



Paid Family Leave: An Upstream Intervention to Prevent Family Violence

Lindsey Rose Bullinger¹ · Bart Klika² · Megan Feely³ · Derek Ford⁴ · Melissa Merrick² · Kerri Raissian³ · Whitney Rostad⁵ · William Schneider⁶

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Abstract

Purpose Family violence imposes tremendous costs on victims and society. Rarely are policies focused on the primary prevention of family violence. Given the prevalence of family violence—including child maltreatment and intimate partner violence (IPV)—during the perinatal period, policies targeting this vulnerable time period may be successful in primary prevention. Paid family leave (PFL) programs provide income-replacement during particularly stressful family events, such as the birth of a child.

Method In this commentary, we describe the conceptual links between PFL, child maltreatment, and IPV, suggesting that PFL may be a promising strategy for the primary prevention of child maltreatment and IPV.

Results There is emerging evidence that policies targeting the early years of life may reduce child maltreatment and IPV.

Conclusion Addressing the concrete and economic challenges faced by caregivers is one promising strategy for the prevention of family violence.

Keywords Paid Family Leave · Economic Supports · Child Maltreatment · Intimate Partner Violence

Introduction

Family violence takes many forms throughout the life course. The negative consequences of family violence are long-lasting and enormous, and they include both economic and non-economic costs (Anda et al., 2006; Bellis et al., 2019; Currie and Widom, 2010; Currie and Tekin, 2012; Merrick et al., 2019; Metzler et al., 2017). In this commentary, we will focus on how paid family leave (PFL), a much debated but scarcely adopted policy tool, might work to prevent two distinct but related forms of family violence: child maltreatment and intimate partner violence (IPV).

Policy discussions tend to frame PFL policies as an approach to increase family economic stability and income via some level of income-replacement when an employed person experiences certain family events, such as the birth of a child. Though this is certainly true, this may be a narrow view of PFL's societal benefits. For example, providing concrete economic supports to families has been identified as a promising strategy by the Centers for Disease Control and Prevention (CDC) in mitigating and preventing both child maltreatment and intimate partner violence (Fortson et al., 2016; Niolon et al., 2017). As policy discussions regarding PFL become more frequent both at the national and state levels, it is important that policymakers and practitioners have a more complete understanding of the ways in which PFL may affect the well-being of families.

Child maltreatment, which includes abuse (broadly defined as physical, sexual, and emotional abuse) and neglect (which includes the deprivation of necessities, medical care, education, and appropriate supervision) are major public

✉ Bart Klika
bklika@preventchildabuse.org

¹ Georgia Tech, Atlanta, GA, USA

² Prevent Child Abuse America, Chicago, IL, USA

³ University of Connecticut, Storrs, CT, USA

⁴ University of Virginia, Charlottesville, VA, USA

⁵ Casey Family Foundation, Seattle, WA, USA

⁶ University of Illinois-Urbana Champaign, Champaign, IL, USA

health problems facing children and families across the US¹ (Hamby et al., 2010; Merrick, et al., 2018). In Fiscal Year (FY) 2019, for example, child welfare agencies recorded 4.4 million screened in referrals of maltreatment, which alleged maltreatment against 7.9 million children (USDHHS 2021). Child neglect is consistently the most common form of maltreatment and was present in about 75% of all referrals in FY 2019 (USDHHS, 2021). All forms of child maltreatment have significant short- and long-term physical health, mental health, and economic consequences for children and communities (Anda et al., 2006; Bellis et al., 2019; Currie and Widom, 2010; Currie and Tekin, 2012; Merrick et al., 2019; Metzler et al., 2017). In FY 2019, child neglect was present in approximately 74% of child deaths and physical abuse was present in 44% (USDHHS 2021).

