**Family Functioning in Maltreating Families:
Implications for Parenting Programs**

Mihai-Bogdan IOVU

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Mihai-Bogdan IOVU[1]

Abstract

There is little research-based data on how child maltreating families experience their level of functioning and lack of data is even more stringent for Romanian space. Such knowledge generated primarily by qualitative methods is needed to deepen the different quantitative findings. Therefore, employing a qualitative design, the purpose of this study is to develop a preliminary theoretical model of functioning of child maltreating families. Child maltreatment was defined as physical, psychological or neglect caused by the one of the child's parents. Family functioning referred to well-being or performance of the family unit in such domains as relationships within the family health/competence, conflict resolution, cohesion, leadership, and expressiveness. Data were collected using in-depth interviews with open-ended questions from children subject to maltreatment within the family (nâ10). Transcribed interviews were analysed by using the McMaster Model of Family Functioning. Dysfunctional roles and lack of problem solving abilities within the family emerged as the core categories which described the phenomenon in general and was connected to all other categories of family functioning. The findings can be useful in developing future parenting programs for child maltreating families, in nursing education and in preventing child maltreatment.

Keywords: child maltreatment, family functioning, parenting programs, qualitative study.

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Introduction

Family has traditionally been defined in international documents as *natural and fundamental group unit of society* (Universal Declaration of Human Rights - art. 16, International Covenant on Economic, Social and Cultural Rights - art. 10, International Covenant on Civil and Political Rights - art. 23), but a number of phenomena having negative impact on family functioning have been noticed (Howitt, 1992). Family violence and its component part, child maltreatment, are processes that influence family functioning and future psychosocial development of its members (Paavilainen, Åstedt-Kurki, 2003). When talking about 'child maltreatment', usually scientific literature and international organizations (e.g. WHO, UNICEF, Save the Children) classifies the phenomenon into physical, sexual, psychological/emotional abuse and neglect.

The Romanian law on the protection and promotion of the rights of the child (law no. 272/2004) prohibiting corporal punishment and other forms of physical and psychological violence towards children came into force in 2005. However, the law has not worked as efficiently as was expected. Official data reported by the National Authority for the Protection of Family and Children's Rights (NAPFCR) for 2009 show that 11% of children aged below 18 were subject to physical abuse, a drop of only 3% compared to 2007 and 2008[2]. In The Flash Eurobarometer 235 from the European Commission (2008) 26.5% Romanian respondents aged 15-18 considered the first priority being reducing the violence against children. The mean is above the EU-27 (22.7%), EU-15 (22.3%) and even NMS-12 (24.2%)[3] which means that, even with the measures that have been taken after 1989 by Romanian Government and Parliament, the child still is in a vulnerable position (Ursa, 2000). The last report of European Commission on the rights of the child (2010) carried out throughout all EU states shows that violence in the home is where respondents perceive that children are most at risk over prolonged periods. Consistently throughout all Member States, abuse within the family is often hidden and children who are victims do not dare to speak out. Data provided by independent agencies show rather alarming facts in this matter. The 2000's national study *Child Abuse and Neglect in Romania – prevalence, risk factors, way of prevention and intervention* coordinated by NAPFCR, UNICEF, World Bank and WHO indicates a 24% rate of physical abuse, 21% for psychological abuse and neglect reaches almost 50% (Popescu, 2003). The study Ș*tim să ne creștem*

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[2] According to the address DPS/so/2634 dated March 22nd, 2010, NAPFCR collects such data only starting 2007. The lack of a comprehensive unified nation-wide system for collecting child abuse and neglect data is also noted in the concluding observations of the fourth periodic report of the Committee of the Rights of Child, dated June 5th, 2009.

[3] EU-27 comprises all the 27 states of the present European Union; EU-15 comprises countries before the May 2004 EU enlargement; NMS-12 refers to the new member states from May 2004 plus Romania and Bulgaria who become members in 2007.

copiii? carried by Save the Children (2004) showed that physical abuse is perceived as a normal way of education, accepted and assimilated both by parents and children. 25% of children aged 7-14 were rarely hit with hand or belt and 2.5% were frequent disciplined in that way. Severe punishment (hitting with objects, hungering, burning, kicking on the wall) were admitted by 5%. The reports from Child Helpline Association for 2006-2009 show an upward trend, especially for the last year and for neglect and physical abuse (Child Helpline Association, 2009). Nearly 50% of children aged 7-15 report low and a very low interaction with their parents (Gallup Romania, 2010).

