



## Original communication

# Comparing corporal punishment and children's exposure to violence between caregivers: Towards better diagnosis and prevention of intrafamilial physical abuse of children



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## ABSTRACT

Any intervention involving child victims of intrafamilial abuse must take the alleged underlying motives for the abuse into account. The aim of this study is to further our understanding of intrafamilial physical abuse of children, by comparing its various aspects while considering the alleged underlying motives. A preliminary sample of 1656 cases of alleged physical abuse in the northern region of Portugal was analysed, with two main motives being identified: corporal punishment (CP) (G1 = 927) and exposure to violence between caregivers (EVC) (G2 = 308). Statistically significant differences were found between the two motives ( $p < 0.05$ ) for the following variables: (1) age of the alleged victims, (2) sex of the alleged abuser, (3) risk factors affecting the alleged abuser, (4) abuser/victim relationship, (5) injury-producing mechanism, (6) time between last abuse and forensic medical examination and (7) location of injuries. Evidence-based knowledge of these differences may help in accurate diagnosis by doctors (particularly forensic physicians) and prevention of this type of violence through support strategies (including tertiary prevention strategies).

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## 1. Introduction

Any intervention (whether therapeutic, protective, or part of a criminal and/or preventive investigation) involving child victims of intrafamilial abuse must take the underlying motives for the abuse into account. These motives include corporal punishment (CP) and exposure to violence between caregivers (EVC), although not all authors or legal systems consider these practices to be abusive. However, the literature provides evidence on the severe consequences of such childhood experiences on community health and social harmony. For the victim, these consequences include physical and mental health problems and behavioural disorders, not only in the short and medium term but also in the long term (i.e., in adulthood); for the community, they are associated with high economic costs.<sup>1–9</sup>

Although a global phenomenon, CP is not always criminalized. Indeed, it is generally perceived to be a minor form of 'violence' used as a disciplinary tool.<sup>10</sup> However, by May 2014, 37 countries, including Portugal, had banned this practice, and 46 more are currently working towards this goal.<sup>11</sup> Nevertheless, CP continues to be socially tolerated and thus tends to be under-reported, hindering detection and intervention. Its estimated prevalence is high, ranging from 51% to 90%.<sup>12–19</sup> This rate is 75% in children aged 2–4 years, as well as in countries with low socioeconomic status.<sup>3</sup> The prevalence of CP in Portugal has not been studied, although domestic violence has been investigated in the northern region of the country, which was found to affect at least one in four families.<sup>6</sup>

Similarly, EVC is not always criminalized. Although it is mentioned under the crime of domestic violence in the Portuguese Penal Code (Art. 152nd), opinions differ as to whether EVC constitutes a crime in itself or an aggravating factor with regard to violence between intimate partners. These cases are not frequently reported, although EVC is an important risk factor directly related to the physical and sexual abuse of children.<sup>20–22</sup> In fact, abuse is 4.9 times more likely to occur in families experiencing violence between intimate partners.<sup>23</sup> A Portuguese study has shown that

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children are present in 21% of fatal EVC cases, which occasionally lead to physical injury or even death.<sup>24</sup>

Reviewing forensic medical reports (FMRs) of alleged child abuse cases has proven to be useful in identifying aspects fundamental for the early detection and more accurate diagnosis of these cases. A three-part analysis of the child's age, alleged motive and mechanism of aggression is conducted, yielding data important for implementing prevention strategies amongst caregivers and children at risk.<sup>10,25</sup> Thus, in such cases, during the forensic medical examination (FME), it is important to determine the motives of the alleged abuse (integrated into the cultural and social context in which the abuse occurs) as well as the relational dynamics involved.<sup>26–28</sup>

The aim of this study is to further our understanding of intra-familial child physical abuse, comparing its various aspects while also considering the alleged motives for the abuse.

## 2. Material and methods

A retrospective study was carried out with the following inclusion criteria: (1) children (<18 years) (2) examined at the north services of the National Institute of Legal Medicine of Portugal (because in Portugal FME must be performed at this institution once the suspicion of child abuse is raised) (3) between 2004 and 2010 (4) due to suspicion of being physically abused (5) by any member of the family who cohabited with or was responsible for the child at the time of the alleged abuse, irrespective of the legal bond, (6) who perpetrated the CP or EVC (information that should be mentioned in the FMR). The exclusion criteria were as follows: (1) cases with an added suspicion of sexual abuse or neglect (given the specific nature of these practices), (2) cases with no motive for the alleged abuse described in the FMR and (3) cases involving other motives besides CP and EVC (e.g., cruelty/sadism, revenge). From an initial sample of 1656 cases of alleged child physical abuse, 1235 matched the inclusion criteria and were retained. This final sample was divided into two groups: group 1 concerning CP (G1 = 927) and group 2 concerning EVC (G2 = 308).

