The effects of migrant background and parent gender on child protection decision-making

Middel, Floor; Lopez, Monica Lopez; Fluke, John; Grietens, Hans

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

[Link to publication in University of Groningen/UMCG research database](#)

Research article

The effects of migrant background and parent gender on child protection decision-making: An intersectional analysis

Floor Middel[a,*], Mónica López López[a], John Fluke[b], Hans Grietens[a,c]

[a] University of Groningen, the Netherlands
[b] University of Colorado Denver, CO, United States
[c] KU Leuven, Belgium

ABSTRACT

Background: Disparities in decision-making are a recognized concern within child protection systems and imply that marginalized groups are being treated unequally compared to majoritized groups. Previous studies reported that both ethnicity and the gender of the parent that maltreated the child seem associated with an increased likelihood that child protection agencies provide services after an investigation or that children are placed out of their homes.
Objective: We investigated whether migration background and the gender of the parent who maltreated the child seem associated with the decision whether a case was opened for continuing services. In addition, we inspected whether the intersections between migration background and parent gender were correlated with disparities in decision-making.
Participants and setting: Our multinational sample consisted of 1189 cases that were involved with child protection agencies in England, the Netherlands, and Germany.
Methods: We systematically coded and analyzed child protection case files. We conducted logistic regression analysis to investigate for disparities in decision-making.
Results: The intersectional analysis showed that maltreatment committed by mothers ($OR = 2.25$, $p = .001$) and migrant fathers ($OR = 2.21$, $p = .030$) was associated with an increased likelihood to provide ongoing services. However, country specific analyses showed that these effects were most pertinent in the English sample.
Conclusions: These findings suggest a need to address migration background and gender disparities in child protection practice. Future research could investigate whether other contextual factors (e.g. characteristics of the professional and agency) seem associated with disparities in decision-making.

1. Introduction

This paper examines migrant and gender disparities in child protection decision-making. A wide continuum of decisions are made by professionals in the child protection system, ranging from whether to start an investigation, to open a case for continuing services, to provide child protection measures, and to reunify a child with its birth family from an out-of-home placement (Baumann, Dalgleish, Fluke, & Kern, 2011). These decisions are recurrent (Baumann et al., 2011) and can impact the daily lives of families (Bouma, Grietens, López López, & Knorth, 2019). While the intent of services is to be positive and protective of children, families

seem to have mixed experiences with regard to involvement of child protection services. While some value the efforts of child protection professionals and benefit from support, others have negative experience and encounter power imbalances in their interactions with child protection professionals or do not benefit from services or child protection measures (Bouma et al., 2019; Smithson & Gibson, 2017).

For signatory States, the decision whether to intervene in family life is embedded in the Convention on the Rights of the Child, stating that parents' authority should be respected, unless this is incompatible with the best interest of the child (UN Committee on the Rights of the Child, 1989). This leaves decision-makers in the child protection system with the complex task of balancing the right to family life versus the best interest of the child, and to make the right decision with regard to providing child protection services (Keddell, 2014). In some instances it may be appropriate to provide a family with interventions such as services or child protection measures, while it may be more reasonable in other families not to intervene. Correspondingly, an important notion when studying child protection decision-making is that decisions made by professionals could be inappropriate and even damaging when in error. Preceding literature distinguishes so-called type I and type II errors in decision-making (Baumann et al., 2011). Type I errors occur when child protection professionals decide not to intervene while actually intervention is needed. Type II errors point to opposite circumstances where professionals decide to intervene in a family while this is in fact not the best option.

Even though the human right perspective suggests that child protection decisions should be transparent (Keddell, 2014), several types of biases, including confirmation biases and the overreliance on salient data, are associated with mechanisms of variability or errors in professional decision-making (e.g., Wedding & Faust, 1989). The Decision-Making Ecology framework (DME; Baumann et al., 2011) suggests that decisions made in the child protection system are shaped by a wide variety of influences at the case, professional, agency, and external (e.g., national policies) level which may all result into variability in decision-making. These levels (i.e., case, external) on their own, as well as the interrelations within and among these levels, influence decisions in the child protection system (Baumann et al., 2011). In the current study, we focus on case factors that concern the identities of family members and how these may contribute to disparities in decision-making (e.g., Fluke, Jones Harden, Jenkins, & Ruehrdanz, 2010). In particular, we investigate how a family's migration background and the gender of the parent who maltreated the child affect child protection decisions. Using an intersectional approach, we examine whether the interrelations between family migration background and gender are associated with disparities in decision-making. We also apply sub-group analysis to produce an international comparative perspective and address potential disparities in decision-making for England, Germany and the Netherlands separately (external influence in the DME), because decisions might vary due to national policy differences (Gilbert, Parton, & Skivenes, 2011).

1.1. Disparities in decision-making

Disparities in decision-making imply that marginalized groups, including minoritized ethnic groups and women, are being treated unequally (Fluke et al., 2010). This project examines disparities in decision-making from a social justice perspective (Fluke et al., 2010) and it is guided by a critical ontology; we believe that concepts such as ethnicity and gender are socially constructed (Glenn, 2000), but become actualized in social settings by processes of human meaning making (Dominelli, 2018; Stainton Rogers, 2011). Consequently, the process of dividing people into social categories produces power relations, where some groups are perceived as superior or privileged (e.g., White males) and others as inferior (e.g., women; Glenn, 2000; Stainton Rogers, 2011). These power and privilege dynamics are associated with disparities in decision-making, they structurally disempower people, and they impact family life in marginalized groups of people (Dominelli, 2018).

1.1.1. Migration background
A variety of scholars have shown that several groups of people with a migration background in the European context face disparities and disadvantage because they are foreign or have roots in foreign countries (Andriessen, Nievers, Faulk, & Dagevos, 2010; Dominelli, 2018). The social construct *migration background* refers to whether a person or a person's parent(s) were born in a country outside the current country of residence (Statistics Netherlands, 2016; Statistisches Bundesamt, 2017). This definition is common in many continental European contexts and is often used for *Othering* processes (e.g., Eliassi, 2015), which is a more general societal mechanism that divides people into groups, which are either perceived as superior or inferior, based on identity characteristics (Dominelli, 2018). Hence, migrants are oftentimes perceived negatively by the non-migrant populations and may receive xenophobic responses based on fear of foreigners (Kivisto, 2008). For instance, experimental studies in different European countries have shown that employers seem less likely to invite migrants for job interviews (Andriessen et al., 2010; Ramos, Thijssen, & Coenders, 2019; Thijssen, Lancee, Veit, & Yemane, 2019). Furthermore, several scholars in Europe have shown that families who have migration backgrounds are overrepresented in the child protection system (Euser, van IJzendoorn, Prinzie, & Bakermans-Kranenburg, 2011; Schick et al., 2016). However, the aforementioned studies report that this overrepresentation largely disappears when analyses are corrected for socioeconomic indicators, like employment and education.

We hypothesize that migrant families in Europe face disparities in child protection systems. Previous research outside Europe that has been conducted in different regions of the world has repeatedly found evidence that families perceived as Others (Dominelli, 2018) are negatively impacted by child protection decisions. Racial disparities seem common in Northern American countries. For example, Black families are 33 % more likely compared to White families to receive a child protection intervention following an investigation in Ontario, Canada (King et al., 2017). Moreover, suspected maltreatment at the beginning of an investigation is more often substantiated at case closure when child protection reports concern Black children compared to White children based on data from Texas in the US (Dettlaff et al., 2011). Lastly, a vignette study that was carried out in the New Zealand showed that social workers judge a fictious cases of an indigenous Māori family as being at higher risk for future child maltreatment or harm compared

to an identical description of a Pākehā (i.e., White) family (Keddell & Hyslop, 2019). These results provide evidence that groups of families who are perceived as the Other in societies, like families with a migration background, may face disparities in child protection decision-making.

Furthermore, several scholars have critiqued how current practices of child protection or social work do not effectively address differences concerning Otherized families in European contexts (i.e., Black families, migrant families). An example of ineffective practices is that White social workers may fear being labelled as racist and, consequently, do not address aspects of cultural differences (Dominelli, 2018). This fear could result into so-called *colorblind* practices, assuming that everybody should be treated equally and that the needs of all families converge. However, this strategy is viewed as inadequate, since it does not acknowledge that people who are perceived as Other face discrimination and that they may have some needs that are divergent (Dominelli, 2018). An important consideration by Keddell and Hyslop (2019) related to this topic is that not all variability in decision-making is nessesarily bias, because decisional variablity, in particular day-to-day decision-making, could reflect awareness of a certain group's preferences. Keddel and Hyslop point out that visiting a family face-to-face instead of having a phone call could reflect the effort of the professional to meet a group's preference to meet in person. Another key issue that arises in working with migrants in the context of social work is *culturalization* of issues that migrants may face (Volpp, 2000). For instance, domestic violence committed by Arabic migrant men is considered a cultural problem, while violence by non-migrants is often explained by individual circumstances (Eliassi, 2015); an instance of an attribution error (Ross & Anderson, 1982). Consequently, culturization could lead to stigmatized images and biases towards Otherized groups.

