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A DESCRIPTION OF THE DEMOGRAPHICS AND CHARACTERISTICS
OF FAMILIES THAT RECEIVE MULTIPLE
CHILD WELFARE REFERRALS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Devin Wayne Edwards

June 2013

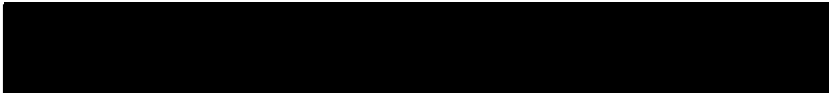
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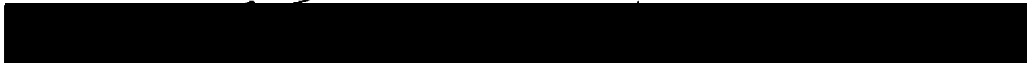
by
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June 2013

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Services


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ABSTRACT

Child welfare service recidivism is a historically expensive and socially damaging issue that should be further researched. The current study examined the demographic characteristics of 337 participant families that had received three or more child welfare referrals over a twelve month period from July 2008 to July 2009 in San Bernardino County, California. Statistical examination of the families showed that both a history of domestic violence and a history of receiving services from Children and Family Services (CFS) were associated with significantly higher recidivism. Families of Caucasian ethnicity also received significantly more referrals than did other families. The current study concludes that the effects of ethnicity, domestic violence, and CFS service receipt on recidivism should be further studied. Finally, this study discusses the implications of the findings on social work practice, policy, research, and education.

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Lastly, but certainly not least, I would like to thank all of my friends and family who supported me and motivated me to finish. Thanks guys!

DEDICATION

This work is dedicated to my children Shelby Lyn Rae Edwards, and Devin Wayne Edwards Jr. I only wish that I had your sunshine and beauty in my life every single day...

;

;

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CHAPTER ONE

INTRODUCTION

Problem Statement

The recent passage of child welfare reform acts have led child welfare agencies to establish improved practices to assure significantly improved outcomes in their cases, in shorter periods of time. Unfortunately, the current economic climate provides only scarce resources to fund child welfare services, so achieving these goals is difficult. Agency directors and managers must find new and more efficient ways to manage services and to assure that these services are effective. To improve child welfare practices and increase efficiency, many child welfare service agencies have partnered with researchers to find new ways to meet agency goals.

Recidivism is an ongoing issue with Department of Child and Family Service (DCFS) agencies, and DCFS agency directors and managers have identified the issue of recidivism as a topic for research. Families that are recidivistic, for the purposes of this study, are defined as having received three or more child welfare service (DCFS) re-referrals over a one-year period.

The identification of the demographic characteristics distinguishing families that are recidivistic from those that are not is important. A primary goal of identifying these characteristics is to aid DCFS agencies to establish policies and procedures to more easily identify and offer specific services to better assist these recidivistic families. The DCFS caseworkers should then be able to find these families more easily and thus offer more effective services to those clients once they are found. Additionally, these changes should provide benefits to the agency, caseworker, and recipient family as more effective services and service delivery will lighten the agency's workload and provide the family with much needed help in the appropriate area. The resources saved by the agency can then be used in a more productive fashion as determined by the agency's director and managers.

The goal of this study is to identify the demographic characteristics of families that receive three or more DCFS re-referrals over a one year period. The intention of this research is to help DCFS agencies and caseworkers service our countries most valuable resource, which is its families and their children. Since

the primary directive of all DCFS agencies is the investigation of child abuse allegations, and the subsequent offering of services to those families that need them in an effort to protect the child from further or future events of neglect and abuse.

Purpose of the Study

The intention of the current study is to identify the demographic variables that distinguish recidivistic families, those that have received three or more DCFS re-referrals over a one-year period, from other families. The assumption is that these characteristics can then be used by DCFS agencies to help enact policies and services that will better serve these families. The current research uses quantitative secondary data collected by a Southern California County. This secondary data was taken from the Comprehensive Assessment Tool (CAT) used by DCFS case workers, and from the Case Management Services/Child Welfare Services (CMS/CWS) database which is used by DCFS agencies. The population represented in the current study consists of all families from San Bernardino County whom received three or greater re-referrals during the period from July 2008 until July 2009. 337 participant families

formed this sampling frame and were all included in the current study. The current study examined the following demographic variables represented by each family: the age of the children, the number of children, type of abuse alleged (physical, sexual, neglect, emotional, other), history of domestic violence in home, disability of child, race of child/parent, history of drug use in the home, city of residence, and services offered from previous CPS involvement. These variables were surveyed using SPSS 19. The data was assessed for descriptive characteristics such as variability and mean. The data was also evaluated using Pearson's r and t -test.

Policy Context

With the implementation of welfare reform, namely the Adoption and Safe Families Act (ASFA) of 1997, DCFS caseworkers are often challenged to meet expectations imposed upon them by current policies and mandates (Department of Health and Human Services, 2001). The legislation mentioned above imposes strict mandates for DCFS caseworkers concerning the amount of time that they can keep any family within the DCFS system and changes the way that caseworkers must deal with their caseload. The new limitations and the new focus that the

legislation engenders upon permanency planning takes much DCFS caseworker time (Department of Health and Human Services, 2001). The AFSA necessitated changes are meant to improve service delivery to DCFS clients and enhance family stability, although they are a challenge to implement by DCFS agencies and caseworkers (Department of Health and Human Services, 2001). The current study is intended to describe the demographic variables of recidivistic families, so that ASFA will fully realize its intended goals.

