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Abstract

A dissertation read before the Society on Friday, 24th February, 1967.

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CRUELTY TO CHILDREN AND ITS COMPLICATIONS

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The concept of what constitutes cruelty to children is best described in the Children and Young Persons Act as "Assault, ill-treatment, neglect, abandonment or exposure such as will cause unnecessary suffering or injury to health, including any mental derangement."

Incidence of Cruelty to Children in this Country

Cruelty towards children may be

1. physical
2. mental
3. cruelty by neglect

The total and relative incidences of such cruelty as calculated from the records of the Societies for the Prevention of Cruelty to Children are only rough indications as to the size of the problem. Probably each type of cruelty is under-reported for different reasons: (a) neighbours may take weeks to report that the child next door is being physically ill-treated because they "don't want to get mixed-up with the police" (b) parents may leave young children alone in the house which may only be discovered if someone calls, or an accident occurs during the parents' absence.

The problems of neglectful parents are probably more common than realised, because they are dealt with by so many different social agencies, apart from the Royal Society for the Prevention of Cruelty to Children in Scotland, and the National Society for the Prevention of Cruelty to Children in England and Wales. Therefore it is likely that the total incidence of all kinds of ill-treatment is higher than the following figures might lead one to suppose.

6 out of every 100 children in England and Wales are so maltreated or neglected at some time in their childhood that they come into the care of the N.S.P.C.C. Over the last five years the N.S.P.C.C. has dealt with an average of 84,000 children a year, and the R.S.P.C.C. with 24,000 each year.

R.S.P.C.C. ANNUAL NUMBER OF CASES		
		approx. %
neglect	5,958	84
physical cruelty	289	4
abandonment	93	1
immoral surroundings ...	61	1
other wrongs	801	10
	7,202	
number of children =	23,975	
	= 2% of the child	
	population	

Above are shown the averages of the figures of cases, in the last five years, of the Scottish Society, the R.S.P.C.C. The figures in the right-hand column refer to the number of family cases involved, not the number of children.

The largest group is that of the neglect cases. Under the heading "other wrongs" are included the foul crimes of "begging, singing and selling" usually perpetrated in rural districts.

In the equivalent figures for England and Wales, physical cruelty accounted for 12% of cases annually, but this is apparently a difference of classification, rather than evidence of sadism as a characteristic of the Sassenach!

Physical Cruelty

Physical cruelty — the beaten-up, bruised child who looks like part of an Oxfam poster — is comparatively rare (about 1 child in a thousand annually). However, as the most sensational form of cruelty, it is the most publicised. The facts, for once, correspond closely to the melodramatic tales of the popular press.

The remarkable aspect of many of these cases is that often neighbours have been aware of the situation, but have not reported it to anyone. It is surely preferable to have a complaint proved to be unfounded, than to maintain a reputation for minding one's own business, when a child's health and future mental state may be at risk.

There are some cases which are dropped on investigation, after an explanation to all concerned. For example, one inspector called to see two small children, having been told by a neighbour that they were being badly beaten by their step-mother. He found that the boys had bruises and scars on their trunks, limbs and heads. Their father explained that the family doctor had told him that these marks were caused by a "blood condition", but that he was beginning to wonder if the neighbour's accusation was valid. The children were admitted to hospital where it was decided that they suffered from epidermolysis bullosa. This is an unusual skin disease, often congenital, presenting with large haemorrhagic blisters which appear spontaneously. These heal, leaving pigmented scarred areas — the scars which had led to the creation of the myth of the wicked step-mother.

