



NATIONAL REGISTER
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TRANSLATING RESEARCH TO PRACTICE

Preventing Adverse Childhood Experiences with Concrete and Economic Supports

J. Bart Klika, PhD, MSW



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Chief Research Officer at Prevent Child Abuse America.

Dr. Klika is a national expert on child maltreatment prevention and currently has funding from the Centers for Disease Control and Prevention to evaluate child maltreatment prevention policies.

He has authored numerous publications on the prevention of child maltreatment and served as the senior editor of the APSAC Handbook on Child Maltreatment (4th Ed.).

Disclosures/Conflicts of Interest

- I have no conflicts of interest to disclose.
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Learning Objectives

1. Define the three levels of ACE prevention (primary, secondary, tertiary)
2. Describe three concrete and economic supports that have been shown to prevent ACEs
3. Apply strategies for connecting clients who have experienced ACEs to resources in their community

Plan for the day...

- What is “prevention?”
- What is the problem we are trying to prevent?
- What does the research say about concrete and economic supports as an ACEs prevention strategy?
- What can you do as a Psychologist to advance the prevention of ACEs?

North Star:

All children and families
are living a purposeful
and happy life with
hope for the future



Prevent Child Abuse
America®

Mission Statement

Established in 1972, PCA America is the nation's oldest and largest organization committed to prevention child abuse & neglect *before they happen*. We promote programs and resources informed by science that enable kids, families, and entire communities to thrive — today, tomorrow, and for generations to come.



THEORY of Change

All children and families are living a purposeful and happy life with hope for the future



*Adapted from Warren & Collins, 2022

**Public health is what we, as a society, do
collectively to assure the conditions in
which (all) people can be healthy.**

Institute of Medicine
The Future of Public Health, 1988 & 1997

Make Prevention the Priority

WHAT IS PRIMARY PREVENTION?

Stopping abuse *before* it occurs.
Primary prevention activities are **designed for the general population to provide support to prevent ACEs and minimize risks before they occur.**

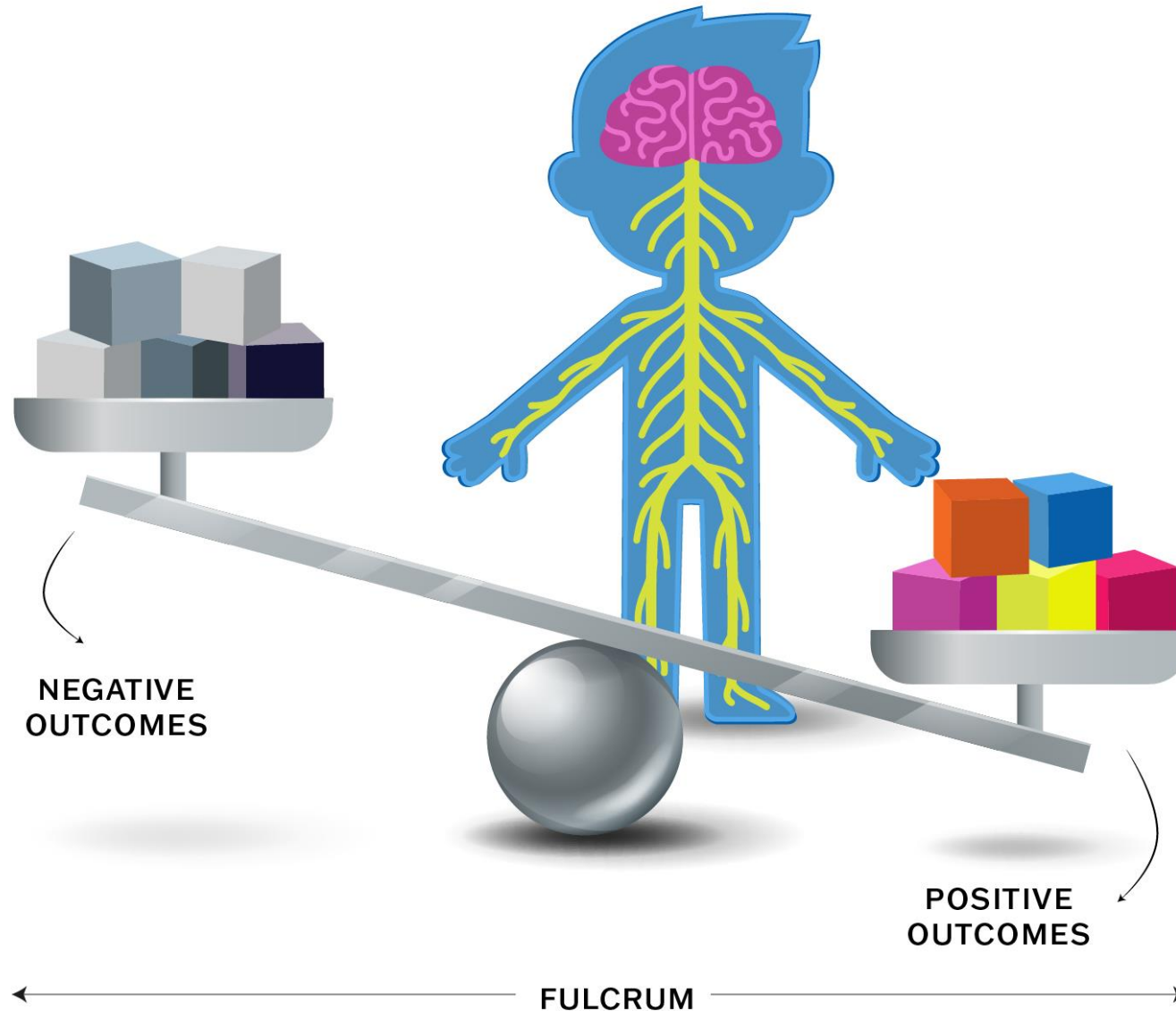
WHAT IS SECONDARY PREVENTION?

Targeted responses to at-risk populations.
Secondary prevention activities are **targeted at families that have one or more risk factors associated with ACEs (such as substance use or mental health conditions) to prevent and minimize challenges.**

WHAT IS TERTIARY PREVENTION?

Long-term responses to stop abuse and neglect and minimize consequences.
Tertiary prevention activities **focus on families of children who have already experienced ACEs in order to minimize impact, prevent further harm and help families heal.**

What is the “problem” we are trying to prevent?



National Scientific Council on the Developing Child. (2015). *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13.* <http://www.developingchild.harvard.edu>

Evidence shows that stress and trauma can interrupt healthy child development, putting people at risk for lifelong health issues.





