SYSTEMATIC REVIEW OF CHILD ABUSE PERPETRATORS WORLDWIDE: CHARACTERISTICS AND RISK FACTORS

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Abstract
Child abuse is a part of violence and maltreatment towards a child. It has led to many immediate and long-term consequences. The factors pertaining to the perpetrators of physical and emotional abuse were least explored in the literature. The aim of this systematic review is to comprehend the factors of vulnerability among the perpetrators of child abuse, and to identify the most common reported characteristics of child abuse perpetrators in the literature globally. A systematic search of articles published between 2013 and 2018 was conducted in several databases (Scopus, Ovid Medline, EBSCOhost and Google Scholar). Fourteen studies met the inclusion criteria and were included in the review. The risk factors and characteristics of child abuse perpetrators are classified into three different levels; individual, relationship and community. The most common reported characteristics are at the individual level. Family background plays an important role in determining the risk of being a child abuse perpetrator. Low socioeconomic status of the family is the prominent contributing risk factor for abusing own children.

Keywords: child abuse, characteristics, perpetrator

Introduction
Child abuse is a part of violence and maltreatment towards a child (1). There are various types of child abuse that caught attention currently. Few types of child abuse are listed, such as domestic abuse, sexual abuse, neglect, online abuse, physical abuse, emotional abuse, child sexual exploitation, female genital mutilation, bullying and cyberbullying, child trafficking, grooming and harmful sexual behaviour. Cyberbullying, mostly affect the girls as they are more vulnerable and is significantly related to the child sexual abuse (2). All of these have led to many immediate and long-term consequences. Not to mention physical injury, disability and death, it can also impair brain development, causing reduced cognitive function and mental health problems (1). In some extent, children who experienced abuse would revictimized other children when they are older.

Many studies have been carried out in addressing the issue of child abuse. It is a major and serious public health problem as it contributes to health, economic and social burden globally. In year 2016, there were 3,061 cases of child abuse reported by Department of Social Welfare Malaysia (3). However, this figure did not reveal the true number of child abuse cases as there were unreported cases in the society due to some barriers (4). A study by Fang et al. (5) showed that the lifetime cost of a nonfatal abuse victim is approximately RM864,000 and RM5,234,000 for a fatal abuse victim. This finding is supported by the data from Centers for Disease Control and Prevention (CDC) where the total lifetime economic cost of child abuse and neglect is estimated at RM510 billion each year (6). The lifetime cost includes cost for short term healthcare, long term medical care, productivity losses, child welfare, criminal justice and special education.

Previous systematic reviews discussed on the impact of child abuse and its prevention (7-9). Most of them focused on the victims of child abuse (10-12). On the other hand, the perpetrator is less often studied. As child abuse has become a current significant public health issue, it is important to be able to identify and recognize the characteristics of the child abuse perpetrators. Hence, this review will investigate the factors of perpetrator causing physical and emotional abuse, which are least explored in the literature. The aim
of this systematic review is to comprehend the factors of vulnerability among the perpetrators of child abuse, and to identify the most common reported characteristics of child abuse perpetrators in the literature globally based on published articles for the past 5 years.

**Methods**

**Literature Search**

We carried out systematic search for relevant published articles using four major search engines namely Scopus, Ovid Medline, EBSCOhost and Google Scholar. In order to yield the most current studies, we restricted retrieval to articles published from year 2013 to 2018. We performed our systematic review using the PRISMA checklist (13) for the workflow of publications search as presented in Figure 1. The four major selected databases were accessed using the keywords “child abuse” OR “child violence” AND “perpetrator” OR “caretaker” OR “parent” AND “risk factor” OR “characteristic” AND NOT “sexual”. For the articles identified from the database searched, we discarded articles that were duplicated in search engines before we screened them. We screened the titles and abstracts which were relevant to our research questions and any articles that appeared to help us provide an answer to our research questions were included. The total number of articles left after completing the screening were assessed for availability of full text. Full text articles subsequently were retrieved and evaluated based on inclusion and exclusion criteria. Inclusion criteria were: (a) sample population from the community which consisted of parents or caretakers of children aged 0-18 years old with/without their own children aged 0-18 years old OR parents or caretakers who were under detention/charged for child abused crime, (b) tools used in assessing child abuse risk were validated or using retrospective legal record, (c) included studies that were done all over the world. The studies were excluded on the basis of (a) lack of empirical data (i.e., no correlation analysis), (b) qualitative studies. Studies were also excluded if the English version of the full text was not available. A total of four electronic database searches revealed a total number of fourteen articles for review (Table 1). The reviewers for these selected articles were two candidates of Masters of Public Health Program, Universiti Kebangsaan Malaysia.

