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State Policies Addressing Child Abuse and Neglect

BY HOLLIE HENDRIKSON and KATE BLACKMAN

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Every year in the United States, hundreds of thousands of children are victims of child abuse and neglect. Often collectively referred to as child maltreatment, abuse and neglect are generally defined as actions or omissions of a parent or caregiver that result in serious harm to a child. One in four children experience child abuse or neglect at some point in his or her life.¹ The consequences of abuse and neglect are long-term and pervasive: Children who are victims are more likely to engage in risky behaviors as adolescents and experience poor health status into adulthood, including substance abuse, depression, cardiovascular disease and diabetes. However, child abuse and neglect are largely preventable, and there are ways to minimize these burdens to both the child and community.

Many public health advocates, community leaders and policymakers are implementing successful approaches to prevent child abuse and neglect. This paper outlines proven strategies and highlights promising and innovative solutions. Some of these strategies have also proven to be a positive investment for states—reducing costs in other health and human service programs down the line.

Better Definitions Lead to Better Solutions: What Is Child Abuse and Neglect?

Defining child abuse and neglect is an important first step in developing preventive policy solutions. Child maltreatment is often broken up into two distinct categories—abuse and neglect. Child abuse and neglect often occur in combination.

Child abuse is intentional or deliberate acts of harm, or threats of harm, committed against a child. Three different types of child abuse include:

- *Physical abuse* is the intentional use of physical force against a child, such as hitting, kicking, choking, stabbing, shaking, burning or other actions that could result in physical injury.
- *Emotional abuse* refers to actions and behaviors that harm a child's sense of self-worth or emotional well-being.
- *Sexual abuse* involves engaging a child in sexual acts, including fondling, rape and exposing a child to other sexual activities. This type of abuse is the most underreported type of child maltreatment; actual rates of sexual abuse against children are likely higher than those officially reported.

Child neglect is the failure to meet a child's basic needs, including housing, food, clothing, education and access to medical care. The definition of child neglect varies among states, agencies and professional groups. Generally, child neglect can be defined as the failure to provide for a child's basic physical, emotional or educational needs, or failure to protect a child from harm or potential harm. A parent or caregiver's failure to supervise a child is also a type of child neglect. Neglect is the most common type of maltreatment perpetrated against children, accounting for 78 percent of all reports. In some states, child neglect accounts for more than 90 percent of all child maltreatment cases. Child neglect includes:

- *Physical neglect* is the failure to provide food, shelter or appropriate supervision.
- *Medical neglect* is defined by many states as failing to provide needed medical or mental health care to a child.
- *Educational neglect* involves the failure of a parent or caregiver to educate a child or provide for special educational needs.
- *Emotional neglect* is the inattention to a child's emotional needs or failure to provide psychological care.
- *Failure to supervise* is failing to ensure that a child is not exposed to unnecessarily dangerous activities or environments.

Source: Centers for Disease Control and Prevention, 2014

A Public Health Approach to Preventing Child Abuse and Neglect

The complex nature of the factors that protect or put children at risk for abuse and neglect have led many experts to recommend approaching prevention policies in a comprehensive way. State legislation that focuses on one aspect of child abuse prevention may not be as effective as policies that address a broad range of social factors associated with parenting, caregiving and other issues that can have a positive influence on a child's well-being.

To promote child safety and security, researchers often discuss reducing *risk factors* that put children at risk of abuse and neglect, while also increasing *protective factors* that help shield children from maltreatment.

Child abuse and neglect also occur within the context of a larger set of factors, including social, physical and economic environments. These circumstances—the conditions in which children are raised—are referred to as the social determinants of health. Social determinants do not exist in isolation; they are integrated and overlap with one another. This integration of factors makes it more difficult to pinpoint one strategy to address an issue like child abuse and neglect. It also means that addressing one factor has the potential to have a ripple effect on others.

Parental stress, for example—including the emotional or financial anxiety associated with raising a child—is often identified as a risk factor for child abuse and neglect. Conversely, safe, stable, nurturing relationships and environments help prevent child abuse and neglect. Creating supportive environments for families and strengthening social support networks that reduce parental isolation and teach positive parenting strategies are examples of protective factors—parents with more social support and strategies to cope with stress may be less likely to neglect or abuse their children.

Developing public policies that facilitate healthy caregiver-child relationships and support parents raising children in difficult conditions are two broad strategies that can create safe, stable and nurturing relationships and environments for children.

