

REPORT

# Policy Levers for Preventing Child Maltreatment



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The National Conference of State Legislatures is the bipartisan organization dedicated to serving the lawmakers and staffs of the nation's 50 states, its commonwealths and territories.

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- Promote policy innovation and communication among state legislatures.
- Ensure state legislatures a strong, cohesive voice in the federal system.

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# Executive Summary

Preventing child maltreatment at a population level likely will require a scaffolded approach that builds on multiple policy levers across the range of policy areas to impact the lives of children and their families. States are already using many child maltreatment prevention policy levers available to them but sometimes these strategies may not be recognized as child maltreatment prevention strategies.

A scaffolded approach also offers the potential of [long-term cost savings for states](#) resulting from fewer child welfare interventions, including foster care.

By intentionally implementing a variety of prevention strategies across multiple policy areas and connecting them with state goals for child maltreatment prevention, states will be better able to leverage policy to achieve population-level change. Research has identified many promising [evidence-based prevention strategies](#). Identifying and understanding the full suite of prevention levers states use or want to use can help state lawmakers develop a more integrated and comprehensive strategy to addressing child maltreatment.

## What is child maltreatment and how can it be prevented?

Child maltreatment broadly refers to instances where a child sustains harm due to abuse or neglect by a caregiver. There are numerous types of child maltreatment, and states have authority to determine exact definitions of what constitutes child maltreatment. Child maltreatment is associated with many [risk and prevention factors](#) and is a complex problem with neither a singular cause nor solution that prevents child maltreatment from occurring.

In 2021, child protection agencies received nearly [4 million referrals](#) alleging maltreatment of 7.2 million children. Two-thirds of the calls came from mandatory reporters, including teachers, police officers, lawyers and social services staff. Fifteen percent of child maltreatment reports in 2021 were confirmed as child maltreatment. The same year, more than 391,000 children were in the foster care system.

The problem of child abuse and neglect has serious, [long-term consequences](#) for victims and high costs to society. In 2012, a study by Prevent Child Abuse America estimated the annual nationwide cost of child abuse and neglect to society was more than [\\$80 billion](#). The Centers for Disease Control and Prevention used 2015 data to estimate [life-time economic costs of child maltreatment](#) of more than \$830,000 for a single nonfatal case and up to \$16.6 million for a fatal child maltreatment case. Beyond the financial costs, being the subject of a child protective services investigation due to a child maltreatment allegation can also be traumatic for families and children.

While some types of child maltreatment have declined substantially over the last three decades, the field of child welfare is currently wrestling with how to balance preventing child maltreatment before it happens and protecting children from harm when it does occur.



Over the last decade, research on risk factors for child maltreatment, protective factors that can mitigate risks, and how certain policies can prevent child abuse and neglect have pointed policymakers in a new prevention-oriented, family-centered direction. This research provides insights into the myriad of policy levers available to state legislators.

Evidence suggests that by significantly reducing child abuse and neglect at the population level, child, family and community well-being will improve across many societal domains, and states will realize significant cost savings over time when compared to the long-standing reactive, crisis-oriented approach.

## FAMILY FIRST PREVENTION SERVICES ACT

The child welfare field in recent years has seen a marked shift toward preventing child maltreatment before it occurs, in addition to responding to both suspected and substantiated cases of maltreatment. This shift was bolstered by the passage of the [Family First Prevention Services Act](#) in 2018. The goals of Family First are to keep families intact and significantly reduce out-of-home placement of children.

To incentivize reforms in state child welfare systems, Family First uses funding criteria to make funds available to states for prevention through [Title IV-E funding](#) and limits the use of congregate care services. When group or institutional placements are necessary, Family First allows the use of Title IV-E funds for [Qualified Residential Treatment Programs](#) rather than traditional congregate care.

Though Family First encourages states to adopt upstream strategies for preventing maltreatment, the law is widely regarded as a historic move in the right direction rather than a gold standard. The child welfare field broadly recognizes that additional efforts farther upstream are still needed to more fully prevent child maltreatment. As of February 2023, 35 states, the District of Columbia and several tribal jurisdictions have [federally approved Title IV-E plans under Family First](#).

