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Peace Officer Standards and Training Academy

Michael N. Becar, Director

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## Evaluating the Cultural Sensitivity of Child Abuse

By Lisa Fontes, PhD

**R**esearch into all forms of child maltreatment varies widely in the quality of its attention to the effects of culture. This article provides guidelines to help readers evaluate the cultural sensitivity of research on child abuse. In the interests of space, this discussion is limited to key questions of culture and sampling.

### Identifying the Sample

Readers should first check the article in question to see which cultural groups are being discussed. Even today, studies are published that fail to report the culture of the sample. Studies that do not identify the culture of the participants are of limited use because readers cannot know to whom the results are applicable. A research report that fails to identify the cultures of the participants should be as unthinkable as one that fails to identify the gender or age of the participants. Child abuse research cannot be divorced from the culture of the families involved, including their child-raising beliefs and practices, their relationship to wider systems such as schools and social services, and their comfort in participating in research.

Early research on child abuse often used all white samples to “control for ethnicity” (Herman, 1981), engaging in what Hardy (1993) has labeled the “conventional theoretical myth of sameness.” This involved acting upon the mistaken belief that all families are the same, irrespective of race, class or culture, and using White families as the model. The results of a study consisting of members of only one cultural group must be assumed to be applicable to that cultural group alone, unless there is compelling evidence as to why it is possible to extrapolate the results to members of different groups.

As long as it does not lead to over-generalization to other groups, culture-specific (monocultural) research can be useful. It is more apt to detect within group differences than cross-cultural research. In depth culture-specific research can result in information-rich descriptions of the phenomenon being studied, and it may be especially well-suited to detecting vulnerabilities, strengths, and the sequence of events related to abuse for members of a specific cultural group. For example, a study on Puerto

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### LOOK FOR

Thoracoabdominal Trauma in Child Abuse

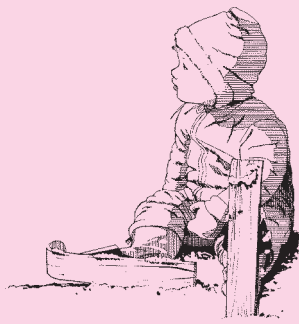
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# Thoracoabdominal Trauma in Child Abuse

By Dirk Huyer

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*If you would like to contribute an article or have any questions or comments regarding PROTOCOL, please write to P.O. Box 700, Meridian, ID. 83680 Attn. Vicki Pence*

Inflicted thoracoabdominal injuries are relatively uncommon but represent a serious source of morbidity and mortality in childhood. Blunt thoracoabdominal trauma accounts for the majority of injuries. Penetrating injuries are less common, although a higher incidence of such injuries in urban settings has been reported. Abdominal injuries are second only to head injuries in causing death in inflicted childhood trauma. Between 0.5 and 8% of physically abused children suffer serious abdominal injury, with a 40-50% mortality rate. While serious inflicted thoracic trauma is observed less frequently, a 40-50% mortality rate has also been reported.

High mortality rates in cases of inflicted thoracoabdominal trauma may be explained in a variety of ways. Delay in medical treatment results from delay in presentation, inaccurate or misleading historical information provided by parents, and lack of information from the child. Because these features are frequently coupled with a lack of obvious external injury, a high index of suspicion is required.

Mortality rates are higher also because of unique anatomical and physiologic features of children. With smaller blood volumes, significant difficulties may occur from hemorrhagic injuries, especially when the proportionately larger size of pediatric organs is considered. Both the abdomen and the thorax are relatively small, with close proximity

of major organs. A single blow may involve more than one organ, with greater consequences than in an adult. The abdominal wall offers limited protection because the muscles are less developed and only a small layer of fat is present. The thoracic wall muscles are similarly less developed, with flexible cartilaginous ribs allowing greater compressibility. These features allow for transmission of large forces to the structures within the cavities, often without evidence of external trauma.

Serious thoracoabdominal injuries result from significant force. The majority of similar accidental injuries result from falls from a great height and from motor vehicle accidents (with the child as a pedestrian more commonly than as a passenger).

## **Abdominal Trauma**

Blunt abdominal injuries result when forces are produced (1) from direct blows, such as a punch or a kick; or (2) from indirect shearing forces generated during rapid deceleration of the body, as when a child is thrown across a room and hits a wall.

Direct blows crush organs against the immobile vertebral column or the lower rib cage with resultant laceration and hemorrhage. The hollow visceral organs (the stomach and intestine) filled with food, liquid, air, or stool. A direct blow compresses the contents,

leading to sudden over distension, with rupture spilling the contents into the abdominal cavity. With rapid deceleration of the body, internal partially mobile organs continue in motion with resultant tearing of the intestinal mesentery.

