



**\*\*\* THIS TESTIMONY IS EMBARGOED UNTIL \*\*\*  
\*\*\*TUESDAY, JULY 12, 2011 AT 10:00 A.M.\*\*\***

### **DATA ON CHILD MALTREATMENT DEATHS**

Chairman Davis, Ranking Member Doggett and members of the Subcommittee, thank you for this opportunity to testify about the important issue of child maltreatment deaths. I have worked in the child welfare arena for more than a decade. In 1998, I left my civil litigation practice and started working as an attorney for the Children's Law Center in Los Angeles (CLC-LA) representing thousands of children over my tenure there. After working at CLC-LA for almost six years, I became interested in taking my experience working with children and families and translating it into systemic improvement. I earned a PhD in policy analysis at the Pardee RAND Graduate School, writing my dissertation on improving outcomes for teenage mothers in the child welfare system. After receiving my PhD in 2008, I came to work at the Center for Public Policy Priorities, a non-profit, nonpartisan think tank based in Austin, Texas that is committed to improving public policy to better the economic and social condition of low- to moderate-income Texans. At the Center, I work on child welfare policy and budget issues. I conduct research, participate in state and national coalitions and educate policy makers on how to create better outcomes for children and families.

I think you would agree that even one child maltreatment death is too many. But in 2009,<sup>1</sup> every single day more than 4 children were reported to have died from abuse or neglect in the United States.<sup>2</sup> And since not every state reports on child maltreatment deaths and some states that do report may not be capturing all such deaths, the actual number is probably even higher. Having quality, comprehensive and consistent data from the states regarding child maltreatment deaths is an important step in understanding why such deaths are happening and what can be done to prevent them.

While improving data collection and reporting procedures is important, it can take time and resources to accomplish. But we don't have to wait for the data to be perfect before we can act. The data we have now, even though limited, shows that states with a higher rate of child maltreatment deaths also have higher rates of child poverty and teen births. As families struggle and stress levels rise, child maltreatment becomes more of a risk. If we want to address this problem, we need to invest in our families and the future of our children. To cut programs that support struggling families in tough economic times is the very definition of penny-wise and pound foolish and is a choice our children will pay for with their lives.

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### **Some States Have Significantly Higher Reported Child Maltreatment Death Rates**

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There is significant variation among the states with respect reporting deaths from child maltreatment. Some states do not report at all,<sup>3</sup> some states report that they have no child maltreatment deaths<sup>4</sup> and for the other states, total numbers range from 1 up to 279.<sup>5</sup>

Even taking the numbers at face value, with the differences in population size among the states, a comparison based on the total number of deaths is not always useful. Texas may have more reported child maltreatment deaths than Nevada, but it also has a significantly larger child population.

To look at the number of deaths in context, a rate that takes into account differences in population size must be used. For child maltreatment deaths, the rate used is the number of deaths per 100,000 children in the population. For example, Texas reported 279 child maltreatment deaths in 2009, which translates into a rate of about 4 deaths for every 100,000 children in its population. In contrast, Nevada reported only 29 child maltreatment deaths in 2009, but with its smaller child population, it actually has a slightly higher rate than Texas of 4.26 deaths for every 100,000 children.

Even looking at reported child maltreatment death rates, however, there still is significant variation among the states. And over the years, the child maltreatment death rate ranking among the states has changed, although some states like Texas consistently have higher rates than the average.

#### **Some States with Higher Rates Seem to Have a More Robust Data Collection and Reporting System**

Although the federal government collects child maltreatment data from the states, not all states report child maltreatment fatalities.<sup>6</sup> And even among the states that do report, there is significant variation in how they define, investigate and report when a child's death results from maltreatment, with some systems seeming more robust than others.

Some states have a broader definition of abuse and neglect and so may be more likely to identify a child's death as resulting from maltreatment. For example, 18 states include a parent's drug use in its definition of child maltreatment,<sup>7</sup> while the others do not.

The procedures for investigating whether a child's death is from maltreatment vary among the states as well. Although virtually every state has some sort of process for reviewing child deaths,<sup>8</sup> 30 of them have local involvement in their child death review process while the process in the other states is conducted solely at the state level.<sup>9</sup> Input from the communities in which the deaths occur may allow those states with local involvement to better investigate and identify when a death is from abuse or neglect.

