

# List of NSCAW-Related Publications

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## **List of NSCAW-Related Publications**

This document includes all published articles that use data from the National Survey of Child and Adolescent Well-Being (NSCAW), a project sponsored by the Administration on Children, Youth and Families in the U.S. Department of Health and Human Services.

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## Alcohol, Drug and Mental Health Service Need for Caregivers and Children Involved with Child Welfare

*Child Protection: Using Research to Improve Policy and Practice (Ron Haskins, Fred Wulczyn, and Mary Bruce Webb, Eds.)*

Washington, D.C.: Brookings Institution Press, 2007

### Authors: *(publication order)*

Orton, Heather D.  
Barth, Richard P.  
Burns, Barbara, J.

### Keywords:

Behavior problems  
Mental health  
Substance use  
Mental health services  
Services for substance use

### Dataset:

Child Interview  
Caregiver Interview  
Caseworker Interview  
Baseline  
Wave 3  
Wave 2 data used to fill in gaps in Wave 3 data.

### Sample:

Caregivers and Children 2-14 years at baseline whose caregivers were the same in both rounds (n = 1,876)

### Research Aims and Analysis:

Examined co-occurrence of caregiver alcohol, drug, and mental health (ADM) problems with children's behavioral problems as well as the relationship between children's behavioral problems and caregiver services for ADM.

### Results:

Prevalence of children's baseline behavioral problems as a function of caregiver ADM problems was 54.8% in comparison to 28.6% for children whose caregivers had no ADM problems. The highest rate of children's behavioral problems was found for children of caregivers with baseline substance dependence as measured by the CIDI-SF — 51.9% had elevated externalizing CBCL scores. Highest prevalence of children with elevated internalizing scores (34%) was found for caregivers with serious mental health problems at baseline as judged by caseworker. Multivariate analyses indicated that children with significantly elevated externalizing scores at baseline were more than 3 times as likely to have a caregiver with a baseline ADM problem — probably mediated through impaired parenting. Youngest children were 1.8 times more likely to have a caregiver with a baseline ADM than oldest children. Caregivers with impaired parenting skills were more than 3 times more likely to have baseline ADM problems. Analyses examining service receipt among caregivers who had baseline ADM problems indicated: caregivers of children with externalizing problems were more than 3 times as likely to receive mental health services; caregivers of children who were in-home at baseline were 70% less likely to receive services for substance use; caregivers of the youngest children were 80% less likely to receive substance use services; caregivers of female children were 50% less likely to receive mental health services; Hispanic caregivers were 11 times more likely than caregivers from other ethnic groups to receive substance use services; Black caregivers were 80% less likely to receive mental health services than caregivers from other ethnic groups. The finding that caregivers of children at home were less likely to receive mental health services is a cause for concern.

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## **Mental Health and Substance Abuse Services to Parents of Children Involved with Child Welfare: A study of Racial and Ethnic Differences for American Indian Parents**

*Administration and Policy in Mental Health and Mental Health Service Research*

Vol. 34, pp. 150-159, 2007

### **Authors:** (*publication order*)

Libby, Anne M.  
Orton, Heather D.  
Barth, Richard P.  
Webb, Mary Bruce  
Burns, Barbara, J.  
Wood Patricia A.  
Spicer, Paul

### **Keywords:**

Child welfare  
Mental health  
Substance abuse  
American Indian  
Disparities

### **Dataset:**

Caregiver Interview  
Caseworker Interview  
Baseline  
Wave 2

### **Sample:**

Caregivers who were the same between baseline and wave 2 (n = 3,425)

### **Research Aims and Analysis:**

Examined the extent of mental health and substance abuse problems as well as disparities in health care among caregivers as a function of ethnicity. Analysis: Multivariate logistic regression was used to examine the effect of baseline caregiver and child characteristics and caregiver risk factors on caregiver service receipt of substance use and mental health problems at 18 months post-baseline.

### **Results:**

In comparison to other racial/ethnic groups, American Indian (AI) caregivers had the highest prevalence of mental health (MH) and emotional problems (23.4%). AI caregivers had lower prevalence (7.5%) of substance use (SU) than Whites or Blacks. Among caregivers with MH problems at baseline, only 5.2% of AI caregivers received a formal assessment, which was the lowest of any group; of those who had an assessment, nearly all were considered to have a serious or moderate impairment (98.9%). AI caregivers were the least likely to receive services of any group (3.6%) though they were not the least likely to be referred for services. Hispanic caregivers were the most likely to receive a formal assessment, have a referral, and receive MH services. AI caregivers were the most likely to receive an assessment for a SU problem and to receive a referral and services—almost twice as many AI caregivers were referred to SU services as compared to White, Black, and Hispanic caregiver. Overall, 36% received some kind of SU service, usually outpatient services. Unlike other racial groups, no AI caregivers received inpatient services for either MH or SU problems, intensive day treatment for MH problems, or detox for SU problems. Among those with baseline MH and/or SU problems, race and age of child were associated with receipt of MH services. AI caregivers were significantly less likely to receive MH services than were White (OR 7.4), Black (OR 3.1), or Hispanic (OR 10.5) caregivers. Caregivers with preschool children were 4 times more likely to receive MH services than caregivers with an adolescent. Having only a SU problem decreased chances of receiving services (OR .36). Caregivers with a child in-home were less likely than those with an out-of-home placed child (OR .43) to receive SU services and having only a MH problem decreased chance (OR .09) of receiving SU services. Findings indicate that SU problems receive more attention by CWS despite need for MH services.

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## The Impact of Placement Stability on Behavioral Well-being for Children in Foster Care

*Pediatrics*

Vol 119, pp. 336-344, 2007

**Authors:** (*publication order*)

Rubin, David M.  
O'Reilly, Amanda L. R.  
Luan, X.  
Localio, A. Russell

**Keywords:**

Child behavior  
Child Behavior Checklist  
Cohort studies  
Outcome assessment  
Foster care

**Dataset:**

Caregiver Interview  
Caseworker Interview  
Baseline  
Wave 3

**Sample:**

Children living at home initially who were placed in foster care or 18 > months (n = 729)

**Research Aims and Analysis:**

Examined whether placement stability influences child outcomes irrespective of a child's attributes and problems. Analysis: Propensity analysis used to categorize children's risk of placement instability which was used in a logistic regression to examine association with behavior well-being.

**Results:**

At the 18-month follow-up (Wave 3), 52% of children achieved early placement stability (placement within 45 days lasting through 18 month interview), 19% achieved late stability (placement after 45 days that lasted through 18 month interview), and 28% remained unstable (no long-lasting placement maintained for > 9 months). Early stabilizers were more likely to be young and have no previous CPS history; borderline associations were found between early stability and normal baseline behavior and birth parents without serious mental/behavioral problems. Predictors of children's behavioral outcome at 18-months included baseline behavioral problems and placement stability. Other predictors of better outcomes included younger age, no previous CPS history, and parents with no drug or alcohol problems. Risk of placement instability was estimated for each child and children were divided into low-, medium-, and high-risk groups; risk groups were predicative of placement instability and behavioral problems. Children with unstable placements had twice the odds of having behavior problems as early stabilizers at every level of instability risk. Findings indicate that independent of baseline behavior problems, placement stability is related to out-of-home children's subsequent behavior problems with a 36% to 63% elevated risk. Limitations include: type of out-of-home placement not considered; only behavior problems examined; outcome period may have been too short.

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## **Substance Use in Maltreated Youth: Findings from the National Survey of Child and Adolescent Well-Being**

*Child Maltreatment*

Vol 12, pp. 20-30, 2007

### **Authors:** *(publication order)*

Wall, Ariana E.  
Kohl, Patricia L.

### **Keywords:**

Adolescent substance use  
Maltreatment  
Risk  
Protection

### **Dataset:**

Child Interview  
Caregiver Interview  
Caseworker Interview  
Baseline

### **Sample:**

Children 11-15 years of age (n = 1,179)

### **Research Aims and Analysis:**

Examined association between different levels of substance use and demographics, placement type, youth and family characteristics. Analysis: Chi square used to examine associations of demographics, placement type, and youth and family characteristics with youth substance use. Logistic regression used to examine factors associated with increased odds of moderate/high substance use.

