

BRIEF REPORT: Parent Composition And Risk Of Physical Harm For Children With Developmental Delays Reported For Maltreatment

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Abstract

The literature on physical harm to children with developmental delays who are reported for child maltreatment suggests some increased risk for those living with step-parents (mostly male). The present study selected the 666 cases identified as having development delay of the 7,672 cases sampled in the Canadian Incidence Study of Reported Child Abuse and Neglect. The analysis explored the relationship between a single variable, presence or absence of physical harm, and five types of parent composition. Results indicated no differences in the expected rates of physical harm among two biological parents, one biological parent and one step-parent, and one biological parent and another parent figure. There were also no differences between rates of physical harm for two parent families and one male parent families. Rates of physical harm were significantly lower, however, in one female parent families. Since most children live with two permanent parent figures or one female parent, most cases of physical harm occur in these settings. On the whole, this analysis provides support for the view that children with developmental delays who live with non-related male parent figures or male single parents are not at special risk for physical harm.

Children with developmental delay are more likely to experience maltreatment than children who do not have delays (see Fudge Schormans & Brown, this issue for a detailed review). The analysis by Fudge Schormans and Brown indicated that maltreatment is most likely to occur in the family home and that the perpetrators are most commonly the children's caregivers, especially biological parents. Very little information is available regarding the degree to which such children experience physical harm, and no specific information is available in this regard for children with developmental delay (Perry, 1995). Further, data on the rates of physical harm,

including death, that result from child maltreatment in the general population have not been without methodological problems (Stiffman, Schnitzer, Adam, Kruse & Ewigman, 2002). Those data that are available suggest increased vulnerability for step-children and elevated rates of harm in step-families (Daly & Wilson, 1996; Perry, 1995). Contrary to some reports in previous decades, a recent report from the United States (Stiffman et al., 2002) suggested that children who reside in households with single parents in the general (non-disabled) population are not at increased risk of harm, but that children who live with adults unrelated to them, primarily adult males, were 8 times more likely to die from effects of maltreatment than children in households with two biological parents. Such reports suggest that there may be an interesting relationship between physical harm to children with and without disabilities who experience maltreatment and household parent composition, such as biological parents, step-parents, other parents, and single parents.

An opportunity to explore this question for children with developmental disabilities arose from the availability of data from the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) (Trocmé et al., 2001). An initial exploration of this data revealed that only one of 7,672 children sampled in that study experienced harm serious enough that it resulted in fatality. However, other types of physical harm, five types of parent composition, and developmental delay were recorded as variables. The purpose of this analysis, then, was to examine the relationship between physical harm experienced by children with developmental delay reported for maltreatment and five types of parent composition: two biological parents, one biological parent and one step-parent (or permanent partner), one biological parent and one other, one male parent, and one female parent.

Method

The CIS sampled 7,672 cases of reported child maltreatment in Canada (for a full explanation of sampling, see Fudge Schormans & Brown, this issue). Of these, the 666 cases for which children were identified as having developmental delay were selected for the present analysis.

The children ranged in age from less than a year to 15, with a mean age of 7.20 (SD=4.26). Consistent with gender distribution reported for children and adults with developmental disabilities, boys were slightly over-represented at 60.73% of the sample. Ethno-cultural heritage was reported as follows: 70.9% white, 18.1% aboriginal, 4.5% Asian, 3.3% black, and 3.1% other. Family income was \$15,000 or less for 35.0% of the children, and \$15,000-\$40,999 for 33.2%. This income came from benefits for 57.7% of the children's families, from full or part-time employment for 36.3%, and from unknown or other sources for 6.1%. More than two-thirds of the children's families (68.9%) lived in rental housing, 17.0% lived in purchased houses, 11.7% lived in a variety of other accommodation, and housing for 2.4% was

unknown. Of the 666 children, 211 had two biological parents, 115 had one biological parent and one step-parent (or permanent partner), 25 had one biological parent and one other, 35 had one male parent, 226 had one female parent, and the remainder fell into other categories. The main family caregivers were women for 82.8% of the children and biological mothers for 75.5%, indicating that step-parents or other adult parent figures were most likely to be male rather than female.

