

Tracking child maltreatment recurrence rates at Batshaw Centres and across Québec

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Building on the service outcome indicators developed at Batshaw Youth and Family Centres (Batshaw Centres) for the Evidence Based Management initiative (see In The Know volume 1, issues 1 and 2), the McGill Centre for Research on Children and Families (CRCF), in collaboration with the Association des Centres Jeunesse du Québec (ACJQ) and the 16 Youth Centres across Québec have been tracking and analyzing six service outcome indicators. This article provides a review alongside an update on the child maltreatment recurrence indicator that was initially presented in In The Know volume 1, issue 3 – by including additional years of data, as well as comparisons with provincial averages.

Recurrence of Child Maltreatment

Rates of recurrence are a key indicator of the extent to which child protection and community services are able to protect children from further maltreatment. From a management perspective, tracking rates and examining factors associated with recurrence of maltreatment can help guide program development and decision-making for the types of cases identified as being most at risk to recur. It is equally important to note that a recurrence is not necessarily a negative outcome, since in some cases this could be a request for help from a family facing new challenges. This indicator of child safety should be used by youth protection managers to enhance decision-making, programming, and policy development, rather than guide individual clinical decision-making.

Measuring Rates of Maltreatment Recurrence

The recurrence measure was developed in consultation with a Reference Group comprised of senior Batshaw Centres managers and clinicians, supported by the McGill Centre for Research on Children and Families. Recurrence is defined as any substantiated report of maltreatment of a child under the Youth Protection Act (faits fondés, SDC) that occurred within 12 months of the closing of a file for Application of Measures (AM) or Intervention Terminale (IT).

In order to track these cases, data was compiled for 78,341 children across Québec who received AM or IT services and whose cases were closed between the 2002

and 2011 fiscal year. Of these 78,341 children, 4,939 were children receiving services from Batshaw Centres. Children older than 16 years old were excluded from the analysis since they would have been too old to experience a recurrence within the follow-up period. These cases were then monitored for 12 months for any new child protection investigation and cases were classified as recurrent if a decision was made that deemed the security and development of the child as compromised.

Results

Results of our analyses of child maltreatment recurrence at Batshaw Centres and across the province are presented in the next three figures. Recurrence rates at Batshaw Centres are analyzed over time and compared to the province as a whole (Figure 1), then broken down by reason for services prior to case closure ("alinéa") (Figure 2) and age of the child at the time of investigation (Figure 3).

...Continued on next page

CRCF Research Seminar

The McGill Centre for Research on Children and Families research seminars provide an opportunity for faculty, visiting scholars, graduate students and clinicians to share and discuss their research and experience. Batshaw staff are always welcome! Bring your lunch; coffee and cookies will be served. For more information or to download past presentations please go to:
www.mcgill.ca/crcf/events/seminar

What makes a difference? Working with families living in poverty in Shanghai. Dr. Meihua Zhu, Department of Social Work, East China University of Science & Technology. Tuesday March 31, 2015 from 12:00 to 13:00 – Wilson Hall (3506 Rue University), Wendy Patrick Room.

Youth Protection in Insular Religious Communities: A Study on 5 Groups in Quebec. Dr. Lorraine Derocher, McGill University. Wednesday May 13, 2015 from 12:00 to 13:00 – Wilson Hall (3506 Rue University), Wendy Patrick Room.

Did You Know...

On average, 10% of cases recur within a year of closing at Batshaw Centres and across the province, a rate that fluctuates between 6.9% and 12.8% (Figure 1). As illustrated within Figure 1, rates of recurrence at Batshaw Centres have declined from 12.6% in 2002 to 7.6% in 2011, which indicates a 39.6% decrease. Rates of recurrence across Québec, however, have remained fairly consistent over time.

