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THE RELATIONSHIP BETWEEN LIVING SITUATION AND  
DIAGNOSED DISABILITY IN MALTREATED CHILDREN

by  
Jaime Fleigel

A Thesis

Submitted in partial fulfillment of the requirements of the  
Master of Arts Degree  
of  
The Graduate School  
at  
Rowan University  
May 2004

Approved by \_\_\_\_\_

Date Approved 5/4/04

## ABSTRACT

Jaime Fleigel  
The Relationship Between Living Situation and  
Diagnosed Disability in Maltreated Children  
May 2004  
Dr. John Klanderman and Dr. Roberta Dihoff  
School Psychology

The purpose of this study was to examine the relationship between type of placement and diagnosed disability in maltreated children. Forty maltreated children from New Jersey's child protective service agency were used in this study to determine if there was a statistically significant difference in diagnosed disability in maltreated children with regard to living situation. A review of records was conducted to determine whether the subject had a diagnosed disability and an independent samples t-test was used to analyze the data. Results indicated that there was a relationship between placement type and whether there was a diagnosed disability.

## Acknowledgements

I wish to thank my family, friends, and boyfriend for helping me reach my goals. I truly appreciate everything that you have done for me. Thank you for your unconditional love and support.

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## Chapter 1

### Need

Many children are victims of maltreatment. Some of these children are able to stay in their homes while others are placed in foster care. Research has shown that many maltreated children are also children with disabilities. However, it is important to note that there has been very little research focusing on the relationship between child maltreatment and disabilities. Examination of children with disabilities that are also victims of maltreatment has implications for both the education system and child protective services. Both should work more closely together. Social services records should contain detailed information about the children's disabilities and education files should contain information from the social service agency in order to meet the needs of children receiving both special education and social services including foster care.

### Purpose

This study examines the differences in child study team diagnoses between maltreated children in foster homes and maltreated children in their own homes. The children are all involved with the Division of Youth and Family Services. A complete record review will examine if the child has a disability according to the child study team and where the child is living. The purpose of this study is to examine whether maltreated children in foster care have more disabilities than maltreated children living in their own homes.



### Hypothesis

Given the potential that maltreatment may have an effect on disabilities, the present study tried to examine the relationship between maltreatment and diagnosed disability. Through a review of Division of Youth and Family Services records, it is predicted that children that are in foster care as a result of maltreatment will have more diagnosed disabilities than those children that have been maltreated that are not in foster care.

### Background

The Division of Youth and Family Services is the state of New Jersey's child protective service agency. The paramount concern of the state is the health and safety of children when making a decision on whether it is in the child's best interest to remain with the family or to remove and place the child. The Division tries to avoid unnecessary separation of a child from his family by providing a wide array of social services that can help protect the child and improve the family's ability to take care of the child. It is important to understand that if there are not sufficient resources or services to keep the family together while at the same time, keeping the child safe and protecting them from harm or risk of harm, then alternative placements are explored.

According to the Division of Youth and Family Services Policy and Procedures Manual, some considerations for removal of a child from his or her own home are: (1) Determine that all possible resources to maintain the child in his or her own home have been assessed and that they are inadequate to prevent the need for out-of-home placement. (2) Determine whether relatives or friends are appropriate caretakers that are

available and capable of providing care for and maintaining the safety of the child while working with the Division of Youth and Family Services and if not (3) Determine if the child is appropriate for foster care, and that this is the least detrimental choice for the child. (4) If none of the previous are appropriate, consider alternative forms of placement.

When it is necessary to make a placement outside of the home, the Division tries to place the child in the most familiar and least restrictive setting. First all relatives and close family friends are considered. If this is not appropriate, a Division approved foster home is considered. As long as the child can participate in a family and live in the community without putting himself or others in danger, foster care is appropriate. If neither of these alternatives are appropriate, the Division of Youth and Family Services looks at other placements such as residential or group care.

Under N.J.S.A. 9:6-8.21c the legal definition of an abused or neglected child that DYFS uses to determine whether or not allegations are substantiated is “the non-accidental physical, mental or emotional injury, sexual abuse, negligent treatment of a child by a person responsible for a child’s welfare (parent or caretaker).” “Placing a child at substantial risk of physical or emotional harm also constitutes child abuse. Abuse and neglect can result from acts of omission or commission. Sometimes a single incident is sufficient to indicate that a child is abused or neglected. Other situations may exist where the child abuse or neglect is the cumulative result of a pattern of behavior or conditions that together constitute child abuse or neglect.”

There are certain situations when removal from the home should be considered. One incident may not be enough to constitute a removal, but instead forms the basis for

evaluating the total situation and the safety of the child. Some of these include whether the child has been injured in the past; if the child's sibling or another child was killed or seriously injured by the parent or guardian in the past; and whether the parent or other adult in the home has control over his or her own behavior, which impacts on the child (this can include mental illness, substance abuse problems, or developmental disability). Another consideration should be the relationship of the caretaker or other adult member of the household and the child. Is the relationship ambivalent and negativistic thus resulting in hostility, rejection, or aggression toward the child?

