RESEARCH INTO VIOLENT BEHAVIOR:
DOMESTIC VIOLENCE

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PHYSICAL ABUSE OF YOUNG CHILDREN:
A PRELIMINARY TYPOLOGY OF CASES

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Physical abuse of children by their caretakers has been estimated to occur in one out of every 100 American families (Light, 1973). In the 1960's, child abuse was recognized as a major social problem (Kempe, 1962) and has since attracted the research efforts of professionals in many disciplines. Much of this research has been directed toward identifying factors associated with the abuse which could be used to construct an etiological model. The models which have been proposed can be roughly grouped into two types—the sociological and the psychological. The sociological relates the occurrence of abuse to social and cultural factors. Specific incidents of child abuse are recognized as interpersonal encounters, but the root problem and potential solutions are seen in societal terms. The psychological approach, on the other hand, views the problem primarily in terms of the psychopathology involved in particular parent-child relationships.

The most extensive data on the sociology of abuse was collected by Gil (1969). He found in a national survey of reported child abuse cases that the parents as a group resembled a cross-section of the nation's poor. There was an over-representation of non-white persons in the group; they were poorly educated; held low-paying jobs or were unemployed; and, in general, were disadvantaged socially and economically. Gil concluded that child abuse occurs largely as a product of the social and economic deprivation; parents who abuse their children differ from those who do not primarily in the degree of social and economic resources available to them.

In contrast to the sociological model, the psychological model focuses on factors related to individual personality and behavior. The treatment team at the National Center for the Prevention and Treatment of Child Abuse and Neglect (Denver, Colorado) has accumulated the most extensive clinical data in this area (Seltzer & Kempe, 1968). They have noted a number of frequently occurring characteristics in their cases. Among these are: (1) a history of physical abuse or neglect in the childhood of the abusing parents; (2) inordinately rigid or unrealistic expectations of children by the parents; (3) a pattern of social isolation and emotionally unsupportive marital relationships; and (4) some precipitating event experienced as a crisis by one or both parents just prior to the abuse,
This "crisis" may consist simply of a child's crying excessively or failing in some way to satisfy the parent's demands for love and attention. Often these parents regard infants as a source of reassurance about personal adequacy and make excessively high demands for performance from children. The parents are apt to perceive an infant's crying or disobedience as rejection and to respond with anger and punishment. The general profile is of a parent whose inner and outer sources of self-esteem are quickly depleted under stress. While there is general recognition that both social and psychological factors must be considered in order to explain the phenomenon of child abuse, there is little agreement on the relative importance of the different factors. Sources such as Gil's which find an association between poverty and abuse and conclude that this association has etiological significance have been criticized on the grounds of sampling bias. Emporherished and medically indigent families are more likely to come into contact with the major reporting agencies—welfare, police, and hospitals that serve families who do not have access to private medical care (Light, 1973; Kent, 1976). Thus, it is likely that this segment of the population is "over-sampled" relative to other socioeconomic segments. Studies drawing cases more from the private sector have found abusing families from all economic levels (Steele & Pollock, 1968).

On the other hand, families seen at the National Center in Denver, our richest source of data about the psychology of abuse, may represent an under-sample from lower socioeconomic groups. The hospital to which the National Center is attached is a University Medical Center and not the major hospital for the medically indigent in Denver. Further, a review of studies which have attempted to elucidate the psychopathology of child abuse in no particular pattern is present in any one order that is common to all or most abusive parents (Spinetta & Rigler, 1972).

One inference that could be made from all of this is that the importance of various psychological factors relative to various sociological factors is different from case to case. There may be no underlying etiologies underlying the different cases of child abuse. If that is so, then what is needed is a multi-etiologic model which incorporates both psychological and sociological factors. This paper will present data in support of such a model.

As a working hypothesis, we assume that there are natural groupings of abuse cases that are sufficiently different from one another in etiology to be identified as types. The literature bears support for this hypothesis, but to date only rudimentary attempts have been made to classify physical abuse cases. Merrill (1962), Delsordo (1963), Zelba (1966), and Boisvert (1972) have each attempted to develop a typology of abusing families on the basis of the nature of the pathological characteristics
the abuser and, to a lesser extent, on the social and economic circumstances of the abusing family. The typologies were constructed from clinical impressions; no statistical methods were employed. The following table summarizes the typologies and shows the high degree of overlap among them.

Gil (1970) made the only other noteworthy attempt to construct a typology. He scored 1,380 cases collected nationwide in 1967 as to the presence or absence of 13 abuse circumstances or causes such as: "Inadequately controlled anger of perpetrator" and "Abuse developing out of a quarrel between caretakers." These binary responses were then subjected to factor analysis yielding seven principal factors which Gil then associated with an abuse typology. The categories as described by Gil are listed below:

1. Resentment and rejection of the child (common to both inflicted injury and neglect)
2. Angry and uncontrolled disciplinary response (common only to inflicted injury)
3. Male babysitter abuse (common to inflicted injury and sexual abuse)
4. Personality deviance and reality stress
5. Child-originated abuse
6. Female babysitter abuse
7. Caretaker quarrel

Cattell (1965) cogently discusses the serious ambiguities in factor interpretation in such an application of factor analysis. A different method of analysis was selected for the present study, a method which clusters families rather than variables. Study and analysis methods are described in the next section.

METHODS

Sample

The sample for this study consisted of 99 children who had been adjudicated by the Juvenile Court (Los Angeles County) as having suffered inflicted injuries. These children were a subsample of a larger group (219 children) representing about 2% of the inflicted injury cases under court jurisdiction at the time the sample was drawn (February, 1972). That sample was drawn by selecting every fourth case in each Department of Public Social Services region in Los Angeles County.

