Chapter 2
Fifty Years of Child Abuse: Milestones, Misconceptions, and Moving On

Kim Oates

Introduction

It is helpful to look back on the past in child protection and to see how far we have come in a relatively short time. It is only 50 years since Henry Kemp and colleagues coined the phrase "The Battered Child Syndrome" (Kemp et al. 1962). Looking back at achievements as well as errors can be helpful on those occasions when we become despondent and feel that we are making little progress in child protection. We can look back and see just how far we have come as well as looking forward to see how much still we have to do.

Child abuse is a spectrum which covers neglect, failure to thrive, physical abuse, sexual abuse, and emotional abuse. These different aspects of child abuse have similarities as well as differences with some children experiencing several types of abuse. It can be difficult to interpret research studies that group each type of abuse together, treating them as if they are the same thing in the analysis and then drawing conclusions. This is something we need to be aware of when reading the research literature in this area.

Child abuse is important not just because of the immediate effects on the child, which are bad enough in themselves, but also because in many of these children there are long-lasting effects which impair their ability to function effectively in their adult lives and in their role as parents.

K. Oates (✉)
Sydney Medical School, University of Sydney, Sydney, NSW 2006, Australia
e-mail: kim.oates@sydney.edu.au

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Milestones

My own background is medical, so some of these key milestones may seem to have a medical bias. Others may have a somewhat different list.

While there had been some early description of child abuse as far back as the 1880s, by West in London and Tardieu in Paris, the modern era is generally regarded as starting in 1946 when Caffey, an American radiologist, described multiple fractures in the long bones of children who also had chronic subdural hematoma (Caffey 1946). If you read Caffey's paper today, the diagnosis of child abuse seems obvious. These children had subdural hematomas, retinal hemorrhages, and multiple fractures. Yet Caffey could give no clear explanation in this paper. He described the features of abuse, and often gets the credit for being one of the first to describe it, but he did not really recognize it as such. In 1946, society and the professional groups were not yet ready to hear this type of information.

It was not until 9 year later that Woolley and Evans talked about the significance of these injuries and the fact that they although they resembled accidental trauma, they were really inflicted by the parents (Woolley and Evans 1955). The connection suddenly became clear.

Henry Kempe had been concerned about child abuse since the 1950s but could get little interest from his colleagues. He got his chance when he became Chair of the 1961 Program Committee of the American Academy of Pediatrics and used his position to organize a session on "The Battered Child", a phrase he coined.

The next year the classic paper "The Battered Child Syndrome" (Kempe et al. 1962) was published in the Journal of the American Medical Association. It was the turning point in the recognition of the extent of the problem.

In a survey to find the 10 most influential papers published on child abuse (Oates and Cohn-Donelly 1997) the paper by Kempe and colleagues was the clear winner.

By 1972, Caffey was much clearer about abuse, this time publishing a landmark paper on the shaking of babies titled "On the theory and practice of shaking infants" in the American Journal of Diseases of Children (Caffey 1972). He was not the first to describe the damage caused by shaking, but this paper popularized the notion. We learnt that what pediatricians used to call the "spontaneous subdural hematoma of infancy" was not that spontaneous after all and that it was usually caused by inflicted trauma.

Another advance occurred in 1972 when we learnt about Munchausen Syndrome by Proxy in a paper from the UK (Meadow 1977). When we read this paper we realized that we too had seen similar cases. It alerted us to a further dimension of abuse which had been right before our eyes, but often missed.

In 1978 Kempe's paper "Sexual abuse, another hidden pediatric problem" was published (Kempe 1978). It was not the first paper on child sexual abuse, but it was probably the most important. This was because of Kempe's stature in the field. By 1978, Kemp was so well known in this field that when he spoke or wrote he could not be ignored. This was the paper that brought child sexual abuse out of the closet.

Then in 1978 we were reminded about the importance of emotional abuse. "The elusive crime of emotional abuse" (Garbarino 1978) paper brought a variety of concepts about emotional abuse into a clear framework which greatly improved our understanding in this area.