If DYFS has used all of its resources but they have still failed to correct the family situation; then they are continuing to place the child in danger or at risk for abuse and neglect. If the caseworker believes that abuse or neglect is occurring and the parent or caretaker is unwilling or unable to take corrective action to protect the child, then removal should be considered. Other things that should also be considered are whether a child's behavior is dangerous to himself or others, and the caretaker's are unwilling to control the behavior; whether the caregiver appears indifferent to the child's health, safety, or other conditions that require immediate attention; the condition of the home itself is hazardous and poses a threat to the child; the caregiver refuses access of the child to DYFS when danger is suspected; and when a child has been abandoned or inadequately supervised.

## Definitions

Maltreatment- This is a blanket term for four types of child maltreatment. These include physical abuse, emotional abuse, sexual abuse, and neglect.

Disability- educationally mandated disabilities, which is a full inclusion of disabilities including DSM-IV R criteria.

Emotional and Behavioral Disability- any educationally mandated disability that has to do with behavior and emotion

Foster Care- any out of home placement made by the Division of Youth and Family Services

Own home- The home where the child lives with their parent

DYFS- Division of Youth and Family Services

## Assumptions

Several assumptions must be made at the outset of this research. First, it must be assumed that the sample is a random sample from the Division of Youth and Family Services in Southern New Jersey. Next, it must be assumed that all child study team evaluations were done in a consistent and accurate manner. It also must be assumed that all children that have disabilities were classified. Finally, it must be assumed that children in different foster homes are treated the same way.

### Limitations

This study may have several limitations. The sample is not an accurate depiction of a random sample as all of the subjects were maltreated. There could be confounding variables as there are different types of maltreatment. The generalizability of this study is limited to similar populations not to the general population.

### Summary

In Chapter 2 there will be an intensive literature review on maltreated children, foster care, and disabilities. After Chapter 2, Chapter 3 will describe in detail the research design or methodology. Following this, Chapter 4 will present the findings and analyze them. The final chapter will have a summary and conclusions.

## Chapter 2

### Introduction

There has been a great deal of research conducted on the maltreatment of children. Specifically, a relationship between disabilities in children and maltreatment has been established. However, there has been very little research on the differences between maltreated children in foster care and maltreated children in their own homes. In this chapter, previous research will be presented and reviewed extensively. The chapter is arranged by research topics. Research that is more closely related to the topic will be presented first. Following this, there will be a review of more general research that is relevant, but not directly related, to the present research. To conclude the chapter, there will be a summary of all the research.

### Disabilities in Abused Children

A study to examine the types of language comprehension deficits among abused and neglected children was done by Fox, Long, and Langlois(1988). The participants were 30 children ranging in age from 3 to 8 placed in foster care by Child Protective Services. A control group of 10 non abused children was also selected from the same demographic area. Three tests were administered in the following order to examine language skills: the Peabody Picture Vocabulary Test- Revised (PPVT-R); the Miller-Yoder Language Comprehension Test (MYLCT); and the Token Test for Children (TTC). The tests were done almost immediately following placement into foster care.

Long, and Langlois (1988) suggested that the circumstances that surround child abuse and language disorder appear to interact with one another in that abuse may result in physiological or environmental changes which can then lead to language disability.

Another study by Evans (2001) looked at learning disabilities in maltreated children. The basis for this study was that children entering foster care provide a unique opportunity to study the impact of environmental factors on learning deficits. The sample of 3,483 subjects who were at least six years of age all were court ordered to remain in foster care longer than 30 days. All subjects underwent both medical and mental health evaluations between 30 and 60 days upon entering foster care. The medical exam included a review of medical/developmental records and history, an interview with the child and caregiver, a physical examination, and anthropometrics. The mental health exam included a thorough review of all available developmental, school, social service, and psychiatric records; as well as, administering tests of cognitive, academic, and behavioral/emotional status (that depended on the results of the record review) and interviews with the child and caregivers. The results indicated that over 90% of the subjects had a mean IQ in the low-average range. Achievement was also severely below national means in the areas of Basic Reading, Reading Comprehension, Written Expression, Math Calculation, and Math Reasoning Skills. Over 25% of the students exhibited a severe discrepancy in more than one area of learning, indicating that low IQ was a significant predictor of severe discrepancy. This lends support to the idea that maltreated children's home environments lead to a suppression of cognitive and academic development.

Another study done by Frisch and Rhoads(1982) on children with learning disabilities found that 6.7% of a sample of 430 children had been reported to the state child abuse agency. This rate was almost 3.5 times higher than the rate for all abused children. This seems to give more credence for the link between child maltreatment and disabilities.

This lends support to other work done. Rutter (1998) found that infants and toddlers from neglectful environments showed low IQ's, but were able to make significant IQ gains after being adopted into homes that were more stimulating. Evans study also supports findings from a study by Nasstrom and Koch (1996) who found that children entering foster care are at least double as likely to have learning disabilities as a control group and are also more likely to suffer from mild mental retardation. Maltreated children in foster care have also been shown to have higher rates of special education placements according to studies done by both Benedict and White (1991) and Chamberlain, Moreland, and Reid (1992). Chamberlain et al. (1992) also found that maltreated children in foster care have significantly more achievement problems than do a control population.

