

Child Abusers: Research and Treatment

Christopher Bagley

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Preface

This book is about men and women who neglect and abuse children, physically, emotionally and sexually. A number of key themes emerge:

Emotional abuse causes the most long-term harm to children, although combinations of emotional with physical and/or sexual abuse cause the most harm to long-term mental health.

Because of the long-term burden which abuse imposes on its victims, it is crucial to intervene effectively with abusers (potential and actual) to prevent them from either beginning abuse, committing further abuse, or entering the victim-to-abuser cycle.

Abusers have often experienced physical, emotional or sexual abuse or neglect in their own childhoods. The role of disordered attachments to adult figures in the victim-to-abuser cycle is considered in detail, including ways of effective intervention.

Men and women who kill children can be characterized in various ways, and various programmes of intervention can be designed.

The cycle of poverty is also considered in detail, a process by which economically poor families beget children who enter a cycle of both economic and psychological poverty, in which risks of all kinds of child abuse and neglect are elevated.

In the section on 'iatrogenic abuse' I consider ways in which institutions such as medicine, child care, social work and the media can actually harm children through their interventions.

Special issues considered in detail are Munchausen-Syndrome-by-Proxy; 'Shaken Baby Syndrome'; SIDS deaths; the epidemiology of child sexual abuse; dissociative syndromes as sequels and antecedents of child abuse; child abuse 'moral panics'; child pornography and the internet; and the problem of suicide in men facing charges of child sexual abuse, as well as suicide by a parent following their murder of a child.

Although my professional training and background is in social work, I have worked in close collaboration with medical

professionals for much of my career, and I argue that social workers should be alert to psychiatric problems in their clients – the recognition of signs of mental illness can be valuable in preventing some parents from seriously injuring and even killing their children. Psychiatrists too should consider the family relationships of their patients, and engage with social workers on behalf of children within these families.

The book contains numerous case histories illustrating the dilemmas of practice, and I am grateful to my colleague Profess Colin Pritchard for permission to use these case histories.

Although the book reflects a mostly British experience, it does draw on my 15 years of research and practice in Canada, and of course draws on many American research studies. I hope that American readers will find the comparative perspectives interesting and enlightening.

I left England in 1980 to take up The Senator Patrick Burns Chair of Child Welfare at the University of Calgary, returning to England in 1996 to join the staff of the University of Southampton. At Southampton it has been my great good fortune to work collaboratively with Colin Pritchard, and the book contains a summary of our pioneering work on child murderers and child sex abusers. I have also drawn richly on Colin Pritchard's work on the physical abuse of children, and on the cycle of poverty in disaffected youth, which has complemented my own specialist interest in child sexual abuse.

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Christopher R. Bagley

August, 2003

Chapter One

The Child Protection Controversy

I am happy being a child. I am 60 years old, but I am still the child I was ... there is a tension in my 60 years between the child I was, and the child I could be. As a child, I am still constantly learning and understanding. Gilberto Freire, 1982,

Introduction

The practical thesis of this book is that the precious time of childhood is one which should be nurtured by adults. But frequently the conditions of optimum care and socialisation are subverted by negative social forces, and by individual actions of adults whose own childhoods were often distorted psycho-socio-economic disadvantaged, including abuse and neglect. This is not to exonerate them, but recognise those features which lead to child neglect and abuse. It is also our thesis that, like Freire, we can review our past childhood, recreating ourselves, discovering new purpose. Thus those who abuse children can change, we argue, becoming individuals who care about others rather than about their own wretched selves (Bagley & King, 1990; Bagley, 1997). This is our humanistic thesis.

Children are abused, physically, emotionally and sexually in every country of the world. In Britain today the best evidence (based on adults recalling events of their childhood) is that up to seven per cent of children have in the recent past been subject to severe physical abuse, six per cent have been physically neglected, six per cent have been emotionally abused, and eight per cent have been victims of contact sexual abuse. These figures are based on a random survey of 2,869 young adults (aged 18 to 24) in the United Kingdom, and thus refer to fairly recent events of neglect and abuse (Cawson et al. 2000). Although this report does not go into details, it is likely that there is an overlap between children experiencing various kinds of abuse and neglect. In other words, many children who have experienced physical abuse are at higher risk of emotional abuse, and these children are also more likely to be targets of sexual abuse. There is clear

evidence from our Canadian research that this is the case (Bagley & Mallick 2000b).

