



Child Abuse

Ruth S. and C. Henry Kempe

The Developing Child

Jerome Bruner

Michael Cole

Barbara Lloyd

series editors

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Ruth S. Kempe
and C. Henry Kempe

Harvard University Press
Cambridge, Massachusetts
1978

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Printed in the United States of America

Library of Congress Cataloging in Publication Data
Kempe, Ruth S.

Child abuse.

(The Developing child)

Bibliography: p.

Includes index.

1. Child abuse—United States. 2. Child abuse—
Treatment—United States. I. Kempe, C. Henry,
1922- joint author. II. Title. III. Series.

[DNLM: 1. Child abuse. WA320 K34c]

HV741.K44 362.7'1 78-5104

ISBN 0-674-11425-6

ISBN 0-674-11426-4 pbk.

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Recent decades have witnessed unprecedented advances in research on human development. Each book in The Developing Child series reflects the importance of this research as a resource for enhancing children's well-being. It is the purpose of the series to make this resource available to that increasingly large number of people who are responsible for raising a new generation. We hope that these books will provide rich and useful information for parents, educators, child-care professionals, students of developmental psychology, and all others concerned with childhood.

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To Brandt Steele, beloved friend and colleague

Acknowledgments

We express our gratitude for the encouragement and support received from the Robert Wood Johnson Foundation and the William R. Grant Foundation. This book was written at the Rockefeller Study Center at Bellagio, whose hospitality we value.

R.S.K.

C.H.K.

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Part One:

The Nature of Child Abuse

1/ The Dimensions of the Problem

A book on child abuse could not have been written one hundred years ago. If an investigator from the 1970s were to be transported back to the nineteenth century so that he could survey the family scene with modern eyes, child abuse would be clearly visible to him. In the past, however, it was largely invisible to families and their communities. Before it could be acknowledged as a social ill, changes had to occur in the sensibilities and outlook of our culture.

Historically society has not been troubled by the maltreatment of children. Where children were not wanted, mortality ran high. In nineteenth-century London, for example, 80 percent of the illegitimate children who were put out to nurse died; unscrupulous nurses collected their fees and then promptly did away with the babies. When a profit could be made, adults sometimes sold children into slavery or used them as a source of cheap labor. This is not to say that individual parents did not care about their children; but pervasive values sanctioned many practices that we now call abusive, and even caring parents were under their influence. Infanticide was not only a threat to the infants of royal families; in some cultures it had wide acceptance as a means of controlling population size and eliminating children with birth defects. Mutilation of children is usually presumed to be a remote custom. Examples such as the foot binding of Chinese daughters and the cranial deformations of certain

*We have generally used the male pronoun when referring to a child, only because it is easier then to distinguish him (or her) from mothers and other female caregivers.

Indian groups come readily to mind. Yet mutilation of sexual organs has been seen as a religious rite since the Stone Age, and in spite of its questionable value, circumcision is still the most common operation performed in Western medicine today.

In order to chart the gradually emerging awareness of child abuse—as of any other social issue, such as women's suffrage or the civil rights of minorities—it is necessary to point to a moment in time when it is clear that established values began to weaken their hold. Certainly a carelessness (and ignorance) about the physical and emotional needs of developing children was the norm for a long time, but maltreatment of children has survived into the late twentieth century, virtually unchallenged, because two beliefs remained strong. First, children were seen as their parents' property and it was taken for granted that parents had every right to treat their children as they saw fit; furthermore they were seen as their parents' responsibility, and for many centuries harsh treatment was justified by the belief that severe physical punishment was necessary to maintain discipline, transmit educational decisions, and expel evil spirits. In the schools of Sumer, 5000 years ago, there was a "man in charge of the whip" to punish boys upon the slightest pretext. The ancient philosophers beat their pupils unmercifully. Later, there was a time in most Christian countries when children were whipped on Innocents' Day to make them remember the massacre of the innocents under Herod. Parents, teachers, and ministers alike have believed that the only cure for the "foolishness bound up in the heart of a child" was repression by the rod, and "beating the devil out of him" is still a common expression today.

