



ADVANCING HEALTH EDUCATION &amp; RESEARCH

AVA Research Reviews provides AVA members with recent published, peer-reviewed articles in a broad array of violence and abuse topics. The goal is to highlight and disseminate violence and abuse research in a timely fashion, and to enhance healthcare providers' practice by fostering the educational mission of AVA

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# AVA Research Review

## ADVANCING HEALTH EDUCATION & RESEARCH

### Review Title:

Multidisciplinary Team  
Decision-Making on Child  
Physical Abuse Cases

**Reviewer:** David Chadwick,  
MD

**Article:** Jent JF, Eaton CK,  
Knickerbocker L, Lambert  
WF, Merrick MT, Dandes SK.  
Multidisciplinary child  
protection decision making  
about physical  
abuse: Determining  
substantiation thresholds and  
biases. *Children and Youth  
Services Review*, 2011; 33:  
1673–1682. doi: 10.1016/  
j.childyouth.2011.04.029

### Article Summary:

#### **Brief overview**

This article addresses the complex decision making process and the recommendations made through a multidisciplinary child protection team (CPT). Specifically, the approach regarding the determination of child maltreatment and

subsequent protection and legal ramifications of this decision is challenging. The authors point out that, while there are objective constructs, the process of decision making in child abuse cases (substantiation) may be subject to bias and that the extent of such bias is unknown.

#### ***Aims/ goal of the article and methods***

The authors approached this issue with the following hypotheses:  
“1. CPT professionals would vary in case disposition decisions (i.e. physical abuse versus corporal discipline) regarding inflicted injuries that resulted in a bruise(s) or mark(s).

2. Potentially non-objective characteristics of the case (i.e. child age, race, ethnicity, behavior preceding inflicted injury, parent affect, and history of corporal discipline use) would predict physical abuse substantiation decisions

above and beyond perceptions of severity of harm.

3. Personal characteristics of the CPT professional (i.e. age, sex, race, educational level, case experience, and perceptions of the acceptability of discipline practices) would predict physical abuse substantiation decisions above and beyond perceptions of severity of harm.”

To test these hypotheses they solicited 257 child abuse professionals from 51 multidisciplinary teams in the state of Florida and 138 (54%) participated as consenting research subjects. Medical doctors and nurses had a lower participation rate than other professions. There were few non-white participants.

The subjects completed a questionnaire describing their own age, gender, race, education, professional discipline, and estimation of exposure to child protection cases. They were then given an attitude survey on parenting discipline practices (PDP). Then they were given 8 vignettes of cases involving physical punishment and injury and asked to classify them as abusive or not. The vignettes included computer generated medical illustrations demonstrating visible injury pathology and the child's overall appearance. CPT professionals rated the severity

of inflicted injuries in all case vignettes as between minor to moderate severity.

### ***Relevant findings***

CPT professionals' race significantly predicted substantiation decisions in three out of the five case vignettes. That is, the odds of classifying inflicted injuries as physical abuse rather than corporal discipline are reduced by an average factor of .19 if the respondent was “other race rather than White” in Case Vignettes A, B, and F. Other CPT professional characteristics impacted decision-making in specific instances, but not across vignettes. The acceptability of corporal discipline was predictive of the decision to classify Case Vignette C injuries, “patterned petechial bruising forming the negative partial imprint of a hand on the left buttock,” as physical abuse. That is, professionals who rated the use of corporal discipline as more acceptable were less likely to classify the injury as physical abuse by an average factor of .37. Professionals' beliefs about the acceptability of coercive discipline failed to significantly impact decision making about physical abuse substantiation across all case vignettes.

### ***Authors' conclusions***

The authors' conclusions are somewhat confusing and perhaps internally

contradictory. On the one hand they state: “CPT professionals' substantiation decisions do not appear to be influenced by overt biases when presented with case-specific factors (e.g., race, ethnicity)” but continue: “However, CPT professional characteristics including race, educational level, and beliefs about the acceptability of corporal discipline impacted substantiation decisions in particular instances, suggesting that some substantiation bias exists in child protection evaluations.” This may be a problem in the clarity of the writing rather than in the actual research findings that indicate some persistent “substantiation bias” among Florida child abuse professionals.

### ***Reviewer's Comment:***

It is notable that the State of Florida contains a large set of Child Protection Teams based in hospitals and supervised by the State Health Department. Uniform training is provided to all of them regularly. This unique state system should provide for greater uniformity and perhaps a lower incidence of “substantiation bias” than might be found in a survey involving other states. The subject is important and more studies would be welcome to further explore the potential biases in multidisciplinary team decision-making.