While the adults in the UK survey were recalling events which often occurred several years before, there is no reason to suppose that the amount of child abuse has diminished in recent years, even though the rate of child murder in Britain is itself declining (Pritchard 1992, 1993, 1996, 2002, Pritchard & Butler 2003). The evidence we have reviewed from Europe and North America (Bagley & Thurston 1996 a & b; Bagley & Mallick 1999) suggests that there are significant sequels in mental health impairment and distorted behaviour in those who were brutalised by their childhood experiences. Up to a third of adult child abusers are repeating the events which they were subjected to in childhood. Thus there is a statistically significant link between having been a victim and going on to be an adult abuser or neglecter of one's own children. This is an important finding, but one which leaves us in a considerable dilemma as social work practitioners, clinicians, and social policy analysts

We are not seeking to excuse or justify in any way people who abuse children, whoever they are. What we seek however, is to contribute to a better understanding of abusers so that we can both improve child protection, and contribute to the compassionate understanding and treatment of the abusers. This we passionately assert, will only be accomplished if we act on the best available evidence. It is imperative that our child protection is 'evidence-based', as is expected in modern medicine, not least in order to avoid child protection over-reactions, which resulted for example in the Cleveland and Orkney child care debacles (Bagley & Thurston, 1996a) If this means challenging some dearly held nostrums, or questioning organisational values, then so be it.

Media and public responses to child abuse, and its extreme consequence, a dead child, evoke passionate public concern throughout the Western world (Atmore 1999). However as might be expected from academics and professionals, we make the plea for a more rational response, both public and political.

Our recent research (Pritchard & Bagley 2000) revealed important variations in child sex offenders' behaviour. Based upon detailed police records of asexual abusers' activity we argued for the urgent need to differentiate between 'treatable abusers', of whom a probable majority had themselves been abused as children; but for a small, but dangerous minority we advocated permanent but reviewable sentences until these men were no longer a danger to society. This position gives support to a very 'tough' British

Government response (Home Office 2000) which is also likely to be enshrined in the new Mental Health Act (Birmingham 2002). This apparently contradictory position – compassion and understanding for some, combined with toughness for others had been hard for some sections of the media to accept. It is probably necessary to acknowledge and confront these powerful feelings head on, before we deal in subsequent chapters with the issues of ‘the abuser’ in an objective and dispassionate way.

One consequence of the frequently over-simplified media reporting of child abuse tragedies in Britain has been to make every area of the multi-disciplinary child protective service very defensive. We shall have more to say later but one thing we do know, is that abuse with the worst long-term mental health outcome essentially stems from psychological abuse, which more than any other type of abuse corrupts the normal, healthy development of the child (Bagley & King 1990; Bagley & Mallick 1999 & 2000b). There are psychosocial elements of course in this process, with poverty undermining a parent's ability to meet their children's needs (Y.A.T. 2000; Corby 2000; Lyon 2000), but the key element which undermines the mental health of future adolescents and adults, and propels the cycle of abuse into the next generation, is the breakdown and corruption of the emotional relationship (Fromuth 1993; Pritchard 1996). Clearly adults (especially parents) who currently neglect and abuse have psychosocial needs of their own. If the authorities initiate a punitive and inquisitorial approach to such people, they are not likely to engage them and consequently will fail in the key objective, of making children safer and enhancing their bio-psychosocial development. We shall return to this theme of prevention and development later, but see it as a twin arm of any practical step to improve the parenting skills of adults caring for vulnerable children.

Overly defensive social service intervention and clinical practice leads to a lack of the development of a rapport with the key participants suspicion and lack of adequate communication between the agencies. Crucially too, the front line worker may feel exposed and threatened by an agency which should essentially be supporting front line staff. Recent scandals of children who have been tortured to death by parents even after social service and medical intervention, underscore the fact that social service and clinical intervention can be chaotically organised, leaving both vulnerable children and front-line staff exposed and unsupported.

