

Feature Article Part 2:

A Comparison of Two Cohorts Among Child Welfare Investigations in Alberta: Child, Caregivers, Household, & Case Risk Factors

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Introduction

In 2008, the province of Alberta reported children eleven years and younger made up 71% of all child maltreatment investigations⁵. More than 8,400 children five years of age or younger came to the attention of child welfare in Alberta in 2008 for allegations of child abuse and neglect, compared to approximately 7,700 children ages six to eleven years of age.

Younger children (ages 11 years and younger) are especially vulnerable to their surrounding environments and are heavily dependent on their caregivers to meet basic needs; which inevitably provides the foundation for their future developmental growth⁶. It is imperative for younger children to achieve critical developmental milestones such as language, brain development, emotional regulation, and attachment bonds as these milestones heavily impact later life outcomes⁶. Studies indicate that younger children who experience maltreatment have an increased risk for health, behavior, and psychological issues later in life^{2,5,6}, which contributes to increased risk of depression, poorer academic

performance, and higher levels of aggression in later childhood and adolescent years^{1,3,6,8,9}. Examining child, caregiver, household, and case risk factors of reported child maltreatment investigations associated with children 0 to 5 years old and children 6 to 11 years old will contribute to a greater understanding of the complex experiences between these child age groups. This paper seeks to provide researchers and practitioners with awareness concerning the impact of risk factors concerning these populations.

Methods

This secondary analysis was conducted on data collected for the Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2008). The AIS-2008 collected 2,239 child maltreatment investigations from fourteen randomly selected child intervention services offices over a three month case selection period (October 1, 2008 to December 31, 2008). Offices were stratified by jurisdiction and size to ensure that all subpopulations were fairly represented in the study, with additional consideration for Aboriginal organizations. Select comparisons of child, family,

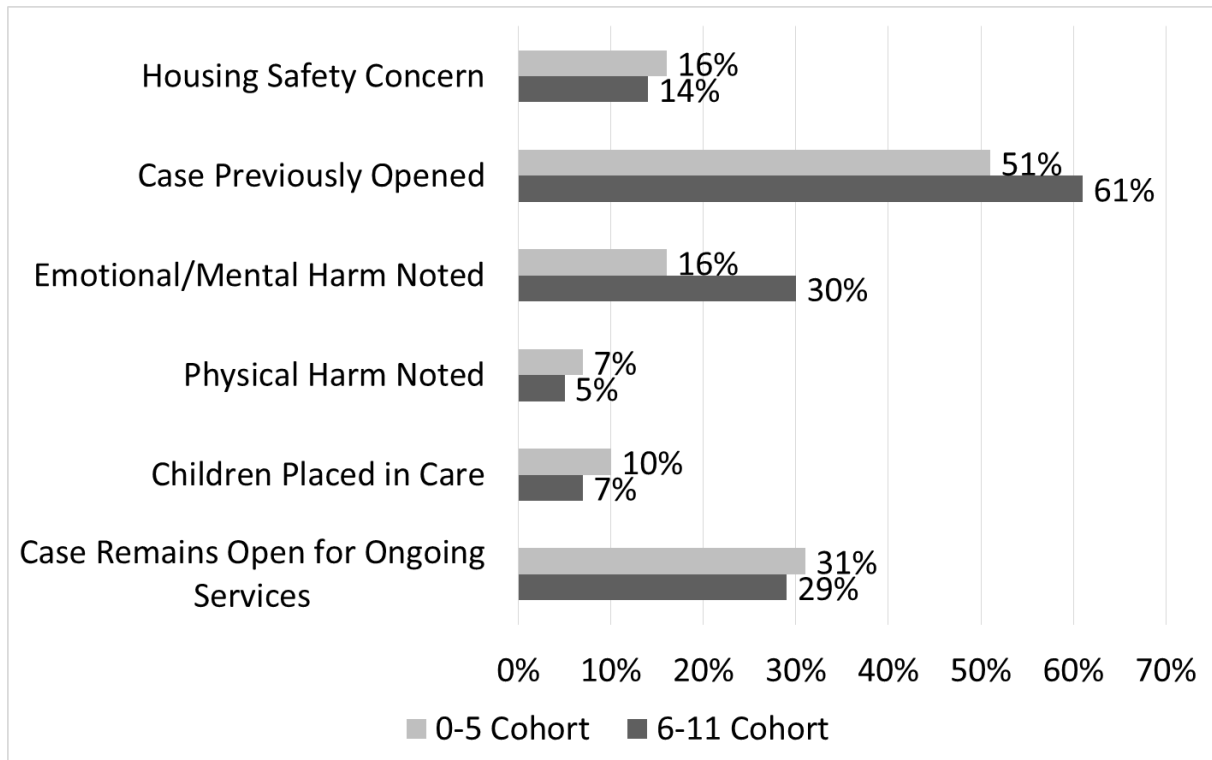


Figure 1:

Percentages of case characteristics include all child investigations for incidents of child maltreatment where a child 11 years or younger was involved (n=16,120), 0-5 years old cohort (n=8,415), and 6-11 years old cohort (n=7,705).

household, and case factors of child maltreatment investigations and risk of future maltreatment investigations are presented below. The analyses compares two child age cohorts: 0-5 years old and 6-11 years old. Bivariate analyses and Pearson's chi-squared tests were used to examine differences in risk factors associated with the younger and older cohorts.

