

THE PERPETRATION OF FATAL CHILD MALTREATMENT: IT'S THE MEN WHO ARE BAD, RIGHT?

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ABSTRACT

Approximately 1,750–2,000 children die in the United States annually because of child abuse or neglect. Official statistics show that women are more often the perpetrators of abuse and neglect-related deaths, even though child welfare professionals largely attribute these deaths to men. Either acting alone or with another individual, mothers are responsible for roughly 60% of deaths and either together or alone, fathers are responsible for roughly 40% of deaths. Despite the consistency of this information, it is not widely accepted by child welfare workers – the professional group whose job it is to identify risk factors and to protect children from harm. Previous research shows that workers are more likely to believe that men are responsible for children's deaths and that deaths are perpetrated by non-family members. In this chapter, we explore the potential explanations for workers' misperceptions including the role of gender norms, ideology, confusion concerning how children die, and also which kinds of cases result in criminal charges and thus, shape the public's understanding of fatal child maltreatment. Incomplete and inadequate information about the perpetration of maltreatment deaths potentially puts children at risk for future fatalities. Implications for child welfare and social service professionals, their training, and practice are discussed.

Keywords: Child maltreatment; child maltreatment fatalities; perpetration; gender; criminal charge; risk factors

Victim, Perpetrator, or What Else? Generational and Gender Perspectives on Children, Youth, and Violence

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INTRODUCTION

The field of family violence and family violence research in the United States was established in the 1970s and was largely founded on a gender-based paradigm, which emphasized the victimization and exploitation of women and children at the hands of men (Dobash & Dobash, 1977; Dobash, Dobash, Cavanagh, & Wilson, 1977; Gelles, 1973; Gelles, 1976; Straus, 1974, 1976, 1980). Four decades later, the field's understanding of family violence and the role of gender is evolving. Men seek help for victimization from their female partners and domestic violence agencies increasingly provide services for individuals regardless of sexual orientation or gender identity (Douglas & Hines, 2011; Hines & Douglas, 2011; Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012). Changes across the board among family violence researchers and practitioners have not been uniform and understanding the intersection of gender and threats to children's well-being continues to lag. This chapter examines the worst outcomes of child abuse and/or neglect – child maltreatment fatalities (CMFs) – over half of which women are responsible for in the United States (U.S. Department of Health & Human Services, 2019). A substantial portion of professionals who work with children erroneously attribute CMFs to men (Douglas, 2012; Douglas & Gushwa, 2019). In this chapter, we explore CMFs, risk factors for victimization and perpetration, and the role that expectations concerning gender play in our general conceptualization of, and response to CMFs in the United States.

CHILD MALTREATMENT FATALITIES: DEFINITIONS, PREVALENCE RATES, AND GOVERNMENT RESPONSES

A CMF is defined as the:

death of a child as a result of abuse and [/or] neglect, because either an injury resulting from the abuse and neglect was the cause of death, or abuse and neglect were contributing factors to the cause of death. (U.S. Department of Health & Human Services, 2019, p. 102)

In addition to this definition of CMF, the United States Federal Government defines neglect as the “failure by the caregiver to provide needed, age-appropriate care although financially able to do so, or offered financial or other means to do so” (p. 106); and physical abuse as “physical acts that caused or could have caused physical injury to a child” (p. 107). Examples of neglect-related deaths include not seeking medical attention for a life-threatening illness or injury, not supervising children and having them fall from windows, drown in pools or bathtubs, or failing to provide adequate nutrition or shelter to a child. Examples of physical abuse-related deaths include shaking an infant, blunt force trauma to a child’s body, placing a child in scalding water or other substance, or purposely suffocating a child.

