ADVISOR

Association of Professionals Solving the Abuse of Children
apsac.org

In partnership with THE NEW YORK FOUNDLING
nyfoundling.org

October 2026
Volume 39 | Number 3



Association of Professionals Solving the Abuse of Children

In partnership with THE NEW YORK FOUNDLING

The Association of Professionals Solving the Abuse of Children in Partnership with the New York Foundling

About APSAC

The Association of Professionals Solving 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.

Become a member and start enjoying your benefits today!

- Free and discounted training with CE credit opportunities
- Discounted registration for the APSAC Colloquium
- Access to publications
- Resources for the families you serve
- Members only sections focused on a specific discipline or topic, including Mental Health Section, Domestic Violence Section, Racial Justice Section, Faith Section, and Healthcare Section

Learn More

To see an up-to-date list of all training opportunities, please **visit apsac.org.**

Opinions expressed in the APSAC Advisor do not reflect APSAC's official position unless otherwise stated. Membership in APSAC in no way constitutes an endorsement by APSAC of any member's level of expertise or scope of professional competence. © APSAC 2026. All rights reserved

Association of Professionals Solving the Abuse of Children
In partnership with The New York Foundling

Vol. 39 | No. 3

ADVISOR

Twenty Years of Reform: What Changes in Statutes of Limitations in the United States Have and Have Not Delivered for Child Sexual Abuse Survivors.
Suruchi Sood, PhD . . . . . *pg 4*

Are You Open to Feedback? Conversations at the Heart of Child Protection Simulation Training
Amy Wheeler, DPA, LCSW; Theodore P. Cross, PhD, FAPSAC . . . . . *pg 16*

Building Vicarious Trauma Resiliency in Children's Advocacy Centers
Sarah P. Scanlon, PhD, LPC-A, NCC. . . . . . *pg 27*

Helping the Helpers: How the University of Illinois Foster Care Utilization Review Program Assists the Illinois Department of Children and Family Services
Geraldine Rodriguez, MIS; Candace Thier, EDD, MA; Haley Simpson, MSW, LCSW . . . . . *pg 39*

Artificial Intelligence Applications for Medical Chronologies in Medical Child Abuse Evaluations: A Practical Review
Stephen L. Harvey, MD, MPH; James C. Hamilton, PhD; Liza C. Murray, MD; Steven Pham, MD; Katie Johnson, MD . . . . . *pg 48*

Journal Highlights
Ethan Bates; Sierra Spade; Theodore P. Cross, PhD, FAPSAC . . . . . *pg 60*



Editor: *Theodore P. Cross, PhD, FAPSAC*

Twenty Years of Reform: What Changes in Statutes of Limitations in the United States Have and Have Not Delivered for Child Sexual Abuse Survivors

Suruchi Sood, Ph.D.

Author Note

Suruchi Sood is the Research Director of CHILD USA, a nonprofit think tank dedicated to ending child abuse and neglect. The author has been involved in policy analysis related to statute of limitations reform for child sexual abuse through this affiliation. No external funding supported the preparation of this manuscript. The author has no other conflicts of interest to disclose. This manuscript is a review of secondary sources and publicly available legal, policy, and empirical literature. It does not involve human subjects research and is therefore exempt from institutional review board review. Correspondence concerning this article should be addressed to Suruchi Sood, Research Director, CHILD USA, 3675 Market Street, Suite 200, Philadelphia, PA 19104. Email: ssood@childusa.org

Abstract

For twenty years, U.S. states have extended, eliminated, and revived statutes of limitations (SOLs) for child sexual abuse (CSA) — the time limits for filing civil suits or bringing criminal charges. This article reviews that record against six benefits that proponents claim SOL reform delivers. The evidence strongly supports claims that SOL reform has increased access to courts, exposed previously hidden perpetrators, and created a cascade effect in which one survivor's suit prompts others to come forward. SOL reform has also increased financial accountability but has not led to institutional change. There is no evidence that SOL reform prevents future abuse or improves well-being, though both remain plausible. For practitioners, this record has concrete implications: document forensic interviews as potential long-term legal evidence, prepare Children's Advocacy Centers (CACs) for inquiries from adult survivors, and help clinicians prepare to support survivors in weighing decisions about filing.

Keywords: *statute of limitations, child sexual abuse, revival window, institutional accountability, forensic interviewing, multidisciplinary practice*

1. Introduction

For more than two decades, U.S. state legislatures have been changing the laws that decide how long after child sexual abuse (CSA) a case can be pursued — both through civil suits survivors can file against their abusers and the institutions that failed to protect them, and criminal charges the state can bring against those abusers. Most states have extended or eliminated statutes of limitations (SOLs), which are the time limits for filing civil suits or bringing criminal charges. Many states have also opened revival windows, that is, temporary periods during which a survivor can file a civil case that an expired time limit had previously blocked. The pace of reform has accelerated since 2019. The resulting lawsuits, settlements, attorney general investigations, institutional disclosures, and bankruptcies have begun to build a record of evidence on what these reforms do.

This article presents that record for a multidisciplinary practitioner audience. Many

members of the Association of Professionals Solving the Abuse of Children (APSAC) work directly with the children, families, and institutions whose lives these reforms reshape. A forensic interviewer who recorded a disclosure in 2010 may find that the recording has been subpoenaed in a 2024 revival-window case in which an institution is named as a defendant. A Children's Advocacy Center (CAC) director may be asked by adult survivors, decades after the abuse, whether their case can now be filed. A clinician treating an adult survivor may have to help that client decide whether to file, prepare for a deposition, or absorb the emotional impact of a settlement. Yet most of the legal and policy writing on SOL reform has been produced for legal scholars and lawmakers rather than for the practitioners who see its effects. This article is written to close that gap.

Reforms lengthening or eliminating statutes of limitations were built on a well-established body of research. Most survivors do not disclose CSA in childhood. In a nationally representative survey of U.S. women, 28% of those raped before age 18 had never told anyone about the rape before being asked by the researchers, and 47% did not disclose for more than five years (Smith et al., 2000).

A review of disclosure research from 2000 to 2016 found that barriers to disclosure, including shame, fear, family dynamics, the child's relationship to the perpetrator, and cultural attitudes, often outweigh the factors that help children disclose, and that a substantial share of disclosures occur only in adulthood (Alaggia et al., 2019; CHILD USA, 2024). A long-standing mismatch exists between how quickly SOLs require survivors to act and how long it takes most survivors to come forward (Hamilton, 2008).

In surveys of older adolescents, approximately one in nine girls and one in fifty-three boys report experiencing sexual abuse by an adult before age 18, and one in four girls and one in twenty boys experience sexual abuse or assault by perpetrators of any age (Finkelhor et al., 2014; Centers for Disease Control and Prevention [CDC], 2024). The lifetime economic burden associated with one year's new CSA cases in the United States has been estimated at $9.3 billion (Letourneau et al., 2018). These figures underscore why the structural mismatch between disclosure timing and SOLs has been a focus of reform.

This article evaluates the empirical claims made by proponents of SOL reform. It does not weigh the constitutional, due-process, or proportionality objections that opponents have raised; those are discussed in the Limitations section. Section 2 explains what SOL reform is and distinguishes its main forms. Section 3 takes the six goals that proponents and legislatures have advanced and, for each, presents what the evidence shows. Section 4 sets out the research agenda needed to close the remaining gaps and the concrete steps practitioners can take now. Section 5 states the article's limitations, and Section 6 concludes.

2. What SOL Reform Is

2.1 What a Statute of Limitations Is

A statute of limitations is a legal deadline. It sets how much time may pass after an event before legal action can be taken. Once the deadline passes, the case is barred, no matter how strong the evidence is. A criminal SOL governs when a prosecutor, acting on behalf of the state, can bring criminal charges against an alleged abuser. The survivor is a witness, not the party that files. A criminal case can end in conviction and punishment, but it can also end in acquittal, dismissal, or a plea agreement.

A civil SOL governs when a survivor can sue for money damages an abuser or an institution that enabled the abuse. A civil case can bring out records, depositions, and sworn testimony that would otherwise stay private, though it too can end in dismissal, a defense verdict, or a confidential settlement (Hamilton, 2008). The distinction between criminal and civil cases matters for analysis of SOLs because the constitutional rules governing a state's attempt to revive an expired SOL differ between criminal and civil cases.

Statutes of limitations are old and ordinary features of U.S. law. Most of them exist for reasons that have nothing to do with CSA. They are meant to encourage people to bring claims while evidence is still fresh, to protect defendants from having to answer very old allegations after memories fade and witnesses die, and to give a potential defendant a point at which a matter can be treated as closed (Sheahan, 2025). For the most serious crimes, such as murder, many states set no deadline at all, on the view that the gravest harms should remain answerable without a time limit.

These purposes for SOLs fit poorly with what is known about CSA. As the introduction described, most survivors do not disclose in childhood, and many do not disclose for decades. A short SOL, set against a typical disclosure timeline, bars most survivors' cases before they are ready to come forward (Hamilton, 2008). The traditional worry that evidence becomes unreliable with time is weaker than it first appears for CSA: when adults recall childhood sexual contact decades later, research finds they rarely report abuse that did not occur, even after misleading suggestions (Goldfarb et al., 2019).

2.2 Forms of SOL Reform

CHILD USA, a national nonprofit think tank that tracks these laws state by state, sorts CSA SOL reform into three categories: elimination of the criminal SOL, elimination of the civil SOL, and civil revival (CHILD USA, 2025). Each category has variants that matter in practice.

For criminal cases, most reforming states have eliminated the criminal SOL outright for some or all CSA crimes. A smaller group has instead lengthened the period during which prosecutors can bring charges.

For civil cases, two reforms are common. Many states have extended the age cap for filing, often measuring the deadline from the survivor's eighteenth birthday, the age of majority, rather than from the date of the abuse. A smaller group of states has eliminated the civil SOL entirely (CHILD USA, 2025; Hamilton, 2025; National Conference of State Legislatures, 2023).

A related tool is the discovery rule. Under a reformed discovery rule, the filing clock does not start until the survivor connects or reasonably should connect a psychological injury to the abuse. Pausing the clock in this way is called tolling (CHILD USA, 2025; Hamilton, 2025).

Civil revival laws go further, creating a separate path for survivors whose claims had already expired under an old SOL. A revival window is a temporary period, often one to three years, during which a survivor may file a civil claim that an expired SOL had previously barred. New York's window, for example, opened in August 2019 and, after a pandemic-related extension, closed in August 2021; California opened a three-year window running from 2020 through 2022. Most revival laws work this way. A smaller group of states has instead made revival permanent, with no closing date; CHILD USA calls these permanently open revival windows (CHILD USA, 2025).

2.3 The Constitutional Context

Criminal SOL revival is generally barred by the U.S. Constitution. Civil SOL revival generally is not. In *Stogner v. California* (2003), the U.S. Supreme Court held that a state cannot revive an expired criminal SOL to charge conduct that was already time-barred. Doing so, the Court held, would violate the Ex Post Facto Clause. That clause is written into the Constitution itself: Article I, Section 9 forbids the federal government from passing ex post facto laws, and Article I, Section 10 imposes the same bar on the states. In plain terms, the government may not punish a person under a criminal law enacted after the conduct occurred, and reviving an expired criminal SOL would do exactly that by reopening a case that the law had already closed (*Stogner v. California*, 2003; Hamilton, 2008). The question gained national attention during the Catholic Church abuse scandal of the early 2000s, when many accused clergy had died, and the criminal deadlines had long passed, leaving civil litigation as survivors' main remaining avenue.

The Ex Post Facto Clause restricts criminal punishment. It does not pertain to civil damages. Federal courts have held that civil revival statutes do not violate the federal Constitution unless they are punitive in nature, although challenges brought under individual state constitutions have produced mixed results (Brossman et al., 2019; Fouch, 2025). The Louisiana Supreme Court, for example, upheld that state's revival statute on rehearing in *Bienvenu v. Defendant 1* (La. 2024), finding that the legislature could rationally revive these claims to identify hidden predators and shift costs onto wrongdoers.

The difference between civil and criminal cases is why the wave of reform that began in 2019 has been almost entirely a civil phenomenon. A survivor of long-ago abuse will rarely see criminal charges, because an expired criminal SOL cannot be revived. The same survivor may still have a civil path to court if the state has opened a revival window or eliminated the civil SOL.

The first wave of reform was small. California enacted the first major civil revival window in 2003 (Hamilton, 2008). A few states followed during the 2000s and early 2010s, but most did not act: revival was politically contested, and its constitutionality was still untested in many states.

The pace accelerated sharply in 2019, when New York enacted the Child Victims Act, which extended the civil SOL to age 55, lengthened the criminal SOL, and opened a one-year civil revival window for previously expired claims (N.Y. Assembly Mem., 2019). By 2025, 44 states, 6 territories, and the federal government had eliminated the criminal SOL for at least some CSA offenses (CHILD USA, 2025; Enough Abuse, 2025). Nineteen states, 2 territories, and the federal government had also eliminated the civil SOL for at least some claims (CHILD USA, 2025), and 30 states and 3 territories had enacted civil revival laws (CHILD USA, 2025; Enough Abuse, 2025). The depth and form of reform still vary widely from state to state.

This is what reform looks like. Whether it has done what its supporters promised is the subject of the next section.

3. What SOL Reform Was Meant to Do and What It Has Done

Across legislative debates, advocacy materials, attorney general reports, and scholarly writing, six goals for SOL reform are evident: access to courts, perpetrator exposure, a cascade effect on other survivors, institutional accountability, prevention of future abuse, and survivor well-being. Hamilton (2008) discussed the first four in her first book-length argument for abolishing CSA SOLs and restated them in her later commentary (Hamilton, 2025). The other two, prevention and survivor well-being, appear mainly in advocacy materials and legislative findings (the formal statements of purpose that lawmakers write into a statute) rather than in scholarly work. Both CHILD USA and RAINN (the Rape, Abuse & Incest National Network, the largest anti-sexual-violence organization in the United States) have discussed both the first four and the latter two goals (CHILD USA, 2022; RAINN, 2025a, b). The sections below consider each goal in turn. Each section states what proponents claim, presents what the evidence shows, and notes where practitioners can respond.

3.1 Access to Courts

Proponents argue that reform aligns the law with how survivors disclose. Most survivors do not come forward in childhood and many take decades, so a short deadline bars their cases before they are ready. Hamilton (2008) named this the first goal of reform, "accommodating the needs of childhood sex abuse survivors by crafting a system that makes them the priority instead of their predators" (p. 29). The memorandum supporting New York's 2019 Child Victims Act described the old law as "the consistent locking of the courthouse door" against survivors who wished "to have their day in court against their

abusers" (N.Y. Assembly Mem. in Support of A. 2683, 2019). Legal scholars analyzing these reforms across the common-law world describe the same dynamic: because survivors often cannot disclose within the short statutory period, defendants historically relied on the expiry of time to defeat otherwise meritorious claims (Mathews & Dallaston, 2020).

The evidence is strong that SOL reform has increased the number of lawsuits filed. New York's Child Victims Act produced 10,783 lawsuits between 2019 and 2021 on behalf of 14,588 plaintiffs (Siemaszko, 2025). California's Assembly Bill 218 produced enough claims to support an $880 million settlement with the Archdiocese of Los Angeles alone, based on 1,353 claims (Associated Press, 2024). But the ability to file is not the same as the ability to resolve a case. More than five years into New York's window, only 2,052 of the 10,783 cases had been settled or otherwise disposed of (Siemaszko, 2025). Progress has stalled for concrete reasons: insurers and the institutions they cover are fighting over which insurance policies must pay (insurer-policyholder coverage disputes), the courts face a shortage of judges, and the state constitution caps the number of Supreme Court justices who can hear cases (Siemaszko, 2025). These coverage disputes are themselves complex because the abuse in these cases often spans decades and multiple insurers. Successive annual policies may be implicated, and insurers frequently contest which policies were in force, how their limits apply, and whether abuse-related claims are covered at all. Importantly, these cases are generally not being dismissed on the merits; they remain pending, so resolution is delayed rather than denied. For aging survivors, however, the delay carries real costs, and some plaintiffs may not live to see their cases resolved (Siemaszko, 2025). For practitioners, this gap matters: a survivor who files today may wait years for resolution, and advocates and clinicians need to prepare survivors for that wait.

3.2 Perpetrator Exposure

Proponents argue that civil litigation places previously hidden abusers' names into the public record, on the reasoning that survivors are the most reliable source of information about who has offended (Hamilton, 2008, p. 30). State attorneys general have made the same case (an attorney general, or AG, is the chief legal officer of a state, with authority to investigate institutions.) For example, the Illinois Attorney General described the goal of its clergy investigation as obtaining "a full accounting of substantiated child sex abuse committed by Catholic clergy in Illinois" and providing "a complete public report of substantiated abusers" (Office of the Illinois Attorney General, 2023, p. 3).

The evidence is strong that SOL reform has contributed to exposing abusers. The Maryland Attorney General's investigation, opened in 2018 and released in redacted form in April 2023, identified 156 priests, deacons, and other personnel of the Archdiocese of Baltimore accused of abusing more than 600 victims over 80 years (Office of the Attorney General of Maryland, 2023). Illinois went further. When its investigation began, the state's six Catholic dioceses had publicly named 103 abusers. The attorney general's final report named 451 substantiated abusers who together harmed at least 1,997 survivors, more than a fourfold increase that the AG's office attributed both to its own work and to disclosures enabled by SOL reform that occurred once the investigation was underway (Office of the Illinois Attorney General, 2023).

3.3 The Cascade Effect

Proponents argue that one survivor filing against a particular abuser or institution empowers others harmed by the same abuser to come forward. Hamilton (2008) observed this after California's 2003 revival window: "once one survivor named a particular perpetrator, other survivors of the same abuser soon followed" (p. 31). The Illinois numbers illustrate it: the count rose from 103 to 451 in part because each public disclosure encouraged others to come forward.

The clearest institution-wide example is the Boy Scouts of America (BSA). After reforms in several states revived old claims, more than 82,000 men filed

sexual abuse claims against the BSA, an organization that had faced hundreds of lawsuits when it entered bankruptcy in 2020 (del Valle, 2022). The court-approved reorganization plan, set to pay out more than $2.4 billion, drew its funding from the BSA itself, its local councils, the United Methodist Church (a longtime chartering partner), and the organization's insurers (del Valle, 2022). The case shows that the cascade can reach beyond a single defendant to the affiliated and insuring organizations around it. The Los Angeles Archdiocese settlements, which now total more than $1.5 billion, are of similar scale (Associated Press, 2024). On this goal, the evidence is strong.

3.4 Institutional Accountability

Proponents argue that reform forces institutions that concealed abuse to answer for it, both financially and in their conduct. Hamilton (2008) framed this as "deterring institutions from hiding child sex abuse" (p. 35). If liability no longer expires, institutions have reason to detect and report abuse rather than conceal it. CHILD USA and RAINN add a cost-shifting argument that holding institutions liable moves the financial cost of abuse from survivors and taxpayers onto the responsible parties (CHILD USA, 2022; RAINN, 2025a).

The financial effects are well documented. The Center for Applied Research in the Apostolate (CARA), a research center at Georgetown University, has surveyed U.S. Catholic dioceses annually for 20 years. Its data show more than $5 billion in allegation-related payments by U.S. dioceses, eparchies, and male religious communities over that period, of which roughly $3.6 billion went to victims as settlements (Wiggins & Gautier, 2025). The same institutions reported that their spending on child protection efforts, such as safe-environment training and background checks, rose by about 80% over the two decades, from roughly $260 million from 2004 through 2013 to $468 million from 2014 through 2023.

The behavioral effects, that is, changes in how institutions operate rather than in how much they pay, are harder to demonstrate. The annual audit of the U.S. Conference of Catholic Bishops (USCCB) Charter for the Protection of Children and Young People, carried out since 2002 by an outside firm, reported that 99% of dioceses took part in the 2024 audit (the diocesan response rate, that is, the share of dioceses that submitted to the audit) and found four instances of non-compliance across two of the 70 locations audited (USCCB, 2025). But those figures measure process: training delivered, background checks completed, review boards seated. They do not measure whether children in these institutions are demonstrably safer. The audit also has gaps in coverage. CARA's report notes that male religious orders fall outside the Charter audit entirely, and that bishops themselves are not subject to it (Wiggins & Gautier, 2025). So the results for the accountability goal are mixed. The financial accounting is real, measurable, and growing. There is no evidence yet that reform has changed institutional conduct, that is, whether institutions are more vigilant in detecting and reporting abuse rather than hiding it. Examining this would require not only better measures but a research design able to trace institutional conduct back to the reforms. Research to capture such indirect effects is difficult, and that work has not been done.

3.5 Prevention

Proponents argue that reform prevents future abuse, either by deterring institutions or by identifying offenders who are still active. CHILD USA states this most directly, naming prevention as one of three public purposes of reform (CHILD USA, 2022). Likewise, RAINN makes both the deterrence and the public-safety arguments (RAINN, 2025a, b). Hamilton (2008) treats prevention less as a separate goal than as a benefit flowing from perpetrator identification.

The evidence does not yet establish a prevention effect. In the CARA data, 92% of credible allegations concern abuse from 1989 or earlier (Wiggins & Gautier, 2025). That pattern fits two very different explanations. One is prevention: post-2002 reforms reduced the incidence of new abuse. The other is

disclosure lag: abuse is still occurring but has not yet surfaced, because survivors take decades to come forward. The available data cannot separate the two. That is a gap in what has been studied, not evidence that reform fails to prevent abuse.

3.6 Survivor Well-Being

Proponents argue that filing a case is itself a form of vindication and can contribute to survivor healing. Of the six goals, this one has the thinnest formal evidence. The Illinois Attorney General named one aim of its investigation as giving "voice to survivors in an attempt to contribute to their healing journey" (Office of the Illinois Attorney General, 2023, p. 3). Research on survivor-defined justice lends some support to this rationale: studies of crime victims and of institutional-abuse survivor advocacy find that acknowledgment, validation, and being believed rank among the justice interests survivors most value, independent of compensation (Herman, 2005; Henry et al., 2024). Filing a case, however, does not by itself guarantee these experiences. Litigation can be adversarial and slow, and cases that end in dismissal or in a confidential settlement may leave survivors without the acknowledgment they sought, so the link between filing and these justice interests is conditional rather than automatic.