New CDC data illuminate youth mental health threats during the COVID-19 pandemic

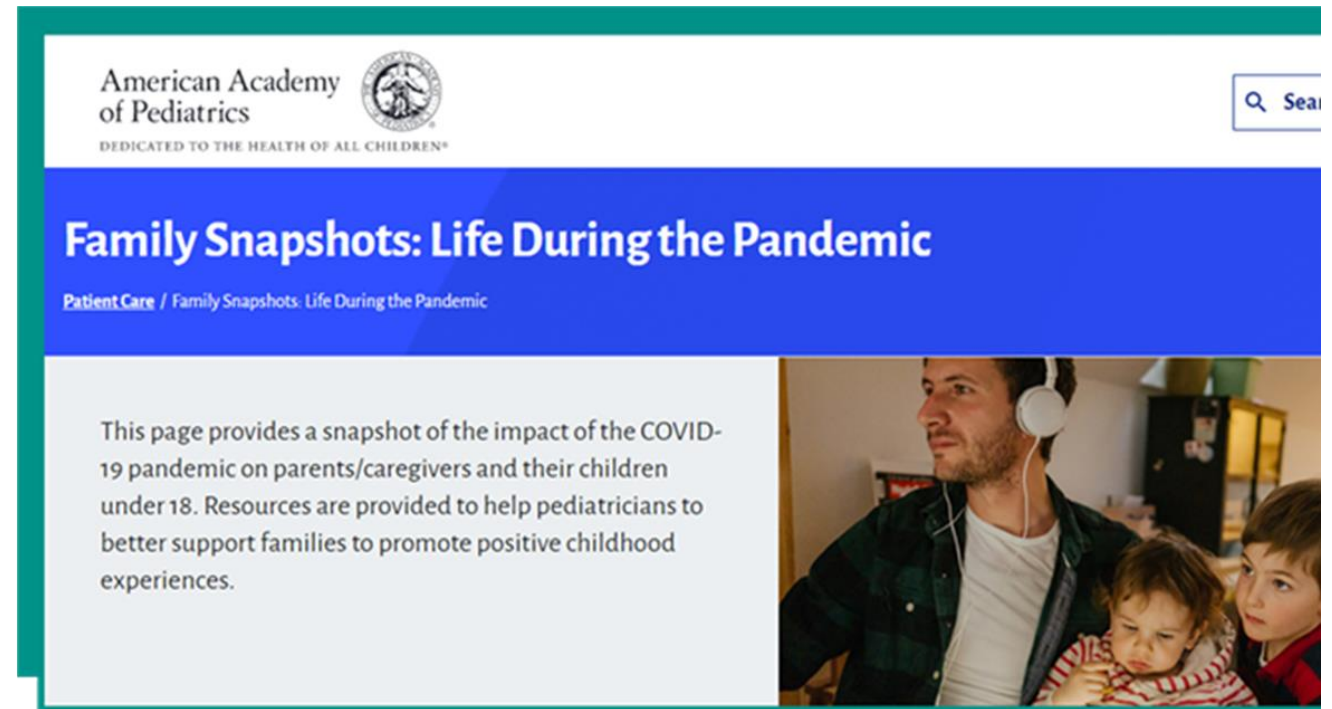
CDC's first nationally representative survey of high school students during the pandemic can inform effective programs

According to the new data, in 2021, more than a third (37%) of high school students reported they experienced poor mental health during the COVID-19 pandemic, and 44% reported they persistently felt sad or hopeless during the past year. The new analyses also describe some of the severe challenges youth encountered during the pandemic:

- More than half (55%) reported they experienced emotional abuse by a parent or other adult in the home, including swearing at, insulting, or putting down the student.
- 11% experienced physical abuse by a parent or other adult in the home, including hitting, beating, kicking, or physically hurting the student.
- More than a quarter (29%) reported a parent or other adult in their home lost a job.

Survey of 9,000 US parents, across 3 waves

- US sample drawn for yougov.com opt-in internet panel
- Conducted with the **CDC, American Academy of Pediatrics, PCA America, and Tufts Medical Center**



The screenshot shows the top portion of a webpage. At the top left is the American Academy of Pediatrics logo with the tagline 'DEDICATED TO THE HEALTH OF ALL CHILDREN®'. To the right is a search bar with a magnifying glass icon and the word 'Search'. Below the logo is a blue header with the title 'Family Snapshots: Life During the Pandemic' in white. Underneath the header is a breadcrumb trail: 'Patient Care / Family Snapshots: Life During the Pandemic'. The main content area has a light blue background and contains a text box that reads: 'This page provides a snapshot of the impact of the COVID-19 pandemic on parents/caregivers and their children under 18. Resources are provided to help pediatricians to better support families to promote positive childhood experiences.' To the right of this text is a photograph of a man wearing headphones, looking to the side, with two young children (a toddler and a young boy) in front of him.

<https://preventchildabuse.org/resources/family-snapshot-surveys-caregiving-in-the-context-of-covid-19/>



The infographic is titled 'family snapshots: NAVIGATING THROUGH ECONOMIC STRESS'. It features a central illustration of a family walking in a park. The text is organized into several sections:

- Concrete and economic supports create positive foundations for families to thrive.** Such supports include clothing, food, medical care, paid leave, quality childcare and education, and safe shelter. However, the COVID-19 pandemic restricted these supports by disrupting employment, draining finances, and increasing economic stress. We asked caregivers how the pandemic impacted their families' supports.
- This is What We Heard:**
 - “Money for food, bills, rent, that’s the biggest challenge for me to buy what [we] need.”
 - “The stimulus check helped us a lot. We were able to buy our kids what they needed like clothes and shoes. And we finally were able to get food stamps... and that helped us a lot.”
- The Challenges of Economic Stress**

Caregivers lost their jobs or had to change their hours due to being **furloughed, an employer cutting hours, or reducing hours to provide care** for a family member.

From March to November 2020,

 - 1 out of 2 caregivers experienced changes in employment status.
 - When compared to men, **2x** as many women reduced their hours to care for their families.
 - Caregivers with children and youth with special health care needs (CYSHCN) were furloughed, laid off, or had reduced work hours **at a higher rate** than those without CYSHCN.
 - Household finances were negatively impacted. **2 out of 5** households experienced a negative change in finances.
- Federal Assistance Buffered Economic Stress**

1 out of 2 households received some financial support during the pandemic, including:

 - Food and support from local food banks, **SNAP**, and **WIC**
 - Health care assistance
 - Income support from **TANF**

WHAT ARE THE “**ROOT CAUSES**” OF CHILD ABUSE AND NEGLECT?

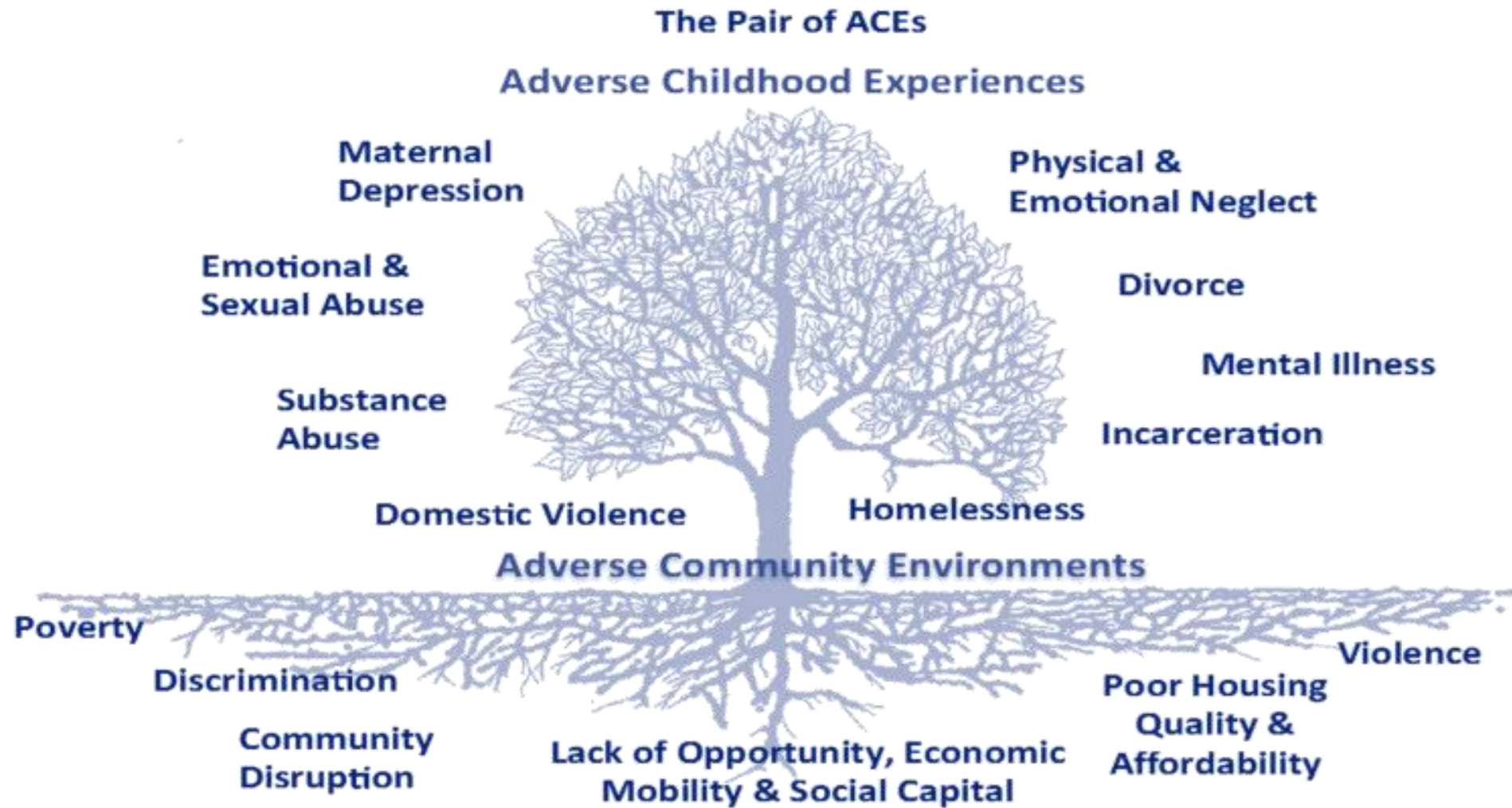


NOT bad parents

WHAT ARE THE “**ROOT CAUSES**” OF CHILD ABUSE AND NEGLECT?