The databases of two Illinois state agencies were linked to examine children living in foster care, children receiving special education, and foster children that are receiving both services in a study done by George and Van Voorhis (1992). The records of children in the systems were matched using a probabilistic record matching program using name, birth date, gender, race, and county of residence. The results found that 4,282 school age children in foster care were also receiving special education services. Specifically it was found that of foster children in special education almost 50% have



primary handicapping condition that is related to emotional disturbance compared to only 10% of the special education only population. Specifically 13% of the foster care population were labeled as emotionally disturbed compared to only 2% of the general school age population.

A comprehensive study by Sullivan and Knutson (2000) assessed the prevalence of abuse and neglect among a population classified as disabled, related specific types of disabilities to specific types of abuse, and tried to determine the effect of abuse and neglect on academic achievement and attendance rates for children with and without disabilities. This study used all 50,278 of the students enrolled in public and parochial schools in Omaha, Nebraska in one year. The study also included children that participated in the Early Intervention Program. As a result, the population had an age range of 0-21. The electronic database of the schools was electronically merged with both the Nebraska Department of Social Services and the Nebraska Foster Care Review Board databases. As a result 11% or 4,503 students or with records of maltreatment were identified in the public schools and 4% or 403 maltreated children were found in the parochial schools. Because the number of children that had been maltreated in parochial school was so insignificant, all analyses of maltreatment and disabilities were based on public school students only. Over half of the maltreated population were identified in more than one database. The overall rate of maltreatment among children with an identified disability for which they were receiving special education services was 31%, almost triple the amount of maltreated children without a disability. This means that there was a strong relationship between maltreatment and disability. Disability percentages among maltreated children were as follows: 37.4% for behavioral disorders;

25.3% for mental retardation; 16.4% for learning disabled; 11.2 % health related; 6.5% language related; 1.2% physical disabilities; 1.3 % hearing impairment; .4% visual impairment; and .1% autism. For every disability except autism, the prevalence rate of maltreatment was significantly more than for children without an educational handicap. There were no significant relationships between the type of disability and the type of maltreatment. There was a relationship found between school attendance and both disability and maltreatment. The group of students that were both maltreated and disabled missed the most school and had the lowest academic achievement. The findings of this study help provide undisputable evidence that there is a strong relationship between childhood maltreatment and childhood disabilities.

#### Maltreated Youth Reunified with their Families

Taussig, Clyman, and Landsverk (2001) examined children who were foster children but were reunited with their biological families and compared them to foster children that were not reunited with their biological families. They wanted to examine the behavioral health of these children. A six year follow-up was completed, and Taussig et al. found that reunified children demonstrated more self-destructive, substance abuse, and overall risky behavior problems than did the children that remained in foster care. The reunified children also had more problems with internalizing behavior problems, total behavior problems, and lower overall total competence. There were no significant differences between the groups in the areas of delinquency, pregnancy, or suspensions from school.

Another study done by Lau (2003) explored four child functioning outcomes that may have been effected by the experience of reunification from out of home care. The four areas that were explored were the relationship between reunification and the outcomes of internalizing behavior problems, social isolation, stressful life events, and lifetime receipt of mental health treatment. The results pointed to the fact that reunification was significantly associated with greater parent and child reported stress and family dysfunction. Reunification was also associated with a lower likelihood of receiving mental health services. It was not significantly correlated with internalizing problems. This study is in contrast to a study done by Landsverk (1996) in which children in foster care selected for reunification initially demonstrate fewer behavior problems, but gradually deteriorate and develop more behavioral problems than those children that remain in out of home placements.

#### Prevalence Rates

The prevalence rates for each type of maltreatment vary. The one thing that all of them have in common is that the rates have been on the rise. For example, The National Committee for Prevention of Child Abuse (1997) reports an estimated 3,126,000 reported child abuse victims in 1996, compared to only 1,919,000 in 1985. It is important to note that these figures are based strictly on reported cases of child abuse, and does not include unreported incidences. Deaths as a result of child maltreatment were estimated at 1,046 in 1996 by The National Committee for Prevention of Child Abuse (1997). The National Child Abuse and Neglect Data System (NCANDS) collects annual statistics of child maltreatment from all 50 state child protective service agencies. In the year 2000, this

agency reported that two-thirds of child victims ( almost 63 %) suffered neglect; 19 percent suffered physical abuse; 10 percent were sexually abused, and 8 percent were emotionally abused (National Clearinghouse and Child Abuse and Neglect Information, 2003).

