

An Annotated Bibliography of Child Maltreatment & Child Welfare Research: Empirical Findings 2000-2011:

Prepared for the California Department of Social Services by the Center for Social Services Research, UC Berkeley

February 2011

RISK ASSESSMENT & DECISION MAKING

Crea, T. M., Barth, R. P., Chintapalli, L. K., & Buchanan, R. L. (2009). The implementation and expansion of SAFE: Frontline responses and the transfer of technology to practice. *Children and Youth Services Review, 31, 903-910.*

Abstract:

Recent discussions of evidence-based practices have focused on translating programmatic conceptual frameworks and best practices into the “real world” of practice settings. This article discusses the implementation and expansion of the Structured Analysis Family Evaluation (SAFE) home study methodology over the course of 4 years. Survey data include the evaluations of frontline employees (n=220), from multiple sites, regarding SAFE's ability to identify effectively families' potential issues of concern during the home study process. Perceptions of SAFE's usefulness as a home study method for a variety of family and practice situations are also measured and illuminated with qualitative accounts. Respondents indicated that SAFE more effectively identifies most issues of concern when compared with conventional methods, and that SAFE is a useful method for evaluating prospective resource families across a variety of situations. Some respondents expressed that SAFE still requires some improvements, and that some areas of home study practice in general are beyond reach for any method (e.g., applicant honesty). Given the positive responses for SAFE regarding increased thoroughness, however, this study adds to evidence that SAFE may lead to both improved practice and more accurate home studies, and lays the groundwork for further empirical exploration of the SAFE home study method.

Cross, T. P., & Casanueva, C. (2009). Caseworker judgments and substantiation. *Child Maltreatment, 14(1), 38-52.*

Abstract:

Substantiation can have an important effect on what interventions are pursued for children investigated for maltreatment, but researchers lack knowledge about how the decision to substantiate is made. Using information from 4,515 children from a national probability study of children investigated for maltreatment, this study examined how caseworker judgments of harm, risk, and evidence predicted substantiation. The substantiation rate was 29.9%, but the majority of cases were substantiated when

caseworkers reported at least moderate harm, at least moderate risk, and/or probably to clearly sufficient evidence. Each judgment variable significantly predicted substantiation in a multivariable model, with evidence the strongest predictor. Child gender and age were significant predictors beyond harm, risk, and evidence, suggesting that other judgments also influence substantiation. In 9 of 100 cases, reports were not substantiated despite moderate to severe harm. Thus, substantiation is generally based on judgments of harm, risk, and evidence but not exclusively. The findings underline previous researchers' conclusions that substantiation is a flawed measure of child maltreatment and suggest that policy and practice related to substantiation are due for a fresh appraisal by state child welfare service agencies.

Hussey, J. M., Marshall, J. M., English, D. J., Knight, E. D., Lau, A. S., Dubowitz, H., & Kotch, J. B. (2005). Defining maltreatment according to substantiation: Distinction without a difference? *Child Abuse & Neglect*, 29, 479-492.

Abstract:

Objective: To examine whether children with substantiated maltreatment reports between 4 and 8 years of age differ from children with unsubstantiated reports on any of 10 behavioral and developmental outcomes.

Method: Longitudinal data from 806 children and their adult caregivers collected in four US study sites were pooled and analyzed using Analysis of Variance (ANOVA) and multivariate linear regression.

Results: There were no significant differences between the mean scores of children with unsubstantiated and substantiated maltreatment reports filed between 4 and 8 years of age for any of the 10 behavioral and developmental outcomes. In the multivariate analysis, substantiation status was not significantly associated with any of the 10 outcomes after adjusting for prior functioning, prior maltreatment status, and sociodemographic characteristics. Findings from within-site analyses were generally consistent with the pooled analyses in finding no association between substantiation status and the outcomes examined.

Conclusions: In this high-risk sample, the behavioral and developmental outcomes of 8-year-old children with unsubstantiated and substantiated maltreatment reports filed between ages 4 and 8 were indistinguishable. Future research should attempt to replicate these findings on probability samples that represent the full range of childhood maltreatment risk and with models that control for the impact of social services.

Jonson-Reid, M., Emery, C. R., Drake, B., & Stahlschmidt, M. J. (2010). Understanding chronically reported families. *Child Maltreatment*, 15(4), 271-281.

Abstract:

Although a strong literature on child maltreatment re-reporting exists, much of that literature stops at the first re-report. The literature on chronic re-reporting, meaning reports beyond the second report, is scant. The authors follow Loman's lead in focusing on reports beyond the first two to determine what factors predict these "downstream" report stages. Crosssector, longitudinal administrative data are used. The authors analyze predictors at each of the first four recurrences (first to second report, second to third report, third to fourth report, and fourth to fifth report). Findings demonstrate that some factors (e.g., tract poverty) which predict initial recurrence lose their predictive value at later stages, whereas others (e.g., aid to families with dependent children history) remain

predictive across stages. In-home child welfare services and mental health treatment emerged as consistent predictors of reduced recurrence.

Regehr, C., Bogo, M., Shlonsky, A., & LeBlanc, V. (2010). Confidence and professional judgement in assessing children's risk of abuse. *Research on Social Work Practice, 20(6), 621-628.*

Abstract:

Objective: Child welfare agencies have moved toward standardized risk assessment measures to improve the reliability with which child's risk of abuse is predicted. Nevertheless, these tools require a degree of subjective judgment. Research to date has not substantially investigated the influence of specific context and worker characteristics on professional judgment in the use of risk assessment measures.

Method: This research utilized standardized patients performing in scenarios to depict typical child welfare cases. Ninety-six workers interviewed two "families," completed risk assessment measures, and then participated in interviews regarding their subjective views of their decision making and performance.

Results: There was considerable variability in risk appraisals. Confidence in risk assessment performance was related to age, acute level of stress, and the worker's perceived ability to engage family members. Confidence in risk assessment was further related to case variables. Confidence was not related to level of risk assessed.

Conclusion: The variation in risk assessment appraisals in this study, despite at times high rates of worker confidence in their appraisals, speaks to the need for ongoing consultation and increased decision support strategies even among highly skilled and trained workers.

Shlonsky, A., & Wagner, D. (2005). The next step: integrating actuarial risk assessment and clinical judgment into an evidence-based practice framework in CPS case management. *Children and Youth Services Review, 27, 409-427.*

Abstract:

Assessment in child welfare involves at least two distinct processes: an assessment of risk (prediction of future harm) and a contextual assessment of child and family functioning used to develop case plans. Both types of assessment are critical decision aids, yet there has been confusion in the field about their respective uses. Actuarial risk assessment instruments clearly have the greatest potential to reliably and accurately estimate the recurrence of child maltreatment. This type of risk assessment, however, does not indicate which clinical factors are most important to address and certainly does not indicate which services are most likely to be effective. The structured decision making (SDM) approach is an example of an effort to integrate predictive and contextual assessment strategies into child welfare practice. Clinical decision makers complete both an actuarial risk assessment and an objective assessment of family strengths and needs. Both assessments incorporate clinical input in their design and completion. Yet this is still not enough. Clinicians must translate information from both forms of assessment into the choice of a set of effective service interventions. The process of evidence-based practice and the establishment of structural supports for this practice model may be the next step in the evolution of child protective services.

RECURRENCE OF MALTREATMENT

Bae, H., Solomon, P. L., Gelles, R. J. (2009). Multiple child maltreatment recurrence relative to single recurrence and no recurrence. *Children and Youth Services Review*, 31, 617-624.

Abstract:

This study investigated the patterns and risk factors of multiple child maltreatment recurrence compared to single recurrence and no recurrence. The sample was drawn from all the records of Child Protective Services (CPS) in seven Florida counties covering 5.4 years, resulting in a study population of 32,163 families with one or more substantiated child abuse and neglect report. Among the sample families, 27,865 families (86.6%) had no recurrence, 3419 families (10.6%) had only one recurrence, and 879 families (2.7%) had two or more recurrences. This study employed bivariate analyses and multinomial logit analyses to examine risk factors of multiple child maltreatment recurrence. Study findings show that younger age of child victim, single mother or stepparent, and large family significantly predicted the likelihood of multiple child maltreatment recurrence relative to single recurrence as well as no recurrence. Also reporter type, contacts by CPS workers, intensity of investigation level, and service type were significantly associated with the likelihood of multiple recurrences being identified. Study results will serve to provide a knowledge base to interventions and preventions for child maltreatment recurrence.

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

Abstract:

Introduction: This study examines child, family, and case characteristics that impact rates of re-referral to Child Protective Services (CPS) using data on all closed CPS investigations for the state of Rhode Island between 2001 and 2004.

Method: A longitudinal dataset of all referrals to CPS was created using state submissions to the National Child Abuse and Neglect Data System (NCANDS). After excluding children whose initial CPS investigation resulted in removal from the home, a Cox proportional hazards model was tested to examine factors impacting the likelihood of re-referral.

Results: Consistent with other research in this area, the initial 6-month period following case disposition is the period of greatest risk of re-referral. Approximately 13% of cases experienced a recurrent allegation during the first 6-month period; an additional 14% experienced a re-referral over the following 12-month period; 7% during the next 12-month period. Family poverty was the strongest predictor of re-referral, though a number of child and case characteristics were significantly related to recurrence. Cases that were substantiated at index were significantly less likely to result in a new allegation, though substantiated cases of physical abuse or those receiving post-investigation services were at higher risk.

Conclusions: Children from families facing multiple stressors (e.g., low SES, parental substance abuse child disability) are at highest risk of re-referral to CPS and may benefit from the development of preventive services targeted immediately following case closings within CPS.

Connell, C. M., Vanderploeg, J. J., Katz, K. H., Caron, C., Saunders, L., & Tebes, J. K. (2009). Maltreatment following reunification: Predictors of subsequent Child Protective Services contact after children return home. *Child Abuse & Neglect, 33*, 218-228.

Abstract:

Objectives: This study examined risk of maltreatment among children exiting foster care using a statewide sample of children reunified between 2001 and 2004 in Rhode Island. The objectives were: (1) to compare rates of maltreatment following parental reunification for youth in care as a result of maltreatment with those in care for other reasons; and (2) to assess the effects of child, family, and case characteristics on rates of re-maltreatment among children placed in foster care due to maltreatment.

Method: A longitudinal dataset of all reunified cases was matched with state records of substantiated Child Protective Service (CPS) investigations. Two Cox proportional hazards models were tested. The first model compared rates of subsequent maltreatment for two groups: children in foster care as a result of maltreatment, and those in care for other reasons. The second model investigated the effects of child, family, and case characteristics on re-maltreatment rates for those in care as a result of maltreatment.

Results: Children in foster care due to maltreatment were significantly more likely to be maltreated following reunification. Among children in foster care due to maltreatment, factors that raised risk for re-maltreatment included a previous foster care placement, exiting care from a non-relative foster home, and removal due to neglect. Older adolescents had lower rates of re-maltreatment than infants. Child neglect was the primary type of recurrent maltreatment that occurred following reunification.

Conclusions: Supports are needed for families about to be reunified, particularly when the removal was prompted by incidents of abuse or neglect. Incidents of neglect are particularly likely and appropriate services should specifically target factors contributing to neglect. Cases involving youth with a history of repeated foster care placement or in which nonrelative placements are utilized may need additional supports.

Practice implications: This study suggests that services should be developed to minimize the risk for recurrent maltreatment following reunification. Services would be most useful for high-risk cases prior to reunification and during the first year following reunification. Understanding the risks associated with maltreatment will help guide development of appropriate interventions.

Drake, B., Jonson-Reid, M., Way, I., & Chung, S. (2003). Substantiation and recidivism. *Child Maltreatment, 8*, 248-260.

Abstract:

This article reports rates of recidivism among initially substantiated and initially unsubstantiated child maltreatment events to determine if substantiation status is associated with higher risk of recidivism. This is an important question given recent concerns that unsubstantiated cases may have as high or almost as high a risk of recidivism as do substantiated cases. The data are analyzed at both the victim level and the case level, divided by type of maltreatment, and followed for 4.5 years. The data used are administrative and combine a series of state databases with census data. Analyses are performed at the bivariate and multivariate (Cox proportional

hazards model) levels. The main finding is that unsubstantiated cases are at high risk for recidivism, in many cases as high a risk as substantiated cases. Implications for practice, policy, and research are presented with a focus on the importance of providing preventative services to unsubstantiated cases.

Fluke, J. D., Shusterman, G. R., Hollinshead, D. M., & Yuan, Y. T. (2008). Longitudinal analysis of repeated child abuse reporting and victimization: Multistate analysis of associated factors. *Child Maltreatment*, 13, 76-88.

Abstract:

Most child subjects of maltreatment reports to child protective services (CPS) are involved just once, whereas other children experience repeated investigations and victimizations. This study examines individual, maltreatment, and service-related factors associated with maltreatment rereporting and substantiated rereporting in a multistate context. Case-level National Child Abuse and Neglect Data System data (505,621 children) were analyzed. Within 24 months, 22% of children were rereported, and 7% were rereported with substantiation. Younger and White and mixed race children, those with disabilities, and those whose caregivers abused alcohol were more likely to be rereported and rereported and substantiated. Service provision, including foster care placement, was associated with increased likelihood of subsequent events. When CPS agency performance is assessed using measures of reentry, separate measures may be necessary for children who receive services, so that improvements in safety can be appropriately recognized. Reentry into CPS is a complex interaction of risks to children and systemic factors tied to the intervention they receive.

Fuller, T., & Nieto, M. (2009). Substantiation and maltreatment rereporting: A propensity score analysis. *Child Maltreatment*, 14(1), 27-37.

Abstract:

Although it is a widely used indicator, the use of substantiation in child welfare practice and research is not without critics. Much of this criticism concerns the ability of the substantiation disposition to distinguish between child protective services (CPS) investigations in which maltreatment occurs or does not occur. This study examined the relationship between substantiation and maltreatment rereporting using an analytic technique known as propensity score matching (PSM). Children with initially substantiated maltreatment reports were at significantly higher risk for rereporting than those with initially unsubstantiated reports, even after matching the two groups on propensity scores based on several demographic and case characteristics. Although additional study using PSM on other samples is warranted, this evidence supports the predictive validity of the substantiation disposition and its continued use as one factor to consider when allocating limited post-investigation services.

Jonson-Reid, M., Chung, S., Way, I., & Jolley, J. (2010). Understanding service use and victim patterns associated with re-reports of alleged maltreatment perpetrators. *Children and Youth Services Review*, 32, 790-797.

Abstract:

Despite the fact that the goal of child welfare is to impact the caregiver's behavior rather than the child's, research on recurrence at the alleged perpetrator level is scant compared to research on child level recurrence. No prior studies both controlled for services participation by the caregiver and explored whether a recurrence happens with the same child. This study helps fill the gap by analyzing caregivers who are alleged perpetrators and later recurrence of abuse or neglect. In-home child welfare services were initially associated with lower recidivism but this effect moderates over time. Receipt of AFDC at study start did not impact likelihood of recidivism but receipt of AFDC (or later TANF) after the first report appears to lower the risk of recurrence. Among low income women, a history of mental health or substance abuse treatment was associated with higher recurrence. Among re-reports of alleged perpetrators, nearly 45% had at least one new child on the report. Caucasian and older perpetrators were less likely to have an alleged recurrence involving a new child. Women with mental health (but not substance abuse) treatment histories and those who had child welfare services after the first report were more likely to be re-reported for alleged maltreatment of a new child.

Kahn, J. M., & Schwalbe, C. (2010). The timing to and risk factors associated with child welfare system recidivism at two decision-making points. *Children and Youth Services Review*, 32, 1035-1044.

Abstract:

This paper examines a variety of demographic, socio-economic, and case characteristics associated with the risk of a first known re-report to Child Protective Services for children at two stages in the child welfare system. In an attempt to establish if risk factors operate differentially depending on where the case is within the system, the first group had open investigations, and the second group had substantiated index cases. Data came from the National Survey of Child and Adolescent Well-Being, a nationally representative, longitudinal survey of children reported to Child Protective Services. Discrete time survival analysis was employed to examine the timing to the first known re-report. Consistent with the literature on regional samples and research using other methods, results indicate that prior involvement with the child welfare system strongly predicted re-report in both groups. In addition, childhood vulnerability, caretaker disadvantage, and poverty predicted re-reports. Findings suggest that some discrepancies in the prior literature may be due in part to study sampling strategies and to the effects of risk exposure and also that risk assessment tools need to attend to the stage within the child welfare system when the case is being assessed.

Kohl, P. L., Jonson-Reid, M., & Drake, B. (2009). Time to leave substantiation behind: findings from a national probability study. *Child Maltreatment*, 14(1), 17-26.

Abstract:

Data from the National Survey of Child and Adolescent Well-being, a national probability study of children and families investigated for child maltreatment, were analyzed to answer the question: Do substantiated and unsubstantiated cases differ in rates of recidivism over 36 months? Recidivism was classified as (a) any re-reports, (b) substantiated re-reports and (c) subsequent foster care placements. Bivariate (survivor functions estimated by the Kaplan-Meier method) and multivariate (Cox regression modeling) analyses were conducted. The results revealed that risk of recidivism was

similar regardless of substantiation status of the index investigation. We suggest that the substantiation label be removed from field use. Instead, we suggest that agencies record service needs in the families they serve, and also record whether or not the family meets criteria for referral to the family court. These would be far more practical and meaningful ways to measure child welfare services.