## LEVELS OF PREVENTION POLICY

Policies for preventing child abuse and neglect can be designed and implemented at several levels. One [common framework for prevention](#) recognizes three basic levels of prevention strategies.

**Primary prevention** strategies include interventions or resources available to the public aimed at preventing child maltreatment before it occurs. Public awareness and education campaigns and universally available early childhood education programs are examples of primary prevention strategies.

**Secondary prevention** strategies are designed for a targeted population with known risk factors for child maltreatment who are at risk of child welfare system involvement. These strategies also help prevent child maltreatment from occurring by recognizing that certain family and community risk factors such as poverty, substance misuse or parental mental health challenges can make a child more vulnerable to maltreatment.

**Tertiary prevention** strategies focus on families where child maltreatment has occurred with a goal of preventing reoccurrence. Intensive [family preservation services](#) offered through child welfare systems or parent support groups to help strengthen protective factors and parenting practices are examples of tertiary prevention strategies. This level of prevention can be useful in reducing the need for a child to be removed from their home or to support safe reunification of families. Family First seeks to shift focus and funding from tertiary to secondary prevention.

Experts believe the most effective approaches to child maltreatment prevention require a variety of strategies implemented at each level of prevention. Effective approaches to child maltreatment prevention also recognize families are impacted by the community they live in and the individual histories of each family member. Community, family and individual risk factors are important considerations for child maltreatment prevention.

This report presents a high-level summary of current evidence of the effectiveness of prevention strategies, along with over 30 policy levers for state lawmakers to consider. Each of the levers detailed below can be designed and implemented in different ways to better meet specific state needs for child maltreatment prevention and reducing family involvement in child welfare systems.



## What do legislators think about prevention?

In 2021, NCSL surveyed state legislators about their knowledge of strategies to prevent child maltreatment, as well as efforts in their state to shift funding and strategies upstream. The goal of this survey was to better understand the existing landscape within states and state legislatures regarding prevention strategies and child welfare systems. Survey findings revealed that legislators understand the why behind prevention but are not clear *how* to get there.

The survey found participating state legislators collectively understand child maltreatment prevention is a complex issue. Legislators recognize that fully addressing child maltreatment involves a juggling act of providing 1) upstream services and supports for families to broadly prevent maltreatment, 2) preventing headline-making tragedies and 3) assuring the safety and well-being of children in state custody when maltreatment has already occurred.

Generally, legislators know they want to move toward prevention and reduce their states' dependence on reactionary systems; however, they need additional financial resources, education, guidance and technical support to get there. On average, legislators reported that an ideal breakdown of state funding for the problem of child maltreatment would allocate approximately 32% to primary prevention, 24% to secondary prevention, 24% to tertiary prevention, and 20% to foster care, kinship care and adoption. However, legislators reported that current funding prioritization is more heavily weighted to tertiary prevention and foster care, kinship care and adoption. The ideal allocation of funding likely depends on the context of each state.

Many strategies for preventing child maltreatment are already being used in other policy areas, including education, early childhood and public health, though they often aren't implemented as child maltreatment prevention efforts. For example, paid family leave and reliable, high-quality child care, and voluntary home visiting reduce [risk factors for maltreatment](#), [prevent adverse childhood experiences](#) or provide protective factors to families.

# What lessons can we draw from research?

The link between family financial insecurity and increased risk for child welfare involvement is becoming clearer. A growing body of research demonstrates that a broad array of economic benefits and concrete social supports are associated with reduced risk of child abuse and neglect and involvement with child welfare systems.

[One study](#) found that each additional \$1,000 states spend annually on public benefit programs per person living in poverty is associated with a 4.3% reduction in child maltreatment reports, a 4% reduction



in substantiated child maltreatment, a 2.1% reduction in foster care placements and a 7.7% reduction in child fatalities related to abuse or neglect. [Direct economic](#) and [concrete supports](#) for families with young children may have a particularly strong impact on preventing child maltreatment and child welfare involvement.

The central role of [economic hardship as a driver of child welfare system involvement](#) underscores the importance of addressing the concrete needs of families and promoting economic stability. For families with low incomes, [material hardship](#)

(e.g., housing, food, utilities, medical) can compromise parents' and other caregivers' ability to meet the emotional and physical needs of a child and is associated with an increased risk for child protective services (CPS) involvement related to either maltreatment allegations.

