

# Child Fatality Review Teams: A Content Analysis of Social Policy

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Child fatality review teams (CFRTs) have existed since the 1970s; yet, a comprehensive understanding of their procedures, practices, and outcomes is lacking. This article addresses that gap in this study of CFRT state statutes. Findings indicate CFRT laws address nine areas of practice, from team composition, to purpose, to outcomes. Results also indicate that laws address prevention three times as often as investigation, but that both areas are related to state crime rates.

In the United States in 2008, roughly 1,740 children died because of maltreatment, which is 2.33 for every 100,000 children in the nation (U.S. Department of Health & Human Services, 2010). Reports of child maltreatment fatalities have climbed over the past 30 years (McCurdy & Daro, 1994), perhaps because of improved techniques to better identify maltreatment fatalities (McClain, Sacks, Froehle, & Ewigman, 1993). Many of the improved responses have been attributed to child fatality review teams (CFRTs; Durfee & Durfee, 1995; Durfee, Durfee, & West, 2002; Durfee, Gellert, & Durfee, 1992; Luallen, Rochat, Smith, O'Neil, Rogers, & Bolen, 1998; Peddle, Wang, Diaz, & Reid, 2002). These teams have existed for several decades; yet there is little comprehensive understanding of the policies, procedures, or outputs. This study examines U.S. state-level policies that guide CFRTs and the state characteristics related to these policies.

## **Child Fatality Review Teams**

Child maltreatment fatalities caught public attention in the United States in the 1970s, and one of the earliest organized responses was to develop CFRTs (Gellert, Maxwell, Durfee, & Wagner, 1995). CFRTs perform multidisciplinary reviews of child fatalities in a given county, region, or state. As of 2010, all but one state (Idaho) has a CFRT (National Center for Child Death Review Policy and Practice, 2010). The mission of most teams is to prevent child death or serious injury (Webster, Schnitzer, Jenny, Ewigman, & Alario, 2003). CFRTs initially began with a single focus on child maltreatment (Durfee, Gellert, & Durfee, 1992), but there is variation in the focus of child fatality reviews. Some states, such as Arizona (Rimsza, Schackner, Bowen, & Marshall, 2002), focus on all types of child deaths (i.e., such as natural, accidental, suicide, etc.), whereas other states, such as Maine, focus primarily on maltreatment-related fatalities (Day, 2010). It is estimated that today about three-quarters of states focus on or include maltreatment fatalities in their reviews (Douglas & Cunningham, 2008). CFRTs have also been required since the 1996 reauthorization of the Child Abuse Prevention and Treatment Act (1996).

CFRTs are commonly comprised of representation from the legal, child welfare, medical, public health, and mental health professions (Durfee & Durfee, 1995; Durfee et al., 1992). Few studies have addressed CFRT legislation. As early as 1991, CFRT legislation was noted in a study that examined all policy pertaining to child maltreatment fatalities (Kaplan, 1991). Many states, however, implemented CFRTs before legislation was in place; by 2001, 67% of states had such legislation (Webster et al., 2003). A 2010 overview of state statutes examined whether legislation mandates, permits, or makes no stipulations concerning the activities of CFRTs (National Center for Child Death Review Policy and Practice, 2010): they are mandated in 14 states and permitted in 19 states. Still, little is known about the depth of CFRT state statutes and their content, which is the focus of the present study.

CFRTs are also used throughout other parts of the developed world (Brandon, Dodsworth, & Rumball, 2005; Bunting & Reid, 2005; Reder & Duncan, 1999). There is reason to believe that positive change may result from reviews (Durfee, Durfee, & West, 2002). Peddle et al. (Peddle, Wang, Diaz, & Reid, 2002) found that 68% of CFRTs reported that state agencies and legislatures have acted on recommendations issued by their teams. A CFRT in Michigan found a decrease in deaths in areas that had previously been identified by the team as “problem areas” and subsequently addressed by the state’s child welfare agency (Palusci, Yager, & Covington, 2010).

