



Policy strategies for the prevention of multiple forms of violence against children and youth

J. Bart Klika, MSW, PhD
Chief Research Officer

This presentation is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$277,747 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.



Healthy Families America

To promote child and family well-being, prevent child maltreatment, and strengthen communities, we make available the high-quality, evidence-based HFA home visiting model in communities throughout the US and worldwide



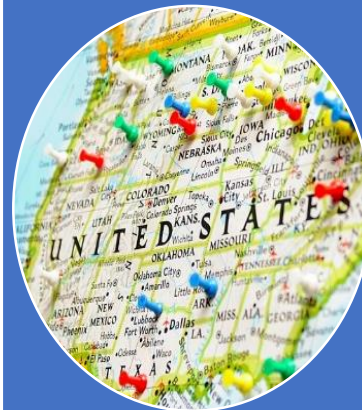
Policy

To advocate on behalf of the vulnerable children and families we serve, we advance federal and state policies that promote the well-being of children and families and strengthen communities



Public Engagement & Impact

To shift the conversation about child abuse and neglect to primary prevention and drive widespread action, we engage our nationwide chapter network, HFA affiliates, and policy and research partners to articulate, elevate, and amplify our mission



Chapter Network

To change public perception around child abuse and neglect prevention and promote healthy child development, we provide leadership and organize a coordinated effort throughout our nationwide state chapter network

Research & Evaluation

Strategic Partnerships

National Virtual Conference



Prevent Child Abuse America®

NATIONAL CONFERENCE

— AUGUST 10-12, 2021 —

TRANSFORMING OUR TOMORROW



<https://preventchildabuse.org/conference-2021/>



Day 1: Dr. Nadine Burke-Harris

- Surgeon General of California
- **TOPIC:** *Adverse Childhood Experiences (ACE's); how ACE knowledge is being put into practice in California; opportunities for prevention*



Day 2: Dr. Lisseth Rojas-Flores

- Associate Professor of Clinical Psychology, Department of Doctoral Psychology at Fuller Theological Seminary
- **TOPIC:** *Immigrant children's well-being; how trauma, community violence, and socio-structural adversity impacts the child & family unit*



Day 3: Vu Le

- Former Executive Director of [RVC](#), a nonprofit in Seattle that promotes social justice by developing leaders of color, strengthening organizations led by communities of color, and fostering collaboration between diverse communities.



Plan for today...

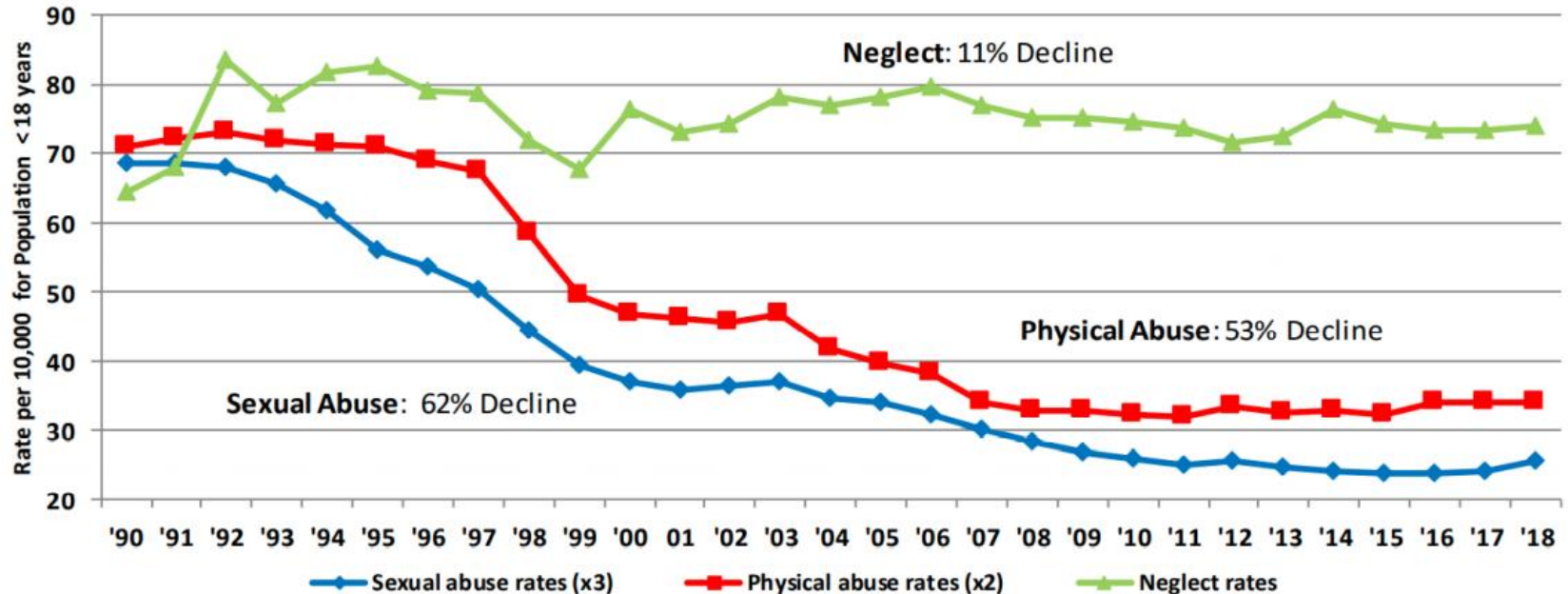
- Overview of violence & strategies for prevention
- Review of paid family leave & child care subsidies
- Aims of current project & plans for analysis
- Data on effects of COVID-19

Child Maltreatment

- 656,000 substantiated cases
 - 61% neglect
 - 10% physical abuse
 - 7% sexual abuse
- 1,840 deaths



U.S. Maltreatment Trends: 1990-2018



Note: Trend estimates represent total change from 1992 to 2018. Annual rates for physical abuse and sexual abuse have been multiplied by 2 and 3 respectively in Figure 1 so that trend comparisons can be highlighted.

¹The statistics in Table 1 and Figure 1 concern substantiated cases of sexual abuse, physical abuse and neglect. A substantiated case means a case that has been reported to a child protection agency, investigated and deemed to have occurred according to a “preponderance of evidence.” The child maltreatment cases referred and investigated by state child protection agencies primarily involve abuse by caregivers. The cases do not include many involving stranger abusers, unless some element of caregiver neglect was involved.

Cumulative Rates of Child Protection Involvement and Terminations of Parental Rights in a California Birth Cohort, 1999–2017

Emily Putnam-Hornstein, PhD, Eunhye Ahn, MSW, John Prindle, PhD, Joseph Magruder, PhD, Daniel Webster, PhD, and Christopher Wildeman, PhD

 See also Font, p. 993.

