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# Child Abuse & Neglect



## Why are suspected cases of child maltreatment referred by educators so often unsubstantiated?



Colin B. King, Katreena L. Scott\*

Department of Human Development and Applied Psychology, OISE, University of Toronto, 252 Bloor Street West, Toronto, ON, Canada M5S 1V6

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### ABSTRACT

School professionals have a unique vantage point for identifying child maltreatment and they are a frequent source of referral to child protective services. Disturbingly, past studies have found that maltreatment concerns reported by educators go unsubstantiated by child protective services at much higher rates than suspected maltreatment reported by other professionals. This study explores whether there are systematic differences in the characteristics of cases reported by educators as compared to other professionals and examines whether such variation might account for differences in investigation outcome. Analyses were based on 7,725 cases of suspected maltreatment referred by professionals to child protective services from the Canadian Incidence Study of Reported Child Abuse and Neglect – 2003 a national database on the characteristics of children and families investigated by child protective services. School professionals were responsible for 35.8% of professional referrals. Reports by educators were much more likely to be unsubstantiated (45.3%) than those by other professionals (28.4%) in subsequent child protective investigation. Cases reported by educators were found to contain significantly more child risk factors (e.g., child emotional and behavioural problems) and fewer caregiver and family risk factors (e.g., caregiver mental health problem, single parent family) than cases reported by other professionals. Even controlling for these differences, educator-reported concerns were still 1.84, 95% CI [1.41, 2.40] times as likely to be unsubstantiated as reports from other professionals. Contrary to the notion that educators are mostly reporting non-severe cases, suspected/substantiated cases reported by school professionals were more likely to be judged as chronic and more likely to involve families with a previous child protection history. Results are concerning for the capacity of the education and child protection systems to work together to meet their shared goal of promoting healthy child development. Additional research is needed on the way in which child risks and problems influence child protective service, particularly in the context of chronic abuse and neglect and lack of availability of child and family mental health interventions. Potential problems with credibility of school professionals as reporters of child maltreatment concerns also warrant further investigation.

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Schools are an essential and frequent source of referral for suspected child maltreatment. School personnel refer almost a quarter of all cases of suspected maltreatment in Canada (23.6%) and are the largest single source of professional maltreatment reports in the United States (Trocmé et al., 2005; U.S. Department of Health and Human Services, 2007). Similar referral patterns have been found in other industrialized countries, such as the United Kingdom and Spain (Gilbert et al.,

\* Corresponding author.

2009). Although a great deal of child maltreatment is detected as a result of educators, there is a trend for reports of suspected maltreatment from schools to go unsubstantiated by child protective services at higher rates than reports from other professionals. For example, data from a recent US incidence study of reported child abuse and neglect show that reports from school professionals were unsubstantiated at a rate of 18.4% compared to 11.1% for police, 9.5% for social-service and 7.6% for medical personnel (U.S. Department of Health and Human Services, 2007). The current study explored this topic by examining the reporting of suspected maltreatment by educators in Canada compared to other professionals and by investigating factors that may distinguish school versus other professional reported cases of suspected maltreatment.

Studies examining how maltreatment is detected and reported to child welfare have typically centred on two major themes: correlates of child welfare involvement and examination of referral patterns among professional (i.e., mandated) and non-professional (i.e., non-mandated) reporters. In the study of correlates, research has established that a variety of family and caregiver characteristics are associated with an increased risk of being reported to child welfare for maltreatment concerns, including poverty, parental mental health problems, substance abuse, and young maternal age (Wulczyn, 2009; Zellman, 1991). Additionally, minority, low-income, and urban parents are more likely to be referred for suspected child maltreatment than other parents (e.g. Dettlaff et al., 2011; Lindsey, 1994; Waldfogel, 1998). There has been considerable debate in the literature on whether these differences in referral patterns are due to biased judgements in the community regarding poor and minority families or a result of higher levels of abuse risk factors (e.g., substance use) among these populations (Dettlaff et al., 2011; Drake, Lee, & Jonson-Reid, 2009; Drake et al., 2011; Jonson-Reid, Drake, & Kohl, 2009; Trocmé, Knoke, & Blackstock, 2004). Others have hypothesized that differential rates of reporting are due to the “visibility” of families to potential reporters. Evidence in support of this latter interpretation is derived from studies of the interaction of low economic status and involvement with social services (Chaffin & Bard, 2006). McDaniel and Slack (2005), for example, investigated rates of reported maltreatment in a sample of low-income families with and without major life events, such as moving, having a baby, being arrested, or having a child who was suspended or expelled from school. They found that child protective investigations increased after major life events and that this increase was independent of other predictors of child welfare involvement, specifically parenting stress, harsh discipline and marital hardship. They concluded that families’ increased visibility to mandated reporters during times of major life events was an important contributing factor to differential rates of reporting.

