



Published in final edited form as:

*Int J Child Maltreat.* 2022 December ; 5(4): 519–539. doi:10.1007/s42448-022-00124-x.

## Supporting Fathers to Prevent Child Maltreatment: How Paid Family Leave and Child Care Subsidies are Part of a Public Health Approach

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### Abstract

There are multiple components of a public health approach for preventing child maltreatment. One of these components is the question of who to intervene with. Fathers are an under-targeted and under-studied group for child maltreatment prevention. In this conceptual article, we describe a public health approach for intervening with fathers. Acknowledging financial stress as a key risk factor for child maltreatment among fathers, we explore two policy interventions that aim to increase economic support for families during the early years of a child's life: paid family leave and child care subsidies. During the weeks following the child's birth, paid family leave can promote child-father bonding and enable fathers to engage in more caregiving during a critical family transition. After paid family leave ends, child care subsidies can make child care affordable for families with low income, thereby promoting parents' employment and earnings. We conclude by highlighting ways in which fathers can take an active role in preventing child maltreatment.

### Keywords

Child Maltreatment; Child Care Subsidies; Fathers; Paid Family Leave; Prevention

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Child maltreatment is a common and complex problem which consists of neglect, emotional abuse, physical abuse, and sexual abuse. Approximately 12% of children in the United States have a confirmed report of child maltreatment before the age of 18 (Yi et al., 2020). The harms of child maltreatment are substantial and include a range of physical and mental health problems (Leeb et al., 2011). The estimated lifetime economic burden of substantiated child maltreatment in a single year, based on substantiated cases in 2015, is approximately \$428 billion (Peterson et al., 2018). This economic burden is incurred across the health care, child welfare, criminal legal, and education systems. In order to

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On behalf of all authors, the corresponding author states that there is no conflict of interest.

promote children's safety and healthy development, there is urgent need to prevent child maltreatment.

A prominent framework that holds great potential for guiding child maltreatment prevention is a public health approach (Higgins et al., 2022). This framework acknowledges that early and widely implemented interventions—especially policy interventions—can prevent child maltreatment at a population level. One policy intervention is the earned income tax credit, which has been shown to reduce some forms of child maltreatment (Klevens et al., 2017; Kovski et al., 2021). Other policies such as paid family leave (Klevens et al., 2016) and child care subsidies (Maguire-Jack et al., 2019; Yang et al., 2019; Yang & Maguire-Jack, 2016) also have potential to prevent child maltreatment.

According to Higgins and colleagues (2022), there are six components that must be considered when implementing a public health approach to prevent child maltreatment. These components include: (1) what to focus on, (2) who to intervene with, (3) when to intervene, (4) the use of evidence-based approaches, (5) where to base the delivery of supports and interventions, and (6) scaling prevention activities at varying levels of intensity across the entire population (Higgins et al., 2022). Of these components, the second, *who* to intervene with, will be the focus of this paper. We argue that fathers are an important, yet understudied, target population for the prevention of child abuse and neglect.

Approximately three-fourths of U.S. children live with a biological, adoptive, or step father. Specifically, in 2021, 70% of children lived with two parents (approximately 0.6% of children with two parents had same-sex parents), 22% lived with a mother only, 5% lived with a father only, and 4% lived with other relatives or non-relatives (U.S. Census Bureau, 2020, 2021). Of those who do not live with a father, most of their fathers are involved in their lives (Livingston & Parker, 2011). Fathers' presence and involvement comes with risk of maltreating their children. In 2020, fathers were documented as being involved in the perpetration of approximately 44% of confirmed cases of maltreatment. Specifically, 23.6% of maltreatment cases only involved a father and 20.6% involved both parents (U.S. Department of Health & Human Services, 2022).

Many decades of research have shown that parent-child attachment and bonding contribute to positive social and emotional outcomes for children (Ranson & Urichuk, 2008). While most of this work is focused on mothers, more recent research shows that father-child attachment and bonding also contribute to positive outcomes for children (Ranson & Urichuk, 2008). Indeed, fathers contribute to children's physical, cognitive, behavioral, socioemotional development (Diniz, et al., 2021; Lamb, 2010; Sarkadi et al., 2008). Fathers can also help lower mothers' risk for child maltreatment in the form of higher paternal educational attainment, parental self-efficacy, financial support, and positive involvement with their children (Dubowitz et al., 2000; Guterman et al., 2009; Schneider, 2016, 2017). Yet, research suggests there are longstanding discourses in North America and the United Kingdom about fathers being irrelevant, irresponsible, or even dangerous (Brown et al., 2009). These discourses contribute to systemic bias and discrimination against fathers to the detriment of the entire family system—including children and mothers—because fathers *do* matter and engaging fathers has the potential to prevent father-perpetrated violence (Brown

et al., 2009; Featherstone & Fraser, 2012). Given the involved (be it positive or adverse) role of fathers in contemporary families, policy interventions that support fathers hold great potential for preventing child maltreatment.

