Journal Highlights

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Neighborhood Matters in Child Maltreatment Rates

Children of minority racial and ethnic backgrounds are overrepresented in the child welfare system. This study examined the relationship of various neighborhood characteristics with rates of substantiated child maltreatment for black, Hispanic, and white children within 941 neighborhoods (defined by census tracts) in three northern California counties. Independent variables included measures of population density, impoverishment, neighborhood instability, child care burden, neighborhood racial/ethnic composition, and alcohol outlet density.

Results indicated that the average substantiated maltreatment rates per census tract were 1 in 32 black children, 1 in 91 Hispanic children, and 1 in 167 white children. Percentage of poverty and number of off-premise alcohol outlets per 1,000 population were positively related to the rate of substantiated maltreatment cases for black children, while the percentage of black population and percentage of people moving in the past 5 years were negatively related. For Hispanic children, percentage of female-headed families, percentage of poverty. and percentage of unemployment were positively associated with rates of substantiated maltreatment, while percentage of black residents and population per square mile were negatively related. Finally, for white children, percentage of families in poverty, percentage of Hispanic residents, percentage of elderly residents, and the ratio of children to adults were positively associated with maltreatment rates.

The authors pointed out that rates of substantiated maltreatment differed when considering data from census tracts as opposed to counties. In this study, the disparity between rates of substantiated maltreatment noted between ethnic/racial groups was more pronounced at the level of the census tract. This finding, combined with the differences in neighborhood characteristics related to maltreatment rates among the racial and ethnic groups, suggests that the disparity may be a function of the areas in which the children live and that interventions should be aimed at addressing the relevant neighborhood characteristics for each group of children.

Freisthler, B., Bruce, E., & Needell, B. (2007). Understanding the geospatial relationship of neighborhood characteristics and rates of maltreatment for black, Hispanic, and white children. *Social Work*, *52*(1), 7-16.

Occult Fractures in Burn Victims

While it is common practice for clinicians to obtain a complete skeletal survey on infants and children under 2 years of age who have suspected nonaccidental head injury or inflicted fractures, there is less agreement among professionals about the necessity of performing this procedure on young children with suspicious burns. This is because the frequency of occult fractures in burn victims is suspected to be low. In this retrospective study, the authors reviewed records from cases of suspected physical abuse evaluated by the Child Protection Team between 1989 and 2000. A total of 285 patients were diagnosed with physical abuse, 54 of whom were burn patients. Fifty-eight percent of burn and 85% of nonburn patients received a complete skeletal survey. To determine the frequency of occult fractures in these groups, the authors excluded patients who had no survey, and those in whom a fracture was obvious or suspected on presentation. A group of 169 patients remained, including 35 with burns and 133 with nonburn abusive injuries. Occult fractures were identified in 14% of the burn patients and 34% of nonburn patients. The most common site of occult fracture was the rib, followed by the femur. The average number of occult fractures was 8.8 in the burn group and 5.4 in the nonburn group. The authors concluded that while the frequency of occult fractures in patients with inflicted burns is lower than that in patients sustaining nonburn abusive injuries, it is nonetheless clinically significant, and a complete skeletal survey is warranted in the nonaccidental trauma evaluation of these patients.

Hicks, R. A., & Stolfi, A. (2007). Skeletal surveys in children with burns caused by abuse. *Pediatric Emergency Care, 23*(5), 308-313.

Are Abusive Skeletal Fractures on the Decrease?

The authors of this study hypothesized that the incidence of serious physical abuse in the form of skeletal fractures in children had increased concurrently with the increase in reported incidents of child maltreatment. Using a retrospective design, they examined records and radiographs of all children less than 36 months of age who were evaluated for fractures at Yale-New Haven Children's Hospital from 1979–1983, from 1991–1994 and from 1999–2002. After excluding fractures related to metabolic bone disease or congenital disorders, they classified the injuries as abusive, accidental, or of unknown etiology. Ratings regarding etiology were made for each time period by two pediatric radiologists and two clinicians, one of whom was a child abuse expert. Weighted kappa statistics were calculated and indicated good agreement between raters, and between repeated ratings over time.

