

Physical, Mental, Verbal, Emotional, Abuse of Children in the Family  
Giving Children a Voice: The transforming role of the family in a global society.  
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Werner Tschan, M.D.  
University of Zurich, Switzerland  
Scheuchzerstr. 21 CH-8006 Zurich

[werner.tschan@wb.uzh.ch](mailto:werner.tschan@wb.uzh.ch)  
fon +4161-331-6113



University of Zurich

### Each of us

*Sister and Brother, Mother and Father, Teacher and Student, Manager and Worker, President and Prime Minister  
must add a voice to this call for action.  
Not tomorrow or the next week – but now.*

Nelson Mandela, at the Fifth World Congress on Family Law and Children's Rights. Cape Town, South Africa, 2005.

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### Abstract

Physical, Mental, Verbal, and Emotional Abuse of Children in the Family.

Children require a secure base for growing up which is provided by their families. A healthy environment is the precondition for parents to provide the essential needs for their off-spring. The availability of the caregiver is a crucial aspect of this secure base, in conjunction with other needs which have to be provided, such as housing, clothing, nutrition and education. The Convention on the Rights of the Child (CRC) sets down the fundamental principles for this approach. The CRC is a unique document signed by 193 nations and therefore constitutes the most widely ratified human rights treaty. Whereas its conceptualisation took place during the last century, the 21<sup>st</sup> century is regarded as the century when the implementation of the rights of children is finally taking place. All forms of abuse including neglect have a devastating effect on children and on their development, especially in their neurobiological, emotional and cognitive development as well as in their attachment behavior.

The burden of the abuse of children on the individual, the family and society is tremendous, not to mention the economic consequences due to long lasting effects on physical and emotional health. However, an even greater burden is the creation of future superpredators if we do not stop the transgenerational circle of violence. Although prevention is not possible in all cases, society as a whole has various means in order to stop abuse. The author discusses preventive strategies and emphasises the need to train professionals on this topic.

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## **The secure base: the universal need of children**

*"Give me back my childhood!"* was a cry from an adult person during a survivor workshop, when this person realized, that it was not normal to be neglected. This example does not come from India, but from a western nation. Abuse and neglect happen worldwide. It is difficult for survivors to talk about what they did not experience, because often they are not aware of the other reality which is guaranteed by the Convention of the Rights of the Child (CRC) and which is thankfully the norm for many of us.

We may question ourselves, whether there are true distinct aspects as suggested in the title: physical, mental, verbal and emotional abuse in the family context – or do they go hand in hand? Does a child, which is sexually abused by his father, by his mother, by his siblings, by members of the extended family, only suffer from the sexual abuse per se? Is sexual abuse by a family member possible without emotional abuse? We have to rethink our approaches to this topic and the language we use to describe what happens – as the reality is very different.

All forms of abuse within the family context lead to polyvictimisation (Finkelhor 2008). The most salient traumatic factor is the loss of a secure attachment relationship, e.g. the loss of the father-figure, the loss of the mother-figure – even in cases when the attachment figure is incapable of protecting their child from being abused. These children are "children without childhood", those who do not have a parent to play with, who do not have a parent who provides them with a positive role model, and who do not have a parent who takes care of them.

Children without childhood is a sad reality in east and west – not just in India, but all over the world (Ferguson et al. 1999). The needs of children are universal – whether you are born as an Inuit, as a Hindu, as a Maori, as a child from an European background, or as a child growing up in a township. The primary need is universal: the need for a secure base to enable a healthy development (Bowlby 1988) next to other basic needs such as nutrition etc.. Children suffer from devastating developmental problems when they do not have the safe environment they need (Glaser 2000). Affective neuroscience clearly documents the outcome, when a child does not have a secure base (Panksepp 1998).

