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Systematic Review

Examining the Relation Between State-Level Economic Support Policies and Child Maltreatment and Intimate Partner Violence: A Systematic Review

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Highlights

What are the main findings?

- Economic support policies including the Earned Income Tax Credit, Child Tax Credit and paid family leave show consistent protective associations for child maltreatment, while evidence of protection for interpersonal violence is limited and mixed.
- Public assistance programs like TANF and SNAP that increase benefit generosity or expand eligibility show protective associations with child maltreatment and interpersonal violence, while polices with more restrictions may increase the risk of family violence.

What are the implications of the main findings?

- Generous economic support policies with few restrictions are a viable mechanism to prevent child maltreatment and interpersonal violence.
- Economic support policies are one component of comprehensive, multilevel prevention strategies for children, families, and communities and the many interconnected systems that support them.

Abstract

Background: Each year, more than half a million children in the United States experience child maltreatment (CM), which impacts their physical, mental, and cognitive health. Intimate partner violence (IPV) often co-occurs in households where CM is experienced, and a growing body of evidence connects financial security to lower rates of both. Objective: We examined the extent to which state-level economic support policies prevent CM and IPV. Participants and Setting: This review included studies that examined the impact of state economic support policies on children and youth (age birth to 18) and adult partners (18 and older) living in the United States. Methods: We conducted a PRISMA-guided systematic review of studies published between 1990 and 2025 and included 37 studies. Results: Generous, accessible economic support policies are associated with reductions

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in CM, reinforcing the protective role of economic security in child wellbeing. Findings associated with IPV were more nuanced: affordable housing is consistently associated with lower IPV but the impact of EITC, SNAP and minimum wage were inconsistent. Conclusions: Research should examine the mechanisms driving changes in CM and IPV to clarify how and for whom these policies are most effective.

Keywords: child abuse; neglect; intimate partner violence; policy; economic and concrete support

1. Introduction

In 2024, 7.7 million children in the U.S. were involved in at least one Child Protective Services (CPS) referral of alleged child abuse or neglect [1]. Following the investigation of these referrals, over 500,000 children were found to have experienced child maltreatment (CM), including physical abuse, neglect, psychological/emotional abuse, and child sexual abuse, which are associated with developmentally deleterious public health problems, yet remain preventable [1,2]. Children with a history of maltreatment experience higher rates of mental health problems, often display social and cognitive dysregulation, struggle in school settings, report difficulties maintaining healthy romantic relationships, and are at heighted risk for a variety of physical health concerns [3–9].

Another form of family violence, intimate partner violence (IPV), often co-occurs in households where CM is perpetrated [10]. IPV is generally defined as physical abuse, sexual abuse, psychological victimization and/or stalking behaviors committed by a current or former romantic partner [11,12]. Data from a 2023–2024 national survey show that just over 1 in 3 women and 1 in 6 men experienced sexual or physical violence and/or stalking by an intimate partner in their lifetime [13]. While IPV can be viewed as an act between intimate partners and not directed at children, approximately 20–37% of children have been exposed to IPV [14,15]. IPV exposure in childhood has been associated with the development of psychopathology, disruptions to academic functioning, and social, cognitive, and interpersonal deficits [16]. Moreover, children and adolescents who experience IPV are twice as likely to engage in violent social relationships with peers and intimate partners [17]. Finally, the co-occurrence between IPV and CM is high whereby children exposed to IPV are three to nine times more likely to be victims of CM than children not exposed to IPV [18].

The Family Stress Model is a useful framework to examine the antecedents associated with CM and IPV. The Ecological Systems Theoretical model is widely used to show how child maltreatment and interpersonal violence are shaped by interactions and risks at different levels (e.g., individual, interpersonal, systemic, and structural). Since the current study focused on only one level, the macrosystem (e.g., laws and policies), we chose the Family Stress Model to explore the mechanisms of how economic and concrete support policies may alleviate economic pressure, resulting in potential reductions in CM and IPV. For example, Family Stress Model demonstrates how economic instability drives family stress and how bolstering economic stability can protect against family violence [19]. For this research, we use the term "economic disadvantage" (e.g., material and financial hardship) to define one or more environmental conditions that impact family economic well-being. We recognize that economic disadvantage is not static and that families may move in and out of financial insecurity over time [20]. Nevertheless, children raised in households that experience economic disadvantage face an elevated risk of economic hardship in adulthood, and without support or intervention, financial disadvantage can endure across generations and make it harder for children to achieve economic well-being into adulthood [21,22].

Notably, economic disadvantages are not experienced equally for different groups of people. Some groups, including people of color, individuals with a disability, and individuals with different immigration status, among others, may disproportionately experience lower levels of economic well-being. Economic disadvantages, including material hardship (i.e., lacking basic access to resources like housing, food, and transportation), are a major source of family stress, which can create conditions that heighten the risk of CM and IPV [23–26]. The reasons for these financial inequities are complex (e.g., systemic and structural barriers), yet they are also connected to the ways in which child maltreatment is surveilled and reported.

Since the Family Stress Model distinguishes between economic hardship as a source of external pressure and the way that that pressure materializes in the form of family violence, we make a distinction between the different types of economic support. Economic supports (ES) are state-level policy options that strengthen household financial security and stability through direct or indirect financial assistance. By reducing economic disadvantage, these supports may reduce family stress and, in turn, the risk of family violence. Prevention research related to ES policies frequently capitalizes on natural experiments, those that occur as policies are enacted differently and at various times across states, at the state-level using longitudinal, panel designs. These quasi-experimental studies take advantage of state-by-year variations in the timing of policy adoption or expansion as well as differences in micro-level policy design features, otherwise referred to as "policy specifications and calibrations" [27].

Two well-developed approaches for conceptualizing and characterizing a policy's specifications and calibrations include a policy's generosity and whether it imposes administrative burdens on target populations. The concept of generosity is multidimensional, encompassing eligibility (e.g., wide or narrow eligibility limits to define the target population) as well as the benefit levels provided by a given policy to recipients (e.g., large or small tax credits) [28]. Administrative burdens are barriers that limit access to policy benefits and services for those who are otherwise qualified to receive them. These include compliance costs (e.g., financial documentation requirements and re-application requirements), learning costs (e.g., understanding complicated eligibility criteria), and psychological costs (e.g., feeling of a loss of autonomy due to intrusive administrative oversight) [28–30]. Characterizing policies by their generosity or administrative burdens allows for better comparison across discrete economic support policy interventions.

1.1. Current Study

The current body of literature on this topic emphasizes the co-occurrence of CM and IPV but few are examining this co-occurrence within the context of economic disadvantage as a risk factor or economic and concrete support as a protective factor [31,32]. The literature that examines economic disadvantages relative to family violence typically explores the relationship between a singular economic and concrete support policy (e.g., TANF, SNAP, or EITC) on either CM or IPV or a specific health or wellbeing outcome (e.g., income, housing, poverty) [33]. The existing literature found substantive evidence connecting economic disadvantage and CM and IPV, while isolating the impact of specific risk factors. For example, concerning child maltreatment only, other systematic reviews found that lost income, ongoing material hardship (e.g., difficulties meeting basic needs), and housing insecurity predicted CM [34,35]. Research also found that housing insecurity, specifically homelessness, eviction, or stays in an emergency shelter, was associated with CM and/or out-of-of home placement of a child [36]. The existing literature on IPV is more nuanced. Several studies, including systematic reviews, examined the economic empowerment among women and the association between economic support provision among females and gender-

based violence, but these studies focus on low- and middle-income countries [37,38]. While a growing body of research has examined associations between ES policies and employment, poverty, family violence and material hardship, at present there are no evidence reviews that examine the impact of ES policies on both CM and IPV in a U.S. context. This study aims to provide a holistic understanding of the types of policies that meet the economic needs of families and provide evidence across ES policies that address drivers of CM and IPV and opportunities to strengthen and protect families that experience economic disadvantage.

