INTRODUCTION

The UN Convention on the rights of the child (UNCRC) has had a significant global impact. According to UNICEF (2005 as cited in Waldock, 2016), it is considered the most widely accepted human rights document in history. The Convention was broadly adopted very quickly; shortly after the Convention was finalized in 1989, it was ratified by every UN member nation except the US. The Convention follows other efforts within the UN to address violence, exploitation, and discrimination based on race or ethnicity, gender, age, or other social categories, and it fits within an overall frame of advancing universal human rights. It stipulates that all children are rights-bearing individuals, whose fundamental rights are equal to those of adults and it shifts historical understandings of children as family property to individuals with their own rights (Archard, 2004; Archard & Skivenes, 2009; Polonko et al., 2016, p. 30).

The principles of the UNCRC emphasize the universality of human rights for all children, suggesting that neither political, social, or cultural contexts offer exceptions to those rights (Waldock, 2016). The preamble speaks to these lofty aims: “The recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world (UNCRC, 1989).”
The Convention advances four fundamental principles (Sutherland, 2016): the principle of non-discrimination (Article 2); the right to survival and development (Article 6); the opportunity to participate in decision making (Article 12); and a “best interests” standard applied to children in all state actions (Article 3). The provisions of Article 19 are directly relevant to the field of child protection wherein states are obliged to engage in efforts to protect children from all forms of abuse, neglect, and exploitation.

Under egregious circumstances of abuse and maltreatment, a “best interests” standard and the protection of children's rights to bodily integrity and safety may be straightforward. But in many circumstances that come to the attention of child protection officials, the rights of the child must be balanced against the rights of parents, including rights to privacy and family integrity as is laid out in the UNCRC as well as the European Convention of Human Rights, Article 8.

In this study, we examine how citizens balance children’s rights against parents’ rights in a situation of potential harm to a child. Specifically, we test whether the public gives greater weight to children's rights when the severity of the risk to the child increases and whether respondents from Norway (where children's rights are embedded in national law) afford children’s rights greater weight than respondents from California (USA) (where the concept of children’s rights is not clearly delineated in law). Furthermore, we examine if California citizens afford greater weight to parents’ rights compared to Norwegian citizens, and finally, we examine if demographic characteristics of respondents play a role in public attitudes. The study includes representative samples of the population from Norway and California, US, whose welfare state and child protection state contexts notably differ, and whose histories contrast with regard to the UNCRC. The study contributes to the literature on children’s rights in high-income countries and the role of the state in enforcing children’s rights in the context of child protection.

The paper is structured in seven parts, starting with a background section, thereafter an outline of the institutional context and research on public attitudes. The methods section and findings are then presented, followed by a findings section and discussion. The paper ends with a section on limitations and concluding remarks.

BACKGROUND

Approximately one year after the UNCRC was open for signature, Norway ratified the document, and in 2002 the CRC was made national law and thus a legal source in all matters concerning children. In 2014, Norway amended its constitution, giving children an explicit status as moral and legal individuals in society:

Children have the right to respect their human dignity. They have the right to be heard in questions that concern them, and due weight shall be attached to their views in accordance with their age and development. For actions and decisions that affect children, the best interests of the child shall be a fundamental consideration. Children have the right to protection of their personal integrity.

The authorities of the state shall create conditions that facilitate the child’s development, including ensuring that the child is provided with the necessary economic, social and health security, preferably within their own family. (Section 104)

With this strong child-rights orientation, the state has direct responsibility for protecting the child’s interests, shared with the parent’s obligation to the child. Children have a right to participate in matters that affect them, a right that can engender some resistance and objection (Gal & Duramy, 2015). In Norway, children ages seven or younger who are able to form an opinion must be allowed to express their wishes relating to judicial or administrative matters (Haugli, 2019); at age 12, the child's views must be given significant weight; and at age 15 or older, children are recognized as legal parties, and they can make decisions relating to their education, religion or other important matters (Archard & Skivenes, 2009; Skivenes & Strandbu, 2006; cf. Norwegian Child Welfare Act, 1992, Section 6–3).

In addition to this important backdrop concerning children's rights, Norway is also characterized by a social democratic tradition of universal welfare services (Hatland et al., 2018). Parental rights have strong standing and the privacy of the family sphere is protected; however, compared to the US, the Norwegian system allows for greater state intervention with universally available family support services.

The US stands out as the only nation in the world that has not ratified the UNCRC. Although US officials played a significant role in crafting the document (Kilbourne, 1996), and it was signed by US officials, thereby endorsing the underlying principles, ratification—which requires a two-thirds majority vote in the US Senate—never occurred (Alderson, 2000). Ongoing arguments against ratification have centered on the protection children are already granted under US law. For example, the US Supreme Court has determined that children are “rightsholders” (e.g., Brown v Board of Education, 347 US 483...
[1954]) and they are entitled to due process protections (e.g., In re Gault, 387 US 1, [1969]). Other concerns center on US sovereignty and the role of the UN as an enforcer of rights. Some in the US further argue that the promotion of children's rights could undermine parental authority and would interfere with the traditional American family (see Kilbourne, 1996).

In the mid-1990s when the US Senate was considering ratification, parents' rights and family rights organizations from across the country launched an assertive campaign against the treaty. These organizations raised concerns that children would rebel against their parents, that social workers might remove children from their homes without cause, and that “God-given” parental rights would be transferred to the state (see Phillips, 1996 in Kilbourne, 1996). In the end, advocates for parental rights prevailed and the Convention was never ratified by the Senate.

Although it might be argued that children already enjoy fundamental rights in the US according to law, other evidence suggests that in matters of the family, parents’ rights frequently prevail. In fact, a parent's right to the care, custody, and control of their children is considered a fundamental liberty interest according to the US Supreme Court (see: Prince v Massachusetts, 321 US 158 [1944]; Troxel v Granville, 530 US 57 [2000]). Parental rights to privacy and family integrity are accorded such significant weight in part because a fundamental parental duty is to secure their child's best interests. This normative perspective of parents’ responsibilities suggests a limiting paternalistic view of children and does not accord children the power and agency to which they might be entitled (Godwin, 2015). In fact, in promoting a children's rights agenda for the US, Godwin (2011) argues that “what is at stake in rights … is not… what a person is able to do, but what other people are able to do to them” (p. 268). Enforceable rights to bodily integrity and freedom from harm are the questions at stake in child protection.

