The Battered Child is 50

Pediatric Grand Rounds
Case Western Reserve University

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Disclosures

• I have nothing to disclose (sadly)
Objectives

• Discuss some history
• Identify some positive outcomes to celebrate
• Suggest where we have failed to thrive and imagine a better future
• Be brief and leave time for discussion
Brief History of Child Maltreatment

Ancient history – Greeks, Romans, Egyptians

- 1860 – 1866 Ambroise Tardieu
- 1946 – John Caffey
- 1955 – Evans/Wooley “Non accidental injury”
- 1958 – Child Protection teams begin
- 1964 – 1968: Mandatory Reporting laws enacted
Most common forms of Child Maltreatment

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Physical Neglect
- Emotional Neglect
- Educational Neglect
- Medical Care Neglect

- Each of these can occur within the family as well as outside the family.

- The epidemiology of abuse of boys and girls is different.
The Battered-Child Syndrome

C. Henry Kempe, M.D., Denver, Frederic N. Silverman, M.D., Cincinnati, Brandt F. Steele, M.D., William Droegemueller, M.D., and Henry K. Silver, M.D., Denver
The Scope of the Problem

Actual United States incidence not known, but the estimates are:

- 5-10/1000 children physically abused/yr;
- 3-7/1000 children sexually abused/yr;
- 10-15/1000 children neglected/yr.

• Several million reports/year, but “substantiation” rates vary by locale leaving ~840,000 cases/yr.

• Data are neither systematically nor reliably collected by either child welfare or law enforcement anywhere.
The Incidence of Reports of Physical and Sexual Abuse (not Neglect) Have Declined in the last Two Decades.

- Data from Finkelhor and Jones
- Y – Axis: Rate per 10,000 population
- Triangles: Neglect
- Squares: Physical Abuse
- Diamonds: Sexual Abuse
The Battered Child at 50

- The initial 10-15 years of dealing with child abuse seemed to be adequate.

- The next 15 years went dramatically downhill ("an emergency").

- The last 20 years we seem to be slightly better, but no one knows why and the system is stuck: it is fragmented, focused on investigation and there seems to be little treatment for children and families anywhere.
Forty years of child abuse policy development

“I’ve got it, too, Omar... a strange feeling like we’ve just been going in circles.”
Balance Needed

• “What is our child protection policy”?  
  – That question was asked 20 years ago. There is still no clear answer – or maybe there are at least 3000 de facto answers depending on what county or state jurisdiction you live in.

• If we haven’t put one together in the last 50 years, I am not sure it is the right place to focus right now.  
  – A decade from now when we understand the biology of abuse and neglect, we should probably restart the discussion.
What is needed now?

• The first line of help is the family.
  – But some families are part of the problem, not part of the solution.

• A nurse visitor can clearly help.

• But no single family member, nurse or program can be available all the time.

• That’s where the community needs to come in.
  – A **Strong Community for Children** is important (even if the data are not yet clear).

• And we **must** recognize that boys (of all ages) are being victimized and act to help them.
What is needed now?

• Significant funding for research on the biology of abusive and neglectful behavior (genetics, epigenetics, fMRI).
  – NIH spends $32 million (0.1% of it’s budget on abuse)

• Clinical trials with pharmacologic treatment of explosive, violent adults.

• Imbedding nurse home visitation as a basic health benefit in Medicaid and other insurance plans.

• Recognition, intervention and treatment of the probably large reservoir of sexually abused boys in our schools, scout troops, churches and other institutions who need to be survivors rather than casualties of their trauma or they could be the sex offenders of the next generation.
What could help?

- Nothing short of starting over.

- Debalkanization of the resources and responsibility to address the most serious forms of child maltreatment.
  - Support for multidisciplinary approaches to assessment and treatment that are child/family centered and lifelong.
  - Cases should never “be closed”.

- Research funding needs to support both basic (NIH) and systems and outcomes research on CPS, law enforcement and mental health agency interventions.
  - A “March of Dimes” private approach is, in my view, critical.
Do we need another Commission?

NOPE – but I suspect we will get one.*

Perhaps the next one could begin its meetings with the responsive reading of all previous reports of commissions and advisory boards.

* This slide originally made last year. In fact, the IOM has another Committee whose report is due this summer.
Final thoughts

• Semi-centennial celebrations are nice and remind us that we have made progress.

• The current budget situation, the reality that more and more non-voting children served by the Federal Government are in poverty and the reality that the aging, voting members of our society are increasing suggests that the next several decades will be challenging for the Children’s Bureau and its effort to address child abuse and neglect through OCCAN.

• It may be time for the health system to take the lead role in the protection of children.