Objectives. To document the cumulative childhood risk of different levels of involvement with the child protection system (CPS), including terminations of parental rights (TPRs).

Methods. We linked vital records for California's 1999 birth cohort (n = 519 248) to CPS records from 1999 to 2017. We used sociodemographic information captured at birth to estimate differences in the cumulative percentage of children investigated, substantiated, placed in foster care, and with a TPR.

Results. Overall, 26.3% of children were investigated for maltreatment, 10.5% were substantiated, 4.3% were placed in foster care, and 1.1% experienced a TPR. Roughly 1 in 2 Black and Native American children were investigated during childhood. Children receiving public insurance experienced CPS involvement at more than twice the rate of children with private insurance.

Conclusions. Findings provide a lower-bound estimate of CPS involvement and extend previous research by documenting demographic differences, including in TPRs.

Public Health Implications. Conservatively, CPS investigates more than a quarter of children born in California for abuse or neglect. These data reinforce policy questions about the current scope and reach of our modern CPS. (*Am J Public Health.* 2021;111:1157–1163. <https://doi.org/10.2105/AJPH.2021.306214>)

Intimate Partner Violence

- National Intimate Partner and Sexual Violence Survey (NISVS) (Smith et al., 2018)

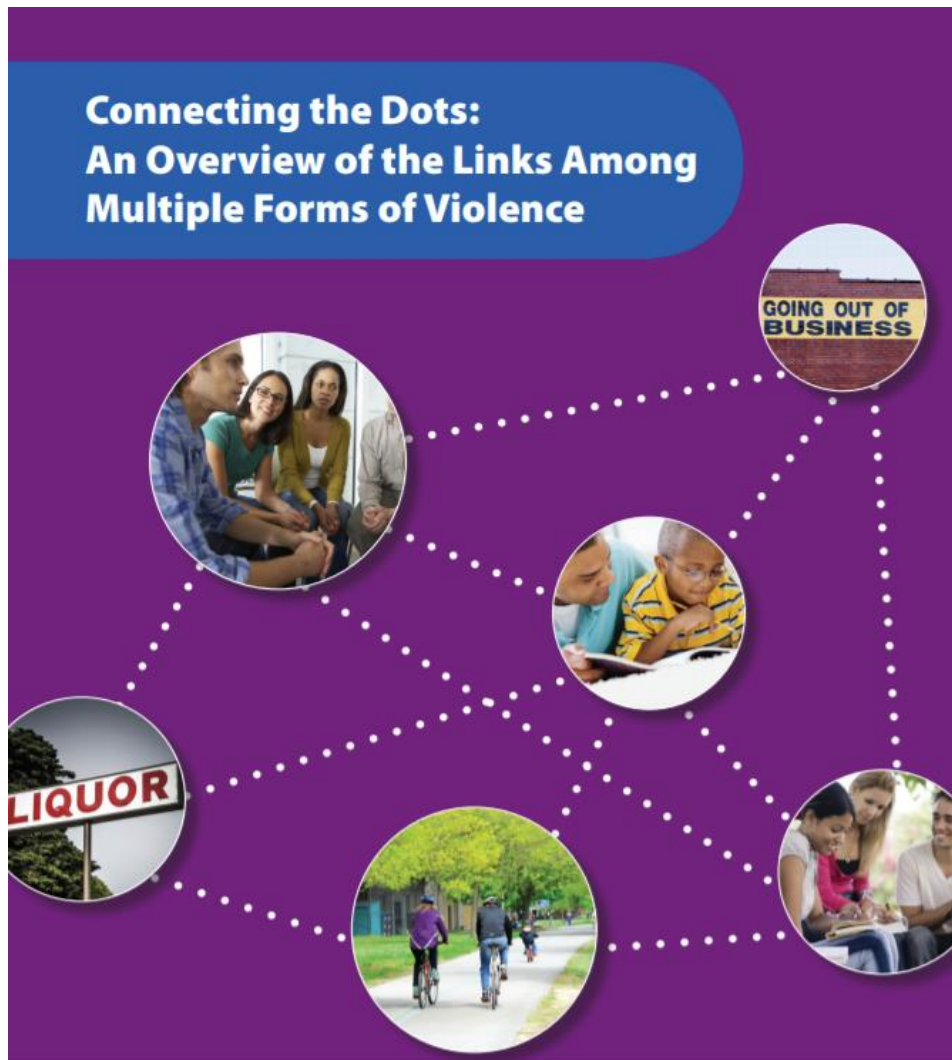
About **1 in 4 women** and **1 in 10 men** experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported an IPV-related impact during their lifetime.



Overlapping Violence



- Child maltreatment & IPV often co-occur
 - 41% overlap in child abuse and IPV (Appel & Holden, 1998)
- Commonly referred to as the “double-whammy” effect (Hughes, Parkinson, & Vargo, 1989)
- IPV & child maltreatment share similar etiological patterns (Wilkins, Tsao, Hertz, Davis, & Klevens, 2014)



		Child maltreatment	Teen Dating Violence	Intimate Partner Violence
Risk Factors				
Societal	Cultural norms that support aggression toward others	x ^{23,76,77}	x ^{78,79}	x ⁵³
	Media Violence			
	Societal income inequity	x ¹⁰⁸		x ⁸⁶
	Weak health, educational, economic, and social policies/laws	x ⁹⁰		x ⁵³
	Harmful norms around masculinity and femininity	x ⁸²	x ⁵⁴	x ⁵³
Community	Neighborhood poverty	x ⁴²		x ⁵³
	High alcohol outlet density	x ⁴²		x ^{96,97}
	Community violence	x ⁴²		
	Diminished economic opportunities/high unemployment rates	x ⁴²		x ^{28,19}
	Poor neighborhood support and cohesion	x ⁴²	x ⁴⁵	x ⁵³
Relationship	Social isolation/Lack of social support	x ⁴²	x ⁴⁵	x ⁵³
	Poor parent-child relationships	x ⁴²	x ^{52,101}	x ⁵³
	Family conflict	x ⁴²	x ⁵²	x ⁵³
	Economic stress	x ⁴²		x ⁵³
	Associating with delinquent peers		x ⁴⁵	x ⁵⁴
	Gang Involvement		x ⁶⁴	x ⁶⁴

Technical Packages



Preventing Child Abuse and Neglect:

A Technical Package for Policy, Norm,
and Programmatic Activities

National Center for Injury Prevention and Control
Division of Violence Prevention



Preventing Intimate Partner Violence Across the Lifespan:

A Technical Package of Programs,
Policies, and Practices

National Center for Injury Prevention and Control
Division of Violence Prevention



Preventing Adverse Childhood Experiences (ACEs):

Leveraging the Best Available Evidence



National Center for Injury Prevention and Control
Division of Violence Prevention



Public Health Needs to Engage in the Primary Prevention of Child Maltreatment

Carol W. Runyan, PhD, MPH; Sara Brandspigel, MPH; Colleen Kapsimalis Doyle, MPH; Lindsey Myers, MPH

Moving Forward

As with addressing other public health issues, successful primary prevention of child maltreatment will require system and policy-level changes—foundational principles of public health practice. It is clear from our survey and interviews, however, that prevention efforts centered on policy change are rare despite emerging evidence about the important impacts of selected social policies not specifically designed to address maltreatment. For example, increasing the minimum wage,¹⁴ providing paid family leave,¹⁵ or offering income tax credits to families¹⁶ all are associated with reductions in abuse. Addressing policies affecting food insecurity and housing policy (eg, eviction),¹⁷ maternal depression screening, school completion, and pregnancy prevention¹⁸ is worthy of further investigation as well.

