



# Maltreatment of children in out-of-home care: A review of associated factors and outcomes

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## ARTICLE INFO

### Article history:

Received 16 September 2011

Received in revised form 7 August 2012

Accepted 8 August 2012

Available online 18 August 2012

### Keywords:

Child maltreatment

Out-of-home care

Impact of maltreatment in out-of-home care

## ABSTRACT

This paper provides an overview of the nature and consequences of the maltreatment of children in out-of-home care. It discusses maltreatment by individual perpetrators such as carers or other children, and maltreatment inflicted through policies, processes and decisions made within the child protection system. The impacts of maltreatment in out-of-home care on children are reviewed, and the child, worker and system factors that contribute to maltreatment of children in care are discussed. The need for changes in child protection services is highlighted.

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## 1. Introduction

In the state of Victoria, Australia, the *Children, Youth and Families Act 2005*, is unequivocal in its direction that the best interests of the child must always be the guiding principle for design, development and delivery of child protection services (Department of Human Services [DHS], 2007). As a result, current child protection policy and practice is to maintain at-risk children within the family if possible and to move the child into out-of-home care only if it is expected that this will improve outcomes for the child (Australian Institute of Health and Welfare [AIHW], 2009; Ombudsman, 2009).

When it is not deemed in the child's best interests to remain in the care of the immediate family, there are a number of alternative care options available where the government makes a financial contribution to the carer. Small-scale group accommodation units or 'residential care units' provide placements for a limited number of children, with care provided by staff who may or may not live on the premises. More preferred though is home-based care in which the at-risk child is placed in another unrelated family setting (foster care), or community care or relative/kinship care where the caregiver is a family member or a person with a pre-existing relationship with the child (Higgins, Adams, Bromfield, Richardson, & Aldana, 2005). For the purposes of this paper, the term 'out-of-home care' will be used to refer to both home-based and residential care settings.

Unfortunately, the demand for out-of-home care services continues to increase at a substantial rate, with the overall national rate having increased each year since June 2007 from 5.8 to 7.3 per 1000 children in June 2011 (increase of 33%) (AIHW, 2012). Whilst this raises concerns

about the nature of today's society, more concerning, however, is the significant history of child abuse and neglect reports being made in relation to children in out-of-home care in Australia (Gil, 1975; Irenyl, Bromfield, Beyer, & Higgins, 2006; Rindfleisch & Rabb, 1984). These reports reveal that children have been, and continue to be, vulnerable to multiple types of maltreatment whilst in the care of those who have the responsibility of protecting them. For example, a 2004 Senate Inquiry into institutional care, titled *Forgotten Australians* documented the sexual and psychological abuse, physical abuse, exploitation and neglect experienced by children in institutions, orphanages and other state care facilities that are now generally no longer operating (Senate Community Affairs References Committee [SCARC], 2004). Of those adults who made submissions to the inquiry (not all adults who had been institutionalised), 35% indicated that they had suffered physical abuse, whilst 33% indicated emotional abuse, and 21% indicated sexual abuse. More recently, another Senate report, *Protecting Vulnerable Children* recognised that children who have been removed from, or are unable to reside with their parents continue to be subjected to maltreatment in other types of out-of-home care (SCARC, 2005). Finally, an investigation by the Victorian Ombudsman, released in May 2010, indicated that despite ongoing reforms, some children in out-of-home care are further subjected to abuse and neglect (Ombudsman, 2010). As indicated by these enquiries, maltreatment in out-of-home care is not just a historical phenomenon, but in fact remains widespread for children involved in any area of the child protection system. Moreover, child maltreatment in out-of-home care has been generally under-researched and under-reported and is limited to the availability of data relating to children who have come to the attention of child protection services (Barter, 1998; Beyer, Higgins, & Bromfield, 2005). Accordingly, previous studies have indicated that the majority of abuse incidents are not reported (Groze, 1990; Irenyl et al., 2006). Rindfleisch and Rabb (1984) for example, found less than one in

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five situations that met criteria for abuse or neglect in out-of-home placements were documented. This may be due to obstacles within child protection services such as reporting and documentation procedures, or human errors such as not documenting due to the heavy workloads, or choosing not to document. This is in spite of reports that some children suffer maltreatment within out-of-home care that is at times, worse than that which led to their removal from their parents (Kubitschek, 2005; Marzick, 2007; Spencer & Knudsen, 1992).

Rather than to provide a systematic review of reports of maltreatment, the primary focus of this paper is to provide an overview of the types of maltreatment in out-of-home care and to examine the impact that this maltreatment has on children's functioning. 'Maltreatment in out-of-home care' will be used to refer to any abuse or neglect that occurs in an out-of-home care placement, whether that is within a kinship (relatives), foster care (family type environment), or residential or other state care facility. It can include (a) maltreatment by individual perpetrators such as carers or other children and (b) the maltreatment inflicted through policies, processes and decisions made within the system. Each of these will be discussed in turn in the following sections. Then, the impacts of maltreatment in out-of-home care on children will be reviewed, and the child, worker and system factors that contribute to maltreatment of children in care will be discussed.

