

Journal Highlights

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Internet-Based Preventive Training for Parents

This article describes Infant Net, an interactive, Internet-delivered program aimed at improving parenting skills and reducing the risk for child maltreatment among mothers of young infants. The project was adapted from Playing and Learning Strategies (PALS), an empirically supported infant parenting program.

The Infant Net curriculum was designed to increase parents' ability to interact with their infants using behaviors that support optimal social, emotional, and cognitive development. Participants create and share videos of parent-infant interactions. Through weekly phone contact with treatment providers, participants receive feedback and get help in planning treatment, based on the providers' behavioral assessment of parenting skills. Video-recorded, parent-child skill practices are also reviewed in monthly individual and group supervision.

An important program element is the electronic bulletin board that mothers can use to communicate with peers and professional program staff. Participants' ability to chat with other participants provides a virtual community that offers social support and networking for the mothers, reduces feelings of isolation, and promotes learning and engagement.

The authors describe how this Internet-based, parent-education intervention can promote healthy and protective parent-infant interactions in families that have limited access to traditional services. Transferring in-home programs such as PALS to Internet-based interventions eliminates the need for service providers to travel to remote areas, allowing a single coach to work with multiple families in a single day. The authors suggest that issues concerning limited Internet access, outdated equipment, and the absence of technology in many rural families merit ongoing attention.

Feil, E., Baggett, K., Davis, B., Sheeber, L., Landry, S., Carta, J., & Buzhardt, J. (2008). Expanding the reach of preventive interventions: Development of an Internet-based training for parents of infants. *Child Maltreatment, 13*(4), 334-346.



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The Paradox of Father Presence and Absence in Child Welfare

The authors conducted a 3-year research project in Canada to examine the potential risks and benefits for both mothers and their children when child welfare professionals excluded fathers. The authors examined 116 randomly selected child protection files from a midsize Canadian city to determine if workers referenced and/or engaged with fathers. Although a father's contact with children was not commonly mentioned, when it did occur it was most often when the father was seen as an asset to the children. The authors noted that in North America and the United Kingdom, fathers were only occasionally mentioned, and case files were set up in either the mother's or child's name only.

The authors chose the word *ghost* to describe fathers who were not acknowledged, were purposely excluded, or were not viewed as relevant by child welfare personnel. The authors contend that ghost fathers are created as a result of deeply held personal biases, agency policies, and administrative and professional practices. By not having face-to-face contact with fathers, workers are more able to ignore possible dangers that fathers may pose to their families, or in contrast, they may ignore fathers who have the potential to be valuable resources to their families. The authors found that it is rare that workers actually engaged fathers in any meaningful way.

While the emphasis on involvement of fathers in their children's lives persists in popular media, child welfare policies, practices, and education seem to promote father absence. In a review of 32 undergraduate social work programs in Canada, fewer than 5% of the courses offered content related to fathers and fathering. In child welfare, emphasis on standardization, efficiency, and outcome measures appears to take precedence over father inclusion. One social worker participating in the study stated that her caseload "would be doubled if she had to contact fathers."

Social workers lacking in cultural awareness may feel particularly unwilling and unable to confront men of cultures other than their own about their roles as fathers. Social workers may fear that they will simply make things worse by applying standards of fathering, or that they will jeopardize the mother and sometimes the children by allowing the father to know that they are under scrutiny.

For change to occur, the authors suggest that we first examine our biases about gender roles and our fear of fathers' presence and absence in child welfare. Fathers should be routinely included in protection and supervision orders, parenting assessments, appointments, and family conferences, except when to do so would endanger mothers or children.

Brown, L., Callahan, M., Strega, S., Walmsley, C., & Dominelli, L. (2009). Manufacturing ghost fathers: The paradox of father presence and absence in child welfare. *Child & Family Social Work, 14*(1), 25-34.

Predictors of Mothers' Use of Spanking Their Infants

This study explored the issue of spanking infants, based on concerns regarding the risk of escalation and injury to infants from physical punishment and the fact that infants developmentally cannot understand the relationship between their own behavior and a painful punishment. This study provides data to identify and describe mothers who are more likely to spank their infants (age 13 months and younger), thereby providing an opportunity to enhance the mothers' parenting knowledge and skills.

Over a 9-month period, 246 new mothers were interviewed before leaving the hospital in a large southeastern U.S. city; over 90% were then reinterviewed when their infants were between 6 and 13 months of age. Interviewers gathered demographic information and explored with the mothers issues of parenting stress, developmental expectations, perception of their infant's behavior, empathy for the child's needs, and views on corporal punishment. Spanking was measured by response to the following question: "In the last week, have you spanked [your baby] for misbehaving?"

Data indicate that mothers who approved of corporal punishment were more likely to spank their infants. Further, mothers who spanked were typically younger, reported more life stress and parenting stress, and perceived their infant to be "difficult." They also reported less empathy for their infants, more approval of corporal punishment, and more expectations that their children would meet their own needs. Spanking was not significantly related to education or income level, partnership status, or other psychosocial variables. Notably, over one third of all mothers surveyed indicated that their infants were too young to misbehave.

