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# **CHILD ABUSE AND NEGLECT**

Marvin L. Blumberg

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During this century, tremendous progress has been made in the development of scientific and medical methods for improving the health, nutrition, and general development of children. Yet, on the other hand, the incidence of child abuse and neglect has increased greatly. Perhaps this has been in part a result of the violent and frenetic state of the world, or of universal economic uncertainties, or of the bureaucratic depersonalization of the individual. In any event, the abuse of its offspring is almost exclusively a human phenomenon. Man with his superior intelligence has evolved a complex societal environment and he reacts to its pressures with human emotions, which often lead to character disorders.

From time immemorial children have been considered to be expendable and replaceable, with their parents having unquestioned authority over them. Children were frequently sacrificed to pagan gods, such as the Canaanite deity Baal. The biblical patriarch Abraham was prepared to sacrifice his beloved son, Isaac, at the Lord's request.

Through the ages, it was believed that the rights of parents and the will of a deity condoned child abuse and murder. In the agricultural society of the last century, there was more concern for necessary domestic animals than for

children. However, in 1875 societal superego emerged and the first Society for the Prevention of Cruelty to Children was formed in New York City. It was almost one century later before the states began passing laws defining child abuse and neglect and mandating the reporting of cases. More recently, faith in the myth of the maternal instinct and the widespread concept that everyone loves and protects innocent children has tended to obscure the extent of child abuse.

The legal definition of child abuse refers to inflicted wounds or sexual molestation of a child under sixteen years of age. Child neglect involves the deprivation of food, clothing, shelter, and medical care for a person under eighteen years of age. The objective medical view of abuse or neglect relates to the nature and severity of the wounds or the neglected nutritional and chemical aspects of the child's body. The psychiatric concern is for the emotional effects of the maltreatment of the child at the present time and in the future. The ideal approach to the management of child abuse and neglect should encompass all three concepts—legal, medical, and psychiatric—and should include the child, the abusing parent, and the total family.

It is a curious fact that for a long time the psychiatric conceptualization of the mechanisms and the nature of human behavior included little recognition of the emotional effects of ambience on children's personality, character disorders, and future behavioral patterns as adults. Sigmund Freud

regarded children's behavior as being based largely on fantasy and derived much of his thinking in this regard from his psychoanalytic interpretation of adult abreaction of childhood physical and sexual abuse as largely fantasy and unresolved Oedipus complex. In 1919, Freud published a clinical study in the *Zeitschrift fur Psychoanalyse* entitled "A Child Is Being Beaten." This was a detailed study of an erotic fantasy involving shame, guilt, and relief by masturbation. Alfred Adler was one of the earlier psychiatrists to recognize the influence of environment on a child's behavior. Then later the concept of a child as a person was further developed by the studies of Jean Piaget, Anna Freud, and Melanie Klein, among others, who observed children psychoanalytically during their developmental stages. Only lately has affective disturbance of infants and young children, such as depression, begun to be recognized and described.

Four popular misconceptions must be dispelled at the outset of any discussion of child abuse. First, maternal instinct is an illusion. There is no inherent mother love that automatically invests a biologic parent with positive cathexis for her child. At least 70 percent of cases of serious child abuse are attributable to the mothers and most of the victims are under three years of age. Parenthood is biological; parenting is emotional and, in a practical sense, a skill. Second, psychosis is rarely a factor in child abuse. It is unusual for children to be seriously harmed or killed by schizophrenic or otherwise psychotic parents. The abusing parent is almost always aware of

the nature, if not the immediate reason, for the deed. Third, aggression and violence are not instinctive. They are reactions that are learned from culturally determined practices, incited by ambient pressures, and influenced by exposure to the brutality that is portrayed by the public media. Fourth, every mother is not potentially a child abuser who only needs sufficient provocation to trigger such a reaction. There is a qualitative distinction between discipline and punishment on the one hand and abuse on the other. The former may be rationalized as being a deterrent or corrective action intended for the child's benefit. Abuse, however, is indefensible and inexcusable on any grounds. It is true that there are instances when a normal child may provoke a normal parent to an impulse toward harmful retaliation. The thought itself serves as a trial action whereby the person realizes the nature of the conceived deed and is enabled to discharge some of the anger. The normal ego mechanism of reality testing checks the potential act of violence. The child abuser lacks psychological restraints and harms the child by impulsive violence, often because of anger over unrelated matters.

Behavior is essentially the result of the sequence of action, reaction, and interaction within the circumstances of the family and the societal existence of the individual. This basic concept is operative in the triad of factors that lead to child abuse: the early personality development of the parent, the provocative characteristics of the child and of the family, and societal influences.