1.1.2. Gender

Child protection practice seems impacted by gendered views on parenting and patriarchal beliefs (i.e., the idea that men are considered family decision makers and women are ascribed subordinate family roles; Dragiewicz, 2008; Scourfield & Coffey, 2002). Research shows that child physical abuse perpetuated by single family mothers is more strongly associated with children being removed from their homes when compared to maltreatment perpetrated by single family fathers (Crawford & Bradley, 2016). These authors suggest that maternal maltreatment is regarded as more severe by child protection decision-makers because female abusers do not adhere to their gendered caretaking roles (e.g., nurturing parenting behavior). Mothers also tend to be targets of domestic violence investigations in the child protection system, even when their partners perpetrated the abuse (Alaggia, Gadalla, Shlonsky, Jenney, & Daciuk, 2015). Scholars show that child protection professionals often portray these abused women as neglectful and "unable to protect their children from domestic violence" (Lapiere, 2010); and in some cases, the role of the abusing father goes unmentioned (Hartley, 2004). Lastly, child protection interventions usually target mothers and not fathers (Alberth & Bühler-Niederberger, 2016). Thus, evidence suggests that parent gender influences decision-making in the child protection practice.

1.2. Intersectionality

Intersectionality is a viable framework to examine whether the interrelatedness of family migrant background and parent gender are associated with decision-making in continued child protection services. Contemporary DME research acknowlegdes that not only case, professional, agency, or external influences are associated with decision-making, but also their interrelations (Rivaux et al., 2008; Wittenstrom, Baumann, Fluke, Graham, & James, 2015). This trend is also shown by studies that investigate disparities in decision-making, as for instance the study by Wittenstrom et al. (2015). Their findings show that African American families had a 12 % lower likelihood of reunification after a foster care placement compared to White families. However, this increased to a 68 % lower likelihood when investigating a subgroup of single parents with one child, dealing with substance abuse, and whose children had a kinship placement. The analytical method of these studies resembles similarities with the intersectional approach, as they also focusses on how the intersection of different variables result into variablity in decision-making. However, intersectionality in quantitative studies does not merely imply interaction effects in models between some variables; interaction terms serve as a tool to identify intersectional patterns (Cole, 2009) based on intersectional hypotheses drawn from theory. In addition, a central tennat of intersectionality is to investigate that identities may result in inequalities and social injustice, which are assumed to be impacted by power structures, such as sexism and racism (Cho, Crenshaw, & McCall, 2013). Intersectionality originated as a tool to analyze the effects of race *and* gender discrimination in Black lives, specifically for Black women (Crenshaw, 1989). Currently, intersectionality has been further developed as a framework to study the co-occurrence of varying forms of power structures and inequities across social classes, sexual orientations, and inequities in deprivation (e.g., poverty) in several academic disciplines (Else-Quest & Hyde, 2016a; Konstantoni & Emejulu, 2017). Thus, an intersectionality approach may reflect a culturally competent framework to investigate disparities in child protection decision-making for continued services in the context of migrant status and gender identiy.

1.3. The current study

This study is based on data drawn from three European child protection systems (England, Germany, and the Netherlands) and is embedded in the Hestia research project, which is an international comparative research project on child protection policy and practice (see www.projecthestia.com for more information). Even though several similarities are present in these countries' welfare landscapes (e.g., all state-funded) and they are geographical neighbors, large variations and subtle differences in policies, organization, focus, and scope do exist (Biehal, 2019; López López, Bouma, Knorth, & Grietens, 2019; Witte, Miehlbradt, van Santen, & Kindler, 2019). Accordingly, these between-country policy variations could result in different thresholds regarding when to report and take action in cases of (suspected) child maltreatment (Burns, Pösö, & Skivenes, 2017). In addition, policies with respect to

families with migrant background and gender differ within various national contexts. Skivenes, Barn, Križ, and Pösö (2015) provide an overview on how migrant children are represented within different child welfare regimes and how this influences child welfare practice. In the same vein, national gender policies seem to affect gender inequalities (Sainsbury, 1999). Hence, the effect of a family migrant background and gender could potentially be diverse in the three countries of this study.

The aim of the current study is to examine if the decision to open a child protection case for continuing services is impacted by a family's migrant background, the gender of the parent who perpetrated the maltreatment, and their interrelatedness. We will test whether family migrant background, the gender of the perpetrator of child maltreatment (i.e., mother/father), and their inter-sectionality influence decision-making in Dutch, English, and German child protection systems, while controlling for demographics and relevant influences affecting decision-making (i.e., financial problems, caregiver substance use, family structure, family size, family mental health issues, child's gender, and child's age). We hypothesize that child protection agencies are more likely to interfere in family life by opening a case for continuing services when a child protection report concerns a migrant family and when mothers allegedly perpetrated child maltreatment. Informed by the intersectional approach, we hypothesized an increase in the likelihood of open child protection cases for continuing services when migrant mothers commit maltreatment. Moreover, we will explore country specific effects, as national policies regarding migrant background and gender (i.e., external influence in DME) could influence how family migrant background and gender of the perpetrating parent at the case level influence decision-making.

To our knowledge, no other quantitative study on disparities in child protection decision-making has adopted an intersectional informed approach to examine the effect of gender and family migrant background. The study expands on the current observations in child welfare decision-making research to investigate how interrelations between factors affect decision-making (Rivaux et al., 2008; Wittenstrom et al., 2015).

2. Method

2.1. Sample

This study included (N = 1189) child protection cases in which at least one of the birth parents was involved in a child protection investigation (The Netherlands: n = 398, England: n = 390, Germany: n = 401). In each country, we collected data in four different local child protection authorities. We purposefully invited agencies that together provided a balanced representation of the countries (e.g., rural and urban regions). The children indexed in these case files were on average 7.14 years old (SD = 5.35). There were slightly more male (n = 602, 50.6 %), than female (48.6 %) children, and gender information was not documented for nine children (0.8 %).

Cases were included if maltreatment was reported to child protection agencies between August 2013 and October 2016. In the Netherlands, cases were only reported after March 2015, as new child protection policies were implemented in January 2015. This allowed us to investigate Dutch child protection practice after the policy reform (López López et al., 2019) and not have results confounded by the change. For families with more than one child, we randomly selected an index child to be part of the sample.

At three English sites, passive consent by parents was required to access the case files. Child protection agencies sent letters to inform them that their case files would be accessed for this study, unless they explicitly disagreed by contacting the agencies. Sixty-five parents did not consent and these selected cases (12.7 %) were excluded from the study.

Case files were included when they matched our predefined inclusion criteria. We selected cases that contained reported child maltreatment or concerns regarding child-rearing capacities of caregivers. Cases were excluded from the sample when they were not closed at the moment of data collection or when the case was referred to another child protection location due to a family's move within their country of residence.

2.2. Measures

2.2.1. Decision to open for continuing services

We examined whether a voluntary or involuntary child protection intervention service was recommended or provided by the child protection agency at the end of the investigation. The service could either target children, caregivers, or the family as a whole. When families already received services before the investigation and it was concluded that these services needed to continue after the investigation, this was coded as a decision to provide continuing services. We also coded out-of-home placements as providing continuing services (0 = not opened for services, 1 = opened for services).

2.2.2. Family migration background

We determined whether each family in the sample had a migrant background with documentation in the child protection case file (i.e., the child or one of its birth parents was born in another country; 0 = no migration background, 1 = migration background).

2.2.3. Mother perpetrator

We determined whether the child's mother was likely to have perpetrated a type of maltreatment according to information that was presented in the case file. Coders used the Modified Maltreatment Classification System (MMCS) to judge whether maltreatment had occurred (physical abuse, sexual abuse, emotional maltreatment, lack of supervision, failure to provide for the physical needs of the child, moral maltreatment, and educational maltreatment; see English & LONGSCAN Investigators, 1997; 0 = mother is not a perpetrator of any of the MMCS maltreatment types, 1 = mother is perpetrator of one or more MMCS maltreatment types).

2.2.4. Father perpetrator

Similarly to mothers, we determined whether fathers were likely to be a perpetrator of child maltreatment according to information that was written down in case files (0 = father is not a perpetrator according to any MMCS maltreatment types, 1 = father is a perpetrator of one or multiple MMCS maltreatment types).

2.2.5. Other influences on decision-making and demographic characteristics

The observational nature of this study required risk adjustment controls for the analyses of demographic characteristics and case influences that affect decisions in child protection practice. Case influences that affect decisions in child protection practice were selected based on a review of relevant literature (Fluke et al., 2010) and included the following:

2.2.5.1 Previous report The index child or another child of the child's caregiver(s) (e.g., birth parent, stepparent) had been referred to a child protection agency in the past (0 = no previous report, 1 = previous report).