Thompson, R., & Wiley, T. R. (2009). Predictors of re-referral to child protective services: A longitudinal follow-up of an urban cohort maltreated as infants. *Child Maltreatment*, 14(1), 89-99.

Abstract:

Decades of research has identified several psychosocial risk factors for child maltreatment, only some of which are modifiable. The relative importance of the most modifiable psychosocial variables, as compared to more static variables such as demographic characteristics, is not well understood, particularly among children maltreated at a very young age. This study examined predictors of re-referral among 149 urban children originally referred for maltreatment as infants. Of these children, 42.3% were re-referred over a period of 11 to 15 years. Cox regression analyses with time-varying covariates revealed that modifiable psychosocial risk factors failed to predict risk for re-referral in a multivariate model. Demographic characteristics and characteristics of the index incident of maltreatment were the strongest predictors of re-referral. Existing services may not be addressing the underlying reasons for maltreatment, particularly in families with young children. A clearer understanding of the underlying causes of maltreatment is needed.

FAMILY MAINTENANCE / FAMILY PRESERVATION

Bagdasaryan, S. (2005). Evaluating family preservation services: Reframing the question of effectiveness. *Children and Youth Services Review*, 27, 615-635.

Abstract:

Family preservation services (FPS) were developed to prevent the unnecessary placement of children in foster care. Most descriptive reports and other non-experimental research cite the effectiveness of FPS in keeping families together; experimental and quasi-experimental studies, however, report more mixed findings. In light of conflicting findings and given that FPS have been effective for some families and not for others, the question of “Are family preservation services effective in preventing out-of-home placement?” needs to be reframed to “Under what service conditions are family preservation services effective in preventing out-of-home placement and for which families?” Using case-file data from 488 families who received FPS in Los Angeles County, the current study examined the “black box” implicit within this reframed question. A series of logistic regressions tested four models predicting program outcome (successful vs. unsuccessful program completion). The models testing the main effects of family and service characteristics alone were significant; however, including interaction terms between these variables in a combined model did not significantly improve the model. In addition, duration of services emerged as a key predictor of outcome such that the longer families received services, the greater the likelihood for a successful outcome. Implications for practice and future research are discussed.

Barth, R., Greeson, J. K. P., Guo, S., Green, R. L., Hurley, S., & Sisson, J. (2007). Changes in family functioning and child behavior following intensive in-home therapy. *Children and Youth Services Review, 29, 988-1009.*

Abstract:

Mechanisms by which intensive in-home therapy results in positive outcomes are little explored. This study tests the efficacy of standardized intake assessments to predict educational, correctional and placement outcomes for troubled youth after an intervention derived from MST (Intercept). Demographics, prior risk, and assessments of family functioning (FAM-Gen III), family structure (FACES-III) and child behavior (CBCL) were completed for 862 youth at intake who received intensive in-home therapy. One year post-discharge outcomes including living situation, out-of-home placement, trouble with the law, and educational progress are described. Cox–Snell pseudo-R² is used to assess the contribution of the independent variables. Results show that risk and demographic factors explain as much or more variation in outcomes than the three assessment measures. More maltreatment types, and past partial hospitalization, residential treatment, or inpatient treatment predict less likelihood of living with family, and greater likelihood of out-of-home placement during the follow-up period. Age is a predictor of experiencing trouble with the law, with the probability of experiencing such trouble increasing by 1% for each one month increase in age at intake. These findings suggest that psychometric measures administered at intake contribute only moderate amounts to the explanatory value of demographics and risk factors. Policy and practice implications are forwarded.

Bitonti, C. (2002). Formative evaluation in family preservation: Lessons from Nevada. *Children and Youth Services Review, 24, 653-672.*

Abstract:

This article describes a formative evaluation of the Family Preservation Program in Nevada, a retrospective study of 159 closed case records. The study provided useful information to program developers about the characteristics of both program participants and service delivery and set the stage for more rigorous outcome-based research in the future. Unsuccessful cases (those experiencing out-of-home placement within 12 months of service termination) were differentiated from successful cases in several ways: lower motivation at intake ($t = 3.14, p = .002$), greater number of behavior problems in children ($t = 2.91, p = .004$), greater presence of a health condition in the caretaker ($\chi^2 = 14.68, p = .002$), and more unresolved problems at closure ($t = 3.34, p = .001$). Service patterns differed between the two groups as well, with unsuccessful cases receiving more hours of collateral contact ($t = 3.68, p = .000$) and concrete services ($t = 2.21, p = .028$). Hours of family therapy were similar for the two groups. Minority families received the same levels of service and achieved the same generally positive outcomes as nonminority families. Recommendations for modifications in both programs and evaluation models are offered.

Damashek, A., Doughty, D., Ware, L., & Silovsky, J. (2011). Predictors of client engagement and attrition in home-based child maltreatment prevention services. *Child Maltreatment, 16(1), 9-20.*

Abstract:

High rates of program attrition in home-based family support and child maltreatment prevention services are common. Research examining factors related to family engagement (i.e., enrollment and completion rates) may help program developers increase the impact of child abuse prevention services by reducing attrition. The present study examined the relative influence of provider, program, and individual factors from the Integrated Theory of Parent Involvement (ITPI) as well as maternal and family demographic and risk variables in predicting service enrollment and completion in a home-based child maltreatment prevention service (SafeCare[®]) and a standard community care program (Services as Usual [SAU]). Participants were 398 female caregivers of children ages 5 and below. Support was found for the primary role of program and provider factors in client enrollment and completion of services. Specifically, participants in SafeCare[®] were 4 times more likely to enroll in services and 8.5 times more likely to complete services than those in SAU. Family risk variables including intimate partner psychological aggression, substance abuse, and depression were also significant predictors. Recommended next steps include integration of risk-related factors in the ITPI framework and disentangling specific provider and program factors related to service engagement.

Lindsey, D., Martin, S., & Doh, J. (2002). The failure of intensive casework services to reduce foster care placements: An examination of family preservation studies. *Children and Youth Services Review, 24*, 743-775.

Abstract:

Family preservation is frequently cited as a promising social service intervention with the power to prevent unnecessary out-of-home placements of maltreated children. However, the methodological rigor employed by evaluations of family preservation services varies greatly, and thus results from these studies should be assessed critically. To determine the effectiveness of intensive family preservation services, 36 outcome studies are identified and categorized according to the adequacy of their research design and the resulting import of their findings. The comprehensive review suggest that the more rigorous the research design, the more convincing the evidence that family preservation services made little difference averting placement or protecting the safety of endangered children. It is concluded that the spectacular success reported in a number of the early studies is reflective of poor research methodology and the hyperbole of program advocates. The failure of intensive family preservation services to prevent out-of-home placements is linked to its reliance on casework intervention, inability to target children in imminent need of placement; one size fits all service approach, limited intervention period, and failure to address the severe problem of poverty.

Ryan, J. P., & Schuerman, J. R. (2004). Matching family problems with specific family preservation services: A study of service effectiveness. *Children and Youth Services Review, 26*, 347-372.

Abstract:

Family preservation programs are comprised of a broad menu of clinical and concrete services. Although these programs have been the focus of numerous evaluations, there is relatively little research that specifically investigates the services that comprise this intervention. Moreover, there have been few attempts to understand the impact of

services for subgroups within this client population. The purpose of the current study is to (1) identify a specific problem subgroup; (2) identify specific concrete and clinical services intended to address the problem of that subgroup; and (3) investigate the effects of these specific services on family functioning, child maltreatment, and substitute care placement. The data analyzed in this study are a subset from the Evaluation of Family Preservation and Reunification Programs (US Department of Health and Human Services, 2001). Two stage least squares regression is used to address the issues of selection bias. Hierarchical non-linear modeling is used to understand both the child and family level characteristics as predictors of child maltreatment and substitute care placement. The results indicate that few services are related to changes in family functioning. However, several problem specific services were related to a decreased risk of child maltreatment and substitute care placement.

HOME VISITING

Duggan, A., Caldera, D., Rodriguez, K., Burrell, L., Rohde, C., & Crowne, S. S. (2007).

Impact of a statewide home visiting program to prevent child abuse. *Child Abuse & Neglect*, 31, 801-827.

Abstract:

Objectives: To assess the impact of a voluntary, paraprofessional home visiting program in preventing child maltreatment and reducing the multiple, malleable psychosocial risks for maltreatment for which families had been targeted.

Methods: This collaborative, experimental study focused on 6 Healthy Families Alaska (HFAK) programs; 325 families were enrolled in 2000–2001, randomized to intervention and control groups, and interviewed to measure baseline attributes. Follow-up data were collected when children were 2 years old (85% follow-up rate). Outcomes included maltreatment reports, measures of potential maltreatment and parental risks, for example, poor mental health, substance use, and partner violence. HFAK records were reviewed to measure home visiting services. Home visitors were surveyed to measure perceived effectiveness and training adequacy.

Results: Parental risks were common at baseline, and one-sixth of families had a substantiated child protective services report in the child's first 2 years of life. There was no overall program effect on maltreatment reports, and most measures of potential maltreatment. Home visited mothers reported using mild forms of physical discipline less often than control mothers. The groups were similar in their use of more severe forms of physical discipline. There was no program impact on parental risks. There was no impact on outcomes for families with a 'high dose' of home visiting. Home visitors often failed to address parental risks and seldom linked families with community resources. Contradictions in the model compromised effectiveness.

Conclusions: The program did not prevent child maltreatment, nor reduce the parental risks that had made families eligible for service. Research is needed to develop and test strategies to improve the effectiveness of home visiting.

Duggan, A., McFarlane, E., Fuddy, L., Burrell, L., Higman, S. M., & Windham, A. (2004).

Randomized trial of a statewide home visiting program: Impact in preventing child abuse and neglect. *Child Abuse & Neglect*, 28(597-622).

Abstract:

Objectives: To assess the impact of home visiting in preventing child abuse and neglect in the first 3 years of life in families identified as at-risk of child abuse through population-based screening at the child's birth.

Methods: This experimental study focused on Hawaii Healthy Start Program (HSP) sites operated by three community-based agencies. From 11/94 to 12/95, 643 families were enrolled and randomly assigned to intervention and control groups. Child abuse and neglect were measured by observed and self-reported parenting behaviors, all hospitalizations for trauma and for conditions where hospitalization might have been avoided with adequate preventive care, maternal relinquishment of her role as primary caregiver, and substantiated CPS reports. Data were collected through annual maternal interviews (88% follow-up each year of all families with baseline interviews); observation of the home environment; and review of CPS, HSP, and pediatric medical records.

Results: HSP records rarely noted home visitor concern about possible abuse. The HSP and control groups were similar on most measures of maltreatment. HSP group mothers were less likely to use common corporal/verbal punishment (AOR = .59, $p = .01$) but this was attributable to one agency's reduction in threatening to spank the child. HSP group mothers reported less neglectful behavior (AOR = .72, $p = .02$), related to a trend toward decreased maternal preoccupation with problems and to improved access to medical care for intervention families at one agency.

Conclusions: The program did not prevent child abuse or promote use of nonviolent discipline; it had a modest impact in preventing neglect. Possible targets for improved effectiveness include the program's implementation system and model.

Gessner, B. D. (2008). The effect of Alaska's home visitation program for high-risk families on trends in abuse and neglect. *Child Abuse & Neglect, 32, 317-333.*

Abstract:

Objectives: At 6 sites serving 21 communities, Alaska implemented Healthy Families Alaska, a home visitation program using paraprofessionals designed to decrease child abuse and neglect. The primary study objective was to compare changes over time in Child Protective Services outcomes by Healthy Families Alaska enrollment status.

Methods: Enrollment status was linked to birth certificates for birth years 1996–2002 which in turn was linked to the Alaska Child Protective Services database for outcome years 1996–2004. All children were followed through the study databases until age 2 years.

Results: There were 40,099 children born during 1996–2002 to residents of Healthy Families Alaska communities and 985 were enrolled in the program. Physical abuse referrals among enrolled children decreased from 73 to 42 per 1000 child-years of follow-up from 1996–1998 to 2000–2002 ($p = .005$); all of this decrease occurred among children who received 20 or more home visitations. This decrease may have been unrelated to program impact as a similar decrease in referral was seen among unenrolled high-risk children. Compared to unenrolled high-risk children, enrolled children had a modest decrease in the proportion with substantiated neglect but no difference in the proportion with neglect referral or physical abuse referral or substantiation.

Conclusions: Little evidence exists that Alaska's home visitation program had a measurable impact on child maltreatment outcomes.

Practice implications: Within Alaskan communities that had a home visitation program targeting families at high risk for child abuse, changes in Child Protective Services outcomes among children less than 2 years of age were followed over time by program enrollment status. Enrollment was associated with a substantial decrease in physical abuse referrals, but a similar decrease was seen among unenrolled high-risk children. No improvement was seen in physical abuse substantiation. A greater number of home visitations was not associated with fewer abuse outcomes. This work supports most of the recent literature, which questions the field effectiveness of home visitation programs. In combination with other studies, the current work may lead decision-makers and funding agencies to re-examine the usefulness of home visitation programs, particularly those using a methodology similar to that implemented in Alaska.

LeCroy, C. W., & Krysik, J. (2010). Measurement issues in home visitation: A research note. *Children and Youth Services Review*, 32, 1483-1486.

Abstract:

The field of home visitation to prevent child abuse and neglect provides a good example of issues in outcome measurement that have not undergone sufficient critique. Some frequently used measures being used as outcome assessments have not been specifically designed for outcome measurement and therefore have limitations. In particular, some of these measures are not well equipped to document changes that are intended to result from intervention programs. Outcome measurement in home visitation can be improved with more attention to measurement issues.

Reynolds, A. J., Mathieson, L. C., & Topitzes, J. W. (2009). Do early childhood interventions prevent child maltreatment? A review of research. *Child Maltreatment*, 14(2), 182-206.

Abstract:

We reviewed the empirical evidence on whether early childhood primary prevention programs can reduce rates of child abuse and neglect. Fifteen studies of 14 programs for children ages birth to 5 years were completed from 1990 to 2007 and assessed impacts with methodological rigor. All but one of the programs intervened from birth to age 3 through home visits, parent education classes, or the provision of health services. The weighted average effect size of program participation was a 2.9 percentage-point reduction in maltreatment (6.6% vs. 9.5%), which is equivalent to a 31% reduction in the rate of maltreatment and a fifth of a standard deviation. Of the five programs showing significant reductions in substantiated rates of child maltreatment, three provide strong evidence of preventive effects. Only the Child-Parent Centers (CPCs) and the Nurse-Family Partnership (NFP) assessed longer term preventive effects. Common elements of these effective programs included implementation by professional staff, relatively high dosage and intensity, and comprehensiveness of scope. The major conclusion is that the evidence base for programs in early childhood to prevent child maltreatment remains relatively weak. To advance the field, more longer term studies of a variety of intervention models are needed.

Rodriguez, M. L., Dumont, K., Mitchell-Herzfeld, S. D., Walden, N. J., & Greene, W. R. (2010). Effects of Healthy Families New York on the promotion of maternal

parenting competencies and the prevention of harsh parenting. *Child Abuse & Neglect*, 34, 711-723.

Abstract:

Objectives: This paper examines the effectiveness of the Healthy Families New York (HFNY) home visiting program in promoting parenting competencies and preventing maladaptive parenting behaviors in mothers at risk for child abuse and neglect.

Methods: The study used microlevel observational assessments of mother-child interactions in the third wave of a randomized controlled trial to evaluate whether mothers who received home visiting services were more likely to exhibit positive parenting and less likely to display negative parenting behaviors than those who did not receive these services. Women were randomly assigned during pregnancy or shortly after the birth of the target child to an intervention group that was offered home visiting services or a control group that was given referrals to other services. At Year 3, 522 mother and child pairs were systematically observed while they interacted in semistructured tasks presenting varied parenting challenges. The study also sought to replicate a finding from Year 2, which revealed that program effects on harsh parenting were stronger among young, first-time mothers who were randomly assigned during pregnancy (the High Prevention Opportunity subgroup) than among the other mothers (the Limited Prevention Opportunity subgroup).

Results: Results indicate that HFNY was effective in fostering positive parenting, such as maternal responsiveness and cognitive engagement. With respect to negative parenting, HFNY mothers in the High Prevention Opportunity subgroup were less likely than their counterparts in the control group to use harsh parenting, while no differences were detected for the Limited Prevention Opportunity subgroup.

Conclusion: HFNY was successful in promoting positive parenting among mothers at risk for child abuse and neglect, which may reflect the program's strength-based approach. The replication of the High Prevention Opportunity subgroup as a moderator of program effects on harsh parenting further suggests that HFNY may be more useful for preventing the initiation rather than the recurrence of child abuse and neglect.

Practice implications: To optimize service delivery, HFNY should continue to focus on enhancing parent-child interactions, prioritize HFNY services for young, first-time mothers who are offered the program during pregnancy, and investigate effective strategies to reduce negative parenting practices among the Limited Prevention Opportunity subgroup.

Sar, B. K., Antie, B. F., Bledsoe, L. K., Barbee, A. P., Van Zyl, M. A. (2010). The importance of expanding home visitation services to include strengthening family relationships for the benefit of children. *Children and Youth Services Review*, 32, 198-205.