Evidence-Based Policies and Strategies to Prevent Child Abuse and Neglect

States have adopted evidence-based strategies, such as connecting new parents to community supports and providing greater access to high-quality child care, that aim to prevent child abuse and neglect before it occurs. These strategies have been used by states and communities for years and are considered foundational approaches to preventing child abuse and neglect. Below are two examples of these types of programs.

Early Childhood Home Visiting

Early childhood home visitation programs provide support and link families to appropriate services. Some help new parents gain basic parenting skills by matching new families with trained providers, such as nurses, social workers or parent educators. These prevention-focused programs are voluntary, and are offered to new families as a connection to social and medical services throughout pregnancy and during the first few years of life.

[The Nurse Family Partnership](#) is the most extensively evaluated early home visitation program. The program has been found to reduce child abuse and neglect by 48 percent and emergency room visits for accidents and poisoning by 56 percent. In this program, nurses help new parents keep themselves and their babies healthy, link parents to services, and assist new families in continuing their education or finding work. [Durham Connects](#) is another program that provides free in-home nurse visits to all new Durham County, North Carolina, parents to assess needs and foster connections with services, as needed. Research shows that this program resulted in higher-quality parenting, more positive child-parent interactions, fewer emergency room visits and greater use of support resources.

More than 20 states have enacted legislation since 2008 to address home visitation effectiveness, accountability and continuous quality improvement, including comprehensive statewide home visitation definitions, standards, outcomes, funding and reporting requirements. A full list of home visitation legislation passed between 2008 and 2014 can be found on [NCSL's Home Visiting Web page](#).

Early Head Start

Early Head Start is a federally funded program that offers low-income pregnant women and families with children under age 3 access to early learning and education in day care settings and other family support services. Many programs offer home-based services, which include weekly home visits from trained program staff to promote parents' or caregivers' ability to support the child's development. Research indicates that the Early Head Start Program reduces child abuse.

All 50 states have at least one Early Head Start Program that is funded primarily by the federal government. However, not all children who qualify to participate in Early Head Start enroll. According to the [Children's Defense Fund](#), an advocacy group, less than 5 percent who are eligible are enrolled in Early Head Start. As of 2012, 10 states used state dollars to support Early Head Start Programs. The Kansas Legislature, for example, approved funding in 1998 for a state-administered Early Head Start program, which is jointly funded with federal dollars. The initiative currently funds 15 Early Head Start Programs, serving 48 counties and 1,177 children.²

Promising Practices to Address Social Determinants of Child Abuse and Neglect

Researchers in the field of child abuse and neglect prevention are looking at policy options that address the social determinants of child abuse and neglect. These approaches improve the conditions in which families raise children to create safe and stable homes and school and community environments to help children thrive. Legislators may also want to consider these social factors in state efforts. This section includes strategies that show promise in reducing child abuse and neglect.

Access to Health Services

Substance abuse, depression and parental stress greatly increase the risk of a parent or caregiver abusing or neglecting a child. Research shows that screening and referral for depression, substance abuse, partner violence, and parental and financial stress among parents of young children can reduce reported cases of child abuse and neglect. This screening may be integrated into primary care or [well-child visits](#), and the [American Academy of Pediatrics](#) encourages pediatricians to include screening and referrals for parents during their child's primary care visit. Providing treat-

Examples of Successful Treatment Programs for Children and Families at Risk for or with Histories of Abuse and Neglect

Enhanced primary care provides opportunities for professionals to identify and address psychosocial problems within the family (e.g., parental depression, substance abuse, major stress, intimate partner violence) that increase risk for child abuse and neglect. One such program is the Safe Environment for Every Kid (SEEK). SEEK is located in the Center for Families within the Department of Pediatrics at the University of Maryland School of Medicine. The program identifies and manages targeted risk factors for child abuse and neglect for families with children through age 5 through screening and referrals within pediatric primary care.

Evaluations of SEEK found a 10 percent reduction in psychological and physical abuse, a 50 percent reduction in screened-in reports to Child Protective Services, fewer children with delayed immunizations and fewer instances of medical neglect.

Intervention with children and families who experience abuse and neglect can mitigate the associated health consequences, decrease the risk for other types of violence later in life and decrease the likelihood that individuals will abuse their own children.