### **Results:**

Reported levels of substance use were: 71% none, 20% low, 3% moderate, and 6% high. Association between substance use and both age (older greater use) and race/ethnicity (greater proportion of no use reported by African American than White youth). Substance use levels varied by level of conduct problems (greater proportion of youth with conduct problems reported high use than youth without conduct problems) and by caregiver relatedness (higher levels of substance use reported in youth reporting lower caregiver relatedness). Odds of moderate/high use were higher for (1) youth whose initial report was for physical abuse as compared to those reported for sexual abuse, failure to provide, or failure to supervise; (2) youth with conduct problems as compared to those without conduct problems; (3) low monitored youth as compared to higher monitored youth. No relationships detected between substance abuse and academic achievement or engagement or between youth and caregiver substance use or placement type. Limitations include: no measure of peer substance use, underreport of caregiver substance abuse (based only on 4-items asked of caseworkers), only self-report of school engagement, parental monitoring, and caregiver relatedness.

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## **Placement Into Foster Care and the Interplay of Urbanicity, Child Behavior Problems, and Poverty**

*American Journal of Orthopsychiatry*

Vol. 76, pp. 358-366, 2006

### **Authors:** (*publication order*)

Barth, Richard P.  
Wildfire, Judy  
Green, Rebecca L.

### **Keywords:**

Foster care  
Poverty  
Child behavior problems

### **Dataset:**

Caregiver Interview  
Caseworker Interview  
Baseline

### **Sample:**

All children in CPS cohort (n = 5,504); mental health analyses restricted to those > 2 years (n = 3,798)

### **Research Aims and Analysis:**

Examined the extent to which CWS placement decisions for children are mediated by poverty, the need for mental health services, and type of setting (urban/nonurban). Analysis: bivariate relationships were examined and confirmed using logistic regression.

### **Results:**

Overall 24% of the sample had trouble paying for basic necessities; 49% of the sample of caregivers of children entering out-of-home care had trouble paying for basic needs as compared to 21% of those whose children remained at home (34% of those in home received CWS services were classified as having trouble paying for basic needs). Families of children 0-2 in out of home care were the poorest (62%). Very poor children in urban settings more likely to enter placement than non-poor urban children; no differences as a function of poverty were found for children in non-urban settings. Logistic regression indicated that in urban settings, difficulty paying for basic needs significantly contributes to placement as is child's age (3-5 years least likely) and parent mental illness (MI), substance abuse(SU) or domestic violence (DV). In non-urban settings, child behavior problems and parent MI/SU/DV were related to placement. Results show that there are a sizable proportion of cases in which children are receiving CW services not because of child abuse by unfit parents.



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## Accuracy of Caregiver Identification of Developmental Delays Among Young Children Involved with Child Welfare

*Journal of Developmental and Behavioral Pediatrics*

Vol. 27, pp. 310-318, 2006

### Authors: *(publication order)*

Berkoff, Molly Curtin  
Leslie, Laurel K.  
Stahmer, Aubyn C.

### Keywords:

Child welfare  
Developmental delays  
Sensitivity and specificity

### Dataset:

Caregiver Interview  
Caseworker Interview  
Child Interview  
Baseline

### Sample:

Caregivers of children 0 to 5 years at baseline who had never been tested for developmental disabilities while in the care of caregiver who was interviewed (n = 2,189)

### Research Aims and Analysis:

Examined the accuracy of identification of developmental delay among caregivers of children involved with CW and whether foster caregivers were better able to identify such delays than other caregivers. Analysis: Chi-square tests used to assess relationship among variables. Logistic regression was used to examine multivariate relationships between independent variables and caregiver identification of developmental delay.

### Results:

Differences between caregiver types (in-home, kinship, foster care, and other) were found for child age (foster parents had younger children), insurance types (foster parents had the highest rates of Medicaid), rates of neglect (foster and kinship caregivers had highest rates of kids who experienced neglect), and delays in adaptive functioning (children with adaptive delays most likely to be in foster care). Caregiver type was associated with age, education, and neighborhood perception of drug use. 25% of caregivers identified a developmental delay; there was an association between caregiver type and identification with foster parents most likely to identify developmental delays and in-home caregivers least likely. Sensitivity of caregiver identification of a delay in any domain was 35%; foster parents and other caregivers were more accurate than in-home parents. Sensitivity of identification of language and cognitive delays were 36% and 35%; foster parents were more accurate than in-home for identifying language delays. Sensitivity of identification of adaptive delays was greater (53%); other caregivers were more accurate than kinship or in-home caregivers. Specificity of identification of any delay was 84%, with no differences by caregiver type. Specificity of identification of language and cognitive delays was 78%; in-home and kinship caregivers were more accurate in identifying no delay than foster caregivers for both domains. Specificity of adaptive behavior delays was 81%; in-home were more accurate than were foster parents. After adjusting for child's age, race, and insurance type as well as caregiver health status and perception of community, foster caregivers had 6.7 times the odds of correctly identifying a child with any delay as compared to in-home caregivers.

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## **Persistence of Intimate Partner Violence Among Families Referred to Child Welfare**

*Journal of Interpersonal Violence*

Vol. 21; pp. 774-797, 2006

### **Authors:** (*publication order*)

Connelly, Cynthia D.  
Hazen, Andrea L.  
Cohen, Jeffrey H.  
Kelleher, Kelly J.  
Barth, Richard P.  
Landsverk, John A.

### **Keywords:**

Intimate partner violence  
Longitudinal  
Child welfare  
Predictors  
Race  
Ethnicity

### **Dataset:**

Caregiver Interview  
Baseline  
Wave 3

### **Sample:**

Caregivers whose children were living at home at baseline and wave 2 in which a history of physical IPV was reported at baseline in the previous 12 months. (n = 861).

### **Research Aims and Analysis:**

Examined the longitudinal course of intimate partner violence (IPV) reported by maternal caregivers, the caregiver and environmental characteristics that differentiate cases in which IBP diminished or continued based on baseline violence severity. Analysis: polychotomous logistic regression used to examine the association between severe and minor IPV with sociodemographic variables and caregiver functioning.

### **Results:**

At baseline, 40.8% of the caregivers reported victimization by minor physical assault and 59.2% reported severe physical assault; at Wave 3 23.2% reported severe physical violence, 16.3% reported minor physical violence, 60% reported no physical violence in the previous 12 months. IPV abates with time for most women: among those who reported severe IPV at baseline, 27.3% reported severe violence, 11% reported minor violence, and 62% reported no violence in the 12 months prior to Wave 3. Among those who reported minor violence at baseline, 15% reported severe violence, 18% reported minor violence, and 67% reported no violence in the 12 months prior to Wave 3. Variables associated with severe violence at Wave 3 include race/ethnicity (AA women 2 times greater than White women) and marital status (married women had higher odds than separated, divorced, or widowed women). Variables associated with minor violence at Wave 3 were race/ethnicity (Hispanic women and "other" women had lower odds than White women), severe violence at baseline (these women had lower odds at Wave 3), and living with a partner at baseline only. The correlates of IPV differed by race/ethnicity. White women who reported severe IPV at baseline had 3 times the odds for reporting severe IPV at Wave 3 than did those reporting minor IPV. African American women living with a partner at one or both time points had greater odds for experiencing minor IPV at Wave 3 and those who were older had decreased odds for IPV at Wave 3. In Hispanic women, older age was associated with increased risk for severe IPV. No relationship between violence patterns and depression, substance use, education, number of children, social support or community environment. Limitations include lack of other forms of IPV, and possible underreporting of substance use.

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## Between Two Systems: Children in TANF Child-only Cases with Relative Caregivers

*Children and Youth Services Review*

Vol. 28, pp. 435-446, 2006

### Authors: *(publication order)*

Gibbs, Deborah  
Kasten, Jennifer  
Bir, Anupa  
Duncan, Dean  
Hoover, Sonja

### Keywords:

TANF program  
Relative caregivers  
Kinship  
Foster care  
Well-being  
Case studies

### Dataset:

Child Interview  
Caregiver Interview

### Sample:

Children in out of home care: with relative caregivers receiving TANF child-only (TANF n = 54), and no TANF (KINCARE n = 456), and in foster care (FOSTER n = 565)

### Research Aims and Analysis:

Examines whether children in TANF child-only with relative caregivers differ from others in out of home care and the extent to which children receive adequate support. In addition, case study data from 5 states were used to describe and explain practices and policies for children in TANF relative care caregiver child-only. Analysis: Chi square to examine differences in groups.

