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Exploratory Study

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Abstract

Few children disclose sexual abuse and participate in a formal investigation. Furthermore, not all children that disclose abuse during a forensic interview receive services to address trauma or safety. Despite the importance of such outcomes, little is known about which factors may influence when children will receive services. Through content analysis of 139 case records, findings indicate that a child's race/ethnicity, abuse related factors, and level of family support are all significant in predicting service and placement outcomes in child protection cases. Implications for social work practice include the need for ongoing engagement in culturally sensitive, strengths-based practice with families.

Keywords: child sexual abuse, forensic interviews, service outcomes, safety plans, out of home placement, family support

The detection, investigation, and treatment of child sexual abuse (CSA) survivors and their non-offending families members is a problem with very serious repercussions for individuals, families, and communities. In the United States, more than 60,000 new cases of child sexual abuse were reported annually to child protection in recent years (U.S. Department of Health & Human Services, 2013). Since these cases only represent substantiated cases, and only 17.5% of reported maltreatment cases are substantiated (U.S. Department of Health & Human Services, 2013), this statistic does not represent an accurate portrayal of how many cases of child sexual abuse actually occur. With such a small percentage of cases actually being reported and substantiated, it is clear that not all children who experience sexual abuse will have the opportunity to participate in a forensic interview or may not receive services they may need to recover. Once substantiated, child protective services may be able to help ensure the safety of a child through interventions such as out of home placement, safety plan implementation, or by offering referrals for counseling. However, while these are important outcomes, little is known about factors may influence which children receive certain types of services following disclosure of CSA during an investigation, which could impact a child's ability to recover safely with support. The purpose of this exploratory research was to evaluate whether child characteristics, abuse related factors, and level of family support significantly predicted whether a child experienced certain outcomes including counseling, out of home placement, and safety plan implementation after disclosure of sexual abuse allegations in a forensic interview.

Background

Forensic Interviews

Forensic interviews are important to the investigation and prosecution of child sexual abuse. After children disclose abuse, or if suspected abuse is reported, a child may be interviewed by law enforcement, a child protection investigator, or a specially trained forensic interviewer. Forensic interviews can occur at police stations, at child protection offices, in hospitals, or at Children's Advocacy Centers (CACs). The forensic interview seeks to obtain as much accurate, autobiographical information as possible from the child as it pertains to the allegation of abuse. In the CAC model, care is taken to limit the number of interviews a child is subjected to, minimizing if not eliminating, redundant interviewing and perceived negative consequences for the child such as undue stress or re-traumatization (National Children's Advocacy Center, 2015).

Disclosure of CSA During a Forensic Interview

The fears that children and adolescents have about outcomes after initial and forensic disclosure have been well documented. Research has shown that children may not disclose, or will delay disclosure, because they are afraid of negative consequences for themselves, their families, or the perpetrator (Staller & Nelson-Gardell, 2005; Ullman, 2003). Children and adolescents commonly mention fear of child protection and law enforcement as a reason to avoid disclosure because they know professionals will have to take formal action (Ungar, Tutty, McConnell, Barter, & Fairholm, 2009). While there is a modest body of research examining outcomes such as rates of prosecution in criminal court or long term effects of counseling on mental health for children who have disclosed CSA during an investigation, there are very few studies documenting factors related to other kinds of outcomes related to services.

CSA Survivor Access to Mental Health Services

Although children who have been sexually abused receive more services as compared to children who experience other forms of abuse and neglect, they may be in greater need of mental health treatment as more children who have been sexually abused present with clinical mental health diagnoses (Walrath et al., 2003). One study found that nearly 80% of children who are sexually abused suffer from post-traumatic stress disorder (Dube, et al, 2005). Untreated trauma can impact functioning later in life. One study found that women who have histories of child sexual abuse report more drug use and higher rates of depression (Bonomi, et al., 2008).

The literature regarding referrals and participation in counseling following a sexual abuse investigation is limited. Most of the related research has focused on evaluations of the effectiveness of Child Advocacy Centers (CACs). Research has consistently shown that CACs provide more referrals of services for children and families including medical exams and counseling when compared to investigations through CPS or law enforcement (Cross et al., 2008; Smith, et al., 2006). One study found that over 85% of substantiated cases of child sexual abuse received a referral for mental health services (Smith et al., 2006), although the study sample size was quite small with only 14 cases of substantiated sexual abuse.

