

Child Torture

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Introduction



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Agenda



- Definition of Child Torture
- Case Presentation 1
- Case Presentation 2
- Take Home Points

Learning Objectives.....

- To understand torture as a distinct form of child abuse
- To improve recognition of potential cases and medical criteria
- To have knowledge of recommended medical intervention and documentation
- To have knowledge of short- and long-term consequences of child torture

United Nations Definition of Torture

“Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third party has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based upon discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.”

United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment,

New York; 1987.

Key Components of UN Definition

- The intentional infliction of severe pain and suffering without regard to the extent of the injury
- For the purpose of obtaining submission or dehumanization in some form

“Child Torture as a Form of Child Abuse”

Knox, et al. 2014, Journal of Child and Adolescent Trauma

- 28 children, ages 9 mos-14 yrs, abused for 3 mos-8 yrs
- 36% of these children died
- 40% boys, 60% girls
- 43% Caucasian, 36% AA, 21% Hispanic
- 50% of sibs were made to partake in abuse
- 65% of sibs were abused as well

Medical Definition of Child Torture

- At least two physical assaults (or one prolonged episode)
- At least two elements of psychological abuse (spurning, terrorizing, isolating, exploiting, denying emotional responsiveness, and/or mental/medical/educational neglect)
- Resulting in prolonged emotional distress or pain and suffering or bodily injury or prolonged/permanent disfigurement/dysfunction or great bodily injury or death
- Also known as the “**Knox Criteria**” as discussed in this paper

More details....

- Victims were removed from/or not allowed to go to school or daycare and no schooling was provided at home
- This often happened right after a CPS report was made and case closed
- Abuse escalated after isolation
- 50% of cases had 1 or more prior CPS referrals

Perpetrators

- 100% involved a female perpetrator, unlike other abuse
 - bio mom (40%)
 - father's GF or stepmom (20%)
 - adoptive mom (20%)
 - relative (10%)
 - unrelated (10%)

- Male perpetrators included.....
 - bio dad (40%)
 - mother's BF (25%)
 - adoptive father (20%)
 - unrelated (10%)
 - relative (5%)
- 40% were biologic parents
- Perpetrators all gave partial confessions
- **The adults expressed no remorse and tended to blame others, including the victims**

Common Elements

- Physical abuse with visible injuries (93%)
- Fractures in all ages (21%)
- Psychological abuse (100%)
- Isolation (89%), solitary confinement (75%)
- Restraint by binding (61%)
- Food and water restricted (89%)
- Medical neglect of injuries (100%)
- Terrorizing (75%) and threats of death (32%)
- Degrading (54%)
- Restricted from basic necessities, like toilet access(100%)

“Child Torture: A Washington State Case Series”

Schlatter, et al., 2023, Child Abuse Review

- 47 children from three WA State Child Abuse programs over 15 years
- 34 unique households, 56 adult torturers
 - 70.6% had previous CPS involvement
 - 83% had food and water deprivation
 - 72% reported isolation
- 100% had psychologic abuse; 96% had physical abuse or history of PA
- 34% had been seen by a medical provider within the past year
- 50% of school aged children had been removed from school
- 1 death; of the surviving 46 children, 50% were admitted to the hospital at the time of diagnosis
- Most had acute psychologic concerns at the time of diagnosis

Abuse and Neglect vs Torture

Physical Abuse and Neglect

- Usually due to caregiver's anger or loss of self control-spontaneous
- Poly-victimization can involve multiple kinds of abuse and episodes, but is not necessarily systematic
- Neglect implies abuse by omission rather than active commission

Torture

- Prolonged, repeated and systematic acts to establish perpetrator's control and dominance
- Control over child's psyche, actions and access to the necessities of life
- Includes physical abuse and psychological cruelty to induce severe pain and suffering

Why Define Child Torture?

- Recognition can increase prevention
- Torture cannot be treated like other forms of abuse.....
 - torture abuse is serious in all cases
 - untreated, Child Torture may end in death
 - perpetrators have no remorse—no insight/no desire to change
 - reunification is never an option (according to Knox et al)
- “The female family member who is the main perpetrator controls the narrative. Other family members, siblings, and household members are forced or enlisted into participating in the abuse and neglect. Caretakers feel well-justified in perpetrating the abuse feeling the child deserves it. For this reason, they cannot be rehabilitated and reunification is never recommended.” Knox, et al.