The purpose of this conceptual article is to explore how fathers are a critical population within a public health framework for child maltreatment prevention. First, we review key themes from the literature about the importance of intervening with fathers. Second, we outline a public health approach to intervening with fathers. Third, we describe two policy interventions—paid family leave and child care subsidies—which aim to increase economic support for families during the early years of a child’s life. These two policy interventions have the potential to prevent father-perpetrated child maltreatment. Finally, drawing upon a strengths-based perspective, we emphasize the active role fathers can play in child maltreatment prevention.

## Why Intervene with Fathers?

### Fathers are at risk of child maltreatment perpetration

Fathers are implicated in child maltreatment perpetration (Craig & Mullan, 2011). As noted above, fathers are responsible for a substantial proportion of confirmed child maltreatment cases, and they tend to perpetrate more severe types of child maltreatment, such as physical injuries and homicides (Kajese et al., 2011). However, only a limited literature has focused on fathers in the perpetration of child maltreatment (Guterman & Lee, 2005; Stith et al., 2009). Guterman and Lee (2005) argued that paternal child maltreatment is primarily linked to two domains: (1) sociodemographic factors, and (2) psychosocial factors. Using Guterman and Lee’s domains, we briefly review literature regarding fathers’ risk for child maltreatment perpetration, prioritizing literature that informs our subsequent discussion of paid family leave and child care subsidies. We consider literature on child maltreatment directly attributable to fathers, as well as fathers’ role in mothers’ risk for child maltreatment perpetration.

### Sociodemographic Factors

Sociodemographics, such as father-child coresidence and fathers’ economic wellbeing, matter for fathers’ risk of child maltreatment perpetration (Guterman & Lee, 2005). Regarding coresidence, children often enjoy socioemotional benefits from living with their fathers (McLanahan et al., 2013). Yet, coresidence is also associated with risk factors for paternal child maltreatment, particularly physical abuse (Starling, et al., 1995). At the same time, when the father does not live with the child due to barriers such as incarceration, there is greater risk for maternal neglect and physical aggression (Dubowitz et al., 2000; S. J. Lee, 2013; Schneider, 2016, 2017; Turney, 2014). Nevertheless, through their financial and non-financial support, non-resident fathers can buffer single mothers’ risk of maltreating their children (Schneider, 2016, 2017).

Research on economic wellbeing suggests, at the individual level, unemployed fathers are more likely to physically abuse their children than employed fathers (Jones, 1990; Wolfner & Gelles, 1993). At the macro level, states with high proportions of unemployed fathers tend

to have higher rates of child maltreatment (Paxson & Waldfogel, 1999). Fathers may also be vulnerable to macroeconomic shifts, given the strong connection between employment and fulfilling traditional breadwinning roles (Christiansen & Palkovitz, 2001). For example, in California, rising unemployment rates are associated with increased child maltreatment perpetration among fathers, but not mothers (Lindo et al., 2018).

Fathers' economic wellbeing may be linked to the likelihood of child maltreatment through both the ability to provide instrumental support and through psychological pathways. That is to say, economic precarity may make it difficult for fathers to provide needed resources for their children and to provide safe and consistent care. In Quebec, fathers report that they are more likely to engage in neglectful parenting behaviors with their 6-month to 4-year-old children when they feel stress related to reconciling work and family and when they perceive themselves as being economically poor (Clément et al., 2016). While economic hardship is a maltreatment risk factor for mothers as well, research with mothers and fathers from socioeconomically disadvantaged backgrounds documents that pressures around economic provision may more negatively affect fathers' mental health than that of mothers (J. Y. Lee, et al., 2022). Economic challenges may weigh upon fathers more strongly than mothers. Indeed, loss of work and income may elicit stress (Pearlin, 1999), perceived loss of status (Madge, 1983), and increased irritability amongst men (McLoyd, 1990). Thus, unemployment and financial challenges may increase the likelihood of paternal child abuse and neglect.

### Psychosocial Factors

Psychosocial factors such as fathers' preparedness to be a father, mental health and substance abuse, and father-mother relationship dynamics are also risk factors for paternal child maltreatment (Guterman & Lee, 2005). Lack of preparedness for being a father can be both cognitive and emotional (Cabrera et al., 2000) and manifest as limited patience and knowledge of children's development (S. J. Lee et al., 2021; Vally & Hichami, 2020). Fathers' lack of preparedness may reflect societal norms regarding gender roles in the family, in which boys may not be taught to be caregivers to the extent girls are (Witt, 1997). As a result, fathers may have limited parenting information and have more rigid and demanding expectations of children, which may also be linked to increased likelihood of child maltreatment (S. J. Lee et al., 2021; Pittman & Buckley, 2006). Though the evidence is both limited and mixed, fathers who were themselves maltreated as children may be less prepared to be parents due to an increased risk of emotional challenges that make parenting more difficult (Greene, et al., 2020).

