Child protection in Stockholm: A local cohort study on childhood prevalence of investigations and service delivery ☆

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Abstract

Prevalence figures of child protection investigations and services are dominated by cross-sectional data and annual statistics. So far, no data exist on how many children are investigated or receive services at some time during childhood, from birth to age of majority. This study reports on Child Protection Authorities’ (CPA) involvement in a random sample of children born from 1968 to 1975, who resided permanently in Stockholm (Sweden) from birth to age 18 (N=2,297). Information is based on reviews of CPA case files, registering information of all referrals, investigations and social services received by those children until the age of 20. In the study population, 12% (n=272) were objects of at least one child protection investigation during their childhood and 7% (n=162) received social services at least once. When these figures are extrapolated to children who have at any time lived in Stockholm (including those born outside of Stockholm but moving to Stockholm and children born in Stockholm but migrated elsewhere), they increase to point estimates of 19% and 10%. The average total service time was about 5 years. Three out of four children receiving services were at one time or another in out-of-home care. 56% of the service receivers were re-referred to the CPA after terminated services. Implications for the findings are discussed. © 2006 Elsevier Ltd. All rights reserved.

Keywords: Prevalence; Child welfare; Child protection; Recurrence

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1. Introduction

Although data on annual child protection agencies’ (CPA) caseloads are usually available from national and local authorities, no national statistics or study has delivered childhood prevalence data; the number of children who on some occasion during their formative years become objects of child protection investigations or services. As a result, the major source of information on the scope of CPA activities for legislators, policy makers and service planners has been annual cross sectional statistics, at worse supplemented by media reports of tragic incidents (Parton, 1991).

Annual prevalence figures are of limited value in estimating the magnitude of CPA involvement in a population, since yearly statistics consist of a mixture between children in on-going services, new cases that have entered the system the same year and of children who have been re-referred after terminated services (cf., Usher, Randolph, & Gogan, 1999).

This article reports on the prevalence of children being investigated by or receiving services from CPA at some time during their entire childhood. The study is based on a random sample of all children who were born in Stockholm between 1968 and 1975 and who resided permanently in Stockholm from birth to age 18.

1.1. Prevalence of child protection investigations and services

The concepts of child abuse, child neglect and child maltreatment are vague, contextual, often culture-specific, and subjects to change over time (e.g., Gough, 1996; Rose & Meezan, 1997). For decades, they have eluded attempts of creating conceptual clarity. Looking back in time, there has been a dramatic increase in awareness and concerns about child abuse and neglect during the second half of the 20th century. In the same period, there has been a historical broadening of the concepts, although they have remained imprecise (ibid.). Research has mainly come to rely on how concepts have been operationalized in practice; but also these definitions have proven to vary significantly in organizational and professional contexts (Gough, 1996; Leiter, Myers, & Zingraff, 1994).

Results from North America and Europe prove that significant parts of cases that are opened for investigation are not substantiated. The U.S. Department of Health and Human Services (2004) reports that less than half of the investigations (41%) lead to substantiation of the alleged maltreatment. Trocmé, Tourigny, McLaurin, and Fallon (2003) found that 45% from a random sample of child maltreatment investigations from all over Canada were substantiated. In a prospective study, using a random sample of child protection investigations in 10 local authorities throughout Sweden, 55% of the investigated children received some services (Sundell & Vinnerljung, 2004).

A series of reports has demonstrated that a high proportion of child protection clients are re-referred; between 16% and 26% within 1 year (Fluke, Yuan, & Edwards, 1999; Fryer & Miyoshi, 1994; Schuerman, Rzepnicki, & Littell, 1994; Sundell & Vinnerljung, 2004), 40% within 3 years (Schuerman et al., 1994; Sundell & Vinnerljung, 2004), and between 35% and 61% within 5 years (DePanfilis & Zuravin, 1999; Inkelas & Halfon, 1997; Murphy, Bishop, Jellinek, Quinn, & Poitrast, 1992; Wolock, Sherman, Feldman, & Metzger, 2001). Typical predictors of recurrence are a younger child, neglect and previous service provisions (e.g., Fluke et al., 1999; Fryer & Miyoshi, 1994; Schuerman et al., 1994; Sundell & Vinnerljung, 2004).

