

We propose the following addition to the definition of Child Abuse and Neglect in the Child Abuse Prevention and Treatment Act which states:

(A) Institutional Child Abuse: — For purposes of this Act the term “institutional child abuse” means the physical or mental injury, sexual abuse, negligent treatment or maltreatment of a child in an institution responsible for the child’s welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Secretary.

We propose the addition of a Federal Interagency Work Group to the Child Abuse Prevention and Treatment Act which states:

- (1) Duties— The Federal Interagency Work Group shall coordinate Federal efforts with respect to institutional child abuse reporting and prevention.
- (2) Reports— The Federal Interagency Work Group shall include reports of institutional child abuse not less than twice annually to the Center and The Board.

We propose the following additions to section 106 of the Child Abuse Prevention and Treatment Act ([42 U.S.C. 5106](#))

(1) NATIONAL CHILD ABUSE HOTLINE.—

(A) IN GENERAL.—The Secretary may award a grant under this subsection to a nonprofit entity to provide for the ongoing operation of a 24-hour, national, toll-free telephone hotline to provide information and assistance to youth victims of child abuse or neglect, parents, caregivers, mandated reporters, and other concerned community members, including through alternative modalities for communications (such as texting or chat services) with such victims and other information seekers.

(B) PRIORITY.—In awarding grants described in this paragraph, the Secretary shall give priority to applicants with experience in operating a hotline that provides assistance to victims of child abuse, parents, caregivers, and mandated reporters.

We propose the addition to section 108 of the Child Abuse Prevention and Treatment Act, which states:

(A) IN GENERAL.— The Secretary must provide technical assistance to institutions and entities receiving funds under this Act for the development and implementation of policies and procedures to prevent and respond to reports of institutional child abuse and neglect.

(B) PRIORITY.—The designated state agency shall maintain records on suspected institutional child abuse and make such records available to the public upon request, with redaction of any identifying information about the child, as determined in accordance with regulations prescribed by the Secretary and as added by this Act.

We propose the following additions to “Definitions” to include subtypes of institutional child abuse for reporting and data collection purposes:

(1) INSTITUTION.— The term “institution” in the context of this act means a facility or outdoor program operated by a public or private entity that provides care to youth.

(2) INSTITUTIONAL PHYSICAL ABUSE.— The term “institutional physical abuse” means any intentional act resulting in physical harm, injury, or pain which may include hitting, punching, strangulation, suffocation, kicking, shoving, slapping, burning, using excessive force, improper use of restraint, tasers, electric skin shock devices or any other actions or techniques that cause bodily injury, suffering, extreme exhaustion or endanger the child's physical well-being.

(A) IMPROPER USE OF RESTRAINT.— The term “improper use of restraint” means the inappropriate use of physical, chemical, or mechanical restraints, not medically authorized, for convenience or discipline, or contrary to federal or state licensing requirements.

(B) IMPROPER PHYSICAL RESTRAINT.—The term “physical restraint” means a personal restriction that immobilizes or reduces the ability of an individual to move the individual’s arms, legs, torso, or head freely, except that such term does not include mechanical restraint or chemical restraint.

(C) IMPROPER CHEMICAL RESTRAINT.— The term “chemical restraint” means a drug or medication used on a child to control behavior or restrict freedom of movement that is not—

(i) prescribed by a licensed physician, or other qualified health professional acting under the scope of the professional’s authority under State law, for the standard treatment of a child's medical or psychiatric condition; and administered as prescribed by the licensed physician or other qualified health professional acting under the scope of the professional’s authority under State law.

(D) IMPROPER MECHANICAL RESTRAINT.— The term “mechanical restraint” means the use of devices as a means of restricting a child’s freedom of movement.

(3) INSTITUTIONAL SEXUAL ABUSE.— The term “institutional sexual abuse” means nonconsensual sexual conduct, such as unwanted touching, rape, molestation, indecent liberties, sexual coercion, explicit photographing or recording, voyeurism, indecent

exposure, non-medical genital exams; including any sexual conduct between a staff member and a child in the facility, regardless of claimed consent.

(4) INSTITUTIONAL PSYCHOLOGICAL ABUSE.— The term “institutional psychological abuse” means the intentional verbal or nonverbal actions that threaten, humiliate, harass, coerce, intimidate, isolate, confine, or punish a child, cruel and unusual punishment, including misusing therapeutic practices that result in mental injury.

(A) CRUEL AND UNUSUAL PUNISHMENT. — The term “cruel and unusual punishment” refers to any punishment, discipline, or treatment administered within institutional care that, by its nature or severity, causes physical or psychological harm or suffering to a child and it encompasses actions or omissions that are disproportionately severe, humiliating, or degrading in nature, to an extent that exceeds accepted societal norms, reasonable disciplinary measures, or contemporary interpretations of decency, human rights, and child welfare.

(5) INSTITUTIONAL NEGLECT.— The term “institutional neglect” means acts or failures to act by an institution resulting in death, severe physical or emotional harm, sexual abuse or exploitation, or an imminent risk of serious harm, including but not limited to medical neglect.

(A) INSTITUTIONAL MEDICAL NEGLECT.— The term “institutional medical neglect” means the failure to seek or provide medical, dental, or psychiatric care necessary to prevent serious harm, including but not limited to improper use of medication or sedation.

We, the undersigned, urge Congress to adopt these critical amendments to the Child Abuse Prevention and Treatment Act to protect our children from institutional child abuse and ensure their safety and well-being.