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The American Professional Society on the Abuse of Children in Partnership with the New York Foundling

About APSAC

The American Professional Society on the Abuse of Children, now in partnership with The New York Foundling, was founded in 1986 and is a nonprofit, national organization focused on meeting the needs of professionals engaged in all aspects of services for maltreated children and their families. As a multidisciplinary group of professionals, APSAC achieves its mission in a number of ways; most notably through expert training and educational activities, policy leadership and collaboration, and consultation that emphasize theoretically sound, evidence-based principles.

About the New York Foundling

The New York Foundling trusts in the power and potential of people and deliberately invests in proven practices. From bold beginnings in 1869, this New York-based nonprofit has supported hundreds of thousands of its neighbors on their own paths to stability, strength, and independence.

The New York Foundling's internationally-recognized set of social services are both proven and practical. The Foundling helps children and families navigate through and beyond foster care, helps families struggling with conflict and poverty grow strong, helps individuals with developmental disabilities live their best lives, and helps children and families access quality health and mental health services—core to building lifelong resilience and wellbeing.

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Editor:
Ted P. Cross, PhD

Associate Editor:
Ellen M. Chiocca, PhD, APRN, CPNP-PC

Let's Talk About the True Meaning of Resilience and Preventing Child Abuse in the Era of Black Lives Matter

29th Colloquium Keynote Address

Stacey Patton, PhD

Abstract

In the wake of the killings of George Floyd, Ahmaud Arbery, Breonna Taylor, and others, there have been many calls to "defund the police" and abolish the child welfare system, including the courts, as part of a strategy to eliminate longstanding racial disparities. Meanwhile, Black children continue to suffer disproportionately higher rates of maltreatment and fatalities than their peers as some professionals "screen out" calls of suspected abuse, excuse physical punishment as intrinsic to Black parenting culture, and opponents continue to push back against prevention efforts such as "No Hit Zones," public health education on Adverse Childhood Experiences (ACES), and campaigns to eliminate corporal punishment in homes and schools. Those advocating on behalf of maltreated children often ask, "How do we foster resilience in youth so they can rebound from trauma and grow in the face of adversity?" But while resilience, grit, and the ability to bounce back are understandably seductive, it is a misguided approach to child abuse prevention. The real resilience must come from advocates and professionals who need to shift the responsibility off child victims and work to ensure that holistic, culturally responsive systems and protective factors are in place for families and communities so that children do not have to shoulder the burden of adapting to intergenerational traumas.

Introduction

Good morning, Beautiful People. It's good to be sharing this space with you.

I want you to turn to your neighbor and say, "Neighbor, you are the real resilience." Now turn to another neighbor and say, "Neighbor, I am the real resilience."

Now I'd like for you to give yourselves a warm applause for your dedication and all the hard, lifesaving work you do each day to protect children across this country.

Because we all know that childhood is about surviving adults.

Thank you for inviting me to be your speaker for this year's colloquium. It's an honor to be here, especially in these precarious times when we need to be having serious and difficult and honest conversations about race and about protecting our most vulnerable.

I am case number KC 114343 from New Jersey's child welfare system. I am an adoptee. A child abuse survivor. I still have the scars on my face from an extension cord whupping. They're my fleshy Braille that narrate the story of pain, trauma, and an ongoing journey of healing. As a child advocate, they are a constant reminder that I must continue to weather all storms, to weather all the pushback, and do my part to fight against the maltreatment of children.

And so must APSAC. With great urgency, now more than ever, APSAC needs to call for an end to ALL violence against children — this is what is most equitable and humane. Eliminating corporal

punishment is the best way to do that, no matter the race of the child.

This morning I'd like to talk with you about this year's theme: resilience. The many sides of resilience.

I'd like to start with a story. If you'd like to hear a story let me hear you say, "Talk to us, Stace."

It was April 26, 2017. Dane County, Wisconsin. Dane County is often called "the worst place in America to raise a Black child." The county has some of the widest and persistent racial disparities in the country.

Picture an 11-year-old African American girl. She showed up to her middle school that morning with red marks and purple bruising stretching from her eyebrow down to her cheekbone. Her eye was swollen and there was a defense bruise on her right arm in the shape and size of the rounded end of a belt. School officials, who are mandated to report suspicion of child abuse, called the Madison Police Department and Dane County Department of Human Services to interview the child who disclosed that her 44-year-old stepfather had beaten her the night before while her mother was at work.

The victim reported that her stepfather, who lived in the home with her mother and three brothers, ordered her to watch her youngest brother as they played outside. The stepdad was anxious about the presence of a police patrol car in the vicinity of their block. At some point during their play, the boy pulled away from his sister and ran down the street. The angry stepdad yanked and dragged the girl into the house by her arm and threw her inside the living room closet where she hit her head on a basket of clothes. Her little brother cried as he bore witness to his father ordering her to get a belt from a different closet. The victim later reported that her stepfather answered her pleas for mercy by calling her a "liar" and "the b-word."

She tried to hold in her cries as she was repeatedly struck in the arms and face with a thick leather belt that "had a picture of a girl and a skull on it," she said during forensic interviews. After her stepdad released her, he ordered her to take a cold shower so the marks would disappear. "I told him I already took a shower," but he swung the belt again. "Don't talk back to me," he yelled as the belt slapped the back of her legs.

After officials interviewed the victim, the stepdad was arrested and charged with felony child abuse. The children were temporarily removed from the home to the shock of their mother who told police that she was unaware that her husband had been physically punishing her daughter.

"The perception is that I snapped. I wanted her to watch her brother while the police were out there. I didn't want her to detour from watching him," the stepdad explained to officers during his interrogation.

When officers showed him photographs of the child's injuries he said, "I admit I did hit her. I am embarrassed that in the process of hitting her I hurt her. I didn't do it with intent to hurt. I did not know you couldn't use a belt in Wisconsin. I know I hurt her. It's not right but all her life she has had no consistency nothing like that."

He cried and told the officers, "I am a great guy. I am a great guy."

In the next phase of the investigative process, Ishmael Ozanne, Dane County's only Black district attorney and the first in Wisconsin's history, reviewed the criminal complaint, photographic evidence, and the recorded interviews with the victim and her siblings. Ozanne decided to pursue a felony conviction. The stepdad's White female attorney characterized the defendant as a caring Black father who would never intentionally harm any of his children. This was a case of a stressed dad who wanted the best for his kids and held legitimate racialized fears about their safety in a community where the perception of police mistreatment of Black bodies across the age spectrum is pervasive.

In other words, the cultural context in which this child's beating was administered should be considered "reasonable discipline" and a legal justification for dismissal of the charges.

But this ideological argument suggests that if

there is an otherwise good Black father present in the home, Black children should be allowed to live with violence, as long as the parent does not intentionally harm them. This is a morally abhorrent argument by an attorney obligated to provide a vigorous defense for her client, but it should not be an acceptable consideration for any child. Had this beating occurred when this young person was an adult woman instead of an 11-year-old girl, this case would be a cut-and-dried instance of felony assault regardless of the perpetrator's fears, motivations, or cultural context.

Of more importance, from the vulnerable child's perspective, the physiological pain and injuries, along with the trauma of fear and lost trust for an adult responsible for her care and protection, should trump her stepfather's intent, embarrassment, and tears. At the time of the incident, this child's developmental age made her cognitively ill-equipped to attach deeper meanings to the experience of being beaten by an adult man. Nor was she able to grasp the cultural logic that whuppings are considered a legitimate disciplinary strategy that far too many Black parents use to achieve the best outcomes for their children. Such feelings and understandings about physical punishment are retroactively applied upon entry into adulthood when narratives about the merits of physical punishment have been effectively internalized and reframed as love and protection.

In April 2018, nearly one year to the day after the original charges were filed, District Attorney Ozanne asked me to serve as an expert witness in this case, which was scheduled for jury trial in Wisconsin Circuit Court. The first order of business was to review the written summary of the anticipated expert witness testimony from an African American female psychology professor from Western Michigan University who specializes in African American child rearing practices. My mission was to counter her use of the cultural normativeness thesis. I also wanted to write a summary that could effectively serve as a template for all professionals involved in future child abuse cases where the culture argument is invoked.

In her summary, the expert witness invoked resilience to justify the stepfather's abuse. She argued that child discipline in African American homes is defined as a teaching process, which socializes children to make meaningful life choices and to "thrive in an environment that has historically been hostile toward African Americans." Adolescence, she continued, is often marked as a dangerous time for Black youth who are often victims of racial harassment and profiling in a society that has "historically viewed African American youth as animals or a menace to society."

She drew on a few studies that found that the normal increased need for independence often associated with early adolescent development "may lead to greater concern for African American parents to extinguish inappropriate behavior." She also relied on now debunked psychological studies from child development scholars who found that physical discipline does not appear to be correlated with negative outcomes for African American children, as is the case for their White counterparts (studies whose conclusions have been scientifically challenged). In fact, she wrote "when physical discipline is a normative part of a child discipline continuum it is often associated with nurturance and warmth."

Ladies and gentlemen, each time I was hit as a child, I did not feel nurture, warmth, safety, protection, or love. I saw rage and hate. I feared for my life. During all that hitting I always had one thought: I cannot survive this.

In the opinion section of her summary, the expert claimed that the offender appeared to be utilizing a "protective parenting practice due to the police presence at his home." Although the stepdad assigned an adult task to an adolescent, and even though he could have kept the children inside the home to calm his worries about potential negative police interaction, the expert appeared to blame the child for her injuries and did not acknowledge that the stepdad coerced the child into helping him conceal her bruises with a cold shower. When the

child demanded that her stepdad stop hitting her, she said this was considered "an act of defiance," which triggered him to "match her level of defiance." Talking back or demanding that a parent stop hurting a child during a whupping is "interpreted by African American parents as defiant behavior," she wrote.

The defense's expert also suggested that school officials, police officers, officials from the Department of Health, forensic interviewers and even the Black District Attorney might have had a biased perspective on the incident. Black communities are "under surveillance" by helping professionals and the judicial system, which often "perceives (when compared to White American norms) Black child-rearing practices as strict, harsh, and in some cases abusive." Although some research has not found overwhelming evidence of racial bias in reporting, the expert argued that such scrutiny and racist attitudes that Black individuals are devoid of basic human parenting capabilities to nurture children has resulted in Black children being disproportionately represented in the foster care system.

It is unclear whether the expert reviewed the full complaint and visual evidence of the child's injuries, because it is not uncommon for attorneys to withhold certain information from expert witnesses when soliciting their services. Nevertheless, she concluded her testimony by stating that the 11-year-old's injuries that occurred from being repeatedly struck in the face with a belt were an "accident" and the force used by the stepdad was "reasonable discipline."

Before receiving this case file I was fully aware that advocates of corporal punishment, defense attorneys, and expert witnesses had been using old research to argue that spanking is not harmful to Black children when administered in a positive family setting. They were also using the cultural normativeness thesis in legal cases to promote the idea that physical punishment among African Americans is not presumed to be detrimental to Black children's long-term adjustments because it is a widely accepted practice in their communities, in communities that consider Black children to be strong and resilient against harsh punishment. Where hurting their bodies is considered normal and necessary to protect them from other kinds of harms in the world.

But many professionals mistakenly believe that Black people hit their children at significantly higher rates than do White people and that Black children experience fewer negative effects. Anyone who uses these arguments is not a reliable expert witness and their testimony should not be admissible because such opinions are not grounded in reliable up-to-date science. Moreover, it is deeply disturbing that such flawed and debunked science has been so trusted within Black families themselves.

While whuppings are often viewed by Black parents as a strategy of protection against racism in the afterlife of slavery and Jim Crow, it does not excuse child abuse. In fact, corporal punishment has perpetuated cycles of generational violence and trauma and extended the slave master's lash.

Meanwhile, with increased attention to reducing racial disparities across the criminal justice and child welfare systems, professionals across the country are grappling with how to keep children safe while respecting parents' cultural values. The law and public policies and cultural arguments define and influence child welfare professionals' actions at every stage of a child abuse case, from assessment and investigation to prosecution and disposition. At every stage, human beings use discretion and biases that may take over and stifle the responsibility to act in the best interests of vulnerable children.

Moreover, we have not yet reached the point in our society where the overwhelmingly White child protection services understands and can frankly say to Black parents, "We are removing your children for their safety, but we also recognize that what has endangered them is hundreds of years of structural racism and White supremacist violence that perpetuates the societal myth that corporal punishment is uniquely important for building resilient Black families."

Professionals in the business of keeping children safe have not become competent at understanding how internalized oppression has left generations of

Black children at risk for family violence. Nor have professionals learned to contextualize pathological discipline in Black communities as the kind of learned behavior borrowed from systemic and structural racism.

What this defense witness's summary in the Dane County case signaled to me is that the legal and investigative communities do not always keep up with scientific research on the effects of child maltreatment on the brain and child development. Professionals are also generally not competent enough to decide whether culture should be considered in substantiated cases of child abuse. Professionals sometimes make their assumptions based on public opinion, unscientific theories about culture, or fear of being accused of racial bias.

Understanding public opinions as they relate to the cultural context of corporal punishment has incredible importance in the work of abuse prevention, public health education, and responding to families in a culturally responsible manner, but it has absolutely no scientific basis in terms of criminally defending child brutality. We certainly need to understand cultural explanations for physical punishment of children, but we must not convince ourselves that laws do not apply to certain groups because of their beliefs. Child abuse professionals who shy away from challenging cultural defenses of child abuse out of fear of being labeled racist, or for other reasons, are actually discriminating based on the race of child victims.