## Personality of the Abusing Parent

It is a generally accepted fact that the fundamental structure of an individual's personality is set during the first few formative years of life. At a time when a child's world is largely presented, represented, and interpreted by his parents, his impressions, attitudes, and reactions develop as a result of the nature of the parenting and nurturing that he receives. Later, circumstances and relationships may modify the basic personality construct, depending on many factors. Emotions are not instinctive. Love and trust, or hate and mistrust, that lead to violence or to personal withdrawal are learned reactions.

Although there is no complete correlation, most abusing parents were themselves abused, neglected, and deprived of love and proper nurture in their early years. Such persons are usually narcissistic, immature, have poor ego control, and seek love for themselves. They have a poor self-image and low self-esteem. Their threshold for frustration tolerance is low so that they find it difficult to accept criticism or to face adversity. When they are faced with troubles this characterologic construct causes them to react with impulsive violence, often against their own infants. In effect, child abuse frequently appears to be a generational perpetuation.

The abuse-prone parent is usually a mistrusting loner without available extended family and without friends. The young woman, married or single,

may have become pregnant and may have had a child with the desire and expectation that the infant would offer her love and gratification for her dependency needs. Since the baby cannot furnish active love and she is incapable of deriving passive satisfaction from the child, her mechanisms of denial and projection are activated and she perceives the child as manifesting her own negative traits. As she rejects and mistreats him, the infant becomes irritable and more demanding. The mother interprets this as rejection and punishes the child accordingly.

An interesting phenomenon that may be observed in the behavior of the abusing parent has been termed role reversal. When ambient pressures upset the unstable equilibrium of her narcissistic psyche, in her unconscious she identifies her child with herself and herself with her own cruel, rejecting mother. She thus externalizes and projects her aggressive hostility against her child. In another manifestation of role substitution, the young insecure mother may feel jealousy and competition with her young child for her husband's love and, therefore, identify herself, in her unconscious, as her child's sibling and out of resentment, then beat him.

Some authors, such as Steele and Pollock, express the opinion that only a small number of child abusers are psychopaths or sociopaths. This appears to be a matter of semantics rather than demonstrable fact. The psychological symptoms of their character disorders and their resulting behavior toward

others certainly indicate aberrant personalities that reflect psychopathy.

### **Physical Neglect**

Physical neglect of a young child is a course of action that may represent an active anti-cathexis or a total lack of cathexis on the part of the mother toward the child. A rejecting mother, for whatever motivation, whose limited superego prevents her from battering her child may elect instead to ignore him by withholding proper nourishment, merely thrusting a bottle of milk into his mouth to silence his crying. Refraining from proper cleansing, dressing, fondling, and the offering of other comforts usually accompanies this form of neglect. A similar situation may occur in a relationship in which the mother, because of her youth, her unmarried status, and her lack of experience or instruction, is totally incompetent and unable to cope with a dependent infant.

Physical neglect is generally more apparent in the case of the infant than in that of the older child. Although there may be no obvious wounds or scars, the emaciated and often dehydrated condition of the infant and the poor state of his skin are sufficient indications of his lack of attention and nurture. The child is irritable and poorly fed, his sleep is disturbed, and he is curiously resistant to cuddling. The fact is that physical neglect of an infant or toddler may be as devastating to his body and his psyche as severe battering.

Occasionally it may be as fatal.

## **Role of the Child**

Although the adult is the perpetrator, the child is often the unwitting, or even the deliberate instigator, of the abuse. Among the factors that play a role is the child's own organic and behavioral construct. As in many other aspects of living, there are some individuals who create adversity and problem situations; others accept difficulties passively with resignation, and some cope with their problems more or less successfully.

Some children are in danger of abuse only because of the time and circumstances of their birth. The child in a second marriage, who was born to a now divorced or deceased parent, may be only tolerated, if at all, by the stepparent and thus may be a scapegoat for punishment for any unfortunate home or family occurrence. There are children who are conceived and born without being wanted. The "accidental" pregnancy of the unwed young woman that is carried to term because of moral conviction or other reasons may be regretted later, and the child may then suffer. The infant who is had in the hopes of repairing and preserving a failing marriage rarely, if ever, serves the purpose and is, therefore, an undesirable person. It is an interesting fact that the abusing mother who has several children will almost always single out one, for actual or fancied reasons, as the subject of her maltreatment.

A child with a physical or mental disability is particularly at risk for neglect or abuse by a parent predisposed in that direction. Many normal parents accept the unfortunate burden and cope with the situation properly with love and concern. Yet, while some parents are overwhelmed with pity or guilt feelings and devote to the child more of their physical and emotional resources than is necessary, other parents project their guilt feelings onto the disabled youngster, blaming him for the problems that he presents and, consequently, mistreat him. Superstitious belief that the child's disability is the result of retribution from God for sinful transgressions by either parent, or even by the child, may provide the parent with motivation for punishing the child.