According to official statistics in 2017 in the United States, 1,720 children died from maltreatment (U.S. Department of Health & Human Services, 2010). Multiple studies have shown that CMFs are undercounted (Ewigman,

Kivlahan, & Land, 1993; Herman-Giddens et al., 1999), however, the actual number is estimated to be much higher. Also according to official statistics, 82.8% died from neglect and 41.6% from physical abuse (U.S. Department of Health & Human Services, 2019). The prevalence rates total more than 100% because children often experience more than one type of maltreatment.

CMFs are often the focus of media and government attention in the United States and other well-resourced nations (Axford & Bullock, 2005; Ayre, 2001; Barton & Welbourne, 2005; Douglas, 2009; Garstang & Sidebotham, 2008; Johnson, 2000; Munro, 2005; Nixon, Pearn, Wilkey, & Petrie, 1981; Vincent, 2010). Most often, this has been in the form of child death review teams or child death oversight panels, which produce findings and recommendation for change and prevention. In recent history, the Federal Government in the United States established the Commission to Eliminate Child Abuse and Neglect Fatalities (U.S. Commission to End Child Abuse and Neglect Fatalities, 2016). Similarly, eight states partnered to form the Three Branches Institute, which focuses on the independent and intersecting roles of the three branches of government (executive, judicial, and legislative) to respond to and prevent fatal CMFs (Three Branch Institute, 2016).

VICTIMIZATION, PERPETRATION, AND RISK FACTORS FOR CHILD MALTREATMENT FATALITIES

The research on CMFs has been growing over the last two decades (Douglas, 2016a). This research ranges in sample size and generalizability from small studies focused on individual cities, counties, or states to those using national-level datasets. Almost all of the extant literature on CMFs is quantitative in nature. The research consistently finds that most children who die from maltreatment are very young. Official statistics from the United States Government recurrently show that about 50% of victims are under the age of one and over 75% are under the age of four (U.S. Department of Health & Human Services, 2019). Research also shows that infants are at an elevated risk for a child maltreatment fatality (Anderson, Ambrosino, Valentine, & Lauderdale, 1983; Kunz & Bahr, 1996; U.S. Department of Health & Human Services, 2019). In addition to the vulnerability that comes with young age, children who have a physical disability or a medical condition are at increased risk for CMF (Douglas, 2016b). Sociodemographic factors are not the only consideration; children's temperament is also a risk factor for fatality. Children who are described as being "difficult" or who engage in provoking behaviours are at an increased risk for maltreatment fatality, as well (Brewster et al., 1998; Chance & Scannapieco, 2002; Graham, Stepura, Baumann, & Kern, 2010; McKee, 2006). It is difficult to know if such children are actually rated as "difficult" by an objective observer or if this is just a perception of the parents. On a related note, children of parents who have inappropriate expectations of their children with regard to age and children's developmental abilities, are also more likely to be CMF victims (Fein, 1979; Korbin, 1987).

The individuals who are responsible for maltreatment deaths are usually in early adulthood – under the age of 30 (Herman-Giddens, Smith, Mittal, Carlson, & Butts, 2003; Kunz & Bahr, 1996) – with the vast majority being family members (U.S. Department of Health & Human Services, 2019). Official statistics have shown for over a decade that mothers perpetrate, or are responsible, for the largest proportion of deaths (Damashek, Nelson, & Bonner, 2013; U.S. Department of Health & Human Services, 2019), this could be because women still do a larger proportion of caregiving than men (Manlove & Vernon-Feagans, 2002; Wood & Repetti, 2004). After mothers, fathers perpetrate the next largest group of maltreatment deaths, followed by parents' male intimate partners (Douglas, 2016a). The estimates for 2017 are presented in Table 1.

Table 1 shows that when combined, mothers are responsible, either alone or in combination with others, for children's deaths, 63.6% of the time. Fathers are responsible for children's deaths, either alone or in combination with others, 38.8% of the time. Research shows that when women are responsible for children's deaths, they are most likely to be caused by neglect and when men are responsible for children's deaths, they are most likely to be caused by physical abuse (Douglas, 2016a). This is not to say that women do not or cannot perpetrate physical abuse against children that is lethal, just that it occurs less often.

