

# A Developmental Study of Child Welfare Referral Trajectories through Childhood and Adolescence among Children with Sexual Behavior Problems

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## INTRODUCTION

In spite of the increasing interest toward children who show **sexual behavior problems (SBP)**, such as **developmentally inappropriate, coercive or violent sexual behaviors**, few studies have investigated the development of SBP and the sociodevelopmental context in which they occur. As a result of this lack of knowledge, this relatively heterogeneous population is subject to generic intervention methods that are not tailored to their specific needs in relation to their SBP (e.g., Hunter et al., 2003). In fact, some researchers have recently emphasized the need to develop flexible intervention methods for this population, taking into account not only the unique strengths, risks and needs of each youth (Worling and Langton, 2012), but also developmental context of their SBP (Vizard et al., 2007).

To overcome this important limitation, this study aims to **examine and describe the child welfare referral trajectories of children manifesting SBP from birth up to late adolescence**. Distinct profiles and child welfare services trajectories were identified which highlight the heterogeneity of this population across developmental stages with specific intervention needs.

## METHODOLOGY

### Sample

For this study, the sample includes all children referred to the child welfare services of the CIUSSS Capitale Nationale region between 2002 and 2014. All participants included in the study were investigated by the Child welfare service (CWS) for SBP according to section 38 f) *Serious behavioral disturbance* of the Quebec's Youth Protection Act. All children who were 17 years old at the time of data collection were retained for this study (n=957).

### Measures

Using a life course developmental calendar approach, the entire history of CWS was examined from birth up to age 17. **The referrals examined, therefore, were not limited to inappropriate sexual behaviors or sexual violence.** Data regarding individual, abuse history, family environment, referral and occurrence of SBP characteristics, were longitudinally investigated on a yearly basis. Semi-parametric group-based modeling (Nagin, 2005) was used to explore and identify trajectories of referrals to the CWS throughout the study period. To further describe the developmental context in which SBP occur, chronological graphs were made for one case from each referral trajectories by examining cases with the highest probabilities within each identified trajectories.

## RESULTS AND CONCLUSION

Figure 1. Trajectories of child welfare service referrals over two-year intervals