There are studies that suggest that prematurely born, low birth weight, and sick neonates are at risk for maternal neglect and later abuse. The reason for this is considered to be the failure of bonding or attachment of the mother to her child because of the prolonged separation while the infant remains in the intensive care unit. Of course, this rejection does not always take place. It is dependent to a large extent on the personality of the mother.

After the true nature and extent of child abuse reached professional attention and then public recognition, concern became focused mainly upon the aberrant parent, with the aim of either punishment or treatment. Subsequently, psychiatrists have emphasized the collateral or even the

primary role of the child as the provoker in many instances of his own abuse. In opinions reminiscent of Ivan Pavlov's and Sigmund Freud's conclusions, recent investigators believe that the child has basic inherent qualities, such as temperament. In 1927, Pavlov wrote of the existence of congenitally determined types of nervous systems as basic to the course of subsequent behavioral development and not influenced by postnatal experiences. In 1937, Freud stated that "each individual ego is endowed from the beginning with its peculiar dispositions and tendencies." Significant individual differences in the behavioral characteristics of infants, even in the first few weeks of life, have been noted by Gesell and Ames and by Thomas and Chess.

Temperament is defined as the way and how an individual behaves rather than what he does or why he does it. Chess and Hassibi conceptualize temperament as innate and as existing in three major characterologic types, the difficult child, the "slow-to-warm-up" child, and the easy child. The first type exhibits biologic irregularity and a predominantly negative mood, making him difficult to nurture and prone to develop behavior disorders. The second type is shy, anxious, difficult to cuddle, and slow to adapt to surroundings or to situations. The easy child generally accepts nurturing, adapts well, and is least likely to be maltreated.

Of course, parents are not responsible for all behavioral deviations in their children. Yet, sometimes in considering the abuse situation, the

etiological discussion may be almost as philosophical as the old dilemma of what came first, the chicken or the egg. Whatever the nature of the young child and however provocative he may be, the fact remains that it requires an action to stimulate a reaction, and the two to create an interaction. An adult with competent ego mechanisms and controls can avoid inhumane responses to a young child's provocative behavior.

There are times when the critical assault represents the culmination of an escalating negative relationship between the child and the abuse-prone parent. Conscious and subconscious mechanisms incite the youngster to retaliate against repeated punishment and emotional abuse with irritating bad behavior that incurs more abuse. The child may even exhibit counter-aggression against the parent, a younger sibling, or a household pet, thereby inviting further and more severe punishment. Thus, there develops an escalating cycle of abuse-retaliation-abuse.

### **Extrinsic Influencing Factors**

In addition to the interaction of individuals with each other, the ecological influences of their family attitudes and of their broader societal environment affect their behavior in the matter of what they do and why they do it. Marital incompatibilities or other difficulties often involve a clash of aggressive and passive personalities that may lead to an exaggerated

dominant-submissive relationship of the parents. The hostility that the weaker male feels toward the other but is afraid to express is projected onto the child. In a situation where the husband or boyfriend deserts the home, the mother with a weak character and with no confidant may react to her frustrations by beating her child.

Some fathers have backgrounds of deficient rearing and present character disorders just as do abuse-prone mothers. They too have the potential of mistreatment and do mistreat children when stress occurs while young victims are at hand. Mothers, however, who must spend entire days and nights with the infants rather than only intermittent hours, are, of course, more likely and more frequently the abusers. It should be noted, therefore, that it is mainly because of their greater proximity and not because of their greater propensity that the word mother and feminine pronouns are more often employed in the context of child abuse than the term father and masculine pronouns.

Although child abuse does occur at all socioeconomic and educational levels and in most cultural groups, the causes are more prevalent in the poor and less educated societal segments. (The effects of child abuse are more easily concealed by the more affluent.) Poverty and unemployment contribute to parent tensions. With the rent unpaid, the utilities disconnected, and food supplies at a bare subsistence level, one childish misdeed or accident, or an



infant crying irritably because of the mother's tense handling, can unleash anger and cause impulsive damage for the child. For a person already endowed with a poor self-image and low self-esteem, the depersonalization that has become characteristic of contemporary bureaucratic society tends to reduce further any vestige of ego control.

Exposure to violence, either actual or fictional, has long been recognized by psychiatrists and psychologists as the instructional model and the incentive for potential criminals to commit antisocial acts. Unfortunately, the state of the world today is one of repeated, if not continuous, violence of minor or major proportions. The parent with abusive tendencies who is a loner watching fictional violence on television or reading about serious crimes in the newspaper will often be influenced to beat her child in response to some slight provocation.