Given the current socio-economical context when periods of economic recession are associated with a raise of the level of violence (Harper, Jones, McKay, Espey, 2009), the need of evidence-based parenting programs for promoting family wellness and preventing child maltreatment is becoming even more stringent in Romania.

There is little research-based data on how child maltreating families experience their level of functioning world-wide (Paavilainen, Åstedt-Kurki, 2003), and we can only imagine how the lack of data for Romanian space is affecting the social work practice in family programs. Families' own experiences could be helpful in understanding them, in finding ways to identify maltreatment, and in supporting parenting programs for child maltreating families and in preventing child maltreatment. There is evidence that family dysfunction is associated with multiple forms of child maltreatment (Mullen, Martin, Anderson, Romans, & Herbison, 1996). Lack of positive interactional patterns is related to abuse potential (Mollerstrom, Patchner, Milner, 1992). Low levels of family cohesion are a significant risk factor for rape when emotional abuse has not occurred, and low levels of emotional expressiveness within the family increase the risk of rape when emotional abuse is also present (Messman-More, Brown, 2004). Research has also shown that neglectful families display significantly lower levels of functioning than non-neglectful families (Gaudin, Polansky, Kilpatrick, & Shilton, 1996), but when children are asked to rate that, they show rather an optimistic picture of their family's functioning, compared to the case-worker rating, what usually is considered to represent a community standard of acceptable family functioning (Gable, 1998). Abusive parents have deficient parenting skills (Hansen *et al*., 1989), interact less with their children and engage in more negative interactions compared to other parents (Burgess, Conger, 1978; Reid, Taplin, Lorber, 1981; Boshua, Twentyman, 1984; Schindler, Arkowitz, 1986; Milner, Chilamkurti, 1991 *apud*. Mollerstorm, Putchnar, Milner, 1992).

Studies have shown that assessments of family functioning, including the level of structure, organization, cohesion, conflict management, communication and corresponding interventions can lead to improved parenting quality (Gaudin *et al*., 1996). A meta-analysis by Geeraert and collaborators (2004) of 40 evaluation studies reported that parent education programs are effective at improving family

functioning, thus reducing the risk of child maltreatment. Relying on these previous quantitative results, the purpose of this study is to describe family functioning of child maltreating families, and to develop a preliminary theoretical model of family functioning in child maltreating families to advance understanding of those. Conceptualization and theoretical construction of child maltreatment within the family will help social workers to tackle the issue by provide them with evidence-based tools in encountering the phenomenon both at a macro level and at the micro level of client intervention.

Method

Research Design

This study used a naturalistic paradigm (Morse, 1994). This implies more commitment to constructivist epistemologies, an emphasis on description rather than on explanation, the representation of reality through the eyes of the participants themselves and emphasizing the emergence of concepts from the data rather than their imposition from current theory. Thus the descriptions given by the participants are the focus of the study, rather than being used as a means to access internal psychological states or processes. We therefore adopted a qualitative approach, with in-depth interview as the main method of data collection. Interviews were well suited to this study for several reasons. Firstly, family assessment interviews are a relatively common instrument used in social work practice with maltreated children, and therefore constituted a relatively familiar and comfortable arena for discussing the themes we were evaluating. Secondly, it is widely recognized in the methodological literature that a one-to-one interview provides the opportunity to explore topics in depth and to experience the affective as well as cognitive aspects of responses, which will contribute to the understanding of the phenomenon.

Participants

A purposive sample of 10 children aged 14-18 with official record of child maltreatment was selected: 6 males and 4 females, 6 were having a record of abuse and 4 a record of neglect. All the children were coming from urban areas.

Table 1. Sample Characteristics

	Age	Gender	Maltreatment	Data Type
1 : Cases	15	male	abuse	interview
2 : Cases	15	male	abuse	interview
3 : Cases	16	male	abuse	interview
4 : Cases	17	male	neglect	interview
5 : Cases	18	female	neglect	interview
6 : Cases	15	female	neglect	interview
7 : Cases	17	female	neglect	interview
8 : Cases	16	female	abuse	interview
9 : Cases	18	male	abuse	interview
10 : Cases	14	male	abuse	interview