Let me hear you say, "WE MUST BE RESILIENT."

When an expert witness supports ideas about cultural normativity, it is easy for professionals involved in the various life stages of a child abuse investigation to fall into the trap of making misguided decisions that can leave children at risk for even more harm. Police officers may be persuaded to not make an arrest or forward charges to the district attorney's office. Human services professionals might decide to "screen out" a report of abuse. A district attorney might decide to drop charges without providing therapeutic resources or parenting classes. A jury may decide to acquit. Another child might end up dead.

Frequency and usage of physical punishment of children may indeed be a culture-specific behavior. Although it may be true that African American parents hit their children slightly more and more publicly than other groups, there are no differences in the way in which spanking is related to child behavioral and mental health problems unless one believes that Black children's brains are different and that their bodies can tolerate higher levels of pain.

Yet to suggest that Black children do not experience the harmful effects of hitting, or the negative effects can be moderated with "maternal warmth," [makes the exception that] Black children are "resilient" or "biologically different." This is the same old pseudoscientific White supremacist argument that Black bodies are insensate, do not feel pain. This theory was used to justify brutal whippings on plantations and the inhumane medical treatment that physicians subjected Black people to during slavery and the Jim Crow period.

Empirical research illustrates that this idea still exists, for example, in emergency rooms, Black children are less likely to receive adequate medications for pain. It is quite disturbing that a Black expert witness would deploy the same grammar of White supremacy to defend the abuse of a Black child. Indeed, the variance in Black children's responses to the trauma of physical punishment may be culturally influenced, but the resulting neurological changes in the brain and immune system have nothing to do with race.

In my written summary for the case, I highlighted the latest neurological research to show how corporal punishment can alter brain chemistry, irrespective of a child's race or culture. Physical punishment is a form of "toxic stress" that triggers chemical reactions and inflammation in the body which can alter the architecture of a child's developing brain. Toxic stress during childhood is also associated with distinct genomic and epigenetic changes that are linked to adverse health outcomes in adulthood. Exposure to physical punishment during childhood has been linked not only to an increased

susceptibility for several psychiatric disorders, but also to cardiovascular disease, diabetes, obesity, chronic lung disease, and other long-term influences on the immune system.

Research has also found that toxic stress accelerates epigenetic aging, heightened disease risk, and even negative birth outcomes in African American females. Contrary to the cultural normativeness perspective, these results show that hitting produces similar detrimental outcomes for children across race and ethnicity.

Simply put, child outcomes associated with physical punishment do not depend on the cultural setting in which the hitting takes place. Family or religious beliefs or racial group or maternal warmth do not offset the potential health risks of physical punishment. Spanking is no less harmful to Black children than White children and this type of punishment is not associated with positive outcomes for children of any racial or ethnic group. The latest research has found similarities, rather than differences, across racial and ethnic groups in the extent to which spanking is associated with adverse child outcomes.

A few hours after District Attorney Ozanne filed my summary with the Circuit Court, the defendant entered a plea deal. My summary thwarted the effort to introduce the defense expert's cultural defense testimony at trial. The stepdad returned home to the family, receiving no prison time.

That 11-year-old girl is now 15 years old. I think of her often. I don't know what happened to her, but I have questions: Did she receive therapy for her trauma? Has the entire family had therapy or parenting classes or other resources? Was she hit again? How did the stress and trauma of that beating change her — change her body and her brain, impact her genes, white blood cells, heart, gut, lungs, her thinking, her feelings, behavior, ability to learn, and form relationships? Did she adapt to her confusing, threatening home life by retreating into her inner world, by building up an emotional wall, becoming an emotional ghost, like many abused children do? Or did she learn to bury her emotions and accept the violence and domination she endured as normal? Is she effectively primed to repeat this kind of domestic violence in the future? Thousands of children across this country share her story.

Flash forward to more recent years.

In the wake of the killings of George Floyd, Ahmaud Arbery, Breonna Taylor, and others, there have been many calls to "defund the police" and abolish the child welfare system, including the courts, as part of a strategy to eliminate longstanding racial disparities. In some counties, there's been a pushback on mandated reporting to protect communities of color. There's an uptick in screen out calls for abuse. Callers are sometimes interrogated about their intentions of making the calls. So its about making the numbers look better.

Organizations like APSAC have been proposing resolutions against corporal punishment and facing pushback from opponents who demand that we distinguish corporal punishment from child abuse. But every state already has in law or in practice a distinction between appropriate physical punishment and unacceptable physical abuse—such distinctions clearly do not prevent racial disparities in child removals or other interventions.

We need to stop privileging race over childhood as a category of oppression. Could you imagine someone calling for policies that say we need to distinguish between spousal abuse and spousal hitting to protect the innocent? When it became illegal to beat and rape wives in America, it was mostly poor men who got arrested. Police turned a blind eye to rich men. Does this mean we shouldn't have implemented laws against spousal abuse and rape?

APSAC needs to be forward-thinking and make a global statement about the direction the profession should move in. Not taking a solid stand against corporal punishment, which is a risk factor for physical injuries and fatalities especially among Black children who consistently suffer higher rates of abuse and maltreatment deaths, is a form of complicity in perpetuating systemic racism and cycles of intrafamilial and community violence.

The solution to racism in intervention is not to continue to allow children to be beaten. There must be a standard that NO child, regardless of race, economic status, ethnicity, or anything else can be hurt by anybody.

Let me hear you say, "This is the real resilience."

Professionals need to adopt a preventive approach to child protection and to serve the best interests of the child and the family. This is a key role for APSAC, is it not? To expand knowledge, change systems, and devise interventions that support, rather than punish, families. The answer to systemic racism is not to permit the harm; it's to change the system. As long as the message is that somehow there is a difference between "good" violence and "bad" violence, nothing will change, including the system. We need to be absolutely clear in our condemnation of all corporal punishment, no matter how light.

Screening out calls, not investigating, not opening cases — this is simply an extension of systemic racism. Prioritizing your ego and comfort over the welfare and safety of children is complicity in the perpetuation of systemic racism.

Black children continue to suffer disproportionately higher rates of maltreatment and fatalities than their peers as some professionals "screen out" calls of suspected abuse, excuse physical punishment as intrinsic to Black parenting culture, and opponents continue to push back against prevention efforts such as "No Hit Zones," public health education on Adverse Childhood Experiences (ACES), and campaigns to eliminate corporal punishment in homes and schools.

It is true that research shows that Black children are more likely to be removed from their homes than all other races of children. But there are questions we need to ask: Do those removals reflect actual higher rates of abuse among Black families? Look at the increases in Black child fatalities from maltreatment. Or could it be that White child abuse is being underreported and the other groups are being accurately reported? We need answers to those questions.

Regardless, the goal should always be to prevent harm to children, and reducing corporal punishment is the best way to do that, no matter the race of the child. The United States needs to join 63 countries, including 8 African countries and 9 South American countries, which agreed when they banned all corporal punishment.

We continue to be up against a toxic culture of childism and an entire ecosystem that perpetuates, normalizes, and even laughs at the abuse of children.

Addressing the widespread acceptance or tolerance of corporal punishment of children and eliminating it, in the family, schools and other settings, is a key strategy for reducing and preventing

all forms of violence in societies. The future health of our nation is dependent upon our ability to safeguard the healthy development of children's brains.

AND let me close by saying a few words about resilience. As we talk about resilience in our conversations here, let us be clear: Are we talking about the resilience of child victims and survivors, or are we talking about the resilience of systems?

Those advocating on behalf of maltreated children often ask, "How do we foster resilience in youth so they can rebound from trauma and grow in the face of adversity?" But while resilience, grit, and the ability to bounce back are understandably seductive, it is a misguided approach to child abuse prevention.

When I was in foster care, people often told me how strong and resilient I was. But those words often erased my pain and fear and lack of emotional literacy. My trauma hadn't faded away. They couldn't recognize that I had become hyper-vigilant and emotionally withdrawn. Failure wasn't an option for me, in any aspect of my life, because I didn't want to be beaten again. Like other child abuse victims, I had to adapt to the instability of my environment. I needed these compensatory skills to survive.

I kept wondering, why do I need to be resilient? What do I have to be resilient against? More abuse? More pain? More failed relationships? More systemic traps? Was my definition of success supposed to be based

True Meaning of Resilience

on my ability to endure stress and abuse? A focus on resilience often led me to blame myself when I was failing to grow stronger through adversity.

I often cringe when I hear this question about fostering resilience because at the institutional levels folks get overly focused on coping and adapting, on "strengthening" or "reforming" or "fixing" the vulnerable who've suffered victimization rather than the larger systemic problems and forces that place children in harm's way. Resilience, like the trope of strength, then becomes a weapon that gets used against children. It sends the message that children can be abused, neglected, divested from, serially traumatized, denied innocence and emotional lives, and even killed because they are so resilient that they'll keep on bouncing back.

Survival and resilience are not the same. Pushing through and being tough in the face of traumas that would have made others give up is not a hallmark of resilience. It is emotionally and physically taxing.

Our resiliency implies that we are constantly operating from a place of trauma. The message to the world becomes "do whatever you like to us because we will survive."

What they're really saying is, "Let's find a magical formula that draws on young people's innate ability to endure suffering while taking the burden of fixing systemic problems off of us."

We need to shift the responsibility off the victims. We don't need to ask children to do our work. Parents need to be taught alternate methods to physical punishment in a culturally appropriate context. We need to shift people out of their old mindset and decolonize their parenting. We need to change the circumstances that caused problem.

The real resilience must come from advocates and professionals who need to shift the responsibility off child victims and work to ensure that holistic, culturally responsive systems and protective factors are in place for families and communities so that children do not have to shoulder the burden of adapting to intergenerational traumas.

Don't get me wrong -- I do believe in resilience. It is a good goal. But the problem is that folks often encourage young people to do it alone. To find some inner resource. That's futile, especially when their resources are already depleted by trauma or toxic stress that has accumulated in their body. The structural barriers to strong communities (racism, material insufficiency, and precarity) should be among the FIRST TARGETS to provide reasonable prospects for resilience, and ideally to reduce or eliminate the trauma upstream so resilience is not so crucial, nor such an uphill battle.

We are not resilient on our own.

Resilience is about transforming the systems that children live in. It is about developing an explicit understanding that resilience is not merely vulnerable people's ability to adapt to worsening circumstances. Fostering resilience is about making developmental investments for strengthening marginalized communities so they become equipped with the skills, infrastructure and resources that allow them to proactively address adversities in ways that can reduce the future vulnerability of their young people.

I am alive today because of people like you who spoke up, who didn't screen out, who investigated, who were not bullied into silence, who did not let your policies and actions be guided by cultural myths. I am the product of the resilience of an entire village of people who nurtured me back to health by creating a natural healing environment.

So, the real resilience is not the responsibility of children. It is us. Let me here you say: WE ARE THE REAL RESILIENCE.

About the Author

Dr. Stacey Patton *is an adoptee, child abuse survivor, and former foster youth turned award-winning journalist, author, nationally recognized child advocate, and college professor. Her writings on race, higher education, culture and politics, and child welfare issues have appeared in* The New York Times, Washington Post, BBC News, Al Jazeera *and other outlets. She has appeared on* MSNBC, CNN, ABC News, Democracy NOW, FOX News, *and other outlets. Dr. Patton has won numerous journalism awards and in 2015 she received APSAC's award for Outstanding Service and Advancement of Cultural Competency in Child Maltreatment Prevention and Intervention. She is the creator of www.sparethekids.com, an online portal designed to teach parents about the harms of hitting children. Dr. Patton is also the creator of the interactive 3D medical animation app called "When You Hit Me," released in 2023. She is also a research associate professor at Morgan State University's Institute for Urban Research, and teaches digital journalism at Howard University. Dr. Patton is the author of* That Mean Old Yesterday, Spare the Kids: Why Whupping Children Won't Save Black America, *and the forthcoming* Strung Up: The Lynching of Black Children in Jim Crow America.

What have we learned about child maltreatment fatality prevention?

Vincent J. Palusci; P. Leigh Bishop

Author Note

Vincent J. Palusci ORCID: 0000-0001-8752-6475

Correspondence concering this article should be addressed to Vincent J. Palusci, M.D., M.S., Frances L. Loeb Child Protection and Development Center, Bellevue Hospital Center, 462 First Avenue, Room GC-65, New York, NY 10016. Email: Vincent.Palusci@nyuangone.org. Dr. Palusci conceived the research idea, designed the analyses; reviewed the references, analyzed and interpreted the references, drafted the paper, reviewed it critically for intellectual content, approved the final version, and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Ms. Bishop reviewed and edited it critically for intellectual content, approved the final version, and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Abstract

The number of identified fatal child abuse cases in the U.S. has been steadily increasing, with neglect causing or contributing to most of these deaths. Focusing on articles since 2015, we searched PubMed, PsycInfo, CINAHL, Embase, Web of Science, and Scopus on the terms "child abuse," "child neglect," "child maltreatment," "fatality" and "prevention" to find themes on what we have learned about risk factors, strategies, and the role of public policy for child maltreatment fatality prevention. Compared to child maltreatment in general, young child age, male gender, non-White race, special needs and disability, and behavioral issues are additional indicators more strongly associated with fatality. Most perpetrators are caregivers of their victims, and official statistics show that women are more often the perpetrators of infant abuse and neglect-related deaths. Parental mental illness, substance use, access to firearms, prior intimate partner violence, other violence in the home, and criminal history increase risk. Any parent or caretaker of any socioeconomic background may be capable of harming or killing a child; however, economic hardship often leads to parental stress, frustration, and an inability to provide basic needs. Policies addressing socioeconomic factors, poverty, housing instability, and access to healthcare can reduce the likelihood of child maltreatment and fatalities. Child death review, abusive head trauma prevention, home visiting and economic supports stand out as evidence-based strategies, while health-based interventions and changes in the child welfare investigation and prosecution systems show promise as tertiary preventive efforts.

