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Characteristic Features of Severe Child Physical Abuse—A Multi-informant Approach

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Abstract Minor child physical abuse has decreased in Sweden since 1979, when a law banning corporal punishment of children was passed, but more serious forms have not decreased. The aim of this study was to examine risk and background factors in cases of severe child abuse reported to the police. Files from different agencies (e.g., Social services, Adult and Child psychiatry and Pediatric clinic) for 20 children and 34 caretakers were studied. An accumulation of risk factors was found. It is concluded that when the following four factors are present, there is a risk for severe child abuse: 1) a person with a tendency to use violence in conflict situations; 2) a strong level of stress on the perpetrator and the family; 3) an insufficient social network that does not manage to protect the child; 4) a child that does not manage to protect him or herself. Thus, multiple sources of information must be used when investigating child abuse.

In 1979, Sweden passed a new law banning corporal punishment of children, the first country in the world to do so. Attitudes toward physical punishment and the use of violence in bringing up children have changed markedly since the law was passed. (Allmänna barnhuset *2007*; Statens offentliga utredningar [SOU] *2001*:18; SOU *2001*:72). Studies show that there has been a significant decrease in minor abuse and corporal punishment, however there has been no corresponding decrease in the more serious forms of child abuse that result in bodily injury (Gelles and Edfeldt *1986*; SOU *2001*:18; SOU *2001*:72). A national Swedish study documented that the percentage of children who have at some time been subjected to severe abuse has remained stable at about 3–4% since the 1980s (Allmänna barnhuset *2007*). Severe abuse and minor abuse seem in this respect to be completely different phenomena controlled by different factors. In an investigation of all cases of child abuse reported to the police in a single police district, severe abuse cases constituted 14% of the total (Annerbäck et al. *2007*). The most obvious difference between the cases of severe respectively minor abuse in the study was the occurrence of documented injuries in the severe cases. The severe cases had a significantly higher proportion of lowest socio-economic status and a tendency to higher levels of unemployment and foreign born parents. The children who had been subjected to severe abuse were in general already known to Social Services. And reports of child abuse had frequently been made, which indicates that these cases earlier have been presented as minor abuse. Cases of the more severe types of abuse apparently occur in a context where efforts to prevent abuse that follow a standard model apparently have no effect. Therefore, one must have better knowledge of the underlying factors in order to be able to design preventive measures created for, and aimed at, specific risk groups (Hornor *2005*). It is a paradox that the number of cases of suspected child abuse reported to the police has increased by a factor of four during the period 1980–2000. One possible explanation is an increase in the level of awareness and a decrease in the tolerance of abuse of children.

Risk Factors

Previous studies from other countries have found many different risk factors linked to child abuse. Social isolation, unemployment, low socio-economic status, economic difficulties, parental substance or alcohol abuse, the occurrence of violence between the parents, the experience the parents themselves have of abuse, psychiatric symptoms/illness, and medical problems are all conditions that have been reported (Hornor *2005*). In Sweden, parents born abroad have been shown to constitute a risk group (Annerbäck et al. *2007*; Lindell and Svedin *2001*). Children with functional disabilities are also a risk group (Sullivan and Knutson *2000*). However, as has been shown in a Spanish study, even this, the presence of disabilities, is not an isolated factor but instead is related to other factors. Other factors related to abuse of these children are age (younger children are more subject to abuse), illness, behavioural problems, and premature birth (Olivián-Gonzalvo *2002*). Parents who subject children to serious abuse are often known to Social Services before the actual event; and these children have frequently been seen earlier bearing less serious injuries (Hornor *2005*).

Interventions from Authorities

The judicial system plays a primary role in the way the Swedish system handles child abuse. Violence directed against children is always a crime and can serve as the basis for indictment. Because of difficulties in the investigation of children and in obtaining evidence, reports to the police often lead only to a preliminary investigation and only a few cases go further to court and eventually conviction (Annerbäck et al. *2007*).