1.2. Objectives/Purpose

This systematic review aimed to answer the following research questions:

1. To what extent are state-level economic support policies associated with reductions child maltreatment?
2. To what extent are state-level economic support policies associated with reductions in intimate partner violence?

2. Methods

2.1. Search Strategy

We conducted a systematic review guided by the Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) [39]. We searched EBSCO host databases including Academic Search Complete, CINAHL with Full Text, Business Source Complete, Education Resource Complete, Sociology Source Ultimate, and Criminal Justice Abstracts with Full Text. We also searched Web of Science [Clarivate]. Reference lists for records that met study inclusion criteria were scanned for additional relevant records. The search strategy was reviewed in consultation with two librarians from the University of Arkansas Little Rock. We used the following search terms: (economic support OR concrete support OR housing support) AND ("child maltreatment" OR "child abuse" OR "child neglect" OR "child mistreatment" OR "intimate partner violence" OR "partner violence" OR "partner abuse" OR "spouse abuse") AND ("Childcare subsidies" OR "Child Tax Credit" OR "Child and Dependent Care Tax Credit" OR "Earned Income Tax Credit" OR "Paid Family Leave" OR "Temporary Assistance for Needy Families" OR "Supplemental Nutrition Assistance Program" OR "Special Supplemental Nutrition Program for Women Infant and Children" OR "Housing Choice Voucher Program" OR Medicaid OR "Supplemental Security Income" OR "Unemployment insurance").

2.2. Study Inclusion

Citations were managed and deduplicated using Zotero and exported to Rayyan for a two-phase screening process. Four reviewers (ET, ES, GC, and BD, further referred to as the review team) independently screened titles and abstracts and full text records from a randomized selection of records. The review team was randomly assigned records and double-screened each record. Conflicts in the screening process were identified through Rayyan and resolved through group discussion and review of the study inclusion and exclusion criteria until 100% consensus was reached at both the title and abstract and full text screening phases. Studies were included if they met the following criteria:

1. The study population included children and youth (age birth to 18) and adult partners (18 and older).
2. State-level ES programs, policies, or policy specifications or calibrations implemented in the United States.
3. Study design was experimental or quasi-experimental.

4. Reported outcome included one more of the following: rates, prevalences, odds, risk, proportion, and/or incidences of CM and/or IPV.
5. The record was written in English.

In this paper, we categorized ES policies in two ways, cash transfers and non-cash (in-kind, near-cash), and examined them relative to their impact on reducing or mitigating economic disadvantages and improving economic well-being. For this review, cash transfer policies put money directly in families' hands and include Child and Dependent Care Tax Credit (CDCTC), Child Tax Credits (CTC), Earned Income Tax Credits (EITC), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and Unemployment Insurance (UI).

Within the context of this research, non-cash policies offset regular family expenses and include childcare subsidies, housing supports, Medicaid, and Supplemental Nutrition Assistance Program (SNAP) (see Supplemental Table S1). A key component to our review is examining and describing policy design variations that shape eligibility and, to the extent possible, exploring how individuals access and benefit from these policies. While examining the differences between cash and non-cash transfers is outside the scope of this review, we feel it is important to distinguish between these types of ES policies with the general understanding that many families benefit from both types. Eligible interventions included state-level economic support policies, or policy specifications and calibrations that were predefined and listed above.

Since we conducted a systematic review of secondary research, we refer to CM as defined, measured, and reported at a state level (e.g., self-report, administratively reported). We address the biases and inconsistencies related to CM measurement in the limitations section. For CM specific outcomes, we included studies that reported on out-of-home placement including foster care, child removal rates, CM reports, substantiated CM, and parent self-reported CM. Outcomes related to reunification, length of out-of-home placement, and length of time that CPS was engaged did not meet our criteria. For IPV outcomes, we considered any form of partner, spouse, or domestic violence among adults that was reported at the state level. While our review primarily focused on state-level rates and prevalences of CM and IPV, we extracted information from articles pertaining to both mediators (i.e., mechanisms) and moderators (i.e., subgroup effects) when available. Details on methods are described in the pre-registered protocol at PROSPERO (: CRD420250655324).

2.3. Bias and Quality Appraisal

We utilized the JBI Critical Appraisal Tools for randomized controlled trials (RCTs) and quasi-experimental study designs [40,41]. The review team conducted critical appraisal of all records. Two independent reviewers appraised all records. Discrepancies during the appraisal process were resolved through discussion. In accordance with JBI guidance, we did not apply numerical thresholds or cutoff scores to categorize studies into low, medium, or high quality, recognizing that not all appraisal items carry equal weight [42]. Instead, we appraised each record independently, and the critical appraisal results were summarized for all records to enhance transparency and accountability rather than to assign a composite quality score (Supplemental Table S2). The quality appraisal was treated as a distinct component of the evidence synthesis. Rather than using methodological quality to exclude studies or weight individual findings, we report methodological strengths and limitations to characterize the overall evidence base. No articles were excluded based on the quality appraisal process.

2.4. Data Extraction

The review team extracted data from a randomly assigned sample of records, using a customized data extraction form that was entered into Qualtrics. The following information was extracted: study characteristics (e.g., citation, study design, sample size); policy characteristics (e.g., policy description, context, variables); types of economic supports (e.g., housing, income, child care, tax credit, food); analytic approaches (e.g., experimental or quasi-experimental methods); robustness and methodological rigor; categorical outcomes for CM and IPV (e.g., sexual, physical, emotional, neglect); and overall impact (e.g., outcomes increased or decreased, main findings).

Each record was subject to data extraction by two independent reviewers to assess consistency. Inter-rater reliability was calculated as percent agreement [43,44]. To determine the rate of agreement we used the following formula:

$$\text{Percent agreement} = [\text{Agreements}/(\text{Agreements} + \text{Disagreements})] \times 100$$

Since data points included a combination of quantitative and qualitative variables, inter-rater reliability varied between 70% (qualitative variables) and 85% (quantitative variables). Disagreements were resolved through discussion, since most variables were qualitative, until a 100% consensus was reached [45]. After extraction, we synthesized findings by descriptive characteristics of studies, study design, types of economic support policies, outcomes, and overall impact. We also conducted an in-depth synthesis of analytical approaches and methodological precision which included eight indicators of methodological rigor and transparency. These indicators reflect (a) clarity of the counterfactual, (b) key quasi-experimental assumptions, (c) sensitivity testing, (d) structural differences across states, (e) attention to heterogeneity, (f) testing hypothesized mechanisms, (g) modeling multiple supports simultaneously, and (h) adjusting for correlated observations in longitudinal state data (see Supplemental Table S3).

3. Results

3.1. Study Selection

Of the 7821 records retrieved, 29 were included after removing duplicates, screening titles, abstracts, and full texts. An additional 31 records were identified through citation referencing; eight met study criteria, resulting in a total of 37 studies included in this review (see Figure 1).