Practice Context

Many families that have received DCFS service report great success, but unfortunately many do not. DCFS agencies could better fulfill their primary objectives of protecting children from abuse and neglect and enhance family stability to a heightened degree if there were more information available about the families that receive services (Connell, 2007). The protection from future harm that DCFS is entrusted to provide through the services they initially offer families can be realized to a greater extent. For instance, it could be beneficial to know why the abuse and neglect happened in the first place or why it is repeated within the same family unit.

This is the reasoning that leads to the research question of the current study: what known variables or combination of variables contribute the most to increased recidivism?

Significance of the Project for Social Work

The current study has implications for social work policy on both the micro and the macro levels. The knowledge gained by the current research adds to pool drawn upon by macro policy makers such as DCFS directors and managers who can in turn provide more effective services in a more timely manner, thus aiding in family stability as well as reducing recidivism, neglect, and abuse. Previous research has explored recidivism and brought some common factors to light. No previous research has been found that particularly examines recidivism over a one year period, although some do examine it in either a two or three year or an 18 month period (Connell, 2007). Additionally, the current study addressed characteristics of recidivistic families that should be directly related to current policies and thus offers direction for growth from those policies.

The current research also broadens the body of knowledge available to the micro practitioner so that the

therapeutic interventions offered can be more effective. As the demographic characteristics of recidivistic families become better understood, more successful service planning can be performed by DCFS caseworkers. The viewpoint of the current research is that DCFS intervention success is dependent upon the appropriate services to the family so as to avoid recidivism and the higher expense in workload to DCFS agencies as well as a higher human cost to the families that need those services. Thusly, understanding the demographic characteristics of those families will result DCFS intervention success, and avoid costly recidivism.

Increasing the knowledge base concerning the demographic characteristics of recidivistic families is an obviously daunting yet approachable task given the size of the societal commitment that is concerned. That is, it is a huge undertaking, but it will be relatively straightforward to research the matter given enough input by various levels of governmental and University research. The move to research this issue seems to be gaining momentum. Social work and other researchers are examining recidivism with the goal of increasing DCFS service efficiency and thus increasing the protective and

preventative efficacy of DCFS agencies, and this movement is gaining momentum (Connell, 2007; Fluke et al., 2000). The current study has an additive effect on the pool of knowledge concerning recidivistic families.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The following chapter examines the demographic characteristics of families that receive multiple DCFS re-referrals (recidivism). Previous research is introduced that has already explored multiple factors that contribute to recidivism, and the implications on the current study are explored. The current research is conceptualized using attachment theory and family systems theories lenses, and the current study is guided by those theories.

Previous Research Concerning Recidivism

The demographic characteristics of those families that receive many DCFS re-referrals have been subject to previous research for several years (Fluke, Yuan, & Edwards, 1999; Marshall & English, 1999). Research into the causes of recidivism is a more modern event, However, as record keeping was not generally considered important or easy until the advent of computers. Computerized data has been kept since the late 1980's, and makes research from that point on a much simpler process (Marshall &

English, 1999). Secondary data has been available concerning many demographic characteristics of recidivistic families, and that secondary data has been utilized in much previous research (Fluke et al., 1999; Marshall & English, 1999).

As examples, the child's age and the city that he or she lives in, and whether the allegation was substantiated or not, are demographic characteristics that are often studied (e.g., English, Marshall, Brummel, & Orme, 1999; Fluke et al., 1999). Additionally, whether or not a recidivistic family has been offered or received DCFS services has been examined (e.g., Fluke et al., 1999; Lipien & Forthofer, 2004). The child's age (Lipien & Forthofer, 2004), whether or not the child had a disability (Marshall & English, 1999; Sullivan & Knutson, 2000), and whether or not there have been episodes of domestic violence in the recidivistic home are demographic characteristics that have also been examined (e.g., Marshall & English, 1999). Marshall and English (1999) mention five demographic characteristics that are common to recidivistic families. Many of these families had children aged zero to four years, disabled children, and a pattern of abuse that roots to the parents'

childhood as well as parental developmental problems and a physical abuse allegation (Marshall & English, 1999).

Of the families studied, those who had younger children were found more likely to have greater re-referral rates (Lipien & Forthofer, 2004; Marshall & English, 1999). Although it is difficult to analyze the effect of this variable due to the fact that the age of the child is often grouped into larger stages (such as 0-4 years old), thusly widely varying between studies rather than as a continuous variable (Lipien & Forthofer, 2004). Despite the difficulty to analyze this variable, families who had younger children did consistently obtain re-referrals at greater rates than other families studied (Fluke et al., 1999; Marshall & English, 1999).

Furthermore, the likelihood of re-referral descends as the age of children increases (Fluke et al., 1999; Lipien & Forthofer, 2004). For example, children aged 12 to 15 yield the smallest amount of re-referrals, and children between the ages of 0 and 4 yield the most re-referrals (Lipien & Forthofer, 2004).