IPV is also highly prevalent and can include physical, emotional, verbal, and sexual abuse which results in adverse physical and mental health outcomes for victims. Women—especially women of color—are disproportionately the victims of IPV, and IPV accounts for about 55% of all female homicides (Petrosky et al., 2017). In addition to the direct harms to victims associated with IPV, a robust literature has documented the negative effects of IPV on children who witness the violence (Evans et al., 2008).

Importantly child maltreatment and IPV have been shown to frequently co-occur within the home environment (Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008). An early review of the literature suggested a nearly 41% overlap in these forms of violence (Appel & Holden, 1998). Findings from the Adverse Childhood Experiences study (ACE) found that the presence of IPV in the home increased the likelihood of child maltreatment (Dong et al., 2004). The factors that put families at risk for IPV are also associated with increased risk for child maltreatment, including living in poverty, unemployment, economic stress, and lower educational attainment (Guedes et al., 2016). Grasso et al. (2021) note these forms of family violence have persistent overlap, and emerging research demonstrates the COVID-19 pandemic has likely reinforced these relationships, increased the dangers within families, and made the need for policy response more urgent. Furthermore, the costs of these forms of family violence are large. Estimates range from about \$23,400 per male IPV victim, to approximately \$103,800 per female IPV victim, to \$830,900 per child maltreatment victim ((Peterson, Florence, et al., 2018a, 2018b; Peterson, Kearns, et al., 2018). These estimates include costs due to pain and suffering experienced by victims, health care use (e.g., mental health services, prescription drugs, and chronic disease care), child welfare activity, criminal justice

involvement, special education expenses, and foregone productivity and earnings.

Although IPV and child maltreatment have largely been examined in siloed literatures (Wilkins, Tsao, Hertz, Davis & Klevens 2014), theory suggests several pathways through which their etiology may be linked. Pu and Rodriguez (2021) for example, suggest that the overlap between IPV and child maltreatment is best understood through the lens of family systems theory, which posits that subsystems of the family dynamically influence each other. In this context, IPV between parental figures may spillover into parent–child interactions resulting in increased risk for maltreatment. Other work has sought to classify matches between type of IPV and type of maltreatment, linking physical aggression and psychological aggression across both constructs (Alhusen et al., 2014).

Germane to this commentary's contribution is that both child maltreatment and IPV are commonly occurring forms of family violence. While the prevalence of IPV has declined since the 1970s (Rennison & Welchans, 2000), it remains both common and deadly—especially for women (Petrosky et al., 2017). Particular sub-types of child maltreatment (namely physical and sexual abuse) have also declined in recent decades, but rates of child neglect have remained relatively constant for the last 20 plus years (Finkelhor, Saito, & Jones, 2020). Given the tight connectedness of these two forms of family violence, understanding how particular policy instruments—such as PFL—may be able to simultaneously reduce these forms of family violence may be of particular interest to policymakers and child serving agencies.

Although the causes of child maltreatment and IPV are complex, research has shown that the stress brought about by economic uncertainty and financial hardship exacerbate both types of family violence (Wilkins et al., 2014). Strategies targeted toward economic supports for families are particularly warranted during high-risk developmental periods, such as early childhood when the risk of child maltreatment is highest, levels of caregiver stress are high, and financial stressors are typically elevated. PFL policies provide for some level of income-replacement when people with paid employment experience certain financially stressful family events, such as the birth of a child.

Despite the public and policy interest in paid family leave as a violence prevention strategy, little work has been done to explore the conceptual and empirical links between PFL policies and family violence outcomes. We join three related but often empirically distinct bodies of literature—child maltreatment, intimate partner violence, and paid family leave—to document the link between this form of economic support and the prevention of family violence. In this commentary, we briefly describe the prevalence of child maltreatment and IPV in the US. We then provide an overview of the history of PFL and describe the conceptual

¹ While child maltreatment, and indeed all forms of family violence, occur in other countries, this paper will focus on the US context.

links between PFL and these two forms of family violence. In closing, we make recommendations for advancing the scientific literature in understanding the relationship between paid family leave and family violence.

