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The recognition of child abuse and the perceived need for intervention by school personnel of primary schools: Results of a vignette study on the influence of case, school personnel, and school characteristics

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ABSTRACT

In 2015, 523 reports of suspected child abuse and neglect (CAN) were brought to the attention of the Confidential Center of Child Abuse and Neglect (CCCAN) of Brussels. Around 38% of these reports came from school personnel. This study investigated which factors affect the recognition of CAN by school personnel of Dutch-speaking primary education in Brussels and their intervention need. Two hundred seventy-nine staff members of 16 schools professionally working with children, filled in a Questionnaire Assessment of Situations of CAN. The instrument consists of 24 vignettes describing CAN. Respondents were asked questions regarding recognition and intervention need about each vignette. Detection, severity assessment, the need for professional help, the need for referral to a CCCAN and the need to involve judicial authorities were mainly associated with case characteristics. Although most situations of CAN were detected, situations of emotional abuse were less often recognized. Situations involving non-Western victims were considered to be more severe and the perceived need for involvement of professional help, CCCAN and judicial authorities was larger. Ethnic stereotypes affect the actions undertaken in case of CAN. Awareness of these reactions may result in equal treatment for all victims. Staff characteristics were little associated with detection and intervention need.

1. Introduction

To adequately protect children from child abuse and neglect (CAN), an effective reporting system combining maximal detection of CAN with minimal unnecessary CAN reports is indispensable (Walsh, Mathews, Rassafiani, Farrell, & Butler, 2012). In 2015, 6787 reports of suspected CAN concerning 8683 minors (.64% of all minors in Flanders) were brought to the attention of the Belgian Dutch-speaking Confidential Centers of Child Abuse and Neglect (CCCAN). Five hundred twenty three reports were submitted to the CCCAN in Brussels (Brussel Vertrouwenscentrum Kindermishandeling, 2016; Kind en Gezin, 2016). Around 38% of these Brussels reports came from school personnel (Brussel Vertrouwenscentrum Kindermishandeling, 2016).

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Similar to other educational settings that have been examined in international research (e.g., Egu & Weiss, 2003; Krase, 2015; O'Toole, Webster, O'Toole, & Lucal, 1999; Tonmyr, Li, Williams, Scott, & Jack, 2010; Walsh et al., 2012), teachers and school staff of Dutch-speaking schools are the professional group responsible for the largest proportion of reports of suspected CAN. This high number is largely due to the privileged position of school staff vis-a-vis children: teachers come into contact with children on a daily basis for an extended period of time, and consequently, are able to observe changes in pupils' appearance, behavior, and physical and emotional status. Pupil-teacher relationships are also often based on trust. Hence, children are usually more willing to reveal CAN involving themselves or their classmates to school personnel (Egu & Weiss, 2003; Schols, de Ruiter, & Öry, 2013; Tonmyr et al., 2010).

This study implemented a vignette method in Dutch-speaking primary education in Brussels to investigate the factors affecting school personnel's recognition of child abuse and their perceived need for intervention. Our results show that while school staff detect most situations of child abuse (CA), they are less likely to identify emotional abuse relative to sexual or physical abuse. They likewise consider cases involving non-Western victims to be more severe and to be of greater need of intervention, compared to those with Western victims. We believe these findings represent critical contributions not only to expanding the existing literature on CAN, but also to develop policies aiming at optimizing the detection of CA and subsequent responses.

The next sections discuss the issues with defining CAN and provide background information on the child protection system in Brussels. We also summarize the existing literature on the role of case, staff, and context characteristics on the recognition and reporting of CAN.

1.1. Child abuse and neglect as a social construct

The concept of CAN relates to views on a healthy society (Whitney, Tajima, Herrenkohl, & Huang, 2006): it implies a value judgment on certain behaviors of an adult relative to a child. Behaviors labelled as CAN are objectionable, and a threat to the well-being and development of a child. Additionally, such behaviors constitute a violation of a child's rights (Lamers-Winkelmann, Slot, Bijl, & Vijlbrief, 2007).

What precisely constitutes CAN is determined by the social meaning given to a specific behavior, at a particular time, and in a particular culture. As a result, behaviors labelled as CAN may change according to social structures, attitudes, values, norms, and laws. CAN likewise closely correlates with views of the child's place in a particular society or culture, with notions on (poor) parenting and with who has the power to enforce a definition at a given point in time (Herrenkohl, 2005). All of this means that what constitutes CAN and what are the definitive signs or evidence of CAN remain the topic of an ongoing debate (O'Toole et al., 1999).

A common challenge in defining CAN involves distinguishing it from disciplinary practices, their so-called anchoring in specific cultures, and changes in societal acceptance of these forms of discipline over the past 20 years (Cicchetti & Manly, 2001; Krase, 2015; O'Toole, O'Toole, Webster, & Lucal, 1993). Moreover, disagreement exists on whether child maltreatment should be defined based on the actions of the perpetrator, the effects on the child, or both. In addition, whether parental intent should be considered in determining maltreatment has also been contested (Cicchetti & Manly, 2001). The varying definitions of CAN between and within professional groups (e.g., school personnel, social workers, and judicial authorities), the different implementations of these definitions, and the evolution of the definition over time all contribute to the lack of clarity when conceptualizing CAN (Cicchetti & Manly, 2001; Egu & Weiss, 2003; Schols et al., 2013; Webster, O'Toole, O'Toole, & Lucal, 2005).

1.2. The child protection system in Belgium

Although every member of the Belgian society has the moral responsibility to ensure the well-being of children, it is not mandatory to report suspected or observed situations of CAN to judicial authorities (Desair & Adriaenssens, 2011). Hence, the decision to report CAN in a school setting depends on the personnel's discretion: they must decide whether (1) the situation should be reported as obliged by law to provide help to a person in need (art. 422bis Sw); or (2) the situation can be adequately addressed through subsidiary services within a reasonable time frame and/or reporting does not serve the best interest of the child.

In the second case, therapeutic interventions and help from the extrajudicial system are generally preferred since in Belgium, CAN is framed as a health and welfare problem of the child and his or her family (Desair & Adriaenssens, 2011). Thus, a partnership with parents is sought over a more adversarial relationship between parents and the state. Furthermore, consistent with the principle of the interest of the child, if multiple options for help – all guaranteeing equivalent protection of the child – are available, the least radical alternative should be chosen.

If teachers suspect CAN, they can signal their concerns to several contact points, including the school psychologist, the school principal, a CCCAN, or even judicial authorities. In cases where the teacher consults with the school principal or school psychologist, the teacher and school principal/psychologist decide together if a report is necessary, and if so, to whom (i.e., CCCAN or judicial authorities). Referral to judicial authorities is only appropriate when urgent intervention is required. Cases deemed non-urgent by the judicial authorities are referred to a CCCAN.

CCCANs are multidisciplinary teams consisting of at least a psychologist, a social worker, and a medical doctor. They assess reports of allegations of CAN and provide counseling and treatment for children and families after CAN is substantiated. CCCANs also offer support and advice to social workers from other child welfare organizations on assessing allegations of CAN, and supporting families with concerns regarding CAN.

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