CHILD MALTREATMENT AND THE TRANSITION TO ADULT-BASED MENTAL AND MEDICAL CARE

Cindy W. Christian, MD and Donald F. Schwarz, MD, MPH

Child maltreatment is a public health problem with lifelong health consequences. Recent research suggested that >125 in 1,000 American children are victims of maltreatment. Approximately 10% of children substantiated as victims of maltreatment require placement in foster care. Adolescents represent >20% of the foster care population and each year >29,000 adolescents leave foster care via emancipation without achieving permanency through reunification with biological families, adoption, or guardianship.

Maltreated children, whether living at home or in foster care, have poor health, and despite decades of research and concern, little progress has been made in improving services to address these needs. Thirty years of research, much of it focused on children in foster care, has revealed high rates of physical health problems in maltreated children. These studies suggest that children who enter foster care have received less routine health care than their peers; nearly all of them enter care with at least one physical health problem, and a majority with multiple health problems. Maltreated children who remain at home exhibit similarly high rates of physical, developmental, and mental health needs.

Maltreated children and those in foster care have high rates of mental health and behavioral problems; estimates range from 50% to 80%. The prevalence of mental health conditions increases with age, along with the use of psychotropic medications. By the time adolescents reach the age of emancipation, rates of major depression and posttraumatic stress disorder are 2 to 3 times greater than in the general population.

Adult health outcomes for maltreated children are poor, and there is accumulating evidence that early adverse childhood experiences are the origins of many adult diseases. Child maltreatment is associated with higher levels of health care utilization in adulthood. Rates of mental health disorders and the use of psychotropic medications are higher in adults who are maltreated as children. Evidence suggests that early childhood trauma activates stress-associated hormonal and neurochemical systems in the body that continue on page 3

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STONELEIGH FELLOWSHIP TO SUPPORT FIELD CENTER RESEARCH

Year-long Project to Address Cases Falling Through the Cracks

The Stoneleigh Foundation has awarded a Stoneleigh Junior Fellowship that will study and propose a remedy to reports of alleged child abuse and neglect going uninvestigated when the victim, incident, and perpetrator involve more than one state. Remediying the Gaps in Jurisdictional Barriers to Child Abuse and Neglect Reporting and Investigations will include an analysis of the child abuse and neglect reporting and investigation statutes of all 50 states as well as examining each state’s policy regarding interstate reports and investigations.

The Field Center is pleased to announce that Stephen St. Vincent, a recent graduate of University of Michigan Law School, has been named a Stoneleigh Junior Fellow and will spend the next year with the Field Center working on this critical project. Stephen’s fellowship will culminate with a policy paper proposing remedies to prevent cases from going uninvestigated merely because they cross state lines. He will be joining the Field Center in August.

In November of 2009, Dr. Carol Wilson Spigner, Faculty Director Emeritus of the Field Center, provided testimony before the House Committee on Education and Labor, raising this issue as a significant concern. The Field Center continued to consult with federal legislative staff to advocate for addressing this problem through the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA). In December of 2010, CAPTA was reauthorized and includes the Field Center’s recommendations to, for the first time, track data on reports of child abuse and neglect that involve multiple states as well as propose solutions. The Field Center is grateful to the Stoneleigh Foundation for supporting this significant initiative.
FIELD CENTER HOSTS COMMUNITY SYMPOSIUM
ON CHILD WELFARE AND JUVENILE JUSTICE

On March 22, 2011 the Field Center for Children’s Policy, Practice & Research hosted its spring community symposium entitled “Child Welfare and Juvenile Justice: Challenges of Cross-System Policy and Practice.” The symposium was part of the Field Center’s year-round Community Symposium Series which brings together experts and practitioners from diverse disciplines such as medicine, law, and social work to discuss critical issues in child welfare.