Some states also have special investigative procedures that must be followed in a child death that may increase the accuracy of a child death evaluation. For example, in Texas, all deaths of children under the age of 6 must be reported to the county medical examiner who must conduct an inquest to determine whether the death is from abuse or neglect.<sup>10</sup> 30 other states also have some sort of special reporting procedures for suspicious child deaths.<sup>11</sup>

Finally, the 39 states that have a centralized child welfare system and database may have a more comprehensive and accurate data collection and reporting system for child maltreatment deaths compared to states with a

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decentralized, county-run system.<sup>12</sup> For example, Texas has a centralized system and reports data on child maltreatment deaths both at an individual case and an aggregate level. In contrast, California, with its decentralized, county-run system, only reports data on an aggregate level with no case-level details.

Looking at the characteristics together, only five states have all four characteristics (parental substance abuse in maltreatment definition, local involvement in death review, special investigative requirements and a state-run child welfare system): Florida, Illinois, Indiana, South Dakota, and Texas. And, collectively, these states have a higher rate of child abuse and neglect deaths as compared to other states.<sup>13</sup> This suggests that the higher rate of child maltreatment deaths in some states may not be because more deaths are occurring but, rather, because the state is doing a better job in investigating and reporting such deaths. In other words, it is likely that some states are underreporting and so the problem is probably even bigger than we think.

Improving the quality and consistency of available data about child maltreatment deaths, however, can be difficult. Increasing the quality of data collection and investigative procedures would require states to dedicate additional funding and resources which they simply may not have. Ensuring consistency is also problematic. Even if there were a national definition of maltreatment and some guidelines on how to classify child deaths, there may not always be consistent determinations. Determining whether maltreatment caused a child's death will always involve some level of subjective judgment and be affected by the resources dedicated to the investigation, especially when the death was accidental rather than intentional. For example, when a child dies from an accidental drowning, one state may carefully review the circumstances and conclude that the parent failed to appropriately supervise the child, classifying the death as from neglect. Another state investigating the same circumstances, however, may simply classify it as accidental and not even investigate the possibility of neglect.

### **States with Higher Rates of Child Maltreatment Deaths also Have Higher Rates of Risk Factors for Child Abuse and Neglect**

As discussed above, a more robust data collection and reporting system may explain why some states have a higher child maltreatment death rate. But it does not fully explain the variation because even among the states with a robust system, there are differences. In 2009, Texas' child maltreatment death rate was 4.05 per 100,000 children while the average rate for the other robust system states (Florida, Illinois, Indiana and South Dakota) was statistically significantly lower at 3.1 per 100,000 children.

As discussed below, part of the differences in child maltreatment death rates appear to be related to risk factors that are more prevalent in certain states.

#### States with a High Child Poverty Rate Have a Higher Rate of Child Maltreatment Deaths<sup>14</sup>

Poverty is a consistent predictor of abuse and neglect. Children in families with an annual income of less than \$15,000 are 14 times more likely to be abused and 44 times more likely to be neglected as compared to children in families with an annual income of \$30,000 or more.<sup>15</sup> And, on average, states with high child poverty (defined as at or above 20 percent of the overall child population)<sup>16</sup> had a child maltreatment death rate that was 43 percent higher than states with lower child poverty.<sup>17</sup>

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States with a High Teen Birth Rate Have a Higher Rate of Child Maltreatment Deaths<sup>18</sup>

Children with young mothers are at a higher risk of maltreatment.<sup>19</sup> And, on average, states with a high teen birth rate (defined as at or above 53 births per 1,000 teenaged females<sup>20</sup>) had a child maltreatment death rate that was 61 percent higher than states with a lower teen birth rate.<sup>21</sup>

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**Support for Programs that Help Alleviate Child Abuse and Neglect Risk Factors Are Needed Now, More than Ever**

With the Great Recession and continued high unemployment, more families have been pushed into poverty. As compared to 2008, the number and percentage of children living in poverty increased nationally and in virtually every state in 2009, in some cases by up to 40 percent.<sup>22</sup>

And although the national teen birth rate has dropped in recent years, some states still struggle with the problem. In Texas, the teen birth rate has remained high for the last several years at around 63 births per 1,000 teenaged females so that in 2008, there were more than 55,000 births to girls younger than 20.<sup>23</sup>

In sum, the number of children at risk for child maltreatment continues to grow. To ensure that this trend does not translate into more child maltreatment deaths, Congress needs to ensure continued support and funding for programs that address risk factors.

