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Child Physical Abuse

Reports and Interventions

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“Everywhere, in all times there have always been parents and other adults
who have followed their hearts and have known exactly
what a child needs in order to want to grow”

Margareta Strömstedt (1995)

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ABSTRACT

This thesis was begun in 1998 at a time when increased numbers of police reports regarding child physical abuse was presented. The increase had been overshadowed by the research on the sexual abuse of children and showed that child physical abuse in Sweden had only been scarcely investigated since the institution of the Swedish anti spanking law in 1979. The aim of this thesis was to investigate child physical abuse from a judicial, social, child- and adolescent psychiatric and a user perspective where a parent or equivalent was the perpetrator. One police district was investigated between 1986 and 1996 and all reports regarding child physical abuse were included. The abused children (n=126) were also followed through social services' files and child and adolescent psychiatric service charts from birth to a 4-year follow up from the abuse incident studied. Finally, mothers of the physically abused children were interviewed. The greatest increase in police reports during the years investigated, turned out to be concerned with violence between children. The incidence where a carer was the abuser proved to be comparable to the incidence in other Nordic countries, with the adjustment that first generation immigrants were found to abuse their children 8 times as often as native Swedish citizens and second generation immigrants. There were a wide variety of injuries inflicted on the children, where bruises were the most common. Only a few cases where injuries could be verified ended up in court. Social services contact was common among the abused children and their families prior to the abuse incident studied, as were previous reports on child abuse and neglect. Injuries from the abuse as well as familial and context characteristics had an impact on referred social services interventions. The two most important factors for a child still to be receiving social services interventions 4 years after the abuse incident were whether the mother was mentally ill and whether there had been reports on child abuse or neglect prior to the studied abuse incident. About half of the children had been receiving interventions from the mental health services at some point in time, but mainly due to other reasons than physical abuse. Mental health treatment for the physically abused children was rare even though many of the children had contact with the child and adolescent psychiatric services repeatedly before, at and after the abuse incident. The interviewed mothers conveyed a picture of satisfaction with the police's work but were mainly critical towards the social services. The mental health service was considered to be doing a good job, but needed to do even better. The results indicate that despite an environment that supports public values, attitudes and laws confirming a standpoint against violence towards children, there is still a gap between intentions and reality in Sweden. The thesis provides one way of looking at child physical abuse, but puts forward the urgent need of further studies.

SVENSK SAMMANFATTNING

Under mitten av 1990-talet kom larmrapporter som gjorde gällande att polisanmälningar av fysisk barnmisshandel hade ökat kraftigt. För att undersöka hur många barn som blev misshandlade, vem som var förövare och vilka konsekvenserna blev, valdes ett polisdistrikt ut där alla barn under 14 år som anmäldes bli fysiskt misshandlade av en förälder eller annan närstående vuxen, mellan 1986 och 1996 deltog. Polisrapporterna analyserades liksom barnens socialakter och i förekommande fall, deras barn och ungdomspsykiatriska journaler. Fem av de misshandlade barnens mödrar intervjuades. Syftet med avhandlingen är att undersöka fysisk barnmisshandel ur ett juridiskt, socialt, barn- och ungdomspsykiatriskt och ett brukar perspektiv där en förälder eller annan närstående vuxen är misstänkt förövare. Det första fyndet gjorde gällande att polisanmält våld mellan barn utgjorde den största delen av ökningen av polisanmälningar. Hundratjugosex barn anmäldes bli misshandlade under åren 1986-1996 av en förälder eller annan närstående vuxen. Förekomsten var 0.5 av 1000 barn, men också med en skillnad vad gällde ursprung av förövare. Första generationens invandrare befanns misshandla sina barn 8 gånger så ofta, i jämförelse med svenskfödda föräldrar. Denna skillnad var näst intill uttraderad för andra generationens invandrare. Tjugo procent av ärendena gick vidare till åtal och fyra av de 111 förövarna dömdes till fängelse för fysisk barnmisshandel. Det var vanligt att de misshandlade barnens familjer hade kontakter med sociala förvaltningen före det studerade misshandelstillfället (81%) liksom det var vanligt med tidigare anmälningar om misshandel eller omsorgssvikt (44%). För de barn som var aktuella fyra år efter misshandelstillfället (n=69), hade merparten nya anmälningar enligt 14 kap 1§ Socialtjänstlagen. En stor del av barnens föräldrar hade svårigheter i form av psykiatrisk sjukdom eller missbruk (35%) och liknande omständigheter styrde val av insatser från sociala förvaltningen. De två största påverkansfaktorerna för ett barn att ha insatser från sociala förvaltningen fyra år efter misshandelstillfället var att det förekommit insatser från sociala förvaltningen före misshandelstillfället samt att modern var psykiskt sjuk. Endast 6 av 126 barn erhöll individuell terapeutisk behandling på barn och ungdomspsykiatrisk klinik (BUP) som följd av misshandeln trots att 57 av barnen varit i kontakt med BUP. De intervjuade mödrarna beskrev ett stort missnöje med sociala förvaltningen, medan mötet med polisen beskrevs positivt. BUP ansågs göra ett bra men otillräckligt jobb. Avhandlingens resultat avspeglar ett samhälle där normer, värderingar och lagar ger utrymme för goda uppväxtvillkor för barn, men att de barn som far illa inte erhåller fullgoda resurser i praktiken. Avhandlingen ger en bild av hur fysisk barnmisshandel hanteras i Sverige, men pekar på behovet av fortsatt forskning.

LIST OF PAPERS

The present thesis is based on the following studies, which will be referred to in the text by their Roman numerals.

Paper I

Physical child abuse in Sweden: A study of police reports between 1986 and 1996. Lindell, C., & Svedin, CG. (2001). *Social Psychiatry and Psychiatric Epidemiology*, 36, p 150-57.

Paper II

Social services provided for physically abused children in Sweden: background factors and interventions.

Lindell, C., & Svedin, CG. (2004). *International Journal of Social Welfare*, 13, p 340-349.

Paper III

A four-year follow-up study of help provided by the social services for physically abused children.

Lindell, C., & Svedin, CG. Submitted manuscript.

Paper IV

A descriptive study of mental health services provided for physically abused children in Sweden. A four-year follow-up of child and adolescent psychiatric charts.

Lindell, C., & Svedin, CG. Submitted manuscript.

Paper V

A qualitative view of physical child abuse intervention. Five Swedish mother's stories.

Lindell, C., & Svedin, CG. Submitted manuscript.

ABBREVIATIONS

CI	Confidence Interval
CAPS	Child and Adolescent Psychiatric Services
CPA	Child Physical Abuse
CYPA	Care of Young Persons Act
MbPS	Munchausen by Proxy Syndrome
SBS	Shaken Baby Syndrome
SIDS	Sudden Infant Death Syndrome
SSA	Social Services Act
OR	Odds Ratio
PTSD	Posttraumatic Stress Disorder

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Charlotta Lindell

INTRODUCTION

Children depend on adults to start their journey in life. This includes at first that the parents fulfill the child's need for basic necessities, such as food, shelter and love and further on to give the child some sort of direction or map. When parents or other adults with a caring responsibility towards children become abusive, the child's prerequisites change. A developing child is sensitive to verbal (Vissing et al, 1991) and physical assaults of different kinds (Creighton, 1992; Hobbes, 1996) and reacts by displaying symptoms in the short run and a variety of effects in the long run (Lynch, 1988; Gibbons et al, 1995; Silverman et al, 1996; Widom, 1999; Kolko, 2002). Besides the obvious physical damages such as death, injuries or limitation on growth, abuse also damages a child's self in a number of ways. As teenagers this behavior is often reinforced and may lead to drug abuse, psychiatric and criminal problems (Prino, 1994; Maxfield & Widom, 1996; Johnson et al, 1999; Brown et al, 1999). Untreated adults that have been physically abused as children may display a variety of symptoms taking different expressions. Psychiatric illness (MacMillan et al, 2001; Brodsky et al, 2001), drug and substance abuse, criminality, poor social skills and low ambitions in life are conditions that often are exposed (Straus, 1991; Maxfield & Widom, 1996, Kolko, 2002). Mental health treatment has been shown to help mitigate symptoms and adjust to social life, although about a third of adults who have been physically abused in childhood, abuse their children in turn (Egeland, 1988; Ertem et al, 2000).

This dissertation was started during the last year of the 20th century when research on child sexual abuse was much on the agenda. Statistics were presented that showed a major increase in the number of cases of child physical abuse reported to the police since 1985 (BRÅ, 1997). This was not only a Swedish phenomenon, but was shown from all over the world (Creighton, 1992; Cappelleri et al, 1993; Daro et al, 1996). Since 1979 Sweden has banned spanking of children and opinion polls have shown that general public opinion has followed the judicial intent (Statistics Sweden, 1996; SOU, 2001a). In spite of this change in public opinion, there was an increase in the actual number of cases of physically abused children reported to the police. The initial question in focus for this dissertation deals with the incidence of child physical abuse based on number of police reports during an eleven-year period and the judicial consequences of these reports. Further on, interventions provided the physically abused children before, at or after the suspected abuse incident were in focus. Lastly a user perspective was used in order to find out how the interventions were perceived.

In all, the thesis is based on 5 empirical papers based primarily on quantitative studies but in one case on qualitative studies. The first 4 are based on files from the police department, the social services department and mental health services, while the fifth constitutes the experience of 5 mothers of physically abused children. This sum up one way of looking at the increase of child abuse cases reported in official reports and what kind of intervention children get, but also puts forward the need of further studies.

Contemporary international research concerning children and abuse is massive, as all different aspects have been investigated. Research focused on conditions specific for the Nordic countries and on Sweden in particular is not so abundant. The parliamentary inquiry published in 2001 concerning child physical abuse (SOU, 2001b) answered some questions, but showed that there are many more yet to be answered. There is limited information concerning the group of physically abused children. It is not possible to tell from looking at the national statistics how many children were abused by their carer and we know very little about whether the interventions that were provided physically abused children actually served as intended.

Concepts that are crucial for understanding this thesis are explained. Then focus is put on Swedish conditions, followed by a historical and theoretical overview. A contemporary research insight will end the introductory chapter. Further on, the aims of the thesis will be stated and a chapter on methods and materials as well as a chapter on results follows. A discussion will finally try to tie the parts of the thesis together, to sum up the conclusions and the need of further research.

Defining Concepts

It is important to look at the thesis from the cultural context given, and to interpret the results from the meaning given concepts and words such as child physical abuse, institutions and interventions.

Cultural Context

Cultural context plays an important part when interpreting phenomena in a society and is particularly important in studies comparing results between countries. Violence towards children in Sweden has to be interpreted in its own context even though the consequences of abuse seem universal. Being physically abused in a developed country in comparison to a developing might feel the same

to the skin, but might be easier to overcome in developed countries where helping institutions are available. On the other hand abuse of children might not be as accepted by the population in developed countries. This has its historical and traditional reasons, which will be enlightened below. Comparing findings from different countries may be easier when countries have similar laws, values and beliefs. Research has shown that a society in which the laws seem to express general tolerance of violence is more accepting of violence in the upbringing of children as well (Gil, 1979). Another universal finding is overlapping of violence. Ross (1996) showed that it is 18 times more likely for a father who beats his wife to abuse the children as well. Equivalent estimations from Swedish authors is that about 80 000 (Jansson & Almqvist, 2000) or as many as 200 000 women (Frisk, 2003) are abused by their male partners yearly and that the overlapping of violence and witnessing of children can be applied to these conditions as well. The children witnessing violence towards or between parents have shown to react with traumatizing symptoms. In a meta analysis investigating child and spouse abuse performed by Appel and Holden (1998) the overlap ranged from 20% to 100%.

Sweden's historical background regarding child abuse issues and other contextual factors will be further investigated below. In Sweden today, children have a generally high standard of living in comparison to a couple of generations ago and to children in many other countries. About 30% of children between 0-18 years old grow up in the countryside or in smaller communities and about as many in larger cities and suburbs. The remaining 40% grow up in average sized cities and towns. The nuclear family is still the most common form of living, but is getting more unusual. Somewhat more than 30% of children born during the 1980s will experience a family break-up, which is an increase of about 10% in comparison to children born during the 1970s. About 40% of children will grow up with at least two siblings. Among children and young adults between 0-18 years olds, 16% have two parents born outside of Sweden, while another 6% had one (SOU, 2001c). In the welfare state of Sweden about 75% of all citizens are employed outside the home (National board of Health and Welfare, 2001). Substance abuse occurs in about 10% of the Swedish male population (CAN, 1999) and approximately 20-30% of patients at psychiatric wards have minor children (SoS, 1999).

The time in Sweden when the increase of police reports started to attract attention was during the mid 1990s. This was a time of deteriorating working and living conditions for young families with children during a substantial period of business decline (SOU, 2000b). Östberg (1994) showed that up till the 1980s the financial situation for single and co-habitant parents increased markedly. During the following period between 1980 and 1990 the increase was noticeable for co-habitant parents (13%), but not for single parents (2%). From 1990 to 1993-95, unemployment increased from 2% to 10% and governmental subsidies for

families with children were removed or lowered (Statistics Sweden, 2000). In the beginning of 1990, 10% of single parents and children lived under the norm for financial assistance and in 1997 the comparable figure was 27%. The margins for financial expenditure were small and showed to be 4 times more common for parents born outside of Sweden (SOU, 2000b). The situation has since improved with a generally positive income development for families with children and lower unemployment rates (6% in 1998).

Child Physical Abuse

The definition of child physical abuse differs among societies but also individuals. The definition used in this thesis assign from the Swedish penal code regarding physical abuse, which also regards the damage caused and which manner it was inflicted. The definition has been used with the qualification that the perpetrator had to be an adult in a carer role with respect to the child, and is presented along with the judicial sequence below.

A person who inflicts bodily injury, illness or pain upon another or renders him unconscious or otherwise similarly helpless, shall be sentenced for assault to imprisonment for at most 2 years or, if the crime was petty, to pay a fine or imprisonment for a maximum of 6 months. If the crime is considered grave, the sentence shall be for aggravated assault to imprisonment for at least one and at most 10 years.

In assessing the gravity of the offence, special consideration shall be given to whether the criminal act constituted a mortal danger or whether the perpetrator inflicted grievous bodily harm or severe illness or otherwise displayed particular recklessness or brutality (SFS; 2004).

This definition was used because the police reports were the study base of the thesis. The definition is within broad limits and has to be discussed, as physical abuse is a concept covering several different forms. The most common form is psychological abuse, which is exercised all over and has been shown to be the most damaging considering self-esteem issues (Brassard & Hardy, 1997). Another form of abuse is neglect of children. Pure physical abuse can take many shapes and be performed by for instance shaking, hitting, punching, suffocating or inflicting damage that arouses medical concern. A difficult form of physical as well as psychological abuse is what is called folk-medicine therapy (Feldman, 1997) This involves parents inflicting injuries on their children in the traditional belief that it has a curative effect. When considering symptoms of abuse, such as injuries or psychological damage and expectation of recovery different aspects has to be taken into account. Important for the outcome are severity, frequency and chronicity of abuse, but also which developmental period a child is in and

what separations or placements the abuse might lead to. Another important factor is the identity of the perpetrator and the kind of relationship the child has to the perpetrator (Barnett, Todd-Manly & Cicchetti, 1995). The presentation of concepts identifying different forms of violence that follows omits the definition of child sexual abuse.