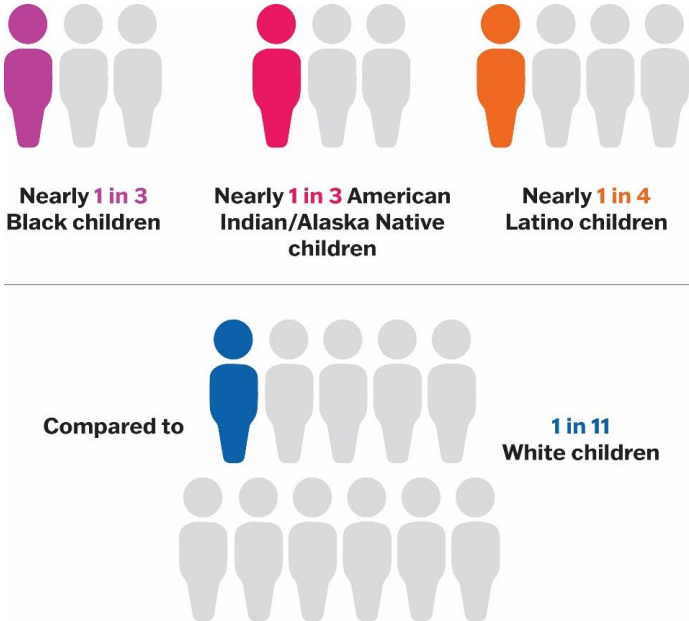
Adverse **COMMUNITY** Conditions



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Adverse community conditions affect some kids in America more than others.

BIPOC children most likely to be living in poverty in the US



SOURCES: Chapin Hall. Disproportionality and disparities are due to racism both internal and external to the child welfare system (Dettlaff, 2020); CDF, 2020; KIDS COUNT, 2020; and Census Bureau, 2020.

Black children in the South have the lowest access to amenities associated with healthy childhood development compared to Black children in other regions

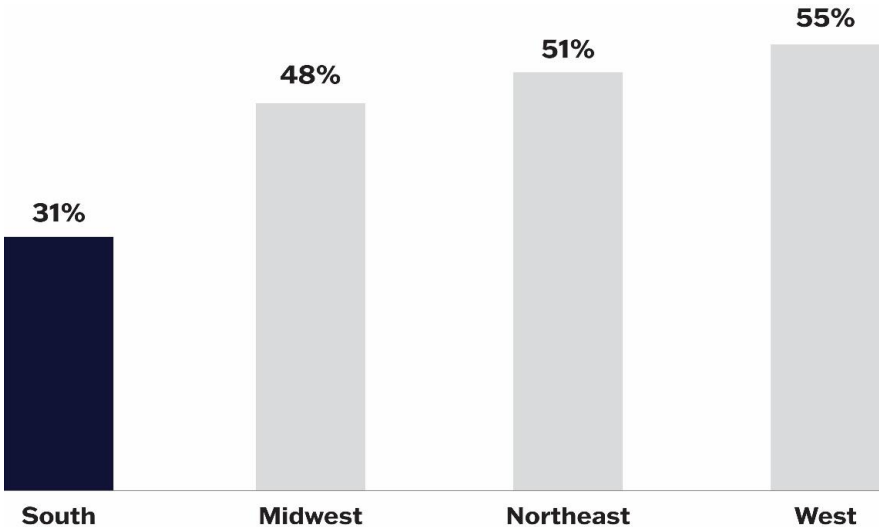


Figure Source: Authors' analysis of 2020-2021 data from the National Survey of Children's Health

**What does the research say about
concrete and economic supports
as an ACEs prevention strategy?**

A Roadmap to Reducing Child Poverty

Committee on Building an Agenda to Reduce the Number of Children in Poverty by Half in 10 Years

Greg Duncan and Suzanne Le Menestrel, *Editors*
Board on Children, Youth, and Families
and

Committee on National Statistics
Division of Behavioral and Social Sciences and Education

A Consensus Study Report of
The National Academies of
SCIENCES · ENGINEERING · MEDICINE

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Policies to reduce child poverty and child maltreatment: A scoping review and preliminary estimates of indirect effects

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Indirect effects

ABSTRACT

This study includes a scoping review of prior studies investigating the effects of policy changes on child poverty rates. It further conducts an empirical analysis to estimate the relationship between child poverty rates and child maltreatment report (CMR) rates, utilizing national, county-level data. The study then calculates the indirect effects of policy changes on CMR rates, mediated through child poverty rates, by integrating information from previous studies with its own empirical findings. Among the policy changes explored in prior studies, those related to a child allowance and a fully refundable Child Tax Credit demonstrate the largest indirect effects but also the highest costs. The expansion of in-kinds and near-cash benefits, such as the Supplemental Nutrition Assistance Program benefits and housing vouchers, shows moderate effects with moderate costs. Tax credits like the Earned Income Tax Credit exhibit lower effects and costs when targeted at the lowest earners, and moderate effects and costs for broader expansion. Focused tax credits, such as the Child and Dependent Care Tax Credit, had lower effects and costs, even if made fully refundable. Despite certain limitations, the study's approach yields consistent estimates with a recent simulation study, indicating its potential validity. While some proposed policy changes may seem expensive, implementing them is anticipated to substantially reduce CMR rates, with the benefits outweighing the associated costs. Overall, the findings suggest that addressing child poverty to reduce CMRs is an attractive strategy with numerous potential benefits.

1. Introduction

Child maltreatment, such as neglect, physical abuse, sexual abuse, and emotional abuse, is a significant social problem. It is projected that over one in three U.S. children will be reported to and investigated by child protective services for child maltreatment concerns at least once during childhood (Kim et al., 2017). Research has shown that child maltreatment is associated with a wide range of negative outcomes, including health, social, behavioral, cognitive, academic, and economic problems, which persist from childhood into adulthood (World Health Organization, n.d.). Consequently, the societal burden of child maltreatment is accordingly high in the United States (Fung et al., 2012; Peterson et al., 2018). In order to contribute to the prevention of child maltreatment incidents and reports, our aim is to provide quick preliminary estimates of the indirect effects of policy changes on child maltreatment report (CMR) rates, mediating through child poverty rates.

1.1. Poverty and child maltreatment

Poverty has long been identified as one of the most influential risk factors for incidents and reporting of child maltreatment (Drake et al., 2022; Pelton, 2015). Children living in impoverished conditions face a significantly elevated risk of encountering incidents of child maltreatment and being reported, in comparison to those not experiencing poverty (Irwin, 2009; Selliak et al., 2010). Moreover, communities with higher poverty rates demonstrate increased rates of child maltreatment incidents and reports across various community levels, encompassing census tracts, zip codes, and counties (Coilton et al., 2007; Kim & Drake, 2018).