## **The magnitude of abuse in the family context**

A generation ago you learnt that incest is an absolutely rare phenomenon. Prominent experts in the field estimated the magnitude of sexual abuse within the family context as being one in a million children – it was seen as a tragic exception. It was the feminist movement who raised the curtain: today we know more about the reality. The family context is the place where most violence happens, and both adults and children are there at a much greater risk to experience violence and neglect than elsewhere. But still today much is hidden behind a wall of silence – and scientific research is contributing to this silence by not asking the right questions. When epidemiological studies about sexual abuse are carried out, in most of the cases men are not questioned about their experiences – by simply not asking the relevant questions you never have the figures to analyse the situation, which then biases your view of the reality. No figures means, the problem does not exist, and there is no problem with male victimisation. The same is true for domestic violence (Dutton 2006), where most studies focus on female victims and male offenders, and therefore overlook the opposite fact, that males suffer the same amount of traumatisation and that the number of female offenders is comparable to the male situation. By simply not asking the right questions you may still

believe, that planet earth is the middle of the universe, and that the sun and the stars are turning around you.

Rape in marriage was not regarded as a crime until the end of the 20<sup>th</sup> century, when finally under pressure from the feminist movement the law was changed in a more or less simultaneous worldwide process. Without law, rape in marriage was not considered a crime, and only by implementing this law, women had a chance to protect their rights of emotional and bodily integrity. A similar development can be seen with the implementation of anti-harassment laws within the last three decades. Sexual abuse at the workplace was long considered a gentlemen's affair. The shift of awareness goes hand in hand with the implementation process of specific laws and viceversa, only this implementation provides the clear understanding that certain behavior is a crime. Smacking children is a violation of their bodily integrity, and therefore not acceptable. Only a few countries have banned the physical punishment of children – the good news is that the number of nations creating adequate laws is growing and therefore contribute in stopping the transgenerational circle of violence. In reality, physical punishment has often served as an excuse for violent behavior – as long as society gives permission for this, it legitimates the abuse of children. This lesson is learned early in life. Physical violence serves as a model for understanding the other forms of unacceptable behavior, such as emotional and mental abuse, including neglect, which is probably the most prevalent form of abuse.

As long as children are regarded as “belongings” of their parents abuse could not be imagined – something which belongs to you cannot be abused by the owner. Children had no human rights. It took nearly a century to conceptualize the CRC (United Nations, 2007). Before 1989, the child was not regarded as a subject of its own rights. Despite the universal declaration of human rights during the time of the Enlightenment, children (and women) were not regarded as human beings at the time. It was a long journey until the CRC was adopted by 193 nations, making it the most widely accepted treaty in the world! To give the weakest member of society a legal status and rights of its own was an important precondition to realize the amount of traumatised children still suffer today.

Article 19 of the Convention stipulates: *“1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. 2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.”* The implications of article 19 are numerous. In article 27 the CRC claims that States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

In a nationwide survey Ireland explored the magnitude of sexual abuse – the data is published and known as the SAVI report (McGee et al: Sexual Abuse and Violence in Ireland, 2002). 42% of women and 28% of men reported being sexually abused. A third of all women and a quarter of men experienced sexual abuse in their childhood (defined as age under 17 years). It is not the place here to discuss the available data on child sexual abuse, but the above mentioned figures from the SAVI report give you an idea on the magnitude – every third girl and every fourth boy suffer from childhood sexual abuse. Still today, silence

covers this tragic reality, which not only affects the life of those abused, but also of their families. Victims still hesitate to disclose what has been done to them. Society needs to listen.

### **Increasing awareness among the professional community**

The understanding of the traumatic effects of abuse is another chapter in the development of mankind. Surprisingly, only in 1980 did medicine create simultaneously two diagnostic categories for traumatic experiences, posttraumatic stress disorder (PTSD) and dissociative identity disorder (DID). It was the American Psychiatric Association who coined the two terms – after pressure from Vietnam Veterans and from rape victims (Herman 1992). Still today there are endless debates and controversies among professionals about the subject matter. A quarter of a century after the implementation of these concepts it is still estimated that only a few percent of those affected are diagnosed correctly. Obviously society is still in denial about the effect of abuse and neglect on children and its impact on the health conditions in the aftermath. In other words, medicine is still suffering from an amnesia about the importance of trauma – as long as there is no diagnosis, there is no acknowledgement of their suffering, therefore the impact on the health condition and economic burden is carried by those affected. Thus creating another trauma and perpetuating the suffering. The following quotation illustrates the situation: *“In psychiatry, each generation seems to have a need to formulate psychological phenomena in a new language – to find a contemporary voice, in keeping with the political tenor of the times. However, though this continual reinvention of the psychological wheel may make for interesting careers, it does not foster a solid accumulation of knowledge or the development of an effective treatment repertoire”* (Van der Kolk et al. 1996, p. 67).