Congress Needs to Ensure Continued Funding for Direct Child Abuse and Neglect Services

Despite an increase in the number of families at-risk for abuse and neglect, the number of children receiving prevention services has declined in 16 states.<sup>24</sup> As states grapple with huge revenue shortfalls, prevention programs are often the first casualties of the budget axe. In Texas, the legislature just passed a budget that cut child abuse and neglect prevention funding by 44 percent.<sup>25</sup> That means that in a state with more than 1.6 million children in poverty and at risk for maltreatment, only 6,000 will receive prevention services annually.<sup>26</sup>

Budgets are so tight that states are even cutting services to children who have been subjected to abuse and neglect. In 2008, an average of 63 percent of child maltreatment victims nationwide received services to address the family's problems. In 2009, the rate dropped to less than 60 percent and, in some states, the rate was so low that fewer than 1 in 3 child abuse and neglect victims received any such services.<sup>27</sup>

To avoid any further cuts, Congress must ensure that federal funding that supports child abuse and neglect services continues and is not cut. For example, funding under Title IV-B of the Social Security Act is the primary support in many states for child abuse and neglect prevention services. In 2009, Promoting Safe and Stable Families (PSSF) funding paid for more than 30 percent of prevention services nationwide and in 8 states<sup>28</sup>, PSSF accounted for more than 50 percent of such services.<sup>29</sup> Funding for home visitation programs provided under the Patient Protection and Affordable Care Act is important as well. Studies have shown that such programs improve parenting and child health and safety and, in some cases, reduce maltreatment, even among the high risk population of adolescent mothers.<sup>30</sup>

Congress should also create a new Title IV-E waiver program so states can pilot more flexible ways to use dedicated child welfare federal funds to keep children at risk of child maltreatment safe at home instead of languishing in the more expensive and less optimal alternative of foster care. A detailed discussion of why Title IV-E waivers are necessary is contained in my recent written testimony to the U.S. Senate Committee on Finance at the hearing on Innovations in Child Welfare Waivers: Starting the Pathway to Reform.<sup>31</sup>

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Support for Subsidized Early Education and Other Child Care for Low Income, Working Families  
Needs to Continue

Several studies have demonstrated that Head Start and other subsidized early education and child care programs have been successful in reducing aggressive parenting behavior that can escalate into child abuse.<sup>32</sup> And one study in Chicago showed that young children from disadvantaged neighborhoods who participated in a child care program had 50 percent fewer court petitions related to maltreatment compared to children in similar neighborhoods that did not have the program.<sup>33</sup>

Some states also use child care to keep children who have already been subjected to abuse and neglect safe in their own homes. In Texas in state fiscal 2010, the state child welfare agency used subsidized day care to keep an estimated 17,000 young child maltreatment victims safe in their own home in lieu of removal.<sup>34</sup> Such options are not only better for the child but cheaper for the state. In Texas, foster care costs about \$1,900/month while subsidized day care is less than \$600/month.

Getting children out of the home and into day care helps relieve parental stress, gives parents non-physical models for discipline and makes the children more visible to potential reporters so problems can be identified before they escalate into something serious. But like prevention programs, funding for early education and child care has fallen victim to the budget axe. In Texas' most recent budget, the Legislature cut grants to support pre-kindergarten by 100 percent, cut funding for subsidized child care for at-risk children by 18 percent<sup>35</sup> and cut protective day care service levels by 16 percent.<sup>36</sup>

The recent cuts at the state level make funding from the federal Child Care Development Block Grant more important than ever as it is often the primary funding stream for such services. In Texas in 2010, 46 percent of day care for at-risk children and 50 percent of protective day care was funded through the Child Care Development Block Grant.<sup>37</sup>

The Supplemental Temporary Assistance to Needy Families Grant Needs to be Reauthorized

The supplemental Temporary Assistance to Needy Families grant was created specifically to help states with high poverty rates, which are the very same states that also have high child maltreatment death rates. Given the cuts that states have already implemented, reauthorizing this funding will help ensure that these programs are better protected in the future.