Multiple theoretical foundations support the pathways from poverty to child maltreatment at the individual level. First, even though state laws and policies generally do not define the inability to provide care for a child solely due to poverty as a form of child maltreatment (Child Welfare Information Gateway, 2022), poverty can significantly limit the resources and choices available to economically disadvantaged parents, potentially increasing the likelihood of inadequate care and neglect for

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The Effects of Child Poverty Reductions on Child Protective Services Involvement

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ABSTRACT In this study, we use microsimulation methods to estimate the reduction in child protective services (CPS) involvement resulting from implementation of three of the policy packages from a recent National Academy of Sciences proposal

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State Spending on Public Benefits



State Spending on Public Benefit Programs and Child Maltreatment
Henry T. Puls, Matthew Hall, James D. Anderst, Tami Gurley, James Perrin and Paul
J. Chung
Pediatrics originally published online October 18, 2021;

- For every \$1,000 spent on benefits programs for those living in poverty in a state, there was reduced:
 - Child welfare reports
 - Child welfare substantiations
 - Foster care placements
 - Child fatalities

Supplemental Nutrition Assistance Program (SNAP)

- Generosity of SNAP in a state is associated with a reduction in child welfare investigations for abuse and neglect.
- Increase in income generosity is associated with a reduction in substantiated child abuse and neglect.
- Elimination of asset testing is associated with reductions in child abuse and neglect investigations.
- Increase in income limits are associated with reductions in child abuse and neglect investigations.

JAMA Pediatrics | Original Investigation

Association of State Expansion of Supplemental Nutrition Assistance Program Eligibility With Rates of Child Protective Services-Invigated Reports

Anna E. Austin, PhD; Meghan E. Shanahan, PhD; Madeline Frank, BA; Rebecca B. Naumann, PhD; H. Luz McNaughton Reyes, PhD; Cassio Corbie, MD; Alicia S. Ammerman, PhD

Supplemental content

IMPORTANCE States in the US have the option to eliminate the asset test and/or increase the income limit for Supplemental Nutrition Assistance Program (SNAP) eligibility under a policy called broad-based categorical eligibility (BBCE). Given associations of economic hardships, including food insecurity, with child protective services (CPS) involvement, state adoption of these policies may be associated with changes in rates of CPS-investigated reports.

OBJECTIVE To examine the association of state elimination of the asset test and increases in the income limit for SNAP eligibility under BBCE with rates of CPS-investigated reports.

DESIGN, SETTING, AND PARTICIPANTS This cross-sectional ecologic study used data from 2006 to 2019 obtained from the SNAP Policy Database and the National Child Abuse and Neglect Data System Child Files and difference-in-differences analyses. The data were analyzed from March to September 2022. The study used CPS-investigated reports for suspected child abuse and neglect from 37 US states to examine elimination of the asset test, from 36 states to examine increases in the income limit, and from 26 states to examine adoption of both policies.

EXPOSURES State elimination of the asset test, increases in the income limit, and adoption of both policies to expand SNAP eligibility.

MAIN OUTCOMES AND MEASURES Number of CPS-investigated reports, overall and specifically for neglect and physical abuse, per 1000 child population.

RESULTS From 2006 to 2019 for all 50 states and the District of Columbia, there were a total of 29 213 245 CPS-investigated reports. By race and ethnicity, 19.8% of CPS-investigated reports were among non-Hispanic Black children and 45.7% among non-Hispanic White children (hereafter referred to as Black and White children). On average, there were 8.2 fewer CPS-investigated reports (95% CI, -12.6 to -4.0) per 1000 child population per year in states that eliminated the asset test, 5.0 fewer CPS-investigated reports (95% CI, -10.8 to 0.7) per 1000 child population per year in states that increased the income limit, and 9.3 fewer CPS-investigated reports (95% CI, -15.6 to -3.1) per 1000 child population per year in states that adopted both SNAP policies than there would have been if these states had not adopted these policies. There were decreases in CPS-investigated reports for neglect in states that adopted either or both policies, and small decreases in CPS-investigated reports for physical abuse in states that increased the income limit or adopted both policies. There were decreases in CPS-investigated reports among both Black and White children. For example, there were 6.5 fewer CPS-investigated reports among Black children (95% CI, -14.6 to 1.6) and 8.7 fewer CPS-investigated reports among White children (95% CI, -15.8 to -1.6) in states that adopted both SNAP policies than there would have been if these states had not adopted these policies.

CONCLUSIONS AND RELEVANCE Results from this cross-sectional study suggest that state expansion of SNAP eligibility through elimination of the asset test and increases in the income limit may contribute to decreases in rates of CPS-investigated reports. These results can inform ongoing debates regarding SNAP policy options, specifically BBCE, and prevention efforts for child abuse and neglect.

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JAMA Network | Open



Original Investigation | Pediatrics

Association Between State Supplemental Nutrition Assistance Program Policies, Child Protective Services Involvement, and Foster Care in the US, 2004-2016

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Abstract

IMPORTANCE Public assistance policies may play a role in preventing child maltreatment by improving household resources among families of low incomes. The Supplemental Nutrition Assistance Program (SNAP) is one of the largest public assistance programs in the US. However, the association of state SNAP policy options to Child Protective Services (CPS) outcomes has not been rigorously examined.

OBJECTIVE To model the association of state SNAP policies with changes in CPS and foster care outcomes in the US over time.

DESIGN, SETTING, AND PARTICIPANTS This cohort study used panel data to examine the association between SNAP policy options and study outcomes from 2004 to 2016 for 50 US states and the District of Columbia in 2-way fixed-effects regression models. The count of SNAP policies was used as an instrument for SNAP caseloads in instrumental variables models. Data analysis was conducted in November 2021.

EXPOSURES The adoption of 1 or more state SNAP income generosity policies that improves or stabilizes household resources for SNAP participants.

MAIN OUTCOMES AND MEASURES Reports of child maltreatment accepted for CPS investigation, children in substantiated reports, and children receiving foster care services for all forms of maltreatment, and specifically for child neglect per 100 000 child population.

RESULTS The mean (SD) number of SNAP income generosity policies increased from 1.47 (0.95) in 2004 to 2.37 (0.94) in 2010, to 2.49 (0.86) in 2016 across states; the median increased from 1 to 3 (range, 0-4) over the same period. A count of state income generosity policies was associated with large reductions in reports accepted for CPS investigation (-352.6 per 100 000 children; 95% CI, -557.1 to -148.2). Income generosity policy was associated with -94.8 (95% CI, -155.6 to -34.0) fewer substantiated reports and -77.0 (95% CI, -125.4 to -28.6) fewer reports substantiated for neglect per 100 000. Each additional income generosity policy adopted by a state was associated with -45.1 (95% CI, -71.6 to -18.5) to -42.3 (95% CI, -64.8 to -19.8) fewer total foster care placements per 100 000 children.

CONCLUSIONS AND RELEVANCE State SNAP policies that improve and stabilize household

Key Points

Question Are state Supplemental Nutrition Assistance Program (SNAP) policy options associated with rates of Child Protective Services involvement and use of foster care services in the US?

Findings This cohort study including all 50 states and the District of Columbia noted that adoption of SNAP policies increased from 2004 to 2016 and, accompanying the increases, substantiated reports of childhood neglect decreased. In instrumental variables models, policies to operate through SNAP caseloads were identified.

Meaning The findings of this study suggest SNAP policy options that increase the generosity and stability of household resources may yield valuable population health returns by preventing child maltreatment and the need for costly child welfare interventions.

+ Invited Commentary

+ Supplemental content

Author affiliations and article information are listed at the end of this article.

Medicaid Expansion



Original Investigation | Health Policy

Assessment of Rates of Child Maltreatment in States With Medicaid Expansion vs States Without Medicaid Expansion

Emily C. B. Brown, MD, MS; Michelle M. Garrison, PhD, MPH; Hao Bao, PhD; Pingping Qu, PhD; Carole Jenny, MD, MBA; Ali Rowhani-Rahbar, MD, MPH, PhD

Abstract

IMPORTANCE Physical abuse and neglect affect a significant number of children in the United States. The 2014 Medicaid expansion, in which several states opted to expand their Medicaid programs, is associated with parental financial stability and access to mental health care.

OBJECTIVE To determine whether Medicaid expansion is associated with changes in physical abuse and neglect rates.

DESIGN, SETTING, AND PARTICIPANTS This ecological study used state-level National Child Abuse and Neglect Data Systems (NCANDS) data from January 1, 2010, through December 31, 2016, to compare the change in physical abuse and neglect rates in states that chose to expand Medicaid vs those that did not. All cases of physical abuse and neglect of children younger than 6 years during the study period that were referred to state-level Child Protective Services and screened in for further intervention after having met a maltreatment risk threshold were included. Cases with only documented sexual or emotional abuse were excluded. A difference-in-difference analysis was conducted from April 12, 2018, through March 26, 2019.