Source: Nvivo export

Measures

For this study, 'family functioning' was defined as the well-being or per-formance of the family unit in such domains as relationships within the family health/competence, conflict resolution, cohesion, leadership, and expressiveness (Beavers, Hampson, 1990). To date there are several models of family evaluation that emphasize on the level of functionality as Beavers Systems Model (Beavers, Hampson, 2000), Circumplex Model (Olson, 2000), Darlington Model (Wil-kinson, 2000) or McMaster Model (Epstein *et al.*, 1993), each of these with its own strengths and weakness (Drumm, Carr, Fitzgerald, 2000). For the current study we chose the McMaster Model of Family; therefore by 'family functionality' we will assess only six dimensions of family life (Miller *et al.* 2000; Ryan *et al.*, 2005): *communication* (the way the information is exchanged within the family systems), *behaviour control* (patterns a family adopts for handling physically dangerous situations, situations which involve meeting and expressing psycho-biological needs or drives, and situations involving interpersonal socializing behaviour both among family members and with people outside the family), *affective involvement* (the degree to which the family as a whole shows interest in and values the activities and interests of individual family members), *affective responsiveness* (the ability of the family to respond to a range of stimuli with the appropriate quality and quantity of feelings), *roles* (recurrent patterns of behaviour by which individuals fulfill family functions), and *problem solving* (family's ability to resolve problems at a level that maintains effective family functioning). These are not exhaustive, but cover the key-points of family therapy (Miller *et al.* 2000).

'Communication' was coded as functional if members spent time together talking, if there was an open discussion about any subject and if the content of communication was rich both in cognitive and emotional information. On contrary, dysfunctional communication meant little time spent together talking and transmitting hidden messages. 'Behavioral control' was operationalized as clear rules. These were coded as functional if both parents state them, if they covered a broad range of behaviors and if there was a clear set of restrictions for any breaking. 'Affective involvement' meant mutual interest and valorization and it was coded as functional if members were discussing about their hobbies, preferences or other important things and if members valued and supported each other. 'Affective responsiveness' was coded as functional if subjects were capable of feeling and expressing the entire set emotions while in family. The responses that fall under the category of 'role' were given a functional code if both parents allocated the tasks on equal grounds and if the tasks were time and context dependent. Also, if members displayed satisfaction with the allocation, someone checked how the tasks were fulfilled and if there were good relationships with the extended family with no excessive emotional torment, responses were also coded as functional. The last dimension, 'problem solving' was coded as functional if problems were explicitly communicated to at least one family member, if alternatives were then generated and followed by active action and monitoring.

The research questions asked were two-fold: *familial functionality* (e.g. What is the level of functionality for families with history of abuse as defined by child-victims? To what extent family functionality can be related to maltreatment behaviors?), and *family circumstances* that lead to child maltreatment behaviors (e.g. How well are the family functions fulfilled? To what extent the family control is exerted? How the (instrumental and affective) problems are solved? What communication patterns are performed between members? How feelings are experienced within the family? To what extent is there affective involvement?).

Procedure

Interviews were conducted at the Residential Center, in the counseling room. A written consent was obtained from the manager of the institution and an oral agreement from the participants. The agreement did not push the subjects to participate in the study, and the option of nonparticipating or withdrawing was given at their choice, without being obliged to justify it. Beside their agreement to participate in the study, an additional consent for recording the session was obtained. A qualitative interview guide was developed and used, covering the following domains: problem solving, communication, roles, affective responsiveness, affective involvement, and behaviour control. Each participant was interviewed once. Each interview lasted 1 to 1.5 hours and was audio recorded. All procedures were approved by the doctoral university's committee.

Data Analysis

Analysis of the qualitative data was run using QSR NVivo 7. The reason of this choice is mainly due the advantages of using any CAQDAS (computer aided of qualitative data analysis software): high speed at handling volumes of data and improvement of rigor analysis (Seale, 2008). But also QSR NVivo 7 allows operating with a diversity of data sources including text, pictures, video or audio recordings and allows graphic representation of the relations (Richards, 1999).

Interviews were transcribed (.doc format) and then uploaded into the working memory of the software as *Source documents*. Interviews were organized as *cases* and for every case a series of attributes were defined. A coding sheet was used for information from each interview. By open coding *free nodes* were created and then these were organized into *tree nodes*. Based on these codes *matrices* could be generated. This function is useful in observing patterns and relationships among variables and in selection of the most relevant themes. Further more, these allowed generating the graphic representation of the model (Sorensen, 2008).