![Figure 1: Workflow showing process of articles selection for the review](image-url)
## Table 1: Characteristics of studies reviewed

<table>
<thead>
<tr>
<th>Author</th>
<th>Study Population</th>
<th>Study Design</th>
<th>Tool(s)</th>
<th>Risk factor/ characteristic</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cetin (14)</td>
<td>158 parents with children aged 0–6 years who resided in the city center of the province of Duzce, Turkey during the spring semester of the 2014–2015 academic year</td>
<td>Cross sectional</td>
<td>Child Abuse Potential Inventory (CAPI)</td>
<td>Age and gender of parents, number of residents in the house, place of residence, income of family</td>
<td>Child abuse risk score</td>
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<tr>
<td>Ling &amp; Kwok (15)</td>
<td>978 parents and 542 children (9-13 years old) recruited from 565 families from six schools from the three main districts of Hong Kong</td>
<td>Cross sectional</td>
<td>Childhood abuse and trauma scale</td>
<td>Chinese cultural parenting values, parents’ childhood abuse history, parent–child attachment, marital conflict</td>
<td>Child abuse risk score</td>
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<tr>
<td>Rodriguez et al. (16)</td>
<td>70 male intimate partner violence perpetrators in Spain who were court ordered to an intervention program for domestic violence</td>
<td>Cross sectional</td>
<td>State-Trait Anger Expression Inventory-2</td>
<td>Anger, impulsivity as an immediate reaction, empathy, emotional recognition abilities related to empathy, parent child aggression, physical discipline believes, attitudes toward physical punishment</td>
<td>Child abuse risk score</td>
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<tr>
<td>Rodriguez, &amp; Tucker (17)</td>
<td>95 maternal caregivers of 6–9 years old children from various community sites, including day care centres and after school programs in United State</td>
<td>Cross sectional</td>
<td>Child Abuse Potential Inventory</td>
<td>Empathy, distress, social support</td>
<td>Child abuse risk score</td>
</tr>
<tr>
<td>Mikaeili et al. (18)</td>
<td>893 male students aged 12 to 14 years with their parents selected from school in Iran</td>
<td>Cross sectional</td>
<td>Childhood Trauma Questionnaire Modified Adult Attachment Questionnaire Revised Scale of Symptoms Checklist 90 Beck Depression Inventory, II State Trait Anxiety Inventory</td>
<td>Parent-child attachment style, general psychiatric symptomatology, parental depression, parental temporary condition of state anxiety and parental long standing quality of trait anxiety</td>
<td>Child abuse risk score</td>
</tr>
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<td>Author</td>
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<tr>
<td>Rodriguez (19)</td>
<td>Community sample of 135 mother-child (4-9 years old) dyads recruited for two separate parenting studies in two regions of the United States</td>
<td>Cross sectional</td>
<td>Matching Affect to Child Task&lt;br&gt;Interpersonal Reactivity Index&lt;br&gt;Plotkin Child Vignettes&lt;br&gt;Child Abuse Potential Inventory&lt;br&gt;Adult-Adolescent Parenting Inventory-2</td>
<td>Empathy</td>
<td>Child abuse risk score</td>