EXPOSURES State-level Medicaid expansion status.

MAIN OUTCOMES AND MEASURES Incidence rate of screened-in referrals for physical abuse or neglect per 100 000 children younger than 6 years per year by state.

RESULTS Data were analyzed for 31 states and the District of Columbia that expanded Medicaid and 19 states that did not during the study period, with baseline neglect counts of 646 463 and 388 265, respectively. After Medicaid expansion, 422 fewer cases of neglect per 100 000 children younger than 6 years (95% CI, -753 to -91) were reported each year after adjusting for confounders for comparison of postexpansion and preexpansion rates in states that expanded Medicaid contrasting with the change during that time in nonexpansion states. From 2013 to 2016, Medicaid coverage for adults with dependent children increased a median 1.9% (interquartile range, 0.4% to 4.3%) in the states that did not expand Medicaid and 4.2% (interquartile range, 0.9% to 6.0%) in the states that did. No associations were found between Medicaid coverage or Medicaid eligibility criteria and physical abuse or neglect rates.

CONCLUSIONS AND RELEVANCE Medicaid expansion was associated with a reduction in the reported child neglect rate, but not the physical abuse rate. These findings suggest that expanding Medicaid may help prevent child neglect.

Key Points

Question Is the state expansion of Medicaid associated with rates of child physical abuse and neglect?

Findings In this ecological study comparing pre- and post-Medicaid expansion state-level rates of child physical abuse and neglect from the National Child Abuse and Neglect Data Systems, after adjusting for confounders, there were fewer cases of reported neglect (422 fewer per 100 000 younger than 6 years) in states that expanded Medicaid than during that time in nonexpansion states, which had a baseline rate of 3944 cases per 100 000 children younger than 6 years in 2013.

Meaning These results suggest that Medicaid expansion may serve as a means to prevent child neglect.

+ Invited Commentary

+ Supplemental content

Author affiliations and article information are listed at the end of this article.

- Compared to states without Medicaid expansion, those who expanded saw:
 - Reduced reports of child neglect
 - No reductions in child physical abuse

Impact of Medicaid Expansion on Reported Incidents of Child Neglect and Physical Abuse

Emma E. McGinty, PhD,¹ Reshmi Nair, PhD,² Luciana C. Assini-Meytin, PhD,² Elizabeth A. Stuart, PhD,² Elizabeth J. Letourneau, PhD²

Introduction: The U.S. Affordable Care Act Medicaid expansion, which allowed states to expand Medicaid coverage to low-income adults beginning in 2014, has reduced the risk factors for child neglect and physical abuse, including parental financial insecurity, substance use, and untreated mental illness. This study examines the associations between Medicaid expansion and the rates of overall, first-time, and repeat reports of child neglect and physical abuse incidents per 100,000 children aged 0–5, 6–12, and 13–17 years.

Methods: The 2008–2018 National Child Abuse and Neglect Data System was analyzed using an extension of the difference-in-differences approach that accounts for staggered policy implementation across time. Owing to evidence of nonparallel preperiod trends in the 6 states that expanded Medicaid from 2015 to 2017, the main analyses included 20 states that newly expanded Medicaid in 2014 and 18 states that did not expand Medicaid from 2008 to 2018. Analyses were conducted in 2020–2021.

Results: Medicaid expansion states were associated with reductions of 13.4% (95% CI= -24.2, -9.6), 14.8% (95% CI= -26.4, -1.4), and 16.0% (-27.6, -2.6) in the average rate of child neglect reports per 100,000 children aged 0–5, 6–12, and 13–17 years, per state-year, relative to control states. Expansion was associated with a 17.3% (95% CI= -28.9, -3.8) reduction in the rate of first-time neglect reports among children aged 0–5 years and with 16.6% (95% CI= -29.3, -1.6) and 18.7% (95% CI= -32.5, -2.1) reductions in the rates of repeat neglect reports among children aged 6–12 and 13–17 years, respectively. There were no statistically significant associations between Medicaid expansion and the rates of physical abuse among children in any age group.

Conclusions: Insurance expansions for low-income adults may reduce child neglect. *Am J Prev Med* 2021;000(000):1–10. © 2021 American Journal of Preventive Medicine. Published by Elsevier Inc. All rights reserved.

Minimum Wage

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CHILDREN AND YOUTH SERVICES REVIEW

Money matters: Does the minimum wage affect child maltreatment rates?

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ABSTRACT

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Research has consistently demonstrated that children living in low-income families, particularly those in poverty, are at a greater risk of child maltreatment; however, causal evidence for this relationship is sparse. We use child maltreatment reports from the National Child Abuse and Neglect Data System: Child File from 2004 to 2013 to investigate the relationship between changes in a state's minimum wage and changes in child maltreatment rates. We find that increases in the minimum wage lead to a decline in overall child maltreatment reports, particularly neglect reports. Specifically, a \$1 increase in the minimum wage implies a statistically significant 9.6% decline in neglect reports. This decline is concentrated among young children (ages 0–5) and school-aged children (ages 6–12); the effect diminishes among adolescents and is not significant. We do not find that the effect of increases in the minimum wage varies based on the child's race. These findings are robust to a number of specifications. Our results suggest that policies that increase incomes of the working poor can improve children's welfare, especially younger children, quite substantially.

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- For every \$1 increase in a states minimum wage, there is a nearly 10% reduction in child neglect reports.
- Increased minimum wage is associated with:
 - Reduced spanking by mothers and fathers
 - Reduced physical and psychological aggression by mothers

Rev Econ Household
<https://doi.org/10.1007/s11150-021-09590-7>



How does the minimum wage affect child maltreatment and parenting behaviors? An analysis of the mechanisms

William Schneider¹ · Lindsey Rose Bullinger² · Kerri M. Raissian³

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Abstract

Children in low socioeconomic status (SES) families are five times more likely to experience child maltreatment relative to children in high SES families. To determine whether increasing the wages of working poor families can prevent maltreatment, we examine whether changes in the local minimum wage (MW) affect child well-being and parenting behaviors. Using data from a representative, longitudinal survey, we use a lagged dependent variable model to compare parenting behaviors in localities where the MW changed to localities where the MW did not change relative to before the MW change took place. We also explore heterogeneity by child's age and a variety of potential mechanisms. We find that increasing the minimum wage reduces spanking by both mothers and fathers, as well as physical and psychological aggression by mothers. These results appear to be driven by changes in maternal employment; whereby mothers reduce their employment and change their weekend shifts. We find no significant effects for positive parenting behaviors, household income, or maternal mental health. Finally, older children exhibit fewer externalizing behaviors as a result of increases in the minimum wage. The results of this study help inform the conversation about income supports and employment policies with regard to their effects and pathways to child well-being.

Tax Credits

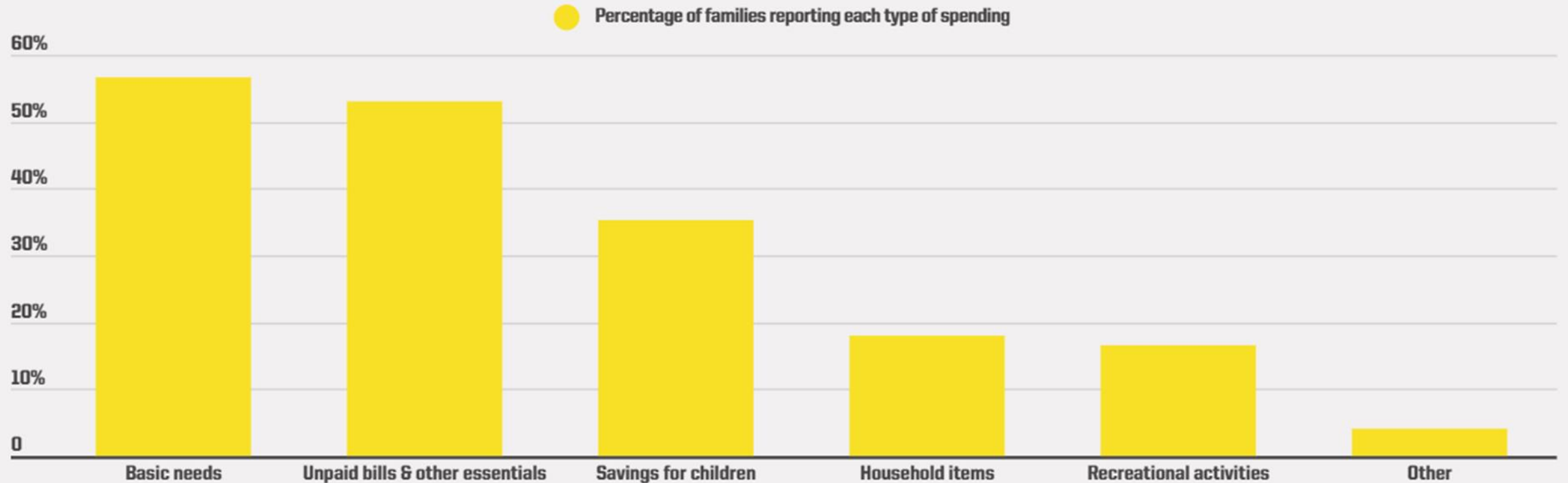
Earned Income Tax Credits (EITC)