Figure 1: Rates of child maltreatment recurrence by fiscal year, Batshaw Centres & Québec, 2002-2011

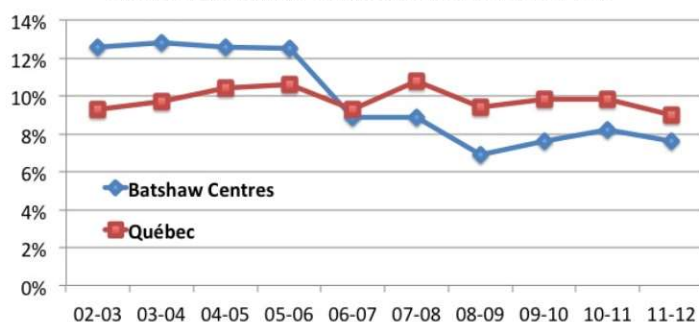


Figure 2 compares overall rates of recurrence for cases evaluated between the 2002 and 2011 fiscal year by reason for service at the time of case closure. Batshaw Centres has a higher average rate of recurrence than the provincial average for incidents that involve children who received services at case closure for behaviour problems or physical abuse. It is important to note that when compared to the province, there were 15.8% less children who received services for behaviour problems and 13.5% more children who received services for physical abuse whose cases closed at Batshaw Centres.

Figure 2: Rates of child maltreatment recurrence by reason for service at case closure, Batshaw Centres & Québec, 2002-2011

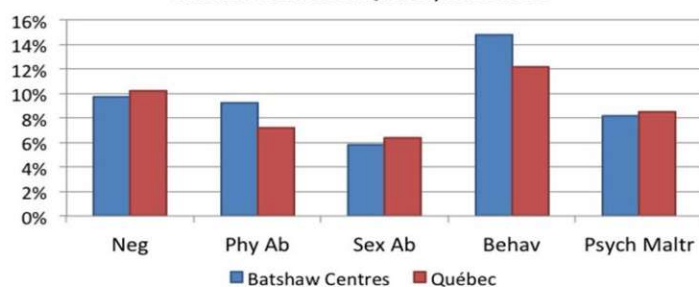
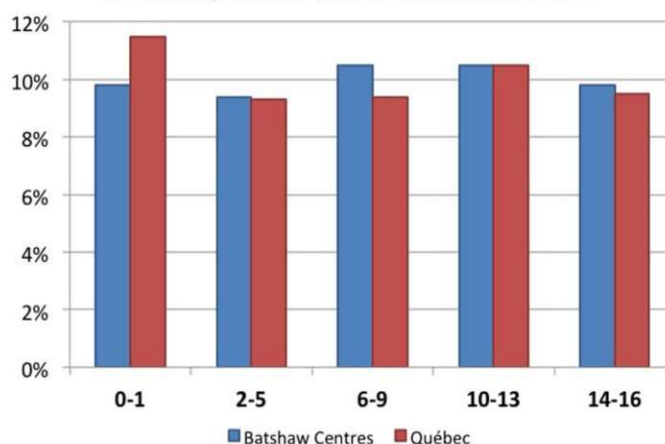


Figure 3 compares recurrence rates by the child's age at the time of case closure. For children ages 6 to 9, Batshaw Centres has a slightly higher recurrence rate than the provincial rate (10.5% vs. 9.4%, respectively). Again, it is important to note that compared to the provincial average, there were 7% more children ages 6 to 9 at case closure at Batshaw Centres. For the remaining age groups, Batshaw Centres has a recurrence rate that is either lower or consistent with the province as a whole.

Figure 3: Child maltreatment recurrence rate by age at case closure, Batshaw Centres & Québec 2002-2011



Predictors of Child Maltreatment Recurrence

Hélie and her colleagues have conducted additional analyses of the child maltreatment recurrence indicator using the same provincial data set. Using the same definition of recurrence, they looked at several factors for the overall recurrence population and then for those who had experienced a formal out of home placement. Some factors that were found to be related to an increased risk of recurrence include:

- ◆ Children and youth, ages 11 to 17 years old, who received services for behaviour problems;
- ◆ Children and youth, ages 5 years and older, who experienced a placement;
- ◆ Children aged 1 to 10 years old who experienced a shorter duration of placement; and
- ◆ Children and youth who experienced both foster and re-adaptation placements.