## **Purpose**

The research reviewed here provides the history, review procedures, and some of the outcomes of the child fatality review movement. Despite this research, there is still much to learn about CFRTs. Despite national efforts, such as the National Center for Fatality Review ([www.ican-ncfr.org](http://www.ican-ncfr.org)) and the National Center on Child Death Review Policy and Practice ([www.childdeathreview.org](http://www.childdeathreview.org)), there is insufficient information concerning practice procedures and outcomes of CFRTs. One way to better understand CFRTs and the techniques that they use is to examine the laws that guide their

practice. The purpose of this exploratory study is to address the following questions:

1. What are the primary content areas that are addressed in CFRT laws and how does this guide the practice techniques of CFRTs?
2. Are state characteristics related to the CFRT laws that are in place?

Previous research has shown that state characteristics, such as poverty rate, percent with college education, political orientation, and crime rate are related to social policy and the social health of states (Baron & Straus, 1989; Douglas, 2009; Douglas & Cunningham, 2008; Ford, 1977; Soule & Real, 2001; Straus, 1987, 1994; Zimmerman, 1988). The current paper will assess the relationship between the content of CFRT legislation and seven state characteristics.

## **Method**

### *Data*

The variables for this study were derived from CFRT legislation and existing state-level data from government and national polling agencies.

### *CFRT Laws*

This study was conducted between November 2009 and February 2010. CFRT laws that were in place at that particular time were used,  $n = 46$  states. States without CFRT legislation were New Hampshire, Utah, Vermont, Wisconsin, and Wyoming. The authors obtained copies of the legislation with the assistance of the websites of the National Center for Child Death Review Policy and Practice and the National Center on Fatality Review.

### *State Characteristics*

The authors examined state characteristics that could be related to CFRT state policy and that have been used in previous research (Douglas, 2009; Douglas & Cunningham, 2008; Linksy & Straus, 1986; Straus, 1994; Zimmerman, 1988): (1) crime rate, (2) child

maltreatment fatality rate, (3) date when CFRT policy was passed, (4) percent of female legislators in a state, (5) poverty level, (6) political ideology-percent, and (7) region of the country. The majority of the laws were passed between 1990 and 2000; the data for the state characteristics were gathered from this same time frame. A single mean was calculated from the data years 1990, 1995, and 2000 to represent this 10-year period.

The crime rates for each state was obtained from the U.S. Department of Justice, *Crime in the United States* (Bureau of Justice Statistics, n.d.). Data for the child maltreatment fatality rate came from the USDHHS, Administration for Children and Families (n.d.) annual *Child Maltreatment* reports. Data was taken for the years 1996 and 2000, and averaged across only those two years, because fatality data prior to 1996 was not routinely published. The date of the CFRT legislation came from the National Center for Child Death Review Policy and Practice. The percent of female legislators in each state came from the Center for American Women in Politics (Center for American Women in Politics, n.d.). The poverty rate was measured by the percentage of the population living below the poverty line, which came from the U.S. Census Bureau's American Community Survey (n.d.). Political ideology in U.S. states was taken from the annual survey of CBS & New York Times (Wright, McIver, & Erikson, n.d.). The authors used the percentage of Americans reporting liberal ideology and a variable for the region of the country, North, South, Midwest, and West, which is consistent with the U.S. Census Bureau (U.S. Census Bureau, n.d.).

### ***Procedures***

The authors used content analysis to categorize and code the text from each CFRT state statutes. Both primary and secondary categories were created by a graduate research assistant in conjunction with a faculty member. The authors began by reading all of the text in a select group of state statutes and developed codes for repeated patterns of language. They then identified common language among the text that had already been coded. The final product resulted in two levels of categories: primary and secondary. Primary categories

were created by combining similar secondary categories together. For example, the secondary categories indicated group composition and included “medical examiner” or “psychologist.” These were grouped into the primary category of “CFRT composition.” The statutes were dichotomously coded, yes = 1 or no = 0, for each primary and secondary theme.

## Results

### *Content of CFRT Laws*

Table 1 displays the results for the first research question, which concerned the content of CFRT laws. The bold text of Table 1 indicates the primary areas; plain font text indicates the secondary areas. The final column indicates the percentage of states covering each content area. The percent for secondary categories is calculated only among those having the primary classification. Nine primary content areas are addressed by legislation, which provides oversight and direction concerning CFRT activities. These categories and their frequency are noted in Table 1.