- State refundable EITC associated with statewide reductions in hospitalizations for abusive head trauma.
- Increased generosity of a states refundable EITC was associated with reductions in child neglect reports.

Child Tax Credits (CTC)

- For each additional \$1,000 spent per child on EITC and CTC tax refunds, there was a 5% reduction in child abuse and neglect reports.
 - Decreases began the week of payment and lasted for 4-weeks.
- Expanded CTC was associated with reduced hotline contacts.
- Expanded CTC resulted in a decrease in monthly child poverty rate from 15.8% in June 2021 to 11.9% in July 2021 (3 million children)

CHILD TAX CREDIT SPENDINGS



<https://rapidsurveyproject.com/our-research/two-years-in-the-life-of-a-pandemic>

Paid Family Leave

- Compared to states without state Paid Family Leave, California saw significant reductions in hospital admissions for abusive head trauma.

Brief report

Paid family leave's effect on hospital admissions for pediatric abusive head trauma

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Received 28 May 2015
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ABSTRACT
Paediatric abusive head trauma (AHT) is a leading cause of fatal child maltreatment among young children. Current prevention efforts have not been consistently effective. Policies such as paid parental leave could potentially prevent AHT, given its impacts on risk factors for child maltreatment. To explore associations between California's 2004 paid family leave (PFL) policy and hospital admissions for AHT, we used difference-in-difference analyses of 1995–2011 US state-level data before and after the policy in California and seven comparison states. Compared with seven states with no PFL policies, California's 2004 PFL showed a significant decrease in AHT admissions in both <1 and <2-year-olds. Analyses using additional data years and comparators could yield different results.

provide wage replacement benefits to workers who take time off work to care for a seriously ill relative or to bond with a new child; this bill began paying benefits to eligible parents on 1 July 2004.¹⁰ The state's law provides up to 6 weeks of partially paid leave (up to 55% of employees' wages) for employees qualifying for State Disability Insurance (SDI). Average benefits paid under the law ranged from \$405 a week in 2004 to \$526 in 2013.¹⁰ When taken consecutively with benefits provided by California's SDI, employees have up to 12 weeks of partially paid leave after the birth of a baby. Based on previous evidence that PFL can reduce parental stress and depression and children's externalising behaviours (known risk factors for child maltreatment¹¹), we explored the associations between California's PFL policy and AHT hospital admissions. Previous analyses using an interrupted time series design (not reported) led to inconclusive results most likely due to lack of power. It also lacked controls for potential confounders. Our current analyses use a difference-in-difference design.

METHODS

We constructed a panel data set that included the annual data of California and seven comparison states. We used difference-in-difference analyses of publicly available, state-level data from 1995 to 2011 to compare the population rate of AHT hospital admissions in California versus other US states that had no PFL policy change before and after the policy change.

Data

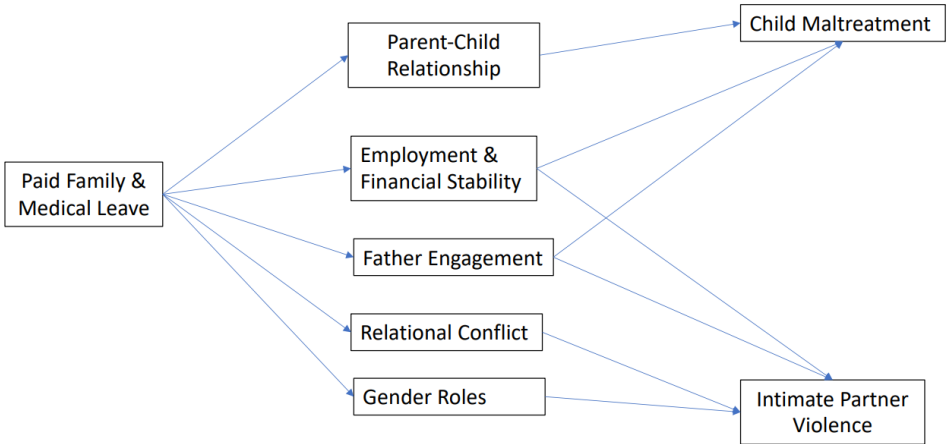
We identified inpatient admissions with AHT diagnoses (referred to as AHT admissions) in the 1995–2011 Statewide Inpatient Databases (SID) from the Healthcare Cost and Utilization Project.¹² SID is the largest publicly available, state-based, all-payer (ie, patients with public insurance, private insurance and no insurance), inpatient care database in the USA, reporting all inpatient discharges annually in participating states.¹² Admissions were included in this analysis if a combination of International Classification of Diseases (ICD), Ninth Revision, Clinical Modification and External Cause of Injury diagnosis codes indicated definite or probable AHT based on the CDC definitions.¹³ We calculated the annual age-specific population rate of AHT admissions among children by age per 100 000 population.¹⁴ Data on 2002 California AHT admissions were unavailable so we interpolated the state's rate that year from surrounding years' data using Proc Expand in SAS V9.3 (SAS Institute, Cary, North Carolina, USA).

Our main analysis investigated AHT admissions among children <1-year-old, which includes the

In the USA, paediatric abusive head trauma (AHT) is a leading cause of fatal child maltreatment among young children.¹ Survivors can suffer severe, long-term neurological and physical impairment.² The majority of victims are <2 years old, with peak incidence between 9 and 20 weeks.² This peak coincides with developmentally typical episodes of prolonged and inconsolable infant crying.² AHT prevention has primarily focused on providing parents of newborns with information about infant crying and the dangers of violent infant shaking.² Although such programmes initially yielded promising results,³ subsequent rigorous evaluation efforts failed to show reductions in serious AHT incidence.⁴

Societal-level interventions, such as public policies, reach broader segments of the population and may have a longer, sustained impact on reducing child maltreatment.⁵ In particular, paid family leave (PFL) policies that allow new mothers to delay re-entry into the workforce may hold promise for AHT prevention. New mothers can care for their infants instead of or alongside male caregivers (most perpetrators of AHT are males). Research based on individual-level data suggests that PFL is associated, perhaps not causatively, with positive parental and child health outcomes, including reduced maternal depression⁶ and preschoolers' externalising behaviours.⁷ PFL can also reduce family stress by improving family income during the time leave is taken and beyond.⁸ A possible mechanism to explain the effects beyond the period of PFL is maternal stress and depression's effects on a child's hypothalamic-pituitary-adrenal system, which alters the child's response to stress and affects other systems, including emotional regulation.⁹

In 2002, California enacted PFL (Senate Bill 1661), Family Temporary Disability Insurance, to



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Childcare Subsidy



Child Care Subsidies: Opportunities for Prevention of Child Maltreatment

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Abstract

Child care access shapes parental involvement in the workforce, and inherently families' economic security. Given the well-supported relationships between family economic stress and child maltreatment, we hypothesize financially accessible child care subsidies will reduce the risk of maltreatment by reducing parental stress and improving families' ability to provide for children's basic needs. State's policy components shaping financial access to child care subsidies are explored here in terms of their relationship to child maltreatment. The National Child Abuse & Neglect Data System was used to derive state's annual rates of child maltreatment (maltreatment, abuse, neglect, physical abuse, and sexual abuse). These act as the dependent variable in a generalized estimator equation (GEE) series. The explanatory variables in this series are four policy component variables derived from the Child Care and Development Fund Policy Database. These include: the income eligibility level for a family with three children, whether asset tests are used to determine eligibility, whether families living in poverty are exempt from copayments, and the number of sources of public support that are counted towards a family's income when determining their eligibility. Together, these policies serve as a state-year measure for financial accessibility of child care subsidies. The GEE models predict higher expected rates of maltreatment in states whose policies make it more difficult to qualify for child care subsidies (i.e., lower income eligibility levels, applying asset tests, lacking copayment exemptions for families in poverty, and counting a greater number of public support sources towards a family's income).