Abstract:

Although home visiting programs effectively address risks of maltreatment related to the mother and infant through providing services such as medical care, education/vocational support, and training on positive infant parenting practices, little programmatic attention has been paid to couple relationships, father involvement, and parenting interactions in the context of new parenthood. These relationships within the family system, if not nurtured, can heighten the risks for maltreatment. Therefore, the research on the impact

of these relationships for children's wellbeing are reviewed, examples of evidence-based programs to strengthen these relationships are provided, and changes to existing home visiting policies and programs to include strengthening family relationships for the benefit of children are recommended.

Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development, 75*(5), 1435-1456.

Abstract:

Home visiting programs for families with young children have been in effect for many years; however, this is the first comprehensive meta-analytic effort to quantify the usefulness of home visits as a strategy for helping families across a range of outcomes. Sixty home visiting programs contributed data to analysis within 5 child and 5 parent outcome groups. Standardized effect sizes were computed for each end-of-treatment outcome measure, for each treatment versus control contrast. Weighted mean standardized effect sizes ranged from $-.043$ to $.318$; 6 of the 10 significantly differed from 0. No one program characteristic consistently affected effect sizes across outcome groups. The extent to which these findings have practical use for the field is discussed.

RACIAL DISPROPORTIONALITY / DISPARITY

Berger, L. M., McDaniel, M., & Paxson, C. (2005). Assessing parenting behaviors across racial groups: Implications for the child welfare system. *Social Services Review, 79*(4), 653-688.

Abstract:

Black families are disproportionately represented in the child welfare system. This may in part result from racial bias in judgments made by those who report and investigate child maltreatment. However, little is known about how race influences judgments about parenting. This article relies on data from a population-based survey to examine whether the race of interviewers, relative to the race of families they interview, influences parenting assessments. It reports evidence of racial bias in some measures of interviewer-assessed parenting behaviors. Racial bias is more pronounced for measures that require subjective assessments on the part of interviewers.

Drake, B., & Jonson-Reid, M. (2011). NIS interpretations: Race and the National Incidence Studies of Child Abuse and Neglect. *Children and Youth Services Review, 33*, 16-20.

Abstract:

The National Incidence Studies (NIS) of Child Abuse and Neglect are the primary estimates of actual child maltreatment rates in the United States. Findings from the NIS-2 of 1986, and the NIS-3, of 1993, have been presented as demonstrating that Blacks and Whites are maltreated at equal rates. The NIS-4, using 2006 data, was presented as showing markedly different findings from the prior NIS studies with regard to race. A supplementary NIS-4 report on race argued that differences between the NIS-3 and NIS-4 were due to better precision and an expanding income gap between Blacks and Whites between 1993 and 2006. This paper will demonstrate that the NIS-2 and NIS-3 did not, as is commonly believed, show equivalence between Black and White maltreatment rates and that the NIS-2, NIS-3 and NIS-4 do not differ markedly in their racial findings. Further, the large historical increase in the Black/White income gap cited in the NIS-4

race supplement derives from a simple failure to account for inflation. If left unaddressed, misinterpretations of NIS data will continue to misinform policy, cloud the issue of racial bias in the child welfare system and obscure the ongoing role of concentrated poverty in driving racial disproportionality.

Drake, B., Lee, S. M., & Jonson-Reid, M. (2009). Race and child maltreatment: Are Blacks overrepresented? *Children and Youth Services Review*, 31, 309-316.

Abstract:

This paper uses Census and child welfare report data from Missouri (1999, 2000 & 2001) to determine if Whites and Blacks are reported for child maltreatment at similar or different rates while controlling for poverty and racial homogeneity. We do not find evidence for high levels of racial disproportionality once poverty is controlled. Poverty is generally associated with higher rates of reporting for both races. We found some evidence of differential sensitivity, with the relationship between poverty and report rate being somewhat stronger for Whites than for Blacks.

Dworsky, A., Roller White, C., O'Brien, K., Pecora, P., Courtney, M., Kessler, R., Sampson, N., & Hwang, I. (2010). Racial and ethnic differences in the outcomes of former foster youth. *Children and Youth Services Review*, 32, 902-912.

Abstract:

This paper uses data from two studies, the Midwest Evaluation of the Adult Functioning of Former Foster Youth and the Northwest Foster Care Alumni Study, to examine whether there are racial or ethnic differences in foster youth outcomes and, if so, whether those differences can be explained by factors other than race or ethnicity, such as differences in family background or placement history. We find that racial or ethnic differences in outcomes are more the exception than the rule, and that some of those differences can be explained by other factors. Others mirror racial or ethnic differences observed in the general population.

Knott, T., & Donovan, K. (2010). Disproportionate representation of African-American children in foster care: Secondary analysis of the National Child Abuse and Neglect Data System, 2005. *Children and Youth Services Review*, 32, 679-684.

Abstract:

Few studies utilize large national data sets to provide statistical estimates of the degree of disproportionate representation of African-American children placed in CPS foster care. The current study examined the association of African-American racial identity with foster care placement while controlling for child, caregiver, household and abuse characteristics. We conducted secondary analyses of the 2005 National Child Abuse and Neglect Data System (NCANDS) on investigated reports of child abuse and neglect that received a maltreatment disposition in the reporting year, 2005. NCANDS 2005 Child File reflects case-level data based on the submissions of 48 states and the District of Columbia resulting in 3,461,872 investigations. Our unweighted study sample was restricted to 71,802 investigations of primary substantiated maltreatment in the reporting year 2005. A logit model was used to examine the association between foster care placement and racial identity. After controlling for child, caregiver, household and abuse characteristics African-American

children had 44% higher odds of foster care placement when compared with Caucasian children. This study supports the cumulative evidence that African-American racial identity is a significant predictor of foster care services. Continued examination of the factors associated with foster placement is warranted to unravel the complex circumstances facing this vulnerable segment of children.

Magruder, J., & Shaw, T. V. (2008). Children ever in care: an examination of cumulative disproportionality. *Child Welfare*, 87(2), 169-188.

Abstract:

Most studies of ethnic disproportionality in child welfare examine data in one of two ways: a point in time approach or an entry cohort approach. While each provides insight into disproportionality, neither gives a full picture of the differences among ethnic groups in the experience of the child welfare system over time. This study uses longitudinal administrative child welfare data to examine ethnic disproportionality in involvement with the child welfare system during the first seven years of life at three levels of contact: (1) initial referrals, (2) substantiated referrals, and (3) first entries. Findings suggest the experience of African American families, and probably Native American families, with the child welfare system is much different from other families.

Shaw, T. V., Putnam-Hornstein, E., Magruder, J., & Needell, B. (2008). Measuring racial disparity in child welfare. *Child Welfare*, 87(2), 23-36.

Abstract:

Overrepresentation of certain racial/ethnic groups in the foster care system is one of the most troubling and challenging issues in child welfare today. In response, many states have started reporting outcomes by race and ethnicity to identify disproportionately high rates of system contact. The identification of disproportional representation is the first step in developing targeted strategies to address disproportionality—highlighting where resources should be directed and guiding future research. However, present and future efforts to address disproportionality must be accompanied by statistically sound and meaningful methods of measurement. In this article, we argue for the adoption of a relative rate measure of representation—a “Disparity Index”—as the primary instrument for assessing racial disparity in child welfare.

Wells, S. J., Merritt, L. M., & Briggs, H. E. (2009). Bias, racism and evidence-based practice. *Children and Youth Services Review*, 31, 1160-1171.

Abstract:

In spite of continuing concerns about disproportionate representation of African Americans, American Indians, and selected other groups in foster care, development of the practice and policy evidence base has paid scant attention to incorporating the specific concerns of these communities in intervention research. The authors review the current foundation of evidence-based practice and identify gaps in the knowledge base with specific reference to race/ethnicity/culture and class. They recognize the current concerns regarding disproportionality in child welfare services; and summarize the current research on bias and racism to establish potential mechanisms contributing to racially disproportionate outcomes. Addressing these literatures in concert with one

another gives new meaning to the phrase, culturally competent evidence-based practice. Culturally competent practice goes beyond admonishing practitioners and policy makers to be more sensitive or to undertake such training. It is a pathway to the development of a more targeted and relevant evidence base: 1) rigorous intervention research with diverse populations could be more intentionally developed and 2) existing rigorous research on successfully addressing bias could be more broadly applied and tested in child welfare. A model for evaluating the validity of the evidence base with respect to diverse populations is proposed.

FATHERS AND NON-BIOLOGICAL MALE CAREGIVERS

Berger, L. M., Paxson, C., & Waldfogel, J. (2009). Mothers, men, and child protective services involvement. *Child Maltreatment*, 14(3), 263-276.

Abstract:

This study used data on 2,297 families from the Fragile Families and Child Wellbeing Study to examine whether Child Protective Services (CPS) involvement varies by maternal relationship status. Families were categorized according to whether the mother was living with a (male) partner or spouse, was involved in a dating relationship, or was not romantically involved. Families in which the mother was romantically involved were further delineated by whether her partner was the biological father of none, some, or all of the children in her household. Results indicated that families in which the mother was living with a man who was not the biological father of all children and those in which she was not romantically involved were significantly more likely to be contacted by CPS than those in which she was living with the biological father of all resident children. These findings withstood the inclusion of detailed controls for the mother's characteristics and behaviors and (in two-parent families) her partner's characteristics and behaviors, suggesting that they are not fully explained by observable social selection factors.

Bellamy, J. (2009). A national study of male involvement among families in contact with the child welfare system. *Child Maltreatment*, 14(3), 255-262.

Abstract:

Few studies inform the frequency and type of adult male involvement in families in contact with child welfare, and even fewer explore how male involvement relates to child welfare outcomes. This study employed data from a sample of 3,978 families in contact with the U.S. child welfare system, drawn from the National Survey of Child and Adolescent Well-Being. The nature of male involvement in these families and its relationship to (a) caseworkers' perception of children's risk for maltreatment rereport and (b) entry into out-of-home care were explored. Results indicate that most caregivers report male involvement, distinct types of male involvement are related to the likelihood of out-of-home care, and households that include nonparental adult males are perceived by caseworkers as relatively risky. No male involvement indicator tested, however, was related to maltreatment rereport. Implications include the need to appropriately assess, include, and engage adult male family members across diverse family systems.

Coakley, T. M. (2008). Examining African American fathers' involvement in permanency planning: An effort to reduce racial disproportionality in the child welfare system. *Children and Youth Services Review*, 30, 407-417.

Abstract:

Children of color are disproportionately represented in the child welfare system. In 2005 they comprised 53% of the 513,000 children in out-of-home placements in the United States [U.S. Department of Health and Human Services, Administration for Children and Families, Administration for Children, Youth and Families, Children's Bureau (2006). Adoption and Foster Care Analysis and Reporting System (AFCARS). Retrieved on June 12, 2007 from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.htm]. On average, they stay in foster care longer than Caucasian children [Hill, R.B. (2006). Synthesis of research on disproportionality in child welfare: An update. Washington, D.C.: Casey—CSSP Alliance for Racial Equity in the Child Welfare System. Retrieved April 11, 2007, from http://www.caseyfamilyservices.org/pdfs/0226_CC_BobHillPaper_FINAL.pdf]. There is virtually no empirical research on African American fathers' involvement in permanency planning, which makes it difficult either to understand the relationships among fathers' involvement, agency practices, and children's permanency outcomes or to identify which types of efforts are most effective to involve African American fathers. This study examines the extent to which African American fathers' involvement in permanency planning influences children's placement outcomes using a secondary data analysis of 88 children's child welfare case records. Findings show that children were reunited with birth families more often and had shorter stays in foster care when their fathers were involved. This study contributes to the emerging research on fathers' involvement and explores agency practices that account for extended lengths of stay in foster care for children of color. Recommendations are provided for child welfare policy, practice, and research.

English, D. J., Brummel, S., Martens, P. (2009). Fatherhood in the child welfare system: Evaluation of a pilot project to improve father involvement. *Journal of Public Child Welfare*, 3, 213-234.

Abstract:

Fathers provide emotional and physical, as well as financial support to their children. However, little is known about public child welfare policies and practices related to involving fathers and fathers' families in case planning and services to children involved in child welfare services. This article reports on the results of a pilot project designed to improve child welfare principles, policies, and practices related to the involvement of fathers in the lives of children served in one Northwest public child welfare agency. The pilot project provided training on father involvement in child welfare decision processes and evaluated changes in practice over time. The evaluation included an assessment of agency policy and practice, an assessment of social workers' perceptions regarding fathers' involvements in the lives of their children, and examination of actual social work practices related to father involvement over time. Changes in key areas of policy, beliefs regarding father involvement in child welfare case practice, and changes in actual involvement of fathers and fathers' families in practice were suggested.

Francis, K., J., & Wolfe, D. A. (2008). Cognitive and emotional differences between abusive and non-abusive fathers. *Child Abuse & Neglect*, 32, 1127-1137.

Abstract:

Objective: Abusive fathers perpetrate a substantial portion of child physical abuse. Despite this, little is known about how they differ from non-abusive fathers. This study compared a broad range of cognitive and affective factors between physically abusive and non-abusive fathers.

Methods: Abusive ($n = 24$) and non-abusive ($n = 25$) fathers completed standard measures assessing their experience and expression of anger, mental health, parenting stress, and their empathy and perceptions of children's socio-emotional signals.

Results: Abusive fathers differed from comparisons on almost all constructs. They experienced more anger and were more likely to express that anger aggressively. They reported more mental health concerns (such as depression, hostility, and paranoid ideation), more stress in parenting, and significantly less empathy for their children. They were also more likely to perceive children's emotional expressions as depicting negative emotions, such as anger and disgust.

Conclusions: Abusive fathers struggle with a myriad of difficulties that likely contribute to their problematic parenting. These difficulties are both inter- and intra-personal in nature.

Practice implications: The findings suggest that abusive fathers require comprehensive assessment that includes mental health screening. Interventions should be selected carefully to target abusive fathers' high levels of negative affect and negative perceptions. Treatment strategies should address problems related to parenting style (e.g., managing stress and interpretation of children's socioemotional signals) as well as their personal adjustment (e.g., cognitive behavioral strategies for regulating affect and cognitive distortions).

Guterman, N. B., Lee, Y., Lee, S. J., Waldfogel, J., & Rathouz, P. J. (2009). Fathers and maternal risk for physical abuse. *Child Maltreatment, 14*(3), 277-290.

Abstract:

This study set out to examine father-related factors predicting maternal physical child abuse risk in a national birth cohort of 1,480 families. In-home and phone interviews were conducted with mothers when index children were 3 years old. Predictor variables included the mother-father relationship status; father demographic, economic, and psychosocial variables; and key background factors. Outcome variables included both observed and self-reported proxies of maternal physical child abuse risk. At the bivariate level, mothers married to fathers were at lower risk for most indicators of maternal physical child abuse. However, after accounting for specific fathering factors and controlling for background variables, multivariate analyses indicated that marriage washed out as a protective factor, and on two of three indicators was linked with greater maternal physical abuse risk. Regarding fathering factors linked with risk, fathers' higher educational attainment and their positive involvement with their children most discernibly predicted lower maternal physical child abuse risk. Fathers' economic factors played no observable role in mothers' risk for physical child maltreatment. Such multivariate findings suggest that marriage per se does not appear to be a protective factor for maternal physical child abuse and rather it may serve as a proxy for other father-related protective factors.

Lam, W. K. K., Fals-Stewart, W., & Kelley, M. L. (2009). Parent training with behavioral couples therapy for fathers' alcohol abuse. *Child Maltreatment*, 14(3), 24-254.

Abstract:

This pilot study examined effects of Parent Skills with Behavioral Couples Therapy (PSBCT) on substance use, parenting, and relationship conflict among fathers with alcohol use disorders. Male participants ($N = 30$) entering outpatient alcohol treatment, their female partners, and a custodial child (8 to 12 years) were randomly assigned to (a) PSBCT; (b) Behavioral Couples Therapy (BCT); or (c) Individual-Based Treatment (IBT). Children were not actively involved in treatment. Parents completed measures of substance use, couples' dyadic adjustment, partner violence, parenting, and Child Protection Services (CPS) involvement at pretreatment, posttreatment, 6- and 12-month follow-up. PSBCT was comparable to BCT on substance use, dyadic adjustment, and partner violence; both groups showed clinically meaningful effects over IBT. Compared to BCT, PSBCT resulted in larger effect sizes on parenting and CPS involvement throughout follow-up. PSBCT for fathers may enhance parenting couple- or individual-based treatment, and warrant examination in a larger, randomized efficacy trial.

Malm, K. E., & Zielewski, E. H. (2009). Nonresident father support and reunification outcomes for children in foster care. *Children and Youth Services Review*, 31, 1010-1018.

Abstract:

Over the past decade an interest in fathers and their contributions to family stability and children's healthy development has heightened the attention paid within the child welfare field to identifying, locating, and involving fathers. The article presents findings from analyses of data on nonresident fathers and child welfare case outcomes for foster children. Using data available from a telephone survey of child welfare caseworkers, together with administrative data on case outcomes, a positive association between nonresident father support and reunification outcomes for foster children is shown. The sample of foster children with nonresident fathers who provided financial support, nonfinancial support, or both types of supports, were far more likely to experience a reunification outcome than children whose fathers did not provide these supports. The findings demonstrate associations between support and reunification but cannot demonstrate causality given the cross-sectional nature of the dataset. More research is needed to better understand the nature of nonresident father support in the lives of foster children, and the quantity and quality of interactions between mothers, nonresident fathers, and their children.