Fathers' mental health and substance abuse are also linked to child maltreatment. While depressive symptoms are more commonly reported among mothers than fathers, estimates suggest 2–8% of fathers have significant depressive symptoms in the weeks following the birth of their child (Glasser & Lerner-Geva, 2019). A systematic review of the literature on parental mental health during the first year of the child's life and parental risk behaviors for child maltreatment (e.g., violent discipline) identified six studies that examined fathers (Ayers et al., 2019). All six studies found that paternal mental health problems were associated with greater paternal risk for child maltreatment (Ayers et al., 2019). Indeed,

paternal depression negatively shapes how fathers interact with their children, including less use of parental warmth and greater use of harsh parenting (Shafer et al., 2019). Substance abuse also undermines fathers' parenting abilities (Walsh et al., 2003). To sustain substance abuse behaviors, fathers draw upon—and sometimes deplete—limited family income and resources. Indeed, men are more likely than women to use and abuse drugs and alcohol, including illicit drugs (McHugh et al., 2018). Yet, many fathers face personal, cultural, and institutional barriers to help-seeking, which prevents them from addressing their mental health and substance abuse challenges (Shafer & Wendt, 2015). In particular, men are often socialized to value independence and self-reliance, as well as to believe that help-seeking is at odds with these values—a sign of personal weakness (Addis & Mahalik, 2003). As a result, most men prefer informal help-seeking (e.g., family, friends, religious leaders) rather than formal help-seeking (e.g., medical doctors, mental health professionals) (Wendt & Shafer, 2016). Yet, perhaps half of men with diagnosable mental health problems receive neither informal nor formal support (Addis & Mahalik, 2003). This leaves many fathers at risk of untreated mental health problems which can increase the risk of child abuse and neglect.

The quality of a father's relationship with the mother of his child also has implications for the risk for child maltreatment. In particular, research has focused on relationship quality between unmarried parents (Berger, 2004; J. Y. Lee et al., 2021). This work generally finds that higher stress and lower coparenting and trust are linked to higher levels of child maltreatment by both mothers and fathers (Schneider, 2016). For example, lower cooperative parenting between mothers and fathers, regardless of the fathers' biological or residential status, increases the risk of unintentional child injuries which are often due to supervisory neglect (Nepomnyaschy & Donnelly, 2015). Moreover, some men perpetrate violence against their partners which can undermine mothers' caregiving capacity, thereby increasing the risk of child maltreatment (Eckenrode et al., 2000).

In summary, fathers' risk of maltreating their children can be explained, in part, by factors such as father-child coresidence, economic wellbeing, knowledge about parenting and child development, preparedness to be a father, mental health and substance abuse, and father-mother relationship dynamics. However, since few interventions designed for fathers exist (J. Y. Lee et al., 2018), little is known about how best to reduce the influence of these risk factors. Paid family leave and child care subsidies aim to address a select number of risk factors. While these policies primarily aim to address risks associated with poor economic wellbeing, these policies also have potential to promote positive father-mother relationships and increase fathers' knowledge about parenting and child development. Importantly, other policies and targeted practices (e.g., paternal depression screening, domestic violence identification through home visiting) are needed to more fully address fathers' risk factors. Indeed, multiple policies and practices need to be part of a prevention framework (Fortson et al., 2016).

## A Public Health Approach to Intervene with Fathers

There is similar yet distinct nomenclature used to describe the activities of public health prevention. The first is the *primary*, *secondary*, and *tertiary* nomenclature from the field of

public health. These levels help us consider *when* we intervene—before a problem occurs (primary), when there is higher risk for a problem (secondary), and after a problem occurs (tertiary). The Institute of Medicine (1994) promotes a similar prevention conceptualization, which also includes three levels: *universal*, *selective*, and *indicated*. These levels help us consider *who* is targeted—everyone in a population regardless of whether the problem has occurred (universal), populations at risk of a problem (selected), and populations who either are at high-risk or are already navigating the problem (indicated). Importantly, primary and universal prevention strategies, such as policy interventions that reach large segments of the population, are key to a public health approach for child maltreatment (Higgins, et al., 2022). Child maltreatment prevention interventions usually focus on one level of prevention but can span multiple levels. Below, we describe each level (focusing on the shared characteristics of each level across conceptualizations) and provide examples of interventions targeting fathers. We start with *tertiary* prevention because this has historically been the central focus of child maltreatment prevention efforts, then we describe *secondary*, and *primary* levels. After the levels of prevention, we discuss the six components of a public health approach in relation to paid family leave and child care subsidies, and situate paid family leave and child care subsidies as being part of a set of policies and programs that can help support families during the early years of a child’s life, thereby reducing the risk of child maltreatment.