Keywords Child abuse · Child maltreatment · Public health law · Child care subsidies · Economic policy

"Poverty has been explored in the literature as a cause and consequence of interpersonal violence" (Walters et al., 2004, pp. 35). Financial stress has been linked to increased occurrence of child maltreatment and at-risk parenting behaviors,

including intimate partner violence (Brooks-Gunn et al., 2013; Leinonen et al., 2002; Paxson & Waldfogel, 1999; Schwab-Reese et al., 2016, 2020) and policies that impact poverty have been associated with child maltreatment rates. For example, the relationship of elevated minimum wage policies and reductions in child maltreatment is well-supported (DeFina, 2008; Neumark & Wascher, 2011; Raisian & Bullinger, 2017; Scheider, Bullinger & Raissian, 2021). However, barriers to employment opportunities related to accessible, affordable child care may undermine opportunities for families to achieve economic security, and accordingly undermine the potential for child maltreatment prevention.

The Public Health Challenge

As of 2020, at least 1 in 7 U.S. children have experienced child abuse or neglect in the past year (Centers for Disease Control & Prevention, 2022). Effective prevention of

- Child maltreatment is lower in states that make it easier for families to qualify for childcare subsidies.
- Increasing the income level at which a family still qualifies (making more families eligible) for a subsidy is associated with reductions in child neglect and child physical abuse.
- Receipt of a childcare subsidy is associated with self-reported reductions in supervisory neglect.



Article

Childcare Subsidy Enrollment Income Generosity and Child Maltreatment

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Abstract: In the United States, childcare subsidies are available to low-income working parents to assist with the cost of childcare. The subsidies are provided as block grants to states, which allows for a great deal of flexibility in the specific policies guiding their distribution. Prior research has found a protective link between childcare subsidies and child maltreatment, but the variations in policies have been much less explored. The current study used longitudinal administrative child welfare data from 10 years (2009–2019) linked with state policies regarding the income eligibility requirements of states to examine the impact of these policies on child abuse and neglect among young children (0–5); early school-age children (6–12), and older children (13–17). Using multiple regression and controlling for state demographic characteristics, the study found that more generous policies surrounding income eligibility were related to lower rates of child abuse and neglect investigations at the state level.

Keywords: child abuse; child neglect; child maltreatment; childcare subsidies; social welfare policy



Kathryn Maguire-Jack, K. Feely, M. Schneider, W. Pace, G.T. Pace, W. Rostad, C.A. Murphy, M.T. Merrick, M.T. Childcare Subsidy Enrollment Income Generosity and Child Maltreatment. *Children* 2022, 10, 64. <https://doi.org/10.3390/children1001064>

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1. Introduction

Child maltreatment—which encompasses adverse experiences such as neglect and physical abuse—is a significant public health problem. Estimates suggest that by age 18, 37% of children in the United States experience a child protective services investigation [1] and 13% experience a confirmed case of child maltreatment [2]. Child maltreatment hinders children's behavioral development [3] and leads to substantial societal costs in the immediate and long-term [4]. Given the prevalence of child maltreatment and the negative outcomes associated with it, there is an urgent need to evaluate prevention approaches.

One approach to prevent child maltreatment is to increase economic support for families [5]. Because poverty and economic stress are risk factors for child maltreatment, policies that increase families' economic security have immense potential for child maltreatment prevention. One such policy is childcare subsidies. Affordable childcare enables caregivers to maintain paid employment while they have young children. Childcare subsidies pay for all or a portion of childcare costs for families with low incomes. In 2018, around 1.3 million children received childcare that was funded by childcare subsidies [6] suggesting this is a significant program that may reduce the risk of child maltreatment for many families.

Although a few studies have examined the relationship between childcare subsidy receipt and child maltreatment in population-based samples of families [7,8], only one study to date [9] has examined the macro-level relationship between childcare subsidy policies and official indicators of child maltreatment. This study leverages macro-level variation built into the policy. Specifically, the federal government funds states' childcare subsidy programs via a block grant which allows states considerable administrative flexibility in

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Policy Options to Strengthen Families

Maternal & Child Health

- Evidence-based Home Visiting programs
- Prenatal Care
- Enhanced primary care

Economic Stability

- Tax credits
- Minimum wage
- Income supports
- Paid Leave programs
- Nutrition programs

Community and Education & Awareness

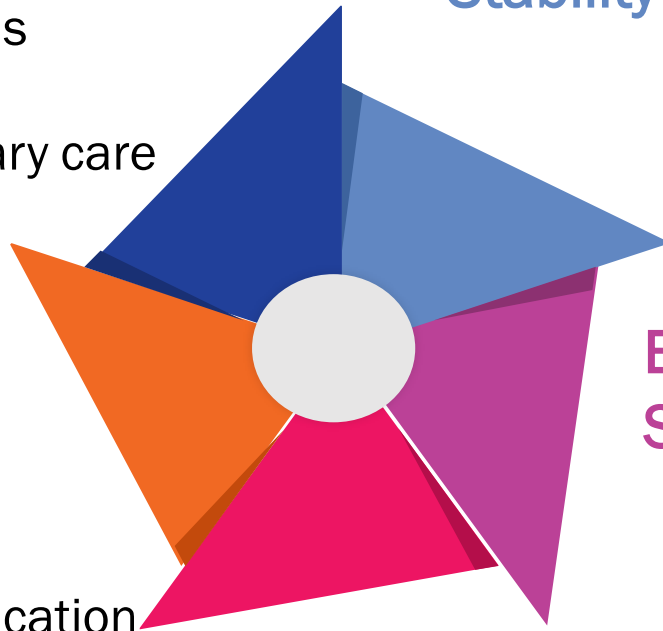
- 1-800 Warm Lines
- Public education campaigns
- Family Resource Centers
- Child sex abuse prevention education

Early Childhood Supports

- Pre-K & Afterschool programs
- Parent support and education
- Quality and affordable childcare

Mental Health Supports

- Accessible mental health services
- Behavioral parent training programs
- Trauma informed care in schools and childcare centers



What can you do as a Psychologist to advance the prevention of ACEs?

“When a program of primary prevention deals with an individual, he is seen as the representative of a group, and his treatment is determined not only by his own needs but in relation to the extent of the community problem he represents and the resources available to deal with it” (Caplan, 1964, p. 26).

Key Clinical Considerations

Journal of Health Service Psychology (2023) 49:113–119
https://doi.org/10.1007/s42643-023-00088-7



Supporting the Prevention of Adverse Childhood Experiences in the Clinical Setting

J. Bart Klika · Jennifer Jones

Published online: 6 September 2023
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Abstract

The multitude of problems presented by clients in clinical practice can pose challenges for identifying opportunities for primary prevention of trauma and abuse. However, psychologists have a critical role in the prevention of abuse, neglect, and other adverse childhood experiences. Viewing a client and their presenting challenges as an extension of systemic and environmental problems allows for the individual psychologist to practice prevention in clinical practice. In the assessment and treatment planning process, it is critical for psychologists to assess for ongoing client safety, leverage clients' strengths, help clients navigate to concrete and economic supports to meet basic needs, and to address current and past trauma and mental health challenges.

