



The
Child Abuse
Doctors



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The Child Abuse Doctors

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FOREWORD

As early as 900 BCE, the Persian physician Rhazes, who practiced in the harems of Baghdad, described intentional injury to children. Soranus, a Greek gynecologist of the second century AD, advocated for infanticide in babies who were “born early, who lack a vigorous cry” and who are not “perfect in all parts.” In 1559, Ambroise Pare, the famous French surgeon, wrote the first description of subdural hematoma as the consequence of trauma. Paulus Zachias, a “doctor from Rome and a most distinguished gentleman” reported on “disastrous head injury in children from beating” in 1651. In 1800, James Parkinson of London wrote that head injury as consequence of “disciplining” may result in intracerebral hemorrhage and hydrocephalus.

The most famous of early describers of child abuse was Auguste Ambroise Tardieu (1818-1879) who recorded the largest series of child abuse fatalities and the most comprehensive description of child maltreatment in all of its medical manifestations in 1860. Less well-known was the description in 1930 by Sherwood, who described 9 cases of subdural hematoma in which there was a question of possible trauma with no admission and Ingraham and Matson, who, in 1944, considered trauma likely to be an etiologic factor in head injury. Eleven of the cases they described had fractured skulls and they described retinal hemorrhages.

In this comprehensive and highly accessible book on the medical history of child abuse, Chadwick has made a landmark contribution. Beginning with Tardieu and continuing through to the present day, he has recorded the evolution of the recognition of child abuse.

Because of dedication and conviction, countless physicians have labored intensively, often against great odds, to provide scientific validation to the diagnosis of child abuse. Initial denial—within the community at large as well as in the medical establishment—was gradually replaced with realization that abuse does occur all too frequently. *The Child Abuse Doctors* documents this tumultuous history of doctors’ attempts to protect children from abuse. It is an essential work for any medical professional interested in working in child abuse pediatrics.

A pioneer in his own right, having made numerous contributions to the medical literature and establishing the Chadwick Center at San Diego Children’s Hospital, Chadwick’s deep involvement in the field of child abuse medicine gives credence to this text. This monograph will

be invaluable for future generations of medical professionals charged with the recognition, treatment, and prevention of child abuse.

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FOREWORD

This is a book about altruism. The provision of clinical care and the conduct of research in child abuse are among the most difficult career paths available to physicians or other health care providers. Other areas in health care are far more likely to result in grateful families and patients, reasonable hours, peer recognition, incomes comparable to peers, access to research support, and professional advancement. To colleagues, the child abuse clinician is a savior who relieves them of the difficult call, the unpleasant interaction with family, and the onerous duty to come to the foreign territory of the court system to testify as needed. All of us who work in this area hear the phrase “I don’t know how you can do this work” almost daily.

The clinicians who work in this area have a few secrets. First, the majority of cases that we deal with are neglect, and these families benefit greatly from the attention and intervention of the medical care system and are often quite welcoming of the help of a physician who can move mountains to call attention to their plight. Second, the other professionals who work with these families are appreciative and peer recognition helps replace the absent relationship that other physicians have with their patients and families. Third, child abuse pediatrics is an intellectually stimulating form of medical practice as the clinician has to carefully consider the plausibility of alternative hypotheses, think carefully about the biomechanics, differential diagnoses, and even the epidemiology of injury. Fourth, the interface of health care, law, social services, and cultural norms and practices is a fascinating place to work and learn about improving the human condition. And finally, we get to work with kids who are still, through most of it, kids. They can be funny and exasperating, and we can improve their lives. In response to the “I don’t know how...” phrase, one can respond that no medical subspecialty has patients that all do well and that the prognosis for our patients may well be the best among our subspecialty colleagues. Good, careful, and early work can correct the social circumstances that lead to the maltreatment, and the majority of child maltreatment victims will have normal lives. The reward for this investment can mute the emotional difficulty of hearing each child’s individual story and seeing their pain.

