



PART
Practice And Research Together

The Recurrence of Maltreatment in Child Welfare

Written by: Kristen Lwin

What is this **PART**icle about?

This PARTicle provides an overview of the key factors associated with the recurrence of maltreatment in child welfare. Child, caregiver, and case factors play a role in multiple maltreatment investigations.

»» Key Summary Points

- Analysis of recurrence requires critical thinking and a contextual description of the child welfare organization the landscape in which it operates.
- Some factors that are consistently associated with recurrence are being involved with the child welfare system previously (as a child or adult), shorter time frame between re-reports, younger children, accessing community services, neglect, and poverty.
- Statistical analyses of recurrence should be multivariate and include various child, caregiver, organizational, and community level factors.

»» Discussion Questions

- What does a high rate of recurrence mean to this agency? What does a low rate of recurrence mean to this agency?
- Who is referral source? Some referral sources have higher rates of substantiation than others, therefore counted as “recurrence” but it is unknown whether these are actually higher risk than non-substantiated allegations.
- Who are we concerned about returning to the child welfare system? The child? The caregiver? The family as a unit?
- Are there interactions between certain factors that result in higher or lower rates of recurrence? For example, are younger males more likely to recur than older females?
- What findings are unique to our organization? Why are our findings not consistent with the literature?
- Is the referral related to a maltreatment/neglect allegation or request for support from a family?
- Are there appropriate services in the community for families to access? Were the families offered these services in the past? Did they access these services?
- What type of statistical analyses are we using to examine recurrence?
- What factors are we missing in our analyses?



» Introduction

The primary aim of the child welfare system is to promote child safety through ensuring the well-being of children who have been maltreated or those who are at risk of maltreatment. Thus, the examination of recurrence is a key factor in the etiology of maltreatment and promotes an understanding of how child welfare organizations can work toward addressing the recurrence of child maltreatment and neglect. Exploring recurrence in the child welfare literature will assist in identifying those child, caregiver, case, and community level factors that may play a role in the lives of families who return to the child welfare system on more than one occasion.

The role of recurrence in child welfare may indicate an increase of maltreatment and neglect; however, also important in the situation is the human resource and financial drain on the child welfare system because of the multiple investigations of many of the same families. In order to better understand the role of recurrence we are examining the child welfare literature for factors that are associated with recurrence rates. It is important to note that the majority of the large scale generalizable child welfare literature has been conducted in the US; therefore, we must interpret the findings with caution. Indeed, there are differences between the US and Canadian child welfare systems, although each country does have differences within their own smaller regions.

» What is Recurrence?

Definition

A close examination of the child welfare recurrence literature offers many challenges to developing a clear picture of the role of recurrence, as there are methodological differences between most studies examining recurrence. Taken at face value, recurrence is a simple concept; however, “recurrence” has multiple definitions within the child welfare literature and there is no standard description.^{1, 2} Recurrence has been described as any subsequent child welfare *report* of maltreatment/neglect/risk of maltreatment³, any subsequent child welfare *substantiated report* of maltreatment/neglect/risk of maltreatment⁴, any subsequent maltreatment of the same child⁵, any subsequent report of maltreatment by the same perpetrator², as well as various combinations of these definitions.



Unit of Analysis

Recurrence is often differentiated from recidivism¹² in the child welfare literature. Recurrence is often measured at the child level where return to the child welfare system is measured through re-reports, substantiated or not, by whether or not the *same child* returns.² However, recidivism is measured at the perpetrator level, where the number of re-reports, substantiated or not, are linked with the actual perpetrator. Attention to these differences is a key factor in understanding the role of recurrence, as each type of measurement provides a different picture depending on who is returning to the child welfare system, the child or perpetrator.