Background

Child Maltreatment

Referral to the child protective system for child maltreatment is a common occurrence among U.S. children. Kim and colleagues (2017) estimate that approximately 40% of children in the US will have been reported to a child protective services agency for alleged maltreatment by their 17th birthday. This rate is greater for Black and Native American children—50 percent—highlighting the disproportionate contact that children of color have with child protective services.

According to data from the National Child Abuse and Neglect Data System (NCANDS), the federal database tracking involvement in state child welfare systems for allegations of child abuse or neglect, nearly 4.4 million referrals were screened-in for investigation in FY 2019 (USDHHS, 2021). Among these referrals, 656,000 children were determined through formal investigation to be victims of either abuse or neglect. These data also document that young children—those under 1 year of age—are at the highest risk for being victims of abuse or neglect (25.7 per 1,000 children). The two most common types of child maltreatment are child neglect, which is substantiated in about 75% of all confirmed reports, and child physical abuse which is substantiated in 17.5% of reports (USDHHS, 2021). Families experiencing poverty, financial hardship, or economic instability are at elevated risk of child maltreatment, particularly child neglect (Sedlak et al., 2010). Further, addressing the short- and long-term effects of child maltreatment can be costly. Estimated lifetime costs for one child experiencing maltreatment are \$830,928 in 2015 dollars (Peterson, Florence, et al., 2018a, 2018b).

Intimate Partner Violence

IPV is also a persistent problem among US adults, many of whom are parenting children. Although states provide administrative data on child maltreatment allegations and substantiations, no similar resource exists for IPV. One of the most widely cited sources of data for IPV is the National Intimate Partner and Sexual Violence Survey (NISVS) which tracks lifetime experiences of IPV (Niolon et al., 2017; Smith et al., 2017). The most recent data suggest that nearly 23% of women and 14% of men experience severe forms of physical IPV in their lifetime, 16% of women and 7% of men experience

sexual victimization, and upwards of 47% of men and women experience IPV in the form of psychological aggression in their lifetime. Research shows that IPV frequently begins before age 18 and affects racial and sexual minorities at disproportionately higher rates (Smith et al., 2017). Research indicates that victims of IPV are also more likely to experience a range of negative outcomes such as increased risk of mental health problems, poor physical health, lower earnings, and unstable employment (Crowne et al., 2011; Niolon et al., 2017). As in the case of child maltreatment, IPV exerts large economic burdens on society: \$103,767 per female victim and \$23,414 per male victim, totaling \$3.6 trillion lifetime costs in 2014 dollars (Peterson et al., 2018a).

Family Violence During the Perinatal Period

Both child maltreatment and IPV are highly prevalent during the perinatal period, the approximately two years surrounding the birth of a child. For example, children under the age of 1 year are at the highest risk for experiencing child abuse (USDHHS, 2021), and the highest rates of IPV are among women of reproductive age (18–34 years old) (Breiding et al., 2015). This time period is a critical and sensitive period of development for children. Bonding, attachment, and health promoting behaviors such as breastfeeding are often initiated immediately following birth. When caregivers provide children with safe, consistent, and nurturing care—especially in this time of critical development—child wellbeing is enhanced. Experiencing IPV can impede the parent–child connection, however. For example, perinatal IPV is associated with a variety of negative mental and obstetric health outcomes such as depression, worse physical health, poorer birth outcomes, and prematurely discontinuing breastfeeding (Hahn et al., 2018). In addition to these outcomes increasing health care costs, emergency department use, and stays in intensive care units (ICUs) (Mogos et al., 2016), they are also linked to decreased maternal responsiveness and increase the risk of harsh and neglectful parenting practices. Furthermore, perinatal IPV is also associated with death (i.e., stillbirths, fetal death, and maternal homicide) (Hahn et al., 2018), and has recently been shown to cause adverse birth outcomes (Currie et al., 2022).