The attractant to the field has always been interpersonal relationships. Mentors and role models, with whom we developed relationships in residency training or medical school, led most of us to this field. The biographies in this volume are testimony to the power of mentoring. Much of the mentoring has addressed clinical

care and how to work with all of the systems involved. Mentoring in maltreatment research is a rarer commodity; the number of physicians who have secured National Institute of Health support to work on aspects of maltreatment is small. Whereas other fields have benefited from a lab culture with a cadre of senior investigators sharing the nuances and approaches needed in a field, the absence of the National Institutes of Health in this field for almost a generation has deprived it of a senior brain trust of researchers who know how to secure federal research support. That needs to be fixed. The biographies presented here include some of the pioneers who have begun to crash that world.

Give due regard to the wisdom of the author; Dr. David Chadwick is a giant in this field. His work has spanned this field from its earliest days with C. Henry Kempe to seminal research on the epidemiology of falls and injury in young children, to recent efforts to involve public health systems. He has been a leader in pushing public health to monitor the occurrence of child abuse and neglect, in developing interdisciplinary evaluations, in developing standards of care and inculcating science into medical conclusions, and in building a constituency of survivors and their families to speak forcefully on the need for prevention. The historical and clinical perspective here gives ample evidence to the force of altruism.

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PREFACE

In 2006, Robert Block described the founding of a new subspecialty in *Pediatrics* named Child Abuse Pediatrics. This announcement followed decades of developmental work in medicine in general and in pediatrics in particular and focused on the ways in which physicians might provide useful services that would prevent child abuse or ameliorate its health harms. About 20 years earlier, I had begun to work full-time as a child abuse doctor based in a Children's Hospital. With the successful definition of the subspecialty in pediatrics, I realized that I had been a close-up witness to the development of this field and, perhaps, I should write something to describe my own experiences. Many colleagues supported this notion, and I produced an outline. STM Learning, Inc. also provided encouragement and this book became a reality.

C. Henry Kempe is prominently featured in this monograph for describing physical abuse in a way that put an end to further evasion when he named a new condition "The Battered Child Syndrome." Kempe having been a professor of mine at the University of California, San Francisco, we remained in touch, and he invited me to participate in a meeting to draft the model child abuse reporting law. Not long before, I had been dragged, kicking and screaming, into the child abuse field by Los Angeles social worker Helen Boardman. Although I was more interested in infectious diseases, Boardman insisted that I provide careful medical assessments and, sometimes, testimony on infants and children who were appearing at the Children's Hospital of Los Angeles with multiple, poorly-explained injuries. In 1968, I moved from Los Angeles to San Diego and assumed the position of Medical Director at the Children's Hospital in San Diego.

In the 1970s, San Diego was already fertile ground for the development of child abuse programs. The police department in the city had a specialized child abuse unit, and a legendary social worker, Elizabeth Lennon, was working to coordinate the efforts of all of the public agencies in the city and the county of San Diego. Around 1975, a transplant from Kempe's program in Colorado, Diana Bryson, arrived in the city and volunteered to help build a child abuse program at the Children's Hospital. By 1980, a well-developed multifaceted child abuse program was in place at the Children's Hospital in San Diego, and, in 1985, it was possible for the program to be made a hospital department and for me to assume the directorship of the Center for Child Protection.

Meanwhile, throughout the US, more and more medical doctors were becoming interested in child abuse, and we were able to prevail on the American Academy of Pediatrics to establish a committee and

a specialty section to focus on the problem of child abuse. San Diego was on the child abuse map, and I was well-positioned to see what was going on throughout the country. Other doctors in other locations undoubtedly have somewhat differing views of this history. Still, the contents of this book are as accurate as I can make them. They are eyewitness testimony.

There are various themes that are emphasized in *The Child Abuse Doctors*. The importance of child abuse as a health problem is obvious, but it is equally obvious that a sufficient understanding of the phenomenon and an attempt to reduce its health harms must require the application of knowledge from a variety of disciplines and professional sectors. These include sociology and social work; psychology and psychiatry; anthropology; and law and criminal justice. In dealing with individual cases, it is essential to use teams, representing different disciplines and different agencies that can intervene appropriately and stop ongoing abuse or apply appropriate sanctions after the fact. The salient importance of the “health sector” for successful dealing with child maltreatment is a theme of this book.