Neglect

Neglect of children is sometimes readily apparent and sometimes nearly invisible, although it is a central issue in all child maltreatment. Research has shown that even if neglect is invisible it often becomes apparent later in the child's development. Examples of neglect are leaving a child without proper supervision, not feeding, not clothing properly for seasonal conditions or giving the child good hygienic care. Another example is not providing care if the child is sick or injured (Farrell-Erickson & Egeland, 2002). Physical neglect is always found together with emotional neglect, but the reverse is not always the case. Parental motives are often regarded as intentional or unintentional, but this also has to be considered within the context of the parents' cultures and beliefs (Garbarino, 1991). For some parents neglect is not a choice, but merely a fact of life when food and security are limited.

Non-Organic Failure to Thrive

Non-organic failure to thrive is often a consequence of insufficient attachment and failure to grow despite adequate amounts of food. This may lead to damage of the brain structure related to memory and to significant reductions in the size of the hippocampus which in turn can make individuals vulnerable to symptoms of Posttraumatic Stress Disorder or Dissociation (Hart et al, 2002). This is a difficult diagnosis to make as failure to thrive in children can also be due to metabolic disorders, infections or other chronic disease, but both can lead to an infant's death (Kirschner, 1997).

Psychological Maltreatment

Psychological maltreatment of children is the most common form of abuse, but also the most difficult to come to terms with in treatment as cognitive, affective and interpersonal conditions make up the primary components (Brassard & Hardy, 1997). It can be defined as "a repeated pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or of value only in meeting another's needs"

(Brassard & Hardy, 1997). Crittenden et al (1994) have found in a study looking at physical neglect and psychological abuse that severity of psychological abuse was the only severity measure related to behavior problems. Beside this, psychological maltreatment has been shown to have negative impacts on different aspects of the life of children and adolescents (Wissing et al, 1991; Ney et al, 1994).

Shaken Baby Syndrome

A highly lethal form of child abuse is SBS, Shaken Baby Syndrome. This is induced through shaking the baby with violent force, causing a whiplash acceleration-deceleration motion in the vulnerable baby's head and neck. A violent shaking often leads to epidural or subdural hemorrhage or detachment of the retina, but can also induce rib fractures or bruises. A shaken baby often immediately loses consciousness and sometimes goes into seizure (Kirschner, 1997). A child who survives violent shaking often has to live with permanent brain damage (Johnson, 2002).

Munchausen by Proxy Syndrome

Munchausen by Proxy Syndrome is an uncommon form of child abuse where a caretaker (most often the mother) fabricates, simulates or induces symptoms of physical illness and injury in a child (Rosenberg, 1997). The syndrome has a high percentage of deaths and often siblings are affected as well. Adults who were subjected to MbPS as children have been shown to display significant emotional and physical problems in childhood as well as in adulthood (Libow, 1995).

Child Fatalities

Children die from abuse perpetrated by parents or other carers. The home has in an American study been proved to be the most dangerous place for children growing up (Straus et al, 1980). An incidence figure reported from a Swedish study investigating lethal violence, found 7 children between 0-14 years old to yearly die from violence (Rying, 2003). This is in comparison to for instance the United States where between 1.5 and 3 children per 100 000 are killed yearly (Herman-Giddens, et al, 1999). Sudden Infant Death Syndrome (SIDS) is the unexpected death of an infant younger than one year. This can be mistaken for different forms of child abuse, but when autopsy has been performed excluding for instance suffocation, sometimes there is no explanation (Rosenberg, 1997).

The children reported in this thesis were victims of maltreatment, physical abuse and Munchausen by Proxy Syndrome, none of which is ever perpetrated without the presence of neglect or psychological abuse.

Institutions and Interventions

When children are reported to the police as abuse victims, different institutions get involved. The police department investigates the crime and makes a preliminary investigation. The district attorney leads the judicial process and decides whether to close or further investigate a case. Once the case has gone further the following options exist: prosecute a perpetrator in court, institute a summary punishment, waive prosecution or take no measures at all. The prosecutor has to consider the seriousness of the crime and whether the accused perpetrator has confessed to its commission (The Statute book of Sweden, 1991). The judicial part of the process involves interrogation of children and perpetrators and others of importance to the preliminary investigation. This work also includes meeting children and parents in the crisis situation when the abuse is revealed, as well as ordering medical statements regarding the abused children (Durrant, 1999; SOU, 2000a). A medical evaluation regarding the extent and content of physical abuse is often performed on the abused children. This takes place either immediately in direct connection to the abuse incident or later on in the analytic phase of the case. A school nurse can document an injury, while a district physician or a specialist in forensic medicine performs evaluations regarding the cause and extent of damage.

In Sweden there is a mandatory reporting system whenever a professional suspects that a child has been neglected or abused. The social services department gets involved through the report according to the Social Services Act 14 chapter, 1§ in order to protect the child from further abuse and to investigate other needs in form of support or treatment, according to the Social Services Act chapter 11, 2§. This involves meeting other institutions involved in the case of the child, as well as the child itself, its parents, relatives, teachers or other professionals. Social services interventions are initiated after the investigation in connection with the abuse incident or other reported events for the child (The National Board of Health and Welfare, 1998).

Referrals to child and adolescent psychiatric services are common and previous research has shown early mental health treatment to limit symptoms and mental ill health (Oates and Bross, 1995). The interventions in focus in papers II-IV have been those most often used.

Overview of the Research Field

Child Physical Abuse in History

The history of child physical abuse is probably older than recorded history, even though the period of systematical studies of the phenomenon is relatively short. Ritual sacrifices and the abuse of children were mentioned in the bible and infanticide has been widely perpetrated in for instant ancient Egypt, India, Greece, Rome, Arabia and China (deMause, 1974). Even in Scandinavia this was relevant. Fathers hold power over life or death of their newborns. If the father decided to take the child in his arms the child could be fed and baptized, if not so the child was killed. This lasted as long as up till 1731 in Sweden, and 1850 in Denmark and Norway (Zigler & Hall, 1989). Through the Middle Ages there were poor times for the majority of the children in Europe. Children were abandoned and sold as beggars. Mutilation was not uncommon to have a greater opportunity to excel in begging. Abuse was also an important part of learning, as abuse tools were found in every school (Zigler & Hall, 1989). After the industrial revolution children of lower classes had to work in bad conditions often being beaten and starved. Hospitals and orphanages for abandoned children were started in some European cities often with royalties as chaperones. The mid-nineteenth century is known as the romanticization of childhood as a time of innocence, but a fact is that infanticide still was a persistent problem at that time (Ariès, 1973). One case of CPA that caused a lot of attention was the case of Mary-ellen in 1874. This girl was discovered by a social worker in New York City being chained, beaten and starved by her adoptive parents. The police department did not take action against this, as there was no law prohibiting abuse. Instead Henry Berg, the founder of 'the society for the prevention of cruelty to animals' worked with the case and a year later 'the society for the prevention of cruelty to children' was instituted (Zigler & Hall, 1989). In America there was a pediatric radiologist named Caffey that in 1946 ascribed cases of subdural hematoma to intentional ill treatment of an infant (Caffey, 1946). Kempe et al (1962) followed this up, in 1962 when they coined the expression 'the battered baby syndrome' and held parents and caretakers responsible for the abuse of children.

Sweden

In 1734 the Swedish father was, according to the law, considered the head of the family and in charge of controlling the wife and children. If parents abused

children with a mortal consequence this was not considered as homicide or manslaughter, but accidental manslaughter. The crime was considered less severe in comparison to males abusing their spouse to death. The law defended parental rights and manifested power over weakness (Justitiedepartementet, 1991). According to the Swedish church at that time, corporal punishment was not to be used when parents were angry since this could make children 'cold hearted or slow'. Instead, children were to be informed why they were being beaten (Norberg, 1978). According to the Swedish parental- and guardian law of 1920 parents were still ensured the right to punish their children, even though the formulation about a moral obligation was abandoned (Edfeldt, 1979) and later on the word punished was changed to the milder word rebuke. Up till 1942 the child welfare committee could decide upon spanking as a preventive end (Lagerberg, 1985) but in 1958 physical punishment in all levels of Swedish schools was abandoned. Parental spanking rights were not questioned until 1966 when the right to punish was taken out from the parental and guardian law and spanking was placed on level with abuse, but there was still no anti-spanking law.

Physicians started to discuss child physical abuse in Swedish medical and police journals (Selander, 1957; Selander, 1963; Selander; 1964; Frisk 1964). This consequently led to reactions in the media as well as in Parliament. The former National Medical Board performed an investigation concerning the prevalence and the possibilities regarding preventing work regarding child physical abuse in 1965. In a survey, 178 medical institutions were asked about their suspicions of or established information about abused children during a 10 year period, 1957-1966. The majority, 145 of the clinical institutions answered that they did not know of any case of child abuse and the investigation concerned 119 children who had been abused. The investigation showed an increase over the years where a majority of the children were under the age of 3. Fifteen of the 119 children had died due to abuse (Lagerberg, 1985). Two serious cases of child abuse took place in 1970 and 1971 with one mortal outcome. This led to attention in the media and debate in Parliament, which in turn led to a commission for the National Board of Health and Welfare to perform an investigation that embraced psychological abuse as well as harmful home environments. This time child welfare committees were approached and proved in the years 1969 and 1970 to have had reports on abuse or neglect regarding 1201 children. The material was analyzed on factors that had more to do with the situational context rather than on only blaming the parents as the previous investigation had done (Lagerberg, 1985). Half of the children had been placed in foster care and a number of proposals for improvement were given.

A public inquiry board was appointed in 1977 and the report of this board led to the proposal for the institution of an anti spanking law in 1979 (SOU, 1978). This did not result in changes in the penalty law, but was an attempt to make a structural change on how parents, environment and society think of violent acts

towards children (Edfeldt, 1979). The Swedish example has since been followed by 13 countries that have banned spanking in the homes as well as in schools. The Swedish anti-spanking law was followed by an important legislative change in 1982. Physical abuse perpetrated in the home was up to this date an informer based crime, which meant that the abuse had to be reported to the police by the guardian or the child itself. Since 1982, physical abuse in the homes is covered by rules under public prosecution. A few years later, in 1988, a step in the direction towards trying to provide support for the weak over the stronger was taken when plaintiffs were given the right to have a legal person represent them in court on the account of the state (Justitiedepartementet, 1991). This was reinforced with the institution of a 'legal representative' (Law 1999:997). This law made it easier to interrogate and medically examine children without parental consent (SOU, 2000b). In 1990 Sweden ratified the UN convention of Children's rights where article 19 deals with the rights of a child not to be abused or neglected while in the care of adults (UD info, 2003).

Theoretical Perspectives

Several studies have investigated the importance of different factors in influencing child physical abuse. Characteristics of the child and the parent and the surrounding systems have proven to be important. An unwanted pregnancy, a difficult childbirth, a child who is impaired or looks different may lead a carer to physically abuse the child (Daro, 1988; Besky & Vondra, 1989). Younger children are more often found to have been severely abused, while the older children are more frequently, if less severely abused (Jessee, 1995, Christian et al, 1997). A child's temperament can work as a potential risk factor (Belsky & Vondra, 1989) as can stress related to incapacity to be a parent, or the carer's own experiences of child abuse (Kaufman & Zigler, 1987; Straus, 1994; Kolko, 2002). Other contributing factors are substance abuse (Famularo et al, 1992), mental ill health (Inkelas & Halfon, 1997) and financial or social restrictions such as isolation (Gillham et al, 1998, Garbarino & Eckenrode, 1997). The greater the number of combined risk factors the greater odds of abuse (Brown, 1991; Black et al, 2001).

In order to try to explain the complexity regarding the origin of child physical abuse, a review of several theoretical perspectives can help to bring the picture together. Seeing CPA from a structural perspective we know today that the origin of CPA is complex and that one single factor seldom is responsible for the complete image. Instead we have to look at child abuse from a cultural perspective when trying to identify reasons for abuse. Below is a presentation of examples of theoretical frameworks aiming at describing violence of different

kinds. The approaches are not to be seen as single explanations, but merely as a development of ways to interpret child physical abuse.

Individual Approach

Kempe, Solverman, Steele, Droegemueller and Silver (1962) laid the foundation for an early attempt to explain the occurrence of child abuse and neglect when they introduced a psychiatric or psychodynamic approach. By analyzing personality variables of the perpetrator and the relationship to social behaviors, abnormal characteristics could be found. This could develop out of organic brain or emotional dysfunction. Offenders were found to have certain abnormal personality characteristics that were the underlying cause of abusive behavior (Tzeng et al, 1991). Kempe estimated that 90% of physical child abusers suffered from emotional incapacity (Kempe, 1971). The majority of the perpetrators suffered from a character disorder that allows aggressive impulses to be expressed. This often stems from abuse or neglect in the perpetrator's own childhood. A closely connected theory is the attachment theory (Bowlby, 1972) that showed that secure human attachments depend in part on a 'partnership' between infant and caregiver. This has proven to be true in a number of studies (Killén, 1993).

The intrapsychic theory approach to physical abuse suggested by Loevinger (1976) involves 10 levels of ego development on a continuum from birth to old age. The stages, to be considered general and flexible to individuals, are: pre social, symbiotic, impulsive, self-protective, conformist, self-aware, conscientious, individualistic, autonomous, and integrated. Abusive parents are interpreted to act in an impulsive, self-protectionist and conformist manner and knowledge about this is crucial in treatment (Salter, Richardson and Martin, 1985). Regarding the etiology of child abuse according to intra psychic theory, 4 related components lead to child physical abuse. The first is a negative affect towards the child, which is called an accelerator. The second is a view of the world that rationalizes the abuse (mediator). This is followed by an inability to control impulses, lack of brakes and finally that the abusive behavior is earned (reinforcer) (Tzeng, et al, 1991). Another perspective more concerned with the here and now is behavioral theory that first was mentioned by Watson in 1913 and later on developed by Bandura (Schultz Larsen, 1997). The behavior and how it is regulated depends on feedback, which will decide whether the behavior will be repeated, or not (Corcoran, 2000). Parents unintentionally reinforce undesirable behavior in their children and fail to reinforce appropriate behavior. Children that do not receive attention any other way may use an aversive behavior to gain parental attention, even if it is abusive (Azar et al, 1984).