### Results:

Children in relative child care with TANF were more likely to have had a hearing test than FOSTER, less likely than FOSTER and KINCARE to have been admitted to a hospital, less likely than FOSTER to have been diagnosed with a learning problem, less likely than FOSTER and KINCARE to have received special ed. They had significantly higher ratings on social skills in preschool than KINCARE and FOSTER, but more behavioral problems on ratings than KINCARE on the CBCL in school-aged children and self-report of behavior problems in adolescence. Case study indicated that children in TANF only cases with relative caregivers have extensive service needs and a lack of case management—many of these are outside the child welfare system.

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## **Female Caregivers' Experiences with Intimate Partner Violence and Behavior Problems in Children Investigated as Victims of Maltreatment**

*Pediatrics*

Vol. 117, No. 1, pp. 99-109, 2006

**Authors:** (*publication order*)

Hazen, Andrea L.  
Connelly, Cynthia D.  
Kelleher, Kelly J.  
Barth, Richard P.  
Landsverk, John A.

**Keywords:**

Intimate partner violence  
Child behavior problems  
Child maltreatment  
Child protective services

**Dataset:**

Caregiver Interview  
Caseworker Interview

**Sample:**

Female caregivers of children in core sample between 4-14 years of age (n = 2020)

**Research Aims and Analysis:**

Examines the relationship between caregiver's experiences with intimate partner violence and reports of child behavior problems, accounting for other risk factors and potential moderators (depression and parenting practices). Analysis: Multiple linear regression used.

**Results:**

Severe intimate partner violence was associated with both externalizing and internalizing behavior problems when other risk factors were controlled (race, gender, child health, urbanicity, caregiver education, poverty, caregiver arrest history, caregiver substance use, community environment, child abuse, and prior reports of maltreatment). Use of corporal punishment and psychological aggression were significant moderators, but maternal depression did not moderate the relation between intimate partner violence and behavior problems.

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## Children in Out-of-Home Care: Entry Into Intensive or Restrictive Mental Health and Residential Care Placements

*Journal of Emotional and Behavioral Disorders*

Vol. 14, pp. 196-208., 2006

### Authors: (publication order)

James, Sigrid  
Leslie, Laurel K.  
Hurlburt, Michael S.  
Slymen, Donald J.  
Landsverk, John A.  
Davis, Inger  
Mathiessen, Sally G.  
Zhang, Jinjin

### Keywords:

Foster care  
Residential treatment facilities  
Emotional and behavioral problems

### Dataset:

Child Interview  
Caregiver Interview  
Caseworker Interview  
Baseline  
Wave 2  
Wave 3  
Wave 4

### Sample:

Children > 2 years who had any out-of-home care in waves 1-4 (n =981).

### Research Aims and Analysis:

Examined timing, type, and number of different intensive/ restrictive settings children entered in their first episode of out-of-home care; the likelihood of entry into these settings, and the role of clinical and non-clinical factors in reducing or enhancing the odds of entry into the settings. Analysis: Logistic regression was performed with entry into intensive/restrictive settings as the outcome variable and sociodemographic, clinical, placement history, service use, and resource variables as predictors.

### Results:

280 of the 981 (26%) experienced entry into an intensive/ restrictive setting during their first out-of-home-care placement with a total of 635 episodes in such settings (47% had 1 episode; 31% had 2 episodes, 10% had 3 episodes, and 3% had 4 or more). The distribution was: 5% therapeutic foster care only; 31% group homes; 36% residential treatment centers; 4% inpatient psychiatric care; and 24% mixed. First placement was 42% residential treatment, 39% group homes, 10% treatment foster care, 10% inpatient psychiatric care. 48% were placed in a restrictive setting as their first placement, and 38% experienced restrictive setting as their second placement. There were 4 significant predictors of entry into intensive settings: gender (boys 2.4 times as likely), age (with each year, children were 32% more likely), behavior problems (presence of problems made it 5 times as likely), and number of placements (fewer placements OR = .31). Counting all placements, children with an additional placement were 1.7 times more likely to have entered into a restrictive/intensive setting. Differences between children who entered intensive/restrictive settings immediately v. later on revealed that they only differed on two variables: those who entered intensive setting as their first placement more likely to have experienced supervisory neglect and had 2 fewer placements during total study period. Findings indicate that children are not placed into intensive/restrictive settings as a last resort. Rather, CW may be considering children's emotional/behavioral needs early on. Early placement may also reflect difficulty identifying available foster caregivers, particularly for older children.

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## **Factors Associated with Chronic Conditions among Children in Foster Care**

*Journal of Health Care of the Poor and Underserved*

Vol. 17, pp. 328-341, 2006

### **Authors:** (*publication order*)

Jee, Sandra H.  
Barth, Richard P.  
Szilagyi, Moira A.  
Szilagyi, Peter G.  
Aida, Masahiko  
Davis, Matthew M.

### **Keywords:**

Foster care  
Chronic conditions  
Children  
Well-being

### **Dataset:**

Caregiver Interview

### **Sample:**

Children in foster care for 1 year at baseline (n = 727)

### **Research Aims and Analysis:**

Assesses factors associated with caregiver-identified chronic illnesses in children in foster care for 1 year. Analyses: bivariate and multivariate logistic regression models used to examine associations between prevalence of chronic disease and independent variables (demographics, insurance coverage, child remaining in foster care after one year).

### **Results:**

Prevalence of chronic conditions was 30%--20% reported with one, 3.8% reported with two, and 3.1% reported with 3 or more. The most common condition was asthma (33%), followed by other respiratory problems (12%). Less prevalent were severe allergies, repeated ear infection, and skin diseases such as eczema. Children < 2 years and those who were in a family of no more than 3 were most likely to have a chronic condition and those who were Hispanic were least likely to have a chronic condition. Mental health problems were reported in 52% (using a binary index) and 60% (using a second index). Results from the multivariate model indicated that with demographics controlled, child's age (< 2 years) and household composition of 3 or less remained significant. In addition, Hispanic caregivers were less likely to identify themselves as caring for a child with a chronic disease.

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# **Alcohol, Drug, and Mental Health Specialty Treatment Services and Race/Ethnicity: A National Study of Children and Families Involved with Child Welfare**

*American Journal of Public Health*

Vol. 96, pp. 628-631, 2006

## **Authors:** (*publication order*)

Libby, Anne M.  
Orton, Heather D.  
Barth, Richard P.  
Webb, Mary Bruce  
Burns, Barbara, J.  
Wood Patricia A.  
Spicer, Paul

## **Keywords:**

Race/ethnicity  
Substance treatment  
Mental health treatment  
Child welfare

## **Dataset:**

Caseworker Interview  
Baseline  
Wave 2

## **Sample:**

Caregivers who responded during both baseline and wave 2 (n = 3,340).

## **Research Aims and Analysis:**

Compared need for and receipt of specialty alcohol drug, and mental health treatment in American Indian (AI), White, Black, and Hispanic caregivers and examined predictors of specialty service receipt. Analysis: Logistic regression used to estimate relationships between baseline characteristics and service receipt at 18-months post-baseline.

## **Results:**

The most prevalent risk factor in AI caregivers was impaired parenting skills as it was in White and Black caregivers. 22% of all caregivers had an alcohol, drug, or mental health problem (ADM); it was similar in White and Black caregivers, but lower in Hispanic caregivers. 15% of the AI caregivers with ADM problems received a formal assessment; 25% were referred for services; and 12% received any specialty service. Logistic regression indicated that AI caregivers were less likely to receive services than Hispanic caregivers but not White or Black caregivers. Caregivers of young children received more services; caregivers with in-home children were less likely to receive ADM services. Co-occurring problems doubled a caregiver's chance of receiving services compared with having only a substance use problem.

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## Profile of Children Investigated for Sexual Abuse: Association With Psychopathology and Services

*American Journal of Orthopsychiatry*

Vol. 76, pp. 468-481, 2006

### Authors: (publication order)

McCrae, Julie S.  
Chapman, Mimi V.  
Christ, Sharon L.