Keywords: *abusive head trauma, fatality prevention, federal policy, investigation*

"Migrant accused of killing 2-month-old baby looked like loving dad in photo with tot, who was Queens' baby New Year" (Andrews & O'Neill, 2025). Thus, another news report about a child maltreatment death catches public attention and ignites scrutiny of public systems. Fatal child abuse has emerged as an entity with growing recognition and understanding, with increasing attention on prevention efforts and services for families. However, the causes are multifactorial and range beyond agency responsibility to family stresses, developmental and intellectual disabilities, mental health issues and psychodynamics, and other violence. In fact, in the past century, with improvements in public health and in the prevention and treatment of disease, causes of death such as homicidal violence have eclipsed natural causes in children and have become more prominent.

In 1995, the U.S. Advisory Board on Child Abuse and Neglect identified several key issues: (1) a lack of knowledge over the scope and nature of child abuse and neglect fatalities; (2) the need for better investigation and prosecution and for major efforts to improve and train front-line professionals; (3) the encouraging emergence of child death review teams; and (4) the need for more aggressive efforts to protect children and facilitate community-based family services and primary prevention efforts to help families live safe and healthy lives (U.S. Advisory Board on Child Abuse and Neglect, 1995). In 2011, the U.S. Government Accountability Office published a report calling for a national systematic response to child maltreatment fatalities (U.S. Government Accountability Office, 2011), specifically recommending steps to further strengthen data quality, expand available information on child fatalities, improve information sharing, and estimate the costs and benefits of collecting national data on near fatalities. These and other efforts led to the more recent Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF, 2016) which, among other things, prioritized identifying children and families most at risk for maltreatment by having states undertake a retrospective review of child abuse and neglect fatalities to identify family and systemic circumstances that led to child maltreatment deaths. The Commission found that while they often attract the attention of the public and popular press, deaths of children from abuse and neglect continue unabated, undercounted and under investigated.

We searched PubMed, PsycInfo, CINAHL, Embase, Web of Science, and Scopus on terms "child abuse," "child neglect," "child maltreatment," "fatality" and "prevention" to find themes on what we have learned about risk factors, strategies, and the role of public policy for child maltreatment fatality prevention from among the more than 1,100 articles published on this topic since 2015. Many of the studies reinforced or expanded our current understanding of this complex issue, and there are a number of important articles to consider for those who wish to reduce fatalities from child abuse and neglect.

Predictable Patterns and Child Maltreatment Fatality Epidemiology

The number of identified fatal child maltreatment (CM) cases in the U.S. has been steadily increasing (Figure 1). Estimates rose from 1,670 (2.25 per 100,000) in 2015 to 2,000 (2.73 per 100,000) in 2023 (US DHHS, 2025). Almost half (44%) of victims were under the age of 1 year and most (72.2%) were under the age of 4 (Figure 2). In 2023, the rate of fatalities for children under 1 year was 24.11/100,000 (US DHHS, 2025). While the highest risk is before 6 months of age, the highest risk for homicide on a single day is on the day of birth (74.0 per 100,000 person-years), at least 5.4 times higher than the rate at any other time period during life. While most children survive after abusive head trauma (AHT), it is the most common cause of death due to child abuse among infants and young children (Palusci et al., 2023). During 1999–2014, 90% of 2,247 CM deaths were from AHT, ranging from a high of 97% in 2001 to 81% in 2013 (Spies & Klevens, 2016). Fatal AHT rates ranged from 0.88 in 2009 to 0.43 per 100,000 children in 2014, and a number of risk factors were identified (Adachi et al., 2024). In reviews of child death review reports, Palusci and Covington (2014) and Palusci et al., (2023) noted

the importance of neglect causing or contributing to a death. A substantially higher proportion of adolescent deaths were due to neglect or medical neglect. While deaths from physical injuries are more recognizable, neglect deaths are often missed because they may be misclassified as being from natural or accidental causes (Palusci et al., 2010).

Kim et al. (2024) found that child homicides occur in a predictable and non-random manner, but the characteristics and dynamics of these homicides are diverse. In a collection of 930 fatal child abuse cases drawn from public records, Richards (2000) noted several typologies which are useful in categorizing these deaths. The largest percentage (47%) were related to sudden, violent acts of physical maltreatment in the home, which included the killing of newborns by their mothers. Second most common were deaths that occurred because the child was in the "wrong place at the wrong time" (13%). These often involved random violence outside the home where the child was an unfortunate bystander or targeted as a witness to a crime. Next were deaths from "sustained abuse or neglect" over time (12%) where the maltreatment occurred over months or years; these deaths present the greatest opportunity for prevention. Then there were "deaths of despair" (10%) where there was significant psychological disturbances and fear for the child, often leading to "homicide/suicide." "Bad decisions" by caretakers (5%), juvenile perpetrators (4%), and other situations rounded out the sample.

Similarly, Sidebotham and Fleming (2007) in serious case reviews in the U.K. identified the following categories:

- infanticide and covert homicide, particularly of infants and young children, typically perpetrated by the mother;
- severe physical assaults, skewed to younger children, often with prior history of abuse, and often the result of escalating violence and not intent;
- extreme neglect/deprivational abuse with an element of intent, often related to not wanting the child and often involving children with chronic illness or disability;
- deliberate/overt homicides, not typically perpetrated by the mother, which may have revenge or other motives, multiple victims, and/or involvement of mental health issues; and
- deaths related to but not directly caused by neglect/maltreatment, without intent, involving such features as sudden infant death syndrome, bed sharing, lack of supervision, and lack of prenatal or medical care.

Neglect encompasses a broad range of issues, including lack of medical care, supervision, nutrition, protection and/or a safe environment. Douglas and Lee (2020) noted that the U.S. National Child Abuse and Neglect Data System (NCANDS) data indicated that more children died from general neglect than from abuse or medical neglect. Children who experienced medical neglect died at the highest rate overall (6.82 per 1000 medical neglect victims), making it the most lethal, followed by physical abuse and general neglect. The total number of deaths is thought to be an undercount, with the actual number being two or three times larger than that reported in official statistics, since neglect is often missed (CECANF, 2016; Palusci et al., 2010). Schnitzer and colleagues (2016) concluded it is possible to improve upon the current child welfare-based system of counting fatal child maltreatment in the U.S. by linking death review team findings with vital statistics data. Potential sentinels for identifying fatal child maltreatment include physicians (Bates et al., 2023) and nurses (Ellilä et al., 2023) in addition to child welfare and law enforcement professionals, but evidence for their ability to do this has been lacking (Hart et al., 2024).

Potential Risk Factors Which Overlap With Other Forms of Child Maltreatment

Parental Factors

Most perpetrators are caregivers of their victims (Berg et al., 2024; Hunter et al., 2021; Presser et al., 2022; Stöckl et al., 2017). In 2022, nearly 80% of child fatalities involved parents acting alone, together, or with other individuals (US DHHS, 2023). While anyone can kill a child, numerous studies have identified parental risk factors for the occurrence of child maltreatment fatalities, and many overlap with risk factors for child maltreatment in general (Fortson et al., 2016). These factors include parental lack of education, substance abuse, domestic violence, mental health issues, and socioeconomic stress (Adachi et al., 2024; Batra et al., 2022; Horon & Driscoll, 2023; McCarroll et al., 2017; Olecká, 2022). However, it is important to realize that most parents with these risk factors do not kill their children and that it is often a combination of factors and their context that is more important.

Other factors, such as previous reports of maltreatment, a large number of children in the home, inadequate supervision, and exposure to violent environments have also been associated with increased fatality risk (Barrett et al., 2023; Shenoi et al., 2019; Horon et al., 2023; Miyamoto et al., 2017; Watson et al., 2024). Douglas and Lee (2019) noted that, contrary to popular belief, official statistics show that women are more often the perpetrators of abuse and neglect-related deaths, even though child welfare professionals largely attribute these deaths to men.

For example, infant homicides occurring on the day of birth are primarily perpetrated by young, unmarried mothers with lower education levels who do not seek prenatal care; these homicides often are associated with concealment of an unintended pregnancy and giving birth at a residence. After the first day of life, an infant homicide might occur within the context of young parental age, caregiver frustration, maternal mental illness, abuse, or neglect. Depending on the context, the homicide might be perpetrated by the mother, the mother's male companion, or the biological father of the infant. Wilson and colleagues (2020) found that maternal characteristics associated with infant homicide included young age, being unmarried, having lower educational attainment, having a nonhospital birthing, Black race, and American Indian/Alaskan Native ethnicity.

Mental illness and substance use disorder are common issues, as are suicidal or other violent behavior (Powell et al., 2024; Dean et al., 2024; Nevriana et al., 2024). Commonly in these cases, the parents no longer want the child, often due to cultural reasons; cultural traditions and values might outweigh the human instinct to protect one's children. With rising use of opioids, more parents struggling with addiction may have impaired judgment, reduced capacity to provide care, or they may become violent toward their children when intoxicated (Barrett et al., 2023). Mental health issues, including depression, anxiety, and post-traumatic stress disorder (Pierce et al., 2017), are also linked to child maltreatment. Parents suffering from untreated mental health conditions may struggle with emotional regulation, leading to abusive or neglectful behavior. Parents who were abused as children are more likely to abuse their own children, a phenomenon known as the intergenerational transmission of abuse. Caregivers need to be aware of and use effective parenting practices, using nonphysical discipline, to promote healthy child development and prevent physical abuse-related homicides.

Violence in the home and parental criminal history stand out as important risk factors (Batra et al., 2024; Garstang et al., 2021). The proportion of young child deaths related to firearms is increasing, with the presence of guns in the home being more strongly related to deaths of older children (Berg et al., 2024; Michaels & Letson, 2021). Perpetrator history of suicidal behavior, rape of the intimate partner, a non-biological child of the perpetrator living in the home, and job stress increased the odds of child

homicide (Lyons et al., 2021). Children exposed to intimate partner violence have an increased risk for being abused themselves, with perpetrators often targeting children as a means of exerting control over their partners. Although comprising only a small percentage of child deaths, perpetrators of homicide-suicides and filicide-suicides have prior patterns of risk to self, risk of violence to the intimate partner, anger, access to firearms, and prior criminal history (Theodorou et al., 2024). Emerging evidence suggests that by stemming the early development of familial violent behavior, one can also reduce many other types of violence (Fortson et al., 2016).

Socioeconomic and Societal Factors

Socioeconomic stress is another major risk factor. Parents can be stressed by having high-paying, high-pressure jobs as well as being unemployed. Hunter and colleagues (2021) found that all social determinants of health, including poverty, parental educational attainment, housing instability, food insecurity, and uninsurance, are associated with child maltreatment and can create a frustration level for parents that results in fatal maltreatment (Block, 2017). Farrell and colleagues' (2017) finding that higher county poverty concentration is associated with increased child abuse fatality suggests that children in families with low income or inadequate housing and health care have greater risk for fatal maltreatment (Farrell, 2017).

Pierce and colleagues (2017) found that psychosocial risk factors were present in 100% of CM fatalities. Lack of social support and isolation from extended family or community networks can exacerbate stress in parents and increase the risk of maltreatment (Farrell et al., 2017). Research indicates that caregivers who lack social support are more likely to resort to violent behavior due to frustration and stress (Fortson et al., 2016). Unsafe neighborhoods and poor housing conditions exacerbate the vulnerability of children, often leaving them without access to protective services or social supports. Societal neglect, when measured by child mortality rates, is considered by bodies such as UNICEF to be indicative of how a nation meets the needs of its children. Pritchard and colleagues (2019) analyzed CM fatalities and child mortality rates and found the U.S. had the worst income inequality and the highest rate of fatalities**.** While the risk factors are likely very different in Canada, their recently published rate of CM fatality (0.55 per 100,000) is one-fifth the rate of the U.S., perhaps offering some hope that we can more successfully address this problem (Richmond et al., 2025).

Child Factors

Certain characteristics of the children themselves can increase the risk of fatal maltreatment. These include age, gender, race, ethnicity, special needs, disabilities, and behavioral issues. Infants and young children, particularly those under the age of one, are at highest risk of maltreatment fatalities (U.S. DHHS, 2025; Barrett et al., 2023; Horon & Driscoll, 2023; Watson et al., 2024). Infants are dependent on caregivers for all their needs, making them more vulnerable to neglect and physical abuse. Children with disabilities and special needs have heightened risk of maltreatment, including fatalities (Adachi et al., 2024). Parents of children with chronic medical conditions and disabilities often face additional stress and challenges, which can lead to physical neglect, medical neglect, or physical abuse (Garstang et al., 2021; Scurich, 2025). Medical neglect, including noncompliance with medical care and failure to provide medicines and vaccinations, caused 24% of the fatalities overall reported during child death reviews, with a rising proportion as children got older (Table 1). Children who exhibit behavioral problems or who are perceived as difficult to manage may be more likely to experience maltreatment in general (Palusci, 2023; Wilson et al., 2023). Samuel and colleagues (2023) found that children with disabilities who died as a result of abuse were more likely to have had autism spectrum disorder, a developmental disability, or other physical impairment, with physical abuse being the most prevalent type of abuse that resulted in death.