In contrast to Norway, in the US, children are neither given full citizenship and participatory rights nor are they guaranteed protection from the state. In the 1989 US Supreme Court case of DeShaney v Winnebago (489 US 189 [1989]), the state was relieved of its duty to necessarily protect children from their parent's harm (see Reich, 2008). The case turned on a young child who was killed by his parent following several notifications to the child protection agency. The state was not held responsible in that case as the justices ruled that children are not guaranteed positive rights by the US Constitution. The decision reads:

... while (the Constitution) forbids the state itself to deprive individuals of life, liberty, and property without due process of law, its language cannot fairly be read to impose an affirmative obligation on the state to ensure that those interests do not come to harm through other means.

This negative rights frame (Berlin, 1969/2017) in the US, which protects individuals from state interference contrasts sharply with the positive rights frame of the Norwegian constitution and law. There, children are accorded unique individual rights in line with the requirements of the UNCRC, the state is obliged to offer services and supports to protect children, their well-being, and their rights, and the state offers a range of universal services to promote parents' opportunities to safely parent their children. In notable contrast, the US does not use the principles of the UNCRC to frame an orientation or a common discourse attending to children's rights, services to protect children are provided through state child protection systems but children's protection is not ensured by the constitution, and services to support parenting are comparatively limited.

Policy theory—Welfare and child protection contexts

This study uses policy theory, and draws on the policy feedback literature (policies affect politics over time [see for example Béland, 2010]) and policy responsiveness theory (policymakers are aware and are incentivized by public preferences on policies [see for example Brooks & Manza, 2006]). A basic premise for both these frameworks is that public opinion is regarded as an independent variable that explains, or has an impact on, policymakers and then again on how policy is developed. In our approach, however, public opinion is regarded as a dependent variable, in which policies and welfare institutions influence citizens’ attitudes and their views on the role and status of welfare systems (see Svallfors, 1996, 2012). The institutional and cultural context that people are embedded in is regarded as formative for their views on what should be a collective responsibility and how society should be built. In welfare state literature there is an ongoing discussion about how institutional-cultural contexts and individual preferences and attitudes are formed and then again how such factors are related to the policy choices that are made (Svallfors, 2012).

In addition to the differences in orientation to children's rights and the UNCRC, Norway and the US represent important comparison countries based on their welfare state and their child protection state typologies. Norway is widely regarded as a social-democratic welfare state with a wide net of supports offered to individuals as
protection against the vicissitudes of the market (Esping-Anderson, 1990). Services to support individuals and families are universally available and are designed to encourage, support, and retain labor force participation and other protections against labor market demand. Esping-Anderson’s regimes usually place the US at the other end of the spectrum, claiming a liberal welfare state where the safety net—relative to Norway—is thin, targeted, and porous.

In addition to these distinct welfare state orientations, the two countries differ on the principle of familialism. The US is widely viewed as a familiarized country, where the family is seen as absorbing individual and community risks and is largely responsible for other family members’ care and well-being. Along the continuum, Norway falls at the other end of the spectrum as a highly de-familialized country, where residents rely on the state for care and protection as it relates to the family (Hantrais, 2004).

These welfare state orientations shape the context for care in child protection as well. Child protection is a part of the welfare state in a nation state (Pösö et al., 2014), providing aid and services to families and children in need of assistance. However, it is also a system that is vested with the authority to make intrusive interventions if deemed necessary to protect children. For most welfare state provisions, this authority is only a marginal part of practice, whereas for child protection it is an embedded part of practice and in some systems, involuntary interventions are the dominant feature of the practice (Berrick, Gilbert, et al., in press). The two countries have been distinguished as hosting different child protection state typologies. According to Gilbert et al. (2011), Norway features a child-centric system where children’s rights serve as the legal and philosophical frame for policy and practice. A wide range of universal, primary, and secondary prevention services are available to support children and families designed to prevent out-of-home placement and to meet children’s needs. Procedurally, children have the rights to express their views (age seven or based on maturity), to be an independent party to the case (age 15), and their “best interests” must be prioritized. In contrast, the US has been referred to as a child protection system oriented toward reducing risk in circumstances of severe harm. Targeted services are available to parents who have been substantiated as committing child maltreatment (though some primary prevention services are also available), and decisions to place a child into foster care are based on a standard of harm or substantial risk of harm. Some evidence suggests that social workers in these countries have different thresholds for assessing child neglect (Berrick et al., 2017; Kriz & Skivenes, 2013; Skivenes & Stenberg, 2013); their perspectives may be influenced by the system context within which they work. With a high threshold for intervention in US child protection, only parent behaviors that fall well outside common practices and are harmful to children are typically of concern. In Norway, the threshold to activate a state response with related services is lower, and society is oriented toward children’s wider spectrum of needs and rights to which parents are responsible. (See Table 1 for a review of country context differences).

**Public attitudes and child protection**

International comparative research on the legal and procedural context for child protection is rapidly growing (see: Connolly & Katz, 2020; Gilbert et al., 2011; Merkel-Holguín et al., 2019). Some evidence on how the in-country child protection context shapes social service professionals’ (Berrick et al., 2017; Ellingsen et al., 2019; Kriz & Skivenes, 2013; Oltedal & Nygren, 2019; Skivenes & Stenberg, 2013), judicial decision makers’ (Berrick et al., 2019), and foster parents’ practices (Berrick & Skivenes, 2013) is also emerging. But data on public attitudes about child protection is relatively sparse.

