The relationship between child protection contact and mental health outcomes among Canadian adults with a child abuse history

Tracie O. Affi, Jill McTavish, Sarah Turner, Harriet L. MacMillan, C. Nadine Wathen

Department of Community Health Sciences and Department of Psychiatry, University of Manitoba, Winnipeg, Canada
Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Canada
Department of Psychiatry and Behavioural Neurosciences and Department of Pediatrics, McMaster University, Hamilton, Canada
Faculty of Information & Media Studies, and Research Scholar, Centre for Research and Education on Violence Against Women and Children, Western University, London, Canada

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ABSTRACT

Despite being a primary response to child abuse, it is currently unknown whether contact with child protection services (CPS) does more good than harm. The aim of the current study was to examine whether contact with CPS is associated with improved mental health outcomes among adult respondents who reported experiencing child abuse, after adjusting for sociodemographic factors and abuse severity. The data were drawn from the 2012 Canadian Community Health Survey-Mental Health (CCHS-2012), which used a multistage stratified cluster design (household-level response rate = 79.8%). Included in this study were individuals aged 18 years and older living in the 10 Canadian provinces (N = 23,395). Child abuse included physical abuse, sexual abuse, and exposure to intimate partner violence (IPV). Mental health outcomes included lifetime mental disorders, lifetime and past year suicidal ideation, plans, and attempts, and current psychological well-being and functioning and distress. All models were adjusted for sociodemographic factors and severity of child abuse. For the majority of outcomes, there were no statistically significant differences between adults with a child abuse history who had CPS contact compared to those without CPS contact. However, those with CPS contact were more likely to report lifetime suicide attempts. These findings suggest that CPS contact is not associated with improved mental health outcomes. Implications are discussed.

1. Introduction

Child maltreatment is a significant global public health problem, with many physical, emotional, and relationship consequences across the lifespan (McCrorry, De Brito, & Viding, 2012; Miller, Chen, & Parker, 2011; Naughton et al., 2013; Norman et al., 2012; Veenema, Thornton, & Corley, 2015). Mandatory reporting and provision of subsequent child protection services (CPS) forms the basis for many countries’ national responses to child maltreatment (Dubowitz, 2014), yet the effectiveness of such processes remains unclear (Gilbert et al., 2009; McTavish et al., 2017; World Health Organization & International Society for Prevention of Child Abuse & Neglect, 2006). With origins in the 1960s (American Humane Association, 1977; Mathews et al., 2015), mandatory reporting laws were enacted in the United States (U.S.), and subsequently in other countries, in an effort to curb professionals’ tendencies to “turn a
blind eye” to children presenting with clinical indicators of maltreatment. Proponents of mandatory reporting suggest that reporting laws both increase identification of children exposed to maltreatment (Lamond, 1989, Besharov, 1990; Mathews, Lee, & Norman, 2016) and increase reporting rates in reluctant reporter groups (Shamley, Kingston, & Smith, 1984; Webberley, 1985). Indeed, research assessing mandatory reporting tends to focus on rates of reports or rates of maltreatment substantiation (Ho, Gross, & Bettencourt, 2017; Krase & DeLong-Hamilton, 2015; Palusci & Covington, 2014; Steen & Duran, 2014), even though such approaches do not address the question of whether mandatory reporting actually improves outcomes for children. Authors offering critiques of mandatory reporting, alternatively, suggest that simply identifying children exposed to maltreatment is not sufficient to improve the lives of children (Melton, 2005; Worley & Melton, 2013).

There is a paucity of research available about the effects of mandatory reporting to help practitioners, researchers, and policy makers understand the benefits and harms of reporting. To date, no studies that prospectively evaluated the impact of mandatory reporting on child well-being outcomes have been conducted (McTavish et al., 2017). A meta-synthesis of qualitative research across nine high-income and five middle-income countries identified many accounts of harm to children, families, and reporters resulting from reporting and especially from associated CPS responses (or lack of responses) (McTavish et al., 2017). Although CPS responses were designed to improve the lives of vulnerable children (and ultimately their future well-being), the studies included in the meta-synthesis consistently raised concerns among reporters that indicate that the potential (and unproven) benefits of mandatory reporting and CPS contact must be balanced against their potential harms. However, designing contemporaneous studies that can directly compare CPS and no CPS contact is legally and ethically extremely difficult. Given these challenges, use of retrospective data to examine the impacts of CPS contact is warranted; this approach is taken in the present analysis to examine current mental health status among adult respondents who report experiencing child abuse.