In accidental abdominal trauma, single solid organ injuries are more frequently observed whereas in abusive injuries hollow viscus injuries are more common, although overlap exists between the two. The kidney, spleen, and liver are most frequently injured in accidents. In contrast, kidney and spleen injuries are infrequent in inflicted trauma, with the liver being the most common solid organ injured. Pancreatic and mesenteric injury are not uncommon in cases of abuse. Improved imaging studies coupled with increased awareness have shown that nonfatal abdominal injuries may be more common than previously reported and at times are asymptomatic. This is not surprising because one of the classical findings in child abuse is the discovery of occult injuries.

### **Hollow Viscus Injury**

Gastric rupture from abusive trauma has been reported. It maybe more likely to occur in children who suffer direct blows soon after a large meal. Children present in serious condition with substantial free air demonstrated on the plain abdominal radiograph.

Intestinal injuries are relatively common in children who suffer abusive injuries to the abdomen, with the small intestine being the most common location for these injuries. Perforations of the small intestine are seen most often in the jejunum (60%) with 30% in the duodenum and 10% in the ileum. The frequent finding of damage in the duodenum and the jejunum, typically close to the Ligament of Trietz, suggests that the proximal small intestine is more susceptible

to compression injury because of its fixed location. Deceleration forces or direct local traumatic blows are likely to be responsible for intestinal injuries in those portions suspended by mesentery.

The signs of intestinal perforation in a child are frequently subtle with a variable delay in the appearance of symptoms. Pneumoperitoneum is seen on plain radiographs of the abdomen only in a minority of children with intestinal perforations because early sealing

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of the perforation may occur. If clinically stable, the most sensitive radiographic view to detect pneumoperitoneum is an upright chest film. CT scan may assist in establishing the diagnosis, although false negative examinations do occur. Discovery of intraperitoneal fluid on CT scan, in cases of suspected abdominal trauma without evidence of other injury, is suggestive of a sealed hollow viscus perforation. The most reliable indicator of perforation is repeated clinical examinations looking for the development of peritoneal irritation.

Intramural hematoma of the intestine are frequently the result of inflicted abdominal injuries. Without definite history of blunt trauma to the upper abdomen, duodenal hematoma are highly suspicious for child abuse. Located

in a fixed position close to the vertebral column, the duodenum is susceptible to crushing injuries with resultant intramural hematoma.

The clinical picture is one of vomiting, often bilious (dehydration may occur), abdominal pain, and tenderness without other observable abnormality. Appearance of some symptoms may be delayed following the injury with delays of one hour to 2.5 days reported. Because of the close association of the pancreas with the duodenum, concurrent injury is not uncommon and amylase levels should be measured. Upper GI (gastrointestinal) series is the gold standard for diagnosis of intramural hematomata. Ultrasound and CT scans may also demonstrate these. Hematoma of the intestine distal to the Ligament of Trietz are typically located at the mesenteric borders, frequently with accompanying mesenteric hemorrhage.

### **Pancreatic Injuries**

Pancreatitis in children is uncommon and should raise the question of trauma, although medical causes should be considered. Because the organ is deeply situated in the abdomen, injury is uncommon, although its fixed position immediately anterior to the vertebral column makes it susceptible to deep crushing injuries. Isolated accidental pancreatic injuries have been reported following falls onto small objects such as, bicycle handlebars. Severe pancreatic trauma may result in complete transection of a portion of the organ.

Clinically, abdominal pain, vomiting, and fever are seen with pancreatic injuries. These symptoms may gradually develop after the injury, leading to occasional delay in presentation. Epiga tenderness with an accompanying abdominal trauma may be found.

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Serum and urine amylase levels are significantly elevated. With severe trauma transactions, chemical peritonitis may result in serious clinical implications.

Most pancreatic pseudocyst in the pedio age group arise after blunt trauma to the abdomen. Abdominal pain, fever, vomiting, elevation of urinary and serum amylase levels, and the presence of an abdominal mass are the presenting clinical features. The time interval between injury diagnosis may vary from six days to 16 weeks .

In acute pancreatitis, ultrasound often reveals enlargement of the gland owing to edema. Ultrasound allows invasive repetitive evaluation of pancreatic tissue and for early diagnosis of pseudocyst formation. Spontaneous resolution pseudocyst occurs and is well documented in ultrasound. Computed tomography of the abdomen clearly delineates the pancreas and any, accompanying pseudocyst.

### Liver Injuries

The liver is the most commonly injured organ in cases of inflicted abdominal trauma. The organ is injured by a direct crushing blow, although decelerating injuries occur. Lacerations of the liver parenchyma result from direct trauma with resultant hemorrhoid. Decelerating injuries may result in damage to anterior of ligamentous attachment with vascular dislocation. Vascular injury and significant parenchy lacerations may lead to serious blood loss and death prior to hospital arrival. Bile duct injury has been reported. In accidental injuries, the right lobe is frequently injured contrast to the frequent left lobe injury in abrupt trauma. This finding represents trauma from anterior abusive blow.