- *Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)* is a joint child and parent psychotherapy approach for children and adolescents ages 3 to 18 who are experiencing significant emotional and behavioral difficulties related to traumatic life events.
- *Children with Problematic Sexual Behavior—Cognitive-Behavioral Treatment Program (CBT)* provides family-oriented, supportive therapy designed to reduce or eliminate incidents of sexual behavior problems. The program offers outpatient group treatment for children ages 6 to 12 years old and their parents or other caregivers. Ten-year follow-up data indicated significant reductions in sex offenses for the CBT treatment group.³
- *Multisystemic Therapy (MST)* is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders, including homes and families, schools and teachers, and neighborhoods and friends. MST leads to improved parent-child interactions and parenting behaviors, decreased out-of-home placements, and fewer incidents of child abuse and neglect.^{4,5,6}

Source: Centers for Disease Control and Prevention, 2013

ment for children and families with a history of abuse and neglect can also help reduce child maltreatment.

Breastfeeding

Some research has shown that breastfeeding is associated with substantially lower risk for abuse and neglect of children by their mothers. In a large prospective study conducted in Australia, the odds of maternal abuse and neglect increased as breastfeeding duration decreased, even after considering factors such as maternal age and education level, whether the pregnancy was wanted, substance abuse during pregnancy, postpartum employment, attitudes regarding infant caregiving, and symptoms of anxiety or depression. The authors concluded that breastfeeding, among other factors, may help to protect children against maltreatment, particularly neglect, by their mothers.

Many states have [policies that help support breastfeeding](#). For example, 49 states, the District of Columbia and the Virgin Islands specifically allow women to breastfeed in any public or private location. More than half of states exempt breastfeeding from public indecency laws (29 states, the District of Columbia and the Virgin Islands) and have laws related to breastfeeding in the workplace (27 states, District of Columbia and Puerto Rico). Five states and Puerto Rico have implemented or encouraged developing breastfeeding awareness and education campaigns.

Education

Lower levels of education among parents is a consistent risk factor for child abuse and neglect. Increasing parental education has the potential to reduce these risks and may also expand income-earning opportunities. Research shows that public schools using Title I funds to implement Child Parent Centers—which help parents earn GEDs, provide vocational training and link families to needed resources—reduced child abuse and neglect, placement in special education, juvenile delinquency and incarceration. It also increased high school completion and adult economic well-being. State legislatures can set expectations for preventing high school students from dropping out, raise awareness about dropout problems, and support programs and school policies that aim to reduce dropout rates. NCSL created a Task Force on School Dropout Prevention and Recovery in 2009 to develop [policy recommendations](#) for state legislatures aiming to lower rates of high school dropouts.

Financial Stability

Policies to increase the economic self-sufficiency of new families alleviate some parental stress and help establish a stable household—two factors that can help protect children from abuse and neglect. For example, [child support payments](#) can provide economic security, especially for low-income families.

Preventing teen pregnancies and delaying parenthood can increase financial stability and decrease stress for new families. Teen and unplanned pregnancies often interrupt or derail educational and employment goals, with implications for household finances. Teen mothers are [less likely to finish high school or college](#), which can affect their future job prospects and earning potential, and are more likely to live in poverty during the early years of their children's lives. States employ numerous [policies to prevent teen pregnancy](#), including supporting evidence-based prevention



programs, promoting collaboration and new partnerships between state agencies and others, increasing awareness, and improving access to health services.

Exploring economic security through the minimum wage is another policy option that legislators have considered. Proponents of raising the minimum wage argue that the increase will help improve economic security for new families, while opponents argue that it will cause job loss for low-wage workers. [Twenty-nine states have minimum wages](#) above the federal minimum wage of \$7.25 per hour.

Emerging Policy Innovations to Prevent Child Abuse and Neglect

Policymakers interested in reducing and preventing child abuse and neglect continue to experiment with new strategies aimed at creating healthy relationships and environments for children. Policy options discussed in this section highlight state strategies that potentially reduce child abuse and neglect by focusing on larger social issues. While these examples have not yet been fully evaluated for their effects on preventing child abuse and neglect, proponents advocate for their promise to promote some protective factors in family relationships.

