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CHILD ABUSE: TOMORROW'S PROBLEMS BEGIN TODAY†

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I am grateful for the opportunity to be the keynote speaker at the conference this morning. Today we are going to be discussing child abuse, which I think is probably the most important medical-social problem presently confronting this country. Let's begin with a little bit of the recent history of the problem. In 1962 the medical profession, led by Dr. C. Henry Kempe recognized that there were large numbers of children in this country who were victims of battery and abuse. Dr. Kempe published a paper in the *American Medical Association Journal* outlining the fate typically awaiting these abused children, several of whom had died, others of whom were under court supervision, and some of whom had been brain damaged. In that paper, he coined the term "battered child syndrome" to describe their physical symptoms. The paper caused a great deal of interest among the medical profession, although the phenomenon had existed long before Dr. Kempe described it. The battered child syndrome had been observed many times before by X-ray specialists who had seen certain things in the bones of children which might have led them to believe that the children were being battered, but who had never actually described it as such.

At the time Dr. Kempe's paper was published I was, as I am now, Medical Director of the New York Foundling Hospital. I became interested in battered children because I had noted, while making rounds with the staff, that there was more to this problem than just the battered child. At any one time at the New York Foundling Hospital we had 350 children, varying in age from one week to four years, and we noticed some who were neglected, who showed signs of maternal deprivation, who failed to thrive, who suffered from poor skin hygiene, repressed personalities, all of these things, and the full extent of the problem suddenly became apparent to us. The following year we published a paper in the *New England Journal*

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of Medicine in which we made the observation that there were a great many findings in children denoting neglect and abuse, and that the battered child syndrome was only the final phase of the spectrum. The paper shows that physical battering is really the end of the line for the child, and that we professionals and paraprofessionals should be directing our efforts towards identifying these children and families earlier, before the battered child syndrome becomes apparent.

That was over a decade ago. The term battered child is still evident, but the focus now is on the broader category of "maltreated children," and when we speak of child abuse at a symposium such as this we are not only talking about the battered child, but are really focusing our attention on all forms of abuse. One need not break a child's arm to abuse that child. One may instead break the child's spirit through the use of verbal and psychological beatings. This verbal or psychological abuse often is just as damaging to a child as a physical beating. Also included within the term maltreated children are those who are neglected, both physically neglected children and psychologically neglected children. Finally, there are the children who are sexually abused. This, then, constitutes the broad spectrum of maltreated children who are of prime concern to us today. Before we look more closely into the nature and problems of the child abuse phenomenon, however, we must first examine and expose three fallacies that have kept us from making much more rapid progress in the field.

The first fallacy, one believed by a very substantial portion of our society, is that the problem is somewhat rare, involving only a few kids you might read about in the daily papers, or see on television, and so it really need not concern us. The fallacy here lies in the assumption that child abuse is rare, which it most assuredly is not. Over 2000 children die of maltreatment in this country each year. Think about that! We have had only one person die of the swine flu, and yet have seen a billion dollars go into the immunization programs across the country. Two thousand children die, and nobody seems to care. There are two fatalities from child abuse every week in New York City alone. It is a sad commentary that often these cases make only page 24 of the Daily News. We have become so callous, and our sensitivities have become so numb with regard to respect for human life in general, and the problem of child abuse in particular, that we really don't care about these children. So child abuse is not rare—in fact, it has been stated that it is probably the most common cause of death in children, surpassing infectious diseases, cancer, leukemia, cerebral palsy, and even accidents. But while we have telethons and other fund raisers for cerebral palsy, cancer and leukemia, we have not been able to identify with the abused child. It is only within the last ten years that the medical, legal, and social professions have begun to make inroads into the problem. Progress has been slow, and, for the most part, society, both professional and nonprofessional, has not been able to identify with these maltreated children sufficiently to provide the impetus for change.

The second fallacy is that child abuse is a low income disease and hence is more or less restricted to ghettos and minority groups. The same observation has been made with respect to drug abuse, but the fact is that it is not true in either case. Both drug abuse and child abuse affect people in all economic strata. Unfortunately, child abuse in middle and upper income groups often is simply better hidden. Mothers from these groups may take an abused child to their private physicians and thus maintain a high degree of confidentiality. These private physicians may either not recognize the problem or else not wish to recognize it for a variety of reasons. A factor which contributes to the incidence of child abuse at low income levels is the fact that poverty accentuates and magnifies the stresses and strains that allow a person to strike out at a child. It should not be assumed, however, that poverty causes child abuse.

The third fallacy is that those people who would abuse children are necessarily crazy. Although this belief is fairly widely held, it is unsupported by the facts. Only about ten percent of abusive parents are schizophrenic or sick and in need of psychiatric therapy. The other ninety percent are, for all intents and purposes, completely normal. These people cannot be distinguished from other parents until they are seen at home in stressful situations, where their frustration level drops and they strike out at their children. So, child abuse is not rare, does not exist only among low income groups, and is not engaged in only by crazy people. Once these fallacies have been destroyed, we can proceed with a more thorough analysis of the problem, beginning with a recognition of the many victims of child abuse.

