



Development of a Child Abuse Level Management (CALM) Guide for Research with Young Children



Linda C. Lewin, PhD, PMHCNS-BC^{*}, Stephanie Myers Schim, PhD, APHN-BC¹

College of Nursing, Wayne State University, 5557 Cass Avenue, Detroit, MI, 48202, USA

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ABSTRACT

Reporting child abuse or neglect is an ethical expectation and a legislated mandate of behavioral and health care professionals in the United States. In particular, researchers who investigate parent–child dyads are responsible for submitting procedures and informed consent documents to institutional review boards that provide for the protection of children. The challenge for researchers is to recognize failing quality of parent–child interaction, prior to any event of maltreatment and to intercede in a deteriorating dynamic. The obligation to report any suspicions of child maltreatment supersedes the responsibility to provide for confidentiality of research data. The purpose of this paper is to describe the rationale for the development of a research protocol guide, Child Abuse Level Management (CALM), and address protection of children in research. The CALM is a brief, flexible guide designed for use by researchers to help identify and respond to negative trends in the parent–child interaction during data collection. Suggested intervention scripts are provided that can be modified for specific culture-focused samples. The CALM guide can be used for training of data collectors using simulations prior to initiating any study involving higher-risk dyads.

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Researchers must address the dual responsibility of confidentiality of research participants and mandated reporting of the suspicion of child maltreatment. The necessity to report the suspicion of child maltreatment is obvious given the legislative requirement of health care providers in all fifty states. When suspicions or observed maltreatment has not occurred, researchers are obligated to maintain the confidentiality of the research participants. In the context of research with parents and young children who are known to be at high risk for abuse, the challenges and responsibilities of investigators are critical. Even more challenging is responding to potentially abusive events as they unfold, as the researcher needs to address the specific behaviors and respond promptly and appropriately. The question remains, how are scientists to research the lives of families if caregivers feel they may be reported for potential maltreatment toward a child during the data collection sessions? Responding to these concerns, the purpose of this paper is to describe the development of the *Child Abuse Level Management (CALM)* research protocol guide for preventing or responding to child maltreatment events that may occur during data collection and to outline its use for training research assistants. Use of the CALM guide may help to expand opportunities for research of families at risk of maltreatment of young children.

1. Background

In the United States, more than 3.5 million cases involving over 6.4 million children are investigated annually for child maltreatment in the most recent national statistics (United States Department of Health and Human Services & Administration for Children and Families, 2013). Maltreatment types include 80% neglect, 18% physical abuse, 9% sexual abuse and nearly 9% psychological abuse, with some children counted in more than one category. Children who are maltreated are typically younger, that is, less than 3 years (27%) or ages 3–5 years (20%). The majority of U.S. victims comprise three races or ethnicities: White (44.0%), Hispanic (22.4%), and African-American (21.2%). African-American children have the highest rates per 1,000 children at 14.6%. The overwhelming percentage of child maltreatment perpetrators are parents (91.4%). Sadly, there were 1,484 fatalities due to child maltreatment in 2013 with 74% of the deaths occurring to children under 3 years of age.

Each state's Child Protective Services (CPS) agency is responsible for child safety. Although individual states have variations in regulations and periodically amend child maltreatment legislation, all states require child endangering or child maltreatment reporting from those responsible for the care and well-being of children (Child Welfare Information Gateway, 2013). Specifically, 48 states, the District of Columbia, American Samoa, Guan, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands enumerate mandatory reporting by professional groups such as nurses, physicians, social workers, mental health therapists, child care workers, teachers, and law enforcement to name

^{*} Corresponding author at: College of Nursing, Wayne State University, 5557 Cass Avenue, Detroit, MI, 48202. Tel.: +1 313 577 8865, +1 440 665 2846 (mobile); fax: +1 313 577 4188.

E-mail addresses: Ew2538@wayne.edu (L.C. Lewin), s.schim@wayne.edu (S.M. Schim).

¹ Tel.: +1 313 577 1363, +1 248 229 0964 (mobile); fax: +1 313 577 5574.

a few. Eighteen states and Puerto Rico require that any person who suspects child maltreatment must report. Health care professionals who interact frequently with families with minor aged children are in a position to see the range of child abuse and neglect occurrences. Likewise, in the research setting, investigators are in a position to witness escalating patterns of risk for maltreatment. Researchers may not be specifically named as mandatory reporters, but the obligation is arguably present by virtue of their discipline (e.g., nurses, physicians, social workers, teachers, or child-care workers).

Prosecution for failure to report child abuse/neglect is rare but there are statutory penalties that can result in both civil and criminal liability. Civil actions can hold mandated reporters responsible for the cost of harm that a child may suffer. Criminal prosecution may occur when a mandated reporter has failed to alert CPS or police of the suspicion of child maltreatment and can result in jail sentences and/or fines. For instance, in Michigan, the failure to report constitutes a “misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both.” (Michigan Department of Human Services, 2012).