Prevalence goes far beyond just the amounts of children being abused and the frequency of each type of abuse. In terms of sexual abuse, there are many more girls than boys that have been sexually abused. Specifically, an estimated 20 to 25 percent of the reported sexual abuse cases were female victims versus 10 to 15 percent of male victims (Baker, 1999). According to the U.S. Department of Health and Human Services in 1998 (as cited by Kaplan, 1999) that there is little difference in gender in terms of the incidence of physical and emotional maltreatment, but that there is an age difference. Specifically, physical abuse peaks between 4 and 8 years of age, while emotional abuse peaks in the 6 to 8 year old age range and remains at those levels throughout adolescence. The same study also found that younger children are at the greatest risk of child maltreatment deaths, with children age 3 or younger accounting for almost 75% of those in 1996 (Kaplan, 1999). Another significant prevalence rate is related to race. The National Child Abuse and Neglect Data System found that 51 percent of victims were white, 25 percent were African American, 15 percent were Hispanic, 2 percent were American Indian, and 1 percent were Asian/Pacific Islanders (National Clearinghouse on Child Abuse and Neglect Information, 2003).

There are also prevalence rates in regard to the perpetrator. For example, In 1996, in 77 percent of the reported cases parents were the abusers and in 11 percent other relatives were responsible (Baker, 1999). Also, it is reported that 60 percent of

perpetrators are female versus 40 percent male (National Clearinghouse on Child Abuse and Neglect Information, 2003). Specifically, the NCANDS in 2000 concluded that “mothers acting alone were responsible for 47 percent of neglect victims and 32 percent of physical abuse victims,” and “nonrelatives, fathers acting alone, and other relatives were responsible for 29 percent, 22 percent, and 19 percent, respectively, of sexual abuse victims” ( National Clearinghouse on Child Abuse and Neglect Information, 2003). According to the same NCANDS study perpetrators also vary by age. The average female perpetrator was 31 years old whereas the average male perpetrator is 34 years old.

Sobsey, Randall, and Parrila(1997) examined two questions: (1) What are the differences in gender in terms of type of substantiated child abuse? (2) Are there gender differences for children both with and without disabilities? They relied on data collected by previous researchers that included 35 Child Protection Services agencies in the United States. This study used 1,249 substantiated cases of child maltreatment involving a total of 1,834 children. Abuse was broken down into four groups: physical abuse, sexual abuse, neglect, and emotional abuse. There were also three age groups of children studied: preschoolers (ages 1-5), elementary school age (ages 6-11), and adolescents (ages 12-17). Results indicated that when looking at all ages and categories of abuse, girls and boys without disabilities were equally victims of substantiated abuse. However, children with disabilities had different results. It is important to note that the sample of children with disabilities had almost twice as many boys than girls in it. The amount of abused boys with disabilities was higher and the number of abused girls with disabilities was lower. Almost double the amounts of boys with disabilities were victims of sexual abuse as compared to the nondisabled group of boys. Also of significance was the fact

that the only category in which girls with disabilities were more frequently victims was sexual abuse. Overall, 65% of boys with disabilities were abused.

In the nondisabled preschool group there were significant differences in that victims of physical abuse were more likely to be boys and victims of sexual abuse were more likely to be girls. Disabled boys were significantly neglected more. In the nondisabled elementary school group, male children were more likely to be physically abused and girls were more likely to be sexually and emotionally abused. Disabled elementary aged boys were physically and sexually abused significantly more than those without disabilities. Data for the adolescent age group reveals differences from the other groups. It revealed that adolescent girls are more often the victims of substantiated abuse than boys. Even in the disabled group there was an equal distribution of abuse victims; however adolescent disabled boys were significantly more the victims of sexual abuse than non disabled peers.

This lead to the idea that disability status appears to interact with gender. Boys with disabilities are associated with an increased risk for all types of abuse. A study completed by Sullivan, Vernon, and Scanlan (1987) also found that a greater proportion of boys with disabilities have been abused than may have been when using research from the general population. This study examined sexual abuse and found that boys with disabilities were victimized more than both boys without disabilities and girls both with and without disabilities.

Sullivan and Knutson (2000) also found information to support this. In their study there were 2,255 males and 2,248 females in a maltreated group. There were 1,948 females and 1,543 males without identified disabilities. However, there were 712 male

and 300 female maltreated children that had an identified disability. So, there was a significant difference between genders as a function of disability diagnosis. Males with disabilities experienced more maltreatment while females without disabilities experienced more maltreatment. This study also found a deep association between disabilities and neglect. Essentially Sullivan and Knutson (2000) found that disabled children are 3.76 times more likely to be victims of neglect, 3.79 times more likely to be physically abused, 3.14 times more likely to be sexually abused, and 3.88 times more likely to be emotionally abused than nondisabled children. Specifically, children with behavior disorders and mental disabilities were the most likely to be emotionally abused.

#### Abuse of Children with Disabilities (Not in Foster Care)

Darcy Miller (1993) conducted a study to get information on the prevalence, frequency, and conditions revolving around abuse in adolescents that have behavioral disorders (BD). This study compared 82 adolescents with behavioral disorders to 70 adolescents without disabilities (NH). There were many significant differences between the BD group and the NH group in the prevalence, frequency, and conditions of sexual and physical abuse. Sexual abuse was most prevalent in the female BD group. Although both groups reported problems with both physical and sexual abuse, the BD group reported significantly more occurrences than the NH group. This lends more support for the idea that the disabled population suffers at the hands of abusers more often than others.

