



## State Council on Child Abuse and Neglect (SCCAN)

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SCCAN is an advisory body required by Maryland Family Law Article (Section 5-7A) “to make recommendations annually to the Governor and General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs.”

### TESTIMONY IN SUPPORT OF HB 8:

#### **Labor and Employment—Family and Medical Leave Insurance Program—Establishment (Time to Care Act of 2022)**

TO: Hon. C.T. Wilson, Chair, and members of the House Economic Matters Committee

FROM: Wendy Lane, MD, MPH, Chair, State Council on Child Abuse & Neglect (SCCAN)

Claudia Remington, Executive Director, State Council on Child Abuse & Neglect (SCCAN)

DATE: February 11, 2022

The State Council on Child Abuse and Neglect (SCCAN) strongly supports HB 8 which would establish a paid family and medical leave program to the benefit of Maryland’s children and their families. It will provide employees up to 12-weeks paid leave to care for new children, family members with serious health conditions or disabilities, or themselves. Primary prevention of child maltreatment is a critical focus of the Council. Investing in the healthy development of the next generation is critical to reducing child maltreatment and other adverse childhood experiences in Maryland.

#### **Maryland’s Future Needs Paid Family Leave**

- In Maryland, we take seriously our role as stewards of the next generation and know that our ability to raise healthy children who will lead tomorrow’s communities requires smart and innovative thinking today. The good news is that the science of the developing brain and the Adverse Childhood Experience (ACE) Study are clear about what children need to thrive.
- The time after the birth or adoption of a baby is an essential time of development for babies and families. Because *early relationships nurture early brain connections that form the foundation for all learning and relationships that follow*, parents and caregivers are on the front line of preparing our future workers, innovators, and citizens.
- Most working parents do not have access to paid family leave. Many parents must make the impossible choice between unhurried time to bond with their babies and losing their jobs or economic security.
- Now is the time for policymakers to secure the best beginnings for children and the best future for our country by supporting a comprehensive paid family and medical leave program.

**Paid Family Leave Supports Babies' Health & Development**– Newborns reap the benefits of paid family leave, including:

- Better bonding with parents<sup>i</sup>
- Increased breastfeeding, including the health benefits for mother and child<sup>ii</sup>
- Improves vaccination completion<sup>iii</sup>
- Decreased infant mortality<sup>iv</sup>
- Increased placement in high quality stable childcare<sup>v</sup>

**Paid Family Leave has been Shown to Reduce Child Abuse<sup>vi</sup>:**

- Research published in the journal *Injury Prevention* has shown that paid family leave is linked with fewer cases of abuse head trauma (AHT) in infants. AHT, including shaken baby syndrome, was shown to occur less in California, a state with paid family leave, as compared with seven states without the policy. AHT declined in California while other states' numbers actually rose during 2007-2009, during the "Great Recession".
- AHT is a leading cause of fatal child maltreatment in young children.
- According to lead researcher Joanne Klevens, M.D., Ph.D., M.P.H., of the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC), the study found that California's 2004 paid family leave policy was associated with decreased rates of AHT admissions in children under two years old compared to the states without this policy. The national average of AHT cases is 50 per 100,000 children. The California policy was associated with a fall of 5.1 cases per 100,000 children under one. As current prevention efforts have not been proven consistently effective in reducing AHT, this finding is significant.
- What's the connection between AHT and paid family leave? Parental stress and maternal depression are risk factors for child maltreatment. AHT is often a reaction to a baby's incessant crying and can result in long-term damage and even death of the infant. Paid family leave is associated with a
  - Reduction in parental stress, including financial stress<sup>vii</sup>
  - Reduction in maternal depression<sup>viii</sup>

**Paid Family Leave has been Shown to Reduce Adverse Childhood Experiences (ACEs); Women who receive paid family leave:**

- more likely to maintain their current employment, increasing the protective factor of economic stability.
- less likely to suffer from maternal depression, decreasing the ACE of parental mental illness.
- more likely to be protected against intimate partner violence (IPV), which is another ACE exposure. Apart from the trauma of witnessing IPV, children growing up in homes with IPV are at increased risk for experiencing violence themselves and at increased risk for later involvement in crime and violence.

***For these reasons, the Maryland State Council on Child Abuse & Neglect (SCCAN) respectfully urges a favorable report on HB 8, the Time to Care Act of 2022.***

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<sup>i</sup> Curtis Skinner & Susan Ochshorn, "Paid Family Leave: Strengthening Families and Our Future," (January 2014): accessed September 1, 2016, <http://bit.ly/1M7HrRv>

<sup>ii</sup> M. Baker & K. Milligan, "Maternal employment, breastfeeding, and health: Evidence from maternity leave mandates," *Journal of Health Economics* 27(2008): 871-887; R. Huang & M. Yang, "Paid maternity leave and breastfeeding practice before and after California's implementation of the nation's first paid leave program," *Journal of Economics & Human Biology* 16(2015): 45-59.

<sup>iii</sup> Skinner & Ochshorn, "Paid Family Leave"; Mark Daku, Amy Raub, & Jody Heymann, "Maternal leave policies and vaccination coverage: A global analysis," *Social Science & Medicine* 74(2012): 120-124.

<sup>iviv</sup> M. Rossin, "The effects of maternity leave on children's birth and infant health outcomes in the United States," *Journal of Health Economics* 30(2011): 221-239; S. Tanaka, "Parental leave and child health across OECD countries," *The Economic Journal* 115(2005): F7-F28.

<sup>v</sup> National Partnership for Women & Families, "Expecting Better." (2016).

<sup>vi</sup> Joanne Klevens, Feijun Luo, Likang Xu, Cora Peterson, & Natasha E Lutzman, "Paid family leave's effect on hospital admissions for pediatric abusive head trauma," *Injury Prevention* (2016): Doi: 10.1136/injuryprev-2015-041702

<sup>vii</sup> Stanczyk, A. B. (2019). Does Paid Family Leave Improve Household Economic Security Following a Birth? Evidence from California. *Social Service Review*, 93(2), 262–304. <https://doi.org/10.1086/703138>

<sup>viii</sup> "But our study showed that women who return to work sooner than six months after childbirth have an increased risk of postpartum depressive symptoms." The study is published in the *Journal of Health Politics, Policy, and Law*. Maternity Leave Duration and Postpartum Mental and Physical Health: Implications for Leave Policies Rada K. Dagher Patricia M. McGovern Bryan E. Dowd

*J Health Polit Policy Law* (2014) 39 (2): 369-416.

<https://doi.org/10.1215/03616878-2416247> April 2014