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State Policy Solutions to Reduce Child Maltreatment: A Summary of the Evidence

Rapid neurological development during the prenatal-to-3 period makes children especially susceptible to harmful stressors. Maltreatment, including abuse and neglect, in these early years elevates stress hormones and inflammation, which damage the developing body and brain.

Rigorous research points to the need for a multipronged approach to reducing child maltreatment. Though we may expect prevention programs, such as Early Head Start, to help, research shows that even unexpected policies, such as Medicaid expansion and certain tax credits, also play a significant role.

Policies with Proven Impacts on Child Welfare Outcomes

The [Prenatal-to-3 State Policy Roadmap](#) identifies 12 effective policies that improve early childhood outcomes.¹ Six of these evidence-based policies reduce child maltreatment, and others may also reduce the risk of maltreatment by promoting overall child and family wellbeing.

Rigorous research² finds that:



Expanding Medicaid access can decrease reports of child neglect.

- Expanded income eligibility for Medicaid led to 422 fewer cases of neglect per 100,000 children under age 6.
- Expanded income eligibility for Medicaid led to a 17.3% reduction in first-time neglect reports for children under age 5.



Implementing a paid family and medical leave program for parents with a new child can decrease incidences of pediatric abusive head trauma.

- Implementing a paid family and medical leave program of at least 6 weeks for all parents led to a small decrease in hospital admissions for abusive head trauma (5.1 admissions per 100,000 children) among children under age 1.

¹ For details on effective policies and strategies and information on states' adoption and implementation see the [Prenatal-to-3 State Policy Roadmap](#).

² For additional detail on and citations for the above referenced studies, see the [Prenatal-to-3 Policy Clearinghouse](#). Our review of evidence-based home visiting programs focuses specifically on parenting, rather than child maltreatment outcomes; evidence on home visiting programs is excluded from this summary of impacts.



Each \$1.00 increase in state minimum wage reduces the likelihood of child neglect.

- Each \$1.00 increase in the minimum wage reduced child neglect reports by 10.8% for children ages 0 to 5.
- Each \$1.00 increase in the minimum wage reduced the frequency of single mothers' self-reported child neglect events in the last year (from an average of 0.8 to 0.4 cases per mother) between child ages 1 and 3.



Increasing the generosity of the earned income tax credit (EITC) reduces child neglect and foster care entry.

- A 10 percentage point increase in the generosity of a refundable state EITC led to 324 fewer neglect reports per 100,000 children ages 0 to 5.
- Compared to states with no EITC, states with a refundable EITC experienced an 11% decrease in foster care entry.



Participation in Early Head Start reduces parenting distress.

- Participation reduced the likelihood of welfare encounters for children ages 5 to 9.
- Participation led to less parenting stress, less family conflict, and more positive and emotionally responsive home environments at age 2, and these, in turn, decreased the likelihood of later maltreatment between child ages 2 and 17.



Participation in comprehensive screening and connection programs reduces disparities in child maltreatment investigations.

- Participation in Family Connects, a program that connects families to needed services, led to a 60.5% reduction in disparities between Black families and White families in child maltreatment investigations.

State policy choices matter. By ensuring families have access to needed services and sufficient household resources, state lawmakers can directly reduce incidences of child maltreatment in their states and promote child welfare. Because children of color are more likely than White children to experience child welfare involvement, it remains imperative that state lawmakers support equitable access to prevention programs, services, and economic support policies.

Learn more! Explore our Prenatal-to-3 Policy Clearinghouse:

