Physical abuse: the profile of aggressor and child victim

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Abstract

Objective: to establish the profile of children who suffer abuse and of abuse perpetrators.

Method: 225 cases of confirmed child-abuse in Curitiba, state of Paraná, were studied in 1998 based on information collected using a protocol.

Results: the following patterns were observed: 56% of the children were in school age; 59.6% were the first child of the couple; 84.4% were natural offspring; and 71.1% of the children had a satisfactory school record. Multiple injuries (38.2%) were found on the victims’ bodies, mostly bruises (37.8%). The main aggressor was the mother (42.2%); 25.8% of them said that the reason for the violence was disciplining the child; 72% of the mothers denied the use of alcohol.

Conclusion: our results reveal that the children who are most affected by physical abuse are the first-borns of married couples, with age between 5 and 11 years; their schooling level is compatible with their age. Most violent acts are performed by the mother, who hits the child leaving bruises on several parts of the victim’s body, with the objective of educating, or setting limits to the child.


Introduction

Physical abuse includes injuries caused onto children by a parent or guardian, independently of reason. These injuries include damage to the child’s tissue that present more serious than erythema, and caused by striking any part of the body of the child, excluding the hands and the buttocks. The use of an instrument to punish children on any part of the body is considered abuse.

The incidence of reports of physical abuse seems to be increasing due to a greater number of reports and to changes in legislation that require reporting of suspected cases of abuse. Moreover, this increase is occurring at the same time that deaths caused by clinical disease and non-intentional trauma are decreasing.

In 1994, in the United States, almost 3 million children were reported to child protection agencies as possible victims of abuse or negligence. Physical and sexual abuse represented almost 40% of all cases reported. Despite the increased characteristic of these numbers, they probably underestimate the real population of children abused at their own homes. It is estimated that there are two additional cases of abuse for every case reported. In Brazil, for every case of physical abuse, 10 to 20 cases are not reported, thus indicating a high rate of unreported cases.

Child abuse is more frequent in families of lower social and economical status due to, in part, situations of chronic stress and problems of socialization. Child abuse is, however, reported in all levels of society.
Children are more at risk for abuse in families whose parents are of a younger age, immature, and alcoholic. In addition, other factors have been described for the families of children at risk for abuse, including economically-challenged families, family discord, divorced parents, less educated parents, and history of alcohol and drug abuse.

The factors for children at risk for abuse included unplanned children; premature children; low weight at birth or congenital abnormalities; physical or mental deficiency; boys - until adolescence, when girls are more at risk for abuse than boys; adopted children or guardianship; children during difficult stages of development (infant colic, night waking, and sphincter training).

A significant relationship between child-abuse victims and future violent criminal behavior has been described. In this sense, if it follows that children live what they learn, it should not be a surprise that children and adolescents victims of child-abuse can become aggressors. Consequently, the biopsychosocial sequelae of exposure to violence are present and disseminated in the family and during child development.

Violence has been increasingly recognized as a pressing public healthcare problem. It is not a matter of discussing whether the raising of a child should or not be based on discipline, on rewards, or on punishment. In this sense, many forms are used to physically punish children for alleged inadequate behavior; including the more serious, threatening forms. Moreover, the diversity of child-abuse reports and the lack of data render it impossible to quantify the exact magnitude of the problem.

It is important to understand that a decision to report child-abuse does not mean that abuse has, in fact, occurred. There may be situations in which suspected physical abuse, after a detailed investigation, may not be confirmed. This is not to say, however, that suspected cases of abuse should not be reported, but rather that a full examination of the case is necessary before the final diagnosis is provided.

Emotional scarring as a result of abuse can last for many years and manifest itself as depression, anxiety, loss of appetite, psychosomatic complaints, promiscuous behavior, and others.

Accordingly, it is important to bear in mind that the safety of children and adolescents is everybody’s responsibility and that interrupting the cycle of violence can allow for positive changes in the adult life of abused children.

The objective of this study is to understand the profile of abused children and to describe the physical damage in victims of child abuse.

**Patients and methods**

This study was based on the SOS Criança project reports of child abuse in the city of Curitiba, state of Paraná, Brazil, between January and December of 1998. We reviewed 3,600 reports and selected the cases of confirmed physical abuse, which totaled 225. Cases of sexual abuse, negligence, maltreatment, and abandonment were excluded from the study, as well as the cases of intentional violence that were not confirmed. Cases of physical abuse were confirmed according to medical reports or to forensic medical reports, to visitations to the home of the supposedly abused child, and to confession by the aggressor.

Firstly, a pilot-study was carried out based on data obtained from the literature and applied to a case sample of 30 reports of abuse. Secondly, the review of the reports was carried out and we verified that certain information were not possible to obtain. Finally, these unattained data were removed from the survey protocol and a final protocol was designed. The survey was carried out with cases that presented a final conclusion.

The final protocol was used to inquire into information related to the victim of physical abuse and to the aggressor.

A descriptive study of the data was carried out using tables and graphs, to which we applied the nonparametric chi-square test. The minimum level of significance employed was of 5%.

**Results**

Out of the 225 children studied, 50.2% were boys and 49.8% were girls; there was no statistically significant difference related to sex.