- **Tax-Related Supports:** Increasing the financial solvency of new families is a promising practice for reducing child abuse and neglect. The federal Earned Income Tax Credit (EITC), a tool to reduce the amount of taxes owed by low- to moderate-income families, offers a tax refund to families based on household earnings, number of children and marital status. In addition, [26 states and the District of Columbia](#) also offer earned income tax credits. Tax credits like the EITC have been linked to improved health and access to health care among poor working families, reductions in infant mortality and low birthweight, and increases in math and reading scores among children.
- **Access to Low-Cost Financial Services:** Low-income families often lack access to affordable financial services. Policies to increase access to low-cost financial services can lead to a lower debt burden and increased savings among low-income families. For example, [many states have specific statutes related to payday lending](#).
- **Maternal and Paternal Family Leave:** Research indicates that paid maternity leave can reduce maternal

depression, which is a risk factor for child abuse and neglect, and increase the duration of breastfeeding, which is a protective factor. As of 2014, three states—California, New Jersey and Rhode Island—offer paid family and medical leave. All three states fund their programs through employee-financed payroll taxes and are administered through their respective disability programs.

- **Discipline in Schools:** Research indicates that legal bans on corporal punishment in all settings are associated with decreased support for and use of physical punishment as a child discipline technique.⁷ Substantial research shows negative long-term outcomes for children who are disciplined through corporal punishment. As of 2014, 31 states have banned corporal punishment in schools.
- **Housing Vouchers for Mixed-Income Neighborhoods:** Housing voucher programs that help young families rent properties in better-resourced communities may reduce child abuse and neglect by decreasing children's exposure to violence and offering parents more stable housing options.
- **Social Services Enrollment Rules and Requirements:** Young families that are eligible to receive one type of social service, such as Medicaid, are often qualified to receive several other benefits such as food stamps and other types of assistance. Government or community-based programs that assist with enrollment or automatically enroll families in relevant programs facilitate access to benefits. Streamlining enrollment processes for social service applications could help alleviate parental stress and increase access to beneficial resources.

Funding Efforts to Reduce Child Abuse and Neglect

Since 1974, the federal Child Abuse Prevention and Treatment Act (CAPTA) has provided funding to states, tribes, tribal organizations, public agencies and nonprofit organizations to address child abuse and neglect. Title II of CAPTA provides [Community Based Grants for the Prevention of Child Abuse or Neglect](#). These grants are intended to help community agencies support child abuse and neglect prevention activities and emphasize family support or parental participation. Programs supported by these grants include voluntary home visiting, family resource

centers, parental mutual support and other positive parenting activities.

[State funding for child welfare](#), including prevention of abuse and neglect, comes from diverse sources and may be very complex. Several states also use a portion of the federal Social Services Block Grant (SSBG) to fund activities that aim to prevent child abuse and neglect. SSBG funds are considered non-dedicated federal funds and can be used by states or territories to meet the needs of their residents. Examples of SSBG-funded services include day care, case management and health-related services for children. Funds are allocated to all states and territories.

Several states use dedicated funding streams for child abuse prevention programs. In 2011, the Illinois General Assembly created the Child Abuse Prevention Fund, which is funded by a voluntary contribution option on the Illinois income tax return. Similar to Illinois, Oregon allows taxpayers the option of contributing a portion of their refund to child abuse and neglect prevention. The Nebraska Legislature provides a direct appropriation to the Nebraska Child Abuse Prevention Fund. This fund was established in 1986 by the Legislature to identify the needs, problems and solutions related to child abuse and neglect in the state. More information about child welfare or child protective services can be found on [NCSL's Human Services Overview Web page](#).

Questions Legislators May Want To Ask About Child Abuse and Neglect

1. Are there opportunities to leverage current federal, state and local funding to support evidence-based child abuse and neglect prevention activities?
2. Are there ways to integrate child abuse and neglect prevention education into existing initiatives? For example, are there established standards for well-child screenings in your state? Do these standards include information on child abuse and neglect?
3. Does your community and/or state have home visitation or child care models that demonstrate effectiveness?
4. What are current state efforts and policy options to prevent teens from dropping out of school and/or becoming parents?
5. What is the status of substance abuse or mental health care, access and coverage for services in your state?
6. Are there options for new families in need to access public housing in mixed-income neighborhoods?
7. Are there any initiatives in place to streamline the social service enrollment process or assist new families with accessing services?
8. Do your state agencies collect data on a diverse range of social and economic characteristics?

Notes

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NCSL Contact

Kate Blackman
Policy Specialist
303-364-7700
health-info@ncsl.org



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William T. Pound, Executive Director

7700 East First Place, Denver, Colorado 80230, 303-364-7700 | 444 North Capitol Street, N.W., Suite 515, Washington, D.C. 20001, 202-624-5400

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