The symposium featured expert presentations by Bob Schwartz, executive director of Juvenile Law Center, The Honorable Kevin Dougherty, Administrative Judge of Philadelphia Family Court, and Dr. Timothy Ross from Action Research Partners and the Vera Institute of Justice in New York. The panel was introduced and moderated by Dr. Richard Gelles, faculty director at the Field Center and Dean of Penn’s School of Social Policy & Practice. The panelists each presented their perspectives regarding crossover youth, or youth involved in both juvenile justice and child welfare systems. Bob Schwartz spoke about the definition of crossover youth, shared case responsibility, and other policy and legal implications of youth involved in multiples systems both in Pennsylvania and nationally. Judge Dougherty spoke about the local Philadelphia model of “Crossover Court” which he founded in 2002 to address youth affected by both systems. Dr. Ross discussed models of cross-system care in New York, as well as remaining challenges to cross-disciplinary work and collaboration between juvenile justice and child welfare systems.

The panelists all addressed the significance of the overlap between juvenile justice and child welfare systems, and the necessity for joint case management and cross-disciplinary communication and collaboration. The audience gave the presentation high marks. The University Provost’s Research Fund helped provide support for the Field Center’s Community Symposium series.

WELCOME NEW ADVISORY BOARD MEMBERS!

The Field Center is pleased to welcome three new members who have joined our Advisory Board this year.

Pennsylvania Senator LeAnna Washington represents the 4th Senatorial District, which includes parts of Philadelphia and Montgomery Counties. Senator Washington serves as the Minority Chair of the Senate Aging and Youth Committee.

Judith Fellheimer, Esq. of Fellheimer & Eichen LLP recently joined the Field Center’s Advisory Board. Mrs. Fellheimer previously served on the Board of Overseers of Penn’s School of Social Policy & Practice.

Rachael Lerner LeMasters, MSW, is a social worker with Children’s Specialist Services in Wandsworth, a borough in London, England. Her background includes working in development for New York University Law School. Ms. LeMasters is currently pursuing an additional Masters degree in Systemic Therapy at the Tavistock Clinic.
under normal circumstances are protective but become toxic with severe or persistent trauma. These data highlight the need for early prevention of maltreatment, the need for aggressive treatment for young maltreated children and families, and the challenges faced by those who have experienced a lifetime of trauma.

Recent data indicate that 35%-50% of children in the child welfare system have special health care needs, compared with <20% of the general population. Less than half of child welfare agencies provide comprehensive physical, developmental, and mental health evaluations for children entering placement. Accessing quality health care services for children in foster care is difficult. Maltreated children and those in foster care are unlikely to have a medical home and the health care system they need to navigate is complex and inefficient. Medical information is difficult to access, complex care is poorly coordinated, reimbursement is low, legal consent issues are a barrier to care, and a lack of accountability and funding for services exists. Health care delivery to children in foster care is often disrupted by changes in the child’s placement, which also results in an overreliance on emergency department care.

Many of the barriers to the transition to adult care are problematic for maltreated children, including lack of shared planning among pediatric and adult systems, loss of case management, and loss of insurance coverage. Young adults who are emancipated from the foster care system leave care with little education, poor finances, limited systemic support, and few personal adult resources. Although it is developmentally inappropriate to expect a young person to be independent by age 18, this is when most youth in foster care leave the child welfare system. Most adolescents rely on their families for emotional, financial, and other supports well into adulthood, yet many who age out of foster care do so without connections to any supportive adults.