Results[4]

Communication

European culture acknowledges the fact that honesty is the best policy in human relation. Practical experience shows thou that parents often face difficulties finding the right way to communicate with their children. Difficulties can be noticed both in the quality of communication (the manner by which open discussions about any problem is present, rich information with affective content included), and in the extent (the manner by which time is spent together talking to each other):

When you have a problem, who did addressed?
Nobody. I just go somewhere private and wait for the problem to pass.
You don't even go to your friends?
I don't have 'real' friends. I have class-mates, school-mates with whom I am ok but I am not talking with them about my private life.
What about your brother? Do you talk with him?
No, we don't talk a lot in the family. Everyone is kind of by himself. If you have a problem you have to find a way to deal with it by yourself.
How does this makes you feel?
It's ok I think. Nothing is that bad that I really need someone to talk with. I just went into my room, stayed there for a bit, I cried a little but after that I

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[4] To comply with the subjects' anonymity, all the names used are fictitious.

came out with a smiley face as if everything was ok…it has to be ok in the end…
    Did you tried to talk with your parents?
    No, and I don't think that I will ever talk with them about something that bothers me. They would never understand.
    Are you sure?
    Yes.
    […]
    How long did you spent together as a family?
    We never did that.
    Are you ok with the amount of time that you spent together?
    I am ok with that. (Bogdan)

Behaviour control

Family rules are behavior prescriptions that define the interactions among members. The rules define the processes within the family. They are different from family to family and within the same family from one moment to another as the family moves in time. Dysfunctional rules are the ones that block the family's ability to deal with the issues they encounter. For families with the history of abuse they become dysfunctional in the 'source' area (one of the parents imposes the rule): *I believe that parents are always right* or *father is always right* (Iulia), *father* (Dan), *mother sets the rules, she tells us what to do and what not to do* (Denisa). The context in which these dysfunctional prescriptions are set is also important because the control is not set for the entire set of behaviors. Some behaviors remain uncovered. Maybe this is why there is a strong relationship between the dysfunctional source and dysfunctional context (parent-source sets the rules that are important for him), and the reaction for breaking other rules is weak: *we still do what we want* (Bogdan).

Affective involvement

Affective involvement is the capacity that gives the family members the ability to move forward in difficult situations. In this case it refers to the manner in which family members are involved in each other and the mutual value the show each other. Children coming from families with history of abuse perceive a low level of interest from their parents:
    What hobbies do you have?
    Music...mainly…
    Is your family supporting you in that?
    Meaning?

Meaning if they buy you CDs or give you money to buy music or to go to concerts...

No, they don't care about that. They tell me that all I do is stay in my room and listen to too much loud music. But they don't necessarily need to give me money for my music. I can get it for free from the net or from my friends…but still they do not ask me why do I listen to the music or what kind of music…they just yell at me…(Iulia).

Affective responsiveness

The degree in which adults are able to construct a secure emotional environment for their children is one powerful resilience factors for maltreating behaviors. Experiencing and expressing emotions adequately is one essential coping skill. In dysfunctional families the quality of all basic emotions is deregulated. For these children we confront with two situations: either they have difficulties in defining the emotion (*I don't know…something nice, something that makes you feel good…*(Iulia)) and it's becoming difficult for them to experience that state within the family or they are capable do define the emotions but they can not transfer it within the family setting:

Could you tell me one story when you felt pleasure?

A…the moment when I helped my class-mate to do one thing in computer science he wasn't able to do it…the next day it happened that the teacher asked him about the homework and he was able to explain…it was good...

But can you tell me one similar story when you felt pleasure within your family?

Within my family…I don't know…it is hard…no…I don't think so…(Marius)

How would you define anger?

As a person who is not thinking clearly, reacts instinctively. I saw anger at my father…

When is the last time you felt anger?

I am not anger. I've never felt anger, but I felt it from the others. It was a long time ago. When he beat my mother I felt his anger. (Marian)

Roles

Each of the roles that individuals have implies tasks, rights, interrelated obligations; there are role prescriptions both for the performing individual as for well the performing partner. Each person plays a role according to his status within the systems and subsystems he is a member of. For families with history of abuse role dysfunctionalities are shown in all dimensions. Allocation of roles (the extent of equal distribution of tasks and performing a specific task) becomes dysfunctional where a single pole of power and control is shown active:

Who sets the duties in home?

Father…yes…always he is the one who says what to do if he thinks there is something to be done.

[…]

Does your family discuss about all these specific duties you mention before?

No.