We now know so much more about child abuse. We understand the importance of the ecological model: we know that child abuse can involve more than just the child and the family. It can involve the extended family, the community in which the child and family live, and the values of the society in which that community exists.

Misconceptions

There have also been misconceptions, mistakes wehave made in getting to where we are now but that have helped us to learn.

Once the misconceptions of the past was when we have insisted that "children never lie". Is this true? In the 1970s and 1980s we confused the fact that children can give accurate stories of their abuse with the assertion that children never lie. Anyone who has had anything to do with a child knows that they do not always speak with what we would regard as the truth. They make up stories and can happily garnish the truth to avoid getting into trouble. This is not surprising as adults do this as well.

However, this insistence in court that children "never" lie about anything did not add credibility to our cause when we were asked to give evidence in court. However, it is true that that child rarely lie about abuse.

False accusations of child sexual abuse do occur, but the incidence is less than 2 % (Oates et al. 2000). However, the research findings about the reliability of children are inconsistent with views of the general public. Yarmey and Jones (1983) found that when members of the public were asked how an 8-year old child would respond to questions by police in court, less than 50 % believed that the child could give an accurate account. This is at odds with the research evidence about the reliability of children's memories.

One of the most robust findings of memory research is that children from as young as 6 years of age are just as accurate as adults in recalling events and are no more suggestible than adults (Goodman et al. 2001; Davis 1998). Children do make good witnesses. They rarely make up stories of abuse. But the blanket assertion that "children never lie" dented our credibility.

Another past mistake was to be dogmatic about the diameter of the hymen in cases of child sexual abuse. This view probably led wrongful diagnosis in some cases.

The basis for this view was a paper by Cantwell (1983), stating that a hymen opening greater than 4 mm was indicative of sexual abuse. However, we know a lot more now. The correct data about the hymen is that there is a wide normal variation in shape and size. It depends on the age of the child, the position in which

the child is examined, and the method used for examination (Finkel 2009). There is a wide range of normal. The vaginal or hymen diameter cannot be relied on as the sole diagnostic criteria of penetration. Another pitfall was the view that mandatory reporting was a panacea which would help to solve many of our problems. But is it a help or hindrance? Some countries who do not have mandatory reporting want it. Others who do have it want to abandon it. Although over 60 countries have some form of mandatory reporting, there is no real consensus (Dubowitz 2012).

There are clearly some benefits of mandatory reporting: It provides a clear statement that government takes child abuse seriously. It raises public awareness. It encourages early identification which may prevent further abuse and death. It provides a database so that the size of the problem can be measured and monitored. It results in services being provided and its introduction is often accompanied by public and professional training and education.

There can also be disadvantages of mandatory reporting: It may not distinguish between serious and less serious reports. It can be discriminatory as poor and more vulnerable groups are more likely to be those reported. Many cases cannot be substantiated. The large numbers being reported result in child protection services becoming overloaded. There is a danger that with so many resources goes into investigating reported cases that there are few resources left for adequate meaningful intervention on the scale required another early misconception was that domestic violence and child abuse were unrelated. We now know that domestic violence and child maltreatment have a 30–60 % overlap (Jaffe et al. 2012). This is useful knowledge as when we are see domestic violence we also need to consider the question as to whether there is concurrent child abuse.

A further misconception is that sexual abuse is thought to be an isolated crime in otherwise law-abiding people. This may be so in many cases, but certainly not all. A review of police and court records of 180 child sexual abuse offenders 10 years after initial offence found that 60 % had a criminal conviction for offences other than sexual abuse, including violence and robbery (Parkinson et al. 2004). So while some abusers may be otherwise normal, we need to be aware that others offend in many other ways as well, with sexual abuse being just part of a broad spectrum of their criminal behavior.

There was a time when it was believed that alcohol was not a significant factor in precipitating or facilitating abuse. However, the current evidence is that alcohol can be an influencing factor in 77 % of child maltreatment cases (Meredith and Price-Robertson 2011).

