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Factors associated with child protection recurrence in Australia

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ABSTRACT

The aim of the current research was to advance understanding of child protection in Australia by examining the factors associated with recurrence of child protection notifications to the formal child protection system. Extant research has been primarily undertaken in the USA and it is important to understand whether similar factors associated with recurrence actually hold in the Australian context. Administrative data were obtained for a sample of 9608 children first subject to a screened-in report in 2011–12. Children were followed for 12 months. Cox Proportional Hazard models were used to measure associations between 26 independent variables and four types of recurrence: subsequent reports, subsequent investigations, subsequent substantiations, and subsequent intervention. Factors associated with recurrence in Australia were broadly similar to those identified in other jurisdictions, including reports and substantiation for neglect, younger age, prior child protection involvement in the household, and parental characteristics including drug use, mental health problems, and history of maltreatment as a child. As in previous studies, post-investigative service provision was positively associated with recurrence. In prior US research, race did not predict recurrence. However, in the present study, Indigenous Australian children were significantly more likely to be subject to all types of recurrence measured. Future research on recurrence should aim to disentangle the complex relationships between child protection recurrence, child maltreatment, and service delivery. Recurrence is not a good proxy indicator of child safety. The findings have implications for the equity of recurrence-based risk assessment tools as they are applied to indigenous populations.

Repeated child protection involvement, referred to as child protection recurrence, is problematic for children, families, and child protection authorities. For children, repeated child protection involvement raises questions about repeated or persistent needs not met in initial contacts with child protection authorities, including concerns about cumulative harm caused by low-level but chronic neglect (Bromfield, Gillingham, & Higgins, 2007). Repeated reports and investigations may also be stressful and stigmatising for families (Ainsworth & Hansen, 2014; Dumbriil, 2006). For child protection authorities, recurrence contributes to the large volumes of reports and investigations that agencies must manage, which detracts from their capacity to provide effective responses for children assessed to be at risk of harm. In Australia, there are concerns that recurrence contributes to the overrepresentation of Aboriginal and Torres Strait Islander (Australia's indigenous peoples, referred to hereafter as Indigenous Australians) children in child protection systems. Recurrence measures are also used as indicators of systemic performance in Australian jurisdictions (Steering Committee for the Review of Government Service Provision, 2016), and underpin risk assessment instruments used to guide decision making by child protection practitioners (Coohey, Johnson, Renner, & Easton, 2013). Recurrence is therefore of interest to policy makers and scholars in Australia and internationally.

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There is a considerable body of research that uses administrative data to identify the child, family, and case characteristics associated with repeated child protection involvement (Hélie & Bouchard, 2010). Most studies have been conducted in the USA, with a few exceptions including studies carried out in Canada (Hélie, Laurier, & Royer, 2013), Singapore (Li, Chu, Ng, & Leong, 2014), and Japan (Horikawa, Suguimoto, Musumari, Techasrivichien, & Kihara, 2016). Most studies employ statistical procedures such as survival analysis, including Cox Proportional Hazards, to identify the factors associated with time from an initial index event to a recurrence event. Varied measures of recurrence have been used including repeated reports (Casanueva et al., 2014; Putnam-Hornstein, Simon, Eastman, & Magruder, 2014), repeated investigations (Bae, Solomon, Gelles, & White, 2009; Connell, Bergeron, Katz, Saunders, & Tebes, 2007), and repeated substantiations (Horikawa et al., 2016).

Despite variation in dependent variables, the same factors have been associated with recurrence across different studies. These include allegations of neglect (Bae, Solomon, & Gelles, 2009; DePanfilis & Zuravin, 1999), younger children in the household (Bae et al., 2009; Lipien & Forthofer, 2004), parental substance misuse (Fluke, Shusterman, Hollinshead, & Yuan, 2008; Laslett et al., 2014), parental mental health problems (Barth, Gibbons, & Guo, 2006; Casanueva et al., 2015), prior child protection involvement (Casanueva et al., 2014; Connell et al., 2007), and the provision of post-investigative services (Bae et al., 2010; Fluke et al., 2008; Marshall & English, 1999). The factors associated with recurrence are not necessarily the same as those associated with initial child protection involvement. For example, most research has found that African American children are no more likely to be subject to recurrence than White children (Bae et al., 2010; Drake, Jonson-Reid, Way, & Chung, 2003), despite being overrepresented in child protection substantiations (Children's Bureau of the US Department of Health & Human Services, 2015). On the other hand, First Nations children, who are overrepresented in substantiations to a slightly lesser extent, have been shown to recur at significantly greater rates than White children in both the USA (Fluke et al., 2008) and Canada (Hélie et al., 2013).