Stress, particularly when brought about by experiencing economic challenges, is associated with family violence. The birth of a child brings along new financial expenses including diapers, clothing, and other child safety items such as a crib. Additionally, compared to older children, infant care is more time consuming and requires more attention. Taking time away from paid employment immediately following the birth of a child can place caregivers in a precarious position if they otherwise do not have access to paid time off. Indeed, Stanczyk (2020) documents significant declines in household economic security in the months surrounding a birth, particularly for single mothers. Given the increased

risk of family violence exposure during the perinatal period, the stress brought about by lack of resources to pay for basic needs, and the challenges of parenting a new infant, the perinatal period may be an important time to implement family violence prevention policies. Accordingly, providing caregivers with wage replacement during time away from employment to care for and bond with a new infant may decrease family violence.

History of Protected and Paid Leave in the United States

The U.S. has historically lagged behind most of the developed world with regard to family leave benefits and does not currently provide universal PFL support to new parent. In fact, for much of the twentieth century, women routinely lost their jobs when they took time off to have a child, and legislation allowing a worker access to leave to care for a seriously ill family member did not exist (Dinner, 2010). As the number of women in the workforce increased, measures such as the Pregnancy Discrimination Act of 1978 were passed, which amended title VII of the Civil Rights Act to prohibit discrimination against women based on pregnancy, childbirth, or related medical conditions. However, it did not guarantee time off to care for a new child, forcing many women to still leave the workforce. It was not until 1993 that the federal Family and Medical Leave Act (FMLA) was enacted to provide employment protection for workers needing to take time-off for specific reasons, including the birth and care of a newborn child, the placement of a child for adoption or foster care, to care for an immediate family member with a serious health condition, or the employee's own medical reasons (Berger et al., 2005; Berger and Waldfogel, 2004; Winston et al., 2019). Under the provisions of FMLA, workers can use up to 12 weeks annually of *unpaid* leave while maintaining their employment status. Specifically, the employee can return to a position with comparable pay and benefits as the one held prior to their leave but is not necessarily guaranteed their original role.

FMLA is fairly restrictive in its eligibility criteria, however. For example, FMLA does not cover employees working at small private businesses (i.e., under 50 employees within a 75-mile radius of the worksite) or those who have been employed for less than a year in their current position as defined by having worked 1,250 h in the prior 12-months. These restrictions mean that employees working within small companies, with short tenure in their current position or those who cannot afford to take time-off without financial compensation do not benefit from FMLA. Further, these requirements effectively limit FMLA eligibility to approximately half of private sector employees (Han et al., 2009), and the restrictions have been shown to disproportionately

and negatively affect low-income mothers who cannot afford to take uncompensated leave (Kerr, 2015).

Since 1993, little has changed regarding leave policy in the U.S. Although not available to the private sector, FMLA was amended by the Federal Employee Paid Leave Act (FEPLA) of 2019 granting up to 12 weeks of *paid* family leave to employees of the federal government (Federal Employee Paid Leave Act, 2019). Eligible employees may use this leave for the birth of a child or for placement of a child in the care of the employee for adoption or foster care. The worker must have 1 year of federal service and must agree in writing to return to work for at least 12 weeks at the conclusion of leave or reimburse the agency for the payment received. However, certain occupations (e.g., Title 38 and Title 39 employees) and some agencies (e.g., U.S. Postal Service) are excluded from the FEPLA provisions, leaving it to the discretion of the agency to implement its own paid leave policy that is not mandated by law.