The Swedish social system of child care and child protection is based on a duality that combines mandatory reporting of child maltreatment to Social Services with a family-service organization designed to cooperate with the family rather than to control it. As a result, preventive measures are given first priority after a report, and the rights of the parents may be given priority over the rights of the children (Cocozza et al. *2007*; Gilbert *1997*). This leads to interventions that provide compensation for the family's weaknesses rather than to interventions to protect the child (Wiklund *2007*). In one Swedish study of suspected cases of child physical abuse that were investigated by Social Services, it was shown that only 26% of all cases led to protection of the child in the form of foster care. No action was taken on another 25%, and the rest received services from the Child and Family Agency, such as provision of a contact person, contact family, home counseling, or referral to Child and Adolescent Psychiatric Services (Lindell and Svedin *2001*).

Research on Child Abuse in Sweden—Methodological Aspects

Research on child abuse in Sweden has been, and continues to be, limited (Larzelere and Johnsson *1999*). Many studies are available from other countries, but in many respects there is reason to believe that there are cultural as well as legislative differences making comparisons difficult. National mapping of the occurrence of violence directed toward children has been carried out through questionnaire surveys studies (Allmänna Barnhuset *2007*; SOU *2001*:18; SOU *2001*:72); however research is lacking to a large degree about the underlying conditions. This makes it difficult for the professionals who are charged with taking responsibility for child-abuse cases to decide how to act.

It is difficult to systematize knowledge about child maltreatment in Sweden because sources of knowledge are few. The only database for child abuse that is accessible is the police register of reported crimes. There is no national register concerning reports of child abuse or of children who are in trouble and no child protection register concerning evaluated cases of severe abuse (Cocozza et al. *2007*). The alternative source that was chosen in the present study was information obtained by examining the files of a number of known cases reported to the police. An attempt was also made to extend knowledge of the families by studying the files available in many different contexts that concerned several different individuals in the affected families. Different actors have different perspectives on the people in question and thereby can provide various kinds of information about the families. No single factor suffices to explain why people hit and hurt their children; the phenomenon can only be understood on the basis of multifactorial models that integrate social, sociological, and psychological explanations. Child abuse must, therefore, be studied from a starting point that recognizes that a variety of interacting and interdependent factors are present and could strengthen one another. Explanations must be sought at different levels with the goal of developing knowledge of background and risk factors (Bardi and Borgognini-Tarli *2001*; Browne and Herbert *1997*; Browne et al. *1988*).

The aim of the current study was to examine and describe the background and risk factors in cases of severe child physical abuse through a multi-informant approach. The actions taken by agencies when they had been confronted with indications of child maltreatment were also studied and finally a follow up was carried out to determine what had happened to the children and to their contacts at agencies during the first 5 years after the initial report of child abuse.

Methods

All of the child physical abuse reports made between 1986 and 1996 to the police in a designated police district were studied ($N = 142$). Those that met the criteria for the definition of severe child abuse (see below) were selected and these constitute the total number of cases of severe child abuse in this population (Annerbäck et al. *2007*).

The group studied consisted of 20 children and 34 caretakers of whom 18 were mothers (including one stepmother) and 16 fathers (including two stepfathers). In addition to the police reports, files from Social Services on children and caretakers, journals from Child and Adolescent Psychiatry and the Pediatric Clinic concerning the children, and journals from Adult Psychiatry concerning the caretakers were studied. The relevant agencies and units were questioned by letter if they had any files on the people in question (Table 1). Data was collected at least 5 years post the 10 year period in which the police reports occurred; this made it possible also to make a follow-up of the cases.

Table 1 Available sources of data

Case nr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Σ
Police	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	20
SS, children		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	18
SS, mothers	X		X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	18
SS, fathers	X		X						X	X				X	X			X			7
SS, stepparents				X																	1
CAPS		X		X	X	X	X	X				X		X	X	X		X	X	X	13
Pediatric clinic			X		X	X	X	X	X	X		X	X	X		X		X	X	X	14
AP., mother			X	X	X	X			X	X				X	X		X		X		10
AP., father		X																X	X		3
Σ	3	4	5	6	6	6	5	5	6	6	3	5	3	7	6	5	5	6	7	5	

SS = Social Services
CAPS = Child and Adolescent Psychiatry Services
AP = Adult psychiatry

The journals/files have been read at each unit where they were kept or, in some of the cases concerning Social Services' files, at the City Archives. Data have been recorded, partly according to a reading guide "factors to observe" (Appendix 1), and partly in a chronological report from each journal. The files were read by the first author (E-M.A), a trained social worker and psychotherapist, who has worked for several years in different sectors of social work and medical services and is familiar with these kind of files. It was also possible to consult one of the co-authors, who are medically trained, to get a second opinion.