Expanded Health Insurance Options for Adults Will Help Alleviate Abuse and Neglect Risk Factors by  
Providing Access to Mental Health and Substance Abuse Treatment

Substance abuse is a significant risk factor for child abuse and neglect. When parents abuse substances, they pay less attention to their children which may result in more accidents or a lack of necessary medical care.<sup>38</sup> They are more likely to use harsh parenting styles and leave their children unattended and have other problems such as domestic violence, single-parenthood and depression, all of which may increase the likelihood of maltreatment.<sup>39</sup> Mental illness, which often co-occurs with substance abuse, also interferes with parenting and is a risk factor for child maltreatment.<sup>40</sup>

But most adults living in poverty have no way of obtaining health insurance and so lack access to substance abuse and mental health treatment. In Texas alone, 5 million adults age 19 to 64 are uninsured, the majority of whom are under 400 percent of the federal poverty limit.<sup>41</sup> Starting in 2014, however, under the Patient Protection and Affordable Care Act, these adults will be eligible for health insurance either through Medicaid or the Health Insurance Exchange and so will be able to access services and treatment.<sup>42</sup>

Access to appropriate mental health treatment such as counseling is especially important as at least one study found that parents who have insight into their mental health problems had less problematic parenting behavior and a lower risk of child maltreatment.<sup>43</sup>

### **Conclusion**

With the Great Recession, more families have been pushed into poverty. As families struggle and stress levels rise, more kids are at risk of child maltreatment. If we want to address this problem, we need to invest in our families and the future of our children. If we don't, our children will pay for it with their lives. To cut programs that support struggling families just when they need it the most is the very definition of penny-wise and pound foolish.

At the same time, we need to work on getting quality, comprehensive and consistent data from the states regarding child maltreatment deaths so we can better understand why such deaths are happening and what else can be done to prevent them.

Respectfully submitted,

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The Center for Public Policy Priorities is a nonpartisan policy institute committed to improving public policy to better the economic and social condition of low- to moderate-income Texans.  
We pursue this mission to achieve our vision for a BETTER TEXAS™.

<sup>1</sup> Unless otherwise noted, all years refer to the federal fiscal year.

<sup>2</sup> Unless otherwise noted, all data regarding child maltreatment deaths is from the *Child Maltreatment* report published annually by the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.

<sup>3</sup> In 2009, Alaska, Massachusetts, and North Carolina.

<sup>4</sup> For 2009, Montana and Wyoming.

<sup>5</sup> For 2009.

<sup>6</sup> For federal fiscal year 2009, Alaska, Massachusetts and North Carolina did not report child abuse and neglect fatalities to the federal government.

<sup>7</sup> Arkansas, Colorado, Florida, Illinois, Indiana, Minnesota, North Dakota, South Carolina, South Dakota, Virginia and the District of Columbia include pre-natal drug exposure in their definition of abuse and neglect. California, Iowa, Kentucky, Minnesota, New York, Rhode Island and Texas include a parent's drug use in the definition of abuse and neglect to the extent it impairs the ability to care for the child. *Parental Drug Use as Child Abuse*. Child Welfare Information Gateway. May 2009. Available at: [http://www.childwelfare.gov/systemwide/laws\\_policies/statutes/drugexposed.cfm](http://www.childwelfare.gov/systemwide/laws_policies/statutes/drugexposed.cfm). Accessed on December 1, 2009.

<sup>8</sup> Idaho does not currently have a working program. National MCH Center for Child Death Review, State Spotlight-Idaho. Last updated February 2008. Available at: <http://www.childdeathreview.org/spotlightID.htm>. Accessed on July 8, 2011.