Pediatricians can provide a medical home for maltreated children to improve health outcomes in adulthood. The American Academy of Pediatrics has developed a number of resources to guide the care of maltreated children and those in foster care. They recommend an initial health assessment within 72 hours of placement to identify immediate medical and mental health needs followed by a comprehensive assessment, including developmental and mental health evaluations, within 30 days. Halfon et al. noted that 1/3 of foster parents and social workers reported a history of emotional, developmental, or behavioral problems at an initial medical visit, yet assessments revealed these problems in more than 2/3 of the children. Horwitz et al. found that although physicians identified the medical and educational needs of children entering foster care, they failed to recognize their developmental and mental health needs. Maltreated children and those in foster care require more frequent and ongoing care coordination. Health care management is the legal responsibility of the state and child welfare agency, but it cannot be accomplished without medical expertise. A number of health care management models exist. Several states have developed systems of health care management for children in foster care using pediatric nurses as care coordinators for child welfare agencies. Although models vary, there is preliminary evidence that health care management within child welfare improves health-related access for children.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 represents the most significant federal child welfare reform in more than a decade. Designed to ensure greater permanence for children served by public child welfare agencies, it provides federal support to extend foster care services for up to 3 years for some adolescents who turn 18 without a permanent family. The legislation requires that state child welfare and Medicaid agencies plan, in consultation with pediatricians and experts in child welfare services, for the oversight and coordination of health care services for children in foster care. The plans must outline schedules for initial and follow-up health screens; how needs will be monitored and treated; how medical information will be shared; steps to ensure continuity of health care services; and oversight of prescription medicines. The bill also requires states to make new efforts for the transition of older children leaving foster care for independent living and provides ongoing foster care support for 18-to-21 year olds who remain in school or are employed. These are among the first federal statutory requirements of child welfare agencies that focus specifically on the well-being of children in foster care. There is emerging consensus that improved adult outcomes for maltreated and foster youth require this expansion of focus from safety and permanence to include health and well-being.

Medical care for adolescents must be comprehensive and include early and ongoing education regarding specific health care problems and medications as well as health services that address sexual health and family planning. Discussions about future education and adult goals should start early and include the need to identify caring lifelong adult mentors. Mentoring relationships are associated with improved adjustment for young adults who have transitioned out of foster care. Adolescents in foster care who identify having a nonparental adult mentor are more likely to report favorable overall health and are less likely to report suicidal ideation, a sexually transmitted infection, or having been in a physical altercation. Those who are willing and interested in caring for young adults with social and health care challenges can make personal connections for their aging adolescent patients.

This article is comprised of excerpts from a state of the art review article originally published in Pediatrics in January 2011. References may be found in the online version of our June 2011 issue of News From the Field on the Field Center’s website, www.fieldcenteratpenn.org.

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THE EFFECT OF CROSS-SYSTEM DATA SHARING ON JUVENILE PROBATION OFFICER RECOMMENDATIONS IN CROSSOVER JUVENILE JUSTICE/CHILD WELFARE CASES

Rena Kreimer, MSW

Background and Significance

There are approximately 500,000 children and youth involved in the child welfare system in the United States due to abuse, neglect, or other circumstances (Wiebush, Freitag, & Baird, 2001). Of these youth, an unknown number “cross over” from the child welfare system into the juvenile justice system. There are a number of different decision points at which individual practitioners make important decisions about the trajectory of care in both the child welfare and juvenile justice systems. Individual practitioner decisions have a significant impact upon the outcomes for youth involved in both the child welfare and juvenile justice systems (Conger & Ross, 2006; Herz et al., 2010; Cross & Casanueva, 2009). Cross and Casanueva (2009) also note that knowledge of case information influences caseworker decisions at different stages.

Crossover youth: Demographics and characteristics

Despite the delineation between different social, behavioral and legal services, youth exist not only within but also across systems. Numerous studies report that youth involved in the child welfare system are at a heightened risk of juvenile and criminal justice involvement due to non-abused youth (Vidal & Skeem, 2007; Horwitz, et al., 2001, Wiebush, Freitag, & Baird, 2001; Williams, et al., 2010, Coleman & Jenson, 2000). Bilchik and Nash (2008) also note that youth who have been involved with the child welfare system are not only more likely to enter the juvenile justice system, face harsher dispositions when involved, and stay involved in the justice system longer than their non-maltreated peers, but they are also more likely to recidivate and re-offend. It has also been extensively demonstrated that youth involved in the child welfare system also more likely to require drug and alcohol treatment and mental health care (Williams, et al., 2010; Herz, 2009; Horwitz, et al., 2001). For example, Ryan, et al. (2007) cite studies in Arizona and California that note up to 83% of crossover youth struggle with substance abuse and/or mental health issues.

