



Families who Re-enter the Child Protection System: Data from an Australian Sample

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Chronic and Isolated Child Maltreatment

With the “discovery” child maltreatment and each of the different abuse types we attempted to define maltreatment,

First in terms of *adult acts of commission or omission*

Then in terms of *harm to the child*

None of these early attempts incorporate the cumulative impact of:

- Maltreatment over an extended period of time
- Multiple types of child maltreatment
- Multiple perpetrators

Chronic and Isolated Child Maltreatment

Multiple Victimization of Children became of interest to child maltreatment researchers during the nineties

In same period statutory bodies attempted to incorporate prior instances of abuse into risk frameworks

Conceptually difficult but some progress made

Research focused on predicting single incidents of child maltreatment rather than identifying chronic maltreatment

Chronic and Isolated Child Maltreatment

Attempts to incorporate Pattern and History into practice complicated by legislative requirements

To intervene must demonstrate that:
an adult act of omission or commission has resulted in *significant harm or risk of significant harm to the child* and that this is *likely to happen again*

Event focused

Need to know both cause and effect

In practice prior notifications and substantiations used predominantly to establish pattern of behaviour and predicting future risk

Case Study

- 2 parent family living in small town in regional Victoria
- Jessica Green 17-years and David Brown 18-years at birth of child, Jarrod Brown
- Mother, Jessica Green, youngest of seven with a history of rejection
 - Rejected by own Mother (Mrs Green)
 - Sent to live first with her eldest sister
 - Then with her Father (Mr Green)
 - Then with Mr and Mrs Brown
 - David Brown is son of Mr and Mrs Brown

Case Study

24 notifications between October 1994 and March 2003

14 Intake

6 Initial Investigation

4 Protective Involvement

5 Substantiations

	Days Open	Phase
Notification One 05-Oct-1994 to 06-Oct-1994	2	Intake
Notification Two 02-May-1995 to 03-May-1995	2	Intake
Notification Three 04-May-1995 to 05-May-1995	2	Intake
Notification Four 05-May-1995 to 19-June-1995	46	Intervention
Notification Five 29-Feb-1996 to 28-Mar-1996	29	Investigation
Notification Six 17-Apr-1996 to 19-Apr-1996	3	Intake
Notification Seven 28-Oct-1996 to 23-Jan-1997	87	Intervention
Notification Eight 20-May-1997 to 23-June-1997	34	Investigation
Notification Nine 18-July-1997 to 21-July-1997	4	Intake
Notification Ten 30-Jul-1997 to 18-Aug-1997	20	Intake
Notification Eleven 15-Oct-1997 to 15-Oct-1997	1	Intake
Notification Twelve 24-Nov-1997 to 26-Nov-1997	3	Intake

	Days Open	Phase
Notification Thirteen 29-Nov-1997 to 02-Mar-1998	93	Intervention
Notification Fourteen 02-Feb-1998 to 26-June-1998	113	Investigation
Notification Fifteen 12-Mar-1998 to 12-Mar-1998	1	Intake
Notification Sixteen 12-May-1998 to 12-May-1998	1	Intake
Notification Seventeen 23-Dec-1998 to 30-Sep-1999	282	Intervention
Notification Eighteen 30-Sep-1999 to 04-Oct-1999	5	Intake
Notification Nineteen 26-Oct-1999 to 04-Nov-1999	10	Intake
Notification Twenty 12-Apr-2000 to 17-Apr-2000	6	Intake
Notification Twenty One 25-Sep-2000 to 25-Sep-2000	1	Intake
Notification Twenty Two 07-Apr-2001 to 22-Jun-2001	78	Investigation
Notification Twenty Three 23-Jul-2002 to 08-Aug-2002	17	Investigation
Notification Twenty Four 30-Sep-2002 to 31-Mar-2003	152	Investigation
TOTAL DAYS INVOLVED	992	

Notification One

05-Oct-1994 to 06-Oct-1994

Grandparent notifying as they saw Mother kick walker with 8mth old son, Jarrod sitting in it. Also pulled Jarrod up off couch by one arm. Notifier says that Mother has not been diagnosed with a mental illness, but suffers horrific mood swings and has been under psychiatric care. Mother receiving support from the MCHN and from Family Support Agency.

