

Journal Highlights

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In this issue of the *APSAC Advisor*, “Journal Highlights” summarizes the eight high-scoring articles for the 2009 Pro Humanitate Literary Awards in child welfare. Together they represent a snapshot of some of the exceptional work produced by child welfare researchers, academicians, and practitioners during the past year. The four highest-scoring articles—by Chaffin; Dale and Alpert; Meezan and McBeath; and Nixon, Tutty, Weaver-Dunlop, and Walsh—were selected to receive the award.

Our Minds Are Made Up—Don’t Confuse Us With the Facts: Commentary on Policies Concerning Children With Sexual Behavior Problems and Juvenile Sex Offenders

This article addresses well-intentioned but flawed child protection policies and practices that affect juvenile sex offenders and children with sexual behavioral problems. Author Mark Chaffin discusses four common misperceptions regarding teen and preteen sex offenders, contrasts these with long-standing and current scientific fact, and discusses the effect of these misperceptions on public policy and child welfare practice.

As Chaffin points out, one misperception relates to the level of risk for future sexual offending by youth with sexual behavior problems. Long-standing data indicate that as a group, children with sexual behavioral problems have a low long-term risk for future sex crimes. However, policy makers continue to ignore this finding, often because they have vested political and financial interests coupled with highly emotional child advocacy agendas and a need to legitimize the community’s desire for retribution against sex crimes. The Adam Walsh Act’s lifetime juvenile sex offender registration policy is one example of this agenda. While placing youth on lifetime public registries may make the community feel safe, it also stigmatizes youth and creates a cascading policy effect, resulting in social and psychological fallout for labeled individuals, whose youthful behavior will thus affect them for life.

Second, there is a prevalent misperception that youthful sex offenders are unique and special when compared with other juvenile offenders. Youth with sexual behavior problems are often lumped into a single group and are thought to be the only population of youth at high risk for committing future sex crimes, when in fact, they are at relatively low risk of reoffending when compared with youth demonstrating other potentially high-risk behaviors. Chaffin also pointed out that other serious juvenile justice offenses are handled much differently and do not create a permanent stigmatization and isolation from society as do juvenile sex offenses.

Third, youth with illegal sexual behaviors are viewed as a homogeneous group, when actually the term *juvenile sex offender* is more misleading than informative. Facts about the diversity of youth labeled as such and the differing nature of their sexual offenses are not reflected in policy and practice. The Adam Walsh Act applies to any youth age 14 or older whose sex offense is against a child under 12, but without consideration of other variables.

Finally, there is a prevalent perception that juvenile sexual behavior problems and sexually abusive behavior are difficult to change and require years of specialized treatment. These perceptions are borrowed from the adult sex offender service model and simply applied to broad populations of youthful sex offenders. This belief is contradicted by empirical data. Such long-term and harsh interventions, typical in treating adult sexual abuse perpetrators, are often unnecessary for youth and are potentially harmful to the majority of these youth.

The author does not suggest that juvenile sexual behavioral problems do not require intervention. Rather, when appropriate short-term treatment techniques are initiated with these youth, long-term outcomes become fairly typical of those experienced by youth with other types of juvenile offenses. The author concludes by challenging child protection advocates to educate lawmakers toward the goal of deriving policy and practice from scientific facts. In this way, fair and appropriate treatment approaches can be developed to benefit juvenile sex offenders instead of harming them. The author does not downplay the serious nature that juvenile sex crimes present, but he cautions that the many misconceptions about the future of the majority of these youth undermine both their treatment and their long-term well-being.

Chaffin, M. (2008). Our minds are made up—Don’t confuse us with the facts: Commentary on policies concerning children with sexual behavior problems and juvenile sex offenders. *Child Maltreatment*, 13(2), 110–121.