### Keywords:

Sexual abuse  
Latent profile analysis  
Mental health  
Child welfare services

### Dataset:

Child Interview  
Caregiver Interview  
Caseworker Interview  
Baseline

### Sample:

Children 3-14 who were investigated for sexual abuse as most serious abuse (n = 553)

### Research Aims and Analysis:

Identified subgroups of children investigated for sexual abuse (SA) who exhibited or were at risk for mental health problems due to maltreatment and family experiences. Analysis: Chi square, t-tests, latent class analysis (LCA) using factor mixture modeling and regression analysis. Children were grouped by age (3-7, 8-11, 12-14 years).

### Results:

Age group analysis indicated that the groups did not differ in the severity of SA but duration of abuse differed, with youngest children investigated for SA of shorter duration. Groups differed on perpetrator: 3-7 and 8-11 age groups more frequently investigated for other related abuse as compared to oldest group. Rates of PTS were higher in 8-11 age group; greater percentage of 12-14 year olds than 3-7 year olds had at least one behavior problem symptom. Factor mixture modeling analysis indicated that about 50% of children in each age group were placed in classes that were investigated for less severe abuse occurring over a short duration or only once and other family problems were only weakly endorsed. Two classes in each age group were distinguished by more severe abuse but no consistent pattern was found with family problems, other maltreatment or perpetrator; these classes accounted for one-third of children in each age group. Other classes included those that were distinguished by differences in perpetrators (older children) and by differences in mental illness (MI), domestic violence (DV), and substance use. Two classes were mostly boys (one in 3-7 and one in 12-14 ages), characterized by moderate severity, shorter duration, and caregiver mental illness; two classes of 12-14 year olds were mostly Black girls. Regression analyses with 3-7 age group indicated that children in the DV/MI and mostly boys groups had significantly more behavior problems and children with substantiated abuse had lower internalizing scores than those whose abuse was not substantiated. The chronic-relative class in the 8-11 year group was marked by the highest externalizing and PTS symptoms and internalizing and depressive symptoms were highest in the severe class. In the 12-14 age group, the mostly boys class had the highest externalizing behavior problems and depressive symptoms; they also had high internalizing and depression scores. Normative and severe chronic classes had the least symptoms overall. Out-of-home care had higher internalizing scores; substantiated cases had higher externalizing scores; White and Black children and boys had fewer depressive and PTS symptoms. Irrespective of children's age, substantiation status was related to mental health service referral. Reports of mental health problems were also linked to service referral/receipt in 3-7 and 8-11 year groups; whereas presence of one or more borderline/clinical symptom was linked to service referral/receipt in 12-14 year olds. Limitations include missing data, use of different raters to assess psychological symptoms, and the cross sectional nature of data. Study shows that children with sexual abuse vary greatly in their outcomes and that characteristics of the abuse alone do not always predict service needs.



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## **A Longitudinal Study of the Effects of Early Abuse on Later Victimization Among High-Risk Adolescents**

*Violence and Victims*

Vol. 21, pp. 287-306, 2006

### **Authors:** (*publication order*)

Tyler, Kimberly A.  
Johnson, Katherine A.

### **Keywords:**

Child maltreatment  
Running away  
Victimization  
Delinquency  
Adolescents

### **Dataset:**

Child Interview  
Caregiver Interview  
Caseworker Interview  
Baseline  
Wave 2  
Wave 3  
Wave 4

### **Sample:**

All children in CPS cohort who were 11 to 15 years at baseline (n = 730)

### **Research Aims and Analysis:**

Examined the effects of early abuse and poor parenting on victimization via running away, delinquency, and early sexual onset. Analysis: Path analyses using LISREL were used to examine the relationships.

### **Results:**

Sexual and physical abuse and lower levels of parental monitoring and closeness were associated with running away at baseline. Running away at baseline was associated with running away, delinquency and early sexual activity at wave 3, which all predicted victimization at wave 4. The effect of sexual abuse and parental closeness on running away at wave 3 was mediated by running away at wave 1. Significant gender, race and age interactions were found. Males who were physically abused and males who were delinquent were at greater risk for victimization than females. Non-Whites who were delinquent were at greater risk for victimization than Whites. Older males were at greater risk for victimization than younger males; older children who had experienced sexual abuse were at greater risk than younger children who had experienced sexual abuse. Older youth who had run away had a greater risk of victimization than younger youth who had run away.

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## **Intimate Partner Violence as a Risk Factor for Children's Use of The Emergency Room and Injuries**

*Children and Youth Services Review*

Vol. 27, pp. 1223-1242, 2005

### **Authors:** (*publication order*)

Casanueva, Cecilia  
Foshee, Vangie A.  
Barth, Richard P.

### **Keywords:**

Intimate partner violence  
Domestic violence  
Children's health  
Emergency room  
Injuries  
Maternal mental health

### **Dataset:**

Caregiver Interview  
Caseworker Interview

### **Sample:**

Core sample of children (n = 5,504) who entered the system ages 0-14 years

### **Research Aims and Analysis:**

Examines the associations between intimate partner violence (IPV), maternal factors (e.g., depression, alcohol and substance use), lack of supervision and children's injuries/use of the E.R. Analysis: Log-linear regression and logistic regression used to examine the association between IPV and ER/injuries maternal variables. Multivariate analysis used to examine effect of mediating variables.

### **Results:**

Current severe IPV was associated with maternal depression and with children's use of E.R; depression mediated the link between IPV and ER use. Maternal alcohol abuse, drug abuse, and lack of supervision did not mediate the association between IPV and children's use of ER. Maternal alcohol abuse and drug abuse were each related to lack of supervision and mediated the relationship between IPV and lack of supervision. Maternal depression and lack of supervision were each associated with children's injuries. Limitations include: inability to explore the direct connection between male batterers' behaviors and children's use of the ER, by caseworker data that may have been obtained much after investigation, and by the cross-sectional nature of the data.

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## Police Involvement in Child Protective Services Investigations: Literature Review and Secondary Data Analysis

*Child Maltreatment*

Vol. 10, No. 3, pp. 224-244, 2005

### Authors: *(publication order)*

Cross, Theodore P.  
Finkelhor, David  
Ormrod, Richard

### Keywords:

Child abuse  
Child maltreatment  
Child protective services  
Child protection  
Police  
Law enforcement  
Multidisciplinary team

### Dataset:

Caregiver Interview  
Caseworker Interview  
Child Interview

### Sample:

Core sample limited to cases in which most serious allegations were physical abuse, sexual abuse or neglect (n = 3,842).

### Research Aims and Analysis:

Compares CPS cases with and without police involvement (investigations, placement decisions, and safety plans) and examines the relationship of police and CPS co-involvement to the outcomes of maltreatment investigations. Analysis: logistic regression used to examine the relationship of police involvement (allegation credibility, provision of services), to outcome when controlling for sample characteristics.

### Results:

45% of sexual abuse cases; 28% of physical abuse cases, and 18% of neglect cases included police involvement in the investigation. Less police involvement in safety or placement planning (18% for sexual abuse). Police involvement in investigation was associated with increased likelihood that abuse allegation was found credible and that services would be provided; police involvement in planning and use of multidisciplinary team was related to provision of services. These relationships were independent of control variables (e.g., caregiver alcohol and drug abuse, severity of abuse, domestic violence), Police involvement seemed to promote CPS effectiveness. Families received more interventions with the police involvement in the case possibly because police involvement provides more thorough investigations and greater evidence.

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## **Cognitive and Academic Functioning in Maltreated Children**

*Children & Schools*

Vol. 27, pp. 197-206, 2005

### **Authors:** (*publication order*)

Crozier, Joseph C.

Barth, Richard P.

### **Keywords:**

Cognitive functioning

Academic achievement

Child maltreatment

### **Dataset:**

Child Assessment

Caseworker Interview

Caregiver Interview

### **Sample:**

School aged children (6-15 years) from core sample who completed cognitive assessments (n = 2,488)

### **Research Aims and Analysis:**

Examines cognitive functioning and academic achievement in maltreated children. Analysis: Chi square and regression analyses used to examine differences between children's performance as a function of age, gender, maltreatment type, race/ethnicity, and risk factors.