In addition, child disability has also been noted to have an effect on re-referral rates. It was found by Connell et al., (2007) that disabled children risk

yielding the most re-referrals (Connell et al., 2007), therefore confirming the studies by English (1999) and others such as Sullivan and Knutson (2000) which showed that disabled children were 3.4 times more likely to be abused than non-disabled children (Sullivan & Knutson, 2000). Interestingly, in comparison to other families, those families who had children with a disability yielded greater amounts of allegations of neglect rather than different forms of allegations (Sullivan & Knutson, 2000). However, families with disabled children also yielded more re-referrals which include several allegations of abuse (Sullivan & Knutson, 2000), and might infer that families with disabled children suffer a greater degree of difficulty raising those children. In addition, studies have also shown increased re-referral rates in families who have the issue of medical neglect (English et al., 1999).

The child's ethnicity is also a factor in the family's chance of re-referral. For example, Lipien and Forthofer (2004) showed that white children yielded the largest chance of re-referral. In addition, English et al. (1999) also showed that Native American children similarly have a larger chance of re-referral, and that

Asian children the least likely to receive re-referrals (English et al., 1999).

Another factor that apparently contributes to the number of re-referrals a family receives is the form of the abuse allegation (such as psychological, physical, sexual, or neglect). Though families that obtain allegations of sexual abuse receive less re-referrals (Marshall & English, 2000), families that yield allegations of neglect receive higher amounts of recidivism (Lipien & Forthofer, 2004; Marshall & English, 2000), and physical abuse also yields somewhat greater recidivism than does other forms of allegation (Marshall & English, 2000). Furthermore, numerous families which yield several re-referrals also yield allegations of more than one form of abuse (English et al., 1999), thus it may be difficult to understand which allegation is primary in some cases.

Lipien and Forthofer (2004) reported that the families which had unproven allegations of abuse also yielded a greater amount of re-referrals than families which child welfare referral had either been unfounded or substantiated. However, there have been challenges to the model of substantiation. For example, Drake and

Johnson-Reid (2000) have argued that the model of substantiation is disciplinary and therefore counters the concept of empowerment which is widespread in several child welfare agencies, and it might cause child welfare agencies to force families to allow services (Drake & Johnson-Reid, 2000). The argument made by Drake and Johnson-Reid (2000) is considerable when the findings that families who accept child welfare services or attention tend to have higher re-referral rates is noted (e.g., English et al., 1999).

Lipien and Forthofer (2004) also discovered that families which accepted in-home services yielded more re-referrals than families that received either family reunification services or no services at all. However, these findings do not support the findings of English et al. (1999), which showed that families which received reunification services had a larger chance of re-referrals than did other families. In addition, Lipien and Forthofer propose that families which receive in-home services are nearer to mandated reporters, therapists for instance, and that this fact might explain the rise in re-referral rates (Lipien & Forthofer, 2004). Identical nearness to mandatory reporters might also be seen among

families which are going through family reunification, which might imply that another factor is involved. Fluke et al. (1999) counters that a surveillance effect may occur when families obtain a first referral, and that re-referring may intensify this effect (Fluke et al., 1999). Similarly, the studies by Drake and Jonson-Reid (2000) support the idea that association with mandated reporters leads a family to more referrals, due to the fact that these families are viewed as being at a larger risk of abuse and therefore they are watched more closely (Drake & Jonson-Reid, 2000).

Domestic violence obviously indicates a factor of abuse in a home, and domestic violence is commonly associated with child welfare referral. In addition, English et al., (1999) discovered that continuous domestic violence contributes to re-referral within a family (English et. al., 1999). English et al. (1999) also discovered that if the allegation was responded to immediately, the family had a higher chance of yielding more re-referrals in time. These two discoveries both support the idea that instant threat brings about instant interest, and thus instant re-referral. It should also be noted, however, that Connell et al., (2007) found that

continuous domestic violence in a home did not imply a much higher chance of re-referral.

The actual rates of re-referral have also been subject to study. For instance, Lipien and Farthofer (2004) studied the cases of 189,375 children in Florida, and found that Florida had a 26% re-referral rate over a two-year period for cases that received an initial referral in 1998 or 1999. This rate is consistent with other research, although the re-referral period varies from study to study. For example, English et al. (1999) found a re-referral rate of 29% over an 18-month period. Similarly, Fluke et al. (1999) found a 19.64% re-referral rate over a 12-month period, with a 14.6% re-referral rate in the first six-months. Additionally, several researchers have noted that the first re-referral was most likely to occur within the first six months after the initial referral (Sullivan & Knutson, 2000; Lipien & Farthofer, 2004; Connell et al., 2007). Despite the large amount of previous research conducted on families with multiple referrals, there appears to be no preceding research explicitly highlighting families with at least three referrals within a one-year period.

In summation, recidivistic families seem to be characterized by being younger, white, having more children who are younger, and have typically been referred to DCFS for allegations of either neglect or physical abuse. Also, these families often have a disabled child in the home, and may also have domestic violence identified within the family. Since these factors seem to be common for recidivistic families across much previous research, they are the focus of this study.

Theories Guiding Conceptualization

The current research is guided in conceptualization by attachment theory and family systems theory. These orientations are useful in the current study due to their description of the forces that work inside families, and thus aid in the understanding of the effects of demographic characteristics within those families. Family systems theory is a conceptual orientation that is derived from general systems theory (Goldenberg & Goldenberg, 2008), and is considered by some to be more like a philosophy than an objective practice (Nichols & Schwartz, 1991; Worden, 1999). The founder of family

systems theory, Murray Bowen, thought that the efficacy of the therapeutic treatment that a family received was much more important than the method of its administration (Nichols & Schwartz, 1991), which may have led to its more philosophical nature. Similarly, both physiological as well as philosophical components are tendered by attachment theory (Ainsworth & Bowlby, 1991; Sroufe, 2005), both of which aid the current study in understanding the demographic characteristics of the recidivistic families studied.

