# Physical abuse WITH and WITHOUT other forms of child maltreatment: Dysfunctionality vs. Dysnormativity

- Quebec Incidence Study-

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The first author would like to thank the Centre of Excellence for Child Welfare and GRAVE/Ardec for their financial support. Very special thanks to the 400 social workers who collaborated on this study.

## Summary

The Quebec Incidence Study (QIS) collected a vast array of data on the characteristics of maltreated children reported to child protection services (CPS), their families and their immediate environment. The QIS also collected detailed information on the types and severity of maltreatment. The purpose of the present study is to contribute to the understanding of factors associated with cases of physical abuse occurring alone (n = 196) and cases of physical abuse accompanied by other forms of maltreatment (n = 406). Discriminant analysis reveals that the two groups can be differentiated along dimensions of family "dysnormativity" (physical abuse WITHOUT co-occurrence) and family "dysfunctionality" (physical abuse WITH co-occurrence).

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## Introduction

The current databases and research methodologies of most child protection services do not provide enough precise information to enable the identification of factors associated with cases of physical abuse alone and those factors associated with physical abuse co-occurring with other forms of maltreatment. As CPS are challenged to offer informed and tailored services to children who are victims of maltreatment, such information is critical.

The QIS documented all cases of child maltreatment reported to CPS during the fall of 1998 in the province of Quebec. In cases of co-occurrence of physical abuse with other forms of maltreatment, the QIS offered a precise description of up to two types of maltreatment and their context. This study is the first attempt at formulating a model of multiple factors associated with cases of physical abuse alone and cases of physical abuse co-occurring with other forms of substantiated maltreatment.

## Methodology

## **Data collection**:

- ◆ The QIS documented all cases of maltreatment reported to child protection agencies (n = 16) between October 1<sup>st</sup> and December 31<sup>st</sup>, 1998, in the province of Quebec.
- ♦ More than 400 child welfare workers were trained to complete a form (52 questions) for each case retained for investigation during that period.

## **Population**

- ◆ Of the 9,448 reported cases of child maltreatment, 4,774 were retained for investigation. Of these, 602 were identified as substantiated cases of child physical abuse.
- ◆ Physical abuse occurring WITH other forms of substantiated maltreatment was present in 67% of cases (n = 406). The most frequent co-occurrences of other forms of maltreatment were:

Psychological maltreatment (34%)Neglect (29%)

◆ Cases`of physical abuse also co-occurred WITH serious behaviour problems in 30% of cases.

## Variables under study

Eighteen (18) variables were selected in five (5) dimensions describing the maltreatment and its context:

#### **Characteristics of the reported case**

Child age (0-17 years)
Previous report (≤ 1 year)
Previous ongoing child welfare services (≤ 5 yrs)
Emergency intervention

#### **Characteristics of maltreatment**

Type of physical abuse
Duration of maltreatment
Physical harm
Child mental harm

## **Decisions related to the investigation process**

Family referral to services Child referral to services

## Adults acting as caregivers

Relationship to the child
Country of birth
Income sources
Cooperation with CPS
Caregiver's adaptation problem(s)
Caregiver insufficient social support

## Child's living environment

Family structure Child's adaptation problem(s)

## Results

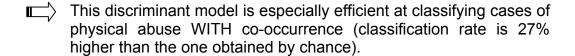


Standard discriminant analysis was run to predict physical abuse WITHOUT co-occurrence and physical abuse WITH co-occurrence, explained 39% of the variance.



Predicted group membership, based on the selected 18 variables:

		Predicted Group Membership	
Actual Group	N	Physical abuse WITHOUT co-occurrence	Physical abuse WITH co-occurrence
Physical abuse WITHOUT co-occurrence	122	54%	46%
Physical abuse <b>WITH</b> co-occurrence	296	6%	94%





Predictors were regrouped into 3 conceptual categories that characterized the <u>physical abuse WITH co-occurrence</u> group. Values of the determination coefficient appear in parentheses (%).

#### Distress

## Caregiver

Adaptation problems (19%)

Insufficient social support (7%)

Referral to services (9%) Distrust of CPS (5%)

Adaptation problems (21%)

Mental harm (39%)

Child

Referral to services (35%)

Previous ongoing services (2%)

Emergency intervention (5%)

# **Family** characteristics

## Caregiver

Non-biological parent (2%)

Born in Canada (1%)

No income (1%)

# Child

Older child (3%)

# Characteristics of the physical abuse

Duration of more than 6 months (15%) Impulsive, irrational brutality (4%) No injury (3%)

#### Discussion

Based on a preliminary conceptual classification of the predictors related to the discriminant function, we suggest the following typology:



In cases of <u>physical abuse WITHOUT co-occurrence</u>, physical abuse (which can be very severe and may require medical services for the child) tends to occur more often in the context of inappropriate punishment, as an acute and single incident. Families seem less distressed and the caregiver cooperates relatively well with CPS. The caregiver, usually a biological parent, tends to be born outside of Canada. In these cases, physical abuse is associated with educative norms and disciplinary strategies that are in sharp contrast to those held by the majority.



As previously shown, instances of <u>physical abuse WITH co-occurrence</u> are heavily loaded with family distress. Non-biological parents are more often involved in those cases, and neglect is a frequent co-occurring threat to the child. The presence of impulsive/irrational brutality and the high percentage of associated psychological maltreatment can be seen as an indicator that maltreatment occurs in an emotionally dysfunctional context. As children are experiencing mental harm and display serious behaviour problems (a frequent factor in co-occurrence), the dysfunctionality of the family appears to be eroding the adaptation capacities of both the parent and the child.

From these results, it appears that interventions should be designed differently for each of these two groups. For **dysfunctional families**, long-term protection and support would seem necessary as chronic conditions of maladjustment prevail. For **dysnormative families**, parental support and contextual information and education rooted in the respect of cultural values could be explored.