Systems Approach

Social systems theory looks for answers other than those concerned with the individual alone, and focuses instead on human needs and social systems. According to Gil (1987), there are 5 basic human needs: regular access to goods and services that sustain and enhance life, meaningful social relations, expression of creativity and production, sense of security and self-actualization. The surrounding social, structural and cultural environment such as: socioeconomic status, values, stressors, social isolation and lack of community support can result in abuse. The social systems theory can be transferred to different types of violence which all are caused directly or indirectly by unequal processes and structures of various social systems. Resource theory builds on social systems as well, and the coercion or potential threat of coercion it conveys. The family is such a system and the use of violence depends on the family member's resources. The more resources the greater the potential to use force but in reality availability of fewer resources leads to more violence (Tzeng et al, 1991).

Contextual Approach

An effort to bring individual and system approaches together is the developmental approach developed mainly by Newberger and Cook (1983) and founded on the previous thoughts of Piaget but also Freud. This approach focuses on the parent's perception of the 'child as a person', of 'child-rearing rules' and of 'interpersonal responsibility and connections in the parental role'. Four levels of parental awareness are described and involve egoistic, conventional, individualistic and analytic orientations toward the parent-child relationship. An interactive formulation posits that child abuse is the product of environmental stressors acting upon individuals with different psychological traits and that the final stage of development or maturity achieved varies among individuals.

Others drive this reasoning further by moving the focus from the individual to the political and cultural arena stipulating that parents and children's conditions always are part of social context (Garbarino, 1977; Belsky, 1978; Garbarino, 1982). A human ecological approach, figure 1, can be described as the reciprocal interplay between the developing child and the changing environments that children live in. This is an ongoing process through life and is influenced by the relationships within and between close environments and greater social context. Two kinds of interacting are illuminated; the child as a biological organism and the immediate social environment as a set of processes, events and relationships, but also the processes between the social systems within the child's social environment. The internal process shapes a child's and a family's life while the external process is the great force that shape social context

(Garbarino & Eckenrode, 1997). Macrosystems are the norms, and the ideologies that illustrate a culture. Factors that contribute can be judicial, political, financial, social, and educational systems that form the general pattern for citizens (Garbarino, 1982). Access to economic resources, health care, childcare and other services are found in the exosystems. The policy decisions made there filter down and affect children, their families and communities directly. Family services found at the exosystem level seldom work in a preventive mode. Mesosystems, that consist of the relationships between contexts of development (the microsystems). Both size and quality can be measured and the presence of an informal support system is part of a healthy mesosystem. The microsystem involves the individual and the immediate family, friends, social network and school, all arenas where a person plays different parts. Shifts within or between any of the systems can contribute to children being abused.

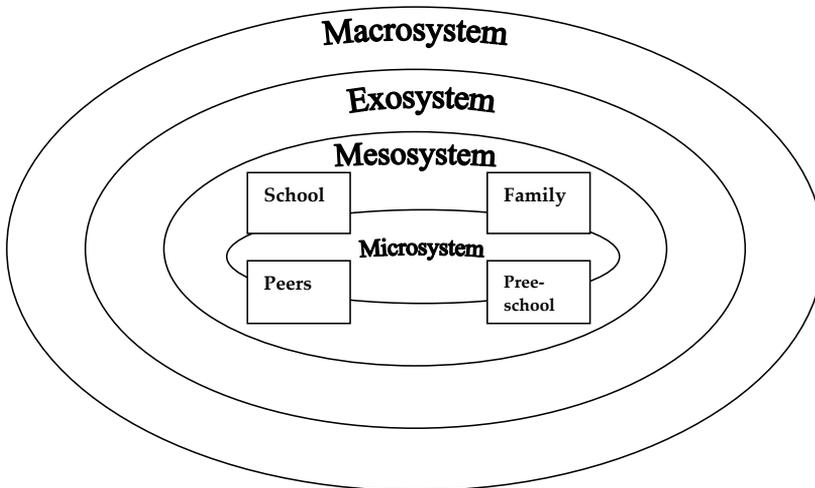


Figure 1. An interpretation of a human ecological model to be used interpreting child physical abuse

Belsky (1980) argued that this analysis proceeds at 4 levels: family history of parents, family setting, informal and formal social networks and the culture. Buchanan (1996) developed the perspective concerning intergenerational abuse, which can be an inheritance on a meso- as well as a macrosystem perspective. Four different cycles that according to Buchanan (1998) more or less lead to intergenerational child maltreatment are the cultural, sociopolitical, psychological, and biological cycles. Two perspectives of cultural differences in child raising are given; the emic and the ethical. The ethical perspective is how others look upon an act from the outside, while the emic represents the perspective from within. Cicchetti and Lynch (1993) add another level to the human ecology model, the ontogenic development level, which includes the

individual and his or her own developmental adaptation (ecological-transactional model). This according to the authors reflects beliefs that individuals are important elements of their own environment.

Finally the patriarchal theory has to be mentioned. This places emphasis on the political agenda and is associated with the feminist perspective on family violence (Dobash & Dobash, 1979). Most societies were from an historical point of view and are today, from a contemporary point of view male dominated, as more men than women are found in power positions. Male empowered societies are violent and in order to maintain power control, males abuse women and children.

Contemporary CPA Research

Despite the efforts in Sweden during the 1970s to increase the level of awareness and opinion regarding the harmful effects of abuse and spanking of children there were alarming reports during the 1990s regarding increasing number of police reports on suspected child physical abuse (BRÅ, 1997; Daro et al, 1996; Sedlak & Broadhurst, 1996; Cappelleri et al, 1993). This was observed (Svedin & Gustafsson, 1994) and raised questions such as how many children are being abused and with which consequences? What do we know of the interventions that abused children receive, as an increased number of abused children should mean that more children are in need of services of different kinds?

Incidence and Prevalence

As previously mentioned the source of information concerning reporting of child maltreatment is of importance. According to Daro et al (1996), all studies underscore the presence of child maltreatment while English (1998) found estimates based on parents' reports to be 16 times higher than rates of physical abuse reported to officials. In addition to this, official registers mirror cultural differences and might hinder comparisons. Despite this, reliable national child maltreatment data are needed for developing and modifying policies aimed at preventing and treating child maltreatment (Tonmyr et al, 2004).

In a report comparable to paper I, incidence studies performed in Denmark show an incidence of 0.3-0.7 out of 1000 children to have been abused (Fabricius et al, 1997; Riis et al, 1997). Considerably higher rates (2 out of 1000) have been reported from Britain (Creighton, 1992) and in a major incidence study from the USA (Sedlak & Broadhurst, 1996) 5.5 out of 1000 children were reported as harmed from physical abuse. If children that either were harmed or endangered are considered as being harmed, then the figure was 42 per 1000 children. Official figures are reported from different parts of the world (Belsey, 1993) and can be

differentiated on the basis, for instance, of the type of physical abuse and age. An incidence study investigating infant physical abuse in Alaska reports that 4.6 of infants per 1000 live births have been physically abused with a resulting need for hospitalization (Gessner et al, 2004). Another specific incidence study investigated inflicted traumatic brain injury in children aged 2 years or younger (Keenan et al, 2003) and estimated the rate of 17 per 100 000 children. Rates were significantly higher among infants where 29.7 per 100 000 person-years were affected.

When investigating use of spanking through interviews or questionnaires at one point in time, other figures are relevant. A national Swedish study regarding CPA was performed in 1980 where personal interviews were undertaken with 1051 families (Edfeldt, 1985). Spanking and hitting the child was acknowledged by 27.5% of families, while 3 % had given their children regular whippings. This study was replicated in the year 2000 when 1609 were interviewed over the phone. Parents then gave a significant different picture where 1.1% of them admitted to spanking or hitting the child whereas 0.2% had been whipped (SOU, 2001a). Concerning the question if the parents had used any form of physical punishment during the last year, about half of the families (51.3%) confessed to this in 1980, while the responding figure 20 years later was 8.3% (SOU, 2001a). Two studies, using questionnaires looked into children's, adolescents' and young adults' experience of spanking when growing up and both showed lowered levels of the use of spanking too (Statistics Sweden, 1996; SOU, 2001a). In 1995 34% of adolescents admitted to having been spanked during childhood. In 2000 this figure had diminished to 14%. But still in 2000 there were 4% of children and 7% of younger adults admitting to being severely abused sometime during childhood (SOU, 2001b). When comparing this to other cultures, the image is similar to physical abuse reported to officials. The Scandinavian countries except Finland show figures similar to Sweden, while other countries show higher (Finkelhor & Dziuba-Leatherman, 1994; Christensen, 1999; Fäldt & Sundell, 2000). Through questionnaires in schools, Youssef et al (1998) found more than one third of Egyptian children to be exposed to severe violence. Investigating Chinese families in Hong Kong through a telephone survey, So-Kum Tang (1998) found an even higher prevalence rate of 526 of 1000 children to be exposed to minor violence, while the corresponding figure for severe violence was 461 per 1000 children. As previously mentioned the ways of counting cases differ between countries whereas the ways of reporting injuries and risk characteristics are more similar.

Injuries and Consequences

When a child is physically abused, bruises are the most common signs, seen in 90% of abused children, even though there are other injuries as well (Hobbes &

Wynne, 1996, Christian et al, 1997). Bruises in abused children are often found in areas protected from normal activity, for example buttocks, thighs or trunk (Feldman, 1997). Medical problems in child victims of physical abuse have included greater neonatal problems and failure to thrive (Famularo et al, 1992). The younger children are more vulnerable to damage and physically abused infants and younger children more often suffer from serious forms of injuries such as head trauma or fractures (Svedin & Gustafsson, 1994; Jessee, 1995; Christian et al, 1997). This has been reported from developed as well as developing countries (Cheah, et al, 1994). Tzioumi and Oates (1998) found in a 10-year sample of Australian children presented to hospital with the diagnosis of subdural hematoma, that the most common explanation for children under two was inflicted injury. Together with factors like young age of infants, delay in presentation and presence of retinal hemorrhages, bone and rib fractures the authors suggested child abuse to be the most likely cause of these severe injuries. Ewing-Cobbs et al (1998) compared two equal size groups of children (n=40) with traumatic brain injury and found out that the group of inflicted injury had a considerably more complex trauma including preexisting brain injury, subdural hematoma, seizures and retinal hemorrhage. The damages of inflicted head trauma are devastating. In the study above, mental deficiency was present in 45% of the inflicted and 5% of the non-inflicted cases (Ewing-Cobbs et al, 1998). In a study performed by Christian et al (1997) investigating pediatric injury resulting from family violence, children above 4 years of age sustained significantly more extremity trauma than younger children. Other injuries connected to child physical abuse are bite marks (BRÅ, 2000), burns (Feldman, 1997) and abdominal injuries. Abdominal injuries caused by abuse have a 40% to 50% case fatality rate (Feldman, 1997).

An overwhelming incident out of reach of children's control can bring an extraordinary psychological strain on children and adolescents (Dyregrov, 1997). This psychological trauma often occurs quickly and unexpectedly but some incidents are repeated more or less without the possibility for the children to prevent them, which leads to feelings of helplessness and vulnerability. Depending on age, developmental stage, parental support and a child's interpreting skills, symptoms of trauma differ but can be expressed as fear, anxiety, and guilt and also problems in school achievements or relationships. The long-lasting effects of trauma can lead to Posttraumatic Stress Disorder (DSM-IV, 1994). PTSD, which is found in about 36% of maltreated children, (Famularo et al 1994) is associated with recurrent memories, abuse-repetitive behaviors, attributional changes, trauma specific fears, avoidant behavior and apathy (Famularo et al, 1990). If these reactions have been before hand at a minimum a month and if they have rendered the child to function socially or academically on a lower level the clinical diagnosis is PTSD (DSM-IV, 1994). Acute PTSD symptoms have been shown to be able to measure in for instance cortisol levels of

urine in child trauma victims (Delahanty et al, 2005). Early stress to the brain, such as maltreatment has shown through magnetic resonance imaging (MRI) technology to have an impact on reduction in the size of the adult hippocampus and amygdala (Bremner, 2001; Shin et al, 2004). Therapeutically untreated physically abused children, adolescents and adults often suffer from limitations in life, such as low self-esteem, cognitive deficiencies, personality disorders and problems in relationships (MacMillan, 2001). Another long lasting effect of maltreatment is neurobiological changes that are associated with for instance major depression in adulthood (Kaufman et al, 2000; Brodsky, 2001) and to extensive drug use and criminal behavior (Straus, 1991; Fergusson & Lynskey, 1997). Research design has proven outcomes of long lasting effects of child physical abuse to vary when comparing retrospective and prospective designs (Widom et al, 2004). In 2 reports, findings from a prospective design differed from a retrospective design, regarding maltreatment's effect on chronic pain and substance abuse. The former design showed no relationship between maltreatment and chronic pain and substance abuse while the second did (Widom et al, 1999; Raphael et al, 2001) and has raised the important question if retrospective studies cannot be trusted? The difference has been interpreted in terms of prospective designs might be missing the more severe cases of child abuse, as well as those who did not convey the abuse in childhood. It might also be that the cases found in the prospective studies have had better conditions regarding treatment (Kendall-Tackett & Becker-Blese, 2004). The finding show however the importance to look at childhood victimization in the context of other stressors in life and prospective changes over the life course (Horwitz et al, 2001).

Interventions

Despite the increased number of police reports on child physical abuse, the Swedish prosecution rates concerning child abuse cases showed a declining trend between 1984 and 1994 (Durrant, 1999). Even when perpetrators under the age of 15 were excluded in the material, the declining trend continued, although not significantly. The length of a police investigation period is generally one and a half times longer concerning child abuse cases in Sweden than for cases where an adult is the plaintiff (SOU, 2000a). This was interpreted as a result of the difficulties met when dealing with children as plaintiffs. Hickman & Simpson (2003) interviewed police officers who acknowledged this. Their limited experience and concern about what would happen if they failed in their meeting with the abused child and its family made the process of investigating child abuse cases difficult. Programs have been developed in order to educate police recruits about methods for the handling of child abuse cases, often in co-operation with social workers (Osofsky, 2004; Patterson, 2004). A group of American police

recruits with mandatory child abuse training given by a social worker during a course was compared to a group without training during the same course and the differences were significant. The trained group reported significantly more positive attitudes of sympathy and caring towards abusive parents, acquired more knowledge about child abuse and neglect and showed better skills (Patterson, 2004). Finkelhor et al (2001) acknowledge the barrier police reporting can be for abused children, the families and even for professionals and expresses the need for a more family friendly police service. Collaborative programs or multidisciplinary approaches where judicial, social, medical and mental health services are provided, has been suggested as a concept leading up to promising results (Osofsky, 2004).