Direct evidence of the effect of filing itself on survivor well-being is the weakest, compared with the evidence for the other effects of SOL reform. Some survivors who filed under New York's Child Victims Act have described disclosure as a relief in its own right; one man told reporters that filing had helped his family understand him, though he was speaking only for himself (Siemaszko, 2025). What does not exist is a study that isolates the act of filing as a cause of measurable change in survivors' well-being outcomes. The claim may well be true. The research needed to establish it has not been done.

Twenty years in, the pattern is clear. SOL reform works as a disclosure mechanism: it produces filings, names abusers who were previously unknown, and surfaces institutional patterns at a scale that nothing else has matched, and the financial accountability that follows is real and measurable. The harder questions, whether reform changes institutional behavior, prevents future abuse, and improves survivors' well-being, have not yet been answered by research. They set the agenda for the next decade.

4. What Comes Next

This section describes what the research agenda looks like and what practitioners can do now. APSAC's practitioner members cannot wait for the research to settle these questions, because the reforms are already shaping their work.

4.1 The Research Agenda

Three of the six goals point to gaps in knowledge that research could close: behavioral accountability, prevention, and survivor well-being. None of these studies is easy, and it helps to be honest about why.

Behavioral accountability could be studied by treating a safety-relevant institutional practice as the outcome, rather than the mere adoption of a policy, and comparing institutions that have and have not faced revival-window litigation.

Prevention is harder to study because the effect, if it exists, is small and indirect. One feasible approach is interrupted time series analysis, a method that tracks an outcome (such as reported CSA incidence) at many points before and after a reform to see whether the trend shifts when the law changes (see, e.g., McDowall et al., 2019). The long time spans involved compound this difficulty: because disclosure is often delayed by years or decades, any preventive effect would surface only slowly and would require long pre- and post-reform observation windows before a trend shift could be detected. Such a design would still need to separate institutional-context abuse (abuse in schools, churches, sports, and other youth-serving organizations) from family-context abuse (abuse by parents, relatives, or others in the home), building on the national surveillance work of Finkelhor et al. (2014) and the CDC (2024).

Survivor well-being is the most difficult effect of all to demonstrate. A long-term comparison of

survivors who filed in revival-window states with similar survivors in states without windows would be needed. This would require many measures, a sample in the thousands, and sophisticated analysis to separate the effect of filing from everything else that differs across states and survivors. It would be costly and its results uncertain. More feasible, if less definitive, are surveys and interviews that ask survivors directly whether changes in the law affected their decisions and their experience. These would not prove cause and effect, but they are realistic to carry out and would still teach the field a great deal.

This is demanding work, and at present, few researchers have the time and resources for the most rigorous designs. APSAC members are nonetheless well placed to help shape these questions, to carry out the more feasible studies, and to bring practitioner knowledge to the design of the harder ones.

4.2 The Practice Agenda

Several practical implications follow from the current evidence.

Forensic interviewers should treat their documentation as potential long-term evidence. APSAC's guidelines for forensic interviewing stress that a well-conducted, well-recorded interview can serve both a criminal investigation and a civil child-protection proceeding (APSAC Taskforce, 2023). Treating this documentation as potential long-term evidence requires actions such as recording the interview (where the law allows), documenting the child's own words verbatim, and noting who was present and how questions were asked. An interview recorded today may resurface as evidence in a civil case 10 or 20 years from now, in a state that has by then revived or eliminated its civil SOL.

Children's Advocacy Center directors and CPS investigators may receive inquiries from adult survivors and their attorneys, particularly in states with an open or recently closed revival window, where survivors are actively deciding whether to file. The National Children's Alliance accreditation standards for CACs do not address adult survivor inquiries, because CACs serve children (National Children's Alliance, 2023). A center that has thought ahead, for example, by identifying attorneys who handle CSA civil cases and clinicians experienced with adult survivors to whom it can refer callers, will handle these contacts better than one that is caught unprepared. Some state CAC chapters have begun to anticipate this contact: the Pennsylvania chapter of the National Children's Alliance, for example, maintains a survivor resources page that acknowledges adult survivors and connects them to civil litigation information through a partnership with the Zero Abuse Project (Children's Advocacy Centers of Pennsylvania, 2025).

Clinicians treating adult survivors face the sharpest version of the evidence gap. Whether to file is a legal decision, not a clinical one, but it carries clinical weight. A survivor weighing this choice can be told what the evidence supports: that filing is procedurally possible where a window is open, that resolution is often slow (Siemaszko, 2025), that being believed and acknowledged matters to many survivors (Alaggia et al., 2019), and that there is no research yet showing whether filing improves measurable mental health outcomes. The clinician's task is to help the survivor consider these realities while making a personal decision.

Child welfare attorneys in dependency, family, and civil courts can make use of the public record generated by revival window litigation and AG investigations. Court filings, settlement documents, and AG reports increasingly contain detailed information about youth-serving organizations, the kind of information that can matter when such an organization appears in a current case. The Maryland and Illinois AG reports (Office of the Attorney General of Maryland, 2023; Office of the Illinois Attorney General, 2023), the New York and California civil dockets (Associated Press, 2024; Siemaszko, 2025), and the Boy Scouts' bankruptcy record (del Valle, 2022) are all public. A bankruptcy proceeding, for instance, often gathers claims, internal documents, and abuser names in one place, which can help an attorney

assess an institution's history. For example, an attorney who finds a currently involved caregiver, employee, or organization named in an AG report, settlement docket, or bankruptcy record can use that documented history to inform a risk assessment, support a safety planning recommendation, or corroborate concerns raised in a current dependency or custody proceeding.

The reforms have done what proponents most centrally promised: they have opened access to the courts and surfaced abusers who were never named. They have not yet been shown to do what proponents also hoped, namely, prevent future abuse and heal those who file. Holding both of these realities at once, neither overselling reform nor dismissing it, is the stance this article recommends to practitioners.

5. Limitations

This article reviews secondary sources rather than presenting original research, and several limits on its claims should be stated plainly. The conclusions above rest heavily on the Catholic Church investigations and a single bankruptcy. The Maryland and Illinois AG reports, the USCCB Charter audit, the CARA survey, and the Los Angeles Archdiocese settlements all concern Catholic dioceses, and the Boy Scouts of America is the principal non-Catholic case. Other settings where reform has produced major litigation, including USA Gymnastics, the Jehovah's Witnesses, public schools, residential treatment programs, and parts of the ultra-Orthodox Jewish community, are not examined here. These settings were not examined because the evidence base for them remains fragmentary: unlike the Catholic dioceses and the Boy Scouts, they have not yet produced the systematic attorney general investigations, long-running audits, or completed bankruptcy records that make structured secondary review possible. Examining them would require primary data collection beyond the scope of this review. Attorney general investigations can also be politically influenced: an attorney general decides which institutions to investigate, and the most prominent investigations so far have targeted Catholic dioceses. The exposure findings, therefore, reflect where investigators have chosen to look, not only where abuse has occurred. For that reason, the conclusions on perpetrator exposure, the cascade, and institutional accountability are most reliable as statements about Catholic dioceses and the Boy Scouts. Thus the conclusions presented here should not be read as claims about institutional CSA in general.

The article also focuses on institutional abuse rather than abuse within families. Most CSA in the United States occurs in family or acquaintance settings, where reform applies but works differently, because there is usually no institution with deep pockets, organizational records, or insurance standing behind the abuser. What reform has delivered for survivors abused in families is not addressed here.

The litigation record keeps changing. New York cases are still being resolved, Boy Scouts settlement payments are still being made, and AG investigations in other states are ongoing, so some figures reported here will be out of date before long. Where primary court documents were available, the article relied on them; a few figures, especially the New York case counts and the Los Angeles settlement totals, come from news coverage chosen for its accessibility to practitioners and may be revised as cases progress.

The article evaluates the empirical claims made for reform. It does not weigh the objections opponents raise, including the difficulty of defending against decades-old allegations (Fouch, 2025; *Mitchell v. Roberts*, 2020), the cost to institutions of post-reform compliance regimes (Esposito, 2020), and questions about the proportionality of liability for very old conduct (Fouch, 2025). A fully balanced normative assessment would engage those arguments; this empirical review does not.

Finally, the author is affiliated with CHILD USA, which this article cites for SOL tracking data and for the statement of several goals. That affiliation is disclosed in the author note. Where possible, CHILD USA's figures should be read alongside independent sources, and readers should weigh the affiliation when interpreting those citations.

6. Conclusion

Statute of limitations reform began as a response to a mismatch between how the legal system treated child sexual abuse and what was already known about how survivors disclose. Twenty years on, there is now enough of a record to assess it.

The reforms have done what their proponents most prominently promised. Survivors who were once barred are now able to file. Abusers who were never publicly named have been identified in numbers that no other mechanism has produced. Institutions that concealed abuse are paying, and those payments have moved a substantial share of the cost of abuse from survivors and taxpayers onto the institutions responsible. These are not small results, and they arrived faster and at greater scale than critics of reform expected.

What the reforms have not yet been shown to do is prevent future abuse, change institutional behavior in ways that protect children currently in those institutions, or improve the well-being of survivors who file. The available evidence is consistent with hope on each point, but consistency with hope is not proof.

The honest verdict at twenty years is therefore more modest than reform's strongest supporters claim and more favorable than its skeptics allow. Reform has delivered what a legal mechanism can deliver: access, exposure, and financial accountability. Whether it also delivers the further effects that no legal mechanism can guarantee is a question the field still has to answer. APSAC's members who work where the legal system meets the lives of children are well placed to help answer it.

About the Author



Suruchi Sood, PhD *is Research Director at CHILD USA, a nonprofit think tank dedicated to ending child abuse and neglect. She leads the organization's social science research agenda on child protection and prevention, translating evidence into decision-ready tools, standards, and training for cross-functional delivery.*

References

Alaggia, R., Collin-Vézina, D., & Lateef, R. (2019). Facilitators and barriers to child sexual abuse (CSA) disclosures: A research update (2000–2016). *Trauma, Violence, & Abuse, 20*(2), 260–283. https://doi.org/10.1177/1524838017697312

APSAC Taskforce. (2023). *Forensic interviewing of children*. American Professional Society on the Abuse of Children. https://apsac.org/practice-guidelines/

Associated Press. (2024, October 17). *Archdiocese of Los Angeles agrees to pay $880 million to settle sexual abuse claims*. NPR. https://www.npr.org/2024/10/17/g-s1-28660/archdiocese-los-angeles-settlement-abuse

Bienvenu v. Defendant 1, No. 2023-CC-01194 (La. June 12, 2024).

Brossman, M. E., Stein, G., Lazarus, D. K., & Oki, B. Y. (2019, February 14). *New York adopts Child Victims Act extending and reviving statute of limitations for abuse claims*. Schulte Roth & Zabel. https://www.srz.com/en/news_and_insights/alerts/new-york-adopts-child-victims-act-extending-and-reviving-statute

Centers for Disease Control and Prevention. (2024, May 16). *About child sexual abuse*. National Center for Injury Prevention and Control. https://www.cdc.gov/child-abuse-neglect/about/about-child-sexual-abuse.html

CHILD USA. (2022, December 14). *Statutes of limitation: What they are and why they matter to CHILD USA*. https://childusa.org/sol-what-they-are-and-why-they-matter/

CHILD USA. (2024). *Delayed disclosure: 2024* [Factsheet]. https://childusa.org/wp-content/uploads/2024/06/Delayed-Disclosure-2024.pdf

CHILD USA. (2025). *2025 SOL tracker*. https://childusa.org/2025-sol-tracker/

Children's Advocacy Centers of Pennsylvania. (2025). *SHINE survivor resources*. https://penncac.org/shine-survivor-resources/

del Valle, L. (2022, September 9). *Judge grants final approval of Boy Scouts of America reorganization plan to pay more than $2.4 billion in sex abuse claims*. CNN. https://www.cnn.com/2022/09/09/us/boy-scouts-of-america-bankruptcy-judge-final-approval/index.html

Enough Abuse. (2025, November 5). *What is the statute of limitations on child sexual abuse?* https://enoughabuse.org/what-is-the-statute-of-limitations-on-child-sexual-abuse/

Esposito, P. V. (2020, December 10). *Balance of power: Constitutional limits on retroactive reviver statutes for child sexual abuse claims*. Clausen Miller. https://www.clausen.com/balance-of-power-constitutional-limits-on-retroactive-reviver-statutes-for-child-sexual-abuse-claims/

Finkelhor, D., Shattuck, A., Turner, H. A., & Hamby, S. L. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health, 55*(3), 329–333. https://doi.org/10.1016/j.jadohealth.2013.12.026

Fouch, N. M. (2025, November 24). *State high courts split on laws letting survivors of sexual abuse sue after expiration of statutes of limitations*. State Court Report. https://statecourtreport.org/our-work/analysis-opinion/state-high-courts-split-laws-letting-survivors-sexual-abuse-sue-after

Goldfarb, D., Goodman, G. S., Larson, R. P., Eisen, M. L., & Qin, J. (2019). Long-term memory in adults exposed to childhood violence: Remembering genital contact nearly 20 years later. *Clinical Psychological Science, 7*(2), 381–396. https://doi.org/10.1177/2167702618805742

Hamilton, M. A. (2008). *Justice denied: What America must do to protect its children*. Cambridge University Press.

Hamilton, M. A. (2025, October 9). *The movement to create access to justice for child sex abuse victims comes to a crossroads*. Verdict. https://verdict.justia.com/2025/10/09/the-movement-to-create-access-to-justice-for-child-sex-abuse-victims-comes-to-a-crossroads

Henry, A., Wright, K., & Moran, A. (2024). Justice for institutional child abuse: Comparing views from survivor and non-survivor led advocacy groups. *Child Protection and Practice, 3*, 100058. https://doi.org/10.1016/j.chipro.2024.100058

Herman, J. L. (2005). Justice from the victim's perspective. *Violence Against Women, 11*(5), 571–602. https://doi.org/10.1177/1077801205274450

Letourneau, E. J., Brown, D. S., Fang, X., Hassan, A., & Mercy, J. A. (2018). The economic burden of child sexual abuse in the United States. *Child Abuse & Neglect, 79*, 413–422. https://doi.org/10.1016/j.chiabu.2018.02.020

Mathews, B., & Dallaston, E. (2020). Reform of civil statutes of limitation for child sexual abuse claims: Seismic change and ongoing challenges. *University of New South Wales Law Journal, 43*(2), 386–416.

McDowall, D., McCleary, R., & Bartos, B. J. (2019). *Interrupted time series analysis*. Oxford University Press.

Mitchell v. Roberts, 469 P.3d 901 (Utah 2020).

National Children's Alliance. (2023). *National standards of accreditation for Children's Advocacy Centers* (Revised ed.). https://www.nationalchildrensalliance.org/ncas-standards-for-accredited-members/

National Conference of State Legislatures. (2023, November 29). *Child sexual abuse: Civil statutes of limitations*. https://www.ncsl.org/human-services/state-civil-statutes-of-limitations-in-child-sexual-abuse-cases

N.Y. Assembly Mem. in Support of A. 2683, 2019 Reg. Sess. (signed as ch. 11 of the 2019 N.Y. Laws). New York State Assembly. https://nyassembly.gov/leg/?bn=A2683&term=2019&Memo=Y

Office of the Attorney General of Maryland. (2023). *Attorney General's report on child sexual abuse in the Archdiocese of Baltimore: Interim public release (April 2023)* (redacted by order of the Circuit Court for Baltimore City). Maryland Office of the Attorney General. https://www.marylandattorneygeneral.gov/press/2023/040523.pdf

Office of the Illinois Attorney General. (2023, May 23). *Report on Catholic clergy child sex abuse in Illinois*. https://clergyreport.illinoisattorneygeneral.gov/

RAINN. (2025a, October 9). *Civil statutes of limitations for sex crimes: Reform enables justice*. https://rainn.org/rainns-recommendations-for-legislators/civil-statutes-of-limitations-for-sex-crimes-reform-enables-justice/

RAINN. (2025b, October 9). *Criminal statutes of limitations for sex crimes: End arbitrary limits*. https://rainn.org/rainns-recommendations-for-legislators/criminal-statutes-of-limitations-for-sex-crimes-end-arbitrary-limits/

Sheahan, B. R. (2025, August 11). *Statutes of limitation in sexual assault cases*. FBI Law Enforcement Bulletin. https://leb.fbi.gov/articles/featured-articles/statutes-of-limitation-in-sexual-assault-cases

Siemaszko, C. (2025, May 9). *Most of the New York Child Victims Act lawsuits remain in limbo five years later*. NBC News. https://www.nbcnews.com/news/us-news/new-york-child-victims-act-lawsuits-remain-limbo-five-years-later-rcna204133

Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect, 24*(2), 273–287. https://doi.org/10.1016/S0145-2134(99)00130-1

Stogner v. California, 539 U.S. 607 (2003)

United States Conference of Catholic Bishops, Secretariat of Child and Youth Protection. (2025). *2024 annual report: Findings and recommendations on the implementation of the Charter for the Protection of Children and Young People*. https://www.usccb.org/resources/2024%20CYP%20Annual%20Report%20(Digital).pdf

Wiggins, J. L., & Gautier, M. L. (2025). *Summary of 20 years of data collected annually for the CARA Survey of Allegations and Costs for U.S. Catholic Dioceses, Eparchies, and Religious Communities of Men*. Center for Applied Research in the Apostolate, Georgetown University. https://www.usccb.org/resources/CARA%20Summary%20of%2020%20Years%20of%20Diocesan%20Eparchy%20and%20Religious%20Communities%20of%20Men%20Survey%20Results%2020Dec2024.pdf

Are You Open to Feedback? Conversations at the Heart of Child Protection Simulation Training

Amy Wheeler, DPA, LCSW; Theodore P. Cross, PhD, FAPSAC

Abstract

Providing experiential learning through simulations to assess child safety and families' protective capacities is used for newly hired child protection specialists working for the Illinois Department of Children and Family Services. This article describes the simulation training program and the debriefing and feedback processes that are the core elements of making simulation trainings effective. The training enables child protection workers to develop metacompetence, the ability to apply one's skills in actual practice in the midst of the emotional and cognitive demands of the client encounter. Effective feedback and debriefing methods in simulations may be one tool for responding to workforce shortages burdening the child protection field. Experiential learning opportunities in child welfare should be increased and expanded beyond professional foundations training.

Author Note

Correspondence regarding this article should be addressed to Amy Wheeler, awheel037@gmail.com

Keywords: *simulations, simulation training, debriefing, feedback, child welfare*

If you were ever a worker assessing safety in child protection, think back to the first few times you had to knock on the door of a family's home. This family was probably not expecting you, and they were certainly not expecting you to ask very personal, private, or embarrassing questions about matters such as parenting decisions. Parents are often fearful of the power child protective services has over them (Dumbrill, 2006), may anticipate that workers will adopt a "worst case scenario" perspective (Dale, 2004), and may experience the investigation as a victimization in itself (Davies, 2004). As a worker visiting the home, you might have experienced dread and adrenaline-fueled apprehension about how the conversation might go; perhaps you rushed through questions because of your uncertainty. Regardless of your demeanor, your prior experience, what questions were asked, and what findings resulted, the family likely felt defensive or judged. In turn, their demeanor may have created uncertainty or defensiveness in you. Worse, it might have created bias that prevented you from gathering information with a clean lens of discernment. Even more likely, your anxiety and fear for your personal safety clouded your memory and altered details that are so very important when gathering information to assess child safety.

The task of collecting information in a difficult or stressful environment to determine a child's safety carries the mark of cortisol-soaked brains, which does not lead to accurate recollection of important details (Klier & Burratto, 2020). Our bodies formulate muscle memory from those encounters when we are repeatedly anxious and lacking confidence. Asking uncomfortable questions and having difficult conversations can get rushed, resulting in subpar information-gathering and dangerous shortcuts when making informed decisions. Engaging with strangers and assessing child safety are interactions where workers must feel confident every single time.

Effective training is needed to equip child-serving workers with the skills they require to successfully assess family needs in a compassionate and confident manner. Providing experiential learning through simulations to assess child safety and families' protective capacities is used for newly hired child

protection specialists working for the Illinois Department of Children and Family Services (DCFS). The current article is based on the first author's experience as a former child protection worker, facilitator, and director of simulation trainings for new child protection specialists working for Illinois DCFS, and the second author's experience conducting program evaluations of the training (see, e.g., Chiu, Kim, et al., 2026). The purpose of the article is to describe the simulation training program and the debriefing and feedback processes that we believe are the core elements of making simulation training effective.

The Simulation Training Program

In 2016, Dr. Betsy Goulet and Susan Evans from the University of Illinois Springfield (UIS) developed the Child Protection Training Academy (CPTA). This was the first state-wide child welfare simulation training program and provided week-long training to over 1,000 child protection professionals between 2016 and 2022 (see Goulet et al., 2021). A network of other universities continues to use simulations to train every incoming Illinois child protection worker (Chiu, Kim, et al., 2026).

Goulet and colleagues (2021) describe the development, implementation, and impact of this simulation training program, and Chiu and Cross (2020) present results of a process evaluation describing how the team of facilitators delivered simulation training in it. The training simulated an investigation in an old frame house on campus outfitted as a mock family residence (Goulet et al., 2021). To simulate the roles of a family involved in the investigation, it employed standardized patients who had experience in healthcare simulations at a neighboring medical school. The team at UIS developed multiple simulations to provide practice on a range of investigative tasks, from the initial encounter with the family, to an on-scene investigation in the house, to a hearing in a mock juvenile court setting. Trained facilitators ran the daily simulations, which provided substantial debriefing and feedback discussions to trainees throughout the simulation training week.