Absent a universal federal paid family and medical leave policy, states have taken initiative to implement statewide policies. Since 2002, 9 states (CA, NJ, RI, NY, WA, MA, CT, OR, CO) and the District of Columbia enacted paid family and medical leave policies. The design and implementation of these policies varies widely across states. In general, state-level paid family leave policies in the U.S. are substantially shorter, less generous, and have more eligibility requirements than policies in other developed countries. Table 1 details some key parameters for each state's legislation such as the implementation date, the length of leave provided for family and medical leave, and the increments in which leave can be taken.² The creation of state-level paid family and medical leave policies is a relatively recent phenomenon; California implemented the country's first policy in 2004. New Jersey was the second state to follow, implementing its program in 2009. Most policies have taken effect after 2018. The length of leave varies across states with family leave capped at 4 weeks in Rhode Island, though some states provide 12 weeks of paid leave. While some states provide a combination of paid family and medical leave, Rhode Island, the District of Columbia, Washington, and Massachusetts place a cap on the maximum number of weeks of paid leave that can be claimed across categories (family, disability). Connecticut, Oregon, and Colorado

² Additional information regarding state-level implementation of paid family and medical leave, including the reasons for using paid leave, definitions of family covered under the policy, employer eligibility requirements, methods used to fund the insurance system, the size of the employer covered, and the waiting periods for the benefit can be found at <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/state-paid-family-leave-laws.pdf>

Table 1 State Paid Family & Medical Leave

	California	New Jersey	Rhode Island	New York	District of Columbia	Washington	Massachusetts	Connecticut	Oregon	Colorado
Enacted	2002	2008	2013	2016	2017	2017	2018	2019	2019	2020
Effective	2004	2009	2014	2018	2019 ¹ ; 2020 ¹	2019 ¹ ; 2020 ²	2019 ¹ ; 2021 ¹	2021 ¹ ; 2022 ²	2022 ¹ ; 2023 ²	2023 ¹ ; 2024 ²
Length of leave	8 weeks(f); 52 weeks (d)	12 weeks(f); 26 weeks (d)	4 weeks(f); 30 weeks (d); 30 weeks max combined	12 weeks(f); 26 weeks (d)	6 weeks(f); 2 weeks (d); 8 weeks (p); 8 weeks max combined	12 weeks(f); 12 weeks (d); 16 weeks max combined	12 weeks(f); 20 weeks (d); 26 weeks (sw); 26 weeks max combined	12 weeks(f); -up to 14 weeks with pregnancy complications	12 weeks(f); -up to 14 weeks with pregnancy complications	12 weeks(f); -up to 16 weeks with pregnancy complications
Minimum increment of leave	No minimum	No minimum	No minimum	1 day or 1/5 of weekly benefit	1 day	8 consecutive hours	No minimum	No minimum	1 work day	1 hour

Information in Table 1 is adapted from the National Partnership for Women & Families (2021)

¹Premiums, ²Benefits, (f) = Family, (d) = Disability, (p) = Parent, (sw)= Covered service worker

provide additional coverage for leave takers who experience complications due to pregnancy.

The Connection Between Paid Family Leave and Family Violence

Theory and empirical evidence on risk factors for child maltreatment and IPV suggest that paid family leave may be associated with reductions in violence overall. The empirical evidence on maltreatment and IPV related outcomes, however, is scarce. For example, a study of paid family leave in California demonstrated a significant reduction in statewide hospital admissions for abusive head trauma for children under the age of 2 years (Klevens et al., 2016), compared to seven comparison states. Another study using a birth cohort of women in Australia found that women who participated in paid maternity leave had decreased odds of experiencing IPV 12-months postpartum (Gartland, Hemphill, Hegarty, & Brown, 2011).