1. The larger sample was for a study that analyzed differences in families among various kinds of abuse—neglect, sexual abuse, and physical abuse. That study has been reported in another paper (Kent, 1975).
### Table 1: Typologies of Child Abuse (Lamar, 1977)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disciplinary abuse</strong></td>
<td>Parents are rigid, controlling, and unforgiving. They defend their right to discipline their child, usually an adolescent; for failing to comply with their expectations. Often they are uptight or hard to please. Abuse is controllable.</td>
</tr>
<tr>
<td><strong>Overflow abuse</strong></td>
<td>Child abuse is rooted in an overflow of the parent's own frustration and irresponsibility. Abuse is repetitive, but not directed to any one child. The mother is most often the abuser and the father usually does not live in the home. Abuse is uncontrollable.</td>
</tr>
<tr>
<td><strong>Physically disabled parent</strong></td>
<td>Parents are out of work, frustrated, and responsible for the care of the child while the mother works. They suffer loss of status as well as loss of physical abilities.</td>
</tr>
<tr>
<td><strong>Passive, dependent parent</strong></td>
<td>Parent is dependent, immature, and prone to depression. Within the family unit, the parent cooperates with the child for the love and attention of the spouse.</td>
</tr>
<tr>
<td><strong>Hostile, aggressive parent</strong></td>
<td>Parents demand their right to punish their children who they perceive responsible for the parents' troubles. Parents lack warmth and protectiveness toward their children and make excessive demands of them.</td>
</tr>
<tr>
<td><strong>Parent with identity/role crisis</strong></td>
<td>Abuse represents the father's displaced anger at loss of capability for previous role performance. The father stays with children while the mother works. Abuse is controllable.</td>
</tr>
<tr>
<td><strong>Hotbed child</strong></td>
<td>Severe abuse of infant is perpetrated by parent with high A constant needs who sees the child as a burden or competitor which has to be destroyed. Often, only one child in the family is abused. Abuse is uncontrollable.</td>
</tr>
</tbody>
</table>

Note: Some authors, including Butler, characterize "Overflow abuse" with the word observation that neglect as well as abuse is characteristic of family.
TYPOLOGIES OF CHILD ABUSE

CATEGORIES

**Machial**

Abuse is due to misplaced parental hostility which stems from marital conflict. The abuser is usually the father. The child abused is, generally, of illegitimate conception or birth, brain-damaged, or as a result of marital conflict. Abuse is controllable.

**Psychotic parent**

Abuse is unpredictable and stimulating. It has idio-synthetic deeds related to the fantasies of the abuser. Abuse is uncontrollable.

**Psychotic personality**

Parent has history of psychotic behavior and shows no anxiety or guilt for abuse. Often there are marital problems and inadequacies in family. Abuse is uncontrollable.

**Displaced abuse**

Abuse is unpredictable, but ritualistic rather than impulsive. No particular psychiatric diagnosis is made. Abuse is uncontrollable.

**The displacement of affection**

Same as Delardo category, "Habitual Abuse" with the exception that the abuser is usually the mother.
The 99 children in the present sample represent all the children three years of age or younger. This age range was of particular interest to the investigators because the results of the analysis were to be applied to a hospital-based experimental program which includes mostly younger children. Moreover, a preliminary analysis of the data indicated that families where the abused child was less than three years old differed from families where the child was older on a substantial number of variables. Thus, the findings of this study are not proposed as having any generality beyond the age group studied.

Data Collection

Data was collected with a pre-coded survey questionnaire completed by each Department of Public Social Services (DPSS) worker who had a study family in her caseload. A total of 251 variables were included in the questionnaire. The questionnaires were completed from information gained from DPSS contacts with the family and records of hospital, police, and court investigators. If the information requested was not available from these sources, the workers were asked to seek it directly from the families. Problems in coding were referred to regional supervisors and resolved at the level by members of the study team. The intensive investment of the DPSS workers in their own cases insured a low rate of "missing data" response and gave us confidence about the reliability of the data.

For each case, values for as many of the 251 variables as possible were obtained. The variables fell into nine broad categories:

1. the immediate circumstances of the incident
2. characteristics of the abused child prior to the incident
3. characteristics of the child's caretakers
4. characteristics of the child's home
5. the family's social and economic circumstances
6. the court disposition of the case
7. the child's placement history
8. the child's behavior and development following the incident
9. the parents' attitudes toward the placement and case-work goals

2. Each child taken under court jurisdiction is assigned a social worker by DPSS. This worker becomes responsible for supervising the welfare of the child in his placement (whether home or foster care) and makes regular visits to both the child and his parents.
With a sample size of only 99, it was clear that some way of selecting a reduced set of variables was necessary before any statistical analysis could be undertaken. One approach to the problem of reducing the number of variables is to form combinations of variables which are strongly related to one another and to use these combined variables in the analysis. Factor analysis is the most commonly used technique for this purpose. The difficulty with such “factors” is that they are often difficult to interpret. We were interested in developing conceptual models which might involve complex interconnections among several variables. To lump together variables which co-varied into a single bundle would be economical but might obscure these relationships.

Retaining the variables in their original, more meaningful form made it necessary to select a small subset of the total 251. These were selected on the basis of several criteria. First, we wanted variables on which our 99 cases showed a small number of missing values. Second, we wanted variables likely to be of high reliability. Thus, for example, factual items tended to be preferred to those requiring subjective judgments. Third, we wanted variables likely to be of theoretical interest. “Number of children in the home,” for example, has more promise than “length of residency in Los Angeles.” Fourth, we wanted variables which showed substantial variation in our sample. Fifth, since we were interested in understanding the etiology of child abuse and variables describing the child and family’s circumstances at the time of the abuse were selected. The variables were examined on the basis of these criteria, and a set of 40 selected for the main statistical analysis.

Without theoretical guidelines, we were forced to adopt an empirical approach to the development of the types. We decided to let the data itself suggest natural groupings of cases. As mentioned above, cases sharing a similar causal mechanism could be expected to have similar values on many of our 40 variables. Cluster analysis is a statistical technique for dividing a sample into subgroups or clusters which are themselves relatively homogeneous but which differ from other clusters. That is, cases in the same cluster would tend to have similar values on many variables, while those in different clusters would display different patterns of values.

We decided to select clusters on entirely empirical grounds and then to look at the values of variables used to form the clusters and other variables in order to interpret the results. Such an analysis is exploratory, and we were not particularly concerned with interpretable patterns initially. On the other hand, if such patterns did emerge, they would not be the result of our preconceptions but might at a minimum provide useful working hypotheses for possible future confirmation.
We chose a type of cluster analysis known as hierarchical nearest-neighbor clustering. The method can be described in terms of three steps: defining a similarity measure, generating a hierarchical clustering of the cases, and selecting the final number of clusters.

We wanted the "similarity" between any two cases to be a measure of the degree to which the cases tended to have the same values on many of the variables. We selected the product-moment correlation between cases over the 40 variables. That is, we treated the 40 values corresponding to each case as if they were 40 observations of a random variable and calculated the correlation between each pair of these "variables" using the standard formula. This "reverse correlation" (the usual roles of variables and individuals are reversed) is a particularly good measure of similarity when many of the variables are dichotomous or take on a few values at most, which is true of nearly all our variables.