It should be noted that “contact” with CPS cannot be directly linked to mandatory reporting legislation as, aside from mandated professionals, non-professionals (including friends, family members, or neighbours) may file reports (Tommyr, Li, Williams, Scott, & Jack, 2010). For instance, according to 2015 U.S. national reporting data (U.S. Department of Health & Human Services, Administration for Children & Families, Administration on Children, Youth & Families, Children’s Bureau, 2017), the highest percentages of referrals to CPS was from education personnel (18%), legal and law enforcement personnel (18%), and social services personnel (10%); however, non-professionals, such as relatives (6.8%), parents (6.8%), and friends and neighbors (4.2%), make up about one-fifth of reports. Furthermore, having contact with CPS is a complicated process involving many steps that are removed from the reporting process. First, professionals (or non-professionals) must contact CPS to report suspected maltreatment, but research suggests that many mandated professionals are hesitant to report for a variety of reasons (e.g., lack of training, previous negative experiences with CPS, fear of negative consequences for themselves, concern about negative repercussions for their relationships with patients) (Flaherty, Jones, Sege, & Child Abuse Recognition Experience Study Research Group, 2004; Pritz & Wachtel, 2009; Vulliamy & Sullivan, 2000). Some children experiencing maltreatment may never be reported (Flaherty, Sege, Griffith et al., 2008) and thus never come into contact with CPS, while other marginalized groups, such as Indigenous peoples (Flaherty et al., 2008), and Black or Latino populations (Fallon et al., 2013; Lavergne, Dufour, Trocmé, & Larrivée, 2008; Sinha, Trocmé, Fallon, & MacLaurin, 2013), are subject to over-reporting and/or receive more intrusive service responses from CPS. Second, reports (by professionals or non-professionals) are typically “screened” by CPS intake workers. Reports that are “screened in” are identified for an investigation or, where available, a differential response, which allows CPS professionals to respond differently depending on the type and severity of maltreatment (Fluke, Merkel-Holguin, & Schene, 2013). When reports are “screened out”, children and families may never be aware of the report or have contact with CPS; however, in these cases, the intake worker may refer the reporter to other agencies, such as the police (Cross, Goulet, Helton, Lux, & Fuller, 2015). Third, reports that are referred for investigation may be “substantiated”, “unsubstantiated”, or “indicated”/“inconclusive” and in many cases, only children experiencing substantiated reports will receive services, even though health outcomes of children and recurrence rates do not vary significantly between substantiated and unsubstantiated groups (Drake et al., 2011; Huysey et al., 2005; Kohl, Jonson-Reid, & Drake, 2009).

As Fluke and Casillas (2015) have argued, “once the screening decision is made, children and families must respond to an array of possible interventions with both positive and negative consequences that often have little to do with the originator of the report” (p. 444–445). In general, the evidence regarding the effects of CPS contact on children is absent or mixed. Vinnerljung, Sundell, Löfholm, and Humlesjö, 2006 investigated how use of services provided by CPS influenced outcomes in a representative sample of adults in Sweden. They compared a group referred to CPS in childhood who did not receive services with another referred group who received services. In four of the five outcomes assessed, including teenage parenthood, hospitalizations for psychiatric diagnoses, self-support problems, and criminal offences, the group that received services had higher rates of negative outcomes than the group that did not receive services (Vinnerljung et al., 2006).

A recent systematic review summarized cohort studies that evaluated the impact of service use in a subsample of children exposed to maltreatment (White, Hindley, & Jones, 2015). Other than one study that found recurrence rates of abuse were not impacted by service use, the majority of included studies found that recurrence rates were increased with the provision of services, especially foster care (White et al., 2015). Finally, studies evaluating differential response processes have mixed results (Drake et al., 2011; Ellett, 2013; Fluke et al., 2013; Hughes, Rycus, Saunders-Adams, Hughes, & Hughes, 2013). There is, therefore, an urgent need to examine, in an ethical way, how CPS contact impacts children in the short, and longer, terms.

The present study used retrospective data from the 2012 Canadian Community Health Survey-Mental Health (CCHS-MH, 2012) to examine whether adults who report exposure to child abuse with CPS contact compared to those with no CPS contact, differed, when controlling for abuse severity and demographic factors, in their current mental health status.
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