The degree to which the general public is aware of, or knowledgeable about the actual functioning of child protection is unknown. Some research suggests that the public’s confidence in these systems is not particularly high. In one study of public opinion in Norway, the US,
Finland, and England, researchers asked representative samples in each country about their “confidence” in “the agencies that protect children,” “the child welfare workers who work in these agencies,” and “the judges who make decisions” regarding child removal (Juhasz & Skivenes, 2017). Across countries, about 40% of respondents indicated a high degree of confidence in the agencies, and roughly 15% had similar views about the child welfare workers and judges. Norwegian respondents were more likely to express their confidence in agencies, staff, and judges. Respondents from the US however, were the least likely to express confidence in agencies or staff (though their views of judicial decision makers were comparable to the views of respondents in other countries).

Other research has examined public attitudes about specific child protection practices. Using a vignette to characterize a child protection case that might require social worker and judicial decision making, public respondents were asked to select a permanency outcome of “adoption” vs “foster care” for a young child (Skivenes & Thoburn, 2017). Researchers found a general orientation in favor of adoption, though public attitudes toward adoption were more favorable in the US and England compared to Norway and Finland. The impact of institutional context was also evident in a cross-country study designed to assess alignment between the public, social workers’, and judges’ views about whether a hypothetical child protection case met a threshold for “neglect,” whether the child should receive services, and whether the child should be removed to care (Berrick et al., 2020). Researchers found wide agreement across population groups regarding the need for children’s services, but discrepancies across and within countries in attitudes about the threshold for defining “neglect,” and the appropriateness of an intrusive state intervention such as foster care. In particular, and relevant to the study reported here, respondents from Norway were somewhat more likely than respondents from the US to approve of a foster care placement, and child protection staff in Norway were significantly more likely to approve of foster care and to regard a specific description of parenting as “neglect.” Finally, a comparative study of residents in Norway and the US (CA), based on the same material as this study, suggested that Norwegians are more likely than Americans to favor restrictions on parental freedom when a child’s safety is compromised (Berrick, Skivenes, et al., in press).

Combined, the aforementioned studies speak to the publics’ views about concrete actions the state might take via its child protection system, including the provision of services, foster care placement, or adoption. Public attitudes about the more amorphous and complex concepts of children’s or parents’ rights are less clear. Although some of the arguments for and against children’s rights are apparently stark, some authors offer a more subtle treatment of the issue. Dwyer (2006), for example, argues that children’s rights should be equivalent to parents’ rights, though not necessarily identical. Guggenheim (2005), though on balance argues against children as individual rights bearers, still suggests that the issue is complicated. Children are nested within families and their rights to family integrity should be taken as seriously as parents’ rights to family integrity. But rights to family integrity should not prevail over other issues of equal concern such as bodily integrity and well-being. Some argue that equating children’s rights with family rights has the potential to obfuscate the individual needs of children that may not be met within a given family context (Archard, 2004).

This is complicated terrain for child protection professionals, whose professional obligations require that they regularly consider the appropriate balance between children’s and parents’ rights; how the public views these issues is especially unclear. This study examines representative samples of residents in Norway and California, USA, and their views about the appropriate balance between children’s rights and parents’ rights in the context of child protection. The study has four hypotheses: First, as a child’s risk increases, respondents will be more likely to favor a child’s rights orientation. Second, that country contexts shape public attitudes about children and families, and therefore, Norwegian respondents will be more oriented toward children’s rights compared to Americans. Third, US respondents will be more oriented toward parents’ rights compared to Norwegians, given that country’s assertive advocacy against ratifying the UNCRC. And fourth, country differences in rights perspectives will be mediated by demographic variables. That is, underlying demographic characteristics within a country may explain as much of the difference in public attitudes as the country context.

**METHODS**

This study uses an experimental survey to examine citizens’ views about the impact of risk to a child on the balance between children’s rights and parents’ rights. The sample includes respondents from Norway ($n = 1031$) and California, US ($n = 1117$). We note that opposition to the UNCRC in the 1990s was largely led by advocates within the Republican party and that California politics are more liberal. Inclusion of California as the site for this study is nevertheless appropriate. Child protection policy in the US is heavily shaped by state policies within...
a larger federal frame; the inclusion of a single state reduces variability in what the concept of “child protection” might mean to the layperson. Moreover, California has not developed public policy in the area of child welfare to conform to UNCRC guidelines and directives, in spite of its political orientation. Unlike Norway, where the UNCRC offers a frame for the Norwegian constitution and child welfare policy, California policy is not child-rights focused.

Public opinion research firms in Norway (ResponsAnalyze—RA) and in California (YouGov) were engaged to collect the data. RA maintains a representative sample of Norwegian adult residents as potential web-based survey respondents as does YouGov in California. The RA panel is regularly employed to answer questions relating to a variety of topics including brand measurements, attitudes, and behaviors. Respondents in both countries are broadly representative of their respective populations through a weighting procedure. The vignette and accompanying survey and demographic questions were developed by the authors in American English then translated and back-translated into Norwegian. The instrument was assessed for face validity by researchers and child welfare practitioners in California and in Norway. Human subjects’ approvals were granted from the authors’ university institutions. Data may be made available by contacting the authors.

Measures

Similar to other studies in the field of child protection (Davidson-Arad & Benbenishty, 2010), a survey vignette was used (Wilks, 2004) to assess laypersons’ views about children’s rights and parents’ rights in the context of a relatively typical child protection scenario. Child protection circumstances vary substantially across families and selecting a single vignette to characterize this range would be impossible. The selection of the vignette was informed by the substantial percentage of child welfare-related cases in the US, and Europe (Skivenes, 2021), that involve substance abuse. Seay’s (2015) systematic search of substance involvement for child welfare cases found widely varying rates between 3.9 to 79% in the US. The most recent analysis of official child maltreatment reporting in the US estimated that 29.4% of child maltreatment “victims” had caregivers who were drug involved (US DHHS, 2021). Further, three-quarters of US states include in their legal definitions of child maltreatment unsafe parental behaviors relating to the use or misuse of substances (Child Welfare Information Gateway, 2020). In Norway, parental substance use also appears to be a prevalent concern. In one study of children placed in out-of-home care, Christiansen and Anderssen found that “most parents were experiencing difficulties, often related to drug abuse, mental disturbances or conflict with a previous or current partner” (2010, p. 35). The age of the infant child in the vignette was also informed by considerable evidence from the US that infants are four times more likely than children of any other age group to be placed in out-of-home care (Wulczyn et al., 2011). Almost one in five children entering care in 2019 were infants (19%) (Administration for Children & Families, 2021) and about ten percent of all entries include neonates under the age of 30 days (Wulczyn, 2019). In Norway, the average age of entry to out-of-home care is much older, however, many young children are engaged with in-home services in Norway if there are indicators that the child’s well-being is seriously compromised (Luhamaa et al., 2021). Vignettes have been used successfully elsewhere as a strategy to compare and understand underlying values across different country contexts (e.g., see: Benbenishty et al., 2003; Skivenes & Tefre, 2012; Soydan, 1996). The vignette reads as follows:

A social worker visits Julie in the hospital when Julie gives birth to a baby boy. Julie is addicted to drugs and the newborn is suffering from drug withdrawal symptoms. The social worker is very concerned about the baby’s safety, assesses Julie’s ability to take care of the baby, and recommends drug treatment for Julie. Julie says she is sorry that she may have hurt her baby, she realizes she has a serious problem, and she is willing to enroll in treatment.

One sentence in the vignette, underscored, is manipulated to characterize the severity of risk conceptualized as parental cooperation, insight, and responsibility. We draw features of the vignette based on concepts identified by Christiansen and Anderssen (2010) who examined the reasons for social workers’ decisions in favor of child placement. In that study, social workers’ decisions regarding placement were strongly influenced by “worrying conditions” (illustrated by the child’s withdrawal symptoms) as well as “parents’ personal problems” (illustrated by Julie’s drug involvement), combined with “complicated” behaviors of parents including lack of insight, responsibility, and cooperation (p. 36). We distinguish between low risk (X1) as it reads in the vignette above; medium risk (X2); “Julie says she is not sure she may have hurt her baby, she thinks she may have a small problem, and she doesn’t need treatment.”; or high risk (X3): “Julie says she did not hurt her baby, she does not think she has a problem, and she refuses to enroll in treatment.” The operationalization of the three levels of risk is as follows: X1 is low risk because it represents high
level, age, and head of household with children.
status, education level, religion, immigrant status, income
area, job status, political orientation, domestic partner
demographic variables: respondent gender, metropolitan
examined the possible mediating roles of a number of
demographic characteristics that differ by country, we
into an “agree” category for some analyses.
and 2 are collapsed into a “disagree” category and 3 and 4
treatment and response in total and per country. Values 1
overview of mean values, standard errors, and
three statements. In the Appendix, Table A2, we provide an
Strongly Disagree (1) to Strongly Agree (4) for each of the
“Rights” are things every person should have or be able to have. Some people have more
you agree or disagree with the following statements about Julie and her baby.
Respondents’ attitudes about the balance between children's rights and parents’ rights were assessed with three
statements that serve to measure the following three concepts: Parents’ rights: “As the parent, Julie should have
more rights than the baby.” Equal rights: “The baby should have the same rights as Julie.” Children’s rights: “The baby
should have more rights than Julie because of his vulnerability.” Respondents were offered a 4-point Likert scale from
Strongly Disagree (1) to Strongly Agree (4) for each of the three statements. In the Appendix, Table A2, we provide an
overview of mean values, standard errors, and n for each treatment and response in total and per country. Values 1
and 2 are collapsed into a “disagree” category and 3 and 4 into an “agree” category for some analyses.
Given that respondents’ views might be related to demographic characteristics that differ by country, we examined the possible mediating roles of a number of demographic variables: respondent gender, metropolitan area, job status, political orientation, domestic partner status, education level, religion, immigrant status, income level, age, and head of household with children.

Analysis
The statistical program Stata SE Version 15 (StataCorp, 2017) was used for data analysis. An omnibus ANOVA test is used to determine whether there is an overall statistically significant treatment effect, and post-hoc Bonferroni-corrected multiple comparison tests are used to test for significant differences between mean values for the total sample and for each country sample. We report significant differences at p < 0.01 (**) and p < 0.001 (***)

For hypothesis four, we examine whether demographic characteristics accounted for observed relationships between country and rights perspective by conducting a mediation analysis with R structural equation modeling package lavaan version 0.6–6. Single mediator models were constructed to measure the indirect effects of 11 potential demographic mediators: (1) gender (0 = male, 1 = female), (2) metropolitan area (0 = small (<100,000 inhabitants), 1 = large), (3) job status (0 = unemployed, 1 = employed), (4) political orientation (0 = least conservative, 2 = most conservative), (5) domestic partner status (0 = no partner, 1 = partner), (6) education level (0 = high school diploma or less, 1 = any college education, 2 = graduate degree), (7) religion (0 = not religious, 1 = religious), (8) immigration status (0 = non-immigrant, 1 = first generation immigrant), (9) income level (0 = up to US$49,9999, 1 = up to $99,999, 2 = up to $500,000), (10) age (0 = 18–34, 1 = 35–54, 2 = 55+), (11) children (0 = no children in the household, 1 = one or more child/ren in the household).

Total, direct, and indirect effects are displayed as odds ratios. The indirect effect was calculated as the product of (a) the effect of the country on the demographic variable and (b) the effect of the demographic variable on the rights perspective. In addition to measuring effect sizes, we also calculated the percent of the total effect that each mediator explained. When more than one indirect effect was significant for a particular rights perspective, a multiple mediator model was constructed to simultaneously measure the indirect effects of the mediators while accounting for their covariance (see Table A3 in the Appendix). Non-parametric bootstrapping was used to measure standard errors of effects (replications = 1000). If a statistically significant negative correlation between country and demographic characteristic is found, and the demographic characteristic is also associated with a positive rights perspective, the resulting odds ratio presents as negative (i.e., <1.0).