The second step in the analysis involved carrying out the nearest neighbor algorithm. The basic idea of the algorithm is to start with 99 separate cases and successively aggregate to form sets of smaller numbers of larger clusters.

More specifically, starting with 99 separate clusters, the computer finds the two "closest" on the basis of our similarity measure and joins them together to form a cluster of size 2. Thus, at level 2 of the hierarchy of clusters, we have 98 clusters. The next step involves again joining the two nearest "neighbors" unless there is a third case closer to both those in cluster 2 than are any other two cases. Thus, at level 3 we have 98 clusters—either 2 of size 2 and 96 of size 1, or 1 of size 3 and 96 of size 1. The process continues, always combining the nearest two clusters at level k to form one cluster at level k + 1. The similarity of two clusters is defined as the minimum similarity between any case in one cluster and any in the other. This process is called hierarchical clustering because it generates a hierarchy of levels of clusters at any lower level.

Having generated 99 sets of clusters, we are left with the question of which, if any, seems to represent a natural grouping of cases on which to carry out further analysis. Clearly, a small number of large clusters would be more manageable and more suitable for statistical analysis. On the other hand, amalgamation of clusters into larger ones reduces the homogeneity of the clusters.

Fortunately, the clustering algorithm provides a useful measure to assist us in determining how many clusters to use. As described above, the algorithm always combines clusters in such a way as to maximize the minimum within-cluster similarity. This minimum within-cluster similarity provides a measure of the homogeneity of clusters. While this measure must necessarily
increase more than others. An unusually large jump may be a signal that two basically dissimilar clusters are being forced together. Thus, these increases provide useful information on which levels appear to represent the most natural groupings.

Carrying out the analysis described above on our 99 cases of child abuse resulted in two sets of clusters which appeared promising; one containing three and the other four clusters. For each of these clusters, the mean value (or percentage if appropriate) was calculated for each of the 40 background variables. In the course of attempting to interpret these clusters, it became clear that the four clusters had to be retained.

RESULTS

In this section, we describe in detail the results of the cluster analysis. We begin with the presentation of a set of tables portraying the means (or proportions) on a large number of variables for each of the clusters. These tables include all variables showing substantial differences among clusters, including 21 of the 40 variables used in deriving the clusters. Table 2 presents variables which describe the incident. Table 3 displays characteristics of the abused child just prior to the incident; Tables 4 and 5 characteristics of the mother and father, respectively. Table 6 presents variables describing the family situation. Finally, Table 7 presents data on several outcome variables describing the child and family at the time of follow-up.

Following the tables, we present straightforward verbal descriptions of each of the four clusters. These enable the reader to obtain a feel for the patterns in the data without being overwhelmed by masses of statistics. An attempt has been made not to go beyond the facts in these descriptions, but some interpretation is inevitable, if only through selection and emphasis. This is why we have presented the tables first, allowing the reader to form his own impressions. An interpretation of the results is offered in the discussion section.
### TABLE 2  The Incident

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cluster</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>* 1) Length of Hospitalization</td>
<td></td>
<td>6.79</td>
<td>.79</td>
<td>2.87</td>
<td>1.24</td>
</tr>
<tr>
<td>* 2) Permanent Impairment</td>
<td></td>
<td>2.21</td>
<td>1.32</td>
<td>1.53</td>
<td>1.35</td>
</tr>
<tr>
<td>* 3) Other Victim</td>
<td></td>
<td>.73</td>
<td>.50</td>
<td>.46</td>
<td>.50</td>
</tr>
<tr>
<td>4) Previous Victim</td>
<td></td>
<td>.16</td>
<td>.16</td>
<td>.07</td>
<td>.34</td>
</tr>
<tr>
<td>* 5) Biological Mother Responsible</td>
<td></td>
<td>.36</td>
<td>.38</td>
<td>.17</td>
<td>.56</td>
</tr>
<tr>
<td>* 6) Biological Father Responsible</td>
<td></td>
<td>.43</td>
<td>.38</td>
<td>.50</td>
<td>.13</td>
</tr>
<tr>
<td>7) Step Father Responsible</td>
<td></td>
<td>.07</td>
<td>.14</td>
<td>.25</td>
<td>.02</td>
</tr>
<tr>
<td>8) Other Resident Responsible</td>
<td></td>
<td>.07</td>
<td>.10</td>
<td>.00</td>
<td>.21</td>
</tr>
<tr>
<td>9) Arrest Resulting From Incident</td>
<td></td>
<td>.44</td>
<td>.77</td>
<td>.50</td>
<td>.55</td>
</tr>
</tbody>
</table>

**Cluster Size**

|         | 19 | 25 | 15 | 40 |

* Variable used in cluster analysis

1. All scores represent proportions of those for whom information was available except for variables 1 and 2.

2. In weeks, with "7 or more" as highest category. Thus, this variable may be an underestimate, particularly for cluster 1.

3. 1 = No permanent impairment
    2 = Uncertain
    3 = Definite permanent impairment

4. Proportion of cases in which another child in the same family was known to be a victim of abuse or neglect.

5. Proportion of cases in which this child had previously been
TABLE 3  Child Prior to Incident

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>* 1) Mean age (years)</td>
<td>1.03 1.46 1.30 1.40</td>
</tr>
<tr>
<td>2) Sex</td>
<td>.53 .24 .47 .43</td>
</tr>
<tr>
<td>3) Full Term</td>
<td>.95 .82 1.00 .88</td>
</tr>
<tr>
<td>4) Birth Complications</td>
<td>.28 .20 .15 .11</td>
</tr>
<tr>
<td>* 5) Irritable, active</td>
<td>.06 .47 .58 .21</td>
</tr>
<tr>
<td>* 6) Disobedient</td>
<td>.06 .20 .36 .14</td>
</tr>
<tr>
<td>* 7) Abnormal Growth or Development</td>
<td>.11 .14 .39 .14</td>
</tr>
<tr>
<td>8) Feeding Problems</td>
<td>.27 .33 .40 .07</td>
</tr>
<tr>
<td>* 9) Passive, unresponsive</td>
<td>.29 .05 .27 .06</td>
</tr>
<tr>
<td>10) Youngest in family</td>
<td>.60 .55 .39 .67</td>
</tr>
</tbody>
</table>