A striking example of this emerged from the prolonged abuse by a blood aunt that led to the death of Victoria Climbié

in Britain in 2001 (Laming 2003). This nine year old girl, whose photo showed all the joy and *elan* of a delightful child at the beginning of life, was handed over by to her aunt in Britain, by her parents, for the assumed better opportunities Britain gave. This was a very typical cultural arrangement of many African extended families. Instead of being the warm caring maternal aunt the parents had expected, she and her male partner cruelly abused and tortured the child to death. A series of tragic errors by all the child agencies followed, not least because of their inability to interview Victoria in French, her native language. No one noticed that the aunt probably had a severe personality disorder. Her borderline psychotic personality did not emerge fully until her attendance at the Laming inquiry in 2002. This powerful, in-depth inquiry (Laming 2003) brought a damning denouncement of all of the services – police, NSPCC, social services and health - directly involved, since there were clear signs of severe abuse long before Victoria died.

The consequence of the accumulative impact of negative media reporting on fatality enquiries such as these is that front-line child protection staff face four inter-related pressures.

First, their desperate concern for the interests of the child, as they are front-line witnesses to the distress and pain of the child. Then pressure comes from the family, as so often the neglecting or abusing parents were themselves previously neglected or abused children, and staff have to carry the parental ambivalence, including not infrequently, their jealousy of their own child receiving a consideration they never did. The third pressure, sadly, is often experienced from the system in which the social worker operates, as management instead of being professionally supportive and offering necessary practice supervision, is experienced as invigilatory, accusatory, or at worst, scapegoating. Fourthly, the practitioner and the service experience pressures from an uncomprehending general public, who demand the contradiction of total child protection, and, total parental rights. The public, spurred on by sensationalist media seek to allay any sense of collective guilt, and “It shouldn’t happen” is the frequent cry of interviewees in T.V. or press. To this we would all add Amen. But we need to understand *why*.

Conclusions

I take it as axiomatic that children are innocent, and certainly do not cause or deserve the events of abuse and neglect which are imposed upon them (Bagley 1999). We base our approach solely upon the desire to improve the life chances of children, breaking into the wretched cycle of neglect and

abuse. To do this, we are seeking to better understand the perpetrators – including those who have been abused and neglected, emotionally, physically and sexually, and then go on to be abusers themselves. We aim not to exonerate, but to become better equipped in order to prevent children being deprived of the joy and innocence of their childhood.

I will now try and set emotion aside, and seek to focus upon the best evidence available in pursuing the policy goal of improved social and psychological justice for children. To this end we will study the child abuser in many of his or her guises, and highlight key psycho-socio-economic interactive factors that lead some to behave unacceptably. On the way we hope to either introduce or highlight the often missing dimension in the field, the importance of the psychiatric-child protection interface, which is as important as the socio-economic child protection interface.

Chapter Two

Types of Abuse: Incidence, Overlap, Psychiatric Effects and Prevention

In their little worlds in which children have their existence, there is nothing so finely perceived and so finely felt, as injustice. Charles Dickens. (Dickens 1849/1995).

Introduction

Although this book is primarily about child abusers, it is important to consider child abuse for three reasons. First of all, abuse and abusers are two sides of the same equation: for every act of abuse there is an abuser, and we cannot describe and evaluate the actions of abusers properly without knowing the range, type and impact of child maltreatment – acts of abuse and neglect which may cause physical and psychological harm to a child or young person.

Secondly, the *impact* of child maltreatment must be considered in detail – those types and combinations of abuse and neglect which cause greater harm are worth the most study and policy innovation, in order to minimize their impact, and to prevent maltreatment itself (Pritchard 2001). Thirdly, in order to understand the problematic issue of the victim-to-abuser cycle – the psychological process by which some abuse victims go on to be abusers – we need to consider the psychological impact of maltreatment on its victims. For this reason too we consider the processes of *disordered attachment* as crucial in understanding both why some maltreatment is so harmful, and why some victims go on to be adult abusers.

The abuse, neglect and exploitation of children and adolescents is complex and multifaceted, and often different types of child maltreatment (outlined in Figure 1) overlap, interact or occur in sequence for the individual child (Higgins & McCabe, 2001). The lessons from research (Bagley, 1995; Bagley & Thurston, 1996 a & b; Bagley & Mallick, 2000a & b) are that while some resilient children escape the most horrendous types of abuse unscathed, for the majority abuse of various kinds can cause short and long-term harm to the developing child's adjustment, and to his or her adult adaptation (Wolfe, 1987; Bagley & King, 1990; Bagley, 1995; Stevenson 1997).

