



Physical harm and family composition: Maltreated children with developmental delay¹

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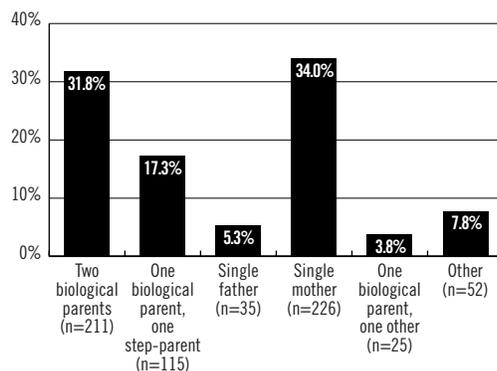
Family composition, maltreatment and developmental delay

Children with developmental delay are more likely to experience maltreatment than children who do not have delay. Whether or not children have developmental delay, though, maltreatment is most likely to occur in the family home and the perpetrators are most commonly the children's caregivers, especially biological parents.²

Most maltreated children with delay live with single mothers or two parents

Children with developmental delay reported for maltreatment were most likely to live in a household headed by single mothers (34.0% of all families). Another 31.8% resided in families that included two biological parents. The third most common family composition was one biological parent and either a step-parent, common-law partner, or adoptive parent (17.3%). Families led by single fathers accounted for 5.3%. The remainder of children with developmental delay reported for maltreatment (11.6%) lived in other family arrangements (e.g., foster care, other relatives).

Figure 1: Family composition for children with developmental delay reported for maltreatment



Source: CIS 1998

Physical harm, maltreatment and developmental delay

Little information is available regarding the degree to which maltreated children in various types of families experience physical harm. There is a perception that physical harm is common in cases of child maltreatment, although actual rates are less than 20% of substantiated cases of maltreatment.³ There is also a perception, based on some research evidence, that families that include step-parents or unrelated adult males may pose additional risk for physical harm.⁴ Until now, however, no specific information about this has been available for maltreated children with developmental delay.⁵ Data from the 1998 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS),⁶ summarized below, addresses this gap in knowledge. Physical harm, as reported here, comprised one or more of: bruises/cuts/scrapes, burns and scalds, broken bones, head trauma, or other health conditions. There were no fatalities.

Physical harm is more frequently reported for children with delay

Physical harm was reported for 12.6% of non-delayed children in the CIS sample,⁶ but for 20.3% of the sample of children having developmental delay.

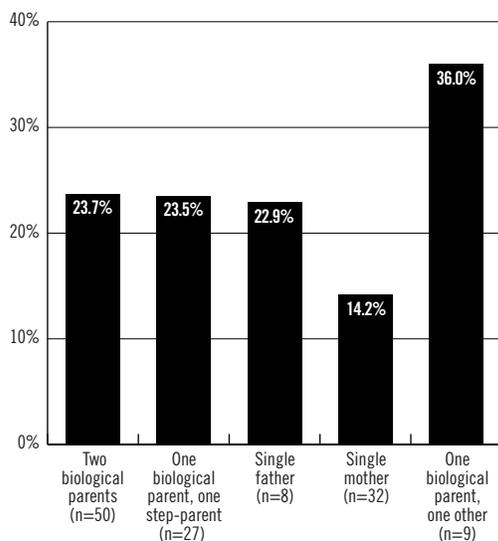
Physical harm less likely in single mother homes

For the families led by single mothers, 14.2% were reported for physical harm. By contrast, for the families led by single fathers, two biological parents, or one biological parent and another person, 24.4% were reported for physical harm.

Step-parents and single fathers are not an increased risk over biological parents

For families of children with developmental delay with two biological parents reported for maltreatment, 23.7% were reported for physical harm. By comparison, 23.5% of families that were led by one biological parent and a step-parent (or partner), and 22.9% of families led by single fathers, were reported for physical harm. Since the number of single father families reported for maltreatment was low (5.3%), there were few actual cases (n=8) of physical harm occurring in these families.

Figure 2: Percentage of children with developmental delay reported for maltreatment also reported for physical harm for five family types



Source: CIS 1998

- 1 This information sheet is based on the peer-reviewed article, Brown, I. & Fudge Schormans, A. (2002). Composition and risk of physical harm for children with developmental delays reported for maltreatment. *Journal on Developmental Disabilities*, 9 (1), 21–25. “Developmental delay” refers to an ongoing, major delay in the process of a child’s development in one or more areas, such as motor, language, social, or thinking skills. Developmental delay can result from genetic defects (like Down syndrome), complications during pregnancy or birth (like prematurity or infections), or unknown causes. Some delays can be easily reversed if caught early enough, such as those resulting from hearing loss due to chronic ear infections.
- 2 Fudge Schormans, A. & Brown, I. (2002). An investigation into the characteristics of the maltreatment of children with developmental delays and the alleged perpetrators of this maltreatment. *Journal on Developmental Disabilities*, 9(1), 1–19.
- 3 Trocmé, N., MacMillan, H., Fallon, B., & De Marco, R. (2003). Nature and severity of physical harm caused by child abuse and neglect: Results from the Canadian Incidence Study. *Canadian Medical Association Journal*, 169(9), 911–915.
- 4 Daly, M. & Wilson, M. I. (1996). Violence against stepchildren. *Current Directions in Psychological Science*, 5(3), 77–81.
- 5 Perry, B. (1995). Step-parenting: How vulnerable are step-children? *Educational and Child Psychology*, 12(2), 58–70.
- 6 Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., et al. (2001). *Canadian incidence study of reported child abuse and neglect: Final report*. Ottawa, ON: Minister of Public Works and Government Services Canada.

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