Increasing economic and concrete supports for families in need [may also reduce persistent racial disparities in child welfare system involvement](#) and child and family outcomes because families and communities of color are [disproportionately more likely to be economically insecure](#) due to larger systemic biases.

The growing body of prevention policy research indicates the [need for a collaborative, multi-systems approach to preventing child welfare involvement](#) that goes beyond individual family-level interventions and integrates the larger socioeconomic context in which families live. This requires developing and implementing policies that promote family stability and address material hardship. This could include extending the availability of economic and concrete supports to families to increase protective factors and ensure basic needs are met. It also could include policies that support higher earning potential and stable employment.

## FIVE TAKEAWAYS FOR LEGISLATORS

Economic and tax policies, such as job creation, minimum wage, family leave, state earned income tax credits, child tax credits, cash assistance and direct cash transfers can help families accumulate economic resources sufficient to reliably meet their basic needs. These policies mitigate the impact of hardship on families and buffer against economic shocks, such as job loss or health crises which can be risk factors for child maltreatment and child welfare involvement.

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2. **Concrete supports**, such as child care, housing assistance, food assistance, health care and flexible funds can prevent child maltreatment and child welfare involvement by alleviating specific stressors for eligible families.
3. **Expanding eligibility and reducing administrative burdens** to help those most in need of public benefits (e.g., TANF, Medicaid, SNAP and WIC) access the programs for which they are eligible and helps these programs fulfill their purpose. High administrative burdens are associated with reduced program utilization by eligible families, thereby limiting the potential of these programs to reduce risk factors for child maltreatment and child welfare involvement.
4. **Revisiting child welfare policies** that address mandatory reporting, child abuse hotlines, abuse and neglect definitions, family preservation and access to legal counsel provide important opportunities to reduce unnecessary involvement with child protective systems.
5. **Engaging parents, families and young adults** with lived experience in policy design and implementation can help ensure policies reflect the priorities and needs of families and meet their intended goal of preventing child maltreatment and child welfare involvement.

## Economic and Tax Policies

Economic and tax policies can provide low- and middle- income families with money to cover their basic needs and the flexibility to prioritize how they spend the money. They differ from concrete supports, which are for specific purposes and are not easily interchangeable across need areas such as food or child care. Toxic stress and other risk factors for child maltreatment and child welfare involvement can be alleviated by direct economic supports and prevention-focused tax policies.

### ■ STATE CHILD TAX CREDITS

Child tax credits provide direct financial support to parents and are [associated with immediate reductions in child welfare involvement](#) and help alleviate chronic stress. Child tax credits reduce the tax liability for eligible families with children. Twelve states have enacted a [state child tax credit](#). The laws vary regarding refundability and how tax credits are calculated. The two primary approaches states use are establishing a fixed limit, such as a flat amount per child, or using a percentage of the federal child tax credit. While some state child tax credits are refundable, others are not.

### ■ STATE EARNED INCOME TAX CREDIT

Earned income tax credits (EITC) are an [evidence-based financial tool to reduce child maltreatment and child welfare involvement](#). EITCs reduce the tax liability for working families. As of 2022, 23 states and the District of Columbia have statutes addressing [state earned income tax credits](#). Further, 34 states, the District of Columbia, Guam, Puerto Rico and some municipalities have some form of EITC policy in place. Current state EITC policies are mostly modeled after the federal credit, but they vary somewhat on eligibility standards, methods for calculating the credit amount, refundability, awareness and outreach efforts and data tracking requirements. Eligibility for EITC refunds at the state and federal levels requires a tax return to be filed. Because some low-income households do not meet the income requirement for filing a return, they often miss out on the full value of refundable credits. Several states have implemented measures to increase the awareness of EITCs to address this gap.

### ■ PAID FAMILY LEAVE

Paid leave is an option to alleviate economic and emotional stress, which are risk factors for child neglect and abuse. [One study](#) found paid family leave is associated with reduced risk for child maltreatment. Paid leave allows employees to receive compensation while taking time off work due to family caregiving needs. [Types of paid leave](#) include sick leave and parental leave. As of November 2022, 11 states and the District of Columbia have statutes regarding paid family leave programs through which individuals can take leave to care for a newborn or adopted child, a seriously ill family member or their own serious health condition. Some state paid family policies specifically allow leave for military caregivers or victims of domestic or sexual abuse.



