

## 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.*

### Primary Care Pediatricians: Evaluation and Management of Child Maltreatment

Prior research has focused on the role of pediatricians in medical evaluation and reporting of suspected abuse and neglect. Less is known about pediatricians' feelings of confidence and competence in providing opinions regarding the likelihood of abuse, in completing medical evaluations, and in providing court testimony. This study assessed the self-reported experiences of pediatricians in these areas. The study also examined pediatricians' need for expert consultation when evaluating possible abuse and neglect and the amount of specialized training they received in medical management of child maltreatment.

One hundred forty-seven randomly selected members of the American Academy of Pediatrics (AAP) were surveyed. Pediatricians responded to a three-part questionnaire about their experience, comfort level, and competence in assessing suspected child maltreatment, and their need for and use of expert assistance. Frequency of participation in lectures and courses on child maltreatment was also assessed.

Study findings supported the authors' expectations that while pediatricians generally felt competent in conducting medical exams for suspected maltreatment, they felt less competent in rendering a definitive opinion about the likelihood of abuse and neglect or in testifying in court. They also reported the least level of comfort and confidence related to child sexual abuse. Participants indicated they would take advantage of consultation in the medical evaluation of sexual abuse, in reaching definitive opinions about maltreatment, and in court testimony if such assistance were available.



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The study also found that increased clinical practice experience and skill-based training correlated with higher degrees of self-reported comfort and competence among respondents. These findings support the decision of the American Board of Pediatrics to create a Child Abuse Pediatrics subspecialty, which could potentially increase the availability of experts for clinical consultation, especially if funding were available for fellowship training programs in the medical management of child abuse and neglect.

Lanea, W. G., & Dubowitz, H. (2009). Primary care pediatricians' experience, comfort, and competence in the evaluation and management of child maltreatment: Do we need child abuse experts? *Child Abuse & Neglect*, 33, 76–83.

### Findings From Dependency Mediation Research

In this article, the author reviews empirical studies and discusses issues related to the use of mediation in child protective services. Research indicates that mediation has resulted in positive case outcomes in a wide range of case types and at all stages of case processing, and that it is successful in reaching agreements in between 60% and 80% of cases where it is used. In child welfare, families referred for mediation often have drug and alcohol problems, prior reports of child maltreatment, mental health issues, or felony convictions. The present article focuses on descriptions of program structures, implementation challenges, and many benefits of mediation, including but not limited to successful settlement agreements.

One benefit of mediation is that it can encourage caseworkers and parents to reevaluate their positions and alter their perspectives of each other. Routine use of mediation is also thought to balance power between the court system, parents, and attorneys, and as such, it can protect parents' rights while engaging family participation in developing service plans. Mediation also provides a forum to discuss concerns and possible consequences of a petition before an agreement is reached. As a result, agreements can often be implemented more quickly than in traditional casework, and parents can feel a sense of ownership and empowerment in the solutions that are reached.

While mediation offers many benefits, these are not always easily achieved. Parents in the current study were concerned about confidentiality of discussions in the mediation hearing, and parental compliance with mediation activities may be difficult to measure. The research also suggested a lack of professional support for mediation, evidenced in few referrals for the service, even though the benefits are well documented. The author suggests that reduced budgets may affect the frequency of referrals for mediation. The author concludes that, while not appropriate for all child protection cases, mediation can offer a cost-effective way to reach a resolution in some difficult cases, particularly if administrators can overcome budget issues that would restrict its use.

Thoennes, N. (2009). What we know now: Findings from dependency mediation research. *Family Court Review*, 47(1), 21–37.

**Effects of Sex Offender Registration Policies on Juvenile Justice Decision Making**

Over the past two decades, juvenile sexual offenders have been included in legislation targeting adult sexual offenders. The original federal legislation that mandated registration (1995) did not require the inclusion of youth adjudicated as minors, although states could choose to do so. The Adam Walsh Child Protection and Safety Act of 2006 extended public registration requirements to offenders as young as 14 years of age for durations of 15 years, 25 years, and life. As a result of the increasing number of juvenile registrants, many state policy makers are now expressing concerns about complying with both Adam Walsh Act requirements and existing state laws governing the legal treatment of juvenile offenders.

The present study examines the effects of registration policies as applied to juvenile sexual offenders in South Carolina. The primary goal was to examine how comprehensive sex offender registration laws (originally implemented by South Carolina in 1995, revised in 1999, and bolstered by the 2009 Adam Walsh Act) have influenced prosecution and judicial decisions. The authors completed an extensive literature review confirming that previous research on the effects of registration policies has focused on adult but not juvenile offenders.

South Carolina legislators had modified the law to require lifetime registration of youth based on conviction offense, regardless of other risk factors or mitigating circumstances. However, data analyses suggested that after this registry policy was enacted, prosecutors and judges began taking a more moderate stance regarding which juvenile cases should be subject to lifetime registration. As a result, the incidence of prosecuting felony-level juvenile sexual offense charges decreased by more than 40%. The authors conclude that prosecutors have become significantly less likely to move forward on cases if juvenile registration is lifelong and offense-based (vs. risk-based).

In the past decade, some states have made it easier to prosecute youth for more offenses in adult criminal courts, while in other states, the judicial system has found ways to increase discretion in these decisions. In states where sex offender registration requirements are based primarily on offense disposition versus an approach that considers risk factors, juvenile justice decision makers might circumvent processes and reassert their power to influence registration decisions.

The authors conclude by suggesting three specific policy reforms: (1) Basing registration requirements on risk of reoffense, (2) including knowledge about the developmental stages of juveniles when making decisions about registration timeframes, and (3) shortening juvenile registration and eliminating public notification.