Furthermore, family systems theory offers explanation and means to understand many family characteristics and occurrences that may affect its members. For instance, family projection process is described by Bowen as one means by which the family's children are brought into the emotional progression that keeps the family homeostatic, thus spreading the family's demographic characteristics and issues to the next generation (Bowen, 1988). As an example of this phenomenon, some parents will over-nurture their child when they (the parents) feel inadequate. The child in turn may never fully mature and will thus impart power to her caretaker because of her continued dependency

(Goldenberg & Goldenberg, 2008). Coupled with attachment theory, this phenomenon benefits the current research as it attempts to understand the demographic characteristics of recidivistic families.

As a matter of history, many children lost their parents during WWII, and thus work began to research the trouble that these children had as a result of that loss. Attachment theory was born from systems theory, evolutionary psychology as well as other theories in attempt to create a system for understanding the behaviors, and the behavioral changes, of those children by John Bowlby and later Mary Ainsworth (Cassidy, 1999). In summation, attachment theory postulates that the parent child relationship is the formative root for children's actions although those behaviors are only correlative to the parent child relationship individually (Ainsworth & Bowlby 1991; Cassidy, 1999; Sroufe, 2005).

Previous research concerning the demographic characteristics of recidivistic families tends to lend itself to study through the lens of attachment theory as the theory forms a useable structure for understanding the parent child relationship and subsequent family

development and undercurrents (Ainsworth & Bowlby, 1991; Cassidy, 1999; Sroufe, 2005).

For instance, resistant attachment is known to be caused by non-predictable or neglectful care (Sroufe, 2005). Thusly, this parent child relationship will indicate behaviors that will incite further recidivism, when these non-predictable or neglectful relationships are found. Additionally, much better results and much less recidivism will be indicated when parent child relationships are more loving and sensitive (Ainsworth & Bowlby, 1991; Cassidy, 1999; Sroufe, 2005), which will lead to much less involvement necessitated by DCFS.

Summary

To summarize, many past studies have been conducted concerning the demographic of families that receive DCFS re-referrals. Many of these studies concur that there are several elements at work in recidivistic families, and that these elements tend to work together so that they are more powerful when more of them are present which in turn leads to still greater recidivism. There is room for further study however, as no previous research has been found that looks at recidivistic families that have

received three or greater DCFS re-referrals in a 12 month period. Additionally, family systems and attachment theories are conceptually useful when studying the demographic characteristics of recidivistic families.

CHAPTER THREE

METHODS

Introduction

The following chapter surveys the procedures followed in the current research. A description of the data examination process as well as the study design and the collection of data and the sampling is discussed. In addition, the protection of human subjects is addressed as implemented during the course of the current research.

Study Design

The intention of the current research is to survey the demographic characteristics of families that receive three or greater DCFS re-referrals over a twelve-month period. The research question of the current study is; what are the demographics and characteristics of families that have three or more DCFS re-referrals over a 12-month time frame? Since the current research is studying a period that has already occurred, the 12-months from July 2008 until July 2009, secondary data was used.

After collection, the secondary data was examined using SPSS 19 software for measures of central tendency and frequency distribution. The data was also processed

by SPSS to find measures of variability. Pearson's r , t -tests and Analysis of Variance (ANOVA) were also performed in order to examine the variables relationships to each other. There are limitations on the examinations that can be ran by the use of secondary data, and further limitations are placed on the current study as it is not experimental (Grinnell & Unrau, 2011). As an example, while the analysis of participant families' social economic status would benefit the current study, this data is not available and thusly cannot be considered. The current research should still offer a substantial contribution to the pool of knowledge available concerning the demographic characteristics of recidivistic families however.

Sampling

The current study is interested in all recidivistic families that have received three or more DCFS re-referrals over a one-year period from across the nation. However, the population that is available to the current study are those families from San Bernardino County whom have received three or more re-referrals from DCFS during the period of July 2008 until July 2009. All

participant families are constituted of parents or caretakers and their children who are under 18 years of age and under their care and custody at the time of the re-referrals. All of the secondary data available during this period concerning the useful demographic characteristics of the entire sample is examined in the current study.

Data Collection and Instruments

The current research is an attempt to improve the knowledge pool available to the social work and research community concerning the demographic characteristics of recidivistic families so as to better understand the relationship between those families and DCFS as requested by DCFS, San Bernardino County. Resultantly, secondary data was taken from the Comprehensive Assessment Tool (CAT) used by DCFS case workers, and from the Case Management Services/Child Welfare Services (CMS/CWS) database which is used by DCFS agencies. The data was then examined using SPSS 19 to compile descriptive statistics, t tests, ANOVA, and Pearson's r.

The current research examines thirteen demographic characteristics and their relationship with the

recidivistic families as noted by the number of DCFS re-referrals that they have received. The number of re-referrals given to each family is the dependent variable of the current study which is measurable by continuous scale. Additionally, there are two continuous measure risk variables that are investigated; the number of children listed on the referral, and the ages of the parents. Five nominal level demographic characteristics were examined at the yes versus no level, and these include; recorded domestic violence in the family, the child's disability status, is there a history of drug use in the home, child welfare case status, and a history of child removal.