Another prominent theme of the book is the value of child abuse doctors. Child abuse doctors are important contributors to the health of society and that they make their contributions in the face of daunting difficulties. Although they make up only a tiny fraction of the medical profession, they are making a significant impact on the problem of the many health harms caused by child maltreatment. They have often been supported by children’s hospitals and by pediatric departments in medical schools despite a severe shortage of governmental or other forms of external support for their programs. It is the child abuse doctors themselves who have invented, codified, and legitimized a new medical specialty and discipline.

More doctors in the US have specialized in child abuse than in any other country, and my direct knowledge about their experiences is largely confined to the US. Individual stories of child abuse doctors are included in this book. To some extent, the stories are determined by my selection, and some of the content is contributed by the individuals. However, I take responsibility for all content in this book, including any details in the doctors’ stories.

Writing this book has been a revelatory experience. I hope that the history it contains will provide a foundation for medical doctors and health professions to make an effective effort to eliminate child maltreatment. Our history to this point tells us that the health system has the best chance of accomplishing this goal.

David L. Chadwick, MD

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THE FIRST PUBLISHED MEDICAL RECOGNITION OF CHILD ABUSE: THE WORK OF AUGUSTE AMBROISE TARDIEU

Auguste Ambroise Tardieu was the most prominent forensic pathologist of the mid-19th century as well as the first doctor of medicine to systematically describe the anatomical effects of both physical and sexual abuse of children,¹⁻³ publishing details of 32 cases in 1860. His descriptions of the changes produced by physical abuse, sexual abuse, and extreme neglect anticipated many observations made in the 20th century. Although the descriptive term was not yet coined, he identified subdural hematomas resulting from inflicted head injuries. Before the advent and use of x-rays, Tardieu described fractures and explained patterns of bruising that could not be accidental. He described severe genital injuries, some of which were accompanied by histories of rape, and opined that the injuries could be indicative of rape for legal purposes.

Although Tardieu's work cited earlier case reports by Toulmouche and others,¹ he was the first to point out that the problem was prevalent and could be diagnosed by a doctor of medicine in living children by physical examination and by autopsy after death. Tardieu was famous in his own time, but not because of his description of the pathology of child abuse. He wrote a textbook on toxicology, published numerous articles on many aspects of forensic pathology, studied and testified about notorious French murder cases. At the University of Paris, the world center of medical learning in the mid-19th century, Tardieu served as a faculty member. There is no record of any contemporary contradiction of his conclusions, but there is no record of supplementation or extension either.

Jeffrey Masson⁴ writes that Sigmund Freud must have learned about the work of Tardieu when Freud went to Paris to study with Jean-Martin Charcot. Freud's personal library contained Tardieu's book describing child sexual abuse, but he never mentioned Tardieu in his writings.⁴ Freud argued that histories of sexual abuse provided by children and adult "hysterics" were actually fantasies, and his

argument appears to have overridden the anatomical evidence documented by the pathologist. There was a mindset that child abuse was rare, and Freud added credence to it. In any case, doctors generally did not continue to explore the medical issues discovered by Tardieu.

Tardieu described outcomes of criminal prosecutions in child abuse cases,³ and by his account, he provided expert testimony in such cases. He may have been the first and the last medical doctor to formally bear witness to child abuse in legal proceedings until 1965 when Theodore Curphey wrote in *California Medicine*, challenging medical examiners to document the injuries of battered children who died.⁵ This author can recall testimony by pediatricians and radiologists in the early 1960s and by pathologists, such as Curphey, soon afterward. Although he decried criminal prosecution, in 1968, Ray E. Helfer⁶ pointed out the importance of physicians' testimonies in criminal and protective legal proceedings.