</tr>
<tr>
<td>Van Vliet-Ruissen et al. (20)</td>
<td>206 women in New Zealand engaged in a child abuse prevention programme for mothers who are highly socially disadvantaged, and at high risk for child abuse</td>
<td>Cross sectional</td>
<td>Historical data collected (retrospective record)</td>
<td>Mother with history of traumatic brain injury</td>
<td>Risk for child abuse</td>
</tr>
<tr>
<td>Ben-David (21)</td>
<td>231 court rulings in Israel that discussed whether parental rights should be terminated or not</td>
<td>Cross sectional</td>
<td>Court rulings (retrospective data)</td>
<td>Demographic features (age, employment), Marital status of the parents, Mental health problems, Criminal background, Parent-child relationship</td>
<td>Child abuse</td>
</tr>
<tr>
<td>Douki et al. (22)</td>
<td>562 mothers with the last child aged 1 month to 12 years old referred to children's referral hospital, for healthcare services for their children in Iran</td>
<td>Cross sectional</td>
<td>Conflict Tactics Scale for Parent and Child&lt;br&gt;Spielberger State-Trait Anxiety Inventory</td>
<td>Mothers’ age&lt;br&gt;Mothers’ education&lt;br&gt;Number of children&lt;br&gt;Mothers’ marital status&lt;br&gt;Exposure of mothers to maltreatment during childhood&lt;br&gt;Maternal anxiety</td>
<td>Child abuse risk score</td>
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<tr>
<td>Zimmer Gembeck et al. (23)</td>
<td>261 female caregivers and their children aged 2.5 to 7.2 years in Australia</td>
<td>Cross sectional</td>
<td>Child Behavior Checklist&lt;br&gt;Beck Depression Inventory—II&lt;br&gt;Child Abuse Potential Inventory</td>
<td>Maternal emotional distress&lt;br&gt;Observed maternal sensitivity</td>
<td>Child abuse risk score</td>
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<td>Abdullah MQ (24)</td>
<td>550 students in primary schools of Aleppo City (Syria) aged between 10-15 years</td>
<td>Cross sectional</td>
<td>Family Violence / Child Abuse Survey (Fv-Cas)</td>
<td>The parents past history&lt;br&gt;Present life situation&lt;br&gt;Life stressors&lt;br&gt;Psychological characteristics</td>
<td>Child abuse risk score</td>
</tr>
<tr>
<td>Price-Wolf (25)</td>
<td>3,023 parent respondents in 50 California cities</td>
<td>Cross sectional</td>
<td>Interpersonal Support Evaluation List&lt;br&gt;Project on Human Development in Chicago Neighborhoods community survey&lt;br&gt;Parent-Child Conflict Tactics Scale</td>
<td>Parents’ gender&lt;br&gt;Parental age&lt;br&gt;Race/ethnicity&lt;br&gt;Type and quantity of social support&lt;br&gt;Cohort effectiveness</td>
<td>Child abuse risk score</td>
</tr>
<tr>
<td>Freisthler (26)</td>
<td>3,023 parent respondents in 50 California cities</td>
<td>Cross sectional</td>
<td>Parent–Child Conflict Tactics Scale&lt;br&gt;Primary Care Evaluation of Mental Disorders&lt;br&gt;Dickman Dysfunctional Impulsivity Scale</td>
<td>Parents gender&lt;br&gt;Parental age&lt;br&gt;Number of children&lt;br&gt;Depressive symptoms&lt;br&gt;Anxiety symptoms&lt;br&gt;Frequency of drinking venue utilization&lt;br&gt;Dose–response for drinking venues</td>
<td>Child abuse risk</td>
</tr>
</tbody>
</table>
Classification for Risk Factors/Characteristics of Child Abuse Perpetrators

