governing confidentiality. CAPTA contains provisions[19] for information-sharing between Law Enforcement and Child Protective Services during the course of child abuse investigations. However, implementation of this provision has been uneven, sporadic, and in some cases, non-existent. Moreover, best practices models clearly indicate that the improvement of child abuse investigations requires sharing of information not only between Law Enforcement and Child Protective Services but also between and among all members of the multidisciplinary team. CAPTA should be modified to clarify that all members of the multidisciplinary team involved in a child abuse investigation may share information to further the investigation, protect the child, and provide appropriate treatment to the child. Moreover, while HIPAA contains a child abuse investigation exemption to restrictions on the sharing of medical information, it is unclear as to whether this extends to ongoing treatment. Congress should modify HIPAA to ensure that child victims of abuse receive appropriate medical and mental health care that is informed by all the expertise of the multidisciplinary team.

[19] Child Abuse Prevention and Treatment Act, Section 106.

Every jurisdiction with a Children's Advocacy Center contains one or more multidisciplinary teams working under a protocol that ensures close coordination between members of the multidisciplinary team and civil and criminal legal proceedings. However, those jurisdictions without access to a Children's Advocacy Center rarely operate under such a written and signed protocol, leading to disjointed investigations and counterproductive interventions. The federal government, led by the Departments of Justice and Health and Human Services, and in cooperation with States, should adopt a model protocol for assuring that civil and criminal legal proceedings are closely coordinated between child protection and law enforcement agencies, formally recognizing existing protocols in areas that already have them and requiring the institution of such protocols in areas that do not.

Mental Health Treatment for Child Abuse Victims

While investigation of child abuse is important to the safety of victims and the accountability of offenders, it also serves as a gateway to services for victims. Research indicates that the best long-term predictor of child well-being following child sexual abuse isn't the outcome of the legal case, but rather the support and treatment that the victim receives. Whether any non-offending caregivers are supportive and whether successful trauma-focused mental health treatment is provided, are far more determinative of outcome than are legal rulings.

Child sexual abuse has well-documented life-long effects. Victims of child sexual abuse are more likely than their non-abused counterparts to become pregnant as teens, to drop out of high school, to abuse substances such as alcohol and drugs, to engage in self-destructive and risk-taking behavior, and to experience anxiety and depression. As adults, these individuals have increased morbidity and mortality, suffering from a host of physical and mental ailments at higher rates than their non-abused peers.[20] Moreover, their own children are more likely to suffer sexual abuse during the course of their lifetimes than other children. This is truly the saddest possible cycle of abuse.[21]

This host of maladies is the result of the trauma caused by abuse. Child abuse victims experience rates of trauma symptoms (hyperarousal, fear, sleep disturbances, anxiety, depression) at rates verging on those experienced by war veterans. Because the nature of child sexual abuse is such that it often involves repeated episodes, sustained over a long period of time, and is often coupled with other forms of abuse, these child victims sustain complex trauma symptoms. Child victims of abuse, and others who suffer from complex trauma symptoms, are more likely to perform poorly in school, have behavior problems at home, and have poor mental and physical health.

Fortunately, much has been learned over the past 15 years about successfully treating trauma in children. Congress established the National Child Traumatic Stress Network in 2001 to collect data

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[20] Dube S.R., Anda R.F., Whitfield C.L., Brown D.W., Felitti V.J., Dong M., Giles W.H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. American Journal of Preventive Medicine, 28 (5), pp. 430-438.

[21] Penelope K. Trickett, Jennie G. Noll and Frank W. Putnam (2011). The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. Development and Psychopathology, 23 , pp 453-476 doi:10.1017/S0954579411000174

about, create and test treatments for, and disseminate training and tools for successful treatment of, children who had been traumatized. As a result, we now know that some treatments formerly thought to be effective with this population are, in fact, not. And, more importantly, we also know about evidence-supported mental health treatments that are effective. Evidence-supported, trauma-focused mental health treatment has been shown to be remarkably effective in reducing trauma symptoms in child victims and helping them begin to heal. Randomized controlled trials, the "gold standard" for clinical testing, has shown that children who complete a course of trauma-focused, evidence-supported mental health treatment show marked reduction in trauma symptoms, increased ability to cope with trauma reminders, and significantly improved functioning at home and school. Every child who has been the victim of abuse deserves to be assessed to see if they would benefit from such treatment, and if so, to have it provided to them promptly.