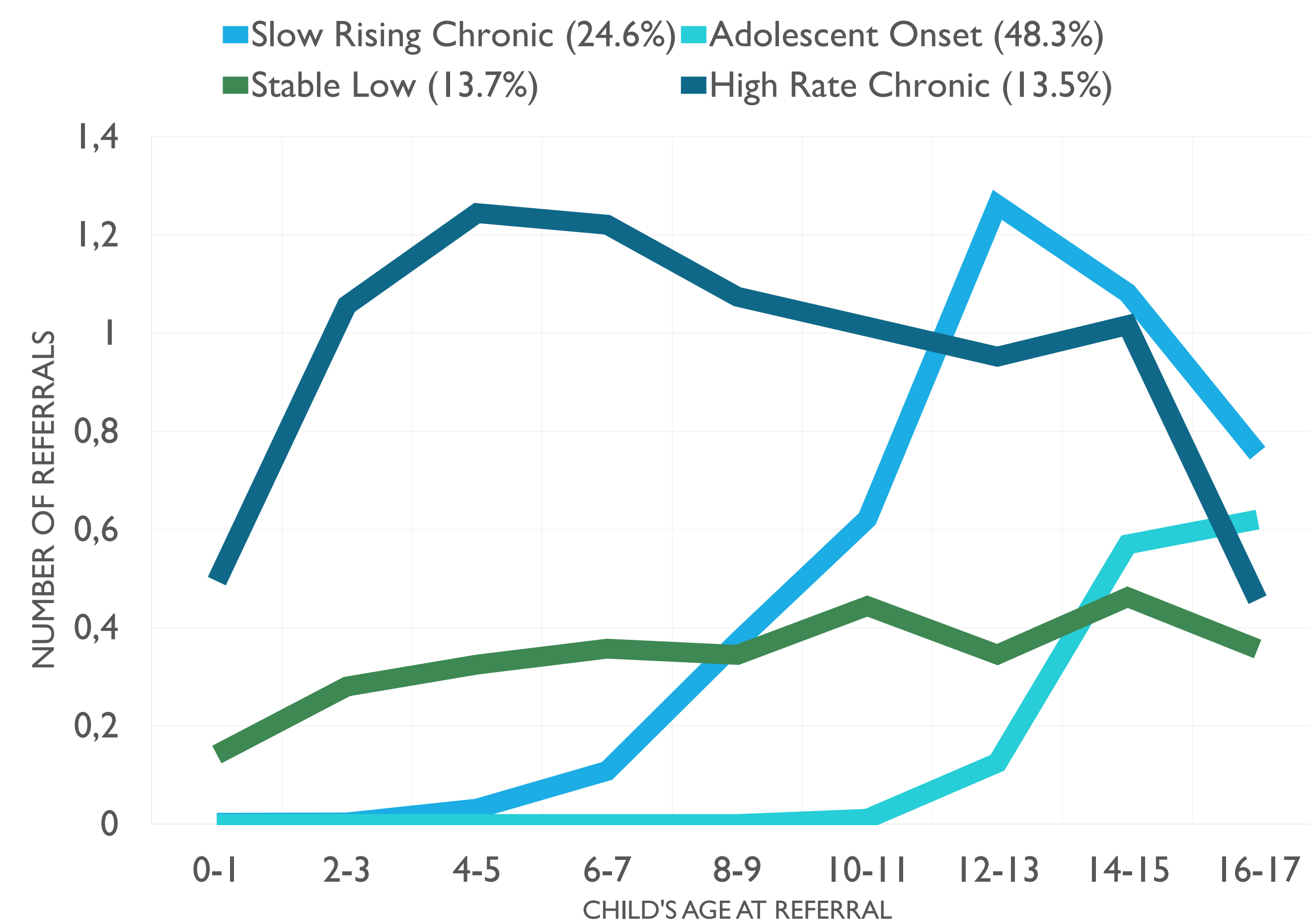


Table 1. Comparisons of child welfare history between all trajectories

	Trajectories of child welfare referrals				F/X <sup>2</sup>
	Slow Rising Chronic	Adolescence Onset	Stable Low	High Rate Chronic	
<b>First referral at child welfare services</b>					
Nature of first child welfare referral					282.4***
Neglect	60 (26.0%)	35 (8.4%)	54 (41.9%)	69 (53.9%)	
Physical abuse	15 (6.5%)	11 (2.6%)	11 (8.5%)	5 (3.9%)	
Sexual abuse	11 (4.8%)	21 (5.0%)	7 (5.4%)	4 (3.1%)	
Serious behavioral disturbance	126 (54.5%)	335 (80.3%)	29 (22.5%)	29 (22.7%)	
Abandonment	10 (4.3%)	6 (1.4%)	27 (20.9%)	18 (14.1%)	
Psychological abuse	9 (3.9%)	9 (2.2%)	1 (0.8%)	3 (2.3%)	
Age at first child welfare referral	9.9 (2.6)	14.0 (2.6)	4.7 (3.1)	2.4 (1.9)	931.0***
<b>Occurrences of SBP</b>					
Type of SBP (1 <sup>st</sup> occurrence)					13.0**
Sexually inappropriate behavior	147 (62.6%)	291 (63.0%)	66 (50.4%)	64 (49.6%)	
Sexual violence	88 (37.4%)	171 (37.0%)	65 (49.6%)	65 (50.4%)	
Onset of SBP					127.8***
Child onset	33 (14.0%)	8 (1.7%)	39 (29.8%)	41 (31.8%)	
Adolescence onset	202 (86.0%)	454 (98.3%)	92 (70.2%)	88 (68.2%)	
Continuity of SBP					134.4***
Child-limited SBP	18 (7.7%)	2 (0.4%)	27 (20.6%)	22 (17.1%)	
Adolescent-limited SBP	202 (86.0%)	454 (98.3%)	92 (70.2%)	88 (68.2%)	
SBP in continuity	15 (6.4%)	6 (1.3%)	12 (9.2%)	19 (14.7%)	