Decision points in juvenile justice

As in the child welfare system, there are multiple points of contact in the juvenile justice system at which individual case workers, probation officers, and judges make decisions about youth that have significant influence upon youth detention, adjudication, disposition, and eventual life outcomes. The different points of contact within the juvenile justice system have been studied with regards to racial disparities, with controversial findings (Herz, Ryan & Bilchik, 2010; Vidal & Skeem, 2007). However, a new area of exploration includes the investigation not only of race effects but also the interaction between race and other factors such as foster care involvement on disproportionate detainment decisions.

Cross-system information has a significant influence on juvenile justice decisions, and as such information-sharing should be carefully investigated because new protocols are implemented. Consequently, for crossover youth involved in multiple systems of care it is ultimately important to explore the information available to probation officers as probation officers have a significant impact upon a youth’s trajectory through both the child welfare and juvenile justice systems.

Data sharing between systems

The issue of crossover youth involved in both juvenile justice and child welfare systems has become a growing concern for policy-makers and practitioners; however, due to data keeping and access issues, there is no reliable measure of the number of involvement compared to non-involved youth (Siegel & Lord, 2004). Additionally, it is often impossible to track youth who cross over from the child welfare system directly into the criminal justice system in states like Pennsylvania. The problem of tracking is especially difficult when juveniles are tried in adult court for certain felony crimes.

One means of managing crossover cases exist in Philadelphia where Administrative Judge Kevin Dougherty established a “Crossover Court” in 2004 to address the unique needs of crossover youth by having cases heard by one judge, and to ensure that dependency cases were kept open throughout the duration of delinquency proceedings (Listonbee, 2010). Researchers and policy advocates note the importance of information sharing across systems, and the growing significance of data and knowledge sharing between juvenile justice and child welfare systems (Slayton, 2000; Darlington, et al., 2005; Chuang & Wells, 2010). The Crossover Youth Practice Model from Georgetown’s Center for Juvenile Justice Reform is the leading resource for implementing Crossover Courts nationally, and the model will soon be incorporated into the operations in Philadelphia (http://cjjr.georgetown.edu/pdfs/cymp/cymp.pdf).

Slayton (2000) asserts that cross-system data sharing between juvenile justice and child welfare systems would assist in case-level decision making, and save both time and energy that each system exerts collecting the same information on each crossover youth. Similarly, Chuang and Wells (2010) posit that coordination between juvenile justice and child welfare agencies significantly improves the behavioral and mental health outcomes for crossover youth. However, despite the perceived benefits of information sharing, many researchers and practitioners note the numerous barriers to cross-disciplinary interagency collaboration (Darlington, Feeney & Rixon, 2005; Chuang & Wells, 2010; Siegel & Lord, 2004). Darlington, Feeney and Rixon (2005) note that staff members in multiple systems of care recognize the necessity for cross-system communication and collaboration, yet also identify the lack of organizational support for such communication.

Practitioner characteristics

Personality and situational judgments of caseworkers and probation officers significantly inform the manner in which systems process crossover cases (Vidal & Skeem, 2007; Ryan, et al., 2007). Thus, the actions of caseworkers and probation officers have a significant impact upon the subsequent placement and eventual outcomes for these youth (Cross & Casanueva, 2009). In a vignette study of probation officers, Vidal and Skeem (2007) demonstrate the significant effect of knowledge of a youth’s abuse history and perception of psychopathology on juvenile probation officers decisions and recommendations. While results from vignette studies are representations of how individuals react to a hypothetical situation and not observations of actual behavior, Vidal and Skeem (2007) contribute significantly to the assertion that cross-system knowledge of child welfare involvement has important influences upon juvenile justice decisions.

The current study sought to replicate Vidal and Skeem’s (2007) findings in the jurisdiction of Philadelphia, and to further explore the effects of probation officer race and years of experience on recommendations for youth.

