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Child Advocacy Studies (CAST): A National Movement to Improve the Undergraduate and Graduate Training of Child Protection Professionals

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Child Advocacy Studies (CAST): A National Movement to Improve the Undergraduate and Graduate Training of Child Protection Professionals

Authors

Victor I. Vieth, Betsy Goulet, Michele Knox, Jennifer Parker, Lisa B. Johnson, Karla Steckler Tye, and Theodore P. Cross

CHILD ADVOCACY STUDIES (CAST): A NATIONAL MOVEMENT TO IMPROVE THE UNDERGRADUATE AND GRADUATE TRAINING OF CHILD PROTECTION PROFESSIONALS

Victor I. Vieth, Betsy Goulet, Michele Knox, Jennifer Parker,
Lisa B. Johnson, Karla Steckler Tye, Theodore P. Cross[†]

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I. INTRODUCTION

There is a significant and growing body of research documenting the poor quality of undergraduate and graduate training of professionals in the criminal justice, child protection, medical, and mental health fields on child abuse.¹ Unless this training is received on the job, many of these professionals may go their entire careers lacking the necessary skills to investigate, prosecute, treat, or otherwise respond to the needs of child abuse victims or offenders.² For example, one study finds that even experienced professionals in the field are “uninformed or misinformed” about basic literature on child sexual abuse that is relevant to their work.³

1. See, e.g., Michele S. Knox et al., *Effects of Medical Student Training in Child Advocacy and Child Abuse Prevention and Intervention*, 6 PSYCHOL. TRAUMA: THEORY, RES., PRAC. & POL’Y 129 (2014) [hereinafter Knox et al., *Effects of Medical Student Training*]; Victor I. Vieth, *Unto the Third Generation: A Call to End Child Abuse in the United States within 120 Years (revised and expanded)*, 28 HAMLINE J. PUB. L. & POL’Y 1 (2006); Michele Knox et al., *Educating Medical Students About Adolescent Maltreatment*, 25 INT’L J. ADOLESCENT MED. & HEALTH 301 (2013) [hereinafter Knox et al., *Educating Medical Students*]; Janice R. Hill, *Teaching about Family Violence: A Proposed Model Curriculum*, 17 TEACHING & LEARNING IN MED. 169, 169–78 (2005); Kelly M. Champion et al., *Child Maltreatment Training in Doctoral Programs in Clinical, Counseling, and School Psychology: Where Do We Go From Here?*, 8 CHILD MALTREATMENT 211, 215 (2003); M. Anne Woodtli & Eileen T. Breslin, *Violence-Related Content in the Nursing Curriculum: A Follow-Up National Survey*, 41 J. NURSING EDUC. 340 (2002); Elaine J. Alpert et al., *Interpersonal Violence and the Education of Physicians*, 72 ACAD. MED. S41, S41–50 (1997).

2. See, e.g., VICTOR I. VIETH, GUNDERSEN NAT’L CHILD PROT. TRAINING CTR., THE VIEW FROM THE TRENCHES: RECOMMENDATIONS FOR IMPROVING SOUTH CAROLINA’S RESPONSE TO CHILD SEXUAL ABUSE BASED ON INSIGHT FROM FRONTLINE CHILD PROTECTION PROFESSIONALS, (2013), www.gundersenhealth.org/app/files/public/2773/NCPTC-Silent-Tears-final-report.pdf [https://perma.cc/YT32-BQV6]; see also FOSTERING RESULTS, VIEW FROM THE BENCH: OBSTACLES TO SAFETY & PERMANENCY FOR CHILDREN IN FOSTER CARE 2 (2004), https://www.pewtrusts.org/~media/legacy/uploadedfiles/wwwpewtrustsorg/reports/foster_care_reform/fostringresults070104pdf [https://perma.cc/QJM8-HVZN] (discussing a recent survey of 2,241 judges who found that only 49% of them had received any child welfare training before hearing child dependency and neglect proceedings).

3. Cátula Pelisoli et al., *Child Sexual Abuse Research Knowledge Among Child Abuse Professionals and Laypersons*, 40 CHILD ABUSE & NEGLECT 36, 43 (2015), steveherman.com/pubs/Pelisoli,%20Herman,%20and%20DellAglio%20-%202014%20

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The Center for Child Advocacy Studies (“C-CAST”) is a program of the Zero Abuse Project (ZAP) that works in partnership with community colleges, universities, medical schools, law schools, seminaries, and other institutions of higher education throughout the United States to fully prepare future child protection professionals to adequately recognize, report, and respond to child maltreatment.⁴

With limited federal and private funding, this coalition has implemented undergraduate and graduate reforms in seventy three institutions of higher education in twenty states, developed state of the art training facilities ideal for experiential learning, and published five studies supporting the reform model.⁵ Working with a number of universities, ZAP has also developed an approval process to maintain the integrity of programs providing child abuse training. This approval process assesses whether a child advocacy studies (“CAST”) program reflects the core competencies recommended by the Academy on Violence and Abuse.⁶

%20Child%20sexual%20abuse%20research%20knowledge.pdf [https://perma.cc/9L6R-BGRR].

4. *Child Advocacy Studies (CAST)*, GUNDERSEN NAT’L CHILD PROT. TRAINING CTR., <http://www.gundersenhealth.org/ncptc/cast/> [https://perma.cc/P52A-LETS]; *see also* ZERO ABUSE PROJECT, *Child Advocacy Studies (CAST)*, <https://www.zeroabuseproject.org/education-training/cast-child-advocacy-studies/> [https://perma.cc/E773-428F] (last visited April 12, 2019).

5. Aurea K. Osgood, *Lessons Learned from Student Surveys in a Child Advocacy Studies (CAST) Program*, 10 J. CHILD & ADOLESCENT TRAUMA 261 (2017); Heather L. Pelletier & Michele Knox, *Incorporating Child Maltreatment Training into Medical School Curricula*, 10 J. CHILD & ADOLESCENT TRAUMA 267 (2017); Shipra Singh et al., *Exploratory Factor Analysis and Psychometric Evaluation of the Healthcare Provider Attitudes Toward Child Maltreatment Reporting Scale*, 46 CHILD. HEALTH CARE 356 (2017); Knox et al., *Effects of Medical Student Training*, *supra* note 1; Knox et al., *Educating Medical Students*, *supra* note 1; ZERO ABUSE PROJECT, *Child Advocacy Studies (CAST) Universities*, <https://www.zeroabuseproject.org/education-training/cast/universities/> [https://perma.cc/YB8G-PM3Q] (last visited May 10, 2019) (listing the seventy three institutions with CAST programs).

6. GUNDERSON NAT’L CHILD PROTECTION TRAINING CNTR., *CAST (Child Advocacy Studies) Program Approval*, <https://cdn2.zeroabuseproject.org/wp-content/uploads/2019/02/ZAP-CAST-approval-application.pdf> [https://perma.cc/3AD4-FUUY] (last visited April 12, 2019); *see* BRUCE AMBUEL ET AL., ACAD. ON VIOLENCE & ABUSE, *COMPETENCIES NEEDED BY HEALTH PROFESSIONALS FOR ADDRESSING EXPOSURE TO VIOLENCE AND ABUSE IN PATIENT CARE* (2011), <https://www.nsvrc.org/sites/default/files/CoreCompetenciesRevApril2011.pdf> [https://perma.cc/9DWV-RMTG] (detailing the program’s mission, requirements for individual learners, and core competencies as recommended by the Academy on Violence and Abuse).