We classified the identified various risk factors and characteristics of perpetrators that have been extracted from the studies into three main groups (24). So far, there are no available established classification by high-end global association for this topic. The three categories of risk factors and characteristics are (a) Individual level, (b) Relationship level, (c) Community level.

Results

Characteristics of Studies from year 2013 to 2018

As mentioned in the methodology section, the systematic review included studies from year 2013 to 2018 from various countries in the world, prominently from the West. There were two approaches to the study design, however quantitative approach dominated in this search. All the studies used observational type of quantitative study, namely cross sectional. Out of fourteen studies, twelve had adopted existing validated child abuse risk scale and validated risk factors and characteristics of perpetration in their survey. Two studies used retrospective record from legal documents. Majority of sample population from the community consisted of parents or caretakers of children aged 0-18 years old with/without their own children aged 0-18 years old. Only two studies included parents or caretakers that had been under detention or charged for child abused crime. The sample size ranged from n=70 to n=3023. The identified risk factors and characteristics of perpetration in the studies were further classified into three main categories.

Characteristics/Risk Factors of Child Abuse Perpetrator

Individual Level

The risk factors and characteristics identified at individual level were demographic profile (family income), prior history of being abused during childhood, parental mental health, alcohol consumption and dependence with impulsivity tendency, life stressors and empathy. Eight of the studies significantly demonstrated risk factors and characteristics of child abuse perpetration at individual level. Parents with low family income had a significantly higher risk for abusing their children than other level of income (14, 17). Abdullah (24) found that parents with childhood history of being abused tend to abuse their children. This was supported by Romero-Martínez et al. (27) which demonstrated that parents with a history of childhood physical abuse showed higher Child Abuse Potential Inventory (CAPI) score than parents without history of childhood physical abuse. Mikaeili et al. (18) and Douki et al. (22) both agreed that parental anxiety contributed to child abuse. In addition, Ben-David (21) found that mothers who suffered from mental health problems such as personality disorder and intellectual disability had higher risk for abusing their children. Alcohol consumption and dependence by parents had a higher risk to adopt physically abusive parenting practices compared to non-alcoholic parents as demonstrated by Freisthler, & Gruenewald (26). Other than a history of childhood abuse, Abdullah (24) also found that present-past life stressors for parents (low job status of father, mother-child separation, and serious childhood trouble for the mother) had a significantly higher risk of abusing their children. Poor emphatic ability towards child was also found to be significantly related with greater risk of physical child abuse and this systematic review found abovementioned characteristic in two of the studies namely by Rodriguez (19) and Rodriguez, & Tucker (17).

Relationship Level

Characteristics and risk factors of child abuse perpetration at relationship level described risk factors and characteristics that derived from relationship complication between parents and their children or between parents (mother and father). The risk factors and characteristics identified in this category were marital status/conflict, low social support, and parents-child relationship. Six of the studies significantly demonstrated risk factors and characteristics of child abuse perpetration at relationship level. Two of the studies demonstrated that low social support from family members was significantly associated with higher risk of child abuse (17, 25). Rodriguez & Tucker (17) further extended their study to examine the interaction between level of parents’ distress and social support on abuse risk.
They found that parents with high distress but low social support obtained the highest abuse risk scores. Two of the studies demonstrated that marital conflict and parents’ marital status were significantly associated with child abuse (15, 17). Marital conflict significantly leads to higher risk of abusing the child (15). In this study, they also demonstrated that Chinese cultural values among parents strengthened the negative effect of marital conflict on child abuse. The study described Chinese cultural values as a set of core traditional values on parenting, such as family recognition, conformity, collectivism and humility. While Rodriguez & Tucker (17) found that single mothers obtained significantly higher abuse risk scores in CAPI, two other studies showed that mother’s marital status (either married or single) was not associated with child abuse (21, 22). Four of the studies demonstrated that parents who were having issue with child-parent relationship would significantly obtain higher risk of child abuse score (15, 16, 18, 21). Parents of children in the abuse group were more likely to be assessed as lacking parental responsiveness ability compare to non-abuse group (21). Anxious-ambivalent attachment and avoidant attachment type of child-parent relationship were found to play a significant role in predicting emotional and physical abuse of a child (18). Low parent-child attachment was significantly associated with a high risk of child abuse (15). In this study, Ling & Kwok (15) further demonstrated that Chinese cultural parenting values will increase child abuse when parent–child attachment is low and decrease child abuse when parent–child attachment is high. Greater approval of parent-child aggression significantly increased child abuse risk (16). This parent-child relationship was contributed by physical discipline believes and attitudes toward physical punishment by parents.

Community Level

Characteristics and risk factors of child abuse perpetration at community level described external factors or features of child abuse perpetrator that influenced them to be abusive. The risk factors and characteristics identified in this category were number of residents in the house and place of residence and collective efficacy (neighbourhood support). Three of the studies significantly demonstrated risk factors and characteristics of child abuse perpetration at community level (14, 22, 25). Parents who stayed with six or more number of people in the house, in a small town or village had a significantly higher risk for abusing their child (14). Douki et al. (22) also agreed that large families with a number of children more than five was significantly associated with a higher risk of physical abuse towards children. Price-Wolf (25) found that low level of emotional support by community was associated with physical abuse by both mother and father. Collectivism is an example of a person’s perceptions of the quality of neighbourhood social relationship and it is believed to differ between genders (25). Low level of collectivism may strongly associate with negative outcomes for mother than father (28) including child abuse (29). However, Price-Wolf (25) demonstrated that collectivism was not significantly correlated with risk of child abuse.

Discussion

The results obtained in this systematic review indicate that family background and situation play important roles in determining the risks of being a child abuse perpetrator. The characteristics of a perpetrator were based on 3 levels: individual, relationship and community. Since decades ago, the characteristics of a child abuse perpetrator have been classified into different categories (30, 31). Nevertheless, they still fall into similar context of classification across the diverse groups of characteristics.