2.2.5.2 Substance abuse caregiver The child's caregiver(s) had current or previous issues on substance abuse (i.e., alcohol, drugs) according to the case file (0 = no substance abuse caregiver, 1 = substance abuse caregiver).

2.2.5.1. Family mental health problems. The index child or any caregiver(s) had mental health issues, as reported in the case file (0 = no reported family mental health problems, 1 = any reported family mental health problems).

2.2.5.2. Financial difficulties. The case file mentioned financial difficulties of the family (0 = no financial difficulties reported in the case file, 1 = financial difficulties).

2.2.5.3. Child maltreatment. One or more types of maltreatment occurred according the MMCS (English & LONGSCAN Investigators, 1997). Besides maltreatment by mothers and fathers, the coding process allowed for incidents of maltreatment committed by other perpetrators (e.g., stepparent, grandparent, teacher), multiple perpetrators, or a not explicitly mentioned perpetrator (0 = no signs of MMCS maltreatment, 1 = signs of MMCS maltreatment).

2.2.5.4. Large family. A family was considered large when it consisted of three or more children (0 = no large family, 1 = large family).

2.2.5.5. Present mother. Mother was present and/or involved in the child protection investigation (0 = mother not present, 1 = mother not present).

2.2.5.6. Present father. Father was present and/or involved in the child protection investigation (0 = father not present, 1 = father not present)

2.2.5.7. Separated parents. The mother and father were living in different households (0 = mother and father live in one household, 1 = mother and father live in separate households).

2.2.5.8. Gender index child. The index child's gender (male, female, other, or not documented; 0 = male, 1 = female; other or not documented gender was removed for analyses).

2.2.5.9. Age of index child. Age in years of the index child at the date of the referral to the child protection agency.

2.3. Procedure

Data were collected and coded by 19 researchers and assistants. All coders had a background in the field of social work, either as student or as a child protection professional. Coders received a training manual with relevant reading materials, familiarized themselves with the coding scheme while coding mock cases, and received on-the-job coaching to get familiar with the structure of case files before they started coding data.

Regarding the perpetrator of maltreatment according the MMCS, between-country intercoder reliabilty was sufficient and reached Krippendorf's α = .67 (mothers) and .68 (fathers; Krippendorff, 2004). All 19 researchers involved in data collection coded nine identical mock child protection case files (3 case files from each country).

Coders read case files at child protection agencies and simultaneously filled in the coding scheme. Case files were generally based on the child protection professional's conversations with parents, teachers, medical professionals, in some instances with children themselves, and, when applicable, previous child protection reports. We collected data using a close-ended coding scheme with an online highly secured survey tool. Most items contained an 'other' option to account for circumstances in which the originally framed answer options did not match the case. Moreover, coders could note difficulties or comments concerning the coding process at the end of each questionnaire. All coders had regular meetings to discuss coding difficulties during the data collection period.

Researchers cleaned the database once all data was acquired. The cleaning process was informed by responses of the open-ended answers in the survey. Open answers were either merged with existing categories or new categories emerged. Data cleaning was performed using SPSS version 25 (IBM, 2017).

The Pedagogical Sciences and Education Science Ethics Committee at the University of Groningen approved the research

procedure of the research project. Subsequently, additional ethical approval for data collection in England was granted by the Social Policy and Social Work Departmental Ethics Committee at the University of York.

2.4. Data analysis

We computed descriptive statistics for all measures of this study and provided bivariate statistics based on whether continuing services were provided to families. In addition, we compared maltreatment rates of mothers and fathers in the migrant and non-migrant sample. We used χ^2-test to detect significant differences between groups. We compared the proportion of families with a migration background in the sample with the general population of people with a migration background using a z-test for proportions. Subsequently, we ran six binomial logistic regression models to investigate which factors were associated with the decision to provide continuing services (DV). In case of missing data, we adopted a list-wise deletion method. In model 1, we included all control variables to the model. Model 2 included main effects for the case level variables of interest in this study: Migrant background, Mother perpetrator, and Father perpetrator. In model 3, we included interaction effects to investigate potential interacting differences in decision-making for migrant mothers and migrant fathers (i.e., Migrant x Mother perpetrator and Migrant x Father perpetrator; Else-Quest & Hyde, 2016b). In the subsequent models we re-estimated model 3, while conducting the analysis for England, the Netherlands, and Germany separately. We computed odds ratios (*ORs*) including 95 % confidence intervals to ease interpretation of the estimates. Furthermore, we computed (adjusted) McFadden pseudo R^2 measures and (corrected) AIC values to assess model fit. After estimating model 2 and 3, we determined whether the model improved compared to the previous model using a log-likelihood ratio test (i.e., model 1 vs. model 2, model 2 vs. model 3). Lastly, we conducted Wald tests (χ^2) to assess whether the model estimates for Mother perpetrator and Father perpetrator differed significantly for each other, based on coefficients that were obtained in model 2 and model 3. For all models, we computed VIF values to detect potential issues with regard to multicollinearity, where we considered VIF values above five as an indicator of multicollinearity problems (Sheather, 2008). Analyses were performed in R (R Core Team, 2014).

3. Results

Child protection professionals decided or recommended in 75.8 % of the cases (*n* = 901) that a family should receive continuing services. Table 1 provides an overview of characteristics of the sample, including a subgroup analysis of cases that were opened for continuing services and cases that were not referred to continuing services. In approximately half of the cases, the index child or

Table 1
Frequencies and percentages (or means and standard deviations) for the variables in this study, including a subgroup analysis based on whether a case was opened for continuing services.

	Total		No continuing services		Continuing services		χ^2	p^c
	N	%	*n*	%	*n*	%		
DV								
Opened for continuing services	901	75.8						
IVs								
Migration	374	31.5	105	28.1	269	71.9	4.11	**.042**
Mother perpetrator	760	61.4	102	14.0	628	86.0	106.79	**<.001**
Father perpetrator	465	39.1	79	16.0	386	83.0	21.12	**<.001**
Case concern variables								
Previous report	604	50.8	86	14.2	518	85.8	65.56	**<.001**
Substance abuse caregiver	218	18.3	19	8.7	199	91.3	33.94	**<.001**
Family mental health problems	587	49.4	60	10.2	528	89.8	122.31	**<.001**
Financial difficulties	342	28.8	51	14.9	291	85.1	21.69	**<.001**
Child maltreatment (MMCS)	932	78.4	160	17.1	772	82.8	115.14	**<.001**
Country CPS								
ENG	390	32.8	72	18.5	318	81.5	10.03	**.001**
NL	398	33.5	85	21.3	313	76.6	2.44	.118
GER	401	33.7	131	32.7	270	67.3	22.82	**<.001**
Family characteristics								
Large family ($\leq$ 3 children)	328	27.6	80	24.3	248	75.6	<.001	.994
Present mother	1158	97.4	281	24.3	877	75.7	<.001	.997
Present father	796	66.9	216	27.1	580	72.9	10.66	**.001**
Separated parents	730	61.4	140	19.2	590	80.2	25.50	**<.001**
Child characteristics								
Female [ref: male,a]	578	49.0	130	22.5	448	77.5	1.53	.216
	M	*SD*	*M*	*SD*	*M*	*SD*	*t*	*p*
Age[b]	7.14	5.35	6.91	5.15	7.22	5.41	−1.00	.382

Note. [a]Gender other than female or male was removed from the analysis (*N* = 1180).
[b]One case removed due to missingness (*N* = 1188).
[c]Significant effects (*p* < .05) are marked in bold.

Table 2
Region of origin for families with migration background (n = 374).[a]

Region	n	%	Region	n	%
Europe	117	31.3	North-America	5	1.3
West	15	4.0	Mid and South America	63	16.8
South	25	6.7	Africa	96	25.7
East	77	20.6	Middle-East	63	16.8
North	0	0.0	Asia	46	12.3
Mid	5	1.3	Australia and Oceania	0	0.0
			Undocumented country	20	5.3

Note. [a] total amount of regions exceeds *n = 374* (100 %) since it can be possible that the index child, mother, and father were born in different regions.

another child of the caregivers was previously reported to the child protection agency; 18.3 % of the cases reported on substance use of caregivers; 49.4 % of the professionals recorded mental health issues of family members; 28.8 % of the families seemed to experience financial difficulties; and MMCS maltreatment indicators were observed in 78.4 % of the case files. 27.6 % of the index children lived in a large family ($\leq$ 3 children); almost all mothers (97.4 %) and about two-thirds of the fathers (66.9 %) were actively present in the case files and lives of their children; and 61.4 % of the index children's birth parents did not live together in the same house.