Physical abuse

This is the most commonly recorded type, and it is easiest to define, observe and take action against this kind of maltreatment. Severe bruising and fractures caused by blows, head injuries, shaking, eye damage, suffocation, poisoning, marks made by sticks, whips and cords, marks of burning, biting and scalding are the most extreme examples (Kempe et al., 1985; Meadow, 1993). While these extreme forms of physical abuse may not effect more than two per cent of the population, "ordinary" physical discipline in the form of frequent smacking and hitting is much more frequent, and can also cause long term harm, even though such actions would not normally lead to social service intervention. While physical abuse and punishment is often imposed by isolated parents as an expression of psychological frustration, despair and illness, extreme forms of continuing punishment can extend over many years of a child's life even in a 'normative', two-parent family (Nobes & Smith, 1997). Corporal punishment in schools, rarer than it used to be, is still widely practised in many independent schools which have a fundamentalist religious foundation (and, unfortunately in many so-called Christian households), and constitutes an institutionalised form of physical abuse (McFadden, 1987; Wiehe 1990; Grevan, 1991; Straus, 1994).

Important American research by Straus and Gelles (1990) has followed up or looked retrospectively at the childhoods of random samples of adults and shown clear, causal links between excessive but not illegal physical chastisement of children, and the later underachievement, depression and violence amongst these chastised children grown to adults. Children who learn that they deserve frequent physical punishment develop poorer self-esteem, which in the face of later stressors makes them more vulnerable to severe depression. Ironically, as Straus and Gelles show, physically beaten children who act with rebellion and anger are often subject to further, more severe physical punishment. They enter a phase of 'downward spiral' (Bagley & Mallick, 2000a) in which apparently deviant children are subjected to further punishment and rejection.

These children learn too that violent chastisement is an acceptable form of interaction and control of others. There is a statistically significant link between having been a victim of frequent physical punishment as a child, and becoming a harsh, authoritarian parent. Such parenting diminishes a child's self-esteem (Bagley et al, 2000), and leads to increased vulnerability to emotional abuse. Further American research by Straus & Kantor (1994) showed that 90 per cent of parents spanked their preschool children, or used

additional forms of physical pain to obtain compliance. Almost half of young teenagers were hit, struck, beaten or slapped by a parent. Controlling for the effects of social class, the research showed that those who experienced persistent and frequent spanking, hitting and violence “had an increased risk in later life of depressive symptoms, suicidal thoughts, alcohol abuse, physical abuse of children, and wife beating.” (p. 543) The authors suggest that the long-term effect of beating children constitutes a major public health issue. More recent research by Straus et al. (1998) indicates the persistence of ‘normative’ violence in the American family, confirming Knutson & Selner’s (1994) annual surveys of American undergraduates over a 10-year period.

There are no parallel data for Britain, but we do know that current attempts to have the beating of children outlawed meets with vigorous opposition by parents and much of the media¹. The right to be physically cruel to one’s child in the privacy of one’s home seems to be as sacred as the Englishman’s right to rule his suburban castle.

Canadian researchers have recently begun to fill the gap in research on the amount, degree and sequels of physical abuse, and we perceive an urgent need for detailed studies in Britain beyond the survey by Cawson (2000). In the Canadian research (MacMillan et al., 1999) a random sample of 9,953 of Ontario adults was interviewed about their childhood experiences: some 5,000 reported childhood and adolescent histories of physical harm or punishment. Those who reported being slapped or spanked “often” or “sometimes” (about a quarter of the total sample) had significantly higher lifetime rates of anxiety, alcoholism, and aggression towards others². Males were most likely to be physically abused (in 31.2% of cases) compared with females (21.1% of whom recalled such abuse up to age 14). Sexual abuse was more commonly reported by females (12.8% of all of those interviewed) compared to males (sexual abuse rate of 4.3%). One third of boys recalled either physical or sexual abuse, compared to 27.0 per cent of females. These figures are close to our findings from a national Canadian survey (Bagley, 1989) and subsequent general population surveys in Alberta (Bagley 1995; Bagley et al. 1995). There are no reasons for supposing that figures for Britain are different, as our recent cross-national studies indicate (Bagley et al. 1999). Go into our prisons and speak to men convicted of inter-personal violence, and virtually all were subjected to the severest form of physical punishment as children.