Conclusion

The results of the analyses are generally encouraging: the vast majority (90%) of children who receive AM or IT services at Batshaw Centres do not return as the result of a new investigation (fait fondé, SDC) within the first 12 months of their case closing. Further work is needed to better understand the higher rate of recurrence for children served for behaviour problems, physical abuse and for children ages 6 to 9 at case closure. Additional analyses of recurrence, specifically for these children may shed new insight on how to best ensure that children continue to be safe and thrive after receiving services from Batshaw Centres.

¹ The project, entitled "Gestion fondée sur les indicateurs de suivi Clinique [GFISC]", is funded by the Youth Centres and a grant from the Social Sciences and Humanities Research Council for the Building Research Capacity with First Nations and Mainstream Youth Protection Services in Québec. For more information, see: Trocmé, N., Esposito, T., Chabot, M., Duret, A. & Gaumont, C., (November, 2013). *Rapport synthèse –Gestion axée sur les indicateurs de suivi clinique, données Québécoise*. Association des centres jeunesse du Québec.

ⁱⁱ Each indicator compares BYFC to Québec, however, BYFC is also included in the overall Québec average.

ⁱⁱⁱ Sonia Hélie, Carole Bérubé, Lucie Charbonneau, Tonino Esposito, Valérie Pilote; Eric Quevillon, Virginie Berrit, Anabel Solis Valderrama, Chloé Gaumont; *Effets des durées d'intervention et de placement sur les risques de récurrence*; Trois Initiatives De Recherche Utilisant Des Indicateurs Du Projet « Gestion Fondée Sur Les Indicateurs De Suivi Clinique », presented at the Congrès de l'Association des centres jeunesse de Québec, 2014

Commentary: Sandra Smith & Christine Jagiello, Coordinators of Application of Measures

It is certainly encouraging to see the 39.6% decrease in recurrence rates since 2002. We speculate that this is a result of a strong emphasis on clinical approaches and orientations in practice, increased training and programming, and an increased connection to community resources which have steadily improved over the years. We believe these improvements have been the result of our accreditation process.

We agree that we need to further investigate where there is a higher recurrence rate, specifically for behavior problems, physical abuse and pre-adolescents. We know that the window of signalement retention is certainly more narrow than before at the level of intake (RTS and SES). On the one hand this means that families are receiving more support from community services. On the other, this means that the signalements retained are more dire, thus impacting the severity of the cases that are followed by the DYP; something that certainly has been noted by professionals over the years. We wonder how this may impact the outcomes. As well, we wonder if there are specific practice issues or themes that emerge in the cases where there is a higher rate of recurrence. This is an area where further exploration is required so that adjustments in practice can be made in order to hopefully produce better outcomes.

develop a long term social safety net to improve the security, stability, permanency, well-being and development of vulnerable children that are at risk of being placed in out-of-home care.

At Batshaw Centres My Family My Community targets vulnerable families in the Verdun, Lachine, and LaSalle neighborhoods.

Whereas TDMs across the three youth centres are held for children between the ages of 0 to 5 (and their siblings), Batshaw Centres is the only of the three youth centres that has extended TDMs to children between the ages of 6 to 12.

The evaluation of the project is designed to monitor the implementation process and document the effects on change in practice and client outcomes regarding placement and permanency. Results thus far have shown that over 80 TDMs have taken place by three youth centres (over 25 of them by Batshaw Centres), which impacted over 100 children and their families (over 40 of these children and families serviced by Batshaw Centres). Meetings have occurred within 7 days of the possibility of placement. There were approximately 9 community partners present at each meeting, and the decisions concluded from these meetings led to 85% of children remaining in their home environment.

Across all three youth centres, a survey was conducted at the end of the TDM process for all those who participated (including parents, community partners, and Youth Protection workers). Participants reported they were extremely satisfied with the animation of the meetings (72%) and the decision making process (82%), that they were able to express their concerns (87%), and that they understood each person's role and responsibility at the end of the meeting (84%). The TDM processes are proving to allow further collaboration between the family, community partners and youth protection caseworkers. We look forward to another year of evaluation for the My Family My Community Project!