About one third of the families in our sample had a migrant background ($n = 374$, 31.5 %; ENG = 18.2 %, NL = 35.6 %, GER, = 38.9 %). In Germany and the Netherlands, this representation is significantly greater compared to the percentage of migrants in the population (GER = 21.0 %, $z = -7.27$, $p < .01$; NL = 22.1 %, $z = -5.62$, $p < .01$; Statistics Netherlands, 2016; Statistisches Bundesamt, 2017). No English statistics with a similar definition of migration background were available, as the definition is not commonly applied by English or UK population statistics institutes. The majority of migrant families originated from the continent of Africa ($n = 96$, 25.7 %), Eastern Europe ($n = 77$, 20.6 %), or the Middle-East ($n = 63$, 16.8 %; see Table 2 for further description).

Mothers ($n = 730$, 61.4 %) were more often identified as perpetrators compared to fathers ($n = 465$, 39.1 %). However, fathers were only included in two thirds of the investigations ($n = 796$, 66.9 %), thus, there is a larger representation of mothers in our sample. When solely focusing on cases that included both mothers and fathers ($n = 765$), perpetrator rates of fathers ($n = 447$, 58.4 %) were roughly equal to those of mothers ($n = 461$, 60.3 %). Maltreatment rates of migrant ($n = 223$, 59.6 %) and non-migrant mothers (n = 507, 62.2 %) did not differ substantially from each other ($\chi^2 = 0.61$, $p = .432$). In the overall sample, there was a weak trend for migrant fathers ($n = 161$, 43.0 %) being more often perpetrators of maltreatment compared to non-migrant fathers ($n = 304$, 37.3 %; $\chi^2 = 3.32$, $p = .068$). Nonetheless, it has to be taken into account that migrant fathers ($n = 272$, 72.7 %) were significantly more often present in case files and families compared to non-migrant fathers ($n = 524$, 64.3 %; $\chi^2 = 7.86$, $p = .005$). When only focusing on cases that included both parents, we detected no significant differences in maltreatment of migrant fathers ($n = 150$, 58.1 %) and non-migrant fathers (n = 279, 58.6 %; ($\chi^2 < 0.01$, $p = .969$).

As described in the methodology section, we conducted six binomial logistic regression analyses. The results of the models are shown by Table 3. Table 4 provides an overview of the results of Wald tests that were used to test for significant differences with regard to the Mother perpetrator estimate and Father perpetrator estimate. Ten cases did not have data on children's age ($n = 1$), gender ($n = 8$), or had another gender than male or female ($n = 1$) and were not included in the models.

3.1. Model 1

The first model only included case level risk adjustment variables. There was an increased likelihood to provide continuing services when the index child and/or another child in the family were previously reported to a child protection agency (OR = 1.97, CI [1.14, 2.76]); one of the child's caregivers may have misused drugs or alcohol (*OR* = 2.15, CI [1.28, 3.78]); one or multiple family members had mental health issues (*OR* = 4.30, CI [3.07, 6.10]); the family had financial difficulties (*OR* = 1.48, CI [1.01, 2.19]); and a type of maltreatment was reported in the case file (*OR* = 3.80, CI [2.72, 5.31]). Moreover, there was a trend showing that presence of fathers (*OR* = 0.66, CI [0.43, 1.03]) and one year of increase in age of the index child (*OR* = 0.97, CI [0.94, 1.00]) may be associated with a decreased likelihood that a case is opened for continuing services. McFadden pseudo R^2 reached .21 (adjusted = .19). VIF values ranged between 1.02 and 1.69.

3.2. Model 2

Main effects for Migration, Mother perpetrator, and Father perpetrator were added in model 2. No significant effects were found for Migration. Both maltreatment committed by mothers (*OR* = 2.03, CI [1.32, 3.09]) and by fathers (*OR* = 1.85, CI [1.19, 2.88]) were associated with an inflated likelihood that a case was opened for continuing services. We did not find evidence that the estimate Mother perpetrator and Father perpetrator differed significantly from each other. Other variables that reached statistical significance were Previous report, Substance abuse caregiver, Family mental health problems, Child maltreatment (MMCS), Present father, and when the origin of the case was Germany. McFadden pseudo R^2 reached .23 (adjusted = .18). Model 2 improved significantly in comparison to model 1, $\chi^2(3) = 18.82$, $p < .001$. VIF values ranged between 1.02 and 2.19.

Table 3

Results of binary logistic regression analysis (OR, 95 % CIs, p [a]) on the decision whether to provide services including control variables (model 1), main effects for migrant background and parent gender (model 2), and interaction effects between migrant background and parent gender (model 3; also for England, the Netherlands, and Germany separately).

	Model 1 (N = 1179)			Model 2 (N = 1179)			Model 3 (N = 1179)			Model 3 - ENG (N = 389)			Model 3 - NL (N = 392)			Model 3 - GER (N = 398)		
	OR	[95 % CI]	p	OR	[95 % CI]	p	OR	[95 % CI]	p	OR	[95 % CI]	p	OR	[95 % CI]	p	OR	[95 % CI]	p
Intercept	0.96	[0.26, 3.68]	.952	1.33	[0.36, 5.11]	.669	1.35	[0.36, 5.23]	.657	1.68	[0.13, 24.95]	.695	−0.74	[0.09, 6.74]	.782	2.64	[0.26, 32.79]	.422
Maltreatment/concern variables																		
Previous report	**1.97**	[1.14, 2.76]	<.001	**1.85**	[1.32, 3.09]	<.001	**1.87**	[1.33, 2.63]	<.001	1.93	[0.96, 3.88]	.065	**2.16**	[1.19, 3.99]	.012	1.54	[0.86, 2.81]	.152
Substance abuse caregiver	**2.15**	[1.28, 3.78]	.006	**2.01**	[1.19, 2.88]	.012	**2.04**	[1.20, 3.62]	.011	1.83	[0.74, 5.09]	.213	3.24	[1.10, 12.22]	.051	2.04	[0.84, 5.41]	.131
Family mental health problems	**4.30**	[3.07, 6.10]	<.001	**4.42**	[3.14, 6.31]	<.001	**4.44**	[3.15, 6.35]	<.001	**3.89**	[1.96, 8.02]	<.001	**3.85**	[2.07, 7.49]	<.001	**5.34**	[3.05, 9.67]	<.001
Financial difficulties	**1.48**	[1.01, 2.19]	.049	1.41	[0.95, 2.10]	.088	1.39	[0.94, 2.07]	.105	2.16	[0.75, 7.54]	.184	0.92	[0.46, 1.92]	.831	**1.85**	[1.06, 3.28]	.033
Child maltreatment (MMCS)	**3.80**	[2.72, 5.31]	<.001	**1.68**	[1.03, 2.74]	.039	**1.64**	[1.00, 2.68]	.049	0.67	[0.28, 1.57]	.365	2.41	[1.01, 5.99]	.052	**3.66**	[1.35, 10.32]	.012
Demographics																		
Large family	1.04	[0.74, 1.48]	.805	1.06	[0.75, 1.51]	.755	1.07	[0.75, 1.52]	.709	0.59	[0.30, 1.16]	.124	**2.05**	[1.03, 4.29]	.048	0.97	[0.54, 1.77]	.928
Present mother	0.64	[0.21, 1.73]	.398	0.54	[0.18, 1.45]	.239	0.56	[0.19, 1.53]	.276	0.78	[0.08, 5.50]	.816	0.81	[0.14, 3.80]	.801	0.27	[0.03, 1.67]	.183
Present father	0.66	[0.43, 1.03]	.069	**0.56**	[0.34, 0.90]	.017	**0.56**	[0.35, 0.92]	.020	0.57	[0.22, 1.51]	.245	0.64	[0.29, 1.43]	.279	**0.34**	[0.14, 0.85]	.020
Separated parents	1.22	[0.81, 1.83]	.340	1.30	[0.86, 1.97]	.217	1.30	[0.86, 1.97]	.221	1.36	[0.56, 3.44]	.500	1.63	[0.82, 3.26]	.161	0.70	[0.33, 1.47]	.341
Child characteristics																		
Female ref: male	1.03	[0.76, 1.40]	.843	1.04	[0.76, 1.42]	.817	1.03	[0.75, 1.52]	.867	1.45	[0.76, 2.80]	.259	0.61	[0.34, 1.09]	.096	1.32	[0.80, 2.18]	.282
Age	0.97	[0.94, 1.00]	.089	0.98	[0.95, 1.01]	.181	0.98	[0.95, 1.01]	.160	**0.92**	[0.87, 0.98]	.010	1.00	[0.94, 1.06]	.987	1.01	[0.96, 1.07]	.700
Country CPS																		
NL ref: ENG	1.22	[0.81, 1.84]	.349	1.07	[0.70, 1.64]	.759	1.07	[0.71, 1.67]	.703	.	.	.						
GER ref: ENG	**0.71**	[0.47, 1.07]	.101	**0.63**	[0.41, 0.96]	.032	**0.64**	[0.42, 0.97]	.036	.	.	.						
IVs of interest this study																		
Migration	.	.	.	0.99	[0.71, 1.39]	.971	0.83	[0.51, 1.36]	.457	0.65	[0.21, 2.01]	.460	0.52	[0.22, 1.18]	.121	0.87	[0.38, 2.01]	.750
Mother perpetrator				**2.03**	[1.32, 3.09]	.001	**2.25**	[1.38, 3.64]	.001	**6.22**	[2.79, 14.59]	<.001	1.77	[0.65, 4.76]	.259	0.69	[0.26, 1.77]	.451
Father perpetrator				**1.85**	[1.19, 2.88]	.006	1.40	[0.84, 2.32]	.195	1.91	[0.73, 5.08]	.191	1.69	[1.61, 4.57]	.301	0.97	[0.41, 2.27]	.944
Migration x Mother perpetrator							0.80	[0.41, 1.60]	.533	1.14	[0.17, 10.68]	.900	1.15	[0.32, 4.21]	.830	1.06	[0.36, 3.12]	.921
Migration x Father perpetrator							**2.21**	[1.08, 4.58]	.030	**15.12**	[1.88, 333.99]	.026	1.50	[0.38, 5.87]	.553	2.00	[0.67, 6.04]	.214
Fit Estimates																		