Figure 1 **Types of Abuse and Neglect**

	ABUSE	NEGLECT
Physical	Frequent/severe hitting, slapping, beating, shaking, punching, kicking	Failure to provide regular and adequate food, warmth, clothing, medical care
Emotional	Threats to injure or kill; constant sneering/sarcasm or belittling; throwing away or destroying toys; forbidden to speak or play; scapegoating; favouritism to sibs; locked in room or confined space	Ignoring emotional needs; failing to give affection or respond to child's cries of distress; failure to comfort or support when sad, hurt or worried
Sexual	Needless touching of child's genitalia; forcing child to view, touch/sexually manipulate adult; penetration attempted or achieved/sexual innuendo or threats; showing/making pornography	"Sex is dirty/sinful/shameful" messages; no sex education for child; severe punishment if child is caught in sexual play or masturbation

Figure 2 **Types and Estimated Prevalence of Physical and Emotional Abuse And Neglect**

<p><i>Abusive and neglectful parenting</i> – frequent, arbitrary physical abuse and/or chronic disregard for child’s emotional and/or physical needs - some 3% of all families</p>	<p><i>Chaotic, neglectful parenting</i> with child’s emotional and physical needs frequently ignored; random acts of violence - some 3% of all families</p>
<p><i>Authoritarian, overly strict parenting</i> – all physical needs cared for, but often emotionally cold, with frequent, non-arbitrary physical punishment for scheduled misdeeds – some 5% of all families</p>	<p><i>‘Normal’ Parenting</i> which usually meets child’s physical and emotional needs, without the application of persistent physical punishment (i.e. only occasional spankings) - some 90% of families</p>

There is an overlap in incidence between ‘abusive and neglectful parenting’ and ‘chaotic parenting’. Estimates of prevalence based on ‘adult recall’ surveys in Britain, Canada and the US by Cawson (2000), Williams (1996), Straus et al. (1998) and MacMillan et al. (1999).

Figure 3 Antecedents and Vulnerability Factors in Physical Child Abuse and Neglect

<p><i>Cultural factors</i></p>	<p>Cultural values support physical punishment and chastisement of children.</p> <p>Poor quality institutions for care of 'unwanted' children.</p> <p>Exploitation of children for labour, warfare and sexual purposes tolerated.</p> <p>Ethnic groups and their children stigmatised and exploited.</p> <p>Prejudice and stigma regarding single parents, and/or children with disability.</p>
<p><i>Social system factors</i></p>	<p>Chronic poverty and reduced life chances in lower blue collar and 'underclass'.</p> <p>Underfunding and/or chaotic delivery of child support and protection services.</p>
<p><i>Personal factors in abusers</i></p>	<p>Parent figure(s) abused and neglected in own childhood.</p> <p>Parent figure(s) have chronically poor mental health and/or low self-esteem.</p> <p>Parent figure(s) have substance abuse problem.</p>

	<p>A current caretaker not child's biological parent.</p> <p>Parent(s) single and/or teenaged.</p>
<i>Child vulnerability factors</i>	<p>Male.</p> <p>'Difficult' temperament since birth.</p> <p>Child's congenital disability.</p> <p>Child developmentally delayed.</p> <p>Child separated for long periods from parent(s) including child 'in care'.</p>

Sources: studies reviewed by, and empirical work of Bagley (1993 & 1998); Bagley & Mallick, (2001a).

Emotional abuse

This is the hardest of actions in the abuse spectrum to define and measure, and difficult for social workers and other professionals to observe or assess (Hobbs & Wynne 2000). Nevertheless there is a growing literature attempting to define emotional abuse and to evaluate interventions to prevent and treat such abuse (Garbarino et al., 1986; O'Hagan, 1993; Iwaniec, 1995, Hobbs & Wynne 2000). The overlap of physical and emotional abuse, and various forms of neglect are outlined in Figure 2.