Child Out of Home Placement and Safety Plan Outcomes in CSA Cases

There is limited existing research on child out of home placement outcomes in cases of child sexual abuse; even descriptive studies are scarce. Within the existing research, it appears that percentages of out of home placement in cases of CSA range from eight to fifteen percent (Cross, et al., 2008; Palmer, et al., 1999). Palmer, et al. (1999) found that of the 384 cases of sexual abuse they studied, an investigation into the abuse was undertaken in only twelve percent of cases. Action regarding the perpetrator was even lower; only five percent of abusers were

removed from the home, six percent were formally charged by police, and only three percent

were convicted. Eight percent of children were removed from their homes due to the abuse,

many of which were placed in foster care. More recently, Cross, et al. (2008) established that

15% of children are removed from their homes after they have received a forensic interview at a

CAC.

A safety plan is a formal plan put into place with the family after a substantiated report of

abuse or neglect is made and after an assessment for risk of harm has been conducted with the

family. Safety plans can range from in-home supportive services, removal of the perpetrator,

child placement with a relative, or out of home placement. According to DePanfilis, and Salus

(2003), caseworkers should closely evaluate risk factors, make reasonable and accessible goals

for the family to achieve, put supportive services into place for the entire duration of the case,

and help caregivers protect the child.   Studies examining the rates of safety plan implementation

in cases of child sexual abuse could not be located, nor anything regarding factors related to

which cases receive safety plans compared to those that do not. This is a serious gap in the

literature.

Child and Family Factors and Outcomes

Clearly research regarding even basic information about how many children receive

counseling, are placed out of the home, or who have a safety plan implemented in child sexual

abuse cases is scarce. While contributing to the knowledge base on these outcomes in general is

one purpose of the current study, the other purpose is exploring how specific factors related to

the child and family may predict which children receive certain services. Therefore a brief

review of literature related to two factors of emphasis in this study are included: children of color

and out of home placement and family support following CSA disclosure and the impact on outcomes.

Children of color and out of home placement. Children of color, especially African American children, are disproportionately removed from the home in the United States when compared to Caucasian children (Knott & Donovan, 2010). This is an issue not only in the U.S., but also in [Midwest state where research was conducted]. In 2012, African American and American Indian children were 6 times more likely to come in contact with child protection workers for any kind of reported abuse or neglect ([state name] Department of Human Services, 2012) and were five times more likely to be removed from the home as compared to Caucasian children (Rockymore, 2013). While these are troubling statistics both across the United States and within [state name], these are just related to out of home placement in all cases of child maltreatment and do not specifically address cases of child sexual abuse. Without more research, it is unknown whether these trends would be the same following disclosure of CSA in an investigation.

Family support and outcomes in CSA cases. Family support is also of importance in understanding service and placement outcomes in cases of CSA, as decisions related to risk and safety include an evaluation of family support by child protection workers (Child Welfare Information Gateway, n.d.). According to Everson, Hunter, Runyon, Edelsohn, and Coulter (1989), a fully supportive response by non-offending family members requires three elements: believing the child, providing emotional support, and taking action to protect the child from the perpetrator, such as removing the perpetrator from the home or from accessing the child. In their study, the authors found that most of the non-offending mothers whose children disclosed sexual

abuse to them offered emotional support and told the children they believed them, although less

than half of the mothers took action to protect the children from the perpetrator.

While parental support is an essential part of assessing risk of harm to the child in making

post-forensic interview safety decisions, this can be an inconsistent predictor in a child's

psychological well-being (Bolen & Lamb, 2007). The authors in this study found that while

parental support did predict better outcomes for children in terms of behaviors and psychological

well-being, they also noted the relationship was moderated by other variables. However,

Everson et al. (1989) found lack of maternal support as a significant predictor when examining

out of home placement decisions. Therefore, while a few studies have examined the role of non-

offending family member support in cases of sexual abuse, these have not been examined

specifically related to service and placement outcomes following disclosure of sexual abuse

during a forensic interview.