Cluster Size  19  25  15  40

* Variable used in cluster analysis

1. All scores represent proportions of those for whom information was available except for variable 1.
2. Proportion female.
3. As reported by a parent.
### TABLE 4  Mother Prior to Incident\(^1,2\)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cluster 1</th>
<th>Cluster 2</th>
<th>Cluster 3</th>
<th>Cluster 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Age(^3)</td>
<td>22.0</td>
<td>25.6</td>
<td>21.7</td>
<td>21.7</td>
</tr>
<tr>
<td>2) Education(^4)</td>
<td>10.7</td>
<td>11.5</td>
<td>10.7</td>
<td>9.5</td>
</tr>
<tr>
<td>3) White</td>
<td>.21</td>
<td>.72</td>
<td>.47</td>
<td>.50</td>
</tr>
<tr>
<td>4) Black</td>
<td>.37</td>
<td>.04</td>
<td>.27</td>
<td>.25</td>
</tr>
<tr>
<td>5) Mexican-American</td>
<td>.21</td>
<td>.20</td>
<td>.27</td>
<td>.23</td>
</tr>
<tr>
<td>6) Employment Level(^5)</td>
<td>.58</td>
<td>.62</td>
<td>.00</td>
<td>.05</td>
</tr>
<tr>
<td>7) Occupational Level(^6)</td>
<td>.67</td>
<td>.68</td>
<td>.00</td>
<td>.08</td>
</tr>
<tr>
<td>8) Length of Residency(^7) in Los Angeles (years)</td>
<td>9.00</td>
<td>13.00</td>
<td>1.00</td>
<td>8.00</td>
</tr>
<tr>
<td>9) Severe Discliplined as a Child</td>
<td>.13</td>
<td>.31</td>
<td>.25</td>
<td>.55</td>
</tr>
<tr>
<td>10) Neglected as a Child</td>
<td>.18</td>
<td>.25</td>
<td>.13</td>
<td>.55</td>
</tr>
<tr>
<td>11) Excessive Use of Alcohol and/or Drugs</td>
<td>.05</td>
<td>.38</td>
<td>.13</td>
<td>.45</td>
</tr>
<tr>
<td>12) Arrest Record(^8)</td>
<td>1.17</td>
<td>1.81</td>
<td>1.36</td>
<td>1.64</td>
</tr>
<tr>
<td>13) Married</td>
<td>.53</td>
<td>.60</td>
<td>.60</td>
<td>.35</td>
</tr>
<tr>
<td>14) Living Alone</td>
<td>.26</td>
<td>.34</td>
<td>.30</td>
<td>.30</td>
</tr>
</tbody>
</table>

Cluster Size | 19 | 25 | 15 | 40 |

* Variable used in cluster analysis

1. All scores represent proportions of those for whom information was available, except for variables 1,2,6,7,8,12.
2. Mother is here defined as the person living with the child and functioning as maternal parent at time of incident.
3. Since age was coded in categories, this represents an
4. In years, but since education was coded in categories, this represents an approximation.

5. 0 = Unemployed
    1 = Part time
    2 = Full time

6. Reversed Hollingshead Scale

7. Since length of residency was coded in categories, this represents an approximation.

8. 1 = No arrest
    2 = Arrested as minor only
    3 = Arrested as adult only
    4 = Arrested as minor and adult
TABLE 5  Father Prior to Incident\textsuperscript{1,2}

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>1) Age\textsuperscript{3}</td>
<td>24.7</td>
</tr>
<tr>
<td>2) Education\textsuperscript{4}</td>
<td>11.3</td>
</tr>
<tr>
<td>3) White</td>
<td>.31</td>
</tr>
<tr>
<td>4) Black</td>
<td>.38</td>
</tr>
<tr>
<td>5) Mexican-American</td>
<td>.19</td>
</tr>
<tr>
<td>* 6) Employment Level\textsuperscript{5}</td>
<td>1.14</td>
</tr>
<tr>
<td>* 7) Occupational Level\textsuperscript{6}</td>
<td>1.15</td>
</tr>
<tr>
<td>8) Length of Residency in Los Angeles (years)\textsuperscript{7}</td>
<td>9.00</td>
</tr>
<tr>
<td>9) Severely Disciplined as a Child</td>
<td>.30</td>
</tr>
<tr>
<td>10) Neglected as a Child</td>
<td>.27</td>
</tr>
<tr>
<td>11) Excessive Use of Alcohol and/or Drugs</td>
<td>.25</td>
</tr>
<tr>
<td>*12) Arrest Record\textsuperscript{8}</td>
<td>1.83</td>
</tr>
</tbody>
</table>

Cluster Size | 19 | 25 | 15 | 40 |

* Variable used in cluster analysis

1. All scores represent proportions of those for whom information was available, except for variables 1, 2, 6, 7, 8, 12.

2. Father is here defined as the person living with the child and functioning as paternal parent at time of incident.

3. Since age was coded in categories, this represents an approximation.

4. In years, but since education was coded in categories, this represents an approximation.
5. 0 = Unemployed  
    1 = Part time  
    2 = Full time

6. Reversed Hollingshead Scale

7. Since length of residency was coded in categories, this represents an approximation.

8. 1 = No arrest  
    2 = Arrested as minor only  
    3 = Arrested as adult only  
    4 = Arrested as minor and adult
TABLE 6  The Family

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cluster 1</th>
<th>Cluster 2</th>
<th>Cluster 3</th>
<th>Cluster 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>* 1) Known to Service Agency</td>
<td>.68</td>
<td>.44</td>
<td>.87</td>
<td>.82</td>
</tr>
<tr>
<td>* 2) Number of Children</td>
<td>2.16</td>
<td>1.92</td>
<td>2.13</td>
<td>2.03</td>
</tr>
<tr>
<td>3) Biological Father in Home</td>
<td>.47</td>
<td>.68</td>
<td>.67</td>
<td>.38</td>
</tr>
<tr>
<td>4) Home Repair/Cleanliness</td>
<td>3.25</td>
<td>2.83</td>
<td>2.83</td>
<td>2.22</td>
</tr>
<tr>
<td>* 5) Income per Member per Month ($)</td>
<td>55.00</td>
<td>123.00</td>
<td>38.00</td>
<td>33.00</td>
</tr>
<tr>
<td>6) Telephone in Home</td>
<td>.53</td>
<td>.56</td>
<td>.50</td>
<td>.36</td>
</tr>
<tr>
<td>7) Own Automobile</td>
<td>.53</td>
<td>.85</td>
<td>.58</td>
<td>.45</td>
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</tbody>
</table>

Cluster Size                                  19  25  15  40

* Variable used in cluster analysis

1. All scores represent proportions of those for whom information was available, except for variables 2 and 4.

2. 1 = Far below average
   2 = Slightly below average
   3 = Average
   4 = Above average
   5 = Far above average
### Variable Follow-Up