The Temporal Impact of Economic Insecurity on Child Maltreatment: A Systematic Review

Aislinn Conrad-Hiebner¹ and Elizabeth Byram¹

Abstract

Economically insecure children experience 3–9 times more maltreatment than economically secure children. Although economic insecurity is associated with child physical abuse, neglect, and psychological maltreatment, there have been no systematic reviews dedicated to the relation between familial economic insecurity and child maltreatment. This is problematic because multiple forms of familial economic insecurity—including debt, material hardship, income, unemployment, and income transfers—are related to child maltreatment. These findings, however, are not causal or reliably replicated across studies. Until we identify the state of the evidence concerning the temporal association between economic insecurity and child maltreatment, our ability to reduce child maltreatment may be limited. In this systematic review (PROSPERO registration # CRD42017081445), we searched PsycINFO, PubMed, Scopus, ProQuest Dissertations, and the gray literature for English-language, peer-reviewed articles and dissertations published between 1970 and 2016. We synthesized evidence from 26 longitudinal studies on the temporal relation between economic insecurity and child maltreatment. Income losses, cumulative material hardship, and housing hardship were the most reliable predictors of child maltreatment. Implications for research, policy, and practice are discussed.

TRAUMA, VIOLENCE, & ABUSE
2020, Vol. 21(1) 157–178
© The Author(s) 2018
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/1524838018756122
journals.sagepub.com/home/tva
SAGE

Research

Effect of the Earned Income Tax Credit on Hospital Admissions for Pediatric Abusive Head Trauma, 1995–2013

Joanne Kleven, MD, PhD¹, Brian Schmidt, MPH², Feijun Luo, PhD¹,
Likang Xu, MD, MS¹, Katie A. Ports, PhD¹, and
Roselyn D. Lee, PhD, MPH, MA¹

Abstract

Objectives: Policies that increase household income, such as the earned income tax credit (EITC), have shown reductions on risk factors for child maltreatment (ie, poverty, maternal stress, depression), but evidence is lacking on whether the EITC actually reduces child maltreatment. We examined whether states' EITCs are associated with state rates of hospital admissions for abusive head trauma among children aged <2 years.

Methods: We conducted difference-in-difference analyses (ie, pre- and postdifferences in intervention vs control groups) of annual rates of states' hospital admissions attributed to abusive head trauma among children aged <2 years (ie, using aggregate data). We conducted analyses in 14 states with, and 13 states without, an EITC from 1995 to 2013, differentiating refundable EITCs (ie, tax filer gets money even if taxes are not owed) from nonrefundable EITCs (ie, tax filer gets credit only for any tax owed), controlling for state rates of child poverty, unemployment, high school graduation, and percentage of non-Latino white people.

Results: A refundable EITC was associated with a decrease of 3.1 abusive head trauma admissions per 100,000 population in children aged <2 years after controlling for confounders ($P = .08$), but a nonrefundable EITC was not associated with a decrease ($P = .49$). Tax refunds ranged from \$108 to \$1014 and \$165 to \$1648 for a single parent working full-time at minimum wage with 1 child or 2 children, respectively.

Conclusions: Our findings with others suggest that policies such as the EITC that increase household income may prevent serious abusive head trauma.

PUBLIC
HEALTH
REPORTS

Public Health Reports
Vol. 132(4) 1–7
© 2017, Association of Schools and
Programs of Public Health
All rights reserved.
Reprints and permission:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/0033354917710965
journals.sagepub.com/home/phr

SAGE



Children and Youth Services Review 72 (2017) 60–70

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



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

Kerri M. Raissian^{a,*}, Lindsey Rose Bullinger^b

^a University of Connecticut, Department of Public Policy, 1800 Asylum Avenue, 4th Floor, West Hartford, CT 06117, USA

^b Indiana University, School of Public and Environmental Affairs, 1315 East Tenth Street, Bloomington, IN 47405, USA

ARTICLE INFO

Article history:
Received 30 August 2016
Accepted 28 September 2016
Available online 21 October 2016

Keywords:
Minimum wage
Child maltreatment
Poverty

ABSTRACT

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.

Why early childhood policies?

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



ZERO to THREE
Early connections last a lifetime

**national partnership
for women & families**



The Child Development Case for a National Paid Family and Medical Leave Program

In the first months and years of life, young children discover the world through experiences with their parents and other caregivers. A young child's early relationships, especially with parents, shape the architecture of the developing brain.¹ These relationships require care, consistency, and, above all, **time**.

Enacting public policies that provide parents with paid leave from work to care for their young children is critical to the healthy development of children and families. Because early brain connections form the foundation for all learning and relationships that follow, parents and caregivers are on the front line of preparing our future workers, innovators and citizens. Yet too many working parents and caregivers are forced to choose between caring for a new child and their economic security. Now is the time for policymakers to secure the best beginnings for children and the best future for our country by supporting a national paid family and medical leave program.

The need: Public policies that promote time for parents and caregivers to care for and bond with very young children, without jeopardizing the ability to pay for basic necessities

Relationships with parents and other caregivers are critical to a baby's early development.

- For babies, every minute and every interaction is a lesson in how the world works, how individuals relate to one another, and how they are valued. Caring, consistent relationships experienced by young children can mitigate the impact of stress and help develop the foundations of a child's ability to learn, to form positive relationships, and to exercise self-control.²
- It takes several months of focused attention to become a responsive caregiver to a young child, establishing a pattern that will influence the child's long-term cognitive, social and emotional development.³
- The capacity to recognize a caregiver's voice, smell and face develops around three months of age.⁴ Paid time to care gives parents and babies important time to foster these connections.
- Parents and caregivers may also need time with a new baby to identify and intervene in a variety of developmental difficulties. This time is especially important for caregivers of infants who are considered at high risk, such as babies born preterm or at low birth weights and those who have illnesses or birth defects.⁵
- Studies of two-parent, opposite-sex households show a number of positive outcomes when fathers take leave. Fathers who take two or more weeks off after the birth of a child are more involved in that child's

direct care nine months after birth than fathers who take no leave.⁶ Involved fathers also promote children's educational attainment and emotional stability.⁷ And, a father's involvement in a newborn's care in the first six months can mean both mother and baby sleep better.⁸

Because the United States lacks a national paid leave policy, economic necessity forces many new parents to go back to work and forgo precious bonding time with their children.