In recent years, a great deal of publicity has been given to the Battered Baby syndrome. First recognised for what they were by an American paediatrician, Silverman, these battered babies are not "straightforward" cases of injury resulting from known wilful violence. They may or may not have apparent external injuries. They develop unaccountable illnesses involving impaired consciousness, and on hospital investigation and radiological examination are found to have sustained skull fractures with subdural haemorrhages, rib fractures, limb fractures, ruptured livers and spleens, and so on. Caffey, an American radiologist, had studied a series of similar cases in 1944 and had thought that he was dealing with pathological fractures. It has since been

shown that the radiological manifestations of trauma in these cases are specific, the metaphyseal lesions in particular being evidence of severe trauma to healthy bone. Parents sometimes have been asked for their story three or four times before "He knocked his head on the side of the cot" becomes "I lost my temper with him for crying and so I hit him with the heel of my shoe."

Mental Cruelty

Mental cruelty is not often evident to outsiders, and even when it is suspected, it may be very difficult to prove. Most frequently, mental cruelty is the selfish thoughtlessness of parents who leave their children alone in the house at night while they go out. Childhood fears, darkness and the loss of the parents would probably be the commonest. For instance, terror can build up in a small child if he is woken up by a noise outside and finds no mother in the house to comfort him. Add to this all the dangers of accidents in the home, which occur all too often even when adults are present, and it becomes justifiable to call this cruelty. Unfortunately, this habit is widespread and is frequently found in otherwise sensible parents.

Constantly expressed hostility, especially towards unwanted children, is an insidious form of cruelty which, while having an extremely harmful effect on the child, may not be apparent to anyone outside the family. Other manifestations of mental cruelty occur usually where the parent is seriously psychiatrically abnormal.

The incidence of proven mental cruelty seems very low. Considering the number of divorces granted on the grounds of mental cruelty, there must be a vast amount of unrevealed childhood unhappiness, and it is surely naive to believe that adults are mentally cruel to their spouses only.

Cruelty by Neglect

This is the main problem. Under this heading come the children who are not fed or clothed adequately, who sleep on bedding still damp and soiled from the night before (or the week before), and those who are not taken to receive medical treatment when it is required. The latter may be slum children with

untreated head-lice or the well cared for children of Christian Scientists with their genuine, though sometimes fatal, disavowal of conventional medicine.

Neglect is a self-perpetuating problem for the children grow up to reproduce similar family units. It is a problem which goes hand in hand with poverty and low intelligence, these factors apparently making its solution seem impossible. It is with this "impossibility" that each R.S.P.C.C. inspector does constant battle.

Some of the difficulties of these families are the direct consequences of their own limitations, but some are not. Bad landlords, unemployment, and illness affect them more than most. Most of the younger children have phases of enuresis and encopresis. Little wonder that mothers give up the struggle of looking after their families and homes with pride and care.

Who Are the Cruel Parents?

The only study of this subject was made by Gibbens and Walker of the Institute for the Study and Treatment of Delinquency. For one year they analysed the cases of 39 prisoners (32 men and 7 women), these being all the offenders in England and Wales convicted for violence towards children in that period.

In most cases, the offences occurred when the children had annoyed their parents by some behaviour which was found intolerable, such as incessant crying, wetting or soiling, or defiant disobedience. All parents have to suffer such irritations at some time, but very few react as violently as the offenders in question. The explanation of their instability and lack of self-control must be sought in their histories, medical, social and psychiatric.

Their childhood backgrounds were discovered to be even more disturbed than that of the "average" prisoner. The majority had had little experience of normal patterns of parental behaviour as the result of being illegitimate or a member of an over-large family or suffering maternal and/or paternal desertion. Only one prisoner, however, had parents who had been prosecuted for his ill-treatment, prosecution being the only reliable indication of ill-treatment in such a retrospective study. Thus it is not necessarily cruelty which breeds cruelty but an atmosphere of parental rejection, indifference and emotional hostility.

In adult life, the stigmata of inadequate and aggressive personalities were present to varying extents. One third could be classed as psychiatrically abnormal and most had a low-average I.Q. of 70-90. All were in socio-economic classes IV and V, about half living in conditions of extreme poverty. Marital disharmony, physical ill-health and unemployment constituted inescapably vicious circles in many cases. Three quarters of the group had previous convictions, many of them for aggressive offences. 19 families had been previously known to the N.S.P.C.C., either the parents having asked for advice or help, or complaints of ill-treatment having been made.