The Current Study

As was demonstrated in the review of the literature, little research has examined service

and placement outcomes following disclosure of CSA during forensic interviews and some of the

factors that may influence these outcomes. Therefore, the purpose of the current study was to

explore whether child characteristics, abuse related factors, and level of family support

significantly predicted whether a child was referred for counseling, was placed out of the home,

or had a safety plan implemented following disclosure of sexual abuse allegations in a forensic

interview. While several factors are examined in relation to these outcomes in the current study,

particular emphasis will be placed on examining and discussing the effect of the child's

race/ethnicity and the role of family support across outcomes. The research questions addressed

by this study are: (1) Are referrals for counseling for the child in child protection cases predicted by child characteristics, abuse specific factors, and family support?; and (2) Are child out of home placement and safety plan implementation in child protection cases predicted by child demographic characteristics, abuse specific factors, and family support?

Methods

Description of Sample

Participants in the study included 139 children who disclosed sexual abuse during a forensic interview at a children's advocacy center in the Upper Midwest and then received follow-up monitoring, services, or referrals through child protective services in a public child protection department in a metropolitan-based county. All cases in the sample were substantiated. The average age of participants was 10.33 (*SD*=5.06) with a range of 2 to 46-years old. While most participants were children in the age range of 3 to 18, there were also four adult participants (ages 25, 27, 28 and 46) with significant cognitive and developmental disabilities. For a detailed description and breakdown of percentages for each category, see Table 1.

Procedure and Data Collection

Using a convenience sample, the first phase of data collection consisted of watching 139 video-taped forensic interviews one time and reviewing case files for additional information for all forensic interviews that occurred between 2010 through 2012 and satisfied the inclusion criteria of: if the child disclosed sexual abuse during the forensic interview, if the child participated in a single session forensic interview, if the primary abuse allegation was sexual abuse, and if the case was substantiated and services were provided by CPS. Data collected from

case files included the child's demographic characteristics such as age, gender, race/ethnicity, and identified disability or mental health diagnosis. Case file data gathered regarding the sexual abuse allegation included the alleged perpetrator's age and relationship to the child, and the specific abuse allegation. Data collected from watching the forensic interviews included how the child disclosed and the level of family support the child experienced upon disclosure prior to the forensic interview. Inconsistencies between the case file data and information provided by the child during the interview were rectified by using information provided by the child during the interview. For example, if the case file listed no known mental health diagnosis, but the child stated during the interview that they were seeing a counselor for depression, the child would receive a code for 'mental health diagnosis, depression'.

The second phase of data collection connected the 139 coded forensic interview cases to case records in a county child protection department in a large metropolitan area. Data collected from the child protection case records included whether the child received a referral and was participating in counseling, whether the child remained in the home or if they were removed, and whether a safety plan was implemented in the home.   All cases in the final sample were substantiated by CPS and only consisted of situations where the alleged perpetrator was related to the child or living in the home. Cases where the alleged perpetrator was not related to the child and living outside of the home are not monitored by CPS. Referrals for services and follow-up are handled by the family support coordinators at the CAC where the study was conducted. Outcome data was provided in a 'yes' or 'no' format. For a full list of variables and definitions used for coding, see Table 1.

Content Analysis and Coding

Content analysis was used during data collection in phase one and is defined as research on existing records, or recordings, of human communications, making replicable and valid inferences from participant communication in specific contexts (Berelson, 1971; Krippendorff, 2012). Content analysis is most appropriate for research wishing to study subjects without affecting their communication or behavior, which could ultimately reduce the validity of the data (Babbie, 2010). In the present study, having a researcher present during the forensic interviews could have changed the way that the children responded to the interviewer's questions and could have potentially caused the children more anxiety in an already stressful situation.

Content analysis has several core components when used in reliable and valid research (Krippendorff, 2012). First, definitions of meaning units and coding instructions must be clear. According to Graneheim and Lundman (2004), meaning units are words, sentences or paragraphs containing aspects related to each other through their surface meaning, known as manifest content, as well as the deeper meaning or context, known as latent content (Rubin & Babbie, 2016. In this study, both manifest and latent content analysis were used to define codes. Second, coding instructions must clearly define the units coded, followed by examples. Clear coding instructions and examples, along with the use of manifest and latent content coding, can help ensure the data collected is both valid and reliable. Deductive content analysis was used in this study. Deductive content analysis answers a research question or set of questions as related to a hypothesis or set of hypotheses (Mayring, 2000). Therefore, coding is purposeful and based upon previous research or theory. By assigning codes to clearly defined phenomena, content analysis allows for qualitative communication to be quantified for statistical analysis. In the present study, content analysis is appropriate because it uses data within existing case files and videotaped forensic interviews for statistical analysis.