International cross-sectional child protection statistics report vast differences in annual service prevalence figures (e.g., Gilbert, 1997); from about 5 children per thousand in United Kingdom (Great Britain H.M. Treasury, 2004) and Australia (Ainsworth, 2002) to almost 30 children per thousand in the USA (U.S. Department of Health and Human Services, 2004) and Norway (Kristoffersen, Clausen, & Jonassen, 1996). In Sweden, national child protection statistics are only
kept for placements in out-of-home care and (until 1997) respite care, not on referrals, investigations, or on distribution of in-home services. The annual prevalence of those two services noted in a national database was 15 children per thousand in 1997 (Socialstyrelsen, 1998). Several local Swedish studies have shown that the annual prevalence of service delivery is approximately twice that size when in-home services are included (Sundell & Egelund, 2000).

Figures for childhood prevalence of out-of-home care, based on entire national cohort samples, have been reported for Swedish children born in the 1970s and 1980s and with no strong trend over time. At age 6, about 1% had experienced placement in foster family or residential care, at age 12 1.7% and at age 18, 3.0–3.8% (Lundström & Vinnerljung, 2001; Socialstyrelsen, 2006; Vinnerljung, 1996). Due to confirmed under-reporting from some local agencies, actual national prevalence figures are most likely higher (Vinnerljung, Sundell, Andrée Löfholm, & Humlesjö, 2006).

The only study assessing prevalence of all types of services, known to us, is a Norwegian national population study of child protection service delivery between 1990 and 1997 (Clausen, 2000). During this 8-year period, 5% of all children aged 0 to 17 years received services at least once. The author estimated that by age 18 – legal age of majority – the rate of childhood prevalence would reach approximately 8%. Services tended to be long lasting. Between 1990 and 1995, 43% of CPA client children aged 0 to 5 received services all 5 years, 36% of children aged 6 to 12, and 12% of children aged 13 to 17. Very high prevalence rates of CPA referrals were found in a study of maltreatment reports up to age 10 among children in Cleveland, Ohio (Sabol, Coulton, & Polousky, 2004). Life-table analysis indicated that approximately half of the Afro-American children in the county were likely to be objects of at least one child protection investigation before their tenth birthday and close to a third of all children, irrespective of race. Rates of service delivery were not reported.

1.2. The Swedish child protection system

The 1980 Child Care Act of Sweden requires that the CPA’s investigate and provide services to children who have experienced or are at risk of experiencing abuse or neglect, or where the physical or psychological development of the child is endangered due to other reasons. Legal definitions of neglect and abuse are vague and subject to local interpretation by social workers (e.g., Brunnberg, 1993).

The child protection system includes children under age 18 (legal age of majority). However, children with ongoing services before age 18 can continue to receive services until age 20. Typical Swedish child protection cases involve neglect – often in combination with parental substance abuse – and youth’s behavioral problems (e.g., criminal offences, truancy). In spite of wide definitions, abuse victims form a rather small proportion of child protection cases, 3–15% (e.g., Hessle & Vinnerljung, 1999; Sundell & Egelund, 2000; Sundell & Karlsson, 1999; Sundell & Vinnerljung, 2004; Wiklund, 2006), which is considerably fewer than what is usually found in U.S. and U.K. samples.

Gilbert (1997) has classified Swedish child protection as having a family service orientation which emphasize therapeutic interventions, but with mandatory reporting of abuse and neglect for professionals who work with children (e.g., teachers and physicians). Gilbert contrasted this model with Anglo-American countries’ stronger legalistic focus on substantiating referrals of suspected child maltreatment, including reviewing evidence of allegations. Swedish child protection investigations have low emphasis on substantiation or on presenting evidence of maltreatment. The primary purpose is to examine the child’s need for support and/or other form of services. The conclusions of the investigation are usually framed in a risk model stipulated by legislation; a model
that also empowers agencies to act proactively (Hessle & Vinnerljung, 1999; Weightman & Weightman, 1995). A court order for child removal can be issued when a child’s health or development is considered to be at apparent risk, and the parents have rejected the agency’s offer of support. Families can also apply for access to various forms of preventive support (e.g., respite care), and suspected maltreatment is not a condition of eligibility. Such applications could result in an offer of another service than the one applied. Juvenile delinquency is almost entirely addressed within a child welfare treatment model (Levin, 1998). Teenage crime on the individual level is usually redefined into individual psychosocial problems and subsequently a child protection matter. The standard procedure for prosecutors or criminal courts is to hand over the youth to the CPA, without any other legal sanctions imposed on the individual.