Time Frame

Another issue of importance in the examination of recurrence in child welfare is the identified time frame between the first and subsequent contacts with the child welfare system. Similar to the issue of definition, there is no common time frame that describes recurrence. The time frame between first and subsequent contacts in the identified literature spans between sixty days⁶ and ten years², resulting in recurrence rates between 7% at the end of six months⁷ and 62% at the end of seven and a half years.⁸ The literature suggests that the first 30 to 60 days after the initial investigation are the highest risk for re-reports,^{1, 3, 9, 10} and then the risk of recurrence declines one year after the first report.⁵ The longer time span between the first and subsequent reports indicates a likelihood of fewer re-reports than for families with a shorter amount of time between the first and second re-report.¹⁰ Importantly, many studies exclude any re-reports within the first two-weeks of the initial report in order to reduce the likelihood of inadvertently counting the same concern twice. For example, if a child disclosed physical abuse to a neighbour as well as their teacher the local child welfare organization may receive two reports about the same issue within a short time frame.

The variation in definitions of recurrence illustrates an important difference between individual study findings. Indeed, understanding recurrence as being a re-report within one year with the child as the unit of analysis has the potential to result in a vastly different recurrence rate than if recurrence was defined as a substantiated re-report within 30 days of an investigation. Therefore, it is imperative to fully understand the methodology, variables, and analysis we are applying within the context of recurrence.



» Factor Associated with Maltreatment Recurrence

Child Level Factors

Age

Examination of the child welfare recurrence literature clearly suggests that younger children are at higher risk of returning to the attention of the child welfare system than older children.^{7, 8, 9, 10, 11, 12} Children's age in the majority of identified studies emerges as one of the few factors that significantly predicts recurrence at all stages of analysis. Closer investigation of children's age indicates that typically children aged four years or less are at the greatest risk of returning to the attention of the child welfare system. Understanding families that experience chronic recurrence to the child welfare system offers additional details of how a child's age may be related with the risk of recurrence. Jonson-Reid and colleagues (2010)¹³ examined chronically reported families (families with three or more child welfare reports) and found that children "older at the first report were less likely to have a second (3% per year of age)" (p.275); however, older children were more likely to return to the child welfare system when predicting those who were brought to the attention of the child welfare system a second to third time, third to fourth time, fourth to fifth time, or more. A further US study⁵ that examined patterns of maltreatment recurrence across multiple states found inconsistencies, in regards to child age; for example in Vermont younger children were not significantly more likely to recur than older children.⁵ Younger children being more likely to recur may be a factor related to increased vulnerability and thus an escalation in reports from professionals and within the community. However, older children in their mid-teens may be less likely to recur simply because they are aging out of the child welfare system, which is no longer able to service their needs, in addition to being less physically vulnerable than younger children. Understanding the role of age of children recurring to the child welfare system is a key factor in determining the context of recurrence.

Gender

As a significant predictor of recurrence, the role of child gender is less clear than that of child age. In some studies gender did not significantly predict substantiated or unsubstantiated re-reports.^{7, 8, 10, 13} However, in other studies gender did significantly predict recurrence, where boys were more likely to recur to the child welfare system than girls.^{3, 10} Understanding gender in the context of the child welfare system is important and may simply be a substitution for maltreatment type, as girls are more likely to be victims of sexual maltreatment, a maltreatment type that is significantly less likely to recur than other maltreatment or neglect types. Therefore, low rates of recurrence, in this context, may simply



be a factor of high rates of sexual maltreatment reports and low rates of maltreatment types that are more likely to recur.

Ethnicity

Investigation into the patterns of recurrence levels between different race and ethnic groups differs between studies. Many studies found no significant difference between the likelihood of diverse ethnicities returning to the child welfare system.⁴ Conversely, Lipien and Forthofer (2004)⁷ found time to recurrence rates between children who identified as white and those who did not identify as white to be significantly different; within 24 months of the first child welfare report, white children were significantly more likely to return to the child welfare system than their non-white counterparts. This finding has been replicated in other studies measuring the relationship between child ethnicity and recurrence.^{3, 15} However, in other studies black families were more likely to recur than other ethnicities.^{10, 14} The distinction of families who identify as black and recurring more frequently is attributed to differences in rates of reporting of certain maltreatment types.