The majority of states provide direction concerning the composition of team members. Secondary categories are also noted on Table 1 and show strong consistency between states with regard to membership among legal (93.02%), child welfare (90.70%), law enforcement (88.37%), public health representatives (83.72%), medical examiners (81.40%), and pediatricians (79.07%). There is less consistency among the remaining secondary categories of membership. Most states provide direction concerning the confidentiality practices of the teams. There is limited to moderate consistency about confidentiality between states, with more consistency concerning the information generated by CFRT being immune from subpoena or discovery (67.50%). Below is such an example from Minnesota.

**Confidentiality Example:** The proceedings and records of the mortality review panel . . . are not subject to discovery or introduction into evidence in a civil or criminal action. . . Information, documents, and records otherwise available from

**Table 1**

Primary and Secondary Content Areas of CFRT Laws

Primary content area in CFRT legislation <sup>1</sup>	States with content	
	<i>n</i>	%
• Secondary content area <sup>2</sup>		
<b>Composition of Team Members</b>	43	93.48
• Legal representative (e.g., district attorney)	40	93.02
• Child welfare services representative	39	90.70
• Law enforcement representative	38	88.37
• Public health representative	36	83.72
• Medical examiner	35	81.40
• Pediatrician	34	79.07
• Mental health practitioner	25	58.14
• Education representative	20	46.51
• Child advocate	16	37.21
• Pathologist	14	32.56
• Maternal-child health representative	13	30.23
• Juvenile detention representative	12	27.91
• SIDS specialist	10	23.26
• Private citizen	9	20.93
• Specialist in developmental delays	5	11.63
• Legislator	5	11.63
<b>Confidentiality concerns</b>	40	86.96
• CFRT information is immune from subpoena and discovery	27	67.50
• CFRT information may be disclosed to carry out its duties	23	57.50
• CFRT data shall be de-identified	19	47.50
• Members may not testify in criminal/civil proceedings	18	45.00
• Information obtained outside of CFRT is not immune from entry into evidence in a criminal/civil proceedings	15	37.50
• Members may testify on information not obtained by CFRT	14	35.00
• CFRT data cannot be discussed outside of team	12	30.00
• Meetings are closed to public	12	30.00
<b>CFRT outcomes</b>	40	86.96
• Report to legislative branch of government	30	75.00
• Report to executive branch of government	24	60.00
• Reports to child welfare agencies	23	57.50

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**Table 1** cont.

Primary content area in CFRT legislation <sup>1</sup>	States with content	
	<i>n</i>	%
• Secondary content area <sup>2</sup>		
• Conduct/promote education/trainings	21	52.50
• Reports to public	15	37.50
• Reports to law enforcement	7	17.50
<b>CFRT purpose</b>	44	95.65
• Provide suggestions for the prevention of future child deaths	39	88.64
• Identify circumstances leading to cause of death	35	79.55
• Collect data about child deaths for later analysis	34	77.27
• Review agency involvement and actions surrounding death	25	56.82
• Provide suggestions for investigation of future child deaths	16	36.36
• Assist in prosecution of child maltreatment fatalities	6	13.64
<b>CFRT selection of cases</b>	27	58.70
• Death certificates/vital records	15	55.56
• Child protective services agency	13	46.43
• Coroner/medical examiner	12	44.44
• Attorney general	2	7.41
<b>State-county CFRT role and responsibilities</b>	27	58.70
<b>Subpoena power</b>	13	28.26
<b>Types of reviews conducted</b>	18	39.13
• Retrospective	15	75.00
• Investigative	7	38.89
• Parallel	6	33.33
<b>Types of deaths reviewed</b>	35	76.09
• Selective review	33	94.29
• Age of child	23	65.71
• Suspected child maltreatment	22	62.86
• Confirmed child maltreatment	19	54.29
• All deaths	11	31.43
• Unintentional injury	8	22.86
• SIDS	8	22.86
• Suicide	6	17.14
• Homicide	6	17.14
• Natural/organic etiology	5	14.29

<sup>1</sup>Percent is based on the number of states that have content area, out of total *n* = 46.

<sup>2</sup>Percent is based on the number of states that have secondary content, but only in states first having the primary content present.



other sources are not immune from discovery or use in a civil or criminal action. *Minnesota § 256.01 subdivision 12*

The majority of the states provide direction regarding dissemination of the outcomes of reviews, and there is moderate consistency between states. Reports to the legislative and executive branches of government (75% and 60% respectively) and reports to child welfare agencies (57.50%) were most frequently noted. This example from Arizona shows an instance of directives concerning outputs.