Societies tend to resist and block out accurate descriptions of child abuse. Erna Olafson described these tendencies as "cycles of suppression,"⁷ but the suppression may be more constant than cyclic. The phenomenon was already evident in the 19th century and affected the work of Tardieu. This theme and issue will be explored more in later chapters.

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THE SILENT CENTURY, 1860-1950

After Auguste Ambroise Tardieu's contributions, the only recorded 19th-century venture into the child abuse field by a medical doctor was Sigmund Freud's paper on the etiology of hysteria, which was presented to an audience of Vienna psychiatrists in late 1896. However, the Victorian-era novelists Victor Hugo and Charles Dickens appeared aware of child maltreatment, and both described it vividly—if incompletely—in their novels. This chapter describes the 19th-century events that led to a later child protection movement and to the emergence of child abuse doctors.

FREUD'S RECANTATION: HOW FREUD MISLED MEDICINE, PSYCHIATRY, AND PSYCHOLOGY AND DELAYED THE RECOGNITION OF THE IMPORTANCE OF CHILD ABUSE

Two thoroughly researched books document the facts that, in 1896, Freud had accumulated details of 18 cases in which women with "hysteria" (patterned psychosomatic symptoms) had provided him with histories of childhood sexual abuse, often by their fathers or other persons close to them or their families.^{1,2} Both Jeffrey Masson and Florence Rush provide documentation that Freud presented a paper to the Psychiatric Society of Vienna in 1896, and that he described these cases in detail and built a theory that child sexual abuse or "seduction" was the cause of the condition then known as "hysteria." The 2 authors use the same source documents as their bases for these facts, and they rely mainly upon the letters written by Freud to Wilhelm Fliess.

Both authors agree that Freud later recanted his "seduction theory" and replaced it with the theory that the women had fantasized the abuse. Freud theorized that these fantasies were traumatic to the women and resulted in their psychosomatic symptoms later in life. However, they differ about Freud's reasons for revising his theory. Masson attributes the recantation to extreme pressure from other members of the Psychiatric Society as well as Freud's Viennese friends and relations, many of whom might have been personally

involved in some of the cases. Rush points out that other aspects of Freud's work were highly controversial, especially his views on religion and sex, making it unlikely he would have recanted because of social pressures. Instead, she suggests the recantation stems from personal motives, relating to Freud's early childhood and his relationships within his family. Given the exhaustive work of these 2 authors and the many other psychiatrists and historians that have examined the archival material, it is unlikely that more light can be shed on the reasons behind Freud's alteration of his theory. Freud himself never spoke directly to this question.

Judith Herman³ emphasizes the brilliance, insight, and logic that is found in Freud's paper on "The Etiology of Hysteria." Freud published this work in 1896,^{1,4} and reading it a century after it was delivered and in the light of 20th-century research, this author agrees with Herman's assessment. Freud published this lecture in German, and it was later translated and republished by James Strachey,⁵ and an English version is published as an appendix in Masson's book, *The Assault on Truth*.¹

Whatever his reasons, Freud's recantation of the "seduction theory" has had a profound effect on psychiatry, psychology, medicine, and sociology. While the recognition and description of physical abuse was the province of pathologists, general practitioners, and pediatricians, the recognition and description of sexual abuse should have been the province of psychiatrists and psychologists, dealing with the secondary mental health problems that are now known to be produced by such abuse. To estimate the number of persons whose sexual abuse went unrecognized as a result of Freud's influence is impossible; however, the renunciation of his original theory produced incalculable harm. Mental health conditions, such as posttraumatic stress disorder, that result from sexual abuse went undiagnosed and untreated because of the failure of professionals to accept the likelihood of its occurrence. His recantation forced the field to rediscover child sexual abuse.⁵

Despite his tortured theory on hysteria, Freud's great influence in the field of psychology and other disciplines is generally well deserved because of the value of his contributions, especially his recognition of unconscious influences on feelings and behaviors. He also pioneered the recovery of memories lost due to developmental memory failure or to suppression by pain. One cannot help but wonder what accomplishments might have been achieved had he stuck to his guns in 1897.