Effects of Prevention Strategies on Fatalities and Child Maltreatment Overall

Prevention and intervention strategies to reduce fatal child maltreatment range in their focus of change, from individuals, families, and relationships to the broader community and society. Strong community networks and societal support systems are essential in reducing child maltreatment fatalities. Community engagement programs such as Strong Communities® reduce child maltreatment by giving visibility to the problem of child abuse and broadly engaging community members and medical practices in programs to support new parents (Melton & McLeigh, 2020; Runyan, 2021). The Centers for Disease Control and Prevention has highlighted a public health approach with strengthening social norms around parenting, improving community awareness of child abuse signs, and enhancing social support systems, all of which contribute to lower fatality rates (Fortson et al., 2016; U.S. Centers for Disease Control and Prevention, 2024).

Effective prevention strategies have been identified at the primary, secondary, and tertiary levels. Primary prevention aims to reduce the incidence of maltreatment before it occurs for the population in general, while secondary prevention targets high-risk families to mitigate the severity of abuse before it leads to fatal outcomes. Tertiary prevention or risk reduction at the family or community level occurs after the fact but can decrease the risk for future CM deaths. All of these levels of prevention play a role in CM prevention in general, and some have been studied specifically for CM fatality. Prevention is explicitly not the responsibility of any single agency, profession, or program, but is framed as the responsibility of all to create a society less conducive to child maltreatment. In this paradigm, individual skill development, community and provider education, coalition building, organizational change, and policy innovations are all part of the prevention solution (American Professional Society on the Abuse of Children, 2010).

Abusive Head Trauma (AHT)

Roygardner and colleagues (2021) identified three lines of AHT prevention research that focused on: (1) strategies which teach parents how to respond to newborn crying and the dangers of shaking babies; (2) community and public health factors; and (3) professional education and practice. Most studies were observational, although a small number were more sophisticated, using prospective designs or randomized controlled trials. They highlighted the effectiveness of primary prevention education programs such as *Period of PURPLE* Crying® (Barr et al., 2018), and of raising earned income tax credits for families (Klevens et al., 2017). In addition, they demonstrated the effectiveness of professional education to improve practitioners' identification of families at increased risk for AHT and their intervention and treatment of infants after it had occurred (secondary and tertiary prevention). They also spotlighted the effect of diagnostic technology in secondary and tertiary prevention.

Neglect

Given its significance as a cause, efforts are beginning to focus on identifying a common context and understanding of fatal neglect reporting, through reviewing definitional issues regarding fatal neglect and comparing reporting practices across a number of review teams (Scott et al., 2020). A consistent context for identifying and reporting may improve the identification of both neglect-related deaths and their associated risk factors. This can inform prevention programs, policies, and procedures. One study identified key elements of neglect such as supervisor impairment or child welfare involvements as key indicators in sleep-related sudden unexpected infant death (Schnitzer et al., 2024). Medical neglect is particularly common and concerning for medically fragile children (Alwash & Palusci, 2022). Sanders (2022) suggested modifying the child fatality and critical incident review process to focus on systemic issues that allow these neglect tragedies to occur. The fatality and critical incident review process should focus on change at the systems level, be

multidisciplinary and coordinate with other review processes, such as CPS internal case reviews, and include an accountability mechanism to ensure that public agencies are following through to change the conditions that result in child deaths. They should address root causes, take brain science into consideration, and examine protective factors that point to family strengths (Sanders, 2022).

Child Death Review (CDR)

Child death review is the systematic multidisciplinary discussion of factors contributing to, or causing a child's death (Batra et al., 2024; Palusci, 2024). These reviews have grown in number since the 1990s. The focus of most child death review has broadened from fatal child abuse and neglect alone to deaths from a variety of causes, including accidental and medical causes as well as homicides and suicides. The American Academy of Pediatrics offered recent guidance (Batra et al., 2024). It suggests that pediatricians are necessary members of teams because they provide medical expertise and context around a child's death and emphasizes that results from team meetings should inform public policy at all levels of government. Pediatricians should be supported in their efforts to be present at meetings, and they should use data from team meetings to help advocate for implementing prevention strategies (Batra et al., 2024). A recent supplement to the journal *Pediatrics* highlighted current thinking regarding the value of CDR in identification and community service provision after the death of a child (Collier et al., 2024; Warren et al., 2024). CDR teams are not consistent in their use of terms, which makes understanding deaths challenging (Douglas & Lee, 2020). The U.S. Health Resources and Services Administration has funded a National Center for Fatality Review and Prevention to provide support to teams, including a standardized data collection system that is used to study a variety of causes of death in addition to child maltreatment (Collier et al., 2024; Warren et al., 2024).

Home Visiting Programs

Evidence suggests that home visiting programs can reduce the risk of child maltreatment (Casey Family Programs, 2022). These programs provide expectant and new parents with education on child development, parenting skills, and access to social services. While home visiting may lead to more reports to CPS because of surveillance bias, fewer cases are confirmed (Doe et al., 2024; Goodman et al., 2021). A 15-year study of Nurse-Family Partnership found a 48% reduction in rates of substantiated reports of child abuse and neglect among low-income families (Casey Family Programs, 2022). For parents already involved with child welfare, participation in Healthy Families America reduced recurrence of maltreatment by one-third, as measured by substantiated reports of maltreatment and hospitalizations for abuse. These programs, while not specifically targeting fatality, have been shown to reduce child maltreatment and improve maternal outcomes, child development, school readiness, family economic self-sufficiency, and promote positive parenting practices. Sanders (2022) stressed the importance of making sure that every child under age 1 year who is reported to CPS is referred to and prioritized for a high-quality home visiting program.

Health-based Interventions

Medical factors can increase the risk for child abuse fatality, and strategies implemented in health care systems have the potential to prevent a broad range of injuries. Specific medical risk factors addressed depend on the context in which the study is conducted (e.g., emergency departments, inpatient units, or medical examiners offices) and other child, family, and community factors. These injuries increase the risk of death substantially (Yu et al., 2018). Traumatic brain injury (95%) and bruising (90%) are the most common injuries in fatalities, 64% have sentinel injuries in the form of prior unexplained bruising, and a male was caring

for the child at the time of the final event in 70% of cases. Prior patterns of serious injuries such as head trauma, abdominal trauma, poisoning, and malnutrition could allow earlier identification (Palusci et al., 2023). Schneiderman and colleagues (2021) found that infants in alleged maltreatment cases had a higher risk of death due to medical causes than non-maltreated infants. They suggested that targeted support services for parents and improved communication between the child protection system and the pediatric health care community is needed, especially when infants who may be medically fragile remain at home after an allegation of abuse or neglect.

If children were admitted to a hospital, a child maltreatment diagnosis was found to be associated with almost three times the risk for death. Kennedy and colleagues (2020) also found that, although infancy and decreased income were associated with increased risk for fatality when a child was hospitalized, more important factors were the types of injuries the child endured and whether the inpatient clinician had identified specific injuries indicating physical abuse. Lee and colleagues (2017) found that in the intensive care unit, children in the abuse group had younger age, higher injury scores, and worse neurologic outcome than those in the neglect group. Homicide rates were higher among infants born to mothers who were young, had multiple previous live births, were Black non-Hispanic, were born in the United States, had lower levels of education, lived in rural areas, had no prenatal care, and delivered outside of a hospital. Rates were also higher for infants who were part of a multiple-gestation pregnancy, were born preterm or low birthweight, or were admitted to a neonatal intensive care unit (Horon & Driscoll, 2023).

However, while promising, health-based interventions have not been specifically evaluated for their ability to prevent child maltreatment fatalities. The U.S. Preventive Services Task Force found limited and inconsistent evidence on the benefits of primary care interventions, including linkage with home visitation programs for preventing child maltreatment, and found no evidence related to the harms of such interventions. They concluded that the evidence is insufficient to assess the balance of benefits and harms of primary care interventions to prevent child maltreatment (U.S. Preventative Services Task Force, 2018). They later also found that interventions focusing primarily on preventing child maltreatment in general did not demonstrate consistent benefit or that information was insufficient (Hart et al., 2024). The lack of a positive recommendation for health-based CM prevention seems more related to the lack of evidence rather than to the efficacy of the interventions (Viswanathan et al., 2024).

Despite this, there are several potential strategies aimed at preventing child maltreatment in health care while minimizing the risk of exposing families to known biases in reporting and diagnosis. Screening tools that identify families at high risk for maltreatment, such as the Safe Environment for Every Kid (SEEK) model, have shown promise. This program has been shown to be cost effective, with costs per case significantly less than the short-term costs of medical and mental health care (Lane et al., 2021). The American Academy of Pediatrics has elaborated on the pediatrician's multitiered role in supporting relational health—from assessing for maltreatment risks and protective factors, to facilitating targeted interventions addressing identified needs and building on strengths (Stirling, 2024). This includes obtaining a thorough social history; building on family resilience and protective factors; addressing parents' concerns while reinforcing effective parenting; guiding parents in providing effective, nonphysical discipline; watching for signs of maltreatment in children with disability; being alert to indicators of parental intimate partner violence, unhealthy substance use, and depression; and advocating for community programs and resources that provide effective prevention, intervention, and treatment of child maltreatment.

Enhanced Child Protective Services Activities

Potential CPS practice improvements have been suggested, including the need to promote the involvement of managers, supervisors, and line staff in regular review and monitoring of child protection work to ensure timely, comprehensive investigations of maltreatment reports, appropriate safety and risk decisions, and provision of appropriate and adequate services (Barth, 2015). Douglas and Gushwa (2019) found that workers have gaps in their knowledge of risk factors for maltreatment-related deaths and that the majority of workers had received training, but it had little impact on worker knowledge. Workers who received training that focused on research-based risk factors had higher levels of knowledge than did other workers.

Other recommendations have been made to improve CPS response, although not usually specifically for fatality prevention. Providing therapy and support to families that have experienced maltreatment can reduce the likelihood of future abuse. Parenting programs have been found to effectively decrease hostile, aggressive, and coercive parenting and can lead to improved child behavior (Altafim, 2024). Barth and colleagues (2015) recommended other initiatives such as notification of CPS when additional children are born to a parent who has lost parental rights, laws protecting parents who wish to relinquish infants; and improved integration of data across birth records, child-welfare involvement, and fatalities. They also suggested that home visiting programs should be more comprehensive and more focused on the most at-risk families. Also needed are strategies, appropriate policies, and funding changes to extend the support for children with known risks. Promising new approaches look at cases by their service needs rather than by legal CM classifications. They focus on strengthening multidisciplinary approaches involving law enforcement, health care providers, and social services (Barth et al., 2015).

It is hoped that federal requirements for publication of case information by CPS can inform prevention efforts, but a lack of consensus exists in regard to the kinds of information CPS should report online, how the information is organized, and the frequency of reporting (Mantell et al., 2021). Child homicide victims have a higher number of CPS investigations before their death than children who die from natural causes, with the potential of earlier identification for the 40-50% of children known to CPS at the time of death (Batra et al., 2022 Shenoi et al., 2019; Segal et al., 2021; Vaithianathan et al., 2018).

Enhanced Criminal Investigation and Prosecution

Most child homicides are familial in nature and associated with investigational complexities such as lack of signs of violence at the crime scene (Sundwall et al., 2024). This can lead to different investigational approaches which can affect the accuracy of findings. Based on a qualitative analysis of medico-legal investigation reports collected from a medical examiner's office and a coroner's office, Posey and Neuilly (2017) examined several indicators of data completeness, quality, site organizational structure, and consistency and found stark differences, as well as issues regarding death diagnosis certainty and a general lack in consistency in report content and procedures performed post-mortem. An important number of deaths were from fatal starvation, which needs additional procedures to sort out (Yamada et al., 2021). From the pediatric clinician and medical examiner perspectives, the best way to elucidate the circumstances in which the child's death occurred is to ensure a consistent and comprehensive investigation with coordination and interagency collaboration. These investigations require the synthesis of exhaustive law enforcement and medical investigations.

Ensuring a comprehensive death investigation is central to determining the diagnosis and cause of death and also serves to limit any adverse effects on surviving siblings in the home (Palusci et al., 2019). Such an investigation requires a timely and complete autopsy, scene investigation, toxicologic testing and a thorough review of the clinical medical history prior to death. These investigations often present

difficulties for investigators in law enforcement and child welfare agencies. Few resources may be devoted to investigating and prosecuting child maltreatment fatalities, and law enforcement professionals and prosecutors need advanced training on the complex medical and legal issues that often accompany these fatality investigations, particularly those involving babies and toddlers. Any convictions that result are typically on reduced charges with little jail time. Lee and Douglas (2021) examined the charges brought against suspected perpetrators and found that the most frequently used charges were endangering the welfare of a child and murder. The former was related more to neglect deaths and the latter to physical abuse deaths.

Particularly challenging are fatalities involving abusive head trauma, opioid cases, and child torture. A recent technical report form the American Academy of Pediatrics highlights the medical complexities of abusive head trauma that need to be taken into account during investigation (Narang et al., 2025). Increased opioid use leads to increased child maltreatment and CPS involvement (Crowley et al., 2019). Currently, there is no medical or legal definition of child torture that is uniformly recognized by lawmakers in the U.S., although child torture is proscribed in many child abuse statutes. Criminal investigations, prosecution actions and outcomes, and sentencing vary tremendously, even from case to case or across jurisdictions, often because of lack of specially trained law enforcement. Deutsch and O'Brien (2024) reviewed investigative information, health sciences literature, and prosecutor self-report, and compared existing child torture statutes and case outcomes with a focus on perpetrator, victim, socio-environmental, and community influence on legal outcome. They found prosecutorial challenges in jurisdictions lacking child torture statutes and suggested that the medical community plays a critical role to support diagnosis of physical and emotional impacts to the child. To address the complexities in these cases, specialized investigation teams for deaths in children younger than 4 years should be the gold standard. We have started such a team in New York City.