**Outputs Example:** The team shall . . . Conduct an annual statistical report on the incidence and causes of child fatalities . . . including its recommendations for action, to the governor, the president of the senate and the speaker of the house of representatives. *Arizona § 36-3501 to 36-3504*

Almost all statutes contain language regarding CFRT purpose. The most commonly cited purposes include the prevention of child deaths (88.64%), the identification of circumstances surrounding child deaths (79.55%), data collection (77.27%), and the review of agency involvement (56.82). One such example, from Massachusetts, is noted here.

**Purpose Example:** The purpose of the state team shall be to decrease the incidence of preventable child deaths and injuries by (i) Developing an understanding of the causes and incidence of child death; and (ii) Advising the governor, the general court and the public by recommending changes in law, policy and practice. *Massachusetts Title VI § 38-2A*

Almost two-thirds of states provide direction regarding the selection of cases. There is limited consistency between states, although using vital records (55.56%) is the most prominent manner by which cases are selected. With regard to the types of deaths that are reviewed, the most frequently cited is a “selective review,” (76.09%)—usually chosen by some type of criteria or by members of the CFRT. Examples from both Oklahoma and North Carolina follow.

**Selection of Cases Example:** The office of chief medical examiner shall conduct an initial review of child death certificates

in accordance with the criteria established by the child death review board and refer to the board those cases that meet the criteria established by the board for specific case review. *Oklahoma Title 10 § 1150.1–1150.5*

**Type of Deaths Reviewed:** Review current deaths of children when those deaths are attributed to child abuse or neglect or when the decedent was reported as an abused or neglected juvenile. *North Carolina § 7B-1400*

### ***Relationship Between CFRT Laws and State Characteristics***

Most of the CFRTs state that their intended purpose is prevention. The content analysis, however, indicated that teams consistently specify representation from legal or investigative professionals, such as lawyers, law enforcement, and medical examiners—with significantly less focus on those who might help to prevent fatalities. The authors explored whether some states might have legislation that directs teams to be more focused on prevention or investigation. Thus, two scales that captured these foci were created. Each secondary code in the study was examined and designated to be geared toward (1) prevention, (2) investigation, (3) both prevention and investigation, or (4) neither. The investigation scale was created by summing all of the secondary codes for each state that were investigative in nature. Similarly, the prevention scale was created by summing all of the secondary codes for each state that were preventive in nature. The range for the investigation scale is 0 to 10,  $M = 5.04$ ; the range for the prevention scale is 2 to 29,  $M = 14.23$ . Table 2 displays the means, in rank order for each state, for each scale. Focusing on investigation or prevention is not mutually exclusive; there is a strong correlation between the two,  $r = 0.71$ ,  $p = 0.000$ .

The authors used OLS (ordinary least squares) regression to predict which state-level factors might be related whether states are investigation- or prevention-oriented. The parsimonious regression analysis summary statistics are presented in Tables 3 and 4. Table 3 shows that crime has a small, but statistically significant effect on a state being more investigative in nature. Also, states that passed

**Table 2**

Mean Scores for Investigation and Prevention Scales, by Rank Order and State

<b>State</b>	<b>Investigation scale</b>	<b>State</b>	<b>Prevention scale</b>
Georgia	10.00	Texas	29.00
Texas	10.00	Colorado	25.00
Kansas	9.00	North Carolina	23.00
South Carolina	9.00	Florida	21.00
Florida	8.00	Georgia	21.00
Illinois	8.00	Nebraska	20.00
Louisiana	8.00	New Mexico	20.00
Missouri	8.00	South Carolina	20.00
New Jersey	8.00	Arkansas	19.00
Alabama	7.00	Oklahoma	19.00
Alaska	7.00	Illinois	18.00
Arkansas	7.00	Washington, DC	17.00
California	7.00	Delaware	17.00
Nebraska	6.00	Massachusetts	17.00
Nevada	6.00	New Jersey	17.00
North Carolina	6.00	Tennessee	17.00
Oregon	6.00	Alabama	16.00
Colorado	5.00	West Virginia	16.00
Washington, DC	5.00	Alaska	15.00
Delaware	5.00	Arizona	15.00
Massachusetts	5.00	Kansas	15.00
Michigan	5.00	Louisiana	15.00
Mississippi	5.00	Mississippi	15.00
Oklahoma	5.00	Ohio	15.00
West Virginia	5.00	Pennsylvania	15.00
Arizona	4.00	California	14.00
Connecticut	4.00	Iowa	14.00
Indiana	4.00	Nevada	14.00
Iowa	4.00	North Dakota	14.00
Kentucky	4.00	Indiana	13.00
Minnesota	4.00	Connecticut	12.00
New Mexico	4.00	Idaho	12.00
Pennsylvania	4.00	New York	12.00
Tennessee	4.00	Oregon	12.00