Inter-Rater Reliability

Inter-rater reliability (IRR) for the predictor variables of type of child demographics (age, gender, race/ethnicity, and identified mental health diagnosis or disability) and abuse related factors (sexual abuse allegation and alleged perpetrator) were established by two coders separately reviewing and coding case files and video-taped interviews for 15% of cases with percentage of agreement of 100% on all codes. Similarly, IRR for the predictor variable of level of family support was established by comparing codes on 15% of cases with an average agreement between coders of 91% for lack of family support. However, percentage of agreement between coders where there is not complete agreement is insufficient for determining inter-rater reliability since it does not take into account the agreement that could happen by chance (Hallgren, 2012). Therefore, calculating IRR, correcting for agreement by chance, can be handled by computing Cohen's Kappa (Cohen, 1960). The final calculation for IRR for family support was a kappa of 0.74, where P(a) was 0.91 and P(e) was 0.66. When using content analysis, Krippendorff (2012) offers conservative guidelines for assessing whether kappa indicates conclusions about inter-rater reliability, with values between 0 and 0.67 as being unreliable, values between 0.67 and 0.80 as being tentatively reliable, and values above 0.80 as being reliable and conclusive. According to these guidelines, the calculated kappa value of 0.74 for lack of family support can be considered tentatively reliable. IRR for the three outcome variables were not established as the data was provided from existing administrative data and not coded by watching the interviews or from reviewing case files.

Protection of Human Subjects and Confidentiality

Because this sample was based on secondary data analysis of existing case records, there were no risks to human subjects since the research did not require direct interaction with participants. However, prior to the commencement of the current study, IRB approval was obtained from a Research One University and from the County Human Services and Public Health Department from which data was collected regarding outcomes. Steps to protect confidentiality of participants in the cases were taken by signing a confidentiality agreement with the agency and by collecting de-identified data. For the purpose of matching cases, a password protected file with the assigned research number and child's name and birth date was sent directly from a staff member at the children's advocacy center to a staff member in the Corporate Compliance and Quality Assurance department within the County Human Services and Public Health Department. The researcher did not have access to confidential, identifying information regarding the participants.

Statistical Analysis

All statistical analyses, including descriptive statistics and logistic regression, were performed using R (R Core Team, 2013). To assess the research questions using logistic regression analyses, initial models were built controlling for all child demographic characteristics and other outcome variables, with non-significant variables removed from the final models. In some models, child demographic categories were not significant and were subsequently removed from the final analysis.

Model fit and effect size analysis. To determine the significance of each category of predictors, diagnostic statistics were performed for each category to determine the overall contribution of the variable to the model and its significance by using the Wald test. To

understand the overall model fit, the log likelihood ratio test and log likelihood are often

calculated to determine whether the overall model fit is significantly better than an empty

(intercept) model (Menard, 2002). As part of the log likelihood ratio test, the chi-square value,

degrees of freedom, p-value, and overall log likelihood value, along with the pseudo R-squared

values, were included in each of the final models. The effect size for the binary logistic

regression models were assessed using the Cragg and Uhler (1970) pseudo R-squared estimate.

The Cragg and Uhler pseudo R-squared estimate is often referred to as a 'revised' version of the

Cox and Snell (1989) and is one of the most commonly reported R-squared estimates in logistic

regression (Allison, 2013).

Results

Counseling for the Child

Overall, children who received counseling (*n*=35) comprised 25% of the sample,

compared to children who didn't receive counseling (*n*=104). Upon analysis using binary logistic

regression, there were several significant findings. Children who had experienced more severe

abuse, such as penetration, were 1.8 times more likely to receive counseling than children who

experienced a less severe form of abuse such as exposure or fondling (OR=1.8, CI=1.16-3.05).

Children who had unsupportive families were 9.9 times more likely to receive counseling as

compared to children with highly supportive families (OR=9.9, CI=2.65-4.82). Interestingly,

children were not significantly more likely to receive counseling if related to the alleged

perpetrator.   Whether a child had a previously identified mental health diagnosis or disability

remained in the final model, but was not significant. The other outcome variables of whether or

not children had a safety plan or were removed from the home were included in the model as control variables. See Table 2.