Information received insufficient to warrant involvement, especially given involvement of local support agency.

No previous for this or any other child in Mother's care

Does not reach threshold to warrant protective involvement

Notification Three

04-May-1995 to 05-May-1995

Aunt stating that parents of Jarrod, now aged 15mths, have loud verbal arguments in front of Jarrod, Father punches walls, Mother verbally abusive of Jarrod and is becoming increasingly aggressive towards him. Mother giving Jarrod stronger doses of prescribed medication to get him to sleep. Family Support Worker only sees parents in office.

Notification raising similar issues also received from Grandparents.

Same issues as previous notification. Decision to close based on assumption that Family Support Worker would notify if problems were sufficient to warrant protective involvement.

3rd notification about same issues

Two different notifiers

Increasing verbal and physical aggression towards child

Notification Eleven

15-Oct-1997 to 15-Oct-1997

Notification from worker at Family Welfare Agency. Mother came into service requesting a washing machine. While at the agency Mother continually yelled at Jarrod for misbehaviour. In workers opinion child was not behaving inappropriately. Worker told Mother that yelling at child was not acceptable. Mother verbally abusive towards worker and left.

Assessed no protective concerns

11th notification about same issues from 7 different sources
2 prior substantiations

Professional notifier

This behaviour observed in public – question how she is behaving towards children in private

One month later seen by GP following overnight access with Mother. GP stated child severely traumatised and should not be permitted to go on access with Mother

Cumulative Harm is Widespread

Major Review of Child Protection in Victoria (*Protecting Children: The Child Protection Outcomes Project, 2003*, Allen Consulting Group)

Found that:

62% notifications are re-notifications

40% substantiations are re-substantiations

2/3 re-substantiations concern neglect and emotional abuse

Recommend:

Mistake to look at abuse as point in time event

Need to go beyond immediate safety issues

Barriers to Recognising Cumulative Harm in Practice

- Notifications treated as discrete events
 - Information not accumulated from one notification to the other, information lost over time
 - Assumption that problems presented in previous notification are resolved at closure
 - Risk frameworks incorporate pattern and history, but only to predict future behaviour of carers *not* to establish cumulative harm
- Files are not scrutinized
 - Computers automatically summarize and categorize previous contacts – therefore do not need to read files
 - Demand on system – do not have time to read files

Systemic Barriers to Recognising Cumulative Harm

- Child Protection is an emergency service
- Does not recognise that families' problems are on-going
- Harm Threshold – children at low-risk fall outside legislative mandate
- To intervene must demonstrate child significantly harmed or put at risk of significant harm as a result of adult act of omission or commission and that this is likely to happen again
- However cause and/or effect of cumulative harm arising from emotional abuse or neglect less obvious than in child sexual and physical abuse

Why is it Important to Recognise Cumulative Harm?

- Children are more vulnerable to harm with each subsequent incident of victimization
- Research shown that harm from emotional abuse and neglect can be both more severe and more enduring than physical abuse or sexual abuse
- Can result in developmental delay, failure to thrive, personality disorders
- Conditions from which children may not recover and which will affect them into adulthood

Recognising Cumulative Harm

- Broaden thinking from immediate to long-term harm to children
- Inadequate to make assessments on the basis of individual reports – particularly in case of neglect and emotional abuse
- Use pattern and history to establish harm to children
- Some indicators for cumulative harm
 - Multiple notifications for similar problems
 - Multiple sources
 - Professional sources
 - Inappropriate parenting in public
 - Children not reaching developmental milestones
 - Child behaviour

Systemic Changes to Improve Responses to Cumulative Harm

- Early Intervention
- Long-term family support
- Regulatory approach not appropriate for all cases
- Integration of welfare and protective services
- To do this we need a new model for intake, investigation and referral



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