Research regarding social services interventions that are provided physically abused children is limited in quantity and quality. In Sweden, about 4-8% of the reports to social services concern suspected physical child abuse, but as public statistics explain only half of all social services interventions concerning children there is a high degree of uncertainty (Sundell & Karlsson, 1999; Sundell & Egelund, 2001; Coccozza, 2003). Humlesjö (1997) reported that in a study of 58 children receiving social services, physically abused children were most often observed when parents were psychologically or physically handicapped and when the children had mental problems. Re-occurrence rates tell how many children re-enter the system as abuse victims. Inkelas and Halfon (1997) showed this in a study where half of the 646 physically abused children came back to social services as abuse victims. There was no association between interventions and possible re-entrance. DePanfilis and Zuravin (1999) showed though that there was an association between re-entrance and children with weak social networks and high stress levels. The vast majority (83%) of children with weak networks came back with-in 5 years, while only 8% of children with strong social networks and low stress levels came back. Regarding interventions, foster care placement is common. Frame (2002) reports from a 4-year follow up of maltreated foster care placed toddlers, that a link was found between a 'quick' removal and a decreased likelihood of being reunited with biological family and high odds of staying in long-term foster care, unless the child was a new born. Another evaluated intervention is a supportive contact. Dale & Fellows (1999) reports 60% of abused, neglected or emotionally abused children to benefit from the receiving of a supportive contact. An intervention more actively directed to the malfunction of families is in-home parental training, which has been shown to have a high attendance and a low dropout rate. Among high-risk parents Chaffin et al (2001) found center-based treatment to be more effective in comparison to home-based services.

Interventions from child and adolescent psychiatric services are provided physically abused children and their families either on the basis of their own requests or due to referrals from other professionals, mainly social services.

Concerning the youngest children, peer treated conditions have been investigated and been successful (Fantuzzo, 1988) or therapeutic preschool plus home-visitation (Oates & Bross, 1995). Principally in focus for research regarding child abuse and sexual abuse treatment are different forms of abuse-focused therapy (Berliner & Saunders, 1996). Therapeutic examples are for instance therapist coaching through video taping (Wolfe et al, 1988) or through a one-way mirror observation and a radio earphone (Chaffin et al, 2004). Kolko (1996a) argue that an approach combining behavioral therapy for parents and a cognitive approach regarding the child receiving therapy would offer more long lasting effects. In comparison to a group receiving family therapy, the CBT group showed improvement regarding aggression reduction and the use of corporal punishment. Re-abuse was more common in the family therapy group at the 1-year follow up (Kolko, 1996a), as were overall levels of parental anger and physical discipline (Kolko, 1996b). A comprehensive individual and family cognitive behavioral therapy was presented by Kolko & Swensson (2002) improving several child abuse risk criteria at 1 year follow-up in comparison to routine community service.

The User Perspective

As evaluation as a matter of routine is rare regarding the investigated institutions and specifically concerning families involved in child physical abuse, a more general look at the user perspective has to be investigated. Hickman & Simpson (2003), investigated families involved in domestic violence and found that previous experience from meeting and being handled by the police influenced decisions to make contact again but also mirrored their new meeting. Just as important as the actual meeting, was how the judicial proceedings had been managed and if the alleged perpetrator had been arrested after the initial incident. Previous experience affects our views concerning most things in life and may make it difficult for people to make reassessments. When parents are turned down after asking for help in their first experience with the social services, judgements have already been made. Dale (2004) presents a study where 66% of abusive parents had asked for help prior to the abuse incident, but had received inadequate or no help at all. In a study performed by Trotter (2002) experiences were more positive when social services had been effective. When social services helped clients and families to understand the role of the child protection worker and focused on the client's definition of problems they were effective. They reinforced the client who was confronted by a social worker and developed a collaborative client/worker relationship. Being supported has proven to be another important ingredient (Humphreys, 1999) and if this support cannot be provided by social workers, support groups have shown to be a workable method

for helping mothers of sexually abused children (Hill, 2001). According to Dale (2004) about half of involved families reported some benefit from involvement from social services, while 22% of them considered interventions to have caused them harm.

'Shopping around for help' is common among adult survivors of childhood abuse. Palmer (2001) showed this in a study where 311 adults had looked for help on average in 3.2 different instances. The most wanted form of therapy was group therapy. Most studies prove a high percentage of patients receiving mental health therapy are fairly contented (Eriksson & Winge, 1996; Marriage, 2001; Martin et al, 2003). Two Swedish studies investigating general consumer satisfaction with child and adolescent psychiatric services showed parents to be more satisfied in comparison to adolescents (SOU, 1997; Svedin et al, 1998). Criticisms were mainly directed towards problems with appointments and the nature of the premises where services were provided, while 8% were critical regarding lack of professionalism and working methods. Despite this, there was a general sense of satisfaction regarding the fact that someone had listened to the teenagers and taken their statements seriously (Svedin et al, 1998). Eriksson and Winge (1996) measured level of satisfaction and showed that 80% of families admitted that the problem had been reduced or eliminated at ½ -1 year follow up. Similar results were reported by Svedin et al (1998). Rey et al (2002) compared satisfaction and outcome and showed that satisfied parents were 8 times more likely to have a child with a satisfactory treatment outcome. A final obvious limitation mentioned from the user's perspective is lack of co-operation between institutions (Roberts & Camasso, 1994; Eriksson & Winge, 1996).

PURPOSE OF THE THESIS

Increasing numbers of police reports of child physical abuse ought to lead to a growing pressure on authorities to deal with this abuse. Therefore it becomes important to understand how this pressure might bring about change. The main purpose of the thesis is to investigate what kind of interventions that physically abused children, whose perpetrator has been reported to the police, receive and how they seem to function? A cohort of physically abused children has been followed in police reports, social services files, child and adolescent psychiatric services charts and through interviews with mothers in order to illuminate the following matters:

- What is the incidence of child physical abuse when it comes to children that are abused by their parent or equivalent carer? What kinds of injuries do they get and how many cases lead to further investigations? How many perpetrators are prosecuted and convicted and what kinds of sentences do they receive?
- Are these physically abused children already known by the social services before the studied abuse incident and if so for what reasons? What kind of interventions do children receive because of the abuse and what governs what interventions they receive?
- For what reason do the physically abused children have contact with child and adolescent psychiatric services (CAPS) before and at the time of the abuse incident? What kind of interventions follows abusive incidents and is the abuse dealt with in forms of abuse focused treatment?
- Four years following the abuse incident studied: how many children were still receiving interventions from social services or CAPS and what were reasons for referral?
- How did a group of mothers of physically abused children perceive the interventions from involved authorities? What interventions were working and what development was needed from their point of view?
- Is the Swedish model successful in dealing with the abolition of violence towards children and if so in what ways?

METHODS AND MATERIALS

The thesis is a retrospective cohort study with follow-up and consists of 4 file studies and one interview study. Below is a presentation of the flow of work, figure 2, and number of participants and methods used, table 1.

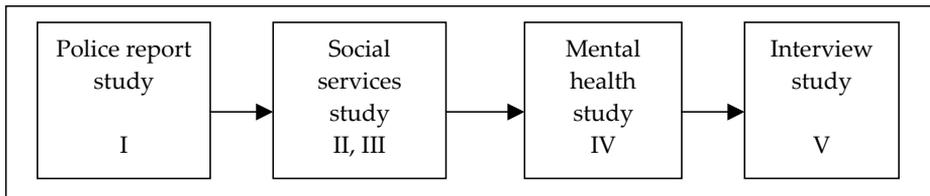


Figure 2. Thesis design

All children who had been physically abused by a parent or equivalent caretaker and reported to the police in a police district in Sweden between 1986-1996 made up the cohort. Their police reports were analyzed. Further on the children’s social services files were examined as well as their charts at the child and adolescent psychiatric services. The social services files and child and adolescent psychiatric charts were followed up 4 years after the abuse incident, files and charts from 1990-2000 were gathered. Finally mothers of the physically abused children were interviewed.

Table 1. Papers and information on participants and methods

	Paper I	Paper II	Paper III	Paper IV	Paper V
Source	police reports	social services files	social services files	CAPS charts	mothers
No. of participants	126	113	69	57	5
Sex	girls and boys	girls and boys	girls and boys	girls and boys	women
Age	0-14	0-14	0-18	0-18	28-45
Methods and statistics	quantitative Chi-2 test, or Fisher’s exact test	quantitative Chi-2 test, or Fisher’s exact test, multiple regression analysis	quantitative Chi-2 test, or Fisher’s exact test, multiple regression analysis	descriptive per cent	qualitative open code, phenomeno- graphic

The Police Study – Paper I

Background and Procedure

During the mid 1990s there were reports indicating that rates of child abuse were increasing rapidly. The statistics showed this clearly, but no answers were given concerning cause or consequence. The first study was started in order to get a map showing how many children that were being abused by their parents or equivalent caretakers and with what judicial consequences. The national statistics do not distinguish if the perpetrator is an adult person with a caring responsibility towards the child or if it is a younger person without such relations, figure 3. This is a very important distinction in determining the need for services and interventions.

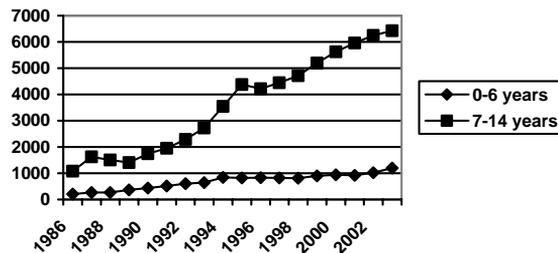


Figure 3. The number of police reports on child physical abuse between 1986-2003 in Sweden

One police district, with a total of 144 817 inhabitants in 1986 and 159 027 in 1996 was chosen to make up the cohort of the study. The police district consisted of 4 municipalities, one larger town and three smaller communities. The study period 1986-1996 was chosen in order include the years when the number of reports was lower and to focus on the increase during the years following. It was a deliberate decision to choose a period including the cases to be closed, since the investigation period for these cases is longer than for abuse cases between adults and can drag on for some time (Durrant, 1999). During these years there was an annual average number of 27 724 (SD 1482) children between 0-14 years living in the police district. A permit from the regional police district gave access to all

police reports of physically abused children between 1986-1996. The material was gathered manually in the police report archives and thereafter copied at the police department. In order to find out the total number of children that were abused and reported to the police during 1986-1996, all police reports with criminal codes covering child abuse were gathered and copied. This meant that 16 different criminal codes could be differentiated regarding children age 0-6 and age 7-14, depending on whether the offence was serious or not, whether the offence was committed in-doors or out-doors and whether the abuser was known or unknown to the child. The gathering of police reports was performed twice, in order to remedy exclusion. All reports were found in the archives or in police officers' offices. For the cases leading to further investigation by the public prosecutor, files were gathered from the provincial archive.

Criteria and Subjects

The aim for paper I was to study police reports regarding the physical abuse that was permitted by an adult who was supposed to have a caring relationship towards the child that is for instance a parent or equivalent care taker, grandparent or personal assistant. The number of police reports was 145, 85 boys and 60 girls (table 2).

Table 2. Number of police reports and perpetrator in the studied police district

CPA police reports 1986-1996	Reports	Sex ratio boys/girls
Abuse permitted by unknown adult	42	29/13
Abuse permitted by adult caretaker	145	85/60
Abuse permitted by child/adolescent	176	140/36
Total number	363	254/109

Some of the children were abused more than once during the years of record, either by the same abuser or by another abuser, and the number of children was 126 (74 boys and 52 girls). Mean age of the children (n=145) was 7 years and 4 months. The number of perpetrators was 111 and they came from 18 different countries. Fifty-seven of the children had parents or caretakers who had immigrated. The figure showing the cohort and the distribution of police reports reveals a different shape in comparison to national statistics, figure 4. There were hardly any reports the first years, but a peak in 1993.

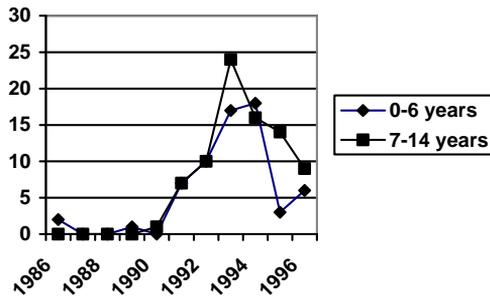


Figure 4. Number of police reports between 1986-1996, when an adult with a caring relationship towards the child is the abuser in the studied police district

The Documents and Statistics

The police reports consisted of the report sheet with information regarding the incident, time, duration, location, plaintiff, suspected perpetrator and possible witnesses. Accordingly, the reports consisted of information on the incident as told by the reporting person and the decision to go further regarding investigating and turning in to the district attorney. There were also transcripts from tape-recorded interrogations and interviews as well as documents from medical expertise and reconstruction of incidents. The court documentation concerning sentencing consisted of the preliminary investigations, the decision by the court and the statement leading up to the subsequent verdict. There were also cases where more interrogations had been needed or expert opinions from the Prisons and Probation Administration or from a forensic psychiatrist.

Paper I was foremost a descriptive study, and statistics followed the more descriptive design, analyzing family background, injuries, perpetrator and judicial consequences. The results were mainly presented as number of cases ($n=145$) or children ($n=126$), percentages, mean values and standard deviation. Chi-squared tests were used in order to analyze the relationship between two nominal categorical variables with one degree of freedom, using Statview 5.0 package.

The Social Services Study - Paper II

Background and Procedure

The second part of the thesis, aiming at investigating the children and the families' contact with social services, is based on a study of all children's social services files. This was performed in an effort to investigate social services as a factor playing an important role in cases of child abuse, since in Sweden there is mandatory reporting. The study examined why certain interventions were given and to whom.

After giving a list of the children's names and birth dates to the social services department, information was given on what children could be found in the files. The material was thereafter collected and copied at full extent. Files were found for 113 of the 126 children at 5 different social services departments. The dropouts were children, according to their police reports and the following police investigations, where accusations of abuse were vague and did not lead to further investigations.

While the police study – paper I, was mainly concerned with establishing information about the time immediately around the police report and the following investigation, the social services study (paper II) dealt with a longer period of time. The social services files revealed information on interventions prior to the abuse incident as well as immediate interventions and interventions carried out as a result of investigations performed by social services. For some of the children this meant from birth and on, while for others it began with the abusive incident in focus for the study.

Subjects and Documents

The 113 children consisted of 67 boys and 46 girls. Mean age was 7 years and 4 months with a range of between 3 months and 14 years. Fifty-three were between 0-6 years old and 60 were between 7-14 years old at the time of the abusive incident reported to the police. It was most common for the children to have two Swedish born parents, which was the fact for 66 children.

The basis for the social services files included notes from meetings and phone calls between the parent or child or other professional and social worker in a chronological order. There were also investigations concerning applications for service or investigations on reports regarding for instance child maltreatment as

well as other correspondence and judicial investigations or medical / mental health assessments.

Statistics

In order to try to answer the questions of the study regarding interventions prior to, immediately at the time of abuse, and following the investigation, relevant variables were found. Chi-squared tests were used with one degree of freedom. In addition to this Fisher's exact test was used, if one cell had the expected value under 5.