Examples of services provided by the CPA include counseling, parenting education, family-based services, respite care, and out-of-home care.

2. Method

2.1. Study population

The selection and delineation of the study population was directed by three limitations in availability of information that necessitated a local study. The first limitation is that national data on all child protection clients do not exist. However, data on children in out-of-home care and respite care are stored in a national database, which has been used to address issues of sample representativity. The second is that legislation since 1981 mandates that all case files (except documents related to adoptions and placements in out-of-home care) should be destroyed 5 years after the last service provision. However, case files for children born on day 5, 15 or 25 irrespective of month and year are saved for research purposes. Thus, the only cases available for a study on child protection prevalence using historical data, are individuals born on these dates. Thirdly, families who become child protection clients tend to change residence frequently (Höglund Davila & Landgren-Möller, 1991; Sundell & Vinnerljung, 2004). In order to avoid time-consuming searches for case files in all of Sweden’s 290 municipalities, data collection was restricted to Stockholm (the country’s capital and largest city).

The study population includes children born on day 5, 15 or 25 between 1968 and 1975, who lived in Stockholm from the child’s birth until the 18th birthday, without moving in and out of the city (“permanent residents”; \( n = 2260 \)). In order not to make children in long-term foster care underrepresented, children placed in long-term foster family care outside Stockholm \( ( n = 37 ) \) by Stockholm CPA, was added if the primary guardian (in all cases the birth mother) was a permanent resident in Stockholm during the placement. Thus, the final study population was 2297 children.

The national database on children who has received out-of-home care or respite care before age 18 was used to compare the 2260 children in the permanent resident group to (Table 1) children who were born in Stockholm but moved away from the city before the age of 18 \( ( n = 2808 ) \), children who were born outside of Stockholm, but moved to Stockholm at some time before age 18 \( ( n = 1627 ) \) and children who moved in and out of the city before age 18 \( ( n = 1907 ) \). In this analysis the 37 long-term foster care children were excluded, since they are nested within the three groups of migrant children. Children who were permanent residents were underrepresented compared to the three migrant groups among Stockholm children who had been in out-of-home care, \( \chi^2(3) = 104.06, p < .0001 \), in respite care, \( \chi^2(3) = 15.80, p < .001 \), and among those that had received at least one of the two types of services, \( \chi^2(3) = 93.75, p < .0001 \).
Table 1
The representativity of study population

<table>
<thead>
<tr>
<th></th>
<th>Permanent residents</th>
<th>Migrants 1</th>
<th>Migrants 2</th>
<th>Migrants 3</th>
<th>All children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample size</td>
<td>2260</td>
<td>2808</td>
<td>1627</td>
<td>1907</td>
<td>8602</td>
</tr>
<tr>
<td>Male (%)</td>
<td>51</td>
<td>51</td>
<td>51</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>Out-of-home care (%)</td>
<td>3.0</td>
<td>5.2</td>
<td>5.5</td>
<td>10.3</td>
<td>5.8</td>
</tr>
<tr>
<td>Respite care (%)</td>
<td>1.2</td>
<td>1.6</td>
<td>2.3</td>
<td>2.6</td>
<td>1.8</td>
</tr>
<tr>
<td>Out-of-home and/or Respite care (%)</td>
<td>3.7</td>
<td>6.1</td>
<td>7.0</td>
<td>11.2</td>
<td>6.8</td>
</tr>
</tbody>
</table>

Permanent residents = Children born in Stockholm and permanent residents of Stockholm until the age of 18.
Migrants 1 = Children who moved from Stockholm before the age of 18.
Migrants 2 = Children who moved to Stockholm before the age of 18.
Migrants 3 = Children who both moved in and out of Stockholm before age 18.