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cluster</th>
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<tr>
<td>Child</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1) Emotional withdrawal</td>
<td>.36</td>
<td>.16</td>
<td>.08</td>
<td>.13</td>
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<tr>
<td>2) Developmental lags--motor skills</td>
<td>.53</td>
<td>.09</td>
<td>.36</td>
<td>.11</td>
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<td>3) Developmental lags--language skills</td>
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<td>.10</td>
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<td>4) Developmental lags--living skills</td>
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<tr>
<td>5) Illness</td>
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<td>1.80</td>
<td>1.85</td>
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<td>6) Back in home</td>
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<td>.20</td>
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<td>.15</td>
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<td>Parents</td>
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<tr>
<td>7) Initially accepted court decision</td>
<td>.42</td>
<td>.60</td>
<td>.50</td>
<td>.60</td>
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<tr>
<td>8) Now accept court decision</td>
<td>.78</td>
<td>.86</td>
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<tr>
<td>9) Frequency of visits to child</td>
<td>2.33</td>
<td>2.37</td>
<td>1.30</td>
<td>2.00</td>
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</tbody>
</table>

#### Cluster Size

|   | 19 | 25 | 15 | 40 |

1. All scores represent proportions of those for whom information was available, except for variables 5 and 9.

2. 1 = No known illness
    2 = Occasional routine illness
    3 = Frequent illness
    4 = Chronic medical problems

3. 0 = Never
    1 = 1/year
    2 = 2-4/year
    3 = 12/year
    4 = 25/year
    5 = 52/year
Cluster 1

Cluster 1 included all the cases in our sample of the most severe abuse. The abused child spent an average of seven weeks in the hospital and, in many cases, suffered permanent impairment.

The biological mother or father most often was responsible for the incident; this cluster was uniquely low in incidence of abuse by a stepfather or other resident. Despite the severity of the abuse, the rate of arrests resulting from the incident was the lowest for all clusters.

The children in this cluster were 12 months old, on the average, and were usually the last born in a family with two children. The cluster had by far the lowest percentage of reported abuse of another child in the family.

An outstanding characteristic of the children in this cluster was the fact that many were perceived by their parents as passive and unresponsive. Almost none of the children, however, were perceived by the parents to be abnormal in growth and development.

These children came from families which were free of most of the problems that are usually associated with child abuse. There was very little abuse or neglect in the childhood history of the mother. There was somewhat more in the history of the father, but still less than for fathers in any of the other clusters. The family had a low income, but it is the second highest among the clusters in our sample. The rate of unemployment was relatively low for the fathers, and many mothers also worked part-time.

The parents had the second highest educational level among the four clusters: the mothers had a tenth grade education; the fathers had an eleventh grade education. (On the average, neither of the parents in any cluster had completed high school.)

The mothers and fathers in Cluster 1 were on the average 22 and 25 years old, respectively. Most were from Black and Mexican-American backgrounds. They resided in Los Angeles for an average of nine years and had a very high incidence of support from family relatives. The parents kept their homes in good repair, rarely used drugs or alcohol to excess, and had little history of arrests.

The description of the families in Cluster 1 would not lead one to expect child abuse. We are presented with a paradox: Those families who least fit the stereotype of the abusing family are the families in which the most severe abuse occurs.
Cluster 2

In Cluster 2 families, child abuse was, by far, the least severe in our sample. The average length of hospitalization was less than six days, and there was almost no evidence of permanent impairment. The child had not often been a previous victim of abuse, but in one-half of the cases, a sibling was known also to have been a victim of abuse or neglect.

The biological mother and father were responsible equally often for the incident of abuse. In 24% of the cases, the stepfather or another resident was the perpetrator. Despite the relatively unsevere nature of the abuse, the rate of arrest resulting from abuse in this cluster was outstandingly high (77%).

Unique to this cluster is the high percentage of male children abused (76%). The average age of the children was 13 months old, which is the highest for all clusters. The parents tended to perceive the abused child as disobedient, irritable, and active.

The age of the parents was the highest for all clusters: the fathers were 28 years old and the mothers 26 years old. Typically, the parents were white, lower middle class, with by far the highest income and highest employment level of all clusters. Often the mothers worked part-time. Almost none of the mothers lived alone with their children.

The parents had been long-time residents of Los Angeles. Both mothers and fathers had an eleventh grade education and also had similar childhood histories of severe discipline and neglect. Such experiences were reported in about one-third of these families.

Alcohol or drug abuse was reported for 45% of the fathers and 39% of the mothers. Of the parents in all clusters, the parents in Cluster 2 were the most similar in background, age, and habits.

Cluster 3

Fathers or step-fathers were the predominant abusers in this cluster. In only 17% of the cases was the mother responsible for the abuse, and in no case was another resident in the home responsible. Arrest resulted from the incident in half of the cases.

In Cluster 3, the abuse was relatively severe. The children were hospitalized for an average of nearly three weeks, and in some cases, there was permanent impairment. Very rarely was the abused child a previous victim of abuse. However, in nearly half the cases, another child in the same family was known to be a victim of abuse or neglect.
The average age of the abused children was about 18 months. The children were perceived by the parents to be troublesome with regard to every variable. Frequently they were reported as irritable and active and disobedient. In other cases, the children were perceived by the parents as passive and unresponsive. Feeding problems were commonly listed. Further, the children were perceived as abnormal in growth and development, although they were all born full-term with a low rate of birth complications.

The families in this cluster were among the poorest economically in our sample. The fathers were rarely unemployed but worked at the lowest occupational level. The mothers did not work at all. The fathers had less than an eighth grade education, while the mothers had a tenth grade level of education.

The families at the time of the abuse were new to the Los Angeles area. One-third of them were Mexican-American. Most of them were known to the local welfare agency.

A very high percentage of the fathers had suffered severe discipline or neglect in their childhood. By contrast, few of the mothers had a childhood history of abuse or neglect. The mothers were about 22 years of age, which was, on the average, five years younger than the father's age. In none of the cases did the mothers live alone with the children.

Cluster 4

In Cluster 4 the abuse was the second least severe among the clusters. The children were hospitalized for eight days, and there was little evidence of permanent impairment. However, 34% of the children had been previously abused—by far the highest percentage among all the clusters. In 50% of the cases, a sibling of the child had also been abused or neglected.