Allegation disposition status was measured as a nominal level variable by examining three categories: Whether the allegation was found to be substantiated, unsubstantiated, or unfounded. Likewise, whether the family received emergency, family reunification or family maintenance services will be explored as a nominal level variable. The type of response that the referral was given was explored as an ordinal level variable using the following levels listed in order; evaluated out, immediate response, TT (three-day), and ten-day. The race

of the child listed on the referral was investigated as a nominal level variable, and these categories are Caucasian, Black, Asian, Hispanic, and other. The ages of the children listed on the referral is investigated as a nominal level variable, and those categories are 0-1, 1-2, 3-5, 6-10, 11-15, and 16-17. The most severe allegation per child were investigated as an additional nominal level risk variable, and those categories were physical abuse, neglect, severe neglect, sexual abuse, parental incapacity or absence, and at risk sibling.

Procedures

The current study was considered and proposed after meeting with San Bernardino County statisticians and DCFS managers who agreed to the current research after extensive review. The current study was submitted for that review including plans concerning the objectives, procedures, and protection of human rights that would be incorporated into the current research. The secondary data was compiled by a Statistician of the San Bernardino County Health and Human Services from the county's CAT and CMS/CWS databases and released after approval by San Bernardino County DCFS leadership. This secondary data

was compiled from 337 participant families that received three or greater re-referrals in the twelve months between July 2008 and July 2009. The data was then examined by SPSS 19 software using a computer in the Department of Social Work computer laboratory at the California State University, San Bernardino campus during the Winter quarter of 2013.

Protection of Human Subjects

Due to the fact that this study was comprised of secondary data, there was no need for direct informed consent. An approval was needed for this study to be performed and was retrieved from the administrators at San Bernardino CFS and the CSUSB Institutional Review Board (IRB). In this study, researchers only obtained data that was relevant to perform this study. The researchers did not retrieve information from files which could have been used to identify clients personally at any time. In addition, to safeguard confidential information of clients, and to ensure anonymity and privacy of clients, the researchers did not remove any CFS data files which contained information on clients, which could be used to identify them, from the facility.

Furthermore, all of the data used in the study was destroyed after completion of the study.

Data Analysis

A quantitative method was used in this study to examine the relationships between recidivism and risk variables. Descriptive statistics, including measures of frequency distribution and central tendency, were used to review the recorded data. Additionally, *t*-tests were used to analyze the effects of the titular level independent variables, including whether or not there was a history of domestic violence, whether or not children had been removed, and the interval level dependent variable (number of referrals). Analysis of variance (ANOVA) was used to study the effects of the multi-level independent variables, for example either the ethnicity of the child, or the age level of the child and the interval level dependent variable (number of referrals). Further, Pearson's *r* was used to measure intra independent variable correlation in those independent variables of all levels that were found to significantly affect the interval level dependent variable. Significance was measured at the .05 level across all tests.

The relationships that were explored include; does the child's age, ethnicity, or disability make a significant difference in the number of child welfare referrals that the family receives? Likewise, does a history of domestic violence or a history of drug use make a significant difference in the amount of child welfare referrals that the families receive? In all, each of the independent variables (14) listed previously in this chapter were tested for significance in relationship to the interval level dependent variable, the number of child welfare referrals that the family receives.

Summary

This portion depicts the techniques utilized in this study. Both the independent and dependent variables are studied as well as the inferential and descriptive statistics that were used to summarize the relationships between each variable. The data collection and sampling procedures that were used in this study are also studied. Finally, protection of human subjects and confidentiality was discussed.

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CHAPTER FOUR

RESULTS

Introduction

The intention of the current research is to examine the demographic characteristics of families that receive 3 or greater DCFS re-referrals during a one year period. In this chapter, the researcher describes the descriptive analyses used as well as the demographic information of the participant children and the participant families. Next, the researcher describes the inferential analyses used. Lastly, the researcher summarily states the findings of these analyses.

Results of Descriptive Analysis

The current study consists of 337 participant families from San Bernardino County. These families were examined using descriptive analyses. Table 1 notes the demographic analyses of the participant families. Concerning ethnicity, 22.8 percent were African American, while 45.1 percent of families were Hispanic, and 30 percent were Caucasian, 1.2 percent of families claimed American Indian ancestry, and 0.6 percent of families declined to disclose their ethnicity, and an additional

0.3 percent of families claimed Mexican ethnicity. At least one parent had a substance abuse issue in 40.1 percent of families. A criminal history was present in 41.5 percent of families. Domestic violence was noted in 48.7 percent of families. Homelessness occurred within 4.7 percent of families. CFS had given prior service to 89.9 percent of families. The percentage of families that received subsequent referrals that were made when the family had an already open referral is 78.3 percent. Child removal occurred in 13.1 percent of families. The most severe allegation type was sexual abuse in 25.2 percent of families, Physical abuse 31.5 percent, severe neglect 4.2 percent, general neglect 38.3 percent, caretaker absence .3 percent, sibling at risk .3 percent, and substantial risk .3 percent. Concerning previous referrals, 77.2 percent of families had received 3 referrals, 16 percent of families received 4 referrals, 4.2 percent had received 5 referrals, 2.1 percent have received 6 referrals, .3 percent of families received 7 referrals, and .3 percent of families have received 9 referrals.