The prevalence figure for out-of-home care and/or respite care in Table 1 for all Stockholm children was 1.84 times higher compared to the corresponding figure for the permanent residents (i.e., 6.8:3.7). Based on the hypothesis that this difference can be extrapolated to investigations and other services, we multiplied the prevalence figures for the permanent resident group (excluding the 37 long-term foster care children) with a factor of 1.84 to estimate prevalence rates of investigations and total service delivery for all Stockholm children.

2.2. Data collection and measures

Included in the study are all referrals to the CPA that resulted in an investigation, and henceforth the opening of a case file. Since the CPA is not required to register referrals that do not result in investigations, the rate of started investigations in relation to referrals is impossible to quantify.

The study is based on case file information that has been proven to be reasonably reliable (e.g., Shireman, Grossnickle, Hinsey, & White, 1990): date of investigation, referring party, type of and opening/closing dates of all services provided to the child or family members (e.g., intensive family services, counseling, parents’ drug abuse treatment, respite care). In addition, information on type of problem (e.g., neglect, abuse, delinquency) initiating the investigation was included, although the reliability and the completeness of this information is difficult to ascertain retrospectively (Vinnerljung, 1996). Abuse was defined as alleged physical or sexual abuse. Neglect includes all cases where the quality of parental care (physical or emotional) was seriously questioned by child protection authorities, often in conjunction with reported parental substance abuse or severe psychiatric problems (cf., Hessle & Vinnerljung, 1999). Each investigation and service was coded separately, and were only included if they directly concerned a child in the study population. Normally, referrals for suspected neglect or abuse for one child in a sibling group resulted in case openings for all siblings, while investigations because of behavior problems normally only concerned a specific child.

A limited number of case files (6%) lacked information on the exact time a specific service started or ended. In the majority of these cases, it was possible to deduce the date by other information (e.g., an ongoing service was considered to have ended when a new one started). In the remaining cases, the starting date was set as the referral date.

According to representatives of the Stockholm city archives, some case files have most likely not been delivered from local CPA offices to the archives. In addition, a small number of case files have probably been erroneously destroyed or filed under the wrong name or birth date, thus
making them lost for the study. It is not possible to quantify this attrition, but it is safe to assume that child protection cases are somewhat underrepresented in the study population.

2.3. Ethical considerations

The study was approved by the Stockholm CPA and the Swedish Data Inspection Board (case no. 1564-2000).

3. Results

3.1. Investigations and service delivery rates

The case file review found 667 investigations concerning 272 children; 162 (60%) who received some form of services (Service group) and 110 (40%) that were only investigated (No-service group). The service group were investigated an average of 3.2 times (S.D.=2.8) throughout the childhood years, varying between 1 and 20 times, and the no-service group an average of 1.4 times (S.D.=0.8), varying between 1 and 5 times (Fig. 1).

The average number of services received per child in the service group was 2.8 (S.D.=2.5), varying between 1 and 16 service spells (time period with one or more ongoing services). Of the 162 children, 90 (56%) had two or more service spells. Of those with two service spells, 73% also had a third service spell, of those with a third service spell, 65% had a fourth service spell and of those with a fourth service spell, 79% had five or more service spells. Normally, new services started shortly after the ending of a previous service spell. Of all 162 children who received and terminated services, 30% received a new service within 1 year, 44% within 3 years, and 50%
within 5 years (Fig. 2). After that, few children received new services. New investigations resulting in service provision were more frequent for children who were investigated the first time before the age of 7; 33% received new services within 1 year, 53% within 3 years and 61% within 5 years. Of children who were investigated the first time between 7 and 12, 24% received new services within 1 year, 52% within 3 years and 62% within 5 years. Of the teenagers, 25% received new services within a year and 27% within 3 years.

3.2. Reported problems resulting in investigations and service delivery

Of the 272 subjects investigated by the CPA, 78% were subject of investigations for more than one problem; 16% were investigated at least once because of child abuse, 39% because of neglect, 45% because of adolescent antisocial behavior (e.g., criminal offences), 31% because of school problems (e.g., truancy) and 47% because of other problems (e.g., severe conflicts in the family). Since children often were investigated for more than one problem, and frequently re-referred throughout their childhood, the listing above exceeds 100%.