A study done by Hughes and DiBrezzo(1987) collected information from mothers on development, motor and language skills, and learning problems in a

population of physical and emotional abused and neglected children and compared them to a group of non-abused children. Of the abused children over half were documented as abused by a social service worker and the other half were reported by the mothers to have been abused by their fathers. Results indicated a significant difference between the children in each group. Abused children were reported to have significantly more learning disabilities than the control group. There were no significant differences in language and motor skills between the groups. However, when the abused children experienced both types of abuse, learning disabilities and language delays were significant.

Another study that examined 364 physically abused, sexually abused, and children who were both physically and sexually abused in the United States for psychiatric diagnoses. Ackerman, Newton, McPherson, Jones, and Dykman (1998) found that 58% of these children suffered from separation anxiety/overanxious disorders, 36% suffered from phobic disorders, 35% from post traumatic stress disorder, 22% from attention deficit hyperactivity disorder, and 22% from oppositional defiant disorder.

#### Risk Factors and Cognitive Outcomes Associated with Maltreatment

Strathearn (2001) conducted a study to examine risk factors and cognitive outcomes that are associated with child maltreatment. Specifically, it was hypothesized that among extremely low birth weight infants(ELBW) parental risk factors not perinatal factors would predict subsequent maltreatment and that maltreatment would be related independently to cognitive delay. A sample of 269 infants weighing less than 1000g were monitored and assessed by a medical doctor and a developmental psychologist at 12



months of age, 2 years of age, and 4 years of age. During this time referrals for suspected child abuse were obtained from a government agency. Ten perinatal risk factors as well as parental risk factors such as maternal age, race, marital status, education, and insurance coverage were examined. Results indicated that 15% of the infants were referred to child protective services. Overall 167 maltreatment reports were received 117 times with 80 resulting in substantiation. Neglect was the most frequently reported, followed by emotional abuse, then physical abuse, and ending with sexual abuse. In most of the cases more than one type of abuse was seen in each case. All parental risk factors were significantly more likely to predict a referral for maltreatment than perinatal factors. The maltreatment of a child and parental risk factors were significantly more associated with cognitive delay than perinatal factors. All types of child maltreatment referrals except physical abuse, were significantly related to cognitive delay.

Gaines, Sandgrund, Green, and Power (1978) completed an analytic study of child maltreatment and maternal factors associated with maltreatment. The study was done to explain maltreatment on the basis of parental personality characteristics, risk variables for the child, and environmental stress. The sample was 240 mothers that were primarily black and of low socioeconomic status. Of the 240, 80 were defined as abusive, 80 as neglectful and 80 as normal controls. They were measured on 12 variables. The neglecting mothers were significantly different from the other two groups in terms of stress factors and were more likely to abuse/neglect a child.. Personality characteristics on the other hand did not have a significant effect.

Risk and protective factors for maltreatment can be seen in research. Some risk factors for the child are handicap, chronic illness, and difficult temperament. Also

children who are distractible, impulsive, or who have high activity levels are at a greater risk for maltreatment (Peterson,1999). According to Belsky (1993) and Brown et. a.l. (1998) risk factors for the parent include dysfunctional child-rearing and family relationships, substance abuse, poor health, young age, and poverty and related stresses in the family and the community (as cited in Brown, 1999). Other caregiver risk factors include being abused themselves during childhood, being a single parent, and emotional problems such as depression (Peterson, 1999). It has been shown in longitudinal studies that a combination of these factors were powerful predictors of abuse and neglect (Brown, 1999). One protective factor for a child is the presence of a supportive adult who believes the child and does something to protect them (Lahoti, 2001). A protective factor for an adult is an understanding of child development, and the limitations of each child during development.

Risk factors can also vary depending on the development of the child. Infants are at higher risk of abuse if they are premature, mentally retarded, or have physical handicaps. Also, infants that do not have consistent eating and sleeping patterns are also at greater risk. Infants are generally more susceptible to physical injury than older children. Toddlers are also at high risk because they are usually the most difficult children. They also make the most demands on parents in terms of feeding, safety, and attention seeking (Peterson, 1999).

#### Disabled Children on CPS Worker Caseloads

Does Child Protective Services accurately recognize and document disabilities in maltreatment cases. A study done by Schilling, Kirkham, and Schinke (1986) gave

questionnaires to 51 Child Protective Service workers to assess several factors. They wanted to know (1) how CPS workers view the risk of maltreatment of developmentally disabled children, (2) what proportion of preschool children on their caseloads were developmentally disabled, (3) how the caseworkers rank their knowledge in assessing developmental disabilities, and (4) how interested are the CPS workers in receiving more training in developmental disabilities. The results of this study indicated that the majority of the workers thought that a handicapping condition does increase the risk of maltreatment. However, most of the caseworkers were unable to remember a handicapped child on their caseload. The workers also rated themselves as proficient in determining developmental disabilities, and did not have much of an interest in a course on developmental disabilities. Results from this study seem to indicate that CPS workers' views about their skills in assessing disabilities are inconsistent with the attention they actually pay to disabilities. This supports the idea that CPS files should contain information from other sources such as child study team evaluations.