Keywords Prevention · Child abuse · Child neglect

Clinical Vignette

Felicity¹ is a 30-year-old female who resides in a small town in the Midwest. Overall, Felicity is agreeable and friendly but showed significant distress multiple times throughout the assessment process, especially when talking about prior and current abuse in her life.

As a child, Felicity was the daughter of a single mother, living in a small town with few employment opportunities. The youngest of four children, Felicity was often forced to fend for herself, cooking meals for herself and spending long periods of time unsupervised. Felicity's mother, Abigail, worked many jobs over the years but often had an unpredictable work schedule. As such, Felicity remembers spending time with an uncle who reportedly became physically violent when he drank alcohol. Felicity recalls being physically beaten on multiple occasions by her uncle and remembers talking to "a nice lady" who asked a lot of questions about the abuse. When she was not working, Abigail was a warm mother, with high expectations for her children. Felicity recalls corporal punishment from her mother on multiple occasions for things

like bad grades, swearing, and backtalking. School was a safe haven for Felicity. She had a positive relationship with multiple teachers and frequently arrived early for school to assist teachers in preparing for the day.

In high school, Felicity played on the volleyball team and reports having had a positive experience with her teammates and the coach. At the same time, Felicity fell in love with an older boy, Scooter, from a neighboring community. He introduced Felicity to cigarettes, alcohol, and marijuana, all of which he used on a daily basis. Scooter did not hold a consistent job but managed to pay for food and clothing doing odd jobs on local farms. During Felicity's junior year of high school, she became pregnant for the first time. After 3 months, Felicity miscarried and quickly fell into a deep depressive state. Usually an average student, Felicity's grades began to suffer, and she stopped going to school for long periods of time. She managed to advance to her senior year in high school and became pregnant at the beginning of the year and dropped out of high school. Felicity used cigarettes, alcohol, and marijuana during her pregnancy and delivered her child at 32 weeks. The baby spent 4 months in the neonatal intensive care unit at the local hospital and then was released to the care of Felicity. By this time, Scooter had moved from the state and was living with a distant relative in the South.

¹ Felicity is a fictitious client however the details of her life are based upon experiences from clinical practice of the two authors.

- Safety
- Strengths
- Mental health & prior trauma
- Concrete & economic supports

Personal Knowledge Check

- In what ways do you (or your organization) assess for client concrete and economic support needs on an ongoing basis?
- How do you (or your organization) ensure that clients are receiving the concrete and economic support services they qualify for?
- Where would you turn if a client had a question about the concrete and economic support services they qualify for?
- Do you know the eligibility criteria for:
 - SNAP
 - WIC
 - TANF
 - Housing vouchers
 - Childcare subsidies
 - EITC/CTC
- What is your process for staying up-to-date on changes to eligibility criteria for concrete and economic support programs?

Assessment

- How has client navigated concrete and economic support needs up until now?
 - What has/is working well?
 - How can you help anticipate and address barriers/challenges?
- What needs does the client identify?
 - What resources or services does the client have and which ones might they need?
- Who can support client to apply for eligible programs?
 - If not you, then who? Where?
 - Do you have the information available?
- What if my client does not qualify for any services (e.g., those with undocumented status)?
 - What services or organizations support families with diverse cultural and/or linguistic needs?

Find Help

www.preventchildabuse.findhelp.com

Connect with resources and services in your community

ZIP

60645

[Search](#)



If you or someone you know is in crisis, call or text 988 to reach the [Suicide and Crisis Lifeline](#), chat with them online via their website, or text HOME to 741741 (multiple languages available). If this is an emergency, call 911.

This site, powered by [findhelp](#) in partnership with [Prevent Child Abuse America](#), is a nationwide online directory to help individuals connect with resources and services in their community. If you or someone you know is in immediate danger, **call 911**. If you know of a child who is being abused or neglected, contact [your local child protective services agency](#) or contact [the National Child Abuse Hotline](#) at (1-800-4-A-CHILD). The information about providers and services included in this resource directory does not constitute an endorsement on the part of Prevent Child Abuse America. Always seek the advice of qualified professionals regarding your physical and mental health as well as legal questions or concerns you may have. To submit a resource for inclusion, please contact [Karly Zucker at kzucker@preventchildabuse.org](mailto:kzucker@preventchildabuse.org).

Find Help

www.preventchildabuse.findhelp.com

Prevent Child Abuse America

Support Sign Up Log In

ZIP or keyword or program name

Select Language English


Connect with resources and services in your community

FOOD HOUSING GOODS TRANSIT HEALTH MONEY CARE EDUCATION WORK LEGAL

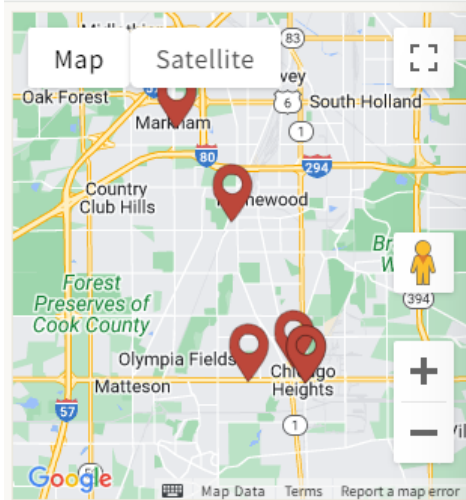
↑

4,771 programs
in the Chicago, IL 60602 area

Choose from the categories above and browse local programs



Find Help



Notice out-of-date information or see a program you work for? Click **Suggest** to share an update or claim your program listing to get access to free tools and data.

Street Outreach

by [Respond Now](#)

Reviewed on: 02/15/2024

Street Outreach assists people experiencing homelessness with basic needs, as well as housing navigation assistance. Street Outreach case managers can perform assessments that can...

Main Services: [temporary shelter](#), [help find housing](#)

Other Services: [personal safety](#), [help pay for gas](#), [prescription assistance](#), [navigating the system](#), [one-on-one support](#), [help find work](#)

Serving: [adults](#)

Next Steps:

Email jgarba@respondnow.org to get more info or call 708-755-4357.

2.99 miles (serves your local area)

P.O Box 215, Chicago Heights, IL 60412

Closed Now : See open hours

MORE INFO



SAVE



SHARE



NOTES



SUGGEST

APPLY

Emergency Shelter

by [South Suburban PADS](#)

Reviewed on: 02/15/2024

Emergency Shelter Network (ESN) provides hospitality, compassion service and dignity to men, women and children experiencing homelessness. This program provides:- Temporary...

Main Services: [temporary shelter](#), [help find housing](#), [residential housing](#), [transportation](#)

Other Services: [meals](#), [help find housing](#), [transportation](#), [health education](#), [navigating the system](#), ...

Next Steps:

Call 708-332-7700 ext. 4.

2.53 miles (serves your local area)

Advocacy

- Personal
 - What do you do to advocate for concrete and economic support policies for families?
- Professional
 - What do your licensing and professional societies do to advocate for concrete and economic support policies for families?
- Organizational
 - What does your organization do to advocate for concrete and economic support policies for families?

Take Action

Policy Alert Support the Preventing Adverse Childhood Experiences Act

Chapter Login Chapter webstore

DONATE **WEB STORE**

What We Do Who We Are Where We Work News Resources

Home > What We Do > Public Policy >

Policy Action Center

You can influence public policy. Advocacy happens in many different ways, but at its core advocacy is about raising awareness, building and leveraging relationships, and educating others around the issues and policies that matter to you.

Find help

<https://preventchildabuse.org/what-we-do/public-policy/policy-action-center/>

Take Action



Support the Preventing Adverse Childhood Experiences Act

Reach out today to your members of Congress to request their support of the PACEs Act which will expand our knowledge of trauma and ACEs to better inform prevention efforts.

[TAKE ACTION TODAY](#)

Clinical Resources

- www.preventchildabuse.org
- <https://www.cdc.gov/violenceprevention/communicationresources/pub/resource-for-action.html>
- <https://pn3policy.org/>
- www.preventchildabuse.findhelp.com
- www.findhelp.org
- <https://preventchildabuse.org/resources/family-snapshot-surveys-caregiving-in-the-context-of-covid-19/>

Q&A with Dr. Klika



- We will now discuss select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

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