In order to investigate the impact of potential accumulated risk factors on the choice of intervention one characteristic at a time was run against the different forms of interventions through a logistic regression. Thereafter a stepwise multiple logistic regression analysis was performed in order to look for a better model considering more possible explanations at the same time. Eight characteristics were involved: age, sex, ethnic background, parental substance abuse, parental mental illness, prior reports, prior social services interventions and injury from the abuse using the SPSS package, version 11.0. Wide CI might be due to the fact that the entire group was high risk.

The Social Services Study-Follow up – Paper III

Background and Subjects

The 4-year follow up of social services for the physically abused children (paper III) aimed at developing the thoughts from paper II further, in finding associations between various child- and parent characteristics but also continued social services utilization 4 years later. All 126 children's social files were therefore looked up again and those who had continued interventions up to 4 years after the initial abuse incident studied were copied. This means a time frame from 1990 for some, to 2000 at the latest. The files were collected and copied in the year of 2000. The material was investigated looking at the same variables and factors as in paper II, but also adding a count on the number of

contacts the children and other person had with social services after the abuse investigation was finished until follow-up 4 years later.

Social services files for 113 children were found and the children could be divided into two groups, E; the children whose social services contact ended before the 4 year follow-up (n=44) and O; the children with ongoing contacts 4 years after the abuse incident (n=69). Some of the children’s cases were closed after the investigations not to be opened again (n=29), while others were closed but opened again (n=41). For the majority of the children (n=43), files were open the entire study period (figure 5). There were more boys (n=43) with ongoing interventions four years later than girls (n=26) and the age at the abuse incident was by slight majority 0-6 years (54%).

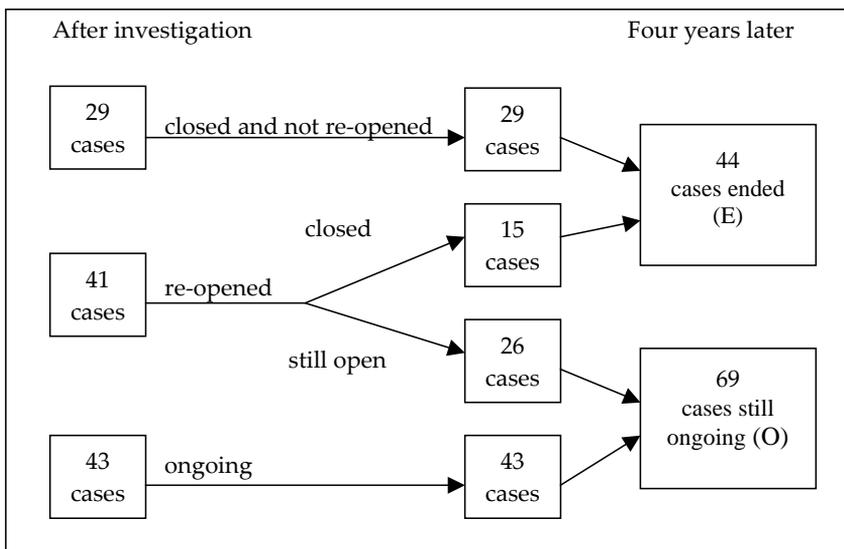


Figure 5. The distribution of the 113 physically abused children 4 years following the abuse incident

Statistics

Data on the children in paper III, were presented in numbers and percent. Chi-squared analysis or Fisher’s exact test was used and significance/non-significance was introduced in real numbers, with three decimals and one degree of freedom.

The variables were investigated 4 years later in an order to see what factors in the sample had the greatest impact on prolonged social services contact. This was performed through a stepwise logistic regression analysis. The two groups Ending and Ongoing were compared in an analysis where age, sex, ethnicity, parental abuse, parental mental health, interventions and reports from the social

services prior to the abuse incident studied, and injury from the abuse were factors taken into account.

An additional multiple stepwise regression analysis was performed in order to look at the interventions and risk factors for prolonged social services contacts and to see what changed the odds. The analysis was presented in odds ratio (OR) with 95% Confidence Intervals (CI). Wide CI appeared and might be due to the fact that there are few observations with low risk. The analysis was performed with the SPSS 11.0 package.

The Mental Health Study – Paper IV

Background and Procedure

The extent and content of physically abused children's interventions from child and adolescent psychiatric services (CAPS) was investigated in paper IV. The aim of the study was to describe mental health services that were provided these children, and to study if mental health services work with an abuse focused treatment approach. This was analyzed, because the increase of police reports of physical abuse brings pressure to bear on involved institutions to find successful interventions. The design copies the design in papers II and III to some extent by investigating all prior, immediate and subsequent interventions but also looks at interventions up to 4 years after the police report.

After a decision from the three local child and adolescent psychiatric services (CAPS) the charts were looked up and depersonalized and copied at full extent. The material was categorized according to research questions focusing on identifying reasons for referral and content regarding treatment. The children were often referred more than once, and a new referral was counted if 6 months had passed since the case was closed. In children's and parents' contacts with CAPS words identifying mentioning of the abuse incident were counted. The words were abuse, hitting, beating, strangling, shoving, smacking, spanking, injuring or synonyms.

Subjects

For 57 of the 126 children mental health charts were found, somewhat more frequently for boys (n=31) than for girls (n=26). Twenty eight children were

between 0-6 years and 29 children between 7-14 years old at the time of the abuse incident. The analysis was performed comparing children in 4 ways:

- Children with prior contact with mental health services, but no immediate contact at the abuse incident.
- Children with contact stretching from prior to the abuse incident to follow-up 4 years later.
- Children whose mental health contacts were initiated during or in connection with the abuse incident.
- Children who were provided mental health treatment afterwards, up to 4 years following the abuse.

There were 7 possible combinations of mental health contact for the children.

The Documents and Statistics

The contents of the charts from the CAPS varied great depending on for instance kind of referral. There were notes taken in a chronological order regarding meetings and phone calls between therapist/doctor and parent, child or other professionals. The amount of text varied greatly due to individual differences. In the charts there were for instance psychological or neuropsychiatric evaluations, test material and judicial/social services investigations. There were also letters from different institutions or parents and children. In cases of therapy, contacts were summoned up every half year.

Paper IV was a descriptive study using Fisher's exact test or chi-squared test in order to investigate significant differences between groups, as depicted earlier. The results were therefore mainly presented in terms of numbers and percent.

The Interview Study – Paper V

Background and Subjects

In considering the outline for the entire study the user perspective was always apparent. The experience of the children and their families is an important piece of the puzzle of investigating how physically abused children are taken care of. It turned out that it was difficult to implement this part of the study. The aim of paper V, was to investigate different aspects of the experience of interventions from the involved institutions that have been portrayed in papers I-IV. The

criterion for respondents was to be a parent for a child in the study that had had experience with the police department, social services and mental health services. Out of 57 possible candidates, 20 were located and sent a letter with a request that they participate in the interview study. The letter was sent with a refusal possibility and a pre-paid envelope. This refusal option was used frequently, and only 5 biological mothers ended up responding positively. The 5 women were contacted by phone deciding dates for their interviews.

The five mothers were between 29 and 45 years old and had altogether given birth to 17 children. All of them had 9-year compulsory schooling, while 3 had completed upper secondary education. One woman had a university education. They were either unemployed, on sick leave or on maternal leave at the time of the abuse and living with a male partner, who was the children's father in 3 of the cases. Three of the women lived with men who abused the children, while 2 women were accused of being the abuser together with their male partner.

Procedure

The qualitative in-depth interviews were performed in the respondent's home in the spring of 2004 within a time frame of 4 weeks. Before the interview started the purpose of the study was explained as well as how documentation and storing of material was carried out. The respondent was then asked to narrate openly regarding her experience concerning the incident when her child was physically abused and reported to the police. If the mother had experience with physical abuse of more than one child, the child's name and date of police report were given. When it became difficult to differentiate between experiences then the mothers talked about their general perception of the involved institutions. Follow-up questions were given to make sure all areas of interest for the study were covered. These dealt with question like:

- life at the time of the abusive incident
- involvement from the police department
- involvement from the social services department
- involvement from the mental health services
- if the mother talked about the abuse with her child
- life at the time of the interview

The conversations lasted between 1 and 3 hours and were transcribed including observations on intonation, pauses and exclamations. After the transcriptions were made, the interviews were analyzed in OpenCode, which has been developed by UMDAC and Epidemiology, Department of Public Health and Clinical Medicine at Umeå University in Sweden (Umeå Universitet, 2004) for handling of qualitative information.

Phenomenographic Method

Phenomenography was developed in the early 1970s at the University of Göteborg in Sweden in order to investigate the pedagogical environment (Dahlgren & Fallsberg, 1991). A basic assumption in phenomenography is that people vary with regard to what meanings they ascribe to phenomena or situations in their surrounding world and questions like how and why are central (Marton, 1981). Marton (1981) used the terms the first and second order of perspective in order to separate two different research approaches. The first focuses on the reality and the latter on perceptions of reality. Phenomenography concentrates on the second order perspective regarding opinion, perception and experience. The phenomenographic theoretical framework was not used strictly, but the method was interpreted as one way of handling the interview material.

According to Dahlgren & Fallsberg (1991) the analysis of the material should be taken through 7 steps, which can be compressed depending on research focus and experience:

1. *Familiarisation*. In order to get acquainted with the data and see its contents. This is a very important step if someone has made transcripts other than the researcher.
2. *Condensation*. Significant statements that were repeated were singled out.
3. *Comparison*. The selected statements were compared to find sources of variation or agreement regarding a theme.
4. *Grouping*. Similar statements that were identified in the former phase were grouped and shaped preliminary categories.
5. *Articulating*. The essence of the statements in the preliminary categories is being described. This requires much repetition of the text and aims at establishing categories that can be distinctly separated from each other.
6. *Labelling*. Each category was assigned a suitable expression, in an effort to capture the essence of the understanding.
7. *Contrasting*. This involves interpreting on a meta-level, looking at other studies that have investigated similar phenomena.

Methodological Discussion

When approaching a phenomenon that requires exploration many aspects have to be discussed. For example, a phenomenon like the physical abuse of a child can be investigated by using a variety of sources, questionnaires and interviews. Our choice to look at police reports regarding suspected child physical abuse was

made mainly to ensure that we worked with a somewhat homogenous group so we could follow the process that is intended by law when children are physically abused. The majority of this thesis is based on incidents that have been analyzed, documented and interpreted. Police reports with verdicts, social services files and child and adolescent psychiatric charts are documents established on the basis of institutional criteria, law and even personal opinion and therefore comparisons are difficult to make. There are few predetermined variables that have to be included and the nature of the report and the files very much depends on the individual asking the questions.

When using this approach there are several things to take into account. The first has to do with the *research material*. The police reports studied are those where abuse has been reported and is suspected. Another way to look at this would be to study solved cases with convicted perpetrators. Our point is that far from every case that is reported is solved in a legal court. Only a small number of reports lead to a conviction, but this does not mean at all that the children in the police reports have not been abused. The police reports do not cover the entire number of physically abused children. There are children who have been abused but never come to anyone's attention, and there are children who are reported to social services but not reported to the police. There are also children who are abused but cannot be found under the criminal codes that cover physical child abuse. In this respect this study is limited to the children who have been reported as suspected abuse victims in this chosen police district during the study period. The results can nevertheless be transmitted in parts. The police district chosen is not more or less representative as a Swedish example, but was considered to be of sufficient size to handle and still represent a larger city as well as the countryside. When comparing the national figure of police reports with our regional data, it has to be stressed that the regional curve presented in paper I only represents the abuse permitted by a parent or equivalent care-taker, which was the focus for the research question. The corresponding figure for the larger part of our area, county of Östergötland (about 400 000 inhabitants), when taking into account all cases of child physical abuse cases would look different, figure 6 (BRÅ, 2003).

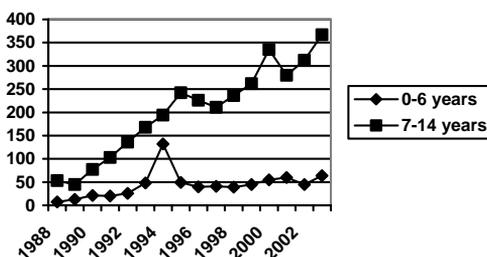


Figure 6. The distribution of police reports on child physical abuse in the county of Östergötland

The choice of a 4-year follow-up period depended on the fact that the material was to be gathered in the year of 2000 and the last police reports were from 1996. This time frame has been used by others (Frame, 2002).

The second thing has to do with reports and charts and *interpretation*. It is difficult to interpret a text that represents one person's point of view but does not convey the natural tone, pauses and exclamations that usually are part of conversations. Researchers decide what variables to look for, depending on what we find interesting and important. The rest is left out. The research question has been taken as a guide when looking through the reports and files. Much information has been rejected along the way, because it does not bear upon the research question in focus. Another fact is that along this study, it is only the children's reports, files and charts that have been under the scrutiny. Therefore regarding for instance social problems and parental therapy only a minimum of information is presented. It has to be born in mind when reading the thesis that this is not an effort to present a full picture of how life was in the children's families. Throughout the first 4 papers children were compared with the regard to different characteristics. All children were initially described and analyzed in order to find out characteristics for the entire group. Further on, children of immigrant parents were studied with special care because of the previous research finding that the abuse perpetrated in immigrant families might look different from the abuse picture in families with Swedish native parents. Finally the children who had been injured from the abuse were selected as a subgroup and compared to those without injuries in order to see whether injured children received attention and interventions of a different kind.

Interpretation is likewise a difficult task when analyzing interviews. What I 'read in' the respondents' answer depends very much on my knowledge beforehand and on my values and beliefs. There is also the time aspect to take into account. The women were interviewed regarding an incident that happened years ago (maximum 10 years) and memories fade as time passes, which is also the case regarding feelings and experiences. It has furthermore been an obvious ambition not to expose the respondents, as they turned out to be few. That is why it should be impossible to track one case throughout the text in paper V.

Concerning *validity*, how can you trust this thesis to mirror the phenomenon that is studied? Are the empirical studies stringent and thorough and have different variable analysis been under discussion? The question of validity is raised in paper I-V and to sum up, this study is 'true' under the given circumstances for the study. It does not answer questions that are general for the entire population of physically abused children in Sweden as previously mentioned. The analysis is systematically performed with help of statistical tests and further tested in comparison to similar studies. In the interview study validation was performed at some extent during the interview by the interviewer

asking questions like “did I understand you right when you said...?”, and in the text by giving quotations word by word. The material might have benefited from more interpreters to get a broader perspective on the answers. Lacking this it was important to differentiate between the pure result section and the more interpretive phase in the discussion.

