



Involvement with child protective services: Is this a useful question in population-based surveys?



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ABSTRACT

Direct questions on child maltreatment in population-based surveys are often limited by ethical and methodological issues. This restricts the ability of researchers to examine an important aspect of early adversity and its relationship to health and behavior. An alternative to excluding issues of maltreatment entirely in population-based surveys is to include questions on child and family involvement with child protective services (CPS). A school-based adolescent survey that included a question on child and family involvement with CPS yielded results that were generally consistent with other studies relating child maltreatment to health and behavioral outcomes such as psychological distress symptoms, delinquency, aspects of bullying, and health service utilization. Such findings suggest that questions on involvement with CPS may be a reasonable proxy for child maltreatment. Despite the lack of information on the reason for involvement or specific categories of maltreatment, CPS involvement questions highlight the shared familial experience that surrounds CPS involvement and serves as a general reflection of an adverse experience that can be utilized by researchers interested in early experiences.

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Introduction

Large scale population-based studies of children and adolescents can provide crucial data on early experiences and their potential links to various health and behavioral outcomes. Childhood maltreatment is one such early and adverse experience that research indicates is an important predictor of psychological distress, risky behavior and delinquency (e.g., Crooks, Scott, Wolfe, Chiodo, & Killip, 2007; Falci, 2008; Hazel, Hammen, Brennan, & Najman, 2008; Herrenkohl, Huang, Tajima, & Whitney, 2003; Longman-Mills et al., 2013; Teicher, Samson, Polcari, & McGreener, 2006). Child or family involvement with child protective services (CPS) is often an indication that child maltreatment, or a negative incident related to caregiver neglect or dysfunction, has occurred which may heighten a child's risk for health and behavioral problems (Hamilton, Paglia-Boak, Wekerle, Danielson, & Mann, 2011; Trocmé et al., 2001). The adverse incidents or circumstances that lead to CPS involvement are likely to affect all children within the household, may be persistent, and even circumstances that are less serious may be influential over the long-term. Given shared experiences within households and ethical issues surrounding detailed questions about abuse or neglect, a broader approach within population-based surveys that include non-invasive questions about a history of family involvement with CPS can contribute to research knowledge.

Research on child maltreatment often relies on data garnered through official reports of child abuse and neglect (e.g., National Child Abuse and Neglect Data System (U.S. Department of Health and Human Services, 1992–2012)). Whereas such databases can provide details about the specific nature of the maltreatment experienced, they often lack the breadth

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of data (e.g., social, behavioral, and health-related factors) at the individual level that are present in more general surveys (Brownell & Jutte, 2013). Large-scale population-based surveys often provide a wealth of data across multiple areas and provide a simple means of comparing individuals (e.g., those with and without maltreatment experiences), but have limited ability to include detailed questions on adverse experiences such as childhood maltreatment. This is particularly an issue in child or adolescent surveys because of complex legal and ethical issues (MacMillan et al., 2007), such as the requirement that all cases of abuse and neglect be reported to appropriate parties. Fulfilling such requirements is not always feasible due to survey design (e.g., anonymity) and a lack of resources to facilitate appropriate services for individuals in need. It is not possible within anonymous surveys to link disclosures of maltreatment to an individual by name and thus mandatory reporting in such circumstances is unlikely to lead to targeted investigations or services to assist the individual who disclosed. Attempts to identify under these circumstances may lead to errors, inappropriate investigations, and may violate ethics around participant consent. In surveys that are not anonymous and where mandatory reporting does occur, protocols must be in place wherein individuals can be immediately provided with services directly or be referred for services; both of which require additional resources whether within the research project itself or within the community where such services are offered (e.g., CPS).

An approach that can reduce the ethical concerns of required reporting and address the broader matter of shared experiences within households is to focus on involvement with CPS generally. Involvement with CPS may have resulted from a specific incident with one individual within the family, but CPS involvement often extends to the family or household as a whole. Thus, the incidents that prompt CPS involvement and the experiences with CPS are shared among individuals within the family. An advantage to considering involvement with CPS within research is that it extends beyond a single individual's experiences with abuse or neglect, and encompasses family experiences. The CPS question permits investigations of whether family involvement with CPS is associated with health and risk behaviors among children and adolescents. Research questions on CPS involvement thus have utility beyond serving as reasonable proxies for maltreatment. Even in surveys that include direct questions about maltreatment, questions on CPS involvement would elicit important information given that maltreatment is not always reported to CPS. In such instances, questions on CPS involvement would allow examinations of differences in outcomes between maltreatment cases with and without CPS involvement.

To illustrate the utility of questions on CPS involvement, we describe below a student survey that includes a general question on CPS involvement. We also discuss some research that has utilized the data on CPS involvement from this survey.

Research on involvement with child protective services

A question on involvement with CPS was included in the Ontario Student Drug Use and Health Survey (OSDUHS) for the first time in the 2005 survey cycle. OSDUHS is a province-wide survey of 7th to 12th grade students that has been ongoing since 1977. This biennial cross-sectional survey monitors substance use, mental and physical health, gambling, and delinquent behavior among students (Paglia-Boak et al., 2012). Since 2005, the survey has included a question that asks students if they or their families have had any involvement with CPS. The original question was "Have you or your family ever been involved with any Children's Aid Society?" The two most recent survey questionnaires have included a qualifier, "as clients", at the end of the question. Children's Aid Society is the organization that oversees child protective services within Ontario. The survey does not contain direct questions about any specific form of child abuse or neglect because of various research ethics policies at the institutions that approve the study, including the requirements for active parental consent and the reporting of all cases of abuse. Responses to the question of CPS involvement cannot be validated through linkages with CPS administrative data because the survey is anonymous.

All students are provided with telephone numbers that would allow them to access clinical or supportive services if distress or other adverse experiences result from completing the survey. There are also protocols in place that would permit survey administrators to discreetly inform an appropriate school professional if a student appears distressed during, or immediately after, the survey. There are no questions on the survey that are likely to cause overt distress, but there is nonetheless an ethical obligation to assist individuals who may desire clinical or supportive services.

Family involvement with CPS has been the focus of several peer-reviewed publications using OSDUHS data. A study that examined the association between family involvement with CPS and adolescent bullying experiences indicated that both males and females who reported histories of family involvement with CPS were at greater risk of being bullied compared with their peers who did not report CPS involvement (Mohapatra et al., 2010). Females, but not males, who reported CPS involvement were also at greater risk of bullying others compared with peers who did not report CPS involvement. Other studies have shown an elevated risk of psychological distress among adolescents who reported histories of family involvement with CPS (Hamilton et al., 2011; Mann et al., 2011). Another study, examining the moderating role of school connectedness on any association between CPS involvement and psychological and behavioral problems, found that a history of family involvement with CPS was significantly associated with greater symptoms of psychological distress and greater delinquent acts among adolescents (Hamilton, Wekerle, Paglia-Boak, & Mann, 2012). This study also found that school connectedness was a protective factor against psychological symptoms among adolescents with histories of CPS involvement. Adolescents with histories of family involvement with CPS had greater symptoms of psychological distress at low levels of school connectedness than adolescents without histories of CPS involvement; however, differences in symptoms disappeared at higher levels of school connectedness. A third study examined service utilization and prescribed medication use and found that adolescents with histories of family involvement with CPS reported more service use for mental health problems, and greater odds of being

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