2. Families at risk for child maltreatment

There are many factors that lead families to greater susceptibility and risk for child maltreatment. Family environments with parental anger/hyper-reactivity, perception of the child as a problem, low family cohesion, and low quality of parent–child relationship have been correlated with various types of child maltreatment (Stith, Liu, & Davies, 2009). Family dynamics that include unpredictable, intermittent conflict and hostility are a threat to the emotional and social development of a child. Other risk factors include child cognitive impairment, maternal education less than high school, maternal drug use, maternal depression, and a large number of children in the family (Dubowitz et al., 2011). Investigators have found that a maternal history of being a victim of child abuse, irregular preschool attendance, and a high number of family life events are risk factors for future child maltreatment (Li, Godinet, & Arnsberger, 2011).

Child maltreatment rarely begins with full-blown parental rage. Sequences of *negative trends* on the part of parents beginning with annoyance, moving into verbal threats, and progressing to corporal punishment are more typical. While clear indicators that distinguish appropriate discipline, corporal punishment, and physical abuse are debated (Whipple & Richey, 1997), researchers must recognize that socio-cultural realities come into play when considering corporal punishment or spanking. However, corporal punishment has been defined as being abusive if it is of extended duration, excessive force, or there is a significant injury such as bruising, marks, or laceration (American Academy of Pediatrics, 2002). Furthermore, it is well understood that if there is no interruption or intervention to stop a negative trend, it is likely that both the intensity and duration of the harmful parental behaviors will increase (Russa & Rodriguez, 2010; Stith et al., 2009).

3. Rationale for the development of the Child Abuse Level Management Guide (CALM)

We anticipated that university review boards (IRB) charged with the review and approval of research protection of human subjects would be concerned about studies involving parents with known risk factors for child maltreatment. The IRB submission would have to simultaneously address: (1) the protection of confidentiality and autonomy/respect for persons; and (2) protection of children. We reviewed literature from ethics, parenting, child protective services, state legislation, and child maltreatment research in publications from 1978–2012. Development of the CALM guide began as a response to this challenge. The need for CALM emerged in the context of several consecutive studies by the primary author that involved parent–child observations with women engaged in therapy for mental illness and/or substance abuse.

The guide was intended for use in a range of studies involving parent–child interactions that focus on parents who have additional risk factors known to be associated with seriously compromised behavior and outright neglect/abuse.

The overriding goal in developing the CALM guide was to avoid unnecessary disclosure of research participant identity while meeting the ethical and legal obligation to report child maltreatment to CPS. Our responsibility for specific knowledge and application of ethical principles is crucial in studies involving families at high risk for child maltreatment as participants. In a review of the [United States Code of Federal Regulations \(2010\)](#) criteria for protection of research participants, we knew that the risk for research participants must be minimal and related to potential benefit for the participants or others like them. The statutory requirements for protection are based on the Belmont ethical principles of autonomy, beneficence and nonmaleficence, and justice. *Autonomy* is the right to choose or to act without controlling influences. *Beneficence* is the promotion of respect toward others and toward contributing to their welfare. Conversely, *nonmaleficence* is the obligation not to inflict harm on others. The final ethical principle of *justice* refers to fair opportunity and equality of participants (Beauchamp & Childress, 2009; National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978).

Choices for action in research when child-abuse-related behaviors are observed may be confusing when considering the ethical principles of *autonomy* and the associated concept of *respect for persons*. It is generally presumed that parents will provide for the safety and well-being of their children based on love and an innate moral compass. Parents are expected to protect their children without unwarranted interference from outside of the family. However, when researchers and others in professional relationships with families suspect that parents or guardians are not protecting children or are actually harming a child, they are required to mobilize the protective services system. Researchers are in a unique position to observe family interaction due to the quality and duration of their engagement and are tuned in to the nuances of tone, gestures, and language that are known to escalate toward child maltreatment if not interrupted.

During research that involves parents or other caregivers and children, the observation of negative trends in the interactional dynamics requires that someone must identify and interrupt the cycle prior to an occurrence of frank child abuse or neglect. Without acting in the role of teacher or care provider, early re-direction by the researcher can also provide a “pause” in parental dynamics whose patience may be stretched thin and from whom child management strategies may be limited.

To maximize the usefulness of the guide it needed to be concise (preferably one page), easily taught, and reflect best evidence regarding identification of an escalating behavioral pattern. Anticipating that some research assistants might lack experience with observing child maltreatment or lack their own parenting experience, the desire was to make clear distinctions between ordinary discipline (benign behaviors) and abuse (malignant expectations and actions). Although research assistants may not be specifically required to report child maltreatment, the PI leading the study is most likely a mandated reporter. In states where every citizen is a mandated reporter, the discipline or position of the researcher is inconsequential. The guide includes brief, specific descriptors that serve as training focus points and reminders of what constitute poor quality, neglectful, or abusive parental behaviors. CALM also includes scripted responses for the user that do not require time consuming independent formulation but at the same time are respectful and non-confrontational. Our copy of CALM was color coded to stand out among other research documents so it could be rapidly available in the research setting. Scripted responses and actions that could be used to interrupt the dynamics of the parent–child interaction were developed for three levels of escalation. Levels 1 and 2 do not reflect reportable maltreatment behaviors but rather, negative trends that could become abusive/neglectful behaviors. The scripts guide the

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