## 2. Maltreatment of children by individual perpetrators

There are five different types of maltreatment that might be perpetrated by individuals: emotional abuse, physical abuse, sexual abuse, neglect, and witnessing family violence. These acts of maltreatment refer to acts of commission (behaviours directed toward) or omission (failure to provide appropriate care), and only a person who is responsible for the care of the child can be held accountable (Irenyl et al., 2006). In the case of out-of-home care, it is the responsibility of the foster carers or residential care workers, and the overarching child protection system to provide safety and protection for the child.

Foster carers are often the subject of allegations of maltreatment of children in their care and they are reported more often for alleged abuse than any other group in society (Spencer & Knudsen, 1992). This may be due to abuse occurring in the homes, children misinterpreting their behaviour due to past experiences of abuse, and foster carers having higher standards expected of them when caring for children (Blatt, 1992; Ombudsman, 2010). Alternatively, there is a risk of physical or emotional abuse if foster parents or residential workers have not had adequate training on how to handle children's emotionally-disturbed and challenging behaviours (Vulliamy & Sullivan, 2000).

A quality of care data analysis by the Victorian DHS for the period of 2006–2007 found 170 reported incidents concerning allegations of abuse in care involving 201 children. Of these allegations, 60% related to foster carers, 35% related to residential care staff, and 4% were made against kinship carers. At the time of publication, 119 of the 201 investigations had been completed with 30 allegations (25%) being substantiated and the remaining 89 allegations (37%) being unsubstantiated (Ombudsman, 2010). Maltreatment allegedly perpetrated via foster carers or residential care staff is reported most commonly in the form of physical or sexual abuse (Rosenthal, Motz, Edmonson, & Groze, 1991). In fact, sexual abuse victims are at risk of re-abuse if they unwittingly exhibit the learned sexual behaviour and members of the foster family do not understand the reasoning behind it, or view it as inviting provocative behaviour (Briggs & Hawkins, 1997). Adolescent males and uneducated foster parents sometimes misinterpret these behaviours as a sign that the child wants sex, is experienced, and is willing to participate in sexual activities (Briggs & Hawkins, 1997).

It is also noteworthy that research in the United Kingdom has found that children in residential care are more at risk of physical and sexual assault from other children in care, than from staff (Barter, Renold, Berridge, & Cawson, 2004; Sinclair & Gibbs, 1998), and are subject to higher levels of peer violence (Barter et al., 2004). Similar research has

indicated that the carers' children or foster siblings perpetrate 25% of instances of abuse (Bev, 2003). A number of incidents of abuse by other children, reported by the Victorian Ombudsman, included a stabbing, sexual assaults, and serious threats and intimidation by other children within the placements (Ombudsman, 2010).

Barter et al. (2004) have identified a number of organisational and institutional factors that may contribute to increased levels of peer violence and abuse in out-of-home care. These include homes having unclear rules and objectives, inadequate admission procedures, and the acceptance or non-deterrence of peer pecking orders. In addition, carers are required to care for children who are generally emotionally disturbed, traumatised, and at times have violent, destructive, and sexualised behaviours; whilst working within strict guidelines and often with changing case workers, and whilst managing difficult relationships such as contact between children and birth parents. Ultimately, it is the responsibility of carers, staff and child protection services to safeguard young people from peer abuse, and the inability to do so may be interpreted as a form of abuse in itself.

It is important to take into account that the Victorian Government Department of Human Services (DHS) reports that less than 10% of children placed in out-of-home care each year are subjected to serious harm (rated as a category one critical indecent report) (Ombudsman, 2010). However, this estimate is based on the incident reporting system and the estimates are subject to the individual worker assessment of the categorisation, and as such should be considered to be lower than the real incidence. Since these children are amongst our most vulnerable in the community, there is significant concern in relation to this ongoing trend of maltreatment by individual perpetrators.

## 3. Maltreatment of children via child protection systems

Although legal and operational variations are found in definitions of child abuse and neglect, all refer to the protection of children from physical, sexual and emotional harm. The child protection system has the primary responsibility of protecting children from harm and ensuring that they receive appropriate care and that all decisions made, as discussed above, are in 'the best interests of the child' (Marzick, 2007). Although the systems in place attempt to follow these principles, children continue to suffer at the hands of the system that is intended to protect them from further harm (Spencer & Knudsen, 1992).

A working definition of 'systems abuse' is harm done to children in the context of practices and policies that are designed to provide care or protection (Cashmore, Dolby, & Brennan, 1994). The abuse includes harm to children's welfare, development, or security as the result of the actions of individuals or the lack of suitable policies, practices, or procedures within systems or organisations (Briggs & Hawkins, 1997). Systems abuse can take a variety of forms, including: i) participation in the justice system where decisions made do not result in outcomes that are in the best interests of the child, ii) being exposed to multiple out-of-home placements, workers and services, iii) being placed in inappropriate or unsafe homes, or being placed back in danger with the caregivers who initially perpetrated the abuse (Briggs & Hawkins, 1997; Irenyl et al., 2006). The child can also experience a level of maltreatment via other systems such as child protection professionals, medical professionals and those with the job of caring for them. This form of maltreatment is less obvious and less heard of than neglect or abuse by individual perpetrators, but as will be discussed, is likely to cause as much damage or more.

### 3.1. Participation in the justice system

A common concern in contemporary child protection is the emotional abuse of children involved in the justice system. This may occur when court proceedings do not adapt procedures, practices, and questioning techniques to meet the needs of children (Finkelhor, 1983; Regan & Baker, 1998). Despite structural and cultural shifts in practice,

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