\*\*p<.01 ; \*\*\*p<.001

Figure 2. Case #97: Slow Rising Chronic trajectory

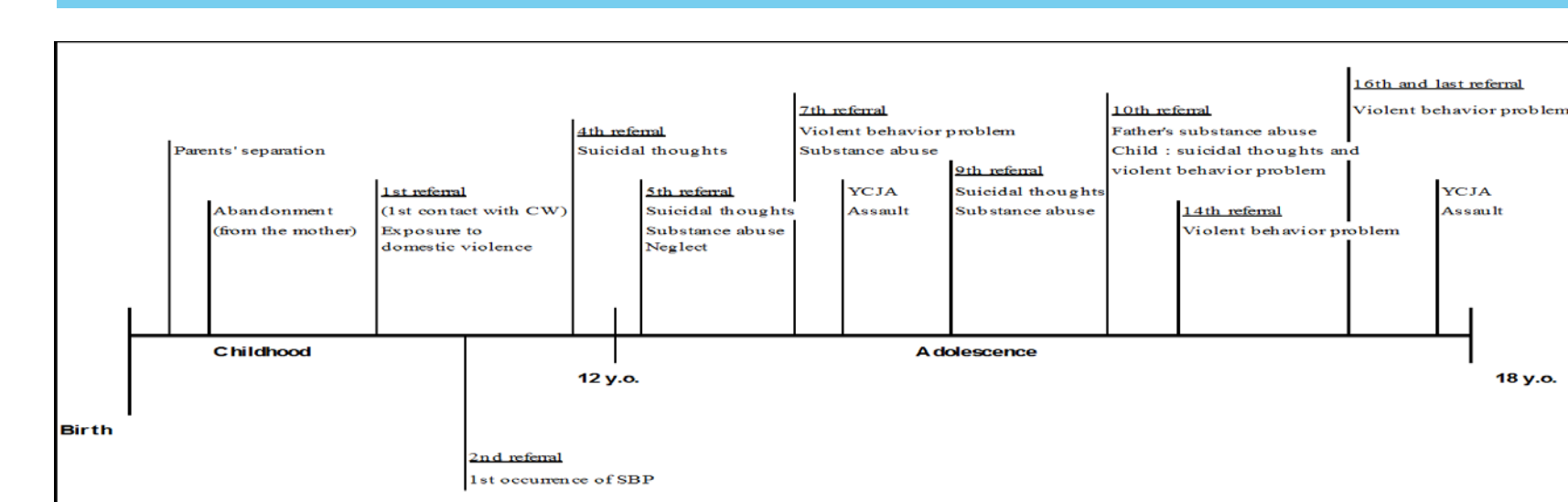


Figure 2c. Case #122: High Rate Chronic trajectory