Results indicated that the proportion of cases rated as abusive decreased from 22.5% in the earliest period (1979–1983) to 10.0% in the middle period (1991–1994) and to 10.8% in the most recent period (1999–2002) ($p<.0001$). Multivariate logistic regression analysis revealed a significant association between the time period and the odds of a child presenting with an abusive fracture. When compared with children in the early sample, those in the middle sample showed a 69% decrease in odds (OR=0.31; 95% CI 0.15, 0.62), while those in the late group showed a 55% decrease in odds (OR=0.45, CI 0.0.23, 0.86). When children were classified according to age, a significant decrease in rates was found only in the 0–11-month age group. The percentage of cases rated as abusive in the youngest age group decreased from 38.7% to 22.8% to 23.6% over the three time periods. When location of fracture was studied, the proportion of abusive fractures of the humerus, tibia/fibula, and skull showed a statistically significant decrease over time. These findings did not support the authors' initial hypothesis, and they also stand in contrast to the increase

in number of CPS reports and substantiated cases of maltreatment occurring in the United States and in Connecticut during the same time period. The authors hypothesized that the increased recognition of maltreatment led to increased services for maltreated and at-risk children, which resulted in a decrease in the likelihood of serious injury such as fracture.

Leventhal, J. M., Larson, I. A., Abdoo, D., Singaracharlu, S., Takizawa, C., Miller, C., et al. (2007). Are abusive fractures in young children becoming less common? *Child Abuse & Neglect*, *31*(3), 311-322.

Child Trauma and Sensory Modulation Disorders

This article focuses on the impact of exposure to both prenatal and postnatal trauma on child sensory modulation. According to the author, sensory modulation (i.e., the ability to regulate stimuli) "occurs within the central nervous system by balancing both excitatory and inhibitory sensory inputs that arise within one's sensory mechanisms, as well as those that occur external to the body" (p. 110). Research has consistently verified the link between child trauma and sensory modulation disorders. The author reviewed the literature and provided definitions and descriptions of sensory modulation disorder as well as the behavioral aspects of the disorders. He discussed the advances in research and, more specifically, recent assessment data from children who are served by the Southwest Michigan Children's Trauma Assessment Center (CTAC). The Center validates the prevalence of sensory modulation disorders among children who have suffered trauma, as well as children with both a history of trauma and a diagnosis of fetal alcohol spectrum disorder (FASD). This information is important for assisting professionals in recognizing and identifying behaviors related to sensory modulation disorders in children who have experienced maltreatment to ensure effective preventive and intervention services.

Atchison, B. J. (2007).Sensory modulation disorders among children with a history of trauma: A frame of reference for speech-language pathologists. *Language, Speech, and Hearing Services in Schools, 38*(2), 109-116.

Educators as Mandated Reporters

The U.S. Department of Health and Human Services estimates that in 2002, 896,000 children were abused or neglected, many of whom were school-aged children. Research shows that the child abuse and neglect problem has serious consequences for children's physical, psychological, emotional, and educational well-being. In 1974, the Child Abuse Prevention and Treatment Act (CAPTA) was passed, requiring teachers to report cases of suspected abuse. It is important for teachers to know how to intervene when faced with this situation. This article provides three decision-making charts that outline options for teachers reporting child abuse or neglect. Teachers and administrators can use the charts to help them determine how to respond when they suspect a child has been abused or neglected. The charts can help teachers identify the type of action they need to take in particular situations, based on their observations of physical and/or behavioral symptoms. The charts can also be useful tools for educators in fully understanding their legal obligations as mandated reporters.

Pass, S.(2007). Child abuse and neglect: Knowing when to intervene. *Kappa Delta Pi Record, 43*(3), 133-138.

Collaborative Tools for Speech-Language Pathologists

Speech-language pathologists are challenged by the increase in the number of children they serve who have been abused or neglected and/or have fetal alcohol spectrum disorder (FASD). The authors argue that it is important for speech-language pathologists to understand the child welfare laws that affect children and families and to understand the complexity of family histories and cultures. This article provides a short history of the child welfare system, an overview of the current system, and some related funding challenges. In addition, it reviews the research literature on effective tools for collaborative interventions for children with FASD and/or children who have been abused and neglected. The authors make suggestions about collaborative roles (e.g., participating in the interdisciplinary teams that plan interventions for children in the child welfare, legal, and educational systems) that speech-language pathologists can integrate into their interventions when they provide services to this population of children.

Rogers-Adkinson, D. L., & Stuart, S. K. (2007). Collaborative services: Children experiencing neglect and the side effects of prenatal alcohol exposure. *Language, Speech, and Hearing Services in Schools, 38*(2), 149-156.

Mental Health as a Predictor of Placement Movement

In this study, Barth and colleagues used the National Survey of Child and Adolescent Well-Being to examine differences in patterns of out-of-home placement between children with (n=362) and without (n=363) emotional and behavioral disorders (EBD). The authors used baseline clinical scores from the Child Behavior Checklist to classify children into either group. They further classified children with EBD into two categories, those with fewer than four placements (n=224) and those with four or more placements (n=128) during their first 36 months of placement in child welfare.