8

Table 3 (*continued*)

	Model 1 (N = 1179)			Model 2 (N = 1179)			Model 3 (N = 1179)			Model 3 - ENG (N = 389)			Model 3 - NL (N = 392)			Model 3 - GER (N = 398)		
	OR	[95 % CI]	p	OR	[95 % CI]	p	OR	[95 % CI]	p	OR	[95 % CI]	p	OR	[95 % CI]	p	OR	[95 % CI]	p
McFadden	.21			.23			.23			.31			.25			.23		
Adjusted McFadden	.19			.18			.19			.21			.16			.16		
AIC	1055.51			1042.70			1041.96			292.82			341.10			420.74		
Corrected AIC	1055.87			1043.23			1042.61			294.47			342.74			422.35		

Note. [a] Significant effects ($p < .05$) are marked in bold.

Table 4
Results test of equality of estimates 'Mother perpetrator' and 'Father perpetrator'.

	χ^2	p
Model 2	0.08	.780
Model 3	1.56	.212
Model 3 – England	3.21	.073
Model 3 – The Netherlands	<0.01	.953
Model 3 – Germany	0.27	.604

3.3. Model 3

Interaction effects Migration x Mother perpetrator and Migration x Father perpetrator were added in model 3. The interaction of Migration x Mother perpetrator was non-significant, while the interaction effect Migration x Father perpetrator seemed associated with increased odds that continuing services were provided ($OR = 2.21$, CI [1.08, 4.58]). While the main effect Mother perpetrator remained a similar size compared to model 2, the main effect Father perpetrator changed to a non-significant value. This finding suggests that maltreatment by mothers seems associated with increased odds that continuing services are provided compared to cases where a mother did not maltreat the child. We were unable to find a similar main effect for the entire group of fathers who maltreated their child. Nonetheless, it seems that maltreatment by migrant fathers is associated with an increased likelihood that services are provided compared to non-migrant fathers who have maltreated their children. The Wald test did not provide evidence that the estimates Mother perpetrator and Father perpetrator differed significantly from each other. Other variables that significantly contributed to the model were Previous report, Substance abuse caregiver, Family mental health problems, Child maltreatment (MMCS), Present father, and Germany. McFadden Pseudo R^2 reached .23 (adjusted = .19). Model 3 showed a trend towards model improvement when compared to Model 2, $\chi^2(2) = 4.74$, $p = .09$. VIF values ranged between 1.02 and 2.63.

3.4. Country specific analyses

We tested model 3 for all the countries separately. The effects for Migration, Father perpetrator, and Migration x Mother perpetrator did not reach statistical significance in any of the three countries. Mother perpetrator and Migration x Father perpetrator reached statistical significance in England, but not in the Netherlands or Germany.

3.4.1. England
The effects Mother perpetrator ($OR = 6.22$, CI [2.79, 14.59]) and Migration x Father perpetrator ($OR = 15.12$, CI [1.88, 333.99]) were both associated with an increased likelihood that a case was opened for continuing services. In addition, Age (of the index child) and Family mental health problems significantly predicted the decision to open a case for continuing services. We found preliminary evidence that the estimate Mother perpetrator differed significantly from Father perpetrator ($\chi^2 = 3.21$, $p = .073$), which suggests that the likelihood that services are provided may be greater when mothers have maltreated their children compared to fathers who have maltreated their children. McFadden Pseudo R^2 reached .31 (adjusted = .21). VIF values ranged between 1.10 and 2.37.

3.4.2. The Netherlands
Previous report, Family mental health problems, and Large family significantly increased the likelihood a case was referred to continuing services. McFadden pseudo R^2 reached .25 (adjusted = .16). VIF values ranged between 1.07 and 3.26.

3.4.3. Germany
Family mental health problems, Financial difficulties, and Maltreatment were associated with a statistical significant inflated probability to provide or recommend continuing services. In addition, the active presence of a father in the index child's life and investigation seemed associated with a decreased likelihood that services were provided. McFadden pseudo R^2 reached .23 (adjusted = .16). VIF values ranged between 1.03 and 3.70.

4. Discussion

4.1. Reflection on main findings

This study investigated whether parents' gender and migration background seem associated with disparities in child protection decision-making. Using an intersectionality approach, we examined whether a family's migration background and child maltreatment perpetrated by mothers or fathers was associated with child protection professionals' decisions to provide a family with continued services. We found that maltreatment by mothers was associated with an inflated likelihood that cases were referred to continuing services compared to cases where a mother did not seem to have maltreated the child. That said, we should point out that country specific analyses showed that these effects were most pertinent in the English sample, because they were non-significant in the Dutch and German sample. Thus, for the Netherlands and Germany we did not observe these effects for maltreatment by fathers in the intersectional analyses. In addition, we only found preliminary evidence in the English sample that maltreatment by mothers was

increased with a significantly different likelihood that services were provided compared to maltreatment by fathers. The finding that maltreatment by mothers is associated with an increased likelihood that a case is opened for continuing services seems in line with the study by Crawford and Bradley (2016), who reported that children who are physically abused by mothers are more likely to be placed out of their homes compared to children who suffered physical abuse by fathers. An explanation for the distinguishable presence of decisional gender disparities in the English sample could be that traditional gender norms are more prevalent in the UK compared to Germany and the Netherlands (Andringa, Nieuwenhuis, & Van Gerven, 2015). An explanation why decisional disparities seem more prevalent for mothers may be associated with the belief that maltreatment by mothers is more severe compared to maltreatment by fathers. To our knowledge, previous studies have not concluded that maltreatment by mothers is associated with less negative outcomes, such as internalizing and externalizing behavioral problems, compared to maltreatment by fathers specifically (e.g., Cui, Deatrick, & Liu, 2018). However, the study by Cui et al. (2018) indicates that, on average, children who experienced maltreatment by fathers do not have significantly more behavioral problems compared to children who did not face maltreatment by their parents, while children maltreated by their mother or both mother and father do experience a significant larger extent of behavioral problems compared to children who did not face maltreatment. Their study was conducted in the Chinese context in which according to Cui et al. (2018) "maternal and paternal roles are typically encapsulated with the traditional Chinese adage that states, 'strict father, kind mother'" (Cui et al., 2018, p. 525). They suggest that potential differences in the impact of maltreatment by mothers and fathers may be related to gendered perceptions and expectations that children may have for mothers and fathers (Cui et al., 2018). When, due to gendered norms, children expect their mothers to be protective and warm in contrast to fathers, maternal abuse may be perceived as a greater rejection compared to paternal abuse, which may contribute to negative behavioral outcomes (Cui et al., 2018; Lansford et al., 2010).

Furthermore, we found evidence that maltreatment committed by fathers with a migration background is associated with an inflated probability that services are provided, in contrast to fathers without a migration background. Even though literature suggests that negative perceptions towards migrants are prevalent in the Netherlands, Germany, and the United Kingdom (Semyonov, Raijman, & Gorodzeisky, 2008), we solely found evidence that migrant fathers in England seem to face decisional disparities within the child protection system. This might be associated with the fact that attitudes towards migrants seem somewhat more negative in England compared to Germany and the Netherlands (Semyonov et al., 2008). Another possible explanation for the increased likelihood of decisional disparities in England may be associated with the Brexit vote and debate, which seems to have intensified experiences of racism and xenophobia by migrants (Rzepnikowska, 2018). To our knowledge, no other quantitative studies have reported similar disparities for migrant fathers in particular. Nonetheless, our findings can be understood in the light of Eliassi (2015) study that found non-European migrant men, in particular Muslims, are viewed as violent oppressors. Because violence committed by these men is often framed in terms of culture, this could potentially stigmatize other migrant men through the operation of attribution errors as a source of bias in decision-making. In addition, research is showing that child welfare professionals treat fathers of ethnic minoritized groups differently compared to ethnic majoritized fathers. For instance, the study by Arroyo, Zsembik, and Peek (2019) showed that professionals seem less likely to involve Black and Latinx fathers who are involved with child welfare cases compared to White fathers.