3.2. Study Characteristics

A total of 37 articles met our criteria. Studies meeting all criteria were published between 2002–2026 (even though our search strategy went back as far as 1990, no published studies prior to 2002 met study criteria). Thirty-six studies included a quasi-experimental study design, while one study included a randomized control trial. We reported the number of states and state-years in each study to demonstrate the scale of the data as well as the statistical power, which informed the precision and robustness of study findings. In some instances, the studies reported state-years and in other instances, we calculated this information using data from tables, appendices, and the methods section of the original study articles. Eight studies (22%) did not report states (or state-years) but instead reported observations, number of families or caregivers, or census tract groups (see Table 1 for sample sizes across studies that did not report state-years).

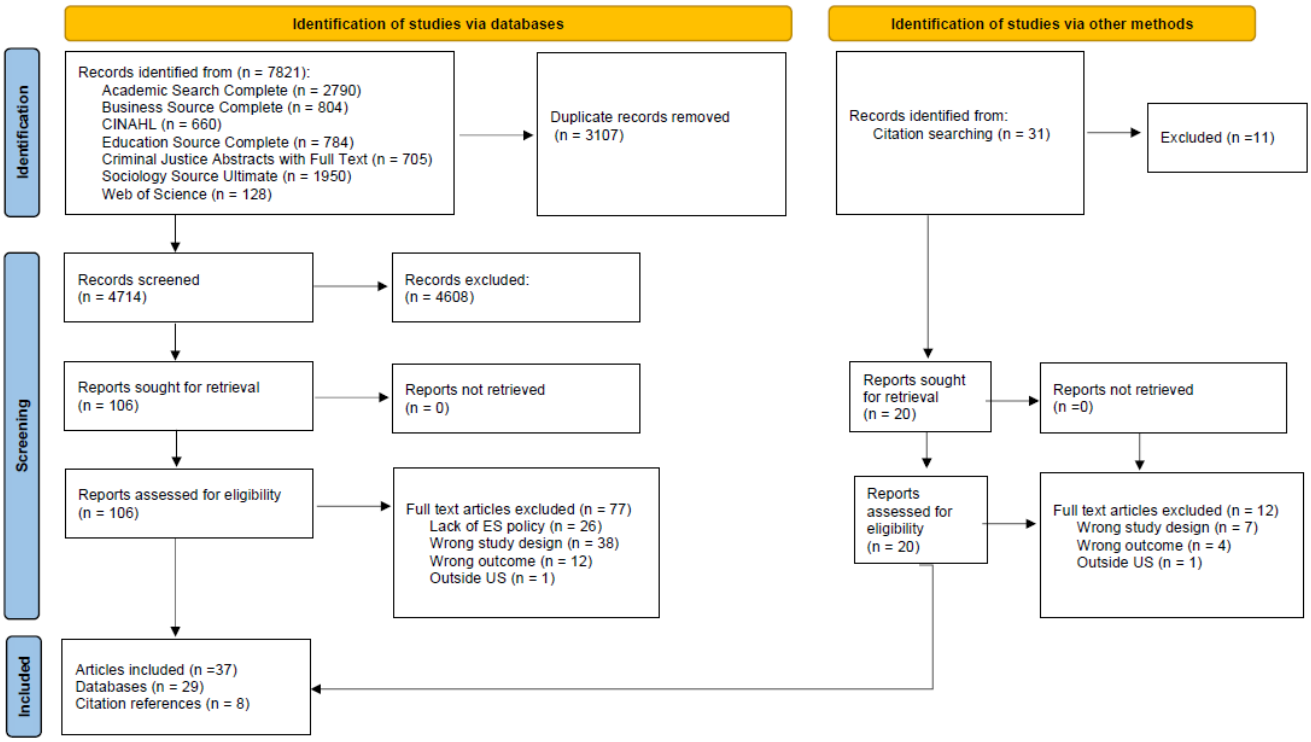


Figure 1. PRISMA Flow Diagram.

Table 1. Sample Size and Description Among Studies That Did Not Report State-Years.

Author, Year	Policy	Sample Size and Description
Berger et al. [46]	EITC	4040 family-wave observations of 1600 families across 20 cities
Brown et al. [47]	Medicaid expansion	31 states with Medicaid expansion (646,463 neglect counts) and 19 states that did not expand Medicaid (388,265 neglect counts)
Carr and Packham [48]	SNAP	4090 to 2,981,642 observations of daily domestic violence incidents at the Census Tract level
Chang et al. [49]	Child Care Subsidy	1781 families
Rochford et al. [50]	Child Care Subsidy	NR
Spencer et al. [51]	TANF, EITC	3545 mothers
Spencer et al. [52]	TANF	2457 mothers
Thomas et al. [53]	Multiple	2624 children

Note. EITC = earned income tax credit; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families; NR = not reported.

Twelve studies (32%) examined state policies within all 50 states (and the District of Columbia). Fourteen studies (38%) examined economic policies in a single state or a group of states where a policy was implemented at different times or in a different way, labeling some states as "treatment" and others "comparison" (e.g., SNAP, Medicaid). Twenty-seven studies (73%) either reported state-years or reported enough information that we could calculate state years. State years ranged from 2–1350. The median state-years reported was 510 and the most frequently reported state-year was 750 (see Table 2 for characteristics of included studies).

Table 2. Characteristics of Included Studies by Policy or Program.

Author, Year	States (*n*)	Years (Range or Total)	State-Years
Child Care Subsidy			
Maguire-Jack et al. [54]	50 + D.C.	NR	559
Klika et al. [55]	NR	NR	548
Child Tax Credit (CTC)			
Bullinger and Boy [56]	1	2018 (Jul–Dec), 2019, 2021	NR
Earned Income Tax Credit (EITC)			
Edmonds et al. [57]	50	1993–2013	750
Kovski et al. [58]	50 + D.C.	2004–2017	689
Rostad et al. [59]	50 + D.C.	2000–2016	867
Moe et al. [60]	50	1990–2016	1350
Klevens et al. [61]	27	1995–2013	513
Biehl and Hill [62]	42	2004–2014	462
EITC and CTC			
Kovski et al. [63]	48	NR	60.31
Federal Pandemic Unemployment Compensation			
Hsu and Henke [64]	39	NR	NR
Low-Income Housing Tax Credit			
Shanahan et al. [65]	13	2005–2014	123
Austin et al. [66]	13	2005–2016	131
Medicaid Expansion			
Assini-Meytin et al. [67]	38	2008–2018	418
McGinty et al. [68]	38	11	418
Beland et al. [69]	NR	NR	288
Paid Family Leave (PFL)			
Tanis et al. [70]	4	2019–2022	144
Klevens et al. [71]	7	2005–2011	49
Supplemental Nutrition Assistance Program (SNAP)			
Austin et al. [72]	37	2005–2019	555
Austin et al. [73]	50	2012–2018	750
Austin et al. [74]	43	5	215
Johnson-Motoyama et al. [75]	NR	NR	663
Temporary Assistance for Needy Families (TANF)			
Ginther and Johnson-Motoyama [76]	50 + D.C.	2004–2016	663
Ha et al. [77]	50	3	150
Cancian et al. [78]	1	1997–1998	2
Paxson and Waldfogel [79]	49 + D.C.	1990–1998	415; 379 for children in out-of-home care
Multiple Policies/Programs			
Piña et al. [80]	50	2005–2019	750
Potter et al. [81]	50 + D.C.	2008–2018	561
Klevens et al. [82]	50 + D.C.	NR	510

Note. Studies are grouped by the policy or program evaluated and are listed in reverse chronological order within each group. NR = not reported. State-years reflect the analytic sample (number of states multiplied by the number of years observed) as reported in each study; values reported as "state years" in original sources are standardized to "state-years" here.