Federal Efforts

The U.S. Department of Justice's Office of Victims of Crime began a demonstration initiative called *Child Safety Forward* to develop multidisciplinary strategies to prevent severe or near-death injuries as a result of child abuse or neglect (Templeman, 2019). Through a competitive grant process, they selected sites based on their ability to support a collaborative, community-based approach to reducing child maltreatment fatalities. The three core strategies applied by the technical assistance team were encouraging a learning culture that promotes psychological safety, being adaptive and agile in how support was provided, and being responsive to the specific needs and preferences of each site. This effort provides what has been sorely lacking in previous attempts to reduce child fatalities—the identification and evaluation of evidence-based practices. The final evaluation report concluded that there is more work ahead to create a 21st-century child and family well-being system (Social Current, 2023) that protects children's safety. *Child Safety Forward* provided promising pathways and glimpses of what is possible, but it was not enough to create a system that will keep all children and families safe and healthy. Learning from *Child Safety Forward* emphasized the importance of continuing to challenge systems from the inside, and they recommended further experimentation (Social Current, 2023).

Public Policy is Critical in Shaping Both Prevention and the Allocation of Resources

A number of federal statutes and state and local policies have the potential to affect CM fatality rates.

Comprehensive Addiction & Recovery Act (2016)

CARA amended the Child Abuse Prevention and Treatment Act (CAPTA) with the goals of improving detection and treatment of infants who are exposed to substances prenatally. CARA amended CAPTA to require states receiving funds to identify and

report the number of infants with prenatal substance exposure, the number of those infants who receive a Plan of Safe Care, and the number of those infants referred to appropriate services (Children's Bureau, 2017; CWIG, 2016).

Family First Prevention Services Act (2018)

FFPSA aimed to promote family preservation and reunification efforts, offering a comprehensive approach to child welfare that includes mental health and substance abuse treatment for parents, prioritizing prevention services, and reducing the need for foster care placements (CWIG, 2018). FFPSA provides funding for services that support family preservation, such as mental health counseling, substance abuse treatment, and parenting education. Receiving lesser attention are the provisions in the law addressing child abuse and neglect fatalities (Section 50732) that require states to document how they quantify child maltreatment deaths and their plans to implement a comprehensive prevention statewide plan (Covington & Levinson, 2019). States were to implement these provisions individually with the hope that they would utilize accurate data and cross system coordination to prevent children from falling through the cracks and identify the points where investments in upstream fatality prevention are needed. Evaluations of these programs are pending.

Safe Haven Laws

The purpose of "safe haven" laws is to ensure that infants who would have otherwise been abandoned by their parents are instead relinquished to persons who can provide the immediate care needed for their safety and well-being (CWIG, 2017). To that end, approximately 16 states and Puerto Rico require parents to relinquish their infants to a hospital, emergency medical services provider, or healthcare facility. In 27 states, fire stations are also designated as safe haven providers. Personnel at police stations or other law enforcement agencies may accept infants in 25 states. In five states, emergency medical personnel responding to 911 calls may accept an infant. In addition, five states allow churches to act as safe havens, but the relinquishing parent must first determine that church personnel are present at the time the infant is left. During 1999-2008, more than 3,500 newborns were surrendered, most of whom would have otherwise died (CWIG, 2017).

Economic Support

Policies that focus on reducing parental stress, such as paid family leave, affordable childcare, and economic support for low-income families, can mitigate some of the social determinants that contribute to child maltreatment fatalities. Research suggests that policies that address the root causes of stress and hardship for families—such as poverty, housing instability, and unemployment—are crucial to preventing maltreatment fatalities (Dammann et al., 2024). Using microsimulation methods, Pac and colleagues (2023) estimated that a 11.3% to19.7% reduction in CPS involvement would result from implementation of four recommendations from a recent National Academy of Sciences proposal to reduce child poverty: introduction of a child allowance for families, expansion of the earned income tax credit, increased funding of the Supplemental Nutrition Assistance Program, and an increase in the federal minimum wage. They found that the nontrivial improvements in child safety accruing from the policy packages should be considered in the calculus of policy implementation.

The American Academy of Pediatrics (Dammann et al., 2024) has recommended that access to job-protected paid leave should be inclusive of all types of employees and businesses of all sizes, including government employees, contractors, self-employed individuals, domestic agricultural workers, part-time employees, gig economy workers, and those with multiple employers, and should be provided equally for both parents, including non-birthing parents. It should be ensured that paid leave is meaningful in duration: at least 12 weeks to meet the broad set of individuals' and families' medical, safety, and caregiving needs. There needs to be support for the longer-term needs for families of children and adolescents, particularly those with medical complexity. This support should include flexible

work scheduling, remote work options, government-subsidized medical day care, home care services, and paid family caregiving.

Child Welfare System Reform

Sanders (2022) made a number of recommendations to improve the child welfare system to reduce CM fatalities. These include:

1. connecting families quickly to supportive services by handling screened-out hotline calls differently for infants and toddlers,
2. real-time information-sharing between child welfare and law enforcement, with the goal of better understanding the supports a family may need and improving caseworker safety,
3. requiring multi-disciplinary teaming on infant cases with professionals from other disciplines, such as a public health nurse or a psychologist, so that critical information is not missed,
4. engaging the primary care physician earlier and differently than we are doing today and expanding the community-based resources that can complement a physician's care, and
5. becoming more data-informed to identify family and systemic circumstances that led to the fatalities.

For children removed from unsafe environments, reforming the foster care system to provide stable, supportive placements is critical since improving the quality of foster care services and reducing turnover in foster placements can prevent fatalities by ensuring children remain in safe, supportive environments (Schneiderman et al., 2021). Targeted support services for parents and improved communication between the child protection system and the pediatric health care community are needed, especially when infants who may be medically fragile remain at home after an allegation of abuse or neglect.

Conclusions—What have we learned?

While there appear to be several promising focused strategies, child maltreatment fatalities are a complex, multifactorial problem that requires a multi-pronged approach to prevention (Douglas & Lee, 2020). But while they often attract the attention of the public and popular press, tragic and preventable deaths of children from maltreatment continue unabated, undercounted, and under investigated. The number of identified fatal child abuse cases in the U.S. has been steadily increasing since a "Call to Action" was issued by the U.S. Commission to Eliminate Child Abuse and Neglect Fatalities (Berger et al., 2015). Neglect has been found to cause or contribute to most of these deaths. There are a number of potential risk factors which overlap with risk factors for other forms of child maltreatment, and certain child and family characteristics further increase the risk. Compared to child maltreatment in general, young child age, male gender, non-White race, special needs and disability, and behavioral issues were more strongly associated with fatality. Most perpetrators are caregivers of their victims, and official statistics show that women are more often the perpetrators of infant abuse and neglect-related deaths. Mental illness and substance use increase risk, especially when there are available firearms, prior intimate partner violence, other violence in the home and parental criminal history, but any caretaker is capable of inflicting injury or death.

While some prevention strategies relevant for preventing child fatalities have been studied, most research has looked at the relationship of these strategies to child abuse and neglect overall, and not specifically to their relationship to child fatality. However, these have the potential to prevent a much greater number of injuries and near fatalities, given that these are much more common than fatal maltreatment. Economic hardship often leads to parental stress, frustration, and an inability to provide basic needs such as food, shelter, and medical care. On the community level, socioeconomic factors like poverty, housing instability, and limited access

to healthcare contribute to a higher likelihood of child maltreatment and fatalities. Child death review, education for parents about infant crying and the dangers of shaking, home visits, and economic supports stand out as evidence-based strategies to reduce child maltreatment fatalities, while health-based interventions and changes in the child welfare investigation and prosecution systems have potential as tertiary preventive efforts. Contrary to calls for the elimination of CPS, a key component of preventing fatalities remains ensuring that CPS agencies respond effectively to reports of serious abuse or neglect (Commission, 2016). Furthermore, for all the cases that are not prevented, we need specialized teams that receive ongoing training for the complex medical and legal issues that make the cause and manner of death—particularly among the infant and toddler age group—so difficult to determine.

Block (2017) noted that finding a way to provide parenting education to folks who are increasingly worried about rent payments, food, finding a job, recovering from addictions, and other challenges is a daunting task. Addressing the social determinants of health are more than a health system's or individual physician's responsibility. Unless the United States begins to emphasize prevention and finds ways to create resiliency among both parents and children, our current situation will not change. Putnam-Hornstein and Font (2024) recently concluded that efforts to make fatalities a significant part of the conversation are often met with resistance. This opposition is founded on several inaccurate perceptions and a misguided belief that we can reduce stigma by keeping conversations about child safety behind closed doors. They state that some have argued that maltreatment fatalities are a "needle in the haystack," far too random to learn from. But perhaps they are better understood as a canary in the coal mine—a sign of poor or deteriorating standards for identifying and responding to children at risk of serious harm. We know that children who die of maltreatment have risk factors that distinguish them from children who do not. We also know that children who are reported to CPS have significantly elevated rates of inflicted fatal injuries, accidental injuries, and other types of death. Because of limitations of existing data, however, we often do not know whether the actions of the child welfare system, law enforcement, or other professionals that interacted with the family prior to the child's death were aberrant or practice as usual.

There is unlikely to be a single intervention that can prevent all forms of child homicides. Intervention initiatives must be tailored to target specific types. When specific patterns of CM fatalities are better understood, limited resources can be allocated for maximum benefit, and prevention strategies can be focused on areas identified as most in need. Home visits, economic supports, and access to medical care have growing evidence supporting their effectiveness. So do parent education programs focusing on gun safety and the dangers of shaking and corporal punishment. Perhaps our next steps will take into account Richard's (2000) typologies, focusing on deaths which are more preventable, such as those committed by families with "sustained" histories of serious maltreatment, who make "bad decisions," have histories of other family violence, or who are seriously "psychologically disturbed" and need treatment. These seem more amenable to intervention than are deaths from "sudden attacks" or children in the "wrong place at the wrong time." Continued investment in evidence-based prevention programs, better investigations, cross-sector collaboration, and societal commitment to supporting families is essential in moving toward a future where child maltreatment fatalities no longer occur. We need to amplify our "Call to Action" to reduce child abuse and neglect fatalities as a U.S. policy priority if we are to address our "nation's shame," starting with timely data, public accountability, national leadership, and candid discussions about child safety and the best systems responses.

Figure 1. U.S. Child Maltreatment Deaths in NCANDS

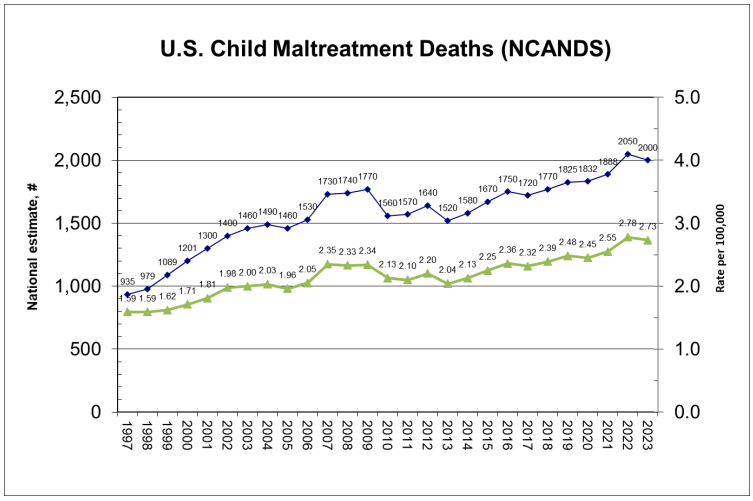

Figure 2. US Child Fatality by Age, 2023 (Exhibit 4-B, NCANDS 2025, p. 58).