FINDINGS
Findings from this study suggest that our first hypothesis is not confirmed. Post-hoc multiple comparison tests suggested that respondents’ views about rights did not vary significantly in relation to the risk to the child. That is, average scores were relatively stable across risk conditions. These findings were evident for the total sample and for the samples within each country (see Table 2).

Regardless of severity of risk, respondents tilted toward a children’s rights or equal rights orientation more so than
a parents’ rights orientation. The mean score in response to the question: As the parent, Julie should have more rights than the baby, a measure of parents’ rights, is quite low (1.98 on a scale from 1–4) indicating that respondents generally disagreed with the statement. In comparison, the mean score across countries and conditions to the question about children’s rights, The baby should have more rights than Julie because of his vulnerability, is nearly a point higher (2.89) and closer to the “agree” category. Respondents’ views about equal rights (mean = 2.83) were similar to their views about children’s rights (see Table 2).

Our second hypothesis, that respondents from Norway would be more likely to espouse views consonant with a children’s rights perspective compared to US respondents is confirmed. T-tests of merged mean scores by country found that respondents from Norway were significantly more likely to privilege children’s rights. The Norwegian score of 3.08 was significantly higher than the CA score of 2.71 ($p < 0.001$). The third hypothesis was also confirmed. Respondents from California were more likely than respondents from Norway to privilege parents’ rights (2.17 vs. 1.77, $p < 0.001$). There was no significant difference between Norway and California with respect to privileging equal rights (2.85 vs. 2.82, $p = 0.52$) (see Table 2).

Examining the data from a different perspective, when we combine the “strongly disagree” and “disagree” responses and the “strongly agree” and “agree” responses, we see that one-tenth of respondents from Norway (10%) agree with privileged parental rights, compared to three of ten Californians (30%). Norwegians and residents from California generally agreed about equal rights with 70% and 68% agreeing respectively. And almost three-quarters (75%) of Norwegians agreed with privileged children’s rights compared to about 58% of California residents (see Table 3).

Our fourth hypothesis, that country differences in rights perspectives will be mediated by demographic variables, is partially confirmed. Results from single mediator models (see Table 4) show that two demographic characteristics—immigration status and age—accounted for some of why Norwegian respondents gave less weight to parents’ rights compared to CA respondents. Immigrant status explained 25% of the total effect. Norwegians were less likely to favor parents’ rights partially because they were less likely to be immigrants than CA respondents, and immigrant respondents favor parents’ rights more than non-immigrant respondents (indirect effect OR = 0.83, $p ≤ 0.001$). Age explained 9% of the total effect. Norwegian respondents were less likely to favor parents’ rights partially because they were more likely to be older than CA respondents, and older respondents were less likely than younger respondents to favor parents’ rights (indirect effect OR = 0.95, $p ≤ 0.001$). In the multiple mediator model of immigrant

| TABLE 2 | Mean values and treatment effects on views of rights by severity of risk, risk factors combined, overall and by country ($n = 2148$) |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                  | Parents' rights  | Equal rights     | Children's rights |
|                  | Overall mean     | CA mean ($p = 0.56$) | Overall mean     | CA mean ($p = 0.60$) | Overall mean     | CA mean ($p = 0.59$) | Overall mean     | CA mean ($p = 0.60$) | Overall mean     | CA mean ($p = 0.59$) |
| Low-risk ($n = 701$) | 1.98             | 2.21             | 1.75             | 2.16             | 1.96             | 2.00             | 1.96             | 2.17             | 1.98             | 2.17             |
| Med-risk ($n = 700$) | 2.00             | 2.16             | 1.75             | 2.15             | 1.96             | 2.00             | 1.96             | 2.17             | 1.98             | 2.17             |
| High-risk ($n = 747$) | 1.96             | 2.00             | 1.75             | 2.15             | 1.96             | 2.00             | 1.96             | 2.17             | 1.98             | 2.17             |
| Risk categories combined | 1.98             | 2.00             | 1.75             | 2.15             | 1.96             | 2.00             | 1.96             | 2.17             | 1.98             | 2.17             |

Note: $p$-value denotes significance of test of mean values between levels of risk. 1 = Strongly disagree, 4 = Strongly agree.
status and age (see Table A3 in appendix), both remained significant mediators.

**DISCUSSION**

This study included representative samples from two countries to examine public attitudes about child protection risk and children’s rights. Our first hypothesis was not confirmed. We did not find that public attitudes about children’s rights differed by severity of risk to the child. This finding may indicate that a rights orientation is of a fundamental character, and not easily swayed by situational features. The finding resonates with the literature on peoples’ core beliefs and values, and how these beliefs influence attitudes about a wide range of issues (Feldman, 1988, see also Craig et al., 2005; Skivenes, 2021). Findings may also reflect the particular vignette and the case characteristics therein embedded. Had the child been older, or if other risk factors had been present, for example, respondents are likely to have considered the balancing of children’s rights and parental rights differently. As a first, exploratory study of this issue, we urge replication using different case scenarios.

Our second hypothesis was confirmed. Residents of Norway were more likely to embrace a children’s rights orientation than residents of California. Even in a low-risk context, a large majority of Norwegian study participants offered responses that showcased their orientation toward children’s rights and/or equal rights differently. As a first, exploratory study of this issue, we urge replication using different case scenarios.

