

Journal Highlights

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The purpose of Journal Highlights is to inform readers of current research on various aspects of child maltreatment. APSAC members are invited to contribute by mailing a copy of current articles (preferably published within the past 6 months) along with a two- or three-sentence review to the editors of the APSAC Advisor at the address listed on the back cover, or E-mail: JSRycus@aol.com.

Psychology Research Increases Focus on Physical Abuse and Neglect

The dominant types of maltreatment found in children and families in the child welfare system remain the same as a century ago. Physically abused and neglected children disproportionately come from families in poverty, with 61% of child welfare cases involving child neglect, 19% involving physical abuse, and 10% involving sexual abuse (USDHHS/ACYF, 2005). Yet, historically, both research and practice in the fields of psychology and mental health have focused their child maltreatment efforts on child sexual abuse. Further, during the 1980s and 1990s, between 13% and 38% of child abuse studies in psychology included participants from the child welfare system. Most studies assessed child sexual abuse in populations of women from college campuses, or involved in outpatient psychotherapy, or both.

In this article, Chaffin discussed historical trends and emerging changes to achieve a broader focus in child maltreatment research and the implications of these changes for future research and practice. Though attention to child sexual abuse remains substantial in the field of psychology, it is decreasing as a percentage in overall child maltreatment research. One contributor to this change is the increase in governmental health and mental health agency funding of research in physical abuse and neglect. Other factors include influential initiatives, such as the Child Abuse and Neglect Working Group, whose 1998 report identified key knowledge gaps in the field of child maltreatment research, especially in the area of child neglect.

Chaffin discussed possible implications for psychology research and practice as a result of the expanding focus to include maltreatment and other social problems affecting children. For example, research demographics will expand to include characteristics such as gender, relationship to perpetrator, socioeconomic status, and cultural differences. Further, the causes of child maltreatment will be more differentially explored. Psychology researchers and practitioners will become more aligned with the social work profession and child welfare practice field as psychologists increasingly contribute to intervention science in the field of child welfare. This may mean that the changing roles of mental health professionals in child welfare will provide psychology with a greater opportunity to contribute in a multidisciplinary environment.

Chaffin, M. (2006). The changing focus of child maltreatment research and practice within psychology. *Journal of Social Issues, 62*(4), 663-684.

Family and Child Characteristics as Risk Factors for Re-referral

The federal Child and Family Services Review (CSFR) process has incorporated recurrence of maltreatment as an outcome indicator of the functioning of the public child welfare system. Child welfare research has typically focused on the specific risk of recurrence of abuse or neglect in children with substantiated maltreatment, rather than factors contributing to risk of re-referral in a broader population of unsubstantiated cases.

This Rhode Island study examined the rates of re-referrals for all cases between 2001 and 2004 using data on all closed CPS investigations that did not result in removals (22,584 children). The study's hypothesis was that child, family, and case characteristics would be significantly related to risk of re-referral. Child characteristics thought to create a higher risk were younger age of children, children with previous substantiated maltreatment incidents, and children with physical, emotional, or behavioral disabilities. Family characteristics included poverty or financial hardship, alcohol or drug problems, and domestic violence. Children previously neglected were also thought to be at higher risk for re-referral to CPS.

Results from this study indicated that approximately 40% of cases that were investigated and closed were re-referred to CPS within 3.75 years of the initial investigation. One third of these re-referrals occurred within the first 6-month period after the initial case closure. The most significant family characteristic affecting re-referral for maltreatment, particularly neglect, was poverty and its associated circumstances. Parental history of substance abuse and child disability status were other strong predictors of re-referral.

Implications from this study suggest greater attention to risk in cases that are investigated and closed without having been substantiated. The authors recommended development of more programs to support families with the identified risk characteristics. They further suggested that the child welfare field should also target prevention services to high-risk cases during the initial 6 months after CPS investigation.

Connell, C. M., Bergeron, N., Katz, K. H., Saunders, L., & Tebes, J. K. (2007). Re-referral to child protective services: The influence of child, family, and case characteristics on risk status. *Child Abuse & Neglect, 31*, 573-588.



