

Child Abuse Prevention and Treatment Act
Report of the Child Abuse and Neglect Advisory Committee Citizen Review Panel
Family and Children’s Trust Fund of Virginia
May 2021

Background

The Child Abuse Prevention and Treatment Act (CAPTA) mandates the establishment of citizen review panels (CRP) to examine child protective services policies and procedures. When applicable, CRPs may also review specific child protective services cases in order to evaluate key concerns such as the Child Protective Services (CPS) programs’ compliance with the State Plan, coordination with Title IV-E foster care and adoption programs, and child fatalities and near fatalities, as well as other concerns the panel considers important to the CPS program.

The Commonwealth of Virginia has three citizen review panels: The Child Abuse and Neglect Advisory Committee of the Family and Children’s Trust Fund (CAN/FACT); the State Child Fatality Review Team (CFRT); and the Children’s Justice Act/Court Appointed Special Advocate Committee (CJA/CASA).

The Family and Children’s Trust Fund (FACT) Board was established by the Virginia General Assembly in 1986 through enactment of § 63.2-2102 of the Code of Virginia. Created as a public-private partnership with the capacity to raise funds in the community for family-serving programs, the FACT Board has the stated mission of providing for the support and development of services for the prevention and treatment of family violence in Virginia. The vision of the Board is to reduce family violence through support of community-based initiatives, public awareness, and collaboration. FACT defines family violence to include child abuse and neglect, domestic violence, dating violence, sexual assault, and elder abuse and neglect. Through its trust fund, supported by donations from a variety of sources, the FACT Board is able to provide grants to financially support programs that serve Virginia families throughout the Commonwealth.

The FACT Board is governed by a 15-member Board of Trustees appointed by the Governor. The Board meets quarterly and members serve a maximum of 2 four-year terms. The Commissioner of the Virginia Department of Social Services (VDSS) serves as a permanent member. In 2012, the Governor’s Advisory Board on Child Abuse and Neglect (GAB) was absorbed into the FACT Board, with the citizen review panel functions of the GAB being assumed by the Child Abuse and Neglect (CAN) Committee established by the FACT Board at that time. The CAN Committee meets quarterly.

The CAN Committee appreciates the response letter provided by VDSS Child Protective Services on December 15, 2020. VDSS addressed each of the eight areas of concern the CAN Committee submitted and the FACT Board adopted in June of 2020. We know that the issues are complex

and therefore warrant comprehensive and ongoing efforts over several years. Therefore, the CAN Committee will continue to monitor some of these concerns noted in 2020 and will introduce new areas of focus. Additional context for each area is provided below.

The Department's policies, practices and guidance for staff once the pandemic has ended.

COVID-19 dramatically changed the lives of children and their families. Children's lives and their support structures outside of the home – for instance, extended kin, schools, day care providers, friends, and health care workers - were disrupted and, for many, disappeared altogether. New stressors added to challenges for parents and caregivers, who were juggling work, schooling, and family at home. As a result, children may be more at risk of violence, abuse, neglect and psychological distress as the pandemic continues to unfold.

We don't yet know what happened in children's lives, at least not fully. We will know more as the pandemic eases and families and children return to their earlier routines. In one publication from [UNICEF](#), authors note potential increases in abuse and neglect, gender-based violence, increased use of children in labor, loss of loved ones through death, separation from families, and social exclusion, all as a result of the requirements for social distancing during COVID-19.

We appreciate that VDSS staff have provided updates to this Committee over the past year, keeping the group informed about their work developing guidance and tools for Virginia's local departments of social services (LDSS) to keep all safe while addressing risk to children: tip sheets, technology resources, assistance with accessing Personal Protective Equipment (PPE), timelines for responding to reports of child abuse or neglect, and use of virtual tools to continue visitation and supervision of children under CPS jurisdiction.

CAN Committee members remain concerned about children at home full-time and at potentially increased risk for abuse and neglect. As VDSS has described, reports of abuse and neglect are down roughly 24% from last year at this time, but increased 4% between December 2020 and January 2021. At the same time, there has been no measurable increase in child abuse or neglect related deaths. We want to continue hearing from the Department on these issues and data in the coming year.

We recommend that VDSS continue to review these data and additional information as it becomes available. We also recommend that VDSS review strengths and challenges to its actions in response to the pandemic: How has COVID-19 altered VDSS' role in the emergency management of this public health crisis? What can child protective services put in place, in terms of protocol and policy, to be prepared for the next emergency? What did VDSS learn about the strengths and limitations of Virginia's CPS capacities during the pandemic? What can be done to strengthen CPS now and into the future?

The role of VDSS in child-on-child sexual abuse cases.

This is an area where the CAN Committee is focusing extra effort and discussion. We are learning that child on child sexual assault is a complex and troubling problem, one that is multifaceted and poorly understood. It is clear that many barriers remain to effectively addressing sexually inappropriate behavior between children in Virginia and in other states. So far, reliable data trends are difficult to discern.

By law, CPS has a limited role in these cases, typically responding when the alleged abuser was in a caretaking role relative to the child victim. Depending on their mandates and policies, entities such as law enforcement and prosecutors, child advocacy centers, private counselors, and sexual and domestic violence programs may also get referrals in these cases.