Ten or twelve years ago, an abused child was removed from the parental home, placed in a foster home or institution, and the problem was considered solved. Since then we have increasingly come to realize that simply removing the child does not solve the problem. At that time, it was thought that the child is the only victim in these maltreatment cases. Subsequently, we have learned that a great majority of these battering parents were themselves abused, neglected, or battered children. This came as an important revelation, showing us that the problem can be likened to a disease which is passed down from generation to generation. The battering parent of today was the battered child of yesterday, and the battered child of today, if he survives, may become the battering parent of tomorrow. Knowing that many of these abusive parents suffered at the hands of their own parents, we have now developed a much more compassionate approach to these situations. Doctors no longer subject these parents to harsh, third-degree interviews, but are more understanding of the problems within the family and the cycle of violence that may exist. Of course, the fact that a parent strikes out at a child cannot be condoned. But, in many cases we can understand why it happens. We also understand that this conduct, for the most part, is not willful. Psychodynamics has shown us that many child abusers are isolated depressed people. Often they have no family or community relationships. Many times there are

single parent situations, frustrations, marital problems, financial problems, or perhaps drug addiction or alcoholism. We now recognize that the abusing parents are as much victims as are the abused children. The modern approach, therefore, is bifocal: rehabilitation of the parents as well as protection of the child.

About a month ago I gave a talk to the Fortune Society, which is a group of criminals who have been rehabilitated and are now trying to help others and the system. In speaking to them I suddenly realized that there is a third victim of the child abuse problem. That third victim is society, for a majority of the juvenile delinquents, runaways, throwaways, the young drug addicts and alcoholics, and the muggers out there on the city streets, have come from rejecting, abusive, neglectful homes where they learned their violent traits. Violence is learned, just as parenting is learned. Teach violence; learn violence; act violent. Many times the parents are the true delinquents, in the sense that many of the juvenile delinquents and perpetrators of violent crimes in our city streets today have learned violence through their families.

Probably the most effective means of preventing child abuse is to teach parenting. Often, parents who abuse their children have never had a decent model to imitate. Parenting is not something you are born with, and mothering is not instinctive, as some physicians and parents have thought. Babies are born naturally, but mothering and parenting skills are learned by imitation of models, such as one's own mother, grandparents, or aunts and uncles. Some people have been responsible for rearing siblings, and so learned a few things from that for when they have their own children. Commonly, abusive parents have had no satisfactory model to imitate. When they have children they are unable to cope with them, unable to deal with them, and unable to recognize what their children can and cannot do. Frequently, we see role reversals in these situations, whereby many of these mothers expect the child, immediately after birth, to fulfill their needs, in effect, to mother them. When the children prove to be unable to fulfill their needs, these mothers strike out at them. They are frustrated. They are unable to understand that a child cannot be toilet trained until it reaches a certain age, and expect it to be trained at an earlier age. They expect the children to be adults from the very beginning, and the children then become a source of constant frustration to them. The stresses and strains build up, and they strike out.

With the recognition that parenting is such an important preventive measure against child abuse, we may possibly begin to discuss and teach parenting in our elementary and high schools. It is never too early to teach parenting. Young people must pass an examination before they are permitted to drive a car, but there is no similar requirement that these people pass an examination concerning the responsibilities of parenting before they become parents. This is not to suggest that there should be such a

test, but rather to point out that those who would become parents should be aware of the responsibilities of parenthood, of what is expected of them, and of what to expect from the parent-child relationship.

Now that the three victims of the disease have been identified, programs have been established throughout the country to correct the problem. I will not discuss the details of these programs, but all are geared toward breaking the familial cycle of violence breeding violence. They do this by teaching parenting and by showing these unfortunate people how to cope with stressful situations; by teaching them how to deal with their children, and how to control their own tempers. Also available are programs aimed at elevating the self-esteem of abusive parents. These latter programs are necessary because frequently these parents hate themselves for what they are and for what they are doing. They know that what they are doing is wrong, and they know a cry of pain when they hear one, but they are unable to ask for help and are isolated, lonely people. This barrier of isolation must be smashed before they can be reached. There are no short cuts in the treatment and prevention of child abuse. There is no one program which works for everyone, whether it be Parents Anonymous, the temporary shelter at the Foundling, a hot line or a life line, or a Society for the Prevention of Cruelty to Children program. There are a wide variety of programs which will serve the needs of a wide variety of child abusers. What is good for one mother will not be good for another. What works in New York City may not work in Denver, and what works in Denver may not work in California.

Many programs have been developed as a result of the federal government's making available to the states millions of dollars in the last few years to develop treatment and prevention programs for child abuse. There are also many voluntary programs such as Parents Anonymous throughout the country for people who are trying to help parents make this adjustment so that their misbehavior can be corrected. Use of the term child abuse has been a severe drawback to many of these programs. It has very serious connotations and may present an insurmountable obstacle to reaching some of these parents. A child abuser is considered to be the worst of all offenders in many circles. In fact, I am told that in prisons child abusers or child murderers often fear for their lives, because even prisoners reject a person who has struck out at a child. Because the term child abuse carries such terrible connotations, it would be helpful to change it to something like "parental misbehavior," which, in any event, more adequately describes the conduct of those parents who have not yet resorted to severe physical force. Unless we do so, the hundreds of thousands of parents who abuse their children verbally, psychologically, physically, sexually, or through neglect are going to remain hidden in their closets, afraid to come out for help.