In cases of serious liver injury, the child, present in shock with marked intraperitoneal bleeding. Abdominal distention may be found as well as decreased or absent bowel sounds. Pain in upper right abdomen coupled with tender enlargement of the liver may be observed if the child, conscious without other significant intra-abdominal injury. Minor liver injuries may present asymptomatic.

Elevation of liver function tests (SCSGPT) may predict the presence of liver injury. Plain

*The thorax of the child is compliant because the ribs are pliable. Because of this compliance, substantial and likely more injurious force is required to deform and fracture the ribs.*

abdominal radiographs may onstrate gross abnormalities in the liver size shape as well as rib fractures. Computed tomography is the most sensitive non-invasive technique to assess for hepatic injury and allows survey of the entire abdomen and retroperitoneum. Scintigraphy in the form of liver-spleen scanning was previously used to assess for injury but anatomical detail is poor. Ultrasound may identify hepatic hematoma but often misses small lacerations, although it has proven useful in following the progression of liver lesions.

### Kidney and Spleen Injuries

The kidneys are the second most commonly injured solid organs in abusive abdominal trauma. These likely result from direct blows

to the flanks as well as decelerating forces. Children may present with flank pain and tenderness with an accompanying mass and external bruising. Hematuria is generally present in cases of renal trauma and the quantity of blood may be predictive of the seriousness of injury.

CT scans reveal the range of renal abnormalities, delineating the extent of parenchymal damage, perirenal hematoma, extravasation of urine, and renal vascular damage. Ultrasound and intravenous pyelography also have a role in imaging of renal injuries.

Splenic injuries, while common in accidental abdominal injuries, are uncommon in abusive injuries. Left upper quadrant pain and tenderness will likely be present, often accompanied by left shoulder referred pain. Plain films may document rib fractures, and displacement of the stomach medially. CT scanning of the abdomen typically delineates splenic injury.

### Thoracic Trauma

Inflicted thoracic trauma represents 1 to 8% of traumatic thoracic injuries in childhood. Rib fractures are the most common finding of inflicted thoracic trauma. Underlying injury to the thoracic viscera, while reported, is uncommon.

Rib fractures represent 5% to 27% of all fractures found in child abuse with the majority found in children less than two years of age. They are frequently occult injuries discovered on skeletal surveys or through review of chest x-rays done during illness evaluation. Acute fractures, especially when posteriorly located, may be difficult to detect on plain films. Bone scintigraphy may prove beneficial in these situations.

With anterior posterior compression of the chest, the ribs are levered over the transverse

## Continued from page 4

spinous process with fracture along the posterior rib arc if sufficient force is applied. In abuse, the fractures are predominantly posterior, with lateral fractures and anterior costochondral injuries less common. Because of the anterior rib growth, injuries in this area may be difficult to detect. While front-to-back squeezing of the chest, often associated with shaking injuries, is likely the most common cause of abusive infant rib fractures, direct blows should also be considered.

The thorax of the child is compliant because the ribs are pliable. Because of this compliance substantial and likely more injurious force is required to deform and fracture the ribs. In contrast adults, CPR (cardiopulmonary resuscitation) has not been shown to cause rib fractures even when performed by inexperienced personnel.

In one study, when charts of children with traumatic thoracic injuries were evaluated, 32% of these were found to have rib fractures. The presence of rib fractures was a marker for greater injury severity and increased mortality. Of those with rib fractures, 21% were the victims of intentional trauma, with 63% of the fractures in the under three age group abusive in nature. A second study which reviewed charts of children admitted for rib fractures found that 24% were abuse victims. In the much younger child abuse group (mean age of three months compared with 8.6 years) the average number of fractures was 11.8 (range 3 to 23) compared with 3.5 (range 1 to 8) in the non-abuse group.

In light of the frequency of abusive rib fractures and the occult nature and the increased mortality of inflicted thoracic injuries, a skeletal survey should be done in all suspicious infant and early childhood deaths.

## Other Thoracic Injuries

Pneumothorax and hemothorax may follow abusive injuries but are rare. A large cylothorax was reported following disruption of the thoracic lymphatic drainage accompanying posterior rib fractures. Multiple other fractures were also present.

Pulmonary contusion is one of the most frequent intrathoracic injuries found in accidental pediatric chest trauma. This complication, while uncommon, does occur with abusive injuries. If medical attention is not sought, infection of the area of contusion may occur, and if severe may cause significant illness or death.