Immorality and crime, alcoholism and drug addiction also, of course, play a significant role in child abuse and neglect. The mother may resort to alcohol or tranquilizers to calm her tensions and feelings of inadequacy. Under their influence she is more likely to neglect her child than to beat him. If her mate is an alcoholic or a drug addict, he may fail to give her emotional support. Occasionally when he is drunk or in need of his narcotic, he may become vicious to the point of beating the child or the mother. Because of her fear of the man, the mother projects her anger upon the child and beats him.

## Sexual Abuse

Within the purview of this discussion, the concept of sexual abuse will be limited to intra-family or in-household occurrences. Violent rape by outside criminal psychopaths has other connotations, both psychiatric and legalistic. Sexual misuse, or even the legal euphemism, sexual molestation, is perhaps a more applicable term than sexual abuse for the carnal relationship between an adult and a child who is acquainted with him. The issue of sexual abuse of children is much more complicated than that of physical abuse in terms of its emotional and social aspects. In a sense it is a paradox of adult behavior. It is not impulsive, no harm is intended, and it is usually not forcibly aggressive so that rarely is physical injury involved. In fact, the older girl and the adolescent may, in some cases, acquiesce willingly or may even be the seducers. For these reasons and for others that will be discussed, sexual abuse remains covert far more often than physical abuse.

Long before historical times children had been sexually misused in every conceivable fashion, heterosexually and homosexually. Early psychoanalysts persistently regarded child sexuality as mainly fantasies of incest and the Oedipus complex. Since later investigators have recognized the actual sexual abuse of children by adults, there have been contradictory opinions concerning the motivations of the sexual abusers, the roles of the child victims, and the emotional effects on the children. Bender and Grugett,

and Yorukoglu and Kempf expressed the opinion that incest might not be emotionally traumatic or interfere appreciably with the child's emotional development and later adult sexual functioning. While Ferenczi and Panucz insisted that the sexually abused child is always the innocent victim of the adult perpetrator, Revitch and Weiss decided that most pedophiles are harmless but that their supposed victims are usually aggressive and seductive. Of course, it is a mistake to be dogmatic either way on such a complex subject. Conjectures must be supported by statistics and mature investigation, and these vary with the family, the ethnic, and the sociocultural contexts.

Sexual misuse is defined by Brant and Tisza from the psychiatrist's point of view as exposure of a child to sexual stimulation inappropriate for the child's age, level of psychosexual development, and role in the family. The law in many states defines sexual misuse as a crime involving carnal knowledge, digital interference, manipulation of the genitals, masturbation, fellatio, sodomy, and indecent exposure, all structurally noted with no recognition of the emotional aspects. It has been estimated that a parent or a parent surrogate is involved in over 70 percent of cases, either by perpetration or by intentionally ignoring the act. While the father, another male relative, or the mother's lover may be the one who commits the deed, the mother may contribute by affording tacit permission, by denial, or by failure to report the offense. Although this may be difficult to believe, it does sometimes occur for

one of two reasons. An uncaring mother may silently approve of her adolescent daughter's incestuous involvement in order to free herself from what she considers a burdensome sexual role. In other instances, a mother, although distressed over the occurrence, may be afraid to report her guilty husband to the authorities lest he be jailed and, consequently, deprive the family of financial support.

Incest has been generally defined as sexual intercourse between two closely related blood relatives. It has a history of taboo stretching back into antiquity. The ancient taboo was more sociological than ethical for it was condoned among royalty, though not for the common man. Anthropological explanations of reasons for the insistence on mating outside of the family vary from the desire to expand wealth and power, to the young person's need to escape from the immediate family control. It is difficult to decide when and how incest became an emotional and moral prohibition.

Currently the psychological concept and even the legal definition of incest have been broadened to include any genital contact, such as oral or anal. Rosenfeld and associates note that actual coitus is rare with pre-pubertal girls. In nonviolent sexual misuse, the adult and the child usually behave sexually in a manner appropriate to the age of the child. Although the majority of sexual victims are girls, boys are not infrequently the objects of offense. Homosexuality with young boys as participants is not new to the world and is

still practiced widely. Boys who have been molested sexually are just as traumatized emotionally and with equally serious long-range consequences as sexually misused girls.

It is a myth that sexual abuse occurs only in lower socioeconomic families. Careful investigation has revealed that incest occurs at all levels of society and primarily in unbroken families. Brother and sister incest is probably the more common form in upper- and middle-class homes. Father and daughter incest is next in frequency and more common in lower-class homes. Mother and son, mother and daughter, and father and son relations are less frequent occurrences. It should be noted that no one type of incest is limited exclusively to any one class of homes. Even some professionals, clerics, and other educated, socially respected adults engage in incestuous activities.

