

Table 1: Policies or nationally embraced strategies grounded in the CDC framework for preventing child abuse and neglect

Policy strategies based on CDC conceptual framework	Policy examples	Focal policy to study?	Reasons to focus on the policy
<p>Strengthen Economic Supports for Families</p> <p>Policies can improve the balance between work and family (“family-friendly work”), allowing parents to provide the necessary care for children and increasing the likelihood that children experience safe, stable, nurturing relationships and environments.</p>	Temporary Assistance for Needy Families (TANF)	Yes	Data are available; current research has not focused on children ages from birth through 2. Studies for children of all ages focus on the relations maltreatment and TANF expenditures, restrictions, and sanctions .
	State Earned Income Tax Credit (EITC)	Yes	Data are available but have not been studied for children ages from birth through 2. Research found increases in state EITC rates were linked to reduced rates of child maltreatment .
	State Child Tax Credit (CTC)	Yes	Data are available but have not been studied for children ages 0–2. Research has found that the Federal Child Tax Credit reduces maltreatment reports .
	Child Care & Development Block Grant (CCDBG)	No	Data are available and have been studied with survey data. Low participation rate makes it unlikely to find significant effects with state-level data.
	Medicaid expansion as part of the Affordable Care Act	No	Data are available. Previous research studied the Medicaid expansion which found reduced abuse reporting for children from birth through 6.
	Supplemental Nutrition Assistance Program (SNAP)	Yes	Data are available, but current research has not focused on children ages from birth through 2. Previous research links benefit receipt and timing as well as generosity to maltreatment rates.
	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	Data are available and have been studied for young children . Receipt of WIC and food stamps are associated with reduced abuse and neglect risk.
	Children’s Health Insurance Program (CHIP)	No	Data are available, but most states’ differences in program structure are about combining the program with the Medicaid expansion (see Medicaid row). Thus, CHIP cannot be examined on its own.
	Federal Housing Assistance Programs	No	Most programs are not administrated at the state level.
	Minimum wage	No	Data are available and have been studied in children ages birth through 5 . Increasing minimum age is associated with reduced maltreatment reports.
	States’ paid sick leave laws	Yes	Data are available, but no studies focused on children ages from birth through 2.
	States’ family leave laws	Yes	Data are available, but no studies focused on children ages from birth through 2.
	Child and Dependent Care Credit	No	Data are available, but credits were implemented before 2004 (first year of maltreatment data).
	Child and Adult Care Food Program	No	Provides reimbursement for nutritious meals and snacks to children in childcare. Hard to establish clear link with maltreatment for children ages 0–2 since it only serves children in formal care settings and previous studies have found modest impacts on health-related outcomes.
Unemployment insurance	No	Studies do not focus on children ages birth through 2 . Data are not publicly available.	
<p>Change Social Norms to Support Parents and Positive Parenting</p> <p>Changing social norms that accept or allow indifference to violence can reduce child abuse and neglect. Examples of these policies are public engagement and education campaigns and legislative approaches to reduce corporal punishment.</p>	Public awareness campaigns	No	Most of the campaigns targeting maltreatment are small (a few counties or schools) and localized in one state. Unlikely to be large enough to detect effects.
<p>Provide Quality Care and Education Early in Life</p> <p>Quality childcare and early childhood education can improve children’s development and increase the likelihood that children will experience safe relationships and environments—both in the childcare and education settings and at home. Access to affordable, quality childcare is associated with reduced parental stress and maternal depression.</p>	Pre-K funding/participation	No	Data are available. Typical eligibility would exclude most of our population of interest, and the link between Pre-K and maltreatment for children ages birth through 2 is not clear.
<p>Enhance Parenting Skills to Promote Healthy Child Development</p> <p>Parents who have inadequate parenting skills have more difficulty parenting and providing the care that is needed for children to have safe, stable, nurturing relationships and environments.</p>	Home visiting programs	No	Existing literature is program focused —not policy focused. Programs vary across states, making it hard to create a measure of variation in implementation across time.
<p>Intervene to Lessen Harms and Prevent Future Risk</p> <p>Behavioral parent training programs can prevent the recurrence of physical abuse and neglect.</p>	Child Abuse Prevention and Treatment Act (CAPTA) and Comprehensive Addiction and Recovery Act (CARA)	No	State differences in implementation and definitions as a result of these acts would influence reporting more than the maltreatment rate.
	Policies preventing firearms violence	No	Firearm violence is a rare incident, statistically speaking. Most maltreatment against children ages birth through 2 is neglect (not abuse).
	Addiction treatment policies	No	Most resources point to Medicaid expansion as the state policy with the largest impact on addiction treatment . It may be hard to distinguish the effects from other services provided by Medicaid.
<p>Family Planning Policies (added to CDC Framework)</p> <p>Programs and policies designed to support family planning services, empowering potential parents to control their childbearing. This may include considerations related to parents’ ability to provide the necessary care for children, increasing the likelihood that children experience safe, stable, nurturing relationships and environments.</p>	States allowing pharmacists to directly dispense emergency contraception without a prescription	Yes	Policy allowing pharmacists to directly dispense emergency contraception without a prescription was first passed in 2016 in California.
	Contraceptive access policies across the United States	Yes	Data are available from 2006 to 2021 that measure 23 expansive contraceptive policies regulating contraceptive education, insurance coverage, minor’s rights, provider authority, and more.
	Other policies and data sought:	No	<ul style="list-style-type: none"> Estimates of contraceptive needs and services available Number of clinics providing publicly supported contraceptive services Number of women being served at clinics Expenditures in various family planning services Estimates of wanted and unwanted pregnancies Medicaid Family Planning claims Family planning funding restrictions Insurance coverage of contraceptives State mandates on emergency departments to inform victims of sexual assault about emergency contraception <p>Data are not consistently available for the last 20 years.</p>
<p>Policies for children with disabilities (added to CDC Framework)</p> <p>Children with disabilities are at higher risk for abuse or neglect than children without disabilities. Programs and policies focused on supporting children with (or at risk for) developmental delays may serve to reduce stress and enhance the capacity of families and other caregivers to meet the child’s needs.</p>	Program for Infants and Toddlers with Disabilities (IDEA Part C)	No	No federal appropriation data available on state funding, data only available on participation rates, not rate of participation relative to need .
	Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	No	<p>The program is provided to children enrolled in Medicaid, and it may be hard to distinguish the effects from Medicaid availability in the states.</p> <p>Another concern is that most variation would be found in screening, which could increase the identification of maltreatment.</p>

Note: This table is from a Measuring Up project brief: Abdi, F. M., Piña, G., Darling, K.E., & Moore, K. A. (2023). *Identifying the effectiveness of policies that may prevent child maltreatment among infants and toddlers*. Child Trends. <https://doi.org/10.56417/691f2925x>