Strega, S., Fleet, C., Brown, L., Dominelli, L., Callahan, M., & Walmsley, C. (2008). Connecting father absence and mother blame in child welfare policies and practice. *Children and Youth Services Review*, 30, 705-716.

Abstract:

This paper reports the results of research about fathers and child welfare conducted in a mid-size Canadian city. The overall study uses a variety of modalities to assess the current state of child welfare policy, practice and discourse with fathers of children who come to the attention of child protection authorities, with particular attention to fathers of the children of mothers who were adolescent at the time of at least one child's birth. Our

research includes birth/biological fathers, stepfathers and men providing emotional, financial or social support to a child or children. This paper reports on the first phase of the study, in which we reviewed a random sample of child protection case files utilising both quantitative and qualitative methods. Our analysis and discussion is informed by a review of recent child welfare literature related to fathers and by related research team members have completed or are currently engaged in, including studies about young mothers in care, kinship care, risk assessment, failure to protect and the narratives of child welfare workers. Our intention is to contribute to reframing child welfare practice, policy and discourse in ways that are more inclusive of fathers and less blaming of mothers.

OUT-OF-HOME FOSTER CARE PLACEMENT SERVICES

Barth, R. P., Green, R., Webb, M. B., Wall, A., Gibbons, C., & Craig, C. (2008).

Characteristics of out-of-home caregiving environments provided under child welfare services. *Child Welfare*, 87(3), 5-39.

Abstract:

A national probability sample of children who have been in child welfare supervised placements for about one year identifies the characteristics (e.g., age, training, education, health, and home) of the foster parents, kinship foster parents, and group home caregivers. Caregiving respondents provided information about their backgrounds. Interviewers also used the HOME-SF to assess the caregiving environments of foster care and kinship care. Comparisons are made to other nationally representative samples, including the U.S. Census and the National Survey of America's Families. Kinship care, foster care, and group care providers are significantly different from each other—and the general population—in age and education. Findings on the numbers of children cared for, understimulating environments, use of punitive punishment, and low educational levels of caregivers generate suggestions for practice with foster families.

Barth, R. P., Lee, C. K., Wildfire, J., & Guo, S. (2006). A comparison of the governmental costs of long-term foster care and adoption. *Social Service Review*, 80(1), 127-158.

Abstract:

Child welfare policy and practice have increased their focus on adoption for those children who cannot rapidly be reunified from foster care. The burgeoning numbers of children receiving adoption subsidies have led some states to be concerned about or even to curtail adoption subsidy levels. Yet, little is known about how the cost of foster care compares to that of adoption. This study uses longitudinal adoption subsidy and foster care placement data to estimate the relative costs of foster care and adoption for a statistically matched group of children. The data show that a sizable proportion of children who are not adopted will leave foster care but that an offsetting proportion of the children who remain will be transitioned to substantially more expensive placements than those used by adopted children. On balance, adoption achieves substantial governmental savings.

Berrick, J. D. (2006). Neighborhood-based foster care: A critical examination of location-based placement criteria. *Social Service Review*, 80(4), 569-583.

Abstract:

Faced with large caseloads and poor outcomes for children, child welfare agencies across the country are developing new strategies for serving vulnerable families. Many of the recent approaches move the locus of services from centralized, distant bureaucracies to local neighborhoods, where families at risk are most likely to reside. Current innovations in part suggest that treatment interventions such as foster care should also be located in children's communities of origin. This article offers a critical examination of the neighborhood approach to foster care placement. Although neighborhood foster care placements have potential benefits for some children, the research reviewed here does not fully support the existence of these benefits for the development and well-being of many children. An evidence-based practice approach that takes into account many factors besides neighborhoods thus is more likely to produce beneficial outcomes for children placed in out-of-home care.

D'Andrade, A., Frame, L., & Berrick, J. D. (2006). Concurrent planning in public child welfare agencies: Oxymoron or work in progress? *Children and Youth Services Review, 28*, 78-95.

Abstract:

Concurrent planning is used increasingly in child welfare practice as one strategy to expedite permanency for children. The strategy was developed in small, private agency contexts utilizing comprehensive and intensive services; how and with what success concurrent planning concepts have been implemented by large public child welfare bureaucracies is not known. This study examines the implementation of concurrent planning in six county child welfare agencies in a large western state. Quantitative data were extracted from case files of a sample of 885 children entering out-of-home care before and after implementation of concurrent planning legislation. Interviews and focus groups with 180 individuals (including agency social workers, supervisors, and court personnel) from the same counties contextualize these findings. Results from the study help to identify factors that may facilitate or hinder successful implementation.

Havlicek, J. (2010). Patterns of movement in foster care: An optimal matching analysis. *Social Service Review, 84*(3), 403-435.

Abstract:

Placement instability remains a vexing problem for child welfare agencies across the country. This study uses child welfare administrative data to retrospectively follow the entire placement histories (birth to age 17.5) of 474 foster youth who reached the age of majority in the state of Illinois and to search for patterns in their movement through the child welfare system. Patterns are identified through optimal matching and hierarchical cluster analyses. Multiple logistic regression is used to analyze administrative and survey data in order to examine covariates related to patterns. Five distinct patterns of movement are differentiated: Late Movers, Settled with Kin, Community Care, Institutionalized, and Early Entry. These patterns suggest high but variable rates of movement. Implications for child welfare policy and service provision are discussed.

Price, J. M., Chamberlain, P., Landsverk, J., Reid, J., Leve, L. D., Laurent, H. (2008). Effects of a foster parent training intervention on placement changes of children in foster care. *Child Maltreatment, 13*, 64-75.

Abstract:

Placement disruptions undermine efforts of child welfare agencies to promote safety, permanency, and child wellbeing. Child behavior problems significantly contribute to placement changes. The aims of this investigation were to examine the impact of a foster parent training and support intervention (KEEP) on placement changes and to determine whether the intervention mitigates placement disruption risks associated with children's placement histories. The sample included 700 families with children between ages 5 and 12 years, from a variety of ethnic backgrounds. Families were randomly assigned to the intervention or control condition. The number of prior placements was predictive of negative exits from current foster placements. The intervention increased chances of a positive exit (e.g., parent/ child reunification) and mitigated the risk-enhancing effect of a history of multiple placements. Incorporating intervention approaches based on a parent management training model into child welfare services may improve placement outcomes for children in foster care.

Zinn, A. (2009). Foster family characteristics, kinship, and permanence. *Social Service Review*, 83(2), 185-219.

Abstract:

Using administrative data describing 22,311 foster family placements in Illinois, this study examines the relations between foster family demographic characteristics and children's permanency outcomes. The extent to which these relations differ for placements with kinship and nonkinship families is also examined. Results suggest that the age and race or ethnicity of foster parents, as well as foster family wage income and fostering history, predict the disposition and timing of children's exit from care. Results also suggest that the relation between foster family kinship status and permanence is moderated by several foster family characteristics. Moreover, the relations between some of these characteristics and children's permanency outcomes are found to differ by the type of placement (with kinship or nonkinship families). Finally, results suggest that the relation between child race and adoption is moderated by foster parent race. Implications for child welfare policy and scholarship are discussed.

SUBSTANCE ABUSE, PRENATAL EXPOSURE & TREATMENT

Berger, L. M., Slack, K. S., Waldfoegel, J., & Bruch, S. K. (2010). Caseworker-perceived caregiver substance abuse and child protective services outcomes. *Child Maltreatment*, 15(3), 199-210.

Abstract:

The authors used data from the National Survey of Child and Adolescent Well-Being to examine associations of child protective services (CPS) caseworkers' perceptions of caregiver substance abuse with their perceptions of the severity of risk and harm a child experienced as a result of alleged maltreatment, as well as with whether a family experienced a range of CPS outcomes. The outcomes included whether the family received services from CPS, was substantiated for maltreatment, experienced child removal, and was subject to a termination of parental rights (TPR) petition. The authors also compared the magnitude of the association between caseworker-perceived caregiver substance abuse and each outcome to that of the association between other maltreatment-related risk factors and each outcome. Findings suggest that, all else equal, caseworker-perceived caregiver substance abuse is associated with increased caseworker perceptions

that children have experienced severe risk and harm and also with an increased probability of each of the CPS outcomes except TPR. Moreover, these associations are equal in magnitude or larger than those between the other risk factors and the outcomes. These findings imply that CPS decisions are heavily influenced by caseworker perceptions of caregiver substance abuse, regardless of the presence of other risk factors for child maltreatment.

Choi, S., & Ryan, J. (2006). Completing substance abuse treatment in child welfare: The role of co-occurring problems and primary drug of choice. *Child Maltreatment*, 11(4), 313-325.

Abstract:

A significant number of substance-abusing parents in the child welfare system do not complete substance abuse treatments. Consequently, their children experience longer stays in substitute care settings, and the risk of the termination of parental rights is increased. This study identifies and determines the specific factors that explain the completion of substance abuse treatment for substance-abusing caregivers in child welfare. The sample includes 871 caregivers enrolled in the Illinois Alcohol and Other Drug Abuse waiver demonstration. Approximately 22% of these caregivers successfully completed all required levels of substance abuse treatment. The multivariate models indicate that age, employment status, and legal involvement were significantly associated with the likelihood of completing substance abuse treatment. Heroin users were significantly less likely to complete treatment as compared with alcohol, cocaine, and marijuana users. The findings are discussed in terms of policy and practice implications for public child welfare systems.

Green, B. L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M. W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. *Child Maltreatment*, 12(1), 43-59.

Abstract:

Family treatment drug courts (FTDCs) are a rapidly expanding program model designed to improve treatment and child welfare outcomes for families involved in child welfare who have substance abuse problems. The present study compares outcomes for 250 FTDC participants to those of similar parents who did not receive FTDC services in four sites. Results show that FTDC parents, compared to comparison parents, entered substance abuse treatment more quickly, stayed in treatment longer, and completed more treatment episodes. Furthermore, children of FTDC parents entered permanent placements more quickly and were more likely to be reunified with their parents, compared to children of non- FTDC participants. Finally, the FTDC program appears to have a “value added” in facilitating positive child welfare outcomes above and beyond the influence of positive treatment experiences.

Green, B. L., Rockhill, A., Furrer, C. (2007). Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review*, 29, 460-473.

Abstract:

Although substance abuse is one of the primary reasons that parents become involved with the child welfare system, there is surprisingly little empirical research that examines the relationship of substance abuse treatment to child welfare outcomes. In this statewide longitudinal study of 1911 women who had children placed in substitute care, we examined the influence of three key factors in the treatment process on child welfare outcomes. Results indicated that when these women entered treatment more quickly, spent more time in treatment, or completed at least one treatment episode, their children spent fewer days in foster care and were more likely to be reunified with their parents. These findings were significant even controlling for families' levels of risk including treatment and child welfare history, substance abuse frequency and chronicity, and demographic risks. Implications of these findings for improvements in the way that treatment services are provided to women in the child welfare system are discussed.

Howell, M. L. (2008). Decisions with good intentions: Substance use allegations and child protective services screening decisions. *Journal of Public Child Welfare*, 2(3), 293-316.

Abstract:

This quantitative study of decision-making factors related to screening maltreatment reports was conducted to investigate whether personal biases, values, and stereotypes surrounding parental drug use and race influenced screening decisions. In one southeastern state, 86 child welfare intake supervisors reviewed 10 scenarios alleging maltreatment. Participants decided which reports to accept for investigation, identified influential decision-making factors, and rated personal and organizational values surrounding parental drug use on a scale developed by the researcher. Participants' decisionmaking patterns suggest that when their values and child welfare policies conflicted in their desire to protect children, supervisors were willing to compromise policy standards for initiating investigations. The social justice implications of these findings are important for child welfare workers and administrators to consider.

Ryan, J., Choi, S., Hong, J. S., Hernandez, P., & Larrison, C. R. (2008). Recovery coaches and substance exposed births: An experiment in child welfare. *Child Abuse & Neglect*, 32, 1072-1079.

Abstract:

Objectives: Substance exposed infants present a major challenge to child welfare and public health systems. Prenatal substance exposure and continued substance abuse in the home are associated with a wide range of adverse social, emotional, and developmental outcomes. The objective of the current study is to evaluate the use of recovery coaches in child welfare.

Methods: The current study is longitudinal and utilizes an experimental design. The sample includes 931 substance abusing women enrolled in a Title IV-E Waiver Demonstration, 261 in the control group, and 670 in the experimental group. Women in the experimental group received traditional services plus the services of a recovery coach. Administrative records are used to indicate substance exposure at birth.

Results: Of the 931 women enrolled in the waiver demonstration, 21% of the control group and 15% of the experimental group were associated with a subsequent substantiated allegation indicating substance exposure at birth. Cox proportional hazards

modeling indicates that women in the experimental group were significantly less likely to be associated with a new substance exposed birth.

Conclusions: The use of recovery coaches in child welfare significantly decreases the risk of substance exposure at birth. Integrated and comprehensive approaches are necessary for addressing the complex and co-occurring needs of families involved with child protection.

Sun, A., Freese, M. P., Fitzgerald, M. (2007). An exploratory study of drug-exposed infants: Case substantiation and subsequent child maltreatment. *Child Welfare*, 86(3), 33-50.

Abstract:

This study explores factors related to drug-exposed infants' case substantiation and subsequent child maltreatment. Child protective services computerized administrative data (from January 1998 to October 2001) were obtained from an urban Nevada county. The data included 457 drug-exposed infant cases. Chi-square, t-test, oneway ANOVA, and logistic regression were used to analyze the data. Results indicate that: (1) drug-exposed infant case substantiation was related to the type of drug exposure and the unit to which the case was assigned, but not to the mother's ethnicity; and (2) subsequent maltreatment among drug-exposed infants was related to the mother's age and prior parental alcohol abuse, but not to the type of drug exposure, nor to the initial drug-exposed infant status of case substantiation. Implications for child welfare practice and research are discussed.

Twomey, J. E., Caldwell, D., Soave, R., Fontaine, L. A., Lester, B. M. (2010). Vulnerable infants program of Rhode Island: Promoting permanency for substance-exposed infants. *Child Welfare*, 89(3), 121-142.

Abstract:

The Vulnerable Infants Program of Rhode Island is a care coordination program to promote permanency for substance-exposed infants by addressing parental needs and increasing collaboration among social service agencies. Over the first four years of the program, there was a decrease in time spent in the newborn nursery beyond medical necessity and identification of permanent placements by 12 months for 84% of infants, with the majority of infants (78%) placed with biological parents or relatives.

Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment*, 12(2), 137-149.

Abstract:

There are relatively few empirically sound studies or nationally representative data on the number of children in Child Welfare Services (CWS) who are affected by their parents' substance abuse or dependence. The two systems that could systematically monitor this population, CWS and substance abuse treatment, are not required to capture the data elements that would identify families in both systems. The studies that are based on CWS populations or parents in treatment indicate that there is a substantial overlap in client populations. This review provides a summary of the available data; provides estimates of the overlap between populations, including the number of infants born each year with prenatal substance exposure; and suggests important opportunities to close the data gap between the systems. The findings underscore both the need for obtaining accurate data

within the systems and the opportunities for states to improve their cross-system data efforts as part of their outcome monitoring.

FAMILY GROUP DECISION MAKING

Berzin, S. C. (2006). Using sibling data to understand the impact of family group decision-making on child welfare outcomes. *Children and Youth Services Review, 28, 1449-1458.*

Abstract:

Few studies have examined the impact of family group decision-making (FGDM) on child welfare outcomes. Studies in this area have often suffered from small sample sizes and lack of adequate comparison groups. Since FGDM is administered at the family level, sibling data provides an ideal way to compensate for small sample sizes and low enrollment rates in research evaluating FGDM. This study utilized sibling data from California's Title IV-E Waiver Demonstration Project Evaluation in Fresno and Riverside Counties to compare child welfare outcomes for children of families randomly assigned to receive FGDM (Fresno County, n=110; Riverside County, n=87) to children of families assigned to receive traditional child welfare services (Fresno County, n=74; Riverside County, n=52). After controlling for clustering effects using general estimating equations (GEE), group differences in child maltreatment, placement stability, and permanence were modeled using linear and logistic regression. Outcomes from both counties suggested no group differences. Though neutral outcomes on child welfare indicators may bring into question FGDM's efficacy for changing child welfare outcomes, this study confirms previous findings with smaller sample sizes on the impact of FGDM and demonstrates a methodological improvement over individual or family-case analyses.

Berzin, S. C., Cohen, E., Thomas, K., & Dawson, W. C. (2008). Does Family Group Decision Making affect child welfare outcomes? Findings from a randomized control study. *Child Welfare, 87(4), 35-54.*

Abstract:

This article describes the evaluation of two family group decision-making programs (FGDM; Fresno $n = 60$; Riverside $n = 50$) administered under the California Title IV-E Waiver Demonstration Project. This is the only evaluation using random assignment to examine FGDM. Overall, results did not indicate more positive outcomes for children receiving the intervention, but did indicate that children were not worse than those receiving traditional services; outcomes examined were related to child safety, placement stability, and permanence.

