

RAP Sheet

RESEARCH ADVANCING PRACTICE

VOLUME 5, NO. 1

<http://ccfl.unl.edu/rap/>

2003

TIPS TO FOSTER RESILIENCE IN CHILDREN AND FAMILIES DURING TIMES OF WAR

The American Psychological Association has compiled a set of tip sheets on how to help children and adults cope with the stress associated with living in times of war. The recommendations are based on social science research in the U.S. and abroad, as well as on clinical experience with trauma survivors. Some of the tips include limiting the amount of exposure to news coverage of the war, continuing established routines, and maintaining supportive relationships. There are also suggestions on how to talk with children and youth about war and terrorism. The materials will soon be available in print by calling toll-free 1-800-964-2000 and are available now for free download at <http://www.helping.apa.org>.

OJJDP PUBLICATION PROVIDES INFORMATION ON PROGRAMS AND SERVICES THAT ADDRESS CHILD DELINQUENCY

The Office of Juvenile Justice and Delinquency Prevention (within the U.S. Department of Justice) has published a bulletin titled, "Treatment, Services, and Intervention Programs for Child Delinquents" that is now available online at <http://ojjdp.ncjrs.org/pubs/delinq.html#193410>. This bulletin offers a concise compilation of what behavioral science researchers know about very young offenders with respect to risk and protective factors, types of treatment approaches, a select number of effective programs, and suggestions for a comprehensive approach to the prevention of delinquency.

JOB STRESS HIGH AMONG JUVENILE CORRECTIONAL OFFICERS

Perceived job stress is an important factor in employee burnout and turnover, both of which can contribute to decreasing how effectively a company or program operates. To investigate this problem in the juvenile justice system, Virginia Juvenile Correctional Officers (JCOs) and their supervisors were surveyed about on-the-job stress. JCOs reported higher levels of job stress than did supervisors. Supervisors perceived the JCOs' work environment to be more stressful than their own. Among JCOs, longer employment and higher education were both related to higher stress. Overall, job stress was higher for female than for male JCOs, especially in the area of lack of agency support. When reporting on stress specific to their job, both JCOs and supervisors agreed that the most stressful aspects of their work were an inadequate number of personnel, lack of support by the agency, and long hours on the job. Another factor that concerned JCOs was a lack of personal control within the job. The authors referred to this as a "high strain" employment situation, where employees have high levels of responsibility, but little autonomy in decision-making. The authors stressed the importance of addressing this issue; for example, giving JCOs an opportunity to choose (from an approved list) the recreational activities in which their group will participate. The authors also suggested that JCOs be given the appropriate tools they need to do their job, such as working equipment and adequate personnel, in addition to amenities that other jobs have, such as predictable work schedules.

Auerbach, S. M., Quick, B. G., & Pegg, P. O. (2003). General job stress and job-specific stress in juvenile correctional officers. *Journal of Criminal Justice*, 31, 25-36.

HOW CHILDREN INTERVENE DURING DOMESTIC VIOLENCE INCIDENTS

Although adult domestic violence by definition does not include children, children are often present in the house during violent incidents, and some attempt to intervene. A team of researchers in Minnesota investigated how and how often children become involved in domestic violence. They conducted anonymous telephone surveys with 114 battered mothers from four urban regions of the U.S., who were recruited through domestic violence service agencies. The mothers were asked how often their children had intervened in various ways during domestic violence episodes, on a scale of "Never," "Rarely," "Occasionally," "Frequently," or "Very Frequently." Almost a quarter of the mothers (23%) reported that their children had physically intervened at least occasionally, and just over half of the mothers (53%) reported that their children had yelled at the batterer while in the same room at least occasionally. Both of these behaviors would likely put children at increased risk for being abused themselves during a domestic violence incident. In addition, these numbers probably underestimate the true incidence of child intervention, as they relied on mother's retrospective reports. Analyses indicated that higher levels of child physical intervention were reported by mothers who experienced more severe physical violence, and who were battered by someone to whom the child was not biologically related. Children also intervened more with older batterers, and when they did not live with either the mother or the batterer. The authors concluded that screening procedures for domestic violence need to include specific questions related to the child's intervention, so that we can more effectively protect all of the victims of a domestic violence episode.

Edleson, J. L., Mbilinyi, L. F., Beeman, S. K., & Hagemester, A. K. (2003). How children are involved in adult domestic violence: Results from a four-city telephone survey. *Journal of Interpersonal Violence*, 18, 18-32.

FOSTER PARENTS EXPRESS THEIR NEEDS

In this study, researchers surveyed 66 foster parents in Ontario about what kinds of support the foster parents felt they needed. In general, the foster parents' responses could be separated into three different types of support. The most common type listed was emotional support, with themes of the need for respect and recognition common in many surveys. This theme of respect and recognition was prevalent throughout the surveys, suggesting that it was of high concern to these foster parents. Financial support was the second most frequent response, with about half of those surveyed reporting that they did not receive enough money to maintain their home adequately. The third type of support was crisis assistance. Here, foster parents seemed to emphasize their desire for guidance in handling crises within the family, rather than having the crisis managed by the foster care agency. Other concerns related to difficulty integrating the child into the foster family due to the temporary nature of the placement and to the inability to provide for a foster child as one would a biological child. The authors concluded that these foster parents generally felt under-appreciated and under-valued, and suggested that foster care agency personnel take that knowledge into consideration when dealing with their own cases to create a more positive working relationship.

Hudson, P., & Lévassur, K. (2002). Supporting foster parents: Caring voices. *Child Welfare*, 81, 853-877.