In addition to the information presented about perpetrators, there are also household characteristics that place children at-risk for death. This body of literature is somewhat small, but researchers have found that children who have non-family members living in their homes (Stiffman, Schnitzer, Adam, Kruse, & Ewigman, 2002) and children whose families frequently move are at an increased risk for CMFs (Anderson et al., 1983). The first author also found that among children whose families are engaged with child protective services, those who live in households where partner violence is present, housing is unstable, and in families who experience financial difficulties are more at-risk for a maltreatment death (Douglas, 2015).

Table 1. Perpetrators of Child Maltreatment Fatalities, by Relationship to the Victim for 2017.

Perpetrator(s)/Relationship to Victim	Percent
Father	15.5
Father and non-parent(s)	1.0
Mother	30.5
Mother and non-parent(s)	10.8
Mother and father	20.2
Mother, father, and non-parent	2.1

(U.S. Department of Health & Human Services, 2019).

Note: The total does not add up to 100% because the remaining 19.9% of child maltreatment fatalities are perpetrated by partner of parent, non-parent relative, other (involving parent), or other/unknown individuals which is not the focus paper.

*Differences in Case Characteristics When Perpetrator is
Mother's Male Partner*

The first author used the National Child Abuse and Neglect Data Set (NCANDS) in a recent study to examine the differences in case characteristics between when a CMF is perpetrated by a parent versus mother's male partner (Douglas, 2018). NCANDS captures every child and family in the United States who was the subject of an investigated report made to child protective services in a given year (National Data Archive on Child Abuse and Neglect, 2018), which includes all CMFs cases, since all deaths must be reported to child protective services. The data file for NCANDS contains approximately 3.5 million cases, including 1,500–1,800 CMFs, depending on the year.

The differences in characteristics between when a perpetrator is a parent versus mother's boyfriend are not substantial in number, but are important nonetheless (Douglas, 2018). In cases where children died from abuse or neglect, and the perpetrator was mother's male partner, domestic violence was more likely to be present in the household, by a factor of two. No other differences in terms of case characteristics, such as parental alcohol or substance use, parental emotional problems, or other household problems – including housing or financial problems were found. Physical abuse was almost five times more likely to be present than neglect of children. In terms of services received among fatality cases, when the perpetrator is the mother's male partner, case management services were less likely to be offered, as were mental health and substance abuse services.

MISPERCEPTIONS AMONG PROFESSIONALS

Among children in the United States who die from abuse or neglect, 30–50% of victims or their families had previous contact with child protective services before their death (Anderson et al., 1983; Beveridge, 1994; Damashek, Drass, & Bonner, 2014; U.S. Department of Health & Human Services, 2019). Other research shows that with each successive report to child protective services, children are between 8–21% less likely to die, depending on the age of the child and the type of maltreatment that has been substantiated (Douglas, 2015). In other words, child welfare professions have a substantial amount of contact with children who become fatal victims of abuse or neglect. These professionals are uniquely positioned to prevent fatal child maltreatment; further, the vast majority of workers report assessing for indicators which might raise the risk for death (Douglas, 2012). Analyses using NCANDS show that standard services provided by child welfare professionals, including family support, family preservation, foster care, case management, and court appointed services have been shown to reduce the risk for CMFs, especially in cases of physical abuse (Douglas, 2016b).

Two studies, conducted by the first author, have examined child welfare workers' understanding of CMFs: one in 2010–2011 (Douglas, 2012) and a near-replication in 2016–2017 (Douglas & Gushwa, 2019). Both studies utilized convenience samples of 426 (Douglas, 2012) and 619 (Douglas & Gushwa, 2019) child

welfare workers from across the United States. Knowledge for multiple areas of risk (including parental and household risk factors) were assessed, but in this chapter, we are only commenting on perpetrator's gender, relationship to the child, and how children die. Table 2 displays the questions asked for both Study I and Study II, the percent who showed a good understanding of the evidence on risk factors for CMF. Specifically, the table shows the percent who agreed with the statements, and the overall percent of child welfare workers who were accurate in their display of knowledge. Findings of the two studies indicated that workers had low-levels of knowledge concerning CMF risk factors. For example, 62.3% (Douglas, 2012) and 69.5% (Douglas & Gushwa, 2019) of workers (respectively)

Table 2. The Accuracy of Child Welfare Workers' Identification of Risk Factors for Maltreatment Deaths.