The key take away message in terms of child level factors that are associated with recurrence rates are age, gender, and ethnicity. However, these factors, like most research, must be contextualized and should not be considered stagnant. Child's age is important as young children are more vulnerable than older children, thus contributing to higher recurrence rates. However, older youth may simply not be re-reported because policies prohibit service from the child welfare system. Further, the type of maltreatment older youth experience is different from younger children and may be less apparent, resulting in lower re-reports. Further, ethnicity and gender as factors more likely to recur in the child welfare system may be a result of different key factors in recurrence rates, such as the type of maltreatment and poverty.

Caregiver Level Factors

Importantly, studies that examine the relationship between caregiver and child indicate that biological parents are more likely to experience a return to the child welfare system than non-biological parental caregivers (e.g., kin, grandparents).^{3, 14} There is some preliminary evidence to suggest that caregiver conflict^{4, 9}, caregiver mental health^{8, 9}, caregiver substance abuse,^{4, 8} younger caregivers,^{2, 3, 4, 14} female caregivers,^{2, 14} and Caucasian caregivers,^{2, 3, 14} are significantly more likely to experience re-reports.

Caregiver history

As may be expected, a strong predictor of future involvement with the child welfare system is involvement with the child welfare system as a child or youth. Past experience with the child welfare system occurs on more than one level. Firstly, caregivers who have been involved with the child welfare system as a



child, whether as a result of living in out-of-home care or experiencing maltreatment or neglect, are more likely to experience multiple investigations when they themselves are caregivers.^{13, 17} These findings are to be expected and generally explained through individual behavioural patterns or macro forces. For example, caregivers who have experienced maltreatment or neglect as a child may have psychological or emotional challenges that influence their ability to care safely for their own child; they may not be aware of or know where to access information on the most effective parenting skills; also the experience of maltreatment or neglect as a child may be a factor of socioeconomic issues (e.g. poverty) within the family, which may remain with them in adulthood and be related to recurring involvement with child welfare services.

One of the strongest predictors of recurrence, at each subsequent re-report, is being previously investigated for maltreatment or neglect as a caregiver.^{3, 4, 10, 13, 17} Intuitively, this factor makes sense and is a good indicator of who will return to the child welfare system; families who have experienced a re-report are significantly more likely to experience another re-report than those families who do not return.⁵ Further, as time passes without a re-report the risk of experiencing another report declines.¹¹

Poverty

Poverty is an important factor in the measurement of child welfare recurrence rates. Socioeconomic status and child welfare have a complex association and are a constant source of discussion in child welfare practice and research literature. The majority of identified studies have implicated median household income as a significant predictor of recurrence.^{4, 8, 11, 12, 14, 17} Examination of recurrence rates sustains this ongoing dialogue and suggests that poverty is a significant predictor of re-reports, substantiated and unsubstantiated, for families who identify as being in the lowest income levels (e.g., \$20,000 US annually or less). However, poverty is a complex issue and one that is connected with child welfare in various ways; for example through individual factors (e.g., lack of basic necessities), organizational factors (e.g., child welfare policies), and societal factors (e.g., structural inequalities that contribute to marginalization). Thus, the emergence of poverty as a significant predictor of recurrence depends on the identified variables within each study. For example, comparing different measures of poverty Jonson-Reid and colleagues (2010)² found that annual income level, single parenthood, and receiving financial assistance were all significant predictors of recurrence. However, annual income and single parenthood had larger effect sizes than the receipt of financial assistance.² Further examination of the literature suggests measures that may be indicative of poverty such as housing mobility⁸ and having a caregiver with less than high-school education^{8, 13} make it significantly more likely that a child/family will experience recurrence.



Community Resources Utilization

Service utilization is a significant predictor of increased recurrence rates, in regards to both child and adult focused community services. For example, the use of child special education^{8, 13}, caregiver mental health services¹³, child mental health services^{8, 13}, and financial assistance¹³ all predict re-reporting to the child welfare system. Further, examining only caregivers who are within the lowest socioeconomic category, those who previously received substance abuse services or mental health services were significantly more likely to be re-reported than caregivers who did not use these services.² Considering caregivers involved with the child welfare system who were offered community support services indicates that caregivers who accepted substance abuse services were significantly more likely to have a child maltreatment re-report than caregivers who declined treatment services.¹⁶

Analysis of findings suggests there is no simple link between utilizing services and recurrence. There are different possible explanations for the association between using services and recurrence; the possibility of the duty to report legislation when involved with child welfare or community services, as well there may be an increased risk of maltreatment with caregivers who utilize treatment services because they experience greater challenges than caregivers who do not access services. The exact explanation is not known and may be a combination of both.