Research on the factors associated with recurrence in Australia is comparatively underdeveloped. Laslett, Room, Dietze, and Ferris (2012) examined the association between parental alcohol and drug abuse, and increased rates of recurrence in one Australian jurisdiction. Subsequent analysis of the same data gauged the extent to which parental mental ill health, drug abuse, and alcohol abuse predicted recurrence (Laslett et al., 2014). These studies confirmed that alcohol abuse, drug abuse, and mental ill health predicted recurrence in an Australian sample. Bivariate relationships were also identified between recurrence and parental history of abuse as a child, probable domestic violence, family type, accommodation status, income type, and the most intensive intervention applied during the follow-up period (Laslett et al., 2012).

However, factors that strongly predict recurrence in other jurisdictions were not tested, including type of maltreatment alleged or substantiated or the age of children. Because intervention was measured as the most intensive service provided over the duration of the follow-up period, it was not possible to determine if intervention predicted greater recurrence as it did in other jurisdictions, or whether repeated child protection involvement led to more intensive interventions. Nor was it possible to assess whether race and gender influenced recurrence as has been observed in other jurisdictions. Furthermore, both studies operationalised recurrence as a binary measure, whether the child recurred within the follow-up period or not, rather than using a continuous measure of time to recurrence as is more typical of recurrence research. It is therefore not known what factors most strongly predict time to recurrence in Australia, or whether patterns of recurrence in Australia are consistent with patterns in the USA and elsewhere.

Despite this lack of evidence about recurrence in Australia, measures of recurrence play an important role in performance measurement in Australia. Each year, all eight state and territory jurisdictions report on a range of child protection indicators, including two measures of recurrence. These are framed as indicators of improved safety, with low rates of recurrence indicating more successful investigations and interventions (Steering Committee for the Review of Government Service Provision, 2016). However, recurrence research suggests that, at least in the jurisdictions where it has been examined, recurrence does not have a straightforward relationship with successful investigations or with adequate interventions to protect children (Jenkins, Tilbury, Mazerolle, & Hayes, 2017). Some factors associated with heightened vulnerability to negative outcomes, such as younger age, are associated with higher rates of recurrence (Bae et al., 2010; DePanfilis & Zuravin, 1999), but others, such as allegations of sexual abuse, are associated with lower rates of recurrence (Connell et al., 2007; Lipien & Forthofer, 2004). Furthermore, post-investigative services designed to reduce the risk of maltreatment have consistently been associated with higher rather than lower rates of child protection recurrence (Fuller & Nieto, 2013).

Actuarial risk assessment tools, initially developed using measures of recurrence in US jurisdictions, are used in several Australian jurisdictions (Department of Communities, 2013; Johnson, Wagner, & Wiebush, 2000). These tools guide practitioners to prioritise services to children who display characteristics associated with child protection recurrence on the basis that children subject to higher rates of recurrence are at greater risk of maltreatment (Coohey et al., 2013). Given the uncertain relationships between child protection recurrence, maltreatment, and service delivery, these tools provide ambiguous advice to practitioners (Jenkins et al., 2017), especially in Australia where research is limited. Furthermore, questions have been raised about the appropriateness of applying recurrence-based risk assessment tools developed in the USA to Indigenous Australian populations (Maiter, 2009; Queensland Child Protection Commission of Inquiry, 2013). It is therefore important to consider how Indigenous status relates to child protection recurrence in an Australian context.

The aim of the present study was to advance understandings of child protection recurrence in Australia. Further understanding of recurrence in the local context will aid in the interpretation of performance measures that inform policy, as well as risk assessment tools that guide practice. The research question guiding this research is, "What are the child, family, and case characteristics associated with child protection recurrence in Australia?"

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