Outcomes

- From the study...PTSD was the most diagnosed long-term sequelae
- From adult literature...anxiety, insomnia, suspiciousness, somatic complaints, and with physical and psychological sequelae
- What we see...food hoarding, anxiety, hypervigilance, exaggerated startle response, inattention, insomnia, nightmares, distrust, emotional outbursts, increased psychiatric diagnoses (ADHD, ODD, bipolar, etc)
- Siblings...trauma, guilt, PTSD

Assessment

- Take a good history
- Tell me about mealtimes, what are the rules about food in your family
- Tell me about snacks (alert for locks on cabinets, refrigerator)
- Tell me what happens when you get in trouble? (alert for forced exercise, binding, isolation, locks on doors, cameras in rooms)
- Tell me the rules about bathing, toileting, sleeping
- Tell me about "special rules"
- Tell me about school (alert for food restriction enforcement, getting in trouble)

Medical Evaluation

- Don't feed before getting to the ER, need labs immediately, refeeding syndrome
- Appropriate labs related to trauma and starvation
- Imaging (CT head, skeletal survey-even in older children)
- Subspeciality evaluations as needed
- Past medical history with past growth curves
- Photographs at presentation and as child recovers
- Photographs up against an adult, hair, limbs, buttocks, wounds (poor healing)

Medical Evaluation

- Subcutaneous wasting/stunting
- Skin findings: injuries, restraint marks, gag marks, strangling, “self inflicted” injuries
- Affect, behaviors
- Hygiene: dental, hair, clothes
- All the children in the home need to be examined
- Document all growth parameters over time

References

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- Kellogg, ND & Lukefar, JL (2005). Criminally prosecuted cases of child starvation. *Pediatrics*.
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- Solarino, B, Grattagliano, I, Catanesi, R, Tsokos, M (2012). Child Starvation and Neglect; a report of two fatal cases. *Journal of Forensic and Legal Medicine*.
- Schlatter, A., Wiester, R.T., Thompson, A.D., Gilbert, J., Forshag, T. & Feldman, K.W. (2023) Child torture: A Washington state case series. *Child Abuse Review*, e2848. Available from: <https://doi.org/10.1002/car.2848>.



Kathy Yates

Case 1

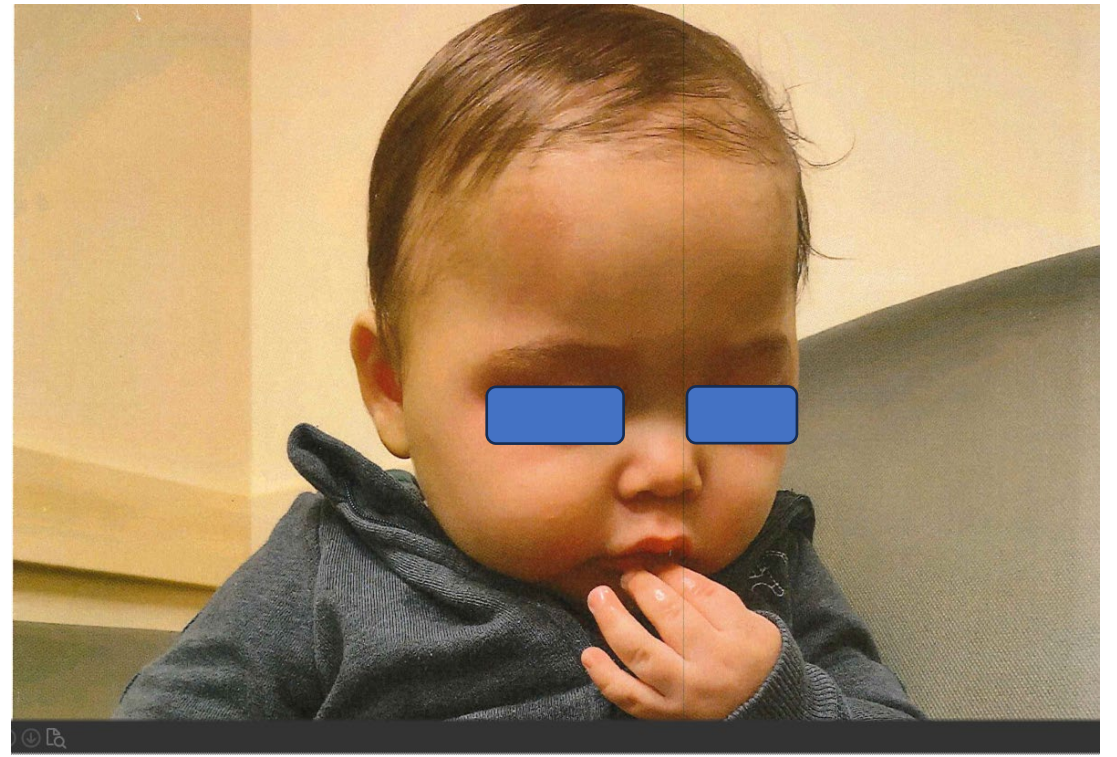
- Infant brought to Providence ED by girlfriend's grandmother, under the recommendation of DCYF, on 07/28/2021
- No history of accidental trauma
- Born in local hospital addicted to opiates, transferred to PICC for 6 weeks of withdrawal therapy—DC 10/26/2020 to foster home
- Mother in drug treatment; paternity established 12/2020, father "completed" drug treatment and child placed with him 05/2021
- Father's girlfriend is pregnant with their third child, sibs are 5 and 3 years old. These children were in out-of-home care due to SUD of parents; returned to their care in 04/2021