Service utilization is a complicated issue and requires ongoing exploration. Johnson and L'Esperance (1984)¹⁹ found that a client's ability to access resources was associated with reduced recurrence. The examination of participation in treatment planning, "collaboration", was found to have a direct relationship with compliance and program expectations; however, "compliance" was found to be associated with reduced risk of recurrence only during service provision, but not after service completion.²⁰

The key caregiver factors; history, poverty, and community resources utilization are important in understanding who most frequently returns to the child welfare system. The examination of these three factors illustrates the importance of a contextual analysis when investigating recurrence rates. Poverty, community resources, and a caregiver's historical involvement with child welfare as a child, are out of the organizational scope, yet may significantly influence recurrence rates. We need to ensure examination of these factors in any recurrence analysis in order to theoretically and practically address return to the child welfare system.



Case level factors

Referral Source

There is no consistent indication of whether professional or non-professional sources of referral are more or less likely to predict re-reports. Bae and colleagues (2009)¹⁸ found that professional referral sources (e.g., teachers) were significantly less likely to re-report than non-mandatory (e.g., neighbours) referral sources. In another study, Bae and colleagues (2010)¹⁰ found that medical, legal, and child care referral sources were significantly more likely to re-report than non-mandatory referral sources. Further, law enforcement referral sources have been linked to significantly lower recurrence rates than other types of referral sources.¹⁵ Thus, examination of the referral source may be an important factor in recurrence and have a close relationship with the type of maltreatment or other case related variables. There is evidence to suggest that certain referral types are more likely to be substantiated than others perhaps with implications for future reports. For example, in Canada police referrals are significantly more likely to be substantiated upon investigation completion than non-professional referrals.²³

Maltreatment type

Maltreatment type is an important factor in the likelihood of recurrence. The majority of studies that examine maltreatment type find that families initially reported for neglect are significantly more likely to recur than families reported for another type of maltreatment.^{1, 5, 7, 9, 11, 13, 15} Sexual maltreatment is least likely to recur when compared with other maltreatment or neglect types.^{5, 15} Although it is generally agreed that neglect predicts recurrence more than any other type of maltreatment, there is less consensus about what type of maltreatment or neglect typically follows the initial report. Children who have been reported as neglected are most likely to be *re-reported* as neglected than another type of maltreatment.¹⁴ Outside of neglect, most other maltreatment types generally do not follow the initially reported maltreatment type.¹⁴ Further, children who have experienced neglect are “more commonly within-type in poorer neighbourhoods”¹⁴ (p.909). Therefore, children who have been neglected are more likely to have one subsequent contact with the child welfare system for neglect again, versus another maltreatment type, when they live in poorer neighbourhoods compared with neighbourhoods with higher socioeconomic status. Importantly, this neglect “within-type” effect (within a poor neighbourhood) is maintained only when families experience one additional re-report. When families who have been initially reported for neglect, yet have multiple re-reports, the third, fourth, and any additional re-reports do not necessarily stay within the category of neglect. Thus, it is clear that maltreatment type is intertwined with other key recurrence factors. For example, when controlling for certain maltreatment types (i.e.,



physical abuse, neglect) ¹⁴ families that are poor are significantly more likely to be re-reported. ¹⁴ The debate about neglect and poverty has been ongoing for years and can be applied to the examination of recurrence rates. The realities of being poor and experiencing neglect (as defined by the child welfare system) require contextual analysis and ongoing development and examination both by academics and practitioners.

Understanding referral source and maltreatment type is very important in the wider context of recurrence rates. Some referral sources are more frequently substantiated than others, which may have an enormous impact on recurrence, if the definition includes substantiation. Further, as illustrated there are maltreatment types that recur more frequently than others. Ensuring these key factors are explored in the broader analysis is important to painting a more accurate picture of who returns to the child welfare system.