Hiding Behind the Cloth: Child Sexual Abuse and the Catholic Church

This article explores the factors that enable acts of child sexual abuse by priests in the Catholic Church. It also contends that priests who sexually abuse children differ little from child sexual abuse perpetrators in the larger community, a point not yet widely acknowledged in general psychological or psychoanalytic literature.

Dale and Alpert’s analysis of historical literature indicates that child sexual abuse in the Catholic Church is not a modern phenomenon; however, protection by the church of priests who offend is a recent trend. The church has recognized sexual abuse as a crime for almost 2,000 years, and historically, penalties for priests were usually more severe than for lay offenders. In contrast, the contemporary church has often protected priest offenders from detection. Not until the advent of highly publicized cases in 1985, 2002, and later was the scope of child sexual abuse in the Catholic Church exposed. The authors note that strong public reaction to these cases marked the end of the church’s power to conceal abuse, which ultimately empowered victims to disclose their abuse.

The authors explore five possible explanations for why priest offenders have been protected and how the church structure might promote vulnerability of children to be abused by their priests: (1) *Blaming society* and institutions the church could not control, including the media, increasing public discussion of sexuality, and

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general moral decay, (2) *Abuse of power* by the church by hiding abuse and coercing secrecy, (3) *Forgiveness* of deviant priests who are viewed as themselves victims in need of protection, (4) *Moral perfection* that compelled the church to maintain an image of infallibility, and (5) The *celibacy* requirement of priesthood.

The authors note that, because of the celibacy requirement of priests and the protection given to priests who offend, there are few studies of individual priest offenders or comparisons of priest offenders with other child sexual abuse perpetrators. However, the authors do identify some data suggesting many similarities between priests and community offenders. Both groups of offenders typically include well-educated and employed Caucasians who groom both child victims and their families, and who desensitize children to sexual advances and then blame their victims. They may sexually abuse many children, the majority of whom knew and trusted them. Both groups entice children by giving them time, attention, and friendship. Studies also identified cognitive distortions in both groups throughout their cycle of abuse, including perceiving that their child victims wanted and even initiated sexual activity, thereby allowing them to minimize or deny harm to their victims. Data also indicate that sexual abuse offenders often seek professions that give them access to children and an opportunity to develop trust with parents. The authors suggest that future research may study whether some child predators may be drawn to the priesthood because it provides access to both children and protection.

In conclusion, the authors make a strong case that there are similarities between priest offenders and child abuse perpetrators in the community. The authors recommend that society no longer consider priest offenders unique, but treat them as typical child predators and prohibit their access to vulnerable children. As long as priest offenders are protected, children will continue to be victims, and resolution for child victims will continue to be compromised.

Dale, K., & Alpert, J. (2007). Hiding behind the cloth: Child sexual abuse and the Catholic Church. *Journal of Child Sexual Abuse, 16*(3), 59–74.

Market-Based Disparities in Foster Care Outcomes

In this article, authors Meezan and McBeath examined the effects of market-based, managed care service contracting models on foster care outcomes. They found that neither their current study nor extant research is conclusive as to how market-based models affect outcomes for children in foster care.

Federal and state outcomes under the Safe Families Act (PL 104-89) and the Child and Family Services Review (CFSR) emphasize moving children out of foster care while maintaining their safety and well-being. The accompanying need for effective *and* cost-efficient foster care services has prompted some public child welfare agencies to forego traditional fee-for-service funding and instead adapt market-based business models for managed care provider contracts. Heretofore, most agencies used fee-for-service contracts and reimbursed providers individually for each service provided, thereby guaranteeing revenues only if contracted services were delivered. By contrast, market-based managed care providers receive a predetermined dollar amount per client or for a period of service

and can maximize revenues by providing services at lower cost than the contract rate. Market-based contracting was expected to result in cost savings and improved child and family outcomes; however, some cited states have undermet outcomes and reduced services to foster children and their families, calling into question whether market-based models are appropriate for services to children in the child welfare system.