Analyses have mainly been carried out with quantitative methods and data are presented as frequencies and percentages. Since the study consists of reading written material and in some respects interpreting this material, a qualitative approach has also been used, the purpose of which was to find patterns and generate theory.

Definitions

Child abuse is physical violence against a child executed by a parent or a caretaker.

Caretaker means parent or the person who, instead of the parent, had responsibility for the child at the time of the abuse.

The definition of *severe child abuse* is based on the following criteria (Dale et al. *2002*; SFS *1962*:700): (1) demonstrable bodily injury is present and is documented in the medical examiner's report or other certification by a physician, (2) the injury is clearly serious either because it indicates a serious physical threat or appears to have been caused by an object or indicates repeated violence e.g., from the presence of bruises of varying age or (3) the incident itself constitutes a serious danger such as an attempt to kill, even if the bodily injuries cannot be said to be serious.

The socioeconomic status (SES) of the families has been determined according to the Statistics Sweden, SEI (Statistiska centralbyrån *1982*).

Economic problems are indicated by information that social assistance had been provided to the family or that the family had substantial debts and/or low income.

Unemployment was recorded if one or both of the parents were unemployed.

Ethical Considerations

Permission to make use of the files has been granted by the different authorities. The study was approved by the Ethical Committee at the University Hospital in Linköping (DNR 03-182)

Results

Children

There were 12 boys (60%) and eight girls (40%).The median age was 6 years and 6 months (range Two months to 17 years). A majority of the children lived with both their biological parents (*n* = 12); five children lived with single parents and two with one biological parent and one stepparent.

Suspected Perpetrator

There were a total of 25 suspected perpetrators (in five cases there were two suspects). Their median age was 32 years and 6 months (range 23 to 52 years). There were somewhat more men than women (56% men, 44% women); and most of the perpetrators were biological parents (85%) and the rest stepparents (15%).

The Legal System

The preliminary investigations led to charges being filed in 11 cases and 10 of the perpetrators were found guilty. In the other 9 cases the preliminary investigations were closed.

Risk Factors in the Families

Eleven different variables representing economic, social, psychological or medical risk factors were the most frequently reported (Table 2).

Table 2 Risk and Load factors most frequently reported

Case nr	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**Σ**
Lowest SES group	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	19
Economic problems	X	X	X	X	X	X	X	X	X	X		X	X	X	X		X		X	X	17
Parental conflicts	X	X	X		X	X			X	X	X			X	X	X	X	X	X	X	15
Social network problems	X		X		X	X	X	X	X	X	X			X	X	X	X				13
Psychiatric symptoms	X	X	X	X	X	X	X		X	X				X	X		X		X		13
Unemployment	X	X		X	X	X	X		X	X		X	X		X		X				12
Child’s.behavior				X	X	X	X	X			X		X	X	X		X	X	X		12
Family health problems		X					X	X	X	X				X	X		X	X	X	X	11
Domestic violence	X	X	X		X	X								X	X		X	X	X		10
Foreign born	X	X	X		X	X		X			X	X		X			X				10
Addiction			X		X	X	X		X	X		X									7
Σ M = 6,95	8	8	8	5	10	10	7	6	8	8	5	5	4	9	9	3	10	5	7	4	139

Social Network Problems Some of the families had no contact with the children’s grandparents or other relatives because they were living far away. Eight of these families were immigrants from other countries, which helps to explain their isolation. Another reason was conflicts between the parents and their families of origin. In addition, some families lived isolated from neighbours out in the countryside.

Parental Conflicts Parental conflicts were reported, partly in the form of quarrels or disagreements within the marriage and partly concerning unresolved consequences of separations.