Domestic violence, other criminal activity, and alcohol abuse are just three examples of our reluctance to look at the bigger picture in the early years of child protection work.

Another pitfall has been to blame individuals when it is the system that needs fixing. Child protection systems are complex. They involve a variety of staff and procedures. Lessons from the mining and aircraft industries have shown that up to 80 % of errors are due to problems in the system. The message is clear. We need to

build safer systems to protect children and to support people who work in the area, not to discipline individual staff members when things go wrong.

Where We Are at Present

Is the incidence of child abuse falling? It seems to be in the USA. Finkelhor and Jones (2006) have shown that neglect, physical abuse, sexual abuse, and juvenile homicide have all fallen significantly in recent years. Neglect has not fallen by as much, but the other three have fallen sharply.

What is the reason for this fall? Finkelhor has suggested several possibilities: perhaps increased public awareness; more prevention programs, and the use of pharmacotherapy, particularly anti-depressants are some of the possibilities. He also speculates that it may also be due to incarceration, where in the United States long prison sentences for abuse are common, so that perhaps many of the offenders are not able to offend again.

But is it really falling? A study by Gilbert, and colleagues (2012) showed no consistent evidence for a decrease in all forms of child maltreatment in Sweden, England, New Zealand, and Western Australia. However, this information is difficult to interpret as child abuse rates vary considerably between countries. What the paper did point out was that the lower level of child maltreatment in Sweden compared with USA was consistent with lower rates of child poverty between the two countries and with Swedish government policies which provide high levels of universal support for parenting.

The detection and management of child abuse and neglect is expensive. In Australia, where I am based, the cost of child abuse and neglect to our society was between $10.7 and $30.1 billion in 2007 for a country of only 22 million people.

On a global level, a study for the World Health Organization on the global impact of disease found that child sexual abuse contributed to between 4 and 5 % of the total burden of disease in men and 7–8 % of the burden of disease in females (Andrews 2004). This study also found that for some disorders, the percentage attributed to child sexual abuse is even higher, particularly panic disorders, suicide attempts, and post traumatic stress disorder.

We now recognize that childhood abuse and neglect have long-term consequences in many areas of life, but it is only relatively recently that we have been able to understand the reason.

Felitti et al. (1989) looked at the relationship between adverse childhood experiences and adult mental and physical health in a cohort of over 13,000 adults. They used 8–10 categories of adverse childhood experiences (ACE), including abuse and neglect and found that a third had an ACE score of zero, (no adverse childhood experiences), but 16 % had four adverse childhood experiences and 10 % had five or more adverse childhood experiences.

When these researchers looked at the relationship between physical and mental health problems and adverse childhood experiences they found a linear relation

between the number of adverse childhood experiences and a range of health problems. The more adverse childhood experiences, the greater the likelihood of suicide attempts, being prescribed anti-depressants, having memory gaps for large periods of their childhood, being smokers, alcoholics, intravenous drug users, being promiscuous, and more likely to have teenage pregnancy. Even physical problems such liver disease and coronary artery disease were more likely with a greater number of adverse childhood experiences. The experiences of childhood can be long-lasting. They are not like footprints in the sand, where the effects disappear fairly quickly. The experiences of childhood are like footprints in cement explaining why early childhood is so important.

Moving on: The Possibilities

What about the possibilities? A recent paper showed that adolescents who have a history of abuse have reduced gray matter and the location of gray matter reduction depends on the type of abuse (Edminston et al. 2011). Future advances in understanding brain function are going to tell us much more about abuse and this knowledge may one day be able to lead to more effective, targeted treatments.

Can child abuse change the way our genes function? Does our genetic make-up protect some of us and make others of us more vulnerable? Binder et al. (2009) looked at the FKBP5 gene and abuse. These researchers studied 762 adults and looked at two things. The first was whether they had been abused as children. 70 % had not been abused as children and 30 % had been abused. The second thing they looked at was whether the FKBP5 gene had a normal expression (was functioning normally) or a low expression.