Using predictive statistics, the study found that children with EBD were over twice as likely as children without EBD to experience four or more placements. Higher numbers of placements for children with EBD were predicted by children also having a diagnosis of depression and not being placed with siblings. Higher numbers of placements for children without EBD were predicted by older age (>11) and gender (female). No predictive relationship was found between children being placed in kinship care and number of placements. The authors suggest a need for training caregivers about EBD and increasing opportunities for placing siblings together.

Barth, R. P., Lloyd, E. C., Green, R. L., James, S., Leslie, L. K., &Landsverk, J. (2007). Predictors of placement moves among children with and without emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders, 15*(1), 46-55.

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Combat Deployment Impacts Child Maltreatment in Military Families

Gibbs and colleagues reported on a study in which they compared child maltreatment rates of enlisted soldiers' families during combat-related deployment and nondeployment. The sample included a total of 1,771 families identified in the Army Central Registry with at least one documented incident of child maltreatment from September 11, 2001 to December 31, 2004. Incidents included neglect, physical abuse, emotional abuse, and sexual abuse.

Predictive analyses generated a number of statistically significant differences. Female civilian parents experienced higher rates of maltreatment during deployment than male civilian parents. Non-Hispanic white parents had higher maltreatment rates than black or Hispanic parents. While neglect constitutes the highest percentage of maltreatment incidences during nondeployment, this rate doubled during times of deployment. For female civilian parents, the neglect rate was four times greater during deployment than nondeployment. Overall, child maltreatment was 42% higher during times of deployment. The authors reported that these findings are consistent with other research studies with military families. They further suggest that with the increased family stress brought about by deployment, affected Army families should receive both supportive and prevention services.

Gibbs, D. A., Martin, S. L., Kupper, L. L., & Johnson, R. E. (2007). Child maltreatment in enlisted soldiers' families during combat-related deployments. *Journal of the American Medical Association, 298*(5), 528-535.

Therapists' Faulty Perceptions of Treatment Effectiveness

The authors described a small, cross-sectional study of mental health therapists treating children in foster care. The final sample for data analysis included 21 therapists, each providing in-home treatment as usual to one foster child. Treatment was provided for depression, anxiety, behavior problems, and self-esteem. The therapists consisted of licensed Marriage & Family Therapists (76%), social workers (14%), and licensed PhD Psychologists (10%).

Foster children were administered four standardized measures upon entry into treatment and 6 months later to measure the aforementioned emotional and behavioral issues. After 6 months of treatment, therapists completed a survey indicating the extent to which they believed a significant improvement had resulted from the intervention. Correlation analyses found no significant relationships (and in most cases, virtually no relationship) between the therapists' perceptions of improvement and actual change as indicated from the standard measures. The authors concluded that the therapists were unable to accurately evaluate the effectiveness of their own practice.

Love, S. M., Koob, J. J., Hill, L. E. (2007). Meeting the challenges of evidence-based practice: Can mental health therapists evaluate their practice. *Brief Treatment and Crisis Intervention, 7*(3), 184-193.

Factors Impacting Evidence-Based Practice Implementation in Child Welfare

This article described the challenges to implementing evidence-based practices in child welfare, including the systems' structures, processes, and person factors. The authors noted that though the benefits of evidence-based case management, psychotherapeutic, and pharmacologic interventions are demonstrated, implementation of those interventions has not occurred in most child welfare settings. Many reasons exist for the gap between research and implementation. For example, researchers' design of efficacy and effectiveness in their research trials often do not consider the complexity of real-world service settings, which creates challenges as practitioners seek to implement those interventions. Practitioners do not have the time, resources, training, or incentives they need to become better informed and skilled in evidence-based interventions. Finally, there has not been enough attention given to developing infrastructures and systems to assist in translating EBP to real-world settings.

This study sought to depict the perspective of providers about the factors that influence the implementation of EBP in child welfare and how to modify those factors in order to facilitate implementation. A total of 15 case managers and 2 consultants participated in a statewide study, called SafeCare, which examined implementation and monitoring of ongoing fidelity of an intervention designed to reduce child neglect among at-risk parents. Semi-structured interviews, conducted over a 2-week period, were analyzed using a methodology of "Coding, Consensus, Co-occurrence, and Comparison."

The results identified six factors that affected the implementation of evidence-base intervention in this study: (1) Acceptability of the EBP to the caseworker and family, (2) suitability of the intervention to the needs of the family, (3) motivation of caseworker to implement the EBP, (4) EBP training experiences, (5) the degree of organizational support, and (6) the impact of the EBP on the process and outcome of services.

Aarons, G. A., & Palinkas, L. A. (2007). Implementation of evidence-based practice in child welfare: Service provider perspectives. *Administration and Policy in Mental Health and Mental Health Services Research, 34*, 411-419.

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