Out of Home Placement for Children

Of the total number of available case outcomes for child placement (N=139), children who were removed from the home (*n*=25) comprised 18% of the sample and children who remained in the home made up the remaining 82% (*n*=114). Overall, results of the logistic regression analyses show that there was a statistically significant relationship between the severity of the sexual abuse allegation and out of home placement with children who experienced a less 'severe' form of abuse, such as exposure or fondling, were significantly less likely to be removed from the home (OR=0.4, 0.17-0.74). The child's race/ethnicity was not significant in predicting out of home placement as expected. The other outcome variables of whether or not children received counseling or were removed from the home were included in the model as control variables.   See Table 3.

Safety Plan Implementation in the Home

Of the total number of available case outcomes for implementation of a safety plan (N=139), nearly half of all cases had a safety plan implemented within the home (*n*=68). Children who identified as Hispanic were 4.1 times more likely to have a safety plan implemented as compared to Caucasian children (OR=4.1, 1.04-18.40). Furthermore, when the sexual abuse allegation was more severe (i.e. penetration), it was 1.7 times more likely that a safety plan was implemented within the home (OR=1.7, CI=1.10-2.89). If the alleged perpetrator was related to the child, it was 8.5 times more likely that a safety plan was implemented (OR=8.5, CI=2.90-28.92). There were no significant findings predicting children

with unsupportive families would be more likely to have a safety plan implemented in the home. The other outcome variables of whether or not children received counseling or were removed from the home were included in the model as control variables.   See Table 4.

Discussion

Across each of the three outcomes, there were several common factors that were significant in this study. These include the child's race/ethnicity, the sexual abuse allegation, relationship of the alleged perpetrator to the child, and lack of family support. Each of these factors related to each of the three main outcomes of counseling for the child, out of home placement, and safety plan implementation, will be discussed within the context of the literature and interpretation within the sample in this study.

Counseling for the Child

In general, the overall percentage of children receiving counseling in this sample was small, with only 25% of children receiving counseling. This seems quite low, given that previous research has shown that nearly 80% of children who are sexually abused suffer from post-traumatic stress disorder (Dube, et al, 2005).   However, since these are only cases where counseling was offered and monitored through the child protective services department, it is possible that the actual participation of counseling in samples including cases with and without CPS involvement would be higher since many families might pursue counseling on their own. In those situations, the child's participation in counseling would not have been included in this study.

There were two significant predictors of whether children received counseling in this study: severity of abuse allegation and lack of family support. The need for counseling services, especially for children who have experienced more severe sexual abuse allegations, is validated

in the literature. One study found that children who have experienced more severe sexual abuse were more likely to experience a greater number of mental health symptoms (O'Leary, Coohey, & Easton, 2010).   Children were also 9.9 times more likely to receive counseling if their families were categorized as not supportive, as compared to families who were highly supportive. Previous research shows that when children disclose sexual abuse to a supportive family member, they are less likely to experience PTSD (Hyman, Gold, & Cott, 2003), therefore providing counseling opportunities to children with unsupportive families is best practice. Other research has shown that positive social support from non-offending family members decreases psychological distress in children who have experienced sexual abuse (Ullman & Filipas, 2005). Interestingly, there were no significant findings related to the relationship of the alleged perpetrator to the child and whether the child received counseling. This is surprising since other research has shown that children feel a stronger sense of guilt and a greater sense of responsibility for the abuse if they were related to the alleged perpetrator (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Staller & Nelson-Gardell, 2005) and may experience more instances of mental health issues as compared to those who were abused by non-relatives (O'Leary, et al., 2010; Ullman, 2007). This is an area of research that warrants further exploration.

Child Out of Home Placement

According to the Child Welfare Gateway (n.d.), when assessing whether the child should be removed from the home, workers must identify the risk of the child being re-abused, assessing risk factors of the alleged perpetrator, and the protective ability of the non-offending parent. In the assessment of the families in the current study, child protection workers are evaluating the need for the child to be in a safe and supportive environment.   Overall, the cases in this sample

indicated an out of home placement rate of 18%, after receiving a forensic interview. The sexual

abuse allegation was the only variable of interest that was statistically significant for whether a

child was removed from the home. When controlling for other counseling for the child and

safety plan, findings do not corroborate other research on the over-representation of children of

color within the child welfare system (Chibnall, et al., 2003). This is contrary to what was

predicted given that in [state where research was conducted], the disproportionate rate for out of

home placement for children of color is among the highest in the United States (Padilla &

Summers, 2011), with American Indian, African American, and multi/bi-racial children are 15.5,