The Children and Family Research Center at the University of Illinois Urbana-Champaign has evaluated the Child Protection Training Academy throughout its history (see, e.g., Chiu & Cross, 2020; Chiu, Kim, et al., 2026). These evaluations have demonstrated that trainees value the simulation training and gain confidence in their skills. A follow-up survey of Illinois child protection workers, who had received their initial training months to years before, found that those who had received simulations valued their initial training more than those who were hired before simulations were available (Cross et al., 2021). However, a limitation of the research on the Child Protection Training Academy is that it has not yet related simulation training to child and family outcomes.

Beginning in 2022, the UIS team also used simulations to train multidisciplinary teams for Illinois' Children's Advocacy Centers. That training provided experiential learning designed both to enhance investigations and promote teamwork and multidisciplinary coordination (Wheeler et al., 2025). The UIS team and its agency partners also adapted their methods to provide experiential learning to other professionals dealing with client trauma: adult protection investigators (Chiu & Cross, 2024) and teachers (Tran et al., 2025). Their simulation work resulted in a partnership with the Child Welfare League of America (CWLA), which invited Betsy Goulet and the first author to document the best practices for simulation training, utilizing the forthcoming revised CWLA Standards of Excellence.

The Original Child Protection Simulation Training Week

When the program began in 2016, UIS was directed to implement one week of simulations at the end of six weeks of child welfare foundation training rather than throughout the training. The purpose was to better integrate knowledge learned in foundation training into its application in the field. Foundation trainers attended the simulation training to help connect the simulation training to their previous foundation training.

The team created scenarios and related materials for the simulation week using actual case histories from Illinois. Identifying information was redacted from multiple cases, and then combined into a simulated scenario to protect victims and others involved. The scenario featured challenging situations commonly associated with workers' mistakes in the field. The sequence of simulations in the week mirrored the consecutive steps in a child welfare investigation that could lead to a court hearing. Learners were introduced to their case on the first day. Day One also included a simulation of calling the mandated reporter to gather the reporter's observations and statements. Trainees did not know on Day One that their week of gathering information would culminate in a court hearing at the end; they were instructed that what would happen depended on the evidence they gathered.

On Day Two, the learning cohort drove one by one to the "family's home", a house on the UIS campus designated as the simulation lab, with cameras installed to facilitate video recording and remote observation. The act of driving to the mock house to knock on the door of their assigned family added to the realism because it matched what is done in the field. Once at the house, the workers engaged in a simulation in which they knocked on the door and asked to enter. There were multiple iterations of this simulation at the house, both to enable all workers to participate and to learn more by using slightly different versions of the same scenario. When not in their individual simulation, workers observed other trainees' simulations broadcast to a remote classroom via the cameras used to record interactions. To begin evidence gathering, each trainee had access to case information about the family, building on their safety assessment. Each worker had an opportunity to practice their engagement skills with various family members. This initial *Knock on the Door* demonstrates the importance of practicing investigative engagement skills and being prepared for anyone who may answer the door. It additionally exposed the learners to potential reactions, problematic phrasing of questions or comments, and other conversation elements that can be difficult for a new worker.

The Day Two simulation aimed to build trainee confidence in engaging the family while also helping them articulate their role of delegated authority. These tasks can be difficult to complete while gathering information and maintaining a neutral and objective mindset. As part of their instruction, trainees were cautioned, "the energy you bring to the door is the energy the family will respond to during your interactions," to reinforce the importance of building trust and partnerships. The engagement simulation allowed workers to find their voice and style and to build skills interacting with families who may be fearful or resistant. Trainees had to manage the challenges of engaging enough to get in the door and allying enough to develop an initial plan. Once the simulation was completed, they received immediate feedback from the facilitator and family members. At the end of the day, a collective debrief was held with the class to discuss their observations from a critical-thinking perspective and to reinforce the learning objectives.

On Day Three, the trainees conducted a scene investigation in the mock house, interacting with the "family" in pairs and taking turns completing assigned tasks with them. They were encouraged to ask questions in a neutral way, asking the simulated parents to demonstrate their explanation of how the child (a realistic-looking doll in the simulation) was injured. Trainees also practiced asking parents uncomfortable questions, answering their difficult questions, and de-escalating them when agitated. In addition, Day Three included walking through each room to identify risks to child safety, which had been purposefully staged in the home. Trainees were also challenged to meet the requirement to cite family-relevant state laws or agency procedures that must be completed. One example was having to explain to the family why the investigator needed to use their state-issued phones to obtain photographs of their home environment.

Day Three also required trainees to examine the home carefully, since there were unusual objects within plain sight that might not normally present a safety concern or be listed on any checklist, but could be used in a

manner to harm children. For example, a large dog crate was placed in the living room with objects a child may play with, along with used, cut-open zip tie restraints placed on the floor in front of the opening. These objects presented challenges to new workers, requiring them to use critical thinking and sharpen their observation skills to practice questioning what they see. Each trainee then reported their observations to one of the simulation facilitators for further discussion. Trainees also learned how to document these findings in a factual manner and how to use this information to support court testimony.

On Day Four, trainees interviewed the simulated father and mother separately. This simulation provided them with practice asking difficult questions and handling uncomfortable conversations with parents, including conversations on topics such as domestic violence and substance abuse. Each trainee took turns taking the lead during the interview, with the option of pausing and asking for support from the trainers and their peers if needed. The day also provided them with the opportunity to discuss the safety assessment and to consult with a doctor about their findings.

On Day Five, trainees testified in court in the simulated courtroom and were questioned by practicing attorneys, who played the roles of agency and parent attorneys. This simulation took place in front of retired juvenile judges, who volunteered to re-create their role. The trainees took turns providing testimony about the information they had gathered during the week, each picking up where the other left off. Trainees underwent both direct examination from the attorney representing the state and cross-examination by the parents' attorney. The attorneys and judge then provided feedback after each trainee testified.

Simulation facilitators, foundation trainers, simulated family members, and courtroom professionals provided individual, task-focused feedback immediately following each simulation exercise. Group debriefings were conducted at the end of each day. The next day began with a check-in to ensure that any questions that may have surfaced outside of class could be addressed.

The Importance of Experiential Learning in Training

Child protection pre-service training should be the most vital training for professionals assessing the safety of children. Experiential learning is critical for developing the capacity to effectively perform all required tasks in child protection. Very often, workers make unaccompanied visits to the homes of families with unknown safety threats and risks, such as someone being impaired by substances or a recent incident of domestic violence. Learning how to accurately assess the safety of vulnerable children in this context is critical and the most significant skill required to do the job. New workers find it overwhelming to learn while also remembering to apply the information required by procedures and law.

To handle these demands, child protection workers need to develop not just competence, but also *metacompetence*, which involves the ability to apply one's skills in actual practice in the midst of the emotional and cognitive demands of the client encounter. Bogo and colleagues (2021, p. 118) describe metacompetence more fully: "the term metacompetence is used to identify a higher order, overarching set of qualities and abilities spanning conceptual, interpersonal, and personal/professional capacities". The ability to conceptualize and use knowledge frameworks and ethical principles in practice requires flexibility and consideration of when and how to apply various constructs and empirical findings to the situation encountered in practice. Bogo (2021, p. 118) also states, "Connected is affective processing drawing on the capacity for self-reflection so that one becomes aware of and manages one's beliefs and assumptions, and emotional reactions to practice situations". Classroom training is not enough to develop metacompetence. Experiential learning is needed.

Most child welfare training programs attempt to provide experiential opportunities by having new employees shadow seasoned workers in the field. This may provide some opportunities for experiential learning, though the seasoned worker may not have the skills to train the new worker, and shadowing may never go beyond passive observing. Shadowing does not guarantee that needed conversations are taking place to ensure new employees are receiving sufficient feedback in areas where they need to change practice. Moreover, new workers may shadow workers who are entrenched in bad practices, thereby reinforcing those bad practices in the field. Their transfer of learning can be enhanced by supervisory or peer support in the work environment, but it can also be diminished if they lack opportunities to perform the learned behaviors in the field (Baldwin & Ford, 1988).

Debriefing and Feedback in Child Welfare Simulations

Providing structured, intentional debriefs and individual feedback is essential for all simulation-based learning (INACSL Standards Committee et al., 2025). The literature for providing standardized debriefings and feedback during simulation learning is plentiful in healthcare (see, e.g., Brett-Fleegler et al., 2012; Fanning & Gaba, 2007; Harder et al., 2021), but few publications explain the processes in child protection simulations. While it may seem obvious that the clinical skills of the medical and social work disciplines have vastly different goals, often the people skills required for patient engagement or client-focused care are quite similar.

However, the needs in medical patient encounters, and the cooperative characteristics of them are quite different from those related to client engagement in child welfare agencies. Patients routinely seek medical treatment voluntarily. In contrast, individuals and families are typically surprised and alarmed by child protection worker visits. If patient engagement goes awry with a nurse or physician, an individual with an illness could still seek medical treatment elsewhere. Rarely do families feel the need for workers assigned to child protection. Worse, families can refuse to cooperate and deny entry into their homes, which complicates the information-gathering process. It often results in the worker calling law enforcement, and sometimes the state taking custody of a child without fully or accurately assessing their safety. Put simply, it makes working with a family more difficult and dangerous, which may further traumatize individuals. Therefore, using debriefing and feedback to ensure that child-serving professionals have the skills to engage families and gather meaningful information is paramount.

Important Considerations Before Providing Debriefing and Feedback

Simulation facilitators must ensure their training is meaningful and engaging to maximize learning opportunities. Having workers practice in safe learning environments prior to beginning their work in the field promotes better transfer of learning. Therefore, providing debriefings and feedback requires the facilitator to nurture psychologically safe learning environments. When individuals cannot be vulnerable or feel as if they cannot trust their learning cohort or facilitator, they will not ask questions or participate in conversations, which negatively impacts their learning. More importantly, if they cannot respond to the instructional moments during feedback due to a lack of trust, the discussion is meaningless. Facilitators set the tone and model desired skills, but they additionally must foster a learning environment of support and inclusiveness. This is done by modeling rapport building, fostering participation, establishing respectful dialogue, and encouraging learners' vulnerability to make mistakes in the safest place – the simulation environment. In turn, facilitators must also carefully assess the emotional state of the trainees right after the simulation to ensure that their psychological safety is not compromised.

Each facilitator should ensure each learner receives similar amounts of time in simulations and for their debriefing, similar levels of the facilitator's energy, and the same style of communication. Facilitators

should use neutral tones and avoid displaying frustration or anxiety in response to what they have observed. This is an additional opportunity to model for trainees how to interact with families. They should be direct in questioning, ask open-ended questions, and prompt the learner to "tell me more" throughout their discussion. Facilitators need to guide the conversation without lecturing, encourage discussions that are engaging, and inspire trainees to reflect on their simulation experience. Facilitators also provide information about child welfare practices that trainees need.

Per the medical literature, debriefing and feedback should be structured and occur immediately following the simulation (INACSL Standards Committee, 2025). The first author's experience suggests that twice as much time should be devoted to debriefing and feedback than to the simulation. Thus, if the simulation interaction is 10 minutes, trainees should receive approximately 20 minutes of debriefing and feedback. Typically, this will involve roughly 5 minutes to process their initial reactions and feelings (the debrief), followed by approximately 15 minutes of feedback to discuss specific events and promote transfer of knowledge to their professional setting. The feedback comes both from the facilitator and the individuals simulating roles (family members, court personnel). However, the length of the debrief and feedback is contingent on the learner's experience level; novice learners in complex scenarios may need from 15 to 45 minutes, double or triple the time of the simulation (INACSL Standards Committee, 2025; Johnson-Pivec, 2011).

Debriefing

Sometimes the terms feedback and debriefing are used interchangeably, as the two components are related and interconnected. However, in this article, we discuss these terms as distinct techniques. *Debriefing* refers to a general conversation that takes place after each simulation. It is a review of events when they are completed and serves to engage the learner prior to delivering feedback. In the beginning of the debriefing conversation, facilitators should ensure they allow learners to verbally process what just took place (see Table 1, Steps 1-4). This provides trainees with an opportunity to think about how they feel and provides insight into the areas in which the learner believes they are struggling. For example, if they experienced anxiety, which is typical, it allows the learner and facilitator to discuss ways to decrease anxiety.

After simulations are completed for the day, facilitators should also conduct a group debriefing. In the group debriefing, they encourage trainees to reflect, review their exercises, and ensure all questions have been resolved. This group debrief also enables trainees to collectively process difficult subjects, including biases, and reflect on situations that may have activated a shared trauma response. It creates a space of understanding and mutual respect regarding the importance of their role, as different lived experiences contribute to a wider understanding of cultural differences and how bias impacts their decision-making. These group discussions also promote the importance of wellness activities, which are important given how trainees' role can be difficult and emotionally taxing.

Feedback

Feedback is the central technique of the experiential learning process. It refers to the technique of providing learners with individualized, specific information regarding their work or task performance; this information would provide guidance for a subsequent opportunity to demonstrate the desired effect (Boud & Molloy, 2013). It happens in the moment and focuses on specific task-oriented skill-building. Boud and Molloy assert that the learner needs to take ownership in closing the learning gap and should actively engage in the feedback process.

Feedback is reflective and should provoke thought and discussion, rather than simply being an evaluation of performance (See Table 1, Step 5). Feedback is a conversation, not a lecture. Facilitators should ask questions in a manner that reinforces and models for trainees how to ask questions to their families. Emphasizing trainees' strengths assures them that the facilitator supports their skill

Table 1 *Format for Debriefing & Feedback Discussions*

This format was created by the UIS CPTA team and then expanded on by the first author in other simulation trainings.

Step	Description
1. Check in with the participant	This provides participants time to reflect, disengage from the simulation, and identify their experiences in the simulation. Having the participant identify how they feel in this moment aids understanding of where the participant needs further support in their skill development and learning.
2. Ask participants to identify strength-based facts they observed during the simulation interaction or in the home.	This reflection allows facilitators to assess the workers' ability to identify strength-based information, an important addition to their ability to identify risks.
3. Ask participants to identify areas in which they may have struggled, including areas of cultural humility.	This discussion allows the facilitator to assess participant learning needs and insight into self-assessment capabilities. This discussion also serves as means to assess workers' cultural humility.
4. Ask participants to identify the facts gained in their simulation interactions.	This provides synthesis to recall, document, and the importance of being able to quickly assess safety in the moment.
5. Individualized feedback.	
5a. Seek permission.	This question reinforces the importance of maintaining psychological safety. If they do not feel safe in the learning environment, they will not be able to hear the feedback When an environment of safety has been developed, rarely will learners deny permission.
5b. Begin with learner's strengths and "strive for five".	Begin with general or overall statements, and try to name at least five strengths demonstrated by the worker
5c. Review the highlights of what they did well.	This is where facilitators are connecting and reinforcing the learning objectives
5d. Provide correctional guidance	This is not criticism, but rather guidance in concrete areas where they need to improve practice, connected to safety, communication, or following laws, policy, or procedures
5e. Model ways for them to improve their practice,	Facilitators often demonstrate different ways to phrase questions, including helping learners find their own style. For example, if a trainee is too direct and their phrasing can be taken as offensive, the facilitator will model less harsh alternatives, noting tone delivery and the importance of not escalating families
5f. Ask if anything else needs answered or clarified.	While this may seem obvious, this step also reinforces the importance in ensuring they ask questions when they are uncertain

development and reinforces skills they already possess. It makes guidance easier to hear, which also models for trainees an essential skill for successful interactions in the field. These conversations should also prompt facilitators to identify workers' goals for skill building, helping facilitators understand where trainees want to improve their individual practice. Each of these is an important skill for a facilitator to pass on to workers to model for and with families.

Feedback requires significant personal energy and astute attention from the facilitator, as this is the primary tool to promote the transfer of learning. Facilitators must use active listening and be incredibly focused on observing the interaction between the learner and the simulated family members. They must recognize the positive interactions as well as note the moments when trainees may have missed opportunities or information. To clearly assess the learners' skill or ability, it is imperative for facilitators to understand the learning objectives of the simulation.

After trainees have addressed their learning objectives in a simulation and there is a natural place to stop, the facilitator says, "Ok, pause". At that moment, facilitators often perceive an immediate change in the air, like a pressure valve being released, and they carefully assess the learner's reaction. As the weight of the room settles, the "family" relaxes and assumes a neutral demeanor until the facilitator asks them to provide feedback. Sometimes the learners know they have done well, and they are ready to jump into their feedback. At other times, the anxiety in the room is palpable, and the learner needs more time to regulate their nervous system. Still carefully watching the trainee's response, the facilitator provides encouragement for them to "take a breath" and settle back into the role of learner.

Facilitators can provide support and guidance when learners are overly anxious and immediately say, "I know I messed up." With their knowledge, training, and calm presence, facilitators *co-regulate* with the student — a process in which one helps another person to regulate their stress or emotions (Bornstein & Esposito, 2023). Co-regulation, in the simulation learning context, involves being attuned to trainees' emotional state and physical cues of agitation or anxiety, and responding from a calm, grounded state so the learner can move towards calm and away from distress. To maintain the safety of the learning environment, facilitators must know when co-regulation is needed and deliver feedback at a time when the student can hear the message.

When participants identify their strengths and areas of growth (see Steps 2 & 3, Table 1), facilitators can assess the learner's accuracy in those reported areas, which further informs and guides the feedback conversation. This conversation also validates what the student did well and provides practical advice. It builds competence in how to confront individuals strategically without escalating the situation. It also gives learners an opportunity to find their voice and develop confidence. Facilitators give the learner permission to practice their authentic style while adhering to the standards that professional communication is accurate and within the parameters of the role they must fulfill according to their legal mandate.

Conclusion and Implications

Feedback and debriefing in simulations are invaluable tools that help child protection workers to develop the metacompetence they need to work compassionately and effectively in the field. They also provide essential modeling for how child protection workers can interact with families. The value of feedback and debriefing underlines the importance of providing child protection workers with experiential learning.

The feedback and debriefing methods described here may be one tool for responding to workforce shortages that have burdened the child protection field for decades. During a time when states are considering how to recruit and maintain the workforce, some have been forced to examine hiring requirements. The National Association of Social Work recommends that those working in this position should have at a minimum a bachelor's degree from an accredited program in social work

(NASW, 2013). However, a simple search for available jobs reveals entry-level child protection service position requirements ranging from a master's or bachelor's level degree in social work to a non-specified bachelor's degree, or a GED equivalent and four years' experience as a police officer or active military service (Indeed, 2026, March 13). Hiring less qualified employees means that agencies *must* increase the amount of training new employees receive. Supervising employees who do not have a background or foundational knowledge in social work principles requires increased time and attention. Less experienced workers should have increased support from supervisors and seasoned co-workers to aid in the continuing transfer of learning (Curry et al., 2005). Curry and colleagues' study also reinforces the importance of the supervisor role and how it influences retention. Their article also cautions administrators that they must recognize that training and transfer support alone will not replace comprehensive retention strategies. Agencies should explore structured peer-mentoring programs, similar to law enforcement field training programs, and should utilize debriefs with employees during supervision. Training qualified seasoned workers to provide feedback to new workers would further help new workers integrate new skills that match policies and procedures, and help build a culture of support and ongoing learning.

Experiential learning opportunities should be increased and expanded beyond one week at the end of professional foundations training. Utilizing various simulations consistently across higher education programs and throughout professional training could significantly enhance the skills of the workforce. Both the training literature and educational theories support introducing skills across years, and not just in a week or two here and there (see Davis et al., 2025). Their discussion emphasizes that new skills are best learned through observation and practice in small, manageable pieces, with opportunities to practice learning from mistakes. In a week's time, workers self-correct and make improvements after receiving feedback, but one week is not sufficient for them to establish long-term practice.

Finally, as educators and practitioners, we must also be open to feedback from children and families - those whom we have helped or harmed – but especially the ones whom we have failed in the worst ways. Those of us in child welfare education and professional development must think beyond lectures and PowerPoints to improve the skills required to do this work. We must invest our time in better means of professional development to improve our practices in protecting children.