### Summary

The research reviewed supports a correlation between maltreatment and disabilities. There are approximately 3-4 times more children with disabilities that are maltreated compared with nondisabled peers. There is also a relationship between gender, maltreatment, and disability with more boys that have disabilities being maltreated. Disability as a risk factor for maltreatment is also supported by research. The follow-up investigation of foster children that have been reunified with their biological families lends support to the idea that maltreated children that go home have

worse outcomes than those that remain in foster care. It is hard to state whether or not the research supports the current hypothesis that more children in foster care have disabilities than those at home. However, it is important to state that according to research child protective service workers do not have as much expertise as they believe when recording disabilities in children.

## Chapter 3

### Design of Study

This study examines the differences in child study team diagnoses between maltreated children in foster homes and maltreated children in their own homes between the ages of 5 and 10. This chapter thoroughly describes the sample, measures, design, procedure, hypothesis, and analysis used.

### Sample

Participants include 40 children's records who are involved with the child protective services in New Jersey known as the Division of Youth and Family Services (DYFS). The records are from the southern part of New Jersey, with diverse ethnic and racial backgrounds. The children in the records are all involved with DYFS as a result of some form of maltreatment. Twenty of the children in the records are living in foster care and 20 are living with their birth families. Living arrangements are based on decisions made by the courts. The records are coming from two different DYFS offices.

### Measures

The diagnosed disability measure used in this study was whether or not the Division of Youth and Family Services record contained a child study team evaluation. Each of the records has two possible sections that could have contained this information. They are the third party correspondence section and the relevant medical history section. If there was a copy of the child study team evaluation that classified the student then that

student was thought to have a diagnosed disability. If there was no child study team evaluation then there was no diagnosed disability.

The living situation measure in this study is one of two choices. These are either living in the home with the birth parents or living in foster care. Placement is based on a decision made by a county judge. All of the records contain a computer printout which indicates the living situation of each child in the record.

### Design

This is a comparative study which examined the differences between diagnosed disabilities in maltreated children living at home versus those living in foster care. The independent variable in this study was the living situation for the child (at home or in foster care). The dependent variable in this study was diagnosed disability (whether or not the child was diagnosed with a disability). Once the data was collected, the data was examined separately for living situation and diagnosed disability.

### Procedure

After receiving clearance from the Institutional Review Board, the primary investigator went to two separate Division of Youth and Family Services Offices and explained the research project. 20 case records from each office were randomly selected by asking one worker from each office for twenty five cases. It is important to note that at the first office all of the children are placed in foster care, so all of the records from that office are for the children in foster care. In the second office, some children live at

home and some live in foster care. Only those records for children living at home were used.

Each of the records has 8 sections that information is filed in. They include first party correspondence, placement agreement forms, resource sheets, legal information, computer printouts, third party correspondence, major medical information, and fiscal information. The information collected for this study came from the computer printouts, third party correspondence, and major medical information sections. Specifically, for each record, the primary investigator recorded the age, sex, race, and living situation of each child. Also recorded was whether or not there was a diagnosed disability. The data was collected in such a way that no one could identify the child.

### Hypothesis

The Null Hypothesis states that there is no difference in the diagnosis of disabilities between maltreated children in foster care and children in their own homes.

The Alternative Hypothesis states that there will be more maltreated children in foster care that have diagnosed disabilities than those living in their own homes.

### Analysis

An independent samples t-test was applied to living arrangement and diagnosed disability to determine whether living arrangement has an effect on whether or not a child has a diagnosed disability. The statistical analysis was then interpreted in an attempt to find support for the hypothesis and answer the research question.

## Summary

In this chapter, the design of the study to examine whether more maltreated children living in foster care have more diagnosed disabilities than maltreated children living in their own homes was described. The 40 records that were examined were for a racially diverse sample from southern New Jersey. The data collection was described and the model of analysis was designated.



## Chapter 4

### Overview

The hypothesis that children that are in foster care as a result of maltreatment will have more diagnosed disabilities than those children that have been maltreated that are not in foster care led to the analysis of the data and provided comparisons of placements of maltreated children and diagnosed disabilities. After a complete review of records was completed and the data was collected, an independent samples t-test was used to determine significance.

### Sample Characteristics

A summary of the subjects used is included in Table 4.1. This table includes age, sex, ethnicity, type of placement (living situation), and whether there was a diagnosed disability. The table indicates that the subjects ranged in age from 5-10 with the mean age being 7. It also shows that 16 subjects were African-American, 13 were Bi-Racial, 8 were Caucasian, and 3 were Hispanic. The in home placement subsample consisted of 11 males and 9 females where the out of home subsample consisted of 13 males and 7 females.