*Tertiary* (or *Indicated*) interventions aim to prevent child maltreatment in high-risk situations—especially to prevent further child maltreatment after it has already occurred and to minimize its consequences. These interventions rely on detection, are intensive, and have a high cost per person. Child welfare system interventions are generally focused on tertiary interventions. Child welfare interventions often have more difficulty engaging fathers than mothers (Maxwell et al., 2012). Some reasons for this include reluctance or difficulty among fathers to participate in services, the child welfare workforce being largely comprised of women who may feel more comfortable working with mothers or have a gender bias that women are solely responsible for their children’s wellbeing rather than fathers also being responsible, mothers not wanting a father involved, lack of child welfare agency protocols and policies around engaging fathers (Scourfield, 2014; Swift, 1995; Zandoni et al., 2013). A few interventions have been developed to address challenges of engaging fathers. One of these is the Caring Dads program, a group intervention that targets fathers who have perpetrated child maltreatment (Scott & Crooks, 2007). A recent quasi-experimental study showed that Caring Dads reduced subsequent referrals of father-perpetrated child maltreatment to child protective services from 36% to 21% during a two-year follow-up period (Scott et al., 2021).

*Secondary* (or *Selected*) interventions target larger populations at risk of maltreatment, have a moderate cost per person, and are moderately intensive. Target populations might include new parents or parents facing economic hardship. Perinatal home visiting for new parents, when administered based on risk categorization, is a secondary intervention for new parents. Early findings from a randomized control trial of DadsMatter, a home visiting intervention inclusive of fathers, found that the intervention reduced fathers’ and mothers’ risks for child maltreatment more strongly than home visiting that did not include a focus on fathers (Guterman, et al., 2018). Specifically, compared to parents in the control group, parents



in the treatment group had lower partner abuse, parenting stress, and harsh discipline, while their perceived quality of the mother-father relationship improved—effect sizes were generally moderate to large (Guterman et al., 2018).

*Primary* (or *Universal*) interventions are not risk-based, target an entire population, and generally have a low cost per person. A primary intervention that targets everyone, including fathers, is No Hit Zones which involves establishing a policy that no one is allowed to hit each other within a setting, such as a medical center or a school. A key aim of the intervention is to change social norms regarding corporal punishment—a risk factor for physical abuse (Gershoff & Grogan-Kaylor, 2016). Posters and pamphlets explain the policy, and staff in the setting are trained as bystanders to intervene if hitting occurs. A pre-post study of a hospital-wide No Hit Zone found that the policy likely established a culture of not tolerating corporal punishment against children (Gershoff et al., 2018). Primary interventions hold great potential for preventing child maltreatment, but are underutilized (Higgins et al., 2022).

Primary interventions may be especially important for fathers because there are fewer barriers to access these interventions. A father does not generally need to attend an intervention session in order to benefit from a primary intervention. Instead of adjusting a work schedule or traveling across town on public transit to participate in an intervention, primary interventions can be integrated into daily life. For example, earned income tax credits, livable minimum wage, and less punitive child support laws can help provide fathers with a sense of financial security and an increased ability to contribute to their children's material needs. With reduced financial stress, fathers may have more time to spend with their children and contribute to their positive development (Christiansen & Palkovitz, 2001).

As previously mentioned, the core components of a public health framework for child maltreatment prevention include: (1) *what* to focus on, (2) *who* to intervene with, (3) *when* to intervene, (4) the use of *evidence-based approaches*, (5) *where* to base the delivery of supports and interventions, and (6) *scaling* prevention activities at varying levels of intensity across the entire population (Higgins et al., 2022). The main component this paper focuses on is *who* to intervene with. Nevertheless, the other components also apply as we consider two policy interventions—paid family leave and child care subsidies. *What* these policy interventions focus on is addressing a financial need for families while also relieving stress and pressure on a father, freeing up time and emotional energy for attending to the needs of a child during a critical and sensitive period of development (Maguire-Jack et al., In Press). These policies intervene *when* children are young and at greatest risk of maltreatment (U.S. Department of Health & Human Services, 2022). The *evidence-base* for these interventions as a means of child maltreatment prevention is growing. Further, the *scaling* of the interventions ranges from company policies, to means-tested government programs, to universal state policies.

Figure 1 shows the potential timing of these policies during the first five years of a child's life, before they reach school age. The younger a child is, the more vulnerable they are to maltreatment (U.S. Department of Health & Human Services, 2022), underscoring the importance of prevention during these early years. When a child is born, paid family leave, a

universal policy available in some U.S. states, enables mothers and fathers to get paid whilst they take time off from work during the initial weeks of a child's life. Then, for families with low income and young children, child care subsidies promote parents' employment and economic wellbeing by paying a significant portion of child care costs. Figure 1 summarizes potential benefits of these two policies in relation to fathers' risk for child maltreatment. In addition, Figure 1 notes other policies that promote the economic wellbeing of families (e.g., Head Start, Supplemental Nutrition Assistance Program) that may reduce child maltreatment in similar ways. The prevention of child maltreatment requires strategies across the prevention continuum (primary, secondary, tertiary) and across stages of child development. No one single policy will prevent maltreatment. Instead, we need to create a policy environment that supports caregivers in their roles by reducing stress. We highlight two policies that, in combination, can prevent maltreatment and also support child and family wellbeing during a critical and sensitive period of child development.