We suggest that disparities in decision-making may potentially be associated with errors in decision-making. Our analysis showed that similar cases (i.e., taking into account relevant characteristic such as previous report or substance abuse of caregivers) in some occasions result in different decisions based on the gender of the parent and a migration background of the family. Taking into account that decisions in the field of child protection are likely to be in error at some unknown rate (i.e., either type I or type II error; Baumann et al., 2011), this could suggest that identities of families and parents may result in errors in decision-making. To illustrate, when two child protection cases are identical or similar with regard to case characteristics, except the gender of the parent who seemed to have maltreated the child and migration background, but result in different decisions, it could be hypothesized that type I or type II errors might have occurred.

We need to acknowledge that the effects of migration background and the gender of the parent who maltreated the child that we found in this study were modest, and that also other variables (i.e., previous report, mental health issues) were significantly associated with the likelihood that cases were opened for continuing services, and that our models explained a limited amount of variance. Nonetheless, the fact that decisions are partly impacted by the characteristics of a family's migrant background and the gender of the parents who are allegedly perpetrating maltreatment cannot be overlooked and remains an important ethical issue (Keddell, 2014). Firstly, disparities are inconsistent with the Convention on the Rights of the Child, that states that children should not be discriminated based on characteristics of their family (UN Committee on the Rights of the Child, 1989). These international ambitions for equality and social justice in society (e.g., Sustainable Development Goals; (UN General Assembly, 2015) should be reflected at the practice level within the field of child welfare (Davidson, Bunting, McCartan, Bywaters, & Featherstone, 2017). Child protection agencies can fulfill this duty by making fair decisions that are not impacted by migrant or gender biases. Secondly, both discrimination and biases based on the region where people originated from and gender might have a negative impact on the wellbeing of families. For instance, exposure to racial discrimination is associated with decreased levels of wellbeing and poor health in youth and young adulthood (Priest et al., 2013). In a similar vein, evidence suggests that gender inequality is associated with decreased well-being for all genders (Arends-Tóth & van der Vijver, 2008) and that egalitarian parent roles are associated with a decreased risk that parent maltreat their children (Gowda & Rodriguez, 2019). Thus, we believe that children and families will benefit from child protective systems that reduce ethnic discrimination and both promote and demonstrate gender equal values.

4.2. Strengths and limitations

This study is one of the few projects that investigated disparities in child protection decision-making in European contexts using a relatively large sample of cases. Moreover, it is the first study that examined how intersections between migrant background and gender impact the decision to provide services.

A strength of this study is that our sample consists of actual child protection case files. The professionals who handled the cases were unaware that their cases would be the subject of a study at the time when they dealt with the case, since we only gathered data from cases that were already closed. Thus, observer effect, that behavior of study participants changes when they are aware of being monitored (Fraenkel, Wallen, & Hyun, 2012) is not likely to be an issue in this study. Conversely, the observational nature of this study can be a disadvantage, as we might not have controlled for all variables that might affect decision-making. However, to a degree the use of risk adjustment variables in our models accounts for such potential issues (Fluke et al., 2010).

Furthermore, case files were sampled randomly within Dutch and German child protection agencies. Unfortunately, this procedure was not fully realized at three of the four English sites, where some parents (12.7 %) rejected access to their case files. This might be a potential threat to the representativeness of the English sample. Unfortunately, we do not have information on the families who did not participate in our study in the UK sample, which implies that we do not know whether these families differ significantly compared to other families in our sample

We need to acknowledge that the use of interaction effects in our models does not fully account for the nuanced understanding of intersectionality and is just a quantitative expression of the intersectional approach (Cole, 2009). However, interactions can be a useful tool when used to identify patterns of disparities among combinations of power structures and identities (Cole, 2009), which we believe was also the case for our study. The utilization of the intersectional approach is especially demonstrated when contrasting step 2 and step 3 of our modelling procedure. Based on the non-intersectional analysis (model 2, Table 2) we would conclude that maltreatment committed by mothers and fathers is associated with an elevated likelihood that services were provided after the investigation. However, the intersectional analysis (model 3) indicates that maltreatment committed by fathers from migrant families is associated with an increased probability that services are provided, while the main effect for fathers remains insignificant. The analysis demonstrates the added value of the intersectional approach while correspondingly applying the DME to study child protection decision-making. The intersectional approach supplements the DME as it shows that the interrelatedness of case factors, in particular those that concern identities of families, can influence child welfare decisions. This strongly connects to previous DME research that investigates the interconnectedness between various factors at different levels of the ecology (e.g., Wittenstrom et al., 2015).

A limitation of this study is the application of the migration background definition. Even though the definition is common in continental European countries and is used for Othering purposes, migrants do not necessarily face discrimination (Essed & Trienekens, 2008). Wekker (2016) illustrates that Black people generally are at increased risk for discrimination in the Dutch context and that White migrants are less likely to face discrimination. As ancestors of people of color have often lived in the Netherlands for many generations, they are not always migrants according to the formal definition. However, Dominelli (2018) reports that White European migrants (e.g., from Poland, Italy) can also face discrimination, but emphasizes that this type of discrimination is qualitatively different compared to discrimination that Black people face, since this type of racial discrimination is rooted in a history of colonialism and enslavement.

Another constraint is that we measured migration background at a family level and classified case files as having a migrant background when the child or one of their parents originated from another country. Retrospectively, a more sophisticated approach would have been to collect data regarding migrant background for each parent separately. Our coding might particularly have been problematic when including interaction effects between Mother/Father perpetrator and Migration background to account for difference in decision-making for migrant family mothers and fathers. The perpetrating parent in this instance may not have had a migrant background, as it might have been the non-perpetrating parent who was born in another country. Therefore, extra caution is needed when interpreting the results of the interaction effects.

Moreover, we were unable to collect data on child protection professionals who were working with the families. It might be possible that one case worker handled multiple case files, resulting in potential dependencies between cases. As we were unable to extract this data, we cannot correct for this by hierarchal regression models (cf. Font & Maguire-Jack, 2015).

We need to acknowledge that the dependent variable in this study, opening a case for continuing services, is broad because captured a broad continuum of services such as voluntary in-home services but also out-of-home placements. Unfortunately, we were unable to distinguish between this variation in our analyses, in particular due to the low number of out-of-home placements in our sample.

4.3. Recommendations for future research

We believe it is important to encourage future studies on disparities in child protection decision-making to investigate the effect of ethnicity or race on decisions in addition to migrant background, particularly in the European context. As Wekker (2016) reports, people of color in Europe face discrimination, and thus accounting for race-based characteristics could potentially form a somewhat different picture regarding disparities in child protection systems compared to migrant status alone. However, we should note that case files at the Dutch and German agencies do not seem to provide information about this in contrast to the English client registration systems. This seems in line with observations by Essed and Trienekens (2008) that mentioning *race* is a taboo in continental European contexts and that organizations generally do not collect information on their clients' race. Thus, we advise that researchers

think carefully about how they can collect information concerning participants' race. Potentially, applying a race or ethnicity framework in European contexts would allow cross-national comparisons with for example Northern American countries.

We also recommend that future research take into account the hierarchal structure by which decisions in the child protection field are impacted. The DME framework clearly notes that influences at the level of the professional, supervisor, or child protection agency could influence decisions. We suggest that these levels can be added to the models by applying multi-level modeling approaches (e.g., Font & Maguire-Jack, 2015) provided the data collection allows for the identification of professionals across cases. Moreover, cross-level interactions (Case characteristics x Traits of the child protection professional) can be explored in future models. For instance, Križ and Skivenes (2011) report that professionals' characteristics such as training or ethnicity may influence their attitudes of working with families of disadvantaged ethnic groups. By adopting a hierarchal approach, it is possible to assess whether certain characteristics of decision makers (e.g., education, ethnicity) or their professional working environments (i.e., agency factors) might elicit in ethnic or gender disparities in decision-making.

4.4. Implications for policy and practice

This study reveals the challenge to researchers and professionals in the field of child protection to further identify, and then combat and minimize migrant and gender disparities. Davidson et al. (2017) warn that current child welfare policies might not be focused well enough on minimizing inequalities, but are merely targeted at protecting children from violence. Without undermining the focus on protecting children, additional policies to address disparities are also needed because striving for migrant and gender equity from a children's rights perspective is of significant importance. Firstly, the field of child welfare should reflect the nationwide ambition to strive for equality and justice in society since it is funded by governmental institutions (Davidson et al., 2017). Secondly, a key task of the child protection system is to promote equal opportunities and wellbeing for children and their families (UN Committee on the Rights of the Child, 1989). Since biases based on gender or region of origin have a negative impact on individuals (e.g., Arends-Tóth & van der Vijver, 2008; Priest et al., 2013), striving for equity can contribute to the overarching aim of child protection to promote the wellbeing of all children and families.