### ■ DIRECT CASH ASSISTANCE

Providing direct cash assistance to families in acute financial need, such as through TANF, can support [healthy child development](#), [improved full-time employment](#), and reduce risk of [child welfare involvement](#). TANF is funded through federal block grants to states and is up for federal reauthorization as of early 2023. States have significant flexibility in how they use the funding within four purpose areas: 1) assisting families in need so children can be cared for in their own homes or the homes of relatives; 2) reducing the dependency of parents in need by promoting job preparation, work and marriage; 3) preventing pregnancies among unmarried persons; and 4) encouraging the formation and maintenance of two-parent families.

### ■ EMPLOYMENT AND WAGES

Evidence suggests policies that promote higher income and stable employment for parents and caregivers can be impactful prevention strategies. Research shows that states with higher minimum wage are associated with lower child maltreatment report rates. NCSL's [Minimum Wage Legislation Database](#) tracks legislation related to minimum wage. In addition, [unemployment insurance](#) helps create economic stability for families and is associated with [reduced child maltreatment](#) during periods of joblessness. Increased workforce participation, particularly for single mothers, has been associated with [declines in childhood poverty](#). Several studies have indicated increases in child welfare involvement [associated with mothers' workforce participation](#), likely due to [inadequate or unstable child care](#).

Tap into [NCSL's database of enacted economic mobility legislation](#) to learn what's happening in the states, territories and District of Columbia.

## Housing

Housing policy levers are concrete supports that can reduce economic instability and alleviate sources of toxic stress for families. Inadequate housing contributes to the risk of entering foster care for [1 out of every 6 children involved in child welfare](#) investigations, making housing policy a critical prevention strategy. Housing policy levers can be used by states to reduce many known risk factors for child maltreatment or improve protective factors in a child's life.

### ■ AFFORDABLE HOUSING

Housing affordability policies are [evidence-based child welfare involvement prevention strategy](#) that reduce parental stress and child exposure to trauma and improve parent's ability to meet children's basic needs. As of November 2022, 19 states and the District of Columbia have statutes related to housing voucher programs, one type of affordable housing strategy.



States often identify special populations eligible to receive housing vouchers, including homeless veterans, homeless or low-income families with children, former foster care youth, survivors and those at risk of domestic abuse, people with mental health issues, people recovering from substance misuse, migrants who are survivors of human trafficking and seasonal farmworkers. Other types of housing affordability programs, such as utility payment assistance programs, inclusionary zoning policies or developer incentives to build affordable housing are often similarly targeted to specific populations.

### ■ SUPPORTIVE HOUSING

Supportive housing policies can [reduce child welfare involvement](#) by reducing risk factors for abuse and neglect while boosting protective factors. Supportive housing programs combine affordable housing principles with additional supports for individuals or families with complex, co-occurring needs. These can be conditions such as medical, behavioral and mental health or substance use challenges where supportive services are provided in conjunction with temporary or permanent affordable housing.

At least 35 states and the District of Columbia address [supportive housing](#) in statute. These policies vary by target population, duration of supportive housing for those populations, types of services provided and administration of programs.

NCSL's [database of housing and homelessness legislation](#) is a great way to learn what's happening in the states, territories and District of Columbia.

## High-Quality Child Care and Enrichment

High-quality child care and enrichment policies can reduce risk factors for child abuse and neglect while also improving protective factors. Parents and caregivers often need external support for child care and before- and after-school enrichment opportunities so they can work or complete education or training programs. High-quality child care is a child maltreatment and child welfare involvement prevention strategy that supports parental workforce participation, which often improves family economic security while providing a safe and stable learning environment for children.

### ■ EARLY CARE AND EDUCATION

Access to high-quality early care and education services provides working parents a safe, educational space for their young children and is an [evidence-based support](#) for lowering the risk of child maltreatment and child welfare involvement. State child care and preschool policies address an array of issues, including child care subsidies and financing, quality services, prekindergarten, professional development, infants and toddlers and workforce development. NCSL's [Early Care and Education database](#) tracks legislation pertaining to early care and education for all states, territories and the District of Columbia.