Research Evaluation Summary

My Family My Community Summary by Regine Shaffer & Malak Kamel

Batshaw Centres is involved in a three year pilot project with the ACJQ, Avenir D'enfants, CJ Montérégie and CJ Abitibi-Témiscamingue. The project aims to ensure the coordination and mobilization of resources and people in the community to enable vulnerable families to receive support in their own environment. Sharon Edwards is the Batshaw Centres Regional Project Coordinator. Through Team-Decision Making meetings (TDM), community partners come together, along with the client's family members and social supports, to

Commentary: Sharon Edwards, Regional Project Coordinator of My Family My Community

My Family My Community has brought together a unique partnership between Youth Protection, community organizations, and families. In also having the role of a TDM facilitator, I have observed some families who would otherwise refuse to participate in meetings, find their voice, and use the opportunity to feel empowered to speak using their own words to express their needs. Released three times per year, the first My Family My Community newsletter was launched in December 2014 and made available on the intranet. This newsletter has also been made available for the community through our partners...I invite everyone to take a look!

The following is a summary of a thesis completed by Leigh Garland for the McGill University Masters in Social Work program in 2009

Physical child abuse is the third largest category of abuse investigated by child welfare services in Canada. The Canadian Incidence Study of Child Abuse and Neglect, CIS-2003, revealed that the number of substantiated child physical abuse cases in Canada, excluding Quebec, increased by 107% between 1998 and 2003. However, several recent prevalence studies, based on representative samples of the general population in both Canada and the United States, suggest that there has been a slight decrease in the rate of severe violence against children (Clément, Chamberland, Côté, Dubeau & Beauvais, 2005; Straus, 2001). Despite the dramatic increase in the number of cases investigated by child welfare services, one research study found that the rate of serious injury due to child physical abuse has decreased significantly in recent years (Leventhal et al, 2007) while the rate of child homicides has remained stable (Trocmé, Lajoie, Fallon & Felstiner, 2007).

One explanation for the proliferation of physical abuse investigations by child welfare services is a broader conceptualization of the types of behaviours defined as physical abuse as well a heightened awareness of this issue, which has led to increased reporting of any form of intra-familial violence. Corporal punishment has historically been considered to be an appropriate disciplinary method and employed by both parents and educators. As the child welfare legislation and the reach of its services have evolved, any form of corporal punishment beyond that of spanking has the potential to be labelled as physical abuse. The CIS-2003 revealed that there was no physical harm in 71% of substantiated physical abuse cases.

Despite the relatively low rates of serious injury, child welfare investigations have been increasingly focused on rapid risk assessments and the collection of forensic evidence, which facilitates joint criminal investigations (Trocmé et al., 2003). In both Quebec and Canada, legislation and policies have increasingly relied on the police and the judiciary process to address the problem of intra-familial violence. However, there remain high levels of normative approval for corporal punishment in several societies from which major waves of immigrants have come to Canada such as the Philippines, South Asia, the Caribbean and parts of Africa (Lansford et al., 2005; Payne, 1989; Segal, 1995). Therefore, a central question for both researchers and practitioners is whether or not ethnic minority families are more likely to be investigated by child welfare or police services due to allegations of child physical abuse.

The author conducted a quantitative study of all the adolescents (aged 13-17) evaluated due to allegations of physical abuse (N = 151) at Batshaw Centres over a two-year period (January 1, 2006-December 31, 2007). The physical abuse allegations were substantiated in 66% of the cases, though only 46% of the cases were kept open for ongoing services. Half of the youth in this sample were Caucasian. The two other prominent ethnic groups

were Black (21%) and South/South East Asian (18%).

