



# Economic and Concrete Supports to Prevent Child Fatalities & Abusive Head Injuries

December 2024

This tool provides an overview of the research on the relationship between different types of economic and concrete supports (ECS) and reduced risk for child fatalities and abusive head injuries. It also documents potential economic burden of child fatalities and abusive head injuries and cost savings associated with prevention through provision of ECS to families.

ASSOCIATION OF ECONOMIC AND CONCRETE SUPPORTS & CHILD FATALITIES AND ABUSIVE HEAD INJURIES	
<p><b>Decreased employment</b></p> <p>During the recession of 2007–2009, the rate of abusive head trauma (AHT) for children &lt; 5 years old was considerably higher than during the period immediately before</p> <ul style="list-style-type: none"> <li>• AHT rate <b>increased</b> from 8.9 in 100,000 children before the recession to 14.7 in 100,000 children during the recession</li> </ul>	<p>Berger, R. P., Fromkin, J. B., Stutz, H., Makoroff, K., Scribano, P. V., Feldman, K., Tu, L. C., &amp; Fabio, A. (2011). Abusive head trauma during a time of increased unemployment: A multicenter analysis. <i>Pediatrics</i>, 128(4), 637-643. <a href="https://doi.org/10.1542/peds.2010-2185">https://doi.org/10.1542/peds.2010-2185</a></p>
<p><b>Decreased housing security</b></p> <p>Increases in mortgage delinquency &amp; foreclosure rates are associated with <b>increases</b> in hospital admissions for traumatic brain injury for infants &lt; 1 year old (<i>non-birth and non-motor vehicle crash related</i>)</p>	<p>Wood, J. N., Medina, S. P., Feudtner, C., Luan, X., Localio, R., Fieldston, E. S., &amp; Rubin, D. M. (2012). Local macroeconomic trends and hospital admissions for child abuse, 2000–2009. <i>Pediatrics</i>, 130(2), e358-e364. <a href="https://doi.org/10.1542/peds.2011-3755">https://doi.org/10.1542/peds.2011-3755</a></p>
<p><b>Increased tax credits</b></p> <p>Refundable state-level EITC (averaging \$400 per year) is associated with a <b>13% decrease</b> in hospital admissions for AHT for children &lt;2 years old (<i>even after controlling for poverty, race, education &amp; unemployment</i>)</p> <p><i>[*this finding approaches statistical significance]</i></p>	<p>Klevens, J., Schmidt, B., Luo, F., Xu, L., Ports, K. A., &amp; Lee, R. D. (2017). Effect of the Earned Income Tax credit on hospital admissions for pediatric abusive head trauma, 1995-2013. <i>Public Health Reports</i>, 132(4), 505-511. <a href="https://doi.org/10.1177%2F0033354917710905">https://doi.org/10.1177%2F0033354917710905</a></p>
<p><b>Paid family leave</b></p> <p>Compared to states with no paid family leave (PFL) policy, the implementation of California's 2004 PFL policy (up to 12 weeks of partially paid leave) was associated with a <b>decrease</b> in hospital admissions for AHT among children &lt;1 year old <u>and</u> among children &lt; 2 years old</p>	<p>Klevens, J., Luo, F., Xu, L., Peterson, C., &amp; Latzman, N. E. (2016). Paid family leave's effect on hospital admissions for pediatric abusive head trauma. <i>Injury Prevention</i>, 22(6), 442-445. <a href="https://doi.org/10.1136%2Finjuryprev-2015-041702">https://doi.org/10.1136%2Finjuryprev-2015-041702</a></p>
<p><b>Increased child care</b></p> <p>Child care investments included in Build Back Better (proposed 2020-2021) would be associated with a:</p> <ul style="list-style-type: none"> <li>• 6.4% reduction in child protective services investigations</li> <li>• 6% reduction in substantiated child maltreatment</li> <li>• 3.1% reduction in foster care placements</li> <li>• <b>11.6% reduction in child fatalities due to maltreatment</b></li> </ul>	<p>Puls, H. T., Chung, P. J., &amp; Anderson, C. (2022). Universal child care as a policy to prevent child maltreatment. <i>Pediatrics</i>, 150(2), e2022056660. <a href="https://doi.org/10.1542/peds.2022-056660">https://doi.org/10.1542/peds.2022-056660</a></p>