The dynamics of these cases vary significantly. They include situations of sexually inappropriate behaviors between children who may be close in age, and others that involve sexual assault between children where there is a significant age difference between abuser and victim, such as a teenager and a toddler. Additional complexities include dynamics of cultural and organizational factors associated with sexual violence/harassment as it relates to and is often regarded as bullying or hazing within schools, organizations and communities. It is critical that our responses include an understanding of this range of behaviors and needs, and that it promotes healthy relationships and sexual development for all children.

The CAN Committee will pull together a workgroup of six professionals with expertise in this area to begin a conversation about this complex issue and identify areas for further discussion and recommendation. A follow-up panel discussion is also expected to further review barriers and opportunities for improvement in these cases. The ultimate goal of these efforts is to develop formal guidance on best practices and policies focused on prevention and effective responses to these cases that can be implemented at state and local levels. The Committee recognizes the critical role that VDSS plays in many of these cases and views this project as an opportunity to develop a useful tool for the field and highlight the role of VDSS in any response.

We recommend that VDSS continue to work with CAN and the FACT Board to understand how to best address these cases from the perspective of CPS. We ask that VDSS provide data describing trends and insights into these cases. We further recommend that LDSS continue to provide perspective into CPS policy and protocol that will strengthen response and services to these children.

Information about how issues of systemic racism in the child welfare system and equity are being addressed.

The year 2020 was a watershed year within the United States and Virginia with regard to the recognition of profound racial justice and inequity in our country. The literature on racism within the child welfare system reflects many of the same themes we have been reading and thinking about as a nation: bias and differential treatment in the child protection response system based on skin color; profound inequality in social institutions, particularly the criminal justice system, that disproportionately impacts people of color, their children and their families.

A November 2016 issue brief from the [Children's Bureau](#) describes that Black and Native American children are overrepresented in the child welfare system while Asian and Latinx children are underrepresented. They go on to provide potential explanations for this disproportionality and suggest ways to address these disparities.

The CAN Committee believes this is an important area of policy and practice to discuss and review with the LDSS, and understands that in late 2020 the Department had begun these discussions.

We recommend that the Department provide CAN with the data about disparity and disproportionality in Virginia's CPS response, as well as changes in policy, guidance, staffing that attempt to address these gaps. CAN Committee members will review this information and make suggestions as appropriate.

Changes in response and data collection for diversion cases.

Diversion is the practice of removing a child from their home to live with a relative or trusted adult identified by the parent and/or social worker to avoid foster care. VDSS is in the process of moving away from using diversion, and is rolling out a new model for In-Home services as part of its implementation of the Family First legislation. Family First prioritizes that children stay at home with their families and in their communities, and provides funding to support mental health and substance abuse prevention and treatment services as well as in-home parent skill-based services. When needed, it sanctions foster care in homes and among families rather than in congregant settings, and limits circumstances under which group care is permissible.

The CAN Committee recognizes the potential value of the Family First policy changes, but continues to be concerned about the safety, well-being, and permanency for abused and/or neglected children as this federal policy is implemented.

We recommend that VDSS continue to monitor these cases, gather and share outcome data related to child safety, well-being, and permanency, and regularly update the CAN Committee and the FACT Board on policy, guidance and practice as it implements Family First in Virginia.

Ongoing challenges of the VDSS State Hotline response.

Timely and substantive response on Virginia's hotline is still a challenge for VDSS. DSS staff have reported that wait times on the hotline have increased, due to a COVID-19 related state hiring freeze that resulted in six vacancies. The hiring freeze has been lifted and four of these six positions have now been filled with staff in the process of training and on-boarding. Wait times should decrease once these staff are in their positions. The question remains whether hotline staff in Virginia will be adequate to cover the incoming calls if and when children return to day care centers and schools, and reports of suspected abuse and neglect are likely to increase again.

At the same time, Committee members see promise in a newly rolled out Mandated Reporter website, which allows those reporters to submit a suspicion of abuse or neglect electronically and without waiting for the Hotline. This electronic system received 800 reports over the first four months it was in place. This portal eliminates wait times for these mandated reporters and also data entry for hotline staff. This is a promising tool. The CAN Committee will continue monitoring these responses in the coming year.

CAN Committee members discussed how essential a responsive hotline is to the safety and protection of infants and children in Virginia. Indeed, the very essence of a hotline is the promise to "be there" in cases of emergency. Long wait times lead to discouraged callers giving up and hanging up, and leaves children who are in harm's way without the timely interventions they need.

We recommend that the VDSS continue to study trends in Hotline responses, working toward the elimination of wait times and a real-time Hotline response system. We suggest a review that considers wait times, call outcomes, dropped calls, peak and non-peak times, and number of staff available in relationship to each of these variables. These data will assist the LDSS and CAN Committee members in understanding what staff are needed to fully cover the Hotline on a 24-7 basis.

As always, CAN Committee members appreciate the opportunity to have these discussions with the Department, and look forward to continuing our working together. Our efforts are strengthened and fortified by this collaboration.