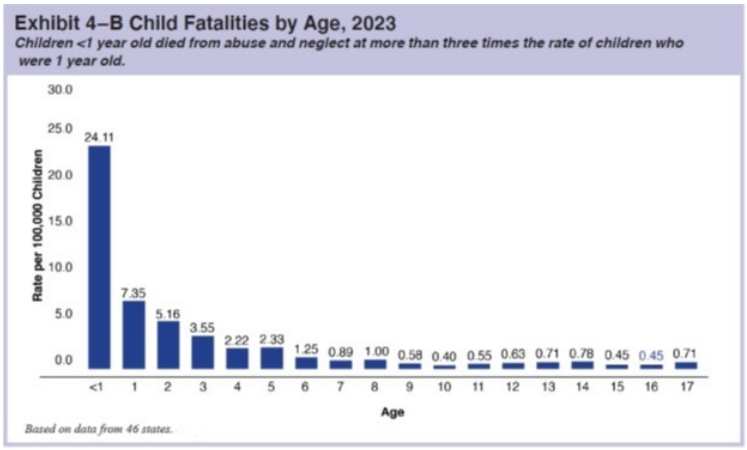

Table 1. Causes of fatal child maltreatment, by age group, in child death review reports

	0-4y*	5-10y**	11-17y**	Overall
TOTAL CASES	**2,285**	**769**	**709**	**3,763**
Neglect	**48%**	**49%**	**68%**	**51%**
Failure to protect	32%	25%	39%	33%
Failure to provide food	4%	1%	1%	3%
Failure to provide shelter	1%	4%	4%	3%
Medical neglect	14%	20%	33%	24%
Abuse	**52%**	**51%**	**32%**	**49%**
Abusive head trauma	30%	51%	34%	34%
Battering/beating	17%	30%	16%	20%
Burns/scald/other	5%	19%	38%	12%

Note Some cases had more than one type of neglect or abuse *Palusci & Covington, 2014; **Palusci, Schnitzer & Collier, 2023

About the Authors

Vincent J. Palusci, MD, MS, FAAP, FAPSAC *is Professor of Pediatrics and Forensic Medicine at NYU Grossman School of Medicine in New York City. He is Editor in Chief of* Child Maltreatment *and a member of the board of directors of APSAC-New York and Prevent Child Abuse-New York. He has edited books and written peer-reviewed articles on topics ranging from child maltreatment fatalities, child death review, to medical issues in child abuse and neglect and prevention. He was a board member of APSAC and Editor of the* APSAC Advisor *and* APSAC Alert. *Email:* Vincent.Palusci@nyulangone.org

P. Leigh Bishop, JD *is a Clinical Instructor in Forensic Medicine at NYU Grossman School of Medicine and Director of the Babies and Toddlers Task Force at the New York City Office of Chief Medical Examiner. In 2023, she was appointed by the Chief Medical Examiner to develop a first-of-its-kind task force to support public health and safety for babies and their families through investigations, multidisciplinary training and special initiatives. Ms. Bishop previously served as an Assistant District Attorney in Queens County, NY and was appointed by Judge Richard A. Brown to head the first-ever Child Fatality Unit of a district attorney's office in the United States, leading all homicide and serious assault investigations and prosecutions involving babies and toddlers in Queens County. Email:* lbishop@ocme.nyc.gov

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Fostering Success: Empowering Former Foster Youth Through Higher Education Initiatives

Sharva Hampton-Campbell. EdD, LSW

Abstract

This article explores the challenges faced by former foster youth in their pursuit of higher education and strategies implemented through The Village Project (TVP). Launched in 2022 at the University of Illinois Urbana-Champaign, TVP addresses barriers such as food insecurity, housing instability, mental health challenges, and academic disparities by providing a multi-layered support system. Through initiatives like a peer-led support group, care package program, and partnerships with community organizations, the program fosters academic, social, and emotional success. The article emphasizes the transformative impact of tailored interventions and advocates for expanding such programs across educational institutions to enhance access, retention, and success for this vulnerable population.

Keywords: *former foster youth, higher education support; academic retention; social and emotional well-being; The Village Project*

Higher education is often heralded as a pathway to greater economic stability, personal growth, and social support (Runde et al., 2023; Trinh, 2023). However, for former foster youth, this journey is fraught with unique and profound challenges. Unlike their non-foster peers, former foster youth frequently contend with the lingering effects of childhood trauma, instability caused by frequent moves within the foster care system, and a lack of consistent emotional and academic support. These barriers significantly contribute to lower rates of enrollment, retention, and degree completion among this population (Avant et al., 2021; Somers et al., 2020). Addressing these challenges is critical to advancing equity in education and ensuring that former foster youth have the opportunity to achieve their full potential.

With over 30 years of personal and professional experience in child welfare—particularly focused on improving outcomes for former foster youth—this researcher has witnessed firsthand the systemic and individual barriers faced by this population. This reality became a driving force behind this researcher's commitment to understanding and addressing the educational disparities experienced by former foster youth. In 2017, this researcher pursued a doctorate in higher education to explore the structural and systemic drivers of these disparities and develop strategies that promote resilience and academic success.

This research was catalyzed by an in-depth examination of the lived experiences of former foster youth during their transition to college and their first year of attendance. The study aimed to identify the specific barriers these students face in completing their degrees and to design support programming tailored to meet their unique needs. This paper presents the findings and implications of this researcher's exploration of the first-year college experiences of former foster youth, particularly those who aged out of care in Illinois. Additionally, this paper offers an overview of programming developed and implemented by this researcher at three public universities in Illinois. This program was designed to address these barriers and foster meaningful support for this population.

Preparation for College

In 2021, about 36% of Illinois foster youth had more than two foster home placements (The Annie E. Casey Foundation, 2024). These frequent moves often result in academic disruption and loss of academic credits, making it difficult for foster youth

to build a solid and stable educational foundation. Their high schools are typically under-resourced, and many foster youths follow basic education tracks rather than college preparatory tracks. This can create a snowball effect that continues, as these students must enroll in remedial classes when they enter college, which can extend their time in college and exhaust their eligibility for financial aid before degree completion (Dworsky, 2017).

By understanding the unique educational barriers faced by foster youth and developing comprehensive strategies to address them, child welfare and education system stakeholders can work together to develop an equitable approach that will lead to success in college. Such efforts are not only an investment in the future of these resilient youth but also in the broader goal of advancing social and economic equity.

Lack of Information about College Funding

While youth are in foster care, the focus of the child welfare agencies is on safety and permanency, with limited attention given to college preparation (Hernandez & Naccarato, 2010). Funding for college has increased at the federal and state levels for former foster youth to pursue traditional and nontraditional career paths (Sarubbi et al., 2016); however, the information needs to be readily given to the youth by the institution responsible for their overall well-being. Most former foster youth need access to the necessary resources to explore postsecondary options and navigate the college application process (Dworsky, 2017). They also need more familial support to gain this information, which includes information needed to determine federal and state financial aid eligibility.

Two such programs exist in Illinois: First Star Academy[1] and Foster Progress[2]. Both are state-funded programs that prepare high school-aged foster youth for college. First Star Academy offers a multi-year college readiness program, while Foster Progress offers guidance and mentorship. Despite their effectiveness, these programs reach only a small fraction of the 20,743 children in foster care in Illinois (Children's Bureau, 2022) of which 9,848 are youth aged 15–20 (Illinois Department of Children & Family Services, 2024).

The following federal and state programs offer assistance that does not require repayment:

- **Pell Grants**: Up to about $7,500 annually.
- **IL Monetary Award Program (MAP) Funding:** Up to $8,400 annually.
- **Work-Study: S**tudents work in varied positions at the university and earn money to help pay for school. The amount is based on their financial aid eligibility.

The Illinois Department of Children and Family Services (DCFS) also offers the following post-secondary educational assistance programs for foster youth through their Office of Education and Transition Services:

- **Youth In College Vocational Training**: This source provides a monthly board payment of $1506 for up to five consecutive years or through age 25, whichever comes first. A one-time startup amount of $231 is given to the youth for living expenses.
- **DCFS Scholarship**: This competitive scholarship provides a monthly stipend of $1506 for up to 5 consecutive years, a one-time startup payment

1 https://childwelfare.illinoisstate.edu/first-star-academy/

2 https://www.foster-progress.org/

to be used for living expenses, Illinois medical benefits, reimbursement for books that are not covered by federal financial aid grants, and a tuition and fee waiver if they are attending an Illinois state-funded community college or university.

- **Education and Training Voucher**: This voucher provides up to $5000 to cover tuition, fees, books, supplies, uniforms, equipment, and transportation not covered by other grants or scholarships. Funding is available through the age of 25 if the student continues to make satisfactory academic progress. Students can attend any accredited college or university nationwide and full-time status is not required.
- **Tuition and Fee Waiver**: Eligibility for this waiver requires the student to have aged out of DCFS guardianship at age 18 or older, or DCFS must have had legal guardianship prior to their adoption or guardianship finalization. The student must have filed a federal financial aid application.

Navigating College

The transition to college is a pivotal period that presents unique challenges for former foster youth, many of whom are also first-generation students. Tinto's (1993) seminal work underscores the importance of a student's first-year experience, which shapes their social, emotional, and academic trajectory throughout college. However, former foster youth often lack access to the resources and support necessary to navigate this transition effectively. Without guidance, they may struggle to engage with faculty, participate in campus organizations, or seek help when needed. This lack of engagement fosters feelings of disconnection from the college community, diminishing their sense of belonging, and increasing the likelihood of academic underperformance or early withdrawal.

Data highlight the severity of these challenges. While comprehensive statistics on former foster youth matriculating to four-year universities in Illinois are unavailable, a study by Havlicek et al. (2022) reported that only 8% of foster youth who enroll in community college in Illinois graduate with a degree or certificate. This is despite the fact that 35% of foster youth in the state enroll in college. On a national scale, nearly half of former foster youth drop out during their first year of college—a rate significantly higher than the 25% observed among other first-generation and low-income students (Kisiel et al., 2021; Okpych & Courtney, 2018).

Mental health issues further complicate the transition to college for former foster youth. A history of trauma, common in this population, often manifests as depression, anxiety, post-traumatic stress disorder (PTSD), and emotional dysregulation. These symptoms can interfere with their ability to adjust to college life, contributing to heightened feelings of isolation, difficulty forming trusting relationships, and challenges in managing academic pressures (Morton, 2018). Additionally, many former foster youths lack consistent adult role models to guide them in developing resilience and coping strategies, leaving them underprepared for the demands of higher education (Okpych & Courtney, 2018).

The stresses of transitioning into adulthood, navigating complex institutional systems, and managing finances without familial support exacerbate these mental health challenges. Eisenberg et al. (2009) found that students with untreated mental health conditions are more likely to experience academic underperformance and lower retention rates. For former foster youth, who frequently lack access to quality mental health services, these barriers are particularly acute (Wright et al., 2025). Addressing their mental health needs during this critical transition period is vital.

Trauma-informed counseling services, peer support groups, and mentorship programs are essential interventions for mitigating the emotional and psychological challenges faced by former foster youth. Research indicates that students who use counseling services tend to experience better emotional and academic outcomes (Eisenberg et al., 2009). Yet, many foster youth encounter barriers to accessing these services, including unfamiliarity with available

resources, stigma surrounding mental health, and logistical challenges such as scheduling conflicts and transportation issues.

Peer relationships also play a crucial role in fostering a sense of belonging and resilience among college students (Juvonen et al., 2012). However, forming these relationships can be particularly difficult for former foster youth whose past experiences may make them hesitant to depend on others or participate in social activities. This reluctance often leads to further isolation, compounding the challenges they face. Programs designed to address these gaps by providing counseling, peer support groups, and opportunities for social connection can be transformative. Such initiatives not only offer emotional support but also equip former foster youth with practical guidance to navigate the complexities of college life and achieve long-term success.

Research Findings

This researcher conducted a phenomenological study to explore the lived experiences of former foster youth during their first year attending a public state university in Illinois (Hampton-Campbell, 2021). Semi-structured interviews were conducted with seven students: four from the University of Illinois Urbana-Champaign (UIUC), one from Illinois State University (ISU), and three from Northern Illinois University (NIU). The participants had diverse and often challenging experiences in foster care, ranging from frequent placement changes to periods of homelessness and living independently for over a year while trying to navigate high school. Despite these adversities, the students expressed a strong desire to create a better life than what they had experienced with their biological families, a life often marked by poverty and neglect. For these students, education represents the critical tool for turning their aspirations into reality.

Participants described a wide range of challenges they faced both during their time in foster care and in their transition to college. Many reported frequent disruptions in their education due to placement changes, as well as a lack of consistent academic support. Some participants highlighted how homelessness and the absence of stable, supportive relationships during high school made it difficult to focus on their studies. While a few participants benefited from financial aid and college preparation programs, the majority lacked reliable guidance from foster parents, school counselors, or child welfare agencies.

Participants reported struggling with academic preparedness, largely due to insufficient academic support during their time in foster care. This lack of preparation created challenges in adjusting to the academic rigor of college. These findings align with themes identified in the literature, including difficulties in navigating college systems, limited access to information, and inadequate preparation for higher education.

Notably, only two participants shared that they had some knowledge of financial aid and college preparation programs, which reduced their anxiety and increased their confidence in attaining a degree. In contrast, the remaining participants reported receiving little to no support or guidance in these areas. Many had to navigate financial aid and college application processes independently, often without the resources or knowledge necessary to make informed decisions.

Hampton-Campbell (2021) underscores the need for targeted interventions to support former foster youth in their transition to and persistence in higher education. The findings highlight the importance of providing consistent academic assistance, access to reliable information about college preparation and financial aid, and mentorship to help foster youth navigate the complexities of higher education successfully.

Program Development

To address the unique challenges faced by former foster youth transitioning to higher education in Illinois, this researcher developed The Village Project (TVP), a comprehensive support program aimed at fostering academic, social, and emotional success.

TVP serves as a lifeline for these students, providing structured support networks that address both academic and personal needs. The program employs a two-pronged approach:

1. **Fostering Academic, Social, and Emotional Success (FASES):**

- ***Dine and Align*** offers students the opportunity to participate in monthly family-style dinners, providing a relaxed environment where they can connect with campus and community resource providers.
- ***Peer-Led Support Groups*** consist of monthly meetings designed to foster a sense of community and encourage mutual support among participants.

2. **Host Family Program (HFP):**

- ***We Care*** delivers care packages to students throughout the academic year to address their immediate needs and provide encouragement.
- ***Home Away from Home*** is an initiative currently in development that will recruit and train volunteers to support students during semester breaks and assist with other needs as they arise.

The Village Project recruited students through the Illinois Department of Children and Family Services Educational Transition Office and officially launched during the Fall 2022 semester at UIUC. Since its inception, the program has consistently supported seven to ten participants annually from diverse academic disciplines, including one master's-level social work student who successfully graduated in Summer 2023. TVP addresses a wide range of critical needs, such as food insecurity, housing instability, mental health challenges, and academic difficulties. By providing access to essential resources and fostering strong support systems, TVP aims to dismantle barriers that often hinder foster youth from succeeding in higher education.