Furthermore, researchers and educators who teach future child protection professionals could rethink, develop, and evaluate effective ways to engage with migrant clients and how to engage with potential cultural differences. According to Eliassi (2015), social workers show openness to learn about other cultures, but seem unaware of unequal power relations and the fact that cultures of non-Europeans are often stigmatized by current discourses and implicitly value their own culture. According to Ortega and Faller (2011) the latter issue might be tackled by teaching professionals *cultural humility* in training concerning cultural competence. The approach of cultural humility does not assume that social workers are experts on cultural differences, but gives them the role of learners while valuing the expertise of clients. Moreover, since our study highlighted the existence of intersectional disparities in decision-making, we agree with Ortega and Faller (2011) that cultural competence education should teach principles of intersectionality. However, we are aware that the effect of intercultural competence training in general is not well researched and projects that have investigated the effects of cultural competence trainings have been providing mixed results to date (Beagan, 2003; Johnson, Antle, & Barbee, 2009; White et al., 2018).

Acknowledgements

References

Alaggia, R., Gadalla, T. M., Shlonsky, A., Jenney, A., & Daciuk, J. (2015). Does differential response make a difference: Examining domestic violence cases in child protection services. *Child & Family Social Work, 20*(1), 83–95. https://doi.org/10.1111/cfs.12058.

Alberth, L., & Bühler-Niederberger, D. (2016). The overburdened mother: How social workers view the private sphere. *Zeitschrift Für Familienforschung - Journal of Family Research,* (special issue), 153–170. https://doi.org/10.3224/zff.si11y2016/2017.09.

Andriessen, I., Nievers, E., Faulk, L., & Dagevos, J. (2010). *Liever Mark dan Mohammed? Onderzoek naar arbeidsmarktdiscriminatie van niet-westerse migranten via praktijktests [Prefering Mark over Mohammed? Investigating workplace discrimination of non-western migrants in practice tests].* The Hague: Sociaal Cultureel Planbureau.

Andringa, W., Nieuwenhuis, R., & Van Gerven, M. (2015). Women's working hours: The interplay between gender role attitudes, motherhood, and public childcare support in 23 European countries. *The International Journal of Sociology and Social Policy, 35*(9/10), 582–599. https://doi.org/10.1108/IJSSP-10-2014-0073.

Arends-Tóth, J., & van der Vijver, F. J. R. (2008). Cultural and gender differences in gender-role beliefs, sharing household task and child-care responsibilities, and well-being among immigrants and majority members in the Netherlands. *Sex Roles, 58*(11–12), 896. https://doi.org/10.1007/s11199-007-9316-z.

Arroyo, J., Zsembik, B., & Peek, C. W. (2019). Ain't nobody got time for dad? Racial-ethnic disproportionalities in child welfare casework practice with nonresident fathers. *Child Abuse & Neglect, 93*, 182–196. https://doi.org/10.1016/j.chiabu.2019.03.014.

Baumann, D. J., Dalgleish, L., Fluke, J., & Kern, H. (2011). *The decision-making ecology.* Washington, DC: American Humane Association.

Beagan, B. L. (2003). Teaching social and cultural awareness to medical students: "It's all very nice to talk about it in theory, but ultimately it makes no difference." *Academic Medicine, 78*(6), 605–614. https://doi.org/10.1097/00001888-200306000-00011.

Biehal, N. (2019). Child protection in England. In L. Merkel-Holguin, J. D. Fluke, & R. D. Krugman (Eds.). *National Systems of Child Protection: Understanding the International Variability and Context for Developing Policy and Practice* (pp. 51–73). . https://doi.org/10.1007/978-3-319-93348-1.

Bouma, H., Grietens, H., López, M. L., & Knorth, E. J. (2019). Learning from parents: A qualitative interview study on how parents experience their journey through the Dutch child protection system. *Child & Family Social Work.* https://doi.org/10.1111/cfs.12723 Advance Online Publication.

Burns, K., Pösö, T., & Skivenes, M. (2017). *Child welfare removals by the state: A cross-country analysis of decision-making systems.* New York, NY: Oxford University Pres.

Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Journal of Women and Culture in Society,*

38(4), 785–810. https://doi.org/10.1086/669608.

Cole, E. R. (2009). Intersectionality and research in psychology. *The American Psychologist, 64*(3), 170–180. https://doi.org/10.1037/a0014564.

Crawford, B., & Bradley, M. S. (2016). Parent gender and child removal in physical abuse and neglect cases. *Children and Youth Services Review, 65*, 224–230. https://doi.org/10.1016/j.childyouth.2016.04.013.

Crenshaw, K. (1989). *Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics.* Retrieved fromUniversity of Chicago Legal Forum139–167. https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=uclf.

Cui, N., Deatrick, J. A., & Liu, J. (2018). Maternal and paternal physical abuse: Unique and joint associations with child behavioral problems. *Child Abuse & Neglect, 76*, 524–532. https://doi.org/10.1016/j.chiabu.2017.05.003.

Davidson, G., Bunting, L., McCartan, C., Bywaters, P., & Featherstone, B. (2017). Child welfare as justice: Why are we not effectively addressing inequalities? *British Journal of Social Work, 47*(6), 1641–1651. https://doi.org/10.1093/bjsw/bcx094.

Dettlaff, A. J., Rivaux, S. L., Baumann, D. J., Fluke, J. D., Rycraft, J. R., & James, J. (2011). Disentangling substantiation: The influence of race, income, and risk on the substantiation decision in child welfare. *Children and Youth Services Review, 33*(9), 1630–1637. https://doi.org/10.1016/j.childyouth.2011.04.005.

Dominelli, L. (2018). *Anti-racist social work* (4th edition). London: Palgrave.

Dragiewicz, M. (2008). Patriarchy. In C. Renzetti, & J. Edleson (Eds.). *Encyclopedia of interpersonal violence*https://doi.org/10.4135/9781412963923.n338.

Eliassi, B. (2015). Constructing cultural Otherness within the Swedish welfare state: The cases of social workers in Sweden. *Qualitative Social Work, 14*(4), 554–571. https://doi.org/10.1177/1473325014559091.

Else-Quest, N. M., & Hyde, J. S. (2016a). Intersectionality in quantitative psychological research: I. theoretical and epistemological issues. *Psychology of Women Quarterly, 40*(2), 155–170. https://doi.org/10.1177/0361684316629797.

Else-Quest, N. M., & Hyde, J. S. (2016b). Intersectionality in quantitative psychological research: II. methods and techniques. *Psychology of Women Quarterly, 40*(3), 319–336. https://doi.org/10.1177/0361684316647953.

English, D. J., & LONGSCAN Investigators (1997). *Modified maltreatment classification system (MMCS)*.

Essed, P., & Trienekens, S. (2008). "Who wants to feel white?" Race, Dutch culture and contested identities. *Ethnic and Racial Studies, 31*(1), 52–72. https://doi.org/10.1080/01419870701538885.

Euser, E. M., van IJzendoorn, M. H., Prinzie, P., & Bakermans-Kranenburg, M. J. (2011). Elevated child maltreatment rates in immigrant families and the role of socioeconomic differences. *Child Maltreatment, 16*(1), 63–73. https://doi.org/10.1177/1077559510385842.

Fluke, J., Jones Harden, B., Jenkins, M., & Ruehrdanz, A. (2010). *Research synthesis on child welfare disproportionality and disparities.* Washington, DC: American Humane Association.

Font, S., & Maguire-Jack, K. (2015). Reprint of "Decision-making in child protective services: Influences at multiple levels of the social ecology." *Child Abuse & Neglect, 49*, 50–62. https://doi.org/10.1016/j.chiabu.2015.10.011.

Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2012). *How to design and evaluate research in education* (8th edition). New York, NY: McGraw-Hill.

Gilbert, N., Parton, N., & Skivenes, M. (2011). *Child protection systems: International trends and orientations.* New York, NY: Oxford University Press.

Glenn, E. N. (2000). The social construction and instituonalization of gender and race. In M. Ferree, J. Lorber, & B. Hess (Eds.). *Revisioning gender* (pp. 3–44). Thousand Oaks, CA: Sage Publications.

Gowda, A. S., & Rodriguez, C. M. (2019). Gender role ideology in mothers and fathers: Relation with parent-child aggression risk longitudinally. *Child Abuse & Neglect, 96*, 104087. https://doi.org/10.1016/j.chiabu.2019.104087.

Hartley, C. C. (2004). Severe domestic violence and child maltreatment: Considering child physical abuse, neglect, and failure to protect. *Children and Youth Services Review, 26*(4), 373–392. https://doi.org/10.1016/j.childyouth.2004.01.005.