Abused children served within Children's Advocacy Centers have access to such trauma-focused, evidence-supported mental health treatment. National Children's Alliance and the National Child Traumatic Stress Network have partnered to disseminate training and resources to directors of Children's Advocacy Centers and to the clinicians to whom they refer. For the 267,000 children served within Children's Advocacy Centers last year there is no doubt that the care they received was improved and suffering they experienced was reduced for having had access to such treatment. However, the future of training for such treatment, as well as resource development, is threatened. Appropriations are yet to be finalized for this critical network for FY12. And while the Senate has recommended level funding in order to maintain this critical work on behalf of children who have suffered trauma, the House has recommended a reduction so dramatic it would virtually eliminate the network altogether. Children who have been abused depend on proven mental health treatments on their path to recovery and healing. From a social responsibility standpoint, if we have failed collectively to protect these children from harm, the least we can do is to help restore them to wholeness. From a purely economic standpoint, if we invest in their treatment now, we will save ourselves from having to pay for the costs of their compromised physical and emotional health later. We call on Congress to assist child victims of abuse by continuing to provide access to such treatment, and trained clinicians, through this vital Network.

In Summary

Child sexual abuse is a far too common experience for America's children. In 2010, 9% of substantiated child abuse cases were sexual abuse. However, it is difficult to know the full scope of the problem. NCANDS data regarding substantiated child sexual abuse cases only contains data collected from Child Protective Services. In many States, extra-familial and third-party abuse cases are investigated solely by Law Enforcement. Their data is not captured by NCANDS nor by the Uniform Crime Statistics Report. So, cases involving adults in a position of trust are rarely captured in these official reports making it difficult to create effective prevention and intervention strategies. Moreover, all such data collection efforts undercount child sexual abuse because studies have consistently shown that 2/3 of individuals who report they were abused as children never told anyone during their childhood. This not only

impacts the accuracy of prevalence data and our understanding of the scope of the problem, but also points to the importance of prevention activities.

And, child sexual abuse is preventable. More than 2 decades of research reflects the effectiveness of child sexual abuse prevention and body safety information for children. Last year alone, Children's Advocacy Centers, provided such information to more than 389,000 children. However, all school-aged US children should have access to this information. Ultimately, though, the responsibility for preventing child sexual abuse falls not on children to protect themselves but on adults to protect them from harm.

When adults suspect abuse, or when children disclose abuse, there are often barriers to reporting that abuse. While CAPTA requires that all States have reporting processes and procedures, these vary widely. Who must make a report, how that report is made, and to whom varies by State. Lack of certainty about the signs of abuse, how to make a report, and what will happen once a report is made are the leading causes of inaction or failure to report in cases of suspected or known abuse. However, a public education campaign to educate all adults on the signs of abuse and how to report could greatly reduce confusion and enhance public safety. More and better training for mandated reporters is essential to better protecting children.

However, increased public education campaigns and mandated reporter training will result in an increased number of informed child abuse reports. To avoid flooding the system with reports that exceed the ability of investigating agencies to respond, resources available to Law Enforcement and Child Protective Services must be commensurate to the increased volume of reports. One of the most effective response systems is available through Children's Advocacy Centers. There are more than 750 such centers throughout the US that have been proven to be cost-efficient in coordinating the investigation, prosecution, and protection of children while ensuring that child victims of abuse receive effective treatment. However, there are still more than 1,000 counties in the US that lack access to this response. Moreover, while investigation and prosecution of child abuse cases is important in holding offenders accountable and enhancing community safety, this alone is not sufficient to help victims heal. Victims require trauma-focused, evidence-supported mental health treatment in order to heal. Those child victims that complete treatment experience a significant reduction in trauma symptoms, have fewer behavior problems at school and home, and experience less depression and anxiety than those without such treatment.

It is our collective social responsibility to protect children from abuse. And, when that fails, to report it and ensure that victims receive the services they need to heal and lead healthy and productive lives. The health and well-being of our nation's children depend upon it.

THANK YOU.