A majority of California respondents in this study expressed an equal rights orientation, and a children’s rights orientation. Studies to determine if these views hold for circumstances other than a substance-exposed infant are needed. Rates of prenatal substance exposure appear to be on the rise in the US and public policy in many states has shifted toward a criminal justice response (Atkins & Durrance, 2020). Estimates of the rate of neonatal abstinence syndrome show an increase of over 300% from 1999 to 2003 (Haight et al., 2018), and according to a national survey, estimates of the percentage of women who used an illicit substance during pregnancy rose from 4.7% in 2015 to 8.5% in 2017 (McCance-Katz, 2017). These changes in parental behaviors, with implications for children’s health and development, may impact how the public views children and their fundamental rights. In spite of the high regard for equal rights and children’s rights, the degree to which these ideas have seeped into common culture appears to be weaker in California than in Norway. It is thus telling that the US influenced the development of the UNCRC, but could not muster the votes in the US Senate for the Convention’s adoption.

| Treatment | Response | Total | | | | Norway | | | CA | | | Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | N | % | | | N | % | | N | % | | |
| Lower risk | Parent rights | 141 | 20 | | 31 | 9 | | 110 | 30 | | * |
| | Equal rights | 492 | 70 | | 228 | 67 | | 264 | 73 | | |
| | Child rights | 456 | 65 | | 252 | 74 | | 204 | 56 | | * |
| Medium risk | Parent rights | 149 | 21 | | 38 | 12 | | 111 | 29 | | * |
| | Equal rights | 473 | 68 | | 224 | 69 | | 249 | 66 | | |
| | Child rights | 454 | 65 | | 246 | 76 | | 208 | 55 | | * |
| High risk | Parent rights | 148 | 20 | | 37 | 10 | | 111 | 29 | | * |
| | Equal rights | 514 | 69 | | 265 | 72 | | 249 | 66 | | |
| | Child rights | 508 | 68 | | 273 | 74 | | 235 | 62 | | * |

*Note: p-value denotes significance of test of proportions between Norway and California. Highest N = 514.
*p < 0.006 (Bonferroni-corrected p-value).
<table>
<thead>
<tr>
<th></th>
<th>Parent rights</th>
<th></th>
<th>Equal rights</th>
<th></th>
<th>Child rights</th>
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<tr>
<td></td>
<td>OR  95% CI</td>
<td>% Total</td>
<td>OR  95% CI</td>
<td>% Total</td>
<td>OR  95% CI</td>
<td>% Total</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
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<tr>
<td>Indirect</td>
<td>0.99 (0.96, 1.02)</td>
<td>1%</td>
<td>1.00 (1.00, 1.01)</td>
<td>2%</td>
<td>1.00 (0.99, 1.01)</td>
<td>1%</td>
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<tr>
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<td>99%</td>
<td>1.04 (0.93, 1.16)</td>
<td>98%</td>
<td>1.59*** (1.42, 1.78)</td>
<td>99%</td>
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<tr>
<td>Total</td>
<td>0.48*** (0.42, 0.55)</td>
<td>100%</td>
<td>1.04 (0.93, 1.16)</td>
<td>100%</td>
<td>1.60*** (1.43, 1.78)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>City size</strong></td>
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<tr>
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<td>1.01 (0.96, 1.06)</td>
<td>−2%</td>
<td>0.98 (0.94, 1.03)</td>
<td>−50%</td>
<td>1.00 (0.96, 1.05)</td>
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<tr>
<td>Direct</td>
<td>0.47*** (0.41, 0.54)</td>
<td>102%</td>
<td>1.06 (0.94, 1.19)</td>
<td>150%</td>
<td>1.60*** (1.41, 1.80)</td>
<td>100%</td>
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<tr>
<td>Total</td>
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<td>100%</td>
<td>1.04 (0.93, 1.16)</td>
<td>100%</td>
<td>1.60*** (1.43, 1.79)</td>
<td>100%</td>
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<td><strong>Job status</strong></td>
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<tr>
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<td>0%</td>
<td>1.00 (1.00, 1.01)</td>
<td>2%</td>
<td>1.00 (0.99, 1.01)</td>
<td>0%</td>
</tr>
<tr>
<td>Direct</td>
<td>0.48*** (0.42, 0.55)</td>
<td>100%</td>
<td>1.04 (0.93, 1.16)</td>
<td>98%</td>
<td>1.58*** (1.41, 1.78)</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>0.48*** (0.42, 0.55)</td>
<td>100%</td>
<td>1.04 (0.93, 1.16)</td>
<td>100%</td>
<td>1.59*** (1.41, 1.78)</td>
<td>100%</td>
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<tr>
<td><strong>Political orientation</strong></td>
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<tr>
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<td>1.01 (1.00, 1.02)</td>
<td>−1%</td>
<td>1.00 (0.99, 1.01)</td>
<td>−11%</td>
<td>0.99 (0.98, 1.00)</td>
<td>−6%</td>
</tr>
<tr>
<td>Direct</td>
<td>0.47*** (0.41, 0.54)</td>
<td>101%</td>
<td>1.02 (0.90, 1.15)</td>
<td>111%</td>
<td>1.67*** (1.47, 1.91)</td>
<td>101%</td>
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<tr>
<td>Total</td>
<td>0.48*** (0.42, 0.55)</td>
<td>100%</td>
<td>1.02 (0.90, 1.15)</td>
<td>100%</td>
<td>1.66*** (1.46, 1.90)</td>
<td>100%</td>
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<tr>
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<tr>
<td>Indirect</td>
<td>1.02 (0.99, 1.05)</td>
<td>−3%</td>
<td>0.99 (0.97, 1.01)</td>
<td>−27%</td>
<td>1.02 (1.00, 1.05)</td>
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<tr>
<td>Direct</td>
<td>0.47*** (0.41, 0.54)</td>
<td>103%</td>
<td>1.05 (0.94, 1.17)</td>
<td>127%</td>
<td>1.57*** (1.40, 1.77)</td>
<td>95%</td>
</tr>
<tr>
<td>Total</td>
<td>0.48*** (0.42, 0.55)</td>
<td>100%</td>
<td>1.04 (0.93, 1.16)</td>
<td>100%</td>
<td>1.61*** (1.44, 1.81)</td>
<td>100%</td>
</tr>
<tr>
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<tr>
<td>Indirect</td>
<td>1.01 (0.98, 1.05)</td>
<td>−2%</td>
<td>0.99 (0.96, 1.02)</td>
<td>−30%</td>
<td>1.01 (0.98, 1.04)</td>
<td>3%</td>
</tr>
<tr>
<td>Direct</td>
<td>0.48*** (0.42, 0.55)</td>
<td>102%</td>
<td>1.05 (0.94, 1.17)</td>
<td>130%</td>
<td>1.57*** (1.40, 1.76)</td>
<td>97%</td>
</tr>
<tr>
<td>Total</td>
<td>0.48*** (0.42, 0.55)</td>
<td>100%</td>
<td>1.04 (0.93, 1.16)</td>
<td>100%</td>
<td>1.61*** (1.44, 1.77)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
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</tr>
<tr>
<td>Indirect</td>
<td>0.99 (0.97, 1.02)</td>
<td>1%</td>
<td>0.97 (0.94, 1.00)</td>
<td>−87%</td>
<td>0.97 (0.95, 1.00)</td>
<td>−6%</td>
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<tr>
<td>Direct</td>
<td>0.49*** (0.43, 0.56)</td>
<td>99%</td>
<td>1.07 (0.95, 1.21)</td>
<td>187%</td>
<td>1.66*** (1.47, 1.87)</td>
<td>106%</td>
</tr>
<tr>
<td>Total</td>
<td>0.49*** (0.43, 0.56)</td>
<td>100%</td>
<td>1.04 (0.92, 1.16)</td>
<td>100%</td>
<td>1.61*** (1.43, 1.81)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Immigration status</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td>0.83*** (0.76, 0.91)</td>
<td>25%</td>
<td>0.95 (0.88, 1.03)</td>
<td>−141%</td>
<td>0.94 (0.86, 1.02)</td>
<td>−14%</td>
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<tr>
<td>Direct</td>
<td>0.58*** (0.49, 0.67)</td>
<td>75%</td>
<td>1.09 (0.95, 1.26)</td>
<td>241%</td>
<td>1.70*** (1.48, 1.96)</td>
<td>114%</td>
</tr>
<tr>
<td>Total</td>
<td>0.48*** (0.42, 0.55)</td>
<td>100%</td>
<td>1.04 (0.93, 1.16)</td>
<td>100%</td>
<td>1.60*** (1.43, 1.79)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Income level</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td>1.00 (0.98, 1.02)</td>
<td>0%</td>
<td>0.99 (0.97, 1.00)</td>
<td>−25%</td>
<td>1.00 (0.98, 1.01)</td>
<td>−1%</td>
</tr>
<tr>
<td>Direct</td>
<td>0.45*** (0.39, 0.52)</td>
<td>100%</td>
<td>1.07 (0.94, 1.22)</td>
<td>125%</td>
<td>1.69*** (1.50, 1.91)</td>
<td>101%</td>
</tr>
<tr>
<td>Total</td>
<td>0.45*** (0.39, 0.52)</td>
<td>100%</td>
<td>1.06 (0.93, 1.20)</td>
<td>100%</td>
<td>1.69*** (1.50, 1.90)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
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<td></td>
</tr>
<tr>
<td>Indirect</td>
<td>0.95*** (0.92, 0.97)</td>
<td>8%</td>
<td>0.98 (0.95, 1.00)</td>
<td>−60%</td>
<td>1.00 (0.98, 1.02)</td>
<td>0%</td>
</tr>
<tr>
<td>Direct</td>
<td>0.57*** (0.45, 0.58)</td>
<td>92%</td>
<td>1.06 (0.95, 1.19)</td>
<td>160%</td>
<td>1.60*** (1.41, 1.80)</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>0.48*** (0.42, 0.55)</td>
<td>100%</td>
<td>1.04 (0.93, 1.16)</td>
<td>100%</td>
<td>1.60*** (1.42, 1.80)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Children</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td>0.99 (0.98, 1.01)</td>
<td>1%</td>
<td>1.00 (0.99, 1.02)</td>
<td>11%</td>
<td>0.99 (0.98, 1.00)</td>
<td>−2%</td>
</tr>
<tr>
<td>Direct</td>
<td>0.48*** (0.43, 0.55)</td>
<td>99%</td>
<td>1.03 (0.92, 1.16)</td>
<td>89%</td>
<td>1.61*** (1.44, 1.80)</td>
<td>102%</td>
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<tr>
<td>Total</td>
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<td>100%</td>
<td>1.04 (0.93, 1.16)</td>
<td>100%</td>
<td>1.60*** (1.43, 1.79)</td>
<td>100%</td>
</tr>
</tbody>
</table>