3.3. Intervention Characteristics

3.3.1. Child Maltreatment and Interpersonal Violence Outcomes

A total of 21 studies report the overall rate of child maltreatment. According to these studies, overall CM was defined as substantiated and/or unsubstantiated reports, suspected

child abuse or neglect, foster care entry, and/or investigation rates. Most studies reported disaggregated rates of CM including neglect ($n = 15$), physical abuse ($n = 14$), emotional abuse ($n = 7$), or sexual abuse ($n = 4$). Few studies examined the impact of ES on sexual abuse since empirical evidence connecting these two is limited, and it has been determined that other factors are associated with sexual abuse among children [67,83]. Seven studies reported overall rates of IPV. Among studies that disaggregated IPV by type included sexual abuse ($n = 3$), physical abuse ($n = 3$), and emotional abuse ($n = 2$).

3.3.2. Analytic Approaches

To understand the effects of state-level economic support policies on the prevention of CM and IPV, we reviewed the analytic approaches in all studies that met our inclusion criteria. Analytic approaches are reported across six categories: difference-in-differences (DiD) designs, two-way fixed effects models, ordinary least squares (OLS) or linear regression models, generalized linear models, multilevel or mixed-effects regression, and structural equation modeling (see Supplemental Table S3).

Nearly half of studies employed difference-in-differences designs ($n = 18$, 48.6%). Some studies implemented two-way fixed effects within DiD frameworks [47,71], also reflected in the DiD category. An additional six studies (16.2%) used two-way fixed effects regression without explicit difference-in-differences framing, estimating within-state associations while accounting for stable state characteristics and national time trends. Five studies (13.5%) employed ordinary least squares linear regression, including one that implemented an instrumental variables strategy via two-stage least squares to address endogeneity [46]. Another five studies (13.5%) used generalized linear models (e.g., logistic regression, Poisson, or negative binomial regression) to accommodate binary or count outcomes common in child maltreatment and intimate partner violence research. Two studies (5.4%) employed multilevel or mixed-effects models, explicitly modeling hierarchical data structures and between-state variability. One study (2.7%) used structural equation modeling, estimating mediation pathways to examine potential mechanisms linking economic support to family violence outcomes.

Few studies ($n = 12$, 32%) defined and justified a comparison group or counterfactual and formally assessed pre-intervention outcome trends between treatment and comparison groups ($n = 11$, 30%). These indicators of rigor are particularly important for studies employing quasi-experimental designs, such as DiD or two-way fixed effects approaches, where causal inference depends on a well-articulated comparison condition and the plausibility of parallel trends. Among studies using these designs, about half explicitly documented their comparator and provided an assessment of pre-intervention trends.

Robustness checks, operationalized as sensitivity analyses or alternative model specifications to assess the stability of findings, were common ($n = 17$, 46%), as were adjustments for state-level structural or contextual differences ($n = 25$, 68%), typically through covariates, fixed effects, or related controls. Approximately one-third of studies examined differential policy effects across subgroups or contexts (e.g., by race/ethnicity, income, or family structure), reflecting attention to heterogeneity and equity-relevant variation. Although individual-level characteristics (e.g., race) were not a primary focus of this review, we report subgroup findings when examined by included studies. Examples of subgroup findings include race, age, and policy combinations among others. These findings are presented within their respective policy domains, while the Supplemental Table S3 identifies studies that examined heterogeneity via subgroup analysis.

Few studies formally tested mediating pathways linking economic supports to CM or IPV outcomes ($n = 2$, 5%). A limited number of studies evaluated the cumulative or joint effects of multiple economic supports within a single analytic framework ($n = 7$, 19%).

Three studies employed generalized estimating equations to account for correlated observations in longitudinal state data, a pattern that reflects the analytic context in which this adjustment is methodologically appropriate. A single study in this review [78], leveraged randomized assignment to evaluate the effects of increased income through a naturally occurring experiment embedded within Wisconsin's welfare reform. That study exploited a federally mandated random assignment evaluation of Wisconsin's full child support pass-through and disregard policy under TANF, which increased household income without altering eligibility or work requirements.

3.3.3. Association Between Economic Support Policies and Family Violence

To address the review questions, we synthesized evidence on the relationship between state-level economic support policies and family violence outcomes. Findings are presented separately for CM and IPV and are organized by economic support policy domain. Within each policy domain, we summarize associations between policy characteristics, including benefit generosity, program access, and eligibility restrictions, and family violence outcomes. Table 3 provides a summary of study characteristics, policies evaluated, outcomes examined, and principal findings for each policy group.

Child Maltreatment. Twenty-nine studies examined associations between state-level economic support policies and child maltreatment outcomes (see Table 3 Summary of Findings by Child Maltreatment and IPV Outcomes). Policies evaluated included CTC ($n = 1$), childcare subsidies ($n = 4$), EITC ($n = 5$), Medicaid expansion ($n = 4$), PFL ($n = 2$), SNAP policies ($n = 3$), TANF policies ($n = 4$), and studies examining multiple economic support policies simultaneously ($n = 6$). Outcomes included CPS investigations, substantiations, foster care entry, abusive head trauma hospitalizations, emergency department visits, self-reported maltreatment, and child sexual abuse investigations.

Child Tax Credit. Bullinger and Boy [56] was the only study that evaluated the impact of CTC on child maltreatment. This study found that the 2021 CTC expansion was associated with short-term reductions in child abuse and neglect-related emergency department visits following payment distribution; reductions were strongest between October and December 2021 and were statistically significant among male children and non-Hispanic White children.

Childcare Subsidies. Four studies examined childcare subsidy policies. Greater access to childcare subsidies and more generous eligibility policies were associated with lower levels of emotional neglect, reductions in neglect and physical abuse investigations, and lower rates of substantiated maltreatment [49,50,55]. Klika et al. [55] found that more generous income eligibility policies were associated with reductions in neglect and physical abuse investigations among children ages 0–5. Similarly, Rochford et al. [50] reported lower maltreatment rates in states with higher income eligibility thresholds and copayment exemptions for families in poverty and found that higher income eligibility thresholds were associated with lower rates of substantiated child sexual abuse. In contrast, more restrictive policies, including asset tests, counting public supports as income, and 30-h work requirements, were associated with higher rates of neglect or substantiated maltreatment [50,54].

Table 3. Summary of Findings by Child Maltreatment and IPV Outcomes.

Policy Evaluated	Study Focus	Main Outcome	Summary of Findings
Child Maltreatment Focused Studies			
Child Tax Credit (CTC)			
[56]	Association between 2021 expanded CTC on child maltreatment-related ED visits.	Child Abuse and Neglect ED visits	Expanded CTC payments were associated with short-term reductions in child abuse and neglect-related emergency department visits.
Childcare			
[49]	Association between childcare subsidy and emotional neglect.	Emotional Neglect	Greater access to childcare subsidies were generally associated with reductions in emotional neglect, neglect investigations, physical abuse investigations, and substantiated maltreatment. Improved parental self-efficacy may partially explain these protective effects. In contrast, restrictive eligibility requirements were associated with higher rates of neglect and substantiated maltreatment.
[55]	Association between childcare subsidy generosity and state-level child maltreatment.	Child Maltreatment Investigations	
[54]	Association between childcare subsidy work requirements and child maltreatment.	Child Maltreatment Substantiation	
[50]	Association between childcare subsidy eligibility and child maltreatment.	Child Maltreatment Substantiation	
Earned Income Tax Credit (EITC)			
[46]	Association between EITC generosity and child maltreatment.	Child Maltreatment Investigations	EITC policies were generally associated with lower risks of child maltreatment. Greater EITC generosity, particularly through refundable credits, was linked to reductions in CPS investigations, neglect, abusive head trauma hospitalizations, child maltreatment reports, and foster care entry rates. Protective effects were often strongest among economically vulnerable families and in states with refundable EITC policies.
[62]	Association between EITC expansion and foster care entry rates.	Foster Care Entry	
[61]	Association between EITC policy and abusive head trauma hospitalizations.	Abusive Head Trauma	
[63]	Association between refundable EITC generosity and child maltreatment.	Child Maltreatment Reports	
[59]	Association between state EITC policy features and foster care entry rates.	Foster Care Entry	
Medicaid			