Chronically Reported Families

Examination of multiple recurrences in child welfare has become more prevalent within the last 10 years, which helps us to make a clear distinction between families who have been re-reported once and those who have been re-reported multiple times to the child welfare system. Research literature suggests that the etiology of recurrence differs for families who have recurred only once or not at all when compared to those who have recurred two times or more (three or more investigations).¹¹

In a between state analysis Fluke and colleagues (1999)⁵ found that time to recurrence was significantly shorter for families who experienced multiple recurrences (three or more investigations). The overall likelihood of a second recurrence (three reports) was greater than the likelihood of a first recurrence; therefore, with each recurrence the likelihood of another recurrence increases.⁵ These findings were consistent across most states, indicating a trend in predictor of multiple recurrences; as recurrences increase, so too does the likelihood of another recurrence

Examining the predictive factors of multiple recurrences illustrates the differences and factors that must be considered when examining recurrence in general. Jonson-Reid and colleagues (2010)¹³ found that younger children were predictive of a first recurrence, however, this had the opposite effect for all re-reports after the second report. This finding may be a result of other factors that are meaningful to children as they age (e.g., risk of behaviour problems, mental health issues). On the other hand Bae and colleagues (2009)¹⁸ found that being a young child consistently predicted recurrence, whether it was a single or multiple recurrence.

The importance of familial characteristics also varies depending on the number of re-reports. Importantly, the absence of financial assistance at any point in time has been found to be a consistent protective factor. ¹³ Further, lack of high school



education emerges as a consistent risk factor across multiple re-reports.¹³ The type of maltreatment or neglect reported is inconsistently associated with re-reports, where children first reported for physical or sexual maltreatment were less likely to be re-reported; however, once there were at least two reports there was “little relationship between the type of report and subsequent risk.” (p.278).¹³ Therefore, when a family was re-reported on at least two occasions it was more difficult to predict what type of maltreatment or neglect would be reported in the future. Nonetheless, neglect remains a strong predictor of multiple recurrences.¹³ ¹⁸ Ethnicity may play a role in multiple recurrences, as black families have been found to be more likely to have multiple recurrences than other ethnicities.¹⁸ Black families have also been identified as more likely to be reported for neglect, a strong predictor of multiple recurrence, therefore, ethnicity, maltreatment type, and socioeconomic status may have a complex relationship and require further disentanglement. Differences in findings between studies may be a result of different definitions, variables, or statistical analyses. Therefore, it is important to critically assess the methodology and findings as they pertain to the individual study.

» Recurrence of Maltreatment at Intake

Child welfare recurrence literature that examines cases closed at the investigation stage, whether substantiated or unsubstantiated, is mixed. The concept of substantiation in itself is debated within the literature. The seeming assumption of “substantiation” is that the maltreatment did occur. However, in practice and in the research literature, substantiation is “a statement by the worker that ‘I have enough evidence to believe that child maltreatment has occurred.’” (p.313)²² There is research to suggest that children in substantiated and unsubstantiated cases are more similar than previously believed and that the differentiation between the two may merely be a product of the level of information that is available to the child welfare practitioner.¹² The recurrence literature mimics the substantiation literature in that the concepts are complex and require disentanglement.

Some studies suggest that a substantiated report does not predict recurrence.¹¹ ¹² Elsewhere indicates that substantiation does increase the likelihood of recurrence.¹³ It is difficult to offer a conclusive theme in this area because of the methodological differences between studies. Child welfare practice and policies differ in the US, where children and families are offered services at different points along the child welfare continuum. Different factors are also considered in analyses resulting in incongruent findings. According to Drake and colleagues (2003)¹² unsubstantiated events had only a slightly lower rate of recidivism (perpetrator recurrence) than substantiated; however, “they comprised a far higher volume of the re-reported events.” (p.257) Thus, in the wider context of risk of maltreatment and the financial and human resources cost to recurrence, both substantiated and unsubstantiated reports are notable.