This article begins by detailing literature supporting the need to reform child protection professionals' undergraduate and graduate training.⁷ The article then analyzes the work of C-CAST and its university and college partners in implementing child protection curricula.⁸ Next, this article discusses the research on the efficacy of the CAST model, and outlines the successful strategy employed in Mississippi for CAST's rapid and widespread dissemination.⁹ The article concludes by suggesting states should look to replicate Mississippi's model, which would result in a massive change in higher education in the United States—by fundamentally improving the response to child abuse in every community across the nation.¹⁰

II. REFORMING UNDERGRADUATE AND GRADUATE TRAINING: A LITERATURE REVIEW

A. *Research on Undergraduate Studies on Child Protection*

Their training is inadequate, and the number of workers is far too small for the number of families in trouble. Some of the cases would require a battalion of cops, doctors, and social workers to handle; instead there are two kids fresh out of college with good intentions and a handful of forms.¹¹

Undergraduate education on child maltreatment issues is severely lacking.¹² Social worker Marc Parent said that his training on child maltreatment issues amounted to “two weeks of solemn discussions,” yet “little on getting a drug dealer to let you into an abandoned building or talking a restless police officer into sticking around until you get through with a case and back to your car.”¹³

Marc Parent's experiences are not unique. In a study of South Carolina's child protection system, researchers interviewed 166 frontline child protection professionals about their education on child sexual abuse is-

7. *Infra* Part II. Many of the recommendations made in this portion of the article are based on the Gundersen Health System recommendations for improving the response to child abuse cases in South Carolina, a report compiled by Victor Vieth. *See* Vieth, *supra* note 2.

8. *Infra* Part IV.

9. *Infra* Part VI, VIII.

10. *Infra* Part IX.

11. Anna Quindlen, *Foreword* to MARC PARENT, *TURNING STONES: MY DAYS AND NIGHTS WITH CHILDREN AT RISK*, at 42 (1996)).

12. *Id.*

13. *Id.* at 7.

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sues.¹⁴ Most respondents reported little to no education prior to on-the-job training.¹⁵ One police officer said he had no training in college or at the police academy where he said they “didn’t really talk about children at all.”¹⁶ A sheriff’s deputy with a bachelor’s degree in criminal justice reported that, despite handling 600 child sexual abuse (CSA) cases in his career, his entire training was “on the job.”¹⁷

These reports have been corroborated by research on undergraduate coursework. Professors at Winona State University (WSU) conducted a study to assess the prevalence of course offerings on child maltreatment at colleges and universities in the United States.¹⁸ The study included 1,416 institutions offering degrees in social work, human services, nursing, medicine, education, criminal justice, law enforcement, psychology, and sociology.¹⁹ Not one of the institutions offered a major, minor, or concentration of any kind in child maltreatment issues.²⁰ Seventy-one percent of the institutions offered no coursework at all on child maltreatment.²¹ Those that did offered little instruction, and usually only within psychology or sociology concentrations.²² This means that the great majority of child protection professionals have no undergraduate-level training on child maltreatment issues.

Research on the undergraduate training of nursing students reveals limited education on any aspect of violence. Specifically, researchers found that seventy-four percent of the programs had not developed violence-based student competencies and sixty-seven percent of the programs did not evaluate violence-related content.²³ This lack of coverage on violence by educational programs exists despite the existing research that would fit well within these curriculums.²⁴ The programs that did provide

14. Vieth, *supra* note 2, at 5.

15. *Id.*

16. *Id.*

17. *Id.*

18. *Id.* at 6; *see also* Winona State University, Child Advocacy Studies Minor 4 (2006) (unpublished manuscript) (on file with the author).

19. Vieth, *supra* note 2, at 6.

20. *Id.*

21. *Id.*

22. *Id.*

23. Woodtli & Breslin, *supra* note 1, at 344.

24. *See, e.g.*, Kathryn L. Braun et al., *Developing and Testing Training Materials on Elder Abuse and Neglect for Nurse Aids*, 9 J. ELDER ABUSE & NEGLECT 1, 1-15 (1997); Catherine Pearsall, *Detection and Management of Elder Abuse: Nurse Practitioner Self-Perceptions of Barriers and Strategies* (2006) (Doctoral Dissertation, Duquesne University), <https://dsc.duq.edu/cgi/viewcontent.cgi?article=2047&context=etd> [<https://perma.cc/ZZG7-2YXC>].

education on violence offered very little. Specifically, researchers found the following regarding instruction on abuse in nursing programs:

Child Abuse: of the 359 undergraduate nursing programs reporting classroom hours on child abuse, 62% reported between two and four hours of training and 18% reported either one hour of classroom instruction on child abuse or readings only.²⁵

Domestic violence: of the 374 undergraduate nursing programs reporting classroom hours on “woman abuse and battering,” 56% reported between two and four hours of instruction and 30% reported either one hour of classroom instruction or readings only.²⁶

Elder abuse: of the 368 undergraduate nursing programs reporting classroom hours on elder abuse, 45% said the content was taught between two and four hours and 46% said the content was taught either in one hour of classroom instruction or in readings only.²⁷

According to the researchers, the “major reason for inadequate curriculum attention was lack of time in relation to the total curriculum requirements” and that “violence was not a faculty priority.”²⁸ Reflecting the need to improve undergraduate and graduate studies for students who will one day intersect with cases of domestic violence and elder abuse, Indiana University of Pennsylvania has expanded CAST to CAAST—Child and Adult Advocacy Studies.²⁹ This expanded version addresses violence across the lifespan.³⁰

B. Research on Graduate Studies of Child Protection

A number of studies also confirm inadequate training in graduate schools. The American Psychological Association (APA) found that many graduate programs “fell far short” of the APA guidelines for competency

25. Woodtli & Breslin, *supra* note 1, at 345–45.

26. *Id.*

27. *Id.*

28. *Id.* at 346.

29. See INDIANA UNIVERSITY OF PENNSYLVANIA, *Certificate in Child and Adult Advocacy Studies*, <https://www.iup.edu/sociology/undergrad/certificate-in-child-and-adult-advocacy-studies/> [https://perma.cc/RL4G-6BAR] (last visited April 12, 2019).

30. INDIANA UNIVERSITY OF PENNSYLVANIA, *Child and Adult Advocacy Studies Minor*, <https://www.iup.edu/psychology/undergrad/minor-child-and-adult-advocacy-studies/> [https://perma.cc/UG3M-M5B7] (last visited April 23, 2019).

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in handling child maltreatment cases.³¹ Researchers observed that the lack of graduate training for psychology students “contradicts the rapidly expanding literature on responding to maltreatment and the demands of this interdisciplinary, professional endeavor.”³² A dozen years after this dreary assessment, scholars continued to call for improving the training of mental health professionals handling cases of child sexual abuse.³³

Discussing her educational background, psychologist Anna Salter writes:

In the two years I spent at Tufts getting a Masters degree in Child Study and the five years I spent at Harvard getting a Ph.D. in Psychology and Public Practice, there was virtually nothing on child sexual and physical abuse in any course I took. I had one lecture on the victims of child abuse, but not a single lecture anywhere on offenders. Ironically, many of the lectures were on maladies so rare I've yet to see them in twenty years of practice.³⁴

Training for medical professionals is also inadequate. In a 2018 study of 263 family residency programs, only twenty-seven percent provided training on trauma-informed care, and even then, programs provided fewer than five hours of training annually.³⁵ In the pediatrics field, the reality is that “[m]ore than 40 years after the diagnosis of battered child syndrome entered the literature, our pediatric residency programs do not have a significant education requirement for preventing, recognizing, or managing child abuse.”³⁶ This results in egregious errors. For example, one study

31. Champion et al., *supra* note 1, at 211 (stating that many of our best and brightest psychologists, like most child protection professionals, acquired their knowledge through on the job training).

32. *Id.* at 215 (recommending that “[t]eam-taught classes, visiting instructors, and class visits by outside professionals are all means by which to increase interdisciplinary training without developing entirely new programs.”).

33. Maureen C. Kenny & Roberto L. Abreu, *Training Mental Health Professionals in Child Sexual Abuse: Curricular Guidelines*, 24 J. CHILD SEXUAL ABUSE 572, 578 (2015).

34. ANNA C. SALTER, PREDATORS: PEDOPHILES, RAPISTS, AND OTHER SEX OFFENDERS 2 (2003).

35. Melissa E. Dichter et al., *Trauma-Informed Care Training in Family Medicine Residency Programs: Results from a CERA Survey*, 50 FAM. MED. 617, 617 (2018), <https://journals.stfm.org/media/1756/dichter-2018-001.pdf> [https://perma.cc/KUU4-3KXQ].