## ECONOMIC BURDEN OR COST SAVINGS

<p><b>Annual costs of abusive head trauma from 2006-2011, nationally:</b></p> <ul style="list-style-type: none"> <li>• Annual average cost of ER visits and admissions = <b>\$69.6 million</b></li> <li>• Range of annual costs across study period = <b>\$58.9 million to \$98.5 million</b></li> </ul> <p><i>[authors note there is no nationwide data set that would allow examination of total attributable health care costs for a relatively rare condition like AHT]</i></p>	<p>Peterson, C., Xu, L., Florence, C., &amp; Parks, S.E. (2015). Annual cost of U.S. hospital visits for pediatric abusive head trauma. <i>Child Maltreatment</i>, 20(3), 162-169. DOI: <a href="https://doi.org/10.1177/1077559515583549">10.1177/1077559515583549</a></p>
<p>Per-victim lifetime cost of child maltreatment from 2015 cohort, nationally:</p> <ul style="list-style-type: none"> <li>• <b>Fatal child maltreatment per-victim cost = \$16.6 million</b></li> </ul>	<p>Peterson, C., Florence, C., &amp; Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. <i>Child Abuse &amp; Neglect</i>, 86, 178-183. <a href="https://doi.org/https://doi.org/10.1016/j.chiabu.2018.09.018">https://doi.org/https://doi.org/10.1016/j.chiabu.2018.09.018</a></p>
<p><b>Long-term cost savings due to reduced maltreatment-related costs from each additional \$1,000 spent on public benefit programs* per person living below federal poverty limit = \$153 billion</b></p> <ul style="list-style-type: none"> <li>• Each \$1,000 per person living below the federal poverty limit is associated with a 4.3% decline in child maltreatment reporting, 4% decline in substantiations, 2.1% decline in foster care placements, and <b>7.7% decline in child fatalities</b></li> <li>• This means that \$1,000 of additional spending for each person living in poverty might have resulted in 181,850 fewer child maltreatment reports, 28,575 fewer substantiations, 4,168 fewer foster care placements, and <b>130 fewer child fatalities</b> due to maltreatment (in 2017), and each additional 13.3% that states invest annually in public benefit programs (which would total \$46.5 billion nationally) would save up to \$153 billion.</li> </ul> <p><i>*Spending on public benefits programs include (1) cash, housing, and in-kind assistance; (2) low-income housing infrastructure development; (3) child care assistance; (4) refundable EITC; and (5) Medical Assistance Programs (MAPs), inclusive of Medicaid and Children's Health Insurance Program</i></p>	<p>Puls, H. T., Hall, M., Anderst, J. D., Gurley, T., Perrin, J., &amp; Chung, P. J. (2021). State spending on public benefit programs and child maltreatment. <i>Pediatrics</i>, 148(5), e2021050685. <a href="https://doi.org/10.1542/peds.2021-050685">https://doi.org/10.1542/peds.2021-050685</a></p>
<p><b>Lifetime costs savings due to reduced maltreatment-related costs from an additional \$1,000 unconditional cash payment to families in the early months of a child's life = \$18.9 million</b></p> <ul style="list-style-type: none"> <li>• An additional \$1,000 unconditional cash payment to families in the early months of a child's life is estimated to:             <ul style="list-style-type: none"> <li>▪ Reduce the likelihood of a CPS referral for <u>neglect</u> by 10% (<i>by age 3</i>)</li> <li>▪ Reduce the likelihood of a CPS referral for <u>physical abuse</u> by 30% (<i>by age 3</i>)</li> <li>▪ Reduce the likelihood of a <u>substantiated</u> CPS referral by 15% (<i>by age 3</i>)</li> <li>▪ <b>Reduce the likelihood of <u>child mortality</u> by 30%</b> (3 fewer child deaths) (<i>by age 5</i>)</li> </ul> </li> </ul>	<p>Bullinger, L. R., Packham, A., &amp; Raissian, K. M. (2023). <a href="#">Effects of universal and unconditional cash transfers on child abuse and neglect</a>. National Bureau of Economic Research.</p>