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**Table 2** cont.

Investigation		Prevention	
State	scale	State	scale
Idaho	3.00	Michigan	10.00
Maine	3.00	Minnesota	10.00
Montana	3.00	Missouri	10.00
New York	3.00	Kentucky	9.00
North Dakota	3.00	Montana	8.00
Ohio	3.00	Vermont	7.00
Vermont	3.00	Maine	6.00
Virginia	2.00	Maryland	6.00
Maryland	1.00	South Dakota	5.00
South Dakota	1.00	Washington	5.00
Washington	1.00	Hawaii	2.00
Hawaii	0.00	Virginia	2.00
Mean	5.04	Mean	14.22

legislation earlier were more likely to be focused on investigation. States with a lower percent of female legislators were more likely to focus on the investigative elements in CFRTs. Table 4 shows that only one variable significantly predicted whether a state’s CFRT focused on prevention—crime. States with higher crime rates were marginally more likely to focus on prevention.

**Table 3**

Parsimonious OLS Regression Summary for Variables Predicting Investigation Scale

Variable	<i>B</i>	<i>SE B</i>	$\beta$	<i>t</i>	<i>p</i>
Crime rate	0.05	0.01	0.47	3.80	0.000
Date legislation was passed	-0.17	0.07	-0.31	-2.57	0.014
Percent female legislators	-0.09	0.04	-0.25	-2.05	0.047

Note:  $R^2 = 0.39$

**Table 4**

Parsimonious OLS Regression Summary for Variables Predicting Prevention Scale

Variable	<i>B</i>	<i>SE B</i>	$\beta$	<i>t</i>	<i>p</i>
Crime rate	0.06	0.02	0.35	2.48	0.017

*Note:*  $R^2 = 0.12$ 

## Discussion

Nine primary areas were addressed by the laws that guide CFRT state procedures. Equal attention, however, is not paid to these content areas by the states. For example, the vast majority of states address team composition, confidentiality, outcomes, purpose of CFRTs, and the types of deaths reviewed. Less attention is paid to the selection of cases, state-county relations, subpoena power, and the types of review conducted (i.e., retrospective, investigative, etc.). Even within the primary areas that are addressed, there is little uniformity concerning how each content area is handled.

### *Purpose and Outcomes of CFRTs*

Perhaps the most notable portions of this review of social policy concerns the purpose and outcomes of CFRTs. Overwhelmingly, at 89%, states indicate that the purpose of CFRTs is to prevent future deaths, to identify circumstances under which children die (80%), and to collect data on children's deaths (77%). About one-third of states indicate that the purpose is to assist in the investigation of fatalities, and only 14% indicate that the purpose is to assist in the prosecution of fatalities. The intended outcomes of the reviews are less uniform. The most frequently cited outcome is a report to the legislative branch of state government, 75%. Less than two-thirds of states require a report to the executive branch of government or to the state or country child welfare system. About half of states require public education because of CFRT's reviews and recommendations, and even fewer require a public report—although many states print them.

These latter findings especially speak to the disconnect between enacting policy and creating change (Johnson, 2009). This is a common

finding in which states pass legislation intended to create social change, but the legislation itself, may not be a strong enough mechanism to do so (Douglas, 2004; Nechyba, 2001). The overwhelming purpose of CFRTs is to prevent future fatalities. Yet, the mechanisms for doing so are not immediately evident, at least not in statute. States are seemingly lacking in a regulated system for disseminating the findings and recommendations from CFRTs to state agencies and professional associations, which is where many of the changes will ultimately take place (Brandon, 2009; Hutchins, Grason, & Handler, 2004).

