ATTORNEYS' TEXTBOOK OF MEDICINE

GORDY-GRAY

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by

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Chapter 129

The Battered Child Syndrome

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Chapter 129

THE BATTERED CHILD SYNDROME

¶ 129.00 INTRODUCTION

The first recorded case of child abuse in New York City, in 1870, involved a malnourished child who was beaten and kept chained to her bed by her adoptive parents. Police and court authorities deplored the situation, but claimed they had no right to intervene on behalf of the child. Church workers appealed to the Society for the Prevention of Cruelty to Animals, which brought action on the grounds that the child was a member of the animal kingdom and deserved protection from mistreatment. In 1871, the Society for the Prevention of Cruelty to Children was founded.

It was not until the 1940's that the problem of child battering began to receive the attention of the medical community. In 1946, six cases were reported of multiple fractures of the long bones in varying stages of healing, associated with subdu-

ral hematomas (swelling beneath the dura mater of the brain due to accumulations of effused blood). As there was no pathological basis for this combination of lesions and no admitted history of accidental injury in these children, it was concluded that inflicted trauma must be the cause (Caffey).

In 1962, Dr. C.H. Kempe coined the phrase "battererd child syndrome" to describe non-accidental injury to a child as a result of acts by the child's parents or guardians. Any form of physical abuse may be involved, ranging from minor soft-tissue injuries, cigarette burns and scaldings to skeletal fractures, intra-abdominal trauma and severe head injuries.

¶ 129.01 Neglect

A high proportion of battered children are also found to be suffering from neglect. Neglect, the failure to provide for a child's health and nutritional needs, is rarely associated with an overt intent to harm the child. In many cases, neglect is associated with ignorance or poverty. Moderate neglect may involve lack of cleanliness, unsanitary living conditions, inadequate supervision of the child, failure to provide adequate clothing, or failure to provide medical care. Inadequate feeding is the primary indication of severe neglect.

The age of the child is obviously the major factor in determining the severity of neglect—failure to provide food for an infant, who is totally dependent on its parents, has far more serious consequences than failure to feed a child of ten, who is likely to be able to obtain food from other sources. The extent of neglect is also determined by the extremes of the conditions and the frequency or repetitive nature of the behavior.

Some definitions of child battering exclude neglect and limit the application of the term to intentional physical injury inflicted on a child by a parent or guardian. A broader usage includes neglect, psychological or verbal abuse and sexual exploitation of children. The term "maltreatment syndrome" (Fontana) has been suggested as an all-encompassing term for child abuse and child battering, as it clearly includes the entire spectrum of abuse and neglect.

¶ 129.02 Incidence

Although the battered child syndrome is believed to be one of the leading causes of death and crippling in infants and young children, no accurate statistics on the number of cases are available. According to a recent study by the National Child Abuse Center of the Department of Health, Education and Welfare, 1.6 million cases of child abuse and neglect are reported annually with at least 200,000 deaths each year associated with abuse or neglect. Although evidence of mistreatment cannot be obtained in all reported cases, sixty to eighty per cent of these injuries can be substantiated as child battering or neglect.

It is likely that only a fraction of battered children are recognized as such. In many cases, no medical attention is sought; in other cases, the injuries are mistaken for accidental trauma.

Battered children have been found to be significantly younger than other children hospitalized for emergency care. Approximately seventy per cent are under age three and thirty per cent under six months of age (Hudson).

There is some disagreement as to whether or not there is an increased incidence of battering involving children with congenital defects. Some authorities claim that children with mental and physical defects are more frequently battered than normal children, probably as a result of parental feelings of guilt or frustration. Other authorities deny that children with congenital defects are disproportionately represented among battered children.

Some authorities also claim that in many cases only one child in the family is mistreated, while the other children are likely to show evidence of overprotection. This child is believed to serve as an outlet for the expression of parental anger and hostility. This might be the case with an illegitimate child or the child of a previous husband or lover. Some authorities claim that the siblings in such a case are also likely to suffer mistreatment.

Other factors frequently associated with child battering include illegitimacy, drug addiction, alcoholism, financial problems, marital problems, mental illness, broken homes, and teen-

age pregnancies. The parents involved come from varied socioeconomic and educational levels. However, the reported incidence of child battering is somewhat higher for families of poor socioeconomic status. It is likely that this is a reflection of the fact that these children are more likely to be treated in hospital emergency rooms, while children from families with higher income levels are more likely to be treated by private physicians. Suspected child battering is more often reported by emergency room personnel than by the private physician. This may be because the private physician fails to recognize the problem due to a low index of suspicion. There may also be a reluctance to report even when the physician is suspicious as to the cause of injury and aware of the mandate to report.

¶ 129.03 History of Injury

The medical history provided by the parents is often inconsistent with the clinical findings. The parents are frequently evasive or reluctant to provide any information about the cause of the child's injuries and the child is usually too young or too frightened to provide any details concerning the injury.

The parents commonly claim that the child injured himself by falling or hitting his head. However, very few injuries are consistent with the physical capabilities of an infant or very young child.

In cases of neglect, the parents may claim that the child was in good health until a few days before death and then became ill or refused to eat. However, the degree of malnutrition, wasting and dehydration is usually inconsistent with illness of one or two days duration. A child may be hospitalized for failure to thrive and exhibit rapid weight gain with feeding, only to die of starvation after return to the parents. In neglected infants, the weight at death is an average of 65 per cent of the expected weight for the child's age.

¶ 129.10 INDICATIONS OF CHILD ABUSE

Any combination of injuries in a young child should alert to the possibility of battering. Failure to thrive or growth retardation in association with soft-tissue injuries, fractures, dislo-

cations, abdominal injury or head injury is particularly suggestive of mistreatment.

The following conditions have been cited as suggestive of inflicted trauma and warranting of further investigation as to the cause of injury:

(1) multiple fractures

(2) disproportionate amount of soft-tissue injury

(3) evidence of injuries sustained on different occasions

(4) poor general health, indicating neglect

(5) reported cause of recent injuries at variance with findings upon examination of child

(6) history of similar episodes

(7) no new lesions occur while child is hospitalized.

The strongest evidence of battering is the presence of multiple fractures in various stages of healing, indicating several traumatic episodes. The classic description of the battered child syndrome is one of multiple fractures of the long bones in various stages of healing, associated with chronic subdural hematoma and no evidence of skeletal disease to explain the presence of fractures.

¶ 129.20 PHYSICAL EXAMINATION

Examination of the child's body frequently reveals signs of malnutrition, poor skin hygiene or general neglect. The cleanliness of the body and presence or absence of diaper rash and insect infestation should be noted, as should the adequacy, state of repair and cleanliness of the child's clothing. Any discrepancies, such as severe diaper rash or extensive insect infestation in a freshly washed child dressed in clean clothing, are especially important.

The child's height, weight and state of nutrition should be recorded. The amount of subcutaneous fat provides a good indication of the state of nutrition. In the neglected infant, there is no palpable subcutaneous fat, and the ribs are prominent and the abdomen retracted. The absence of fat also produces depression of the eyes and concavity of the cheeks.