- Just 17 percent of all working people in the United States have access to paid family leave through their employers, and lower-income workers are even less likely to have access.⁹
- Most employed women do not have access to paid maternity leave. About one-third of private sector workers (35 percent) are employed at worksites that offer paid maternity leave to all or most female employees, and only about one-fifth (22 percent) are employed at worksites that offer paid maternity leave to all female employees.¹⁰
- In the private sector, even fewer worksites offer paid leave to most or all male employees,¹¹ and men also face stigma and gender norms that discourage equal leave-taking.¹² Research indicates that three out of four fathers in professional jobs took one week or less of leave after the birth of their most recent child,¹³ and nearly 60 percent of low-income fathers reported taking zero weeks of paid leave.¹⁴

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)

1875 connecticut avenue, nw ~ suite 650 ~ washington, dc 20009 ~ phone: 202.986.2600 ~ fax: 202.986.2539
email: info@nationalpartnership.org ~ web: nationalpartnership.org

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

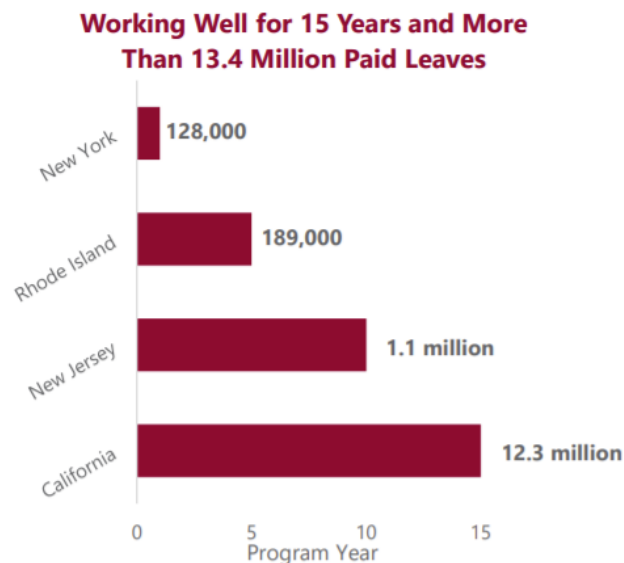
Paid Leave Works: Evidence from State Programs

SEPTEMBER 2019

Paid Leave Programs Have Helped Millions of Families

○ In **California**, about 12.3 million claims have been paid since 2004.¹ In recent years, nearly one-third of claims were for family caregiving or child bonding, while the other two-thirds were for personal medical reasons. About 5 percent of covered workers use the program each year.² Men have filed a growing share of bonding and caregiving claims over time.

Since its implementation in 2004, the California program has been expanded multiple times since its adoption – to broaden the range of family members for whom caregiving leave can be taken, to increase benefit levels for lower- and middle-wage workers, and to make more workers eligible for job protection when they take parental leave.³



PFL & Violence Outcomes

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

Joanne Klevens, MD, PhD, Feijun Luo, PhD, Likang Xu, MD, MS, Cora Peterson, PhD, and Natasha E. Latzman, PhD

National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), Atlanta, GA, USA

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 < 2year-olds. Analyses using additional data years and comparators could yield different results.