We observed that prevalence of physical abuse related to age range was higher for school-age children (56%), followed by prepubertal children (19.6%), preschool-age children (8.9%), and infants (7.5%).

In 59.6% of cases of abuse, the victim was the eldest child. Most abused children were neither born of previous marriage/relationship (84.4%) nor adopted (97.3%). Most children were also reported without chronic diseases (95.6%). No cases of congenital malformation were reported in our sample. Most children also presented level of formal education compatible with their age (71.1%). Results also indicated that, in most situations, the aggressor was the mother of the child (Figure 1).

While surveying the sample for reason for the practice of violence against children, most aggressors had reported disciplinary reasons (setting limits and educating children). We also verified that 10.7% of aggressors denied the abuse and 1.8% did not report reasons for the abuse (Figure 2).

Moreover, while surveying for the instrument or means used to abuse children, we observed that most aggressors had used their own hands. The instrument or means of aggression was ignored in 0.4% of reports (Figure 3).

Most cases of child abuse had been reported by people from within the child’s community (85.8%), especially neighbors and healthcare professionals.
Discussion

To be sure, violence represents a significant problem for society and healthcare assistance agencies. Violence affects a significant part of the population including children and adolescents. These latter victims usually are still developing psychologically and, in this sense, any physical abuse may result, in addition to physical pain and suffering, in irreversible sequelae to their behavior, such as self-destructiveness, pessimism, and problems in society. Others\textsuperscript{3,4,8} have referred that children who are victims of abuse later in life can become the aggressors. These authors\textsuperscript{4} have also reported that violence has reached epidemic proportions in the United States and that it represents a significant public healthcare problem affecting adolescent males. It is understood that violence and its resulting morbidity and mortality have a multifactorial origin, including factors related to development, access to firearms, use of drugs, poverty, the media, and violence in the family.\textsuperscript{4}
lesions being caused by men. Our statistic results were comparable to those found in the literature, in agreement as to what concerns the mother being the main aggressor in cases of child abuse.

We observed that 10% of aggressors had denied any physical abuse even in cases in which evidence of abuse was present. The reason most frequently reported for physical punishment was disciplinary. Studies in the United States have indicated that the main reason reported for child abuse were cases of enuresis and encopresis.2

The risk factor of drinking alcohol also contributes to violent behavior. Approximately half of all victims of homicide have been reported with high alcohol blood levels.14 The studies of Dukarm4 have confirmed this hypothesis. Similarly to use of drugs, the traffic of drugs has been, in many aspects, associated with increasing violence. In our study, there were 7.6% of cases reported with substance abuse and 25.8% of cases of alcoholism.

With respect to the instrument used in cases of aggression, we identified that most aggressors had used their own hands. In a study with 1,146 North-American couples, 73% reported the use of violence, at one point in their lives, with their children, out of which 58% had struck or spanked their children, 13% had used varied objects, 5% had thrown something at the children, and 3% had kicked, bit, or punched the children during the year prior to the study.10

The Children’s Hospital of Columbus, Ohio [and of Texas], in 1987, reported that the 5 main causes of death due to child abuse were related to physical abuse. The reasons for hospitalization mentioned were skin trauma (38.9%), head trauma (12.5%), burn (10%), and fractures (7%), among others.10 The causes of intentional lesions reported in that study are described in Table 2. Moreover, in that same study, children most often presented with lesions to the areas of the buttocks and the hips. A more serious concern of the study had been the lesions to the head and face. Lesions to the head, despite representing 1% of all abuse-related lesions, are responsible for a disproportionate number of deaths due to child abuse.10

In our study, children had most often presented with lesions to the head and face. The majority of children, however, had presented with injuries to multiple body parts.

We observed a prevalence of hematomas over other types of lesion. About 14% of children had presented more than one type of lesion and 7.1% had not presented visible marks of abuse. Injuries to multiple body parts occurred in 64.9% of cases, out of which only 17.8% sought medical assistance and 5.8% had resulting lifelong sequela.

According to the literature, lesions due to physical abuse included bruises (39%); abrasions, lacerations, and scratches (21.4%); other skin trauma (19.7%); burn to the head (2.3%). Other types of lesion, the body part affected, and the type of instrument used varied according to age and race of children, but not according to sex.10
Poverty and racism were risk factors associated to intentional injuries. Situations of stress related to economical survival, to large family size, to limited job options, and to racial barriers play a significant role in affecting the emotional status and the behavior of a person.14 Based on the data hereby presented, it is possible to conclude that violence and its consequences represent an important issue that needs to be addressed by the healthcare community. It is not possible to ignore the problem, but it is possible to contribute to its solution with preventive, therapeutic, and research measures. We also concluded that there is a pressing need for more research in the field.

After our survey, we concluded that: (1) most child-abuse victims are biological and firstborn children aged 5 to 11 years and with level of formal education compatible with their age. Different body parts were reported affected at admission and there was a prevalence of cases of hematomas; (2) mothers were the main aggressors, and normally used...
their hands; setting limits for the children was the main reason for physical punishment; (3) due to the limitations imposed by the increased number of unreported cases of abuse and to the regional characteristic of our sample, it is not possible to present general conclusions; we considered only the cases related to child abuse and reported in the SOS Criança program.

References


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