Mothers were responsible for the abuse in the majority of the cases in Cluster 4. The incidence of abusing mothers was much higher in this cluster than in any other. This cluster is also unique in its relatively high incidence (21%) of abuse by a "non-parent" resident in the home. Biological fathers or step-fathers were not often responsible for the incident. Arrests resulted from the incident in 55% of the cases.

The children were not perceived by the parents as very troublesome and had by far the lowest proportion of feeding problems. The average age of the child was 17 months; in 3/3 of the cases, the child was the youngest in the family.

Cluster 4 includes 40% of our sample, and in many ways fits the description of the circumstances of child abuse typically found in the literature. Thirty percent of the mothers lived alone with their children. Only 36% of the mothers were married, a much lower percentage than in other clusters. Also, families in this cluster had the lowest income.
Income per family member is extremely low. Only 35% of the households have telephones. The fathers had a tenth grade education, were at a low occupational level and often unemployed. The mothers had an eighth grade education and were unemployed. The families were usually known to a welfare agency.

The mothers were about 22 years old, on the average, and the fathers 25 years old. Both mothers and fathers had the highest incidence of excessive use of alcohol or drugs among all the clusters. Seventy-three percent of the fathers abused alcohol or drugs, and their rate of previous arrest was the highest among the clusters. The mothers had the second highest record of arrest. Half of the families were white and half were Black and Mexican-American.

Both parents had a very high incidence of abuse and neglect in their childhood history. This is the only cluster in which mothers were more often abused or neglected in their childhood than were fathers. The percentage of mothers in this cluster previously abused and/or neglected is more than twice the next highest percentage for mothers in any other cluster.

**DISCUSSION**

As mentioned above, the main purpose of the cluster analysis was to elucidate patterns of family functioning which might be related to the occurrence of child abuse. It was our view that if strong patterns existed, they would be reflected by the values of many variables, but the individual variables would not be of primary interest. Rather, they would reflect an underlying gestalt which would characterize the relevant aspects of the family situation. In this section we present our interpretations of the gestalt which characterizes the cases in each of our clusters.

These interpretations are offered with considerable tentativeness at this point in our work. Data from about 40 more families will soon be available that include results of an extensive battery of psychological tests and additional information obtained from clinical treatment of the families. These families will then be added to the 99 from this sample, and the total group will next be reclustered. The additional clinical and test data available for some of the families will provide important guidelines for interpretation as well as a partial test of validation of the original four clusters.

A second caution that must be noted concerns a technical problem in cluster analysis. Variables which can take on a greater range of values than other variables may play a disproportionate role in determining cluster structure. The variables which make up the clusters described here do vary in the range of values
with this data set that if all the variables are "unitized" to the same scale and then reclustered that we will arrive at an array that suggests there are nine rather than four clusters in the data. These nine clusters are each statistically more homogeneous than the four cluster array, but they are also less interpretable from a clinical point of view.

In the trade-off between clinical clarity vs. statistical clarity, we have opted at this point for clinical clarity. The gestalts in the four cluster array have proven to be easily recognizable by people with clinical experience with abusive families. It is our belief that the nine cluster array represents more discrete subcategories of a larger set of categories that is approximated by the four cluster array. Preliminary examination of the data supports this belief, but the number of variables and families is too small to support finer discriminations. We expect that the next analysis, with more families and more information on one-third of the families, will provide justification for such a classification, i.e., generic categories with subtypes. For the purposes of the present paper, we will stay with the larger and more interpretable generic categories.

Cluster 1: "Flashpoint"

We are first led to posit the occurrence of an external precipitating crisis in order to explain the abuse in Cluster 1 families, which appears as an isolated incident of extreme severity. Except for the high percentage of mothers living alone with their children, we find no indicators that would typically lead one to predict abuse in such a family. One hypothesis, then, is that the abuse is the result of an abrupt change in the family equilibrium, some event experienced as a crisis which precipitates an assault on the child.

The severity of abuse, coupled with the young age of the child (about 12 months is the average), also suggest that the abuser is a more seriously disturbed person. A serious assault on an infant would seem to indicate a capacity for elaborate projection or over-symbolization of experience coupled with erratic impulse control and a ready reservoir of intense anger. The fact that there are no other gross signs of maladjustment in the family suggest that these are Families which would function adequately within a narrowly prescribed routine but which lack the emotional resources to adapt to changes in that routine.

There are some clues to the elements of the crises in these families. One clue is the high percentage of birth complications and children reported as passive and unresponsive. The abused child may in fact be atypical in his development and less adaptable to family routine. He may also cry more and in general respond unpredictably to parental caretaking efforts.

In any event, the low incidence of those with siblings in this
cluster indicates that the abused child manifested characteristics experienced as particularly abrasive to the abusing parent and probably at a time when the parent was most prone to project special meaning to the behavior (e.g., rejection of the parent's concerns and efforts).

Another clue to the elements of a crisis is the relatively large percentage of mothers who were living alone, compared to Clusters 2 and 3, even though the incidence of marriage in those clusters is about the same as it is in Cluster 1. This suggests recent separations as a source of conflict. In that case the abused child, who is predominately the last born child, may possibly be viewed as an unwelcome reminder of a time of emotional turmoil and even possibly as the reason for the turmoil.

Especially interesting is the fact that although the biological father was in the home in only 47% of the cases, he was responsible for 43% of the abuse incidents. It appears that he is a particularly lethal agent in this cluster, and possibly the person who is suffering from a more serious emotional disability. That conjecture, however, must be tempered by the high percentage of abusing biological mothers in the cluster.

We would speculate that both parents are intensely ambivalent about the abused child and that a family crisis tips the ambivalence abruptly. If the father is present in the home, he will act out the crisis against the child with the covert permission of the mother. If he is not in the home, the mother is not afforded the safety valve of identifying with his aggression, and acts out the abuse herself.

Most impressive about the families in Cluster 1 is that in the absence of obvious problems that would alert one to look for abuse, the most severe abuse occurs. They maintained their home in good repair, were long-term residents in the area, did not abuse alcohol or drugs, in general did not have a history of abuse or neglect in their own childhoods, and had extended family support. We speculate from this that one or both of the parents has a fragile emotional adjustment which is quickly fractured under the stress of a family or personal crisis. A child may become the target of an aggressive andpanicky attempt to discharge anxiety and re-establish an equilibrium.

Cluster 2: "Spare the Rod...."

