Almost 200,000 children under the age of three come into contact with the child welfare system every year. Young children are especially vulnerable to abuse and neglect because early experiences have a great impact on shaping the brain’s architecture. Some risks associated with maltreatment are: cognitive delays; attachment disorders; difficulty showing empathy; poor self-esteem; and social challenges. These risks can be exacerbated if a child is taken from the home and placed in foster care.

The Survey of State Child Welfare Agency Initiatives for Maltreated Infants and Toddlers asked child care agencies about the policies and practices they use in cases of maltreated infants and toddlers. There were also questions about infants and toddlers placed in foster care. The goal of the survey was to identify policies and practices that are effective.

The survey found three themes: 1) Few states have policies that differentiate services or timelines for infants and toddlers versus older children. Even if the unique needs of infants and very young children are considered, there is not always a sense of urgency to address them during crucial developmental timelines; 2) Policies that need improvement are: guidelines for frequent visitation with birth parents; more efficient timelines between screenings and services for health and developmental concerns; increasing involvement of birth parents in the child’s life; and increasing the frequency of case reviews, court hearings and case workers visits.

Relatively few states have implemented promising approaches to meeting the unique developmental needs of infants and toddlers. Just over half of the 46 states surveyed have policies that require referrals be made to specialists within a certain time frame once a health or developmental risk is identified. For states that specify timeframes, they range from two days to sixty days with only nine states requiring referrals within one week. Only Alaska, Hawaii and South Dakota require staff training about developmentally appropriate practices for infants and toddlers who have been maltreated.

Concurrent planning involves implementing appropriate timeframes for health and developmental screenings and timely referrals to specialists for children in foster care. The active action of concurrent planning seeks to promote timely permanence for children in foster
care by considering permanent options for the child at the earliest possible point. Only 14 states reported concurrent planning immediately following a child’s placement into foster care.

The volume promotes implementing policies and programs to help children with specific needs. Two important areas are reaching all maltreated infants and toddlers and providing supports to meet the needs of the birth parents.

**Virginia’s Resource Guide for Families of Children with Hearing Loss**

Center for Family Involvement


Phone: 1-(877) 567-1122

This resource is a guide for families of children with hearing loss. The booklet explains the science behind hearing loss, the advantages of earing aides, and techniques used to communicate with hearing impaired children. They describe four types of hearing loss, which are: conductive hearing loss; sensorineural hearing loss; mixed hearing loss; and auditory neuropathy spectrum disorder. The resource touches on new technologies, in addition to hearing aids, which can assist the development of a hearing impaired child. It ends with a full glossary of terms as well as a list of organizations and resources that help children with hearing loss.

Available from: American Psychological Association, P.O. Box 92984, Washington, DC 20090-2984 (800) 374-2721 or (202) 336-5510 Fax (202) 336-5502 TDD/TTY (202) 336-6123 Website www.apa.org/books/

This book, written for students and practitioners, summarizes several popular programs for training parents of noncompliant children. The book begins by examining four programs with strong empirical support: Living With Children; The Incredible Years; Helping the Noncompliant Child; and Parent-Child Therapy. Also, several less well-researched programs are included. Shriver and Allen discuss the strengths and weaknesses of each particular program and present the research on each particular method. The analysis allows practitioners to choose an appropriate program for each particular client. Following the analysis of the different programs, Shriver and Allen then present the conceptual foundations on which the programs are based. They include a discussion on the basic principles of behaviorism, such as operant conditioning and extinction, and how a behavioral approach can be used to teach parents how to better interact with noncompliant children. The book closes by considering ways to implement interventions and examines possible directions for future research.