Notes: Bootstrapped standard errors (reps = 1000).

**p < 0.01; ***p < 0.001.
Our third hypothesis was confirmed. Residents of California were more likely to support a parents’ rights perspective. Ten percent of the Norwegian, and an important minority (30%) of California respondents favored a parents’ rights orientation. The latter reflects some of the tensions prevalent in US society and in the development of child protection policy. Although parents’ rights advocates may be a minority of the population, they are vocal and well organized in their political advocacy. Their efforts to derail the UNCRC in the US are one of several examples of their political clout (see, for example, Bartholet, 2020).

Finally, the fourth hypothesis was confirmed. Two mediating effects, immigration status and age, provide nuance to the overall findings: Immigrant respondents were more likely to favor parents’ rights, and older adults were less likely to favor parents’ rights. Thus, Norwegian views about parents’ rights can be partly explained by age and immigration status; older individuals (of whom there are relatively more in Norway) were less likely to favor a parents’ rights perspective, and immigrants (of whom there are relatively fewer in Norway) were more likely to favor a parents’ rights perspective. Although few Norwegians held favorable views about parents’ rights, findings regarding the demographic characteristics of Norwegians that were associated with a more positive view of parents’ rights are in line with underlying differences in the demographic make-up of Norway as compared to California. Norway is a more homogeneous country, with many fewer immigrants than California; the origin country of their immigrant population is also notably different from the top four immigrant groups from Eastern European, African nations, and Sweden (Norwegian Statistics, 2020). A survey of immigrants’ (both first and second generation) (n = 977) confidence in the Norwegian child protection system compared to non-immigrants (n = 619) shows notably different attitudes with 41% of immigrants versus 55% of non-immigrants expressing confidence in the system (Ipsos, 2017). In that study, there were differences between immigrant groups, with for example, Polish immigrants having less confidence than immigrants from Bosnia-Herzegovina. The fact that older residents of Norway were less likely than younger residents to favor parents’ rights is puzzling. In other studies based on population attitudes, older Norwegian adults express stronger support for protecting biological bonds between children and parents, and to only intervene in parent-child relations with consent from parents (Helland et al., 2020). Further, in a study of the general public in CA and Norway, older adults are less willing to favor adoption against a parent’s will (Skivenes & Thoburn, 2017). It might be that in this study, we captured a sentiment that these respondents, who have not served as parents for some time, are less sympathetic toward the mother’s circumstances and may therefore be disinclined to favor parents’ rights. Their views toward substance abuse may also reflect less sensitivity toward a parents’ rights perspective.

