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AGGRESSION MAY EXPLAIN PEER REJECTION EXPERIENCED BY MALTREATED CHILDREN

Not surprisingly, children with a history of maltreatment are more likely than non-maltreated children to suffer peer rejection. In order to intervene effectively, however, we must know how this outcome occurs. A longitudinal study of elementary school students found that the heightened levels of aggression in maltreated children are likely causing them to be rejected by their peers. In addition, children who experienced maltreatment for longer periods were most at risk for aggression and later peer rejection. Other variables besides aggression also were investigated to explain the connection between child maltreatment and peer rejection: neither social withdrawal nor cognitive ability accounted for the relation between maltreatment and rejection. Finally, chronicity was the only measure of child maltreatment that significantly predicted both aggressive and rejection outcomes – type of maltreatment, age of onset, and gender of child were not important predictors. The results suggested that if we want to improve maltreated children's peer relations, interventions with maltreated children should focus on lowering aggression and providing maltreated children with more positive means of social problem-solving.

Bolger, K. E., & Patterson, C. J. (2001). Developmental pathways from child maltreatment to peer rejection. *Child Development, 72*, 549-568.

DIFFERENCES EXAMINED BETWEEN HELPFUL SOCIAL NETWORKS OF LATINA MOTHERS AND ANGLO MOTHERS

One variable that consistently discriminates between abusive and non-abusive mothers is social support. Unfortunately, little is known about the specific factors of the social networks that are helpful in preventing abusive behavior, or about cultural differences in these factors. A study that included abusive and non-abusive Latina and Anglo mothers examined differences in terms of their social support. Three factors were investigated: the extent to which mothers indicated a preference for receiving support from family vs. from friends; the extent to which mothers actually received support from family vs. from friends; and extent to which mothers have access to supportive family and friends. As a group (that is, ignoring ethnicity), non-abusive mothers had more family and more friends who were warm and caring, were more interested in receiving support from family than from friends, had more

kin rated as supportive, and had more supportive kin living nearby than abusive mothers. When ethnic groups were analyzed separately, interesting differences arose in the support networks of abusive and non-abusive mothers. For Latinas, non-abusive mothers had more kin who were warm and caring, were older, and had less contact with friends than abusive mothers. For Anglos, non-abusive mothers had more supportive friends, and had more interest in receiving support from their friends than from family. Therefore, close relationships with supportive friends are likely to serve as a buffering factor for Anglos, while close relationships with supportive family are more likely to serve as a buffering factor for Latinas. The authors noted that Latina mothers are more likely to have extended family who live far away (in another country). Therefore, prevention and intervention efforts with this population need to recognize the distance problem, and find ways for the Latina mothers to contact extended family abroad: for example, letter writing, picture exchanges, and regular telephone calls.

Coohey, C. (2001). The relationship between familism and child maltreatment in Latino and Anglo families. *Child Maltreatment, 6*, 130-142.

EFFECT OF NEIGHBORHOOD VIOLENCE ON PRESCHOOLERS MAY BE LESSENED

Research has shown that exposure to community violence has adverse effects upon children. A recent study has demonstrated that the degree to which children are adversely affected by community violence may be influenced by how much the mother is distressed. The sample consisted of 160 mothers and their 3- to 6-year-old children in high crime areas around Boston; 72% were African-American, 22% were Hispanic. Higher levels of community violence as reported by the mother were related to higher levels of internalizing and externalizing child behavior problems, even when maternal socio-economic status and amount of family violence were controlled for statistically. Further, the data revealed that the effect of community violence upon child behavior problems was impacted by the level of maternal distress. That is, mothers who are less distressed about the violence in their neighborhood may be able to buffer their children from the negative effects of witnessing neighborhood violence. The results suggest that since social workers are unlikely to be able to directly affect the level of violence in a neighborhood, providing resources and support to mothers in higher crime areas may lower the mothers' distress, which may in turn lessen the likelihood of problem behaviors in their children. Specific suggestions by the authors include directly addressing the home's safety (for example, making sure there are working locks on doors and windows), and encouraging participation in neighborhood watch programs.

Linares, L. O., Heeren, T., Bronfman, E., Zuckerman, B., Augustyn, M., & Tronick, E. (2001). A mediational model for the impact of exposure to community violence on early child behavior problems. *Child Development, 72*, 639-652.

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MISSION STATEMENT: The *RAP Sheet* is intended to inform professionals across the state of Nebraska of current findings from social science research that could impact the delivery of services to children and families. Summaries of recent articles from academic journals (and occasionally book chapters) on the areas of child protection and juvenile justice are the focus, with smaller sections reserved for announcements and websites of interest. Other topics will be included in special issues as needed. Citations are provided in the format used by the American Psychological Association (APA), and are available through many university libraries. The *RAP Sheet* is funded in part by the State of Nebraska Department of Health and Human Services System. Comments and suggestions are always welcome and can be sent to the editors or faculty advisor.