36. Ann S. Botash, *From Curriculum to Practice: Implementation of the Child Abuse Curriculum*, 8 CHILD MALTREATMENT 239, 239 (2003).

found that, thirty-one percent of the time, physicians who made the first evaluation did not recognize abusive head trauma cases.³⁷

A 2012 study concluded “training, discipline, and clinical experience were significantly associated with the ability to correctly identify medical findings and apply medical knowledge to correctly interpret findings.”³⁸ In 2015, researchers found that, in hundreds of health care facilities, medical professionals failed to properly evaluate occult fractures in approximately half of child physical abuse cases.³⁹

In a national survey of pediatricians, researchers found that “[t]hose who had received some child abuse [continuing medical education] expressed more confidence in their ability to identify and manage child abuse.”⁴⁰ However, even with field training, twenty-two percent of the pediatricians did not feel adequately trained.⁴¹ The researchers found “[g]reat variability in self-reported training and experience . . . suggesting these variations may be partially responsible for previously observed problems in the identification and reporting of child abuse” by pediatricians.⁴²

This level of poor medical training will impact patients who suffer other forms of trauma as well, possibly throughout their lifespans. For example, doctors who prescribe antidepressants or anti-anxiety medication to adults need to be trained to screen for Adverse Childhood Experiences (ACEs) as these have been found to be predictive of both mental and physical health problems in adulthood.⁴³

In a study from South Carolina, a pediatrician stated that “there were a ‘couple of lectures in medical school’ and in her residency training on child abuse, but her formal schooling on the subject could best be described as ‘very little.’”⁴⁴ In the same study, prosecutors also noted a lack of

37. See Carole Jenny et. al., *Analysis of Missed Cases of Abusive Head Trauma*, 282 JAMA 621, 623 (1999).

38. Joyce A. Adams et al., *Diagnostic Accuracy in Child Sexual Abuse Medical Evaluation: Role of Experience, Training, and Expert Case Review*, 36 CHILD ABUSE & NEGLECT 383, 392 (2012).

39. Joanne N. Wood et al., *Evaluation for Occult Fractures in Injured Children*, 136 PEDIATRICS 232, 232 (2015).

40. Emalee G. Flaherty et al., *Pediatrician Characteristics Associated with Child Abuse Identification and Reporting: Results from a National Survey of Pediatricians*, 11 CHILD MALTREATMENT 361, 366 (2006).

41. *Id.*

42. *Id.* at 367.

43. See generally Vincent J. Felitti & Robert F. Anda, *The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders and Sexual Behavior: Implications for Healthcare*, THE IMPACT OF EARLY LIFE TRAUMA ON HEALTH AND DISEASE: THE HIDDEN EPIDEMIC 77, 79 (Ruthie A Lanius, et al. eds., 2010).

44. Vieth, *supra* note 2, at 5.

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training related to abuse.⁴⁵ When asked about law school training on child sexual abuse, a solicitor told researchers he received “none.”⁴⁶

C. U.S. Attorney General’s Task Force Recommendations for Undergraduate and Graduate Reform

The United States Attorney General’s Task Force on Children Exposed to Violence called for a “national initiative to promote professional education and training on the issue of children exposed to violence” at home, in their neighborhood, and in schools.⁴⁷ The task force specifically asks academic institutions to “[i]nclude curricula in all university undergraduate and graduate programs to ensure that every child- and family-serving professional receives training in multiple evidence-based methods for identifying and screening children for exposure to violence.”⁴⁸

The Attorney General’s Task Force included sexual abuse of children in its definition of violence as well as physical abuse, intimate partner violence, and exposing children to violence.⁴⁹ The Task Force noted that all these forms of violence have the potential to impact the short and long term medical and mental health of children and that this is particularly the case when children are “polyvictims”—exposed to multiple forms of abuse and violence.⁵⁰ Accordingly, any reduction in one or more forms of violence directed to or in the presence of children could reduce numerous other social ills.

III. THE COST OF POOR UNDERGRADUATE AND GRADUATE TRAINING

When universities and other institutions of higher education fail to teach practical information to the child protection professionals of tomorrow, these professionals must learn on the job while the lives of children hang in the balance. Through this process, child protection workers can lose their idealism, adding themselves to the list of burned out workers.⁵¹

45. *Id.*

46. *Id.*

47. ATTORNEY GENERAL’S TASK FORCE ON CHILDREN EXPOSED TO VIOLENCE, DEFENDING CHILDHOOD: PROTECT HEAL THRIVE 5 (2012), <https://www.justice.gov/defendingchildhood/cev-executive-sum.pdf> [<https://perma.cc/K5VA-YSFA>].

48. ATTORNEY GENERAL’S TASK FORCE, *supra* note 47, at 6.

49. *Id.* at 1.

50. *Id.* at 1–2.

51. See generally Kimberly Marie Bainguel, *Burnout Among Child Welfare Social Workers in Louisiana*, WALDEN UNIV. (2019) (Doctoral dissertation), <https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=7582&context=dissertations>

Hence, even cases of severe child maltreatment are sometimes screened out of the system with little or no investigation.⁵²

Research from the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) found strong evidence of this problem. NIS-4 uses sentinels (professionals with contact with children) to collect data on children they encounter who may have been abused. In a study from NIS-4 with over 10,000 sentinels from 122 countries, researchers found that a large percentage of children identified by mandated reporting professionals because of suspected maltreatment did not receive a child protection investigation.⁵³ In fact, only half of the nation's identified abused children received a child protection investigation, and only one third of the children suffering "serious harm" received a child protection investigation.⁵⁴ "Serious harm" cases are defined as child abuse or neglect cases where "an act or omission result[s] in demonstrable harm."⁵⁵ The data originated from a report to Congress, which is summarized in the table below. This finding only verified the results of past decades. The report notes that, "[t]hroughout its history, the NIS has consistently found that child protective services agencies (CPS) investigate maltreatment of only a minority of the children the NIS identifies."⁵⁶

[<https://perma.cc/WLG6-QYMS>] (studying the possible factors behind the high burnout rate in social workers).

52. See generally Brandon Stahl, *Child Protection in Turmoil Across the Country*, MINNEAPOLIS STARTRIBUNE (Nov. 30, 2014), <http://www.startribune.com/child-protection-systems-are-in-turmoil-across-the-country/284225031/> [<https://perma.cc/3VWF-PXZB>] (explaining that child protection agencies across the U.S. are struggling to reform a system that has failed protect thousands of children from abuse).

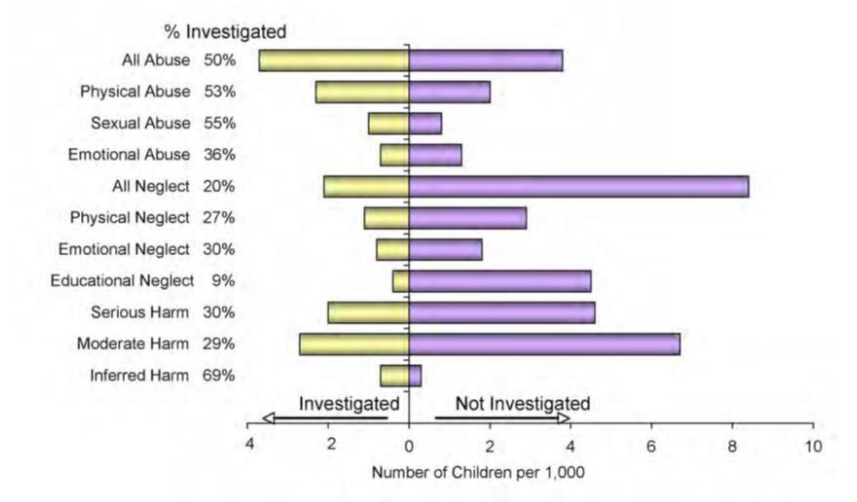
53. ANDREA J. SEDLAK ET AL., U.S. DEP'T HEALTH & HUMAN SERVS., *FOURTH NATIONAL INCIDENCE STUDY OF CHILD ABUSE AND NEGLECT (NIS-4) 2-7* (2010), https://www.academia.edu/14902222/Fourth_National_Incidence_Study_of_Child_Abuse_and_Neglect_NIS-4_Report_to_Congress [<https://perma.cc/4VFD-TBG5>].

54. *Id.* at 8-5, 8-7.

55. *Id.* at 3.

56. *Id.* at 16.

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IV. REFORMING UNDERGRADUATE AND GRADUATE CHILD PROTECTION TRAINING: CAST

This section details the development of CAST reforms, the creation of an infrastructure to sustain these reforms, and the research supporting these reforms.

