



Concrete & Economic Supports as Violence Prevention



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Unemployment Rate
03 Apr '20 12:30
Actual 4.4 Forecast 3.8

UNEMPLOYMENT
APPLI

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



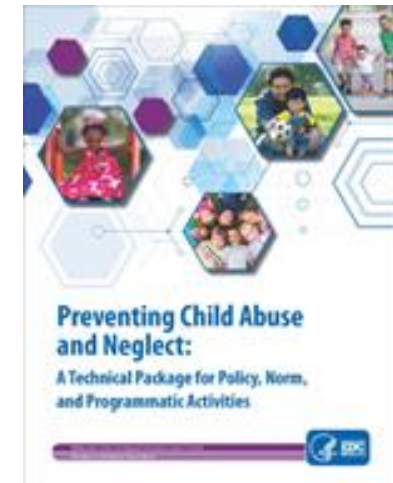
Institute of Medicine

The Future of Public Health, 1988 & 1997

Components of the Technical Package:

1. **Strategies:** prevention direction or actions to prevent child abuse and neglect.
2. **Approaches:** specific ways to advance the strategy (programs, policies, practices).
3. **Evidence:** science supporting the approaches.

Preventing Child Abuse and Neglect	
Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none">• Strengthening household financial security• Family-friendly work policies
Change social norms to support parents and positive parenting	<ul style="list-style-type: none">• Public engagement and education campaigns• Legislative approaches to reduce corporal punishment
Provide quality care and education early in life	<ul style="list-style-type: none">• Preschool enrichment with family engagement• Improved quality of child care through licensing and accreditation
Enhance parenting skills to promote healthy child development	<ul style="list-style-type: none">• Early childhood home visitation• Parenting skill and family relationship approaches
Intervene to lessen harms and prevent future risk	<ul style="list-style-type: none">• Enhanced primary care• Behavioral parent training programs• Treatment to lessen harms of abuse and neglect exposure• Treatment to prevent problem behavior and later involvement in violence



AIMS OF GRANT


Table 1. Specific Aims	
Specific Aim	Description
Aim 1a: Paid Family Leave (PFL)	Effects of PFL on Child Maltreatment (CM) and Intimate Partner Violence (IPV)
Aim 1b (PFL)	Variation in PFL effects on CM & IPV for key subgroups (e.g., race/ethnicity)
Aim 1c: (PFL)	PFL potential mechanisms effect on CM & IPV violence outcomes
Aim 2a: Early Child Care Provisions (ECCP)	Effects of ECCP on CM & IPV
Aim 2b (ECCP)	Variation in ECCP effects on CM & IPV for key subgroups (e.g., race/ethnicity)
Aim 2c (ECCP)	ECCP potential mechanisms effect on CM & IPV violence outcomes

Why early childhood policies?

Stress & violence against children

- Financial stress of early childhood
 - Cost of child rearing
 - Lost wages (unpaid leave or leaving labor market)
- Logistical stress of early childhood
 - Inconsistent or inflexible work schedule
 - Fear of job loss (and wage loss)
 - Identifying and paying for high quality childcare
- Relationship stress of early childhood
 - Financial challenges
 - Caregiving challenges

**prenatal-to-3
policy** IMPACT CENTER
RESEARCH FOR ACTION AND OUTCOMES



Paid Family Leave and Affordable Child Care Are Integral to a Strong Prenatal-to-3 System of Care
February 2021

Prenatal-to-3 Policy Impact Center | LBJ School of Public Affairs | The University of Texas at Austin
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Leave Policy in the US



- US lacks a federal paid leave program (Stanczyk, 2019)
- Family Medical Leave Act of 1993 (FMLA)
 - Employment protection with 12 weeks annually of unpaid leave
 - Excluding:
 - Small businesses (less than 50 employees)
 - Employed less than a year (1,250 hours/past 12 months)
 - 59% are eligible for FMLA & fewer can afford to take advantage of unpaid leave (National Partnership For Women & Families, 2016)

Paid Family & Medical Leave



- Allowing caregivers to take paid time off of work to care for a new child or sick family member (Winston et al., 2019)
 - 19% of workers have access to paid leave
 - 40% have access to personal medical leave
 - 84% of voters support paid family and medical leave policy for all (National Partnership for Women & Families)
- Outcomes
 - Increased leave-taking among parents of newborns (Rossin-Slater et al., 2013)
 - Raised breastfeeding rates (Hamad et al., 2018; Huang & Yang, 2015; Pac et al., 2019)
 - Improved parental mental health (Bullinger, 2019)
 - Improved the amount and/or quality of time parents spend with children, including time spent reading with children (Bailey et al., 2019; Bullinger, 2019; Trajkovski, 2019)