Research Aims

The current study explores a) the effect that probation officers’ knowledge of a youth’s abuse history on predisposition recommendations, b) the effect of a youth’s race on predisposition recommendations and c) the effect of individual juvenile probation officers characteristics on their recommendations for youth.

Design

Using a 2x2 factorial research design, 77 juvenile probation officers in Philadelphia (83 eligible respondents, response rate = 93%) read vignettes resembling a pre-dispositional report and then answered questions about recommendations and attitudes based on the provided information.

Results

Regardless of social information, most officers recommended psychological counseling and very few recommended secure detention. Approximately half of the respondents recommended deferred adjudication. No participants recommended the youth for certification to adult court at a certification hearing.

Knowledge of a youth’s abuse history significantly increased the recommendation of psychological services, but did not influence the recommendations for deferred adjudication or secure detention. For youth with a known history of abuse, 96.2% of officers recommended psychological counseling, compared to 74% for youth with no history of abuse. Race of the youth had no significant influence upon officer’s rec...
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We are grateful to the following individuals, foundations and organizations for their generous support of the Field Center for Children's Policy, Practice & Research from July 1, 2010 through May 1, 2011.

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FOCUS ON THE FIELD CENTER

FIELD CENTER ADVISORY BOARD PROFILE: SENATOR LEANNA M. WASHINGTON

After years of being a leading voice on issues like foster care as the Minority Chair of the Senate Aging & Youth Committee, Senator LeAnna Washington was invited to join the Field Center’s Advisory Board.

“I will go where there is no path and I will leave a trail for others to follow.” This is a statement that Pennsylvania State Senator LeAnna M. Washington lives by and makes an effort daily to achieve. Washington describes her early years as a high school dropout, teen parent, and a victim of domestic violence early in her marriage. However, she proclaims that her tenacity, perseverance and faith in God has allowed her to transform victimhood to victory.

Senator Washington began her political career in 1993 when she won a special elections seat serving the 200th district. She served in the Pennsylvania House of Representatives for 12 years before being overwhelmingly supported for the seat in the Pennsylvania Senate serving the 4th Senatorial District. Washington remains a powerful political force in her community, working tirelessly for communities throughout the region. She is a prime advocate for domestic violence victims, the elderly, and children.

Senator Washington is renowned for her efforts in the establishment and implementation of Public Law 33 of 2008 which requires greater transparency and accountability and establishes child death review teams to investigate all child deaths in the Commonwealth of Pennsylvania. Additionally, she was a cosponsor of Public Law 73, signed into law December 18, 2007. This law requires prospective foster and adoptive families to receive FBI clearances before a child is placed in a home, providing greater safety and protection for children.

In 2005 Senator Washington was appointed to serve on the Pennsylvania Children Trust Fund Board of Directors. She also serves on the Governor’s Health Care Advisory Panel and the Children’s Health Advisory Council. In 2001 Senator Washington was the first woman elected to serve as Chair of the Pennsylvania Legislative Black Caucus (PLBC).

Senator Washington continues her efforts of enhancing communities statewide through the development of effective legislation. In the 2011-2012 legislative session she introduced legislation providing for additional assistance for domestic violence and rape victims, providing for Social Security Insurance (SSI) for disabled foster children, and providing protection for students across Pennsylvania through her proposal of a Pennsylvania Bullying Bill of Rights Act. This act serves to strengthen the standards and procedures for preventing, reporting, investigating, and responding to incidents of harassment, intimidation, and bullying.

Senator Washington serves as the senate Minority Chair of the Aging and Youth Committee and as a member of numerous other key senate committees. She is the recipient of a number of community and civic awards. The Field Center is delighted to welcome Senator Washington to its Advisory Board.