We hypothesize that the abuse characteristic of Cluster 2 families is punitive in nature, intended not to harm the child, but rather to control his behavior. It appears that abuse by parents is an expression of stern, disciplinary style of child-rearing—a style to which they themselves were subjected in their youth. The fact that these children at follow-up showed by far the lowest incidence of developmental delays suggest that the physical abuse is not an indication of a breakdown in
approach to parenting. Such a mode of childrearing is toward the extremes of a continuum with respect to the amount of physical punishment considered necessary and proper.

We explain the high arrest rate for the abuse as resulting from the parents' open admission of responsibility for the act, based on feelings of being justified in their behavior. The abuse incident itself probably stems from an act of punishment which has accidentally resulted in more harm to the child than the parents anticipated.

Although the parents report the child to be irritable and active and/or disobedient, the abuse appears to stem not from the parents' attitudes toward the abused child, but from the parents' attitudes toward childrearing. There is no evidence of scapegoating: The abused child was not often previously abused, and very often the other children in the family were also abused. We might speculate that the percentage of siblings abused would be still higher if the parents used physical punishment with girls as often as they did boys. The low percentage of girls abused may be related to a stereotype of male children as more disobedient and rowdy than girls and, therefore, more in need of correction.

The description of Cluster 2 families is characteristic of many abusing families reported in the literature. In addition, we find that the parents are very similar to each other in background and habits. The home appears very stable. In the absence of intervention, we would expect abuse in such families to be chronic, but not severe.

Cluster 3: "You Asked for It..."

In Cluster 3 we see a different type of family pattern in which the stressed father dominates and the mother is unable to interfere to protect the child. We hypothesize that the father has an exaggerated sense of what is a threat to his authority; further, he feels both frustrated from his very low work status and income, and personally threatened that he cannot fulfill the role of provider to the family.

The abuse could occur, then, as a result of the father's personal frustrations stemming from his low income and occupational level. His feelings of inadequacy could be exacerbated by defiant behavior from the children, who then become the specific targets for a more generalized frustration.

There is a high percentage of Mexican-American families in this cluster. These families may have been recent immigrants to the United States, which would explain the short length of residence in Los Angeles typical of this cluster. A recent move to a new city would also account for the relatively low incidence of support from family relatives. An immigrant father may feel that by moving to the U.S. he has personally suffered a loss of status and that he must prove his manhood. 
relative status in the U.S. than in Mexico.

In Cluster 3 families, the mother is much younger than the father and does not work outside the home. These circumstances might suggest that the father desires to dominate the family. Since many of the families are Mexican-American, this situation may also be related to cultural influences.

Finally, we note the extremely high incidence of reports by a parent of troublesome or irritating behavior by the child. If it is the father whose perceptions are reflected by these reports, we might expect that he rationalizes his anger toward the child by seeing it as deserving of punishment.

Cluster 4: "Who Needs It?"

The abuse in Cluster 4 is perpetrated, for the most part, by a mother whose style of life is unstable in many ways. The child abuse appears to be an extension of the abuse pervasive in the mother's life. The mother suffered abuse or neglect, or both, in her childhood, and has a history of arrests and of drug and alcohol abuse.

Most of the mothers are unmarried and many live alone. We hypothesize that the mother lives temporarily with a succession of men and has difficulty forming stable relationships.

The high rate of child abuse by another resident in the home (who is not the father or step-father) leads us to suspect that the mother lives with abusive men with whom she may herself be at risk of physical abuse. It also suggests that she is willing to engage in relationships which are destructive to her children in return for having some of her own needs met. This desperate and needy approach to relationships is likely to attract exploitive men. It is also likely to create situations in which children are seen as interfering with primary needs for gratification.

The fact that the abused child tends to be the youngest in the family and often a victim of previous abuse indicates that infant nurturance is not an important source of gratification to the mothers. This is not surprising given the high incidence of abuse and neglect in the history of the mothers. The demand to provide for her children what she needed herself and never received is likely to be met with resentment. The dependence of younger children in such circumstances is also more likely to be seen as a hindrance to forming other relationships.

The personal troubles of the fathers in Cluster 4 homes are also tremendous. In terms of childhood history of abuse and neglect, unemployment, record of arrests, and current abuse of alcohol and drugs, the father's stresses appear even greater than those of fathers in Cluster 3. These seem to be men who have failed at meeting the demands of conventional society and...
way is most immediately expedient. They also appear to be men who need to bolster their confidence by exploiting others.

We hypothesize that child abuse in these families occurs in two ways: (1) when the mother perpetrates the abuse, it is out of frustration with the dependency needs of the child which interfere with her own; (2) when another person is the perpetrator, it is a boyfriend who sees the child as interfering with his needs for gratification.

The fact that the incidence of neglect and abuse is outstandingly high for parents in this cluster raises frightening implications for the children they abuse. This cluster, more than any other, may illustrate the common assertion that children who are abused are prone to become child-abusing parents.

CONCLUSION

The results of this data analysis support the hypothesis that child abuse can be viewed as the product of an interaction between psychological and environmental factors with differential weighting of these factors across cases. Moreover, cases tend to sort themselves into clusters or groups which are clinically coherent, suggesting the need to view child abuse as the common endpoint of various etiological pathways.

This view has implications for clinical practice, research, and social policy. With regard to clinical practice, it would suggest that an adequate typology of abusing families would permit earlier and more effective allocation of scarce professional resources. Our interpretation of Cluster 1, for instance, implies the need for psychotherapy as the primary intervention. The abuse in that cluster appears to be the result of severe individual psychopathology and/or interpersonal conflict. Clinical experience indicates that abusers in this group tend to be rather rigid, untrusting persons who have difficulty expressing anger except in erratic and sometimes violent episodes, and then often toward inappropriate targets. A crying, "demanding" baby can act as the trigger which releases pent-up anger generated from many other sources.

Cluster 2 families in our interpretation would benefit most readily from concrete help in learning to use and trust alternative modes of discipline and socialization. These parents appear to be less conflicted in their relationship to their

3. Clinical impressions and interpretation of the cluster data in this section are based on experiences with child abusing parents in the Family Development Project at Children's Hospital of Los Angeles. They are offered here as examples which illustrate application of the clusters and not as proofs of cluster validity.
children and primarily concerned that they grow up to be responsible, law-abiding citizens. It is mostly from this group that we hear comments about the importance of learning right from wrong, respect for authority, and the supposed connection between permissive (i.e., indulgent) parenting and juvenile crime—all of these as justifications for harsh physical discipline of young children. It is not being suggested here that these parental attitudes are merely incidental overlays on otherwise healthy personality structures, but rather that the act of physical abuse itself can be refashioned into less injurious methods of discipline without major changes in personality.