Ten years ago we showed pictures of children who were battered and abused. They were pretty horrible pictures, but we felt that we had to show

them in order to bring people to an awareness that the problem was both real and vital and not a figment of anyone's imagination. People needed a graphic illustration of the existence and effects of the abuse of children. Today, showing these same pictures would simply turn people off. It would impede our progress in our treatment and prevention programs because the pictures do not serve as an inducement to these parents to seek help. There are people who are being counterproductive by showing these pictures again and producing only anger and revulsion in those who see them. We have gone that way; we should not be going backwards. What we should be looking forward to now is teaching people to think of child abuse or parental misbehavior as we would think of alcoholism, venereal disease, homosexuality—a problem that people have, a problem that calls for compassion and understanding. We must help them in some way to solve these problems so that they do not destroy themselves or their families.

This brings us to the story of the family. Our objective in all these programs is to keep families together, not to remove children to foster homes. It must be noted that although we try to keep families together after treatment programs have been instituted, we find that in about twenty-five percent of our cases the parent does not want the child, for whatever reasons: the child impedes the parent's lifestyle, he hates the child, or he did not like children to begin with. In these cases, we must work toward having that parent give the child up for extended foster care or adoption, and in so doing we may save that child's life as well as the parent's. Although not all parents love their children, we must work towards keeping families together wherever possible. Putting a child into one foster home after another when he is young will simply result in his running off somewhere and becoming a drug addict when he is old enough.

We are all aware of the problems; we read about them in the papers every day. This past week alone three children were killed, and everybody said: "Those parents ought to be locked up!" What about the mother who went to Bellevue Hospital and left her baby in her apartment? The dog ate the baby. Just think about that for a minute. We doctors talk; we give lectures and addresses, and we always say: "Remember, there are high-risk people that you have to be careful of and ready to intercede." The high-risk people are those like the unwed mother here who is woefully young, who is depressed, who is isolated, who has no family. Yet, with all these signs, nobody picked it up. She went to a prenatal clinic, was delivered by an obstetrician, seen by a pediatrician, a resident, or an intern, by a nurse, and, I am sure, by a social worker. Nobody picked it up. What about the superintendent in the building who knew there was a dog up there? Why didn't he break down the door and do something about the dog? What about the next door neighbor; anyone in the building who saw the mother coming home from the hospital with the baby, and yet did not offer to help with the baby? Obviously, this mother was neglectful. This mother is responsible. This mother is guilty. But are not we all as equally to blame for not having interceded? All the symposiums on

child abuse and all our talk about child abuse have not really done the things we had hoped they would do.

Everyone of us must become involved, by caring and also by intervention, whether professional, nonprofessional, or simply as a human being. I hope that the symposium today will bring home the enormity of the problem of child abuse, and the need for society to recognize it as such. All of the legal and medical know-how, and all the intervention programs we have developed are not really going to be successful without strong public support. The statement that "I don't abuse my child, so why the hell should I worry?" about sums up the view of a large segment of society. The simple fact is that many of these children are going to grow up, and they will live in the same communities as your children and your grandchildren. We have seen an increase of fifteen to twenty percent in child abuse cases reported to the central registries throughout this country. Since we already know that child abuse leads to crimes of violence, can you imagine what is going to happen to this society in five to ten years? If we think it is bad now, they tell us it is going to be so bad that we, as a society, will be unable to cope with it. The twelve and thirteen-year-old kids out there in the streets now are the children whom we turned our backs on in the past. They are the battered, abused, or neglected children from troubled homes, who have been brought up in this kind of violent atmosphere without any intervention by us. We read about three child abuse cases in the newspapers this week: why didn't someone intervene in those family situations before? Surely there must have been a lot of yelling, screaming, and carryings-on overheard by neighbors and others on many occasions, and certainly there were other symptoms before the child was battered. Why didn't someone call for help? Why didn't someone get something done to remove the child? Why? This is what bothers all of us who are involved with this business of child abuse.

In summary, I think that we have to recognize that child abuse is basically a family problem. Child abuse causes not just social disorganization, but, more importantly, family disintegration. Without the family we have no society, and without society we don't have a nation. Therefore, we must concentrate on finding the ways and means of curing this problem. We are not going to cure it simply by treatment programs or even by prevention programs. We must go beyond that with the next generation, and provide a quality of life that will allow a parent to bring up a child without the frustrations, the stresses, and the strains that both parents and children are presently subjected to. Abortion will not solve the problem, nor will sterilization or vasectomies. These are short cuts, and treat only the symptoms of the disease. If a doctor treats only the symptoms of a disease, without finding the cause of the problem, the patient often dies. So it is with child abuse. The solution is not to have no more children who can be abused, but instead to find the cause of child abuse and eliminate it. Only then can we insure family stability and restore the family to its

proper place as our primary social unit. Only when we change our social values, and perhaps go backwards a bit, will we be able to solve this problem of child abuse.