Domestic Violence In half of all the cases there was information concerning violence between parents. Ordinarily, these were reports of violence directed against the woman, but in one case there was information about violence directed against the man by the woman.

Psychiatric Symptoms Thirteen of the caretakers had contact with Adult Psychiatry and diagnoses were found for four individuals, one of whom had been convicted of child abuse of two children. Diagnoses included slight or moderate developmental disabilities, schizophrenia, crisis reactions, personality disorder, Asperger´s syndrome, and bipolar disorder.
In the other cases, individuals had sought psychiatric help for symptoms, such as suicidal thoughts, crisis reactions, and problems in relationships. Two convicted perpetrators had

sought help afterwards, because they experienced problems with aggression or with the parenthood as well as difficulties with sleeping and with concentration.

Family Health Problems In more than half of the cases somatic health problems were identified. These concerned the mothers in five cases, the fathers in three, and siblings in three and represented chronic conditions that can have represented an extra burden on the family situation.

Children's Behavior Concentration problems were noted in four cases with reports coming partially from the family's side but also from school, Pediatric Clinic, and Child and Adolescent Psychiatry. Relationship problems in school were noted in two cases. In the other cases problems were identified in reports from parents, and/or from school.

Foreign Born In half of the cases one or both parents were born outside of Sweden. In seven cases, both parents were of foreign background and came from countries outside of Europe. They had arrived in Sweden rather recently before the report ($M = 2.4$ years) and five of these families were political refugees. In three cases, one of the parents had come from another country in Europe a long time ago and the other parent was born in Sweden.

Addiction In five cases, there was an alcohol dependency problem and in two others a dependence on psychopharmaca and narcotics.

Prior knowledge of the families and of interventions prior to the report

Most of the families had one or more contacts with agencies before the current report of child abuse (Table 3).

Table 3 Prior knowledge of the families

Case nr	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**Σ**
Social services	X		X	X	X	X		X	X	X	X	X		X	X	X		X	X	X	16
Psychiatry, adults	X		X	X			X								X				X		6
Pediatric clinic.					X				X					X		X		X		X	6
Psychiatry, children				X											X					X	3
Σ M = 1,55	2	–	2	3	2	1	1	1	2	1	1	1	–	2	3	2	–	2	2	3	31

Social Services In 14 cases, reports had been previously made to Social Services about maltreatment of the children; one or more interventions had been carried out. These interventions were intended primarily to compensate for deficiencies in the home environment. However a secondary effect was that they made it possible for Social Services to indirectly control the family by following up on them. In two cases, Social Services had only made telephone contact with the parents who rejected the offer of help and support. Direct protective measures such as placing the child outside of the family had not been taken, but in two of the cases the child's living situation had been modified by moving the child to the other biological parent. After additional reports of suspected child abuse had been filed in these, cases decisions were made to provide supervised contact with the suspected parent.

Psychiatry, Adults In three cases, no conversation about parenthood took place in the Adult Psychiatry contact, but Adult Psychiatry (AP) had made an expert statement about the mother's mental health at the request of Social Services in one of these. Two of the

perpetrators had sought contact with AP just before the abuse event but their requests had been rejected. In two cases, there was a process of cooperation between Social Services and AP and in one case AP reported to Social Services that the mother was in need of support as concerned her role as parent.

Psychiatry, Children In the three cases, in which the child and the family had prior contact, it was a matter of limited intervention (contact on 1–3 occasions). In one case, Child and Adolescent Psychiatry reported suspected child abuse to Social Services. In another case, where corporal punishment as a method for bringing up the child had been revealed, no report had been filed to Social Services.

Pediatric Clinic In three cases where the pediatric clinic suspected child abuse, a report was made to Social Services.