There were occasional periods of protest, it is true, and history reveals influential individuals who spoke out against the maltreatment of children. Plato, in 400 B.C., advised teachers to "train children not by compulsion but as if they were playing," and Sir Thomas More used peacock feathers to beat his daughters. But respites were short-lived for the highly vulnerable children, and strong values decreed that what happened to them was a family affair.¹

The change in cultural views can be traced to the early days of the Child Welfare Movement in America. In New York in 1825 the New York Society for the Reformation of Juvenile Delin-

quents established a house of refuge, primarily for wayward children and only secondarily for the neglected and abused. The Society for the Prevention of Cruelty to Children was founded in New York City in 1871; and, following its example, many other societies with similar objectives were formed in different parts of the United States and Great Britain, stirring the public consciousness on behalf of destitute children. In 1909 the first White House Conference was convened, and the American Association for Study and Prevention of Infant Mortality was founded. Soon it became evident that the causes of child abuse evolved from complex psychosocial backgrounds; little was known, however, about the real nature of the problem and it was rarely diagnosed.

The "battered-child syndrome" was first described in 1860 by Ambroise Tardieu, a professor of legal medicine in Paris.² He had, of necessity, to rely on autopsy findings. He described 32 children battered to death by whipping and burning. The same year, Athol Johnson at the Hospital for Sick Children of London called attention to the frequency of repeated fractures in children.³ He attributed these to the condition of the bones, since rickets at that time was almost universal among London children. We now know that almost every case he described was, in fact, an abused child. Official London records reveal that among 3926 children under five years of age who died by accident or violence in 1870, 202 were listed as manslaughter; 95, neglect; 18, exposure to cold—all obviously dead of child abuse. However, the rickets theory persisted well into the twentieth century.

It was not until 1946 that John Caffey reported his original observations regarding the unexplained association of subdural hematoma and abnormal x-ray changes in long bones.⁴ Soon Caffey and F. N. Silverman clearly defined their traumatic nature.⁵ In 1955 P. V. Woolley and W. A. Evans published a paper in the *Journal of the American Medical Association* entitled "Significance of Skeletal Lesions in Infants Resembling Those of Traumatic Origin."⁶

In 1961 C. Henry Kempe arranged for an interdisciplinary presentation at the Annual Meeting of the American Academy of Pediatrics on the subject of the battered-child syndrome. Our comprehensive description of the syndrome was published the following year in the *Journal of the American Medical Association* and presented pediatric, psychiatric, radiological, and legal

concepts as well as providing the earliest incidence figures for the United States.⁷ Since 1962 literally thousands of articles and dozens of books have greatly added to the understanding of child abuse and neglect.

Still, old values have not been demolished: as recently as 1975 the Supreme Court ruled that states were permitted to decide if teachers could physically punish children in school. But values are clearly changing; the same act that might have met with applause from clergymen a hundred years ago must be referred to the authorities of criminal justice today. The history of the emergence of child abuse as a social issue involves a growing recognition of maltreatment as an unnecessary evil, the technical capability to trace clues that tell a story of inflicted injury, and the community's readiness to address the problem constructively.

CHARACTERIZING CHILD ABUSE

Child abuse involves a hurt child, but the web of cause and effect is imperfectly understood. One way to approach the issue is to look at the symptoms that the child presents. Another way is to look at the actions of the caretaking adults (parents, guardians, and friends). Four categories are commonly used to classify their behavior: physical violence, physical and emotional neglect, emotional abuse, and sexual exploitation. Physical violence implies physically harmful action directed against the child; it is usually defined by any inflicted injury such as bruises, burns, head injuries, fractures, abdominal injuries, or poisoning. Inflicted injury requires medical attention (whether the child receives it or not).

The borderline between willful injury and physical neglect, both of which can cause accidental harm, is sometimes difficult to determine, but examples such as giving large adult doses of sedatives to an infant or hallucinogenic drugs to a small child are so dangerous as to constitute clear abuse.

Neglect can be a very insidious form of maltreatment and, if there is no contact with a doctor or nurse, it can persist, unnoticed, for a long time. Neglect implies the failure of the parent to act properly in safeguarding the health, safety, and well-being of the child. Physical neglect includes nutritional neglect, failure to provide medical care, or failure to protect a child from physical and social danger.