### **Paid Family Leave**

**What is Paid Family Leave?**—Paid family leave is a policy in which a worker is paid some or all of their income while they take time off work for family-related purposes—most commonly after the birth or adoption of a child, or to care for an ill family member. The United States does not have a national paid family leave policy. Thus, paid family leave benefits vary by state and employer. As of January 2022, Washington DC and nine states (California, New Jersey, Rhode Island, New York, Washington, Massachusetts, Connecticut, Oregon, and Colorado) have enacted paid family leave laws, which provide between five and twelve weeks of paid leave (Bipartisan Policy Center, 2022). The first state to implement a paid family leave policy was California in 2004, followed by New Jersey in 2009. To date, there has been a 1–3 year lag between policy enactment and implementation. State paid family leave policies are funded through a payroll tax paid by employees, employers, or both (Bipartisan Policy Center, 2022). The federal government began providing paid family leave benefits to federal employees as a result of the Federal Employee Paid Leave Act (FEPLA) in 2019. Federal employees have up to twelve weeks of paid family leave after the birth or adoption of a child, or foster care placement. Across all states and employers, in 2021, 23% of U.S. workers had access to paid family leave; however, only 12% of workers in the bottom fourth of the wage distribution had such access (Bureau of Labor Statistics, 2021b). Thus, in states without a paid family leave policy, low-income workers are less likely to have paid family leave benefits.

**How Paid Family Leave Matters for Fathers**—The birth of a child is a critical transition period for families. While the Family and Medical Leave Act of 1993 enables parents to take up to twelve weeks of *unpaid* leave to care for a newborn, in the absence of paid family leave or other employee benefits (e.g., paid sick leave or paid vacation), families are at risk of having much lower income in the wake of the child's birth. This may be because an employed mother and/or father has no earnings or lower earnings during this time. Having little-to-no income can contribute to material hardship and parenting stress. This may partly explain why infants are at greatest risk of maltreatment compared to children age 1 or older (U.S. Department of Health & Human Services, 2022). Paid family leave is a potential policy by which families with an infant can be supported and thus



prevent child maltreatment early on. This not only applies to mothers, but to fathers as well. The vast majority of fathers are employed (Bureau of Labor Statistics, 2021a) and stand to directly benefit from paid family leave.

Nearly 90% of employed fathers take time off work after the birth of a child (Nepomnyaschy & Waldfogel, 2007); yet, their time off is generally short. Among coresident fathers of children born in 2001—which was before states began enacting paid family leave policies—24% took less than one week of leave, 43% took one week, and 33% took more than two weeks (Huerta et al., 2014). Research on the effects of leave on fathers in California indicates that the state's paid family leave policy increased the number of fathers who take leave (Bartel et al., 2018) and increased the duration of leave, though only by an average of two to three days (Baum II & Ruhm, 2016). Fathers who take only a portion of the paid leave time available to them may do so because most states' paid leave policies do not fully replace regular wages.

For example, in 2022 in New Jersey, workers who take paid family leave receive 85% of their average weekly pay. So, a father who averages \$500 per week in wages will receive \$425 per week in paid family leave benefits. The maximum benefit is \$993 per week. Thus, a father whose average weekly wage is \$1,142 or higher (\$59,381 or more per year) will receive a paid parental leave benefit less than 85% of their average wage (New Jersey Division of Temporary Disability and Family Leave Insurance, 2022). Some fathers who are eligible for paid family leave may forgo the benefit because any reduction in income may not be feasible—especially since the new child will likely increase household expenses. This concern is reflected in results from a large non-representative online survey of fathers; 45% of fathers said they would only use paternity leave if it covered 100% of their income (Harrington et al., 2014). While this percentage is not generalizable, it is likely that many fathers do not take paid family leave because of the income reduction. In order to increase uptake, states may need to increase the wage replacement rate of paid family leave.

Although a robust literature has demonstrated the importance of paid family leave for mothers, a limited but growing body of work investigates how leave may influence fathers. Fathers' leave taking is associated with increased engagement in parenting (Petts & Knoester, 2018; Pragg & Knoester, 2017; Seward et al., 2002). Thus, leave taking after the birth of a child may have important links for child-father relationship quality and child development and wellbeing. Leave taking is associated with children's positive perceptions of father involvement, father-child closeness, and father-child communication (Petts et al., 2020). Qualitative interviews with fathers in Canada and the United States suggest paid family leave not only helps fathers develop parenting skills but also helps fathers take on parenting responsibilities more equal to that of mothers (Rehel, 2014). In the United States, leave taking is associated with mothers' reports of higher coparenting, trust, and paternal responsibility among non-resident fathers (Pilkauskas & Schneider, 2020). In Norway, paid family leave reduces partner conflicts regarding the household division of labor, increases fathers' engagement in household tasks, and increases fathers' support for publicly funded child care policy (Kotsadam & Finseraas, 2011).