MOTHERS WHO CAN'T QUIT SHOULD AT LEAST PRACTICE "GOOD SMOKING HYGIENE"

In the best case scenario, all infants would grow up in a smoke-free environment. Unfortunately, given that smoking is a difficult habit (or addiction) to break, some parents will continue to smoke even in the face of current medical evidence. However, there are still important steps that can be taken to improve the health outcomes of infants whose parents smoke. Researchers in Australia collected data over the first 12 months of life for 4,486 infants. Data were collected from mothers on their post-natal smoking and on a variety of demographic and child health outcome measures. Forty-eight percent of the mothers reported smoking during the 12-month postnatal period. Of those who smoked, 71.8% reported smoking in the same room with the baby, 27.0% reported smoking while holding the baby, and 17.5% reported smoking while feeding the baby. In addition, hospital data on admissions for respiratory infections were collected on the same infants. Not surprisingly, infants of mothers who smoked were 50% more likely to have had a hospital visit for a respiratory infection. The promising finding from the study regarded where the mother did her smoking. Smoking mothers who refrained from smoking in the same room as the infant had infants who were 56% less likely to require a hospital visit for respiratory infections, than mothers who smoked in the same room as the infant. Smoking while holding or feeding the baby further increased the risk of respiratory infection hospitalizations. Results were similar when analyses compared mothers' smoking to their report of infant respiratory illnesses not requiring hospitalization. The authors suggest that if mothers find it difficult to quit smoking, they can at least significantly improve the child's health, and reduce the necessity of caring for a sick infant either at home or in the hospital, by practicing "good smoking hygiene" (not smoking while in the same room or while in physical contact with the infant).

Blizzard, L., Ponsonby, A., Dwyer, T., Venn, A., & Cochrane, J. A. (2003). Parental smoking and infant respiratory infection: How important is not smoking in the same room with the baby? *American Journal of Public Health, 93*, 482-488.

READING LEVEL OF CAR SEAT INSTALLATION INSTRUCTIONS BEYOND MANY PARENTS

Studying reasons for improper child safety seat installation can help us target areas that could increase the number of seats properly installed. A readability study of safety seat installation instructions was recently undertaken to examine their complexity. Manufacturers' instructions were obtained from the National Highway Traffic Safety Administration for 1999. A total of 107 sets of instructions were assessed to determine the average "readability score" among them. The readability score used in this study is based on the number of words containing three or more syllables. For this sample of 107 sets of instructions, readability ranged from 7th to 12th grade, with 77% of them at a 10th or 11th grade level. Additional analyses demonstrated that the high reading levels were not simply due to long manufacturer's names or the federally mandated wording in the instructions. As researchers have recommended that the reading level of health promotion literature be no higher than a 6th grade level, this study suggests that the instructions are too complex for the average

parent. One could further predict that this is even more true for the average parent who comes into contact with the Child Protection System. Results also indicated that the cost of the safety seats was not correlated with the readability of instructions, meaning that lower-cost seats and higher-cost seats had approximately equal readability levels. The authors made recommendations for manufacturers (simplifying installation and instructions) and for those who work with parents of infants and children requiring car seats (offering instruction and/or hands-on training). Some of these recommendations would also help ensure more proper installation of second-hand car seats, which are not usually accompanied by written instructions.

Wegner, M. V., & Girasek, D. C. (2003). How readable are child safety seat instructions? *Pediatrics, 111*, 588-591.

JOB CONFLICTS AND FAMILY ILLNESSES RELATED TO NONCOLLECTION OF WIC CHECKS

One purpose of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is to provide eligible mothers and children with greater ability to buy healthful foods. Among other services, mothers receive checks to be spent on a list of qualifying foods. However, WIC centers frequently report uncollected checks, a situation that can have a negative impact on the recipients and on the system trying to serve them. From one WIC center in New York City, in-person surveys were conducted with a sample of 280 women who came to collect their checks ("clients"), and telephone surveys were conducted with 188 women who had stopped collecting their WIC checks ("leavers"). One set of analyses compared clients and leavers on barriers to check collection. Another set of analyses compared current clients who reported ever having missed a check with current clients who reported never having missed a check. Two types of barriers – job conflicts and family illnesses – were consistently and strongly associated with noncollection of checks. That job conflicts emerged as such a reliable predictor is especially troubling given the overlap between the WIC-eligible population and welfare recipients – who increasingly have work requirements for welfare receipt. The authors suggested that check collection might improve if center hours were longer or more flexible, if center locations were more accessible, and/or if center personnel were increased to decrease waiting times. In addition, several states are piloting an electronic benefit transfer system for WIC, which might further reduce noncollection.

Rosenberg, T. J., Alperen, J. K., & Chiasson, M. A. (2003). Why do WIC participants fail to pick up their checks? An urban study in the wake of welfare reform. *American Journal of Public Health, 93*, 477-481.

Editor	Jennifer M. Wyatt	jwyatt@cdc.gov
Assistant Editors	Angela L. Williams Twila Wingrove	awilliam@unlserve.unl.edu twingrov@unlserve.unl.edu
Faculty Advisor	Vicky Weisz	vweisz1@unl.edu
Layout Design	Chris Wiklund	cwiklund1@unl.edu
Funding provided by the Nebraska Department of Health and Human Services System, UNL's Center on Children, Families, and the Law, and the Nebraska Court Improvement Project.		



Center on Children, Families, and the Law
121 South 13th Street Suite 302
Lincoln, NE 68588-0227