

RAP Sheet

RESEARCH ADVANCING PRACTICE

VOLUME 4, NO. 1

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

2002

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AMERICAN ACADEMY OF PEDIATRICS' STATEMENT ON SAME-SEX COUPLES' ADOPTION

The American Academy of Pediatrics has published a statement in support of second-parent adoption by same-sex parents. AAP recommended that medical, legal, and psychological security be granted to children who are born to or adopted by one member of a same-sex couple by allowing the other member of the couple to adopt. This recommendation comes from the AAP's Committee on Psychosocial Aspects of Child and Family Health, who reviewed the professional literature and concluded that, "children with parents who are homosexual can have the same advantages and the same expectations for health, adjustment, and development as can children whose parents are heterosexual." The committee stated that granting legal custody to the second parent provides the child(ren) with a greater sense of psychological and financial security, while cementing that parent's legal rights and responsibilities. They also included specific recommendations to pediatricians regarding cases where same-sex couples are involved.

American Academy of Pediatrics. (2002). Coparent or second-parent adoption by same-sex parents. *Pediatrics*, 109, 339-340.

"VERBATIM" WRITTEN INTERVIEW NOTES OF CHILD ABUSE INVESTIGATIONS STILL LIKELY TO MISS CRUCIAL INFORMATION

The accuracy and completeness of written notes of child sexual abuse interviews are difficult to research, as most investigators use either written notes or audio/video recordings of the interviews, but not both. One study compared audio recordings and "verbatim" written interviewer notes of the same 20 interviews to determine the accuracy of the written notes. The interviews occurred in the context of routine child sexual abuse investigations, and were conducted by well-trained interviewers who were instructed to write verbatim notes of the questions and answers during the interview. The interviewers were aware that their interviews were being audiotaped. The tapes revealed a total of 5,301 details; the notes contained only 3,993 – 25% fewer details than the tapes. Of the "substantive" details the children provided, the notes contained only 82% of those found in the tapes. On a positive note, only .005% of the details provided by the notes actually contradicted the tapes (26 details out of 5,301). However, the interviewers were not very accurate in writing down their own utterances: 57% of the statements uttered by interviewers were left out of their written notes. Furthermore, the notes were often incorrect as to the type of question that elicited a particular answer: 56% of the children's answers were attributed to the wrong question type (for example, writing that a detail had been given in response to an open rather than a closed question). The authors suggested that these errors might contribute to a perception of interviewer influence and the questioning of the allegation's validity. Although the amount of contradictory information in

the written notes was small, the errors in the number of crucial and non-crucial details and the errors in question type could affect case outcomes.

Lamb, M. E., Orbach, Y., Sternberg, K. J., Hershkowitz, I., Horowitz, D. (2000). Accuracy of investigators' verbatim notes of their forensic interviews with alleged child abuse victims. *Law and Human Behavior*, 24, 699-708.

LEGAL SANCTIONS FOR ADOLESCENTS MAY INCREASE HARSH PARENTING PRACTICES

In order to look at adolescent delinquent behavior and harsh parenting practices, a group of researchers studied 400 Iowa families with adolescents. The families were surveyed when the adolescents were in 8th, 9th, and 10th grades, providing a look at how adolescent and parent behaviors changed over time. Not surprisingly, adolescent delinquent behavior at earlier time points increased the likelihood of adolescent delinquent behavior at later time points. Similarly, harsh parenting practices at earlier times increased the likelihood of harsh parenting practices at later times. The more interesting findings resulted from looking at how these variables interacted. Earlier delinquent behavior increased later harsh parenting, and earlier harsh parenting increased later delinquent behavior. In addition, they found that adolescent police contact *increased* both harsh parenting and delinquent behavior. The authors suggested that when adolescents receive official legal sanctions, the effect on parents might be twofold. First, parents who were not aware of the severity of their adolescents' behaviors are made aware, and are then likely to parent more harshly. Second, when adolescents receive legal sanctions, their parents may feel embarrassed or stigmatized, increasing the parents' stress and the likelihood of harsher parenting. The effect of legal sanctions on the adolescent may be a "labeling" effect: adolescents who are labeled as deviant are likely to act in ways to confirm that identity and to associate with deviant peers, increasing the likelihood of future deviant behavior. Their results suggest the need for parenting interventions of adolescents who come into contact with police.

Stewart, E. A., Simons, R. L., Conger, R. D., & Scaramella, L. V. (2002). Beyond the interactional relationship between delinquency and parenting practices: The contribution of legal sanctions. *Journal of Research in Crime and Delinquency*, 39, 36-59.