Table 3. *Cont.*

Policy Evaluated	Study Focus	Main Outcome	Summary of Findings
[67]	Association between Medicaid expansion and child sexual abuse rates.	Child Sexual Abuse	Medicaid expansion was generally associated with lower rates of neglect reports and reduced foster care admissions following expansion. In contrast, Medicaid expansion was not significantly associated with reductions in physical abuse or child sexual abuse. Medicaid was associated with a temporary increase in child sexual abuse reporting following expansion, potentially reflecting increased detection rather than changes in incidence.
[69]	Association between Medicaid expansion and foster care admissions and child maltreatment reports.	Foster Care Entry and Child Maltreatment Reports	
[47]	Association between Medicaid expansion and child physical abuse and neglect rates.	Child Maltreatment Reports	
[68]	Association between Medicaid expansion and child neglect and physical abuse rates.	Child Maltreatment Reports	
Paid Family Leave			
[71]	Association between Paid Family Leave and abusive head trauma hospitalizations.	Abusive Head Trauma	Paid family leave policies were associated with lower rates of child maltreatment, including reductions in abusive head trauma hospitalizations and infant maltreatment investigations. Observed effects were stronger in socioeconomically disadvantaged states.
[70]	Association between Paid Family Leave and infant maltreatment investigation.	Child Maltreatment Investigation	
Supplemental Nutrition Assistance Program (SNAP)			
[72]	Association between SNAP eligibility expansion and foster care entry rates.	Foster Care Entry	SNAP eligibility expansions and more generous SNAP policies were associated with reductions in child maltreatment investigations, child protective services involvement, and foster care entry rates specifically related to maltreatment. Evidence suggests these effects were particularly pronounced for neglect-related outcomes and increased over time following policy adoption. Some evidence suggests stronger protective effects among Black children and low-income families.
[73]	Association between SNAP eligibility expansion and child maltreatment investigations.	Child Maltreatment Investigations	
[75]	Association between SNAP policy adoption and child maltreatment and foster care placement.	Child Maltreatment Investigation, Substantiations, and Foster Care	
Temporary Assistance for Needy Families (TANF)			
[78]	Association between TANF income supplements and child maltreatment reports.	Child Maltreatment Investigations	More generous TANF policies were generally associated with lower risks of child maltreatment, particularly neglect. Evidence suggests that TANF income supplements, higher benefit levels, greater program reach, and increased state TANF spending were linked to reductions in maltreatment reports, neglect, foster care placements, and maternal self-reported physical abuse. In contrast, restrictive TANF policies, including shorter time limits and reduced access to benefits, were associated with higher rates of neglect, foster care entry, and physical abuse. Associations were strongest and most consistent for neglect-related outcomes, while evidence for physical abuse and child sexual abuse was more limited.
[76]	Association between TANF program requirements and child maltreatment.	Child Maltreatment Reports, Substantiations, and Foster Care	
[77]	Association between state TANF spending and child maltreatment rates.	Child Maltreatment Substantiations	
[52]	Association between TANF policy generosity and maternal self-reported child maltreatment.	Maternal Self-Reported Child Maltreatment	
Multiple Policies			

Table 3. *Cont.*

Policy Evaluated	Study Focus	Main Outcome	Summary of Findings
[82]	Association between EITC, TANF, childcare, Medicaid, and state minimum wage and child maltreatment investigation.	Child Maltreatment Investigation	Across six studies evaluating multiple economic support policies simultaneously, policies that increased family income or access to resources were generally associated with lower risks of child maltreatment and child welfare system involvement. Protective associations were observed for Child Tax Credits, EITC refunds, SNAP expansions, minimum wage increases, Medicaid eligibility expansions, and higher TANF benefit levels, particularly for neglect-related outcomes, CPS contact, and foster care entry. In contrast, restrictive TANF policies, lower benefit levels, and childcare subsidy waitlists were associated with higher rates of maltreatment investigations, substantiated maltreatment, or out-of-home care. Overall, findings suggest that more generous and accessible economic support policies are associated with reductions in child maltreatment.
[58]	Association between EITC and Child Tax Credit refund payments and child maltreatment reports.	Child Maltreatment Reports	
[79]	Association between TANF and EITC policy features and child maltreatment and out-of-home care rates.	Child Maltreatment Substantiation and out-of-home care	
[80]	Association between Child Tax Credits, SNAP expansion, and minimum wage and child maltreatment.	Child Maltreatment Substantiation	
[81]	Association between TANF, SNAP, Medicaid, subsidized housing and foster care removals and nonparental care.	Foster Care Removals and non-parental Care Rates	
[53]	Association between EITC and TANF generosity and child protective services contact.	Child Protective Services Contact	
		Intimate Partner Violence Focused Studies	
Earned Income Tax Credit (EITC)			
[57]	Association between EITC generosity and intimate partner violence rates.	Self-Reported IPV Victimization	State EITC generosity was not significantly associated with either intimate partner violence prevalence or intimate partner homicide rates.
[60]	Association between EITC generosity and intimate partner homicide among women.	IPV Homicide Rates	
Federal Pandemic Unemployment Compensation (FPUC)			
[64]	Association between Federal Pandemic Unemployment Compensation (FPUC) and intimate partner violence.	IPV Reports to Law Enforcement	The FPUC program was associated with a short-term increase in police-reported intimate partner violence against women, particularly severe offenses. Findings were consistent with instrumental violence theory, which suggests that conflict over household resources can contribute to IPV.
Low-Income Housing Credit			
[66]	Association between LIHTC availability and IPV-related homicide rates.	IPV Homicide Rates	Greater availability of LIHTC affordable housing was associated with lower rates of both fatal and nonfatal IPV, including IPV-related homicides and emergency department visits among women.
[65]	Association between LIHTC availability and IPV-related emergency department visits among women.	IPV-Related Hospital Visits	
Supplemental Nutrition Assistance Program (SNAP)			

Table 3. *Cont.*

Policy Evaluated	Study Focus	Main Outcome	Summary of Findings
[73] **Multiple Policies**	Association between SNAP eligibility expansions and police-reported intimate partner violence rates.	IPV Reports to Law Enforcement	SNAP eligibility expansions that eliminated asset tests and increased income limits were associated with lower rates of intimate partner and other relationship violence.
[51]	Association between TANF, minimum wage, EITC policies and nonphysical IPV among mothers.	Maternal Self-Reported Non-Physical IPV	Refundable state EITCs were associated with lower rates of coercive IPV, particularly among Black women, while TANF policy effects were mixed. Minimum wage policies showed no significant associations
Combined Child Maltreatment and Intimate Partner Violence Focused Studies			
Supplemental Nutrition Assistance Program (SNAP)			
[48]	Impact of staggered SNAP benefit issuance on domestic violence and child maltreatment.	IPV Reports to Law Enforcement and Child Maltreatment Reports	Staggered SNAP benefit issuance was associated with increases in police-reported domestic violence incidents and child maltreatment reports, suggesting that benefit timing may influence household conflict and violence.