IBM (2017). *IBM SPSS statistics for windows, version 25.0.* Armonk, NY: IBM.

Johnson, L. M., Antle, B. F., & Barbee, A. P. (2009). Addressing disproportionality and disparity in child welfare: Evaluation of an anti-racism training for community service providers. *Children and Youth Services Review, 31*(6), 688–696. https://doi.org/10.1016/j.childyouth.2009.01.004.

Keddell, E. (2014). Current debates on variability in child welfare decision-making: A selected literature review. *Social Sciences, 3*(4), 916–940. https://doi.org/10.3390/socsci3040916.

Keddell, E., & Hyslop, I. (2019). Ethnic inequalities in child welfare: The role of practitioner risk perceptions. *Child & Family Social Work*. https://doi.org/10.1111/cfs.12620 Advance online publication.

King, B., Fallon, B., Boyd, R., Black, T., Antwi-Boasiako, K., & O'Connor, C. (2017). Factors associated with racial differences in child welfare investigative decision-making in Ontario, Canada. *Child Abuse & Neglect, 73*, 89–105. https://doi.org/10.1016/j.chiabu.2017.09.027.

Kivisto, P. (2008). Xenophobia. In V. N. Pamilo (Ed.). *Encyclopedia of social problems* (pp. 1041–1042). Thousand Oaks, CA: SAGE Publications.

Konstantoni, K., & Emejulu, A. (2017). When intersectionality met childhood studies: The dilemmas of a travelling concept. *Children's Geographies, 15*(1), 6–22. https://doi.org/10.1080/14733285.2016.1249824.

Krippendorff, K. (2004). Reliability in content analysis: Some common misconceptions and recommendations. *Human Communication Research, 30*(3), 411–433. https://doi.org/10.1111/j.1468-2958.2004.tb00738.x.

Križ, K., & Skivenes, M. (2011). How child welfare workers view their work with racial and ethnic minority families: The United States in contrast to England and Norway. *Children and Youth Services Review, 33*(10), 1866–1874. https://doi.org/10.1016/j.childyouth.2011.05.005.

Lansford, J. E., Malone, P. S., Dodge, K. A., Chang, L., Chaudhary, N., Tapanya, S., ... Deater-Deckard, K. (2010). Children's perceptions of maternal hostility as a mediator of the link between discipline and children's adjustment in four countries. *International Journal of Behavioral Development, 34*(5), 452–461. https://doi.org/10.1177/0165025409354933.

Lapiere, S. (2010). Are abused women "neglectful" mothers? A critical reflection on women's experiences. In C.-A. Hooper, J. Scourfield, & J. Taylor (Eds.). *Gender and child welfare in society* (pp. 121–148). West Sussex: Wiley-Blackwell.

López López, M., Bouma, H., Knorth, E. J., & Grietens, H. (2019). The Dutch child protection system: Historical overview and recent transformations. In L. Merkel-Holguin, J. D. Fluke, & R. D. Krugman (Eds.). *National systems of child protection: Understanding the international variability and context for developing policy and practice* (pp. 173–192). . https://doi.org/10.1007/978-3-319-93348-1.

Ortega, R. M., & Faller, K. C. (2011). Training child welfare workers from an intersectional cultural humility perspective: A paradigm shift. *Child Welfare, 90*(5), 27–49.

Priest, N., Paradies, Y., Trenerry, B., Truong, M., Karlsen, S., & Kelly, Y. (2013). A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. *Social Science & Medicine, 95*, 115–127. https://doi.org/10.1016/j.socscimed.2012.11.031.

R Core Team (2014). *R: A language and environment for statistical computing.* Vienna: R Foundation for Statistical Computing.

Ramos, M., Thijssen, L., & Coenders, M. (2019). Labour market discrimination against Moroccan minorities in the Netherlands and Spain: A cross-national and cross-regional comparison. *Journal of Ethnic and Migration Studies, 1–24.* https://doi.org/10.1080/1369183X.2019.1622824 Advanced online publication.

Rivaux, S. L., James, J., Wittenstrom, K., Baumann, D., Sheets, J., Henry, J., & Jeffries, V. (2008). The intersection of race, poverty, and risk: Understanding the decision to provide services to clients and to remove children. *Child Welfare, 87*(2), 151–168. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/18972936.

Ross, L., & Anderson, C. A. (1982). Shortcomings in the attribution process: On the origins and maintenance of erroneous social assessments. In D. Kahneman, P. Slovic, & A. Tversky (Eds.). *Judgement under uncertainty: Heuristics and biases* (pp. 129–152). . https://doi.org/10.1017/CBO9780511809477.010.

Rzepnikowska, A. (2018). Racism and xenophobia experienced by Polish migrants in the UK before and after Brexit vote. *Journal of Ethnic and Migration Studies, 45*(1), 61–77. https://doi.org/10.1080/1369183X.2018.1451308 Retrieved from.

Sainsbury, D. (1999). *Gender and welfare state regimes.* https://doi.org/0198294166.001.0001.

Schick, M., Schönbucher, V., Landolt, M. A., Schnyder, U., Xu, W., Maier, T., & Mohler-Kuo, M. (2016). Child maltreatment and migration: A population-based study among immigrant and native adolescents in Switzerland. *Child Maltreatment, 21*(1), 3–15. https://doi.org/10.1177/1077559515617019.

Scourfield, J., & Coffey, A. J. (2002). Understanding gendered practice in child protection. *Qualitative Social Work, 1*(3), 319–340. https://doi.org/10.1177/1473325002001003644.

Semyonov, M., Raijman, R., & Gorodzeisky, A. (2008). Foreigners' impact on European societies: Public views and perceptions in a cross-national comparative

perspective. *International Journal of Comparative Sociology, 49*(1), 5–29. https://doi.org/10.1177/0020715207088585.

Sheather, S. J. (2008). *A modern approach to regression with R.* https://doi.org/10.1007/978-0-387-09608-7.

Skivenes, M., Barn, R., Križ, K., & Pösö, T. (2015). *Child welfare systems and migrant children: A cross country study of policies and practices.* New York, NY: Oxford University Press.

Smithson, R., & Gibson, M. (2017). Less than human: A qualitative study into the experience of parents involved in the child protection system. *Child & Family Social Work, 22*(2), 565–574. https://doi.org/10.1111/cfs.12270.

Stainton Rogers, W. (2011). *Social psychology.* Maidenhead: McGraw-Hill Education.

Statistics Netherlands (2016). *Annual report on integration 2016. Summary*The Hague: Statistics Netherlands.

Statistisches Bundesamt (2017). *Bevölkerug and Erwebstätigkeit [Inhabitants and employment].* Wiesbaden: Statistisches Bundesamt.

Thijssen, L., Lancee, B., Veit, S., & Yemane, R. (2019). Discrimination against Turkish minorities in Germany and the Netherlands: Field experimental evidence on the effect of diagnostic information on labour market outcomes. *Journal of Ethnic and Migration Studies,* 1–18. https://doi.org/10.1080/1369183X.2019.1622793 Advanced online publication.

UN Committee on the Rights of the Child (1989). *Convention on the rights of the child.* New York, NY: United Nations.

UN General Assembly (2015). *Transforming our world: The 2030 agenda for sustainable development.* New York, NY: United Nations.

Volpp, L. (2000). Blaming culture for bad behavior. *Yale Journal of Law & the Humanities, 12*, 89–116. Retrieved from https://digitalcommons.law.yale.edu/yjlh/vol12/iss1/3.

Wedding, D., & Faust, D. (1989). Clinical judgment and decision making in neuropsychology. *Archives of Clinical Neuropsychology, 4*(3), 233–265. https://doi.org/10.1016/0887-6177(89)90016-4.

Wekker, G. (2016). *White innocence: Paradoxes of colonialism and race.* Durham/London: Duke University Press.

White, A. A., Logghe, H. J., Goodenough, D. A., Barnes, L. L., Hallward, A., Allen, I. M., ... Llerena-Quinn, R. (2018). Self-awareness and cultural identity as an effort to reduce bias in medicine. *Journal of Racial and Ethnic Health Disparities, 5*(1), 34–49. https://doi.org/10.1007/s40615-017-0340-6.

Witte, Miehlbradt, L. S., van Santen, E., & Kindler, H. (2019). Preventing child endangerment: Child protection in Germany. In L. Merkel-Holguin, J. D. Fluke, & R. D. Krugman (Eds.). *National Systems of Child Protection: Understanding the International Variability and Context for Developing Policy and Practice* (pp. 11–93). . https://doi.org/10.1007/978-3-319-93348-1.

Wittenstrom, K., Baumann, D. J., Fluke, J., Graham, J. C., & James, J. (2015). The impact of drugs, infants, single mothers, and relatives on reunification: A Decision-Making Ecology approach. *Child Abuse & Neglect, 49*, 86–96. https://doi.org/10.1016/j.chiabu.2015.06.010.