Child Care Subsidies

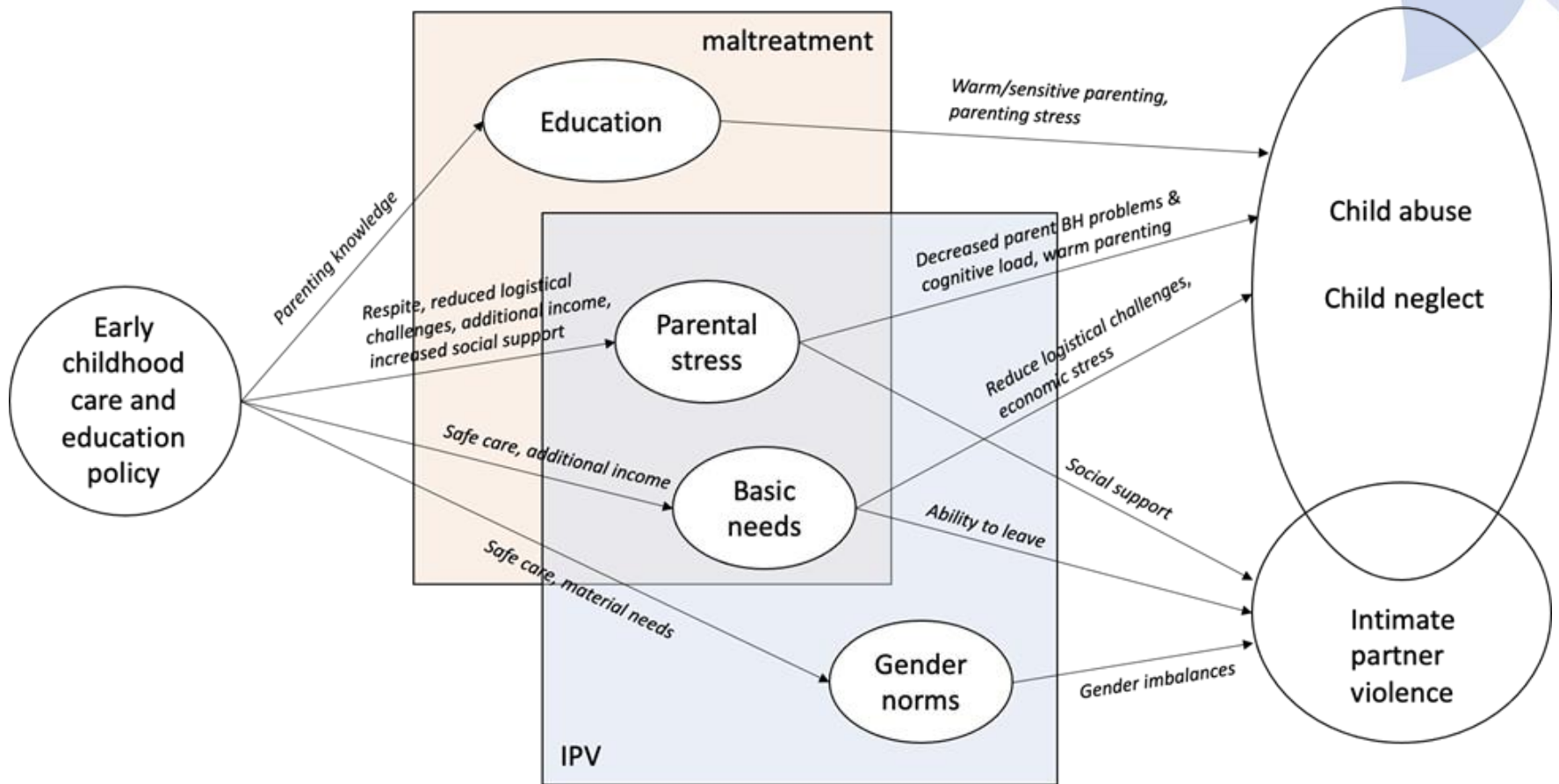


- Child Care Development Fund (CCDF)
- Challenges for working caregivers:
 - **Cost:** average annual cost of center-based childcare for infants in the United States is \$11,896, and ranges from \$5,760 to \$20,880 (Child Care Aware of America, 2019)
 - **Access**
 - **Reliability**
- Variability in 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)

Child Care & Violence



Maguire-Jack et al., in progress

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



RESEARCH BRIEF

STRESS AND PARENTING DURING THE CORONAVIRUS PANDEMIC

March 26, 2020

By: Shawna J. Lee & Kaitlin P. Ward

SUMMARY OF KEY POINTS

- 83% of parents said their children's schools were closed due to the Coronavirus pandemic.
- Parents are engaging in parent-child activities much more frequently since Coronavirus.
- Most parents are worried they can't afford to pay bills (50%) and that money will run out (55%).
- Most parents (52%) said financial concerns and social isolation (50%) were getting in the way of their parenting.
- Despite displaying warmth to their child and feeling close to their child, a majority of parents (61%) shouted, yelled or screamed at their children at least once in the past 2 weeks; about 1 in 5 (20%) spanked or slapped their child at least once in the past 2 weeks.
- Parents reported they have yelled or screamed at their children more often (19%) or increased discipline (15%) since the Coronavirus pandemic.



RESEARCH BRIEF

MENTAL HEALTH, RELATIONSHIPS, AND COPING DURING THE CORONAVIRUS PANDEMIC

March 31, 2020

By: Shawna J. Lee & Kaitlin P. Ward

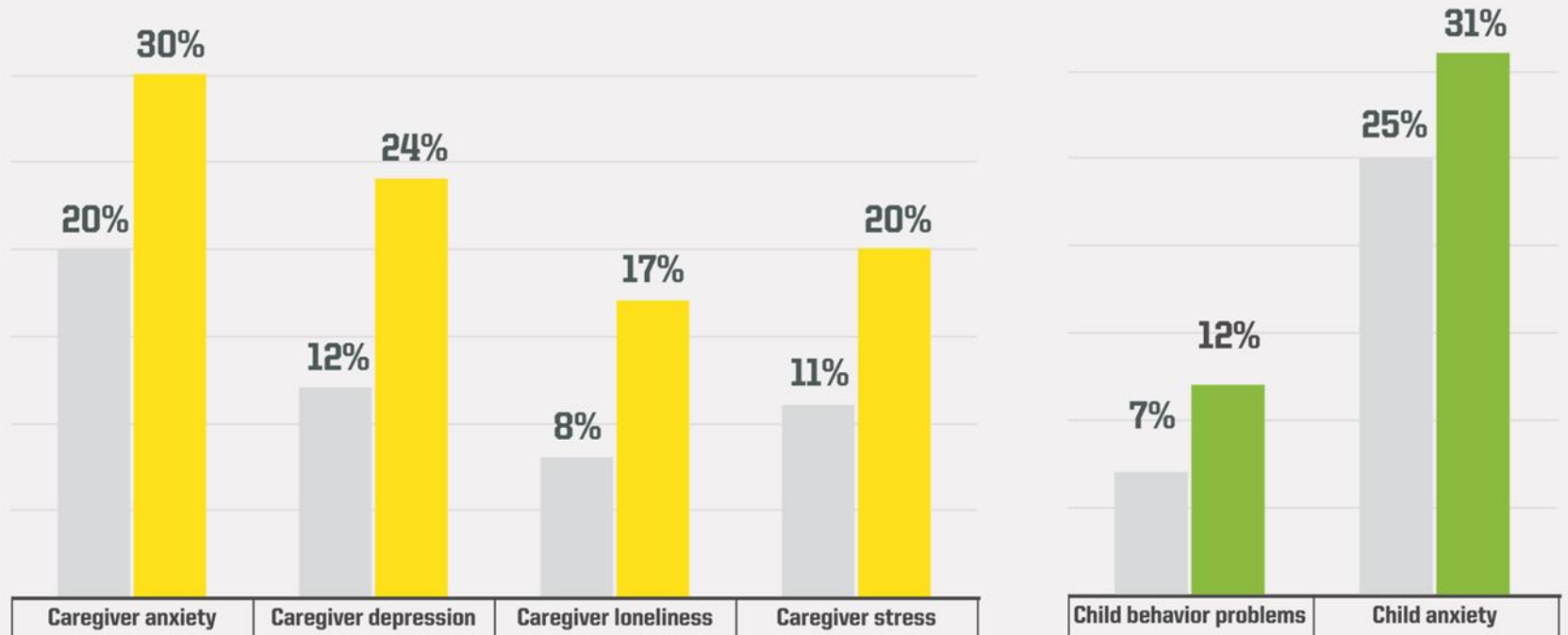
HIGHLIGHTS

- Over 1 in 4 respondents knew someone who had been tested for Coronavirus, and approximately 1 in 9 respondents knew someone who had contracted Coronavirus.
- Symptoms of depression were high: 2 out of 3 reported feeling tired or having little energy, trouble sleeping, and feeling hopeless several days or nearly every day since the Coronavirus pandemic.
- Symptoms of anxiety were even more common, with 50% or more reporting symptoms of anxiety nearly every day or several days a week since the Coronavirus pandemic.
- 28% of all respondents said they have used alcohol or other drugs to make themselves feel better. 22% said they were using alcohol more and 1 in 7 (14%) said they were using marijuana more.
- Even though respondents reported relying on their romantic partners to cope with uncertain times, 22% of respondents in a romantic relationship reported having disagreements with their partner related to the Coronavirus, 19% reported more disagreements than usual, and 15% reported more verbal fights than usual.