Table 1. Demographic Characteristics of Participant Families

	Frequency (N)	Percentage (%)
Family Ethnicity		
Hispanic	152	45.1
African American	77	22.8
Caucasian	101	30.0
American Indian	4	1.2
Mexican	1	.3
Declined	2	.6
Parental Substance Abuse		
No	202	59.9
Yes	135	40.1
Family Criminal History		
No	197	58.5
Yes	140	41.5
Domestic Violence in Home		
No	173	51.3
Yes	164	48.7
Family Homelessness		
No	321	95.3
Yes	16	4.7
Prior CFS Service		
No	34	10.1
Yes	303	89.9
Open CFS Case		
No	264	78.3
Yes	73	21.7

	Frequency (N)	Percentage (%)
Child Removed		
No	293	86.9
Yes	44	13.1
Most Severe Abuse		
Sexual	85	25.2
Physical	106	31.5
Severe Neglect	14	4.2
General Neglect	129	38.3
Caretaker Absence	1	.3
Sibling at Risk	1	.3
Substantial Risk	1	.3
Number of Referrals		
3	260	77.2
4	54	16.0
5	14	4.2
6	7	2.1
7	1	.3
9	1	.3

Table 2 notes the demographic analyses of the participant children. In these families, 12.5 Percent had a child with a medical condition. Children with a mental condition were found in 27 percent of families. Families with a female child received 43 percent of the referrals, and families receiving a referral for a male child received 57 percent of referrals. The age of the child at

first referral is noted as follows; he child was 0 to 1 years of age in 6.5 percent of referrals, 1 year of age in 7.4 percent, 2 years old in 3 percent, 3 years old in 4.7 percent, 4 years old in 5 percent, 6 years old in 7.1 percent, 7 years old in 4.7 percent, 8 years old in 7.7 percent, 9 years old in 5.3 percent, 10 years old in 5.9 percent, 11 years old in 5.3 percent, 12 years old in 4.5 percent, 13 years old in 7.4 percent, 14 years old in 5 percent, 15 years old in 7.1 percent, 16 years old in 3.9 percent, and 17 years of age in 3 percent of families.

Table 2. Demographic Characteristics of Participant Children

Variable	Frequency (N)	Percentage (%)
Child Medical Condition		
No	295	87.5
Yes	42	12.5
Child Disability		
No	314	93.2
Yes	23	6.8
Child Mental Health Issue		
No	246	73.0
Yes	91	27.0

Variable	Frequency (N)	Percentage (%)
Child Gender		
Female	145	43.0
Male	192	57.0
Child Age at First Referral		
0	22	6.5
1	25	7.4
2	10	3.0
3	16	4.7
4	17	5.0
5	21	6.2
6	24	7.1
7	16	4.7
8	26	7.7
9	18	5.3
10	20	5.9
11	18	5.3
12	15	4.5
13	25	7.4
14	17	5.0
15	24	7.1
16	13	3.9
17	10	3.0

Results of Inferential Analyses

The researcher compared the descriptive analyses using independent samples t-test, ANOVA, and correlation as appropriate. Concerning t-test significance was found

in two comparisons. Those families that had received CFS services previously had a significant greater chance to have three or more referrals in a 12-month period $t(74.2) = -2.75, p = .007$. Additionally, those families who had an issue with domestic violence had a significantly greater chance to have three or more referrals over a 12 month period $t(275.4) = -2.33, p = .021$. T-tests were also performed but no significance was found between the dependent variable (number of referrals) and parental substance abuse, family criminal history, family homelessness, open CFS case, or if the child had been removed. Likewise, variables considering the child's demographics including age, disability, the presence of a mental health or medical issue with the child, and the child's gender had no relationship to the number of re-referrals that the family received.

The researcher then used Pearson's r to examine the correlation between the child's age at first re-referral and the final number of re-referrals, however there was no significance. The researcher then used ANOVA to examine the effects of family ethnicity on the number of re-referrals. In order to run this test, families that noted being Mexican, Native American, or declined to

state were removed from analysis due to the small numbers in each of those groups. Family ethnicity had a significant effect on re-referral $F(2,327) = 3.59$, $p = .029$. The results should be treated with caution, however, as test of homogeneity of variances showed that the variances differed widely and post-hoc (Tukey) analysis failed to show significance, although Tukey analyses did show that Caucasians had higher re-referral rates ($M = 3.5$) than did African Americans ($M = 3.26$) or Hispanics ($M = 3.27$). The researcher then used ANOVA to examine the relationship between most severe abuse type and number of re-referrals. For this test both types of neglect (neglect, gross neglect) were combined. The categories of caretaker absence, substantial risk, and sibling at risk were omitted from analyses due to their low representation (1 instance of each). No significant results were noted.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter discusses the results of the study especially in contrast to previous research. The implications on social work policy and social work practice are also discussed, as are the implications for further social work research. Finally, the chapter addresses the strengths and limitations of the study as well as suggestions for further research.