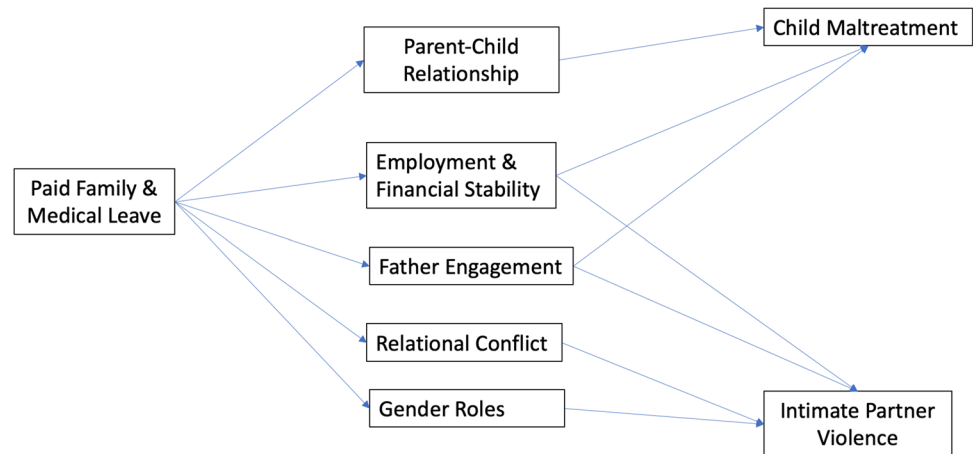
A robust conceptual explanation for how PFL may be linked to these reductions in family violence, and others, remains absent. In this section, we explore the conceptual links between paid family leave policies and multiple forms of family violence, specifically examining paid family leave’s effect on improvements to parent–child relationships, improved financial stability and employment outcomes, increased father engagement, decreased relational/partner conflict, and more balanced gender roles (see Fig. 1).

Parent–Child Relationship

Families most often use PFL immediately after the birth of a child. Notably this coincides with the time period of greatest risk for child maltreatment—the child’s first year of life (Sedlak et al., 2010). The impact of PFL on the parent–child relationship has been observed in states that have implemented PFL policies. For example, the PFL policy implemented in California has had causal effects on parents in a variety of ways. As expected, California’s PFL program increased leave-taking the most among parents of newborns (Rossin-Slater et al., 2013). In addition, the policy has been shown to improve parental mental health (Bullinger, 2019; Doran et al., 2020; Irish et al., 2021; Lee et al., 2020) and increase the amount and/or quality of time parents spend with children, including time spent reading with children (Bailey et al., 2019; Bullinger, 2019; Trajkovski, 2019), and breastfeeding (Hamad et al., 2018; Huang & Yang, 2015; Pac et al., 2019).

In addition to maternal benefits, research also suggests a correlation between parental leave and socioemotional development among toddlers (Kozak et al., 2021). PFL in California reduced infant hospitalizations (Pihl & Basso,

Fig. 1 Pathways Linking Paid Family Leave and Family Violence



2019), infant mortality (Montoya-Williams et al., 2020), and late vaccinations (Roy Choudhury and Polachek, 2021). It also improved long-term child health in the form of fewer attention and hearing problems during elementary school (Lichtman-Sadot & Pillay Bell, 2017). These improvements may be linked to more time at home, allowing parents to use appropriate and effective parenting practices without the added concerns of maintaining job security or balancing work requirements. PFL also offers additional time for bonding and adjusting to the care of a newborn which may increase attachment and the ability to safely and consistently care for a child.

PFL has also been associated with improvements in the health and caretaking of parents of children with special healthcare needs (Schuster et al., 2009), another group that is at elevated risk of maltreatment (Jones et al., 2012).

Importantly, the benefits of PFL have been relatively larger among families facing more disadvantaged (e.g., Bullinger (2019), Doran et al. (2020), Irish et al. (2021), Lichtman-Sadot & Pillay Bell (2017)). These improvements among low-income mothers, for example, have great potential to shrink the disparities in maternal and child health outcomes, including the documented disparities in family violence.

Employment and Financial Stability

PFL affords working parents paid time away from work while caring for their children without the stress related to unemployment or extended time without pay. This feature of the policies can benefit the well-being of children and families in several ways. For instance, Coercive Control Theory (Stark, 2007) suggests that power and control in relationships where IPV is present is maintained through behaviors and tactics that limit self-sufficiency and make the victim financially dependent on the perpetrator. Through coercive control of finances, opportunities for employment,

and access to childcare, perpetrators of IPV limit self-sufficiency of the victim. Paid family leave offers potential victims of IPV more financial independence from a perpetrator during an economically precarious time (Stanczyk, 2020).