Garbarino et al. identify five different aspects of 'psychological battering': rejecting, terrorizing, ignoring; isolating; and corrupting of a child. While many of these facets of emotional abuse occur together, the presence of one of these types of emotional abuse is sufficient to cause long term psychological harm if it is profound and repeated in nature. Often (as is the case in physical and sexual abuse) only one child amongst several in a family will be singled out for emotional interactions which can be described as abusive. Occasionally one finds 'serial' emotional abuse, as the next child is targeted as the other becomes too old. Indeed, the contrast of the rewards and emotional support for other

children, compared with the emotional rejection of one particular child can heighten a child's bereft sense of isolation, despair and negative self-regard. However, a whole generation of children in a family may be corrupted by conditions of criminality, squalor and a general climate of squalor which constitutes a psychologically corrupting environment. This picture has emerged in the case studies by Oliver & Buchanan (1979) and Oliver (1983, 1991) who studied a number of British 'multi-problem families' in which all kinds of neglect and abuse were simultaneously present over several generations. Similar kinds of families in which children are both sexually and physically abused have been described in another English studies (Hobbs & Wynne, 1990, 2000, Munro 1998).

O'Hagan (1993) defines psychological abuse as:

... The sustained, repetitive, inappropriate behaviour which damages, or substantially reduces, the creative and developmental potential of crucially important mental faculties and mental processes of a child; these include intelligence, memory, recognition, perception, attention and moral development.

Emotional abuse in O'Hagan's scheme can include instability of parenting figures, their sudden departure and the arrival of new parents or partners for a mother, as well as inconsistency in parental disciplinary activity, kindness and indulgence for short periods, followed by periods of harshness and emotional and physical cruelty. Sometimes a child's favorite or beloved toys (including the symbolic comfort figure of a favorite doll or stuffed animal) will be removed from the child, and destroyed. The child may be told frequently: 'I wish you'd never been born ... I hate you ... You'll never amount to anything ... Can't you do anything right?' The child is subjected to a persistent stream of criticism and belittlement, and his/her positive achievements or efforts go unrewarded or are sneered at. Often the emotionally abusing parent has itself been emotionally abused as a child, and is currently under considerable stress. This combination of psychological and social factors may lead to the child being scapegoated as a convenient target who cannot answer back, or defend themselves. Often too frequent, arbitrary and cruel physical punishments are combined with emotional rejection and abuse.

Child sexual abuse within the family involves patterns of deceit and manipulation of the child victim which, over and above the physical and sexual assaults imposed on the child, are often a form of psychological abuse. The father or stepfather in particular, enlists the child as a secret liaison,

and predominately she, but it can be he, is bribed, threatened or cajoled into keeping the secret. The artful seducer will have reduced the child's self-esteem and made her emotionally dependent upon him: her efforts at resistance may result in psychological threats. Worse may follow when the child is finally able to appeal to a family adult for help, and is then accused of being a seducer or a liar, and is subject to emotional exclusion. This can lead to running from home, which sets in train a pattern of survival techniques which can lead to the most fundamental sexual exploitation, that imposed on the child or adolescent prostitute (Bagley, 1995).

The US-based Office for the Study of the Rights of the Child has published the following schema summarising types of psychological maltreatment of children (Figure 4).

Figure 4 Psychological Maltreatment: A Continuum of Direct to Indirect Forms

<p>DIRECT AND PERSONAL ATTACKS ON A CHILD</p>	<p>Publicly humiliating child</p> <p>Terrorizing a child with threats of extreme violence</p> <p>Repeatedly making a child scapegoat for personal difficulties</p>
<p>INESCAPABLE NEGATIVE CONDITIONS IN THE CHILD'S IMMEDIATE ENVIRONMENT</p>	<p>Making the child a captive for violence or chaos in the lives of significant adults</p> <p>Modelling of substance abuse/harmful health practices by significant adults</p> <p>Teaching a child racial/sexual stereotypes which degrade others</p> <p>Modelling of community violence by family members</p>
<p>DESTRUCTIVE PERSPECTIVES AND PRACTICES ENCOURAGED BY CULTURE</p>	<p>Presentations of excessive violence and distortions of reality through public media</p> <p>Institutionalized restrictions to making the most of educational talent</p> <p>Cultural disrespect for the competencies of young people</p>

Adapted from Hart (1984).