» Recurrence of Maltreatment at Ongoing Services

One of the primary roles of the child welfare system is to reduce the likelihood of maltreatment recurrence, therefore, an important measure of effectiveness is the extent to which families who have received ongoing services (continued services and monitoring by the child welfare system after the investigation is complete) recur. Again, the literature is mixed in its recommendation of whether or not ongoing services are associated with a decreased risk of recurrence. Importantly, “services” differ within child welfare, which inevitably impacts the likelihood of maltreatment recurrence.

Some studies suggest there is no significant relationship between ongoing services and child maltreatment recurrence^{16, 18}; however, others indicate that there is evidence to suggest that participation in (non-specific) ongoing services increases the risk of recurrence.^{7, 8, 15, 21} Closer examination of the literature indicates that court ordered out-of-home permanency had the highest rate of single recurrence, whereas children who remained with their caregivers of origin, foster care, or general child welfare services, were more likely to have multiple child maltreatment recurrence, and families who had no post investigation service were least likely to have a recurrence.¹⁸ In another study the length of child welfare service involvement was negatively associated with a substantiated re-report; i.e., the longer a family engaged in post-investigation services, the less likely they were to have a substantiated re-report.¹⁰ Thus, in these situations the factor of being in contact with the child welfare system predicts greater recurrence, which may be a factor of surveillance or those with the highest need have the greatest likelihood of recurrence.

It has been noted that upon further examination of substantiation rates and recurrence, some maltreatment types may recur more frequently than others when the initial report was substantiated and families received some type of ongoing service. For example, substantiated neglect victims who received family-centered services were at similar risk of recurrence as were unsubstantiated victims who did not receive any services.¹² However, over time, there is a decreased risk among substantiated victims.¹²

In their review, Helie and colleagues (2010)¹¹ found that cases that were closed after post-investigation services were provided “present a higher risk than those closed without the provision of services, for two years following the closing of the case file, suggesting that the surveillance factor is not sufficient to explain the link between receiving post-investigation services and recurrence.” (p.419).



Analysis of the literature indicates that there are two possibilities to consider when there is increased risk of recurrence for families who participate in ongoing child welfare services; 1) The families who receive ongoing services are appropriately referred and the children are at greater risk than families who are not receiving services; and/or 2) There is a surveillance effect where families who receive ongoing services are more visible to child welfare organizations, thus making it more likely that they will experience recurrence than families who are out of sight. Examination of the literature suggests there is no easy answer to the question of if and how ongoing services are associated with the risk of recurrence. Indeed, much is related to the type of services offered, whether or not they are appropriate for the family, and whether or not the family is engaged.

»» A Statistical Note

Much of the literature examined in this review includes studies that utilize multivariate analyses and the presentation of a proportion of recurrence does not illustrate the nuances of factors that may influence return to the child welfare system. Survival analysis is an appropriate statistical technique when examining time to an event, such as the time between a first child welfare report and any subsequent report. Survival analysis indicates when individual cases meet the identified criteria (e.g., second report, third report, second substantiated allegation) and allows an examination of whether certain characteristics are significantly more likely to recur than others. Specifically, survival analysis was most often used in the identified studies, which has become widely used in recurrence research since the late 90s.^{5, 6, 7, 8, 12, 13, 21} Survival analysis offers an “unbiased description of time frames” for re-reports, takes into consideration children and families that are not re-reported, and allows a more thorough examination of factors that are implicated in recurrence (p.635) .⁵ Therefore, in order to gain a more thorough understanding of the context of recurrence multivariate analysis is key.

»» Summary

“The interpretation of recurrence data is not as simple as it might first appear and its usage as an outcome measure will require attention to explanations of how it operates.” (p.647)⁵ Examination of the recurrence literature suggests that the issue is complex and requires disentanglement. Many factors that are significantly related to recurrence are an effect of other case characteristics. For example, the recurrence rates of neglect may be closely related to a bias in policy, or to poverty and its influence on caregivers’ ability to access services, or provide the necessities of life. The key consistent factors that are linked to a significant increase in recurrence across the majority of studies are maltreatment type (neglect), young children, a time frame of 30 to 60 days after the initial



investigation, and familial poverty. All of these factors are important in examining recurrence rates in an organization. However, most important is the context in which recurrence occurs. Recurrence in itself is not inherently positive or negative; low recurrence rates may indicate that there are a large number of children placed in out-of-home care resulting in no re-reporting of the biological parent, or it may indicate the majority of cases are being substantiated and receive effective ongoing services reducing the risk of recurrence. Conversely, a high recurrence rate may indicate a lack of appropriate resources in the community and as a result support service provision falls to the child welfare system. It may also indicate that families have had positive experiences with the child welfare system and are calling back in order to request ongoing support themselves.