### ■ STATE CHILD CARE SUBSIDIES

Child care subsidies assist low-income families with the high cost of child care. By helping parents stay in the workforce and supporting high-quality child care, this [evidence-based policy lever](#) helps prevent child maltreatment and child welfare involvement by reducing economic stressors for parents and providing children from low-income families with additional positive adult relationships.

Federal funding for child care subsidies is provided through the Child Care and Development Fund, a block grant to states that reaches [approximately 1.3 million children](#) every month. Forty states and the District of Columbia have statutes concerning the administration of child care subsidies to low-income families. Most of the statutes address eligibility requirements for subsidy recipients and the amount of assistance they will receive.

In 2021, the national average price of child care was [\\$10,600 annually](#). [Only one in six children](#) eligible for child care subsidies actually receive them, which has societal costs resulting from [lost personal earnings, economic productivity and business revenue](#). Care for infants and toddlers is significantly higher, and the cost of child care can be a substantial percentage a family's budget.

## ■ HEAD START

Head Start provides high-quality early care and education programming, along with intensive wrap-around services, to young children birth to age five living in families at or below the [federal poverty level](#). Thirty-three states and the District of Columbia address Head Start programs in statute. More states have Head Start programs without statutory mandate.

State policies vary on details such as program administration, number of programming hours, coordination between Head Start and school districts or targeted supports for dual language learners, homeless youth and at-risk youth. Head Start can support states' child abuse and neglect prevention goals by [reducing risk factors and improving protective factors](#) particularly for very low-income families.

## ■ THERAPEUTIC PRESCHOOLS

Children with developmental, behavioral or emotional challenges are at [particularly high-risk of experiencing abuse or neglect](#). Therapeutic preschools help prevent child maltreatment by supporting these children and reducing parental stress associated with having a child with special or complex needs.

Therapeutic preschools provide trauma-informed early care and education services and emphasize intensive treatment for children with developmental, behavioral or emotional challenges who might struggle in a traditional child care setting. Seven states have statutes related to therapeutic preschools, and additional states have community-based therapeutic child care programs that are funded through public-private partnerships.



## ■ AFTER-SCHOOL AND YOUTH PROGRAMS

Extended learning programs are learning environments that occur outside traditional school hours. These programs offer students a safe and structured place to participate in mentorship and personalized learning opportunities.

As of November 2022, 27 states address afterschool programs in statute. State policies tend to vary with regard to funding strategies for these programs and some leverage partnerships or braided funding streams. Afterschool and summer learning programs provide parents with workforce supports and create a safe, age-appropriate space for children that boosts [protective factors](#) while also [reducing juvenile crime](#).

# Family Resources

Policies focused on helping parents and caregivers build the knowledge and skills needed to provide safe, healthy environments for their children are also prevention strategies. These resources help prevent injury or harm by educating parents and caregivers about what children need to thrive, strengthening protective factors and mitigating risk factors for child maltreatment.

## ■ PARENT EDUCATION AND SKILL BUILDING

Parent education programs teach families about healthy parenting practices and how to manage high-stress situations that can lead to increased risk for child maltreatment. Eleven states have statutes addressing parent education programs.

Statutes regarding parent education programs can target specific populations, such as parents going through divorce or parents of children with behavioral issues. Parent education policies can also vary in specific requirements for program administration, funding and evaluation criteria. Education and skill building supports for fathers may be an important strategy for child maltreatment prevention as well. Overall, parent education and skill building programs help mitigate caregiver risk factors for maltreatment and enhance individual and family protective factors.

### ■ HOME VISITATION

Home visiting policies generally are intended to support pregnant mothers and new parents and promote healthy infant and child development. Many home visiting programs support prevention by enhancing protective factors related to parents creating positive relationships and safe environments for children, which [can reduce the likelihood of maltreatment](#) and [child welfare involvement](#) even when other risk factors are present.