Cardiac contusions may occur but are rarely clinically significant when found in accidental trauma. An ECG, echocardiogram and CPK-MB may prove helpful diagnostically if significant concern exists. A ventricular septal defect and conduction system

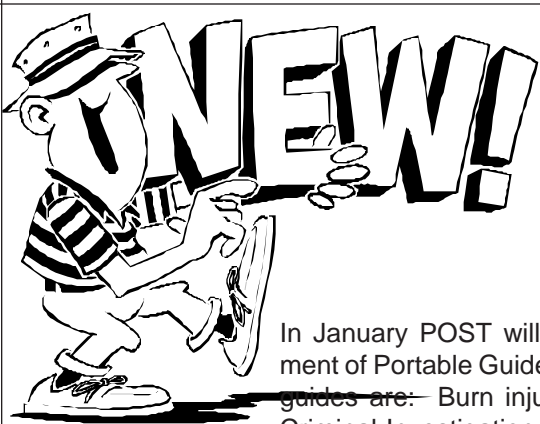
abnormalities have been described secondary to inflicted trauma.

Inflicted pharyngeal and esophageal perforations have been reported. Clinically, these children develop subcutaneous emphysema and mediastinal collections demonstrated by chest x-ray findings of mediastinal widening and/or pneumomediastinum. Forceful insertion of an object (likely a penis in one case) is the probable mechanism of injury.

## Conclusion

Inflicted thoracoabdominal injuries, while infrequent, have significant morbidity and mortality. A high index of suspicion is required in order to reach the correct diagnosis both in the emergency room and the autopsy suite.

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**Portable Guides Available From POST in January, 1998.**

In January POST will have the second installment of Portable Guides available. The two new guides are: Burn injuries in Child Abuse, and Criminal Investigation of Child Sexual Abuse.

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# Killing Children by Fire

## Filicide: A preliminary Analysis

by Timothy G. Huff

Federal Bureau of Investigation

National Center for the Analysis of Violent Crime

FBI Academy, Quantico, Virginia

Smoke and flames boiling from the side bedroom window of an occupied dwelling were spotted early one morning by a neighbor on his way to work. By the time the fire department arrived in the lower middle class neighborhood, clusters of people were standing in the front yard. Some were watching the spreading fire, while others were huddled around a young man and wife, embracing them in turn. Fire officials soon learned that two children were trapped in the house and had perished in the flames. Their parents, the young couple, had survived the fire without injury.

This tragic scene is repeated over and over in the United States every year: a seemingly accidental fire claims the lives of innocent children. Yet, in some cases, the tragedy has an even darker side—the parents deliberately killed their children.

Murder by fire is one of society's most heinous crimes. Although it's especially painful when the victims are children, it's almost incomprehensible when the killers are the children's parents. Of all the ways to die, death by fire may be the worst.

Filicide refers to cases in which the murderer is a parent of the

victim. Filicide by fire (using fire as the instrument of death) appears to be an emerging phenomenon. This hypothesis is based on observations by analysts at the Arson and Bombing Investigative Services Subunit (ABIS), a component of the National Center for the Analysis of Violent Crime (NCAVC), located at the FBI Academy in Quantico, Virginia. The ABIS unit is staffed by personnel from the FBI and the Bureau of Alcohol, Tobacco and Firearms (ATF). They analyze unsolved serial arsons, bombings, and undetermined fire death cases from departments nationwide.

Although this article is predicated on eight cases involving death to children, an additional six cases discussed with field investigators indicates this phenomenon may be widespread and underreported. Investigators should be alerted to this type of homicide, as it can certainly go undetected.

Currently, the NCAVC receives two or three cases annually that deal with filicide by arson. ABIS analysts agree that only a fraction of the total cases are submitted for analysis, while an undetermined number go undetected. This is based upon the fact that many arsons go undetected

and are considered accidental fires. Killing one's own children is such an unnatural and horrendous act that it may leave some guilty parents above suspicion.

As with any crime, the motives for this kind of murder vary:

**1. Unwanted child filicide.** These murders were committed to remove a perceived obstacle; to get rid of a nuisance. Some parents viewed their children as a wall between them and their spouse or lover. They believed if the children were removed, the adults could reconcile their difficulties and live happily. In one case, a single mother wanted to marry her boyfriend but he didn't want to be burdened with her young children. The mother removed the burden in order to be with her lover.

**2. Acutely psychotic Filicide.** Some parents were psychotic, such as a single mother who, while severely depressed, stabbed her three small children to death and then set their apartment on fire.

**3. Spouse revenge filicide.** An estranged husband decided to deprive his wife of the thing she treasured most, her child. He did so by the use of fire.

**4. Murder for profit filicide.** Parents took out large life insurance policies on their children not long before they died in a fire.