This volume provides a summary of major treatment and prevention approaches. It reviews theory, research, and practices related to supporting early attachments. Chapters address the effects of attachment-related trauma and how they can be ameliorated and describe a range of exemplary programs operating at the individual, family, and community levels. Throughout the book, the authors consider issues such as the core components of effective services and appropriate outcome measures for attachment interventions. Also discussed are policy implications, including how programs to enhance early child-caregiver relationships relate to broader health, social service, and early education systems.
The Pacesetter newsletter was created by the Pacer Center and provides news and information for parents of children and young adults with disabilities. The resource offers news items, program information, and various events that families can go to learn about disabilities and how to cope with them. The newsletter also provides resources relating to bullying, disabilities, and struggling parents.
The Violence at Home FACT Report gathers data about family violence in the Commonwealth of Virginia. Four types of family violence are abuse and neglect of older adults, violence (non-sexual) against a family member (by youths and adults), instances leading to assessments of children for protection from abuse and neglect, and violation of a protective order. Since 2008 there has been a rise in the number of families experiencing these types of violence.

Family violence impacts individuals in the family. These impacts can be emotional, psychological, physical, financial, personal, and societal. Children are especially vulnerable to negative impacts, and research has shown that witnessing violence has lasting negative effects on children’s social development and academic success. Children who are abused or neglected are more likely to abuse their own children, so the cycle of abuse can continue from one generation to the next.

Poverty, unemployment, and substance abuse correlate with family violence. There are eight regions in Virginia. Of those eight regions, Northern Virginia consistently has lower rates of family violence. However, Northern Virginia’s rates of unemployment, arrest of adults and juveniles for drug, alcohol, and related offenses, and arrests of adults and juveniles for non-sexual violent offenses against a family member have risen since 2008. The Southwest region of Virginia has the highest rate of child abuse and neglect, more than double the state average. Central Virginia’s poverty and unemployment rates have increased, however their family violence indicators have remained stable or decreased.

Increased reports of family violence may be a positive trend since family violence is thought to be under-reported. Trends showing higher numbers may mean that the public is more aware of reporting procedures and have some confidence that the response to reporting will be helpful.
Child Welfare Information Gateway
Children's Bureau/ACYF
1250 Maryland Avenue, SW
Washington, DC 20024

Phone: 800-394-3366
Email: info@childwelfare.gov

Available at:

Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2013 Resource Guide supports service providers in their work with parents, caregivers, and their children to strengthen families and prevent child abuse and neglect. It focuses on the six protective factors, which have been proven to reduce the risk of abuse and neglect, and provides tools and strategies to integrate the protective factors into existing programs and systems.


Available from:

This book of short, how-to chapters focuses on the programs and intervention techniques that have the best scientific evidence supporting their effectiveness. The chapters highlight interventions and programs that touch on topics such as: Behavioral Therapy, EMDR, Multisystemic Therapy; Coping Cat; and programs for high risk patients. The book uses a practical approach, rather than a typical academic approach, to provide practitioner with rational and logical steps on how to deal with certain issues. The author has provided readers with a large collection of original chapters written by experts in the field of child maltreatment that allow practitioners to gain a first-hand look into the subject of early intervention techniques.
The authors of this publication evaluated family support programs through-out the nation on their effectiveness regarding child abuse and maltreatment prevention. The meta-analysis approach that was used analyzed program characteristics, short-term and long-term effects of the program, and determined which program characteristics are related to different effects of family support programs and services. Researchers found that family support programs resulted in small, positive effects in children’s cognitive development, children’s social and emotional development, and parenting attitudes and knowledge, parenting behavior, and family functioning. They also found that there were statistically significant positive effects on children’s physical health and development, children’s safety, parents’ mental health and risk behaviors, and producing change in families’ economic self-sufficiency. The analogies shows small, but significant effects associated with family support programs, providing evidence of their positive effect on children, parents, and families.


Available at: http://www.futureswithoutviolence.org/userfiles/file/HealthCare/reproguidelines_low_res_FINAL.pdf

Addressing Intimate Partner Violence Reproductive and Sexual Coercion is a guide for women that need information regarding obstetric, gynecologic, reproductive health care. The resource provides detailed information about reproductive health effects, reproductive coercion in the health care setting, and policy implications. The guide also includes: definitions and prevalence of Intimate Partner Violence (IPV); strategies for addressing reproductive and sexual coercion; and information on how programs and practices can develop local domestic violence prevention techniques. The booklet was created by the Futures Without Violence program which is a leading advocate for addressing IPV. Futures also produces numerous publications, programs, and resources to promote routine assessment and effective responses by health care providers.