### **Personality of the Offenders**

Sex drive and the desire for libidinous gratification are not usually the motivations for sexual maltreatment of children. In fact many forms of child molestation, such as indecent exposure and manipulation of the child's genitals, do not offer physical satisfaction. Anyone craving nonmarital or extramarital sexual relations can almost always find a willing adult partner or a prostitute. There must, then, be some basic emotional aberration that

motivates the sexual abuser of children. Brant and Tisza maintain that this abnormal propensity is often common to adults who were themselves sexually abused during childhood.

Child molesters generally fit into a rather typical characterological construct. They are almost all men and usually have normal intelligence. They are neither psychotic nor do they manifest overt psychopathology. They generally have passive-aggressive personalities and strong dependency needs, which often render them ineffective in their jobs and in social relationships. Kolb regards an adult's sexual interest in children as a variant of homosexuality. Sometimes pedophiles are impotent or they function on an immature psychosexual level. They expect failure or rejection in attempts at adult heterosexual relationships so they seek children as sex partners. Occasionally a man with a latent tendency toward pedophilia who has been repeatedly denied sexual gratification by his wife and perhaps has been constantly belittled by her may resort to sexual gratification with his pubertal daughter.

A particularly profligate form of sexual abuse of children is the subjecting of young girls and boys to acts of coitus, sodomy, and fellatio for the purpose of recording these in photographs or motion pictures. This most unconscionable enterprise is operated for profit by individuals who are not necessarily child molesters themselves. They serve the vicarious pleasures of

other individuals.

## **Role of the Child**

Aside from the paradox of the behavior of the adult sexual molester, an equally strange incongruity is the role of the involved child who participates without reporting the occurrence, despite the fact that neither the use nor the threat of force takes place. The child usually knows and trusts the adult, believing that he can do no wrong. The man may bribe the youngster with toys or baubles and play upon her sense of loyalty to gain a promise of secrecy. The young child lacks a concept of sexuality and is, consequently, unable to make decisions concerning her or his actions. The older pubertal girl with some sexual orientation may feel flattered by the attention and excited by the stimulation, and thus be a willing if not an active partner. A mentally retarded girl may be an easy subject for sexual misuse because of her lack of judgment and comprehension.

There are some more profound psychological reasons that may motivate the young participant. Rosenfeld and associates and Weitzel and associates indicate that caring and warmth are more likely the desires of the girl participant rather than genital stimulation. An older girl feeling unloved by her family may accept the sexual advances of her father or another adult male in the household in her longing for affection. Her acquiescence may be abetted

by libidinous Oedipus yearning. Another incitement may be a desire for revenge against a depriving or physically abusing mother. This might be further enhanced by the girl's sympathy for a weak, deprived father. The sexual misuse of a particular child is usually a repeated rather than a singular occurrence, frequently with the same offender. Mainly this is the result, not so much of the girl's enjoyment, as her feelings of guilt over her participation and her fear of punishment if this is revealed.

### **Emotional Abuse and Neglect**

Parents who abuse or neglect their children emotionally rather than physically have some abreactive mechanisms in common with those who mistreat their children physically. Having been emotionally abused themselves as children, they repeat the pattern with their own youngsters. Sometimes, adults who were battered as children do develop sufficient ego controls to prevent them from physically injuring their children, but they may still abuse or neglect them emotionally.

Emotional abuse usually takes the form of constantly belittling and denigrating a child. He or she is often singled out among the siblings as the constant object of unfavorable criticism and comparison. The parents frequently shame him or her in public. A parent or an older sibling is often presented as a role model for the child, not in a positive sense but for



unsatisfactory contrast and further degradation. Frequently the youngster is threatened with punishment or denial of privileges for failure to achieve the goals set by the parent. Consequently, the child is quiet, fearful, and withdrawn in the classroom. Receiving a low grade on an examination is a frightful experience. A successful accomplishment, however, affords only relief rather than pleasure.

Emotional neglect is more often an act of omission rather than of commission. A busy, often incompetent mother, overwhelmed by household work, care of other children, and lack of help from a weak or absent mate, may neglect the young child emotionally and offer no social stimuli, while feeding and dressing him almost mechanically. There is another type of parents who neglect their children inadvertently. These are the mothers and fathers who are constantly busy attending social parties or professional meetings, and who leave the older children to their own devices. These parents may attempt, usually unsuccessfully, to compensate for their neglect by lavishing gifts or money on the children. The personality of these parents generally precludes their paying more than superficial attention to their children even when they are home with them.

Psychologists have concluded that mild to borderline mental retardation is almost always the result of severe continued deprivation of psychosocial stimuli for the developing, otherwise normal, child during the first few years

of his existence. This is different in etiology from the more severe types of mental retardation that accompany genetic diseases, gestational pathology, birth injuries, and early postnatal central nervous system diseases. Mild mental retardation that is apparent in some children in the early school grades is observed mainly in the inner-city slum areas. Poor socioeconomic conditions, low educational levels, and ethnic alienation may tend to encourage emotional neglect and are thus more likely to forestall proper psychosocial stimulus input for youngsters than a better socioeconomic and a better educational environment.