## Indicators

Authorities may not be suspicious of these kinds of cases for various reasons. The responsible department may not thoroughly investigate, presuming instead that the child was playing with matches and caused the fatal fire. Also, the natural response is to feel compassion for the parent and sadness for the children. This reaction could override what might otherwise raise suspicion in the minds of investigators.

While no single indicator can be presumptive of a crime, common elements were found in the cases reviewed at the NCAVC. These are:

## *Victims*

1. The children were young, usually pre-school age, but rarely older than seven or eight. Older children are less likely to share a bedroom or more likely to escape and report what happened. Perhaps older children are viewed as being less disposable or vulnerable.

2. The fire took place at night or early in the morning, between 4-7 a.m., when children were still asleep in their beds. In cases in which the fire itself was the instrument of death, the children were sleeping. Presumably, their killers wanted to be sure the children were trapped in their bedrooms and would not be alarmed as the firesetting activity occurred.

## *Crime scene*

3. In some cases, the children may already have been shot, stabbed, or strangled to death. The killer staged the scene, positioning the children so they appeared to have died in their sleep. Whatever the scenario, the parent(s) claimed to be awakened by the smoke or sound of the fire.

4. Flammable liquid such as gasoline was frequently used to start the fire so the intended job could be done quickly and efficiently.

## *Parents' statements*

5. The parents stated they were in bed when the fire occurred. This gave the adults a very logical alibi, accounting for their whereabouts at the critical time when the fire occurred.

6. Rescue attempts by the adults were fainthearted. The would-be rescuers displayed no signs of prolonged or dangerous exposure to heat. The eyes were not puffy or watering from excessive time spent in a smoke-filled environment. The skin on the face and hands was not severely reddened or burned. Hair and eyebrows were not singed. In short, the claim of heroic or desperate rescue attempts did not match the appearance of the person.

7. The parents' behavior was inappropriate. In conversations with sympathetic neighbors at the scene, they spoke very little about the victims, instead discussing other aspects of loss from the fire and making declarations about the future. It is important to distinguish between grieved parents in shock and disbelief at their tragic loss and those who deliberately killed their children. The latter displayed little in terms of personal devastation.

8. The parents may not be dressed as one would expect. They claim to have leaped from bed, tried to rescue the children, and then found themselves in the front yard with a crowd of people. In several cases, the parents were fully clothed when witnesses arrived, despite the early hour and the nature of the emergency.

9. Careless comments may be made hours or days later by the guilty. Remarks such as, "Now we can get on with our lives," or "Now I am free to do as I wish," may be heard by friends or neighbors. Similar remarks may be made before the fire, too.

10. The family was already known to social service or child welfare agencies through previous referrals for neglect or other charges.

11. The parents rarely owned their own home. Mobile homes were the most common residence.

12. The parents were in their mid-20s to mid-30s.

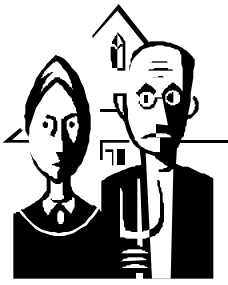
All, or even most, of these factors may not be present in every case of filicide by fire. Conversely, no single factor alone would necessarily raise suspicions. However, collectively they may be considered as indicators of a situation requiring further inquiry.

## Conclusion

Cases examined by the NCAVC and brought to the analysts' attention suggest that a sufficient number of filicide by fire cases exist around the country to justify alerting investigators. More cases need to be examined to sharpen profile criteria and perhaps add additional factors.

If you are familiar with a case having similarities to those mentioned, please contact me at the FBI Academy, Investigative Support Unit, 703-640-1216 or 1-800-634-4097. All cases received will be compiled into a formal study.

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# VIOLENT FAMILIES AND YOUTH VIOLENCE

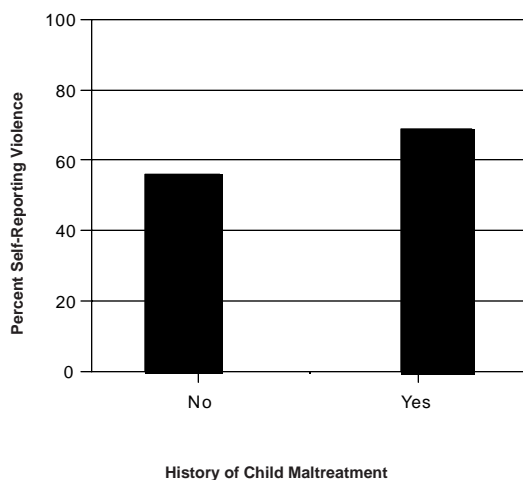
By Terence P. Thornberry

Compared to other industrialized nations, America's rates of Criminal violence are unacceptably high. Pervasive violence adversely affects our streets, schools, work places, and even our homes.