Behaviour Disturbances in Ill-Treated Children

Gibbens and Walker also studied the children involved and found that the obvious behaviour disturbances which were the immediate consequence of parental violence passed off quickly in two or three months. Nightmares were the most common evidence of disturbance, but insomnia, enuresis and encopresis, temper tantrums, bullying of other children and continuous demands for love and attention were frequently reported. In several instances, it is interesting to note that the most disturbed child in the family was not the one who had been cruelly treated.

Prevention is as Difficult as Cure

At present the R.S.P.C.C. and N.S.P.C.C. deal with the majority of cases of cruelty and neglect, although the Children's Departments of the Local Authorities play an increasingly important role in the management of the latter. It is strange that considerable dependence still exists on these charity-supported organisations for such essential social work.

The problem of ill-treatment of children may be tackled at three levels:

1. basic prophylactic measures
2. supervision of "at risk" families
3. management of cases of serious cruelty and neglect.

At each level increased effort and interest on the part of doctors and social workers is necessary to improve the existing situation.

1. The incidence of cruelty to children can only be reduced by an increase in the quality of parents and a decrease in the quantity of cruel parents.

The general measures which affect the quality of parents are in the hands of the government. Economic growth should lead to increased employment and a higher standard of living, which in turn lead to better housing, health and education. Unhappily economic growth appears only to be achieved by a phase of increased unemployment and a lower standard of living, both of which take the most serious toll of those who can least afford it, materially, physically and mentally.

A decrease in the quantity of parents may only be achieved legally by reducing the birth rate. The concept of contraception, sterilisation and abortion for social rather than medical reasons is necessarily becoming more widely accepted. It is particularly important that doctors concerned in these matters are fully informed of the social background of patients when considering their management, whether it be contraception, the ligation of tubes or a termination of pregnancy.

2. The long term supervision of families "at risk" is the field in which the Inspectors and Women Visitors of the R.S.P.C.C. and N.S.P.C.C. do their most valuable work. A greater degree of co-ordination and exchange of information between different social agencies, although difficult practically, could do much to improve the situation. The G.P. may help here by his awareness of the social facilities available.

Gibbens suggested that continued concentrated social work should be directed towards

violent parents as much as to neglectful ones. Such prolonged supervision where the children are not neglected is not easy for the Societies who have insufficient authority for dealing with unco-operative parents.

3. More extensive social and psychiatric investigations should be carried out before serious cases of cruelty and neglect are brought to court. At the moment insufficient distinction is made between different cases. The management of the mentally defective, obsessively clean and conscientious mother who injures her child when chastising him for incontinence must obviously differ from that of the aggressive psychopath who persistently maltreats his children for no adequate reason, the likelihood of the family being restored to normal function as a unit being much more remote in the second instance. Imprisonment of the erring parent and removal of the children to a Local Authority Home may give society the feeling that justice has been done while doing the child more harm than good by depriving him of parental contact. An inefficient parent is apparently better than none.

Where years of mismanagement has caused behaviour disturbance in the child even before a violent offence has been committed, child guidance may be necessary even when the parents' behaviour has improved.

Cruelty to children may seem a hopelessly difficult problem with little in the way of practicable solutions. Nevertheless it is imperative that the little which can be done is done, to bring us nearer to the ideal situation in which every child has the benefit of growing up in a happy stable environment.

Dead Bodies

"In a country where liberty disposes the people to licentiousness and outrage, and where Anatomists are not legally supplied with dead bodies, particular care should be taken, to avoid giving offence to the populace, or to the prejudices of our neighbours. Therefore it is to be hoped, that you will be upon your guard; and, out of doors, speak with caution of what may be passing here, especially with respect to dead bodies."

— from Dr. William Hunter's "Introductory Lectures" (1784).