### **Results:**

Children did not perform as well as their nationwide peers on tests of cognitive and academic achievement. Neither gender, age, nor maltreatment type were related to below average performance. Race/ethnicity were related to the performance on the cognitive, reading, and math measures, with African American and Hispanic students scoring lower than white children. Risk factors (poverty, prior CWS, caregiver mental health, teacher reported behavior problem) were related to one or more child measure and the cumulative risk was highly related to reading and mat scores. Limitation in this research: It does not include a non-maltreated comparison group.

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## Safety of Children Involved With Child Welfare Services

*In K. Kendall Tackett & S. Giacomoni (Eds.). Victimization of Children and Youth: Patterns of Abuse, Response Strategies; Kingston, NJ: Civic Research Institute*

Chapter 21, pp 21-1 - 21-26, 2005

### Authors: *(publication order)*

Gibbons, Claire B.  
Chapman, Mimi V.  
Barth, Richard P.  
Kohl, Patricia L.  
McCrae, Julie S.  
Breen, Rebecca L.  
Carlton, Craig

### Keywords:

Recurrent maltreatment  
Safety  
Child welfare services

### Dataset:

Caseworker Interview  
Caregiver Interview  
Child Interview

### Sample:

Core sample in baseline with closed investigations (n = 5, 504)

### Research Aims and Analysis:

Examines child safety (i.e., prior/ repeated CWS involvement, children reports of violence, injuries) as a function of administrative data and caregiver reports in relation to demographic factors and placement type. Analysis: Crosstabs, logistic regression, t-tests.

### Results:

Administrative data indicate that prior CWS involvement more likely in children in out of home care and in in-home cases with on-going services; older children had more prior reports; differences also a function of maltreatment type. Child reports indicated significantly higher rates of violence than in the general population of children. Severe violence reported in 20% of children who entered CWS, which was significantly less than in those placed in foster care. Furthermore, many children reported witnessing violence soon after a CWS investigation, and rates were highest in youngest children. Children in-home were more likely to report injuries requiring medical attention than those out of home and than the general population.

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## **Emergency Department Utilization by Children in Foster Care**

*Ambulatory Pediatrics*

Vol. 5, No. 2, pp. 102-105, March-April, 2005

**Authors:** (*publication order*)

Jee, Sandra H.  
Antonucci, Toni C.  
Aida, Masahiko  
Szilagyi, Moira A.  
Szilagyi, Peter G.

**Keywords:**

Emergency department  
Foster care  
Health care utilization

**Dataset:**

Non-Permanent Caregiver Interview

**Sample:**

Children in long term foster care ages 1-14 who were not reunified with their biological families and whose foster parent answered ED/UCC (n = 559)

**Research Aims and Analysis:**

Examines emergency department (ED) utilization of children in foster care and which children in foster care would be most likely to use services. Analysis: Logistic regression to examine bivariate and multivariate relationships between emergency use/urgent care use and independent variables.

**Results:**

31% percent of foster children had visited the ED or UCC in the past 12 months. Demographic factors associated with ED/UCC usage included: race (Hispanic less use), age (0-2 used more), chronic disease (used more), caregiver age (>54 used less). Multivariate logistic regression analysis revealed that out of all children in foster care, children who had a chronic condition, children of younger age, and children with younger foster caregivers were significantly more likely to have used the ED.

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## **The Changing Lens of Research on Family Violence and Child Welfare (Introduction)**

*Children and Youth Services Review*

Vol. 27, pp. 1163-1166, 2005

**Authors:** (*publication order*)

Kelleher, Kelly J.  
Barth, Richard P.  
Edleson, Jeffrey L.

**Keywords:**

Family violence  
Child welfare  
Domestic violence  
Child maltreatment

**Dataset:**

None – Introduction to Special Issue

**Sample:**

None—not research paper

**Research Aims and Analysis:**

Issue includes 3 data-based papers using NSCAW data that focus on services and safety, especially with domestic violence in the CW caseload. Analysis: see specific papers.

**Results:**

"Domestic Violence and Pathways into Child Welfare Services", "Child Welfare as a Gateway to Domestic Violence Services", "Intimate Partner as a Risk Factor for Children's Use of the Emergency Room and Injuries", each examine how domestic violence in the presence of maltreatment leads to different placements and services. See individual papers for results. One other paper describes a study that has brought the group of collaborators represented in this volume together (the Family Violence Services Study (FVSS) that will re-interview CWS and domestic violence agencies involved with NSCAW and will link the contextual information with individual NSCAW data.

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## Child Welfare as a Gateway to Domestic Violence Services

*Children and Youth Services Review*

Vol. 27, pp. 1204-1221, 2005

**Authors:** (*publication order*)

Kohl, Patricia L.  
Barth, Richard P.  
Hazen, Andrea L.  
Landsverk, John A.

**Keywords:**

Child welfare services  
Domestic violence

**Dataset:**

Caseworker Interview  
Caregiver Interview

**Sample:**

Female permanent caregivers of children from core sample remaining in the home following an investigation for maltreatment (n = 3,135)

**Research Aims and Analysis:**

Examines the identification of Domestic Violence (DV) by CW workers during maltreatment investigations and how DV identification contributes to receipt of DV services. Analysis: Sensitivity and specificity for reports of DV using caregiver report as criterion. Logistic regression to 1) examine factors associated with caseworker under identification of DV (e.g., age, race, CW service status, maltreatment type, partner in home, substance abuse, prior receipt of CWS, caregiver's maltreatment history and cumulative risk score and 2) examine predictors of service referral and receipt.

**Results:**

Caregivers reported that 31% of them had > 1 incident of DV in past year and 45% reported lifetime DV. Sensitivity was 8%; specificity was 65%. Underidentification occurred in 22% of the cases and were slightly more likely in the cases receiving services. Predictors of caseworker under identification included caregiver substance abuse, the family having prior experience with CWS, or the caregiver's childhood history of abuse or neglect. The case workers identification of DV increased when the secondary caregiver had a substance abuse problem, when the most serious maltreatment type was "other" as compared to physical abuse, and when the cumulative risk was high. Recognition of DV by the case worker, coupled with an open CWS case were highly related to receipt of DV services. Lack of transportation and child care difficulties were cited as barriers to receipt of services, but not the availability of services themselves.



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## **Domestic violence and pathways into child welfare services: Findings from the National Survey of child and adolescent Well-Being**

*Children and Youth Services Review*

Vol. 27, pp. 1167-1182, 2005

### **Authors:** (*publication order*)

Kohl, Patricia L.  
Edleson, Jeffrey L.  
English, Diana J.  
Barth, Richard P.

### **Keywords:**

Domestic violence  
Child welfare services  
Out of home placement

### **Dataset:**

Caseworker Interview

### **Sample:**

Children from core sample who were in home with and without CWS, foster care, kin care and caseworker information on DV (n = 3,931).

### **Research Aims and Analysis:**

Explores the role of domestic violence in investigations of child maltreatment including relationship of DV to maltreatment classification, substantiation, decisions made by caseworker, other risk factors, and placement into out of home care. Analysis: Chi square analyses to examine bivariate associations between DV and factors. Multinomial regression to examine factors related to placement.

### **Results:**

14% of families had active DV and 19% had a history of DV. Foster care higher in families with active and history of DV and kin care was higher in families with active DV. Emotional maltreatment was the most serious type of abuse in DV families. Substantiation of maltreatment was more common in those with active DV. DV was used in decision making process when children remained in the home with CWS or placed in kin care. History of DV was associated with highest rate of prior reports. DV was associated with substance abuse, mental health problems, arrest history, childhood history of maltreatment; financial difficulties, and cumulative risks. Logistic regression conducted with home v. out of home placement showed that DV alone did result in higher out of home placement; only a history of DV was related to placement (less likely than those without DV to be removed). Other variables related to placement were: age of child (3-5 year olds less likely to be placed out of home compared to 11+); children considered at most severe risk more likely; children of substance abusing primary caregivers more likely. Children in families with the highest level of cumulative risk were 10 times more likely to be placed into foster care than children in families assessed with low risk levels.