CLINICAL ASSESSMENTS OF PARENTS MAY LACK CRUCIAL INFORMATION ABOUT PARENT-CHILD RELATIONSHIPS

As a case works its way through the system, a formal assessment of the parents is often conducted. Information gained from the assessment can impact removal, placement, and reunification decisions. These clinical assessments are usually conducted by psychologists, psychiatrists or CPS workers, and can vary greatly in their focus. A study of 190 mental health assessments from child abuse/neglect cases in Chicago revealed that different types of assessments yielded different types of reports. The most common assessments were Psychological (intellectual and personality tests conducted by a psychologist), and Psychiatric (clinical interviews and mental status examinations conducted by a psychiatrist). Less commonly used were assessments of Bonding/Parenting (observational assessments of parent/child interactions), Parental Substance Abuse, and assessments by Parenting Assessment Teams (a psychiatrist, psychologist and child development specialist conducting detailed assessments of the parent and the child). Not surprisingly, the assessment types that were used most often in these cases generally provided the least amount of information. That is, Psychological and Psychiatric assessments included less comprehensive information, whereas Bonding/Parenting, Substance Abuse, and Parenting Assessment Teams' reports included more comprehensive information about both the parent and child, as well as an assessment of their relationship. For all types of evaluations, parents' weaknesses were emphasized more than their strengths. The results offer three recommendations. First, professionals conducting clinical assessments for use in child protection cases are urged to use more comprehensive assessment methods (for example, interview other adults about the parent in question, and directly assess the parent-child relationship and parenting behaviors). Second, an emphasis on parental strengths as well as weaknesses would provide a better basis for decisions. Finally, consumers of the assessment reports (child protection workers, CASAs, judges) should request more comprehensive evaluations of the parents before decisions are made.

Budd, K. S., Poindexter, L. M., Felix, E. D., & Naik-Polan, A. T. (2001). Clinical assessment of parents in child protection cases: An empirical analysis. *Law and Human Behavior, 25*, 93-108.

ANALYSIS OF CPS WORKERS' DECISIONS TO OPEN A NEW CASE FOR SERVICES

According to research, several factors reliably predict which referred cases are likely to experience a recurrence of maltreatment and which cases are not: mother's age, mother's substance use, number of children in the family, child's age, type of maltreatment, race, and existence of a prior substantiated report. Therefore, case workers would do well to consider these variables in determining whether or not to provide services to a family with a substantiated maltreatment report. A 5-year follow-up of over 700 Baltimore families compared maltreatment recurrence in families who had been offered services and families who had not been offered services. [The sample was restricted to families in which a child had *not* been removed from the home during the five

years between the index report and the study]. Several variables distinguished between opened cases and closed cases: families with more children, with younger children, with a prior substantiated maltreatment report, with maternal substance abuse problems, or with a current "neglect" report rather than an "abuse" report were more likely to be offered services. Two of these variables were more powerful in distinguishing between opened and closed cases: if the family had a prior substantiated report, or if the current report was for neglect. According to further analyses of the case decisions, CPS workers also seem to be considering family factors that were not included in the study -- factors which may not yet be fully researched. However, the case workers were doing well predicting which families were likely to experience recurrent reports. Five years following the index report, only 4% of closed cases had another substantiated report, whereas 26% of the opened cases had another substantiated report. The authors concluded that, in order to develop accurate risk assessment measures, more information is needed about the factors that actually influence CPS workers' decisions.

DePanfilis, D., & Zuravin, S. J. (2001). Assessing risk to determine the need for services. *Children and Youth Services Review, 23*, 3-20.

DIVERSE NEIGHBORHOODS MAY BE BETTER FOR TRANSRACIALLY ADOPTIVE FAMILIES

Although the debate surrounding transracial adoptions is far from over, information is available for parents considering adoption of a child of different ethnicity. A study of transracial adoptees (African-American, Asian, and Latino children adopted by white parents) and inracial adoptees (white children adopted by white parents) revealed that the family's neighborhood can play an important role in the child's adjustment. There were no statistical differences in problem behaviors between the transracial and inracial adoptees, but there were interesting differences among the non-white children adopted by white parents: transracial adoptees living in mostly white neighborhoods were more likely to feel discomfort about their appearance than transracial adoptees living in more racially mixed neighborhoods. Further, transracial adoptees who felt discomfort about their appearance were more likely to have behavioral problems. Parents considering a transracial adoption may be able to alleviate some potential adjustment problems by living in culturally diverse neighborhoods.

Feigelman, W., (2000). Adjustments of transracially and inracially adopted young adults. *Child and Adolescent Social Work Journal, 17*, 165-183.

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