Only 35% of the investigations for antisocial behavior problems resulted in service provision, whereas other types of problems more often lead to interventions, as for instance abuse (62%), neglect (78%), school related problems and other problems (both 77%).

Of all 667 investigations, 19% were applications for services from someone in the family. However, someone outside of the family (e.g., the police or a teacher) at one time or another also reported the majority of these families. Of the 162 children receiving services, only 22 (14%) were exclusively self-referred (service applications), and were never reported by another party. However, of those 22 children, 12 were at least once in out-of-home care, and another 3 applied for services because of neglect or abuse where the perpetrator was the spouse, thus indicating that the majority of self-referrals brought serious problems to the attention of CPA.

Although 44% of the children (65% of the No-service group; 31% of the Service group) at some time or another were investigated because of criminal offences or substance abuse, only a minority, 15 of the 162 (9%), received services solely because of their offending behavior. The other clients receiving services because of criminal offences or substance abuse had received services earlier for other reasons or had been investigated for other problems as well.
3.3. Annual prevalence

The proportion of the target sample that received services each year was approximately 2% until the age of 13, then increased to 3% at age 17, and decreased to below 1% at age 20 (Fig. 3). In order to estimate the annual prevalence for all children of Stockholm, including migrants, prevalence in the study population was adjusted according to the statistics on out-of-home and respite care (after having removed the 37 long-term foster care children, see the method section). By multiplying the annual prevalence with the factor of 1.84 adjusted figures indicate an annual prevalence of about 3% until the age of 13, then approximately 4% until the age of 17 and then decreasing to 1% at age 20.

3.4. Childhood prevalence

The proportion of children in the study population that had been investigated at least once was 11.8% (8.6% for girls; 15% for boys) and 7% (5.8% for girls; 8.3 for boys) had received some form of services, either in-home or out-of-home-care (Fig. 4).

When adjusting these prevalence figures, our estimate indicate that approximately 19% of children who lived in Stockholm sometime during their childhood years, were investigated by child welfare authorities before age 18 (12% girls; 22% boys), and approximately 10% received services (8% girls; 12% boys).

3.5. Service delivery

One quarter (26%) of the children received their first service before age 1, 29% at age 1–6, 13% at age 7–12 and 32% after age 12. Of those receiving services before the age of 7, 59% also received services at age 7–12, and 49% at age 13–20. Of those that received services at age 7–12, 70% also received services later.

The average time from the first investigation to the last service provision was close to 8 years, 2832 (S.D. = 2497) days, varying between 1 and 7353 days. Adding all services per child together, average service time was 1784 days (S.D. = 2178), equaling almost 5 years. The median service...
time was 680 days (1.9 years). For approximately one-third of the children (35%) the total service time was less than 1 year, for 31% it varied between 1 and 4 years, for 15% it varied between 5 and 9 years, and for 19% it was 10 years or more. The total service time did not differ significantly between girls and boys, $F(1,161) = 2.69, p > .05$.

Of the 455 services, 62% included various types of out-of-home care. Of the in-home-care services, respite care (12%) and counseling (8%) were most frequent. Looking at the 162 children who at least once received services after an investigation, 121 (75%) was in out-of-home care at least once. Of those 121 children, 61 (50%) experienced two or more spells of out-of-home-care, varying between 1 and 13 spells. In parallel, 102 out of 162 (63%) received in-home-care at least once.

4. Discussion

This study reports on the prevalence of child protection investigations and services throughout childhood in a representative sample of Stockholm children born between 1968 and 1975, who resided in Stockholm between birth and the 18th birthday. Of those children, 12% were objects of at least one child protection investigation during their childhood and 7% received services. These figures are probably underestimating the true prevalence since all relevant case files have most likely not been retrieved from the archives. Rates were extrapolated to all children living in Stockholm at some time during their childhood, with the help of data on out-of-home and respite care from a national population database. These statistical adjustments indicated that approximately 19% of all Stockholm children (12% of girls, 22% of boys) were objects of at least one child protection investigation during their childhood. Approximately 10% received services (8% of girls, 12% of boys).