Note. CPS = child protective services; ED = emergency department; IPV = intimate partner violence; LIHTC = Low-Income Housing Tax Credit.

Earned Income Tax Credit. Five studies evaluated EITC policies. Overall, more generous EITC policies, particularly refundable EITCs, were associated with lower rates of CPS investigations, neglect, abusive head trauma hospitalizations, child maltreatment reports, and foster care entry [46,58,59,61,62]. Berger et al. [46] found that greater EITC-induced income increases were associated with lower risk of CPS investigations and behaviorally approximated neglect among low-income families. Klevens et al. [61] reported a 13% reduction in abusive head trauma hospitalizations among children under age two in states with refundable EITCs, while Rostad et al. [59] found approximately an 11% reduction in foster care entry rates associated with refundable EITC policies. Biehl and Hill [62] similarly reported reductions in foster care entry following federal EITC expansion among states with state-level EITCs. Findings were less consistent for abuse-specific outcomes, with several studies reporting stronger associations for neglect and child welfare system involvement than for physical or sexual abuse.

Medicaid Expansion. Four studies examined Medicaid expansion. Across studies, Medicaid expansion was associated with reductions in neglect-related outcomes and foster care entry [47,68,69]. Beland et al. [69] found significant reductions in foster care entries overall and foster care entries related to neglect, while Brown et al. [47] and McGinty et al. [68] reported reductions in child neglect reports following Medicaid expansion. In contrast, Medicaid expansion was not statistically significantly associated with reductions in physical abuse [47,68] or child sexual abuse investigations [67]. Assini-Meytin et al. [67] found a temporary increase in child sexual abuse reporting during the first year following expansion, despite finding no statistically significant association with child sexual abuse investigation rates overall.

Paid Family Leave. Two studies examined paid family leave policies. Klevens et al. [71] found that California's PFL policy was associated with significant reductions in abusive head trauma hospitalizations among children under age two. Tanis et al. [70] reported that states implementing paid family leave experienced slower increases in infant maltreatment investigation rates compared with states without paid leave policies. Both studies identified statistically significant reductions in CM outcomes during infancy and early childhood.

Supplemental Nutrition Assistance Program. Three studies examined SNAP policies. SNAP eligibility expansions and more generous SNAP policies were associated with reductions in CPS involvement, maltreatment investigations, and foster care entry [72,73,75]. Austin et al. [72] found that SNAP eligibility expansion was associated with significant reductions in foster care entry rates, with effects increasing over time and the largest decreases observed among Black children. Austin et al. [73] reported reductions in CPS-investigated reports overall and for neglect following SNAP eligibility expansion, while Johnson-Motoyama et al. [75] found that SNAP income generosity policies were associated with lower CPS involvement among low-income households. Across studies, associations were strongest for neglect-related outcomes and child welfare system involvement.

Temporary Assistance for Needy Families. Four studies examined TANF policies. More generous TANF policies, including income supplements, higher spending levels, greater program reach, and higher TANF-to-poverty ratios, were associated with lower rates of maltreatment reports, neglect, foster care placement, and maternal self-reported physical abuse [52,76–78]. Cancian et al. [78] found that families participating in a randomized TANF income supplement program were approximately 10% less likely to experience screened-in maltreatment reports than control families. Ginther and Johnson-Motoyama [76] reported that higher TANF caseloads were associated with lower rates of neglect and fewer foster care placements, whereas policies that reduced access to benefits were associated with increases in neglect and foster care entry. Spencer et al. [52] found that higher TANF benefit levels were associated with lower maternal self-reported physical abuse, while

TANF time limits were associated with increased physical abuse. Only one study examined the association between TANF access and child sexual abuse and found no statistically significant association [76].

Multiple Economic Support Policies. Six studies evaluated multiple ES policies independently, not the cumulative impacts of more than one policy. Across these studies, policies that increased family income or access to resources, including CTC, EITC refunds, SNAP expansions, Medicaid expansion, minimum wage increases, and higher TANF benefit levels, were associated with reductions in CM reports, CPS contact, foster care entry, or other indicators of child welfare involvement [53,63,80].

Piña et al. [80] found that CTC, SNAP expansions, and minimum wage increases were associated with reductions in CM reports among children under age three, driven primarily by declines in neglect. Thomas et al. [53] reported lower odds of CPS contact among families residing in states with refundable EITCs and higher TANF-to-poverty ratios. In contrast, lower benefit levels, childcare subsidy waitlists, and restrictive TANF policies were associated with higher rates of maltreatment investigations, substantiated maltreatment, foster care placement, or out-of-home care [79,82].

Intimate Partner Violence. Seven studies examined associations between state-level ES policies and IPV outcomes (see Table 3 Summary of Findings by CM and IPV Outcomes). Policies evaluated included EITC policies ($n = 2$), Federal Pandemic Unemployment Compensation ($n = 1$), Low-Income Housing Tax Credit availability ($n = 2$), SNAP policies ($n = 1$), and one study examining multiple economic support policies simultaneously. Outcomes included self-reported IPV victimization, IPV-related homicide, IPV reports to law enforcement, IPV-related emergency department visits, and maternal self-reported nonphysical IPV.

Earned Income Tax Credit. Two studies examined the association between state EITC generosity and IPV. Edmonds et al. [57] found no statistically significant association between state EITC generosity and self-reported IPV victimization across all 50 states. Similarly, Moe et al. [60] found no statistically significant association between state EITC generosity and intimate partner homicide among women.

Federal Pandemic Unemployment Compensation. One study examined Federal Pandemic Unemployment Compensation. Hsu and Henke [64] found that FPUC implementation during the COVID-19 pandemic was associated with a statistically significant short-term increase in police-reported IPV against women, driven primarily by more severe offenses during the early implementation period. The authors provide an interpretation for why IPV would increase following unemployment compensation that could be explained by the Theory of Instrumental Violence, which posits that violence might emerge to control household financial resources.

Low-Income Housing Tax Credit. Two studies examined affordable housing availability through the LIHTC program. Across these studies, greater affordable housing availability was associated with reductions in both fatal and nonfatal IPV outcomes. Austin et al. [66] found that greater LIHTC availability was associated with lower IPV-related homicide rates, with reductions of approximately 12% overall and approximately 20% in states with higher eviction rates. Shanahan et al. [65] similarly found that greater LIHTC availability was associated with lower rates of IPV-related emergency department visits among women, with adjusted models indicating approximately a 10% reduction compared with state-years with fewer LIHTC units.

Supplemental Nutrition Assistance Program. One study examined SNAP eligibility expansions and IPV. Austin et al. [74] found that states adopting SNAP eligibility expansions that both eliminated asset tests and increased income eligibility thresholds experienced

lower rates of IPV and other relationship violence compared with states that did not adopt either policy. Eliminating the asset test was not associated with changes in IPV.

Multiple Economic Support Policies. One study examined multiple economic support policies in relation to nonphysical IPV. Spencer et al. [51] evaluated EITC, minimum wage, and TANF policies among mothers and found that refundable state EITCs were associated with lower rates of coercive IPV, with stronger associations among Black women. Minimum wage policies were not significantly associated with nonphysical IPV outcomes. The association between TANF policy characteristics was less consistent. Different measures of TANF policy generosity and program restrictions were associated with nonphysical IPV in different directions across racial groups, and some policies were also associated with increased economic hardship or coercive victimization. Among the few statistically significant associations, some measures of greater TANF access (e.g., higher TANF-to-poverty ratios) and less restrictive sanction policies were associated with increased coercive victimization, whereas other TANF policy features were not significantly associated with IPV outcomes.