Mixing methodology as performed in this thesis can be difficult. The material should benefit from this variety, through adding more dimensions to the phenomenon studied, but many factors have to be taken into account. Patton (1990) argues that triangulation could work against unwanted imbalance in research processes. He therefore recommends 4 different forms of triangulation; method triangulation, source triangulation, observer triangulation and theory triangulation. The first has to do with the utilization of quantitative as well as qualitative methods where the former has to do with investigating the scope and distribution and the latter with characteristic, content and character of the phenomenon. Source triangulation is when the research problem is approached through several sources, as for instance using files written by social workers and interviews with the clients in analyzing the same phenomenon. Observer triangulation means that several researchers with different professions participate in the gathering and analyzing of data. Theory triangulation has to do with analyzing the data through different theoretical perspectives, looking at for instance the cooperation or the experience. The validity of research has according to Kvale (1996) to do with pragmatic validity, without the possibility of using this knowledge the research cannot be considered pragmatically valid. Another term, as qualitative studies’ purpose is not to prove the truth, in stead of validity is credibility.

Ethical Considerations

It is important to evaluate the ethical consequences when dealing with research material concerning something as delicate as child physical abuse. Trost (1997) implies that no research in the world is so important that the ethical principles can be set aside. The children and the families in this study have not been aware that they are part of a research project. No computer registries have been made up in which their names or personal numbers are recorded. Instead all information has been coded and the reports, files, charts and tapes have been stored in an archive also lodging medical charts at a University Hospital. The studies have been approved by the Human Research Ethics Committee at the Faculty of Health Sciences at Linköping University (Dnr 98321 and Dnr 02-208) and the Police district, 5 Social Welfare Committees and 3 Child and adolescent psychiatric clinics.

SUMMARY OF RESULTS

Paper I – Physical Child Abuse in Sweden: A Study of Police Reports Between 1986 and 1996

The aim of this study was to investigate the increase of police reports regarding child physical abuse that was reported in statistics and in the media during the late 1990s. This was to be performed with an effort to cast light over the children abused by their parents or equivalent caretakers in defining the crimes, injuries and judicial consequences.

The first finding of the study was that the increase in police reports was true for the children abused by parents or equivalent caretakers as well, which indicated a yearly incidence of 0.5 per 1000 children in the chosen police district. Looking at this from an ethnic perspective there was a difference. The first generation of immigrant parents abused 2.5 out of 1000 children, while this figure diminished among second-generation immigrant parents, to 0.5 per 1000 children. The corresponding figure for native Swedish children was 0.3 per 1000 children. There was also a sex difference linked to ethnic origin that showed that boys of immigrant children were significantly more often abused than the girls of immigrant children (chi-square =8.8, $p<0.01$).

Injury and Perpetrator

There was a wide variety regarding the nature of the children's injuries. Some were slapped on the cheek, while others bore signs of severe abuse but 52% of them had injuries that had been documented by a medical professional. It was more common for children of immigrants to be injured from the abuse (chi-square =10.5, $p<0.01$). Skin injury was the most common injury for all of the children but was mainly suffered by children between 7-14 years old. The younger children were found to more often have head injuries, fractures, bites, and burn injuries and 11 children were admitted to hospital due to the abuse.

Males committed the abuse in most cases (64%) and the biological father was responsible in 43% of the cases. The corresponding figure for biological mothers was 21%. There was a difference regarding sex of offender and sex of victim as fathers abused the sons and mothers the daughters (chi-square =6.3, $p<0.05$). There was a similar tendency regarding age if looking at the Swedish biological parents as fathers abused primarily the children between 0-6 and mothers the children between 7-14 years old, mainly girls. This was not the case looking at the immigrant parents, where mainly the fathers abused the children (chi-square = 14.5, $p<0.01$).

Judicial Consequences

The vast majority of the 145 police reports ($n=139$) were the subjects of investigation. The 6 excluded were cases where injuries had not been inflicted. Eighty-two of the reports were closed after preliminary investigations and 57 were further investigated. There was an uneven sex and age distribution with a majority of cases involving girls (chi-square =4.9, $p<0.05$) and children between 7-14 years old (65%) among the cases being further investigated. Eighteen (out of 111) perpetrators were prosecuted and brought to court, 11 were males and 7 females. All of the children whose perpetrator was prosecuted had had documentation of ear or skin injuries. The charges against two of the perpetrators were cancelled while the records for one perpetrator could not be found at the provincial record office.

Four perpetrators were charged with *petty assault*, which for instance meant punches to the head and body, cuts with a knife and a failed attempt to strangle a child. The sentences were to pay fines ($n=3$) and a conditional fine ($n=1$). *Common assault* that included tearing hair off a child's head, hitting a child with objects and an attempt to strangle a child were the charges for 9 perpetrators. This led to a conditional sentence and to payment of fines ($n=6$) and to jail ($n=3$). Two perpetrators were charged with *aggravated assault*, one for throwing the child out the window of an apartment building and the other for years of inflicting severe injuries on the children. One of these perpetrators was sentenced to prison and the other to forensic psychiatric care after the detection of MbPS was made. Totally 4 perpetrators were sent to prison and there was a tendency in favor of conditional sentence with a fine instead of imprisonment. Arguments given were low probability for future criminality, no earlier convictions, psychological strain and the length of time that often had passed since the incident.

A final but important finding when looking at statistics of CPA, violence towards children perpetrated by a parent or equivalent adult, is only responsible for 40% of the reports to the police and presented in statistics.

Paper II – Social Services Provided for Physically Abused Children in Sweden: Background Factors and Interventions

In paper II, 113 of the 126 physically abused children's social charts were placed under the scrutiny. This was performed in order to analyze what kind of social services physically abused children receive and what kind of factors play important parts regarding choice of interventions. Interventions that were looked into were the most common ones like foster home placement, referrals to child and adolescent psychiatric services, supportive contact, contact family and in-home parental training.

Social Problems

What paper I had indicated, paper II confirmed. The families in this study meet several child abuse risk criteria. The majority of the families lived in rented housing (85%) and the majority of the parents were not working outside the home. Drug and alcohol addiction was common, in 24% of the fathers and 19% of the mothers. This was not as common among immigrant parents, but included 23% of fathers and 4% of mothers. Psychiatric disorders were common as 28% of mothers and 13% of fathers were either depressed, psychotic and in some case having a personality disorder. There were also parents suffering from a combination of substance abuse and psychiatric disorders. These cases included 11% of all mothers and 4% of all fathers.

Prior to the Abuse Incident

Previous interventions were common (81%), most of all financial assistance (70%), priority for child care (36%) and having a social worker visit the family (29%). Prior interventions were significantly more often found among families where children later were injured from the abuse (chi-square =4.38, $p= 0.036$) and among immigrant families (chi-square = 5.4, $p= 0.02$). There had also been prior reports on children being subjected to either abuse or neglect (44%) and this was primarily concerning children between 0 and 6 years old (chi-square =4.435, $p=0.035$). Another common condition was custody conflicts, and the number almost doubled after the police report of the abuse (31%).

The Acute Phase

In the immediate phase more than half of the 113 cases led to a Child Protection Multidisciplinary Case Conference. This was slightly more common in cases involving children of immigrant parents and children who had been injured from the abuse. Another group that was subject to immediate actions consisted of the 36 children who were placed in foster care. This concerned more often girls (chi-squared =4.82, p=0.028), children of immigrant parents (chi-squared =4.24, p=0.04) and injured children (chi-square =5.988, p=0.014). A social services investigation was opened in 91 of the 113 cases, which took between 2 weeks and 30 months to complete (mean 7.4 months), and about 37% of them were finished within a four-month period. The investigation showed that injured girls were more often interviewed than boys were (chi-squared = 9.9, p=0.002). After the investigation 74 out of 113 children received interventions, of which the most common were foster care placement, referrals to mental health services and provision of a social services support contact.

Interventions and Characteristics

Important factors when receiving social service interventions were: injury from the abuse, the occurrence of previous interventions or reports regarding child abuse or neglect, to be of male sex, age, ethnicity, to have parents with substance abuse problems or mental health problems, figure 7. In a stepwise multiple logistic regression analysis these were added in order to find out which of these factors had the most impact on choice of intervention. In this process *foster home placement* was directed by two risk factors: a previous report of child abuse or neglect (OR 5.6, CI 1.9-15.9) and injury from the abuse (OR 3.5, CI 1.1-10.6). Two factors increased the odds for *referral to CAPS*. These were both parents born in Sweden (OR 8 CI 2.4-27.6) and a mentally ill mother (OR 3.5 CI 1.1-11.3). The intervention *contact family* was governed by a previous report on child abuse or neglect, which increased the odds 4.4 times (CI 1.4-13.6). Finally, *in-home parental training* was primarily offered to families of younger children 0-6 years old (OR 10.6, CI 2.2-50).

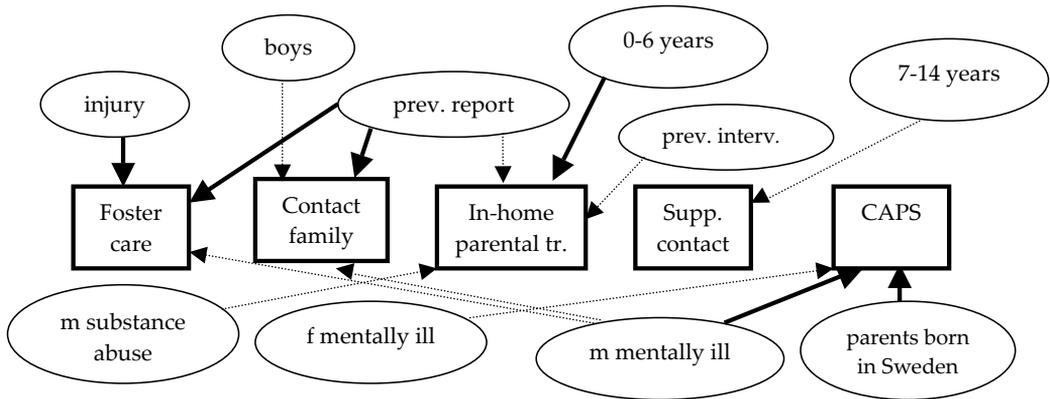


Figure 7. Squares represent interventions and ovals characteristics that influence the odds of receiving interventions. Bold lines show risk factors that significantly influence the odds of receiving interventions, when using a stepwise multiple logistic regression analysis. Dotted lined indicate a significant relationship between single risk factors and single interventions

Paper III - A Four-Year Follow-up Study of Help Provided by the Social Services for Physically Abused Children

In an effort to evaluate the social services interventions given the children in paper II, paper III follows up children through their social services files 4 years after the abuse incident. The aim was further to find associations between the child- and parent characteristics that were investigated in paper II, and continued receipt of social services 4 years later.

At the time of follow-up 69 children were still receiving social services. Almost all of these had social service interventions prior to the abuse incident (96%). They had also at a greater extent had prior social services reports on child abuse and neglect (59%), in comparison to children whose contact had ended before follow up (20%). There was a majority of the parents of the 69 children that had a psychiatric diagnosis (58%) and / or a substance abuse problem (56%).

Comparing Children

The majority of the children still receiving aid from social services (n=69) had been the subjects for further abuse or neglect (80%) of which 38% had been reported to the police. During the following 4 years the children still remaining

had been receiving 149 additional interventions and at the time of follow-up the 69 children had been receiving 247 interventions. When comparing the groups of children with ended contact and those with ongoing contact two characteristics were important. If the social services had intervened in the family prior to the abuse incident it was 18.7 times more common that the children still were receiving social services interventions (CI 4.2-82.4) four years later. The other factor contributing to the children still being in need of service was if the mother had a psychiatric diagnosis (OR 11.8, CI 2.7-51.2).

Interventions at Follow-up and Characteristics

Looking at interventions 4 years later and child and parent characteristics, *foster care placement* was more common if there had been prior interventions in the family (OR 13.6, CI 1.4-130), if mothers were mentally ill (OR 3.9, CI 1.5-10.5) or substance abusing (OR 7.5, CI 2-28) and for children of immigrant parents (OR 3.4, CI 1.1-10.1). It was overall significantly more common for children whose cases still were active after 4 years to have been placed in foster care at some time in comparison to the children with ended social service contact (chi-square =12.1, P =0.001). In these cases many of the risk criteria for prolonged social services contact made a difference, figure 8. *Referrals to CAPS* at follow up were more often the case when children had been receiving interventions prior to the abuse incident (OR 32.5, CI 3.7-285), when mothers were mentally ill (OR 5.2, CI 1.8-15) and when children were younger (OR 3.1, CI 1.2-7.8). The situation was somewhat similar for *supportive contact* at follow-up, this was ruled by prior interventions (OR 8.3, CI 1.5-44.6), substance abusing fathers (OR 5.3, CI 1.9-18.9) and mentally ill mothers (OR 3.8, CI 1.5-9.6). The *contact family* at follow-up was governed by prior reports (OR 3.0, CI 1.2-7.3) and a mother being mentally ill (OR 13.7, CI 3.7-49.8). Finally *in-home parental training* was more common when other solutions had been tried before the abuse incident (OR 12.9, CI 1.6-104) and when mothers were mentally ill (OR 5.4, CI 2.2-13.8).

when the abuse was disclosed. This was significantly more common for girls in comparison to boys (chi-square =5.76, $p =0.0116$) while it was more common for boys to have contact after the abuse incident in comparison to girls (chi-square =7.61, $p =0.0058$).

Referrals and Treatment

There were 7 different combinations of contact periods that had been provided the children. They could have had contact prior to, in connection with, or after the abuse incident. Most common was to have combinations of the three and what this looked like from an abuse treatment point of view is described below.

Among the children with *no CAPS during the abuse incident* (12), the majority was referred according to conflicts in the family and external problems or developmental problems prior to the abuse incident. Two children were referred due to abuse but none received treatment. After the abuse incident, 9 of the children returned of which 2 returned due to physical abuse.

Thirteen children received *CAPS prior, during and after the abuse incident*. Reasons for prior referrals were physical abuse, but also externalizing problems, family conflicts and anorexia nervosa. None of the 13 children received treatment for abuse prior to the abuse incident. At the abuse disclosure 6 children were referred due to abuse of which 2 were provided child psychotherapy in order to work with the trauma dealing with anger, distress, anxiety and distrust. The therapy also included the parents.

Immediately when the abuse was revealed, 20 children were referred to CAPS of which 17 were referred for abuse. As a result of assessment 3 of the children were provided psychotherapy and 5 parents were involved in supportive family sessions. The majority of the children referred due to the abuse did not receive treatment and this was ascribed to the immense mental health work load at the CAPS units, poor motivation among children and parents and many children still not being settled in foster homes. Within 4 years following the abuse incident, 10 out of the 20 children returned to CAPS, mainly referred due to family conflicts.

Twenty-one of the children had not been referred before, during or immediately after the abuse incident. Instead they were *referred up to 4 years after the abuse incident*, mainly due to family conflict. Five of the children were referred due to abuse, which led to one family receiving family therapy while their child received individual psychotherapeutic treatment.

For 34 out of 57 children physical abuse was mentioned in the charts. The remaining 23 charts did not reveal information of such kind even though 8 of those 23 children had been referred due to physical abuse.