Having access to paid parental leave can also increase attachment to the labor market (e.g., Rossin-Slater et al., 2013; Byker, 2016). This can contribute to the household's financial stability, a protective factor for both child maltreatment and IPV (Wilkins et al., 2014). Researchers have suggested that economic abuse is one of the most often overlooked components of IPV, and a commonly cited reason why victims do not leave abusive situations (Haifley, 2021). By providing PFL, a victim may have the opportunity to remain gainfully employed, accumulate the necessary resources to be self-sufficient and less financially dependent on a perpetrator, and increase their economic bargaining power.

Indeed, in the short-run, PFL in California increased maternal employment (Baum and Ruhm, 2016; Byker, 2016; Rossin-Slater et al., 2013), particularly among mothers with low labor market attachment (Byker, 2016). Evidence on maternal employment in the long-run is mixed, however (Bailey et al., 2019; Baum and Ruhm, 2016; Rossin-Slater et al., 2013). Using administrative data, Bana et al. (2020) find that, among high income women, a higher weekly benefit amount leads to greater likelihood of returning to their pre-leave firm, which may signal stronger labor market attachment, even among the high-income population. Perhaps due to increased employment, one study found that the implementation of PFL was associated with both increases in family income and reductions in family poverty, especially for mothers who were single, less educated, and had low incomes (Stanczyk, 2019).

The ability to take time off work without worrying about income loss can reduce stress associated with economic insecurity that can precipitate family violence. For example, for both men and women, experiencing food and housing

insecurity has been associated with later IPV victimization, even after controlling for family income and marital status (Breiding et al., 2017). Similarly, housing insecurity has been found to be directly associated with child neglect and indirectly associated with both abuse and neglect through its impact on maternal stress (Warren & Font, 2015). Lenhart (2021) further shows that California's PFL reduced food insecurity among families recently experiencing a birth. Thus, PFL likely has significant benefits on even the most basic of material hardships, which can perpetuate family violence.

Relationship Conflict

Relationship stress has been identified as a key risk factor for IPV (Niolon et al., 2017). The additional financial costs associated with a new child in combination with unpaid leave from employment to care for a new child may increase the likelihood for relational conflict in the form of family violence (Charles and Perreira, 2007). By providing compensated leave to care for a child, PFL decreases financial stress on caregivers which could alleviate relational conflict. Indeed, parental leave-taking is associated with greater relationship stability (Petts et al., 2020), which can affect both child maltreatment (Schneider, 2016) and IPV (Niolon et al., 2017).

Father Engagement and Intra-Household Equality

Although the role of fathers in child maltreatment has received limited attention (Lee et al., 2008), a large body of work has described fathers' increased engagement in positive parenting activities over the last several decades (McLanahan et al., 2013). The last several decades have been marked by notable increases in paternal involvement in parenting activities, although childcare responsibilities still fall disproportionately on mothers. In the years 1965 to 1985 fathers spent on average approximately 2.5 h per week in primary childcare (Sandberg & Hofferth, 2001); by 2000, fathers time spent on childcare had increased to nearly 7 h per week (Bianchi et al., 2006; Wang & Bianchi, 2009), and this trend has continued. The growing involvement of fathers in childcare activities is in stark contrast to prior notions of fathers as serving primarily as breadwinners and mothers as caregivers (Cherlin, 1992).