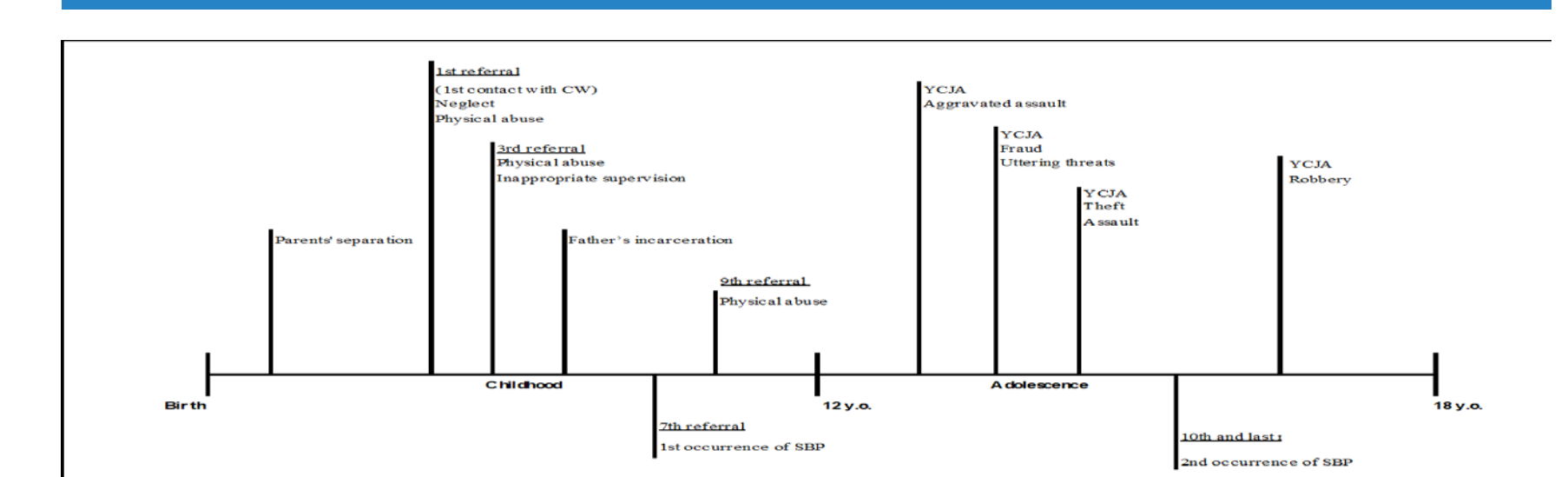


Figure 2b. Case #13: Stable Low trajectory

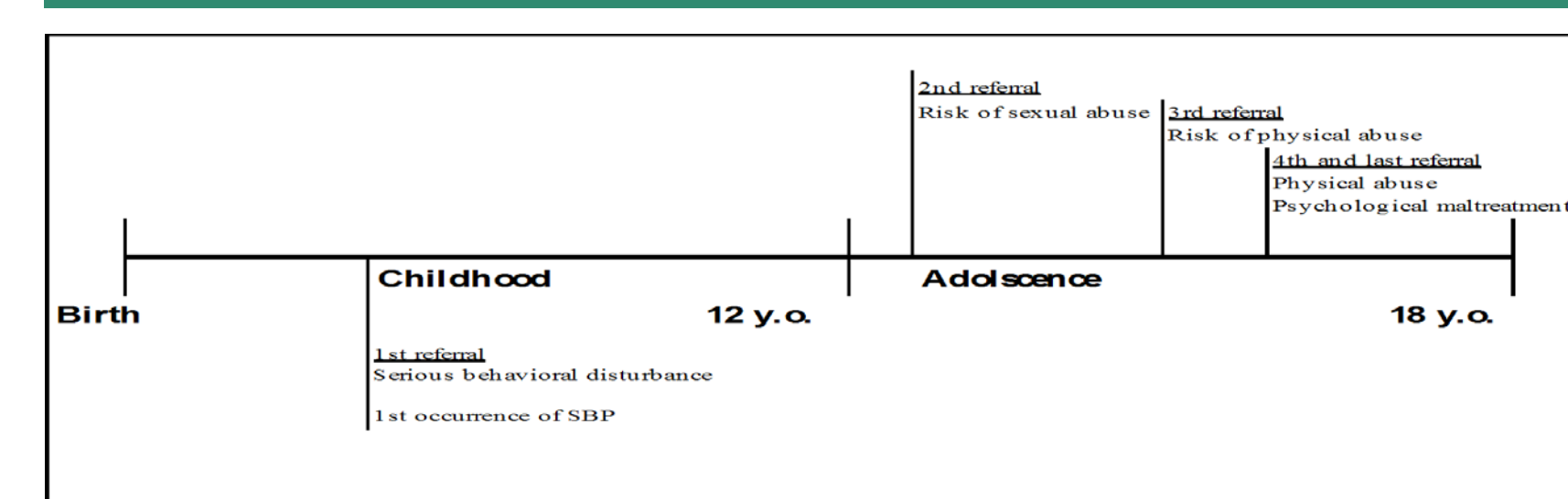
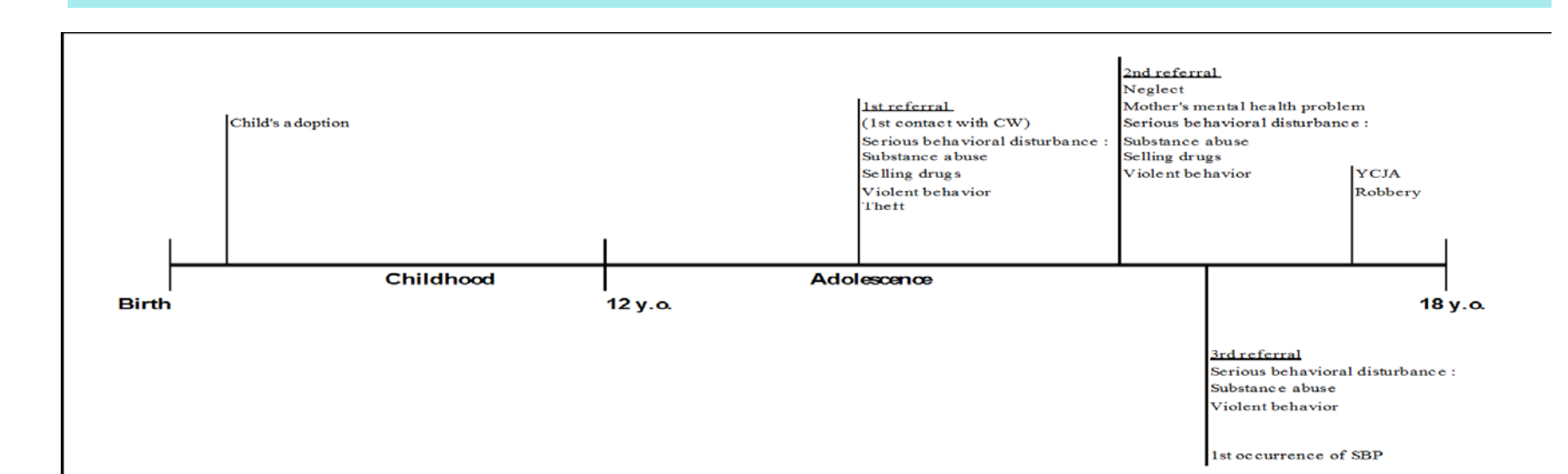