Descriptive data was subsequently analysed to compare two groups: 'Caucasian youth' and 'visible minority youth'. Though no causal inferences can be concluded from this exploratory, descriptive study, cases involving visible minority youth were more likely to have been kept open for ongoing services (83% vs. 57%). There were also statistically significant differences between the types of maltreatment that occurred: 66% of visible minority youth were hit with an object or subject to 'other' forms of violence, while Caucasian youth were more likely to be slapped, pushed or punched (65%). No group differences were found for case characteristics such as: placement rates, police investigations or regime for measures (voluntary or adjudication).

Factors such as immigration stressors, parent/child separations and acculturation conflicts were prominent in a minority of cases involving visible minority youth. Only a few parents (10%) of the entire sample cited a belief in corporal punishment as their motive for having resorted to violence. No statistically significant group differences were found for this variable. Parents of visible minority youth were more likely to have been subject to corporal punishment as a child (20% vs. 3%) which suggests that although some of these parents may not have explicitly disclosed a belief in corporal punishment as their rationale for employing physical force to the Youth Protection delegate, the cultural normativeness or intergenerational transmission of physical discipline as a means of enforcing parental authority is an important consideration when addressing the problem of child physical abuse.

As the literature review revealed, attitudes towards corporal punishment as an occasionally necessary consequence for a child or adolescent's behaviour varies both within and among cultures. The prominence of factors such as immigration stressors, acculturation difficulties and a parent's experience of corporal punishment in a minority of the cases involving visible minority youth in this sample suggests a need for further research into the effectiveness of a differential response model based on the different typologies of physical abuse.

Commentary: Susan Pinsky, Co-chair of the Advisory Committee on Diversity These findings are extremely interesting and relevant for our work within the context of youth protection and understanding our multi-ethnic clientele. Information confirmed, of which we are quite aware, is the fact that there were a significant amount of cases, 83%, kept active for clients of visible minority versus 57% for Caucasian clients, adding insight into the differences between the types of maltreatment across cultures. I think it would be important to gain more information regarding how 'physical discipline' is defined in the minority groups, versus the Caucasian groups as there appear to be differences in their meaning. As well, examining whether there would be differences in younger age groups could be of relevance. At the forefront of our work, is the need to ensure that our interventions are client centered and respectful; and that they imply cultural relevance and sensitivity so that our interventions are more meaningful to families and demonstrate that we have taken the time to understand their individual realities.

Thesis Summary

How Youth Involved in Child Protection Services are Included in Intervention Planning and Decision Making

Lianne Charron

The following is a summary of a thesis completed by Lianne Charron for the McGill University Masters in Social Work program in 2010

All young individuals involved in child protection services have an intervention plan developed and reviewed on a regular basis. These meetings involve professionals and care providers who assess and identify the needs of youth, and develop objectives and tasks to achieve the determined goals.

When compared with previous research, youth involvement in formal planning meetings has increased. However, little is known about youths' actual experiences of these formal processes where important decisions are made about their lives. This exploratory study examined the following questions with youth involved in child protection services: (1) How are youth involved in planning and decisions made about their lives? (2) What are the experiences of youth in

planning meetings? (3) Legislation and policy articulate how we should include youth in planning and decision-making. However, what are the criteria for inclusion and how does it vary according to the type of decision?

Methods

Three types of methods were utilized to explore the above questions and key areas. The first involved a single case interview and file review with a youth living in foster care. The second method involved analyzing secondary data obtained from an agency client satisfaction survey, and the third method involved mapping child protection legislation in two neighbouring provinces: Quebec and Ontario. Child protection legislation was reviewed and organized according to the criteria for including children in decisions.

Findings

Three main themes surfaced from the interview with a youth living in care: (1) the meaning of participation and decision-making; (2) intervention planning; and (3) the relationship with caseworker and

agency. Analysis of the secondary data from the client satisfaction survey revealed that most youth who responded to the survey were satisfied with the way they were involved in planning and with the relationship they had with service providers. Legislation was mapped according to different types of decisions, the criteria for inclusion and conditions in place for inclusion. This mapping revealed obvious differences both within and between the two provincial child protection legislations examined.

Discussion

These results illustrate a need for further inquiry about the usefulness of current formal planning and decision-making approaches for youth in care. We, as service providers, policy makers and child welfare researchers must work collaboratively with youth to gain a greater understanding of their experiences with child protection services.

