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Small Talk: Identifying communication problems in maltreated children

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ABSTRACT

Development of speech and language is rapid in early years, yet if developmental problems in speech and language are not addressed they are likely to continue and impact negatively on a child's overall development and their life trajectory. Children who have experienced abuse and or neglect are particularly vulnerable. The aim of this study was to develop a tool to assist in identifying a child's need for assessment by a speech pathologist so that there could be early identification of problems. A culturally sensitive tool was developed to be completed by the child's carer included questions on language, speech and hearing, voice, fluency, understanding sentences, vocabulary and expression. Sixty-five children aged between 4 and 8 years, who had experienced abuse and/or neglect participated in the study. Fourteen percent were Aboriginal. A speech pathologist undertook an assessment for each child and the results were compared with the information on the Small Talk tool. The Tool was found to be high in sensitivity but low in specificity, requiring further refinement. However, it has the potential to assist non speech pathologists to identify a child's need for speech and language assessment with the findings identifying the Tool as promising practice.

1. Introduction

Children who experience abuse and neglect are particularly vulnerable to communication difficulties which have further consequences on their overall development (Nathanson & Tzioumi, 2007; Sylvestre & Mérette, 2010). This paper reports on the findings of a research project, Small Talk, which developed and tested a speech and language problem identification tool. The intent was to ascertain if such a tool could be used by non-speech practitioners to identify children, who have experienced abuse and/or neglect, who would benefit from a referral to a speech pathologist and/or audiologist. The purpose for such a referral would be assessment and timely intervention to identify and redress speech, language or hearing difficulties.

Communication is the process by which we share thoughts, feelings and ideas through verbal, gestural and written modes. It incorporates language production (expressive language), speech, hearing plus understanding (receptive language) and the 'use of language in context', (pragmatics) which incorporates ways of communicating for functional purposes. Communication also involves being able to relate information coherently (e.g. through a narrative and via a retell or conversation). This is a skill that improves

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with increasing age and development in vocabulary diversity and sentence complexity (Nelson, Nygren, Walker, & Panoscha, 2006; Law, Boyle, Harris, Harkness, & Nye, 1998).

A child's primary language is an important element to consider in communication particularly in regards to Indigenous children and those from culturally and linguistically diverse backgrounds.

A number of studies concluded that early detection of speech and language problems, followed by early intervention can offer substantial benefits which may in turn prevent or reduce some of the associated problems (Glascoe, 2000 Broomfield & Dodd, 2011). Consistent with this finding, studies have found that if children are identified as having speech and language problems and do not receive sufficient treatment, their communication problems will continue or worsen (Maeder & Roy, 2000).

In addition to problems directly associated with poor or delayed communication, such difficulties can cause or contribute to other problems, especially in terms of children's relationships with others, mental health problems, behavioural problems, self-esteem, cognitive development, literacy, and educational attainment (Oberklaid, Wake, Harris, Hesketh, & Wright, 2002; Howard, 2007; Laing, Law, Levin, & Logan 2002; Larney, 2002; Lindsay & Dockrell, 2000; Law et al., 1998; Poe et al., 2004; Spratt et al., 2012; Sylvestre & Mérette, 2010).

A substantial body of research shows that children who have suffered abuse or neglect are at increased risk of having a range of developmental problems including speech and language difficulties (Kaltner & Rissel, 2011; Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004; Moreno Manso, García-Baamonde Sánchez, & Blázquez Alonso, 2012; Nathanson & Tzioumi, 2007; Spratt et al., 2012; Stahmer, Leslie, Hurlburt, Barth, Webb, Landsverk, & Zhang, 2005; Sylvestre & Mérette, 2010). The prevalence of communication problems for children living in out-of-home care in Australia is above 30% (Nathanson & Tzioumi, 2007) and consistent with international studies (Cross, 1999; McCool & Stevens, 2011).

Studies have shown that children in many protection and care systems are not routinely assessed in terms of their health and development, despite the acknowledgement of their higher risk for health and developmental problems. These studies have particularly focused on children living in some form of out-of-home care (Kaltner & Rissel, 2011; Nathanson & Tzioumi, 2007; Royal Australasian College of Physicians, 2006; Stahmer et al., 2005; Zimmer and Panko, 2006 Zimmer & Panko, 2006).

Language is an inherently cultural phenomenon as well as an individual developmental issue (Dixon, Kot, & Law, 1988). If the person doing a speech and language assessment is from a different language or cultural group than the child, this can affect the interpretation of results.

The available tools for speech and language problems were not considered responsive or sensitive to Australian Aboriginal and Torres Strait Islander children and their needs despite the prevalence of these issues in these communities (Bromfield, Higgins, Osborn, Panozzo, & Richardson, 2005). Many Australian Aboriginal children speak Australian Aboriginal English, which has been described as being on a continuum from approximating Standard Australian English to something close to Creole (Butcher, 2008). Most screening tools for speech and language were devised as attempts at universal screening tools for children in the general population (Law et al., 1998), especially where communication problems were thought to be a primary problem and not secondary to a different problem such as maltreatment. Assessment of children who are bilingual pose particular problems in terms of assessment tools and access to speech pathologists with the knowledge and experience to work with them is limited (Eagar et al., 2005). Furthermore there was no tool found specific to children in out-of-home care and who may not have adults in their lives who know their developmental history.

This current study was based on the premise of the importance of early identification of communication problems given the developmental window for language acquisition is in the early years (Sakai, 2005) and the importance of speech, language and hearing on a child's preparation and participation in school and learning (Rigby & Chesham, 1982). A number of studies have indicated that speech and language immaturities and some other communication problems self-correct through the process of natural development between the ages of two and three years (Eagar et al., 2005). Thus, the aim of this study was to develop a tool for workers and carers to identify a 4–8 year old child's need for assessment by a speech pathologist for early problem identification.

1.1. Ethics approval

Ethics approval was gained from the La Trobe University's Human Research Ethics Committee (approval no. 09-041). Permission was also received from the Department of Human Services' Research Coordinating Committee (ref no. CDF/09/1878) and from the research committees of the Victorian Aboriginal Child Care Agency (VACCA), Berry Street and other participating community service organisations (CSOs).

1.2. Research aims

The study sought to identify if those caring for and working with children who had experienced abuse were able to identify if a child required speech and language assessment utilising an instrument The Small Talk Tool which was developed for the study. A secondary aim was to determine if the Small Talk Tool could accurately identify speech and language concerns.

1.3. Study design

This study was conducted in Victoria, Australia. The research design was a mixed method cohort design using both quantitative and qualitative analysis as it sought to explore the real life situations for at-risk children in relation to their speech, language and hearing needs. The research was exploratory in design. There were five steps in the research process

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