Thirty states have enacted statutes concerning [home visiting programs](#). Home visitors may be trained nurses, social workers or child development specialists. Their visits focus on linking pregnant women with prenatal care, promoting strong parent-child attachment and coaching parents on learning activities that foster their child's development and supporting parents' role as their child's first and most important teacher. Home visitors also conduct regular screenings to help parents identify possible health and developmental issues.

### ■ FAMILY RESOURCE CENTERS

[Family Resource Centers](#) are community-based programs that provide a broad array of services and supports to families living in vulnerable neighborhoods and often serve as a resource hub in communities. They can be known by different names (e.g., family centers, parent support centers, family success centers, etc.), and there are over 3,000 nationwide connected through the [National Family Support Network](#).

Fifteen states and the District of Columbia have Family Resource Centers in statute. States can use nonprofit organizations, human services departments or education departments to establish standards and oversee Family Resource Center programs. Evidence shows Family Resource Centers strengthen [protective factors](#) and reduce the risk of maltreatment.

## Health and Wellness

Access to health and mental health care can be critical to preventing child maltreatment by making screenings and services available to families. Growing up in [stressful environments](#) can have profound effects on long-term mental and physical health, making mitigating and treating health and mental health conditions particularly important for preventing child maltreatment.

### ■ PARENTAL MENTAL HEALTH

Parental mental health issues and poor emotional bonds between a parent and child can increase the risk for child abuse and neglect. Many policies or programs have focused on fostering maternal well-being, which contribute to prevention efforts by minimizing these risk factors for child maltreatment. Policies to support paternal mental well-being are likely to have similar protective impacts but are less common and thus less researched.

Policies intended to support maternal mental health can help [prevent symptoms of anxiety and depression](#) before, during and after childbirth. Anxiety and depression can negatively affect the emotional bond between mother and baby. At least seven states and the District of Columbia have statutes addressing maternal mental health. These policies vary in how they identify and address maternal mental health symptoms and in how they address data collection and distribution of educational materials about maternal mental health.

### ■ SCHOOL- AND COMMUNITY-BASED MENTAL HEALTH

Children with severe mental health needs or behavioral challenges are at a higher risk for abuse and neglect. [Severe behavioral disorders](#) can be a reason children enter foster care, and child-focused mental health supports provide children and families with essential social-emotional skills and services to prevent problems from escalating.



Prior to the COVID-19 pandemic, an estimated [13.7 million children](#) had been diagnosed with anxiety, depression or another behavioral health disorder. These numbers have significantly increased since the pandemic.

State policies can improve access to mental health by placing resources within the community. Schools and community programs can be key partners in [supporting children's mental health](#). States have varied of approaches to establishing school or community-based mental health programs, including: 1) whether programs are administered at the state or local level, 2) how schools are engaged as partners and access points and 3) mandating mental health education in schools. Some states have also established task forces, training and/or pilot programs focused on social-emotional learning.

#### ■ NUTRITIONAL SUPPORTS

Nutrition-related policies for families reduce risk factors for [child maltreatment](#) and [child welfare involvement](#). Such policies tend to [lower family economic stress and support healthy child development](#) by improving access to high-quality food for families.

All states and the District of Columbia have some form of nutritional support policy and several common programs administered at the state level are associated with federal funding streams. For example, the [Supplemental Nutrition Assistance Program \(SNAP\)](#) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) are two federally-funded programs that states administer to provide nutritional support for low-income families. Concrete supports such as SNAP or WIC can also be subject to [benefits cliffs](#), which legislators may need to consider to understand the landscape of family access to such supports.

#### ■ TRAUMA-INFORMED PRACTICES

Policies that incorporate [trauma-informed practices](#) into programs or services for families and children aim to buffer the adverse impacts of trauma. Since 2018, at least 37 states and the District of Columbia have enacted [legislation related to adverse childhood experiences \(ACEs\)](#), including laws that address childhood trauma, child adversity or toxic stress.

Many of these bills created a new task force or work group, implemented training for educators and others on ACEs or trauma-informed practices or strengthened behavioral health supports for children. Addressing the potential effects of [trauma](#) can support a child's ability to develop protective factors, build resilience and can reduce the risk of becoming involved with the child welfare system.

