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A randomized controlled trial of consensus-based child abuse case management[☆]

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Abstract

Objective: This study evaluates the effects of expert-assisted child abuse and neglect case management in the German child welfare and healthcare system as perceived by the case workers themselves.

Methods: Case workers with different professions (social workers, counselors, clinic-based and office-based psychotherapists, and physicians) participated in the study. They were responsible for 80 child protection cases which were enrolled for the study and randomly assigned either to expert-assisted case management or to case management as usual. The sample represented a broad range of child protection problems with alleged or confirmed physical abuse, sexual abuse, emotional abuse and/or neglect. The victims were between 0 and 18 years of age. The intervention group received two to six case review sessions provided by child protection experts from outside of the case workers' own institution within 6 months after referral of the case. The case workers' satisfaction with the perceived degree of child protection, their level of certainty in the process of investigation, risk assessment and intervention planning, the quality of inter-institutional communication, and the involvement of children and families were evaluated.

Results: Overall, only few between-group differences indicated effects of the intervention program. There was a statistical tendency toward more satisfaction with the perceived degree of child protection in the intervention group. Certainty in the estimation of suspected child abuse decreased significantly in the intervention group, compared with the control group, whereas certainty with respect to intervention planning increased. There were no group differences in the estimation of inter-institutional communication. Case workers in the intervention reported significantly fewer legal prosecutions of the perpetrators than case workers without expert assistance. However, the involvement of children in planning the interventions was significantly lower in the intervention group.

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Conclusions: Expert-assisted case management may change the case workers' perception of the evidence for abuse and guide their interventions to provide child protection. Modifications of the method should consider improved participation of the child.

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Keywords: Case management; Child protection; Consensus-based intervention; Randomized controlled trial; Risk assessment

Introduction

Case management in child protective services is a process of stepwise decision making that requires complex cognitive, social and emotional abilities, comprehensive knowledge, and multiple specific skills on the part of the child protection worker (Baird & Rycus, 2004; Cheung, Stevenson, & Leung, 1991; Murphy-Berman, 1994). Decisions about interventions on behalf of abused children weigh heavily when considering such consequences as physical safety, emotional stability, nurturance, familial/sibling relationships, and ultimately, staying alive (Hurst & Lewin, 1993). The difficulties associated with making accurate assessments of present risks and future dangers are manifold. A complex prognostic procedure taking into account multiple risk factors, such as developmental timing, severity, subtype, and additional dimensions of maltreatment has to be undertaken by child protective workers (Manly, 2005). Many case workers feel overwhelmed by these tasks and request assistance.

Two types of risk assessment systems have been described (Baird & Wagner, 2000): actuarial-based decisions that are empirically supported by checklists, screening tools, or scales of known risk factors (for example Coohy, 2003; Leschied, Chiodo, Whitehead, Hurley, & Marshall, 2003; Leslie & O'Connor, 2002; Meddin, 1985) and consensus-based structured decisions that require comprehensive communication and case discussion between professionals with expertise in child protection (for example Armbruster, 2000; Benbenishty & Chen, 2003; Kovitz, Dougan, Riese, & Brummitt, 1984). Multidisciplinary child protection teams or inter-institutional collaboration with shared professional responsibility for diagnosis, case management, and treatment are considered especially capable of providing more appropriate investigations and interventions. However, difficulties in team functioning or inter-institutional cooperation may limit the effectiveness of child protection (Kelley, 1990; Kelly & Milner, 1996; Kovitz et al., 1984). For example, an Australian study (Darlington, Feeney, & Rixon, 2005) recently described potential barriers in interagency collaboration between child protection and mental health services. Moreover, it is known that professional group membership accounts for different patterns of prioritizing and using information about out-of-home placements following instances of child abuse (Britner & Mossler, 2002).

In their recent review on interventions for child abuse, Carter, Bannon, Limbert, Doherty, and Barlow (2006) concluded that there is some evidence that procedural changes, such as checklists and structured protocols improve documentation and awareness by healthcare professionals. However, there is not sufficient evidence for the effectiveness of various risk assessment and case management procedures (Carter et al., 2006; Zeman, 2005), and further evaluation with consideration of the specific social, legal, and institutional circumstances of each national child welfare system is urgently needed (Jagannathan & Camasso, 1996; Lalayants & Epstein, 2005; Sundell & Vinnerljung, 2004)

In Germany there are no specialized child protective services available in every community. According to German child and youth welfare law, the general community-based social welfare agencies for chil-

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