4.0 and 4.0 times more likely than a Caucasian child to be placed out-of-home, respectively

([state name] Department of Human Services, 2013). Furthermore, children with unsupportive

families were not significantly more likely to be removed from the home, even though gauging a

non-offending parent's protective ability is part of the evaluation of risk (Child Welfare

Information Gateway, n.d.). This could mean that in many of these cases, the perpetrator was

removed from the home rather than the child and therefore was not significant. It is important to

note that these factors are significant by themselves, but are moderated by significant related

outcomes of counseling for the child. Based on the lack of significant findings in two expected

areas, the complexity of this issue, and the exploratory nature of this area of study, further

research is needed with larger, random samples to see if these findings are consistent across other

samples of CSA cases and services.

Safety Plan Implementation in the Home

Overall, 49% of all cases had a safety plan implemented in the home after the forensic

interview was completed. Within this high percentage of cases, there were three main factors

that significantly predicted safety plan implementation: a child's race/ethnicity, relationship of

the alleged perpetrator to the child, and the severity of the sexual abuse allegation. When the

alleged perpetrator was related to the child, a safety plan was 8.5 times more likely to be

implemented in the home. Based on what elements are taken into account when assessing risk,

this finding illustrates the fundamental point of safety plans, which are to protect children when

alleged perpetrators are family members or are residing in the home with the child (Child

Welfare Information Gateway, n.d.). The sexual abuse allegation with a more severe abuse

allegation (such as penetration) as being 1.7 times more likely to have a safety plan implemented

in the home was an interesting finding. While this hasn't been addressed in the literature, this

finding makes sense on a practical level with the highest protective plans as being implemented

for those who experienced more severe abuse. Caseworkers are likely assessing these cases as

having a higher level of risk of harm for re-abuse (DePanfilis & Salus, 2003). In addition,

Hispanic children were 4.1 times more likely to have a safety plan implemented in the home as

compared to Caucasian children. No literature could be located that has examined Hispanic

families and safety plans, especially in cases of child sexual abuse. Although it should be noted

that in [state where study was conducted] does not show significant disparities between Hispanic

children being removed from the home as compared to Caucasian children ([state name]

Department of Human Services, 2013), so this population of children may be receiving safety

plans and remaining in the home instead of being removed. This is an area in need of further

investigation.

While most attention has been paid to the significant factors related to outcomes, it is

important to draw attention to lack of findings as well. Similar to the outcome of out of home

placement, there were no significant findings related to the level of family support and safety

plan implementation. In particular, the non-offending family member's support and adherence to

the safety plan is a central component of ensuring a child's safety and includes enforcing the

plan, adhering to the guidelines, and reporting issues with implementing the plan to the child

protection staff if necessary (Child Welfare Information Gateway, n.d.). When families were

categorized as not supportive in this study, they already demonstrated that they may not be able

or willing to provide emotional support, believe the child, or report abuse and therefore may not

be able to successfully comply with ensuring the safety plan is implemented properly. Future

research to understand how family support is evaluated when making decisions about child

placement and safety plans in cases of CSA.

Implications for Social Work Policy, Practice, and Future Research

While there were several significant findings in this study, two in particular are of

importance for social work policy and practice. These are safety plan implementation for

children of color and lack of family support as a factor in decision making. While these are two

very different factors, they both point to the continued importance for social workers to engage

in culturally sensitive, strengths-based practice. This is essential for any social work practice,

but especially for child protection workers who are engaging with families who have

experienced sexual abuse of their children and may already distrust the system and professionals

working within it. For families of color, it is understandable that many would be hesitant to trust

and engage with a system that has historically and currently treats them differently than

Caucasian children. It is well documented that children of color are significantly over-

represented in the child protection system in the United States (Hill, 2006) and, once in care, are

more likely to receive adversarial, rather than supportive, care (Roberts, 2002). Within [the state

where the research took place], a recognition for addressing disparities for children of color

within the child welfare system has lead to several initiatives including practice guidelines for

working with African American families (Rockymore, 2013) and developing on-going training

opportunities on cultural competency for child welfare workers and resources for families to

reduce disparities for children of color within the child protection system ([state name]

Department of Human Services, 2014).   Both the practice handbooks and trainings emphasize

culturally responsive services using strengths-based practice. These initiatives are a step in the

right direction and more extensive evaluations should be conducted to see whether these

initiatives have helped reduce overrepresentation of children of color within the child welfare

system and have improved engagement of families with the child welfare system, especially over

time. Since findings related to the child's race/ethnicity were significant only for Hispanic

children and safety plan implementation, it could be that such trainings and services may be

helping alleviate more drastic measures, such as child removal, for children of color.