Child Characteristics

The adjectives describing the children did mirror the characteristics often used when describing physically abused children. Some of them were considered normally developed emotionally and intellectually, but were stressed out and anxious due to the abuse. The larger part of the children was on the other hand aggressive and had poor social competence while others were sensitive, with low self-esteem. They were not considered securely attached and were considered immature emotionally and had cognitive difficulties.

To summon paper IV up, 28% of the 126 physically abused children in the cohort were found in CAPS charts of which 5% were treated individually due to physical abuse.

Paper V – A Qualitative View of Child Abuse Intervention. Five Swedish Mothers' Stories

Providing a user perspective regarding the experience of child abuse interventions was the aim for paper V. The perceptions of 5 mothers were the basis for the analysis and the results cover their experiences in meeting the police department, social services and the child and adolescent psychiatric services through the different phases.

The mothers reported similar feelings about the way they were treated during the acute situation, when the abuse was disclosed. They felt suspected and disrespected. One woman who took her child to the emergency room after the father had abused the child described her experience like this:

Twenty people in the room, all talking to each other, but no one was talking to me. There were all different professions and talking out loud, what do you think happened....., but again no one was talking to me. It was like I was not there.

Another woman, suspected of abusing her children, experienced the disclosure at a meeting with the social services, which she described as an execution.

Involved Institutions

According to the women, their meetings with *the police* were generally good. The police were considered to be capable when meeting people in crisis and of keeping respect for the victim, the non-abusive parent and the abusing parent. The women expressed their empathy with the police officers “that see so much but can do so little” through working in the field. Interrogations, which all had experienced had not been particularly difficult, not for them nor, as they perceived, for their children.

Moving on to experiences from the *social services*, prior, during and after the abuse occasion the women were highly critical in their judgement. All talked about the social workers lack of knowledge regarding meeting people in a crisis situation and their reluctance to listen.

The social services did not listen, even though I told them that the children’s father has threatened to kill me. I wanted them to know that..... if he succeeded (to kill me). But they just told me that I should not transfer my fear on to the children. No worries, he was excellent of doing that himself. They really got me to feel insane and over reacting. But, hallo, this is a man who has tried to kill me before. It was awful fighting for your children, but not being respected for that, but merely being suspected instead.

They experienced situations that led them to distrust the social workers and thought of them to have a ‘more academic view’ of their work. At the same time they trusted social workers who worked with “real people” (field social workers) to be more helpful and awesome.

The child and adolescent psychiatric services were portrayed as an institution wanting to help, but not being persuasive enough. The CAPS had helped mothers but none of their children had received treatment, which all of them resented. One woman expressed gratitude towards her therapist teaching her strategies when dealing with authorities.

My therapist told me to write everything down, when visiting the social services. This helped calmed me down during the conversation and I did not burst up so much at the same time as I got notes from the meeting that I could keep for later. It is really true that you need a ‘guide’ through this process, and CAPS worked for me, not against me.

One woman was highly critical towards CAPS and thought that her children had been used in order to rehabilitate their abusing father. She did not have respect for the therapists treating her former partner and her children after the children telling her that ‘they could make the father nice again’.

Process

The women described the abuse incident as a personal and familial crisis, somewhat like a journey or a mourning process. The process stretched from anger that the abuse had to happen to them, anxious feelings when not knowing what was going to happen next, and feelings of not being heard or respected. The next phase included feeling sad, sad over lost years for their children and themselves, for lost relationships, and for ending up in a bad economic situation. They talked about 'a significant other' who had been a helper during the process and in eventually finding a new direction in life. The process described above became after the abuse incident more or less a part of their life, figure 9.

When comparing the process for the non-abusing and the abusing mothers, the latter expressed more often finding themselves in the angry state not understanding the accusations and the consequences they brought. All mothers experienced the process as having made them stronger and more capable of handling situations in life.

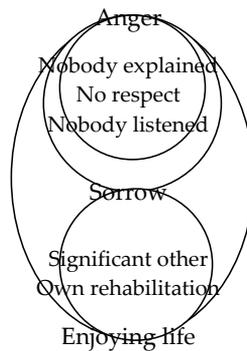


Figure 9. An interpreted process expressed by mothers of abused children, dealing with feelings such as anger, sorrow and enjoying life again

DISCUSSION

The overall aim of this thesis was to investigate the professional intervention concerning police reported child physical abuse from a judicial (paper I), a social (paper II & III), a mental health (paper IV) and a user (paper V) perspective where a supposed caretaker is the perpetrator. This discussion chapter will investigate the relationship between the main findings and is intended to put them in perspective. The main ideas taken up in the discussion are presented in the same sequence as in the pursuit of a case dealing with child physical abuse, beginning with police investigations and continuing to interventions. In addition, the discussion focuses on what is specific regarding child physical abuse from a Swedish perspective.

Incidence and Judicial Consequence

The definition of child physical abuse has to be in focus when characterizing reports and when investigating the magnitude of increased number of police reports. There is a huge difference regarding the damage done to children and the kind of interventions needed depending on the perpetrator and what living conditions were like before the incident. The main contributor to the observed increase in the number of abuse cases reported to the police was the increase in the number of cases reported to the police concerning violence between children. This had been previously noticed (Durrant, 1999; SOU, 2000a) and was mainly interpreted as a result of an increased awareness among the public and professionals that violence should not be ignored (SOU, 2000a). Another study investigating police reported violence between children 1986 to 1996 reported a significant increase from 1990. The abuse happened most often during the day in schools and one third of the children received medical attention for injuries and fear (Gustafsson, 2001). This type of violence is important to acknowledge and investigate, but has to be differentiated from abuse within the family. In order to make it possible to follow the police reported violence in the Swedish society, criminal codes concerning children need to be developed and separate violence within the family from violence in the schools.

The incidence rate 0.5 per 1000 children reported in paper I proved to be in line with previous comparable findings (Fabricius et al, 1997; Riis et al, 1997). The comparably low rates can partly be ascribed to the institution of the anti-spanking

law and the effect on public opinion following in the same direction as the law. Our result regarding over representation of immigrant perpetrators has been reported elsewhere as well. In a Swedish questionnaire study investigating the experience of violence reported by school children between 10 and 13 years old during their childhood, an over representation was found among children born outside of Sweden even if factors such as sex, economics and long term illness were considered (SOU, 2001a). Our study proved that differences between native Swedes and immigrants nearly disappears if only second generation immigrants are compared with ethnic Swedes. In our sample all second-generation immigrants had been living longer in Sweden than the first generation immigrants. The finding can be interpreted from different perspectives. One view is that the integration process has worked or other non-violent milder methods of raising children are being used. Another possible explanation is that abusive parents in general can develop strategies concerning where to inflict damage, and only hit the child where the damage does not show (Feldman, 1997). But a fact is that immigrant groups are being more closely observed in comparison to Swedish native groups and might therefore be more often reported. Regardless of which, this fact should be paid more attention. Information regarding the legislation in Sweden on the upbringing of children should be presented at refugee centers and at child health centers.

The judicial process has proven particularly difficult for children in trying to understand its purpose and the not always logical result (Saywitz, et al, 2002). Our study indicated that a long process in the judicial system may have the affect to lessen the sentences and studies of the judicial process support shorter handling times (Bishop et al, 1992). Another finding showed that although more boys were injured from the abuse, abused girls are the focus of the majority of prosecuted cases. The girls were generally reported at an older age and were as such, more capable of talking about and giving more details regarding the abuse at the police interrogations. Only severely injured children, or children put through severe violence were found to have had their cases prosecuted (20% of the 145 cases). This means that the majority of the documented injured children's cases (32% out of the 145 cases) did not result in a trial. This needs to be further investigated as papers II-IV indicate that much more than 20% of injured children in the sample have been and are abused or neglected. It is an important standpoint to show children that physical abuse is wrong and leads to prosecution in court. This should be more in line with the UN convention on children's rights.

The abuse incident was not the only occasion for the families to take part in a legal proceeding. Several of the children were foster care placed under the Care of Young Persons Act and many parents disputed custody. These legal issues were brought up in the County Administrative Court where for instance foster home placement decisions were evaluated every sixth months. Beside the stress these

situations put on already strained individuals and relationships, this group contribute vastly to a high cost on society (SOU, 2000b).

The Abuse and the Abuser

As mentioned above, injuries decide whether cases continue in the legal process. In paper I, the range of physical abuse was broad and 52% of the children turned out to be injured, according to medical records. Although almost all children had marks or bruises that could be referred to the abuse incident, according to non-abusing parents, teachers, friends, or neighbours. As previous research has shown (Hobbes et al, 1996; BRÅ, 2000) and as ours confirmed, younger children received the more serious forms of injuries, head injury, fracture, burn and bite injury (paper I). There was also a tendency for the injured children to have received more immediate interventions from social services in comparison to non-injured children; this clearly was done in order to maintain their safety. Paper I showed perpetrators to hit primarily using their body but also with tools such as for instance belt, kitchen tool or clothes hanger. Folk-medicine therapy was applied in some cases in our study. Hot metal objects like coins have been used to inflict intentional contact burns and this has been shown to be used in pubertal or initiation rites in developing countries (Feldman, 1997). Straus et al (1980) showed 2 decades ago, that the home is a dangerous place for children. The consequence of child physical abuse has to alert more attention. Information on Shaken Baby Syndrome could be given in child health centers where first time parents often get information concerning birth methods and breast-feeding. The birth of a child put parents through stressful situations, and this should be discussed as well as where to turn if things are too difficult for parents to handle.

Boys were more often found to have been abused and as such also to have more injuries from the abuse in comparison to girls (Wolfner & Gelles, 1993; BRÅ, 2000). This has also been reported elsewhere while girls on the other hand more often are the victims of sexual abuse in comparison (Finkelhor, 1986; SOU, 2001a). The opinion regarding this differs, and emphasis is put more towards the temperament and behaviour of the child, imposing that oppositional children have higher rates of early child maltreatment than those with other externalizing or internalizing problems (Belsky & Vondra, 1989). The study also indicated fathers to mainly abuse sons and mothers to abuse the daughters. It was mainly the younger boys (0-6 years) that were abused by fathers and the older girls (7-14 years) that were abused by mothers. This can be interpreted in terms of for instance identification problems out of the ordinary. A Swedish study investigating children's opinions on ways of bringing up children, showed boys

as well as girls to expect boys to be disciplined harsher. They also believed it was the father that perpetrated the harsher forms of discipline (Sorbring, 2001).

As paper I indicated and papers II and III proved, the parents of this cohort were unemployed to a great extent (75%) and also suffering from substance abuse or mental illness. They are all risk factors of greater importance than sex of perpetrator seemed to be (Famularo et al, 1992; Inkelas & Halfon, 1997; Gillham et al, 1998). Riis et al (1997) reported from a Danish study that there is a linear correlation between incidence of child abuse and income.

Do Interventions Work?

Our study indicated that almost all (81%) of the families according to the children's social services files had interventions from social services prior to the studied abuse incident. The reason for this was in almost half of the cases (44%) child abuse or neglect, but interventions were not focused simply on that, but spread among the available interventions. In order to get a perspective, a comparison figure is that 6% of Swedes received financial assistance at some point in time during 2003 (The National Board of Health and Welfare, 2004). The immediate social services interventions provided the abused children in papers II and III, were foster care placement (32%) and hospitalization (8%). After the following investigation, according to chapter 11, §2 Social Service Act, the interventions were of a traditional kind where foster care placement, referrals to mental health services and the provision of a supportive contact were most common. This was also the case 4 years later at the follow-up (paper III). Interventions as a result from the social service investigation following the abuse incidents were mainly depending on injuries from the abuse, previous reports, young age of child, parents of Swedish origin and parental mental illness. An example of this, having an injury from the abuse, a previous report to social services prior to this studied abuse occasion, and having a mentally ill father increased the odds immensely to receive the most common intervention foster care placement. A previous study proved about 15% of foster care placed children to have parents with a psychiatric diagnosis (Vinnerljung, 1996). For the 69 out of 113 children presented in paper III, the majority had been the subjects of new reports to social services concerning child abuse and neglect, of which 38% had been reported to the police. The earlier mentioned risk factors turned out to be criteria sensitive to prolonged social services contacts. The two main reasons for increasing the odds that the child would still need social services interventions 4 years later was whether the child had received interventions prior to the abuse incident and if the mother was mentally ill. A mentally ill parent is seldom assessed in the home environment, and seldom specifically as a parent (The

national board of Health and Welfare, 1999) although parental mental health is an important factor for recidivism in physical child abuse (Inkelas & Halfon, 1997). These conditions should alert attention as Derr and Taylor (2004) has shown a strong connection between childhood abuse and receiving long-term welfare.

There has been attention towards the fact that interventions from the social services have not been developed much during the last 20-30 years (Bergmark & Lundström, 1998). This is despite the increase of interventions provided and the fact that more children are found within the system through police reported child abuse cases. Legislation makes it impossible to register all reports on child abuse or neglect (Chapter 14, §1 in the SSA) which in turn makes it impossible to find out how many children are reported and to follow how this changes over time (The National Board of Health and Welfare, 1998). Registers regarding all interventions given on a personal level are also lacking and make it difficult to follow the trends but also to follow up continuing or closed interventions. Even though interventions are required by Swedish legislation to be followed up, this has been done in about half of the cases (County administration of Gotland, 2003). There is a problem with skeleton legislation like the Social Service Act. When children want therapy or interventions of different kind and the parents oppose it and the situation does not call for a compulsory care taking, there is no way for a child to receive proper interventions. This is in conflict to for instance article 29 in the UN convention for children's rights where emphasis is put on the importance of children's voices being heard. This has to be taken into consideration as the situation presented in paper IV show that few children receive interventions from the mental health services, even though the need is urgent. This kind of semi-compulsory decision has been suggested elsewhere (SOU, 2001b) and is already available for children at risk of harming themselves through for example drug consumption.

Both papers II and III show that the social services department is more proactive when it comes to the protection of younger, immigrant and injured children than other groups of children. This seems reasonable since these groups are perhaps at even greater risk, as they are more vulnerable and less able to speak up for themselves in comparison to older, not injured children and children with cultural knowledge and a social network. But there is a need for developing better programs for the education of social workers in order to provide better risk assessments and a better preventive abuse strategy for all children (Egelund, 1997). A new screening instrument and a child-protection register might need to be developed as part of an effort to modernize and streamline the social work discipline.