Implied in this continuum of abuse from the interpersonal to the ecological is the possibility that whole cultures can through oppressive practices, cause grave psychological harm to the psychological development of children. The use of child soldiers in rebel armies is an extreme case in point; the widespread use of children for sexual purposes is another³. Further examples are the use of terror to oppress children, by killing or torturing their parents in the presence of the child, and the threat or actuality of torturing the child to make parents confess or co-operate with government armies in Central America (Lykes, 1994). Children being trapped in theatres of war in which they experience the killing of others, and sometimes are wounded themselves can have profoundly negative impacts on the child's ability to adjust in post-war settings (Garbarino, 1993; Elbedour et al., 1993; Ullman & Hilweg, 1999; Hobbs et al., 2001).

Physical and emotional neglect

Like emotional abuse, these forms of neglect occupy a grey area in the application of social scientific knowledge in the protection and care of children. In part this is due to the frequent overlap of physical abuse and neglect, and emotional abuse and neglect (Ethier, 1992; Iwaniec, 1996). In Britain, social workers have been guided in the definition of abuse and neglect, and related actions by the 'Orange Book', which offered a guide to assessment and action if a child was thought to be neglected, in terms set out by the 1989 Children Act (Department of Health, 1992).

One way of assessing physical and emotional neglect is by asking adolescents and young adults to report, retrospectively, on the conditions of their childhood (Williams, 1996). While this method may give some accurate accounts of prevalence, it will not offer a guide for current social service investigations to investigate risk or allegations of neglect. In the frontline, teachers and health professionals (health visitors and GPs) may occupy the frontline in making assessments and referrals - but here the 1989 Children Act in Britain may actually impede social work action because of its emphasis on 'good enough' parenting, and the emphasis of keeping a family together, even in conditions of emotional poverty and physical squalor. The new guidelines for assessing neglect, deriving from the Child Support Act of 1995 (Department of Health, 2000) have the overt purpose of supporting family life, rather than protecting children from abuse and neglect. Unfortunately, as the study by Saunders (2002) of the implementation of these new policy guidelines in a unitary authority in England shows, there is considerable variation between workers and family service teams in how to

interpret these guidelines, in terms of the evidence to be gathered and the actions to be taken. The Department of Health has been unhelpful in offering definitive guidance on how to interpret these new guidelines (Saunders, 2002) and in the face of rapid turnover amongst highly stressed and poorly rewarded child protection workers, training models are often haphazard, and a decisions about whether or not to “protect” a child often have an intuitive or haphazard basis.

This picture of a local authority social services department in organizational flux, with unclear guidelines for action, and with the employment of unsupported and sometimes untrained social workers is paralleled by the picture which has emerged of child protection in the London Borough of Haringey, in which there was a profound failure of social, medical, police and voluntary services, none of whom acted to prevent the death of Victoria Climbié in Haringey in 2000 – an official enquiry severely criticized all services involved, social workers, police and medical in failing to prevent the torture and murder of a child by her aunt and step-uncle (Laming, 2003). This murder, one of many scandals to beset the British child care system, was predicted in the criticism of the working of the Children Act by paediatricians Speight & Wynne (2000) who argued on the basis of their experience in dealing with severely abused children, that social workers often left children with known severely abusive families, only acting to remove the child to a place of safety (if at all), when repeated, life-threatening injuries or assaults were apparent.

The conclusions of repeated enquiries into the deaths from abuse of British children known to social services or actually in care appear to be ignored (Munro 1999) – for example the persistent failures over a three year period by Cambridgeshire social services (Bale 1997; Times 2002). The most recent Cambridgeshire case involved “horrendous abuse” on a series of children lodged with one foster parent. Children in foster and residential care in Britain are particularly at risk from their carers. Hobbs et al. (1999) identified 158 children over a five-year period who had been abused in public care: in foster care 42 children were physically abused, 76 were sexually abused, and 15 experienced both forms of abuse. The rate of physical and sexual abuse of those in residential care was about twice that in the fostered children. Not all of the abusers were foster parents: 23 per cent of the abusers were natural parents during periods of contact, while children (including foster sibs) were responsible for 20 per cent of the abuse. The picture which emerges is one of a social services system faced by overwhelming odds, in which social workers find themselves

placing children with ill-prepared or unsuitable foster parents, without adequate preparation or supervision.