Research Project Summary

Psychological maltreatment towards children: Follow up of situations reported since the adoption of the revised Youth Protection Act

Summary by Regine Shaffer

Since 2007, the Youth Protection Act has changed to include psychological maltreatment as an article under which youth can be signalled. The researchers, Claire Malo, Jacques Moreau, Sonia Hélie and Chantal Lavergne were interested in documenting the characteristics of youth who have been signalled for psychological maltreatment, the co-occurrence with other forms of maltreatment, the trajectories of services, the factors of risk and implications for workers.

This multicentric research project contains three phases. The first phase involved collection of data from the PIJ databases across all Quebec Youth Centres. The second phase will involve a secondary analysis of the Quebec Incidence study (ÉIQ). A final phase will consist of semi-structured interviews with 30 youth protection workers. Analysis of the first phase of results indicate that psychological maltreatment towards children in Quebec is quite frequent. The primary manifestation of this type of maltreatment is as a result of a child's exposure to conjugal and family violence.

In comparing Batshaw Centres to other youth centres across Québec, findings indicate that:

- A larger proportion of signalements received include allegations of psychological maltreatment at Batshaw Centres;
- After evaluation, an SDC decision is more probable in cases of psychological maltreatment, notably when that is the sole allegation at Batshaw Centres;
- Psychological maltreatment is present in a large proportion of the signalements deemed founded, with or without compromise at Batshaw Centres;
- Batshaw Centres clients are exposed to less direct denigration as a form of psychological maltreatment, but are subjected to more conjugal and family violence;
- Adolescent victims of psychological maltreatment are less often removed from their home environment at Batshaw Centres than other youth centres.

The Clinical Integration Group on Child Sexual Abuse

Did You Know...

The Clinical Integration Group (CIG) on child sexual abuse was established in 2007 as part of the Evidence-Based Management project with the Centre for Research on Children and Families at McGill University. The CIG brings together clinicians who have an interest or expertise in sexual abuse with researchers and graduate students who act as knowledge brokers. The group is comprised of approximately 20 members, including members from all points of service across Batshaw Centres, McGill University, l'Université de Montréal, and the Montreal Children's Hospital. The group is co-chaired by Evaluation/Orientation program manager Cheryl Ward and Lise Milne, McGill University doctoral candidate who has over ten years' experience in child welfare and research expertise in child sexual abuse and trauma. The group meets approximately six times yearly to review recently published research and to discuss prominent clinical issues with the goal of incorporating best evidence-based practice.

Over the past year the group has reviewed literature on disclosure, interviewing children, the judicial process, and sibling abuse, issues for children/youth in care, offender preferences/crossover, and cyberporn. Prominent issues discussed were risk cases (Art. 38D2), the need for court experts, Batshaw Centres' Sexual Exploitation Policy, and Batshaw Centres' educational/support groups. A member of the group sits on the Table de partenaire de Centre d'expertise Marie Vincent. Some members also provide case consultation to workers and managers as needed. The group's goal for the coming year is to conduct a deeper examination of risk cases.

New Guidelines!

Practice Guidelines for Honour Based Violence & Practice Guidelines for Parents with Substance Abuse Difficulties

Over the past year, Batshaw Centres has produced two sets of practice guidelines and is currently working on more! The practice guidelines are short and easy to read documents for professionals across clinical services and organized within the Neglect Framework of assessment, intervention, and partnering-up. Should a professional need guidance on a particular topic, the guidelines can provide:

- a comprehensive understanding of the topic (general information, definition, prevalence, warning signs);
- best-practice intervention techniques (safety reminders, evidence-based assessment methods, screening and guiding questions); and
- concrete information regarding partnerships and resources in the community.

Batshaw Centres is proud to announce that the practice guidelines for parents with substance abuse difficulties and practice guidelines for honour based violence have been adopted by the Batshaw Centres Management Committee and are currently in use. Practice guidelines for conjugal violence are under development.

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