The criteria proposed by Giardino et al. (2010)<sup>29</sup> were used to collect data on injuries and forensic diagnosis, and a classification system identical to that used by Adams for sexual abuse (2011)<sup>30</sup> was used for the forensic diagnosis. This system had the following three categories: 'Diagnostic', 'Suggestive' or 'Unspecific'.

The information contained in the FMR was collected by the researcher and cross-checked to ensure reliability and avoid any deviation. The data were recorded using Microsoft Excel 2007, and statistical analysis was conducted with SPSS for Windows v17.0. Bivariate analysis was performed to compare G1 and G2. Continuous variables between the groups were compared using Student's *t*-test. Intragroup comparisons were performed using Pearson's chi-squared test. A significance level of  $\alpha = 5\%$  was considered in the hypothesis test.

## 3. Results

Of the 1235 cases studied, CP accounted for 75% ( $n = 927$ ) and EVC for 25% ( $n = 308$ ). No statistically significant difference was found either in the distribution of G1 and G2 over the 7 years covered by the study or in their geographic distribution. The FME had been requested by the police in most cases (G1 = 747 (80.6%); G2 = 263 (85.4%)), followed by the public prosecutor's office (G1 = 174 (18.8%); G2 = 39 (14.0%)) and health services (G1 = 6 (0.6%); G2 = 2 (0.6%)), without any differences between the groups ( $p = 0.059$ ).

### 3.1. Sociodemographic characterization of the alleged victim

Both G1 and G2 showed a slight predominance of the female sex, although without significant differences (54.6% and 55.2%, respectively;  $p = 0.852$ ). Children aged above 12 years were prevalent in both groups, although statistically significant differences were found in the distribution of age groups ( $p = 0.001$ ; Table 1); the average age in G1 was 10.6 years (median = 12.0; maximum = 17; minimum = 1; standard deviation (SD) = 4.72) and 11.3 in G2 (median = 12.0; maximum = 17; minimum = 3 months; SD = 4.5). In terms of personal antecedents, the FMR only provided information about physical and/or mental handicaps, but such cases were residual, without differences between the groups ( $p = 0.675$ ; Table 1). Eight cases had already been referred to protection boards for prior abuse, four in G1 (0.4%) and four in G2 (2.6%).

### 3.2. Sociodemographic characterization of the alleged abuser

Male abusers predominated in both G1 and G2, although this trend was more significant in G2 ( $n = 295$  (95.8%) and  $n = 658$  (70.9%), respectively;  $p < 0.001$ ). The number of alleged abusers was greater than the number of cases, as some were grouped in pairs (G1:  $n = 28$  (3%); G2:  $n = 7$  (2.3%)). The exact age of these individuals was not mentioned in the FMR, except that they were adults. As the educational level and professional occupation did not appear in most FMRs, these aspects were not analysed. With respect to risk factors, references to substance abuse and a background of violent behaviour were found: the former was more frequent in G1 (34.7%), whereas the latter was more frequent in G2 (44.9%;  $-p < 0.001$ ) (Table 2). In terms of the abusers' relationship with the alleged victims, most cases involved the biological parents (fathers and mothers), with 589 in G1 (61.5%) and 281 in G2 (89.2%); of these, the father was predominant in G2 and the mother in G1 ( $p < 0.001$ ) (Table 2). The number of relationships was greater than the number of cases, as the FMRs of 37 cases documented that the alleged abusers had acted in pairs (G1:  $n = 30$  (2.4%); G2:  $n = 7$  (0.6%)).

### 3.3. Characterization of the alleged physical abuse

In almost all cases, the trauma-provoking mechanism involved blunt force with body segments (G1 = 99.2%; G2 = 99.6%), with no significant difference found between the groups ( $p = 0.076$ ). However, blunt force involving body parts was more common in G1, whereas objects were more frequently used in G2 (Table 3). Of the trauma cases involving body segments (hands, feet, head or mouth), the mechanisms most frequently encountered in both groups were slaps, pushes followed by fall and kicks (Table 3). For example, it is worth noting that more varied mechanisms were used in G1. Further, significant differences were observed between

**Table 1**  
Sociodemographic characterization of the alleged victim.

		G1 – n (%)	G2 – n (%)	<i>p</i>
Age (years)	<2	63 (6.8)	26 (8.4)	0.001
	(2–5)	111 (11.9)	14 (4.5)	
	(6–9)	172 (18.6)	47 (15.3)	
	(10–11)	96 (10.4)	44 (14.3)	
	(12–14)	247 (26.6)	95 (30.9)	
	(15–17)	238 (25.7)	82 (26.6)	
Handicap	None	924 (99.7)	306 (93.4)	0.675
	Physical	1 (0.1)	1 (3.3)	
	Mental	2 (0.2)	1 (3.3)	

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