RAPID-EC Project

LOW INCOME HOUSEHOLDS REPORT HIGHER MENTAL HEALTH DIFFICULTIES



<https://medium.com/rapid-ec-project/american-dream-vs-american-reality-9a0ebfc7ee6b>

Moms, Work and the Pandemic



Tracking Job Losses for Mothers of School-Age Children During a Health Crisis

MISTY L. HEGGENESS, JASON FIELDS, YAZMIN A. GARCÍA TREJO AND ANTHONY SCHULZETENBERG |
MARCH 03, 2021

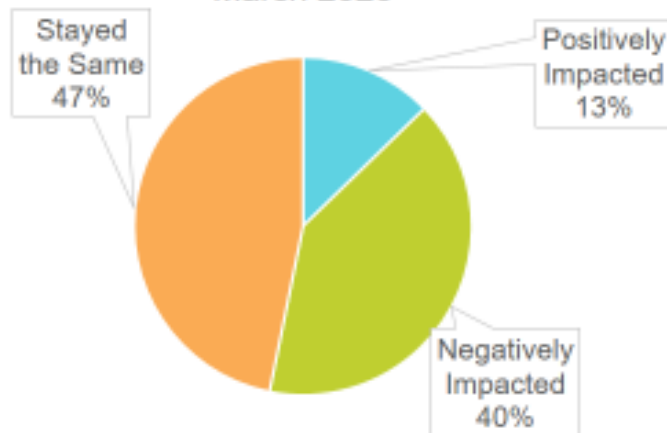
Around 10 million U.S. mothers living with their own school-age children were not actively working in January — 1.4 million more than during the same month last year, according to new U.S. Census Bureau data.

Working mothers are either willingly leaving jobs or are being forced out in extraordinary numbers. Mothers' V-shaped employment patterns are becoming prolonged and more severe in this global crisis.

2

Financial Impacts on Families

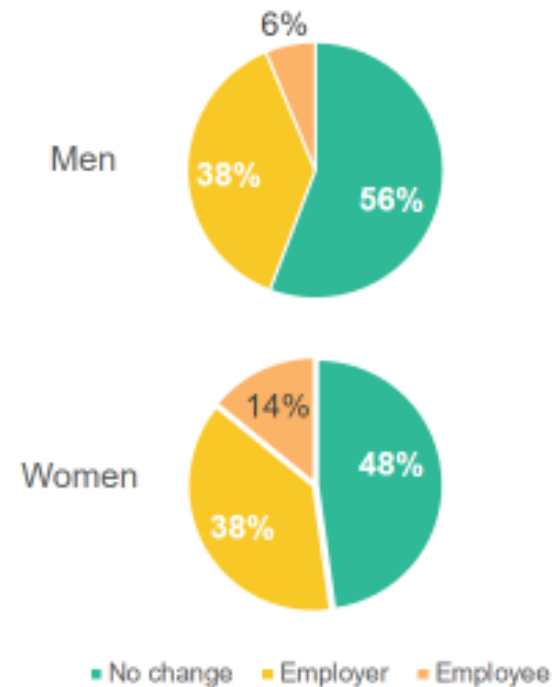
Change in household finances since March 2020



Nearly half of families (49%) accessed government resources.

