

PERPETRATORS OF FATAL CHILD MALTREATMENT

—by Jill E. Korbin

A major source of frustration and concern in dealing with child maltreatment fatalities is that a significant proportion of these deaths occur in families that were previously known to helping agencies and professionals.

Each day in the United States, three to four children die as a result of a repetitive pattern of maltreatment (e.g., Daro, 1987). Homicide is among the five leading causes of death in children in the United States, and is high in comparison to other industrialized nations (Christoffel and Liu, 1983).

A major source of frustration and concern in dealing with child maltreatment fatalities is that a significant proportion of these deaths occur in families that were previously known to helping agencies and professionals. Depending upon the study, from one-fourth to approximately one-half of child maltreatment fatalities occur among families previously known to social service agencies or helping professionals (e.g., Anderson et al., 1983; Daro, 1987; Resnick, 1969).

The frustration of child deaths occurring in families previously known to social service agencies is compounded by the fact that few factors have been identified that differentiate fatal from nonfatal maltreatment, and thereby allow prediction and prevention. In a study comparing 73 fatally and 114 nonfatally maltreated children during 1984 in New

York, one of the few differentiating factors was a previous out-of-home placement due to abuse or neglect, indicating serious abuse prior to the fatality (Fontana and Alfaro, 1987).

Who, then, are these parents that may be known to and involved with social service professionals, but who nevertheless fatally maltreat their children? And who are the other one-half to three-fourths of maltreating parents who never come to our attention until their child has died? Understanding of the dynamics of physical abuse, neglect, and child sexual abuse has been greatly enhanced by research directly with perpetrators. Similarly, intensive research with women who kill their mates has provided new and enhanced understanding (e.g., Browne, 1987). In contrast, research directly with perpetrators of fatal child maltreatment has been limited.

What we know about perpetrators of fatal child maltreatment has been drawn from case studies, largely in the psychiatric literature, records of investigation and prosecution subsequent to the fatality, and national health and crime data bases (e.g., Daly and Wilson, 1988; Finkelhor and Dziuba-Leatherman, 1994; Krugman, 1985; Resnick, 1969; Goetting, 1990; Silverman and Kennedy, 1988). A few research studies employed interviews with fatally maltreating parents, and these most often involve women (e.g., Korbin, 1989; Totman, 1978).

Child homicide is not a homogeneous entity, and various typologies have been proposed. Child

maltreatment fatalities result from both abuse and neglect (e.g., Daro, 1987). Epidemiologically-based typologies reflect developmentally related vulnerability and circumstances (Christoffel, 1984; Jason, 1983; Finkelhor and Dziuba-Leatherman, 1994). In these typologies, young children are vulnerable to intrafamilial homicide with the use of physical force rather than weapons. The precise circumstances surrounding these homicides are often poorly described for these young victims. Pictures of perpetrators of child maltreatment fatalities that emerge reflect related characteristics, such as young parental age. Other psychiatrically based typologies rely on motivation or pathology of the perpetrator and generally include a category that reflects circumstances of repetitive maltreatment (e.g., Resnick, 1969). Pictures of perpetrators that emerge reflect varying degrees and types of pathology. Typologies of homicide also have been posed based on the relationship of perpetrator and victim, usually stranger, spouse, or child (e.g., Goetting, 1988; Silverman and Kennedy, 1988).

Characteristics of perpetrators of fatal child maltreatment have been suggested that too frequently echo characteristics of nonfatally maltreating parents that themselves have been subject to critical appraisal (e.g., National Academy of Sciences, 1993). These characteristics include poverty, stressful life circumstances, abuse in childhood, substance abuse, young parental age or young age at first pregnancy, domestic violence, single parenthood, prior abuse in childhood, and step-parents. Unfortunately, the combinations of risk and protective factors are poorly understood, and most characteristics identified for fatally abusing parents do not differentiate fatal from nonfatal maltreatment, and in fact are not particularly good predictive factors in differentiating maltreating from non-maltreating parents.

A life history study with nine women incarcerated as a result of fatal child maltreatment (Korbin, 1989) suggested the pivotal importance of prior incidents of maltreatment that are known to others. The women in my study gave signs and signals to others that they were maltreating their child(ren). This is consistent with studies cited above that many fatally maltreating parents were previously known to child protection agencies, and that a prior placement was one of the few factors discriminating fatal from nonfatal maltreatment in the New York study. This is also consistent with Totman's (1978) study with women incarcerated for killing mates or children.

More attention has been directed in the literature to the prior involvement of families with professionals than to the involvement of lay persons in parents' social networks. That we know about perpetrators' prior contacts with social service agen-

continued on next page

Perpetrators of Fatal Child Maltreatment

continued from page 45

cies and health professionals reflects the tendency towards research that reviews files and records or is limited to investigatory interviews subsequent to a fatality. That we know little about the impact of others on their behavior reflects the fact that we rarely talk to perpetrators

Missed incidents of abuse by professionals may be inevitable. These missed diagnoses, however, held significant meanings for the women in my study. If a physician did not recognize maltreatment, the women in my study were reassured that it must not be, in fact, abuse or neglect. If a representative of a child protection agency did not remove or returned a child, the women were reassured that they were not bad parents or why would their children be returned to them? The women whose children had been removed from their care and returned were able to rationalize that they been wrongly accused or misjudged. This facilitated the woman's denial that an injury was serious or purposefully inflicted, minimizing her sense of culpability.

Individuals in the social networks of these nine women were aware of incidents of abuse prior to the fatality. These individuals offered a high level of support to the women. Reassurance was offered that the women were good mothers, and that their behavior was understandable and even within the normal or acceptable range. This reassurance, while perceived as supportive by the women, minimized and rationalized their behavior and, in part, allowed them to continue their abusive actions that eventually resulted in the death of their child.

Our thinking about the construct of social support needs to expand to examine how social networks and perceived social supportiveness can exacerbate the risks for adverse outcomes such as child maltreatment. A high level of perceived support sustained, probably unintentionally, these women in their pattern of abusive behavior. A low level of perceived support that did not bolster the woman's self-concept as a good mother might have acted against the continuing abuse.

While social networks are generally and uncritically regarded as positive, the question must be posed as to whether one's social network can exacerbate the risk for child maltreatment. Are some networks composed of problematic individuals who support and reinforce one another's attitudes and behaviors? Women in the study reported that their friends and siblings exhibited parenting skills and attitudes much like their own.

Gelles (1991) has suggested that fatal child maltreatment may be a different phenomenon than

nonfatal maltreatment, and that markers must be sought to differentiate potential fatalities. The markers we have at present are clearly inadequate to differentiate fatal from nonfatal child maltreatment, or, in most cases to even differentiate maltreating from non-maltreating parents.

Our knowledge base reflects the fact that perpetrators of fatal child maltreatment are rarely research subjects. Those studies that exist either have small samples (Korbin, 1989) that make generalization difficult or describe characteristics from larger data bases that shed little insight on the actual dynamics involved. That we know about the mode of death, but not about the circumstances surrounding both prior incidents and the fatal incident also reflects the fact that we review case records but rarely talk to perpetrators. The field must move to research directly with perpetrators and find a way to overcome the difficulties in doing so.

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