Child Maltreatment and Intimate Partner Violence. Only one study examined CM and IPV outcomes within the same analytic framework [48]. The study evaluated the effects of Illinois's staggered SNAP benefit issuance policy, which altered the timing and distribution of SNAP benefits without changing the total amount of assistance households received. Rather than receiving a single monthly benefit, households received smaller benefit distributions throughout the month. Using administrative data on police-reported domestic violence and CM reports, Carr and Packham [48] found that staggered SNAP issuance was associated with a 6.9% increase in domestic violence incidents and a 30% increase in CM reports. Notably, this study examined changes in benefit distribution timing rather than changes in program eligibility or overall benefit generosity.

4. Discussion

Child maltreatment and IPV remain pervasive public health challenges. The adverse effects of family violence are profound and wide-ranging, affecting a broad range of physical and mental health outcomes across the lifespan [84]. Intimate partner violence is also prevalent, impacting more than 43.5 million women and 20.7 million men across the U.S [13]. Household financial instability can increase family stress, which in turn can affect parenting behaviors and practices and child well-being. ES policies can address financial pressure on families through cash assistance or by indirectly providing basic needs, like childcare, rent, and food, to strengthen and support families [85].

Overall, findings across studies were consistent: when states enact more comprehensive ES policies, this was associated with declines in child maltreatment, particularly neglect. In contrast, evidence concerning IPV is more limited and less consistent, with associations varying across policy types and IPV outcomes. Most of the articles (n = 33, or 89%) reported a statistically significant reduction in at least one CM or IPV outcome paired with expansions in accessibility or benefit of state ES policies. The literature examining the relation between ES and CM was the most robust, with particularly strong evidence linking ES to reductions in child neglect and physical abuse. Despite promising findings related to neglect and to a lesser extent, physical abuse, the literature has been more mixed with regard to child sexual abuse (CSA) and IPV. Child sexual abuse is complex, and research on the association between economic disadvantage and CSA is limited. A recent review found that the strongest predictor of CSA perpetration was prior victimization, either by a child who had experienced abuse or a family member who had experienced abuse [86]. Evidence connecting economic disadvantage to CSA is less consistent than evidence linking financial strain to neglect or physical abuse [33].

Relative to IPV, the term "economic abuse" emerged in 2000, with little consistency in conceptualization. One systematic review found that economic abuse, assessed at the individual level, was not associated with prolonged economic disadvantage but rather with coercion, manipulation, and control that forced dependency [87]. The research that examines the connection between economic disadvantage and IPV shows nuance and complexity. Evidence shows that financial support can be protective or induce risk depending on the context. For example, quasi-experimental research on the impact of $1000 after-tax income dispersed through EITC program was associated with lower rates of IPV among women with low income [88]. Conversely, Hsu [89] found that IPV increased immediately following TANF payment receipt.

Research conducted during the COVID-19 pandemic further illustrates this nuance. Research from this period found that domestic violence calls to police decreased following CARES Act stimulus payments, but calls increased in areas with higher concentrations of Hispanic residents and noncitizens even after payments were distributed [90]. Together, these examples illustrate how in some instances economic supports may lower rates of IPV by alleviating financial stress and insecurity, a well-established driver of IPV, while in other cases these supports create an environment where money becomes a resource through which a dominant partner can exert power and control [91].

While extant research links local housing supports to CM prevention, evidence on the impact of state-level housing policies on CM and IPV is limited [92,93]. Both studies examining the LIHTC Program and meeting our inclusion criteria found lower IPV-related outcomes (e.g., emergency department visits, homicides) as housing availability increased. Studies excluded because the housing intervention was not a state-level policy similarly support the protective role of stable housing for partners and children. For example, COVID-19 eviction moratoria were associated with lower rates of CM, while long-term rent subsidies were associated with lower IPV, psychological distress, and child removals [93,94].

The articles reviewed focused less on variation in the type of ES policy (e.g., cash assistance vs. non-cash assistance) and more on variation within a given policy. Klika et al. [55], for example, examined state-by-year variation in childcare subsidy income eligibility thresholds (i.e., the maximum income for subsidy eligibility) and child welfare investigations of neglect and physical abuse. Broader eligibility increased access to childcare subsidies and was associated with lower CM rates. This is one key aspect of welfare policy "generosity" (i.e., benefit access and eligibility) that was frequently examined in the reviewed ES literature. Other examples of generosity include increases in benefit level. Kovski et al. [63] found that state increases to the CTC and EITC amounts were associated with reduced CM. Finally, when states reduce or remove barriers (i.e., administrative burdens) for families to access policy benefits, CM outcomes also tend to decrease. Klevens et al. [82] found that states with lower waitlists for childcare subsidies evidenced lower rates of CM. Likewise, Rochford et al. [50] found that families required to provide less proof of income from multiple income sources saw lower rates of abuse. Spencer et al. [52] found that removing TANF time limits were associated with decreased physical abuse. In summary, as states enact more generous policies (e.g., increasing benefit levels and expanding access to policies/services) and reduce administrative burdens, rates of CM and IPV tend to decline.

Despite promising main-effects findings, less is known about how these policies produce the observed effects, and if effects operate similarly across populations because mechanisms of change are rarely examined. Only two studies incorporated formal tests of mediation. Chang et al. [49] used structural equation modeling to examine the mediating effects of parental self-efficacy and found that childcare subsidy receipt was associated with increased parental self-efficacy, which in turn was associated with reductions in emotional

neglect. Brown et al. [47] explored parental Medicaid coverage as an explanatory pathway within a DiD framework but found no statistically significant association between coverage changes and maltreatment outcomes. An additional study, Potter et al. [81], examined nonparental care rates alongside foster care entry as an indicator of family stability, approximating a potential mediating mechanism through related outcomes, although these were not modeled as mediating pathways explicitly. While hypothesized mechanisms center on reduced material hardship and improved caregiver capacity, empirical tests of these pathways remain limited, particularly when examining the impact of multiple ES policies.

Subgroup analyses were more common than tests of mechanisms or mediation, often examining variation in policy effects by race and child age, though the rationale was often implicit rather than theory driven. Studies rarely articulated why effects of ES policies were expected to vary across racial groups, but disparate distribution of poverty, system involvement, and policy effectiveness may plausibly explain the inclusion of race in subgroup analyses.

Results suggest that policy effects are not uniform across racial groups, though consistency and directions of findings varied. SNAP eligibility expansions were associated with significant decreases in foster care entry, with effects increasing over time and particularly strong reductions among Black children [72]. In contrast Austin et al. [73] found that SNAP expansions were associated with reductions in CPS-investigated reports overall and for neglect for White children, but not for Black children. Spencer et al. [51] reported that refundable state EITC policies were associated with reductions in coercive IPV, with stronger protective effects among Black women. Piña et al. [80] found that TANF, and other ES policies (e.g., SNAP), were associated with fewer neglect reports, especially among Black children. Ha et al. [77] found evidence that TANF spending on family or marriage promotion and work-related activities was associated with lower neglect, with effects moderated by a state's Black population concentration.

Age-based subgroup analyses were common and grounded by a theoretical rationale since children's developmental stage shapes both their exposure to economic hardship and their vulnerability to CM. Consistent with this understanding of risk and CM several studies prioritized age of children within subgroup analyses.