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Deconstructing Culture in Child Welfare Research

Ethnicity and culture have received more attention by researchers in recent years, primarily because of increased awareness of disparities in health and mental health for ethnic minorities. In the field of child maltreatment, disparities can also be found in the rates of reported maltreatment, the numbers of children in foster care, and the frequency and intensity of services received. These considerations have prompted child maltreatment researchers to study ethnic and cultural factors that impact children and families. The authors reviewed and provided a critique of this body of research and made recommendations to improve the effectiveness of culturally focused research in the field of child maltreatment.

The article defines *ethnicity* as “membership in a group based on common ancestry, heritage, culture, or history” (p. 788), and it defines *culture* as “shared values, behaviors, beliefs, norms, traditions, customs, and ideas of subgroups of individuals” (p. 788). The authors contend that a primary challenge for many researchers studying disparities in child welfare is their inability to deconstruct ethnicity and culture. Research has typically compared child maltreatment across broad ethnic groups, but as culture is not synonymous with ethnicity, focusing on broad groups may obscure important underlying cultural factors.

In this article, the authors made four recommendations for future research: (1) further study and expansion of the definition of culture, (2) identifying and examining cultural correlates that are proximal to the experience of child maltreatment, (3) increased collaboration among researchers in different practice fields to increase the effectiveness of child maltreatment research efforts, and (4) child maltreatment research must recognize the dynamic and complex nature of culture and the challenge this brings to researchers as they attempt to quantify and analyze data using simple experimental techniques.

Elliott, K., & Urquiza, A. (2006). Ethnicity, culture, and child maltreatment. *Journal of Social Issues, 62*(4), 787-809.



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Foster Children’s Perspectives on Out-of-Home Care

More than a half million children across the nation reside in out-of-home care. Yet, historically, child welfare research literature and day-to-day child welfare practice do not provide children with many opportunities to voice their perspectives in order to provide a better understanding of the out-of-home care system. Emerging literature is exploring children’s experiences in out-of-home care.

The authors of this study reviewed current literature on foster children’s views regarding out-of-home care in relation to four child welfare goals: (1) protecting children from harm, (2) fostering children’s well-being, (3) supporting children’s families, and (4) promoting permanence. Several themes emerged. Many children in out-of-home care felt safe in their caregiver’s home but not necessarily safe in the neighborhoods where they lived. Relationships mattered for children in care; in interviews, they verbalized the ways they have been positively influenced by certain relationships and how these contributed to their feelings of safety, well-being, family, and permanence. Another prominent theme was the changing definition of *family* for children in care. Family may refer to a child’s birth family, extended family, and new families. It is important for the system to recognize and support inclusive definitions of family in order to meet the social and emotional needs of these children. Finally, the authors noted that too often, children in care are excluded from participating in permanency decisions. The literature strongly suggests that systems should do a better job of including children’s voices in their permanency decision making.

Fox, A., & Berrick, J. D. (2007). A response to no one ever asked us: A review of children’s experiences in out-of-home care. *Child and Adolescent Social Work Journal, 24*(1), 23-51.

Child Maltreatment and Mental Health: Age Matters

It is well documented that childhood maltreatment can affect the later mental health functioning of victims. Much has been theorized about the impact of a child’s age at the onset of maltreatment, but it remains unclear whether maltreatment that occurs at certain ages or stages of development is associated with more harmful long-term consequences than others. This study tested the hypothesis that children maltreated earlier in life are at greater risk for poor psychopathology in adulthood than those maltreated at a later age. Data came from historical public criminal records of 496 juveniles and adults with substantiated cases of physical abuse, neglect, and sexual abuse prior to age 12.

For the study, the age-of-onset variable was classified in three ways: (1) continuous (ages 0-11), (2) dichotomous (early, ages 0-5, vs. later, ages 6-11), and (3) developmental (infancy, preschool, early school age, and school age). Results of the study indicated that an earlier onset of maltreatment, measured dichotomously and developmentally, predicts more symptoms of anxiety and depression in adulthood (while controlling for gender, race, current age, and other abuse reports). Later onset of maltreatment, measured continuously or developmentally, predicted more behavioral problems in adulthood.