#### ■ ACCESS TO HEALTH AND MENTAL HEALTH CARE

Policies that support access to health and mental health care also mitigate many risk factors for child abuse and neglect. All 50 states and the District of Columbia have policies supporting access to care for eligible families. These policies and programs vary widely, in part because states have considerable discretion over how federally funded programs, such as Medicaid and [Children's Health Insurance Programs \(CHIP\)](#), are

administered. Both programs are intended to provide access to medical services for low-income adults, children, the elderly and people with disabilities. Increased access to services in Medicaid expansion states has also shown a possible reduction of [child welfare involvement](#).

[Mental health resources](#) for children, [including the very young](#), can support early identification of symptoms and increase the likelihood of receiving treatment. [Community Health Centers](#) are another option to boost access to health and mental health care, especially in more rural and under-resourced areas.

## Crisis Response

Children are at greater risk for child abuse and neglect when families experience crises because of elevated stressors or limited availability of resources. State policies can help by ensuring families in crisis have access to the services they need to stabilize their situations and meet their children’s needs.

### ■ RESOURCE LINES

Resource lines can help lessen the effects of trauma, mental illness or exposure to violence—all of which are common risk factors for child maltreatment and child welfare involvement. Resource lines are commonly referred to as hotlines, helplines or warmlines. By ensuring access to help during moments of crisis or hardship, policies establishing hotlines, helplines or warmlines can support a state’s child maltreatment prevention goals. Every state has some type of resource line and as of November 2022, 14 states have increased access to these lines through legislation.

The [211](#) network is an example of a resource line. It connects people looking for help with housing, food, child care, health care and other basic needs with resources in their community by telephone calls, web chats and text messages. While 211 resource lines exist nationwide, at least six states address the scope and implementation of 211 for their state in statute.

The National Suicide Designation Act established the [988 lifeline](#). This new service, which rolled out in 2022, supports people with suicidal ideations experiencing crisis due to mental illness or drug overdose. States have the option, but are not required by the federal legislation, to create a surcharge fee for telecommunications service users. State lawmakers also have legislative options regarding 988 to expand call center capacity, empower mobile crisis outreach teams and expand local access to behavioral health.

### ■ SAFE HAVEN LAWS

Safe haven laws provide parents an opportunity to surrender an infant when their circumstances do not allow them to care for the child. Safe haven policies can help prevent child maltreatment by allowing parents a safe surrender option if they know they cannot care for their newborn.

Safe haven policies vary with regard to who may accept a surrendered infant, such as law enforcement, police or fire station personnel or emergency medical personnel responding to a 911 call. State policies also vary with regard to guarantees for parental anonymity and the types of information collected when an infant is surrendered under safe haven laws.

All states, the District of Columbia and Puerto Rico have enacted safe haven legislation. At this time, most states let either parent relinquish their infant to a safe haven and at least four states and Puerto Rico allow only the mother to relinquish her infant.

### ■ SUBSTANCE USE DISORDER TREATMENT

When parents struggle with substance use disorders, they can be separated from their children due to incarceration or while undergoing treatment. Policies related to family-centered treatment for substance use disorders provide programs and treatment options that help families stay together while a family member receives help for substance misuse. At least 28 states have statutes related to family-centered treatment for substance use disorders. These states acknowledge the interconnections of parental substance use and family involvement in child welfare or delinquency cases within statute, either through a general recognition of the need for substance use disorder treatment programs that are family-centered or specific statutory language defining requirements for community-based or residential treatment programs



that are family-centered. Eight states have statutes establishing or providing for the development of drug or family courts that can oversee family-centered treatment for substance use disorders. Family-centered treatment programs can help prevent the need for a child to be removed and can support the parent-child relationship while the parent receives treatment.

## Awareness and Education

Increasing awareness and understanding of child maltreatment is another policy lever. These measures help people recognize risks and better understand their own role in preventing child maltreatment or providing healthy environments for children.

### ■ CHILDHOOD SEXUAL ABUSE

Policies and programs related to awareness and education around child sexual abuse seek to teach children, families, caregivers or educators about safe touch and healthy boundaries. Awareness and education about child sexual abuse increases knowledge and decreases stigma and is a targeted prevention policy lever for impacting sexual abuse and reporting.