There is certain caregiver characteristics that are associated with significantly higher rates of recurrence, related to substantiated and unsubstantiated re-reports. Examination of caregiver level factors is key when examining recurrence and the likelihood of a family returning to the child welfare system or a child re-experiencing maltreatment/neglect. Understanding the characteristics of caregivers who are involved with the child welfare system offers an opportunity to extend appropriate services to the family, whether through the child welfare system or services outside of the field.

Many factors surrounding recurrence are important – who is the referral source? What is the concern? Is it the same concern as the initial report? How old are the children who are recurring most frequently? What community resources are accessible to families? There are some measures that are consistent across studies and locations – suggesting some importance in the measure of recurrence – however, the importance of the interpretation of individual data and societal context cannot be understated. Recurrence is a multi-systemic and multi-level issue, where we need to critically assess the factors that are contributing to recurrence, as well as those factors that we are not examining. A comparison between organizations is constructive only when there is an environmental context applied to the findings and there is an examination of how the organization functions within the wider scope of the community. Lastly, there are several factors that may be related to recurrence rates that are not currently found in the research literature; how are organizational climate, worker education, and worker perception of community resources related to recurrence? These and many other factors that may be linked with recurrence have not yet been examined – as all other research, the examination of recurrence is changing and malleable. We need to keep in mind that information is always changing and that the best evidence is yet to come.



»» Key Summary Points

- Analysis of recurrence requires critical thinking and a contextual description of the child welfare organization the landscape in which it operates.
- Some factors that are consistently associated with recurrence are being involved with the child welfare system previously (as a child or adult), shorter time frame between re-reports, younger children, accessing community services, neglect, and poverty.
- Statistical analyses of recurrence should be multivariate and include various child, caregiver, organizational, and community level factors.

»» Discussion Questions

- What does a high rate of recurrence mean to this agency? What does a low rate of recurrence mean to this agency?
- Who is referral source? Some referral sources have higher rates of substantiation than others, therefore counted as “recurrence” but it is unknown whether these are actually higher risk than non-substantiated allegations.
- Who are we concerned about returning to the child welfare system? The child? The caregiver? The family as a unit?
- Are there interactions between certain factors that result in higher or lower rates of recurrence? For example, are younger males more likely to recur than older females?
- What findings are unique to our organization? Why are our findings not consistent with the literature?
- Is the referral related to a maltreatment/neglect allegation or request for support from a family?
- Are there appropriate services in the community for families to access? Were the families offered these services in the past? Did they access these services?
- What type of statistical analyses are we using to examine recurrence?
- What factors are we missing in our analyses?

»» Special Thanks

Special thanks to Mark Fraser, Continuous Quality Improvement and Research Specialist from Children’s Aid Society of the Districts of Sudbury and Manitoulin, for the time and thought put into the review of this PARTicle.



PARTiculars.