Statement about CMF risk factor*	Study I: 2010–2011 Survey Version	(Revised) Statement About CMF Risk Factor*	Study II: 2016–2017 Survey Version	Statement Is True/ False	% of Total Sample Who Agree	Statement Is True/ False	% of Total Sample Who Agree	Average % of Combined Samples Answering Accurately**
Mothers are the ones who are most likely to kill their children.	True	20.0	Men are most often responsible for child abuse or neglect deaths.	False	43.3	False	43.3	38.4
Children are most likely to be killed by a non-family member (such as mother's boyfriend).	False	62.3	Children are most likely to die because of non-family member (such as mother's boyfriend).	False	69.5	False	69.5	34.1
Most children are usually killed by physical abuse (as opposed to neglect or another type of maltreatment).	False	58.4	Most children usually die from physical abuse (as opposed to neglect or another type of maltreatment).	False	46.9	False	46.9	47.4

Note: The table is to be read using the first three columns of each row. For example, regarding statements about CMF risk factors, 20% of workers agreed with the statement that *mothers are the ones who are mostly likely to kill their children*. Also, when revised statements were asked about CMF risk factors, 43.3% of workers disagreed that *men are most often responsible for child abuse or neglect deaths*. The final column provides the average percentage of respondents across the two studies who accurately answered the identified risk.

*The two studies used slightly different wording to capture the same constructs. There was a concern that the use of the word "kill" in Study I might have led study participants to conclude that this meant only acts of commission and didn't include acts of omission.

**Most of the calculations in this column are reverse coded, because the majority of the questions were written as false statements, in order to avoid asking leading questions.

were likely to believe that children were killed by non-family members such as their mothers' boyfriends. Similarly, 58.4% of workers surveyed in 2010–2011 and 46.9% of those surveyed in 2016–2017 were also more likely to believe that children were killed by physical abuse than neglect.¹

Potential Reasons for Misperceptions Concerning Gender in the Perpetration of Child Maltreatment Fatalities

There are multiple reasons that contribute to the misunderstanding of who is responsible for children's death. We explore three such reasons: (1) what history and culture tell us about the roles of women; (2) how we conceptualize the line between neglect and accidents; and (3) how the criminal justice system responds to CMFs.

History and Culture in the Idealization of Women

The middle 1800s was a formative time for how women were viewed in Europe, Canada, the United States, and other countries now termed "first world nations." During this period was the rise of what has been termed "the cult of true womanhood", when women were believed to possess "four cardinal virtues—piety, purity, submission, and domesticity" (Welter, 1966, p. 152). Women were viewed as the centre of hearth and home, representing warmth and comfort, which only they could provide. This laid the foundation for what became known as the "tender years doctrine" throughout the United States, which suggested that only a woman was capable of providing the special care that young children, or children of "tender years" required.

At the same time, men have traditionally been the head of the household, assuming the provider and protector roles (Rosin, 2012). There has been a shift in gender roles with a diversion from more traditional roles to more egalitarian/liberal gender roles within the past decades (Donnelly et al., 2015). These changes have been associated with the increasing education of women, declining fertility (Cotter, Hermsen, & Vanneman, 2011), more active participation in the labour force (U.S. Department of Labor, 2013), and living in non-traditional family arrangements (Lichter & Qian, 2005). Despite these changes in gender roles within the family, women in the labour force still primarily perform the caretaker and mothering roles, especially in single parent homes or where they are the head of the household.

