

Re-referral for Suspected Child Abuse and Neglect Concerns: The Influence of Family and Child Factors in a Queensland Sample

Melissa Kaltner

Senior Research Officer

Child Advocacy Service



Queensland Government

Queensland Health

Child Abuse Recurrence

- Child abuse and neglect recurrence
 - 9 – 30% in USA
 - Child Safety Services: 8% of children
- Cumulative harm
 - Poor mental health, behavioural and social outcomes for children with multiple re-referrals to CP system

(Bae et al., 2009)

Child Abuse Recurrence in Australia

- Most previous studies
 - Based on 4-5 year periods
 - Examine only one data source
 - US/UK based
- The current study:
 - 25 year span of data
 - Data from Child Safety, Police, Health & other services

Aims to examine relationship between family and child factors and child protection re-referral in Australia

Suspected Child Abuse & Neglect Teams

- Established by CCOCA in 1980
- Children experiencing or at risk of abuse and neglect
- State-wide system
- Core members:
 - Queensland Health
 - Queensland Police Service
 - Department of Child Safety

SCAN Function

- Provides an inter-agency forum for case discussion and planning
- Makes recommendations for actions by the core departments
- Reviews the effectiveness of the implemented recommendations

RCH SCAN

- Royal Children's Hospital, Brisbane
- 1980 – 2005
- 6669 cases of children experiencing or at risk of experiencing harm
- Study examining re-referral

Study Method

- All cases from 1980 – 2005 entered by trained CAS data entry staff
- Randomly selected sample of 5% of charts reviewed for validation
- Ethics approval obtained from RCH & HSD HREC

Study Results: Demographics

Over the 25 years:

- Significantly more female children (54.6%), Pearsons $\chi^2(1, N = 6637) = 56.98, p = .00$
- Mean child age 6 years, 2 months
- Slightly more single parent families than two-biological parent families (*ns*), followed by blended families
- Perpetrator significantly more likely to be intra-familial (84.7%), Pearsons $\chi^2(1, N = 6206) = 4200.97, p = .00$.

Study Results: Re-referral

- Referrals made after the previous presentation case closure
 - 5943 unique children in 25 year period
 - 90.5% children referred once only
 - 2 referrals for 7.4% of children
 - 3 referrals for 1.7% of children
 - 4 referrals for 0.3% of children
 - 5 referrals for four children
 - 6 referrals for one child

Re-referral

- Children with multiple referrals significantly younger than those with only one referral ($F(1, 5748) = 3.84; p = 0.05$)
 - One referral only mean age 6.19 years
 - Multiple referrals mean age 5.76 years
- Examined demographic variables associations

Re-referral: Correlations

- Number of referrals and associated demographic variables (Bivariate correlations)

Variable	Re-referral r^2
Number of Abuse Types at Initial Referral	-.07**
Parental Substance Abuse	.04**
Parental Abuse as Child	.09**
Parental Mental Illness	.02
Financial Stress in Family	.04**
Disabled Children in Family	.03*
Parental Physical Disability	.04**
Parental Intellectual Disability	.07**
Parental History of Violent Relationships	.07**

Note. * $p = .05$, ** $p = .01$

Referral: Predictors

- Included variables accounted for 30% of the variance in re-referral ($F(9, 4982) = 16.95; p < .001$).

Factor	β	(SE)
Number of abuse types	-.09	(.01)**
Parental substance abuse	.03	(.01)
Parental abuse as child	.07	(.01)**
Financial stress in family	.03	(.02)*
Disabled children in family	.03	(.03)*
Parental physical disability	.03	(.04)
Parental intellectual disability	.07	(.02)**
Parental history of violence	.05	(.01)**
Perpetrator familial status	.05	(.02)**

Note. * $p = .05$, ** $p = .01$

- Non-significant factors
 - Unique contribution of parental physical disability and substance abuse not significant, thus relationship mediated by other factors
 - Potential differential impact of parental substance, thus lack of significant relationship
- Number of abuse types:
 - Relationship likely mediated by removal to out-of-home care

Implications

Risk assessment:

- Parental abuse as a child
- Parental intellectual disability
- Parental history of violence
- Perpetrators of intrafamilial origin
- Disabled children in family
- Financial stress

- Similar to findings from shorter studies in the US and UK
- Limitations:
 - Small geographic area, thus attrition
 - ‘Complex’ cases only
 - Lack of data on out-of-home care status
- Further Research

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Questions?



Email: Melissa_Kaltner@health.qld.gov.au