There are a variety of theories about why paternal leave taking might be associated with better parental relationship quality, coparenting, and father-child relationship quality. It may be, for example, that leave taking for fathers reinforces their new identity as a father (Stryker & Burke, 2000). Father identity may increase the saliency of the fatherhood role, increasing father involvement in parenting (Pilkauskas & Schneider, 2020; Pragg & Knoester, 2017). Leave taking may also strengthen father-child attachment, allowing fathers the necessary time to bond with a new child and potentially improving father-mother relationship quality as fathers share the responsibility of caring for the child. Indeed, some research indicates that longer leave is associated with improved parenting and relationship outcomes (Petts et al., 2020).

While a growing literature examines the influence of family leave on fathers in addition to mothers, this work has largely focused on investigating associations with paternal relationship quality, coparenting, and father-child relationship quality. No work to date that we are aware of has examined associations between family leave policies and child maltreatment specific to fathers. However, since research indicates paternity leave is associated with improvements in a range of father-mother and father-child relationship measures that have been linked to the risk for child maltreatment, it may be that leave-taking policies are also linked to decreased child maltreatment through similar pathways. It may be, for example, that paid family leave decreases fathers' economic precarity, helps improve mother-father relationship quality, and secures fathers' role as a father through both father-child bonding and through father's identity salience.

It is important to note as well that leave policies that increase fathers' access to mothers and children may also increase the possibility of paternal maltreatment under certain circumstances. For example, having a father home more frequently due to paid family leave may put the infant and/or older children at risk of father-perpetrated maltreatment if the father also struggles with depression or substance use (Shafer et al., 2019; Walsh et al., 2003). Similarly, having a father home may increase the risk of father-perpetrated intimate partner violence against the mother—especially if the father has a substance abuse disorder. Evidence-based interventions such as individually-tailored home visiting are necessary to assess risk and help address these circumstances (Eckenrode et al., 2000; Jack et al., 2017). As more states and localities adopt paid family leave policies, a robust investigation of the policies' effects on fathers is needed— especially whether there is an increased risk of child maltreatment and intimate partner violence under certain circumstances.

Currently, the duration of paid family leave is 12 weeks or less. When paid family leave ends, fathers face new challenges returning to the workplace. A key challenge is arranging and paying for the care and supervision of the child until the child is school-aged. Child care programs provide this care and supervision. Yet, child care is expensive—especially for families with low income. Child care subsidies are a policy that can bring child care in reach for employed parents with low income and provide a continuum of support for families beyond what paid family leave can provide.

### Child Care Subsidies

**What are Child Care Subsidies?**—Child care subsidies are one of several large programs which help families make child care arrangements. For example, Head Start and Early Head Start provide free care and early education from infancy to age 5. Similarly, state-funded pre-kindergarten provides free or low-cost services for children aged 3 to 5. What differentiates child care subsidies from these programs is that child care subsidies pay some or all of the cost of child care to child care providers more broadly, including privately-owned providers. Child care subsidies are funded through the Child Care Development Fund (CCDF), a federally-sponsored program established in 1990 (Administration for Children and Families, 2021). The federal government provides block grants to states, territories, and tribal governments to run their own child care subsidy programs for families with low income. All states administer child care subsidy programs. In 2018, 1.32 million children received CCDF benefits (Dwyer et al., 2020).

There is great need for child care subsidies given the high cost of child care. In 2020, the average annual cost of child care for infants was \$12,377, ranging from \$5,933 in Mississippi to \$24,378 in Washington DC (Child Care Aware of America, 2022). For a 4-year-old, the average was \$9,715 (Child Care Aware of America, 2022). The high cost of child care is a financial challenge for families with low-income. For families in households with incomes less than the federal poverty level who pay for child care, families contribute an average of 30 percent of their income to child care (Laughlin, 2013). Child care subsidies promote child care affordability among families who otherwise might not be able to afford it.

Since CCDF is a block grant, states are allowed flexibility in how they administer their child care subsidy programs. As a result, there is considerable variation across states in the percentage of eligible children whose families receive child care subsidies. Based on state eligibility guidelines, in 2016, access ranged from 4% of children in Washington DC to 24% in Iowa, Nebraska, and Vermont (Ullrich et al., 2019). Much of this variation in eligibility is due to household income limits. States may use federal block grant funds to provide child care subsidies for families with household incomes as high as 85% of state median income, regardless of the number of household members. Yet, only four states (Alaska, Arkansas, California, and Maine) provide child care subsidies to families with the highest federally allowed income (Prenatal-to-3 Policy Impact Center, 2021). Many states’ median income threshold is much lower. In particular, 18 states have income eligibility limits at 50% or less of state median household income. The four states with the lowest household median income thresholds are Indiana (41%), Ohio (39%), Nebraska (38%), and Michigan (37%) (Prenatal-to-3 Policy Impact Center, 2021). Another source of variation is in regards to copayments. Parents are often required to pay a copayment while benefiting from child care subsidies, but states have exemption criteria which can reduce or eliminate the copayment. Some exemptions include being very low income, receiving Temporary Assistance for Needy Families (TANF), or being involved in child protective services (Dwyer et al., 2020).