### **Psychosocial Dwarfism**

A most interesting phenomenon that demonstrates the intricate interrelationship of emotional stress and physiological function has been termed psychosocial dwarfism. Severe emotional deprivation and rejection of children in the first two or three years of life has been observed to result, in some extreme cases, in marked stunting of linear growth and retardation of bone age. The children also show severe wasting of body tissues in spite of voracious appetites and abnormal eating habits, accompanied by frequent vomiting. Their behavior is further characterized by depression, temper tantrums, and poor toilet habits. At this stage, psychological testing indicates their average IQ to be less than 90. If these children are relocated in a favorable, attentive home environment, there will usually be rapid

improvement in the form of accelerated linear bone growth, increased height and weight, and advancement of their IQs. Their behavior disorders may improve more slowly. Progress in this area is dependent upon the severity and duration of the aberrations, the youngsters' ages at the time of removal to their new homes, and the kind of nurture that they receive. These facts present strong evidence that psychosocial dwarfism and its accompanying behavioral deviations are the result of environmental rather than intrinsic factors.

The mechanism of this phenomenon involves a complicated neurophysiological and hormonal interaction. The hypothalamus mediates emotional reactions and also affects the function of the pituitary gland that secretes growth hormone and regulates thyroid gland action. Severe emotional stress for the infant or toddler causes the hypothalamus to suppress growth hormone production from the pituitary gland. The suppressed pituitary gland then affects thyroid hormone release and, consequently, the metabolism in body tissues. If the emotional environment of the distressed youngster is improved early and sufficiently, he is able to regain normal homeostasis.

### **Long-Range Effects of Abuse**

The immediate effects of child abuse are usually fairly obvious. The

physical damage is visible. The behavior disorders indicate the presence of emotional disturbance. Injuries that have plainly been inflicted, such as contusions, hematomas, lacerations, and fractures, in areas and in appearance that belie accidental occurrence, unlikely accounts of the incident, and parental attitudes should all lead to the consideration of the possibility of child abuse. It is important to educate and to sensitize professionals, day-care personnel, teachers, and others who are frequently in contact with children to be highly suspicious of any unusual appearance in a child.

Unless the physical injury has produced an irreparable deformity or permanent neurological damage, the bodily wounds will heal. It is the emotional trauma and the resulting personality impairment that cannot be cured with medications. Aside from the immediate treatment of an abused child and hopefully the prevention of recurrent episodes, the more important considerations are the long-range emotional effects. These have implications for the individual in terms of lasting character disorders, and for the society in which he will live.

As a preschooler, the abused child's social contacts outside the home may be limited, if there are any at all. His first actual experience with social interaction occurs with the advent of school attendance. The abused child often adjusts poorly in school. Depending on his home background, he may be either fearful, withdrawn, inattentive, and an underachiever, or a negativistic

aggressive disrupter of the class. He may act out his home frustrations by fighting. With a sadomasochistic attitude, he may deliberately misbehave in order to invite punishment. He is labeled a bad child and continues to play the role.

This type of school misfit is often set on a course for the next phase of deviance as he progresses to upper grades. Truancy is more often a deliberate, spiteful, and aggressive act than one of apathy or discouragement. It is frequently a projection of the child's resentment of the rejecting or abusing parent onto authority that at this age and stage of his development is represented by the teacher or the principal. Truancy is but a short step away from school dropout as the individual advances to high school grades and the adolescent years. Apart from other implications, leaving school before graduation greatly minimizes the youth's future chances of suitable employment.

Adolescence is ordinarily a period of transition that arouses doubts and feelings of insecurity for a normal individual facing a life of adult responsibilities and self-reliance and leaving behind the comfort and security of a parent protected childhood. Separation from parental controls, seeking one's own identity while identifying with a peer group, strengthening one's ego, and furthering a superego are all parts of adolescence. This is the time that a youth with personality deficits and a character disorder as the result of

having been an abused child may become an antisocial being and a burden for society. The less serious acts of juvenile delinquency, such as truancy and dropping out of school, may advance to more serious juvenile crimes ranging from misdemeanors of property damage and petty thefts to felonies of mugging, sex crimes, arson, and murder.