<sup>9</sup> Using state program descriptions from the National MCH Center for Child Death Review, State Spotlights (Available at: <http://www.childdeathreview.org/state.htm>. Accessed on November 10, 2009), local involvement is defined as reviews conducted solely at a local level, reviews conducted at both the state and local level and reviews conducted at a local level with state oversight. States with local involvement include: Alabama, Arizona, California, Colorado, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Missouri, Montana, Nevada, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Texas, Vermont, Virginia, Washington, Wisconsin and Wyoming.

<sup>10</sup> Texas Family Code §§264.513-14.

<sup>11</sup> In addition to Texas, Arkansas, California, Colorado, Connecticut, Florida, Illinois, Indiana, Kansas, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming and Puerto Rico all have special reporting procedures for suspicious child deaths. *Making and Screening Reports of Child Abuse and Neglect*. Child Welfare Information Gateway. Current through January 2009. Available at: [http://www.childwelfare.gov/systemwide/laws\\_policies/statutes/repproc.pdf](http://www.childwelfare.gov/systemwide/laws_policies/statutes/repproc.pdf). Accessed on July 8, 2011.

<sup>12</sup> 13 states have a county-administered system: California, Colorado, Georgia, Maryland, Minnesota, Nevada, New York, North Carolina, North Dakota, Ohio, Pennsylvania, Virginia and Wisconsin. *National Study of Child Protective Services Systems and Reform Efforts: Review of State CPS Policy*. U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation and Administration for Children and Families Administration on Children, Youth and Families Children's Bureau. April 2003. Available at: <http://aspe.hhs.gov/hsp/cps-status03/state-policy03/index.htm>. (Accessed on July 8, 2011).

<sup>13</sup> Burstain JM. *Child Abuse and Neglect Deaths in Texas*. Center for Public Policy Priorities. December 2009.

<sup>14</sup> Based on an ordinary least squares regression of child poverty on the child death rate and using a p-value of .05 to determine significance. Using data from 2007, child poverty was defined as an indicator with 1 meaning that a state had a rate at or above the 75<sup>th</sup> percentile. Data on child poverty derived from the Annie E. Casey KIDS Count Data Center. Available at: <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=45> (Accessed on October 30, 2009).

<sup>15</sup> Sedlack AJ, Broadhurst DD. *Executive Summary of Third National Incidence Study of Child Abuse and Neglect*. Administration of Children and Families. 1996. Available at: <http://www.childwelfare.gov/pubs/statsinfo/nis3.cfm#top..> (Accessed on October 30, 2009).

<sup>16</sup> States with child poverty rates at or above 20 percent in 2007 include: Alabama, Arizona, Arkansas, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Tennessee, Texas and West Virginia.

<sup>17</sup> Death rate was 2.51 for high poverty states versus 1.77 for other states.  $\beta = .74$ . The same effect was found using an indicator for states at or above the 75<sup>th</sup> percentile for: (1) children in extreme poverty (defined as an annual income of 50% or less than the federal poverty line)  $\beta = .80$ ; and (2) children under 5 living in poverty  $\beta = .80$ .

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<sup>18</sup> Based on an ordinary least squares regression of the teen birth rate on the child death rate and using a p-value of .05 to determine significance. Using data from 2006, teen birth rate was defined as an indicator with 1 meaning that a state had a rate at or above the 75<sup>th</sup> percentile. Data on teen birth rates derived from the Annie E. Casey KIDS Count Data Center. Available at: <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=45> (Accessed on October 30, 2009).

<sup>19</sup> Stiffman NM, et al. *Household Composition and Risk of Fatal Child Maltreatment*. Pediatrics 109(4):615-621. April 2002.

<sup>20</sup> Based on teens ages 15-19. Data derived from Annie E. Casey Kids Count Data Center. Available at: <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=2>. (Accessed on October 30, 2009). States with a high teen birth rate include: Alabama, Arizona, Arkansas, Georgia, Kentucky, Louisiana, Mississippi, Nevada, New Mexico, Oklahoma, Tennessee and Texas.

<sup>21</sup>  $\beta = .87$ .