About the Authors



Amy Wheeler *became the lead facilitator at Illinois' first Child Protection Training Academy in 2017 at the University of Illinois Springfield. In February 2019, the third anniversary of the site, she and the inaugural director had trained over 600 new Child Protection Specialist employees. Amy was instrumental in onboarding new staff during the expansion to the Chicago lab in the spring of 2019 and was the first author on the guide for simulation facilitation. In 2020, she became the director of the program, and by summer 2022, she had facilitated, supervised, or supported the training of approximately 1,000 newly hired specialists across the state. Since leaving the CPTA in 2022, she has worked with other agencies to implement experiential learning opportunities, expanding her simulation knowledge beyond child welfare. She founded Mountain Heart Learning, LLC in 2025 and serves as a consultant to those interested in implementing experiential learning strategies.*



Theodore Cross *has been conducting research on the system response to child abuse and neglect for 38 years. He was the principal investigator of program evaluations of the Child Protection Training Laboratory from 2016 to 2024 and has published several articles on education and training on child maltreatment. He served on the APSAC Board of Directors and is 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. He is a senior research specialist at the Children and Family Research Center at the University of Illinois Urbana-Champaign.*

References

Allen, J. A., Reiter-Palmon, R., Crowe, J., & Scott, C. (2018). Debriefs: Teams learning from doing in context. *American Psychologist*, *73*(4), 504–516. https://psycnet.apa.org/doi/10.1037/amp0000246

Alliance for Experiential Problem-Based Learning (2026). *Alliance for Experiential Problem-Based Learning.* Retrieved March 8 2026 from https://www.uis.edu/aepbl

Bogo, M., Kourgiantakis, T., Burns, D., King, B., & Lee, E. (2021). Guidelines for advancing clinical social work practice through articulating practice competencies: The Toronto simulation model. *Clinical Social Work Journal*, *49*(2), 117–127. https://doi.org/10.1007/s10615-020-00777-6

Bornstein, M. H., & Esposito, G. (2023). Coregulation: A multilevel approach via biology and behavior. *Children (Basel, Switzerland)*, *10*(8),1323. https://doi.org/10.3390/children10081323

Brett-Fleegler, M., Rudolph, J., Eppich, W., Monuteaux, M., Fleegler, E., Cheng, A., & Simon, R. (2012). Debriefing assessment for simulation in healthcare: Development and psychometric properties. *Simulation in Healthcare, 7*(5), 288–294. https://doi.org/10.1097/SIH.0b013e3182620228

Chiu, Y. & Cross, T.P. (2020). How a training team delivers simulation training of child protection investigators. *Children and Youth Services Review*, *118*. 105390. https://doi.org/10.1016/j.childyouth.2020.105390

Chiu, Y. & Cross, T.P. (2024). Transforming learning for adult protective services caseworker certification training: Program evaluation of simulation training. *Journal of Elder Abuse & Neglect*. 1-23. https://doi.org/10.1080/08946566.2024.2423917

Chiu, Y., Kim, Y.Y., Liu, Y., Tran, S. & Cross, T. (2026). *FY2026 program evaluation of the Child Protection Training Academy for new DCFS investigators.* Children and Family Research Center. University of Illinois at Urbana-Champaign. https://cfrc.illinois.edu/pubs/rp_20251014_FY2025ProgramEvaluationOfTheCPTAForNewDCFSInvestigators.pdf

Cross, T.P., Chiu, Y., Havig, K., Lee, L. & Tran, S.P. (2021). Evaluation of a simulation training program for new child protection investigators: A survey of investigators in the field. *Children and Youth Services Review*, *131*, 106295. https://doi.org/10.1016/j.childyouth.2021.106295

Dale, P. (2004). 'Like a fish in a bowl': Parents' perceptions of child protection services. *Child Abuse Review, 13*(2), 137-157. https://doi.org/10.1002/car.837

Davies, P. (2011). The impact of a child protection investigation: A personal reflective account. *Child & Family Social Work, 16*(2), 201-209. https://doi.org/10.1111/j.1365-2206.2010.00732.x

Davis, M., McDonald, C., & Benson, C. (2025). Enhancing simulations: The promise of skills practice for achieving competence in child welfare work. *Studies in Clinical Social Work: Transforming Practice, Education and Research, 95*(3–4), 481–497. https://doi.org/10.1080/28376811.2025.2569562

Dumbrill, G. C. (2006). Parental experience of child protection intervention: A qualitative study. *Child Abuse & Neglect, 30*(1), 27-37. https://doi.org/10.1016/j.chiabu.2005.08.012

Fanning, R. M., & Gaba, D. M. (2007). The role of debriefing in simulation-based learning. *Simulation in Healthcare: Journal of the Society for Simulation in Healthcare, 2*(2), 115–125. https://doi.org/10.1097/SIH.0b013e3180315539

Goulet, B., Cross, T.P., Chiu, Y. & Evans, S. (2021). Moving from procedure to practice: A statewide child protection simulation training model. *Journal of Public Child Welfare*, 15, 597-616. https://doi.org/10.1080/15548732.2020.1777247

Harder, N., Lemoine, J., Chernomas, W., & Osachuk, T. (2021, February). Developing a trauma-informed psychologically safe debriefing framework for emotionally stressful simulation events. *Clinical Simulation in Nursing, 51*(C), 1-9. https://doi.org/10.1016/j.ecns.2020.11.007

INACSL Standards Committee: Decker, S., Sapp, A., Bibin, L., Chidume, T., Crawford, S., Fayyaz, J., Johnson, B., & Szydlowski, J. (2025). Revised Standards, Healthcare simulation standards of best practice: The debriefing process. Clinical Simulation in Nursing, 105, 101775. https://doi.org/10.1016/j.ecns.2025.101775

Indeed (2026, March 13). Child protection services jobs. https://www.indeed.com/jobs?q=child+protection+services&l=&sc=0kf%3Aattr%28D7S5D%29%3B&from=searchOnDesktopSerp&vjk=635438d2d61dd0da

Klier, C., & Buratto, L. G. (2020). Stress and long-term memory retrieval: a systematic review. *Trends in Psychiatry and Psychotherapy*, *42*(3), 284-291. http://dx.doi.org/10.1590/2237-6089-2019-0077

National Association of Social Workers. (2013). National standards for social work practice in child welfare. NASW Practice Standards & Guidelines. https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/NASW-Standards-for-Social-Work-Practice-in-Child-Welfare

Tran, S., Cross, T.P., & Havig, K. (2025). *Evaluation of The Night Before: Results from a trauma-informed professional development program.* Children and Family Research Center, University of Illinois at Urbana-Champaign. https://cfrc.illinois.edu/pubs/rp_20250212_EvaluationOfTheNightBeforeResultsFromATraumaInformedProfessionalDevelopmentProgram.pdf

Wheeler, A., Cross, T.P., & Chiu, Y. (June 2025). *Enhancing MDT success through simulations.* Presentation at the Colloquium of the Association for Professionals Solving the Abuse of Children. https://cfrc.illinois.edu/pubs/pt_20250610_UsingSimulationTrainingToEnhanceMDTCommunicationAndCollaboration.pdf



Building Vicarious Trauma Resiliency in Children's Advocacy Centers

Sarah P. Scanlon, Ph.D., LPC-A, NCC

Abstract

This article examines the implementation of methods for building vicarious trauma resiliency for multidisciplinary team (MDT) members and staff in Children's Advocacy Centers (CACs). Creating opportunities to build vicarious trauma resiliency is required in order to meet a national accreditation standard for all CACs. In a phenomenological study, nine executive directors of Children's Advocacy Centers in the southern region participated in individual interviews where they described successes as well as barriers and challenges building vicarious trauma resiliency within their CACs. From the interviews, three themes were constructed: building relationships among CAC staff and MDT partners, developing internal support, and providing trainings to promote vicarious trauma resiliency. Additional themes were constructed regarding deficits in time, funding, resources, and buy-in that were barriers to developing vicarious trauma resilience. Limitations and implications are discussed.

Keywords: *vicarious trauma, child abuse, secondary traumatic stress, Children's Advocacy Centers, multidisciplinary team*

Children's Advocacy Centers (CACs) are prominent in the response to child abuse and neglect in the United States. CACs coordinate the multidisciplinary investigation and service response to child abuse and neglect, and offer or facilitate services such as medical care, mental health interventions, and family advocacy. CACs assist the non-offending caregiver and family, as well as the child, throughout the process. This enhances the support of the non-offending caregiver, which is important in fostering positive outcomes for the child (Everson et al., 1989). CACs have developed rapidly since their founding in the 1980s (see Cramer, 1985), and now approximately 1,000 are in operation across the United States (National Children's Alliance, n.d.).

Multidisciplinary Teams

One foundation of a Children's Advocacy Center is the multidisciplinary team (MDT) (Westphaln et al., 2022). This team is described as "[…] a group of professionals from specific and distinct disciplines that collaborates from the point of report and throughout a child and family's involvement with the CAC" (National Children's Alliance, 2025, p.14). Members of the MDT include law enforcement officers, child protective services personnel, mental health professionals, victim or family advocates, forensic interviewers, and other professionals, as well as CAC staff members (Cross et al., 2024).

Vicarious Trauma, Secondary Trauma, Burnout, and the MDT

The work done by professionals on MDTs has been found to be taxing mentally and emotionally (Bonach & Heckert, 2012; Cunningham, 2004; Pirelli et al., 2020; Singer et al., 2020). MDT members are often exposed to sensitive and graphic descriptions of abuse and maltreatment (Chandler, 2006). Moreover, engaging for long hours with children and families who have experienced traumatic events puts professionals at risk of experiencing vicarious trauma, secondary traumatic stress, and burnout (Cunningham, 2004; Foreman, 2018; Foreman et al., 2020; Ivicic & Motta, 2017; Sutton et al., 2022). Some research suggests that professionals may have a more difficult time working with human-induced trauma, such as sexual abuse, versus a naturally occurring trauma, such as cancer (Cunningham, 2003). Symptoms of vicarious trauma include social

withdrawal, anxiety, depression, and feelings of detachment from relationships (Cunningham, 1999; Cunningham, 2003; Foreman et al., 2020; Leung et al., 2023; Sutton et al., 2022). Secondary trauma is a related concept. It has been described as the re-experiencing of traumatic events through thoughts, feelings, and imagery and is commonly experienced by helping professionals (Benuto et al., 2021; Sutton et al., 2022). Burnout is a result of chronic workplace stress that has not been managed successfully (World Health Organization, 2019). Symptoms of burnout include exhaustion, increased mental distance or negativity towards one's job, and a reduction in professional efficacy. Burnout is correlated with job turnover for human service professionals (Bonach & Heckert, 2012; Starcher & Stolzenberg, 2020).

Research on professional disciplines represented on the MDT has found that they experience vicarious trauma, secondary trauma, and burnout that lead to emotional and physical problems, difficulties with interpersonal relationships, higher levels of stress, sleep disturbances, and anxiety (Bonach & Heckert, 2012; Cunningham, 2004; Pirelli et al., 2020; Singer et al., 2020). Service organizations may be affected by poor work quality due to these symptoms (Cunningham, 1999; Krushas et al., 2023; Sutton et al., 2022).

Research has found that victim advocates may be at greater risk than other professionals for experiencing psychological effects such as burnout (Benuto et al., 2021; Singer et al., 2020). Victim advocates often work many hours with victims, subjecting the advocates to indirect exposure to a variety of traumatic experiences (Benuto et al., 2021; Cummings, et al., 2021; Szoke et al., 2023).

Some research has focused specifically on secondary trauma and burnout among professionals working in or with CACs. Surveys of CAC forensic interviewers have found that they experience mild secondary traumatic stress (Bonach & Heckart, 2012; Perron & Hiltz, 2006) and burnout that ranged from mild (Perron & Hiltz, 2006) to moderate (Starcher & Stolzenberg, 2020). On the other hand, Starcher and Stolzenberg (2020) found that 29% of CAC forensic interviewers reported five or more criteria for the diagnosis of post-traumatic stress disorder. Letson et al. (2020) surveyed a range of different MDT professionals who worked in CACs and found high levels of secondary traumatic stress and burnout. These professionals reported challenges separating work and personal life and increased cynicism about the world. In a follow-up analysis of the same survey, Beer and colleagues (2021) identified four areas impacted by work-related stressors in CACs: (a) intrapersonal coping, (b) interpersonal coping, (c) cognitive abilities, and (d) psychophysiological outcomes. Krushas and colleagues' (2023) focus group study of a large Midwest CAC found that MDT professionals identified secondary trauma and burnout as challenges to their work.

Some relevant research results have focused on law enforcement. Law enforcement officers who worked on an MDT within a CAC reported dealing with work-related stress and/or vicarious trauma by disengaging socially (Beer et al., 2021). Hung's (2026) research studied law enforcement officers' stress generally. Through literature review and interviews with officers, Hung identified multiple sources of stress for law enforcement, such as internal organizational pressure and inherent job risks. When not managed properly, negative outcomes such as impaired mental health, decreased work efficiency, and disruption in relationships may result. Hung (2026) found that receiving social support through peers, family, and supervisors was identified as a positive coping strategy for law enforcement. Additional coping mechanisms identified by law enforcement were experience-sharing, mindset shifts, and emotional intelligence enhancement (Hung, 2026). However, fears of stigmatization and negative career impact create barriers to law enforcement professionals seeking professional, psychological support (Burzee et al., 2022; Hung, 2026).

Several studies identified factors that mitigated secondary trauma and burnout in CACs. Perron and Hiltz (2006) found that CAC forensic interviewers experienced relatively high organizational satisfaction, and Starcher and Stolzenberg (2020)

found that they experienced high job support. Both these studies and Bonach and Heckert (2012) reported that these positive experiences were correlated with less secondary traumatic stress and burnout. Additionally, Ivicic and Motta (2017) found a positive relationship between a supportive work environment and lower levels of secondary traumatic stress and vicarious trauma among forensic interviewers. The participants in Krushas et al.'s (2023) focus groups had a positive experience of the CAC, despite the challenges of secondary trauma and burnout, and identified training and continuing education provided by the CAC as a strength. Several researchers in this area have suggested steps that CACs can take to mitigate secondary trauma and burnout (Bonach & Heckert, 2012; Krushas et al., 2023; Letson et al., 2020; Starcher & Stolzenberg, 2020). These include education on stress management and positive coping strategies, opportunities for peer support and peer reviews, regular supervision, trauma-specific trainings, mandatory continuing education and training for CAC staff, and assessments by CACs of the organization's strengths and challenges affecting professionals working in them.

The National Children's Alliance Standard Addressing Vicarious Trauma

The National Children's Alliance is the national membership organization of CACs and their accrediting body. The NCA develops the standards for CACs and accredits those CACs that meet these standards. Essential Component I of the organizational capacity standard states:

CACs have a primary role in building and enhancing the functioning of the MDT. A highly functioning MDT assures vicarious trauma is acknowledged and addressed and has an awareness and understanding of the importance of work-related trauma exposure and its potential consequences. While MDT partner agencies have primary responsibility for health and well-being of their respective staff, the CAC is responsible for providing access to training, ongoing recognition, and discussion and strategies to collaboratively address vicarious trauma and help build team members' resiliency. Moreover, the health of the MDT as a whole directly impacts service delivery to children and families. Therefore, attention to this issue is important for helping to ensure high-quality services and improve outcomes for abused children and families. (National Children's Alliance, 2025, p. 57).

The original research question of this study was: *What is the experience of executive directors in southern-based Children's Advocacy Centers when implementing the National Children's Alliance standard from the organizational capacity chapter: Essential Component I within their own Children's Advocacy Center*? Given what was learned in the interviews conducted for this study, an adapted version of this research question is used in this article: *What is the experience of executive directors in southern-based Children's Advocacy Centers with creating opportunities for vicarious trauma resiliency within their own Children's Advocacy Center?*

Research Method

The current research used a qualitative, phenomenological approach focusing on lived experiences of individuals to discover meaning from their perspectives. A phenomenological approach was ideal for this study because it looks to describe the nature of an experience. This approach focuses on exploring individuals' perspectives and gaining insight into what they experienced and how it was experienced (Teherani et al., 2015). Open-ended questions during semi-structured interviews were used to collect data. The study was approved by the University of Holy Cross Institutional Review Board (IRB). The interviews were conducted either in-person or via a HIPAA-compliant online platform (Zoom).

Participants

To qualify for this study, participants had to be currently serving as a Children's Advocacy Center executive director or in a similar role, such as a vice president or program coordinator. The study had nine participants. The sample was focused within

the Southern region primarily due to convenience and availability of resources for this study. To recruit participants, an email introducing the study was sent directly to most CAC directors or agency information addresses that were available for Louisiana and neighboring Southern states. Participants who were interested in participating in the study responded to the email. Two participants were from Alabama CACs, five from Louisiana CACs, one from a Mississippi CAC, and one was from an Arkansas CAC. Eight participants identified themselves as female and one as male. Pseudonyms were used to protect the participants' confidentiality and identity.

Interviews

The research conducted eight interviews via a HIPAA-compliant online platform (Zoom) and one in person. The interviews were video-recorded or audio-recorded and recordings were stored on a secure platform. All interviews were transcribed manually by the researcher and the transcriptions were stored on a secure platform.

Prior to introducing the interview protocol, the interviewer read verbatim to the participant the standard that they were being interviewed about. The study used a semi-structured interview protocol with the following questions.

- How would you define your role as a Children's Advocacy Director?
- How familiar are you with the National Children's Alliance Standards?
- What is your experience with providing opportunities to develop resilience against vicarious trauma, secondary traumatic stress, and burnout?
- In which ways have you experienced barriers in meeting this standard as an executive director?
- What methods do you find to be beneficial in meeting this standard and creating the opportunity to develop resiliency?

Data Analysis

The author analyzed the transcripts using a phenomenological approach. Thematic analysis was used to organize data. This method is frequently used for reporting themes or patterns within data (Braun & Clarke, 2006). First, the researcher identified significant statements made by the participants that offered important contributions to the topic. Next, from these statements, she constructed meaningful and significant themes related to the topic. Themes were identified separately for successes and barriers.

Results

Successes

Building Relationships Among CAC Staff and MDT Partners

One theme characteristic of the responses of multiple participants was building relationships among CAC internal staff and multidisciplinary team partners.

Activities Unrelated to Work. Several participants described activities unrelated to work as beneficial for building relationships that could help protect professionals from vicarious trauma resiliency.

Joy shared how she has implemented this approach within her CAC: "We just try to plan MDT gatherings, and it's not a time where we are talking about child sexual abuse. We're just simply having a cookout at the office and just trying to hang out and build relationships outside of the work; [this] has helped people be more open with each other. When maybe they are having a tough day or a tough case, that's really opened up communication well with our partners."

Lori also supported the importance of building relationships through "staff outings to be able to get together and have fun." They are not exactly "trainings," but rather a time to get out of the office and make dedicated time for self-care as a staff. Staff outings have included, for example, out-of-office birthday celebrations, board-sponsored holiday parties, and an after-hours paint party at a local paint

boutique. Lori stated, "Our jobs are very difficult and very heavy, so being able to lighten it up that way has helped."

June also noted the importance of doing "fun things" for the sake of building relationships:"[...] they all build upon one another, and so they're just pieces of the puzzle for us." The CAC staff participates in staff development days every other month. One of these days was devoted to learning different relaxation techniques, for example, and another to self-defense classes.

Kelsey described a one-day MDT retreat she put on with her CAC. One goal was for participants to learn more about how to take care of themselves in this field of work and how to interact with other partners. It was held at a local camp with an outdoor space that made it easier to accommodate a large group. The camp staff provided team-building activities. About 20 MDT partners attended the retreat and spent about three hours together. Kelsey reported that everyone enjoyed this event and made positive strides in building relationships. Kelsey also described a few ways that her internal team builds relationships. They will go to lunch together or participate in activities like axe-throwing.

Showing Appreciation. Joy discussed how small recognitions in day-to-day interactions have helped build relationships. Examples include recognizing birthdays with small "happies" such as a cupcake or birthday card, providing treats for social work month, and choosing an "MDT member of the month." A display on the MDT member of the month with fun facts about them is posted in the monitoring room for other professionals to see, and a social media spotlight about them is done as well. The MDT member of the month also gets to choose the meal for case review that month.

Tony also highlighted the importance of building relationships through staff outings and activities, and of showing appreciation to the multidisciplinary team partners: "We have a collaborative partner appreciation day. It's a barbecue for them, that is just a celebration of them [...] It might seem simplistic, but at Christmas time we always write them thank you cards and send gifts. Then we have a breakfast where we recognize law enforcement and DCFS [and] commend them for their work. We try to keep them a part of our team as a forefront."

Brooke described a fundraising event similar to the breakfast Tony described, with the purpose of highlighting community partners and recognizing their work and involvement. During this event, they recognize someone who has worked with the CAC, somebody who has worked with a specific program within their CAC, and a survivor. Brooke reported that it has been rewarding to see how MDT partners and the community value this.

Internal Support

The researcher also constructed a strong theme of internal support. June sees the uniqueness of each individual supporting staff member. She strives to create internal support by continuously examining herself and how she can be effective in taking care of her staff and MDT partners. She stated: "I try to set aside one morning per month to review my own performance and interactions with our team. I look for what went well, what needs improvement (both from myself and from others on our team), any highlights that I can use to complment individual members of our team. I strategize about what we will need to do to make the next four weeks successful."

During this reflection time, she focuses on areas of clarity, confidence, connection, creativity, and commitment. June also does simple self-tests or self-measures, for example, the Leadership Self-Assessment from Purdue (Purdue University Mechanical Engineering, n.d.). This instrument does not take much time and gives her "good personal feedback."

Brooke discussed a method that she and her team engaged in to support self-care. "Self-care calendars" were created each month by a different member of the staff. The staff member makes a self-care suggestion for each day of the week for everyone to engage in. Brooke reported that this was successful

and "interesting because you got to see what other people thought self-care looked like."

Multiple participants discussed how strong partnerships and services and support from outside mental health professionals were some of the most beneficial methods of creating resiliency. Mary stated: "When you have a strong partnership, when we are providing support for those agencies, they feel comfortable enough to come to us and say, 'Hey, I'm really struggling with this case, can I talk it out with you?'"

Casey shared that continuous encouragement and support of MDT partners have been at the forefront of her agenda during case reviews. Casey stressed the importance of listening and having mental health resources available for MDT partners if needed. They have a community resource list that is available to their MDT partners if needed for mental health support.

Brooke described that, "one of the things that we were able to do when we have funding that I think has the most impact was we were able to hire outside therapists to come [to our CAC]." Brooke went on to describe that, "The invite was extended to our MDT partners, DCFS, law enforcement, detectives, whoever wanted to come, in-person or over Zoom. A therapist came in, usually on a Friday, and they did debriefing, maybe a critical incident review depending on what had happened, and it was a therapist completely outside of our CAC. The staff and MDT partners started looking forward to that. A lot of them felt, the MDT partners, … they could have mental health access without judgment."

Joy, Kelsey, Mary, and June also discussed the importance of internal support, provided through such means as check-ins, staffings, and support groups with staff and MDT partners. Another important activity was interacting with the outside mental health professionals. Joy stated, "[the staff] reported that they like the monthly check-ins a lot." In the monthly check-ins, staff are asked questions such as, "What do you need from me?" or "How is your self-care?" The check-ins often result in talking through things one-on-one. Mary also made a point to highlight that: "We're making sure to touch base with one another regularly as an internal staff because we recognize that these cases are really challenging sometimes. Especially because you are kind of expected not to talk about it outside of house because of confidentiality. And so for us to be able to create that safe space for us to be able to talk about it as well as learn about things that staff want to learn, we have found a lot of success in that."

Training

Training related to mental health and vicarious trauma was a significant theme as well. One type of training opportunity mentioned frequently was attending or hosting conferences with topics focused on the mental health of MDT partners and vicarious trauma. Mary described her experience with a conference her CAC provides, supported by outside funding: "I definitely think our conference is a really good example of where we're able to team up essentially within our own organization to create a training source for our MDT partners and, of course, our community and staff members as well. But for our MDT partners, we provide scholarships and things like that for them to go to these conferences at no cost to really get that training. We focus a lot on vicarious trauma for a lot of those sessions. We find that that piece is really important to have the consistency for them to be able to take part in."

