

PREFACE BY THE AUTHOR.

You Cut a Rose and Release a Tornado

This metaphor is inspired by a meteorological explanation of how natural disasters may be generated by hard to detect causes. This book presents evidence showing that violence against a child – cutting a rose – is so common that it has victimized half of the world's population. Most people are ignorant of the severity of its sequels: the “tornados” that shake and destroy the lives of so many of those abused and neglected in their childhood, who then pass their experiences to the next generation as parents, criminals, terrorists, and if successful as brutal leaders of troubled nations. The findings presented in this book are built on published scientific articles and books, field experience collected over a period of over 30 years of international work, contacts with officials, and official reports from 185 countries and territories out of the 195 in the world; for the final missing 10 (mostly very small) there were no data. The conclusion is that child abuse and neglect are pandemic.

“Most traditional explanations of violence,” states Barak (2003), “remain partial and incomplete as they separately emphasize different yet related phenomena of violence, without ever trying to provide a comprehensive explanation or framework that encompasses the full range of interpersonal, institutional, and structural violence. In fact, most of these one-dimensional explanations of violence underscore the violent behaviour of individuals to the relative exclusion of the role of institutions and structures in violence”.

This book seeks to overcome these restrictions by presenting a multi-dimensional combination of history, research findings, statistics and personal observations focused on children. It aims to offer a more comprehensive account of the global violence against children: its extent, causes and sequels; the roles of culture, social and economic factors; institutions, community environments, governments and media; and of the prospects for its prevention. It also explains the major role mediated by the nervous system in every human thought, emotion and action, and how human interpersonal behaviour and physical environment interact to shape – destroy or boost – children's development. Any attempt to understand the violent human culture and the child abuse and neglect described are incomplete unless related to neurobiology.

The review of the history of child abuse and neglect shows that large-scale interpersonal violence – a drastic mass-destruction of human lives – has existed since time immemorial. Over the millennia, such violence, although in many aspects very different, has remained on a pandemic level, unchanged, immutable. Abusing, abandoning, assassinating and neglecting defenceless children are symptoms of a much wider, unresolved predicament: that of an uncaring and cruel world.

There are important human rights aspects of child abuse and neglect. Although at a superficial look it seems that all necessary Covenants and Conventions have been written and approved by the U. N. Human Rights Commission in Geneva and by the U.N. General Assembly in New York, an examination of the “fine print” shows that 140 countries out of 195 have spared no efforts to ‘opt out’ of what could have been a net of enforceable international obligations to better protect children from “cruel, inhuman and degrading treatment”. These nations have combined populations of some five billion, and include Japan, United Kingdom, and the United States. The Child Convention can inspire countries to improve the situation of children, but has neither the means of supervising the field conditions by unfettered inspections, nor the power to enforce its rules in these 140 countries. A summary based on the 2009 official Human Rights Reports and Trafficking Report show that practically all countries out of 195 reviewed still have – and in many of them increasing – significant problems with large-scale abuse and trafficking of children with little action to stop it. Child neglect and severe deprivation is more frequent than commonly known and increases with urbanisation. Poverty and inequality are important contributors to child violence. Many circumstances have helped to keep it hidden; there has been a conspiracy of silence. The forces promoting its prevention have been weak.

The discovery and description of child abuse as a diagnostic entity did not appear until the second half of the 19th century, through the work of the French forensic physician Ambroise Tardieu (1818-1879). He was a distinguished professor at the Sorbonne University of Paris, dean of its faculty of Medicine, and the elected president of the *Académie de Médecine*. In 1857, he authored the first textbook on sexual abuse: *Etude Medico-legal sur les Attentats*

aux Meurs. The book was published in seven editions (1857-1878); the final edition contains 296 pages. Tardieu used simple language, describing graphic details of sexual and physical crimes.