At least 27 states and the District of Columbia have enacted legislation mandating instruction within schools on child sexual abuse awareness and prevention. Of these, 14 states require education and/or training for both school employees and students, seven require the education for students only and seven require it for students and only a limited group of employees. Seventeen states also mention the need to educate parents and 11 states provide an “opt out” parents can use to exclude their child from participating in any education on the topic. Fifteen states have no such laws in place.

### ■ SHAKEN BABY SYNDROME

Efforts to help people understand the dangers of violently shaking a baby [help reduce its occurrence](#). At least 20 states and Puerto Rico have statutes related to increasing awareness and education to prevent shaken baby syndrome. State approaches to prevent shaken baby syndrome include establishing programs within state administration to develop and distribute materials, mandates for health care facilities to develop and distribute materials, requirements for high school education curriculum or collaborations between public and private entities. Some states specifically target these efforts for new parents while others are more broadly targeted to the public.

### ■ NEWBORN SCREENINGS

Newborn screenings can help with early identification of symptoms that may later lead to severe disability. Severe disability can be a risk factor for child maltreatment and connecting parents with supports early in a child’s life can reduce the risk. State policies can aim to improve early detection of medical condi-

tions, identify substance-exposed infants and provide immediate access to services for families who may be struggling with a newborn with a disability.

At least forty-four states and the District of Columbia have statutes concerning newborn screening. Screening checks newborns for various developmental, genetic, congenital or metabolic disorders through blood tests. Nearly all newborn screening statutes establish requirements of newborn screenings. These statutes may outline required tests, procedures health care providers must follow while testing and how the results of the tests must be reported. Five states also have education programs to inform health care providers and parents about the purpose of newborn screenings and the nature of the diseases being tested.

### ■ DEVELOPMENTAL SCREENINGS AND REFERRALS

Developmental screening is another tool for identifying children at risk of having or developing delays and linking families to relevant services. Children with disabilities are [in the child welfare system at disproportionate rates](#). Developmental screenings and referrals can help families access health and educational resources that can provide both the child and family with supportive services to reduce the [risk of maltreatment associated with a child's special needs](#).

Thirty-one states emphasized in statute the need for developmental screenings to be high quality and widely available to families who could benefit from a screening. Eleven states integrated developmental screening processes in school systems, and nine states outlined a referral process for screening. Of these nine states, four conducted targeted screening for children who experienced abuse and neglect, and one state targeted infants exposed to drugs.

### ■ PHYSICAL PUNISHMENT

Policies related to physical punishment of children establish boundaries around whether, when and to what extent physical punishment is permitted without being considered child abuse. Corporal punishment, the willful use of physical force as a means of discipline, can have an adverse impact on a child's emotional development and the parent-child relationship.

NCSL identified statutes related to physical punishment in every state. At least 17 states forbid the use of corporal punishment entirely. Twelve states explicitly permit the use of corporal punishment in schools or in the home. Twenty-one states allow for the use of physical force under unique circumstances or only forbid its use under specific circumstances. Prevent Child Abuse America's [corporal punishment one-pager](#) and research from the [National Institutes of Health](#) provides additional analysis and why some states are banning or attempting to ban the practice as part of a child maltreatment prevention strategy.

## NCSL Fellows Programs

NCSL offers a [Child Welfare Fellows program](#) that provides legislators and legislative staff a rare opportunity to focus intensively on prevention of child maltreatment in the context of state child welfare systems. Other NCSL fellows programs also relate to child maltreatment prevention because they address risk factors and interconnected policy areas where prevention strategies can be implemented.

- [Child Welfare Fellows](#)
- [Early Childhood Fellows](#)
- [Maternal and Child Health Fellows](#)
- [Opioid Policy Fellows](#)
- [Youth Homelessness Fellows](#)

## Additional Resources

- [Poverty and Child Neglect: How Did We Get It Wrong?](#) (NCSL)
- [Technical Package on Preventing Child Abuse and Neglect](#) (CDC)
- [A Key Connection: Economic Stability and Family Well-being](#) (Chapin Hall)

*NCSL acknowledges Chapin Hall senior policy staff for contributions to this publication. For full citations of research studies on child maltreatment prevention please see the additional resources linked above.*

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