Crea, T. M., & Berzin, S. C. (2009). Family involvement in child welfare decision-making: Strategies and research on inclusive practices. *Journal of Public Child Welfare, 3, 305-327.*

Abstract:

Child welfare practice has undergone significant shifts in the relationship between state agencies and families, with families increasingly being considered as partners in decision-making. An emerging body of research shows high family satisfaction with these approaches, but little outcome research currently exists. This article synthesizes practice and research literature on three predominant approaches to family involvement, Family Group Decision-Making (FGDM), Team Decision-Making (TDM), and

Community Partnerships for Protecting Children (CPCC). We conclude with recommendations for future research, and for addressing the underlying values and ethics of family involvement.

Rauktis, M. E., McCarthy, S., Krackhardt, D., & Cahalane, H. (2010). Innovation in child welfare: The adoption and implementation of Family Group Decision Making in Pennsylvania. *Children and Youth Services Review, 32, 732-739.*

Abstract:

This paper explores what system factors influenced the adoption of Family Group Decision Making (FGDM) in Pennsylvania and what the perceived barriers and facilitators of adoption and sustainability are according to the individuals involved in FGDM. A mixed methods design is employed, using geographic autocorrelation modeling and analysis of qualitative data about barriers and facilitators. The findings reveal that maltreatment and poverty rates and the size of the population of children are non-significant predictors of a county using FGDM, but having a FGDM pilot grant is a significant predictor, along with having had a system of care initiative. Population density and number of caseworkers also are significant, if weaker, predictors; population density became insignificant once the two largest counties, Philadelphia and Allegheny were removed from the model. Having a neighboring county that practices FGDM e.g. the neighborhood effect is the most powerful predictor ($z=8.98, p<0.000001$) and contributes a sizeable effect. The individuals working in counties new to FGDM perceive that adoption required additional resources such as more staff, money and training. The survey results from counties that recently adopted FGDM compared to counties that have more experience with FGDM suggest that leadership becomes even more important in maintaining progress in FGDM implementation compared with leadership needed to begin FGDM. The findings suggest that to facilitate the adoption of FGDM, funders should look to strategically place new programs close to established programs, provide start-up funding and utilize networks established through system collaboration activities. Continued research in the nature of innovation in child welfare practice using theories and analyses more commonly associated with sociology and economics may better inform the child welfare systems change efforts.

Weigensberg, E. C., Barth, R. P., & Guo, S. (2009). Family group decision making: A propensity score analysis to evaluate child and family services at baseline and after 36-months. *Children and Youth Services Review, 31(3), 383-390.*

Abstract:

Family group decision making (FGDM) has been increasingly adopted as a decision making strategy in child welfare agencies, although little research exists on how FGDM facilitates connections to services for children and families. This study utilizes 36 months of nationally-representative data from the National Survey of Child and Adolescent Well-Being (NSCAW) to evaluate the impact of FGDM meetings on children and families' services. Specifically, the study sample consists of 3220 children referred due to child maltreatment who were residing at home during the initial study interview, including 325 children who experienced FGDM meetings during the initial placement or planning assessment. Propensity score matching was used to generate a comparison group of non-FGDM cases, which aimed to mitigate the factors contributing to FGDM selection bias.

Analysis using the matched comparison group showed that around the time of the initial case assessment a higher percentages of children who experienced FGDM meetings than those who had not experienced FGDM were connected with some services, specifically parenting services, children's counseling services, and mental health treatment for parents. After 36 months, however, receipt of child and family services was not statistically different between children who experienced FGDM meetings and those who did not.

DIFFERENTIAL RESPONSE

Conley, A. (2007). Differential response: A critical examination of a secondary prevention model. *Children and Youth Services Review*, 29, 1454-1468.

Abstract:

Whether and when to intervene and what services to offer families in crisis are critical questions in the field of child welfare. Policy makers and administrators struggle with how to target services appropriately to ensure provision to families at greatest risk while avoiding endangerment through miscalculation. This paper examines the differential (also known as alternative) response paradigm of child welfare services under which families at moderate to high risk for child maltreatment are offered preventative, strengths based services. The Another Road to Safety Program, an example of a differential response program utilizing home visiting as a service delivery mechanism, is critically assessed to determine support for program assumptions in the child welfare literature base. The types of intervention strategies examined include voluntary service provision, home visitation, paraprofessional service delivery, and targeting of basic and concrete needs.

Conley, A., & Berrick, J. D. (2010). Community-based child abuse prevention: Outcomes associated with a differential response program in California. *Child Maltreatment*, 15(4), 282-292.

Abstract:

Traditionally, the American child welfare system intervenes in cases of evident and severe maltreatment. Families in need of help, but who have not reached a crisis, are excluded from typical services. Some suggest that if these families were served, few would be rereferred to the child welfare system. California's Differential Response (DR) has three tracks, of which "Track 1" targets families screened out of child protective services (CPS) and refers them to agencies that provide voluntary, home-based services and referrals. This study examined child-welfare trajectories for families receiving Track 1 DR services in one California county. Using survival analysis, treatment group children (N = 134) were compared to children eligible for services but denied due to program capacity (comparison group N = 511). Findings suggest no statistically significant differences between groups on the likelihood of a re-report following program participation, timing of maltreatment reports, or report investigations. The ability to draw strong conclusions from this study, however, is limited by selection bias because prior child maltreatment reports were more common in the treatment group. The intervention may provide families with important supports, but evidence for maltreatment prevention may not be supported. Future studies should examine potential effects on a range of family domains.

Marshall, S. K., Charles, G., Kendrick, K., Pakalniskiene, V. (2010). Comparing differential responses within child protective services: A longitudinal examination. *Child Welfare, 89(3), 57-77.*

Abstract:

This study examines the efficacy of a family differential response program to lower rates of (1) reentry into child protective services (CPS) and (2) child removal. Data were collected over 20 months from one region of British Columbia, Canada. Comparisons between family development response (FDR) and cases assigned to regular investigation (INV) suggest that FDR does not decrease recidivism to CPS. However, fewer children in the FDR group were removed than children in the INV group.

DEATH

Chadwick, D. L., Castillo, E. M., Kuelbs, C., Cox, S. A., & Lindsay, S. P. (2010). Missed and missing cases of abusive injuries: The magnitude and the measurement of the problem. *Child Abuse & Neglect, 34, 943-950.*

Abstract:

Objective: The authors' objective is to describe the disparity between the case-fatality rates for inflicted versus unintentional injuries of children, and to emphasize its utility as a way of estimating the effectiveness of the ascertainment of inflicted injuries of children.

Method: Determination, comparison, and explanation of the case-fatality-rate disparity in four injury databases were derived from hospitalized injury cases.

Results: The CFR disparity is 6–14-fold in the 4 injury databases. The CFR disparity varies strongly and inversely with the observed incidence of inflicted injuries in the databases.

Conclusions: A large disparity between the case fatality rates (CFRs) of inflicted and unintentional injuries exists in a number of injury databases. Inflicted injuries have much higher CFRs than unintentional injuries. The disparity can be accounted for by “missed” (incorrectly diagnosed) and “missing” (unseen) cases.

Practice implications: Present diagnostic criteria for physically abusive (inflicted) injuries are forensically-driven and too conservative for public health purposes. New public-health oriented case definitions for “inflicted injury” are needed. Programs to reduce injury recidivism in young children should be a part of overall injury prevention.

Chance, T., & Scannapieco, M. (2002). Ecological correlates of child maltreatment: Similarities and differences between child fatality and nonfatality cases. *Child and Adolescent Social Work Journal, 19(2), 139-161.*

Abstract:

The rate of fatal child maltreatment is increasing, and differentiating between risk factors for fatal as opposed to nonfatal maltreatment is essential to developing prevention programs. This exploratory retrospective study utilizes case record analysis to examine four categories of correlates for child maltreatment: 1) parent/caregiver factors, 2) child factors, 3) environmental/ situational factors, and 4) maltreatment incident factors. Thirty-eight fatality cases are compared to a matched group of nonfatality cases to determine which factors are related to fatality in a large Southwestern metropolitan area. The results provide a profile of characteristics that may place a child at higher risk of fatal maltreatment.

Graham, J. C., Stepura, K., Baumann, D. J., & Kern, H. (2010). Predicting child fatalities among less-severe CPS investigations. *Children and Youth Services Review, 32*, 274-280.

Abstract:

This research is focused on the discovery of variables distinguishing Child Protective Services (CPS) maltreatment-related fatality cases from non-fatality CPS cases. Using only the cases that did not initially present severe features, information from CPS investigations prior to a child fatality was compared to information from investigations that did not result in a fatality. Logistic regression was used to distinguish less-severe non-fatality cases from less-severe fatality cases. Findings resulted in three categories of predictive indicators: 1) more actionable and indicative of reduced risk, 2) mostly more actionable and indicative of increased risk, and 3) less actionable and indicative of increased risk. Implications for the field in terms of risk assessment, practices, and training are discussed, as are the implications for future research.

Palusci, V. J., Wirtz, S. J., Covington, T. (2010). Using capture-recapture methods to better ascertain the incidence of fatal child maltreatment. *Child Abuse & Neglect, 34*, 396-402.

Abstract:

Objectives: To (1) test the use of capture-recapture methods to estimate the total number of child maltreatment deaths in a single state using information from death certificates, child welfare reports, child death review teams, and uniform crime reports; and to (2) compare these estimates to the number of maltreatment deaths identified through an in-depth “gold standard” review.

Methods: Child maltreatment deaths were identified in four existing administrative data sources: (1) death reports in our state vital statistics (DC); (2) child death review team reports (CDR); (3) homicide reports filed by our state police agency as uniform crime report (UCR) supplements for the FBI; and (4) abstracted reports of a minor’s death from our state child protective services (CPS) agency. Capture-recapture pair-wise and pooled comparisons were then applied to estimate the numbers of abuse and total maltreatment deaths and were compared to the number of cases identified by independent case review.

Results: There were a total of 194 child maltreatment deaths in Michigan during 2000–2001 with 66 due to physical abuse. Capture-recapture analysis estimated the mean number of total child maltreatment deaths as 101.02 (95%CI = 92.52, 109.53), with abuse deaths of 64.55 (60.85, 68.25). Most pair-wise and pooled comparisons worked equally well for abuse deaths, but estimates for total child maltreatment deaths were low.

Conclusions: Capture-recapture methods applied to existing administrative datasets produced accurate estimates of child abuse deaths but were not useful in producing reliable estimates of total child maltreatment deaths due to undercounting neglect-related deaths in all existing administrative data sets. The underlying assumptions for capture-recapture methods were not met for neglect deaths. Local and/or state teams conducting ongoing intensive case review may yet remain the best way to identify the total number of child maltreatment deaths.

Practice implications: Capture-recapture methods allow for more accurate estimation of the true number of child physical abuse deaths than does using single existing sources of child fatality information, but deaths from causes other than abuse are undercounted.

Child maltreatment fatality surveillance requires a systematic process and standard criteria for identifying cases of maltreatment, particularly neglect-related child deaths.

Putnam-Hornstein, E. (in press). Report of maltreatment as a risk factor for injury death: A prospective birth cohort study. *Child Maltreatment*.

Abstract:

This article presents a population-based study of injury mortality following a non-fatal allegation of maltreatment. This analysis is based on a unique dataset constructed by establishing child level linkages between vital birth records, administrative child protective service records, and vital death records. These linked data reflect over 4.3 million children born in California between 1999-2006 and provide a longitudinal record of maltreatment allegations and death. Of interest was whether children reported for non-fatal maltreatment subsequently faced a heightened risk of unintentional and intentional injury mortality during the first five years of life. Findings indicate that after adjusting for risk factors at birth, children with a prior allegation of maltreatment died from intentional injuries at a rate that was 5.9 times greater than unreported children (95% CI [4.39, 7.81]) and died from unintentional injuries at twice the rate of unreported children (95% CI [1.71, 2.36]). A prior allegation to child protective services proved to be the strongest independent risk factor for injury mortality before the age of five.

Schnitzer, P. G., & Ewigman, B. G. (2005). Child deaths resulting from inflicted injuries: Household risk factors and perpetrator characteristics. *Pediatrics*, 116(5), 687-693.

Abstract:

Objective: To determine the role of household composition as an independent risk factor for fatal inflicted injuries among young children and describe perpetrator characteristics.

Design, Setting, and Population: A population-based, case-control study of all children <5 years of age who died in Missouri between January 1, 1992, and December 31, 1999. Missouri Child Fatality Review Program data were analyzed. Cases all involved children with injuries inflicted by a parent or caregiver. Two age-matched controls per case child were selected randomly from children who died of natural causes.

Main Outcome Measure: Inflicted-injury death. Household composition of case and control children was compared by using multivariate logistic regression. We hypothesized that children residing in households with adults unrelated to them are at higher risk of inflicted-injury death than children residing in households with 2 biological parents.

Results: We identified 149 inflicted-injury deaths in our population during the 8-year study period. Children residing in households with unrelated adults were nearly 50 times as likely to die of inflicted injuries than children residing with 2 biological parents (adjusted odds ratio:

47.6; 95% confidence interval: 10.4 –218). Children in households with a single parent and no other adults in residence had no increased risk of inflicted-injury death (adjusted odds ratio: 0.9; 95% confidence interval: 0.6– 1.9). Perpetrators were identified in 132 (88.6%) of the cases. The majority of known perpetrators were male (71.2%), and most were the child's father (34.9%) or the boyfriend of the child's mother (24.2%). In households with unrelated adults, most perpetrators (83.9%) were the unrelated adult

household member, and only 2 (6.5%) perpetrators were the biological parent of the child.

Conclusions: Young children who reside in households with unrelated adults are at exceptionally high risk for inflicted-injury death. Most perpetrators are male, and most are residents of the decedent child's household at the time of injury.

Stiffman, M. N., Schnitzer, P. G., Adam, P., Kruse, R. L., & Ewigman, B. G. (2002). Household composition and risk of fatal child maltreatment. *Pediatrics*, 109(4), 615-621.

Abstract:

Objective: Approximately 2000 children die annually in the United States from maltreatment.

Although maternal and child risk factors for child abuse have been identified, the role of household composition has not been well-established. Our objective was to evaluate household composition as a risk factor for fatal child maltreatment.

Methodology: Population-based, case-control study using data from the Missouri Child Fatality Review Panel system, 1992–1994. Households were categorized based on adult residents' relationship to the deceased child. Cases were all maltreatment injury deaths among children <5 years old. Controls were randomly selected from natural-cause deaths during the same period and frequency-matched to cases on age. The main outcome measure was maltreatment death.

Results: Children residing in households with adults unrelated to them were 8 times more likely to die of maltreatment than children in households with 2 biological parents (adjusted odds ratio [aOR]: 8.8; 95% confidence interval [CI]: 3.6–21.5). Risk of maltreatment death also was elevated for children residing with step, foster, or adoptive parents (aOR: 4.7; 95% CI: 1.6–12.0), and in households with other adult relatives present (aOR: 2.2; 95% CI: 1.1–4.5). Risk of maltreatment death was not increased for children living with only 1 biological parent (aOR: 1.1; 95% CI: 0.8–2.0).

Conclusions: Children living in households with 1 or more male adults that are not related to them are at increased risk for maltreatment injury death. This risk is not elevated for children living with a single parent, as long as no other adults live in the home.

OLDER YOUTH AND EMANCIPATION

Berzin, S. C. (2008). Difficulties in the transition to adulthood: using propensity scoring to understand what makes foster youth vulnerable. *Social Service Review*, 82(2), 171-196.

Abstract:

Research indicates that foster youth approaching adulthood fare poorly on a number of economic and social outcomes. Little is known, however, about whether negative outcomes stem from foster care or risk factors common among youth who have foster care experience. Using data from the National Longitudinal Survey of Youth 1997 and eight distinct matching schemes, this study compares outcomes of foster youth ($n = 136$) to those of other youth. These schemes are based on propensity scoring and Mahalanobis matching. Results locate similar outcomes for foster youth and youth matched on preplacement characteristics. Foster youth have more problematic outcomes than do youth in the general sample that is not matched. The results suggest that risk factors, and

not foster care itself, contribute to difficulties that occur in the transition to adulthood. These findings must be cautiously interpreted in light of study limitations.

Cheng, T. C., & Lo, C. C. (2010). Drug use among maltreated adolescents receiving child welfare services. *Children and Youth Services Review, 32, 1735-1739.*

Abstract:

This study investigated the impact of child maltreatment, child welfare services, parental substance abuse, and parent-child relationship on adolescents' drug use. In a secondary data analysis of 1799 adolescents, data were extracted from the National Survey of Child and Adolescent Well-Being. Ordered probit regression showed that level of hard drug use within the past 30 days related to adolescents' lifetime use of hard drugs, emotional closeness to parent, sexual maltreatment, and receipt of in-home services. Implications for services and research are discussed.