Impact and Community Collaboration

Since its launch, TVP has expanded its reach to Governors State University (GSU), a public, regional university that serves the south suburban area of Chicago, and Eastern Illinois University (EIU), a rural public regional university. Plans are underway to further develop the program statewide. Partnerships with organizations such as Foster Progress[3] have amplified TVP's impact, offering additional resources like mentoring programs and annual retreats that are vital for the success of foster youth in Illinois.

A distinctive strength of TVP is its emphasis on community engagement. The program collaborates not only with universities and colleges but also with community organizations, government agencies, and individuals dedicated to the well-being of foster youth. This collaborative approach ensures that students receive holistic support, encompassing academic guidance, social connections, emotional well-being, and the fulfillment of special needs.

One ongoing initiative in collaboration with a local publishing house aims to document and share the personal stories of TVP participants. These narratives serve as powerful tools to inspire other foster youth to pursue higher education, highlighting the transformative potential of programs like TVP. By sharing these stories, the program seeks to deepen understanding of the resilience of foster youth and advocate for systemic change to better support them.

Through the combined efforts of TVP, its partners, and community collaborations, the program is transforming the trajectory of former foster youth in Illinois. By equipping these students with tools, resources, and unwavering support, TVP empowers them not only to succeed academically but also to thrive personally and professionally, ensuring a brighter future beyond college.

3 Foster Progress connects college students who've experienced foster care with peer advocates through their Youth in Care Advocacy Program, providing essential support and mentorship.

Conclusion

Empowering former foster youth to succeed in higher education requires a holistic approach that recognizes and addresses their unique challenges. These young adults often face a combination of academic, social, emotional, and financial barriers that prevent them from fully participating in and benefiting from the college experience. Programs like The Village Project (TVP) have demonstrated the profound impact that tailored, multi-faceted support systems can have in addressing these challenges. TVP has already made great strides with a multi-faceted support system that includes academic guidance, emotional support, social connections, and resources to meet special needs, all of which are critical to fostering student success.

While TVP's model has shown remarkable promise, much work remains to be done. Expanding such programs to more universities, community colleges, and even high schools could create a broader, more inclusive support network, ensuring former foster youth have access to resources and encouragement throughout their educational journeys.

Expanding such resources to more universities, community colleges, and even high schools would help provide former foster youth with an inclusive and supportive environment at every stage of their educational journey. As more organizations adopt and implement models that prioritize the unique needs of foster youth, the potential for improving college enrollment, persistence, and completion rates will increase. This would help to ensure that these young people are not left behind in their aspirations for a brighter future.

About the Author

Dr. Sharva Hampton-Campbell *is an Assistant Professor at Chicago State University and holds an Ed.D. in Higher Education Interdisciplinary Leadership from Governors State University. A two-time alumna of the University of Illinois Urbana-Champaign School of Social Work, Dr. Sharva has dedicated over 30 years to enhancing the lives of foster youth. Her doctoral research notably addressed the retention impacts of college support services on former foster youth at four-year institutions. With a keen ability to identify and address service gaps for underrepresented groups, she has developed impactful programs across various settings, significantly improving outcomes for women, children, and families. Dr. Sharva also travels as a motivational speaker, enriching women's lives domestically and abroad. She is the founder and CEO of Women on the Move Network Global, a nonprofit that supports women's passions and the educational achievements of former foster youth. Dr. Sharva is also a prolific author, having co-authored four professional development books, published a two-volume anthology series, and authored several children's books, with her works available in resource libraries worldwide.*

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Twenty Years of Research-Informed Practice through the Child Abuse Library Online (CALiO™)

Muriel K. Wells

Author Note

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Correspondence concerning this article should be addressed to Muriel K. Wells, National Children's Advocacy Center, 210 Pratt Avenue, Huntsville, Alabama 35801, United States. Email: mwells@nationalcac.org

https://orcid.org/0000-0001-6455-6655

Abstract

The Child Abuse Library Online (CALiO™) was established in 2004 to address a gap in child abuse professionals' access to high-quality research needed to inform the multidisciplinary, coordinated response to child maltreatment. Over the past 20 years, CALiO™ has evolved from a small in-house resource into a globally recognized hub accessed by child maltreatment professionals and researchers worldwide. By providing evidence-based research, CALiO™ has significantly enhanced professionals' ability to deliver direct services to child victims of maltreatment and their families, including investigations, forensic interviews, medical examinations, mental health therapy, prosecution, advocacy, and more. Beyond direct-service delivery, CALiO™ also supports strengthening program development by providing the research needed to advance and sustain the work of child abuse professionals.

Keywords: *research, digital research library, evidence-based practice, child abuse professionals*

"Where can I access the latest research on normal findings in medical examinations when abuse is suspected?" "What are the most promising school-based abuse prevention programs?" "How can I locate economic impact data on child abuse to present to my state legislature when requesting additional funding?" "I need research about interviewing children who are reluctant disclosers." These are just a few examples of the many information challenges faced by professionals working with victims of child maltreatment and their families. Professionals need access to evidence-based research to help make decisions at critical points during a child maltreatment case: the timing of a forensic interview, whether to proceed with a prosecution, the type of treatment to pursue, how to work effectively with a caregiver, and numerous other areas of concern. While the importance of accessing valuable research is undeniable, studies have shown that professionals often turn to colleagues for information rather than utilizing online resources like such as libraries (Andrews et al., 2005; Gannon-Leary, 2006; Harrison et al., 2004; Wells, 2016). In a survey of practitioners, Preddie (2007) found the main barriers to information-

seeking were lack of time (76%), cost (33%), skills (25%), and format of information sources (22%). How can this need be filled when most research is subscription-based and available only to those who have access to university libraries or can afford personal subscriptions? Furthermore, professionals in the field of child maltreatment face intense, competing demands on their time, leaving little capacity to locate often difficult-to-find resources.

The Solution

The National Children's Advocacy Center (NCAC) is a global leader in the fight against child abuse and neglect. Since its founding in 1985, NCAC has strengthened and championed the global response to child abuse. The agency has transformed how communities respond to child abuse through its innovative multidisciplinary approach, prevention and intervention programs, and training services.

In 2003, NCAC recognized the critical need to bridge the access-to-information gap for professionals working in child maltreatment. To address this, NCAC began developing a print and digital research library tailored to local professionals' informational needs. David King, MSLS, PhD, was hired as a consultant to identify efficient and effective solutions for filling this gap. From its inception, Dr. King developed the digital library with three assumptions regarding its potential users:

1. Users are smart, educated, and committed to providing the best services possible.
2. Users seek information for decision-making, problem-solving, and improving services in cases of child abuse and neglect; not research, personal edification, or entertainment.
3. Users function under tight time constraints and with limited funding. Therefore, they do not have easy access to professional libraries or personal subscriptions to professional journals (National Children's Advocacy Center, 2015).

These basic assumptions differentiated CALiO™ from all other university, research, and public libraries (National Children's Advocacy Center, 2015). The core principles of the library would be

- quality vs. quantity: subscriptions to targeted research that would be meaningful to the users;
- full-text access to publications rather than lists of citations that would require the user to track down the source document; and
- ease of site navigation and access.

These guiding principles served as the basis for the development of the NCAC Research Library, which was launched in 2004 via an intranet for NCAC staff. Over the following two years, the library expanded and improved its collections, including bibliographies, resources for Children's Advocacy Center (CAC) management, and several peer-reviewed journals. By 2005, NCAC had expanded access to the library, at no cost, to multidisciplinary teams (MDTs) at CACs nationwide, as well as to Accredited and Associate member CACs of the National Children's Alliance (NCA)—, the national association and accrediting body for CACs.

Growth and Evolution

With the additional funding it received through a Victims of Child Abuse Act (VOCAA) grant awarded by the U.S. Department of Justice, NCAC purchased additional journal subscriptions. In 2007, the library was renamed the Child Abuse Library Online (CALiO™) and made accessible through NCAC's website, significantly increasing its reach to a larger national audience.

By early 2009, as the library's collections expanded and professionals from various organizations increasingly accessed its resources, Muriel K. Wells, M.Ed., MLIS, was hired as the library's first full-time research librarian. She was tasked with maintaining the collections and assisting professionals with their research needs. CALiO™'s collection of 300 peer-reviewed journals soon grew to 1,500, while and three bibliographic databases containing millions of publications were added. An institutional repository was also established to

include open-access research publications and NCAC resources for professionals outside of CACs. While the library collections have grown exponentially over time, NCAC remains committed to its founding principles: ensuring ease of access and providing full-text publications with a focus on quality, not quantity, to support professionals in the field.

By early 2023, the number of CACs with access to CALiO™ subscription content had grown to over 900, and the number of individual users from over 150 countries had grown to over 30,000 annually. In response to CALiO™'s continued growth, both in terms of curating content and assisting a growing user base, NCAC hired a second full-time research librarian, Laura Spurigo, MSLS. With the addition of a second librarian, NCAC's capacity to provide user assistance to a broader professional community, both nationally and internationally, has been significantly enhanced. Moreover, the librarians have undertaken numerous contracted research projects in addition to VOCAA-funded initiatives, extending their impact beyond the scope of the VOCAA grant. These projects include collaborations with the Office for Victims of Crime, the National Children's Alliance, the Justice Information Resource Network, the PROMISE Elpis Project funded by the European Union, and many others.

In early 2024, as CALiO™ celebrated 20 years of service to professionals serving victims of child abuse and their families, several new milestones were reached. NCAC collaborated with EBSCO Information Services, the primary content provider of the library, to modernize the website using their platform, Stacks—described as "the world's most powerful and accessible library website builder" (EBSCO, 2024). The EBSCO Stacks development team created a fresh, modern interface for CALiO™ to maximize resource accessibility and enhance the user experience. The updated platform features a simplified keyword search and one-click access to the most popular library sections, including bibliographies, fact sheets, and journals.

Additionally, CALiO™'s open-access institutional repository grew from 500 publications at its inception to over 6,800 publications today. Subscription offerings now include access to 2,000 journals including the complete American Psychological Association collection, the HeinOnline Law Library, and the Foundation Directory.

This wealth of resources has proven invaluable to CALiO™ users, who consistently praise its impact on their work. Recently, a frequent CALiO™ user shared that the library saves the most valuable resource, which is time hunting down research needed to help fuel their efforts and programming. Another user reflected that CALiO™ has helped her on so many occasions as both a learner and trainer, in preparing for court, and in many other ways (National Children's Advocacy Center, 2024).

Accessing CALiO™

Professionals in the field of child maltreatment and allied disciplines can access CALiO™ at https://www.calio.org. Used annually by tens of thousands of professionals from over 150 countries, the library provides access to over 6,800 full-text, open access research publications via its search function. Other sections of the site provide links to other publications from a variety of professional organizations and links to open access journals and community resources and agencies.

Professionals at any of the over 900+ U.S.-based Children's Advocacy Centers (CACs), State CAC Membership Chapters, and the VOCAA Partnership—including the Regional Children's Advocacy Centers—have access to both open access resources and the registered users' sections. With expanded access to over 2,000 peer-reviewed journals, the HeinOnline Law Library, CANDID (The Foundation Directory), and millions of full-text publications within three EBSCO bibliographic databases, professionals can access these resources using the login credentials assigned to each eligible agency.

The Future

CALiO™ has proven to be an essential resource, equipping professionals with the knowledge and tools to prevent child abuse, provide treatment to children and families, and support the prosecution of offenders. The CALiO™ website will continue transforming how users access the highest quality research and best practice information to enhance their knowledge and inform their work. With the addition of new tools like research guides, an event calendar, video tutorials, and other upcoming features, the possibilities for growth and impact are limitless. NCAC is actively exploring new opportunities to expand both the library's content and access to subscription-based resources, training, and technical assistance. While the CALiO™ team remains committed to providing cutting-edge research and resources, one constant will be the exceptional research support offered by its dedicated librarians. Looking ahead, NCAC's CALiO™ team is excited to build on this foundation, delivering unparalleled research, resources, and service for the next 20 years and beyond.

About the Author

Muriel K. Wells, M.Ed., MLIS *serves as Senior Digital Information Librarian at the National Children's Advocacy Center in Huntsville, Alabama. For over 16 years, she has maintained and guided the growth of the digital Child Abuse Library Online (CALiO™). As a retired first grade teacher Muriel earned her master's degree in library and information studies from the University of Alabama in 2008. Her doctoral research included numerous research publications and conference presentations on library services to special populations and on digital library initiatives. Currently, Muriel supervises a research librarian, continues to build the library's collections, and provides reference services to professionals across many disciplines who serve child victims and their families. Muriel frequently conducts workshops, webinars, and conference presentations on conducting effective searches using CALiO™ and other online digital repositories.*

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An Overview of APSAC's Video Library in 2025

Theodore P. Cross

A central component of APSAC's mission is to provide training and information to professionals and the public to support them in responding effectively to the problem of child maltreatment. In addition to its in-person opportunities such as the APSAC Colloquium and APSAC Forensic Interviewer Training, APSAC provides a wealth of information through the online APSAC Video Library. This article provides an overview of this resource and lists by categories the videos available as of January 2025. This is a living resource, so readers may want to check the webpage periodically to see what new offerings are available. The tables below were constructed with the help of Microsoft's Copilot AI software.