Physical harm was recorded by the CIS as one of six sub-categories: bruises/cuts/scrapes, burns and scalds, broken bones, head trauma, fatality, or other health conditions. Because the numbers of children who experienced each of these sub-types of physical harm was small, the data were collapsed into one general category.

Results

The number and percentage of children in the sample who were reported to have and not to have experienced physical harm for each of five parent composition types is shown in Table 1. The relationship between physical harm and parent composition type was explored through constructing a series of cross-tabulations and testing with chi-square. No significant differences from expected frequencies were found in any of the three combinations of two-parent types, and, as a consequence, these were collapsed. Two-parent families were then contrasted with one male parent families and one female parent families. No difference from expected frequencies was found for the former, but physical harm was less likely to occur in one female parent families than in two-parent families ($X^2=9.04, p=.003$).

Table 1: Number And Percentage Of Children With Developmental Delays Reported For Child Maltreatment For Five Types Of Parent Composition

<i>Parent composition type</i>	Physical harm		No Physical harm	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Two biological parents ¹	50	23.70	161	76.30
One biological parent, one step-parent ²	27	23.48	88	76.52
One biological parent, one other ³	9	36.00	16	64.00
One male parent ⁴	8	22.86	27	77.14
One female parent ⁵	32	14.16	194	85.84

¹*n*=211 ²*n*=115 ³*n*=25 ⁴*n*=35 ⁵*n*=226

The question of the degree to which male caregivers who are not blood relatives might influence physical harm to children with developmental delays reported for maltreatment was explored in more specific analyses. Twenty step-fathers (21.28% of the 94 step-fathers) and 9 "other" male caregivers (47.37% of all "other" males) were in the homes of those children who experienced physical harm. However, only 4 step-fathers (4.26% of all step-fathers) were identified as perpetrators of maltreatment that caused physical harm (no data was available for how many of the 9 "other" males were perpetrators). This compared with 158 biological mothers (28.48% of all biological mothers), and 110 biological fathers (41.83% of all biological fathers) who were identified as perpetrators of maltreatment that caused physical harm.

Discussion

This analysis of the relationship between physical harm and parent composition suggests four important things for children with developmental delay who are reported for maltreatment: 1) because most children live with one female parent or two permanent parents (including step-parents), most of the reports of physical harm come from these living situations; 2) having a step-parent (or permanent partner) may not represent a different level of risk for physical harm from having two biological parents; 3) having one male parent may not indicate a different level of risk for physical harm from having two parents; and 4) having one female parent may represent a reduced risk for physical harm from having two parents.

It was interesting that the increased risk for physical harm by non-related males suggested by Stiffman et al. (2002) for children in the general population in the United States was not supported by this analysis for Canadian children with developmental disabilities, nor was there any indication that having one male parent represented any increased risk for harm over having two parents (with the biological mother, typically, as the main caregiver). The explanation for this may lie in the fact that physical harm in this study referred to several conditions, most of which were not life-threatening (e.g., burns and scalds; bruises, cuts and scrapes). It is possible too that the data on fatalities reported by Stiffman et al. over-reported the role of other males, and/or that the data on maltreatment collected in the CIS under-reported the role of such males because they were typically not the main family caregivers. There may also be cultural differences in the populations studied.

Future research might explore in more detail the relationship between family composition and specific types of physical harm. Other factors, such as age or gender of the child, child characteristics, or parent characteristics that may influence the relationship between physical harm and family composition should also be explored. In the meantime, though, this analysis supports the view that there seems to be no reason to consider children with developmental delays who live with non-related male parent figures or male single parents to be special risks for physical harm.

References

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