As a result of these cultural values, we do not easily conceptualize women as being violent (Meyer, 2009), especially towards their children, and we rarely conceptualize women as being less-than the most appropriate caregivers for children (Braun, Vincent, & Ball, 2008; Potancokova, 2009). These values and beliefs are potentially passed onto child welfare professionals, who without adequate training concerning risk factors for CMFs (Douglas, Mohn, & Gushwa, 2015; Douglas & Serino, 2013), may resort to shared values concerning gender, mothering, violence, and care-taking.

The Intersecting Areas of Child Neglect and Accidents

In addition to how we are socialized to view men and women, our societal understanding of what constitutes abuse or neglect against children has evolved over time. Shifts in thinking or conceptualization have either been because of landmark cases which caught the attention of the public or because of research findings that set new standards, such as in the following two examples. The earliest documented case in the United States is that of Mary Ellen, a young child in 1874 New York, who had a lay-social worker intervene, long before there was a child welfare system, to remove her from the care of an abusive parent (Costin, 1991, 1997; Lazoritz & Shelman, 1996; Watkins, 1990). Almost 100 years later, another landmark moment occurred when Henry Kempe and colleagues termed and described, from a medical perspective, “battered child syndrome” (Kempe, Silverman, Steele, DroegeMueller, & Silver, 1962), showing the harmful effects of severe physical discipline against a child. The kind of delineation of mistreatment is less clear in cases of neglect, because the line between neglect and accidents is usually less clear (Davidson-Arad et al., 2010; Leonardi, Vedovato, Werlang, & Torres, 1999; Morrongiello & Schell, 2010), but nevertheless, we are currently in the middle of a significant shift in how many professional fields constitute the neglect of children. Today, medical examiners, coroners, and the criminal justice system are moving closer to determinations of “neglect” rather than “accident” or “unintentional injury” in many CMF cases (Collins, 2006). For example, parents are determined to be neglectful and sometimes even prosecuted for unintentionally leaving their young children in a hot vehicle or for co-sleeping with their children when it leads to the child’s death (Armagost, 2001; Byard, 2015; Byard, Elliott, & Vink, 2012; Guard & Gallagher, 2005; Keddell, 2017; Mileva-Seitz, Bakermans-Kranenburg, Battaini, & Luijk, 2016). Since women are more likely to be responsible for neglect-related deaths (Douglas, 2016a), it is possible that child welfare workers equate deaths with female perpetrators as being the result of near-accidents, negligence, or behaviour that falls into a grey area, thus making workers less likely to identify women as perpetrators of CMFs.

Gender and Criminal Charges Filed in Cases of Maltreatment Fatalities

Finally, another component of understanding the context in which CMFs occur and the professional responses that they bring is the criminal justice system. Previous research has shown that media coverage concerning the maltreatment deaths of children who were involved with state agencies drives state-level child welfare policy-making (Douglas, 2009; Gainsborough, 2009). Furthermore, negative media attention to the deaths of children and other “critical incidents” drives child welfare practice behaviours (Regehr, 2003; Regehr, Bogo, Shlonsky, & LeBlanc, 2010). Ultimately, the role of the media has an important impact on the work that child welfare professionals undertake and on their understanding of this work (Ayre, 2001). Thus, it stands to reason that the media might shape other aspects of child welfare work, including what workers identify as risk or protective factors in maltreatment cases.

In our recent research (Lee & Douglas, In Progress), we collected news stories about maltreatment deaths in the United States national newspapers in the database LexisNexis for the year 2017. Information on criminal charges filed in all 150 cases reported in national news sources was recorded. These cases involved 200 perpetrators. For simplicity, we recorded information on only the first two perpetrators in each case, which was 193 individuals in total. This included charges brought against 101 women and 92 men, which is nearly a 50-50 split. In terms of abuse versus neglect cases, 69.3% ($n = 104$) involved abuse and 39.3% ($n = 59$) involved neglect. Obviously some cases involved both abuse and neglect, so the number sums to more than 100% or 150 cases. With regard to the intersection of maltreatment type and gender, women were involved in 60.6% of the abuse cases and 86.4% of neglect cases, compared to 70.1% and 52.5% respectively for men.