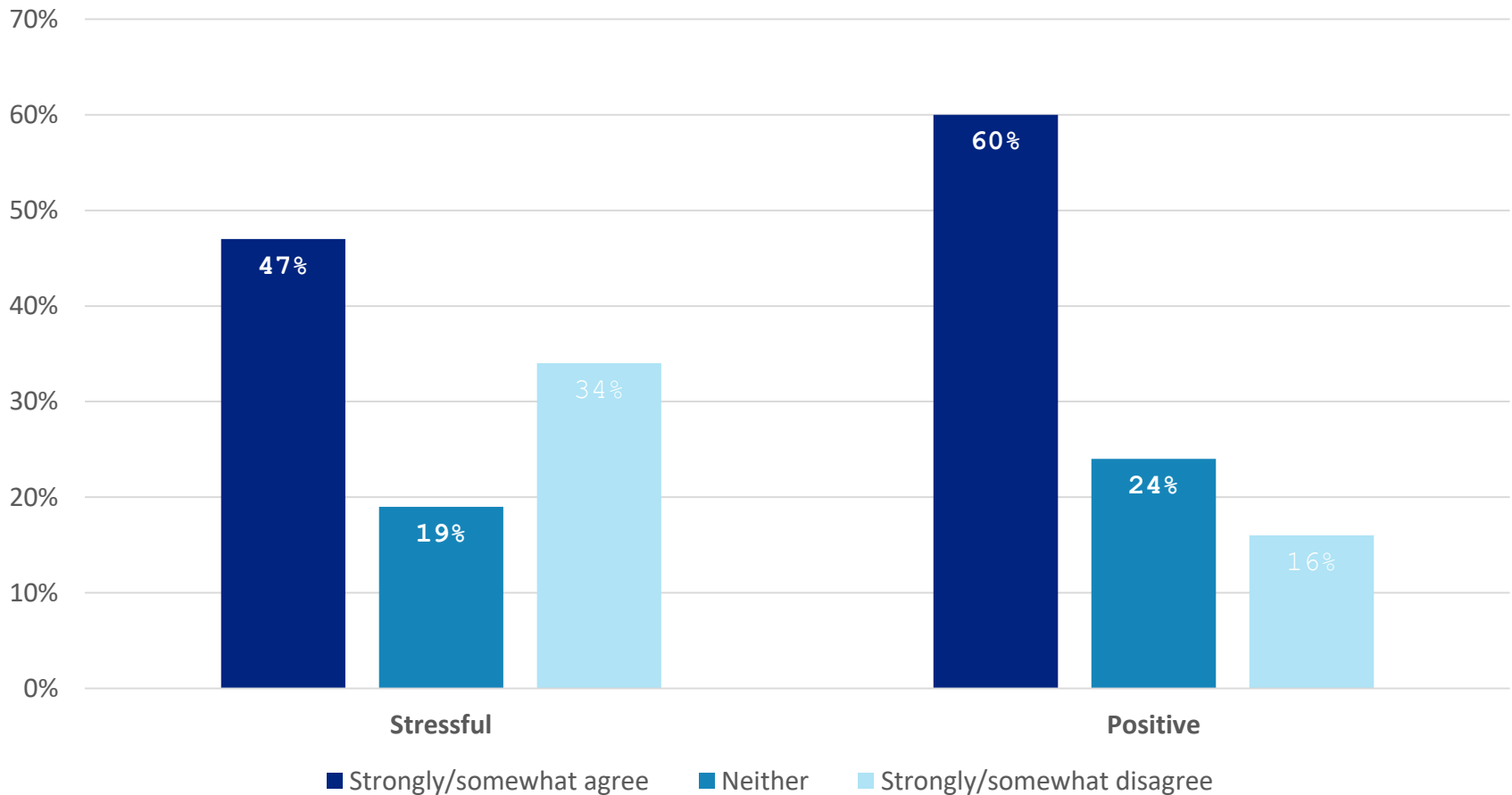
HOPE

Change in employment since March 2020, by gender



29

PARENTS' EXPERIENCE WITH SCHOOLWORK

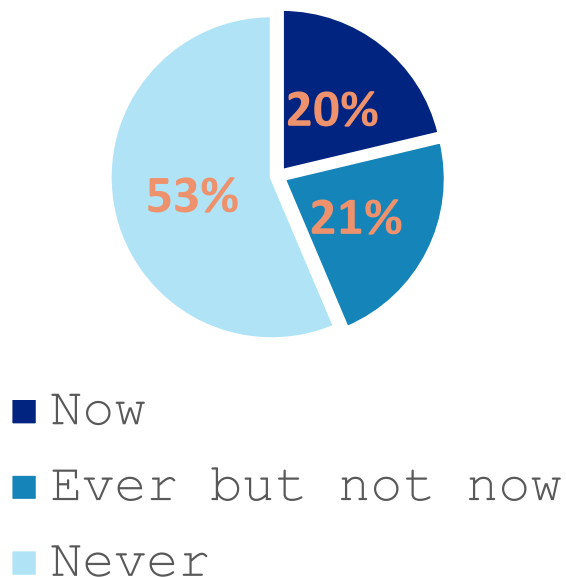


American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



INTIMATE PARTNER VIOLENCE



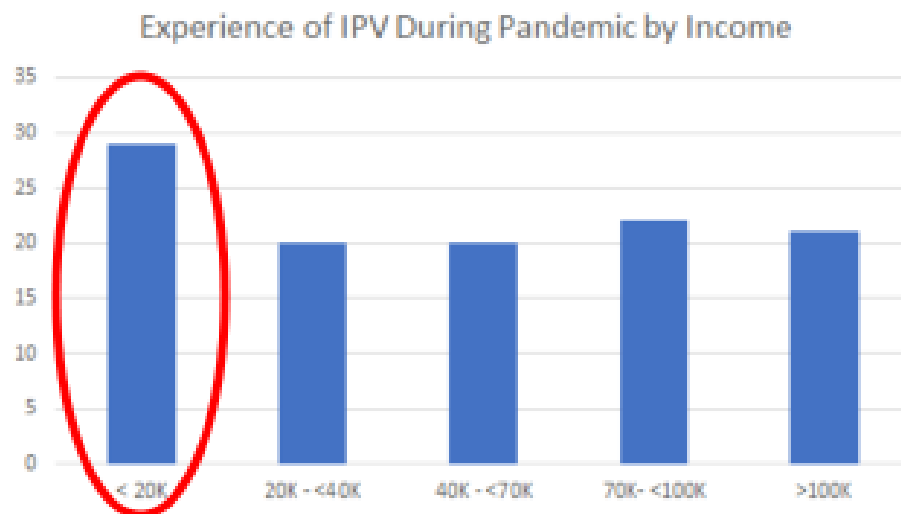
Emotional:

- Kept from having money or seeing family; kept trace of you; threats of physical harm, etc.

Physical:

- Slapped, shoved, shook, punched, kicked, beat; choked, used or threatened weapon etc.

4 Intimate Partner Violence (IPV) during COVID-19



Respondents making less than \$20,000/year reported higher IPV.

Those who experienced IPV:

- Felt more nervous or stressed
- Reported more unhealthy coping strategies
- Reported more spanking

Physical Punishment: Attitudes, Behaviors, and Norms Associated with Its Use Across the U.S.

J. Bart Klika, Julia M. Fleckman, and Melissa T. Merrick

Prevalence of Physical Punishment

- 42% report using physical punishment in the last month
- Of those who report using physical punishment, 38% report not feeling good about it

Attitudes, Beliefs, & Perceptions of Physical Punishment

- 45% believe that it is sometimes necessary to give a child a good hard spanking
- 42% believe that spanking is the best way to get a child to listen
- 59% believe it is a parents' right to spank their child

Policies Banning Physical Punishment

- Only 18% disagreed with a ban of physical punishment in schools
- Nearly half of respondents disagreed with a federal or state ban of physical punishment in the home setting

Future Parents

- Only 28% of future parents intend to use physical punishment
- 22% of future parents are unsure if they will use physical punishment

Child abuse & COVID-19

Child Abuse Prevention Month in the Context of COVID-19

By [jonsonrd](#), [brettd](#), [c.cobetto](#) and [mgandarillaocampo](#) • April 14, 2020

Melissa Jonson-Reid, PhD Brett Drake, PhD, Catherine Cobetto, Maria Gandarilla Ocampo

Washington University in St Louis

According to various news articles, child abuse and neglect hotlines around the country are reporting dramatic declines in the last few weeks.

- Colorado down by more than 1/3 from same time last year (Gliha, 2020)
- Connecticut dropped 70% (Thomas, 2020)
- Florida reports down 11% between January and February (LaGrone, 2020)
- Illinois down by nearly half (Eldeib, 2020)
- Missouri down 50% since March 11 (Bauer, 2020)
- Oregon down 70% in past month (Powell, 2020)
- Washington State dropped 42% a week after school closures (Pauly, 2020)
- Texas calls dropped 21% between February and mid-March (Platoff, 2020)

- Remote learning has limited observation:
 - Seeing physical signs
 - Noticing changes in behavior or unusual behavior (e.g., sitting in bathroom)
 - Observation of behavior in different contexts (e.g., playground)
 - Casual conversations

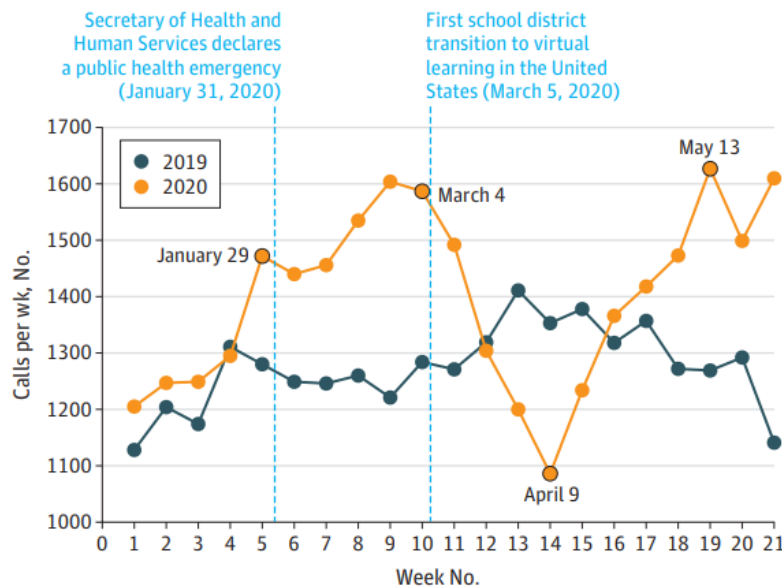
<https://cicm.wustl.edu/child-abuse-prevention-month-in-the-context-of-covid-19/>