Auguste Ambroise Tardieu

He noted that over 75 percent of all rapes and attempted rapes tried in the French courts were committed against children less than 16 years old; most were against girls under the age of 12; incest was common (see p.15 for a British comparison). In an 1860 article, he described 32 battered (severely abused) children, of which 18 died. In 1868 he reported his observations on infanticide, built on pathological studies of 555 children. He never gave up and re-published his book on child sexual abuse just before he died with this remark: **"This study, undertaken 18 years ago, is the first to have been attempted on this subject about which writers in the field of legal medicine have remained completely silent."**

His contemporaries rejected his conclusions because he broke taboos – particularly regarding the high prevalence of incest – and because he insisted that child abuse was a major problem and that preventive measures were needed. His work was consigned to oblivion. The truth was unwelcome, the offenders gained this battle.

During the times of Tardieu, industrialization and urbanization had led to the establishment of thousands of orphanages for abandoned children in Europe and Northern America. The abuse of children at such institutions and at their work conditions became a matter of concern to many new non-governmental organizations. Henry Bergh (1811-1888) founded the American Society for the Prevention of Cruelty to Animals in 1866. In 1874, his attention was drawn to the plight of a young abused child, Mary Ellen; based on this experience, he created the Massachusetts Society for the Prevention of Cruelty to Children in 1874, followed by the New York Society in 1875. A National Society for the Prevention of Cruelty to Children was set up in the United Kingdom in 1884. Australia followed with the Children's Protection Society in 1896. Today hundreds of NGOs "to save the children" have followed these early examples.

Sigmund Freud (1856-1939), after a period of studies with Charcot in Paris, started his medical practice in 1886. Freud's strength was his great ability to win the confidence of his patients and have them describe hidden experiences of their childhood. Ten years later, in 1896, he published articles based on the "seduction theory of hysteria" built on his clinical observations. "Hysteria" then included several mental disorders: depression, posttraumatic stress, borderline personality, multiple personality, somatization, phobias, and depressive, paranoid, and obsessive-compulsive states. Virtually without exception, his patients recounted experiences of child sexual abuse, usually by their father. He drew the conclusion that child sexual abuse was a precondition for their illness.

In 1896 Freud presented a paper "The Aetiology of Hysteria" which stated: *"I therefore put forward the thesis that at the bottom of every case of hysteria there are one or more occurrences of premature sexual experiences, occurrences which belong to the earliest years of childhood"*. In a letter in the spring of 1896 Freud told his friend Fliess (a physician who was his confidant) that he was increasingly convinced that there was a great deal of perverse

activity involving children, much of it by their fathers. Freud went on to tell Fliess, "My own father unfortunately was one of these perverts, and is responsible for the neurosis of my brother and that of several of my sisters" (Masson, 1985).

The reasons for Freud to retract his early correct conclusions based both on his clinical observations, and on his own family history are unclear and still debated. However, Freud's peers were outraged by his theory, and attacked him using two methods: first, by damaging his scientific reputation: his findings were described as "a scientific fairy tale". Second, he was Jewish, and anti-Semitic arguments were used (Masson, 1992). Under pressure, he withdrew his theory in 1897. Again: *the truth was unwelcome, the offenders gained this battle, but there was a difference from Tardieu: Freud retreated.*

In 1905, Freud wrote: "Almost all my women patients told me that they had been seduced by their fathers. I was driven to recognize in the end that these reports were untrue, and so came to understand that the hysterical symptoms are derived from fantasies and not from real occurrences...It was only later that I was able to recognize in this fantasy of being seduced by the father is the expression of the typical Oedipus complex in women".

Freud thus mostly abandoned interpersonal trauma as having an effect on a person's mental health (Olafson et al. 1993), suggesting instead that sexual trauma was a fantasy resulting from repression of conflict-laden sexual impulses. Psychiatry followed Freud in ignoring the realities (van der Kolk et al. 1996). This acceptance led to reactions among women, who knew that they had been raped and did not doubt their memories of it. Among them was the famous author Virginia Wolff, whose abuse story is reproduced in Chapter 1. She went to see Freud in London in 1939, with disturbing results. DeSalvo (1990), who has written about and analyzed Wolff's life history and work describes:

"She tried to /concentrate after her meeting/ by reading Freud...she realized that she and Freud would describe the etiology of depression in completely different ways. She was ascribing her depression and "madness" to her abuse, He was describing reports of incest as fantasies which were wish-fulfilment...accepting Freud meant that she would have to see herself as mad...her striving to maintain her cause effect view was seriously eroded by her reading Freud...Freud, in fact, urged her to abandon her insights into the reason for depression and madness...I (DeSalvo) believe that it contributed to her suicide".