WELCOME TO THE FIELD CENTER’S NEW ADMINISTRATIVE COORDINATOR

Heather Farnath joined the Field Center as its Administrative Coordinator in the Fall of 2010, hitting the ground running with the Field Center’s conference on confidentiality and information sharing that was held in November. Heather brings more than six years of experience in university administration to her position, including working for five years at the University of Pennsylvania’s Perelman Quadrangle as an events coordinator. Her expertise in event planning is welcome in her role of planning all of the Field Center’s conferences, symposia, events, and trainings. In addition to coordinating events, Heather provides support for all Field Center projects and activities.

Heather graduated from Penn in 2009 with a BA in English. She hopes that her strong ties to Penn both academically and professionally will help her in her role as Administrative Coordinator for the Field Center. When not at work, Heather enjoys writing and spending her time with her husband and two children. We are delighted to have her as part of the Field Center team.

FIELD CENTER STUDENT PROFILE: RENA KREIMER

Rena Kreimer, a Philadelphia native, joined the Field Center in the fall of 2010 as an MSW intern from Penn’s School of Social Policy and Practice (SP2). Prior to enrolling at SP2, she ventured to the west coast to attend Pitzer College in Los Angeles where she studied Psychology and Sociology. While in Los Angeles, Rena discovered her passion for issues concerning youth incarceration by tutoring and teaching workshops on non-violent conflict resolution and poetry in a variety of juvenile justice facilities. Rena also spent time working for the American Civil Liberties Union of Southern California, where she helped with physical monitoring of Los Angeles County Jails.

She continued to explore issues of incarceration during her study abroad experience in Quito, Ecuador where she investigated social rehabilitation programs in Ecuadorian jails. When she returned from Ecuador, Rena completed a Psychology honors thesis on public opinion of prisoner visitation policy.

For her first year clinical social work placement, Rena worked at Juvenile Law Center running separate youth engagement groups for youth involved in the juvenile justice and child welfare systems. This experience prompted Rena’s interest in the overlap between multiple systems of care for at-risk youth. The results of her research on the effect of cross system data sharing on juvenile probation officer decisions in crossover child welfare/juvenile justice cases can be found in this issue. In her free time she enjoys playing the guitar, singing, and baking.
THE EFFECT OF CROSS-SYSTEM DATA SHARING ON JUVENILE PROBATION OFFICER RECOMMENDATIONS IN CROSSOVER JUVENILE JUSTICE/CHILD WELFARE CASES

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ommendations. Additionally, there were no significant differences between Black officer recommendations and White officer recommendations for detention, deferred adjudication, or psychological counseling. Recommendations also did not vary by officer gender, by years worked as a juvenile probation officer, or age.

Officers communicated strong attitudes about crossover youth; specifically, while most officers believed youth with a history of abuse were more likely to engage in aggressive behavior than their non-abused peers, the majority of officers did not believe that secure detention was the best or most effective intervention for crossover youth. Nearly half (54.6%) of officers strongly or slightly disagreed with the statement that juvenile justice decisions should be made independent of knowledge of Child Protective Services involvement with a family. Officers with more years of experience were more likely to believe that cross-system information was important for juvenile justice decisions; they were slightly less likely to believe secure detention was the most effective intervention for crossover youth.

Implications

Cross-system information sharing policies between juvenile justice and child welfare systems have important influence upon juvenile probation officer decisions, particularly regarding crossover youth. Juvenile probation officers play an important role in how crossover youth move through the juvenile justice system, and should be engaged in developing and implementing effective information sharing policies in order to provide the most effective care. Additionally, the high demand for psychological counseling services, particularly for youth with a history of abuse, indicates the necessity for effective communication between systems.

References


June 2011

Newsletter Highlights...

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- Juvenile Justice/Child Welfare Cases
- Probation Officer Recommendations in Crossover
- The Effect of Cross-System Data Sharing on Juvenile Mental and Medical Care
- Child Maltreatment and the Transition to Adult-Based Research
- The Effect of Cross-System Data Sharing on Juvenile Probation Officer Recommendations in Crossover Juvenile Justice/Child Welfare Cases

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