While we have come to recognize the extent of family violence, we know much less about its consequences, particularly its effects on children growing up in violent families. This fact sheet examines this issue for one outcome, involvement in violent behavior during adolescence. It address two questions.

First are children who are victims of maltreatment and abuse during childhood more apt to be violent when they are adolescents? And second, are children who are exposed to multiple forms of family violence-not just maltreatment-more likely to be violent?

Figure 1-Self-Reported Violence



## METHODS

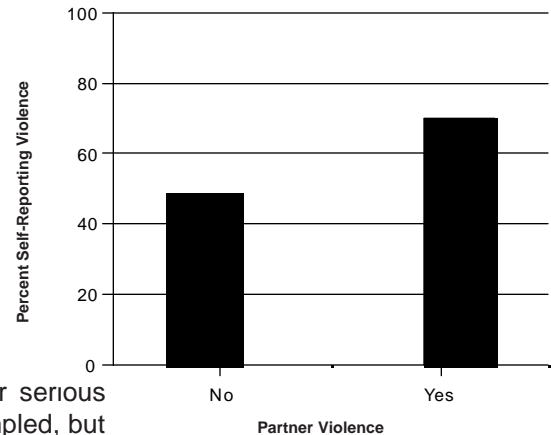
Data from the Rochester Youth Development Study are used in this analysis. This ongoing study of delinquency and drug use began with 1,000 7th and 8th grade students attending the public schools of Rochester, New York in 1988.

Youngsters at high risk for serious delinquency were over sampled, but the data presented here are weighted to represent the cohort of all 7th and 8th graders. The youths and their primary caretaker were interviewed every six months until the adolescents were in the 11th and 12th grades. Students who left the Rochester schools were also contacted, The overall retention rate was 88 percent.

In addition to personal interviews, the project collected data from schools, police, social services, and related agencies.

Delinquency is measured by self-reports of violent behavior. Every six months the interviewed youths indicated their involvement in six forms of violent behavior, ranging from simple assault to armed robbery and aggravated assault. The measure used in this analysis is the cumulative prevalence of such behavior over the course of the interviews.

Figure 2-Self-Reported Violence By Partner Violence

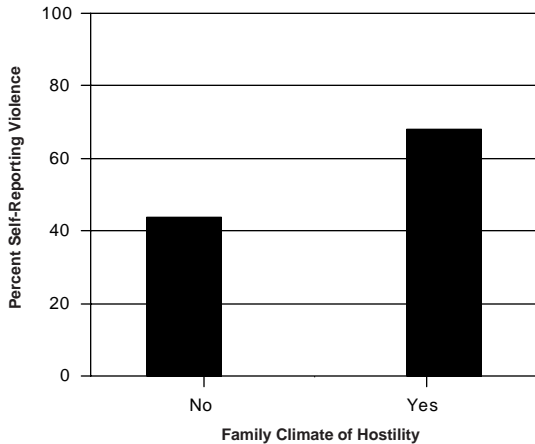


## CHILD MALTREATMENT AND DELINQUENCY

Practitioners and researchers have long been interested in whether early childhood victimization is a significant risk factor for later involvement in violence. To examine this issue, information was collected on maltreatment from the Child Protective Service files of the Monroe County, New York, Department of Social Services for all the study subjects. Maltreatment includes substantiated cases of physical or sexual abuse or neglect. To examine prior victimization as a risk factor for later violence, we have considered only those instances of maltreatment that occurred before age 12.

Sixty-nine percent of the youths who had been maltreated as children reported involvement in violence as compared to 56 percent of those who had not been maltreated (figure 1). In other words, a history of maltreatment increases the chances of youth violence by 24 percent.

**Figure 3 - Self-Reported Violence By Family Climate of Hostility**



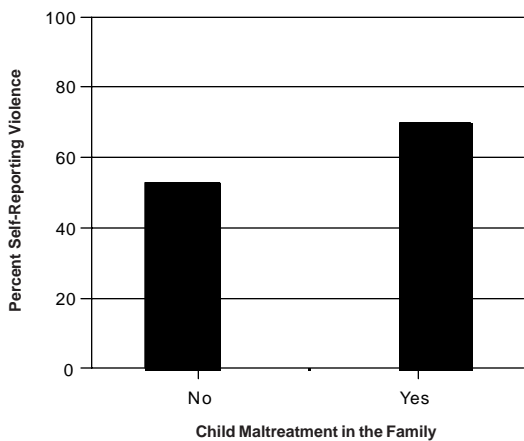
Other analyses of these data indicated that maltreatment is also a significant risk factor for official delinquency and other forms of self-reported delinquency; for the prevalence and frequency of delinquency; and for all these indicators when gender, race/ethnicity, family structure, and social class are held constant.