Cluster 3 parents present a different picture. Here the major problem appears to be lack of economic security which erodes the self-confidence of the father and makes him more sensitive to any challenge to his familial authority. The intervention in this case may require, as in Cluster 2, help in managing the behavior of more assertive and active children without physically abusive methods. There is sometimes a tendency for parents in both groups (Clusters 2 and 3) to over-interpret the behavior of active children as willfully defiant and disruptive when in fact it is often just the expression of a behavioral style or "temperament" that has no particular motive or significant psychological content attached to it.

Cluster 4 parents, along with those in Cluster 2, present probably the greatest difficulties for intervention. As with Cluster 1, some kind of therapy is indicated. With Cluster 1 parents, the problem is to engage in psychotherapy a parent whose lack of trust and rigid personality structure present formidable barriers to an effective therapeutic alliance. In contrast, the parents in the fourth cluster tend to establish a therapeutic alliance rather quickly. They are often emotionally needy, somewhat passive, and ready to respond positively to a therapist who is perceived as supportive and more capable than they. The difficulty is that the response is based on a profound sense of personal inadequacy—possibly part of the heritage from the abuse and neglect they experienced as children. The parent is thus an implicit demand that the therapist satisfy their emotional needs and take general responsibility for their lives. Mixed with the parents' feelings of inadequacy are feelings of resentment at always being in a helpless role. Authority figures will tend to elicit this response when perceived as demanding changes in behavior. The message, then, is frequently "Tell me what to do so I can defeat you by ignoring what you tell me."

These parents perhaps more than those in any other cluster need a "lay therapist" or "parent aide" as a critical adjunct to conventional therapy (Helfer & Kempe, 1963). This lay therapist can begin to bridge the gap between the parents' expectations and the kind of help formal therapy can actually provide. This brings is critical if the parent is to stay motivated for therapy and free enough from fears that their
own needs will not be met to be able to provide nurturance to their children.

These brief descriptions of differences in intervention programs implied by differences in cluster characteristics are clearly oversimplified. They are offered here mainly as examples of how the development of clusters or "profiles" might guide overall planning of resource allocation and to aid in decisions on child placement.

In general, it is recognized that clinical decision making cannot be based solely on generic categories. Categories always tend to blur individual differences which are sometimes vital to successful treatment. On the other hand, the use of such categories does help to focus thinking and to set initial treatment priorities.

This data analysis also has implications for research. The major implication is that the search for differences between abusive and nonabusive families has obscured important differences among abusers. If data presented in this study were collapsed across clusters into one group and compared to a group of non-abusers, no doubt several differences would emerge. These differences would depend on the particular strategy employed in selecting a "control" group, but in general one would expect that the abusing families, as a group, would tend to look economically poorer, have younger parents (and more single parents) with a greater incidence of abuse and neglect in their backgrounds, have a higher incidence of alcohol and drug abuse, have a higher incidence of birth complications, etc.

These factors are theoretically interesting and many might reliably discriminate abusing from non-abusing families. On the other hand, these factors when listed all together would also give a rather misleading picture of the "average" abusing family. That picture would be composed of salient characteristics from each of the clusters and accurately portray only a tiny fraction of the real families in the sample. Inferences about etiology based on that composite of factors could also tend to be misleading in that the "average" abusing family would be more of a statistical construct than an actual family.

The advantage of the cluster analysis performed on our data is that it clusters families rather than variables, and differences between families augment rather than diminish the discrimination power of the analysis.

As an example, consider a comparison of the fathers in Clusters 3 and 4. By focusing on a cluster of family variables, we are able to distinguish between fathers who appear similar in poor employment history, childhood history of abuse and neglect, and current history of drug and alcohol abuse, but who have different likelihoods of perpetrating child abuse.
In Cluster 3, such fathers are married to relatively stable mothers. The apparent psychological make-up of the fathers ties them to their families, and they take out their aggressions at home, on the children, in an effort to assert themselves. In Cluster 4, most of the fathers are not married to the mothers, many mothers live alone, and the mothers have an even more abusive history than do the fathers. We expect, then, that mothers, being the more abused of the pair, would more often be the perpetrators of child abuse.

The point of this illustration is that background variables considered singly are not sufficient to explain or predict abuse, but when considered together and along with family interaction patterns, can provide a powerful tool of analysis.

Finally, the clusters also have implications for social policy. The term "battered child syndrome" was coined to dramatize the problem and increase the awareness of the professional and lay communities of its seriousness and prevalence. The term was most successful in doing just that. In the approximately 15 years that it has been in use, we have seen enormous increases in awareness, changes in legislation in all states, an acceleration of reporting rates, and, recently, significant involvement of the federal government in the funding of research and demonstration projects.

The effects of this activity have been for the most part beneficial. However, as reporting statutes have broadened, not only more but also more kinds of abuse are being reported. Most states, for instance, now include "emotional injury" as grounds for reporting, and a revised "model" child abuse reporting law now under review by ERM broadens considerably the categories of abuse that certain professionals would be required to report (including emotional abuse). In short, the "battered child syndrome" will likely represent a much smaller percentage of the total reported cases than was formerly the case.

The term, however, is still commonly used to characterize the entire spectrum of reported child abuse cases. Such a misrepresentation may have serious consequences. The term "battered child syndrome" conjures up the picture of a helpless infant being viciously (and sometimes murderously) assaulted by his caretakers. This picture dictates the need for an emergency mobilization of a full range of protective services, especially the police and courts, and in many areas (including Los Angeles), a heavy reliance on foster care homes to protect the infant from further assaults.

These "four-alarm" emergency procedures are appropriate and necessary in some cases. In many others, however, they may be a drastic overreaction which produces its own set of consequences. They may put the child at risk for deficit emotional development by indiscriminate and prolonged use of foster care...
effective therapeutic program for the parents, thus putting other children under their care at risk.

To differentiate the cases where removal of the child from his home is indicated from cases where it is not is an enormously difficult task. It involves clinical prediction from a (typically) inadequate data base with risks attached to either decision. The difficulty of the task, however, does not change the fact that this decision is being made all the time in juvenile courts all across the country.

It is clear that a greater understanding of the etiology of child abuse is needed. Diagnosing a problem as child abuse is only a first step in deciding what to do about it. Perhaps the time has come to begin viewing child abuse less as a diagnosis and more as a symptom. The "battered child syndrome" represents only a fraction of all cases. Other etiological sequences must be identified, so that protective service responses can be more precisely calibrated to the specific needs in each situation.
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END