In foster care

One month



6 months



Mom was inpatient for a month, and then resumed supervised visits



Timeline

- 07/12/2021 mother and visit supervisor noted cuts in his mouth and lips
- 07/14/2021 they noted a new scrape on his forehead
- 07/17/2021 visit supervisor called in a CPS report on the new injuries
- 07/18/2021 he had a new scrape on his nose
- 07/18/2021 DCYF recommended a medical visit to evaluate injuries; seen by medical provider in local Urgent Care, placed on Augmentin for cellulitis in mouth, and mupirocin for impetigo at base of nose.
- 07/20/2021 9-month WCC, PCP added Nystatin to treat thrush in mouth secondary to antibiotic use

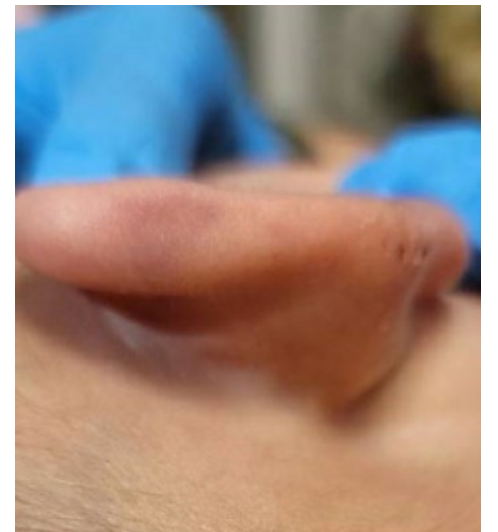
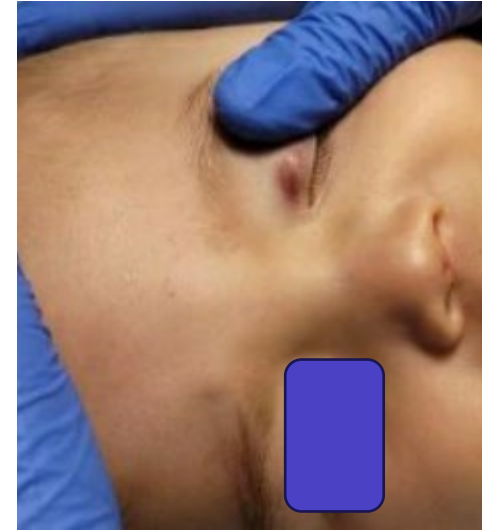
On 07/27/2021
another CPS intake
was generated by
Mom and visit
supervisor for an
injury to the back of
his head



Medcon

- DCYF generated an emergent Medcon to me on 07/28/2021 and included multiple photographs involving injuries of the child's head, bruises on his arms, left leg, back and ears, as well as photographs of the oral lesions. I recommended a complete Non-Accidental Trauma (NAT) work-up in the Providence ED.

ED evaluation 07/28/2021



Investigation

- The 5-year-old half sibling at father's home had excellent language skills and was able to complete a forensic interview:
 - Mommy did not like the baby—he screamed all the time
 - When daddy left for work, mommy put the baby in the swing and put him in the room with the door closed
 - When he cried too much mommy went into the room, yelled at him, and hit him
 - Daddy came home from work at night and fed the baby a bottle

Hospital course

- Plagiocephaly and torticollis, non-patterned alopecia with 2 large abrasions on scalp, multiple lacerations/abrasions in the mouth, all 3 frenula lacerated, 2 lower central incisors missing, 2 lower lateral incisors recessed into gums
- Round the clock pain medication with Tylenol
- Able to suck on a bottle
- Unwilling to accept any solid oral feedings/afraid of spoon approaching his mouth
- Afraid of anyone touching his face, hypervigilant of adult movements near him

Hospital course

- Full NAT work-up did not reveal any fractures/blood work all normal/no evidence of abdominal trauma/head CT without acute trauma
- PT, OT and SLP involved with recommendations for out-patient services
- Prior foster family allowed to visit and became placement again at discharge
- Discharged after 5 days inpatient with improved oral intake
- Planned to have outpatient dental follow up



Justice?