As far as we know, this study is the first to investigate childhood prevalence of child protection investigations and services. Thus, there is no way to know if the prevalence rates are unique for Stockholm or whether they are applicable to other contexts as well. However, the rates of service delivery point in the same direction as a Norwegian national population study (Clausen, 2000). During an 8-year period, 5% of the Norwegian children received services, a rate that was estimated to become 8% if the study had been extended to follow the study population until age.
18. A study on Cleveland children also reported high prevalence of CPA involvement in the community: close to a third of all children in the county were likely to be objects of at least one investigation before their 10th birthday (Sabol et al., 2004).

Where comparisons are possible, the Stockholm data are similar to what has been reported from other countries. The annual extrapolated service rate was 3% for Stockholm children 0 to 13 years of age, and around 4% for 14 to 17 year olds. These figures are higher than cross-sectional statistics from the United Kingdom (Great Britain H.M. Treasury, 2004) and Australia (Ainsworth, 2002), but resemble data reported from the U.S. (U.S. Department of Health and Human Services, 2004) and Norway (Kristofersen et al., 1996). Furthermore, 38% of the Stockholm investigations did not lead to service provision, a substantiation rate close to what has been reported from the U.S. (41%; U.S. Department of Health and Human Services, 2004) and from Canada (45%; Trocmé et al., 2003). The rate of re-referrals leading to new services in the Stockholm study was 30% within 1 year, 44% within 3 years, and 50% within 5 years. Those figures correspond to previously reported rates from Sweden as well as from other countries. For instance, in Sweden, Sundell and Vinnerljung (2004) reported 40% within 3 years, and in the U.S., Schuerman et al. (1994) found 40% re-referrals within 3 years, and Wolock et al. (2001) 61% within 5 years. Of those Stockholm children receiving services, three out of four were at some time in out-of-home care, and for more than a third, the total service time was 5 years or more. The Norwegian study also reports that CPA services tend to be long lasting (Clausen, 2000). Between 1990 and 1995, 43% of children aged 0 to 5 received services all 5 years, 36% of children aged 6 to 12, and 12% of children aged 13 to 17.

All in all, the Stockholm childhood prevalence rates do not seem extreme when compared to the Norwegian and Cleveland results. Given the similarities between Stockholm and other western countries regarding substantiation rates, rates of referrals and annual prevalence, the high childhood prevalence found in this study may not be an exclusive characteristic of Stockholm’s child protection.

Several arguments suggest that high prevalence rates in Stockholm might still prevail. There have been several changes in Swedish legislation and practice that may have pushed prevalence rates upwards instead of reducing them. The sample describes child protection during the 1970s and the 1980s, when sexual abuse was mostly unknown (Martens, 1989), which is confirmed by only 3 of our 272 children being referred because of suspected sexual abuse. Furthermore, legislation from 1979 outlawing corporal child punishment has possibly extended the target group of child protection. In 1998 the mandatory reporting of child abuse and neglect was accentuated, thus probably increasing the number of referrals. The delimitation of the study population to children born in Stockholm 1968–1975 has largely excluded children of refugees and immigrants (mostly arriving in the 1980s and the 1990s), a group that during the 1990s were twofold over-represented among children placed in out-of-home care age 0–12, and even more among adolescent placements (Lundström & Vinnerljung, 2001).

The high prevalence of investigations and services does not seem to be a result of the family support orientation of Swedish child protection, or mainly a consequence of the inclusion of juvenile delinquency in agency jurisdiction. While true that a substantial minority in the service group received services after parents applied for services on some occasion, the majority of these children also were objects of interventions after referrals from other agencies, or after investigations initiated by the CPA themselves. Most children in the service group also had experienced out-of-home care. Only 7 of 162 (4%) of children in the service group received in-home services after applications from the parents. True also, that a substantial proportion of the referrals dealt with juvenile delinquency and suspected substance abuse, but the proportion that received services
for no other reasons than adolescent antisocial behavior is again small, only 9%. When excluding those two types of cases, the adjusted service prevalence rate is still close to 9%.