<sup>22</sup> Annie E. Casey KIDS Count Data Center. Available at: <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=45> (Accessed on July 5, 2011). The percentage of children living in poverty increased in Hawaii from 10 percent in 2008 to 14 percent in 2009.

<sup>23</sup> Teen birth data derived from Annie E. Casey Kids Count Data Center. Available at: <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=2> (Accessed on July 5, 2011).

<sup>24</sup> Comparing 2009 to 2008. States with declines are: Alaska, Arizona, Delaware, Georgia, Idaho, Iowa, Louisiana, Minnesota, Missouri, Montana, Nebraska, New York, North Carolina, Pennsylvania, Texas and Washington. *Child Maltreatment 2008 and 2009*, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2009 and 2010.

<sup>25</sup> Burstain JM. *The 2012-13 Budget for Child Protective Services: The Good, the Bad and the Ugly*. Center for Public Policy Priorities. July 2011.

<sup>26</sup> Burstain JM. *The 2012-13 Budget for Child Protective Services: The Good, the Bad and the Ugly*. Center for Public Policy Priorities. July 2011.

<sup>27</sup> Alabama (18.5%), Alaska (29.2%), Colorado (26.2%), Connecticut (26.6%), Florida (22.5%), Maine (28.8%), Tennessee (29.5%) *Child Maltreatment 2009*, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2009.

<sup>28</sup> Alaska, California, Colorado, Iowa, Montana, Nebraska, North Carolina, and Texas

<sup>29</sup> *Child Maltreatment 2009*, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2009.

<sup>30</sup> Howard KS, Brooks-Gunn J. *The Role of Home-Visiting Programs in Preventing Child Abuse and Neglect*. Future of Children 19(2):119-146. Fall 2009.

<sup>31</sup> Burstain Testimony to the U.S. Senate Committee on Finance at the hearing on Innovations in Child Welfare Waivers: Starting the Pathway to Reform, March 10, 2011, at [http://cphp.org/files/4/Burstain\\_TitleIVWaiver\\_SenateFinance.pdf](http://cphp.org/files/4/Burstain_TitleIVWaiver_SenateFinance.pdf) (accessed July 8, 2011).

<sup>32</sup> Waldfogel J. *Prevention and the Child Protective System*. Future of Children, 19(2):195-210. Fall 2009.

<sup>33</sup> Waldfogel J. *Prevention and the Child Protective System*. Future of Children, 19(2):195-210. Fall 2009.

<sup>34</sup> Texas Department of Family and Protective Services Legislative Appropriations Request for 2012-13.

<sup>35</sup> Based on what was expended for 2010 and estimated for 2011 versus what was appropriated in 2012-13.

<sup>36</sup> Base on the difference between what the state child welfare agency estimated it needed and what was actually funded. Burstain JM. *The 2012-13 Budget for Child Protective Services: The Good, the Bad and the Ugly*. Center for Public Policy Priorities. July 2011.

<sup>37</sup> Based on the Legislative Appropriations Requests of the Texas Workforce Commission and the Texas Department of Family and Protective Services.

<sup>38</sup> Wulczyn F. *Epidemiological Perspectives on Maltreatment Prevention*. Future of Children 19(2):39-66. Fall 2009.

<sup>39</sup> Wulczyn F. *Epidemiological Perspectives on Maltreatment Prevention*. Future of Children 19(2):39-66. Fall 2009.

<sup>40</sup> Mullick M, Miller LJ, Jacobsen T. *Insight Into Mental Illness and Child Maltreatment Risk Among Mothers with Major Psychiatric Disorder*. Psychiatric Services 52(4): 488-492. April 2001.

<sup>41</sup> Castro ED, Dunkelberg A, Pogue S, Mccown FS. *The Health Care Primer*. Center for Public Policy Priorities. 2011.

<sup>42</sup> Dunkelberg A, Pogue S. *Texas Health Reform Checklist: Key Steps to Make the Most of Reform*. Center for Public Policy Priorities. September 2010.

<sup>43</sup> Mullick M, Miller LJ, Jacobsen T. *Insight Into Mental Illness and Child Maltreatment Risk Among Mothers with Major Psychiatric Disorder*. Psychiatric Services 52(4): 488-492. April 2001.