Follow-up Five Years after the Report

Social Services After reports were filed with the police, Social Services initiated an investigation in all the cases. The child was immediately taken into protective custody in eight cases. In eight other cases changes were made in the child's living situation with the goal of protecting the child by moving the child to the other parent (the one not suspected of abuse). In four cases no interventions were made during the acute phase.
After the investigations supportive efforts were made in 10 cases and seven children were placed in foster care. The length of the foster care placements has been on average 6 years. The investigations were closed in three cases without further measures.
Five years after reports were filed, 12 children still had contact with Social Services. In three cases, contact had been broken off because the family moved to a new location. In one of these cases, the reason for moving had been fear that the parental perpetrator, released on leave from prison after 2 years, might try to find the family.
During the follow-up period, new reports of child abuse have been filed in four cases where half of them concerned the same perpetrators. In one case, the same perpetrator had killed two of the children in the family at a later stage.

Psychiatry Eleven children had contact with Child and Adolescent psychiatry during the 5 years follow-up period. In several cases, there had been a long supportive or psychotherapeutic contact with the child. In ten cases one of the parents had a contact with Adult psychiatry during the same period.

Discussion

The most striking finding in this study is the accumulation of risk factors on different levels in the families where a child has been severely abused. In all cases, there was a high degree of social and emotional strain; on average seven negative background variables were present. The study, therefore, confirms the theory that no single risk factor explains why people hit and hurt their children, but shows instead that this phenomenon can only be understood on the basis of models that integrate social, sociological, and psychological factors.

These findings point out the need for cooperation between the different actors who meet the child and its family. Different kinds of knowledge of the families and their living conditions were available in the different contexts and different sources. No single source yielded all relevant information. Each agency had information that was focused on meeting its own objective. This was particularly evident in the journals from Adult psychiatry where the children´s situation was hardly, if ever, considered. On the other hand, it was also evident that

the Child Psychiatric and Pediatric records showed that these professionals were not well informed about the problems of the parents. The files from the Social Services concerning the parents and the children respectively showed the same differences. Thus, multiple sources of information must be used when investigating child abuse.

Economic Situation, Foreign Born Parents and Weak Social Networks

Economic problems were found in some form in all cases. Sweden is in many respects a welfare society, but the resources are unequally divided and the gaps between social groups increased during the 1990s. According to studies carried out by Save the Children Foundation in Sweden, there has been a marked increase in child poverty in Sweden during the early 1990s. The groups subjected to the strongest effects are immigrant families and single-parent families, and the scale of economic effects is doubled in families meeting both criteria (Rädda barnen *2007*). Families in which the parents were born outside of Sweden constitute a group faced with a high frequency of stress factors, which is especially true for newly arrived families. A different view of child rearing where violence is more generally accepted is a partial explanation of violence, but is not in itself sufficient.

At the family level, there are often difficulties that arise in association with moving to a new country, where there are different values concerning relationships within the family. Economic conditions are very often worse for the family in the new country, placing family members in the least well off groups in society. At the individual level it is often observed that family members were subject to difficulties in the home country and in association with the move, difficulties that constitute stress in the form of psychological crises and traumatic experiences. Many of the foreign-born parents were political refugees and had themselves witnessed war, been subject to persecution, been imprisoned, tortured, and had lived in refugee camps in their countries of origin. Children in Sweden are, presumably, adequately fed, but the parent's poor economic situation creates a sense of isolation, that has a negative effect on the child's health and places a substantial stress on the parents.

Furthermore, three fourths of the investigated families lacked a protective social network. The occurrence of serious violence directed toward children can be partially explained by the fact that the family is isolated without support and not subject to observation by closely related people. The severe assaults on children presumably would not have escalated to that high level, if the family had had a functioning social network

Psychiatric Symptoms and Addiction in Parents, Parental Conflicts and Domestic Violence

Psychiatric symptoms/illness and substance abuse were present in some of the perpetrators but were also found in other family members. Psychiatric illness and neuropsychiatric disorders, psychiatric symptoms, and substance abuse can in some respects explain the tendency to use violence (Miller et al. *1999*; Söderström *2002*), however they, in any case, constitute a burden for the entire family. Family systems perspectives of the patient as a member in a family, as well as relative's needs, seem to be lacking in the formulation of treatment programs in adult psychiatry. This prevents adult psychiatry from noticing the children's situation, since the patient is not seen in the role as parent and his or her problems are not viewed in that perspective. Parental conflicts and domestic violence are two variables that are closely related, yet differ in a meaningful way. The knowledge, that a person uses violence against his or her partner indicates that the children are also at risk of being

subjected to violence, as shown also by earlier research (Edleson *1999*; Miller et al. *1999*; Weinehall *1997*).