In order to engage families early, preventative services should continue to be

implemented with families who are involved with CSA investigations, whether their cases go to

child protective services or not. From a study with child welfare professionals, Chibnall et al.

(2003) found that professionals overwhelmingly recommended more effective early

interventions with at risk families as well as community based prevention services targeting

different cultural groups. This may help reduce the stigma for families of color from reporting

abuse and seeking out supportive services and mental health treatment in addressing issues

related to sexual abuse. CACs can continue to work with law enforcement and CPS on such

community based efforts.

Within the assessment process of whether families need services at any point, an

emphasis on engaging the family throughout the investigation process in a supportive manner

should continue. Although engagement with the family is usually restricted prior to the forensic

interview so that family members don't intentionally or unintentionally influence the child's statement, transparency in the process may help families feel more comfortable in engaging with service providers. This elevated level of engagement may help families provide accurate and additional information for the overall situation at hand, ultimately helping the child and family heal together as they process the disclosure and investigation. It would be useful to examine service outcomes in cases of CSA that are not working in collaboration with a CAC where families may receive increased explanation and support from multiple professionals throughout the investigation and afterwards.

Limitations

There are several limitations to this study, which may threaten the internal and external validity of the findings. First, the findings cannot be used to establish causation, although it can identify significant relationships, both adding to the body of existing research as well as raising new questions for future research. Second, the sampling method used in this study was convenience sampling and not random sampling. Therefore, the findings can only be attributed to being representative of the population studied, children who disclose sexual abuse during forensic interviews at a children's advocacy center. However, since this study was designed to gather more information about an area of research that hasn't been fully investigated yet, it is only seeking to explore these factors which have not yet been included in literature yet.

When some categories of outcomes were examined, some became quite small once examining different factors within the outcomes. This was especially true for the outcome of child placement and for the category of child race/ethnicity: other. While the category was quite small (n=10) with several groups included in the category that might not otherwise be related to

one another, due to the small sample size overall, the cases were included in the final analysis,

although the category was not significant across any of the analyses. Therefore, the findings in

this study should only be considered exploratory and similar factors should be examined with a

larger sample.

Because this was a field study relying on existing data and records, there were several

limitations in the information available. First, this research is based upon the interviews of

children who have made sexual abuse allegations and corresponding case files. In some

instances, there was additional evidence corroborating their statements, such as a perpetrator's

confession, a witness statement, or medical evidence. However, this rarely occurred. The point

of this study was not to focus on the accuracy of the child's statements per se, but on outcomes

after their disclosures. Beyond the child's statement, no assertions of accuracy or additional

conjectures of the likelihood of abuse having occurred can be made from this study. This is a

limitation to all field research examining anything related to the disclosure of child sexual abuse,

whether initial disclosure or disclosure during forensic interviews. Another related limitation

that often occurs in using existing records is that information contained in the records is

restricted and additional information cannot be retrieved and included. This is true in both the

accuracy of the existing information as well as the overall scope of information.

Conclusion

This study highlighted factors that are associated with service and placement outcomes

for children who disclosed CSA during forensic interviews. From these findings, implications

for social work practice include the need for continued engagement in culturally sensitive,

strengths-based practice with families. Looking forward, a step in the right direction will be

continued examination of ways in which the current systems, practices, and policies can improve

to make the process easier for children and families to disclose and report sexual abuse, and to

support professionals working with these families.

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Table 1: Description and Percentages of Coded Outcome and Predictor Variables

Service and Placement Related Outcomes	*n*	%
Counseling for Child		
Received Counseling	35	25%
Did not Receive Counseling	104	75%
Child Placement		
Child Place Out of Home	25	18%
Child Remained in Home	114	82%
Safety Plan		
Safety Plan Implemented	68	49%
No Safety Plan	71	51%
Child Demographics	*n*	%
Gender		
Male	30	22%
Female	109	78%
Race/Ethnicity		
African American	47	33%
Caucasian	37	27%
Hispanic	23	16.5%
Multi/Bi-Racial	23	16.5%
Other	10	7%
Identified Disability or Mental Health Diagnosis		