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## Relationship Between Entry Into Child Welfare and Mental Health Service Use

*Psychiatric Services*

Vol. 56, No. 8, pp. 981-987, 2005

**Authors:** (*publication order*)

Leslie, Laurel K.  
Hurlburt, Michael S.  
James, Sigrid  
Landsverk, John A.  
Slymen, Donald J.  
Zhang, Jinjin

**Keywords:**

Mental health service use  
Child Welfare involvement

**Dataset:**

Caseworker Interview  
Caregiver Interview

**Sample:**

Children from core sample who were at least 2 years of age at baseline (n = 3, 592)

**Research Aims and Analysis:**

Examines the initiation of mental health service use as a function of level of child welfare involvement (i.e. in-home care and no CW services, in-home care and additional CW services and foster care) and socio-demographic and need factors. Analysis: Cox proportional hazards model used to estimate factors associated with mental health use.

**Results:**

Children who remained in their home without child welfare services were least likely to gain access to mental health services (1/3 less likely for those who didn't receive any further child welfare services and 50% less likely for those who received additional child welfare services) and children in out-of-home care were most likely to gain access to such services. (onset of service use is related to level of involvement in child welfare). Other factors that predicted onset of mental health services included age, race, need, physical abuse, physical neglect, and insurance.

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## Child Welfare Reform in the United States: Findings from a Local Agency Survey

*Child Welfare*

Vol. 84, pp. 5-24, 2005

### Authors: *(publication order)*

Mitchell, Lorelei B.  
Barth, Richard P.  
Green, Rebecca L.  
Wall, Ariana E.  
Biemer, Paul P.  
Berrick, Jill Duerr  
Webb, Mary Bruce  
NSCAW Research Group

### Keywords:

Legislation  
Adoption  
Safety  
Child welfare reform policy implementation

### Dataset:

Local Agency Interview

### Sample:

92 Child Welfare Agencies

### Research Aims and Analysis:

Examines administrators' report on the implementation of 1990's child welfare reform legislation and its impact on service delivery. Analysis: Chi square and t-test analyses used to make comparisons of implementation of policies between administration locale, urbanicity, county size, poverty.

### Results:

Respondents reported that the Adoption and Safe Families Act brought greater emphasis on child safety, shortened time frames for decision-making, and increased concurrent planning. Other legislation (TANF, MEPA-IEP) has had fewer effects. Implementation differences found as a function of contextual features. State-administered CW agencies made greater progress in implementing reforms than county-administered agencies; urban counties more likely to implement aspects of MEP-IEP but were less likely to have implemented concurrent planning. Limitations include: small sample, use of self-report and administrator perceptions, missing data due to length of caregiver self-administered questionnaire.

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## **Psychotropic Medication Use in a National Probability Sample of Children in the Child Welfare System**

*Journal of Child and Adolescent Psychopharmacology*

Vol. 15, pp. 97-106, 2005

### **Authors:** (*publication order*)

Raghavan, Ramesh  
Zima, Bonnie T.  
Andersen, Ronald M.  
Leibowitz, Arleen A.  
Schuster, Mark A.  
Landsverk, John A.

### **Keywords:**

Child welfare  
Psychotropic medication  
Medical insurance  
Medicaid  
Foster care

### **Dataset:**

Caseworker Interview  
Caregiver Interview

### **Sample:**

Core sample > 2 years who were seen at baseline and 1-year (n = 3,114).

### **Research Aims and Analysis:**

Estimates the prevalence of psychotropic medication use, and describe relationships of child characteristics, mental health need, and facilitating factors (insurance and placement) with medication use among children in the CWS. Analysis: Chi square

### **Results:**

13.5% of children were taking psychotropic medications at the 1-year follow-up. Older age (12-16 years), male gender, whites, history of physical abuse, public insurance, and CBCL scores in the clinical range were associated with higher medication use. African-American and Latino, and a neglect history, were associated with lower medication use. Children taking psychotropic medication who were sexually abused saw specialty providers more often than non-specialty. Children with elevated CBCL internalizing scores were more likely to have specialty provider visits; children with elevated CBCL externalizing scores were more likely to have co-managed visits.

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## Developmental and Behavioral Needs and Service Use for Young Children in Child Welfare

*Pediatrics*

Vol. 116, No. 4, pp. 891-900, 2005

**Authors:** (*publication order*)

Stahmer, Aubyn C.  
Leslie, Laurel K.  
Hurlburt, Michael S.  
Barth, Richard P.  
Webb, Mary Bruce  
Landsverk, John A.  
Zhang, Jinjin

**Keywords:**

Child welfare  
Foster care  
Developmental services  
Developmental need  
Child abuse

**Dataset:**

Caregiver Interview  
Child Interview

**Sample:**

Children < 6 years of age in Core Sample (n = 2,813)

**Research Aims and Analysis:**

Examines variation in developmental and behavioral need and service use based on race, age and level of involvement with child welfare. Analysis: Chi square analyses, correlation and logistic regression.

**Results:**

Children remaining at home were more likely to be older (3-5 years) and white and were less likely to have been referred because of supervisory neglect or abandonment than those removed from home. Children at home with active case were less likely to be Hispanic Children at home without active CW case were more likely to have been referred for sexual abuse. Both toddlers (41.8%) and preschoolers (68.1%) had high developmental and behavioral needs; few children received services for these issues (22.7% overall). Children with the greatest need as defined by number of areas of developmental and behavioral risk most likely to get services. Predictors of service use independent of need included: age (older than 3 more likely to receive services), level of CW involvement (children living at home less likely), maltreatment history (abandonment more likely), race (African American less likely than white). Methods need to be developed to address disparities in access to intervention.

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## **Aggressive and Delinquent Behavior of Maltreated Adolescents: Risk Factors and Gender Differences**

*Stress, Trauma, and Crisis*

Vol. 8, pp. 1-24, 2005

### **Authors:** (*publication order*)

Wall, Ariana E.  
Barth, Richard P.  
NSCAW Research Group

### **Keywords:**

Aggression  
Delinquency  
Maltreatment  
Adolescents  
Gender

### **Dataset:**

Child Interview  
Caseworker Interview  
Caregiver Interview

### **Sample:**

Adolescents (11-15 years) from the Core sample with non missing data (n =739)

### **Research Aims and Analysis:**

Examines level of aggressive and delinquent behavior; and parent and child factors associated with aggression and delinquency. Analysis: regression to examine factors associated with aggression and delinquency. Descriptive statistics and bivariate analyses to examine gender differences.

### **Results:**

Males reported greater caregiver relatedness and lower parental monitoring than females as well as more ADHD and less sexual abuse. Gender interactions were not included in the model because interactions between aggressive/delinquent behavior and variables were similar in males and females. Aggression and delinquency were predicted by age (11 < 15 yr olds), below average social skills, a low sense of caregiver relatedness, and being female. Aggressive and delinquent behaviors did not vary by type of maltreatment.

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## **Mental Health Need and Access to Mental Health Services by Youths Involved with Child Welfare: A National Survey**

*Journal of the American Academy of Child and Adolescent Psychology*

Vol. 43, No. 8, pp. 960-970, August, 2004

### **Authors:** (*publication order*)

Burns, Barbara, J.  
Phillips, Susan D.  
Wagner, H. Ryan  
Barth, Richard P.  
Kolko, David J.  
Campbell, Yvonne  
Landsverk, John A.

### **Keywords:**

Mental health services  
Child welfare  
Foster care

### **Dataset:**

Child Interview  
Caregiver Interview  
Caseworker Interview  
Teacher Report

### **Sample:**

Children from core sample whose investigations were closed and who were 2 – 14 years of age at baseline (n = 3, 803)

### **Research Aims and Analysis:**

Assesses the relationship between the need for and use of mental health services as well as characteristics of need (as measured by the CBCL), correlates of use of mental health services, and rates and types of mental health services. Analysis: Chi square and t-tests with control for multiple comparisons; logistic regression for analyses of service use. Separate models run by age groups.

### **Results:**

47.9% of the youths with completed CW investigations had clinically significant emotional or behavioral problems, but only 25% received any specialty mental health care during the 12 months prior to the survey. Children in the clinical range were more likely to be adolescents and less likely to be preschoolers; more likely to be placed in nonrelative foster care or group homes; less likely to be reported for neglect; and more likely to have parents with reports of impaired parenting. Children receiving services had the same characteristics as those in the high clinical range, including higher CBCL scores, and also were more likely to have a parent identified with severe mental illness and were more often exposed to a greater number of parental risk factors. Clinical need was related to receipt of mental health care across all age groups (odds ratio = 2.7-3.5). For young children (2-5 years), sexual abuse (versus neglect) increased access to mental health services. For children 6-10 yrs, African American race and living at home significantly reduced the likelihood of services. Adolescents living at home were also less likely to receive services, whereas having a parent with severe mental illness increased (odds ratio = 2.4) the likelihood. Psychiatric hospitalization was the least common service and outpatient services were the most common service. A variety of policy were discussed.