A. *The Development of CAST Undergraduate Programs*

To improve the undergraduate training of law enforcement officers and other child protection professionals, the Office of Justice Juvenile and Delinquency Prevention (OJJDP) provided \$5.6 million over a seven-year period to Winona State University (WSU) to develop a national model undergraduate curriculum.⁵⁷ This curriculum, entitled Child Advocacy Studies Training (CAST), was developed in partnership with the National District Attorneys Association, which created the National Child Protec-

57. These awards largely came through congressional earmarks obtained from the Minnesota and Arkansas congressional delegations. FY '03 \$993,500; FY '04 \$541,000; FY '05 \$200,000; FY '06 \$300,000; FY '08: \$1.222 million dollars (two separate earmarks); FY '09: \$1.2 million dollars (\$700,000 to Winona State University to continue the work of NCPTC and \$500,000 to Northwest Arkansas Community College to develop a regional training center of NCPTC); FY '10: \$1 million dollars to Winona State University to continue the work of the Center. U.S. DEP'T OF JUST., OFF. OF JUST. PROGRAMS, *OJP Grant Awards*, 2003-2010, OJJDP, MN, Winona County, <https://external.ojp.usdoj.gov/selector/main> [<https://perma.cc/3ABV-PF4M>].

tion Training Center (NCPTC) to oversee the initiative.⁵⁸ When federal funding expired, NCPTC merged into Gundersen Health System and, more recently, into the Zero Abuse Project, which runs the C-CAST program.⁵⁹

The CAST curriculum is based on an outline originally published in the *Journal of Aggression, Maltreatment and Trauma*.⁶⁰ The outline also influenced the development of CAST at Montclair State University, which simultaneously developed their CAST program in collaboration with the New Jersey child protection system.⁶¹

In developing the CAST curriculum at WSU, professors conducted an extensive, evidence-based analysis of peer-reviewed child protection literature published within the previous five years.⁶² The professors sorted and summarized 563 articles by concept. These articles were then critiqued by experts in the field and used to create the core three courses of CAST.⁶³ In addition, fifty-six federally funded child protection training programs were reviewed for content to determine the skills and knowledge demanded by the field.⁶⁴ The course outlines were then reviewed by focus groups of frontline medical and mental health professionals as well as social workers, law enforcement officers, prosecutors, and child protection attorneys.⁶⁵

The result: CAST is an interdisciplinary program for students entering the fields of criminal justice, social work, nursing, psychology, or any other field in which the student may be called on to work with victims of child maltreatment.⁶⁶ WSU students can complete three core semester-length courses and receive a certificate or they can opt to complete twenty-

58. Vieth, *supra* note 2, at 10; WINONA STATE UNIV., *Child Advocacy Studies*, <https://www.winona.edu/cast/program.asp> [https://perma.cc/P3P7-D63R] (last visited May 14, 2019).

59. See GUNDERSEN NAT'L CHILD PROTECTION TRAINING CTR., *JWRC and NCPTC Join Zero Abuse Project (ZAP)*, <http://www.gundersenhealth.org/ncptc/> [https://perma.cc/U2JF-PT93] (last visited May 14, 2019).

60. Vieth, *supra* note 1, at 36 (referencing Robert D. McCormick, *The Master of Arts in Child Advocacy: A Contribution to an Emerging Discipline*, 12 J. AGGRESSION, MALTREATMENT & TRAUMA 149 (2005)).

61. *Id.* at 11, note 25.

62. Angie Scott Dixon, *Child Advocacy Studies: Implementation and Expansion of Child Protection Training in Universities*, WINONA STATE UNIV., slide 1, 6 (last visited April 24, 2019), <https://slideplayer.com/slide/7266651/> [https://perma.cc/P86T-5X23].

63. *Id.* at slide 7.

64. Vieth, *supra* note 2, at 11.

65. *Id.*

66. WINONA ST. U. CHILD ADVOCACY STUD., <https://www.winona.edu/cast/> [https://perma.cc/8AQG-F4PF] (last visited May 14, 2019).

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one credits of coursework and graduate with a minor in CAST.⁶⁷ The minor has been certified by the Minnesota State College and Universities system.⁶⁸

CAST is unique in that it brings academia into the street by teaching students the skills necessary to work effectively as part of a multi-disciplinary team.⁶⁹ Students are taught how to interview children, interrogate a suspect, work with a non-offending caregiver, find corroborating evidence, explore alternative hypotheses during an investigation, testify effectively in both civil and criminal cases of child abuse, as well as document the strengths and weaknesses of a family.⁷⁰ Students are also taught effective prevention strategies and how to apply these strategies in diverse communities.⁷¹ An entire course focuses on the correlation between poverty and some forms of child abuse.⁷² CAST also includes a full semester course addressing sexual exploitation, the trafficking of children, and internet crimes against children.⁷³

Students may choose to obtain a certificate or a minor in Child Advocacy Studies.⁷⁴ The minor involves twelve required semester credits

67. WINONA ST. U. CHILD ADVOCACY STUD., <https://www.winona.edu/cast/program.asp> [https://perma.cc/P3P7-D63R] (last visited May 14, 2019).

68. *Id.*; see also MINNESOTA STATE, *Winona State University Child Advocacy Studies Course Search Results for Fall 2019*, https://eservices.mnstate.edu/registration/search/advancedSubmit.html?campusid=mnonline&searchrcid=0074&searchcampusid=074&ytr=20203&subject=CAST&courseNumber=&courseId=&openValue=OPEN_PLUS_WAITLIST&delivery=online&showAdvanced=&start-time=&endtime=&nmtransfer=&gened=&creditttype=ALL&credits=&instructor=&keyword=&begindate=&site=&resultNumber=250 [https://perma.cc/69U4-S5TZ] (last visited May 14, 2019).

69. Vieth, *supra* note 2, at 21 n. 9 (listing ways that the CAST programs increases students' interdisciplinary training).

70. WINONA ST U. CATALOGS, *Child Advocacy Studies (CAST) Minor*, https://catalog.winona.edu/preview_program.php?catoid=19&poid=3834 [https://perma.cc/B7UR-2YLY].

71. *Id.*

72. *Id.* (discussing curriculum of course CAST 404 - "Sociology of Child Poverty").

73. *Id.* (discussing curriculum of course CAST 403 - "Child Exploitation, Pornography, and the Internet").

74. WINONA ST U. CATALOGS, *supra* note 70. A number of colleges and universities, such as the University of Missouri St. Louis and the University of Illinois Springfield, offer CAST as a certificate program. *Child Advocacy Studies*, UMSL: CHILD ADVOCACY CENTER, <http://www.umsi.edu/services/weinman/Professional%20Development/CAST.html> [https://perma.cc/2EQ5-Y43D] (last visited May 14, 2019); *Child Advocacy Studies*

from four core courses: CAST 301 (Perspectives on Child Maltreatment & Child Advocacy), CAST 302 (Global Child Advocacy Issues), CAST 401 (Professional & System Responses to Child Maltreatment), and CAST 402 (Responding to the Survivor of Child Abuse and Survivor Responses)—each for three credit hours.⁷⁵ An additional field experience course must be chosen from a list of eleven course options as well.⁷⁶ Finally, students completing the minor must take six semester credits of elective courses selected from a list of seventeen options.⁷⁷

B. The Development of CAST Graduate Programs

CAST programs have also been developed and implemented at medical schools, seminaries, and law schools.

1. Medical School Reforms

Six board-certified pediatric specialists in child abuse participated in a working group at the Mayo Clinic, which was convened by the National Child Protection Training Center (now ZAP).⁷⁸ The pediatricians outlined course content on child abuse that every physician, irrespective of their specialty, should know before leaving medical school. The primary challenge was to fit this additional information into existing medical school education.

Dr. Michele Knox from the University of Toledo College of Medicine reviewed the outline prepared by the pediatricians.⁷⁹ She then designed a medical school course that would cover the needed material and that would be flexible enough to fit into existing medical school pro-

(CAST), UNIV. OF ILL. SPRINGFIELD, <https://www.uis.edu/cast/> [https://perma.cc/Q5R8-HCSA] (last visited May 14, 2019).