**How Child Care Subsidies Matter for Fathers and their Risk for Child Maltreatment**—Public elementary school is the earliest universal program available in

every U.S. state that provides consistent supervision, care, and education for all eligible-aged children. Before a child is old enough to enroll in elementary school, parents face a complex landscape of options to financially provide for their families while also ensuring the safety and care of their children. In general, mothers face greater barriers to employment than fathers. Compared to mothers whose youngest child is school-aged, mothers with a child not yet school-aged are less likely to be employed, while fathers' employment does not differ as strongly by the age of their youngest child (Bureau of Labor Statistics, 2021a). To ensure children are safe while they work, some mothers rely on fathers, including non-resident fathers, for the care of children. Around one-fourth of employed mothers in the Fragile Families and Child Wellbeing Study relied on fathers as their primary child care arrangement when their child was around age one (Radey & Brewster, 2007). Similarly, close to half of mothers with low income in Wisconsin receive child care from either non-resident fathers or non-resident fathers' relatives (Kim & Meyer, 2014).

There are multiple pathways by which access to child care might reduce the risk of maltreatment for fathers. One of these pathways is that it enables parents to be employed. Work stress and lack of income are factors linked with fathers' risk of neglectful parenting behaviors (Clément et al., 2016). Inasmuch as child care promotes employment and earnings, this may be especially protective for fathers' maltreatment risk. Child care also provides parents with consistent breaks from caregiving, which may reduce parenting stress and be especially helpful when a child has complex caregiving needs (Rosenzweig et al., 2008). Child care can also promote positive behavioral development among children which can make parenting easier. These benefits are evident at an early age. Quality child care can promote positive behavioral development—albeit small gains—among infants who have difficult temperaments (Pluess & Belsky, 2009) which may reduce mothers' risk of maltreatment given mothers' risk of neglectful parenting behaviors is higher when their young children have difficult temperaments (Clément et al., 2016). Similarly, experimental evidence suggests Early Head Start reduces family conflict and parenting stress and promotes positive parent-child interaction, which, in turn, reduces the likelihood that mothers and fathers will be investigated for child maltreatment during the first 15 years of a child's life (Green et al., 2020).

Child care subsidies can bring child care, and its potential child maltreatment prevention benefits, within reach for many families with low income. For example, in Minnesota, survey data linked with administrative data on child care subsidy receipt suggests child care subsidies increase the probability of employment among mothers and fathers with low income, especially full-time employment (Davis et al., 2018). Thus, child care subsidies have been shown to promote families' economic wellbeing. But do child care subsidies help reduce the risk of child maltreatment, especially among fathers?

To our knowledge, no research has examined the relationship between child care subsidies and father-perpetrated child maltreatment. In fact, a recent scoping review of several economic support policies for working parents found only two studies that examined the relationship between child care subsidies and child maltreatment (Maguire-Jack et al., In Press). Both studies identified in the scoping review focused solely on mothers. The first study (Yang et al., 2019) used survey and administrative data for a sample of mothers

with low income in Illinois. The researchers found that receipt of child care subsidies was associated with a lower likelihood of mothers being investigated by child protective services. In the second study (Maguire-Jack et al., 2019), the researchers used Fragile Families and Child Wellbeing Study data to examine the cross-sectional relationship between mothers' receipt of government-funded child care assistance and the extent to which the mother reported engaging in various measures of neglect with her 3-year-old child. The sample was limited to mothers who were likely eligible for child care subsidies in their state of residence. The researchers found that child care assistance was associated with less supervisory neglect (i.e., leaving the child home alone while thinking adult supervision was needed).

While child care subsidies may reduce supervisory neglect and child protective services involvement among mothers, child care subsidies will not be entirely protective for child maltreatment. Reimbursement rates for child care centers are generally low and are unlikely to appeal to the highest quality child care providers (Johnson & Ryan, 2015). Thus, child care subsidies have the potential to result in children receiving low-quality child care, which can hinder child development and preparedness for kindergarten (Herbst & Tekin, 2010). States with lower reimbursement rates may need to increase reimbursement rates to ensure child care subsidies function as a protective factor for child maltreatment.

Despite the current lack of evidence on the effect of child care subsidies on fathers' maltreatment, the conceptual and theoretical links are well-established. Child care subsidies are a means by which to support the economic wellbeing of families, thereby reducing the risk of fathers' maltreatment.