National Landscape of PFL



State Paid Family and Medical Leave Insurance Laws

January 2021

	California	New Jersey	Rhode Island	New York	District of Columbia	Washington	Massachusetts	Connecticut	Oregon	Colorado
Status	Enacted 2002, effective 2004; expanded 2016, effective 2018; expanded 2017 and 2019, effective 2020 (A.B. 908, 2015-2016 Leg., Reg. Sess. (Cal. 2016) (enacted); S.B. 63, 2017-2018 Leg., Reg. Sess. (Cal. 2017) (enacted), S.B. 83, 2019-2020 Leg., Reg. Sess. (Cal. 2019) (enacted))	Enacted 2008, effective 2009; expanded 2019, effective 2019 and 2020 (N.J. Stat. Ann. § 43:21-38; A. 3975, 218th Leg., Reg. Sess. (N.J. 2019))	Enacted 2013, effective January 2014 (R.I. Gen. Laws § 28-41-35(h))	Enacted 2016, effective January 2018 (S. 6406C, Part SS, 239th Leg., Reg. Sess. (N.Y. 2016) (enacted))	Enacted 2017, effective July 2020 (D.C. Law 21-264 (D.C. 2016))	Enacted 2017, effective January 2019 (premiums) and January 2020 (benefits) (S.B. 5975, 65th Leg., 3rd Special Sess. (Wash. 2017) (enacted))	Enacted 2018, effective July 2019 (premiums) and January 2021 (benefits) (H. 4640 § 29, 190th Gen. Court, Reg. Sess. (Mass. 2018) (enacted))	Enacted 2019, effective January 2021 (premiums) and January 2022 (benefits) (S.B. 1 § 3, 2019 Leg., Reg. Sess. (Conn. 2019) (enacted))	Enacted 2019, effective January 2022 (premiums) and January 2023 (benefits) (H.B. 2005 § 63, 80th Leg. Assembly, Reg. Sess. (Or. 2019) (enacted))	Enacted 2020, effective January 2023 (premiums) and January 2024 (benefits) (Colo. Rev. Stat. §§ 8-13.3-501 to -524)

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<https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/state-paid-family-leave-laws.pdf>



PFL & Violence Outcomes

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

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Abstract

Pediatric 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 to seven states with no PFL policies, California's 2004 PFL showed a significant decrease of AHT admissions in both < 1 and < 2 year-olds. Analyses using additional data years and comparators could yield different results.

Child Care Subsidies



- Child Care Development Fund (CCDF)
- Challenges for working caregivers:
 - **Cost:** average annual cost of center-based childcare for infants in the United States is \$11,896, and ranges from \$5,760 to \$20,880 (Child Care Aware of America, 2019)
 - **Access**
 - **Reliability**
- Variability in subsidies across states
 - Eligibility criteria
 - Copayment size
 - Exemptions for copayment (e.g., families with very low incomes)
 - Purchasing power of subsidy
 - Work hour requirements to remain eligible

Child Care Subsidies

- Child care cost & instability are associated with higher levels of self-reported physical & psychological aggression (Ha, Collins, & Martino, 2015)
- Parental concerns regarding child care are associated with higher levels of neglect (Yang & Maguire-Jack, 2016)
 - Quality of care, cost of care, flexibility of care
- Receipt of child care subsidy is associated with decreases in official reports of physical abuse & neglect and self-reported supervisory neglect (Yang, Maguire-Jack, Showalter, Kim, & Shook-Slack, 2019; Maguire-Jack, Purtell, Showalter, Barnhart, & Yang, 2019)



Monthly Poverty Rates among Children after the Expansion of the Child Tax Credit

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This report discusses the estimated impact of the expanded Child Tax Credit on the monthly poverty rate for July 2021 in the United States.

Findings

- COVID-related economic relief, including the expanded Child Tax Credit, kept 6 million children from poverty in July 2021; without COVID relief, the monthly child poverty rate would have been 8.1 percentage points (or 40.6 percent) higher.
- The monthly child poverty rate fell from 15.8 percent in June to 11.9 percent in July 2021, representing a decline of 3 million children living in poverty.
- This drop in child poverty is primarily due to the first payment of the expanded Child Tax Credit, which on its own kept approximately 3 million children from poverty in July; without it, the monthly child poverty rate would have been 4.1 percentage points (or 25.6 percent) higher.
- The first payment reached 59.3 million children; had it covered all likely-eligible children, the expanded Child Tax Credit could, on its own, have reduced monthly child poverty by up to 40 percent.
- These results measure monthly poverty based on resources a family receives in a given month, a different approach than measuring annual poverty. Estimates of the poverty reduction effects of the Child Tax Credit and other transfers are not directly comparable to those based on annual poverty rates ([see more on how to interpret these results here](#)).

<https://static1.squarespace.com/static/5743308460b5e922a25a6dc7/t/612014f2e6deed08adb03e18/1629492468260/Monthly-Poverty-with-CTC-July-CPSP-2021.pdf>



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