Additional harm has come about because of society's reluctance to accept the notion children may often be abused by persons who

THE MEDICAL REDISCOVERY OF PHYSICAL ABUSE BY C. HENRY KEMPE

C. Henry Kempe personally rediscovered child physical abuse in the 20th century; however, prior to his 1962 publication of “The Battered Child Syndrome,”¹ 2 other doctors had observed the problem but failed to name it. Both John Caffey, in 1946, and Frederick Silverman, in 1953, had written painstakingly detailed descriptions of cases involving coincidental bone and head injuries, and Silverman emphasized that the bone lesions he saw were caused by physical injuries, but neither drew the conclusion that these injuries stemmed from child abuse.

In 1962, Kempe’s published work directly attributed these types of injuries to child abuse and paved the way for general recognition of the problem. In this process, he became the first child abuse doctor.

JOHN CAFFEY: AN ABUNDANCE OF CAUTION

In 1946, Caffey published a series of 6 cases of infants with chronic subdural hematomas in association with multiple fractures. None of the infants had a history of an injurious event.² Caffey considered a number of possible causes for the fractures and the associated subdural hematomas, but abstained from concluding that the infants had been intentionally injured. Thus, Caffey, in an abundance of caution, avoided any conclusion that would imply abusive behavior by the parents of the injured infants. This avoidance was typical of most medical doctors at that time.

Caffey achieved many notable things. He established the specialty of pediatric radiology and was the first doctor to describe radiological findings in previously under-studied conditions, such as scurvy and rickets, and to recognize many conditions that had not been described previously. A consummate academic physician, he published the first textbook of pediatric radiology, *Pediatric X-Ray Diagnosis*, in 1945. Taking his achievements into account, his blindness to the possibility of serious physical abuse by parents was not due to a lack of medical knowledge or acumen,

but was typical of medical doctors of the times due to concern about legal repercussions.

Regardless of his reluctance to implicate the parents of injured children, Caffey's meticulous descriptions of the cases are still worth reading. Because of the era in which he practiced, he was familiar with nutritional deficiencies and discounted rickets and scurvy, bone conditions that might mimic fractures, as causes of injuries.

In 1972 and 1974, Caffey named shaken baby syndrome,^{3,4} a serious and frequently fatal form of abusive head injury, first described by A.N. Guthkelch.⁵

One of Caffey's accomplishments was the training of many young pediatric radiologists. Silverman was prominent among them. He provided further insight into the types of injuries Caffey had described in 1946.

SILVERMAN'S SYNDROME AN EVANESCENT EPONYM

In 1953, Silverman published an article describing 3 cases of what he called "unrecognized trauma."⁶ These cases were classified as such because the infants demonstrated bone abnormalities he was certain were due to injury, but which generally had been attributed to other causes or left unexplained. Silverman used the terms "metaphyseal rarefaction," "metaphyseal infraction," and "periosteal new bone formation" to describe lesions he believed were caused by manual traction on extremities. The pediatricians and orthopedists who had examined the infants and ordered x-rays to be taken did not consider the lesions to be injuries, so Silverman conducted his own interviews with the parents. This was very unusual for a radiologist, who would normally see the x-rays of a child, but would not interview the parents. In 2 cases, Silverman obtained histories of accidental injuries that he believed were consistent with the bodily damage he observed. Two years later, Paul V. Woolley⁷ published an article based on observations of similar cases, but took a firmer stand that the children's caregivers inflicted the injuries.

Silverman gave lectures about these strange injuries and, in one such talk, referenced Auguste Ambroise Tardieu's 19th-century work in Paris. He implied that the injuries were usually of abusive origin and suggested the eponym, Tardieu's syndrome, naming the condition after the first doctor to describe medical findings of child abuse. A French professor of pediatrics attended the lecture and later suggested the problem of abusive injuries be referred to as Silverman's syndrome. Neither name caught on.