Tony described that they are often able to provide scholarships funded by outside sources for MDT partners and staff to attend conferences such as the Dallas Crimes Against Children Conference and the Tennessee Children's Justice Conference. These conferences have presentations specific to MDT roles and to vicarious trauma resolution. He has received positive feedback about providing these opportunities.

Kelsey, Joy, Tony, and June identified bringing in guest speakers to train on specific topics as beneficial for creating vicarious trauma resiliency. Tony described this as a "proactive approach". Sometimes this was funded from outside sources. Joy described

her experience with bringing in a guest speaker: "[The speaker is] really involved on the mental health side of things now, but he's coming in to specifically talk about secondary traumatic stress and vicarious trauma. It will be a lunch and learn for us. All of our law enforcement and CPS are really excited about it. We're going to provide CEUs, but we feel like he's really going to speak to our law enforcement really well because he comes from that background."

June also described how different staff members of her CAC would do internal training. Mental health professionals and family advocates in the CAC would focus on presenting "hands-on tips," providing resources on vicarious trauma, and building resiliency.

Barriers

Limited Time, Funding, and Resources

The researcher constructed limited time, funding, and resources for building vicarious trauma resiliency as a theme. This was especially salient in rural areas. Brooke stated, "funding is always an issue," and Casey stated, "the barriers are just [a] lack of resources. Especially if you're in a small, rural community. The logistical things could be a nightmare just because of the lack of resources that we do have." She said further that CAC staff or MDT partners who want to receive neutral/unbiased services to help with vicarious trauma "would have to go out of town for that resource, and then to do that you're asking for more time off."

Joy discussed how time is limited due to the job each multidisciplinary team member holds. For example, Joy stated, "law enforcement; they're working all different cases, not just child abuse cases..." Connie also described how, "We do wish that more of our detectives would attend but since they are so short staffed, attending these trainings are not a priority when they have to be more boots on the ground with everything." Lori stated, "I think time is honestly the biggest [barrier] and just finding that time on our schedule." Lori described how setting aside time for trainings is "also a time that we're not specifically serving kids..."

Lack of Buy-In

Another significant barrier was the buy-in to the importance of vicarious trauma resiliency. Often, this pertained to law enforcement. When asked what barriers she has experienced in meeting the NCA standard, June stated, "I think probably would be the buy-in, especially with law enforcement who tends to [have the attitude of] 'we're good, everything is good.'" June also noted, "I think the hardest barrier is having them understand the importance of that and seeking out the time..." Tony gave an example of bringing in a speaker for the MDT team, "There was just rebuke of it because comments were made by MDT partners such as 'we don't have time for this' and 'I'm fine, I don't need anything.'" Casey stated, "A big barrier is obviously the stigma around mental health and not wanting to talk about it, not wanting to admit there's an issue going on because it's really challenging, specifically for law enforcement and CPS…" She described law enforcement officers being resigned to experiencing negative effects on their mental health and speaking such words or having such thoughts as "I'm supposed to [experience negative feelings which take a toll on my mental health] because I signed up to do this job." Lori stated, "There are certain MDT partners that may struggle more than others [mentally but] feel like they know the trauma game [...] it's like pulling teeth to get them to a training." June shared that, when law enforcement professionals attended trainings, they actively participated and enjoyed them.

Choosing training topics that appeal to or focus on a specific discipline on the MDT helps professionals in that discipline become invested in attending. Tony found it important to speak to the importance of committing to the MDT team and continuing to provide opportunities, even when there was pushback. He shared that once MDT partners started to attend more trainings focusing on their concentration and interests, more dedication to the importance of vicarious trauma resiliency became evident. Tony particularly described a training that was done for the CAC staff and MDT partners by a former detective that focused on this topic and

described how they "absolutely loved it." Tony stated, "Investment in your team goes a long way."

Discussion

These results have important implications regarding the benefits and challenges for CAC executive directors, creating opportunities to build vicarious trauma resiliency.

Successes

The CAC executive directors discussed several successes they had in promoting vicarious trauma resiliency with CAC staff and MDT partners. These were captured by several themes constructed from the data: 1) building relationships among CAC staff and MDT partners, 2) internal support, and 3) training. In addition, participants described how MDT gatherings, collaborative partner appreciation days, monthly MDT partner recognitions, and fundraising events highlighting community and professional partners have enhanced positive professional relationships. The methods described both address vicarious trauma directly and help create a supportive work environment and job satisfaction, which have been found to correlate with lower levels of vicarious trauma, secondary traumatic stress, and burnout (Bonach & Heckart, 2012; Ivicic & Motta, 2017; Krushas et al., 2023; Letson et al., 2020). These findings are also consistent with other literature that shows the beneficial effects of positive professional relationships (Cunningham, 1999; Cunningham, 2003; Pirelli et al., 2020; Sutton et al., 2022). Participants also reported that providing training opportunities to MDT partners and internal staff was important for building vicarious trauma resiliency, which is also consistent with recommendations from other literature (Cunningham, 1999; Pirelli et al., 2020; Sutton et al., 2022).

Joy, Mary, June, and Brooke discussed the success of frequent check-ins and self-care activities. Research supports that self-care for social workers or child welfare workers is an important part of their professionalism, so much so that self-care is integrated into their competency standards (Lewis & King, 2019). For mental health professionals, wellness is an important factor in decreasing the risk of impairment personally and professionally (Foreman, 2018). Overall wellness is identified and described as a *layer of protection* against vicarious trauma and impairment, particularly in professionals (Foreman, 2018). Wellness can impact multiple areas of a professional's life, including personal relationships, professional relationships, and interactions with traumatized clients (Foreman, 2018). Regulating one's own behavior and well-being is identified as a professional competence/standard for mental health professionals (Pirelli et al., 2020); the findings here suggest that this could be appropriate for every discipline on MDTs in CACs.

Barriers

The CAC executive directors also discussed several barriers to promoting vicarious trauma resiliency. The themes constructed regarding barriers were 1) limited time, funding, and resources, and 2) lack of buy-in. The lack of resources discussed here is consistent with previous research in which child welfare workers have identified limited resources as a source of stress (Beer et al., 2021). A national census from 2016 found that "almost 20% of CACs reported receiving funding from only three or fewer sources, indicating potential for significant funding difficulties if one or more of those revenue streams were eliminated or cut by funders" (Boeskin et al., 2016, p.16).

The lack of buy-in among law enforcement professionals is reminiscent of Beer et al.'s (2021) finding that law enforcement officers who worked on an MDT in a CAC reported dealing with work-related stress and/or vicarious trauma by disengaging socially. It is also consistent with Hung's (2026) finding of social disengagement as a reaction to law enforcement stress generally. Self-care, internal support from one's organization, and psychological support from outside professionals foster vicarious resiliency, but stigmatization impedes use of these supports (Burzee et al., 2022; Hung, 2026). The lack of buy-in hampers efforts to build vicarious

trauma resiliency. But Tony was successful in finding opportunities to train on vicarious trauma despite the pushback, notably, by involving a former detective. This is consistent with Hung's (2026) finding that officers value psychological training that is contextualized to their needs. June found that law enforcement professionals actively participated and enjoyed trainings when they did attend them. CACs should be encouraged by these successes overcoming pushback. Continual opportunities to attend conferences and focused trainings and participate in vicarious trauma resiliency days could strengthen buy-in. Hung's (2026) finding that law enforcement officers reported using a range of individual coping mechanisms suggests their interest in building vicarious trauma resiliency.

Essential Component I of NCA's organizational capacity standard states that "the CAC is responsible for providing access to training, ongoing recognition, and discussion and strategies to collaboratively address vicarious trauma and help build team members' resiliency" (National Children's Alliance, 2025, p. 57). Successful strategies described by participants in this study provide examples of how to do this. However, participants in this study did not report any specific guidance from NCA regarding on what to do to build vicarious trauma resiliency or how to do it. CACs may benefit from more specific guidance and resources from NCA to help them build vicarious trauma resiliency.

Limitations of this Research

Although valuable insight was acquired in this research, the small sample size and targeted region limits generalizability. Increasing the sample size and the range of covered would increase the generalizability of future research in this area. The qualitative and phenomenological nature of this study limits information to personal, subjective experiences and provides no quantitative data to assess successes and barriers and evaluate resiliency strategies.

Future Research

Future research could use observational methods to gather data from resiliency-building events and interview and/or survey CAC staff and MDT members for their insights on and appraisal of CAC resiliency-building efforts. New studies could also evaluate resiliency strategies by comparing change in the resiliency of staff and MDT members in CACs that implement resiliency enhancement methods to change in CACs that aspire to do so but do not yet have the means.

Conclusion

These results provide firsthand experiences from executive directors who have implemented successful methods in creating vicarious trauma resiliency and also encountered barriers in doing so. The themes of relationship building, internal support, and trainings offer examples of what building vicarious trauma resiliency in a CAC looks like. The barriers of limited time, funding and resources and lack of buy-in suggest challenges that CACs should anticipate. Using the successful methods described in this study as a template could help other CACs create opportunities to enhance the vicarious trauma resiliency of their staff and MDT partners. It is worth striving for a future in which NCA, the regional CACs, and all member CACs share a knowledge base of effective, evidence-based methods for enhancing vicarious trauma resiliency, and CACs have the resources to implement them. The result could be greater resiliency among professionals, improved quality of their practice, and greater well-being among the children and families they serve.

About the Author



Dr. Sarah Scanlon *earned her Ph.D. in Counselor Education and Supervision from the University of Holy Cross. She is also a graduate of Southeastern Louisiana University where she earned both her Master of Science in Counseling and Bachelor of Arts in Psychology. Dr. Scanlon is a Licensed Professional Counselor with the designated appraisal privilege in Louisiana and a National Certified Counselor. As a Licensed Professional Counselor, Dr. Scanlon provides counseling services to children, adolescents, and adults. Her expertise encompasses trauma work and trauma-informed practices, primarily with children and adolescents. Dr. Scanlon is certified in Trauma-Focused Cognitive Behavioral Therapy and trained and certified in numerous parenting modalities. Prior to joining the Counseling faculty at Southeastern Louisiana University, Dr. Scanlon provided mental health counseling services to children and adolescents at Children's Advocacy Center Hope House for over four years. She also worked as an LPC for Ochsner - BOH Center where she provided mental health services to children and adolescents there as well. Dr. Scanlon's research interests include building vicarious trauma resiliency, trauma, and trauma-informed care/practice. Dr. Scanlon's dissertation topic explored the topic of vicarious trauma resiliency in which she plans to continue to build upon in addition to other research involving trauma and best practices among clients and professionals at risk of vicarious trauma. In addition to her professional work, Dr. Scanlon holds numerous professional memberships and is currently serving as the Secretary/ Treasurer for the Association for Child and Adolescent Counseling-Louisiana.*

References

Beer, O. W. J., Phillips, R., Letson, M. M., & Wolf, K. G. (2021). Personal and professional impacts of work-related stress alleviation strategies among child welfare workers in child advocacy center settings. *Children and Youth Services Review*, *122*. https://doi.org/10.1016/j.childyouth.2020.105904

Benuto, L. T., Yang, Y., Ahrendt, A., & Cummings, C. (2021). The secondary traumatic stress scale: Confirmatory factor analyses with a national sample of victim advocates. *Journal of Interpersonal Violence*, 36(5–6), 2572–2591. https://doi.org/10.1177/0886260518759657

Boeskin, B., Edwards, D., Laird, W., & Lounsbury, K. (2016). Snapshot 2017: Advocacy, efficacy, and funding in CACs. https://www.nationalchildrensalliance.org/wp-content/uploads/2018/03/Snapshot-2017.pdf

Bonach, K., & Heckert, A. (2012). Predictors of secondary traumatic stress among Children's Advocacy Center forensic interviewers. *Journal of Child Sexual Abuse*, 21(3), 295–314. https://doi.org/10.1080/10538712.2012.647263

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Burzee, Z., Bowers, C., & Beidel, D. (2022). A re-evaluation of Stuart's police officer stigma scale: Measuring mental health stigma in first responders. *Frontiers in Public Health, 10*, Article 951347. https://doi.org/10.3389/fpubh.2022.951347

Cramer, R. E. (1985). The district attorney as a mobilizer in a community approach to child sexual abuse. *University of Miami Law Review*, *40*, 209-216. https://repository.law.miami.edu/umlr/vol40/iss1/11

Cross, T. P., Whitcomb, D., & Maren, E. (2024). Practice in U.S. Children's Advocacy Centers: Results of a survey of CAC directors. *APSAC Advisor*, 37(1), 11-22. https://apsaclibrary.org/publications/2024%20Number%201/10737.pdf

Vicarious Trauma Resiliency

Cummings, C., Singer, J., Hisaka, R., & Benuto, L. T. (2021). Compassion satisfaction to combat work-related burnout, vicarious trauma, and secondary traumatic stress. *Journal of Interpersonal Violence*, 36(9–10). https://doi.org/10.1177/0886260518799502

Cunningham, M. (1999). The impact of sexual abuse treatment on the social work clinician. C*hild & Adolescent Social Work Journal*, *16*(4), 277–290. https://doi.org/10.1023/A:1022334911833

Cunningham, M. (2003). Impact of trauma work on social work clinicians: Empirical findings. *Social Work*, *48*(4), 451–459. https://doi.org/10.1093/sw/48.4.451

Cunningham, M. (2004). Teaching social workers about trauma: Reducing the risks of vicarious traumatization in the classroom. *Journal of Social Work Education*, 40(2), 305–317. https://doi.org/10.1080/10437797.2004.10778495

Everson M.D., Hunter W.M,, Runyan D.K, Edelsohn G.A., & Coulter M.L. (1989). Maternal support following disclosure of incest. *American Journal of Orthopsychiatry, 59*(2), 197–207. https://doi.org/10.1111/j.1939-0025.1989.tb01651.x

Foreman, T. (2018). Wellness, exposure to trauma, and vicarious traumatization: A pilot study. *Journal of Mental Health Counseling*, *40*(2), 142–155. https://doi.org/10.17744/mehc.40.2.04

Foreman, T., Tangen, J., Fickling, M., & Wester, K. L. (2020). The impact of trauma exposure: vicarious traumatization and posttraumatic growth among counselor trainees. *Journal of Counselor Practice*, 11(2), 21–43. https://www.journalofcounselorpractice.com/uploads/6/8/9/4/68949193/10.22229_tio1122020.pdf

Hung, W.-L. (2026). Preliminary investigation of the impact of stress suppression processes and counseling strategies for police officers: A qualitative content analysis. *International Journal of Environmental Research and Public Health, 23*(2), Article 227. https://doi.org/10.3390/ijerph23020227

Ivicic, R., & Motta, R. (2017). Variables associated with secondary traumatic stress among mental health professionals. *Traumatology*, 23(2), 196–204. https://doi.org/10.1037/trm0000065

Kim, J., Chesworth, B., Franchino-Olsen, H., & Macy, R. J. (2022). A scoping review of vicarious trauma interventions for service providers working with people who have experienced traumatic events. *Trauma, Violence, & Abuse, 23*(5), 1437–1460. https://doi.org/10.1177/1524838021991310

Krushas, A. E., Kulig, T. C., Wright, E. M., Spohn, R. E., & Castrianno, L. M. (2023). Identifying successes and barriers in a child advocacy center: An examination of five service areas. *Child & Youth Services*, 44(3), 275–299. https://doi.org/10.1080/0145935X.2022.2107505

Letson, M. M., Davis, C., Sherfield, J., Beer, O. W. J., Phillips, R., & Wolf, K. G. (2020). *Identifying compassion satisfaction, burnout, & traumatic stress in Children's Advocacy Centers*. *Child Abuse & Neglect, 110*, Article 104240. https://doi.org/10.1016/j.chiabu.2019.104240

Leung, T., Schmidt, F., & Mushquash, C. (2023). A personal history of trauma and experience of secondary traumatic stress, vicarious trauma, and burnout in mental health workers: A systematic literature review. *Psychological Trauma: Theory, Research, Practice, and Policy,* 15(Suppl 2), S213–S221. https://doi.org/10.1037/tra0001277

Lewis, M. L., & King, D. M. (2019). Teaching self-care: The utilization of self-care in social work practicum to prevent compassion fatigue, burnout, and vicarious trauma. *Journal of Human Behavior in the Social Environment*, 29(1), 96–106. https://doi.org/10.1080/10911359.2018.1482482

National Children's Alliance. (2025). NCA's National Standards of Accreditation. https://www.nationalchildrensalliance.org/ncas-standards-for-accredited-members/

National Children's Alliance (n.d.). *Need help? Find an NCA Member below.* Retrieved July 6, 2026 from https://www.nationalchildrensalliance.org/nca-members/

Perron, B. E., & Hiltz, B. S. (2006). Burnout and secondary trauma among forensic interviewers of abused children. *Child and Adolescent Social Work Journal*, *23*(2), 216–234. https://doi.org/10.1007/s10560-005-0044-3

Pirelli, G., Formon, D. L., & Maloney, K. (2020). Preventing vicarious trauma (VT), compassion fatigue (CF), and burnout (BO) in forensic mental health: Forensic psychology as exemplar. *Professional Psychology: Research and Practice*, 51(5), 454–466. https://doi.org/10.1037/pro0000293

Purdue University Mechanical Engineering (n.d.). *Leadership Self-Assessment.* Retrieved August 12, 2026 from https://www.purdue.edu/meercat/ldp/wp-content/uploads/sites/2/2018/08/LSA.pdf

Singer, J., Cummings, C., Boekankamp, D., Hisaka, R., & T. Benuto, L. (2020). Compassion satisfaction, compassion fatigue, and burnout: A replication study with victim advocates. *Journal of Social Service Research*, 46(3), 313–319 https://doi.org/10.1080/01488376.2018.1561595

Starcher, D., & Stolzenberg, S. N. (2020). Burnout and secondary trauma among forensic interviewers. *Child & Family Social Work*, 25(4), 924–934. https://doi.org/10.1111/cfs.12777

Sutton, L., Rowe, S., Hammerton, G., & Billings, J. (2022). The contribution of organizational factors to vicarious trauma in mental health professionals: A systematic review and narrative synthesis. *European Journal of Psychotraumatology*, 13(1). https://doi.org/10.1080/20008198.2021.2022278

Szoke, D., Lancaster, C., & Hazlett-Stevens, H. (2023). Relationships between burnout, secondary traumatic stress, mindfulness, and self-compassion in victim advocates. *Violence Against Women*, *29*(12/13), 2551–2568. https://doi.org/10.1177/10778012231185535

Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A., & Varpio, L. (2015). Choosing a qualitative research approach. *Journal of Graduate Medical Education, 7*(4), 669–670. https://doi.org/10.4300/JGME-D-15-00414.1

Westphaln, K. K., Manges, K. A., Regoeczi, W. C., Johnson, J., Ronis, S. D., & Spilsbury, J. C. (2022). Facilitators and barriers to Children's Advocacy Center-based multidisciplinary teamwork. *Child Abuse & Neglect*, *131*, 105710. https://doi.org/10.1016/j.chiabu.2022.105710

World Health Organization. (2019, May 28). Burn-out an "occupational phenomenon": *International Classification of Diseases*. World Health Organization. https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases

Helping the Helpers: How the University of Illinois Foster Care Utilization Review Program Assists the Illinois Department of Children and Family Services

Geraldine Rodriguez, MIS; Candace Thier, EDD, MA; Haley Simpson, MSW, LCSW

ABSTRACT

The Foster Care Utilization Review Program (FCURP), based at the University of Illinois Urbana-Champaign and embedded within the Illinois Department of Children and Family Services (IDCFS), provides an interdependent, practice-focused partnership that strengthens child welfare outcomes across the state. Since its establishment in 1998, FCURP has evolved from conducting compliance reviews to service as a central resource in Illinois' preparation for multiple rounds of the federal Child and Family Services Reviews (CFSRs). The team connects data, policy, and casework practices through independent case reviews, targeted training, technical assistance, and support for statewide Continuous Quality Improvement initiatives. FCURP's contributions include leading Illinois' transition to quality-focused review process, designing and managing state review systems, supporting Program Improvement Plans, and helping redesign and validate the Administrative Case Review model. By integrating case review findings with frontline practice insight, FCURP demonstrates how deeply embedded university partnership can strengthen staff learning, improve practice consistency, and enhance outcomes for children and families.

Keywords: *foster care, utilization review, program quality, Child and Family Service Reviews, child welfare, university partners*

The School of Social Work at the University of Illinois Urbana-Champaign has a unique team of experienced professionals who are embedded in the Illinois Department of Children and Family Services (IDCFS), the state's child welfare agency. This team, known as the Foster Care Utilization Review Program (FCURP), utilizes its skills and knowledge to help IDCFS move beyond mere compliance with meeting child welfare outcome standards established by the federal Children's Bureau. Individuals attracted to working for IDCFS and their private agency partners are typically guided by the desire to help. The passion, the drive, and the 'why' are there. FCURP assists with the 'how'.

FCURP serves as an impartial voice that bridges the gap between caring professionals and the families they support. Each FCURP member brings extensive experience in both child welfare and analysis of cases within the Illinois child welfare population. FCURP's approach helps field practitioners understand how data connects to day-to-day casework practices. The team's collective expertise spans clinical assessment, leadership and organizational development, implementation support, information systems management, and training. Together, team members integrate casework practice with continuous quality improvement to strengthen outcomes for children and families. Although partnerships between university programs and child welfare systems are not uncommon, the distinctive work of FCURP and its collaborative relationship with IDCFS make the relationship unique.