Several studies examine age identified variation across developmental stages, with some evidence that ES policies produced stronger effects among younger children. Childcare subsidy generosity was associated with reductions in neglect and physical abuse among children ages zero to five, but not older children [55]. Paid family leave and tax credit policies showed impacts in early childhood or infancy [56,70,71]. In contrast, SNAP expansions, demonstrated consistent effects across age groups [73], while EITC expansions, showed larger reductions in foster care entry among older youth [62]. Evidence from short-term income interventions suggests that timing and developmental context shape outcomes, with smaller or non-significant effects observed among children ages two to five in some analyses [56]. These findings indicate that while ES policies may reduce violence-related outcomes overall, their effects are not uniform across populations. Many ES policies are geared towards families with young children; therefore, the impacts of violence prevention may be most pronounced for younger ages. This variation underscores the need for more intentional, theoretically grounded subgroup and mechanism-focused research to clarify how and for whom these policies are most effective.

4.1. Strengths and Limitations

The review evaluating the impact of ES policies on CM and IPV has several strengths and limitations. Many of the articles reviewed employ statistical techniques, common to econometrics, that emphasize attempts at causal inference. For example, the use of

DiD designs combined with directed acyclic graphs, inclusion of time-variant and time-varying covariates, and use of multiple time points with staggered policy designs isolate the causal impact of ES policies on violence prevention. Another strength of this systematic review involves the level of methodological rigor employed during the data extraction phase, including systematically analyzing regarding analytic approaches, enabling a more nuanced understanding of policy specifications and calibrations and findings.

However, there are notable limitations. First, most studies are quasi-experimental. Only one RCT met our inclusion criteria. While Randomized trials remain the only design which can isolate potential casual effects, given ethical concerns, this design might not be appropriate for children and families at risk of child welfare involvement when access to resources and support should be readily available. We cannot overstate this fact enough: quasi-experimental studies, unlike RCTs, cannot definitively claim casual impacts. Despite best attempts at adjustment for time-invariant and time-varying covariates, third variables may still present confounding issues. Second, the ES policy literature relies on unlinked, administrative data sources like the National Child Abuse and Neglect Data System. A preferred approach would be to link individual- or family-level treatment and outcome data. In addition, although methodological quality and potential sources of bias were systematically assessed and reported, we did not conduct sensitivity analyses stratified by risk of bias. Consequently, we cannot determine whether excluding studies with greater methodological limitations would have changed the overall conclusions of the review. Relatedly, there is a paucity of studies that examine FSM mediators/mechanisms. This leads to an empirically under-evaluated gap in the literature. Future research using linked data should focus more effort on untangling main effects, moderation effects, and mechanism/mediation effects.

Third, most studies focused on the impact of a single ES policy on a single outcome. Childcare subsidy income eligibility is one of several ES policy interventions within states and, likewise, child neglect is one of several outcomes related to violence against children that occur in the community [77,95]. Many families with low incomes benefit from more than one ES policy (e.g., CTC, EITC) [96]. Moreover, states sometimes pass a package of bills (i.e., multiple policies) to improve child and family well-being. Additionally, ES policies with eligibility criteria that include income limits or work requirements might exclude individuals who are unable to sustain employment because of untreated substance use and/or an unmanaged mental illness, but who are among the high-risk families reported to CPS. Future research should examine the combined effect of ES policy sets on CM and IPV prevention [97]. Additionally, only seven studies examined associations between ES polices and IPV specifically, with findings varying across policy types and outcomes. Consequently, conclusions regarding the potential role of economic support policies in IPV prevention warrant further investigation.

Fourth, there is vague justification for which types of maltreatment are examined (e.g., CM rates vs. subtype rates such as neglect, physical abuse). Similarly, there are inconsistencies for the types of CM outcomes studied with respect to child welfare involvement (investigations vs. substantiations). Without clear theory, consistent approaches, and more frequent replication attempts, it is unclear if ES policies have a specific or general effect on maltreatment subtypes or whether ES policies impact both CPS investigations and substantiations equally.

Moreover, this study did not examine ES policies within the context of other programs and interventions (e.g., substance use, mental health, positive parenting) that support families with complex needs who are at risk of welfare system involvement. While this review upholds evidence that ES policies, in general, are associated with lower rates of CM and IPV, these policies alone are insufficient to prevent CM and IPV. Due to our inclusion and exclusion criteria, we did not examine studies that included a qualitative element to the

evaluation of ES policy impact on child and family functioning. In addition, our inclusion and exclusion criteria prioritized state level policy implementation, hence research on local policies were excluded.

The final limitation concerns how CM outcomes are measured. Several studies rely on foster care entry as a proxy for maltreatment [59,62,69,72]. Although most children enter foster care due to abuse or neglect, not all entries are driven by maltreatment [98]. A meaningful share of placements is associated with factors such as parental incarceration [99] and, to a lesser extent, parental death [100].

Many studies rely on substantiated reports of abuse or neglect from state child welfare systems (e.g., NCANDS data) as indicators of maltreatment, often disaggregated by type (e.g., neglect or physical abuse). While this is standard practice, the validity of substantiation as a measure of maltreatment has been questioned [101]. Research comparing substantiated and unsubstantiated cases raises concerns about whether substantiation reliably distinguishes true differences in maltreatment versus system-level decision processes. If substantiation were a valid indicator of CM, one would expect higher rates of recidivism and worse socioemotional outcomes for children and families with substantiated cases. However, prior studies comparing families with substantiated versus unsubstantiated reports of CM found no significant differences in recidivism [102,103], and both groups show elevated risks for later academic and behavioral problems [104]. Evidence suggests that when child welfare policy allows families with unsubstantiated cases of maltreatment to access services, the likelihood of substantiation decreases significantly [105].

These limitations reflect the complexity of decision making in child welfare systems, where substantiation is shaped not only by underlying maltreatment but also by resource availability, child welfare policy, caseworker judgment, and child and family characteristics [106,107]. Taken together, commonly used outcome measures, including foster care entry and substantiation, are imperfect proxies for child maltreatment.

4.2. Implications

Generous state-level ES policies with few administrative burdens have the potential to prevent and/or reduce some forms of CM, particularly neglect and physical abuse. Evidence for IPV prevention is less established, with fewer studies and less consistent findings across policy types. Together, these findings highlight the potential role of ES policies in comprehensive family violence prevention strategies while underscoring the need for additional research examining their associations with IPV.

When states construct comprehensive ES policies, the rate of child neglect and child physical abuse tends to decline. The evidence for reductions in IPV is a bit more mixed and complex, owing in part to fewer studies examining the impact of ES policies on IPV. The reviewed body of literature consistently finds improvements to state-level ES policies associated with reductions in family violence, particularly child neglect and physical abuse. A promising aspect of these studies is how varied their methodological approaches are: econometric approaches such as difference-in-differences, latent variable modeling approaches such as structural equation modeling, individual and state-level samples, mediation and moderation approaches all converge on similar findings—ES policies have potential to prevent and reduce some forms of family violence.

Economic support policies represent just one primary prevention lever. Child maltreatment and IPV should be multifaceted, involving systems across multiple levels of analysis (from individual factors to family-level systems, through policy). The focus of ES policies is to help lower-income (primarily working) families afford childcare, healthcare, housing, and food, and provide the time away from work to bond with and care for children. By reducing this stress, family violence can decrease. Future work should focus on multiple

policy approaches and rigorously evaluate mediators and moderators, while emphasizing causality through RCTs or quasi-experimental designs. Lastly, efforts to incorporate lived-experience, family voices and stories, and other forms of qualitative data are crucial aspects of prevention science.

Supplementary Materials: The following supporting information can be downloaded at https://www.mdpi.com/article/10.3390/children13111615/s1, Table S1: Economic Support Policies; Table S2: Quality Appraisal; Table S3: Methodological Rigor and Transparency by Analytic Method.

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