We cannot discern respondents’ motivations or reasoning for their responses. Beyond the demographic characteristics we have included in this study, other factors may be at play. For example, findings from the World Values Survey show that parenting practices vary notably across different country contexts (Doepke & Zilibotti, 2019). Parents living in Nordic countries are more likely to adopt a permissive parenting style compared to parents in the US who are more likely to employ an “intensive” parenting style (p. 32). Doepke & Zilibotti distinguish “intensive” parenting from the traditional authoritative, authoritarian, or permissive styles coined by Baumrind (1966), arguing that an intensive parenting style blends authoritarian and authoritative styles in ways that suggest parents are very heavily involved and often intrude on their children’s lives. Our study did not address this question, but it is possible that respondents’ views relating to parents’ and children’s rights might be informed by their general orientation toward parenting or to other factors that we did not address.

LIMITATIONS

This study offers important insights into public attitudes relating to children’s rights in two high-income nations. The study’s limitations, however, are important to consider. First, vignettes can never fully capture the complexity of family life or difficult family circumstances. The vignette also only addressed one particular scenario that might be present in child welfare when in fact, the circumstances that present themselves to child protection professionals are remarkably diverse. The vignette does not refer to social class, race, or to other characteristics of families that might shape respondents’ views. We note that the vignette’s focus on an infant experiencing challenges associated with parental substance use likely influenced respondents in ways that we cannot discern. Evidence from other European studies indicates that popular views about the strength of parents’ rights are correlated with the type of parental caring abilities (Skivenes, 2021). In the US, almost half of the states have adopted criminal justice-oriented policies to address rising rates of parental substance abuse and its associated risks to children (Sanmartin et al., 2019). These trends might also signal the limitations associated with a parents’ rights perspective.

Our operationalization of risk in the vignette, although reflecting the complexity faced in these cases, is not an exact scale. This may have obscured some of our results.
Question framing with regard to children’s rights also may have influenced respondents. An added prompt was included regarding children’s rights (i.e., because of his vulnerability) whereas no such prompt was offered with regard to parental rights. We believe this inclusion was appropriate, given that respondents might not view infants as children, though we cannot discern how each respondent viewed the question.

The method employed a web-based survey of representative samples in Norway and California. As in all surveys, we cannot verify that respondents’ answers are always a direct reflection of their views. We justify our approach, however, by the fact that this study follows a long lineage of research on public attitudes toward the welfare state in international comparative context (see, for example, Ferragina & Seeleib-Kaiser, 2011). Just as we cannot discern the reasons for public views toward welfare, we cannot necessarily understand the motivations behind respondents’ views about child protection and/or children’s rights. As a first step in developing a new understanding of a topic that has not previously been studied, however, we hope to start to uncover differences across notably different country contexts with this work.

Finally, as indicated previously, the study was limited to one state (California) within the 50 United States. The focus on a single state was intentional, given the variability in state child welfare policy within the US. Respondents from California, however, cannot be said to fully represent the US population, given that state’s demographic heterogeneity. The inclusion of our close analysis of demographic characteristics (i.e., Hypothesis #4) allows us to explore the role of demographic heterogeneity more carefully.

CONCLUSION

Approximately three decades after the UNCRC was made available to states for signature, many provisions of the Convention are still more aspirational than actual in some countries (Berrick, Gilbert, et al., in press). In fact, many countries that are signatories to the Convention still employ laws and practices that are far from offering “dignity and ... equal and inalienable rights of all members of the human family” (UNCRC, 1989). Progress is underway in ensuring children’s rights across the globe, however. In areas of education, immunization, health, and mortality, children are better off today than they were thirty years ago (UNICEF, 2019). But improvements in securing children’s safety and protection has been less notable; maltreatment remains a serious, global concern (Stoltenborgh et al., 2015), and systems designed to protect children and their rights from “... all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child” (UNCRC, Article 19, 1989), are nascent in some states and contested in others (Berrick, Gilbert, et al., in press).

In the field of child protection, an uncomfortable balance between parents’ rights, children’s rights (and, sometimes, tribal or community rights), is typically at play. These issues are less germane in well-functioning families, where all parties’ needs are largely met and children receive adequate care. But when children’s basic needs are unaddressed, and particularly when their rights to safety are compromised, questions about whose rights prevail take center stage. This is the terrain of child protection systems. Social workers may be trained and supported to consider these issues in some depth, but the general public is not accustomed to questioning the premise of the balance of rights. Findings from this study suggest that public understanding about fundamental rights may be context specific; that they are likely historically, politically, and culturally molded. Public policy that is responsive to public attitudes is likely to garner greater public approval, but this study cannot determine whether the public is guided by public policy, or whether public policy serves as a lever to shift public opinion. Nevertheless, findings from this study suggest that in both countries, children’s rights and equal rights are generally favored over parents’ rights. The differences we see in the public’s orientation toward rights between the two countries are indicative of underlying cultural conditions to which legislators and, ultimately, child protection staff must respond.

DATA AVAILABILITY STATEMENT
For additional information regarding the research methods see: https://www.discretion.uib.no/projects/supplementary-documentation/.

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REFERENCES


**SUPPORTING INFORMATION**

Additional supporting information may be found in the online version of the article at the publisher’s website.

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