No doubt Freud's theory had an effect also on many other raped women. "Hysteria" (including the symptoms of the many mental disorders listed above) was seen as a condition in women (and not in men): a fantasy about childhood sexual abuse; in the eyes of the psychoanalysts it was a false accusation that nobody should take seriously and not warranting any action. Not until the 1970s, did the real prevalence data and effects of incest, rape, and other child sexual abuse in the lives of women and men start to be publicised (Finkelhor, 1979). It is difficult to avoid the impression that Freud's widely spread theory discouraged victims from reporting it to the police; furthermore they were reluctant to seek help. Criminal acts were thus covered up, and impunity expected by the offenders. When the effects of the Oedipus theory started to dissolve, reports increased and impunity decreased; as an example, the number of rapes (all ages) reported to the police in the USA increased from 17,190 in 1960 to 102,560 in 1990, it then fell to 90,427 in 2007. The number of offenders imprisoned in the USA for sex crimes against children increased from 19,900 in 1986 to 60,700 in 1997.

The rediscovery of child abuse came in 1962 when Kempe (1922-84) and his colleagues described 302" battered "children in 88 hospitals and; the term later was changed to "abused". Initially, they concluded that child abuse in USA was a limited problem for perhaps a few thousand children victimized by a small group of seriously pathological persons. Time would show that these assumptions were gross under-estimates. Kempe started an international society for the prevention of child abuse and neglect, an international journal and a research centre, an important legacy. He and his colleagues started a massive research programme, in which the United States has been and still is the leader. This has yielded some 30,000 peer-reviewed articles and at least 200 books; a selection is described in this book, including several mega-analyses and multi-country studies. Several specialized scientific journals have been created. There is no longer any scientific disagreement about the pandemic prevalence of child abuse, neglect, and deprivation or about its severe sequels.



Charles Henry Kempe

In spite of this substantial evidence-base, very little recognition is given to this pandemic in the training of childcare professionals and related personnel in universities and other institutions. The subject seems to be to a large extent ignored. This is reflected in current textbooks, of which 16 well-known examples have been screened to see how much they include about child abuse and neglect: **(1)** paediatrics (Behrman, Kliegman, Jenson and Stanton (Nelson Pediatrics), 2008; McIntosh, Helms, Smythe and Logan (Forfar & Arneil's Textbook of Paediatrics), 2008; Wolraich, Drotar, Dworkin and Perrin, 2008; Attard-Montalto and Saha, 2006; Hay et al., 2003, Shonkoff et al. (2000); Ollendick and Herzen, 1998; **(2)** psychiatry (Gelder et al., 2004; Klykylo and Kay, 2005; Kaplan and Sadock, 2000, Rutter et al, 2008); **(3)** neurology (Menkes et al., 2006, Lezak et al., 2004; Rowland and Pedley (Merritt's Neurology), 2010) and **(4)** psychology (Cicchetti and Cohen, 2007; Carr and McNulty (2007)). The combined texts of these 16 textbooks cover close to 20,000 pages, of which our subject receives a total of about 120 pages; 0,06 percent (Rutter et al. have 48 pages). In these books, childhood abuse and neglect or maltreatment may not appear in the index, recommendations to include questions about childhood maltreatment while taking history may be missing, prevalence data are missing or sketchy, sequels rarely mentioned or very short. There are no international comparison data. The reason for this are unclear; almost 50 years have gone since Kempe's and coworkers first publication. Clearly, an important reason why so much ignorance about violence against children exists among childcare professionals, is that they almost never hear about it during their studies. This is paradoxical, as the media almost every day report cases. When specialists in the developing countries are trained, they often use "Western" textbooks. As for them the clinical scenario is very different, they will need supplementary information.