Connell, C. M., Katz, K. H., Saunders, L., & Tebes, J. K. (2006). Leaving foster care--the influence of child and case characteristics on foster care exit rates. *Children and Youth Services Review, 28(7), 780-798.*

Abstract:

This longitudinal study examines characteristics associated with the timing of three potential foster care outcomes—reunification, adoption, and running away from care (i.e., AWOL). Cox regression modeling was used to identify child and case characteristics associated with each outcome for a statewide sample of children entering care in Rhode Island following implementation of the Adoption and Safe Families Act (ASFA). Results revealed strong differences in both the rates and patterns of exits from care across discharge categories. Risk for reunification began almost immediately upon entry to care and generally decreased over time (despite a sharp spike in rates at the 10- to 12-month period), while risk for adoption was initially low and began to escalate at about the 9-month mark. AWOL rates were lower than those of reunification and adoption, and remained relatively stable over time. A number of child and case characteristics were associated with likelihood of exiting foster care. In many cases, the characteristics operated differently depending on exit type, though in other instances there was consistency indicating that some risk factors are likely to be associated with delays in achieving permanency (e.g., removal due to sexual abuse, presence of child emotional/behavioral disorder). Implications of these findings for child welfare research and practice are discussed.

Courtney, M. E., Dworsky, A., Lee, J. S., Raap, M., Cusick, G. R., Keller, T., Havlicek, J., Perez, A., Terao, S., & Bost, N. (2010). *Midwest Evaluation of the Adult Functioning of Former Foster Youth*. Retrieved from

<http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>.

Abstract:

The Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study) is a prospective study that has been following a sample of young people from Iowa, Wisconsin, and Illinois as they transition out of foster care into adulthood. It is a collaborative effort involving Chapin Hall at the University of Chicago; Partners for Our

Children at the University of Washington, Seattle; the University of Wisconsin Survey Center; and the public child welfare agencies in Illinois, Iowa, and Wisconsin.

The Midwest Study provides a comprehensive picture of how foster youth are faring during this transition since the Foster Care Independence Act of 1999 became law. Foster youth in Iowa, Wisconsin, and Illinois were eligible to participate in the study if they had entered care before their 16th birthday, were still in care at age 17, and had been removed from home for reasons other than delinquency. Baseline survey data were collected from 732 study participants when they were 17 or 18 years old. Study participants were re-interviewed at ages 19 (n = 603), 21 (n = 591), and 23 or 24 (n = 602). A fifth wave of survey data will be collected when study participants are 25 or 26 years old.

Because many of the questions Midwest Study participants were also asked as part of the National Longitudinal Study of Adolescent Health, it is possible to make comparisons between this sample of former foster youth and a nationally representative sample of young people in the general population. These comparisons indicate that young people who have aged out of foster care are faring poorly as a group relative to their peers across a variety of domains.

The Midwest Study also presents a unique opportunity to compare the outcomes of young people from one state (i.e., Illinois) that allows foster youth to remain in care until their 21st birthday to the outcomes of young people from two other states (i.e., Iowa and Wisconsin) in which foster youth generally age out when they are 18 years old. The data suggest that extending foster care until age 21 may be associated with better outcomes, at least in some domains.

Courtney, M. E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster care youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare*, 80(6), 685-717.

Abstract:

The well-being of youths who age out of the out-of-home care system in the U.S. has long been of great interest to child welfare practitioners and policymakers. In spite of this interest, however, very little is known about how these youths fare when they must make the transition to independence. The Foster Youth Transitions to Adulthood Study is tracking the experiences of 141 young adults who left care in Wisconsin in 1995 and 1996. This article describes these youths and their experiences in the first 12 to 18 months after leaving care. The findings suggest that the transition to independence is a difficult time for youth leaving the out-of-home care system.

Dworsky, A. & Courtney, M. (2010). The risk of teenage pregnancy among transitioning foster youth: Implications for extending state care beyond age 18. *Children and Youth Services Review*, 32(10), 1351-1356.

Abstract:

The purpose of this study is to examine how common teenage pregnancy is among young women in and Aging out of foster care and to determine whether the risk of becoming pregnant can be reduced by extending foster care beyond age 18. The study used data from the first two waves of the Midwest Evaluation of the Adult Functioning of Former Foster Youth, a longitudinal study of foster youth making the transition to adulthood in three Midwestern states, as well as the National Longitudinal Study of Adolescent

Health. Cox proportional hazard models were estimated to examine the relationship between care status and the risk of teenage pregnancy. Foster youth are more likely to experience teenage pregnancy than their peers in the general population but staying in care seems to mitigate their risk of becoming pregnant even after the effects of other factors are taken into account. Our findings provide additional evidence of the need for a more concerted effort by child welfare agencies to help youth in foster care avoid becoming pregnant and suggest that allowing young people to remain in foster care beyond age 18 may be one way to reduce teenage pregnancy among this population.

Kerman, B. (2002). Outcomes for young adults who experienced foster care. *Children and Youth Services Review*, 24(5), 319-344.

Abstract:

Long term foster care often provides a ‘third-best’ option for youth when reunification and adoption are not available, not only because of the emotional complexity of belonging to an impermanent family, but because foster care often ends at the beginning of adulthood. This paper highlights the role of extending support during the critical transition through young adulthood. After a brief review of adult outcome literature, results from a follow-up study of foster children for whom reunification was not planned are described. Adoptees and children who remained in foster care into young adulthood were functioning better than those who exited at age 18 or before. Moreover, youth who remained for extended support in foster care were doing as well as those who were adopted. These findings must be carefully interpreted in view of the many study constraints. Further work is needed to address limitations in study design, to identify the children most likely to succeed along the different permanency service paths, and to clarify critical services needed by youth remaining in care.

Osgood, D. W., Foster, E. M., & Courtney, M. E. (2010). Vulnerable populations and the transition to adulthood. *The Future of Children*, 20(1), 209-229.

Abstract:

D. Wayne Osgood, E. Michael Foster, and Mark E. Courtney examine the transition to adulthood for youth involved in social service and justice systems during childhood and adolescence. They survey the challenges faced by youth in the mental health system, the foster care system, the juvenile justice system, the criminal justice system, and special education, and by youth with physical disabilities and chronic illness, as well as runaway and homeless youth.

One problem is that the services these vulnerable populations receive from these systems as children and adolescents often end abruptly as they transition to adulthood, even though the need for them continues. Youth must leave systems tailored for clients their age and, if they are eligible for further services at all, enter adult systems that are not equipped to address their needs. One exception is the special education system, whose services extend into early adulthood and are designed for individuals’ needs.

The authors review current public policies directed toward vulnerable youth in transition and find problems in four areas: eligibility criteria that exclude youth from services that might benefit them, inadequate funding for transition services, a lack of coordination

across service systems, and inadequate training about young-adult developmental issues for service professionals.

The authors then discuss policy options that can help create a developmentally appropriate and socially inclusive system of support for vulnerable youth. Among the options are strengthening all programs for youth in transition, improving the existing systems of care for children and adolescents, addressing the loss of access to services at the age of majority, and coordinating today's multiple systems into a single coherent system. The authors see heightened governmental interest in better supports for vulnerable young adults, both through expanding the federal role in their lives and through improving coordination of the systems that serve them. The Fostering Connections Act of 2008, for example, extended services to adolescents in foster care from the age of eighteen to the age of twenty-one.

Peters, C., Dworsky, A., Courtney, M. E., Pollack, H. (2009). *Extending Foster Care to Age 21: Weighing the Costs to Government against the Benefits to Youth*. Retrieved from <http://www.chapinhall.org/research/report/extending-foster-care-age-21-weighing-costs-government-against-benefits-youth>.

Abstract:

The Fostering Connections to Success and Increasing Adoptions Act of 2008 will soon allow states to claim federal reimbursement for the costs of caring for and supervising Title IV-E eligible foster youth until their 21st birthday. This issue brief provides some preliminary estimates of what the potential costs to government and benefits to young people will be if states extend foster care to age 21. We focus on the increase in postsecondary educational attainment associated with allowing foster youth to remain in care until they are 21 years old and the resulting increase in lifetime earnings associated with postsecondary education. Our best estimate is that lifetime earnings would increase an average of two dollars for every dollar spent on keeping foster youth in care beyond age 18.

Simmel, C. (2010). *Why do adolescents become involved with the child welfare system? Exploring risk factors that affect young adolescents. Children and Youth Services Review, 32, 1831-1836.*

Abstract:

An exploratory study that investigated the circumstances of adolescents' involvement with the child welfare system was conducted. Using data from the National Survey of Child and Adolescent Well-being, a cluster analysis was performed on 831 youths, aged 11–16 years old, who were reported to child welfare authorities for abuse and/or neglect. The aims of the study were to identify how precipitating risk factors affecting caregivers and youth clustered together, and then to explore what demographic and maltreatment-related factors distinguished these clusters. The results show that three clusters exist, each characterized by distinct sets of either parental or youth risk factors, or an absence of these risk elements all together. In addition, each cluster was also characterized by distinct types of maltreatment. Reports of neglect corresponded to the cluster that evidenced high rates of caregiver risk factors, while rates of physical abuse accompanied the cluster that displayed high rates of youth behavior problems. The issues surrounding

developing or enhancing specific intervention strategies for young adolescents at jeopardy for involvement with child welfare are discussed.

Stott, T., & Gustavsson, N. (2010). Balancing permanency and stability for youth in foster care. *Children and Youth Services Review, 32*, 619-625.

Abstract:

Youth aging out of the foster care system are at risk for poor outcomes. Little is known about the etiology of these outcomes. However, placement instability may be one contributor. Permanency planning as a policy was well-intentioned. However, for adolescents likely to age out of care, the policy may actually contribute to placement instability. A review of the elements of permanency reveals a complex concept which emphasizes continuity of relationships. Federal permanency legislation and state policy may be in conflict with this goal, especially for youth who age out of care. We review the challenges faced by youth aging out of care, their placement histories, permanency planning as a policy and practice, and suggest modifications to permanency planning to facilitate the development and maintenance of the stable social networks essential for successful transitions to adulthood.

PARENTAL INCARCERATION

Hayward, R. A., & DePanfilis, D. (2007). Foster children with an incarcerated parent: Predictors of reunification. *Children and Youth Services Review, 29*, 1320-1334.

Abstract:

Compared to other children who need child welfare services, children with incarcerated parents have needs that are not easily met and when placed in foster care may be less likely to achieve permanency through reunification. Prior research has not identified under what circumstances these children are more or less likely to reunify with a family member. Using administrative data from the Adoption and Foster Care Administrative Reporting System (AFCARS) this paper explores whether factors that predict reunification for children in foster care (e.g., child age, race, mental health, disability, family structure, placement history) also predict reunification for children who have at least one incarcerated parent (n=40,751). Use of logistic regression suggested that school age children and children with behavioral or substance abuse problems were more likely to reunify. In contrast, controlling for the impact of other variables in the model, the following factors significantly decreased the likelihood of reunification for children with at least one incarcerated parent: kinship foster care placement, African American ethnicity, age under 2, child disability, housing problems, single-parent family structure, and placement history. Practice and policy implications related to children of incarcerated parents in out-of-home care are discussed.

Johnson, E. I., & Waldfogel, J. (2002). Parental incarceration: Recent trends and implications for child welfare. *Social Service Review, 76*(3), 460-479.

Abstract:

Using national survey data, we analyze 11-year trends in parental incarceration. Results indicate that children with incarcerated parents have become an increasingly large share of the foster care population since the mid-1980s and a notable share of U.S. children living with grandparent caregivers. Findings underscore the need to develop and implement specific child welfare and criminal justice policies for serving these families.

Phillips, S. D., & Dettlaff, A. J. (2009). More than parents in prison: The broader overlap between the criminal justice and child welfare systems. *Journal of Public Child Welfare*, 3, 3-22.

Abstract:

Because of the dramatic rise in incarceration rates during the past two decades, children of incarcerated parents have been a topic of increasing interest. Children who have parents in jail or prison, however, are only a subgroup of the children child protective services agencies encounter who have parents who are involved with the criminal justice system. According to data from the National Survey of Child and Adolescent Well-Being, the primary caregivers of one in three children in in-home settings have been arrested, but are not currently incarcerated. Households headed by caregivers who have been arrested have higher levels of substance abuse, domestic violence, and extreme poverty than households with never-arrested caregivers. Children of arrested and never arrested caregivers have comparable levels of clinically significant emotional and behavioral problems, but these problems are more prevalent in both groups than is typical for children in the general population. There are special considerations in working with families in which a parent is incarcerated, but the child welfare field should not overlook opportunities to improve outcomes related to the safety, permanency, and well-being of children whose parents are involved at other points within the criminal justice system.

PRIMARY PREVENTION AND PUBLIC HEALTH APPROACHES

Multiple Authors. (2009). Preventing Child Maltreatment. *The Future of Children*, 19(2).

Abstract:

Contributors to this volume of *The Future of Children* present the best available research on policies and programs designed to prevent maltreatment. They examine a gradual shift in the field of child maltreatment toward prevention and explore how insights into the risk factors for maltreatment can help target prevention efforts. They assess whether programs such as community-wide interventions, parenting programs, home-visiting, drug and alcohol treatment, and school-based educational programs on sexual abuse, can prevent maltreatment. They also explore how CPS agencies might take a more active role in prevention.

Calam, R., Sanders, M. R., Miller, C., Carmont, S. (2008). Can technology and the media help reduce dysfunctional parenting and increase engagement with preventative parenting interventions? *Child Maltreatment*, 13(4), 347-361.

Abstract:

In an evaluation of the television series “Driving Mum and Dad Mad,” 723 families participated and were randomly assigned to either a standard or technology enhanced viewing condition (included additional Web-support). Parents in both conditions reported significant improvements from pre- to postintervention in their child’s behavior, dysfunctional parenting, parental anger, depression, and self-efficacy. Short-term improvements were maintained at 6-months follow-up. Regressions identified predictors of program outcomes and level of involvement. Parents who watched the entire series had more severe problems at preintervention and high sociodemographic risk than parents who did not watch the entire series. Few sociodemographic, child, or parent variables assessed at preintervention predicted program outcomes or program engagement,

suggesting that a wide range of parents from diverse socioeconomic status benefited from the program. Media interventions depicting evidence-based parenting programs may be a useful means of reaching hard to engage families in population-level child maltreatment prevention programs.

Klevens, J., & Whitaker, D. J. (2007). Primary Prevention of Child Physical Abuse and Neglect: Gaps and Promising Directions. *Child Maltreatment*, 12(4), 364-377.

Abstract:

Reviews on primary prevention have identified effective strategies to prevent child maltreatment but have ignored potentially promising interventions that have not yet been evaluated as well as gaps in the development of programs. The goal of this review was to identify these gaps and recommend future directions for developing interventions from a public health perspective. To this end, a systematic review of the literature for 1980-2004 utilizing existing databases and found 188 primary prevention interventions that addressed a broad range of risk factors was conducted. However, few had been rigorously evaluated, and only a handful demonstrated impact on child maltreatment or its risk factors. From a public health perspective, interventions that target prevalent and neglected risk factors such as poverty, partner violence, teenage pregnancy, and social norms tolerating violence toward children need to be developed and evaluated. In addition, more attention should be given to low cost interventions delivered to the public, by society, or that require minimal effort from recipients.

O'Donnell, M., Nassar, N., Leonard, H., Jacoby, P., Mathews, R., Patterson, Y., & Stanley, F. (2010). Rates and types of hospitalizations for children who have subsequent contact with the child protection system: a population based case-control study. *Journal of Epidemiology & Community Health*, 64(9), 784-788.

Abstract:

Objectives: To determine whether children who have child maltreatment allegation or substantiation have a higher rate of general hospital admissions and injury related admissions when compared to other children and to investigate other types of admissions, such as mental health, infections and admissions due to external causes.

Study design: A prospective matched case-control study of children born in Western Australia between 1990 and 2005 using de-identified record linked Child Protection and Hospital Morbidity data. Rates of prior hospital admissions for cases versus controls were calculated, and conditional logistic regression was used to estimate the effect of hospital admission rate on the risk of child maltreatment allegation and substantiated allegation.

Results: Children with child maltreatment allegations and substantiations had higher mean prior admission rates compared to controls. Higher rates of general admissions and admissions for injuries, infections, mental and behavioural disorders, and external causes of morbidity, were associated with a markedly increased risk of child maltreatment allegations and substantiation.

Conclusions: The hospital system plays not only an important role both in the surveillance of maltreatment related injuries and conditions but also in the role of prevention in the referral of families who may need support and assistance in ensuring the health and safety of their children. This research highlights the importance of moving to electronic patient records in identifying children who have high rates of admissions and

the types of conditions they have previously presented with, particularly for injuries, mental and behavioural disorders and external causes of admissions.

O'Donnell, M., Scott, D., & Stanley, F. (2008). Child abuse and neglect - is it time for a public health approach? *Australian and New Zealand Journal of Public Health*, 32(4), 325-330.

Abstract:

Australia is seeing an unprecedented increase in the rate of child protection notifications and children being taken into care. The burden of such high levels of notifications and removals impact not only the children and families but also the system which is trying to resource them. The concern is that these increases are unsustainable and overloaded child protection systems can be dangerous for the vulnerable families and children they are trying to protect and support. This paper hopes to raise some alternative thinking as to the overall approaches to child abuse and neglect with a greater focus on prevention. Is it time to consider a public health approach, using population-based measures of child abuse and neglect to accurately describe the epidemiology of population risk and protective factors? Should we investigate the potential of universal health, welfare and education services as platforms for prevention? And should we investigate whether the provision of secondary prevention for vulnerable families which address major contributing factors, such as parental substance dependence and mental health issues are effective in reducing abuse of children in these families?