They found that adults who had a low expression of the gene and who had also been abused as children had doubled the incidence of post traumatic stress disorder. It seems that here is a gene which may give some protection against the adverse effects of child abuse because, when it is not well-expressed, the adverse effects of childhood abuse may be more likely to appear. There is much to learn in this exciting area.

A similar finding appeared in Nature Neuroscience (McGowan et al. 2009). This was about the NR3C1 gene, thought to modulate stress. The researchers analyzed 36 brains. Twelve of the brains were from people who had suicide but where there was no history of abuse. Twelve were from people who had committed suicide and where there was also a history of abuse and 12 were from people who had died accidently. It was found that in those who had suicide and who also had a history of abuse, there was less expression of the gene.

What might findings like these mean? They suggest that childhood abuse seems to reduce the ability of some genes to be expressed (to function fully), an example of how life events may alter our biology, by altering how our genes are expressed.

In practical terms, with genetic advances proceeding so rapidly, it may become possible to detect these genes through genetic testing, so that in people with low

levels of expression of these genes there might be the opportunity to improve their environment or to provide help to them early on. It may even be possible at same stage to deliver genetic therapy, to boost the expression of particular genes to protect against abuse, or to counteract the adverse effects of abuse.

Drugs may be able to be designed to treat people with particular genetic profiles and these will also undoubtedly have a role in the prevention and treatment of abuse. The possibilities are very exciting.

What Other Disciplines Can Teach Us

We can also learn much from other disciplines. In Australia there has been a 35 % reduction in motor traffic deaths over the last 8 years even though there are many more cars on the road now. The reason for this success has been due to a combination of legislation, surveillance, safer roads, and safer cars as well as public education about road safety.

It is a similar story with coronary artery disease, with an 85 % reduction in deaths over the last 30 years. This is a spectacular success story, even though life is more stressful now than 30 years ago. It occurred because of a combination of public education (less smoking, better diet, and exercise), much more effective emergency treatment and ongoing medical support.

The lessons for child protection from these good results in reducing road deaths and deaths from heart disease are that a combined approach is needed, a combination of legislation, public education, reducing risk factors, early intervention, and better treatment. The success also occurred because governments and the public realized that these were serious problems and that something needed to be done.

The child protection field can also learn from the quality and safety movement. The airlines and mining industries have reduced error markedly and saved lives by a combination of: simplifying systems; having a skilled and knowledgeable work force; providing a supportive working environment; having reasonable work schedules for staff; seeing errors as opportunities for improving the system rather than blaming the individual; having clear guidelines for performance appraisal, having a culture where errors are reported without fear of retribution and robust systems to collect data on errors with a view to improving the systems.

The health industry, which learnt from the mining and aircraft industries now knows the value of clear, unambiguous communication, using “time out” to ensure the whole team understands what is about to be done, clear handover at the end of shifts and learning from error.

It took the health industry 20 years to start to catch up with the airline and mining industries in developing safer systems and blame free reporting. How long will it take the child protection system to catch up and produce safer systems to protect children?

So the future holds some very exciting possibilities: in genetics, in psychopharmacology, in learning from successes in other areas such as reducing traffic accidents and heart disease and in designing safer systems.

A Future Challenge

One of the next big challenges for us is to make the future safe from corporal punishment for the next generation of children. If we really take a stand, right now, we may be able to protect the current generation of children. This is an international issue.

The argument against corporal punishment becomes side-tracked when people disagree by saying "Children need discipline." Of course they need discipline. But hitting is just one form of discipline and research shows it to be one of the least effective. And it can have adverse longer term consequences for later mental health problems and in increasing the likelihood of aggressive behavior (Gerschoff 2002; Simons and Wurtele 2010; Taylor et al. 2010).

Why do parents hit their children? Because we learnt most of our parenting skills when we were children, from the way our parents treated us. Hitting children is intergenerational. But we now know that this teaches children that violence is an acceptable way to resolve conflict.