The authors' review of the literature includes analysis of demonstration projects by six states receiving Federal Title IV-E waivers to reorganize child welfare service delivery by using alternate financing models. Their data analysis provides mixed evidence regarding the relationship between market-based contracting and achievement of outcomes for children in foster care. The literature review also identifies covariates of foster care outcomes, including child, family, and caregiver factors; caseworker characteristics; and service provision.

Meezan and McBeath's study of foster care services in Wayne County (Detroit) Michigan analyzes the relative influence on placement outcomes of managed care and fee-for-service contracting mechanisms and the identified covariates. Placement outcomes included reunification with a biological parent, kinship care placement, termination of parental rights (TPR), and adoption. Multivariate analysis identified market-based disparities in outcomes of reunification and placement in kinship care. Controlling for child, family, and caseworker characteristics, the study showed that children served by agencies with performance-based, managed care contracts were less likely to be reunified and more likely to enter kinship placement when compared with children receiving fee-for-service contract services. However, contract type was not significant in either TPR or adoption, or in the proportions of children who did not have a dispositional outcome by the end of the study. In addition, children and families from fee-for-service agencies were assigned better-educated caseworkers and also received significantly more service contacts.

Study results suggest policy, practice, and research implications. The authors recommend that public child welfare agencies maintain their commitment to reunification when using market-based contracting and ensure that foster care placement decisions are driven by child and family needs rather than financial considerations. Services to reunify high-need families are more costly for managed care providers than kinship care placement or adoption, and research is needed on the effect of market-based models for provision of reunification services to parents. The authors contend that market-based contracting could change the focus of permanency planning by shifting attention away from reunification to less costly kinship placements. This shift could result in high-risk parents not receiving services they need for reunification and in more children being placed in kinship care rather than reunified. The authors present a compelling argument for child welfare agencies to address these concerns by including financial incentives for reunification in managed care and performance-based contracts.

Meezan, W., & McBeath, B. (2008). Market-based disparities in foster care outcomes. *Children and Youth Services Review, 30*(4), 388–406.

A Review of Child Protection Policies to Address Intimate Partner Violence

This article discusses the difficulty in determining whether children who are exposed to intimate partner violence should be included in legal or policy definitions of child maltreatment and, as a result, become subjects of mandatory reporting and child protective services intervention.

The authors describe how national and state-provincial governments have addressed this issue in their legislative, policy, and practice frameworks. A review of statutory and regulatory documents from the United States, Canada, Australia, the United Kingdom, and New Zealand illustrates the widely divergent and inconsistent ways this issue is addressed. The authors suggest this is not surprising, considering that the supporting research literature is itself inconclusive on the scope or type of harm experienced by children who witness violence between their parents, or the impact of child protective service intervention on the immediate and long-term safety of children.

Although many jurisdictions have not incorporated intimate partner violence in their child maltreatment statutes, many others have. The articulated benefits of such legislation include that it sensitizes front-line professionals to the potential of emotional harm to children who experience domestic violence, may prevent future harm, and may promote more rapid identification of children in domestic violence situations who are themselves being physically abused. One of the unanticipated negative outcomes of this approach is a substantial increase in the number of referrals received by child protection agencies, which, without commensurate increases in resources and funding, has the potential to paralyze the system and divert resources away from children determined to have been more severely abused or neglected. Another unintended consequence is that adult victims of domestic violence, concerned about the negative impact of intrusive involvement by child protective services, may be reluctant to disclose their abuse and seek help. Further, in practice, child protective service referral often results in holding adult victims responsible for failing to protect their children, rather than holding perpetrators responsible for their abusive acts.