Limitations of the study included the following: not defining the term *spanking* in the context of other forms of physical discipline; excluding measures of frequency, type, and intensity of spanking; and parental motivation. Further, the study was confined to mothers living in a midsized city in the southern United States and others from a more Appalachian outlying area, and it did not consider how attitudes of spanking infants might be related to geographic and cultural factors.

The authors conclude by highlighting research that depicts the perinatal period as a time of high risk for parenting problems, but also a time of opportunity, when new parents are most receptive to advice and information about infant development before inappropriate responses to their child's behavior become habitual.

Combs-Orme, T., & Cain, D. (2008). Predictors of mothers' use of spanking with their infants. *Child Abuse & Neglect*, 32(6), 649-657.

Attention-Deficit/Hyperactivity Disorder and Child Maltreatment

This article investigates the relative associations between child maltreatment and attention-deficit/hyperactivity disorder (ADHD) in childhood, specifically between inattentive type and/or hyperactive/impulsive types of ADHD and various types of maltreatment. Authors' findings demonstrate that the presence of ADHD symptoms could be useful for identifying children at elevated risk of maltreatment.



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The 14,322 adolescents in this longitudinal study were interviewed in the 1994-1995 and 2001-2002 school years. In the first school year, a parent of the surveyed adolescent, usually the mother, also completed an interviewer-assisted questionnaire. Findings determined that inattentive-type ADHD was associated with substantially elevated risks of supervision neglect, physical neglect, physical abuse, and sexual abuse. In contrast, the hyperactive/impulsive type is associated with only an increased likelihood of supervision neglect and physical abuse. The association between the hyperactive type and physical neglect or sexual abuse is not significant. The combined type (inattentive and hyperactive/impulsive) is associated with substantially elevated risks of physical neglect and sexual abuse, as well as a significant risk of supervision neglect. The linkage of physical abuse and ADHD symptoms is consistent with research findings that corporal punishment is greater in families with children who have ADHD. The authors also investigated associations between the number of ADHD symptoms and the severity of child maltreatment. They found that each additional ADHD symptom reported significantly increased risk for elevated severity of all related types of maltreatment.

The current findings have implications for families and health care providers of children with ADHD symptoms. The stronger association between inattentive symptoms and child maltreatment could reflect less diagnosis and treatment for children with inattentive symptoms, increasing risk if caregivers are unaware of the underlying condition and punishing the child through neglect or physical abuse. In addition, research on parent-child interactions of children with ADHD reports prevalence of a more stressful and conflicted family environment. Child maltreatment may also produce post-traumatic symptoms paralleling those of ADHD or exacerbating existing ADHD symptoms. Finally, ADHD symptoms and child maltreatment might share common etiologic factors, particularly genetic factors associated with ADHD.

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In conclusion, the authors urge preventive strategies for families and health care providers of children with ADHD symptoms, including increasing parenting skill in supervision and injury prevention. They also advocate that pediatricians be alerted that underdiagnosis and undertreatment of ADHD symptoms might be either a risk factor or a marker for child maltreatment. By raising their awareness of the inattention dimension of ADHD, early detection and prevention are possible.

Ouyang, L., Fang, X., Mercy, J., Perou, R., & Grosse, S. (2008). Attention-deficit/hyperactivity disorder symptoms and child maltreatment: A population-based study. *Journal of Pediatrics*, 153(6), 851–856.

Examining Mandated Reporting of Child Maltreatment

Mandated reporting laws in the United States have been successful in increasing the number of reports made to CPS. However, the degree to which the laws reduce the incidence of child maltreatment has not been determined. This article describes reporting practices of four different mandated reporter groups: the legal system, medicine, education, and social services/mental health.

The authors analyzed data from the National Child Abuse and Neglect Data System (NCANDS) of maltreatment reports by the four mandated groups in three states for three consecutive years. They found the majority of substantiated cases by mandated reporters involved neglect, followed by physical abuse, other maltreatment, sexual abuse, psychological abuse, and medical neglect. Educators reported twice the number of physical abuse cases as other mandated reporter groups and the lowest percentage of neglect cases. Medical and legal personnel reported the highest percentage of neglect cases.



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Reports made by each mandated reporter group have unique characteristics. Some differences can be attributed to the ways that reporters come into contact and interact with children. For example, younger children are more likely to see a doctor, whereas educators have contact with school-aged children, resulting in a higher percentage of reports concerning younger children by medical practitioners and older children by teachers. Similarly, although the percentage of cases that involved medical neglect was relatively small (less than 10%), medical personnel had the highest percentage of reported cases. Psychological abuse was also reported in a relatively small number of cases, and social service/mental health personnel reported the highest percentage of cases.