Figure 2d. Case #231: Adolescent Onset trajectory



### Trajectories of referrals to the Child welfare services

The semi-parametric group-based modeling analysis showed the **presence of four trajectories of referrals to the CWS** (Figure 1). Inspection of the results and the four identified trajectories shows much heterogeneity of CWS contacts of this population:

- The first trajectory labeled **“slow rising chronic”** (24.6% of the sample) showed a relatively steady increase in the number of CWS referrals between middle childhood and the end of their teenage years.
- The second trajectory labeled **“adolescence onset”** (48.3% of the sample) showed a number of CWS referrals that did not begin to occur until approximately age 13.
- For the third trajectory, which was labeled **“stable low”** (13.7% of the sample), referrals emerged in early childhood and continued at a relatively low rate throughout the study period.
- The fourth trajectory labeled **“high rate chronic”** (13.5% of the sample) was associated with CWS referrals as early as birth and throughout childhood and adolescence.

### Key developmental correlates

Statistically significant differences were found between the four trajectories of referrals to the CWS :

- At first referral to the CWS, **“Adolescent onset”, “stable low” and “high rate chronic”** trajectories were more likely to be referred for **neglect or serious behavioral disturbance, showing that their first contact with CWS were for not SBP but for other developmental issues.**
- Youth from the **“high rate chronic”** trajectory were younger at the first referral to the CWS.
- **“Adolescent onset”, “stable low” and “high rate chronic”** trajectories were more likely to have an adolescent onset of SBP, to be referred to the CWS for a **“sexually inappropriate behaviors”** type of SBP at the first occurrence of SBP, and to show SBP limited to the adolescence, **which highlights the presence of various trajectories leading to SBP.**

While the study is not without methodological limitations, it does highlight the need to further investigate the developmental background and origins of **SBP taking into account an age-graded perspective** to the issue of SBP while recognizing their exposure to various life adversities that are not limited to sexual victimization.

## Contact

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## References

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