75. *Id.*

76. *Id.*

77. *Id.*

78. For additional information about the working group and the working group's outline, contact Michele Knox.

79. See Heather L. Pelletier & Michele Knox, *Incorporating Child Maltreatment Training into Medical School Curricula*, 10 J. OF CHILD & ADOLESCENT TRAUMA 267, 267-274 (2017).

grams.⁸⁰ The CAST medical school course designed by Dr. Knox is an elective nine-month course.⁸¹

The course is taught by a multi-disciplinary group of professionals in psychiatry, psychology, pediatrics, social work, child advocacy law, and general legal practices.⁸² The course addresses prevention, identification, reporting, and responding to all forms of child and adolescent maltreatment.⁸³ Once a month, CAST faculty and other professionals lecture, and show videos or documentaries. Faculty also facilitate discussions about the definitions of child maltreatment (CM), risk and protective factors, the role of professionals in reporting and treating CM, health and mental health indicators of CM, medical perspectives on CM, intimate partner violence, physical punishment, physician anticipatory guidance on CM, child sexual abuse prevention and intervention, advocacy, patterns of sexual offending, screening and assessment, and resources for those impacted by CM.⁸⁴ In addition, students take part in small group case discussions with course faculty.⁸⁵ The students read and analyze medical charts of patients hospitalized in a child and adolescent psychiatric inpatient unit.⁸⁶ Lastly, each student works with one de-identified case involving suspected child maltreatment and makes presentations about their assigned case.⁸⁷ Presentations provide applied practice in identifying and reporting child maltreatment.⁸⁸ Several peer-reviewed studies have found the CAST medical school curriculum to be effective on multiple fronts.⁸⁹

2. Law School Reforms

NCPTC (now ZAP) worked with seasoned child abuse prosecutors from every region of the United States in outlining a semester elective

80. See, e.g., U. OF TOLEDO COLLEGE OF MEDICINE, *Child Advocacy Pre-Clinical Elective*,

<http://www.utoledo.edu/med/md/curriculum/preclinical/docs/Knox%20CAST%20Elective%20Syllabus%202018-2019.pdf> [https://perma.cc/A4TK-JQ97] (last visited April 13, 2019).

81. *Id.*

82. *Id.* (stating that faculty and related professions present relevant topics).

83. *Id.*

84. See *id.*

85. *Id.*

86. See *id.* (stating that students will observe and additionally handle and present about their own child maltreatment case).

87. *Id.*

88. See *id.*; see also Pelletier & Knox, *supra* note 5 (discussing what the incorporation of child maltreatment training into medical school curriculum looks like).

89. *Infra* Part VI.B.

course entitled Child Abuse & the Law.⁹⁰ While still a program of the National District Attorneys Association, NCPTC then contracted with the Hennepin County Attorney's Office in Minnesota to turn the outline into a model curriculum. The effort was spearheaded by then Assistant Hennepin County Attorney Anne McKeig, who now serves on the Minnesota Supreme Court.⁹¹ The course has subsequently been implemented in six ABA-accredited law schools.⁹²

3. *Seminary Reforms*

ZAP has also worked with seminaries to address the special problem of child abuse in that setting. Dozens of studies document the profound spiritual impact that child abuse has on a child in addition to its physical and emotional impact.⁹³ In one study, a victim of clergy sexual abuse described his loss as “[n]ot just my innocence but my faith. I’m like a spiritual orphan, betrayed by what I loved, and feel lost and alone.”⁹⁴

When the perpetrator is a member of the clergy, the impact on the victim’s spirituality may be even more pronounced.⁹⁵ Clergy abusers often use their religion to justify or excuse their sexual abuse of children.⁹⁶ Ac-

90. See generally ZERO ABUSE PROJECT, *Child Advocacy Studies (CAST) Universities*, <https://www.zeroabuseproject.org/education-training/cast/universities/> [<https://perma.cc/CV44-TYX2>] (last accessed April 13, 2019).

91. Anne McKeig’92: A Fearless Protector of Children, MITCHELL HAMLINE SCH. OF L. (June 8, 2017), <https://mitchellhamline.edu/news/2017/06/08/anne-mckeig-92-a-fearless-protector-of-children/> [<https://perma.cc/ETK6-FHSQ>].

92. See ZERO ABUSE PROJECT, *supra* note 4 (indicating that Mitchell Hamline School of Law, Mississippi College of Law, University of Mississippi Law School, University of St. Thomas School of Law, Marquette University School of Law, and Liberty University School of Law have implemented CAST courses).

93. Donald F. Walker et al., *Addressing Religious and Spiritual Issues in Trauma-Focused Cognitive Behavior Therapy with Children and Adolescents*, 41 PROF. PSYCHOL. RES. & PRAC. 174, 174 (2010).

94. Joseph J. Guido, *A Unique Betrayal: Clergy Sexual Abuse in the Context of the Catholic Religious Tradition*, 17 J. CHILD SEXUAL ABUSE 255, 257 (2008).

95. *Id.* at 257–61 (summarizing the concept of hierarchy in Catholicism, and effect of authority figures, such as bishops, on faith due to possession of power in administering holy sacraments onto the followers of the faith).

96. Thomas P. Doyle & Stephen C. Rubino, *Catholic Clergy Sexual Abuse Meets the Civil Law*, 31 FORDHAM URB. L. J. 549, 554–55 (2004) (discussing the Church’s legal system commonly known as The Code of Canon Law, explicit provisions forbidding sexual offenses against minors, and Church’s dismissal and failure to abide by the Code provisions); Mary Harter Mitchell, *Must Clergy Tell? Child Abuse Reporting Requirements Versus the Clergy Privilege and Free Exercise of Religion*, 71 MINN. L. REV. 723, 723–24 (1987) (discussing the use of tools such as clergy privilege as a legal excuse for not divulging communications in professional capacity, including reporting child abuse).

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According to one study, clergy in treatment for sexually abusing children believe that God would look after the particular children they had victimized and otherwise keep them from harm.⁹⁷ Through their religious role, these offenders also engage in “compensatory behavior,” believing that their good works in the community would result in God excusing their moral lapses with children.⁹⁸

The religious cover used by clergy abusers often results in irreparable damage to the spirituality of victims.⁹⁹ Church attendance of these survivors decreases, victims are less likely to trust God, and their relationship with God often ceases to grow.¹⁰⁰ At the same time, spirituality and faith are significant coping mechanisms for many survivors of child abuse. Abuse victims that maintain some connection to their faith experience better mental health outcomes compared to adult survivors who did not, even if their faith was damaged as a result of abuse.¹⁰¹ Many victims turn to their sense of spirituality to cope.¹⁰² One study notes that many survivors of childhood abuse report praying more frequently and having a “spiritual experience” as they cope with their past abuse.¹⁰³ A study published in 2017 documented how frequently child sexual abuse victims posed religious questions in forensic interviews, and ultimately called on multi-disciplinary teams to develop stronger relationships with faith communities.¹⁰⁴

Despite this large body of research, ZAP has surveyed the course catalogues of every accredited seminary in the United States and Canada and

97. Adam Saradjian & Dany Nobus, *Cognitive Distortions of Religious Professionals Who Sexually Abuse Children*, 18 J. INTERPERSONAL VIOLENCE 905, 918 (2003).

98. *Id.*

99. Barbara R. McLaughlin, *Devastated Spirituality: The Impact of Clergy Sexual Abuse on the Survivor's Relationship with God and the Church*, 1 SEXUAL ADDICTION & COMPULSIVITY 145, 145–46 (1994).

100. *Id.*

101. Cynthia Doxey, Larry Jensen & Janet Jensen, *The Influence of Religion on Victims of Childhood Sexual Abuse*, 7 INTERNATIONAL JOURNAL FOR THE PSYCHOLOGY OF RELIGION, 179, 179–186 (2009) (finding that “religious women that suffered abuse experienced better outcomes than religious woman who had not suffered abuse if they maintained a high degree of religious involvement in organized church activities”); See also Victor I. Vieth et al., *Child Abuse and the Church: A Call for Prevention, Treatment and Training*, 40 J. PSYCHOL. & THEOLOGY 323, 330 (2012) (describing current research findings); Shondrah Tarrezz Nash & Latonya Hesterberg, *Biblical Framings of and Responses to Spousal Violence in the Narratives of Abused Christian Women*, 15 VIOLENCE AGAINST WOMEN 340, 341–42 (2009).