The authors found that differences in substantiation rates among the groups were more difficult to explain and potentially more problematic. CPS substantiated reports made by legal personnel at a significantly higher rate than did other mandated reporter groups. The two mandated groups with the lowest substantiation rates (educational and social service/mental health) also reported the majority of maltreatment cases, suggesting that mandated reporting laws may not be as effective at stopping child maltreatment as expected. Failure to substantiate could be the result of many factors including an unfounded report, lack of sufficient and credible evidence, or inadequate investigation by CPS. Degree of training may partially explain the differences in substantiation rates, also. Child maltreatment is defined legally, thus it is logical that those trained in the law and law enforcement would have the most success in having their maltreatment cases substantiated.

This study was first to examine the actual reporting practices of all four mandated reporting groups. The authors found significant differences among the groups related to type of maltreatment reported and rate of report substantiation. While some differences can be easily explained, others require more research and have broad implications for professional education and training of mandated reporters.

Kesner, J. (2008, December). Child protection in the United States: An examination of mandated reporting of child maltreatment. *Child Indicators Research*, 1(4), 397–410.

Using TeleCAM for Child Maltreatment Assessment

Investigation, assessment, and treatment of child maltreatment require a multidisciplinary approach involving medical professionals, legal and law enforcement representatives, child protective workers, and mental health counselors. Together, they provide observational data, photo and imagery documentation, and narrative text (case notes, scanned legal documents, and medical diagnoses); audio/video tapes of psychosocial interviews; and measurement data for the case record. Existing mechanisms for collaborative assessment (in-person meetings, telephone and video conferencing, mail, E-mail, and CDs) can sometimes limit aggregate data analyses, delay case reviews, and risk the loss of documentation.

This article describes application features of TeleCAM, a Web-based application for remote sharing of assessment information among professionals at different sites. Data used in evidentiary settings must be above reproach, and security and incorruptibility

must be guaranteed. Collaboration tools need to support access to empirical data for accurate diagnosis and treatment of the victim, and to prepare an evidence-based case for child protection or criminal proceedings. Misinterpretation of evidence can lead to the failure to protect a child and society from an abuser or a wrongful prosecution and disruption of families.

The authors believe that TeleCAM will fulfill these requirements. The application creates an integrated case record, which requires input of patient data and uploading of images from user sites. The application can (a) provide immediate transfer of data in all forms (e.g., electronic data, photos, radiological images, laboratory results); (b) enable peer consultation and appropriate sharing of information; (c) establish a site-specific and aggregate site database for future research and development, and (d) document user review and communication exchanges.

The authors conducted a usability evaluation by medical personnel at three Utah Children's Advocacy Centers (CACs) and one children's hospital in Salt Lake City. Participants gave positive feedback on ease of use, quality of photographs, ability to enter and access extensive information and generate reports; rapid collection and comprehensiveness of case information; and security of text and images. However, set-up problems, need for technical support, and time needed to complete a case and download images were challenging. Although only limited generalizations can be drawn from the evaluation due to small numbers, the survey data demonstrated average to above-average agreement on the user-friendliness of the application.

In conclusion, the authors recommended further evaluation, increasing the number of participants and targeting nonmedical personnel, including child protection workers, mental health professionals, and legal advocates.

Thraen, I., Frasier, L., Cochella, C., Yaffe, J., & Goode, P. (2008). The use of Tele-CAM as a remote Web-based application for child maltreatment assessment, peer review, and case documentation. *Child Maltreatment, 13*(4), 368-376.

Social Support and the Effects of Childhood Abuse and Depression

This article explored the relationships between childhood maltreatment, adult depression, and perceived social support from family and friends. Previous data show that child maltreatment is linked to higher rates of depression in adulthood. However, because emotional abuse and neglect are the least researched types of childhood maltreatment, the authors conducted this study to examine emotional abuse and neglect more closely in relation to depression and perceived social support in adulthood.

This effort was part of a National Institutes of Health-funded study at a public urban hospital serving low-income and homeless individuals in Atlanta. Men and women from clinic waiting areas (N=378) were interviewed about their history of childhood maltreatment, depressive symptoms, and perception of social support. The sample was overwhelmingly minority (more than 85% African American and Hispanic) and predominately poor, having monthly income of less than \$1,000. This is also a highly traumatized population, with over 30% of individuals reporting



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at least one type of childhood maltreatment (e.g., abuse, sexual abuse, emotional abuse and neglect). It is notable that because child neglect in this population is confounded by poverty, neglect is not included in this study.

In summary, study results demonstrated how adult depression is related to childhood maltreatment, particularly emotional maltreatment, and how perceived family and friend support can help mitigate depression, especially for women. The authors found that childhood emotional abuse and neglect were more predictive of adult depression than were sexual or physical abuse. Perceived friend support, more than family support, was associated with mitigating depression symptoms for all four types of childhood maltreatment. For women, perceived friend support was significantly related to mitigating depression associated with emotional abuse and neglect.

The authors conclude that for this target population, an understanding of the importance of strong support systems as mitigating symptoms of adult depression associated with child maltreatment is of significant public health importance. They further suggest that because emotional abuse and neglect are not as researched as abuse and physical neglect, studies need to focus more on these types of maltreatment.

Powers, A., Ressler, K., & Bradley, R. (2009). The protective role of friendship on the effects of childhood abuse and depression. *Depression and Anxiety 26*(1), 46-53.