In the case of Victoria Climbié, there are numerous organisations and individuals in theory responsible but all of whom 'failed' (Laming, 2003). To this list we add ourselves, as academics, citizens and taxpayers, who have failed to lobby strongly enough for better and more adequately funded social services.

Sexual abuse

Sexual abuse of children has been of major concern for researchers and practitioners in the past 15 years, and reports in this kind of abuse greatly outweigh those on other forms of abuse, or neglect. When we first reported on a series of sexual abuse cases (Bagley 1969) the number of previously published reports number less than a score. Our first community mental health study (Bagley & Ramsay, 1996) reporting depression and suicidal behaviours as long-term sequels of sexual abuse in childhood appeared to be groundbreaking, and was cited by at least a hundred subsequent writers. When we reviewed the available literature up to 1995 (Bagley & Thurston, 1996 a & b) there were over 2,000 studies available, and the amount of 'evidence based' studies on sexual abuse victims and perpetrators has at least doubled (Fergusson & Mullen, 1999; Jones & Ramchandani, 1999) and continues to grow.

Using a conservative definition of contact sexual abuse, we established from community mental health surveys of young adults in Canada, that some 13 per cent of females, and six per cent of females experience unwanted sexual contacts which are repeated, and continue for more than a week, prior to their 16th birthday (Bagley, 1991 & 1994). A recent UK estimate for females provides supportive evidence for this estimate of prevalence (Oaksford & Frude, 2001).

Some 50 per cent of victims of sexual abuse in childhood, compared with less than 20 per cent of matched controls who experience no forms of physical, emotional and sexual abuse or neglect will manifest clinically significant forms of maladaptation, which may last an individual's lifetime (Bagley 1995). Clinical sequels following sexual abuse include impaired self-esteem, chronic depression and suicidality, anxiety phobias and post-traumatic stress, runaway and acting-out behaviour, sexual terror, sexual promiscuity, eating disorders, and various psychosomatic problems (Bagley, 1995; Bagley & Thurston, 1996 a & b; Bagley, 1997). However, before a causal sequence can be inferred between sexual abuse and later problems, the co-

existence or prior and subsequent occurrence of emotional and physical abuse have to be accounted for, including negative effects of the actual investigation of sexual abuse (Bagley, 1997). Some children react in terms of their particular vulnerability, in seemingly opposite ways – the outcomes of sexual terror and sexual promiscuity are opposite ends of a spectrum of sexual disorders which, apparently both result from prior sexual exploitation of the child.

A hierarchical model of assessment and intervention in child abuse and neglect

In defining 'abuse', we concede that along with the word 'risk', this is often an imprecise and over-used concept in the field of child protection. The concepts invariably contain something of the value system of the persons defining risk' and 'abuse'. Indeed it is singular that even the Department of Health's *Messages From Research* avoided a specific definition, rather leaving it to 'common sense' of when an "event occurs" which is "obviously detrimental to the child" (DoH, 1995).

Epidemiological evidence (Bagley & Thurston, 1996b) shows that in the large majority of cases, the neglecter/abuser is either a parent or a person occupying a parental role. Obviously these are people who have considerable proximity to the child, involving the opportunity to abuse, as well as motivations which may be endemic in the parenting role and its frustrations and dysfunctions (Utting, 1997; McDonald, 1998; DoH, 2000; Pritchard & Bagley, 2000).

In order to provide a working definition we begin with a normative, developmental concept of childhood. The 'task' for the child is to grow into an independent adult. The task of the parent-figures is to facilitate this development by meeting these needs within a protected environment. Thus it is expected that the adult/parent/child carers will appropriately meet the child's needs in respect to their physical, psychosexual and social development, thereby establishing health attachment styles, which are the basis for long-term mental health (Iwaniec, 1995). Anything that impairs this development is potentially damaging and potentially 'abusive' (Bacon & Richardson, 2002). Partially linked to these ideas is the notion of 'good enough parenting' (i.e. acceptance of even marginally acceptable parenting, provided that there is some positive emotional tie to a parent), which has been accepted by the British social work profession, working under the guidelines set out in the 1989 Children Act.