Assessing Child Abuse Hotline Inquiries in the Wake of COVID-19: Answering the Call

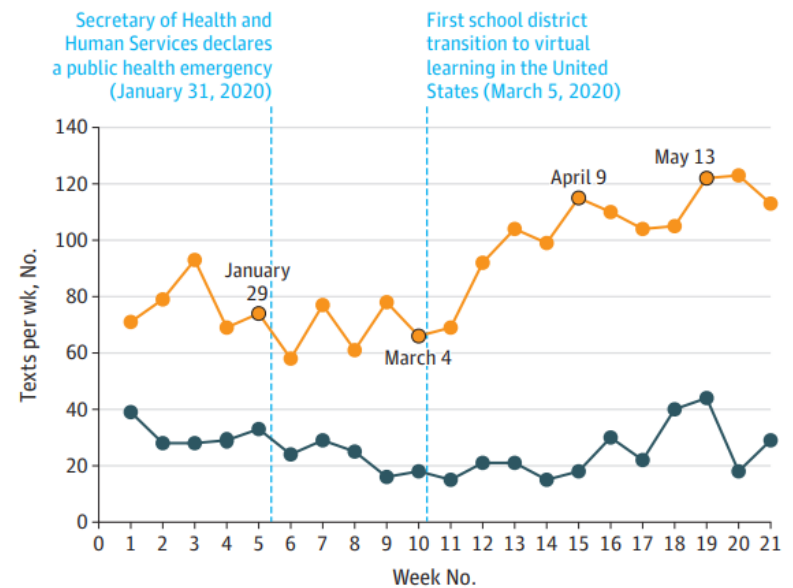
Experts are concerned about increasing child distress and maltreatment alongside decreasing exposure to mandated child abuse reporters, such as teachers, during the COVID-19 pandemic.¹ Hotlines may serve as alternate means to identify family violence and support at-risk children. This study assessed the volume of calls and texts to a national child abuse hotline during the pandemic compared with the prior year.

Figure. Child Abuse Hotline Calls and Text Messages by Week in 2019 and 2020

A Calls by week



B Texts by week



Phone call and text inquiries are plotted as number of inquiries per week between March 1, 2019, and May 27, 2019, and March 1, 2020, and May 26, 2020. The vertical dashed line indicates the declaration of a health emergency by the Secretary of Health and Human Services, which occurred on January 31, 2020. The vertical dotted line indicates the initiation of school closures, which

began on March 5, 2020. Calls initially increased, then decreased after January 31, 2020, and then increased again in May 2020 above 2019 levels. Text inquiries in 2020, while not directly comparable with 2019 data given their novelty as an added modality that year, more steadily increased after March 5, 2020, compared with phone calls.

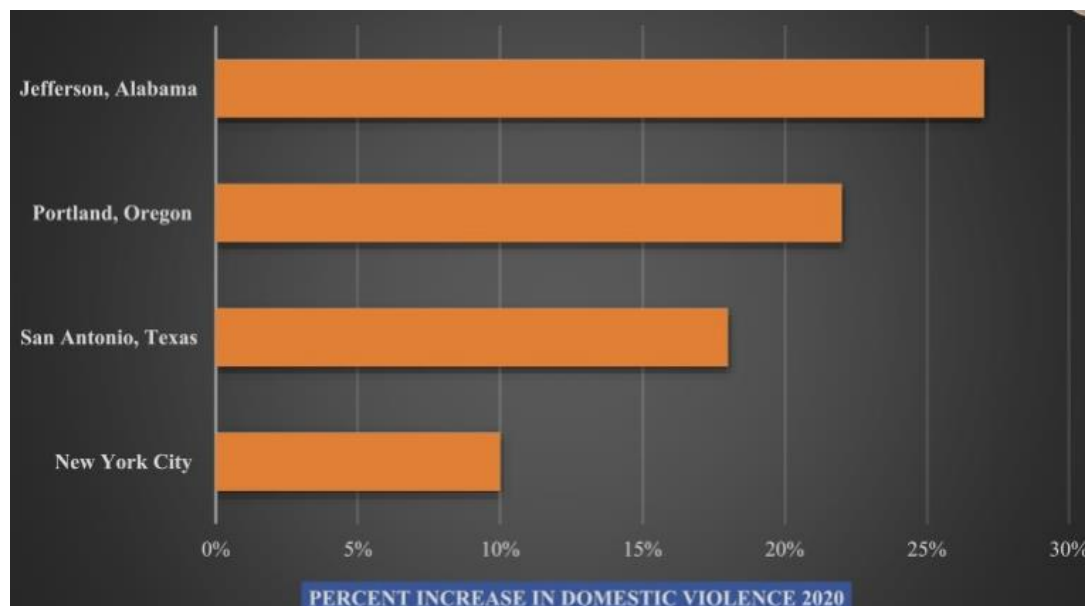


Contents lists available at ScienceDirect

American Journal of Emergency Medicine

journal homepage: www.elsevier.com/locate/ajem

The
American Journal of
Emergency Medicine



PERCENT INCREASE IN DOMESTIC VIOLENCE 2020

Brad Boserup

Department of Surgery, Division of Trauma and Surgical Critical Care,
Kendall Regional Medical Center, Miami, FL, USA

Mark McKenney

Department of Surgery, Division of Trauma and Surgical Critical Care,
Kendall Regional Medical Center, Miami, FL, USA

Adel Elkbuli

Department of Surgery, Division of Trauma and Surgical Critical Care,
Kendall Regional Medical Center, Miami, FL, USA

*Corresponding author at: 11750 Bird Road, Miami, FL 33175, USA.

E-mail address: Adel.Elkbuli@hcahealthcare.com

20 April 2020

COVID-19 & Child Maltreatment

- Increased sources of parental stress
 - Unemployment
 - Financial strain
 - Resource insecurity
 - Mental health & substance abuse
 - Virtual learning
- Increased social isolation
 - Shelter-in-place
 - Physical distancing
 - Lack of support
 - Lack of in-person events
 - Access to services
- Lack of universal system of support
 - Wait till problems arise
 - Lack of family-friendly policies
 - Timing, type, and dosage of services
 - Coordination across development



WHAT DOES THE AMERICAN RESCUE PLAN MEAN FOR **CHILDREN & FAMILIES?**



**\$150 million in
Maternal, Infant, and
Early Childhood Home
Visiting (MIECHV) funds**

**\$25 million for
childcare
providers**

**\$250 million in
Community-Based
Child Abuse
Prevention (CBCAP)
Title II funds**

**\$15 billion to help
families pay for
childcare**



J. Bart Klika, MSW, PhD
Chief Research Officer
Prevent Child Abuse America
bklika@preventchildabuse.org