102. Vieth, *supra* note 1, at 62.

103. *Id.*

104. Amy C. Tishelman & Lisa A. Fontes, *Religion in Child Sexual Abuse Forensic Interviews*, 63 CHILD ABUSE & NEGLECT 120, 129 (2017).

found very little training on recognizing or responding to cases of child abuse.¹⁰⁵ In order to address this issue, ZAP has assisted two seminaries in implementing coursework on child abuse and has assisted in the development of a three-credit seminary course on child abuse.¹⁰⁶

V. CAST UNIVERSITIES IN THE UNITED STATES

As of this writing, CAST undergraduate and graduate programs are up and running in seventy-three institutions of higher education, with dozens of additional universities working toward the reform.¹⁰⁷ The locations of current CAST or CAAST programs are illustrated below.¹⁰⁸



105. See generally Janine Betz, *Analysis of Child Abuse Training at Accredited Seminaries* (Gundersen Nat'l Child Prot. Training Ctr., research paper 2015) (providing a set of data on American Seminaries and their coverage of Child, Sexual, and Domestic abuse topics).

106. See ZERO ABUSE PROJECT, *supra* note 4 (indicating that Wisconsin Lutheran Seminary and Bethany Theological Lutheran Seminary have CAST coursework).

107. See ZERO ABUSE PROJECT, *supra* note 90 (providing a live map of CAST programs around the country).

108. *Id.*

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While CAST programs continue to spread across the country, schools are providing infrastructure to support their programs' mission. For example, to make the classroom exercises as realistic as possible at Winona State University, the Minnesota legislature appropriated funds to construct an instructional laboratory at WSU that is specifically designed for CAST courses.¹⁰⁹ This laboratory includes five moot court rooms, four forensic interview rooms, a classroom specifically designed to train students in responding to internet crimes against children, and the Etta Angell Wheeler House, where students conduct mock child abuse investigations and are critiqued on the quality of their work.¹¹⁰

This model of specifically designed training facilities has been replicated in a number of CAST universities. In addition to WSU, Northwest Arkansas Community College, New Mexico State University, the University of Missouri–St. Louis, the University of South Carolina Upstate, and the University of Illinois Springfield have embraced the use of these instructional laboratories.¹¹¹ Exhibit “A” includes photographs of some of these experiential training facilities.

109. *Bonding Bill Passes Unanimously out of Capital Investment Committee*, MINN. LEGIS. (Apr. 4, 2006), <https://www.house.leg.state.mn.us/members/profile/news/10516/1297> [<https://perma.cc/4ZZT-RBXC>].

110. *See generally infra* Exhibit A (showing pictures of the mock house and courtroom at WSU).

111. *Id.*; Kimberly Brown, *The Mock House at USC Upstate Offers Childhood Trauma Training*, WSPA (May 7, 2019), <https://www.wspa.com/news/child-protection-training/1984620172> [<https://perma.cc/6HHQ-XUTE>]; City Wire Staff, *National Child Protection Training Center Unveiled at NWACC*, TB&P (Feb. 6, 2014), <https://talkbusiness.net/2014/02/national-child-protection-training-center-unveiled-at-nwacc/> [<https://perma.cc/B8VS-7UWF>]; *CAST FAQs*, U. OF MO.–ST. LOUIS: CHILD. ADVOC. CENT., <http://www.umsf.edu/services/weinman/Professional%20Development/cast%20faq%20page.html> [<https://perma.cc/39HE-3VRW>] (last visited May 15, 2019) (stating that many CAST courses use their “mock house.”); *Residential Simulation Lab*, U. OF ILL. SPRINGFIELD, <https://www.uis.edu/research/about/resources/residential-simulation-lab/> [<https://perma.cc/M7U7-AVSW>] (last visited May 15, 2019); *see generally Child Advocacy Studies (CAST) Minor*, NMSU, <https://aces.nmsu.edu/academics/FCS/cast-minor.html> [<https://perma.cc/BH8G-L97J>] (last visited May 15, 2019).

VI. THE EFFECTIVENESS OF CAST

A. *Research on the Undergraduate Minor*

As previously noted, there is a significant body of research documenting the fact that current undergraduate and graduate programs are not adequately training professionals to respond to child abuse cases.¹¹² Although CAST provides instruction in evidence-based models for responding to cases of child abuse,¹¹³ there is a need to research whether students are adequately acquiring this knowledge and are able to competently apply it in the field.

To determine the effectiveness of the CAST curriculum, WSU tested juniors and seniors upon entering CAST, and again after they completed their course work.¹¹⁴ This research shows a dramatic improvement in knowledge after completing the courses. WSU also completed a study on CAST graduates, which found that seventy-five percent of graduates believed the program prepared them for child protection careers and that those graduates would recommend the minor to other college students.¹¹⁵

Another study compared forty-six graduates or seniors of the University of South Carolina Upstate CAST program and forty-three child protection professionals employed by the Department of Social Services (DSS).¹¹⁶ They received two short case scenarios based on actual child abuse cases and were asked to complete a questionnaire responding to each case.¹¹⁷ These questionnaires covered knowledge of various involved systems, corroborating evidence, risk and protective factors, and types of victimization.¹¹⁸ The CAST students did as well or better than both new and seasoned DSS workers in identifying corroborating evidence, risk and protective factors, and several types of victimization.¹¹⁹ Additionally, CAST graduates and students performed significantly better than all levels of DSS

112. *Supra*, Part II.B.

113. Osgood et al., *supra* note 5, at 262.

114. This information is based on the author's personal knowledge in working with the early WSU CAST programs.

115. Osgood et al., *supra* note 5.

116. Parker, Jennifer et al., *Responding to Basic and Complex Cases of Child Abuse: A Comparison Study of Recent and Current Child Advocacy Studies (CAST) students with DSS workers in the Field*, 1, 3 (Working Paper on file with the author, 2019).

117. *Id.*

118. *Id.*

119. *Id.* at 5–7.

caseworkers in identifying systems that would effectively respond to child maltreatment and in identifying psychological and emotional abuse.¹²⁰

Dr. Lisa Johnson conducted a qualitative study of the effectiveness of mock training environments on three CAST campuses: University of South Carolina Upstate, University of Illinois Springfield, and Northwest Arkansas Community College.¹²¹ Each of these institutions use their CAST facilities not only for the education of undergraduate students but also for training child protection professionals already in the field. Focus groups were conducted with both CAST students and community partners who had used the training centers.

Two primary themes emerged from the data: the scenarios were realistic, and the training center and simulations were extremely helpful. During the focus groups, one DCFS employee commented on the realistic nature of the scenarios by stating, “What you see in the house is pretty close to what I’ve experienced in the field.” A school employee stated, “I’ve been to too many trainings over the years where I’m like, gosh this is awesome, but I’m sitting there all day long, and then you forget it. Those images of the mock house, they’re like burned into your brain. You don’t forget that.” A law enforcement officer stated, “The exercise in the mock house is basically just like walking into a crime scene. If you’re on patrol, or a detective, or anything else, you’re going to see what looks like an actual house on any residential neighborhood. The sounds, the smells, the actors, could actually be on a real call that you’re out on.”

One CAST student stated, “I think it prepares you more, because I think that without that, if I become a social worker, and I walk into a house and it’s, I mean, there’s bugs on the floor, and there’s blood, and there’s this, that, and the other. I think it would be overwhelming, so I think it’s a great resource to be able to have something . . . that . . . eases you into that, kind of gets your feet wet.”

Regarding the effectiveness of the training facilities, one DCFS employee stated, “The training center gives participants a lot more confidence. It makes you aware of your weaknesses.”

One educator stated, “It will make a huge difference in building confident, well-adjusted, empathetic, compassionate adults.”

A law enforcement member stated,

120. *Id.* at 6.

121. This section was written by Dr. Lisa Johnson based on her unpublished study. Lisa Johnson, *An Innovative Approach to Experiential Learning: Merging University Learning and Children’s Advocacy Centers* (2019) (unpublished manuscript) (on file with the author).

One thing that is beneficial is being able to get new officers in there. You can kind of see how they're going to react, and how they're going to handle the situation. You can kind of see some red flags. If this kid is nervous, not able to talk, and is getting flustered in training, are we really ready to send him out on the streets? We're talking about training here, nobody's getting hurt, nobody's getting shot. This would give you the opportunity to correct that or take other measures, while they're in the academy.