Individual level explains the internal factors of the perpetrator, including socioeconomic status of the family, history of childhood abuse, mental health status and presence of life stressors. The perpetrators with prior history of childhood abuse and low socioeconomic status were the most common reported risk factors and characteristics in the four studies at individual level. Over decades, low family income has been recognized as a risk factor for child abuse by previous traditional researchers (32-34) and this particular risk factor remains the most frequent factor of child abuse reported in the current literature. History of childhood abuse is also found to be the most reported significant risk factor contributing to physical abuse. One of the well-known hypotheses that supported this risk factor of history of childhood abuse was intergenerational transmission (35). The intergenerational transmission describes parents who were abused during childhood tend to physically abuse their children. The intergenerational hypothesis is a prominent belief with a paucity of empirical evidence, supports the transmission formulation in the child abuse studies since decades ago (36). In their literature review, Kaufman & Zingler (36) critically demonstrated various empirical studies with numerous methodological variation in order to provide substantive evidence. They found that approximately one-third of all individuals who were physically abused, sexually abused or extremely neglected subjected their off-springs to one of these forms of maltreatment, while the remaining two-thirds provided adequate care for their children. In the current literature, the hypothesis, intergenerational transmission of child abuse was studied by Widom et al. (37). In this study, parents with child abuse history were more likely to neglect their children, rather than abusing them. However, this finding may be inaccurate as the data came from a single source. In addition, parents with mental illness and substance abuse and social problems were strongly related to child abuse and neglect (38).

Relationship level such as marital conflict and parent-child relationship were also ascertained as risk factors for child physical abuse. Low parents-child attachment was significantly associated with physical abuse. This risk factor has been reported since decades ago in previous literatures which had demonstrated evidences of highly aversive pattern of parent-child interaction displayed by abusive parents. Abusive parents had poor interaction with their children (30). Evidence of abusive parents that interacted less and provided less support towards their children were found in the studies since early 1980s (39, 40). Earlier
studies also demonstrated that abusive parents were found to be engaged in a negative interaction with their children. As for marital conflict, physical abuse victims were found to come from broken family. The definite problems in child abuse cases usually involved divorce, parental separation and family disharmony (41).

Finally, community level also plays a role in influencing the perpetrators’ characteristics. This category of child abuse perpetrator characteristics was supported by the sociological model of child abuse that has been growing in interest since early 1970s. The sociological model of child abuse posited social factors as being responsible for child abuse occurrence such as social isolation and large family size (42). Undesirable neighbourhood conditions such as poverty, high crime rate and unstructured housing area often contributed to the child abuse. Sampson et al. (43) suggested that collective efficacy, defined as the social unity of the neighbourhood and willingness to engage in social control, can prevent crime and violence. Living in the community with collective efficacy is a protective factor against child abuse. Another risk factor in child abuse is parenting culture. A study has demonstrated that Chinese family has hierarchical relationship between parents and children as parents hold the authority to discipline their children. Parents believed that physical technique is a typical disciplinary practice (44). When a child is perceived as misbehaving, the parents often use physical technique to give a lesson to the child. It was the common disciplinary practices from generations to generations, and thus was considered non-abusive and socially acceptable.

**Conclusion and Recommendation**

The review indicates that various factors and characteristics of child abuse perpetration were found to be significantly associated with risk of abusing the child. Factors and characteristics of child abuse perpetration at the individual level were mostly reported in the review. However, the impacts of the other two categories vary considerably. By recognizing the risk factors and characteristics of child abuse perpetration in the review, it may encourage better identification of those at risk at primary care setting, followed by targeting prevention and intervention based on the risk factors identified. We found that low socioeconomic status of the family is the contributing risk factor for child abuse. Parents with low income, marital conflict, history of being abused during childhood, experience mental health problem and inappropriate consumption of alcohol tend to become abusive to their children. Primary care practitioners need to play an important role when identifying parents with mental health problems and they should be referred and managed accordingly to reduce the risk of being child abusers.

From this review we also found that many studies were done in the West with limited studies conducted in Asia. Our review comprises current articles from year 2013 to 2018, thus other significant findings of studies in previous aforementioned years are not emphasized in this review.

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**Competing interests**

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

**Authors’ contribution**

Hanani Nabilah Mohd Sobri and Noor Dalilla Inche Zainal Abidin had the primary responsibility of analysing and interpreting the data and drafting the manuscript. Faiz Daud initiated the research and reviewed the manuscript. All authors had read and approved the final manuscript.

**References**