It is rare that medical doctors routinely ask about the patients' history of sexual and other abuse. Diaz et al. (2004) report the results of such an attempt. "During a one-year period, a female physician directly questioned 146 consecutive female patients, aged 12–22, who were being seen for routine medical histories and physical examinations, as to whether they had ever been sexually victimized. For 141 of the 146 patients, the physician was unaware of a history of sexual victimization. Of these 141 patients, thirty-two cases were identified using this clinical strategy. Almost all (93 percent) of these young women accepted referrals for on-site psychotherapy, and all except two kept their initial appointments for psychotherapy". They conclude that "the routine medical history and physical examination may be an appropriate setting for health care providers to accurately and comfortably elicit a history of sexual victimization from adolescent females, and provide appropriate referrals for mental health counselling". Many colleagues, whom I have asked, exhibit a pronounced reluctance to use the Diaz et al.'s strategy. The silence noted by Tardieu 1878 has largely remained.

Many countries have started government-administered child and youth-protection agencies; their role and effectiveness will be reviewed. Yet another response to the increasingly visible problems related to child abuse and neglect has been the expansion of child and adolescent psychiatry. Their resources and the outcome of their interventions are discussed.

Methods to prevent pervasive childhood violence exist. Such prevention will only be effective if *major alterations in human behaviour and in the culture of our societies occur*. There

is a *laissez-faire* attitude related to violent behaviour against children. First, *laissez-faire* is seen in many perpetrators' feelings that what they do to the victim is not the affair of anyone; this is combined with the callous, unemotional cognitive distortion that 'nobody is being hurt'. Next, follows the onlookers' deliberate abstention from interference with the actions of people, institutions, and governments involved in child abuse and neglect: there is non-reaction to and avoidance of discussion of even atrocious acts. This is most often combined with an un-spoken or declared opinion that whatever happens 'there is nothing I can or should do'; 'outsiders should not interfere'. Thus, anything is allowed to take place in the name of 'freedom and privacy'. Even though childhood violence is of pandemic proportions, and individual acts are mentioned daily in our press, there is little discussion about the role 'ordinary people' can and should play to stop it. As mentioned above, it has proven difficult to interest the broader medical profession in the subject of child maltreatment, an effect which Felitti (2010) proposes to call 'the personal ghost factor'. During the last ten years we have seen an avalanche of Internet sexual grooming, seduction, and induced prostitution of 12-14-year-olds emanating from adult predators. Cyber bullying is posted by peers towards young teenagers, spreading via the Internet, chatrooms, and mobile phones, all without any serious efforts to stop it. As long as *laissez-faire* attitudes dominate, violent events will continue to spread unchecked because of lack of action. *Children experience much more violence than adults* (Finkelhor et al., 2009). The pandemic of childhood violence has been with humanity for many centuries; we have not yet learnt how to interfere when needed.

The *laissez-faire* attitude is not easy to break; as so many wish to avoid the subject of having experienced child abuse and neglect; victims often prefer to continue to "forget" what they consider shameful and so do offenders, these two groups have always been and still are a majority. To overcome the disbeliefs that some people express, I have in this book presented large amounts of data, backed up by some 1,000 references; the existence of a widely unrecognized child violence pandemic can no more be denied.

Over 150 years have now passed since Tardieu published his first book on child abuse, it is time to act and apply the preventive measures needed.

The central question is: will the evidence be translated to action? Are Governments, the professionals, the public and the families willing to openly discuss these wide-ranging problems, plan for what needs to be done and provide their time and resources to stop a pandemic that has been allowed to progress for too long. Over many centuries it has cost so much personal suffering, and contributed to increase violent criminality, drug addiction, alcoholism, suicides, and major somatic and mental diseases affecting hundreds of millions of people. How long will our societies continue to accept the resulting increased health care costs combined with losses of economic productivity at present annually estimated at trillions of USDs?

This book describes a world that is unequal, dangerous, erratic and unsustainable. The lives of our children are contaminated by a chaotic human environment that seriously harms them; a change of course is urgent. Violence against children releases personal tornados that eventually affects us all, from those who live on the street to those who live in palaces.