Table 3 shows what research tells us about men's and women's respective levels of perpetration for maltreatment deaths compared with charges brought against them. According to these statistics, men are over-represented and women are under-represented in charges filed against them in maltreatment deaths. Since child welfare workers are part of the public and they consume the same media as everyone else, this finding could potentially contribute to their misunderstanding concerning the role of gender in the perpetration of maltreatment deaths. Also, 69% of cases involved abuse and 39% involved neglect. This, combined with the fact that men are more likely to be responsible for abuse cases and women are more likely to be involved with neglect cases, further reinforces the false notion held by child welfare professionals that men are more likely responsible for CMFs cases than are women.

IMPLICATIONS

This study explored and provided some justifications to explain the misconception commonly held by professionals that men perpetrate CMFs at higher rates than women. One of the limitations of this analysis is that 15% of perpetrators are non-parents and instead are a vast combination of daycare providers, neighbours, friends, residential staff, and other relatives. It would not likely be enough to tip the gender ratio, but it is an area for future exploration.

Table 3. Actual Perpetration of CMF by Gender, Compared with Criminal Charges Filed.

	Perpetration of CMFs ^a (%)	Criminal Charges Filed Associated with CMFs ^b (%)
Men	39*	48
Women	64*	52

Note: ^aU.S. Department of Health & Human Services, 2019.

^bLee & Douglas, In Progress.

*The terms for men and women in this data are really for fathers and mothers. The number of CMFs perpetrated by other individuals was extremely small compared to fathers and mothers.

Regardless of the reasons for the misperceptions explored in our chapter, it points to the need for better training of professionals working with families of maltreatment. Previous research shows that training does not improve knowledge of risk factors for maltreatment deaths (Douglas, 2012; Douglas & Gushwa, 2019) and that workers receive little formal training as it is (Douglas et al., 2015; Douglas & Serino, 2013). This speaks to the importance of providing the workforce with higher quality training regarding risk factors for and protective factors against CMFs. Training alone, however, will not be enough. New knowledge about CMF risk factors should be incorporated into the daily work of child welfare professionals, including risk assessments conducted on families, interactions with family members, and into consultation that they have with their supervisors. This latter part is especially important because research shows that the relationship that workers have with their supervisors determine their engagement and longevity in the field (Mor Barak, Levin, Nissly, & Lane, 2006; Travis & Mor Barak, 2010). Finally, to return to the opening theme of this chapter, professionals in the field of family violence and the public, at large, have been reluctant to embrace the notion that women can be perpetrators of family violence. After decades of evidence (Archer, 2000; Straus, 2010; Straus, 2011), this shift is gradually taking place within the context of how professionals respond to intimate partner violence (Douglas & Hines, 2011; Hines & Douglas, 2011; Langhinrichsen-Rohling et al., 2012; U.S. Department of Health & Human Services, 2018). There may be some movement within the field of child welfare, too. Criminal charges brought against men and women perpetrators of CMFs do not exactly match the rate of perpetration that is reported in official statistics (U.S. Department of Health & Human Services, 2019), but we found that the discrepancy is not a gross misrepresentation. This may suggest some progress to recognize both men and women as perpetrators of CMFs, even if that is not recognized by the professionals who respond to and who provide services in connection with child maltreatment. A larger societal change and a greater understanding about the roles that men and women can both play in the lives of families, and thus, in the perpetration of violence and maltreatment within families will likely yield a more comprehensive and successful approach towards the prevention of CMFs.

NOTE

1. This is included because it may be related to how child welfare workers understand the perpetration of CMFs.

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