Letourneau, E. J., Bandyopadhyay, D., & Armstrong, K. (2009). Effects of sex offender registration policies on juvenile justice decision making. *Sexual Abuse: A Journal of Research and Treatment, 21*(2), 149–165.



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**Overcoming Challenges to Implementing and Evaluating Evidence-Based Interventions**

The authors of this article highlight some of the key challenges encountered when implementing and evaluating an evidence-based practice in child welfare. They present a case study detailing the school-based implementation of a cognitive-behavioral intervention protocol (CBITS) for foster children who had experienced trauma. The CBITS program had not previously been utilized with youth in foster care. The authors described the three classes of barriers encountered—including system/legal challenges, therapeutic challenges, and logistical challenges—and described solutions for overcoming them. Strategies to promote successful implementation included the involvement of key stakeholders, informing and engaging all stakeholders, and engaging in the collaborative development of procedures.

The authors suggest that program evaluation can pose challenges as well. In the current study, one difficulty was in identifying a large enough sample of youth in foster care. Other barriers can be the IRB application and approval process, and the costs of personnel to collect evaluation data.

The authors contend that through continual sharing of lessons and information by practitioners, the processes of implementation and evaluation of evidence-based practices can foster new programming and research efforts. They conclude by indicating that although challenges do exist, these should not be a barrier to or undermine either service provision or research in child welfare. Instead, they insist that implementing evidence-based practices is a necessity to improve the well-being of youth in care.

Maher, E. J., Jackson, L. J., Pecora, P. J., Schultz, D. J., Chandra, A., & Barnes-Proby, D. S. (2009). Overcoming challenges to implementing and evaluating evidence-based interventions in child welfare: A matter of necessity. *Children and Youth Services Review, 31*, 555–562.

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**The Role of Child Welfare Managers in Promoting Agency Performance Through Experimentation**

Child welfare managers are integral to ensuring that the best available services are provided to children and families. For a variety of reasons, child welfare agencies are continually being asked to improve agency performance in achieving these goals. In this article, McBeath, Briggs, and Aisenberg discuss experimentation as a tool to move the field toward greater incorporation of an evidence-based social work practice model, and they describe factors that might affect a child welfare agency's willingness to use experimentation.

The authors identify three possible models of experimentation that might help agency managers meet increasing demands. They are the Scientific Management model, the Continuous Quality Improvement model and the Learning Organization model. Although these models have many differences, they all require child welfare managers to engage in problem identification, problem analysis, identification of solutions, solution planning, implementation, and evaluation.

The authors appear to offer the greatest support for the Learning Organization model. This more flexible model focuses on the integration of managerial and staff training, service delivery, and program evaluation, and its strengths include shared accountability, high levels of communication, and minimal power differentials between staff and managers.

The authors also identify factors that can affect an agency's success in adopting such experimental models. The primary categories, each with several subcategories, include the external environment, organizational structure, informal organization, and staff characteristics.

Although models of experimentation lack empirical research, the authors suggest that they may still be useful tools to practice outcomes. The models allow managers to tailor interventions and services to meet the specific needs of the individual clients, client populations, and communities they serve. The authors also point out that transitioning to these models may be difficult; however, the benefits outweigh the costs. Much like the evidence-based social work practice model, these models of experimentation require that services be evaluated and adapted based upon the needs of clients and evidence of service success.

McBeath, B., Briggs, H. E., & Aisenberg, E. (2009). The role of child welfare managers in promoting agency performance through experimentation. *Children and Youth Services Review, 31*, 112-118.

**Association of Emergency Room Visits and Child Maltreatment Reports**

This article reviews a study conducted to determine the association between emergency room visits and child protection services (CPS) reports. Although diagnosis and awareness of child abuse in the medical field have increased, children's injuries are not always identified as maltreatment, particularly injuries related to neglect. Further, studies have suggested that information about previous injuries could help physicians better identify current injuries that may be a result of child maltreatment.

This study examined children's visits to the emergency room for injuries and matched the data to child protective services records. The study included records from all nonfederal emergency departments in one state and all CPS cases for the same state. The study criteria limited inclusion to children who were under the age of 5 during a one-year period. The researchers excluded many types of injuries that were not likely to be related to child maltreatment. This resulted in a total sample of 50,068 children and 56,364 injury visits. Using logistic regression models, the researchers analyzed and controlled for race, gender, age, and number of emergency room visits.

Study results indicated that the relative risk of a child being reported to CPS after two or more visits to the emergency room in one year increased from 1.9 to 3.8 for four visits. A similar pattern was noted with substantiated reports as well. The relative risk of substantiation for a child with two visits in one year was 2.5, and for a child with four visits in one year, 4.7. The study also found that children under 1 year of age and children with public sources of insurance were more likely to have a maltreatment report.

The authors make several recommendations for the improved identification of child maltreatment in emergency rooms. They suggest consideration of injury history when making a diagnosis, and improved data tracking so physicians can access records about previous emergency room visits. They also encourage emergency room physicians to offer supervision guidelines to parents if an injury appears to be a result of lack of supervision, and to consider referring a family to social services, to a family support agency, or to CPS. They also urge physicians to consider lack of supervision and neglect as possible causes of injury when children have had multiple visits to the emergency room and the possibility of inflicted injury has been ruled out.

Spivey, M. I., Schnitzer, P. G., Kruse, R. L., Slusher, P., & Jaffe, D. M. (2009). Association of injury visits in children and child maltreatment reports. *The Journal of Emergency Medicine, 36*(2), 207-214.



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