Life in the stressful environment of an inner-city slum area is arduous and often brutal. Many youngsters from loving, intact families in these neighborhoods have proper guidance and good example from earnest parents. These boys and girls are imbued with benign aggression that enables them to resist destructive peer pressures and to maintain their determination to be good. On the other hand, teenagers who have a home background of abuse and poor parenting lack self-esteem, have a poor self-image, and succumb easily to evil peer pressures. In an attempt to establish their identities, these youths join the indigenous street gangs. The gang leaders are usually power-wielding sociopaths with no social conscience. The members are mainly adolescents, who seek approval and gratification from their leaders and associates by engaging in antisocial exploits. Their passive-aggressive personalities, under stress, convert benign aggression into the malignant aggression of criminal behavior.

Alcohol and drug abuse have penetrated into the younger age groups. It is not unusual to see ten-year-old boys and girls, who had started smoking

cigarettes, now smoking marijuana, drinking wine and beer, and even experimenting in the use of some drugs. Some teenagers use narcotics and strong sedatives, stimulants, and hallucinogens. The motivations for these decadent activities are peer example or peer pressure, being able to boast of one's prowess, and, sadly, the need to escape from pressures of home and street. A most distressing fact is the recent large increase in suicides among youths, not only as accidents of drug over-dosages but premeditatedly as a result of their awareness of the futility of their existence and of their bleak and hopeless future.

Running away from home usually represents a rebellion against over-strict, demanding parents. It may also be an escape from a seriously disturbed family environment. Runaways do not, as a rule, become involved in antisocial acts and are often depressed loners. Girls are more likely than boys to become runaways. Some leave home to escape from incestuous attempts or actual molestation by their fathers.

The complexity of the world and the disenchantment of many persons with the "establishment," in society, government, and religion, have produced a flourishing of cults. Most of these are not religious in the sense of worshipping a deity, nor do they embrace a system of ethics and morals. They offer a life style of group identity, social contact, and simple doctrines of set routines. This attracts the nonviolent youths from deficient family

backgrounds who have poor self-image and who are seeking ego identity. They are the disillusioned dropouts from school, from home, and from society. Interestingly, these youths who resent and defy authority otherwise now submit to the authoritarianism of the cult leaders, who demand constant reaffirmation of their commitment. The reason for this compliance is probably that the leaders condemn the society and the family structure from which the young persons have escaped. Far from improving their self-image and strengthening their ego structure as a step towards reentering and coping with society, these young men and women totally submerge their individuality in an unmotivated mass of communal clones.

Sexual abuse of children may have serious and persisting effects on the victims. Molesting of young children may produce disturbances of feeding and sleep, irritability, enuresis, and phobias. In the school-age child, sexual misuse may cause the interruption of normal development of the concept of sexuality. Adolescent boys who are subjected to homosexual acts may become homosexuals or may develop psychological impotence. As previously noted, some adolescent girls who participate willingly in incestuous sexual intercourse may suffer no emotional trauma and no later sexual inhibitions. Others, however, and especially those girls who were coerced, are very apt to develop emotional and personality problems. Their anxiety and guilt feelings about their participation may drive them to a masochistic continuation of promiscuous sexual experiences in an attempt to master the earlier emotional



trauma. Those who decide to avoid further illicit sexual activity may, in some cases, develop psychosomatic gynecologic disturbances, such as dysmenorrhea and amenorrhea. Later, they may suffer frigidity and dyspareunia that will create marital difficulties.

Teenage pregnancies have increased markedly and present problems for the girls' families, the medical profession, the legislature, and society in general. The subject of abortion with its medical, legal, and ethical implications is a thesis in itself. The option of the unwed gravida to carry the pregnancy to term and to deliver the baby brings an infant into the world who may be at risk for being neglected or abused. Sometimes the pregnant girl is persuaded or even forced to marry the father of her child or another man chosen by her family, in order to avoid social disgrace. Needless to say, the child born under these circumstances is also a prime subject for neglect or abuse.

### **Management and Treatment**

Child abuse and neglect cannot be prevented or cured by legislative fiat or by medical measures. Their occurrence can be lessened and the effects can be mitigated by the proper and timely identification of situations, by preventive measures, and by a multidisciplinary approach to the management of the subject. Pediatrician, psychiatrist, social worker, and often the court

judge must all work cooperatively toward a resolution of the problem and the rehabilitation of the family in crisis.

The first step in management is recognition of the situation. While sometimes police are summoned to the scene of violent abuse by a neighbor who is alerted by the screaming, most abused children are brought to medical attention, usually to the hospital emergency room, by the abusing mother herself. Often she will lie or conceal the truth concerning the injury. Thus, the professionals must be educated to recognize cases of abuse. Reporting of cases to official agencies, as mandated by law, is not so much intended for punishment of the offender as for investigation of the circumstances with a view to helping the child and the parent.