One CAST student stated, "I really enjoyed it because we're constantly sitting in classrooms, just watching videos about things, and then we go in there, and we actually do what caseworkers actually do. We actually go in there and experience it for ourselves. I feel that was more educational than anything else."

B. Research on CAST Medical School Curriculum

As of this writing, there are five peer-reviewed studies on the CAST medical school curriculum.¹²²

The first study on the CAST Medical Program examined its impact on first year medical students' preparedness to identify, report, and address child maltreatment.¹²³ Results indicated that, when compared with students in a comparison group, medical students who completed the elective CAST course were significantly more prepared to identify signs of maltreatment, to report a case of suspected maltreatment, and to recommend or secure needed services for maltreated youths.¹²⁴ CAST-educated students similarly showed improved knowledge in maltreatment identification and reporting areas relative to comparison students.¹²⁵ Results suggested that the CAST program may be an effective method of educating future physicians in child and adolescent maltreatment.¹²⁶

The second study on the CAST Medical Program replicated those findings.¹²⁷ It indicated that medical students' self-reported abilities were significantly improved after completing the program.¹²⁸ Specific areas of improvement included identifying signs of child maltreatment, recommending or securing needed services for maltreated children, and a stu-

122. See *infra* notes 133–145 and accompanying text.

123. Knox et al., *Educating Medical Students*, *supra* note 1, at 301–08.

124. *Id.* at 301.

125. *Id.*

126. *Id.*

127. Knox et al., *Effects of Medical Student Training*, *supra* note 1, at 129.

128. *Id.*

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dents' overall likelihood of reporting suspected child maltreatment where students suspected but were not certain about the maltreatment.¹²⁹

A third study examined the efficacy of the program in improving medical students' accuracy in identifying and reporting maltreatment.¹³⁰ In this study, medical students completed questions on analog vignettes depicting cases of maltreatment.¹³¹ Results demonstrated that CAST students had significantly improved accuracy, both at the conclusion of the CAST Medical Program and six months later.¹³²

The fourth study examined the psychometric properties of the Healthcare Provider Attitudes Toward Child Maltreatment Reporting Scale, which is the only existing measure of health care attitudes toward reporting child maltreatment.¹³³ The questionnaire's factor structure and reliability were analyzed, and two subscales—Reporting Responsibilities and Concerns about Reporting—were developed.¹³⁴ The total scale and the two subscales were found to have good internal consistency and reliability.¹³⁵

The fifth and most recent study evaluated CAST Medical students' attitudes toward physical punishment of children. Students' attitudes were assessed before and after the program. The results indicated a significant decrease in attitudes supporting physical punishment of children subsequent to program completion.¹³⁶

VII. *Ongoing Experiential Training for CAST Students and Professionals in the Field*

"In child welfare, organizational climates tend to be characterized by emotional exhaustion and role complexity."¹³⁷

The most effective training for multi-disciplinary teams (MDTs) is experiential, hands-on training conducted in an environment that simulates

129. *Id.*

130. Pelletier & Knox, *supra* note 5, at 267.

131. *Id.*

132. *Id.*

133. Singh et al., *supra* note 5, at 357.

134. *Id.*

135. *Id.*

136. Bartholomew, et al., *Impact of education about physical punishment of children on the attitudes of future physicians* (2018) (unpublished manuscript) (on file with author).

137. Junqing Liu & Brenda D. Smith, *Transferring Training to Child Welfare Practice: Individual and Collective Efforts*, 33 CHILD. & YOUTH SERVS. REV. 149, 151 (2011).

a real-life, real-time experience.¹³⁸ According to considerable research on transfer of learning from the classroom to the field, it is estimated that as little as ten to fifteen percent of training content is transferred back to the workplace. Training transfer is defined as “the degree to which trainees effectively apply the knowledge, skills and attitudes gained in a training context to the job.”¹³⁹ In their article, *Transferring Training to Child Welfare Practice: Individual and Collective Efforts*, researchers Junqing Liu and Brenda Smith consider several different contextual factors to determine how to promote and enhance training transfer within the child welfare field.¹⁴⁰ The researchers surveyed 214 child welfare workers to identify specific strategies child welfare agencies should implement to increase knowledge transfer and improve field practices.¹⁴¹ In addition to a strong correlation with supervisory support for training, the research highlighted the need for feedback mechanisms and reflections in learning. This is similar to Chris Argyris’s double-loop learning model,¹⁴² which reinforces the need to make informed decisions in a rapidly changing and uncertain environment. Ostensibly, no other environment is more complex and rapidly changing than the child protection field. As Parton recognized, working with human problems means social work should remain open to “uncertainty, confusion and doubt.”¹⁴³

The Experiential Learning model recognizes the value of reflective practice and active learning. Horwath and Thurlow define experiential learning within the context of social work training as the process of “providing the learner with opportunities to develop knowledge, values and skills by pro-actively linking theory, research and practice wisdom to an actual situation.”¹⁴⁴

138. See, e.g., Guilleme Alinier et al., *Effectiveness of Intermediate-fidelity Simulation Training Technology in Undergraduate Nursing Education*, 54 J. ADVANCED NURSING 359, 360 (2006).

139. Timothy T. Baldwin & J. Kevin Ford, *Transfer of Training: A Review and Directions for Future Research*, 41 PERSONNEL PSYCHOL. 63, 63 (1988).

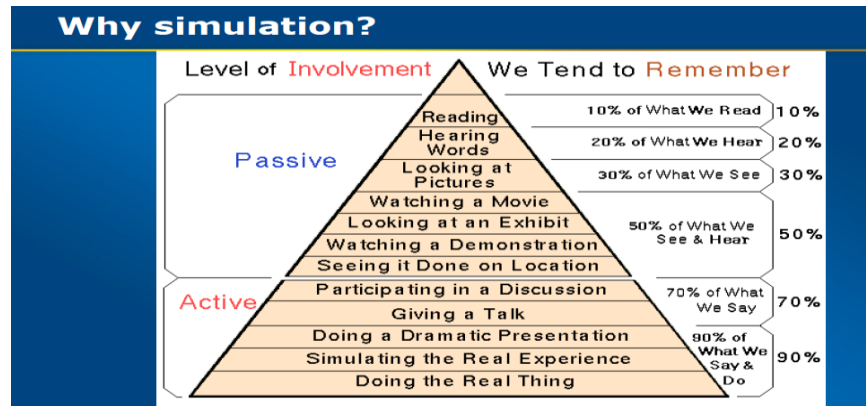
140. Liu & Smith, *supra* note 137, at 149–56.

141. *Id.* at 151.

142. Chris Argyris *Double Loop Learning, Teaching, and Research*, 1 Academy of Management Learning and Education 206 (2002).

143. Nigel Parton, *Some Thoughts on the Relationship Between Theory and Practice in and for Social Work*, 30 BRIT. J. SOC. WORK 449, 452 (2000).

144. Jan Horwath & Cath Thurlow, *Preparing Students for Evidence-based Child and Family Field Social Work: An Experiential Learning Approach*, 23 SOC. WORK EDUC. 7, 10 (2004).



The researchers note four advantages of incorporating experiential learning in child welfare training:¹⁴⁵

- Students can explore ways that theories and research inform practice;
- Students can develop skills in using their theoretical (classroom) knowledge in practice settings, hopefully enhancing their confidence and competence;
- Students can consider the ways that their personal & professional values and beliefs influence judgments; and
- Students can develop their skills as reflective practitioners and increase their ability to manage in a changing landscape.¹⁴⁶

Simulation as a training tool has been common practice for decades in many fields (e.g. healthcare, law enforcement, and aerospace), but its use had not been explored for child welfare training until the last few years. Dr. Ted Cross, lead evaluator for the Child Protection Training Academy at the University of Illinois Springfield, analyzed data from a post-training survey for 154 new child protection investigators whose training included three days of simulation (two days in a residential setting and the third day testifying in a mock shelter care hearing).¹⁴⁷ The initial findings from the seven Likert-scaled questions on simulation training were ex-

145. The above image entitled “Why Simulation?” is from a presentation at the American Association of Neurology Annual Meeting Education Colloquium. Sarah Peyre, URM Center for Experiential Learning, American Association of Neurology Annual Meeting Education Colloquium (April, 2012) (presentation on file with author).