Even in cases where statutory and regulatory language is clear, there is a lack of clarity at the policy and procedural levels to help caseworkers know when and how to intervene. The authors report discrepancies regarding what constitutes “exposure” to domestic violence; i.e., must children actually witness a violent act, or is exposure to a parent’s injuries and distress after a violent act sufficient to lead to emotional harm? Further, the data indicate that not all children experience harm from exposure to domestic violence, but it is not clear whether these differences can be attributed to constitutional differences in individual children, differential exposures to domestic violence, or some other factors. Finally, policies are inconsistent regarding whether a child must have experienced and been harmed by a prior act of family violence to warrant child protective services intervention, or whether an estimated risk of such harm in the future is sufficient to warrant opening a child protection case.

The authors conclude that there is little evidence to support the efficacy of including child exposure to intimate partner violence in

child maltreatment statutes. Such inclusion may be both ineffective and harmful if the language is overly broad, if clear guidelines for implementation are not provided, and if requisite changes in the child protection service system are not made, such as providing additional resources, staff training, and clear internal protocols. The authors suggest a moratorium on legislation addressing children exposed to domestic violence until evaluations and reviews of both the intended and unintended consequences are completed. They also suggest that the best way to protect the safety and well-being of children in most cases of intimate partner violence is to support and protect the adult victim, while holding the perpetrator accountable.

Nixon, K., Tutty, L. Weaver-Dunlop, G., & Walsh, C. (2007). Do good intentions beget good policy? A review of child protection policies to address intimate partner violence. *Children and Youth Services Review, 29*, 1469–1486.

Gender Atypical Organization in Children and Adolescents: Ethico-Legal Issues and a Proposal for New Guidelines

Atypical gender identity organization (AGIO) is a serious medical condition in which children and adolescents feel their phenotypical appearance is alien to their self-perception as male or female. AGIO is a source of great distress to adolescents who are at high risk of suicide if not medically treated, and both mental health assessment and treatment may be indicated for these children/adolescents and their families.

There are currently no common international guidelines for the treatment of children and adolescents with AGIO. In this article, Giordano offers new guidelines consistent with ethical and legal principles accepted in the United Kingdom and worldwide for how minor patients should be medically, ethically, and legally treated. Those affected often face discrimination, abuse, and violence, making AGIO a public as well as medical issue. Giordano asserts that AGIO requires a broader view of gender identity beyond male and female. She contends that children with this condition deserve compassion and fair treatment, not discrimination.

There are three stages of medical treatment for AGIO; each intervention stage carries medical risks and previously established, albeit not universal, ethical-legal guidelines. *Fully reversible interventions* include administration of puberty-delaying hormones, giving an adolescent more time to experience life in his or her phenotypical state and to make an informed decision about further action. *Partly reversible interventions* involve hormone therapy for development of secondary sexual characteristics of the adolescent’s core gender identification. These are only partly reversible because some secondary atypical characteristics are very difficult to alter (voice change and beard growth cannot be changed; breast development can be removed only surgically). Hormones may be administered as early as age 16, but the older guidelines call for adolescents either to be emancipated or have both the minor patient’s assent and the written informed consent of a parent or legal guardian. *Irreversible interventions* refer to surgical procedures. Under the existing guidelines, surgical intervention should not occur before age 18 or prior to a real-life experience of at least 2 years in the gender role of the sex with which the adolescent identifies.

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Finally, the author discusses issues such as interfering with natural development, competence in minors, validity of informed consent, role of the family, and moral and legal responsibility of professionals for omission of treatment. She concludes by proposing new ethico-legal guidelines for treatment of AGIO that specify that children and adolescents should receive the medical treatment they request, if they are competent and if treatment will enhance their quality of life. The author also cautions medical professionals that refusing or deferring treatment until adulthood may also result in ethico-legal challenges.

Giordano, S. (2007). Gender atypical organization in children and adolescents; Ethico-legal issues and a proposal for new guidelines. *International Journal of Children's Rights*, 15(3-4), 365-390.