Discussion

The current study was intended to identify the demographic characteristics of recidivistic families. The real question is; what causes these families to keep getting CFS referrals? The current research showed many different results from those of previous research, however. For example, while much previous research has found that families with younger children tend to get more referrals (Fluke et al., 1999; Lipien & Forthofer, 2004; Marshall & English, 1999), the current study did not. Likewise, re-referral rates did not diminish with increasing child age in the current study, as was noted

in Fluke et al. (1999), and Lipien and Forthofer (2004). Child disability also had no effect on re-referral rates, which differs from previous research such as Connell et al., (2007), English (1999), and Sullivan and Knutson, (2000). Similarly, type of abuse had no effect on recidivism rates in the current study. This finding is again in contrast to previous research such as that done by (English et al., 1991; Lipien & Forthofer, 2004; Marshall & English, 2000). The relationship between child's age and re-referral rates was examined using Pearson's r , but no correlation was found. This is in contrast to previous research (Fluke et al., 1999; Lipien & Forthofer, 2004; Marshall & English, 1999) and what seems to be common knowledge (Marshall & English, 1999). Additionally, ANOVA examination of the effects of abuse type failed to show an effect on re-referral rates. This finding is consistent with Connell et al., (2007), but contrasts with the findings of Lipien and Forthofer, (2004), and Marshall and English, (2000) where an allegation of neglect had a significant effect on recidivism rates as well as English et al. (1999) where it was found that physical abuse led to significantly higher re-referral rates.

Exploring our data using single tail t-test exposed two significant findings. First, those families that had received services from CFS previously to receiving three referrals in a year had a significantly greater chance of recidivism. This finding is in line with previous research (Drake & Johnson-Reid, 2000; English et al., 1999; Lipien & Forthofer, 2004). While we cannot deduce why receiving services from CFS tends to increase recidivism, several ideas have been espoused. For instance, English et al., (1999) also note that receiving prior CFS service leads to greater recidivism, as does a larger number of prior referrals although substantiation is not a significant factor. Lipien and Forthofer, (2004) argues that these families are closer to mandated reporters, and are thus subject to report more often than other families. Drake and Johnson-Reid, (2000) mention that the substantiation/ un-substantiation model used in CFS agencies could be considered punitive and lead to these families being considered at risk and thusly receiving increased attention from reporters. Fluke et al., (1999) had similar findings and also argued that there may be a "surveillance effect" in effect around these families as they are considered to be at risk and

thus subject to greater scrutiny. The current research can only support the findings that families receiving prior service also receive significantly more re-referrals. However, there are some questions that should be addressed. First, if the families in question have received services, then why did the services not work? Could it be that the services offered are ineffective, or is there a surveillance effect or a punitive mind set at work that sets these families up for failure? Regardless of the cause it seems as though there is at least one issue present, and further research should be conducted to help understand this issue.

Secondly, a history of domestic violence in the home had a significant effect on re-referral rates. This finding is consistent with English et al., (1999) who found that a history of domestic violence had a significant effect on recidivism. Domestic violence seems to be widely regarded as being related to recidivism (English et al., 1999), so the finding is not surprising. In light of the other significant findings of the current research, however, it raises at least one interesting question. While domestic violence is an obviously serious issue when it is present, why is it not dealt with in a

more effectively? Is there a better service that can be used to eliminate the issue, or are the current services the best available currently? The question of whether or not these families are simply set up to fail should also be asked. Thus, there is much further research to be done to explore this problem.

Additionally, using ANOVA to examine the effects of family ethnicity on recidivism showed that Caucasian families had a higher re-referral rate than did other ethnicities. It should be noted, however, that post hoc analyses failed to find a significant difference between groups so this finding should be handled with caution. These findings are still interesting though as the area seems to be disputed. The current study supports the findings of previous research (Connell et al., 2007; English et al., 1999; Lipien & Forthofer, 2004). The relevancy of this finding is interesting as well. Whereas popular notions of white empowerment would predict that Caucasians would receive fewer referrals the opposite is true, they receive significantly more. Connell et al., (2007) has a possible answer in that they found that the higher Caucasian recidivism was actually attributed to significantly higher child removal rates among the

African American and Hispanic clients. The current study has no explanation for the significance of the Caucasian recidivism, and it is beyond the scope of the current study to explore higher removal rates among minority families in the sample population. Clearly, however, the implications of these findings in relation to the findings of Connell et al., (2007) indicate that further research should be conducted to explore this issue.

What appears to be most interesting about the current research is that when significant associations were found, they were found in areas that were obvious. For instance, a history of domestic violence in the home had a significant impact on re-referral rates for those families, and that families that received prior service from CFS also received significantly higher re-referral rates. Both of those associations have been explored relatively often in previous research which tends to agree that these variables lead to greater re-referral rates (CITE). Since the current study has limited statistic power, yet these relationships are still found to be significant, it is possible that these variables (prior service, history of domestic violence, and ethnicity) are potentially powerful indications of

families that will recidivate. Further research should be conducted to examine this possibility.

The significant findings in the current research bear several implications for social work policy and practice, especially concerning domestic violence, CFS service referral, and ethnicity. While the occurrence of domestic violence has been widely considered as a real issue for some time (e.g., English et al., 1999) social work practitioners should remain mindful about the effects of domestic violence on the family. The current research is yet another reminder that homes where domestic violence occur will likely have multiple issues, and will thus require more attention. It will be the social service practitioner's job to find those families, and get them services that will work.

The finding that receiving CFS service leads to recidivism brings up the point that current services may not be working properly. The families may be being referred to the wrong services, or to services that simply do not work. In either case, social service practitioners and policy makers will need to assure that adequate assessments are performed on both the services and the families. Obviously, families will only benefit

from services if they receive that right services, and if those services work. Additionally, the possibility of a surveillance effect seems to indicate a further need for social service practitioners and policy makers to explore this possible issue.

