

A RETROSPECTIVE STUDY ON + 500 REPORTS OF CHILD ABUSE AND NEGLECT

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Since January 1972 in the Netherlands cases of child abuse have been dealt with by an institute of confidential doctors, at first 4 for the whole country, later 10. As one of the confidential doctors from 1972 upto and including 1974, I had responsibility for the South Western quarter of the country, mainly Rotterdam and the surrounding region.

Last year I started a study on about 500 cases of child abuse, presented me during the first three years. This study took place in collaboration with the Children's Hospital of the Erasmus University of Rotterdam. I am still proceeding this work and so I can give only some preliminary results.

First I will give some numbers.

Number of cases per year

year	number
1972	140
1973	144
1974	<u>250</u>
total	534

As expected the number of children presented increased as the office became better known to the public.

Sex of children

	number	%
boys	261	48.9
girl	<u>273</u>	<u>51.1</u>
total	534	100

Near fifty/fifty.

Age of children

years	number	%	corrected %
0- 2	100	18.7	37.8
2- 6	170	31.8	32.5
6-12	171	32.0	21.8
12-21	<u>93</u>	<u>17.4</u>	<u>7.9</u>
total	534	100	100

Most cases under the two years. Our experience is - just as published before by others - that these are the severest cases.

<u>birth rank</u>		
	number	%
1st child	225	42.1
2nd child	154	28.9
3rd child	74	13.9
4th child	32	6.0
5th and subs.	46	8.6
not known	3	0.6
total	534	100

Most of them belong to the first or the second child in the family.

<u>parental age</u>				
years	<u>mother</u>		<u>father</u>	
	number	%	number	%
20	13	3.7	3	0.8
20-25	64	18.3	29	8.2
25-30	82	23.4	65	18.4
30-35	63	18.0	61	17.3
35-40	44	12.6	50	14.2
40	69	19.7	96	27.2
unknown	14	4.0	26	7.4
single parent family:absentee	1	0.3	23	6.5
total	350	100	353	100

The age of the parents was surprising 3.7 % of the mothers below 20; 19,7 % above 40; 0.8 % of the fathers were under 20; 27.2 % above 40.

type of help

<u>registration only</u>	
number	%
45	8.4

These cases have been treated by others. They do not need the confidential doctor.

help without legal procedures

	number	%
total	374	70.1
at home	324	60.7
elsewhere	50	9.4

They needed and accepted help at home.

help with legal procedures

	number	%
total	<u>115</u>	<u>21.5</u>
at home	62	11.6
elsewhere	53	9.9

These required the help of the Court, through probation, deprivation of parental rights and placements etc.

number of children admitted to hospital

79 = 14.8 %

Most of them are the severest cases.

number of children who died as a
result of abuse

8 = 1.5 %

The help has been too late!

final situation

	number	%
at home	396	74.2
elsewhere	130	24.3
dead	8	1.5
total	<u>534</u>	<u>100</u>

That means 74.2 % are again at home; some of them with continuous help.

Consequently I will tell you one of our case studies.

A girl, Evelyn, was brought to the attention of the office of the confidential doctor when she was 5 months old. She is 5½ years now.

The main characteristics of her background are:

a father who has been dominated by his mother. He feels himself out of luck in almost all respects (most of all with his wife) and in his daily life he is a mixture of aggression and weakness. He is a warehouse clerk.

Evelyn's mother is her husband's senior by 8 years. When she gave birth to this daughter she was 38 years old. The couple had a 5½ years old son at that time. The mother is mentally defective - she has been hospitalized in a psychiatric clinic many times. It is hardly possible to have an ordinary conversation with her, which implies that she cannot make contacts.

The probably most important factor in the starting of child abuse in this case was the mother's announcement - while she was pregnant - that the child had been procreated by a visitor. Although the husband let her work as a prostitute, this pregnancy made him furious - he was aggressive to his wife and has beaten her many times. The mother became very nervous, was hot-tempered, and she often beat her little son.

The next risk that Evelyn ran to become an abused child was the moment of her birth: premature. She had to stay 4 weeks in the fostermother department of the hospital. The abuse must have begun almost immediately after her coming home: nutrition disorder and aggressive conduct of the mother towards her child made it necessary to hospitalize the baby again when she was 8 weeks old. The hospital kept the child 3 months, first for medical reasons, later for social reasons: to get household help for the deficient mother. This could not prevent the second occurrence of abuse: already after two days the baby was back in the hospital.

She had a subdural haematome on both sides, strabismus convergens, and a slight movement retardation at the left. This was the moment when the case was reported to the confidential doctor. He took the case to the Court. From then on Evelyn has never stayed with her parents again. She spent about two months in 3 different hospitals for treatment of the effects of the battering, and at the age of 8 months she went to a baby home.

When she was 2½ years old she entered the home of foster parents, where she has been ever since. During those 2½ years of her life (the first years too!) she underwent 8 changes of home, the one to the foster parents was the 9th. From that moment till today (3 years) the child has needed special physical care, which had success: physically everything is as it should be now. Even more important was the psychological and psychiatric care that has been given to her and which is - to a certain extent - still needed. Intellectually Evelyn is fine, her speech is excellent (both talking and word knowledge). Her general balance is unstable however: on the one hand she needs much affection, on the other hand she is very distrustful. Every change - even the smallest one - in her environment is precarious for her and has to be prepared with the utmost care. All this is getting better gradually, if slowly. Evelyn's relation with her fosterparents is fine, as with her foster brother, a boy slightly older than she is. All in all we can say: the prognosis is good.

In this case there are several possible origins of the battering: a strange "natural" father; premature birth; not wanted by either parent; a mentally disturbed mother; possibly the difference in age of the parents. The physical effects of the battering were clear, and they have been surmounted. The emotional problems of the child at this moment are more difficult to trace. There may be hereditary factors; the attitude of the parents (both before and after birth) may play a role; but it is impossible to tell the effects of the periods spent in different hospitals and the baby home, especially the many changes of environment.

As a conclusion I must state that there is no linear sequence from the abuse to the state of personality of the child at this moment. However, a reporting of the case to the confidential doctor at the time of the first hospitalization of this child, could have prevented the second occurrence of abuse. At that moment a decision of a placement of this child would have been "the least detrimental available alternative" for her. (J. Goldstein, A. Freud, A. J. Solnit: Beyond the best interests of the child).

For Evelyn's brother, who is 11 years old now, the circumstances and the prospects are far from ideal. It is known that he has been maltreated by his parents, especially by the mother. She is simply incapable to give him any education, and neither parent has any warmth or affection to give to him. Just recently a complaint has been deposited with the confidential doctor for child abuse: the mother batters the boy. One might reason that this boy has taken over the position of "battered child of the family" after the departure of his younger sister. In my opinion these parents would batter every child and I consider their conduct mainly as a sign of incapacity: they know no other way to keep a child under control. Here we meet with a subject that should be looked into scientifically: when do we call deficiency in the upbringing of children abuse and when do we classify it as pedagogical inability of the parents (neglect included) and does it belong in the sphere of general children's protection?