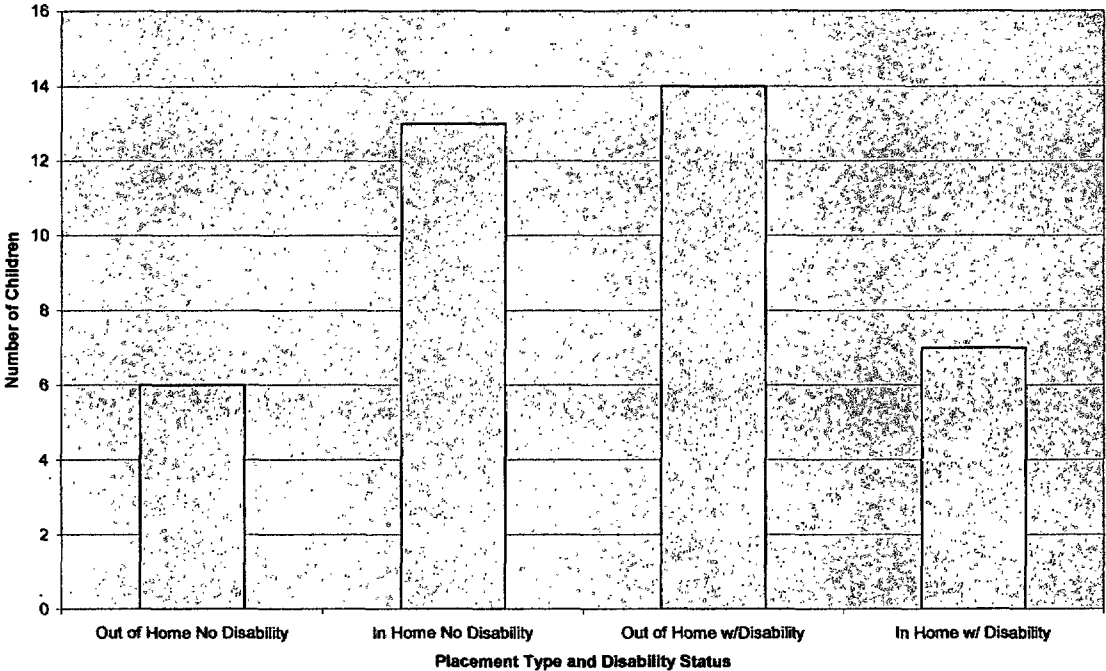
Table 4.1- Characteristics of the Sample

Age	Sex	Ethnicity	Type of Placement	Disability
5	M	Bi Racial	Out of Home	N
5	F	African Am.	Out of Home	Y
10	M	African Am.	Out of Home	Y
9	F	African Am.	Out of Home	Y
7	F	Bi Racial	Out of Home	Y
7	M	Caucasian	Out of Home	Y
9	F	Bi Racial	Out of Home	Y
8	M	Bi Racial	Out of Home	Y
5	F	Bi Racial	Out of Home	N
5	M	African Am.	Out of Home	Y
10	M	African Am.	Out of Home	N
7	M	African Am.	Out of Home	Y
10	M	Hispanic	Out of Home	Y
5	F	Bi-Racial	Out of Home	Y
5	M	Bi-Racial	Out of Home	N
9	M	Bi-Racial	Out of Home	Y
5	F	African Am.	Out of Home	N
10	M	Caucasian	Out of Home	N

8	M	Caucasian	Out of Home	Y
5	M	African Am.	Out of Home	Y
6	M	Caucasian	In Home	N
9	M	African Am.	In Home	N
5	M	African Am.	In Home	N
5	F	Bi-Racial	In Home	N
7	F	Bi-Racial	In Home	N
8	M	African Am.	In Home	Y
10	F	African Am.	In Home	Y
9	M	Caucasian	In Home	Y
9	M	Caucasian	In Home	Y
7	F	African Am.	In Home	N
5	F	African Am.	In Home	N
5	M	Bi-Racial	In Home	N
8	F	Bi-Racial	In Home	N
9	M	Hispanic	In Home	N
6	F	Hispanic	In Home	N
6	F	Caucasian	In Home	N
5	M	African Am.	In Home	Y
8	M	Bi-Racial	In Home	Y
6	M	African Am.	In Home	Y
5	F	Caucasian	In Home	N

Also of importance is the number of maltreated children that were living in out of home placements that had diagnosed disabilities compared to those children living in their homes. Figure 4.1 shows the distribution of maltreated children with diagnosed disabilities within the placement type. The number of maltreated children in out of home placements that had diagnosed disabilities was 14 compared to only 7 for maltreated children living in their homes.

**Figure 4.1- Comparison of Placement Types and Disabilities**



Overall, 21 out of 40 maltreated children were found to have a diagnosed disability. That is 53% of the subjects used in the sample regardless of placement type. Of the 21 maltreated children that were diagnosed with disabilities, 6 were females and 15 were males.

### Testable Hypothesis

The Null Hypothesis stated that there would not be a significant difference in the diagnosis of disabilities between maltreated children in foster care and children in their own homes as recorded in Division of Youth and Family Services records. The Alternate Hypothesis stated that there would be more maltreated children in foster care that have diagnosed disabilities than those living in their own homes.