Children's Behavior

Children differ from one another in many ways and place different kinds of demands on adults. For example, we know that hyperactive children and children with behavioral problems subject parents and other adults to strain and stress. Other children may subject adults to challenges during illness or crises (Hornor *2005*; Sullivan and Knutson *2000*). It is, however, difficult to know which comes first, the parents' behavioural problems or the child's. The parents' unpredictable behavior depending on, for example, psychological problems, substance abuse, and the use of violence, creates in many cases provocative children, who as a result are placed at greater risk.

Strengths and Limitations

The present study is one of very few dealing with child abuse in Sweden and the only one that has focused on background factors in severe child physical abuse. It is based on a small group, but this group represents the total number of severe cases among all those cases reported to the police in the police district studied during this period. The material studied was gathered some time ago (between 1986 and 1996), but we do not think that this affects the validity of our findings. No changes have been made in the law during this period, and no changes appear to have occurred either in the phenomenon itself.

Using material from journals/files places some limitations on interpretation. The facts have been filtered out through conversations and investigations and may also reflect the personal interpretations of the professionals involved. In order to neutralize this problem as much as possible, we have collected journals from a broad set of perspectives and from many different sources. This multi-informant approach has also made it possible to develop an extended understanding of severe child physical abuse. Data from the journals were retrieved by one of the authors (E.M.A). Since the data mostly were of descriptive nature (contact with social network, domestic violence, contact with psychiatric clinic, etc.) it was not considered necessary to do any inter-rater reliability testing.

Conclusions and Suggestions for Future Research

On the basis of this study, a theory may be formulated that is similar to the theory that is used in the cases of sexual abuse (Araji and Finkelhor *1986*; SOU *1997*:29).

Severe child abuse arises when four different factors at different levels are present: 1) a person with a tendency to use violence in conflict situations; 2) a strong level of stress on the perpetrator and the family that removes those barriers that otherwise are present to prevent violence; 3) an insufficient social network that does not manage to protect the child; 4) a child who does not manage to protect him or herself depending on factors such as, young age, disability or strong hierarchy in the family.

This model implies that risk assessment as well as preventive and treatment interventions must be carried out on all four levels. Furthermore, cooperation between the various agencies

that meet children and families in different situations is necessary in order both to prevent problems but also is needed to ensure that cases are follow up and that risks are re-assessed.

Continued research on known cases of child abuse in new and larger samples is needed to test the model of four different levels of explanation of child abuse and to expand our understanding of background and risk factors. Future research also needs to address the question on the decrease in prevalence in spite of the increase in the number of reports filed with police.

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Appendix 1

Faktorer att beaktta (Factors of concern)

(Dale et al. *2002*)

Ärende NR (Case number)…………………….

Tidigare misstänkta skador (Previous suspected injuries)

Föräldrars hälsoproblem (Parental health problems)

Familjevåld (Family violence)

Alkohol-/drogmissbruk (Addiction)

Föräldrakonflikter (Parental conflict)

Släktkonflikter (Conflict in broader family)

Förälder utsatt för övergrepp som barn (Parent abused as child)

Förälder med uppväxtproblem (Poor care received by parents during childhood)

Tidigare kriminalitet (Parental criminal convictions)

Brist på stödsystem (Lack of social support system)

Ekonomi (Finances)

Boende (Housing)

Historia av aggresivitet (History of aggression)

Unga föräldrar (Young parents)

Konflikter med myndigheter (Conflict with agencies)

Barnets beteende (Child's behavior)

Barnets hälsa / Prematuritet (Child's health/prematurity)

Barnets utveckling (Child development)

Anknytningsbekymmer (Attachment concerns)

Försummelse (Neglect)

Psykisk misshandel/försummelse Emotional abuse/neglect)

Övrigt (Other)