- The 5- and 3-year-old had NAT exams in the ED, no injuries found, remained in care of their parents
- Girlfriend delivered an infant with a diaphragmatic hernia who did not survive
- Girlfriend was charged with child abuse, pled guilty and was incarcerated for one year
- Father was not charged with any crime
- Child is in long term placement with original foster parents and his maternal biologic baby sister

Planting Pinwheels at Monarch



Case 2

- February 2017
- I was in San Diego at the annual International Conference on Child and Family Maltreatment
- I received a phone call from an astute investigator for CPS in Lewis County
- A referral had come in from the school about a child with a bruise on his face—report made by school personnel that he had a bruise on his face
- He had been punished for “stealing” the gumdrops off the gingerbread house at his home from the Christmas holidays



- SW went to the house for the first visit
- "What did you have for dinner tonight?"
- An egg and 2 pieces of celery
- "Can I see your room?"
- Sparsely furnished, few to no toys, house is immaculately clean for 9 children living there (7 bio children, 2 adopted children)
- "Can you take off your jacket and shirt so I can check for other bruises please."



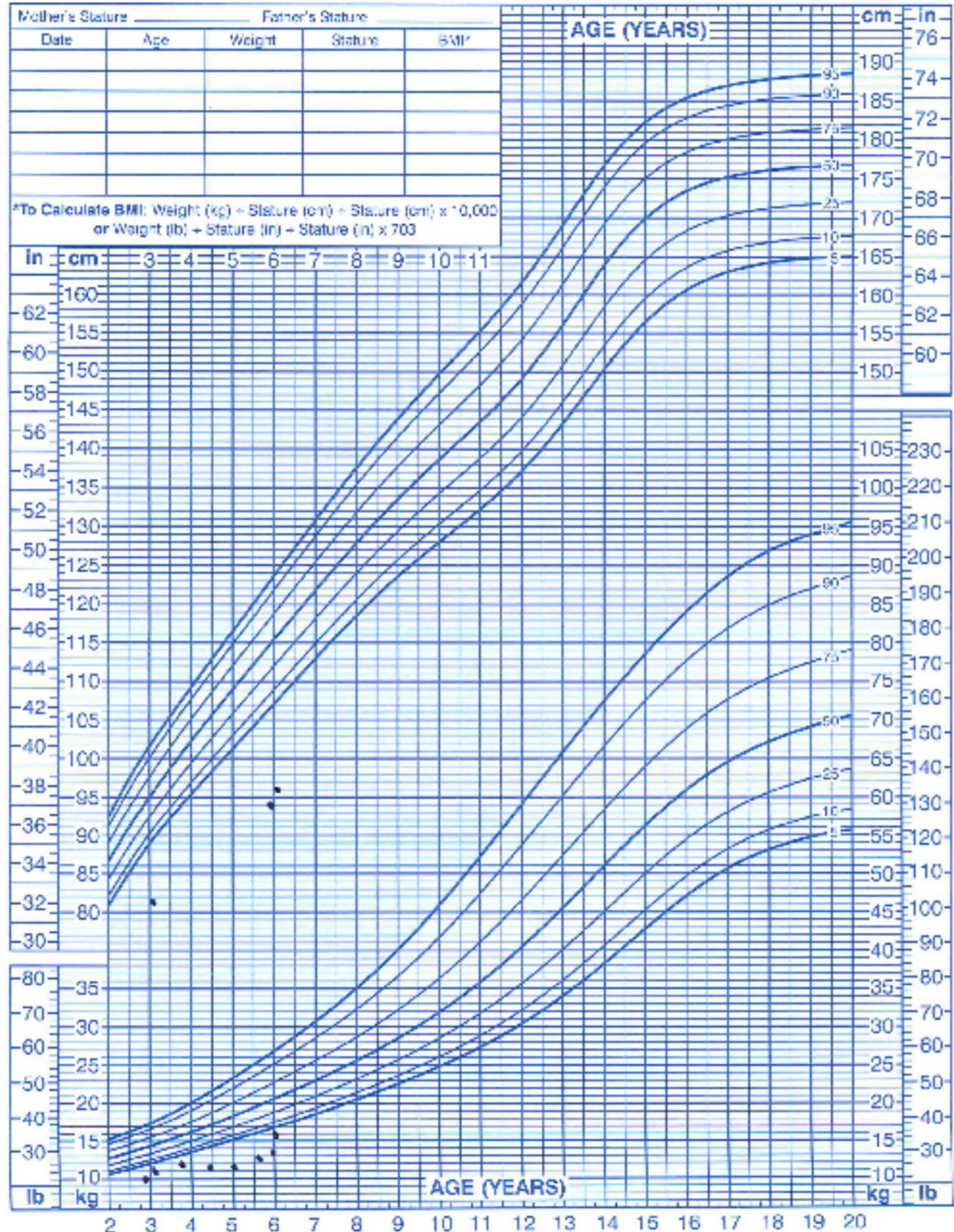
- Visit to my clinic when I returned from San Diego
- History of stealing food at school from other children's lunches on his way to the bathroom, so accompanied to bathroom by an adult
- History of stealing food from other children's trays in the cafeteria, so eats in the principal's office
- Mother gives school the history that he is allergic to milk and gluten, so he is not allowed to eat anything at school other than what she packs for him
- Has seen PCP and GI for his "eating issues"