70+ Year Illustrated History of the Response to Child Maltreatment

70+ Years of CM

These video-recorded presentations were chaired and produced by David L. Corwin at the 2019 APSAC Colloquium. They provide histories of different professional disciplines' response to child maltreatment through brief biographies of leaders in the field and associated video clips. There is an additional video by John Myers that examines the early history of society's response to child maltreatment. The videos range in length from 13 minutes to 25 minutes. To watch the video, click on the V in the lower right corner of the image.

Presenter(s)	Title
John Myers	Early History of the CM Field
David Corwin	Psychiatrists
Barbara Bonner	Psychologists
Randell Alexander	Physicians
Victor Vieth	Faith
Donna Pence	Law Enforcement
Robert Parrish	Lawyers
Sandra Alexander	Prevention
Kathleen Faller	Social Workers
Bea Yorker	Nurses
David Finkelhor	Social Scientists

APSAC & Foundling Webinars

These videos are recordings of webinars provided in 2020 by APSAC and the New York Foundling's Vincent J. Fontana Center for Child Protection. The videos range in length from about one hour to 75 minutes.

Presenter	Title
Anthony Mannarino	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Children in Foster Care
Marla Brassard	When Does Poor Parenting Cross Over into Psychological Maltreatment?
Vincent J. Felitti	Adverse Childhood Experiences and their Relationship to Adult Well-being, Biomedical Disease, and Premature Death
Victor Vieth	When Faith Hurts: Recognizing and Responding to the Spiritual Impact of Child Abuse
Elizabeth Gershoff	Cultural Norms, and Cultural Shifts, Regarding Physical Punishment
Thomas D. Lyon	Interviewing the Child Who is Recanting
Darrell Armstrong	What Do Red States and Blue States Tell Us About Religion, Parenting, and Corporal Punishment in America?

APSAC Zoom Chats

These are recordings of Zoom sessions during the Covid-19 pandemic. Most combine expert presentations with questions and comments from attendees. Each is about an hour in length.

Presenter(s)	Title
Viola Vaughn-Eden, Jamour Maddox, & David Corwin	APSAC Commitment to End Systemic Racism and Implicit Bias in Child Maltreatment
Robbyn Peters Bennett	Advice from a Child Trauma Specialist: Creative Ideas to Help Families Support Mental Health During the COVID-19 Pandemic
Sarah Rock & Rachel Gilgoff	Guidance for Teachers and Counselors During COVID-19 and Other Crises
Susan Kennedy	Online Safety for Children in the COVID-19 Pandemic
Nina Agrawal, Brooks Keeshin, Mary Pulido	Coping with COVID-19: Child Abuse Professionals' Perspectives Panel
Victor Vieth	Responding to Child Abuse During a Pandemic
	APSAC Zoom Chat on Coronavirus
	APSAC Informal Discussion on Coronavirus and Child Maltreatment
Janet Rosenzweig	Sexual Health and Safety During the COVID-19 Pandemic
Tyler Counsil, Victor Vieth, Stacie Leblanc, Betsy Goulet	The Importance of Child Advocacy Studies (CAST)
Mary Pulido	Resilience and Coping Skills and Practices for Child Protection Workers
	YAPSAC Info Session
Guy Stephens	Restraint and Seclusion: We Can Do Better!
Elizabeth Gershoff & Stacie Leblanc	No Hit Zones: Low-Cost, Low Effort Interventions to Reduce the Hitting of Children
	Discussion from the producers of the film *Foster Boy*
	Writing for the APSAC Advisor and APSAC Alert
	Good News! A Generational Shift Away from Corporal Punishment
	Writing for the Advisor 101

Partner Events

These are training videos developed in partnerships between APSAC and allied organizations. They range in length from 1 hour and 40 minutes to 3 hours.

Presenter(s)	Title
Pamela J. Miller, Institute for Human Services	Intrafamilial Child Torture: Case Studies of Investigation and Treatment
Judith Rycus, The Institute for Human Services	Intrafamilial Child Torture Victim Impact and Professional Interventions
Various Presenters, training supported by the Children's Data Network Blue Shield of California Foundation.	The Intersection of Child Maltreatment and Intimate Partner Violence

APSAC's Video Library

APSAC Colloquium Plenaries and Symposia

These are recordings of presentations given at plenary sessions of the annual APSAC Colloquium.

Presenter(s)	Title
Victor I. Vieth	When Faith Hurts
Joan E. Durrant	Moving on from Corporal Punishment
Elizabeth Letourneau	Ineffective, Costly, and Harmful: Juvenile Sex Offender Registration Needs to Go
Stacey Patton	True Meaning of Resilience and Preventing Child Abuse in the Era of BLM
Kathleen Faller, Jean Mercer, Madelyn Milchman, David Corwin, Jen Betz, Ansley Younginer, Matt Younginer	Controversies Regarding Parental Alienation
Joyce N. Thomas	African American Child Maltreatment Pioneers: History Matters

APSAC Media-Ready Microsessions

These presentations are 6 to 10 minutes in length. They present information that is useful for both child maltreatment professionals and media covering topics related to child maltreatment.

Presenter(s)	Title of Presentation
Amy Benton, PhD; Michelle Iglesias, MSW	I Was Prepared for the Worst I Guess: Stayers and Leavers Perceptions of Their Title IV-E Education
Marissa Cantu, MD	Evaluation of Physician Recommendations for Medical Care of Children Reported to Missouri Children's Division
Kenneth Feder, PhD	The US Opioid Epidemic and Families: Parent and Caregiver Opioid Use Disorder and Treatment Utilization
Jesse Helton, PhD	Preventing Child Physical Abuse by Increasing Food Security
Vincent Palusci, MD; Patricia Schnizter, PhD; Theresa Covington, MPH	Defining and Identifying Near Fatal Child Maltreatment: Challenges and Opportunities
Daniel Whitaker, PhD; Shannon Self-Brown, PhD	Using Technology to Enhance the Effectiveness and Dissemination of the SafeCare Parenting Program
Morgan Cooley, PhD; Brittany Mihalec-Adkins, MEd	Risk and Protective Factors of School Engagement for Youth in Foster Care
Nicole Fettig, PhD, Gila Shusterman, PhD	The Substance-Exposed Infant: Implications for the Child Welfare System
Damion Grasso; Susan DiVietro, CSW; Rebecca Beebe, PhD; Meghan Clough, BA; Garry Lapidus, MPH	The Scope and Severity of Domestic Violence Exposure in Child Protective Services Referred Families and New Allegations of Abuse and Neglect
Jennifer Sherfield, MSW	Commercial Sexual Exploitation of Children: Health Care Utilization and Case Characteristics
Jennifer Sherfield, MSW, Catherine David, LPC, Megan Letson, MD	Identifying Compassion Fatigue, Burnout, and Traumatic Stress in Child Advocacy Centers
Monica Oxford, PhD, Susan Spieker, PhD	Results of Two RCTs of Promoting First Relationships' Home Visiting Program
Carisa Wilsie, PhD, Susan Schmidt, PhD, Michael Hunger, PhD	Behavioral Health Screening for Children in Child Welfare Custody in Oklahoma
Jessica Bartlett, PhD	Impact of a Statewide Trauma-Informed Care Initiative in Child Welfare on the Well-Being of Children
Yui Yamaoka, MD	Investigation, Recommended Services, Preventative Actions After Deaths of Children

APSAC's Video Library

About the Author

Theodore Cross *has been conducting research on the system response to child abuse and neglect for more than thirty-five years. He was the principal investigator of the Multi-Site Evaluation of Children's Advocacy Centers and has numerous publications on such topics as investigation and prosecution of child abuse, the use of DNA evidence in sexual assault cases, Sexual Assault Nurse Examiners, polygraph testing in child abuse cases, simulation training in child welfare, well-being and permanency outcomes for children in foster care, and Child Advocacy Studies for undergraduates and graduate students. He served on the APSAC Board of Directors and is currently the editor of the APSAC Advisor and APSAC Alert. He was the 2018 recipient of the Mark Chaffin Outstanding Research Career Achievement Award from APSAC,*

Journal Highlights

Rybińska, A., Bai, Y., Goodman, W. B., & Dodge, K. A. (2024). Birth spacing and child maltreatment: Population-level estimates for North Carolina. *Child Maltreatment*, 29(4), 543–556. https://doi.org/10.1177/10775595231171879

These authors investigated the population-level relationships between birth spacing and child maltreatment by analyzing birth and child welfare records for 1,099,230 second or higher parity children born in North Carolina between 1997 and 2013. Building on prior research, the investigators used administrative data linkages to account for out-of-state migration and family-level differences in birth spacing and child maltreatment risk factors. **The results showed that very short birth intervals (zero to six months between the last birth and the conception of the index child) predicted child maltreatment**, as indicated by child welfare involvement in early childhood. As a result, promoting family planning during the postpartum period should be integrated into all child maltreatment prevention programs. However, in contrast to previous studies, this research found inconsistent evidence regarding the benefits of delays beyond six months in birth spacing for reducing child maltreatment risk, particularly for children from racial and ethnic minority groups. These results highlight the need for further research into the ways birth spacing is related to involvement with Child Protective Services assessments.

Harris, M., MacMillan, H., Mepham, J., Joshi, D., Wekerle, C., Atkinson, L., & Gonzalez, A. (2023). Maternal childhood maltreatment history and child behavior problems: Developmental patterns and mediation via maternal depressive symptoms and parenting behavior. *Child Maltreatment*, 28(2), 254–264. https://doi.org/10.1177/10775595221074364

This longitudinal study investigated the impact of a mother's history of child maltreatment (CM) on her child's internalizing and externalizing behaviors from toddlerhood to preschool, as well as the potential mediating roles of maternal depressive symptoms and parenting behaviors. The sample consisted of 115 mother-child dyads recruited from a hospital maternity ward. Maternal CM history was assessed at three months postpartum, while maternal depressive symptoms, child behavior, and parenting behavior were evaluated at 18, 36, and 60 months through maternal reports and direct observation. **The results showed that children of mothers with a history of child maltreatment exhibited more negative behaviors during early childhood. Maternal depressive symptoms were found to mediate the link between CM exposure and children's internalizing problems.** These findings underscore the need for maternal depression screening, particularly those with a history of CM, and for providers to make early referrals to interrupt the intergenerational transmission of CM before young children adopt negative behaviors.

Journal Highlights

Lines, L. E., Kakyo, T. A., McLaren, H., Cooper, M., Sivertsen, N., Hutton, A., Zannettino, L., Starrs, R., Hartz, D., Brown, S., & Grant, J. (2024). Interprofessional education in child protection for preservice health and allied health professionals: A scoping review. *Trauma, Violence & Abuse*, 25(4), 2657–2671. https://doi.org/10.1177/15248380231221279

This scoping review aimed to explore the global understanding of interprofessional education (IPE) in child protection for preservice health and allied health professionals. A total of 13 manuscripts reporting on 12 studies met the inclusion criteria and were included in the analysis. The findings revealed that most interventions were of low methodological quality or had not been replicated. **Many interprofessional education interventions lacked comprehensive content that addressed prevention, early intervention, and responses across all types of child maltreatment, or failed to clearly demonstrate how IPE was implemented.** This underscores the need for further work to develop standardized interprofessional learning curricula across professions and to ensure that educational interventions are rigorously evaluated.

Mark, T. L., Dolan, M., Allaire, B., Parish, W., Poehler, D., Strack, C., Madden, E., & Butler, V. (2025). Linked child welfare and Medicaid data in Kentucky and Florida highlights racial disparities in access to care. *Child Maltreatment*, 30(1), 3–8. https://doi.org/10.1177/10775595241234569

The authors used a database linking Medicaid and CPS data for 58,551 CPS-involved caregivers in Kentucky and Florida, between January 2017 and January 2020 (KY) or June 2021 (FL). In this population, 45% had a mental health diagnosis, 42% a substance use disorder diagnosis and 30% an opiate use disorder diagnosis. **Among caregivers involved with child protective services (CPS) who had a mental health diagnosis or substance use disorder, White caregivers were significantly more likely than Black caregivers to receive counseling and to receive medication for their mental health or substance use problems.** Considering those with a mental health diagnosis, 42% of White caregivers received counseling and 69% psychiatric medication, while 20% of Black caregivers received counseling and 52% received psychiatric medication. Considering those with a substance use disorder diagnosis, 43% of White caregivers received counseling and 43% substance use disorder medication, while 20% of Black caregivers received counseling and 11% substance use disorder medication. The authors recommended improving access to and use of these services for Black caregivers, beginning with more work to understand the causes of these disparities. Their more specific recommendations were:

- offering Medicaid-financed transportation and extended provider office hours,
- locating mental health and substance use services in underserved communities,
- offering telehealth,
- overcoming stigma through respectful, empathetic, patient-centered communication and leveraging community organizations to deliver services,
- providing unconscious bias training,
- offering peer supports,
- residential treatment settings that allow parents to bring their children, and
- comprehensive integrated care that addresses caregivers' medical, financial, and other social needs.

About the Author

***Ellen M. Chiocca, PhD, APRN, CPNP-PC, FAPSAC** is an Assistant Teaching Professor with the University of Missouri Sinclair School of Nursing in Columbia, Missouri. She has taught the nursing of children for over 30 years, while maintaining her clinical practice as a pediatric nurse practitioner. She has published over 30 articles in nursing, in addition to one nursing textbook, which was the first-place recipient of the 2020* American Journal Book of the Year Award *in Child Health. She also co-authored the NAPNAP position statement,* "Utilizing Positive Parenting to Eliminate Corporal Punishment." *Dr. Chiocca is a board member of the U.S. Alliance to End the Hitting of Children, the National No Hit Zone Committee and Arkansans Against School Paddling.*

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