PARENTS OF SUBSTANCE-EXPOSED INFANTS AT GREATER RISK FOR SUBSEQUENT MALTREATMENT REPORTS, BUT MAINLY FOR SUBSTANCE-EXPOSURE TO SUBSEQUENT BIRTHS

Although past research indicates that drug-exposed infants are at increased risk for subsequent instances of maltreatment, there has been little research on the types of maltreatment for which these infants are at risk. An examination of more than 500 open DCFS cases in Illinois provided some illumination of this question. [In Illinois, a child welfare case is opened on parents of *every* infant testing positive for illicit drugs.] Results showed that parents of substance-exposed infants (SEI) had a greater number of CPS referrals than parents of non-substance-exposed infants (non-SEI) following the initial

allegation. However, when other important variables were taken into account, interesting patterns emerged. Most of the difference in subsequent maltreatment allegations between cases originally opened for SEI and non-SEI parents was accounted for by new substance-exposure allegations. In other words, SEI parents were more likely to be reported again later for additional substance-exposure allegations, but were *not* more likely than non-SEI parents to be reported again later for other types of maltreatment (for example, physical abuse or lack of supervision). Furthermore, the increased likelihood of additional substance-exposure allegations in SEI parents was mostly attributable to SEI allegations for subsequent births (i.e., not additional substance-exposure allegations for the same child, but for additional children born later). The authors conclude that there are good reasons to consider infant substance exposure sufficient reason to open a child protection case, but that these cases should be handled differently than other types of maltreatment referrals. Obviously, having a substance-exposed infant is a good indication that there is at least one substance abuse problem in the family. Additionally, though, caseworkers should realize the increased risk of additional SEI births in these families, and should provide parents with referrals to appropriate family planning services as well.

Smith, B. D., & Testa, M. F. (2002). The risk of subsequent maltreatment allegations in families with substance-exposed infants. *Child Abuse and Neglect*, 26, 97-114.

FATHER INVOLVEMENT IN CASE PLANNING LOWER IN MULTIPLE-FATHER FAMILIES THAN IN ONE-FATHER FAMILIES

Best practice guidelines suggest that, whenever possible, both parents be involved in case planning for children in the child welfare system. Obviously, this is not always possible. A review of caseworkers' records for 241 children in Illinois provided information on how much contact fathers had with the caseworkers over a 12-month period. This group of children had a total of 92 mothers and 156 fathers. During that time, only 68% of fathers had any contact with the caseworker. Just over half of the fathers (53%) were part of "one-father families" (families in which all children born to one mother had the same father) and 47% of the fathers were part of "multiple-father families" (families in which children born to one mother had different fathers). In general, fathers from one-father families were more likely to have caseworker contact than fathers from multiple-father families. Fathers of two or more children in one-father families were the most likely to have contact with the caseworker, while fathers of one child in multiple-father families were the least likely. This same pattern was also true for the percent of fathers who had involvement in their child(ren)'s case planning and custody discussions. The authors offered two explanations for this pattern. The fathers who were part of multiple-father households may have been less likely to be involved with their children, so were less likely to be involved in permanency planning. Also, the caseworkers may not have made as much effort to involve multiple fathers in these families, given the practical complexities of organizing three or more parents and the time constraints placed on them by caseloads. The authors noted that caseloads are often assigned based on the number of mothers or number of children

involved, but rarely take into account the number of fathers in a particular case. As multiple-father families are likely to require more time and effort by the caseworker, perhaps administrators should also factor this into case assignments.

O'Donnell, J. M. (2001). Paternal involvement in kinship foster care services in one father and multiple father families. *Child Welfare*, 80, 453-479.

PREVENTING AND HANDLING CHILD ABUSE ACCUSATIONS WITHIN A HOSPITAL SETTING

A recent two-part study provided information about the incidence of child abuse accusations against hospital staff. First, researchers analyzed allegations of child abuse within a children's hospital in Seattle over 14 years. During that period, 34 complaints were reported to the hospital's Child Protection Team: 18 were sexual abuse allegations, and 17 were physical abuse allegations. Child characteristics associated with abuse allegations included disabilities, chronic illnesses, past abuse, psychiatric illnesses, and being anesthetized or sedated. Parental mental illness and substance abuse were also a risk factor for accusations. Twenty-four percent of the allegations were substantiated, and 59% were unsubstantiated. Seventy-one percent of cases were referred to CPS; 23% of referred cases were substantiated by CPS. Some cases were unsubstantiated due to patient misinterpretation of regular care routines; other accusations did not appear to have been made in good faith. Second, researchers surveyed 27 other children's hospitals. Over half of the hospitals surveyed reported that there had been child abuse accusations against one or more of their staff. Of the 27 children's hospitals, only five reported having formal policies regarding prevention and/or management of abuse allegations; only 15 had state-mandated background checks for potential employees. The authors conclude that children's hospitals (and all institutions that care for children) should anticipate receiving abuse complaints, and have plans in place for preventing, reporting, and investigating such complaints so that children and innocent staff will be protected from harm. Their suggestions include formalizing an accusation evaluation policy and informing all staff and volunteers of the policy; training staff and volunteers to recognize and exercise caution with patients who have risk factors for abuse in a hospital setting; screening of all prospective employees and volunteers; and training all staff and volunteers in patient boundary issues to avoid patient misinterpretations of regular care routines.

Feldman, K. W., Mason, C., & Shugerman, R. P. (2001). Accusations that hospital staff have abused pediatric patients. *Child Abuse and Neglect*, 25, 1555-1569.

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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.		



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