This analysis was conducted using weighted estimates of 16,120 child investigations for incidents of maltreatment involving children 11 years of age and younger in Alberta. Of the total weighted estimate, 8,415 alleged child maltreatment investigations involved children five years and younger and 7,705 maltreatment investigations involved children between six and 11 years of age. Analysis included substantiated, suspected and unfounded investigations for the two cohorts from the AIS-2008 data. For further information, refer to the methodology chapter of the AIS-2008: Major Findings Report⁵.

Results

Figure 1 shows case risk factors for child investigations where a child 11 years old and younger was involved. Thirty-one percent of the 0-5 year old cohort remained open for on-going services and 9% of cases were streamed to differential or alternative response. Twenty-nine percent of the 6-11 cohort remained open for on-going services and of those, 10% of cases were streamed to differential or alternative response. Fifty-one percent of investigations of the 0-5 cohort were previously reported to child welfare for suspected maltreatment. For the older cohort, 61% of investigations were previously reported to child welfare for suspected maltreatment.

Workers were asked to report on 6 housing safety concerns: accessible weapons, accessible drugs or drug paraphernalia, drug production or trafficking in the home, chemicals or solvents used in production, other home injury and health hazards. One or two of these household hazard risk factors were identified in 16% of investigations in the 0-5 cohort and 14% in the 6-11 cohort. For the 0-5 cohort, emotional harm

was documented in 16% of investigations, whereas physical harm was noted in 7% of investigations. For the older cohort, emotional harm was documented in 30% of investigations and physical harm was documented in 5% of investigations. While 10% of the 0-5 cohort investigations were placed in a child welfare placement, 7% of 6-11 cohort investigations were placed in a child welfare placement.

Discussion

This secondary analysis of the AIS-2008 dataset examined child, caregiver, household, and case risk factors associated with the two youngest cohorts investigated by the child protection system. Findings from this analysis show increased percentages of multiple risk factors for children 0 to 5 years old, supporting the need to focus on both the additive effects and breadth of risk factors pertaining to child investigations, rather than focusing on solely one risk factor during an investigation. The present findings indicate that families with young children in the child welfare system are faced with many risk factors (parental mental health, social isolation, drug or alcohol abuse, intimate partner violence, financial hardship) and may also have young children performing poorly in multiple areas of development. The array of risk factors and protective factors (child characteristics, household risk factors, caregiver risk factors, and case characteristics) identified by child welfare workers could potentially shape prevention and intervention strategies in preventing rates of re-referral and increase overall positive outcomes for children and families.

Limitations

While the AIS-2008 dataset provides a unique opportunity to examine the child welfare response to reported maltreatment in Alberta, a number of considerations for this secondary analysis must be made when interpreting these findings. The AIS-2008 dataset; 1) only tracked reports investigated by child intervention services and did not include reports that were screened out, only investigated by police, and never reported; 2) is based on the assessments provided by the investigating child intervention workers and could not be independently verified; 3) is weighted using annual estimates which

included counts of children investigated more than once during the year, therefore the unit of analysis for the weighted estimates was a child investigation; 4) as weighted estimates provided some instances where sample sizes were too small to derive publishable estimates⁵.

References

1. Appleyard, K., Egeland, B., Dulmen, M. H., & Alan Sroufe, L. J. *Child Psychology*. 19: 23-39, 2005.
2. Dunn, E. C., McLaughlin, K. A., Slopen, N., Rosand, J., & Smoller, J. W. *Depress anxiety*. 30: 955-964, 2013.
3. Enlow, M. B., Blood, E., & Egeland, B. *J trauma stress*. 26: 686-694, 2013.
4. MacKenzie, M. J., Kotch, J. B., Lee, L. C., Augsberger, A., & Hutto, N. *Child Youth Serv Rev*. 33: 2011.
5. MacLaurin, B. et al. *Alberta incidence study of reported child abuse and neglect-2008: Major findings [Report]*. Calgary, AB: University of Calgary, 2013.
6. Manly, J. T., Kim, J. E., Rogosch, F. A., & Cicchetti, D. *Dev Psychopathol*. 13: 759-782, 2001.
7. Masten, A. *J aggress maltreat trauma*. 2: 23, 1998.
8. Stahmer, A. C., Leslie L.K., Hurlburt, M., Barth R.P., Webb M.B., Landsverk, J., & Zhang, J. *Pediatr*. 116: 10, 2005.
9. Woodruff, K., & Lee, B. *Child abuse neg*. 35: 491-503, 2011