Diagnosis (Developmental, Mental Health, Other)	38	27%	
None	101	73%	
Abuse Related Factors		***n***	**%**
Sexual Abuse Allegation			
Exposure (forcing child to look at perpetrator or to view pornography) and Fondling (touching the child over or under clothing)		63	45%
Oral (performing oral sex on child or forcing child to do so on perpetrator)		19	14%
Penetration (penetrating child's genital or anal area with hands or genitals)		57	41%
Relationship of Perpetrator to Child			
Related biologically or through marriage (siblings, cousins, father, grandfather, uncle, step-father)	90	65%	
Unrelated perpetrators primarily included paramours of the non-offending caretaker living in the home or other unrelated persons including roommates or unrelated peers.	49	35%	
Family Support		***n***	**%**
High is fulfilling all four criteria of a.) believing the child, b.) providing emotional support including encouraging the child to talk to investigators, c.) taking action to protect the child from the perpetrator d.) reporting the abuse.		84	60%
Some includes some supportive action by parents or guardians, but is missing one or two of the four criteria of a highly supportive family.		19	14%
None/Unsupportive family reaction includes failing to fulfill two or more of the main criteria for a highly supportive reaction, plus did not report or seek outside		35	26%

assistance.		

Table 2: Logistic Regression of Child Receiving Counseling as Outcome

Variables	B	S.E.	Wald	Odds Ratio	95% C.I.
Relationship of Perpetrator to Child[1] Related	0.52	0.53	0.67	1.7	3.72-8.45
Level of Family Support[2]					
Some	-2.38	1.57	-1.25	0.1	0.01-1.33
None	2.30	0.73	3.17	9.9***	2.65-4.82
Sexual Abuse Allegation	1.02	0.40	2.52	1.8**	1.16-3.05
Identified Disability (any)	-0.29	0.70	-0.42	0.7	0.18-2.87
Safety Plan	4.15	1.14	3.63	63.7***	9.72-968.2
Child Out of Home Placement	3.67	0.98	3.73	39.3***	7.17-374.5
χ^2 83.72 -2LL -35.19 Cragg and Uhler R Square 0.69 *p<0.05, **p<0.01, ***p<0.001					

1 Reference was Unrelated. 2 Reference group was High.

Table 3: Logistic Regression of Child Placed Out of Home as the Outcome

Variables	B	S.E.	Wald	Odds Ratio	95% C.I.
Child's Race/Ethnicity[1]					
African American	1.04	0.73	1.42	2.8	1.39-42.13
Hispanic	0.28	0.91	0.30	1.3	0.75-34.11
Multi	1.06	0.87	1.21	2.9	1.09-43.75
Other	-17.14	1764.55	-0.01	0.0	0.08-22.74
Sexual Abuse Allegation	-0.98	0.38	-2.61	0.4**	0.17-0.74
Safety Plan	-0.13	0.77	-0.17	0.9	0.17-3.74
Counseling for Child	3.25	0.79	4.11	25.9***	6.39-152.12
χ^2 40.20 -2LL -45.40 Cragg and Uhler R Square 0.43 *p<0.05, **p<0.01, ***p<0.001					

1 Reference group was Caucasian.

Table 4: Logistic Regression of Safety Plan Implemented as the Outcome

Variables	B	S.E.	Wald	Odds Ratio	95% C.I.
Child's Age	0.07	0.05	1.96	1.5	1.00-1.22
Child's Race/Ethnicity[1]					
African American	-0.88	0.62	-1.42	0.4	0.11-1.36
Hispanic	1.42	0.73	1.96	4.1*	1.04-18.40
Multi	0.96	0.70	1.38	2.6	0.68-10.65
Other	1.09	0.99	1.09	3.0	0.39-21.10
Sexual Abuse Allegation	0.51	0.27	1.86	1.7*	1.10-2.89
Relationship Perpetrator to Child[2] Related	2.14	0.58	3.68	8.5***	2.90-28.92
Counseling for Child	3.40	0.92	3.69	30.1***	6.10-241.03
Child Out of Home Placement	-0.71	0.84	-0.84	0.5	0.08-2.89

χ^2 70.69   -2LL -60.97   Cragg and Uhler R Square 0.53 *p<0.05, **p<0.01, ***p<0.001

1 Reference group was Caucasian. 2 Reference group was Unrelated.