**MULTIPLE FAMILY VIOLENCE**

If direct childhood victimization increases the likelihood of later youth violence, does more general exposure to family violence also increase the risk? To address this question, three different indicators of family violence were examined: partner violence, family climate of hostility, and child maltreatment.

Partner violence was measured by the Violence Subscale of the Conflict Tactics Scale. It was

**Figure 4 - Self-Reported Violence**



based on parent interview data and indicates the level of violence between the subject's parent and his or her spouse. The family climate of hostility sale-also taken from the parent interview-measures the extent to which there was a) generalized conflict in the family and b) family members physical fought with one another. The child maltreatment measure is similar to the one used earlier, but now includes cases of maltreatment in which any children in the subject's family are victimized, not just the study participant.

Figures 2 through 4 demonstrate that, for each type of family violence, adolescents who live in violent families have higher rates of self-reported violence than do youngsters from non-violent families. The results for partner violence illustrate this finding. Seventy percent of the adolescents who grew up in families where the parents fought with one another self-reported violent delinquency as compared to 49 percent of the adolescents who grew up in families without this type of conflict. Similar patterns can be seen for the other two indicators of family violence.

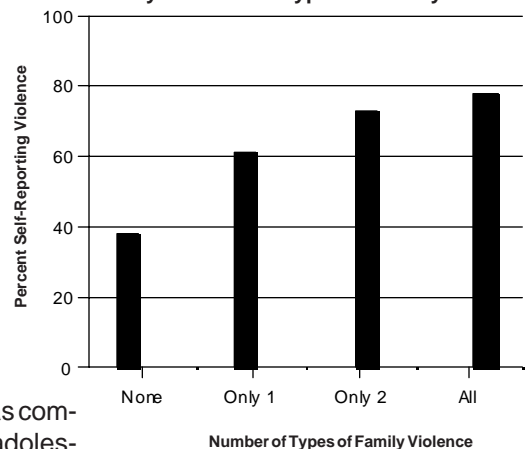
The final issue we examined was the consequences of growing up in families experiencing multiple forms of violence (figure 5). While thirty-eight percent of the youngsters from non-violent families reported involvement in violent delinquency, this rate increased to 60 percent for youngsters who's family engaged in one of these forms of violence, to 73 percent for those exposed to two forms of family violence, and further increased to 78

percent for adolescents exposed to all three forms of family violence. Exposure to multiple forms of family violence, therefore, doubles the risk of self-reported youth violence.

**SUMMARY**

This analysis examined the relationship between family violence and youth violence. Adolescents who had been direct victims of child maltreatment are more likely to report involvement in youth violence than non-maltreated subjects, Similarly, adolescents growing up in homes exhibiting partner violence, generalized hostility, or child maltreatment also have higher rates of

**Figure 5 - Self-Reported Violence by Number of Types of Family Violence**



self-reported violence. The highest rates were reported by youngsters from multiple violent families. In these families, over three-quarters of the adolescents self-reported violent behavior. In other words, children exposed to multiple forms of family violence reported more than twice the rate of youth violence as those from nonviolent families.

Reprinted from OJJDP Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention Fact Sheet

## **Continued from page 1**

Ricans and sexual abuse (Fontes, 1993) discussed barriers to disclosure for Puerto Rican children, leading to guidelines for culture-specific prevention and intervention programs. Again, however, caution must be taken before the results of monocultural research are applied to members of a different cultural group.

Readers should pay careful attention to the terms used to label groups in research reports. When ethnically different groups within a nation are compared in cross-national studies, the groups are usually sorted according to the demographic labels of "race" or "Nationality" respectively. It is assumed that "race" and "nationality" are constructs that make sense when studying family violence. However, this is problematic. To include people of similar skin color in one category is to suggest that genetic similarities rather than culturally bonded belief systems, customs, and behavior are the predictors that best explain violence (Urquiza & Wyatt, 1994). Similarly, it is ludicrous to presume that being from a certain corner of the globe itself would predispose someone to behave in a particular way towards members of their family.

In cross-national and cross-racial comparison the actually underlying construct is usually "culture". Here I am referring to culture in its broadest sense, an encompassing "expression of self that is both objective and subjective that subsumes racial and ethnic rituals, symbols, language, and general ways behaving" (Dilworth-Anderson, Burton & Johnson 1993, p.628). It is important to acknowledge that culture evolves continually and is partially shaped by contemporary and historical contextual factors including oppression and discrimination. Group cultural differences are most meaningful when presented with ample

contextual information help explain those differences. For example, a compelling study on corporal punishment in the Caribbean not only discussed the people's beliefs and behavior but also the history of slavery that may have partially shaped them.