Reading, R., Bissell, S., Goldhagen, J., Harwin, J., Masson, J., Moynihan, S., Parton, N., Pais, M. S., Thorburn, J., Webb, E. (2009). Promotion of children's rights and prevention of child maltreatment. *Lancet*, 373, 332-343.

Abstract:

In medical literature, child maltreatment is considered as a public-health problem or an issue of harm to individuals, but less frequently as a violation of children's human rights. Public-health approaches emphasize monitoring, prevention, cost-effectiveness, and population strategies; protective approaches concentrate on the legal and professional response to cases of maltreatment. Both approaches have been associated with improvement in outcomes for children, yet maltreatment remains a major global problem. We describe how children's rights provide a different perspective on child maltreatment, and contribute to both public-health and protective responses. Children's rights as laid out in the UN convention on the rights of the child (UNCRC) provide a framework for understanding child maltreatment as part of a range of violence, harm, and exploitation of children at the individual, institutional, and societal levels. Rights of participation and provision are as important as rights of protection. The principles embodied in the UNCRC are concordant with those of medical ethics. The greatest strength of an approach based on the UNCRC is that it provides a legal instrument for implementing policy, accountability, and social justice, all of which enhance public-health responses. Incorporation of the principles of the UNCRC into laws, research, public-health policy, and professional training and practice will result in further progress in the area of child maltreatment.

Reynolds, A. J., Mathieson, L. C., Topitzes, J. W. (2009). Do early childhood interventions prevent child maltreatment? A review of research. *Child Maltreatment*, 14(2), 182-206.

Abstract:

We reviewed the empirical evidence on whether early childhood primary prevention programs can reduce rates of child abuse and neglect. Fifteen studies of 14 programs for children ages birth to 5 years were completed from 1990 to 2007 and assessed impacts with methodological rigor. All but one of the programs intervened from birth to age 3 through home visits, parent education classes, or the provision of health services. The weighted average effect size of program participation was a 2.9 percentage-point reduction in maltreatment (6.6% vs. 9.5%), which is equivalent to a 31% reduction in the rate of maltreatment and a fifth of a standard deviation. Of the five programs showing significant reductions in substantiated rates of child maltreatment, three provide strong evidence of preventive effects. Only the Child-Parent Centers (CPCs) and the Nurse–Family Partnership (NFP) assessed longer term preventive effects. Common elements of these effective programs included implementation by professional staff, relatively high dosage and intensity, and comprehensiveness of scope. The major conclusion is that the evidence base for programs in early childhood to prevent child maltreatment remains relatively weak. To advance the field, more longer term studies of a variety of intervention models are needed.

Waldfoegel, J. (2009). Prevention and the child protection system. *The Future of Children*, 19(2), 195-210.

Abstract:

The nation's child protection system (CPS) has historically focused on preventing maltreatment in high-risk families, whose children have already been maltreated. But, as Jane Waldfoegel explains, it has also begun developing prevention procedures for children at lower risk—those who are referred to CPS but whose cases do not meet the criteria for ongoing services. Preventive services delivered by CPS to high-risk families, says Waldfoegel, typically include case management and supervision. The families may also receive one or more other preventive services, including individual and family counseling, respite care, parenting education, housing assistance, substance abuse treatment, child care, and home visits. Researchers generally find little evidence, however, that these services reduce the risk of subsequent maltreatment, although there is some promising evidence on the role of child care. Many families receive few services beyond periodic visits by usually overburdened caseworkers, and the services they do receive are often poor in quality. Preventive services for lower-risk families often focus on increasing parents' understanding of the developmental stages of childhood and on improving their child-rearing competencies. The evidence base on the effectiveness of these services remains thin. Most research focuses on home-visiting and parent education programs. Studies of home visiting have provided some promising evidence. Little is as yet known about the effects of parent education. Waldfoegel concludes that researchers have much more to learn about what services CPS agencies should expand to do a better job of preventing maltreatment. Some families, especially those with mental health, substance abuse, and domestic violence problems, are at especially high risk, which suggests that more effective treatment services for such parents could help. Very young children, too, are at high risk, suggesting a potentially important role for child

care—one area where the evidence base is reasonably strong in pointing to a potential preventive role. Although preventive services for the lower-risk cases not open for services with CPS are much more widespread today than in the past, analysts must explore what CPS agencies can do in this area too to ensure that they are delivering effective services.

Zimmerman, F., & Mercy, J. A. (2010). *A better start: child maltreatment as a public health priority: Zero to Three*. Retrieved from <http://www.zerotothree.org/maltreatment/child-abuse-neglect/30-5-zimmerman.pdf>.

Abstract:

Child abuse prevention programs have historically focused on individual and family dynamics rather than community-based or societal strategies to prevent child maltreatment. Recently, there has been a growing recognition of the importance of communitywide efforts to prevent child maltreatment before abuse or neglect occurs by offering a continuum of services that promote the health of the population as a whole. The authors describe how a public health approach to child maltreatment addresses the range of conditions that place children at risk for abuse or neglect and include strategies at the individual, family, community, and societal levels to promote health and well-being.

SOCIAL/EMOTIONAL HEALTH OF CHILDREN

Chuang, E., Wells, R. (2010). *The role of inter-agency collaboration in facilitating receipt of behavioral health services for youth involved with child welfare and juvenile justice*. *Children and Youth Services Review*, 32, 1814-1822.

Abstract:

Unmet need for behavioral health care is a serious problem for crossover youth, or those simultaneously involved with the child welfare and juvenile justice systems. Although a large percentage of crossover youth are serious emotionally disturbed, relatively few receive necessary behavioral health services. Few studies have examined the role of inter-agency collaboration in facilitating behavioral health service access for crossover youth. This study examined associations for three dimensions of collaboration between local child welfare and juvenile justice agencies—jurisdiction, shared information systems, and overall connectivity— and youths' odds of receiving behavioral health services. Data were drawn from the National Survey of Child and Adolescent Well-Being, a national survey of families engaged with the child welfare system. Having a single agency accountable for youth care increased youth odds of receiving outpatient and inpatient behavioral health services. Inter-agency sharing of administrative data increased youth odds of inpatient behavioral health service receipt. Clarifying agency accountability and linking databases across sectors may improve service access for youth involved with both the child welfare and juvenile justice systems.

Courtney, M. E., Zinn, A. (2009). *Predictors of running away from out-of-home care*. *Children and Youth Services Review*, 31, 1298-1306.

Abstract:

This study examines the frequency and predictors of youth running away from foster care in Illinois. Using data from the state's child welfare management information system and

Medicaid paid claims data, study analyses focus on 14,282 children and youth who ran away from care at least once between 1993 and 2003. The likelihood that youths in care would run nearly doubled over the study period, driven largely by an increase over time in the likelihood that youths who had run once would run again. Child age, gender, race/ethnicity, disability, and diagnosed mental health and substance use disorders all predicted running from care. System-level factors including placement type, number of prior placements, prior runaway history, and administrative region were also found to predict running away. Implications of the study findings for child welfare policy and practice are discussed.

Farmer, E. M. Z., Mustillo, S. A., Wagner, H. R., Burns, B. J., Kolko, D. J., Barth, R. P., Leslie, L. K. (2010). Service use and multi-sector use for mental health problems by youth in contact with child welfare. *Children and Youth Services Review, 32, 815-821.*

Abstract:

This article uses data from the National Survey of Child and Adolescent Well-Being (NSCAW) to examine multi-sector service use for mental health problems by youth in contact with social service agencies. At 18-months post-investigation for abuse/neglect, 24% was receiving some service for a mental health problem. Among served youth, 33% received services from multiple sectors. Likelihood of service use was higher for youth who were older, male, in non-kin foster care, had more severe mental health problems, and more parental risk factors. Among service users, few factors differentiated youth who used multiple sectors from those served in only one sector.

Grogan-Kaylor, A., Ruffolo, M. C., Ortega, R. M., Clarke, J. (2008). Behaviors of youth involved in the child welfare system. *Child Abuse & Neglect, 32, 35-49.*

Abstract:

Objective: Using data from a nationally representative panel study, the National Survey of Child and Adolescent Well-Being (NSCAW), we address the following questions: (a) What are the youth, family, community, and child welfare system risk factors that place youth (ages 11–14 years) living at home, who are referred for maltreatment, at increased risk of delinquent behaviors over time? and (b) What promotive factors at the youth, family, community, and child welfare system levels appear to minimize the risk of delinquent behaviors for these youth over time?

Methods: The study uses the NSCAW data collected at baseline (Wave 1) and 18 months later (Wave 3). The multivariate analyses were conducted using a tobit model adjusted for longitudinal data and a complex survey sample.

Results: Several significant risk and promotive factors were found to influence the risk of delinquent behaviors over time. Older youth were more likely to engage in delinquent behaviors than younger youth. Girls were less likely to engage in delinquent behaviors than boys. Race or ethnicity did not have a statistically significant relationship with engaging in delinquent behaviors. Compared with neglected youth, youth who were physically abused were more likely to engage in delinquent behaviors. Increases in caregiver monitoring and in the quality of relationship with caregivers were associated with decreases in delinquent behaviors. Youth at greatest risk and those who engaged in more delinquent behaviors received more child welfare services than youth who did not engage in delinquent behaviors.

Conclusions: The current child welfare delivery system emphasizes provision of services to youth experiencing the more serious problems and less on preventive services. The study findings suggest that preventive services when youth first enter the child welfare system that focus on enhancing caregiver skills in building positive relationships with their youth and increased monitoring of the youth's activity may alter the pathway to delinquent behaviors for these youth.

Holden, E. W., O'Connell, S. R., Liao, Q., Krivelyova, A., Connor, T., Blau, G., & Long, D. (2007). Outcomes of a randomized trial of continuum of care services for children in a child welfare system. *Child Welfare, 86*(6), 89-114.

Abstract:

The Connecticut Department of Children and Families Title IV-E waiver demonstration evaluated whether the well-being of children approved for residential mental health services could be improved, and lengths of stay in restrictive placements reduced, by providing case rate payments to community agencies to provide continuum of care services. Children between ages 7 and 15 were randomly assigned to either the demonstration group (n = 78) or to usual state-supported services (n = 79). One-year outcome results indicated that in a situation that is less costly, improvement in outcomes occurred in less restrictive settings. Continuum of care services were more effective in 1) returning children to in-home placements, 2) reducing the length of stay in restrictive placements, and (3) utilizing higher levels of case management through coordination among agencies and family support services.

Landsverk, J. A., Burns, B. J., Stambaugh, L. F., & Rolls Reutz, J. A. (2009). Psychosocial interventions for children and adolescents in foster care: A review of research literature. *Child Welfare, 88*(1), 49-69.

Abstract:

Between one-half and three-fourths of children entering foster care exhibit behavioral or social-emotional problems warranting mental health care. This paper, condensed and updated from a technical report prepared for Casey Family Programs in 2005, reviews evidence-based and promising interventions for the most prevalent mental conditions found among children in foster care. This paper also makes several recommendations regarding increasing access to mental health care and effective psychosocial interventions for foster care children.

Lee, B. R., Shaw, T. V., Gove, B., Hwang, J. (2010). Transitioning from group care to family care: Child welfare worker assessments. *Children and Youth Services Review, 32*, 1770-1777.

Abstract:

This study explored the perspectives of child welfare workers of 232 youth currently placed in group care. Qualitative comments from workers were coded to identify barriers to placing youth in a family setting. Workers were also asked to assess the youth's readiness to transition to family care. Logistic regression identified several youth and family characteristics significantly associated with being assessed as a good candidate for family care. Worker assessment of good candidacy for family care was also significantly associated with being placed in a family setting six months later. Using discriminant function analysis, other variables were identified that more accurately predicted subsequent family care placement. Recommendations for designing efforts to transition youth from group care to family care are presented.

Maschi, T., Hatcher, S. S., Schwalbe, C. S., Rosato, N. S. (2008). Mapping the social service pathways of youth to and through the juvenile justice system: A comprehensive review. *Children and Youth Services Review*, 30, 1376-1385.

Abstract:

The purpose of this review was to detail the human or social service needs and service use patterns (i.e., healthcare, education, social services, child welfare, mental health, and substance abuse) that influence youth's entry and prolonged involvement with the juvenile justice system. What emerged from the literature was a pattern of service needs and prior service usage that placed youth at risk of juvenile justice involvement. Extralegal factors, such as individual characteristics (e.g., race/ethnicity, gender, and mental health and trauma histories) and social/environmental characteristics (e.g., family conflict, unmet service needs, and prior social service use) influenced how youth traveled across the sectors of care. The authors present a social justice systems model that depicts the varied service pathways that youth may concurrently or sequentially travel across the social and justice systems of care. The paper concludes with a discussion of the implications for practice, policy, and research.

Raghavan, R., Leibowitz, A. A., Andersen, R. M., Zima, B. T., Schuster, M. A., Landsverk, J. (2006). Effects of Medicaid managed care policies on mental health services use among a national probability sample of children in the child welfare system. *Children and Youth Services Review*, 28, 1482-1496.

Abstract:

Children in the child welfare system are dependent upon Medicaid to finance services for their considerable mental health needs. This study examines the effects of Medicaid policies on mental health Service use among a national probability sample of children in the child welfare system. Data for this study came from the National Survey of Child and Adolescent Well-Being, the Caring for Children in Child Welfare study, and the Area Resource File. Weighted multivariate logistic regression analyses were conducted to estimate effects of policy variables on children's use of mental health services, controlling for child-level covariates and county-level health resources. Children in counties with behavioral carveouts under Medicaid managed care had lower odds of inpatient mental health service use. Medicaid managed care enrollment and variations in type of provider reimbursement did not affect use of mental health services. Older age, greater need for mental health services, and higher levels of caregiver education were associated with increased odds of service use. Restrictions on use of inpatient mental healthcare caused by behavioral carve-outs may disproportionately affect children in the child welfare system who have high rates of such use. Careful adoption of carve-outs is necessary to assure appropriate care for these children.

Rosenthal, J. A., Villegas, S. (2010). Living situation and placement change and children's behavior. *Children and Youth Services Review*, 32, 1648-1655.

Abstract:

Using a national, representative sample of children who received child welfare services, this paper builds longitudinal path models that examine four effects: prior change in living situation or placement on subsequent change, prior behavior problems on subsequent problems, behavior problems on change in living situation or placement, and

change in living situation or placement on behavior problems. The first three just-mentioned effects were significant (positive associations) in all models. At some time points, living situation and placement change predicted internalized behavior problems (positive association) but, overall, the effects of change in living situation or placement on children's behavior problems, if any, were small. Implications for practice and policy are discussed.

Schelble, J. L., Franks, B. A., Miller, M. D. (2010). Emotion dysregulation and academic resilience in maltreated children. *Child Youth Care Forum*, 39, 289-303.

Abstract:

Maltreated children frequently experience academic difficulties. In the past, this has been attributed to placement instability, length of involvement with the child welfare system, and numerous other factors that disproportionately affect maltreated children. Maltreated children are also prone to emotion regulation (ER) difficulties and patterns of emotion dysregulation. Resilience (i.e., normative functioning despite having experienced maltreatment) among maltreated children is rare, particularly across multiple domains. ER has been found to predict academic performance in non-maltreated samples. In this study, the relationship between emotion dysregulation and academic performance was analyzed in a sample already at risk for academic difficulties (maltreated children). Measures of emotion dysregulation and academic performance were analyzed in a sample of maltreated children (n = 158). Linear regression analysis indicated that the absence of emotion dysregulation was significantly related to academic resilience. Late adolescence, race, and placement stability were also significantly related to academic resilience. Implications for child welfare professionals and educators of maltreated children are discussed.

MISCELLANEOUS

Barth, R. P. (2008). The move to evidence-based practice: How well does it fit child welfare services. *Journal of Public Child Welfare*, 2(2), 145-171.

Abstract:

Child welfare services are engaged in examining and applying concepts from evidence-based practice. This article provides background on evidence-based practice in child welfare and suggests the areas of least and greatest fit between the methods of evidence-based practice and child welfare services. Implications for the emergence of more evidence-based approaches to child welfare services are forwarded. Suggestions for social work education are also offered.

Courtney, M. E., McMurtry, S. L., & Zinn, Andrew. (2004). Housing problems experienced by recipients of child welfare services. *Child Welfare*, 83(5), 393-422.

Abstract:

This study uses data on the experiences of families involved with child welfare services to examine the nature of housing problems and needs among these families and whether housing status affects case outcomes. First, the article describes the housing difficulties faced by two distinct child welfare service populations: families receiving voluntary in-home services and families with children in court-ordered out-of-home care. Second, the study demonstrates the

relationship between housing problems and the likelihood of family reunification for children in out-of-home care. The findings have implications for the delivery of child welfare services and the provision of housing assistance to low-income families with children.

DeGue, S., & Widom, C. S. (2009). Does out-of-home placement mediate the relationship between child maltreatment and adult criminality? *Child Maltreatment*, 14(4), 344-355.