Understanding the detection of maltreatment is also informed by investigation of referral patterns among professional and non-professional maltreatment reporters. Maltreatment reports from mandated, professional reporters (e.g., police and law enforcement, health and medical, education) have been found to be considerably more likely to be later substantiated by child welfare compared to non-mandated, community reporters (McDaniel, 2006). For example, using data from the Canadian Incidence Study of Reported Child Abuse and Neglect, Trocmé, Knoke, Fallon, and MacLaurin (2009) found that referrals made by police and other professional referrals were 3.8 and 1.3 times more likely to be substantiated than unsubstantiated as compared to referrals from non-professionals. This has led theorists to suggest that professionals may have a higher threshold for reporting suspected maltreatment than community members, be more credible as reporters, and/or may be predisposed to report maltreatment that is considered severe and indicative of an immediate child safety concern compared to non-professionals (Dubowitz, Klockner, Starr, & Black, 1998, Trocmé et al., 2009).

Findings around family visibility and around differences across reporting groups may both reflect the same underlying process – that knowledge of suspected maltreatment is informed by one’s vantage point. Giovannoni (1995) proposed that understanding what is reported in a maltreatment report and by whom can illustrate the *vantage point* from which different reporter groups observe children and their families. This idea is strengthened by several studies demonstrating differences in the maltreatment cases observed by different categories of reporters. For example, Giovannoni (1995) illustrated that community and neighbour reports were more likely reflect concerns visible “through the window,” such as a lack of supervision and a failure to provide basic necessities. Professionals, in contrast, were less likely to observe concerns within the home environment but more likely to report concerns from their particular vantage point, such as immediate risk due to neglect of medical needs. McDaniel (2006) similarly found that professional and non-professional reporters referred distinct types of families, with little overlap in the types of risk factors of families referred.

Educators, as compared to other professionals, have a unique vantage point for maltreatment detection and reporting (Giovannoni, 1995; McDaniel, 2006). Educators, unlike all other professionals, have almost daily contact with children (e.g., Cerezo & Pons-Salvador, 2004). This ongoing contact provides teachers with the ability to observe children over time, compare their current behaviour to their past behaviours, and evaluate the functioning of children against their normally developing peers (Crosson-Tower, 2001). Past studies have shown that, consistent with their vantage point, educators are more likely to refer children who are school-aged and who have difficulties likely to be seen in school such as academic difficulties, aggression, runaway behaviours and learning difficulties (Jonson-Reid et al., 2007; Kesner & Robinson, 2002). Researchers have also suggested that educators may be particularly sensitive to issues that are chronic in nature, such as the use of harsh discipline tactics by parents and concerns about caregivers’ mental health (McDaniel, 2006).

Despite the frequency of referrals from educators and the advantages associated with their vantage point, there has been limited study of educators versus other professional reporting groups. The current study was conducted with the goal of investigating how children and families referred to child protective services from the education system may differ from those reported by other mandated reporters and to explore whether and how teachers’ vantage point may contribute to lower rates of substantiation of reports by educators as compared to other professionals. Using a large national child maltreatment database containing information on the source of maltreatment referral, maltreatment characteristics, and associated risk

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