So how do you think it came to that?

Well…I think that at one point someone said "you do this and you do that", but now there is no need to say that anymore. It is already established and everybody knows. I mean I know I must clean the room every week-end even if I don't start when my mother starts, but I have to do it. You really don't want any more trouble than already is… (Iulia).

Also, there is no reasonable perception on the equity of tasks among members. Redistribution of tasks is used only when there is no other option:

When it was decided that your responsibility was doing that?

Well I think that…a…as far as I remember, I think that after my parents got divorced and I stayed with my mother she was the one that decided what to do and when to do…when I was little…in 4th grade I think. And because we were little we just followed what she said and we never tried to challenge that.

[…]

When we discuss about distribution of tasks you said that every member knows what has to fulfill. Do you think that some members might be feeling overwhelmed with his tasks?

Yes. Always there is someone that does more than the other.

When someone feels like that is there any reallocation of the tasks? Is there any mutual help in carry one different tasks?

I would have to say no…unless of course something unexpected occurs. But we never switch tasks otherwise

[…]

Did someone refuse to do something because he/she taught that is too much?

O yes…so many times…

And what happened?

Nothing…he still had to do it after a while. Nothing changed because of his "rebellion". (Marius)

As a result of the lack of organization in roles distribution, the result is not always satisfary. If by efficiency we understood the extent by which member feel content with the tasks they have to fulfill, dysfunctional families confront with

chaotic situations like *no one verifies*" (Denisa), *it doesn't matter anyway* (Dan) or there is a controlling person, but acting powerless:

> *Does anyone check for the way tasks are fulfilled?*
> *Grandma always checks.*
> *And what happens if she discovers some errors?*
> *She mumbles something there but no one bothers to mind her.*
> *So the job still remains undone?*
> *Yes! (Marian)*

Also, relationships with the extended family are problematic and this affects the available support network.

Problem solving

Dysfunctional families have all kind of problems (instrumental or affective) for which they do not have the necessary instruments. Statement of the problem is not clear:

> *In every person's life there are some difficult moments when he needs to talk with another person. In your case who is that person?*
> *It depends on the problem. I never talk with my father about my problems. With my mother I sometimes talk…but most of the times it is with my best friend…she is a class-mate…or I just do not tell anyone…is not that they can help me. In most of the times I should come up with a solution anyway. (Iulia)*

Alternatives are not always offered and in most cases there is an instinctive-acting upon (*if there is something broken in house my father deals with it because he likes to try everything even if he just messes things more. Then they call someone who knows* (Bogdan)). Decisions are made by one person and there is no monitoring action following.

The results and the input codes can further be used to construct matrices based on the co-occurrence of codes within the text. The resulting matrices generated by Nvivo provide both the frequency of responses and the detailed content of responses, allowing the researcher to assess the patterns of association (*how often* things vary under different circumstances) and the nature of the associations (*in what ways* something might vary under particular or different circumstances) (Bazeley, 2009). Even if a qualitative research does not aim in analyzing the quantitative relationships among different categories these matrices are starting

points in answering the research questions. Therefore, the following graphic model of family functionality for children with history of maltreatment was obtained:
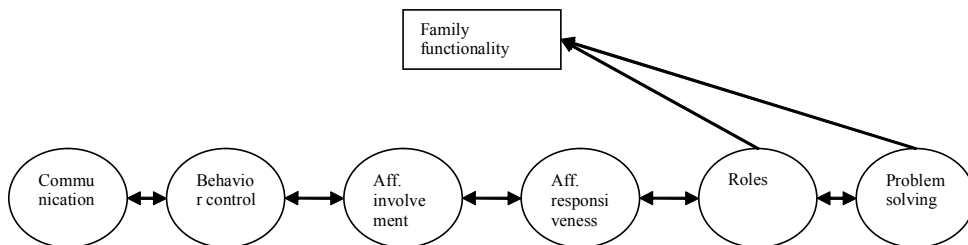

Figure 1. The Relationships among Family Dimensions for Children with History of Maltreatment

Discussion and applications to practice

The categorical scheme above allows us to visualize the interaction mechanisms that occur within the family dynamics where there is a history of child maltreatment.