The authors asserted that this study has important implications because it suggests differential effects of child maltreatment based on the child’s age at the onset of maltreatment. This information

can be used to better individualize interventions for young children. For example, children who have been abused between the ages of 0-5 are at high risk for anxiety and depressive symptoms in adulthood. It is important to help these children establish effective coping and emotion-regulation skills. The findings also suggest that future research should use a developmental model to classify age of onset, since it was found to be the most promising of the three classification systems used.

Kaplow, J. B., & Widom, C. S. (2007). Age of onset of child maltreatment predicts long-term mental health outcomes. *Journal of Abnormal Psychology, 116*(1), 176-187.

A Continuum for Reunification of Children in Long-Term Foster Care

The provisions of the Adoptions and Safe Families Act, which mandated shorter time frames for permanency for children in foster care, has not shortened length of stay in foster care for many children. One third of the children in foster care today have been in care for 3 or more years, some for 5 or more years. The authors contend that the system must explore alternative strategies to provide permanence for children in long-term foster care.

The Replacement with Birthfamilies Project (Replacement) was initiated in Texas in 1997 to explore the potential of birth families and extended kin as permanency options for children in long-term foster care. One of the primary values of the project is the belief that it is possible for families to change. Parents and kin and/or their situations can change and make it possible for them to have a relationship with their children. Early in the project, the team determined that its goal was too narrow and hindered engagement with birth families and family members who wanted contact but who could not provide a home. The team reframed the goal, and reconnection became an equally valued outcome for the project as part of the reunification continuum.

The Replacement project reviewed the case records of 281 eligible children and initiated assessments with relatives of 158 children, although not all the identified families completed the process. Sixty children were reconnected with relatives, including birthparents, grandparents, siblings, extended family, and stepfamily. The family connections were established at different levels of the reunification continuum, from writing letters and making phone calls, to visiting, and to permanent placement for 18 of the children.

The authors made several program-related recommendations to child welfare agencies. Good collaboration between child protective services and the project agency is very important. Reunification must be seen as a continuum. Any kind of reconnection with birth family can be of value to a child. It is also important that project staff maintain a nonjudgmental attitude when working with the birthfamily. Continuity in the relationship between the project staff and the family is essential and expedites replacement or reconnection. Finally, the authors noted the importance of understanding that the biological or historical bond between a child and the birth family will not necessarily lead to quick development of family bonding.

Mapp, S. C., & Steinberg, C. (2007). Birthfamilies as permanency resources for children in long-term foster care. *Child Welfare, 86*(1), 29-51.



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Challenges to MEPA-IEP Implementation

In this article, McRoy and colleagues explored the background of the Multiethnic Placement Act of 1994 and the Interethnic Adoption Provisions of 1996 (MEPA-IEP) and described disparate outcomes for minority children, especially African American children. Minority children make up the largest number of children in the child welfare system awaiting adoption. MEPA and IEP are controversial laws that were originally created to remove barriers to permanency for children of color. These laws have been much debated, legally examined, widely interpreted, and misinterpreted. The authors argued that central to the debate is whether the intent of these laws was to reduce the length of waiting for adoption for children of color, or an effort to find children for white adults seeking to parent whomever they might select.

An essential part of MEPA that receives little attention is the mandate for diligent efforts to recruit foster and adoptive families who represent the racial and ethnic backgrounds of children in foster care. Enforcement efforts to date focus on the “no delay” provision with no regulations issued for recruitment requirements. The authors provided tools for successful recruitment of families of color in a MEPA-IEP world. They describes the need to focus on workforce development and training, especially in the area of identity development and the impact of adoption on children’s sense of identity.

McRoy, R., Mica, M., Freundlich, M., & Kroll, J. (2007). Making MEPA-IEP work: Tools for professionals. *Child Welfare, 86*(2), 49-66.

Training Foster Parents to Meet the Needs of School-Aged Children

Foster children are 3 to 10 times more likely to have developmental delays and physical, social, emotional, and academic problems. Clinical researchers agree that the time children spend in foster care can be better utilized to help children learn new skills, modify maladaptive aspects of their behavior, and enhance the factors that promote resilience. The focus of interventions is often on family

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reconciliation or preservation, overlooking the potential therapeutic opportunities in the foster home. Most children who enter the child welfare system are of elementary school age, and most disruptive behaviors in foster care are seen in this group of children. Thus, more attention is needed in training caregivers who work with this age group.