Broad general terms like "Hispanics" and "Asian" often obscure the difference among the widely varied groups that fall under these general names. These categorization problems have been called "ethnic lumping" (Fontes, 1995). The category Hispanics, for example may include diverse peoples of Central and South American and the American southwest, descendants of indigenous, European, and African peoples, with differing degrees of acculturation, social classes, and dominant languages. In one study, the category Hispanics may consist mostly of low income Puerto Ricans who are dominant in Spanish and spend equal amounts of time on the Island and on the Mainland. In another, the same label may be used to refer to people whose ancestors have always lived in the parts of the United States that were once under Mexican control (e.g. Texas) and who speak no Spanish whatsoever. And in a third study, the category Hispanics may include people of diverse geographic origins, but exclude those who do not read in English because the study instrument was administered in English only. Researchers should make every effort to label the groups appropriately (e.g. call them Cuban-Americans rather than Hispanics) and provide sufficient contextual information for readers to be able to judge for themselves the transferability of the findings to other peoples.

### **Looking for Inter-Group Differences**

When researchers pose questions in terms of group differences, they risk exaggerating the differences among groups while

minimizing their similarities. Inter-group comparisons can also lead to ignoring the variation within any single group, engaging in what Hardy (1993) has called the contemporary theoretical myth of sameness. (p.647). Using the typical line of thinking, a report comparing Anglo, Hopi and Navajo mothers states:

In this analysis, each group was treated as an aggregate sample, rather than as a collection of individuals, in order to establish overall behavioral frequencies. A basic assumption here was that within-group difference would be minimal. (Callaghan, 1981, p. 115-131).

In fact, intracultural groups differences may be large, and may be of greater interest conceptually than intercultural group differences. For instance, a study of abusing and non-abusing parents within a specific cultural group could detect strengths that would then translate easily into culturally sensitive prevention and intervention programs.

The mistaken notion that racial or cultural groups are monolithic can pose problems in studies of child abuse among Whites as well. For example, Busby, Glenn, Steggell and Adamson (1993), describe the sample in their study on victims of physical and sexual abuse as 95% White, composed of people who sought therapy at a center at Brigham Young University. The authors fail to mention the religious background of the participants. Given that the study takes place at a Mormon university in Utah, it would be important to know if most of the participants were Mormon, and how this might influence the results. Without this important piece of contextual information, the readers are led to assume the results would apply to all Whites. Because they are the racially dominant group, Whites are often seen as culture-free or without ethnicity. When

## Continued from page 10

studied in greater depth, specific groups of White people are found to be highly influenced by cultural and systemic factors (e.g. for discussions of sexual abuse among Anglo-Americans and Jews, respectively, see Schmidt 1995, and Featherman, 1995.)

Important recent research on cultural differences in child abuse does not simply discuss rates of prevalence or severity of a given behavior in a group. Rather, it adopts a social constructionist paradigm that sees behaviors related to child abuse as resulting from culture and the social processes that affect individuals and members of groups differently - not as natural, essential characteristics of any individual or group. For example, a recent study of sexually abused Black and Latino boys sought to uncover whether previously documented differences in psychological outcomes for the boys from these groups was related to ethnic differences in the circumstances of the abuse, or to different ways of responding to the stress of the abuse (Moisan, Sanders-Philips & Moisan, 1997). This represents a crucial step in teasing out the reason for group differences. In other words, cultural difference is not somehow inherent in the bloodstream of various groups, but rather emerges from specific practices, values, and histories that can themselves be studied.

### Conclusion

As I have outlined here, careful attention to the composition and labeling of the sample is key to culturally sensitive child abuse research. Other issues that merit consideration include: definitions of the problem, composition of the research team, potential harm and benefit of the research, fit of the instrument, and the accountability of the researchers to the people who

are being studied (for discussions of related issues see Abney, 1996; Fontes, 1997; and Urquiza & Wyatt, 1994). Research in child maltreatment is moving in the direction of being more culturally sensitive, but still has far to go. I hope this article will encourage readers, researchers, and journal reviewers and editors to demand higher standards of cultural sensitivity in child abuse research.

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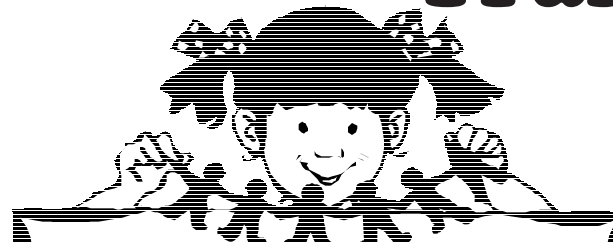
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# UpComing Training



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