### *Prevention and Investigation*

Most states have a legislative mandate to focus on the prevention of future fatalities. This is consistent with the literature on CFRTs (Onwuachi-Saunders, Forjuoh, West, & Brooks, 1999; Rimsza et al., 2002; Webster et al., 2003). However, many states also have a focus on the investigative aspects of children's fatalities. There is a much stronger focus on prevention than investigation, at least according to statute. Three times more references to prevention were found than to investigation. Similar results were found in an earlier study concerning the priorities and practices of CFRTs. Webster et al. (Webster et al., 2003) found that CFRTs emphasized prevention about three-and-a-half times as often as investigation. The tension concerning prevention versus investigation is as old as the child welfare profession itself (Gelles, 1996; Gurevich, 2010; Murphy, 1997), and this dual focus is evident in CFRT legislation as well.

The authors explored the potential relationship between state characteristics and a focus of investigation or prevention. CFRT laws that were passed earlier were more likely to have a focus on investigation, and states with a lower rate of female legislators were more likely to score higher for investigation. Previous research has shown that a higher representation of female legislators is associated with expanded social welfare policies (Fiber & Arsneault, 2005; Jenkins, 2008; Krajnak, 2003). However, percent of female legislators was not found to be related to prevention efforts, as documented by legislation. This study showed only higher rates of crime are related to higher levels of stated prevention efforts. A significant body of

research explores the importance of implementing prevention in areas with high crime (Anderson, 1994; Chin, 1997; Whiskin, 1987).

### *Limitations*

This study is not without limitations. This was an examination of state statute, not practice. What gets carried out in the field may differ from what policy dictates, as other research has documented (Kalichman, 1993; Pelton, 1997; Potocky-Tripodi, 2003). Second, it is not known what ideological or contextual factors influenced the passage of much of this legislation. Previous research has found that children's deaths lead to reform in the child welfare system (Douglas, 2009; Gainsborough, 2009). It is possible that those factors are just as important as the ones that were identified and examined. Finally, the percent of the variance explained by the multivariate regression models ranged from small to modest. Only 39% of the variance in the model of whether a state would have a focus on investigation were able to be explained, and even less (12%) in the model of predicting a focus on prevention.

### *Conclusions*

There is significant optimism the potential of CFRTs to have an impact on the field and to reduce children's deaths (Bunting & Reid, 2005; Durfee, Parra, & Alexander, 2009; Onwuachi-Saunders et al., 1999; Rimsza et al., 2002; Webster et al., 2003). At the same time, there has also been a call to standardize many of the processes so there are not so many discrepancies between states and so the causes and consequences of child fatalities across the nation can be understood (Douglas & Cunningham, 2008; Webster et al., 2003). The National Center on Fatality Review and the National Center for Child Death Review Policy and Practice has made significant process in the areas of communication, transparency, information sharing, and data collection. States were found to be dually concerned with prevention and investigation, and the crime rate to be a significant predictor of both foci.

Still, little is known about the outcomes of CFRTs. One study (Douglas & Cunningham, 2008) found that the strongest

recommendation to result from the review process is an increase in public education concerning children's safety and recognizing when children are in danger. Only two states to date have examined the efficacy of CFRTs. Kellermann, Thomas, Henry, Wald, Fajman, and Carter (Kellermann et al., 1999) examined the outcomes of the CFRT process in Georgia and found that the CFRT did not change the child death rate. A more recent study found a decline in the number of child welfare related deaths in problem areas that had been previously identified by a Michigan CFRT (Palusci et al., 2010). In this particular instance, the Michigan CFRT identified problems associated with child fatalities and the local child welfare agencies responded by changing agency practice and policy. The result was fewer deaths associated with those previous problem areas. Further, there is some reason to believe that additional positive changes have been made because of review teams, including public education campaigns, advocacy efforts, and the development of collaborative relationships between professionals in the field (Durfee et al., 2002). In another example, Peddle and colleagues (2002) found that 68% of state liaisons to child fatality review panels reported that state agencies and legislative bodies have acted on recommendations issues by their panels. Another area for future research is to better examine the impact of CFRTs on child welfare agency practice, policy, and outcomes.

This study contributes to the growing literature about child fatality review. The authors hope that it will add another layer of transparency to child fatality review, and they encourage the field to push the level of knowledge concerning outcomes and efficacy of all fatality reviews.

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