The finding that Caucasians receive more re-referrals than do other ethnicities is troubling. Both mandatory reporters and the general population may be biased and may over-report or otherwise stigmatize ethnic populations thus resulting in either lower Caucasian referral rates or higher removal rates for other ethnicities. Ethnicity obviously should not be a factor that affects recidivism. Unfortunately, it is and it seems to be powerful enough so that it is significant even in the current study, which lacks statistical power due to data limitations. Practitioners should be mindful of the effects of race and ethnicity when they investigate allegations. Additionally, social service policy makers should be mindful of the effects of ethnicity on those people whom make referrals as well as those who investigate referrals and adjust policy accordingly.

Social work students could benefit from increased education in the matters that the current research finds significant. For instance, increased education in the area of cultural competency would likely help to overcome the ethnic disparity in re-referral. Likewise, future social workers will likely need training in the causes and effects of domestic violence on the family, as domestic violence seems to be a large and ongoing issue in social work. Importantly, assessment skills will probably benefit future social workers, as that will help them to refer families to the best available services as well as to assess those services for effectiveness. The opportunities for increased social worker skill effectiveness due to improved and more appropriate education practices are likely enormous, and should be looked at very carefully by those academic bodies that plan and accredit social work education.

Strengths and Limitations

The lack of significant findings in several areas is indicative to a limitation of the current study. The current study uses demographic information from 337 participant families whom had received three or more CFS

referrals over a 12-month period, however the current study did not include any families that could serve a control, that is no families with either 0, 1, or 2 CFS referrals during or immediately prior to that period were included. Thus, the current research is limited as to which inferential statistics can be used. Additionally, our population seems to be of one similar group, namely families that have received three or more DCFS referrals over a twelve-month period. The limitations placed on the current study seem to explain the lack of significant findings as it is difficult to find significance within a homogenous population. Effectively, the non-inclusion of base families (those with 0, 1, or 2 CFS referrals) limited the power and number of statistics that could be used. Additionally, while the population is large enough to offer sufficient degrees of freedom to indicate validity, the entire population is drawn from one county in Southern California. Thusly, the findings may not generalize to the national social work community. In some areas local ethnicity, acculturation, and community issues will undoubtedly affect recidivism in a manner not consistent with that found in Southern California.

The current study offers several areas for further research. Firstly, the chief limitation of the current study, the non-inclusion of base families, should be avoided in further research. The issue of ethnicity on recidivism offers multiple avenues for further research. Obviously, the effects of race, racism, and ethnicity on re-referral rates have been explored, however the current study suggest that the means so far constructed to deal with issues regarding ethnicity do not work. Therefore, research intended to find a means to assure the acculturation level of social service practitioners and policies that support cultural competency should be further pursued. Additionally, since the current study suggests that the services that referred families receive may not work, research should be considered that would examine the types of services that actually work with families that display particular issues, such as mental health, domestic violence, or lack of parenting skill.

In conclusion, the current study consisted of 337 participant families all of whom had received three or more CFS referrals over a 12-month period. This study found that receiving prior service from CFS, a family history of domestic violence, and being of Caucasian

ethnicity were all associated with significantly higher re-referral rates. The current study is limited by not including families who have 0, 1, or 2 CFS re-referrals. There is a need for further research that does not have this limitation. Additionally, the cause of the ethnic disparity needs further research. The services that CFS referred families receive should also be further researched, both for appropriateness as well as for effectiveness. Finally, the entire population of the current study is located within one county in Southern California, so the results may not generalize to all communities.

APPENDIX
APPROVAL LETTER

DEPARTMENT OF CHILDREN'S SERVICES



COUNTY OF SAN BERNARDINO
HUMAN SERVICES

DeANNA AVEY-MOTIKEIT
Director

October 28, 2010

Dr. L. Smith
Department of Social Work
California State University San Bernardino
5500 University Parkway
San Bernardino, CA 92407-2397

REPLY TO:

- | | |
|---|---|
| <input type="checkbox"/> 170 North Napa Street
San Jose, CA 95131 | <input type="checkbox"/> 123 California St.
San Bernardino, CA 92415-0004 |
| <input type="checkbox"/> 1700 Bailey Avenue
Newport, CA 92363 | <input type="checkbox"/> 85 East Hospitality Lane
San Bernardino, CA 92415-0074 |
| <input type="checkbox"/> 3638 27th Street
Rancho Cucamonga, CA 91730 | <input type="checkbox"/> 1991 Gundry Street
San Bernardino, CA 92410-0354 |
| <input type="checkbox"/> 58311 Penn Road
Rosa Vista, CA 92284 | <input type="checkbox"/> 16400 Riverside Avenue
Victorville, CA 92282-2424 |
| <input type="checkbox"/> 412 West Hospitality Lane, Second Floor
San Bernardino, CA 92415-0010 | <input type="checkbox"/> 16510 Victor Street, Suite 320
Victorville, CA 92206-3567 |
| <input type="checkbox"/> 851 West Foothill Boulevard, Second Floor
Rialto, CA 92376 | |

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Dear Dr. Smith:

This letter serves as notification to the Department of Social work at California State University San Bernardino that *Devin Edwards and Elizabeth Valenzuela* have obtained consent from Bernardino County Children and Family Services to conduct the research project entitled *A Description of the Demographics and Characteristics of Families That Receive Multiple Child Welfare Referrals*.

Sincerely,

Deanna Avey-Motikeit
DeAnna Avey-Motikeit, Director

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