Irrespective of the lack of exactness in extrapolated point estimates, the results indicate high prevalence rates, especially given the generally high living standard of Sweden during the examined era, combined with a generous general welfare system making poverty, a well-known risk factor for abuse and neglect (e.g., Hawkins et al., 1998; Sidebotham, Heron, & Golding, 2002), a rare phenomena. The rates also seem high, considering that abuse cases are substantially less common than in U.S. and U.K. studies (Sundell & Egelund, 2000).

There are several possible explanations for the high prevalence rates. First, for decades Swedish family and social legislation has had a strong emphasis on the welfare of children. This in combination with Sweden being a wealthy society with a large public sector, may explain that CPA have expanded continually over time, even during times of economic recessions (Hessle & Vinnerljung, 1999). Second, several observers from abroad has noted that Swedes tend to have a stronger belief in the legitimacy of state interventions in families, compared to other countries (Gould, 1988; Weightman & Weightman, 1995). Third, the vague definitions of neglect and abuse, in combination with the earlier two explanations and a strong local professional influence in defining target groups of child protection, may have contributed to an expansion of perceived child protection jurisdiction through a process of “diagnostic inflation” (cf., Dingwall, 1989). This explanation is verified by wide variations of target groups in Swedish CPA practice, both over time (Lundström, 1993) and between local CPA authorities (e.g., Brunnberg, 1993; Sundell & Karlsson, 1999; Wiklund, 2006).

The results indicate a need for further research into childhood prevalence of CPA activities (i.e., referrals, investigations and service delivery) through cohort studies. This approach offers a wider perspective than annual cross section data on the scope and nature of child protection agencies’ involvement in local and national communities, information that today is largely non-transparent for most legislators and policymakers as well as for the general public. These types of cohort data are also useful for monitoring variations over time, as a valuable complement to cross-sectional or annual statistics. The Stockholm results, as well as the Norwegian (Clausen, 2000) and Cleveland findings (Sabol et al., 2004), might serve as a basis for a political discussion about the extent of CPA’s mission and societal mandate, and also of CPA evolution over time. How far-reaching can and should CPA legislation and practice be, if popular legitimacy and support are to be maintained? What should CPA priorities be? Sabol and colleagues (2004) discuss this problem in the framework of how an extensive CPA surveillance may affect how prevention programs are perceived by families in minority communities. Also, a child protection system of the magnitude found in Stockholm and Norway, requires extensive funding for staff and services. Several scholars have asked whether this money could be better spent, if the goal in to increase the welfare of vulnerable children in a country or local community (e.g., Ainsworth, 2002).

4.1. Methodological issues

Some caution is required in interpreting the study findings. According to representatives of the Stockholm city archives, some case files have most likely been lost due to administrative errors. Identified child protection cases are thus likely to be underrepresented in the study population, probably lowering prevalence rates. Another limitation is that although the sample includes more than 2000 children, the referred group consists of only 272 children, thus producing rather unstable prevalence estimates when broken down by gender. A third limitation is that the only available data were case files for children born day 5, 15 or 25 irrespective of month and year, in
effect excluding siblings born on other dates. Henceforth, the data precludes the possibility of studying CPA’s involvement on a family level. Neglect and abuse allegations tend to result in Swedish CPA’s initiating investigations on all siblings in a family, while reports of behavioral problems of an individual child usually does not. This problem adds to the earlier mentioned underestimation of CPA involvement in the population. A fourth limitation is that the study for practical reasons was based on continuous residents of Stockholm, thus producing underestimated prevalence rates compared to children who either moved to Stockholm or moved away. Attempting to correct for this, prevalence rates were adjusted for with the help of national data on out-of-home and respite care. The validity of these extrapolations is dependent on the accuracy of this adjustment procedure, which is uncertain like in all cases of extrapolation. The extrapolated rates are not to be mistaken for exact figures and should be regarded with some caution. Finally, no reliable data is available on the parents of the cohort children. Therefore no comparisons can be made between families with and without CPA contacts. Nor is it possible to calculate the influence of socio-economic factors for families becoming CPA clients. This type of information was not included in the case files, and was impossible to reconstruct retrospectively.

References