We did noticed interactions among all analysed six dimensions (roles, problem solving, behaviour control, communication, affective involvement and affective responsiveness). But the only dimensions that showed associations in the matrices with maltreatment were 'roles' and 'problem solving'. Therefore we can say that in families where there is a history of abuse/neglect there also is a display of deficient roles. The dysfunctionality is noticed in the area of *allocation* (one parent sets the tasks, tasks are primarily oriented toward one member, tasks are rigid in time and there are violent reactions when there are not fulfilled); also we noticed a low *efficiency of allocation* (members are unsatisfied with the way tasks are fulfilled and there is no formal reaction) and a *deficient system management* (family decisions are primarily taken by one member with no negotiation and tensioned relationships with the extended family for a long time). Similar dysfunctionalities were also noticed for the problem solving component: *low quality of communication* (problem is not communicated and therefore it is tackled individually, there are no discussions among members), *low decision-acting* (no one takes the responsibility of making a decision and of acting upon it, the problem is not solved), *few alternatives* (no one offers alternatives so the acting is more "by-chance"), and *deficient monitoring* (the action is not monitored, therefore the problem either remains unsolved or is not completely solved). Our results show similar aspects to other studies (Meyers, Varkey, Aguirre, 2002). They demonstrate that families with a history of neglect tend to act chaotic and have a low organization structure and inefficient communication patterns. Parents who are

generally rigid and controlling, who enforced rules, and who endorsed physical punishment tend to ignore their children and have a higher potential for child abuse **(**Medora, Wilson, Larson, 2001**).**

As our knowledge of the factors that contribute to good parenting has increased along with our understanding of the effects of poor parenting on outcomes for children, many interventions have been developed that build on this knowledge. In answering the basic question on how these results can orient future educational parenting programs for maltreating families, the study yield some interesting findings, at least regarding the content of such programs. Without denying the importance of all evaluated dimensions of family functioning, this study points out 'roles' and 'problem solving' as core components in the association matrix. Considering the limitations of the study, results should be careful read. Maltreating families often live in highly stressful social environments affected by poverty, community violence, residential instability as well as inadequate educational, recreational or health resources (Iovu, Roth, 2010). Parenting programs targeting this population are designed to increase parental knowledge of child development, assist parents in developing parenting skills and normalise the challenges and difficulties inherent in parenting (Sanders, Markie-Dadds, Tully, Bor, 2000). Therefore it includes problem solving skills and roles efficiency, but is not limited to this. Carefully evaluation of any parenting program becomes critical. A component-oriented approach to program improvement is much less resource intensive than switching programs entirely and, thus, may be more easily adopted (Barth et al. 2005). But without further evidence, we can not state at this point that emphasizing only on roles and problem solving will bring the required added value.

The current challenges of parenting programs for promoting family wellness and preventing child maltreatment is to focus more on what this population needs and less on the strict adherence to model programs, on designing the most cost-efficient programs and using evidence based models (Rotheram-Borus, Duan, 2003; Beaulieu, 2010). Access to evidence-based parenting interventions has a significant impact on decreasing child maltreatment (Prinz et al., 2009). Therefore, achieving further progress in parent education to prevent child abuse requires continuing efforts to develop effective interventions. Services for children or families affected by child maltreatment must be grounded in prior scientific findings to produce predictable, beneficial, and effective outcomes for recovery from maltreatment (Howard, McMillen, Pollio, 2003). Consumers of child maltreatment services should expect to receive scientifically evaluated interventions, and practitioners should make informed decisions based on the best available evidences for children and families that reduces or prevents child maltreatment (Rosen, Proctor, Staudt, 2003). The United Kingdom, for example, established a Parenting Fund that, now in its tenth year, has invested about $15 million deliver evidence-based interventions aimed at parent support and education in the voluntary and community sector. The efforts in the United Kingdom are part of a

broader endeavor across developed nations, including the United States, to increase the evidence-base and sharpen the focus of parenting programs and to develop specific public policies targeting improved parenting beyond the traditional mechanisms of child welfare services and income support programs (Barth, 2009).

In Romania, in an area where is little knowledge, this study serves as a starting point for future studies addressing the issue of best evidence-based parenting programs. Challenges for such researches include interviews with whole families who are abusing children and who are willing to participate in the interview study as whole families. This would really complement and broaden the findings of the present study. To strengthen the findings of this study and develop theoretical model further it is also necessary to collect more qualitative data on functioning of child maltreating families to see how these findings work in larger samples. Data should be collected both from maltreating and non-maltreating families to compare the views. Quantitative measures based on this preliminary model should be developed after analysing more qualitative data to test the model and to develop it further.

Acknowledgement

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