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## Children's Voices: The Perceptions of Children in Foster Care

*American Journal of Orthopsychiatry*

Vol. 74, pp. 293-304, 2004

### Authors: *(publication order)*

Chapman, Mimi V.

Wall, Ariana E.

Barth, Richard P.

NSCAW Research Group

### Keywords:

Foster care

Children's perceptions of placements

### Dataset:

Child Interview

### Sample:

Children > 6 years in foster care for 1 year at baseline (n = 320). Includes children in kin care (KC), foster care (FC), and group care (GC)

### Research Aims and Analysis:

Examines children's views on their foster care experiences including their placement history, family visits, hopes for the future, the child's relationship with current caregivers. Analysis: percentages and means for dependent variables and logistic regressions used to examine relationship between placement type and race with dimensions of the placement experience and relationship with current caregiver.

### Results:

Most children reported seeing biological mother and father < 2 times per month, desiring more contact with bio mother and father; and having less contact with sibs. Most children felt happy after family visits. Most children experienced a change in neighborhood/ school. Children generally felt positively toward the providers yet maintained hope for reunification with their biological family. Children in GC were less likely to like with whom they were living and to want their current placement to become permanent. Younger children were more likely to want their current placement to become permanent. No relationships were found with race. Most children felt high levels of relatedness to their caregivers; no differences by race or placement in overall scores. However, there were placement differences in specific activities. Children in KC felt closer to their caregiver than those in GC and felt their caregiver cared for them more than children in the other 2 groups. The sample was similar to the AD Health sample. Policy implications offered.



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## Human Subjects Issues in the National Survey of Child and Adolescent Well-Being

*In S.B. Cohen, and J.M. Lepkowski (Eds.), Proceedings of the 8th Conference on Health Research Methods. NCHS Hyattsville, MD*

DHHS Publication Number (PHS )04-1013, 2004

**Authors:** (*publication order*)

Dowd, Kathryn L.

**Keywords:**

Child welfare system

Human Subjects Protections

Child Protection Services

**Dataset:**

None – Background Paper

**Sample:**

None- background paper

**Research Aims and Analysis:**

Describes the human subject protection and research ethics experiences encountered in conducting the study in order to provide lessons learned to others involved in research with vulnerable populations.

**Results:**

Issues covered include: Process of obtaining IRB approval; agency data for sampling; timing of data collection from caseworkers, risk/benefit ratio and procedures for gaining participant cooperation; consent/assent forms, reminders of risk throughout the interview, mandatory reporting of child maltreatment and suicidal intent; data confidentiality and release of data for secondary analysis. Results: sampling from all agencies was completed as designed; acceptable response rates were achieved in the baseline and follow-up visits; 215 incident reports filed for child maltreatment and suicidal intent; no breaches of confidentiality; data were released to research community and 25 licensing agreements were made. NSCAW team provided advice to other teams for assistance and consent forms were shared.

---

## **Intimate Partner Violence among Female Caregivers of Children Reported for Child Maltreatment**

*Child Abuse & Neglect*

Vol. 28, pp. 301-319, 2004

### **Authors:** (*publication order*)

Hazen, Andrea L.  
Connelly, Cynthia D.  
Kelleher, Kelly J.  
Landsverk, John A.  
Barth, Richard P.

### **Keywords:**

Intimate partner violence  
Child maltreatment  
Child protective services

### **Dataset:**

Caseworker Interview  
Caregiver Interview

### **Sample:**

Core sample not in out of home placement and on whom a baseline interview with a female caregiver was obtained in which IPV information was available (n = 3,612).

### **Research Aims and Analysis:**

Determines the prevalence and correlates of intimate partner physical violence among female caregivers of children reported to CPS. Analysis: Chi square and F-statistics used to test associations between IPV and demographic, caregiver, and CPS variables. Logistic regression used to examine relationship of severe and less severe IPV with selected variables. Poisson regression used to examine relations between frequency of IPV with other variables.

### **Results:**

45% of female caregivers experienced one or more episode of IPV in their lifetime, with 33% reporting at least one incident of severe violence. Rates in previous year were 29%, with 17% reporting at least one incident of severe violence. Most who reported severe violence also reported less severe violence (94%). Caregiver depression, alcohol and drug dependence, prior reports of maltreatment were associated with increased odds for severe physical violence as was younger age. Less severe physical violence was associated with presence of a male intimate partner in home, caregiver depression, and alcohol dependence (lower risk). Similar associations were found for frequency of IPV. Rates of IPV did not vary by demographic variables. The study shows the need for effective screening and identification of intimate partner violence in families with child maltreatment experiences.

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## Contextual Predictors of Mental Health Service Use Among Children Open to Child Welfare

*Archives of General Psychiatry*

Vol. 61, pp. 1217-1224, 2004

### Authors: *(publication order)*

Hurlburt, Michael S.  
Leslie, Laurel K.  
Landsverk, John A.  
Barth, Richard P.  
Burns, Barbara, J.  
Gibbons, Robert D.  
Slymen, Donald J.  
Zhang, Jinjin

### Keywords:

Children's use of mental health services  
Service coordination  
Predictors of service use

### Dataset:

Caseworker Interview  
Caregiver Interview  
Local Agency Interview

### Sample:

Children ages 2-14 from core sample years who were removed from their homes or were living at home if their case was opened (n = 2,823).

### Research Aims and Analysis:

Explores contextual predictors of specialty mental health service use among children in the child welfare system by examining degree of coordination between local child welfare and mental health agencies and supply of specialty mental health providers. Analysis: multivariate logistic regression analyses.

### Results:

Only 28.3% of all children received services although 42.4% demonstrated need. Younger children and children remaining at home had lowest rates of service use. Increased coordination between local child welfare and mental health agencies was associated with stronger relationships; mental health need and service use and decreased differences in rates of service use between white and African American children. There was no association between the supply of mental health providers and service use. Limitations include the inability to evaluate causality.

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## Outpatient Mental Health Services for Children in Foster Care: a National Perspective

*Child Abuse & Neglect*

Vol. 28, pp. 697-712, 2004

### Authors: *(publication order)*

Leslie, Laurel K.  
Hurlburt, Michael S.  
Landsverk, John A.  
Barth, Richard P.  
Slymen, Donald J.

### Keywords:

Mental health  
Child abuse  
Foster care  
Medicaid

### Dataset:

Child Interview  
Caseworker Interview  
Caregiver Interview

### Sample:

Children in foster care for one year who were 2-15 years old at baseline (n = 462)

### Research Aims and Analysis:

The objective was to determine factors influencing the use of outpatient mental health services for children in foster care. Analysis: Chi square, correlations, logistic regression to examine relationship between use of mental health services and need for services (as measured by CBCL) and background factors.

### Results:

Almost half the children had a high rate of mental health need, and over half of the received at least one outpatient mental health service. About 25% of those with high CBCL scores had not accessed mental health services. Need, older age, and history of sexual abuse history all positively predicted the use of these services. African American children and physically neglected children were less likely to access services and children in group care were more likely to access services. A significant interaction between CBCL scores and race (AA) indicated that AA children in comparison to white children were less likely to access services when CBCL scores were lower. Limitations of the study include use of CBCL as the sole measure of need.

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## Parental Arrest and Children Involved With Child Welfare Services Agencies

*American Journal of Orthopsychiatry*

Vol. 74, No. 2, pp. 174-184, 2004

### Authors: *(publication order)*

Phillips, Susan D.  
Burns, Barbara, J.  
Wagner, H. Ryan  
Barth, Richard P.