Hospitalization of the injured child may be necessary for medical or surgical treatment. Furthermore, until all facts are investigated and the situation is under supervision, the child must be removed from the home for his safety. Preferably, separation from the parents should be only a temporary measure if rehabilitation of the family is at all possible. For the young child, his mother is the person with whom he is most familiar. Even though she has hurt him on occasions, she has always been with him and may have provided some nurture. As confused and as emotionally hurt as he is by her actions, prolonged separation from her can have more serious effects on him than the physical damage. Of course, in those situations where the mother and the

circumstances of the home are judged to be disastrous and uncorrectable, a suitable foster home becomes the only alternative.

When the abusing mother of a young infant appears to be contrite and yet incapable of proper nurturing because of her own deficient background, there is an effective method of treatment. The mother and the child may be admitted to a live-in facility where both she and her baby can be nurtured by trained personnel. Now she will learn how to be a parent by being parented herself. This method has proven successful in more than 60 percent of cases where it has been applied.

A toddler or a preschool child is unable to respond to direct psychotherapy. However, his management in a hospital, a residential institution, or a foster home might well be directed by a child psychiatrist. An abused school-age child can benefit from psychotherapy that is instituted to help him resolve his emotional dilemmas and resentments before a developing character disorder becomes firmly entrenched.

A child who has been sexually abused must be treated according to her or his age and the nature of the physical acts. The young child who has been subjected to acts other than coitus or sodomy may be helped sufficiently by simple explanations and discussions of sex commensurate with her or his age, accompanied by psychotherapy to overcome fears or other negative

emotions. For the older girl who has been involved in sexual intercourse, therapy may uncover a number of conflicts in her psyche including fear, guilt feelings, and sexual repugnance. Intense, prolonged therapy will be required in such cases. A similar situation may hold true for the adolescent boy who has been subjected to homosexual practices. The sooner psychotherapy is instituted for sexually abused children and adolescents, the better will be the prognosis for normal psychosexual development and for normal adult sexual adjustment.

Psychotherapy for the physically abusing mother is not a simple procedure because a number of factors must be considered. The psychiatrist must remain objective lest any personal emotions concerning child abuse create within him a negative countertransference toward his patient. Therapy must focus primarily on the parent's intrapsychic conflicts and not on the parent-child interaction. If the latter is emphasized too early in therapy, a narcissistic parent will become resentful and feel competitive with the child for the therapist's attention. This can create for the mother a negative transference toward the psychiatrist. Because of the early origins and the extent of the subconscious mechanisms behind the patient's character disorder, psychoanalytically oriented psychotherapy would seem to be an effective course of treatment.

As important as treatment is for the child and the abusing parent, if a

husband is in the picture, he must also be involved in treatment if the situation is to improve. He may be a dominant, aggressive individual who has been stressing his wife to the point of causing her to vent her anger on the child. He may be a weak person who lacks purpose, a sense of self-worth, and the capability of furnishing his wife with the emotional support that her deficient personality requires. Both husband and wife must, therefore, be treated in order for them to understand their own and their mutual problems and to accept each other. This can contribute a good deal toward rehabilitating the family and helping them to learn better child-rearing practices.

Many abusing parents have never been able to relate to or to communicate with authoritative figures whom they identify with their own feared and hated parents. For these persons, an individual therapeutic relationship is impossible at the outset. An alternative course for them is the so-called parents anonymous groups. Here group sessions are held at regular intervals under professional supervision. At such sessions, the parents can confess, ventilate, and share their problems with peers who have similar troubles and anxieties. Many parents experience considerable relief from their tensions and continue with this form of group therapy. Others will proceed to individual psychotherapy to achieve a more complete resolution of their personality difficulties.

One place where a parent may be recognized early as having a possible potential for abusing or neglecting her newborn infant is the hospital maternity division. A new mother or father may exhibit rejecting behavior or distress concerning the infant. Trained hospital nurses can recognize and report this to the physician. A social worker may uncover emotional, social, or economic factors that are troubling the parent, and proper support and/or therapeutic measures can be instituted. Early intervention and assistance can lead to resolution of the problem and develop a satisfactory family situation.

Some adjunctive helpful measures to calm the abuser and to assist her in readjusting her life are day-care centers for the infants and toddlers and nursery schools for the preschool children. These can offer a mother hours of relief and an opportunity for employment with consequent greater economic sufficiency and a feeling of increased self-worth. Homemaker assistants can help to train the incompetent or poorly coping mother. Altogether though, the entire program of rehabilitation must be coordinated and long-term follow-up must be maintained by social agencies.

Studies in various areas of the country have shown that, with proper programs geared to help rather than to punish, a majority of abusing parents can be rehabilitated and their critical family situations can be improved. Of course, a case of serious or permanent damage to a child, or the murder of a youngster by an adult, must be adjudicated by the court and punished as a

felony. Otherwise, if circumstances permit, the emphasis must be on restoration. A rehabilitated mother can best rear her own child on a course of normal personality development.

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