Mental health treatment might lead to a change in parenting style and reduce symptoms for the children (Oates & Bross, 1995). Referrals to child and adolescent psychiatric services were relatively common (45%) among the studied cohort of physically abused children (paper IV) but only 28% of the children were referred

as consequence of child abuse. Instead other reasons, such as family problems, internalizing and externalizing behavior were given. Regarding therapy, 6 of the 126 physically abused children received individual therapy to deal with the physical abuse. The mentioning of child abuse or words connected to abuse was absent in 40% of the children's charts, even though referrals were due to abuse (n=8). It is common that families do not want to deal with phenomena that might change their foundation in life, but this is something that mental health personnel must deal with. Are treatment models lacking or are parents and children difficult to engage in therapy? Could the kind of social services semi-compulsory decision mentioned before help motivate treatment? This was a fact that was supported by the mothers in paper V. They had good experiences with the police and judicial authorities, but not from the social services. Regarding the therapeutic interventions they would like to see more effort regarding trying to persuade children to get treatment. It is of course impossible to force people to get treatment, but there may be a need to examine new ways to make treatment attractive.

Papers I and II revealed time consuming investigation periods regarding judicial and social service investigations. Paper IV indicated that CAPS had to turn down children in need of help, due to a heavy workload. This cannot be accepted in cases where children are involved. Are the regulations that have been instituted to protect this working, or do they generally lead to inquiries concerning extensive investigation time? The difficulties of interventions seem universal and therefore Swedish social services can definitely profit from looking at research studies showing good experiences from abroad. Regarding mental health services for physically abused children there are several examples (Kolko, 1996a,b; Kolko & Swenson, 2002; Friedrich, 2002; Runyon et al, 2004; Chaffin et al, 2004). If there is a possibility to learn from example of others and then adapt the format to the prerequisites of Swedish conditions, then everyone will gain.

CPA in a Swedish Context

The work against violence towards children is a process. Sweden has taken preventive steps in the right direction, for instance through enacting the anti-spanking law in 1979 and through ratifying the UN convention on children's rights in 1990. The importance of the institution of the anti-spanking law regarding attitudes towards the development of violence has been debated. Some argue that it was the law that enabled the attitude change (Durrant, 1999), while others argue the attitude change occurred before the law (Roberts, 2000). Disregarding this discussion, studies show that the majority of people in Sweden does not believe in corporal punishment when raising children (SOU, 2001b).

Following in the steps of the ratification of the UN convention of children's rights, the Swedish government appointed a 'children's ombudsman' (Law 1993:335). This authority was established in order to look after the interest of the convention and to see to that children's rights are safeguarded. The children's ombudsman also inform about the convention and advice legislative authorities and regional and local authorities on how to work with the child's best interest in mind (Children's Ombudsman, 2004). The anti-spanking tradition is inherited and studies have shown that young Swedes know much more of their rights regarding abuse towards them, in comparison to the situation just a few years ago (SOU, 2001a). The Social Service Act demands mandatory reporting for professionals working directly or indirectly with children up to 18 years old whenever neglect or maltreatment is the issue. Ordinary citizens should report to social services whenever they suspect that a child is being neglected or abused (National board of Health and Welfare, 2001). Another legal step looking after children's rights is the legal representative provided for children who are victims of violence and whose carers or parents are perpetrators or are involved in the case. The above illustrates a macrosystem (Bronfenbrenner, 1977) of a developed welfare state where values, norms, laws and traditions are formed over time and where a majority consensus regarding political resolutions on child welfare issues is often the case.

The Swedish exosystem (Bronfenbrenner, 1977) provides the majority of inhabitants good conditions regarding housing, education, working opportunities, parental leave, child care and medical aid which is supported by high rates of taxation and social security systems. The state is a big employer as is the county council as concerns hospitals. Other employers are bigger and smaller private companies as well as the municipality. Swedes are also active members of cultural and leisure activities. The media is active and often give the reporting of violence attention and generate opinion in cases where authorities fail to look out for the child's perspective.

The microsystems, (Bronfenbrenner, 1977) such as a child's family, friends and pre-school are highly dependent on the child's and parent's needs regarding characteristics and the different parts they play in the different systems at different times. The interaction between the microsystems constitutes the mesosystem, which is highly vulnerable to disruptions. The systems above interact. The developing child is living in changing environments and is affected by relationships within and between the systems nearby as well as by the greater social context (Lagerberg & Sundelin, 2000). According to the above the Swedish human ecological system should be a good environment for children to grow up in.

The State of the Swedish Human Ecology

This thesis gives some indication that the health of the Swedish human ecology on behalf of the physically abused children is somewhat lacking. The increase of police reports regarding child abuse cases has been interpreted as mainly an increased awareness among the public and professionals of the importance of discovering and reporting child physical abuse (SOU, 2001b). Whether this is true or not, children that are abused are often in a critical period in life when perceptions regarding themselves, others and the context are being formed (Briere, 1992). A fact is that there are increasing numbers of children in need of proper care taking in order to minimize their suffering as children but also as adolescents and adults. Maybe some satisfaction may be taken regarding the fact that Swedish law, tradition and opinion have the child's best interest as a goal.

The implementation does not occur in the exosystem due to the fact that finances, knowledge and cooperation skills seem to be lacking. In paper II, 81% of the families later involved in child abuse cases had been receiving social services interventions prior to the abuse occasion. About half of them had been involved in reports on child abuse or neglect and a look at the children still receiving interventions 4 years later reveals that another 55 out of 69 children have been reported to the social services concerning child abuse or neglect. The social services department has been criticized for staff turnover and lack of the education that is needed to deal with difficult cases such as physical child abuse (Sundell & Egelund, 2001). This was supported by paper V in the interviews with mothers of physically abused children. They expressed how they had to tell their stories over and over again to different people, but also that they did not feel that social services personnel were competent or respectful. Paper III revealed another neglected group of maltreated children, the children abused by mentally ill parents. Studies of psychiatric wards have confirmed that between 20-30% of patients have minor children (National Board of Health and Welfare, 1999), but also that few of these patients are evaluated regarding parental capacities. According to paper III, the fact of having a mentally ill parent (mother) and receiving help from social services prior to the abuse incident increased the odds immensely for a child to have interventions from social services 4 years after the abuse incident. Maybe the children have to be under watch from social services, as it may be safer for them to be in the system, but we do not really know if the interventions are working successfully. Several other studies have shown that a child's situation is mostly dependent on the level of the mother's functioning (Egelund, 1997; Östberg et al, 2000). Cases including a mentally ill mother in combination with prior reports could be used to alert social workers attention to take better preventive actions.

While all physically abused children received proper care as concerned their physical injuries, only 6 out of 126 children in our study received individual therapy to help them in dealing with the abuse incident in focus (paper IV). This is also a shortcoming in the exosystem. Previous studies have shown treatment of physically abused children to be surrounded by difficult circumstances regarding family and situational context for instance (Wolfe & Wekerlee, 1993; Kolko & Swenson, 2002). Studies have also shown that treatment can work through reducing symptoms in children and changing parental attitudes towards corporal punishment (Corcoran, 2000; Kolko & Swenson, 2002; Chaffin et al, 2004). The hindrance to providing physically abused children therapeutic treatment mentioned in paper IV were for instance that a child had not yet settled in with foster care and therefore was not yet susceptible to treatment, that mental health services' have a full workload and also have difficulties in motivating parents and their children to go in treatment. This latter point was sustained by paper V. Mothers of the physically abused children would like to see some changes regarding the fact that all their children would, according to the mothers, gain from receiving therapeutic treatment. As the mothers themselves had the experience from therapeutic treatment they realized what their children lacked. Another point that was made was that there is a lack of suitable methods for working with physically abused children, this can be shown in the count of words describing the abuse incident and surrounding feelings. A fact was that even where children were referred to mental health services due to physical abuse, not a word dealing with abuse was mentioned in their charts. Are therapists reluctant to hear physically abused children's narratives?

Other conditions working against the welfare of children are, as previously mentioned, unemployment, poor finances and substance abuse. At the time of this study there were deteriorating working and living conditions for young families with children and a substantial period of business decline (SOU, 2000b). A Swedish study investigated 1576 20-year olds experience of corporal punishment through questionnaires (SOU, 2001a). The study showed a clear significant correlation between poor family finances and child abuse as well as between first generation immigrants and physical child abuse. Regarding the finances of a family this finding showed not only that poor families are at greater risk in comparison to better off families, but also that there is a higher risk for every lower level of finances. Poor family finances have been reported as maybe the highest risk criterion regarding the prevalence of child abuse (Chaffin et al, 1996; Gillham et al, 1998). This is a shortcoming in the exosystem as well. Politicians are talking about abused children's rights and need of service while in reality this does not seem to reach the ones in need. There is a need for multidisciplinary centers where physically abused children can receive proper investigating possibilities and treatment. There is also an urgent need to evaluate the treatment that should be provided.

The conditions shown above are to be found in micro and mesosystems as well, but due to insufficient capacity of the authorities involved in child abuse cases to give access to proper interventions and treatment, the situation of physically abused children and their families' becomes more difficult. If all violence towards children is recorded under the same criminal code it is impossible to follow the development of increases or decreases of violence perpetrated on a child by a carer, for instance. The efforts on the legislative macrolevel are not being implemented and this must be seen as clearly contradicting the goal of working in the best interests of the child. Another condition that has to be taken into account that concerns the overlapping of violence is the media and the reporting of violence. Has this changed over time and how are vulnerable groups protected from this constant flow of bad news? How is our capacity to deal with the immense load of information from the World Wide Web, which often also involves violence and is difficult to stop? As previously mentioned Gil (1978) found societies that allow violence to become more violent generally. Is the phenomena mentioned above creating stress that infiltrates micro and mesosystems and with which consequences? How can this be dealt with in order to protect vulnerable individuals and systems? Who is taking full responsibility for the children at risk and for the already physically abused children? It is worth mentioning that a society that has come so far in changing peoples opinion regarding violence towards children as Sweden, does not set as much pride in taking care of children that actually have been abused.

Limitations

Reading the above, the limitations to this thesis have to be pointed out. The first has to do with the under representation of child abuse cases that is evident in official reports. Studies indicate this to only represent the tip of an iceberg (English, 1998) and this thesis cannot therefore give a complete picture of child physical abuse in Sweden. This becomes obvious when comparing our incidence figure of child physical abuse reported to the police (0.5 out of 1000 children) with the figure presented in a study where 4%-7% of Swedish children and young adults are according to themselves still being severely abused during childhood (SOU, 2001b). The second issue concerns the degree to which one police district can represent other areas? The size of cities was taken into consideration and the countryside, some small communities as well as a larger town were included. Interpretations have to be made with contextual factors in mind. There are also the limitations regarding studying documents and drawing conclusions from what cannot be considered as the prime source of information. The police reports (paper I) differed depending on who had received the information and who had

written the police report and whether it had been completed in connection to the abuse incident or after a time lapse. Some things that were mentioned in one report were overlooked in another, and if much was left out it was impossible to investigate the case satisfactorily. This was of course the case for the social services files, especially because these files were often written over a long period of time, which meant that a researcher had to deal with different social workers' personal ways of writing. This also includes having a limited time frame and financial straits. Another difference separating the police reports from the social services files and mental health charts is that the police interrogations are taped and transcribed while the texts in the latter 2 situations are transformed through the social workers or therapists (Aronsson, 2001). Adding to this is the time factor. A social worker and therapist have many clients and patients and sometimes files are documented a while after the meeting took place. In the mental health charts therapists are obliged to summon contacts every half year, which makes it likely that much will be forgotten. Another limitation regards the comparing of research results over contextual borders, which has been done but is a difficult task. Too few respondents in the interview study may lead a somewhat biased view. The mother's perceptions have not been taken as a universal understanding, even though most of what they said has been supported by previous research. Some details may have sunk into oblivion. An important ambition has been to not expose much of the individual children's situation, but merely to refer to the children as a group. To sum up, this thesis represents merely one way of looking at a phenomenon such as child physical abuse from a judicial, social service, mental health and a user perspective.

MAIN CONCLUSIONS

This thesis aimed at investigating child physical abuse in Sweden when a carer is the abuser, from a judicial, social, mental health and a user perspective, by making use of official documents. The main conclusions that can be drawn from the 5 papers (I-V) can be found below.

- The majority of the increase in the number of police reports between 1986-1996 was represented by police reports of violence between children.
- A male performs the majority of child abuse cases perpetrated by a carer.
- Few perpetrators of child physical abuse are prosecuted in court and of these, only those who have physically injured children.
- Four of the 111 perpetrators were sentenced to imprisonment due to child physical abuse.
- Previous social services interventions and reports of child abuse and neglect are common in the history of physically abused children presented at social services.
- Parental characteristics define the conditions for the interventions from social services.
- Interventions are mainly referred to the most exposed and vulnerable groups of children.
- Previous social services interventions and a mother's mental health are the most conclusive conditions regarding whether a child still is receiving interventions 4 years after an abuse incident.
- Physically abused children have often had contact with the mental health services previous to an abusive incident. The referral had most often not to do with child abuse, but merely family conflict issues.
- Mental health treatment for abused children focusing on trauma is rare, as this was provided only 6 out of 126 children in this study.

- The long investigation periods reported from the institutions and the shortage of stringent handling of data in reports, files and charts, lead to unnecessary waiting periods and suffering, but may also lead to legal insecurity for physically abused children.
- Mothers of physically abused children receive poor support from involved institutions at the time of the crisis and often feel a lack of cooperation between institutions.
- The reality for physically abused children in Sweden does not reflect the laws, norms and believes regarding the best interest of the child.

FUTURE RESEARCH

This research material, the police reports, the social services reports, the mental health charts and the interviews, raise a lot more questions than those answered in this thesis. Suggestions for further studies are given below.

- There is a need for prospective studies of physically abused children and to follow them into adulthood, as it can be problematic to only analyze retrospective studies in the fast developing future.
- There is a need to investigate the group of children in the sample that were reported concerning child abuse or neglect to the social services before, at and up till 4 years after the abuse incident studied. Are there indications that can be seen earlier to minimize the children's suffering?
- Physically abused children need to be interviewed in order to find out their opinions regarding upbringing, child rearing methods and interventions that followed an abusive incident. This needs to be performed with younger children as well as older.
- There is a need to investigate the possibilities for developing criminal codes that better mirror different kinds of violence towards children. This is important in order to make it possible to follow the development of violence in the society and to be able to react before it is too late.
- Another important issue to continue investigating is the possibility to begin legislative efforts to enable registers regarding physically abused children reported to social services. This could also include an investigation regarding the pro and cons concerning a semi-compulsory decision level.
- There is a need to investigate the necessity to develop social services and mental health services interventions. This can be performed through testing other good examples.
- It is important to investigate how interventions are implemented and how interventions are evaluated and finally how this is used. This has to be followed up in adulthood.

- There is a need to look into the authorities' work, through analyzing the pro and cons of cooperation regarding child abuse cases and how this could function.
- There is a need to investigate the possibilities to educate immigrated parents as well as first time parents on Swedish law and on the consequences of child physical abuse.
- There is a need to investigate further the reasons why so few of the abused children's cases end up in court.
- Finally, another important issue for the future is to investigate whether intentions expressed at the macrolevel of regarding the child's best interests are still difficult to implement on lower levels and what can be done to facilitate change.

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