### Keywords:

Child welfare services  
Parental arrest  
Mental health care  
Out-of-home care  
Domestic violence  
Substance abuse

### Dataset:

Caseworker Interview  
Caregiver Interview

### Sample:

Core Sample on whom there were parental arrest data (n = 5,322)

### Research Aims and Analysis:

Examines rates of parental arrest among children who were the subjects of maltreatment reports. Examine differences between children whose parents were arrested and others with regard to demographics, parent risk factors, CWS case characteristics, and race/ ethnicity Analysis: Chi square to compare cases with arrested parents and others. Logistic regression to estimate effect of parental arrest on out of home placement controlling for child and parent factors.

### Results:

12.5% children who were subjects of maltreatment reports had parents who were recently arrested, and they were disproportionately African American, younger, more likely to have had previous contact with CWS, but less likely to have emotional/ behavioral problems. They were more likely to have had reports for some form of neglect. Their parents generally had higher risk factors. Children whose parents were arrested were significantly more likely to be in out-of-home care, usually relative care. Parental arrest contributed to out of home placement even after accounting for the effect of parent risk factors and child behavior problems. However, odds of being in non-relative care were increased by multiple parent risk factors, maltreatment, and child behavior problems but parent arrest did not make an independent contribution. Although 20% of the African American children had an arrested parent, African American parents who were arrested had lower rates of each parent risk factor than other arrested parents. Policy implications indicated.

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## Parental Views of In-Home Services: What Predicts Satisfaction with Child Welfare Workers?

*Child Welfare*

Vol. 82, No. 5, pp. 571-596, 2003

### Authors: *(publication order)*

Chapman, Mimi V.  
Gibbons, Claire B.  
Barth, Richard P.  
McCrae, Julie S.  
NSCAW Research Group

### Keywords:

Caregivers receiving child welfare services  
Satisfaction with child welfare workers

### Dataset:

Caregiver Interview  
Caseworker Interview

### Sample:

Caregivers of children from core sample remaining in the home who received CWS and talked with a CW worker (n = 1,872)

### Research Aims and Analysis:

Examines caregivers' satisfaction with child welfare workers and caregiver and worker characteristics that predict satisfaction. Analysis: descriptive statistics and multiple regression analyses.

### Results:

Most caregivers had spoken with a caseworker in the past month (66%); only 13% had spoken to a worker > 4 months ago. The mean score for relationship quality indicates a moderate degree of helpfulness. Service characteristics negatively impacting the relationship include >2 child welfare workers, longer length of time between visits, not being offered the kind of help needed, too few services being offered, and caseworker report of caregiver cooperation.

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## Comprehensive Assessments for Children Entering Foster Care: A National Perspective

*Pediatrics*

Vol. 112, No.1, pp. 134-142, 2003

**Authors:** (*publication order*)

Leslie, Laurel K.  
Hurlburt, Michael S.  
Landsverk, John A.  
Rolls, Jennifer A.  
Wood Patricia A.  
Kelleher, Kelly J.

**Keywords:**

Foster care  
screening  
Health care  
Mental health  
Developmental delay  
Child health

**Dataset:**

Caring for Children in Child Welfare Entry Screening and Services Interview of CW Agency Personnel  
Abstracted policy and procedure information

**Sample:**

91 of 92 NSCAW PSU's

**Research Aims and Analysis:**

Investigates the status of policies regarding assessments of children entering out-of-home care, as to the inclusiveness and comprehensiveness of physical, mental, and developmental assessments. Examine the relationship between inclusiveness and the estimated percentage of children assessed, primary assessment location, and principal assessment provider type. Analysis: Chi Square and correlations.

**Results:**

86% of PSUs had a policy covering all children for physical health assessments; 48% of PSUs had policies covering all for mental health and 58% for developmental assessments. Only 42.6% of PSUs provided comprehensive physical, mental health, and developmental examinations inclusive of all children entering out-of-home care. Estimated proportion receiving assessments was higher in PSU's with inclusive policies. Health assessments usually occurred at community locations and were nearly universally given by primary care providers. Local mental health agencies were primary locations for mental health assessments with a substantial portion at central child welfare location (the latter more often were for PSU's with inclusive policies). Health facilities were usually used for developmental assessments (most often for those with inclusive policies). Primary care providers were the usual source of mental health and developmental assessments in PSU's with inclusive policies, whereas specialists were used for other types of PSU's. Only 25% required specific tools for identification.

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## Children in Foster Homes: How Are They Faring?

*Child Trends Research Brief*

Publication No. 2003-23; [www.childtrends.org](http://www.childtrends.org), 2003

### Authors: *(publication order)*

Vandivere, A.  
Chalk, Rosemary  
Moore, Kristin Anderson

### Keywords:

Foster care  
Child well-being  
Policy implications

### Dataset:

Child Assessment  
Child Interview  
Caregiver Interview

### Sample:

Children living in foster homes during baseline (n = 1,279); 669 children in foster care and 60,000 not in FC in the NSAF

### Research Aims and Analysis:

Examines the child well-being of children in foster care and addresses the implications for policy and practice. Analysis: descriptive statistics (i.e., percentages) for various indicators of health, development, education, and behavioral problems.

### Results:

Children in foster care more likely to have problems than non-foster children but also have strengths. Foster care may improve child outcomes if the placement facilitates greater access to services. Two suggestions made for obtaining data about children in foster care: the addition of measures of child well-being to state and federal child welfare administrative data systems and the inclusion of foster children in nationally representative surveys of children and youth. Other suggestions were made for strategies that could help foster families support foster children's development.



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**Methodological Lessons from the National Survey of Child and Adolescent Well-being:  
The First Three Years of the USA's First National Probability Study of Children and  
Families Investigated for Abuse and Neglect**

*Children and Youth Services Review*

Vol 24, No. 67, pp. 513-541, 2002

**Authors:** (*publication order*)

NSCAW Research Group

**Keywords:**

Child welfare system  
Child maltreatment  
Longitudinal survey design  
Methodological lessons

**Dataset:**

None – Background Paper

**Sample:**

None

**Research Aims and Analysis:**

Focuses on the process of implementing the study using information from the planning stages and early months of field work, including sampling, instrumentation, agency and family recruitment, data collection, human subjects' protection, and analysis plans.

**Results:**

Among the lessons learned during early phase of study were: Agency recruitment - include CWW supervisors at recruitment meetings to facilitate relationships; have senior data staff at recruitment meetings to work with sampling team; ask key senior staff to sign an agreement letter to lessen agency problems due to staff turnover; develop multifunction teams for working with CW agencies. Recruitment of families – avoid including sample members who require active consent prior to initial contact but if required provide additional resources to the agencies and if required for policy reasons ask that agencies review the policy; identify agency consent requirements early on; justify request for direct contacting of participants. Data collection procedures - use ACASI for some questions for children and to use CARI as a means for monitoring quality of interviews. After the first 5 months, response rates ranged from 40% to 85% for stratum. Incentives were raised to try to increase rates. Data collection more time consuming resulting in decision to extend sampling and baseline data collection by 3 months. Costs greater than anticipated resulting in decision to eliminate some data collection time points and extending time between surveys.

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## **Design and Methodological Issues in a National Longitudinal Survey of Children in the Child Welfare System**

*In M.L. Cynamon, and R.A. Kulka (Eds.), Proceedings of the Seventh Conference on Health Research Methods, Williamsburg, VA*

Vol 24, No. 67, pp. 513-541, 1999

### **Authors:** *(publication order)*

Dowd, Kathryn L.  
Biemer, Paul P.  
Weeks, Michael F.

### **Keywords:**

Child welfare system  
Longitudinal survey design and methodology  
Child Protection Services

### **Dataset:**

None – Background Paper

### **Sample:**

None—description of how the sample will be obtained.

### **Research Aims and Analysis:**

Describes the NSCAW and the issues that were faced in designing the survey, Analysis: none—not a data paper.

### **Results:**

Results – none. Issues covered include: Instrumentation – need to have them answer key questions and be programmed for computer; 2 stage sampling – PSUs and within PSU sampling – needed to ensure estimates for 8 key states and the rest of the U.S (28 other states); Agency recruitment required significant preparation follow-up, time, and networking. Response Rates – incorporated best practices for surveys; Human Subjects Protection and OMB Reviews – Human Subjects Work Group who helped with design of study recommended balance between protection of study subjects and getting a sufficiently high response rate; Analysis Plans – focus on key study issues concerning experiences of children and families along with information about agencies and caseworkers.