- Admitted to the hospital, labs drawn, xrays completed
 - Anemic, thyroid abnormal, alk phos 108
 - Bone age 4y6m, compared to chronologic age 6y9m
 - Bone density low, multiple growth arrest lines in long bones
- Concern for refeeding syndrome
- "T" ate whatever was in sight, and promptly vomited
- Transferred to Seattle Children's
- Seen by Endocrine as many labs were abnormal
 - Thyroid, growth hormones, etc. all normalized within 9 months

- History from siblings (ages 3-17 years)
 - Children “train” every day by running the ¼ mile driveway morning and night
 - Smaller children can sit by the side when out of dad’s sight while bigger kids do the running. High schoolers are wrestlers.
 - Food is restricted, only parents can give children food
 - Locks on the refrigerator and cupboards
 - “T” sleeps in his carseat, buckled in, in his room every night so he can’t “steal” food
 - Punishment is wall sitting, wall standing, running the driveway, or hitting by parents
 - When “T” is punished, all other children are required to also spank or hit him

- All children's medical records were sent to me for review
- 7 biologic children, all grew on their growth curve (10th -25th percentile)
- Two adopted children ("T" was 2 years old, "H" was 4 months old when placed with maternal cousin for neglect reasons)
- "H"'s growth curve is as concerning as "T"'s
- "H" placed in Protective Custody two weeks after "T"
- "T" reported giving "H" his own food





STATURE

WEIGHT



American Academy
of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

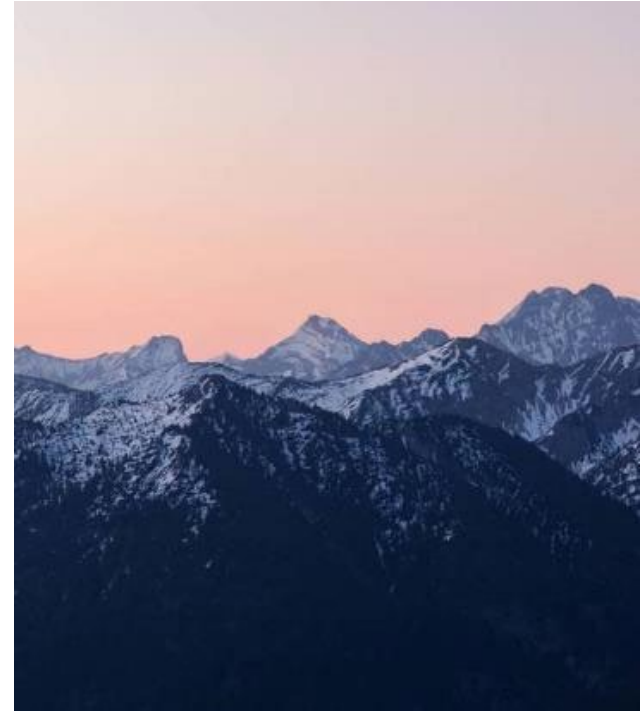
Source: Derived from the National Center for Health Statistics by permission of the National Center for Chronic Disease Prevention and Health Promotion (2000).

All other marks are used as a for purchase by permission of the publisher.

- Both boys were adopted by their foster placement
- Currently home schooled as the challenge to adapt academic curriculum for their learning disabilities became so great
- “T” struggles more with social skills than “H”
- They love soccer and playing with toys

Summary

Child Torture is a different form of child abuse, with a much higher mortality rate, and significant long-term sequelae. Ask the questions, dig deeper when necessary to save these children and change the trajectory of their lives.





**Thank
You**

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