Using an independent samples t-test to analyze the results, it was determined that the Null Hypothesis was rejected. Table 4.2 shows the results of the analyzed data. The table shows that there was a significant relationship between type of placement of maltreated children and diagnosed disability,  $t = 2.3$ ,  $p < .05$ . Specifically, the significance was .027 at the significance level of .05.

Table 4.2- Independent Samples T-Test

T	Degrees of Freedom	Significance (2-tailed)
2.307	38	.027

### Summary

This study tested the hypothesis that children that are in foster care as a result of maltreatment will have more diagnosed disabilities than those children that have also been maltreated but that are still living in their own homes. The results of the analysis confirmed that there was a significant difference between maltreated children living in their own homes versus those living in foster care. Many more maltreated children living

in foster care had diagnosed disabilities than their counterparts living in their own homes. It is important to add that over half of the total sample, regardless of placement type had a diagnosed disability. The end result was rejecting the Null Hypothesis, thereby failing to reject the Alternate Hypothesis.

## Chapter 5

### Summary and Conclusions

A study by Evans (2001), found that maltreated children's home environments lead to a suppression of cognitive and academic development. Another study by Ackerman, Newton, McPherson, Jones, and Dykman (1998), examined physically abused, sexually abused, and children who were both physically and sexually abused in the United States for psychiatric diagnoses and found that they suffered from numerous disorders. These included separation anxiety/overanxious disorders, phobic disorders, post traumatic stress disorder, attention deficit hyperactivity disorder, and oppositional defiant disorder. The current research set out to validate previous research findings of large numbers of diagnosed disabilities in maltreated children and to determine if there was a relationship between the maltreated child having a diagnosed disability and their type of placement (where they were living).

In order to determine if any relationship existed, a thorough review of child protective service records was conducted to find documentation of a diagnosed disorder. Then, an independent samples t-test was used to analyze the information to ascertain if there were any significant differences between the groups.

## Discussion

The results of the analysis supported various earlier research that demonstrated a correlation between maltreatment and disabilities. There is also a relationship between gender, maltreatment, and disability with more boys that have disabilities being maltreated. This finding was also supported by past research. The follow-up investigation of foster children done by Taussig, Clyman, and Landsverk (2001) found that maltreated children living in their own homes that have been reunified with their biological families fared worse than those that remain in foster care. Although the current research did not include information regarding whether children that are living in their own homes were ever in foster care, the maltreated children that were living in their own homes had better outcomes than those in foster care (i.e. they were diagnosed with disabilities less).

In terms of diagnosed disabilities in maltreated children living in foster care, it seems logical that those children would more often be diagnosed with disabilities than the children that are living in their own homes. This is due to the fact that when children enter the foster care system as a result of maltreatment, many have been so neglected that their families have not noticed a problem. When the children come into foster care, the state becomes responsible for their care. Often, children's foster parents notice the problem and reach out for help. Maltreated children that are living in their own homes still have the same family. Also, children that are in foster care are more closely supervised by the social service agency than those still living at home because they are in the legal custody of the agency. Most of these people are more likely to notice a problem because of their background and reach out for services that are readily available to them.



It is also possible that for children living in their own homes, the parents have neglected to tell the social service agency about any diagnosed disability. The possible results of this could be a lack of documentation in the record of the disability. This could have attributed to the much lower number of maltreated children living at home having a diagnosed disability.

### Conclusions

The independent samples t-test determined that there was a significant relationship between type of placement and diagnosed disability in maltreated children. Specifically, maltreated children living in out of home placements are diagnosed with disabilities more often than their counterparts that are living in their own homes. The study also found that there was a gender difference among maltreated children with diagnosed disabilities regardless of their type of placement. Males were more likely to have a diagnosed disability than females. The study does support the hypothesis by finding evidence for a positive relationship between type of placement and diagnosed disability in maltreated children. It also found that overall the number of maltreated children with diagnosed disabilities was very large.

### Implications for Further Research

When looking back on the design of this study, there are some changes that may make a future study more effective. First, searching records for a diagnosed disability in a child study team report is not the only measure as to whether there is a disability. Many children go to independent doctors, psychologists, therapists, and learning consultants for

evaluation. It would have been more accurate to search the entire record for reports from these other sources.

Second, the sample was fairly small, which limits the implications of the results. In future research, a larger sample size should be used. Also, a more diverse geographic area should be looked at. The current sample only used children from a small area in New Jersey. The sample used also came from only two caseworkers. In the future, if possible, a sample from several caseworkers would also have better generalizability.

Lastly, in future research it would be helpful to compare maltreated children in both living situations with children in the same age group that have not been maltreated. It would be interesting to see if maltreated children in general have diagnosed disabilities more than children that have not suffered maltreatment. Other variables that should be considered in doing this research in the future is the type of disability the child has, the type of family situation the child is coming from, parental characteristics, how long the child has been involved with the child protective service agency, and the type of maltreatment that the child has suffered. All of these variables could be helpful in assessing if maltreatment is the only factor at play for children that have diagnosed disabilities that are involved with a child protective service agency.

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