Abstract:

Existing research on child welfare interventions as mediators of the criminal consequences of child maltreatment has focused on juvenile delinquency rather than adult criminality. This study uses a prospective sample of 772 maltreated youth to examine out-of-home placement as a mediator of adult criminality. Arrest data were collected from official records when the full sample was a mean age of 31.8, having ample opportunity for involvement with the criminal justice system. Overall, out-of-home placement showed a neutral or slightly positive effect on adult criminality compared to no placement, consistent with earlier findings. However, prior delinquency and placement instability were significant risk factors for adult criminality. Gender, not race, was identified as a significant moderator of the relationship between placement and adult criminality, with different patterns of response to placement for males and females. Thus, whether placement experiences influence adult criminal consequences of child maltreatment might depend on prior delinquency, placement stability, and gender.

English, D. J., Graham, J. C., Newton, R. R., Lewis, T. L., Thompson, R., Kotch, J. B., Weisbart, C. (2009). At-risk and maltreated children exposed to intimate partner aggression/violence: What conflict looks like and its relationship to child outcomes. *Child Maltreatment*, 14(2), 157-171.

Abstract:

Despite increasing research on children's exposure to intimate partner aggression/violence (IPAV), and co-occurrence of IPAV and maltreatment, little is known about IPAV in at-risk and maltreating families. We explored the nature of IPAV in 554 homes where children were identified as at risk or reported for maltreatment and examined differences between emotional and behavioral outcomes for children in homes where one or both intimate partners is the alleged perpetrator of IPAV. We found in this sample that IPAV primarily took the form of verbal aggression with differences in perpetrator gender for verbal, minor, and severe violence. There were few child outcomes predicted by perpetrator gender: Significant child behavior problems were found with all types of IPAV and both genders as perpetrators. Results suggest the need for comprehensive assessments of IPAV when assessing risk, safety, and harm issues for children reported as being at risk or victims of maltreatment.

Ertem, I. O., Leventhal, J. M., & Dobbs, S. (2000). Intergenerational continuity of child physical abuse: How good is the evidence? *The Lancet*, 356(9232), 814-819.

Abstract:

Background: There is widespread belief that individuals who were physically abused during childhood are more likely to abuse their own children than those who were not

abused, but the empirical studies examining this belief have not been systematically reviewed. The aim of this study was to evaluate systematically, based on eight methodological standards derived from a hypothetical randomised controlled trial, the design of studies investigating the intergenerational transmission of child physical abuse.

Methods: We reviewed studies published between 1965 and 2000 in English that provided information about physical maltreatment in two generations and included a comparison group. Two investigators independently assessed whether each study met the methodological standards.

Findings: In the ten studies identified (four cohort, one cross-sectional, and five case-control), the relative risks of maltreatment in the children of parents who were abused during childhood were significantly increased in four studies (relative risks 4.75–37.8), but in three other studies the relative risks were less than 2. Most study reports provided a clear description of abuse of parents during childhood and abuse of their children. Five studies failed to avoid recall and detection bias; five did not ensure that controls were not themselves maltreated; eight did not provide adequate follow-up; and in six the report did not state whether the enrolled parent was responsible for the maltreatment. Most studies did not control for intervening factors, such as sociodemographic characteristics during the time of abuse of the parent generation and at the time their children were abused. Only one study met all eight criteria (relative risk of abuse transmission 12.6 [95% CI 1.82–87.2]) and one met six (1.05 [0.53–2.06]).

Interpretation: The one study that met all eight methodological standards provided evidence for the intergenerational continuity of child physical abuse, but that which met six standards did not support the hypothesis. Use of our model and methodological standards should improve the scientific quality of studies examining the effects of risk factors for adverse outcomes that may continue across generations.

Glaser, D. (2000). Child abuse and neglect and the brain: a review. *Journal of Child Psychology and Psychiatry*, 41(1), 97-116.

Abstract:

Developmental psychology and the study of behaviour and emotion have tended to be considered in parallel to the study of neurobiological processes. This review explores the effects of child abuse and neglect on the brain, excluding nonaccidental injury that causes gross physical trauma to the brain. It commences with a background summary of the nature, context, and some deleterious effects of omission and commission within child maltreatment. There is no post-maltreatment syndrome, outcomes varying with many factors including nature, duration, and interpersonal context of the maltreatment as well as the nature of later intervention. There then follows a section on environmental influences on brain development, demonstrating the dependence of the orderly process of neurodevelopment on the child's environment. Ontogenesis, or the development of the self through self-determination, proceeds in the context of the nature±nurture interaction. As a prelude to reviewing the neurobiology of child abuse and neglect, the next section is concerned with bridging the mind and the brain. Here, neurobiological processes, including cellular, biochemical, and neurophysiological processes, are examined alongside their behavioural, cognitive, and emotional equivalents and vice versa. Child maltreatment is a potent source of stress and the stress response is therefore discussed in some detail. Evidence is outlined for the buffering effects of a secure attachment on the

stress response. The section dealing with actual effects on the brain of child abuse and neglect discusses manifestations of the stress response including dysregulation of the hypothalamic-pituitary-adrenal axis, and parasympathetic and catecholamine responses. Recent evidence about reduction in brain volume following child abuse and neglect is also outlined. Some biochemical, functional, and structural changes in the brain that are not reflections of the stress response are observed following child maltreatment. The mechanisms bringing about these changes are less clearly understood and may well be related to early and more chronic abuse and neglect affecting the process of brain development. The behavioural and emotional concomitants of their neurobiological manifestations are discussed. The importance of early intervention and attention to the chronicity of environmental adversity may indicate the need for permanent alternative caregivers, in order to preserve the development of the most vulnerable children.

Lester, B., LaGasse, L. L., Shankaran, S., Bada, H. S., Bauer, C. R., Lin, R., Das, A., & Higgins, R. (2010). Prenatal cocaine exposure related to cortisol stress reactivity in 11-year-old children. *Journal of Pediatrics*, 157, 288-295.

Abstract:

Objective: Determine the association between prenatal cocaine exposure and postnatal environmental adversity on salivary cortisol stress reactivity in school-aged children.

Study design: Subjects included 743 11-year-old children (n = 320 cocaine-exposed; 423 comparison) followed since birth in a longitudinal prospective multisite study. Saliva samples were collected to measure cortisol at baseline and after a standardized procedure to induce psychological stress. Children were divided into those who showed an increase in cortisol from baseline to post stress and those who showed a decrease or blunted cortisol response. Covariates measured included site, birthweight, maternal pre and postnatal use of alcohol, tobacco or marijuana, social class, changes in caretakers, maternal depression and psychological symptoms, domestic and community violence, child abuse, and quality of the home.

Results: With adjustment for confounding variables, cortisol reactivity to stress was more likely to be blunted in children with prenatal cocaine exposure. Children exposed to cocaine and who experienced domestic violence showed the strongest effects.

Conclusions: The combination of prenatal cocaine exposure and an adverse postnatal environment could downregulate the hypothalamic-pituitary-adrenal axis resulting in the blunted cortisol response to stress possibly increasing risk for later psychopathology and adult disease.

BOOKS & REPORTS

Berrick, J. D. (2009). *Take Me Home: Protecting America's Vulnerable Children and Families*. New York: Oxford University Press.

There is a profound crisis in the United States' foster care system, Jill Duerr Berrick writes in this expertly researched, passionately written book. No state has passed the federally mandated Child and Family Service Review; two-thirds of the state systems have faced class-action lawsuits demanding change; and most tellingly, well over half of all children who enter foster care never go home. The field of child welfare has lost its way and is neglecting its fundamental responsibility to the most vulnerable children and families in America.

The family stories Berrick weaves throughout the chapters provide a vivid backdrop for her statistics. Amanda, raised in foster care, began having children of her own while still a teen and lost them to the system when she became addicted to drugs. Tracy, brought up by her schizophrenic single mother, gave birth to the first of eight children at age fourteen and saw them all shuffled through foster care as she dealt drugs and went to prison. Both they and the other individuals that Berrick features spent years without adequate support from social workers or the government before finally achieving a healthier life; many people never do. But despite the clear crisis in child welfare, most calls for reform have focused on unproven prevention methods, not on improving the situation for those already caught in the system. Berrick argues that real child welfare reform will only occur when the centerpiece of child welfare - reunification, permanency, and foster care - is reaffirmed.

Take Me Home reminds us that children need long-term caregivers who can help them develop and thrive. When troubled parents can't change enough to permit reunification, alternative permanency options must be pursued. And no reform will matter for the hundreds of thousands of children entering foster care each year in America unless their experience of out-of-home care is considerably better than the one many now experience. Take Me Home offers prescriptions for policy change and strategies for parents, social workers, and judges struggling with permanency decisions. Readers will come away reinvigorated in their thinking about how to get children to the homes they need.

Golden, O., Macomber, J. E., Additional Authors. (2009). *Intentions and Results: A Look Back at the Adoption and Safe Families Act*. Retrieved from http://www.urban.org/UploadedPDF/1001351_safe_families_act.pdf.

The Adoption and Safe Families Act (ASFA), signed into law on November 19, 1997, was the most significant piece of legislation dealing with child welfare in almost twenty years. The ambitious new law aimed to reaffirm the focus on child safety in case decision making and to ensure that children did not grow up in foster care but instead were connected with permanent families. Twelve years after the law was enacted, the Center for the Study of Social Policy (CSSP) in partnership with the Urban Institute co-sponsored this series of papers to examine effects of the ASFA law and its implementation.

Schuerman, J., & Needell, B. (2009). *The Child and Family Services Review Composite Scores: Accountability off the Track*. Retrieved from: <http://www.chapinhall.org/research/report/child-and-family-services-review-composite-scores-accountability-track>.

In this paper and issue brief, we look at the history of the Child and Family Services Review (CFSR) process and the national standards that are central in that process. CFSR is directed at the goal of improving the performance of state child welfare systems, which is clearly desirable. However, the current national standards in the CFSR process do not optimally support that goal. We review the methods used to derive the national standards-

-six numerical targets that state child welfare systems are expected to meet. After an introductory overview of the CFSR process, we discuss the variation among states and how that affects the quality and use of the data reported to ACF for determining national standards. We then turn to the analytic approach that has been applied to these data; specifically we focus on the development of “composite scores” for four of the six standards.

The development of the national standards involved a complex analytic technique (principal components analysis) that was not necessary. Further, the national standards were set arbitrarily. Finally, the expectations for minimal improvement of states falling below the national standards are based on flawed statistical methods.

A functional, useful CFSR process would encourage improvement with a clear and coherent use of available data, with an eye to ways to improve both the quality and quantity of data related to children and families who come to the attention of the child welfare system.

Testa, M. F., & Poertner, J. (Eds.). (2010). *Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy*. New York: Oxford University Press.

Fostering Accountability presents a model of child welfare decision making that holds public officials answerable for the integrity and validity of the actions they take on behalf of the children and families in their care. It operationalizes the concept of results-oriented accountability, which demands that administrators and practitioners show valid evidence of their success in improving child and family outcomes, not merely demonstrate mechanical procedural compliance.

Drawing on the experiences of directors, staff, and evaluators, this timely and practical book describes the emergence of results-oriented accountability in child welfare with a special focus on the editors' role in establishing a university-agency research partnership under a federal consent decree. Chapters elaborate on the five successive stages of the results-oriented accountability framework—outcomes monitoring, data analysis, research review, evaluation, and quality improvement—and provide examples of applications of each stage for agency managers. By refocusing the emphasis on developing policies based on agency data, instead of purely reactive approaches that grasp at solutions and often fall short, *Fostering Accountability* guides administrators in monitoring outcomes, using evidence to select interventions to enhance results, and applying management strategies to evaluate and improve these efforts.

The result is a pragmatic implementation guide for administrators seeking to bring safety, stability, continuity, permanence, and well-being to the lives of abused and neglected children in the United States.

Webb, M. B., Dowd, K., Harden, B. J., Landsverk, J., & Testa, M. (Eds.). (2009). *Child Welfare and Child Well-being: New Perspectives from the National Survey of Child and Adolescent Well-being*. New York: Oxford University Press.

The landmark National Survey of Child and Adolescent Well-Being (NSCAW) study represents the first effort to gather nationally representative data, based on first-hand reports, about the well-being of children and families who encounter the child welfare system. NSCAW's findings offer an unprecedented national source of data that describe the developmental status and functional characteristics of children who come to the attention of child protective services. Much more than a simple history of placements or length of stay in foster care, NSCAW data chart the trajectory of families across service pathways for a multi-dimensional view of their specific needs. The NSCAW survey is longitudinal, contains direct assessments and reports about each child from multiple sources, and is designed to address questions of relations among children's characteristics and experiences, their development, their pathways through the child welfare service system, their service needs, their service receipt, and, ultimately, their well-being over time.

The chapters in this rich synthesis of NSCAW data represent thoughtful and increasingly sophisticated approaches to the problems highlighted in the study and in child welfare research in general. The authors capitalize on the longitudinal, multidimensional data to capture the experiences of children and families from the time they are investigated by CPS through multiple follow-up points, and to consider the interdependent nature of the traditional child welfare outcomes of safety, permanence, and well-being. The topics covered not only are critical to child welfare practice and policy, but also are of compelling interest to other child service sectors such as health, mental health, education, and juvenile justice. The authors of chapters in this volume are esteemed researchers within psychology, social work, economics, and public health. Together they represent the future of child welfare research, showcasing the potential of NSCAW as a valuable resource to the research community and providing glimpses of how the data can be used to inform practice and policy.

Wulczyn, F. (2007). *Monitoring Child Welfare Programs: Performance Improvement in a CQI Context*. Retrieved from: <http://www.chapinhall.org/research/report/monitoring-child-welfare-programs>.

This paper describes the continuous quality improvement process (CQI) as it might be applied to child welfare systems. The process begins with a set of core or mission-critical outcomes, which in child welfare involve child safety, permanency, and well-being. The second element of the continuous quality improvement process involves a statement of performance or a baseline, which refers to systematically gathered data that describes in current and historical terms how well the organization achieves the core outcomes. The baseline is related directly to the third element of the CQI process: setting goals and deciding on a theory of change. To the extent that an organization understands how well it accomplishes its goals, the CQI process implies continuous work to improve performance. Goals usually relate to a gap between current performance (the baseline) and future performance (where the agency would like to be). The theory of change describes the organizational (fiscal, policy, etc.) or the practice-based (i.e., effective service models) steps the organization plans to take in order to close the gap. The last

step in the CQI process involves monitoring and feedback. In the parlance of systems change, the theory of change represents hypotheses that describe the relationship between inputs (changes in the organization of services) and outcomes. The hypotheses behind the CQI plan reflect the simple belief that changing the inputs will produce the intended impact on the outcomes. Monitoring provides a way to discern whether the intended changes are taking place, and feedback refers to the distribution of information back through the system to key actors as part of a systematic effort to keep the stakeholders informed of progress.

Wulczyn, F., Barth, R., Yuan, Y.-Y., Harden, B. J., & Landsverk, J. (2005). *Beyond Common Sense: Child Welfare, Child Well-being, and the Evidence for Policy Reform*. New Brunswick, NJ: Aldine Transaction.

Beyond Common Sense asserts that finding a place for well-being on the list of outcomes established to manage the child welfare system is not as easy as it first appears. The overall thrust of this argument is that policy should be evidence-based, and the available evidence is a primary focus of the book. Because policymakers have to make decisions that allocate resources, a basic understanding of incidence in the public health tradition is important, as is evidence that speaks to the question of what works clinically. The balance of the contributions in this book addresses the evidence.

Wulczyn, F., Orlebeke, B., Haight, J. (2009). *Finding the Return on Investment: A Framework for Monitoring Local Child Welfare Agencies*. Retrieved from: <http://www.chapinhall.org/research/report/finding-return-investment-framework-monitoring-local-child-welfare-agencies>.

From year to year, child welfare directors allocate resources in the hope that their efforts will improve children's outcomes. Recently, with the help of the federal government, states have invested significant resources in the sort of information technology needed to run a smarter, more accountable child welfare system. In addition, science has made real progress when it comes to measuring change in complex systems. In this paper, we present a framework that state and local child welfare agencies might use to monitor their return on investments in child welfare services. The focus is on outcomes within the traditional child welfare system, which covers child maltreatment and foster care. The goal is to burrow through the complexity that goes along with trying to understand whether system performance is improving and whether the improvements are connected to changes in how resources are invested. This framework starts with a statement about the outcomes that are central to the child welfare system. We go on to focus on the process and quality of care as they relate to agency management. Finally, we discuss measurement, with specific emphasis on core outcomes and the problem of detecting change over time.

USEFUL WEBSITES

The Child Welfare Information Gateway

<http://www.childwelfare.gov/>

A service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, The Child Welfare Information Gateway provides access to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice. The website features the latest on topics from prevention to permanency, including child abuse and neglect, foster care, and adoption.

The California Evidence-Based Clearinghouse

<http://www.cachildwelfareclearinghouse.org/>

The California Evidence-Based Clearinghouse (CEBC) for child welfare was created through a collaboration between the Office of Child Abuse Prevention in Sacramento, CA and San Diego Children's Hospital. The CEBC has developed standards for evaluating evidence and for addressing the rigor of research evidence supporting specific interventions, much like the Cochrane and Campbell collaborations. The Clearinghouse also examines a programs' applicability to child welfare, and has identified select practices of greatest interest to child welfare directors and managers. In addition, the CEBC has developed an effectiveness scale for the included interventions from 1 - "Well-Supported by Research Evidence" to 5 - "Concerning Practice."