Nutritional neglect results from feeding an infant inadequate calories—either simply not enough food or a bizarre diet. It leads to failure to thrive, a potentially life-threatening condition in which the child's weight gain stops; weight, height, and often head circumference fall below the third percentile of children his age. Although there are diseases that also cause failure to thrive, more than half of the cases seen are due to inadequate nutrition. The baby is small, gaunt, with prominent bones and no fat padding his cheeks or buttocks; he has an anxious expression and a voracious appetite. Children who suffer from failure to thrive often show other signs of neglect, such as poor hygiene and emotional upset, as well; they relate poorly to others, are depressed, apathetic, and developmentally delayed. Emotional neglect almost always occurs with physical abuse; it can also occur with good physical care and inflict just as much damage on the developing personality. Flagrant cases describe children left locked in an attic; far more common are the subtle forms of emotional abuse in which a child is continually terrorized, berated, or rejected.

Sexual abuse means the exploitation of immature children through such actions as incest, molestation, and rape. Its particular circumstances, in both detection and treatment, warrant a discussion of sexual exploitation as a special case (Chapter 4).

Behavior of the adult—angry, indifferent, seductive—can vary tremendously. Attaching blame to these parents may be difficult to resist. But it is more useful to view their behavior as an extreme response to stress, and often these parents themselves are suffering individuals who endured abused childhoods. One of the major misconceptions about abusive parents is that they are invariably disadvantaged. Poor parents may well be under more external stress from worries about homelessness, overcrowding, or debt than those who are better off, but the crucial internal stresses are remarkably similar for rich and poor parents alike. Another misconception is that abusive parents are fundamentally and incurably abnormal, psychotic, criminal, or retarded. Like the first, this misconception is probably popular because it tends to put a distance between us and them.

A third misconception about child abuse is that it is very rare. In fact, child abuse is reported 320 times per million population. Reported sexual abuse stands at 150 per million. Since the dimensions of the problem elude precise definition, it is not sur-

prising that disagreements arise concerning the incidence of abuse. Our evidence shows that reported cases represent only a fraction of the total (sexual abuse, especially, is underreported). Investigators who base their conclusions only on reported cases inevitably underestimate the problem. David Gil, for instance, states that "the physical consequences of child abuse do not seem to be very serious in the aggregate."⁸ It must be stressed, however, that all of Gil's data from 1965 to 1969 were taken from reported cases only and were collected in the earliest years of the laws mandating reports of abuse.

As public attitudes become more broadly understanding, many more parents voluntarily seek help before they seriously harm their children. In 1968, California had 4000 reported cases; in 1972, 40,000; Florida's reports jumped from 10 cases to 30,000 over the same four years, and Michigan went from 721 to 30,000. Not only are more cases being reported—they are of a milder nature, suggesting that families are being helped sooner. In Denver, the number of hospitalized abused children who die from their injuries has dropped from 20 a year (between 1960 and 1975) to less than one a year.

Child abuse is a problem—but not a hopeless one. Our results show that four out of five abusive parents can be brought to stop injuring their children physically. This book is for all those people who, in the course of their professional or private lives, may be called on to recognize and cope with cases of child abuse. We hope to provide a clear picture of the nature of abuse and the conditions that give rise to it. There are ways of dealing with the problem which we believe can provide effective treatment in most cases and prevent others from occurring. Our conclusions are based, in large part, on the work of the National Center for the Prevention and Treatment of Child Abuse and Neglect at the University of Colorado School of Medicine, Denver. Those of us who work at the center can now look back on twenty years of experience with over three thousand families in which a child was battered, sexually exploited, seriously neglected, or failed to thrive. These families and their children have taught us a great deal about how to predict abusive and neglectful behavior and how to recognize it early and treat it promptly. What we have learned has been enough to change dramatically our practices in obstetrics and pediatrics, our use of services such as health visit-

ing, social work, psychology, and psychiatry, and our work with the police and the courts.

In this book we will explore the network of cause and effect that entangles abusive parents and their children and the ways in which abuse and neglect can be prevented, treated, and cured.