It is the experience of many parents that physical punishment does work. But we now know that the change in behavior is often short lived and what the child really learns is to avoid the behavior in front of the adult.

Hitting a child contravenes the United Nations Convention on the Rights of the Child (UNCRC). Article 19 of the Convention (United Nations 1989) states that: … Children are to be protected from all forms of physical violence while in the care of their parents…"

Continuing international concern about violence toward children resulted in the UN Secretary General commissioning a report on violence against children in which stated (United Nations 2006) … No violence against children is justifiable… This study marks the end of adults' justification of violence against children, whether accepted as traditional or disguised as discipline…"

The rights of children in this area are now recognized by legislation against corporal punishment of children existing in 46 countries as of June 2015. The momentum to prevent children being hit in any way is growing. But legislation alone is not enough. It needs to be combined with major investment in helping parents to learn about more effective, less harmful methods of discipline which are known to work, complemented by government policies which support parenting.

The future is preventing child abuse has much to offer. We have come a long way in the last 50 years in understanding child abuse, initially as something seen mainly as an individual family problem, later expanded to an ecological view involving the broader community and society and now acknowledged in many countries to be a key issue in the protection of children's rights.

In 2011 in New Delhi, at an ISPCAN conference, a declaration was made, the Delhi Declaration (Seth and van Niekerk 2011). A declaration which aimed to make the Asia Pacific area a safer place for children by declaring a commitment and pledging a resolve to stand against the neglect and abuse of children and to strive for achievement of child rights and the building of a caring community for every child, free of violence and discrimination. It is our challenge to implement this.

References

Andrews, G. (2004). Comparative quantification of health risk, global and regional burden of disorders attributable to selected major risk factors. In: Ezzati et al. (Eds), Chapter 23 in global health risk, WHO, Geneva

Binder, E. B., Bradley, R. G., Liu, W., Epstein, M. P., Deveau, T. C., Mercer, K. B et al. (2008). Association of FKBP5 polymorphisms and childhood abuse with risk of posttraumatic stress disorder symptoms in adults, *JAMA,* 299, 1–1510. doi:10.1001/jama.299.11.1291

Caffey, J. (1946). Multiple fractures in the long bones of infants suffering from subdural hematoma. *American Journal of Roentgenology, 56*, 163–173.

Caffey, J. (1972). On the theory and practice of shaking infants. *Amer. J. Dis. Child., 124*, 161–169. doi:10.1001/archpedi.1972.02110140011001.

Cantwell, H. (1983). Vaginal inspection as it relates to child sexual abuse in girls under thirteen. *Child Abuse and Neglect, 7*, 171–176. doi:10.1016/0145-2134(83)90069-8.

Davis, S. (1998). Social and scientific influences on the study of children's suggestibility: A historical perspective. *Child Maltreatment, 3*, 186–194. doi:10.1177/1077559598003002011.

Dubowitz, H. (Ed.). (2012). *World perspectives on child abuse, international society for prevention of child abuse and neglect*. USA: Denver Co.

Edmiston, E. E., Wang, F., Mazure, C. M., Guiney, J., Sinha, R., Mayes, L. C., & Blumberg, H. P. (2011). Corticostriatal–limbic gray matter morphology in adolescents with self-reported exposure to childhood maltreatment. *Archives of Pediatrics and Adolescent Medicine, 165*, 1069–1077.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine, 14*(4), 245–258.

Finkel, M. (2009). Medical evaluation of child sexual abuse, *American Academy of Pediatrics*, 2009 Evanston, p. 63

Finkelhor, D., & Jones, L. (2006). Why have child maltreatment and child victimization declined? *Journal of Social Issues, 62*, 685–716. doi:10.1111/j.1540-4560.2006.00483.x.

Garbarino, J. (1978). The elusive crime of emotional abuse. *Child Abuse and Neglect, 2*, 89–99. doi:10.1016/0145-2134(78)90011-X.