1. DePanfilis, D. & Zuravin, S. J. (1999). Epidemiology of child maltreatment recurrences. *Social Services Review*, 73(2), 218-239.
2. Jonson-Reid, M., Chung, S., Way, I., Jolley, J. (2010). Understanding service use and victim patterns associated with re-reports of alleged maltreatment perpetrators. *Children and Youth Services Review*, 32, 790-797.
3. Zhang, S., Fuller, T., & Nieto, M. (2013). Didn't we just see you? Time to recurrence among frequently encountered families in CPS. *Children and Youth Services Review*, 35, 883-889.
4. Dakil, S. R., Sakai, C., Lin, H., & Flores, G. (2011). Recidivism in the child protection system: Identifying children at greatest risk of re-abuse among those remaining in the home. *Archives of Pediatrics and Adolescent Medicine*, 165(11), 1006-1012.
5. Fluke, J. D., Yuan, Y-Y. T., & Edwards, M. (1999). Recurrence of maltreatment: An application of the National Child Abuse and Neglect Data System (NCANDS). *Child Abuse & Neglect*, 23(7), 633-650.
6. Fluke, J., Edwards, M., Bussey, M., Wells, S., & Johnson, W. (2001). Reducing recurrence in child protective services: Impact of a targeted safety protocol. *Child Maltreatment*, 6(3), 207-218.
7. Lipien, L., & Forthofer, M. S. (2004). An event history analysis of recurrent child maltreatment reports in Florida. *Child Abuse & Neglect*, 28, 947-966.
8. Drake, B., Jonson-Reid, M., & Sapokaite, L. (2006). Re-reporting of child maltreatment: Does participation in other public sector services moderate the likelihood of a second maltreatment report? *Child Abuse & Neglect*, 30, 1201-1226.
9. Hindley, N., Ramchandani, P. G., & Jones, D. P. H. (2006). Risk factors for recurrence of maltreatment: A systematic review. *Archives of Disease in Childhood*, 91, 744-752.
10. Bae, H-o., Solomon, P. L., Gelles, R. J., & White, T. (2010). Effect of child protective services system factors on child maltreatment rereporting. *Child Welfare*, 89(3), 33-55.
11. Helie, S. & Bouchard, C. (2010). Recurrent reporting of child maltreatment: State of knowledge and avenues for research. *Children and Youth Services Review*, 32, 416-422.



12. Drake, B., Jonson-Reid, M., Wray, L., & Chung, S. (2003). Substantiation and recidivism. *Child Maltreatment*, 8(4), 248-260.
13. Jonson-Reid, M., Emery, C. R., Drake, B., & Stahlschmidt, M. J. (2010). Understanding chronically reported families. *Child Maltreatment*, 15(4), 271-281.
14. Jonson-Reid, M., Drake, B., Chung, S., & Way, I. (2003). Cross-type recidivism among child maltreatment victims and perpetrators. *Child Abuse & Neglect*, 27, 899-917.
15. Fuller, T. & Nieto, M. (2013). Child welfare services and risk of child maltreatment reports: Do services ameliorate initial risk? *Children and Youth Services Review* (in press, corrected proof).
16. Barth, R., Gibbons, C., & Guo, S. (2006). Substance abuse treatment and the recurrence of maltreatment among caregivers with children living at home: A propensity score analysis. *Journal of Substance Abuse Treatment*, 30, 93-104.
17. Tanaka, M., Jamieson, E., Wathen, N., & MacMillan, H. L. (2010). Methodological standards for randomized controlled trials of interventions for preventing recurrence of child physical abuse and neglect. *Child Abuse Review*, 19, 21-38.
18. Bae, H-o., Solomon, P. L., & Gelles, R. J. (2009). Multiple child maltreatment recurrence relative to single recurrence and no recurrence. *Children and Youth Services Review*, 31, 617-624.
19. Johnson, W., & L'Esperance, J. (1984). Predicting the recurrence of child abuse. *Social Work Research and Abstracts*, 20, 21-26.
20. Little, J. H. (2001). Client participation and outcome of intensive family preservation services. *Social Work Research*, 25, 103-114.
21. Fluke, J. D., Shusterman, G. R., Hollinshead, D. M., & Yuan Y.-Y. T. (2008). Longitudinal analysis of repeated child abuse reporting and victimization: Multistate analysis of associated factors. *Child Maltreatment*, 13(1), 76-88.
22. Drake, B. & Jonson-Reid, M. (1999). Some thoughts on the increasing use of administrative data in child maltreatment research. *Child Maltreatment*, 4, 308-315.



23. Trocmé, N., Knoke, D., Fallon, B. & MacLaurin, B. (2006). Substantiated child maltreatment: CIS 2003. CECW Information Sheet #40E. Toronto, ON: University of Toronto, Faculty of Social Work.