The Movement to Quality Child Welfare Practices and Reviews

The establishment of FCURP was prompted by the Adoption and Safe Families Act of 1997 (ASFA), a federal law designed to improve outcomes for children involved with child welfare agencies. ASFA emphasizes three major goals: ensuring that children in foster care return to a permanent home in a timely manner (permanency), promoting their well-being, and strengthening accountability within state child welfare systems. To support these goals, ASFA requires states to track specific outcome measures that indicate how well they are ensuring the safety, permanency, and well-being of children and supporting families. These measures are included in national reports that compare performance across states. The findings from these national reports then inform the Child and Family Service Reviews (CFSRs). The CFSR is a federal evaluation process used by the U.S. Children's Bureau to assess how each state's child welfare system protects children, supports families, and promotes children's long-term outcomes. The review examines safety, permanency, and well-being, using both data and case-level assessments from a sample of cases. The purpose of the CFSR is to identify child strengths, ensure that states are meeting national standards for serving children and families, and uncover areas needing improvement. CFSRs established a framework by which states are assessed on the quality of their casework practices, measured against the federal outcome indicators for safety, permanency, and well-being determined by the Children's Bureau. CFSRs are repeated periodically over the course of the years. The CFSR process prompted states to shift from compliance-driven evaluations toward a focus on quality practice.

When the CFSRs began to roll out to the states, FCURP had been in a position within IDCFS for three years, had established mutually respectful relationships with IDCFS quality assurance teams, and was ready to take the lead to prepare Illinois for the first round of the CFSR in 2000. FCURP's leadership role has continued through all rounds of the CFSR, including the preparation of the fourth round to begin in 2026. FCURP continues to be an integral partner in the state's participation in the CFSRs, and to assist IDCFS quality improvement projects with a similar scope.

The Development of FCURP's Role Within IDCFS

FCURP began in 1998, when IDCFS asked the University of Illinois at Urbana-Champaign to create an independent team to conduct utilization reviews of both private children welfare agencies and IDCFS units. FCURP's initial responsibility was to carry out compliance-focused reviews. FCURP conducted statewide outreach to private agencies, providing training, presentations, and guidance on the federal outcomes and expectations. The team visited every private agency under contract with IDCFS that required a detailed examination of the foster care practices.

During these reviews, FCURP analyzes a sample of client case files to assess whether agencies are following IDCFS policies and procedures. Staff are introduced to review materials designed to mirror the federal assessment tool, with a goal of enabling agencies to adopt and sustain this review process themselves. The team evaluates key activities such as timeliness of assessments, completion of required documentation, frequency of parent-child visits, and progress toward achieving permanency of children. FCURP then provides the agencies and IDCFS with feedback on areas that meet expectations and those that do not, along with the data on overall compliance. FCURP also offers ongoing technical assistance to both IDCFS teams and private agencies as they complete reviews for the children and families under their care.

The findings generated from these reviews are collected and analyzed by FCURP, and the results are subsequently shared with private agencies, IDCFS teams and IDCFS leadership. This feedback loop enables the state to identify specific practice areas that require improvement and reinforces a

collaborative approach between private agencies and IDCFS. The process establishes a shared understanding of achieving federal outcomes, depending on the coordinated efforts across the child welfare system. When this process began, private agencies managed approximately eighty percent of the IDCFS caseload and were responsible for providing primary casework activities, with IDCFS maintaining oversight. This distribution of responsibilities underscores the necessity of a unified, systemwide commitment to the federal review process and to the continuous quality improvement efforts it demands.

Because IDCFS linked contract performance requirements to agency funding, the entire child welfare system was heavily focused on meeting compliance standards. Agencies' ability to maintain funding depended on demonstrating adherence to these protocols.

Although IDCFS initially asked FCURP only to conduct utilization reviews, the Department quickly recognized the broader value the team could offer. IDCFS began assigning FCURP additional responsibilities. When the CFSRs began rolling out nationwide, states were expected to move beyond basic compliance checks and start focusing on measuring quality outcomes for children and families. IDCFS turned to FCURP to lead this shift in Illinois. FCURP embraced the newly expanded role, helping guide the Department through a major paradigm change and clarifying its own mission in the process.

The team adopted a data-driven and implementation-focused framework to monitor progress towards the key CFSR outcomes of safety, permanency, and well-being. This approach encourages ongoing collaboration between IDCFS and private child welfare agencies, including the frontline staff, caseworkers, and supervisors. FCURP began providing training on how federal requirements and state policies connect to everyday casework and long-term results for children and families. Alongside these training courses, FCURP also conducted independent comprehensive reviews of cases that were selected from each private agency and IDCFS team. In addition, FCURP evaluated IDCFS's existing case review tools and methodologies to ensure they accurately reflected the federal outcomes and best practices in child welfare. Through this evaluative work, FCURP identified opportunities to strengthen agencies' review processes and, in turn, provided targeted technical assistance to support IDCFS in revising and enhancing these tools. This technical assistance aims to fortify agencies' internal evaluation systems and promote more rigorous, reliable, and meaningful assessment of practice quality. Through this expanded role, FCURP's value grew significantly, positioning the team as a central resource in Illinois' efforts to strengthen child welfare organizational systems and improve outcomes for children and families.

As Illinois entered Round 4 of the CFSR, FCURP was again instrumental in preparing the state for this review cycle. A major goal for IDCFS during this round was obtaining approval to conduct a "state-led" CFSR. Under this option, states may elect to lead the review rather than have it conducted solely under the oversight of the Children's Bureau. Achieving state-lead status offers several advantages, including greater flexibility in the allocation of state resources and a six-month review period rather than the traditional one-week on-site timeline. This structure also allows states to engage more deeply with their findings, conduct their own data analysis, and integrate results into statewide improvement and monitoring activities.

Several challenges needed to be addressed to obtain approval for state-led review. A central requirement was demonstrating that IDCFS had the capacity to conduct the review while maintaining fidelity to the federal assessment tool. FCURP played a critical role in planning, training, and ensuring that reviewers were prepared to apply the tool reliably and consistently. Systems were developed to support ongoing learning to ensure that recommendations provided by federal partners were effectively integrated into practice. As co-lead of the Illinois

CFSR process, FCURP developed the training curriculum for the new reviewers and created a series of "mini trainings" delivered throughout the preparation period, with IDCFS Quality Assurance (QA) collaborating on a few of the trainings. A mentoring component was also introduced to help reviewers gain the experience necessary to advance into roles requiring higher levels of quality assurance oversight. Drawing on insights from measurement reviews conducted during Round 2 and 3, FCURP provided technical assistance on the review process, data management, and strategies for sharing findings with the field, thereby strengthening the feedback loop central to an integrated review system.

FCURP's Additional Work

FCURP also works directly alongside IDCFS staff to support quality improvement across the child welfare system. FCURP's activities include evaluating the case review systems used by various IDCFS units, providing CFSR-based data and analysis to child welfare workgroups engaged in revising or strengthening practices, and enhancing practitioners' data literacy through targeted presentations and training.

Because FCURP team members serve through an independent contract, they bring an unbiased perspective and a strong commitment to improving outcomes for children and families. FCURP provides the information needed to support agency strengths and highlight needed improvements in casework practices. FCURP's analysis and reports highlight trends showing how agency, regional, and statewide performance all affect the quality of services provided to children and families. For example, FCURP identifies patterns in parent, caregiver, child, and youth engagement that reflect the quality of casework practices and are strongly correlated with positive outcomes. These findings are then shared with child welfare work groups and frontline teams, where they inform discussions on practice improvement and are used in supervision or training to strengthen staff understanding of these outcomes related to casework practices. FCURP's ability to bridge data, practice, and continuous learning has steadily increased its value within the child welfare system.

Through extensive outreach and implementation of a qualitative review model, FCURP developed strong relationships with both private agencies and IDCFS teams. As a result, IDCFS increasingly relied on FCURP's expertise to build collaborative structures that included both public and private partners. This statewide infrastructure supported ongoing preparation for future CFSRs and facilitated program improvement activities at both the local and state levels. FCURP played a pivotal role in presenting and interpreting data collectively with group members, promoting shared understanding and responsibility for improvement. These practices later became integral elements of agency and statewide Continuous Quality Improvement (CQI) systems.

Several major initiatives illustrate FCURP's expanding role in project management and systems development. One of the most significant was the launch and management of the Outcome Enhancement Reviews (OER) in 2005, the state's adapted version of the CFSR used during the Program Improvement Plan (PIP) measurement periods following Round 1 and 2 of the federal reviews. Developed in partnership with IDCFS QA, the OER mirrored the federal assessment structure. FCURP oversaw all logistics for each review cycle, including organizing the case review sample, preparing and distributing communication materials, assigning review teams, coordinating review locations, and providing oversight of the review process. FCURP also trained IDCFS quality assurance staff and private-agency CQI personnel as reviewers to ensure consistent and accurate application of the review tools. Conducted quarterly from 2005 – 2013, each OER examined a random sample of sixty-five cases spread over multiple agencies and IDCFS teams, generating data that informed statewide improvement activities.

FCURP also facilitated the development of subsequent state PIPs following Rounds 1 and 2 of the CFSR, bringing private agencies and IDCFS

together to design regional and statewide strategies addressing practice gaps identified during the initial CFSR. FCURP guided the child welfare partners through understanding outcome data, clarifying expectations for each phase of the PIP, and ensuring shared comprehension of tasks essential to complete the process. These efforts further strengthened cross-sector collaboration and promoted sustained improvement practices.

In addition, FCURP established Regional and Statewide Program Improvement Workgroups and CQI Collaboratives from 2003 – 2018. First created after the second round of the CFSRs, these groups continued to evolve through this round and into preparation for Round 3. Their establishment represented a major achievement for the state, institutionalizing sustained collaboration between public and private partners. FCURP was instrumental in designing the structure of these workgroups, facilitating their activities, and integrating data from the OER reviews to guide decision-making. One product of these groups was the development of supervisory forums. OER data consistently indicated that supervision was a critical practice area requiring additional support. In response, FCURP helped design a regional networking forum that helped supervisors strengthen their ability to support casework staff by sharing tools, workflow strategies, and copies of presentation material aimed at strengthening their ability to support casework staff. Participants consistently noted the value of these forums in enhancing supervisory practice and fostering collaborative learning environments.

Another example of strengthened collaboration between private agencies and IDCFS was the development and dissemination of practice information for the field. Two formats are primary: Practice Memos and PIP Tips. Practice Memos address specific practice areas by integrating CFSR findings with relevant IDCFS policies and procedures. For instance, one memo centered on activities required before and after the reunification of children with their birth parents. This effort resulted in the creation of the "reunification tracker," a tool that allowed supervisors and caseworkers to monitor all tasks necessary to support a safe and successful reunification.

PIP Tips are short, targeted messages that serve a similar purpose. Delivered through announcements and statewide email communications, these tips highlight key CFSR outcome areas and reinforce essential casework practices. PIP Tips share a summary of recent procedural updates or practice reminders. For example, one previous distribution highlighted and summarized the Illinois Foster Child and Youth Bill of Rights in 2018, with instructions on when it should be reviewed with the child and surrounding family members and how it should be documented after sharing. Additional links to relevant resources are included in the PIP Tip to support understanding of the updated Bill of Rights.

Distributed monthly, PIP Tips provide concise reminders and guidance that practitioners from both private agencies and IDCFS teams can easily reference. Feedback indicated that both Practice Memos and PIP Tips were useful resources, frequently incorporated into team meetings and individual supervision to support consistent, informed practice across the child welfare system.

Another key contribution was the development of the Practice-to-Outcome training curriculum for both IDCFS and private agency staff. This curriculum introduced practitioners to the federal outcomes framework and linked those expectations to everyday casework, helping the field understand what high-quality practice looks like. FCURP delivered the training statewide to supervisors and caseworkers, and over time, it evolved into the "Helping the Helpers" series, now jointly facilitated by FCURP and IDCFS Quality Assurance staff. This training, offered either in person or online in a classroom format, uses case-specific examples to show how a case under review earns a strength rating. By illustrating concrete casework actions that lead to stronger outcomes, the series provides child welfare practitioners with a more comprehensive way to understand and apply effective practice. More than

one thousand caseworkers and supervisors have been trained through this initiative.

As FCURP's role as a subject matter expert in continuous quality improvement and system development continued to grow, IDCFS assigned additional specialized projects. FCURP collaborated with the Children and Family Research Center on a study examining factors contributing to placement instability among children in care (Cross, et al., 2013; Koh, et al., 2014; Rolock, et al., 2009). FCURP developed the review tool and process, trained reviewers, and ensured data quality prior to data entry. FCURP also participated in the drafting of a final report, additional articles, and presentations. This study has been an instrumental component of the continued efforts by the IDCFS to recruit specialized foster parents and service providers who can provide key support for children and youth.

The team also developed the Private Agency CQI Capacity Assessment, an assessment tool to evaluate agency CQI infrastructures. FCURP conducted on-site assessments with agency leadership, CQI staff, caseworkers, and supervisors, then shared findings and tailored recommendations to support system strengthening. Additional technical assistance was provided at agencies' request, further contributing to the development of robust CQI processes across the state.

FCURP's integration into IDCFS's broader CQI activities has included close collaboration with IDCFS QA staff. FCURP participates in QA's activities, planning, and operational discussions of foster care and in-home casework teams in each IDCFS' regional division. This enabled FCURP to identify areas where it could provide additional support or expertise. Although FCURP partners closely with IDCFS QA, it maintains an independent and unbiased perspective, contributing an external lens that has informed significant refinement to the state's case review systems.

In 2020, FCURP managed the redesign of the state's Administrative Case Review (ACR) model, a federally mandated process that evaluates every foster care case every six months. The previous ACR model was compliance-oriented and lacked the qualitative depth needed to fully understand children's and families' experiences in care. The redesign involved substantial collaboration across multiple IDCFS divisions, including the ACR unit within IDCFS QA. FCURP played a key role in developing the review tools and procedures, which incorporated interviews with key case participants, paralleling aspects of the OER process. FCURP assisted in training and mentoring ACR reviewers.

IDCFS partnered with the Chapin Hall Center to evaluate the new system's validity and reliability (Oltmans & Chor, 2025). FCURP served as the validation team for the study, completing monthly case sample reviews using the ACR tool alongside ACR reviewers. The paired reviews were analyzed by Chapin Hall across two validation rounds conducted from 2021 to 2023. To ensure continued quality and consistency in implementation, FCURP has remained an active partner in ongoing validation efforts, conducting monthly reviews of selected cases. Findings from these comparisons are analyzed to inform reviewer training, clarify tool guidance, and support ACR managers in mentoring their staff. FCURP also continues to observe ACR reviews regularly, contributing to the ongoing refinement and strengthening of the state's case review process.

FCURP's Impact as a University Partner for a State System

Partnerships between universities and child welfare agencies have long contributed to workforce preparation, program evaluation, and research. Yet, as child welfare systems face increasingly complex demands, scholars emphasize the need for more integrated, practice-oriented collaborations that close the gap between academic knowledge and frontline realities (Briar-Lawson & Zlotnik, 2014). Modern partnerships support continuous learning, promote evidence-informed practice, and help both state and private organizations use and understand data to strengthen everyday casework practices. FCURP reflects this current mode of collaboration by

providing an embedded, responsive model of support grounded in the daily work of IDCFS, specifically the Division of Quality Assurance.

FCURP's longstanding emphasis on strengthening casework practices has positioned the program as an essential intermediary between research and data and practitioners who work directly with children and families. By operating at the field level, with a team experienced in the child welfare system, FCURP is uniquely able to observe practice in real time and translate research and data into actionable guidance for the frontline staff. This approach mirrors national calls for university partners that can support staff learning and connect data to practice in meaningful, accessible ways (Pecora et al., 2018). FCURP regularly analyzes review findings and brings those insights back to practitioners with tailored presentations and reporting, helping caseworkers and supervisors integrate data into everyday decision-making and ultimately strengthening service quality.

Many university and state systems partnerships focus on research design, long-term analysis, or logic models for program implementation. While these contributions are critical, they often occur outside the pace and complexity of daily child welfare casework practice. The field may encounter academic findings only after studies conclude, and theoretical language may limit the relevance of the information for case workers and supervisors who must make real-time decisions with families.

FCURP occupies a distinctive position within this landscape. The program's practice-centered, ongoing collaboration with IDCFS sets it apart from typical university partnerships. FCURP embodies the deeper, improvement-driven approach increasingly described as essential for modern child welfare systems, while grounding that vision directly in the realities of the casework field.

By maintaining a continuous presence in the various divisions of IDCFS and in the private agencies, translating complete information into practical tools, and supporting the staff in real time, FCURP contributes to a data-informed, reflective, and adaptive child welfare system. As agencies nationwide seek more effective and sustainable strategies to improve outcomes, FCURP offers a compelling example of what deeply embedded university collaboration can accomplish.



About the Authors



Geraldine Rodriguez, MIS *graduated from DePaul University with a bachelor's degree in psychology in 1993 and later earned a master's degree in information systems technology in 2005. She has worked in child welfare for more than 30 years, beginning with roles that built her foundation in case reviews, data collection, and data analysis systems. Over time, she expanded her expertise by providing technical support and CQI and outcomesfocused training for DCFS and Child Welfare Contributing Agencies across Illinois.*

In 2005, she joined the Foster Care Utilization Review Program, where her work centered on federal and state reviews, project management, and technical assistance. As her responsibilities grew, she became increasingly involved in statewide quality improvement efforts, eventually becoming colead of the Illinois Child and Family Services Review (CFSR) team. In this role, she has been instrumental in connecting federal CFSR outcomes to practical casework expectations, developing training, presentations, and materials that help practitioners apply federal standards in their daily practice.

As Program Director, she continues to focus on helping child welfare staff understand and use data to improve casework practices. Her current work emphasizes building strong partnerships with individuals across various roles in child welfare to support continuous quality improvement through training, data analysis, and clear data communication. She is committed to helping practitioners recognize the importance of quality review systems and how they shape the services provided to children and families. She also maintains an interest in exploring how technology can strengthen efficiency and enhance organizational management structures.



Candace Thier, EDD, MA *received her bachelor's degree in sociology from the University of Illinois in 1988, followed by a master's degree in counseling psychology from Governor's State University and a doctorate in organizational leadership from Argosy University. Her early career focused on providing counseling services to adolescents in residential and communitybased social service settings. After working directly with atrisk youth, she moved into leadership roles, first as director of behavioral health programming and later as director of quality improvement within a community-based organization. She subsequently became director of child welfare programs, overseeing specialized foster care, intact family services, transitional living, and independent living programs for four years.*

Dr. Thier joined the Foster Care Utilization Review Program in 2015, where her experience in child welfare, quality improvement, and research supports her commitment to improving outcomes for children and families. Her primary research and practice interests focus on helping older adolescents and young adults successfully transition to independence and adulthood. She also maintains strong interests in organizational leadership development and collective impact facilitation.



Haley Simpson, MSW, LCSW *earned her bachelor's degree in social work from the University of Illinois at ChampaignUrbana and her master's degree in social work from the Brown School at Washington University in St. Louis. She obtained her clinical license while specializing in trauma treatment for biological parents, children, and youth involved in the child welfare system. Her experience includes supervising the HighFidelity Wraparound Program, which supports family reunification, and the HALO (Healing and Loving Oneself) program for youth at risk for or involved in trafficking. She has also led Quality Improvement efforts and conducted Utilization Reviews to ensure clients receive effective, highquality care.*

Since joining FCURP, she has focused on strengthening child welfare practice to improve outcomes for children and families. With a clinical background, she is especially interested in the mental, emotional, and behavioral needs of children involved in child welfare. Having contributed to the development and growth of the HALO program, she remains deeply committed to supporting youth most vulnerable to trafficking. She is also interested in using research methods to advance equity within organizations, an interest she explored as a founding member of her agency's Diversity, Equity, and Inclusion Committee. Her work is driven by a passion for researchinformed practice and practiceinformed research to support positive and lasting outcomes for families.

References

Briar-Lawson, K., & Zlotnik, J. L. (2014). *Charting the impacts of university-child welfare collaboration*. Routledge.

Cross, T. P., Koh, E., Rolock, N., & Eblen-Manning, J. (2013). Why do children experience multiple placement changes in foster care? Content analysis on reasons for instability. *Journal of Public Child Welfare*, *7*(1), 39–58. https://doi.org/10.1080/15548732.2013.751300

Koh, E., Rolock, N., Cross, T.P., & Eblen-Manning, J. (2014). What explains instability in foster care? Propensity score matching of children with stable and unstable placements. *Children and Youth Services Review*, *37*, 36-45. https://doi.org/10.1016/j.childyouth.2013.12.007

Oltmans, C., & Chor, K. H. B. (2025). Examining the reliability of the administrative case review process of a state child welfare system. *Child Abuse & Neglect*, *161*, 107305. https://doi.org/10.1016/j.chiabu.2025.107305

Pecora, P. J.. (1996). *Quality Improvement and Program Evaluation in Child Welfare Agencies: Managing Into the Next Century*. Child Welfare League of America.

Rolock, N. Koh, E., Cross, T. & Eblen-Manning, J. (2009). *Multiple move study: Understanding reasons for foster care instability.* Children and Family Research Center. University of Illinois Urbana-Champaign. https://cfrc.illinois.edu/pubs/rp_20091101_MultipleMoveStudyUnderstandingReasonsForFosterCareInstability.pdf



Artificial Intelligence Applications for Medical Chronologies in Medical Child Abuse Evaluations: A Practical Review

Stephen L. Harvey, MD, MPH; James C. Hamilton, PhD; Liza C. Murray, MD; Steven Pham, MD; Katie Johnson, MD

Abstract

Medical chronology generation – the creation of a comprehensive record review in the form of a spreadsheet – is a time-intensive cornerstone of medical child abuse (MCA) investigations. Artificial intelligence (AI) advances have led to the development of several tools with the potential to assist with chronology generation, medical record review, and clinical summarization. We reviewed six AI platforms, including commercially-available medicolegal tools and electronic health record–integrated applications, and summarized their capabilities, accessibility, cost, and security considerations. These technologies may improve efficiency and enhance record navigation; however, concerns remain regarding accuracy, contextual understanding, accessibility, and security. Further research should establish best practices, evaluate effectiveness, and define the appropriate role of AI-assisted chronology generation in MCA investigations. If validated, AI may allow clinicians with expertise in MCA to devote more time to clinical reasoning, multidisciplinary collaboration, and patient care.