Although a robust literature has demonstrated the importance of PFL for mothers, a limited but growing body of work has begun to investigate how PFL may influence fathers. Access and take up of leave by fathers in the U.S. is limited. Although nearly 90% of fathers take some time off after the birth of a child (Department of Labor, 2016), that leave is generally quite short (Huerta et al., 2014). Research on the effects of leave on fathers indicates that access to

paternity leave increases the number of fathers who take it up (Bartel et al., 2018; Patnaik, 2019) and increases men's involvement in household work (Kotsadam and Finseraas, 2011; Patnaik, 2019) and engagement in childcare duties (Tanaka & Waldfogel, 2007). Other work has found associations between men's leave taking and increased engagement in parenting (Petts and Knoester, 2018; Pragg & Knoester, 2017; Seward et al., 2002) and increased coparenting (Petts & Knoester, 2020). Further, research indicates that leave-taking after the birth of a child may have important implications for child-father relationship quality. Research by Petts et al. (2020) indicates that leave-taking is associated with children's improved perceptions of father involvement, father-child closeness, and father-child communication. Paternal leave-taking also appears to be associated with increased trust, co-parenting, and paternal responsibility among non-resident fathers (Pilkauskas & Schneider, 2020).

Accordingly, PFL may promote more egalitarian attitudes to parenting that in turn may reduce gender inequality, a significant risk factor for IPV (Gressard et al., 2015). Indeed, fathers who are directly engaged in childcare early in the child's life are more likely to endorse more gender-equitable attitudes (Bulanda, 2004) and tend to stay involved throughout the child's life. For instance, a multi-country study found that fathers who attended prenatal visits, took parental leave, and helped their children with homework were less likely to perpetrate IPV against women (Chan et al., 2017). Similarly, some research suggests that greater father involvement is associated with lower child maltreatment perpetration risk among both fathers and mothers, likely through the increased sharing of childcare responsibilities among parents (Carlson et al., 2008; Carlson & Magnuson, 2011; Schneider, 2017). PFL thus can potentially influence both IPV and child maltreatment through its impact on fathers' adoption of egalitarian parenting attitudes and greater involvement in childcare.

Discussion and Conclusion

Given the vast scope and costs of family violence, efforts to prevent victimization are crucial. However, family violence has historically been addressed by reactive, or after-the-fact, systems which attempt to stop the violence, prosecute the offenders, and minimize consequences for the victims. Such tertiary systems of care are necessary yet have done little to *prevent* either child maltreatment or IPV. Calls have been made for "upstream" approaches: those that seek to prevent family violence from occurring in the first place (primary prevention) or those that seek to identify individuals, families, or communities at high risk for violence (secondary prevention).

In addition to the family, relationship, and time disruption, the birth of a child can put a significant strain on household finances, particularly for low-income families. Economic uncertainty and financial hardship can increase risk for both child maltreatment and IPV (Wilkins et al., 2014). Access to concrete economic supports and family-friendly work policies can alleviate financial stress for parents and caregivers, and consequently, may alleviate risk for both child maltreatment and intimate partner violence (Fortson et al., 2016; Niolon et al., 2017). The stress associated with financial insecurity and unemployment can undermine relationship quality—between caregivers and with children. Accordingly, paid leave policies that provide working parents paid time away from work following the birth of a child may have implications for family violence prevention; their ability to alleviate the stress associated with economic instability and precarious employment can potentially decrease risk for both child maltreatment and IPV (Wilkins et al., 2014).

To achieve population-level impact, violence prevention strategies often rely on the public health framework as a strategy to change the conditions in which children, families, and communities live, often through the implementation of universal policies. In the field of family violence prevention, however, this approach has not been widely implemented (Bullinger et al., 2020). Given the heightened risk of both child maltreatment and IPV during the perinatal period, paid family leave programs offer one potential approach to family violence prevention during this critical time.

In this commentary, we draw on both theory and empirical research to document the various ways in which paid family leave may affect family violence, including child maltreatment and IPV. These pathways include better parent–child relationships, greater employment and financial stability, more father engagement and household equality, and less relationship conflict. Though more empirical research is needed on the direct effects of paid family leave on measures of family violence, this commentary highlights the potential for paid family leave to serve as primary prevention.

Declarations

Conflict of Interest The authors declare that they have no conflict of interest.

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