146. Horwath & Thurlow, *supra* note 144.

147. THEODORE P. CROSS ET AL., CHILDREN & FAMILY RESEARCH CTR., UNIV. ILL., URBANA-CHAMPAIGN, PROGRAM EVALUATION OF CHILD PROTECTION TRAINING ACADEMY FOR NEW DCFS INVESTIGATORS: INITIAL REPORT, iii (2018).

tremely encouraging, with 1052 positive ratings (99.3%).¹⁴⁸ The vast majority of respondents strongly agreed that simulation training was a safe environment “that provided realistic challenges and was conducive to learning.”¹⁴⁹

The development of the instructional laboratory at WSU launched numerous other experiential training spaces within CAST programs.¹⁵⁰ These facilities will prepare the next generation of frontline workers to interact with at-risk children and families more confidently and competently.

VIII. The Future of CAST: The “Mississippi Model”¹⁵¹

Of the twenty states to implement CAST programs in higher education, no state has embraced the reform more than Mississippi, where nearly every institution of higher education is working to implement such a program. How this happened and what it may mean in terms of a model for spreading the reform of child welfare education is considered below.

A. Background of CAST in Mississippi

In 2015, the Department of Child Protection Services, the Mississippi Office of the Attorney General, and Children’s Advocacy Centers of Mississippi (CACM) joined forces to request that colleges and universities in Mississippi implement CAST programs that are designed to ensure that the future child-welfare workforce will be skilled in recognizing and addressing abuse cases prior to entering their career fields.¹⁵²

By encouraging all institutions in the state to develop CAST simultaneously, Mississippi child protection professionals sought aggressive systemic change. Mississippi leaders began by extending invitations to all thirty-eight higher education institutions in the state to discuss including a CAST program on their campus.¹⁵³ Administrators, deans, directors, and chairs were all encouraged to participate. The responses to the invitations were impressive. Importantly, representatives from the Community Col-

148. *Id.*

149. *Id.* at iv.

150. *See supra* note 113 and accompanying text.

151. This section was written by Karla Steckler Tye, the Mississippi CAC chapter director, and it relies on her personal knowledge and experience.

152. MISS. DEP’T CHILD PROT. SERVS., ANNUAL PROGRESS AND SERVICE REPORT (APSR) 12 (2017), https://www.mdcp.ms.gov/wp-content/uploads/2016/11/2017-APSR_9-7-2016.pdf [<https://perma.cc/8QVS-5KMH>].

153. *See* Stephen Beam & Karla Steckler Tye, *Child Abuse & Neglect in Mississippi: Beginning the Conversation*, LVIII J. MISS. S. MED. ASS’N, no. 11, 363, 365 (2016).

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lege Board and Mississippi Board of Institutions of Higher Learning showed their support by encouraging institutions to send representatives to the CAST conference and to consider implementing CAST at their respective universities.

The second step of Mississippi's efforts involved hosting a CAST conference to train faculty on the CAST courses.¹⁵⁴ Sixteen Mississippi institutions—including every public university in Mississippi—attended the conference. Faculty were provided curricula, syllabi, and other course materials necessary for faculty to implement CAST within their respective schools. Since the initial conference, two more CAST conferences have been held, bringing the total number of schools trained up to thirty, which includes two law schools.

Having received buy-in from state institutions and state agencies, Mississippi leaders recognized the added value of creating a comprehensive training facility to support learning for students in undergraduate and graduate programs, as well as the existing workforce. In August of 2019, state leaders cut the ribbon on a 10,000 square foot training facility that contains two mock houses, a mock courtroom, mock school classrooms, exam rooms, and forensic interview rooms.

Despite the successful growth and development of Mississippi's statewide CAST program, the endeavor nonetheless highlights remaining challenges to integrating CAST within the college system. For example, CAST leaders in the state quickly learned that collegiate professors need additional support to understand and appreciate the current expectations regarding effective response to abuse, including the MDT approach, current child protection policies, and comprehensive understanding of all applicable laws. For that reason, the CACM developed a peer support program for CAST professors and created the CAST College with the specific intention of training the trainers.

B. Success in Mississippi—the Current Status of CAST

A major key to the success in Mississippi has been the support offered by CACM to actively lead this initiative. CACM is positioned to provide training and support to a network of agencies and schools.¹⁵⁵ A desig-

154. *One Loud Voice - A Multidisciplinary Team Approach to Child Abuse*, CHILD. ADVOC. CTR'S. OF MISS., <https://childadvocacymys.org/training/training/one-loud-voice-multidisciplinary-team-approach> [https://perma.cc/DL5B-MVEF].

155. *About CACM*, CACM., <https://childadvocacymys.org/about> [https://perma.cc/4NME-DB2B] (last visited May 15, 2019) ("The mission of CACM is to support the development and continuation of children's advocacy centers that meet the

nated coordinator has been hired to focus on the needs of the colleges and universities while providing technical assistance in the implementation of the programs. CACM also provided funding to institutions for ongoing training to support the development of their own mock houses and provide needed resources for their program.¹⁵⁶ Further, CACM received support from the Institute of Higher Learning Board. The community colleges and a major university reached an articulation agreement that allows CAST course credits earned at a community college to be transferred to a major university.

One hundred and twelve Mississippi students went through CAST courses during the program's first year of implementation. As of this writing, CAST has been implemented in twenty-six colleges and universities, two law schools, and one medical school.¹⁵⁷

IX. CONCLUSION

Reforming the undergraduate and graduate training of child protection professionals is the most important development in the history of child protection—a reform that will impact every community in the country. This is because a child protection system's quality is primarily dependent on the quality of the professionals working directly with children and families impacted by child abuse. If we transform the current pattern—wherein zero to four hours of undergraduate or graduate training on child abuse is standard, to a system in which students engage in comprehensive undergraduate minor or graduate courses on child welfare—we can put thousands of professionals into the field with knowledge and skills that even many seasoned practitioners.

It is an opportunity to change the old pattern, and thereby dramatically improve the welfare of countless victims of child abuse.

accreditation standards of the National Children's Alliance and to improve the ability and skill of Mississippi's child abuse professionals to better serve victims of child abuse.”).

156. See generally *id.* (listing one purpose of the CACM as “identifying] and coordinating] funding opportunities for CACs”).

157. To learn more about the progress of CAST in Mississippi, see <https://childadvocacymys.org/cast> [<https://perma.cc/YC7D-L642>] (last visited January 23, 2019).

Appendix A: CAST Simulation Labs



The mock house at the University of Illinois Springfield where CAST students conduct simulated child protection assessments or investigations.



Inside the mock house on the campus of the University of Illinois Springfield.

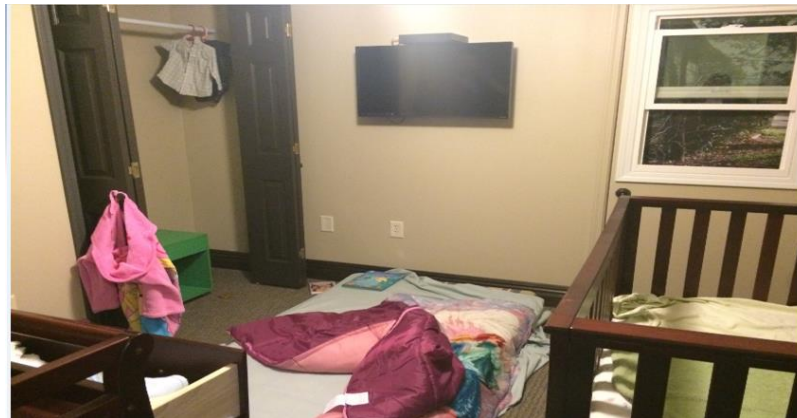
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The mock house on the campus of University of South Carolina Upstate where CAST students receive experiential training in child protection assessments and investigations.



The CAST program on the campus of Northwest Arkansas Community College utilizes a two story mock house for simulation training of students and professionals in the field. NWACC also has courtrooms and forensic interview rooms.

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CAST students conducting simulation training in the mock house on the campus of Winona State University.



The mock courtroom on the campus of Winona State University.

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