Keywords: *medical child abuse, Munchausen syndrome by proxy, caregiver-fabricated illness in a child, fabricated or induced illness, artificial intelligence, medical chronologies, medical record review, large language models*

Medical child abuse (MCA), also known as caregiver-fabricated illness or Munchausen syndrome by proxy abuse, is a diagnosis in which "a child receiv[es] unnecessary and harmful or potentially harmful medical care at the instigation of a caretaker" (Roesler & Jenny, 2009, p. 1). The evaluation of suspected MCA presents unique diagnostic challenges because of caregiver deception, fragmentation of medical care across providers and institutions, and the frequent coexistence of MCA with genuine medical conditions. The false narrative of a child's illness can rarely be grasped through one or two dramatic events; rather, it unfolds through a complex series of exaggerations, fabrications, and misrepresentations of the child's medical history. This is why it is widely agreed that the primary evidence of MCA comes from a comprehensive review of the medical records; a detailed medical chronology is the cornerstone of this work (Flaherty et al., 2013; Sanders & Bursch, 2002).

Medical chronologies are systematic summaries of a patient's healthcare encounters organized from the medical record into a timeline. Reviewers are typically child abuse pediatricians, but may also be advanced practice practitioners, nurses, forensic psychologists, or forensic psychiatrists. They must examine records in their entirety, including daily progress notes, nursing documentation, diagnostic testing, procedures, and subspecialty evaluations (Flaherty et al., 2013). Each encounter is recorded on a spreadsheet, including the date, location, provider, reason for contact, reported signs and symptoms, objective observations, diagnoses made, treatment provided, and efficacy of treatment (Flaherty et al., 2013). By consolidating information across time, providers, and healthcare systems chronologies help clinicians identify patterns of symptom exaggeration, fabrication, falsification, and healthcare utilization to assess the accumulation of harms and risks to the child. Record review and medical chronology

generation is labor intensive (RCPCH, 2021). While there is no literature summarizing the average volume of medical records in a case of suspected MCA, we estimate that a single medical chronology for suspected MCA consists of thousands of pages of medical records, taking weeks to months to complete.

Recent advances in generative AI, particularly large language models, have led to increasing adoption of AI-assisted tools for medical record review, summarization, and clinical documentation (Poon et al., 2025). Studies have demonstrated that these technologies can improve efficiency in administrative and documentation tasks while reducing the time required to retrieve and synthesize information from large clinical datasets (Barak-Corren et al., 2024; Singhal et al., 2023). Given the substantial time and effort required to develop medical chronologies in suspected MCA cases, AI-assisted chronology generation may improve efficiency while preserving clinician responsibility for analysis, interpretation, and diagnostic decision-making.

Unfortunately, AI-generated outputs remain susceptible to inaccuracies, incomplete contextual understanding, and hallucinations (i.e., content presented as factual that is actually false or fabricated). Human oversight and verification are required (Lee et al., 2023; Obermeyer et al., 2019). The use of AI tools in MCA evaluations also raises important privacy, security, and ethical considerations because medical chronology development requires handling large volumes of protected health information (PHI), often from multiple institutions. Privacy-preserving AI approaches have been proposed to reduce risks associated with handling sensitive biomedical data (Khalid et al., 2023). These include federated learning (i.e., training models on multiple devices without the need to transfer data), differential privacy (i.e., a mathematical framework that allows data analysis while protecting the privacy of individuals in a dataset), and cryptographic techniques (i.e., securing information by transferring plain text to unreadable data to protect confidentiality). However, many currently available chronology platforms are proprietary commercial tools, and their privacy protections, data-retention practices, model-training policies, and compliance with the Health Information Portability and Accountability Act (HIPAA) may vary. Institutions considering these tools should evaluate whether use of PHI requires a business associate agreement, institutional legal or compliance review, and, when used for research or quality improvement, appropriate institutional review board oversight.

To our knowledge, no published studies have formally explored AI applications or evaluated AI-assisted medical chronology generation for MCA investigations. Here, we review six AI tools: Supio, InPractice AI, MediScan AI, Record Insights, ChatEHR, and RecordTime. We provide platform overviews, assess cost and accessibility, and explore HIPAA and security considerations for each. We outline strengths and limitations of these products and discuss next steps for AI in MCA case investigation, with the goal of identifying promising AI platforms worthy of further evaluation and validation.

Commercially Available AI Platforms

Below we review four commercially available platforms developed for medicolegal applications rather than healthcare delivery. They were designed primarily for litigation support and chronology development for law firms, but they can also be used for medical chronology generation for assessing MCA. They are proprietary.

Supio

Platform Overview

Supio Agent® medical chronology product generates timelines from uploaded medical records, with chronology entries linked directly to source documents to facilitate verification. The platform advertises several functions that may be relevant to MCA evaluations, including automated medical chronologies, searchable and filterable timelines,

source-linked documentation, identification of missing records or treatment histories, and AI-assisted querying of chronology entries. Supio reports that chronology outputs are reviewed by human subject matter experts to reduce errors and AI-generated inaccuracies before delivery to the client.

Cost and Accessibility

Supio utilizes a subscription-based pricing model with three levels: entry-level, professional, and enterprise. The entry-level subscription is $150-200 per user per month for medical summaries and document analysis; the professional subscription is $200-300 per user per month for case insights, chronologies, and document automation; and the enterprise subscription is over $300 per user per month for integrations, analytics, and workflow automation. Use of Supio for MCA chronology generation would require at least a professional subscription ($200-300 per user per month). Supio is a proprietary commercial platform and is not available as an open-access tool.

HIPAA and Security Considerations

Supio reports that it maintains System and Organization Controls (SOC) 2 Type II compliance, which means an audit report is generated every 6 to 12 months by a licensed certified public accountant outlining adherence to security, privacy, and confidentiality practices. To achieve this, Supio partners with Vanta, a company that automates and continuously monitors for SOC 2 compliance. Supio utilizes the Amazon and Microsoft Azure data centers in the United States, United Kingdom, and Canada, keeping data within the country of origin. The company states that its security infrastructure incorporates safeguards supporting compliance with HIPAA and other healthcare privacy standards. Supio further reports that customer data are not used to train their AI software models and that uploaded information remains private within the platform.

InPractice AI

Platform Overview

InPractice AI is a commercially available platform which provides three functions: case chronologies, case summaries, and medical record review. A variety of record types and file formats can be analyzed. The company claims that processing occurs at a rate of three seconds per page, and results are usually available in a matter of minutes. No set-up or training is required for users to begin uploading data and generating reports. The platform allows for customization of the output fields and style. The platform produces both polished report files and spreadsheet files; either of these can be subjected to further user-customized AI analyses through open-access platforms, provided the tabularized data are free of protected health information (PHI).

Cost and Accessibility

Pricing is based on per-page charges that are graduated based on the number of pages processed, beginning at $0.10/page for up to 1,000 pages to $0.05/page for 200,000 pages. This equates to $100 for 1,000 pages, $500 for 10,000 pages, and $1,400 for 20,000 pages. After registering, users buy credits which can be used for record summarization. There are no contracts or subscription fees; users may continue to buy credits as long as they are needed.

HIPAA and Security Considerations

Both text- and app-based two-factor authentication are available to protect user accounts from unauthorized logins. InPractice claims that their platform employs strict security in both the transmission of data (128-bit encryption) and storage of data ("at rest", 256-bit encryption). Cloud storage and services are provided through Amazon Web Services, Google Cloud, and Microsoft Azure, offering redundancy that reduce downtime and data loss. The service provides full HIPAA compliance through a partnership with Vanta (the same HIPAA compliance platform used by Supio).

MediScan AI

Platform Overview

MediScan AI is marketed as having the capacity to synthesize and summarize medical records. Users can upload digital or handwritten files of medical records for review. MediScan reports that AI-generated summaries can be available in approximately 15–45 minutes, depending on the size of the files. MediScan incorporates an AI search and generative AI chat agent to further interrogate records. Summaries and chat agent inquiries include reference to the source data with a side-by-side viewing panel for manual review and verification. MediScan does not offer any interpretation of medical records but can identify possible inconsistencies between records when prompted.

Cost and Accessibility

MediScan is available through a monthly subscription. Plans start at $150 per month to review up to 1,200 pages, $395 per month to review up to 3,500 pages, and $595 per month to review up to 10,000 pages. Additional pages uploaded for review cost $0.10 per page on the $150 per month plan, $0.07 per page on the $395 per month plan, and $0.05 per page on the $595 per month plan.

HIPAA and Security Considerations

MediScan is advertised as "fully HIPAA compliant," utilizing encryption and multi-factor authentication to limit access to patient data. MediScan lists several policies and procedures to enforce HIPAA-compliant practices on their website including, but not limited to, access control, secure software development, staff training, data retention/disposal practices, and breach notification.

Record Insights

Platform Overview

Record Insights® uses natural language processing to organize unstructured medical records (including handwritten notes). The company provides an overall summary on their webpage highlighting purported strengths of the product. The output is produced within 2–5 business days. For 15,000 pages or more, the output is within 7 business days. The outputs are portable document files (PDFs) and Excel documents, which allow users to quickly search by body part, medication, provider, date, or other search terms. The product gives users chronological organization with oldest to newest data. There is an *AI Insight* section that provides AI-generated summaries highlighting key patterns, risks, and connections across the entire record. The reports also give prognoses and outcomes. The AI Insight also summarizes documentation gaps, inconsistencies, standard of care deviations, and risks or warning signs. As this program is often utilized for legal support, there is a specific section for "potential gaps in evidence-based care."

Cost and Accessibility

The product has an introductory rate of $0.25 per page. This equates to $250 for 1,000 pages, $2,500 for 10,000 pages, and $5,000 for 20,000 pages. Users can request a demonstration of the AI tool for free.

HIPAA and Security Considerations

Record Insights reports that they use an SOC 2 Type II certified and HIPAA-compliant closed-circuit system with 256-bit encryption.

Institution-Specific Platforms

Below we review two platforms developed by medical institutions to function within their electronic medical record systems.

RecordTime

Platform Overview

RecordTime is an AI software platform created at the Mayo Clinic and available within it since 2024. The software assists with the search for, organization of, and summary of outside medical records, specifically those in PDF and Consolidated Clinical Document Architecture (C-CDA) formats. The purpose of the application is to make outside medical record review faster, more thorough, and safer. RecordTime

is available as a web application and application programming interface (API; functionality that allows the program to communicate and exchange information with other software applications). Functionality includes search, annotation, automated document splitting (i.e., separating large sets of scanned medical records into individual documents), classification and summarization, and chat with an AI agent. While RecordTime is currently scoped to function with outside medical records, rather than an organization's internal records, it certainly has potential to add efficiency to the outside record review for cases of MCA. RecordTime's chat agent, Rosie, enables conversational interaction with a patient's outside medical records and personalizes information to the needs of each user. By providing Rosie with a prompt such as one's job description or purpose in reviewing the records, Rosie can return a summary of the outside records that is tailored to the needs of the user. Together, RecordTime and its chat agent Rosie have demonstrated increased efficiency in medical record review and yielded novel insights that have changed patients' care plans based upon information that might have otherwise been overlooked in the outside records (Damani et al., 2026; James et al., 2024).

Cost and Accessibility

RecordTime (with Rosie chat agent) is free for Mayo Clinic employees. The Mayo Clinic does not currently have plans for expanding the platform beyond the Clinic, so the cost and feasibility of doing so is not yet known. The development team has expressed interest, however, in expanding RecordTime both in terms of access (by external institutions) and coverage (of both internal records and outside records).

HIPAA and Security Considerations

RecordTime (with Rosie chat agent) is accessible with a hospital login for those with electronic medical record access, and thus similarly protected from a HIPAA perspective as accessing the medical record.

ChatEHR

Platform Overview

ChatEHR is an electronic health record-based chat agent created and available within Stanford Health Care since 2025. Designed by the lab of Dr. Nigam Shah, it can quickly summarize charts as well as answer specific questions about the patient's medical history. For example, a user may ask ChatEHR to "summarize all of this patient's genetic evaluations to date," or something more specific, such as, "what allergies does this patient have?" ChatEHR pulls directly from the medical record to provide responses.

Cost and Accessibility

ChatEHR is free for Stanford Health Care employees; the cost and feasibility of expanding it outside of Stanford Health Care is not yet known. There are no current plans to do so, however.

HIPAA and Security Considerations

ChatEHR's secure functionality and access embedded within the electronic medical record suggests it is similarly protected from a HIPAA perspective as accessing the medical record.

Preliminary Testing

Although formal validation studies evaluating AI-assisted medical chronology generation in MCA are lacking, the authors conducted preliminary testing of two of these platforms, one commercially available (MediScan) and one institution-specific (RecordTime).

Methods

Mediscan. One author was able to test MediScan using a free, open-access trial on the website. The author uploaded multiple of their own personal medical notes including previous obstetric visits and primary care visits. They also introduced elements that were contradictory to statements elsewhere in the record (i.e., having had a c-section and a complex

medical history). The author asked MediScan to identify inconsistencies in the medical history. The author then used separate AI software to create two medical notes that introduced a "pseudoscientific" diagnosis (i.e., a diagnosis that is not evidence-based or medically legitimate)—specifically, they introduced Shoenfeld's Syndrome, a purported autoimmune/inflammatory condition said to be induced by adjuvants such as vaccine components (Watad et al., 2017). The author asked MediScan to identify diagnoses that were not supported by evidence.

RecordTime. A second author was able to test RecordTime by virtue of being internal to the institution that hosts it. The author used the software to help summarize and evaluate an in-progress chronology for a case of suspected MCA on which they had been consulted. The case used was a young child with legitimate medical complexity alongside parental behavior that had become increasingly exaggerative, persistent, and controlling over time. The child abuse pediatrician's assessment was that the case had begun as vulnerable child syndrome (i.e., the caregiver viewing the child as sicker or at higher risk than they actually were) and progressed to MCA (i.e., unnecessary and harmful or potentially harmful medical care at the instigation of the caretaker). The initial prompt from Rosie (the RecordTime chat agent) asked the user to explain their role and goals for the record review. The user input the following prompt: "I am a child abuse pediatrician who completes extensive chart reviews for concerns of medical child abuse, formerly Munchausen by Proxy. I chronicle every medical interaction including date and location, chief complaint, subjective history (summary), objective findings including pertinent exam, lab, and imaging results, and provider diagnoses and recommendations. I evaluate for inconsistencies, exaggeration, fabrication, or misrepresentation to determine if unnecessary and harmful or potentially harmful medical care is occurring." Rosie returned a summary of the outside records that specifically commented on instances of inconsistency between caregiver report and objective findings. Rosie then offered a clickable option to "Analyze Subjective-Objective Discordance." The user accepted this option, and the prompt became "Identify specific instances in the progress notes where parent-reported symptoms contradict objective clinical findings or normal laboratory results." At the conclusion of their manual chronology, they compared the output from Rosie to their own assessment as a child abuse pediatrician experienced in assessing such cases.

Results

Mediscan. In the preliminary testing of MediScan, when the chat agent was asked to find inconsistencies in the records, it accurately identified that one note said the user had a c-section and one note referenced medical complexity, and that both contradicted other notes. When asked to identify diagnoses that were not supported by evidence, MediScan correctly identified Shoenfeld's Syndrome as a reported diagnosis that did not have supporting criteria or lab results. It also flagged "medical complexity" as a nonspecific label and not an evidence-based medical diagnosis.

In its output, MediScan identified an "inconsistency" that did not exist: It reported that the patient's history of hypothyroidism was inconsistent between notes, when in fact, the notes indicated that the patient had a *family* history of hypothyroidism and not a *personal* history of hypothyroidism. This persisted despite multiple attempts to correct the chat agent. Furthermore, when the pseudoscientific diagnosis Shoenfeld's Syndrome was introduced, MediScan labeled this diagnosis as an anti-phospholipid syndrome despite the user specifying that it was an autoimmune/inflammatory syndrome induced by adjuvants.

RecordTime. The chat agent Rosie yielded a one-paragraph summary of the child's medical care, followed by a second summary specifically focusing on discrepancies between parental report and objective findings. The initial summary described an "exceptionally complex medical history involving multi-system subjective complaints that frequently contrast with the objective, reassuring clinical

evaluations." When asked to analyze subjective-objective discordance, the chat agent produced several examples with time stamps. All examples were linked to source documents, allowing the user to verify information directly from the medical records. The overall summary was accurate in its timeline and identification of key details. For example, it detected some of the exaggerations and persistent requests that had prompted the treating physicians to call the child abuse pediatrician in the first place. It described important hospitalizations, presenting features, reassuring testing, and reports and requests by parents.

Incorrect outputs by RecordTime included some details that were inaccurate or required human verification or context. For example, RecordTime indicated that parents reported hematochezia during a hospitalization despite normal colonoscopy. In fact, the referenced concern of hematochezia came later (post-hospitalization) and was described by parents as red flecks in the stool, at a time when hemoccult was positive. RecordTime also framed a "robust weight-for-length growth parameter at the 100th percentile" as a reassuring metric, when in fact, the child had significant, objective weight gain due to edema during this hospitalization. As noted above, RecordTime does not review internal medical records, which are essential to gaining a full picture of a case.

Discussion

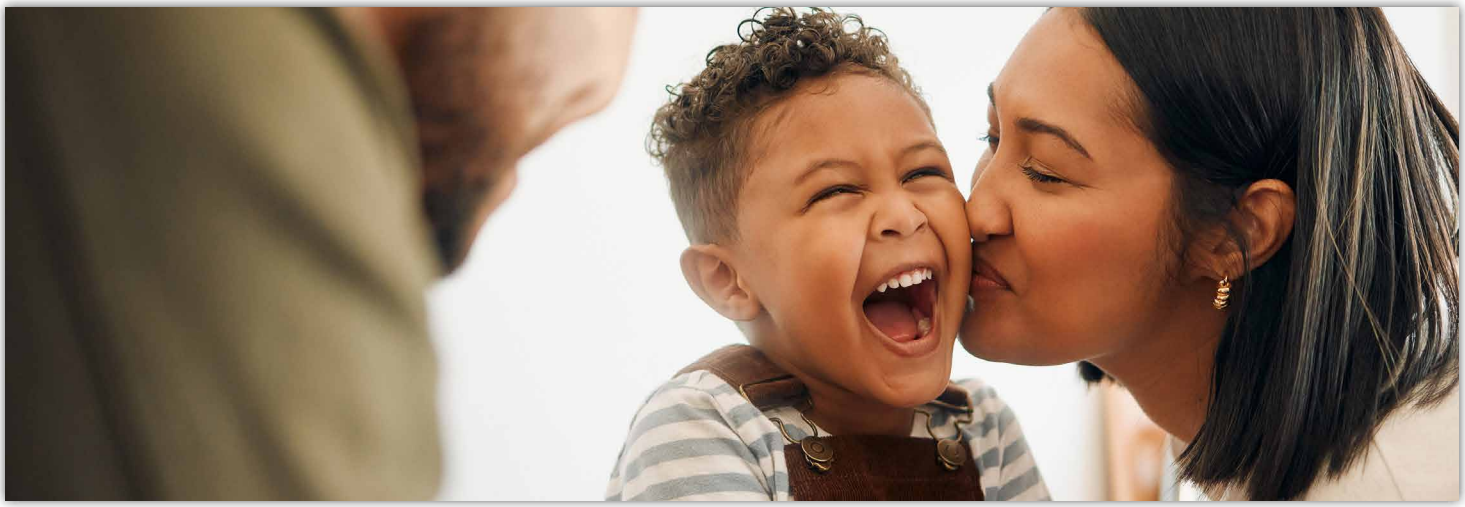
This testing demonstrated both the promise and limitations of these technologies. During exploratory use of a commercially available platform, intentionally introduced inconsistencies, unsupported pseudoscientific diagnoses, and documentation discrepancies were successfully identified. However, the same platform misclassified family history as personal medical history and incorrectly equated a rare diagnosis with a more established medical condition. During exploratory use of an institution-specific platform, the chat agent produced a fairly accurate summary, timeline, and scaffolding of the case and concerns. At the same time, the software's individualized catering to the role of the child abuse pediatrician appeared to offer a potential benefit to case assessment but also a potential obstacle: This framing predisposed the software to focus on discordance with the parental report, even when medical findings were objectively concerning. These findings suggest that AI tools may assist in identifying clear inconsistencies and unsupported diagnoses, but remain vulnerable to misclassification, contextual misunderstanding, and persistent errors. Our preliminary trials underscored both the potential of these tools and the importance of human expert verification.

AI Platform Advantages

AI-assisted chronology tools offer several potential advantages for MCA evaluations. First, these platforms have the potential to improve efficiency and reduce clerical burden by automating portions of record organization, summarization, and chronology generation. All of the commercially available AI tools reviewed advertised rapid medical chronology development (i.e., minutes to days compared to a manual baseline of weeks to months). While MCA-specific efficiency data are not yet available, studies of AI documentation tools suggest measurable reductions in documentation time and electronic health record time across multiple settings (Barak-Corren et al., 2024; Ma et al., 2025).

Second, effective platforms facilitate efficient record navigation through searchable timelines, keyword filters, annotation capabilities, source-linked chronology entries, and side-by-side review of source documentation. These features enable clinicians to efficiently verify AI-generated outputs, cross-reference caregiver-reported histories with contemporaneous documentation and objective findings and, maintain transparency in the chronology development process.

Third, these platforms provide robust privacy and security safeguards. Several commercially available platforms reported SOC 2 Type II certification, indicating that an independent auditor has verified the effectiveness of the organization's security controls over time. Importantly, SOC 2



Type II certification should not be interpreted as synonymous with HIPAA compliance or institutional approval. Healthcare organizations should independently evaluate data security, privacy practices, business associate agreements, and regulatory compliance before implementation. By comparison, AI tools integrated directly within electronic health record environments may benefit from existing institutional security frameworks and HIPAA-compliant infrastructure, although they likewise require appropriate governance and oversight.

Study and AI Platform Limitations

This review has several limitations. First, it was limited to AI platforms specifically designed for medical chronology generation and did not evaluate generic large language models (Lee et al., 2023; Friedman et al., 2025) or other emerging AI tools that may have future applications in chronology development. In addition, information regarding many commercially available platforms was derived primarily from vendor-provided materials, which may overstate capabilities or underreport limitations. Independent validation studies of these products are needed.