This small study of 18 families tested a pilot intervention to improve parenting and reduce disruptive behavior in elementary school-aged children in foster care. It adapted an existing evidence-based intervention, *The Incredible Years*, developed for birth families, and used it to train a group of foster caregivers. Foster parents participated in a 12-week training program that focused on parenting skills and caregiver-child interaction; psychoeducation specific to the foster care system; and social support for foster caregivers. Results indicated that symptoms of conduct disorders and externalizing behaviors were significantly lower for children whose foster caregivers had participated in the training program. There were no significant changes in parenting attitudes or stress experienced by foster families. Foster parents did report high levels of satisfaction and acceptability with the program and its outcomes. Based on these findings, the authors suggested that more examination and evaluation of foster caregiver training programs for preadolescent children, using larger samples and randomized control trials, is needed.

Nilsen, W. (2007). Fostering futures: A preventive intervention program for school-aged children in foster care. *Clinical Child Psychology and Psychiatry*, 12(1), 45-63.

Placement Stability and Child Behavioral Well-being

The Adoption and Safe Families Act of 1997 ensured a focus on permanency and adoption as a priority for all children in foster care. Despite this focus, nearly half of children in the child welfare system continue to live in foster care for more than 18 months, and many for several years. This study analyzed data from the National Survey of Child and Adolescent Well-being (NSCAW) in an attempt to explain the relationship between a child's well-being and placement history, by applying a propensity score analysis on a cohort of children who were continuously in foster care for at least 18 months. Out of the 5501 children in the database, 729 met selection criteria. A composite behavioral well-being variable was constructed from two behavioral assessment tools, the Child Behavior Checklist (CBCL) and temperament scores for infants. The combination of both tools allowed the researchers to include children with ages from birth to 15 years. The goal was to identify the inherent contributions of a child's placement stability toward her or his risk for behavioral problems 18 months after entering foster care.

This study found compelling evidence that children in foster care experienced placement instability unrelated to their baseline problems, and this instability had a significant impact on their behavioral well-being. The authors suggested that this finding supports the development of interventions that promote placement stability as a means to improve outcomes among youth entering care.

Rubin, D. M., O'Reilly, A. L. R., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics*, 119(2), 336-344.

The Academic Vulnerability of Children in Foster Care

Child welfare policy makers and advocates are increasingly concerned about the academic vulnerability of maltreated children. This concern is reflected in the inclusion of child educational progress as an outcome for state performance in the Adoption and Safe Families Act. The National Conference of State Legislators reported that only 11 states have "substantively achieved" education outcomes.

This article reviewed research conducted since 1990 on educationally-related issues and outcomes for maltreated and foster youth to describe the nature, extent, and factors related to academic vulnerability of maltreated foster children. The review focused on child and family factors as well as on organizational, institutional, and policy-contextual factors within the educational and child welfare systems. Research has consistently found links between poor educational performance and child maltreatment and out-of-home care but has offered much less insight into how and why these links occur.

The authors contended that existing research suffers from substantial methodological limitations. Few studies examine factors that place students at risk for maltreatment and entry into the child welfare system as they relate to academic risk factors and educational progress. Little attention is given to potential moderating and mediating influences that are important for targeting policies or services to youth. The authors note an additional need for more longitudinal studies of foster youth's educational vulnerability, such as the impact of school transitions on foster youth.



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Existing literature suggests that youth are academically at risk prior to and after entry into the child welfare system. There is a set of variables that may link maltreatment and educational outcomes. It is important to clarify the nature and quality of those variables and their effect in order to begin to identify gaps and points of interventions.

Stone, S. (2007). Child maltreatment, out-of-home placement and academic vulnerability: A fifteen-year review of evidence and future directions. *Children and Youth Services Review*, 29, 139-161.