## Fathers Can Take an Active Role in Child Maltreatment Prevention

Early on, we highlighted that fathers are at risk of child maltreatment perpetration and noted paternal sociodemographic and psychosocial risk factors linked with paternal child maltreatment. Importantly though, fathers can also take on an active role in preventing child maltreatment through their financial, educational, psychological, and social resources—many of which, as argued throughout this article, would be enhanced and supported via key policies such as, but not limited to, paid family leave and child care subsidies. While empirical evidence related to the effect of these policies for fathers' child maltreatment risk is currently lacking, it is still worth considering the potential impact these policies could have in encouraging fathers to proactively prevent child maltreatment across early childhood. For example, with the support of paid family leave, fathers could spend the early days and weeks of welcoming a new baby by engaging in caregiving, bonding with their new baby, developing their paternal identity, attending well-baby visits, and supporting mothers (e.g., recovery from labor, breastfeeding, emotional and mental support) without worrying about a full loss of income and feeling pressured to economically provide during an extraordinarily intensive time. That is, by temporarily replacing fathers' incomes and reducing the economic burden fathers feel, paid family leave may allow fathers to focus on being engaged in activities (e.g., caregiving, bonding, warmth) that are linked with positive outcomes for children (Diniz et al., 2021; Lamb, 2010; S. J. Lee et al., 2018).

Furthermore, because fathers are afforded the time to invest in their new babies through direct engagement (without the pressure of financial contributions), they may be more available and open to parent education, for example in the form of home visitations, that allow them to proactively prevent child maltreatment risk behaviors (e.g., learning about safe sleep practices, how to effectively respond to a baby with colic or excessive crying, preventing shaken baby syndrome, directly communicating with pediatricians around anticipatory guidance) (J. Y. Lee et al., 2018; S. J. Lee et al., 2021). They may also be more available to engage in interventions to prevent intimate partner violence and address child maltreatment risk factors such as substance abuse behaviors. Similarly, by supplementing income by helping pay for child care, child care subsidies may help alleviate economic stress fathers (and mothers) feel with the high financial cost of sending their young children to daycare or preschool. Furthermore, by allowing fathers (and mothers) to continue to work as they raise their children, child care subsidies likely support fathers' abilities to economically provide (and thus fulfill breadwinner roles for many fathers) and meet their children's material needs (Christiansen & Palkovitz, 2001). Because economic precarity is directly linked with paternal mental health problems (e.g., depressive symptoms) (J. Y. Lee et al., 2022), child care subsidies would also contribute to alleviating fathers' psychological distress stemming from financial difficulties. Subsequently, this would contribute to fathers' improved interparental relationship quality with the mothers (e.g., less destructive conflict, more supportive coparenting) and ultimately positive parenting toward their children (e.g., less harsh and more responsive parenting) (Conger et al., 1994; J. Y. Lee et al., 2021; McLoyd, 1990). That is, child care subsidies would have downstream effects on fathers' parenting via their mental health and partner relationship quality, supporting fathers to engage in parenting practices that benefit their children's wellbeing and prevent child maltreatment.

More frequent contact with child care providers may also enable fathers to acquire knowledge around how to best support their children's early development and learning as a way of preventing child abuse and neglect. For example, in New York City, efforts to provide father-inclusive behavioral parent education within Head Start—teaching fathers of preschoolers about alternatives to spanking (e.g., redirecting, explaining, ignoring misbehaviors) among other positive parenting practices—has led to significantly less harsh discipline and negative parenting and more positive parenting among fathers (Chacko et al., 2018). This example demonstrates another way in which child care subsidies could help fathers play an active role in preventing child abuse and neglect.

In summary, fathers contribute to their children's development and wellbeing, including prevention of maltreatment of their young children. Early childhood is the ideal context to aid in fathers' efforts to prevent child abuse and neglect, before it ever happens. Both paid family leave and child care subsidies have potential to protect young children from abuse and neglect by supporting fathers' economic wellbeing, mental health, and relationship quality with mothers and their children. No single policy will prevent all cases of child maltreatment. Instead, we must build a robust family supportive policy portfolio to address the concrete and economic challenges that present barriers for all too many caregivers.



## Acknowledgments

This paper was supported by the Centers for Disease Control and Prevention (#5 R01CE003178-01-02) 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.

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<b>Child Age (Years)</b>	0		1	2	3	4	5
<b>Policy</b>	Paid Family Leave	Child Care Subsidies					
<b>Potential Benefits of Policy</b>	<ul style="list-style-type: none"> <li>• Promote father-child bonding</li> <li>• Father more available to provide direct care to mother and child(ren)</li> <li>• Better father-mother and father-child relationship quality</li> <li>• Reduced risk of fathers' child maltreatment</li> </ul>			<ul style="list-style-type: none"> <li>• Enable low-income families to have afford consistent high-quality child care</li> <li>• Promote mothers' and fathers' employment</li> <li>• Reduced work and financial stress among fathers</li> <li>• Reduced risk of fathers' child maltreatment</li> </ul>			
<b>Related Policies</b>	Early Head Start			Head Start			
							Pre-K
	Livable wage, tax credits (e.g., EITC), TANF, SNAP, WIC						

**Fig. 1. Public Health Approaches that Can Increase Economic Support for Families with Young Children and May Also Prevent Father-Perpetrated Child Maltreatment, By Age of the Child**

Note. EITC = Earned Income Tax Credit. TANF = Temporary Assistance for Needy Families. SNAP = Supplemental Nutrition Assistance Program. WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.