Gershoff, E. T. (2002). Corporal punishment by parents and associated child behavior experiences: A meta-analytic and theoretical review. *Psychological Bulletin, 128*, 539–579. doi:10.1037//0033-2909.128.4.539.

Gilbert, R., Fluke, J., O'Donnell, M., Gonzalez-Izquierdo, A., Brownell, M., Gulliver, P., & Sidebotham, P. (2012). Child maltreatment: variation in trends and policies in six developed countries. *Lancet, 379*, 758–772. doi:10.1111/j.1365-2214.2012.01375_4.x.

Goodman, G. S., Bottoms, B. L., Rudy, L., Davis, S. L., & Schwartz-Kenney, B. M. (2001). Effect of past abuse experiences on children's eyewitness memory. *Law and Human Behavior, 25*, 269–298.

Jaffe, P. G., Campbell, M., Hamilton, L. H., & Juodis, M. (2012). Children in danger of domestic homicide. *Child Abuse and Neglect, 36*(1), 71–74.

Kempe, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W., & Silver, H. K. (1962). The battered child syndrome. *JAMA, 1962*(181), 17–24.

Kempe, C. H. (1978). Sexual abuse, another hidden problem. *Pediatrics, 62*, 382–389.

McGowan, P. O., Sasaki, A., D'Alessio, A. C., Dymov, S., Labonté, B., Szyf, M., & Meaney, M. J. (2009). Epigenetic regulation of the glucocorticoid receptor in human brain associates with childhood abuse. *Nature Neuroscience, 12*(3), 342–348.

Meadow, R. (1977). Munchausen syndrome by proxy: The hinterland of child abuse. *Lancet, 2*, 343–345.

Meredith, V., & Price-Robertson, R. (2011). *(20110*. Australian Institute for Family Studies: Alcohol misuse and child maltreatment.

Oates, R. K., Jones, D. P. H., Denson, D., Sirotnak, A., Gary, N., & Krugman, D. (2000). Erroneous concerns about child sexual abuse. *Child Abuse and Neglect, 24*, 140–157. doi:10.1016/S0145-2134(99)00108-8.

Oates, R. K., & Cohn-Donnelly, A. (1997). Influential papers in child abuse. *Child Abuse and Neglect, 21*, 319–326. doi:10.1016/S0145-2134(96)00169-X.

Parkinson, P., Shrimpton, S., Oates, R. K., Swanston, H., & O'Toole, B. (2004). Non-sex offences committed by child molesters. *International Journal of Offender Therapy and Comparative Criminology, 48*, 28–39. doi:10.1177/0306624X03257246.

Seth, R., & van Niekerk, J. (2012). *Delhi declaration, E10 green park main*. India: New Delhi.

Simons, D. A., & Wurtele, S. K. (2010). Relationships between parents' use of corporal punishment and their children's endorsement of spanking and hitting other children. *Child Abuse and Neglect, 34*(9), 639–646. doi:10.1016/j.chiabu.2010.01.012.

Taylor, C. A., Mangarella, J. A., Lee, S. J., & Rice, J. C. (2010). Mothers' spanking of 3 year old children and subsequent risk of children's aggressive behavior. *Pediatrics, 125*, 1057–1065. doi:10.1542/peds.2009-2678).

United Nations. (1989). *Convention on the rights of the child*. Geneva, Switzerland: High Commissioner for Human Rights.

United Nations. (2006). *World report on violence against children*. Geneva, Switzerland: United Nations Publishing Services.

Woolley, P. V., & Evans, W. A. (1955). Significance of skeletal lesions in infants resembling those of traumatic origin. *Journal of the American Medical Association, 158*, 539–543. doi:10.1001/jama.1955.02960070015005.

Yarmey, A. D., & Jones, H. P. (1983). Is the psychology of eyewitness identification a matter of common sense? In S. M. A. Lloyd-Bostock & B. R. Clifford (Eds.), *1983, Evaluating eyewitness evidence* (pp. 13–40). Chichester: Wiley.

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