Knowledge, Attitudes, and Confidence Regarding Child Maltreatment in Prehospital Emergency Medical Service Personnel

Prehospital medical providers (emergency medical service personnel) have a unique opportunity to recognize and report child maltreatment. They are able to evaluate the child and caretaker in the home environment, gain historical information during the earliest stages of the process, and directly view scenes of reported traumatic events. This study evaluated the knowledge and confidence of prehospital providers in recognizing, managing, documenting and reporting suspected maltreatment. Results of a questionnaire completed by a random sample of providers (1237 responders) indicated that 44% had received no continuing medical education on child protection within the past year, and 78% felt they needed additional education. There were major deficiencies in knowledge of core concepts in child maltreatment and in patient assessment, with a large proportion of questions answered incorrectly regarding assessment of maltreatment (91.3% answers incorrect), developmental abilities in children (88% incorrect), history (79.9%), and family management (79.7%). Nearly 50% of questions related to the level of certainty needed to report child maltreatment were answered incorrectly, typically with responders indicating a greater level of "proof" needed than is actually the case. Years of experience, initial hours of child maltreatment education, and CME were associated with correct answers on the questionnaire. Responders indicated a lack of confidence in assessing sexual abuse relative to physical abuse (47.8% vs. 10.1% expressed discomfort in identifying and managing sexual vs. physical abuse). Study results indicate a need for greater education of prehospital medical providers in the recognition and reporting of child maltreatment.

Markenson, D., Tunik, M., Cooper, A., et al. (2007). A national assessment of knowledge, attitudes, and confidence in prehospital providers in the assessment and management of child maltreatment. *Pediatrics*, 119(1), 103-108.

Healing of Hymenal Injuries in Prepubertal and Adolescent Girls

Clinical research over the past 25 years has demonstrated that the vast majority of children evaluated for sexual abuse have no diagnostic abnormality on anogenital exam (see extensive reference list in this article). This retrospective, multicentered study added to this literature by examining the healing process of hymenal trauma sustained by 239 prepubertal and adolescent females. Generally, small subgroups (patients varied in type of injury, age group, and time interval between injury and follow-up) limited the conclusions to be drawn regarding the time required for injury resolution, except that petechiae (pinpoint areas of bleeding) were consistently noted to resolve within 48-72 hours (consistent with petechiae in other regions of the body). Blood blisters were found as late as 34 days after injury. In both prepubertal and adolescent girls, evidence of a recent injury (bruising, abrasion, swelling) disappeared within 2 weeks in

the vast majority of cases. The depth of a hymenal laceration (tear) changed during the healing process, in some cases becoming more shallow and in other cases, deeper (as the swelling subsided). Changes in the overall shape and depth often continued for up to 3-4 weeks. The outcome and final appearance of a hymenal laceration depended on the severity, but in the majority of cases (except the most severe), the membrane recovered a smooth, continuous rim.

There was no difference in the healing process between prepubertal and adolescent females with hymenal trauma. Frequently, there was little or no evidence of the injury when healing was complete. No hymenal scarring was noted in any child.

McCann, J., Miyamoto, S., Boyle, C., & Rogers, K. (2007). Healing of hymenal injuries in prepubertal and adolescent girls: A descriptive study. *Pediatrics*, 119(5), 1095.

Methamphetamine Exposure Presenting as Caustic Ingestions in Children

Caustic ingestion among young children and methamphetamine use among adult caregivers constitute two discrete health problems. This case report describes co-occurrence of these entities in two young children (2 and 5 years of age), who sustained severe caustic burns from ingesting the sulfuric acid contained in drain-opening substances being used in methamphetamine production. Both children sustained significant skin and oral burns (one child required skin grafts after experiencing burns to the neck, chest and abdomen). The 5-year-old sustained significant damage to the esophagus and stomach. He developed an esophageal stricture (narrowing of the opening due to extensive scarring), which ultimately required removal of the diseased portion of esophagus and replacement with a section of colon. Both children tested positive for methamphetamine (hair sample in one case and urine sample in the other). The authors discussed the dangers of accidental ingestion of toxic materials used in methamphetamine production and included a table of common materials used in labs. They pointed out that children in meth labs are at risk of multiple types of maltreatment, including supervisory neglect and physical violence. The children may also test positive for methamphetamine secondary to living in a home contaminated with the drug residue.

Farst, K., Duncan, J. M., Moss, M., et al. (2007). Methamphetamine exposure presenting as caustic ingestions in children. *Annals of Emergency Medicine*, 49(3), 341-343.

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