The four commercially available platforms were developed for medicolegal applications, raising questions regarding potential prosecution- or defense-focused biases that may influence outputs. On the other hand, platforms developed for legal purposes may be helpful for cases that move out of the clinic and into the courts. The two platforms developed within individual healthcare systems have no external accessibility, restricting broader implementation and evaluation at this time.

AI-assisted medical chronology generation remains susceptible to variable output quality, factual inaccuracies, hallucinations, and incomplete contextual understanding. The problems identified by the authors' preliminary testing of these platforms are consistent with those reported in the literature on large language models in clinical documentation. This literature has identified recurring concerns regarding factual inaccuracies, hallucinations, and declining performance as case complexity increases (Woo et al., 2026). This limitation may be particularly relevant to MCA investigations, where records often span multiple institutions, involve numerous subspecialists, contain conflicting histories, and require careful distinction between caregiver-reported symptoms and objectively verified clinical findings.

While we feel it is premature in this review to recommend any particular AI software or compare pros and cons since we explored only preliminary testing of a subset of the technologies, we have produced a summary table comparing the fundamental features of the technologies reviewed (see Table 1).

Table 1.

Summary of AI Software Platforms with Potential Use in Medical Child Abuse Chronology Generation

Software	Supio	InPractice AI	MediScan AI	Record Insights	RecordTime	ChatEHR
Commercially based or Institution-specific	Commercially based	Commercially based	Commercially based	Commercially based	Institution-specific (Mayo Clinic)	Institution-specific (Stanford)
Built for medical or legal use	Legal	Legal	Legal	Legal	Medical (Outside Records)	Medical (Internal records)
Chat Agent Capability	No	No	Yes	No	Yes	Yes
Output Format(s)	Chronology / timeline	Reports or Spreadsheets	Narrative	Reports or Spreadsheets	Narrative	Narrative
Pricing model	Per month	Per page	Per month (to a max of 10,000 pages, then per page)	Per page	N/A; not yet priced for external use	N/A; not yet priced for external use
Estimated cost for a 1,000 page record review	$200-$300	$100	$150	$250	N/A	N/A
Estimated cost for a 10,000 page record review	$200-$300	$500	$595	$2,500	N/A	N/A
Estimated cost for a 20,000 page record review	$200-$300	$1,400	$1,095	$5,000	N/A	N/A
Preliminary Testing	Not done	Not done	Done; strengths and limitations identified	Not done	Done; strengths and limitations identified	Not done

Future Directions

As the field of child abuse pediatrics faces critical workforce shortages and increasing case volumes (Liu et al., 2026; Slingsby et al., 2024), thoughtful exploration of technologies that may improve efficiency is warranted. At the same time, legitimate concerns about AI remain regarding accuracy, privacy, security, and ethics, underscoring the need for careful evaluation and collaboration with experts in artificial intelligence, informatics, and healthcare compliance.

Future work should prioritize MCA-specific validation studies that compare AI-generated chronologies with expert-reviewed chronologies. By feeding MCA and non-MCA cases to one or more programs, these studies would assess for omissions, hallucinations, factual inaccuracies, and ability to identify inconsistencies. Subsequent studies should evaluate the impact of AI-assisted chronology generation on clinician time, workload, and cost-effectiveness, as well as prospective implementation within workflows for clinicians evaluating MCA. Such efforts will help determine whether these tools can safely and effectively augment chronology development while preserving clinician oversight and diagnostic decision-making.

This review has focused on the use of AI to assist with medical chronology generation in cases of suspected MCA. Importantly, it has not focused on the ability of AI software to replace the expertise of child abuse pediatricians in these cases. At present, the greatest opportunity for AI in MCA investigations lies in automating the tedious, mechanical, and administrative aspects of chronology development. Several currently available platforms generate summaries, identify inconsistencies, and highlight "key findings,"

blurring the distinction between information organization and clinical analysis. Future evaluations should explicitly distinguish between the functions of summarization versus analysis so that users understand when AI is summarizing records versus generating clinical inferences. As AI capabilities evolve and MCA-specific models are developed and validated, future research may explore whether these technologies can reliably perform data analysis. However, such applications would require substantially greater evidence than chronology generation alone, as they move beyond organizing information into informing clinical judgment.

Conclusion

Artificial intelligence technologies are rapidly entering medical record review and clinical documentation workflows, creating new opportunities to improve efficiency in the evaluation of complex cases. In this review, we identified several commercially available and institution-specific platforms with features that may be applicable to medical chronology development for suspected MCA cases. These tools offer potential advantages in record organization, summarization, navigation, and chronology generation, but they also have important limitations related to accuracy, contextual understanding, accessibility, privacy, and validation.

Given the complexity of MCA investigations and the high stakes of diagnostic decision-making, AI-generated outputs should be viewed as adjunctive tools that support, but do not supplant, clinical expertise. Clinicians with expertise in the evaluation of MCA remain essential for verification of source materials, interpretation of findings, integration of collateral information, communication with treating providers, and diagnostic decision-making.

Although the current generation of AI tools has potential for application to cases of suspected MCA, further research is needed to establish best practices, evaluate effectiveness, and determine the appropriate role of AI-assisted medical chronology generation. For state child protection agencies and families seeking to protect children from MCA, and to prevent false MCA allegations against caregivers, AI-generated chronologies hold the potential to drastically reduce the cost of MCA evaluations. If validated, these technologies may allow clinicians to devote more time to clinical reasoning, multidisciplinary collaboration, and patient care, while reducing the administrative burden of record organization and review.



About the Authors



Stephen L. Harvey, MD, MPH, is pediatric resident at the Mayo Clinic and a graduate of the Mayo Clinic Alix School of Medicine. He has published and presented on a medical child abuse module in the Child Abuse Pediatrics Curriculum for Physicians (CAP-CuP).



Steven Pham, MD, is a child abuse pediatrician and child and adolescent psychiatrist at Cincinnati Children's Hospital Medical Center. He completed his residency and fellowship at Cincinnati Children's Hospital Medical Center.



James C. Hamilton, PhD, is Associate Professor Adjunct in the Department of Pediatrics at the Yale School of Medicine and Associate Professor Emeritus in the Department of Psychology at the University of Alabama. He provides private consultation for matters related to medical deception.



Liza C. Murray, MD, is the Director for the Children at Risk Section through the University of Arkansas for Medical Sciences, serves as the Fellowship Director for the Child Abuse Pediatric Fellowship and practices as a Child Abuse Pediatrician at Arkansas Children's Hospital.



Katie Johnson, MD, is child abuse pediatrician at the Mayo Clinic Center for Safe and Healthy Children and Adolescents and lead author of the Child Abuse Pediatrics Curriculum for Physicians (CAP-CuP). She completed her residency at Mayo Clinic and her fellowship at the University of Washington.

References

Barak-Corren, Y., Wolf, R., Rozenblum, R., Creedon, J. K., Lipsett, S. C., Lyons, T. W., Michelson, K. A., Miller, K. A., Shapiro, D. J., Reis, B. Y., & Fine, A. M. (2024). Harnessing the power of generative AI for clinical summaries: Perspectives from emergency physicians. *Annals of Emergency Medicine, 84*(2), 128–138. https://doi.org/10.1016/j.annemergmed.2024.01.039

Damani, S., Hinton, B., Hunt, T., Lawrence, N., Miller, K., Rice, M., Peterson, K., McLaughlin, S., & Ryu, A. (2026). Automating the segmentation, date extraction, and classification of multi-report PDFs in outside medical records using optical character recognition and generative artificial intelligence. *JAMIA Open, 9*(2), ooag027. https://doi.org/10.1093/jamiaopen/ooag027

Flaherty, E. G., Macmillan, H. L., & Committee on Child Abuse and Neglect, Christian, C. W., Crawford-Jakubiak, J. E., Leventhal, J. M., Lukefahr, J. L., & Sege, R. D. (2013). Caregiver-fabricated illness in a child: A manifestation of child maltreatment. *Pediatrics*, *132*(3), 590–597. https://doi.org/10.1542/peds.2013-2045

Friedman, R., Lisk, R., Cordero-Bermudez, K., Ghani, S., Singh, S., Gillette, B., Gorenstein, S., Chiu, E. S. (2025). D69. Enhancing clinical efficiency: Utilizing ChatGPT for streamlined chart review in wound care. *Plastic and Reconstructive Surgery—Global Open*. *13*(Suppl 2), 118. https://doi.org/10.1097/01.GOX.0001114784.03761.63

AI Applications for Medical Chronologies

James, J. K., Maran, T., Rice, M. P., Hunt, T. S., Peterson, K. J., Hogan, W. J., Damani, S., & Ryu, A. J. (2024). Experience with an optical character recognition search application for review of outside medical records. *Mayo Clinic Proceedings: Digital Health, 2*(4), 511–514. https://doi.org/10.1016/j.mcpdig.2024.08.001

Khalid, N., Qayyum, A., Bilal, M., Al-Fuqaha, A., & Qadir, J. (2023). Privacy-preserving artificial intelligence in healthcare: Techniques and applications. *Computers in Biology and Medicine, 158*, 106848. https://doi.org/10.1016/j.compbiomed.2023.106848

Lee, P., Bubeck, S., & Petro, J. (2023). Benefits, limits, and risks of GPT-4 as an AI chatbot for medicine. *The New England Journal of Medicine, 388*(13), 1233–1239. https://doi.org/10.1056/NEJMsr2214184

Liu, R. T., Levin, R. Y., & Turnamian, M. R. (2026). A whole-population study of national trends in child abuse and neglect by sex, race, and ethnicity in the U.S. *JAMA Pediatrics*, *180*(1), 72–82. https://doi.org/10.1001/jamapediatrics.2025.4487

Ma, S. P., Liang, A. S., Shah, S. J., Smith, M., Jeong, Y., Devon-Sand, A., Crowell, T., Delahaie, C., Hsia, C., Lin, S., Shanafelt, T., Pfeffer, M. A., Sharp, C., & Garcia, P. (2025). Ambient artificial intelligence scribes: utilization and impact on documentation time. *Journal of the American Medical Informatics Association*, *32*(2), 381–385. https://doi.org/10.1093/jamia/ocae304

Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. *Science*, *366*(6464), 447–453. https://doi.org/10.1126/science.aax2342

Poon, E. G., Lemak, C. H., Rojas, J. C., Guptill, J., & Classen, D. (2025). Adoption of artificial intelligence in healthcare: Survey of health system priorities, successes, and challenges. *Journal of the American Medical Informatics Association, 32*(7), 1093–1100. https://doi.org/10.1093/jamia/ocaf065

Roesler, T. A., & Jenny, C. (2009). *Medical child abuse: Beyond Munchausen syndrome by proxy*. American Academy of Pediatrics.

Royal College of Paediatrics and Child Health. (2021, March). *Perplexing Presentations (PP)/Fabricated or Induced Illness (FII) in Children—guidance*. Child Protection Portal. https://childprotection.rcpch.ac.uk/resources/perplexing-presentations -and-fii/

Sanders, M. J., & Bursch, B. (2002). Forensic assessment of illness falsification, Munchausen by proxy, and factitious disorder, NOS. *Child Maltreatment*, *7*(2), 112–124. https://doi.org/10.1177/1077559502007002003

Singhal, K., Azizi, S., Tu, T., Mahdavi, S. S., Wei, J., Chung, H. W., Scales, N., Tanwani, A., Cole-Lewis, H., Pfohl, S., Payne, P., Seneviratne, M., Gamble, P., Kelly, C., Babiker, A., Schärli, N., Chowdhery, A., Mansfield, P., Demner-Fushman, D., Agüera y Arcas, B., … Natarajan, V. (2023). Large language models encode clinical knowledge. *Nature*, *620*(7972), 172–180. https://doi.org/10.1038/s41586-023-06291-2

Slingsby, B., Bachim, A., Leslie, L. K., & Moffatt, M. E. (2024). Child health needs and the child abuse pediatrics workforce: 2020–2040. *Pediatrics*, *153*(Suppl 2), e2023063678F. https://doi.org/10.1542/peds.2023-063678F

Watad, A., Sharif, K., & Shoenfeld, Y. (2017). The ASIA syndrome: Basic concepts. *Mediterranean Journal of Rheumatology, 28*(2), 64–69. https://cyberleninka.ru/article/n/the-asia-syndrome-basic-concepts

Woo, B. F. Y., Cato, K., Cho, H., You, S. B., & Song, J. (2026). The use of large language models in clinical documentation: A scoping review. *International Journal of Nursing Studies, 176*, 105322. https://doi.org/10.1016/j.ijnurstu.2025.105322

Journal Highlights

Ethan Bates; Sierra Spade; Theodore P. Cross, PhD, FAPSAC

Barboza-Salerno, G., Harrington, T., Ramesh, B., Stanek, C., & Duhaney, S. (2026). Beyond social disadvantage: Advancing an environmental justice framework to address child maltreatment risk. *International Journal on Child Maltreatment: Research, Policy and Practice*. **https://doi.org/10.1007/s42448-026-00256-4**

This study examines how neighborhood characteristics were related to the risk of child physical abuse (CPA) and child neglect (CN). The authors used data from the American Community Survey, the American Forests' Tree Equity Score, the Trust for Public Land's ParkServe database, the Environmental Protection Agency's EnviroAtlas, and the Los Angeles Police Department investigations of CPA and CN incidents

Using sophisticated statistical methods, the research identified seven distinct neighborhood types. These types were based on child physical abuse and child neglect incidents; environmental factors such as tree equity (adequacy of the tree canopy in a neighborhood), park access, and heat; and socioeconomic factors like poverty, unemployment, and racial composition.

Neighborhoods with higher rates of child physical abuse and child neglect had fewer environmental amenities, higher populations of residents of color, less park access, more children, and higher poverty. Strong tree equity and park access appeared to buffer risk even where socioeconomic disadvantage persisted.

The authors argue that concentrated disadvantage that causes maltreatment risk is not confined to socioeconomic status but extends to environmental factors. Targeted investment in tree equity and park infrastructure within the highest risk clusters could yield outsized gains in child well-being. Finally, the authors call for future longitudinal research that would track how changes in neighborhood conditions correspond to changes in CPA and CN risk over time.

Samarah, E. M. S., Chiocca, E. M., Schelbe, L., James, M., Lambdin, M., & Creggitt, A. (2026). Corporal punishment in Arkansas public schools: A mixed methods analysis. *Child Maltreatment*. **https://doi.org/10.1177/10775595261474140**

Despite decades of research documenting its harms, corporal punishment (CP) remains legal in public schools in 17 states, nearly all in the Southeast. This article examines how CP is authorized, justified, and used across Arkansas's 237 traditional school districts.

The authors found that 171 districts (72.15%) allow CP, with only 14 of these districts designating it a last resort measure. In 45 districts, parents are required to submit paperwork to opt their child out of CP, while 27 districts did not require the school to give notice to parents before using CP. Throughout the 2022 to 2023 school year, there were a reported 5,308 incidents of CP among 452,703 enrolled students across all districts.

The authors' content analysis identified five recurring themes across policy language regarding CP in schools:

- The legitimization of violence toward children
- The diminishment of children's rights and bodily autonomy
- An illusion of parental choice (opt outs framed as a "courtesy" with annual in-person renewal requirements and automatic suspensions prompted by refusals)

Journal Highlights

- Criminal and carceral rhetoric (students are required to "refute the charges" against them)
- A broader neglect of child development, since these procedural expectations are applied uniformly from kindergarten through 12th grade

The authors argue that CP in Arkansas is sustained not by evidence of effectiveness, but instead by policy structures, norms, and power arrangements that normalize violence against children and provide minimal protection to students and families. The authors seek to challenge current policies on CP with comparative policy mapping across states, to assess how state and district frameworks interact. Additionally, the authors call for future research examining CP in schools by race, disability status, and grade level.

Kudalkar, K., Singh, S. S., Otiocha, O., Folger, A., Helton, S., & Makoroff, K. (2026). Experiences of online sexual exploitation among child survivors of sexual abuse. *Child Abuse & Neglect*, 180, 108257. https://doi.org/10.1016/j.chiabu.2026.108257

This article examines online sexual exploitation (OSE) among children evaluated for other types of suspected sexual abuse in a midwestern Child Advocacy Center. The authors found that 41.5% of patients reported at least one OSE experience. That rate rose sharply with age, from 12.0% at age 10 to 60.0% at age 16. They caution that their findings likely underestimate the true frequency of OSE, because youths often fail to disclose experiences they were coerced into but feel complicit in (e.g., sending images), and do not think to mention sexually exploitative behavior that they have come to see as normal.

Miller, Q. C., Fessinger, M. B., & Klemfuss, J. Z. (2026). An archival analysis of 326 child sexual abuse cases from the National Registry of Exonerations. *Annals of the New York Academy of Sciences*, *1555*, e70199. https://doi.org/10.1111/nyas.70199

Exonerations (wrongful convictions that are overturned) are rare in child sexual abuse cases but do occur. The researchers conducted an archival analysis of 326 CSA exonerations that were documented by the National Registry of Exonerations (NRE) between 1989 and 2024, which maintains a database compiled from publicly available data on these cases.

Perjury or false accusation was by far the most common contributor to wrongful conviction (n = 276), followed by false or misleading forensic evidence (n = 143), and official misconduct (n = 141). Notably, forensic evidence was presented in 60% of cases that went to trial, and in 82% of those cases it was later found to be false or misleading.

Three themes described most of the allegations in these cases:

- Familial influence, (42%), often involving a parent suggesting, coaching, or pressuring a child during a custody dispute
- Authority influence (34%), described as suggestive or repeated questioning by law enforcement, therapists, or social workers
- Child ulterior motive (12%), where children made allegations for personal gain, to retaliate, or to avoid consequences

Post-conviction witness recantation was a factor in 46% of exonerations. Nearly half of exonerations (44%) involved an advocate, such as an innocence organization or journalist, who invested substantial time reinvestigating the case. Only 40% of exonerees had received compensation at the time of the study, and many waited years or were denied outright. The authors also identified specific factors that contributed to wrongful convictions, including:

- allegations arising in contentious divorces or custody disputes
- family misinterpreting benign events and normative events as abuse
- familial rejection of children's initial disclosures leading them to identify an alternative alleged perpetrator
- suggestive and repeated questioning by authorities
- suggestive therapy
- children more often acting out of "fear, naivete, a desire to protect themselves or others, or pressure from adults"; rather than out of malice or seeking personal gain

The authors call for future research to examine historical trends in CSA exonerations and the stigma exonerees face post-release. They recommend studies involving mock jurors and legal stakeholders to identify targeted reforms to prosecutorial and investigative practices.

Roehrkasse, A. F., Eiermann, M., Bryan, B., & Fallesen, P. (2026). Cumulative incidence of child protective services involvement among indigenous and nonindigenous children: A cross-national analysis. *Child Maltreatment*. https://doi.org/10.1177/10775595261476592

Indigenous children in settler-colonial societies face an elevated risk of engagement with child protective services (CPS). This study produced the first estimates of how indigenous children's lifetime risk of CPS contact varies across countries. They compared nonindigenous and indigenous American and Australian children by linking administrative data sets.

The study found that 45.7% of American indigenous children and 40.3% of Australian indigenous children were estimated to experience a maltreatment investigation before age 18. Both Australian and American indigenous children were substantially more likely than non-indigenous children in their country to be involved in investigations, to have maltreatment confirmed, and to be placed out of home. While Australian indigenous children were slightly more likely to have maltreatment confirmed than American indigenous children (18.9% versus 12.5%), American indigenous children were nearly three times as likely to be placed in out-of-home care as Australian indigenous children. In both countries, disparities decreased with child age and were largest at later stages of CPS contact.

The authors argue that indigenous disparities cannot be understood apart from the broader racial disproportionality in CPS involvement, particularly in the U.S. They recommend further cross-national comparisons, along with research into tribal CPS agencies and shifting definitions of maltreatment.

Journal Highlights

Fong, H. F., Nakash, O., Lindsey, M. A., Rodriguez, Y. L., Caldas, A., Bair-Merritt, M., McKay, M., Beardslee, W., & Alegría, M. (2026). Contextual stressors for Black and Latino families after child sexual abuse. *Child Maltreatment*, **10775595261478844. Advance online publication. https://doi.org/10.1177/10775595261478844**

This qualitative study describes Black and Latino caregivers' perceptions of stressors that contribute to the traumatic impact of sexual abuse on children and families. The authors interviewed 30 Black, Latino, or Black and Latino caregivers of children who were sexually abused; 87% of these caregivers were mothers. Caregivers talked about the social norm of keeping quiet about abuse, related to accepting abusive behavior from patriarchal figures as "normal" and the shame associated with sexual abuse. Many caregivers reported pressure to uphold a positive image, making it difficult to speak freely about abuse.

Caregivers expressed mistrust in seeking mental health care, related to cultural beliefs that therapy is unnecessary because of family support or is harmful because of mistrust of providers from different cultures. Systems stress, they reported, came primarily from sexual abuse evaluation, investigation, and legal processes. They described experiences with official systems that led to re-traumatization of children, blame and powerlessness of caregivers, and identity-based stress. Caregivers felt they were being blamed for not knowing, or not knowing sooner, about sexual abuse occurring. Others note a complete lack of action on child welfare agencies and law enforcement, emphasizing their own powerlessness. Caregivers felt that their treatment by professionals and systems was influenced by the racial stereotype of the "angry Black woman". The authors advocate that professionals demonstrate cultural humility, ask individuals about their sociocultural norms to reduce stigma, avoid "victim-blaming" language and behaviors, and invite family input and expertise. Streamlining Children's Advocacy Centers and allocating resources for trauma-informed care could reduce re-traumatization for these families.





Association of Professionals Solving the Abuse of Children

In partnership with THE NEW YORK FOUNDLING

*Opinions expressed in the APSAC **Advisor** do not reflect APSAC's official position unless otherwise stated.*

Membership in APSAC in no way constitutes an endorsement by APSAC of any member's level of expertise or scope of professional competence.

© APSAC 2026

All rights reserved