Teaching Evidence-Based Practice: Strategic and Pedagogical Recommendations for Schools of Social Work

The new standard for evidence-based practice (EBP) in social work is evident in topical articles, texts, and conference presentations, as well as in newly established journals and research organizations. However, pedagogical approaches in schools of social work do not largely reflect this emergence of evidence-based practice. To foster the integration of EBP principles into direct practice, this article calls for schools of social work to adopt an educational philosophy that ensures research-related experiences for students and teaching that is consistent with evidence-based practice.

The authors propose a model for implementing a pedagogy of evidence-based practice to prepare practitioners who can evaluate scientific literature and recommend interventions that are best supported by research. Schools can begin by reviewing curriculum and incorporating information and resources for EBP into course offerings and by discouraging the use of interventions that lack empirical support. Teaching methodology should focus on problem-based learning, including field experiences that enable students to use practices that are supported by research evidence.

The authors also contend that MSW education needs to become more specialty-focused to develop professionals with skills to deliver evidence-based interventions; and curricula should teach students the ethical importance of transparency in social work practice. They advocate testing before graduation to ensure students' consistency with the tenets and methods of EBP.

To maintain momentum of the pedagogic focus, each school of social work should appoint faculty members to track current research and educational innovations, thereby creating a national resource of EBP experts. Emergent issues for this transformation include determination of what constitutes "evidence" and how field education can reinforce evidence-based practices. Finally, the authors accentuate the need for schools to institute ongoing EBP training programs to strengthen the knowledge and skill of current professors and to provide continuing education on research-supported practices in the field. When adopted, this complement of strategic recommendations will foster a shift to a more scientific

and research-based approach to social work education, and it will enhance public value of the social work profession.

Howard, M., Allen-Mears, P., & Ruffalo, M. (2007). Teaching evidence-based practice: Strategic and pedagogical recommendations for schools of social work. *Research on Social Work Practice*, 17(5), 561-568.

Caseworker Assessments of Risk for Recurrences of Child Maltreatment

This article describes a study designed to determine the effectiveness of caseworker risk assessments in estimating the likelihood of recurrences of child maltreatment. The study sample was derived from the National Survey for Child and Adolescent Well-Being (NSCAW) and included a nationally representative sample of youth and families who had been subjects of allegations of child maltreatment and were subsequently investigated by child protective services agencies. The national scope of the NSCAW data and inclusion of a large representative sample attempted to address many of the methodological issues encountered in prior risk assessment research. The study sample was a subset of children and youth who had remained in their homes following a CPS investigation for alleged child physical abuse or neglect (N=2,139). Data were collected at baseline, at 12 months, and at 18 months.

The researchers examined the association between caseworkers' knowledge of risk factors and the use of these factors in their risk assessments. The authors also examined the degree to which caseworkers' classifications of risk concurred with subsequent reports of maltreatment in these families. The study also examined families whom caseworkers had inaccurately rated "low risk" to determine what factors might have been overlooked and to identify decision-making errors and biases.

The study found that caseworkers' assessments of risk were largely based on parent-level risk factors, but their assessments were more accurate for low-risk than for high-risk cases. However, the overall findings suggest a complex picture of risk assessment in which there were few patterns of risk factors (other than prior reports of maltreatment) that consistently were associated with caseworker classification of risk. In general, there was a low level of agreement between caseworkers' assessments of risk and actual subsequent reports of child maltreatment. The authors conclude that correct identification and classification of families at highest risk enables limited agency and service resources to be utilized more effectively. Given the significance of mistakes in classification identified in the study—threats to child safety when cases are inappropriately classified as low-risk, and excessive cost expenditures on services for families who are not truly high-risk—increasing the accuracy of risk classifications is critical. The authors suggest that one means of improving the accuracy of risk assessment is to increase utilization of data regarding risk assessment from the research literature, most likely through training and the adoption of actuarial risk assessment measures.

Dorsey, S., Mustillo, S. A., Farmer, E., & Elbogen, E. (2008). Caseworker assessments of risk for recurrent maltreatment: Association with case-specific risk factors and re-reports. *Child Abuse & Neglect*, 32, 377-391.