A landmark contribution was the book by Henry Kempe “The Battered Child” in 1968, when for the first time medicine recognized the impact of abuse on the development of the child. This paradigm shift is considered as the turning point when medicine began to acknowledge the existence of intrafamilial abuse. Although many earlier contributions exist they never had this landslide like effect. A century before Kempe’s publication there was another landmark contribution by the French physician Ambroise Tardieu, who in 1857 edited the first medical book on sexual abuse and the link to incest committed within families and childcare institutions. Despite the fact that he later became one of the most influential physicians of his time the resistance against facing reality was still overwhelming. Still today, despite the facts we have gained after 25 years of research on trauma, psychiatric textbooks hardly cover abuse and its impact on later development. Against clear evidence the amount of abuse and its far reaching impact remains widely underestimated within the professional community.

### **The secure Base**

When growing up human beings are dependent on other humans as a precondition for survival. The care for off-springs is usually provided by their family members. The attachment is the bond between the child and its care-giver, and can be regarded as a social umbilical cord, which is as essential for survival as other life conditions such as environmental conditions, clean water, healthy nutrition and housing. The legal and scientific distinctions between the different forms of abuse - physical, mental, verbal, emotional – are misleading, because the affected child always suffers from a combination of these effects. Sexual abuse may illustrate this, when in cases of a complete absence from physical harm the sexually abused child suffers from the loss of its attachment figures, from emotional disturbances and effects on brain development. We can see the same in cases of physical abuse, which also effects the brain development of the child due to resulting stress reactions and its impact on the neurobiological structures.

Attachment experiences during childhood contribute significantly to the development of self-esteem and identity (self); and the handling of relationships later in life (Fonagy 2002). There is a significantly increased risk of violent behavior in those who have experienced an unsecure attachment. Their infantile craving for secure attachment figures may lead to coercive and violent behavior (it is often their only coping mechanism to create social bondings); they have no inner moral limits due to the absence of positive role models; and the dynamic of the “identification with the aggressor” serves as a powerful mechanism in order to cope with their own abuse. If we do not stop the inner- and intergenerational circle of abuse we contribute to the creation of future superpredators. (Levy et al. 1998, 2000) It is essential for society to concentrate its energy on ensuring the preconditions for creating the «secure base» for all children (Krug et al. 2002). The CRC sets down the framework on which we must build upon! Past experiences haunt those affected throughout the life-cycle (Van der Hart et al. 2006).

### **It's time for action!**

Although it will never be possible to prevent every one from abuse, it is important that our communities address the issue and provide all possible resources to avoid the traumatization of our children. The huge economic burden is carried by future generations. Following is a list of helpful strategies:

- Care facilities for children (day school, leisure time activities)
- Child commissioners
- Social support networks
- Campaigns for educating parents
- School programs to educate children about their rights
- Adequate laws as a last remedy against abusive parents
- Legal sanctions against smacking children
- Sex-offender register
- Therapeutic Jurisprudence
- Treatment and training for violent offenders
- Child advocacy
- Treatment facilities for traumatized persons

Children require their freedom for a healthy development. However, loss of clear boundaries, neglect and a high amount of unstructured leisure time contributes significantly in criminal behavior in juveniles, according to a Swiss study. Societies must provide day schools and adequate leisure time structures for children.

Child commissioners (ombudsman) will help to improve the situation of children. They reflect life conditions from the perspective of the child and may therefore contribute in improving child care.

Social support networks contribute in improving the socio-economic conditions of families in general. Intra-familial tensions and stress are significantly reduced when a financial situation is improved. Social support must be provided for the education and health care costs of children.

Parents have to be educated about the negative impact of abuse and neglect, and how to prevent it. Support facilities should be available to them.

Children have to learn about their rights, and possible sources for help and support.

Adequate law is considered as a last resort against abusive parents. Punishment is not supportive and should therefore only be used if all other possibilities have failed. The effect of such laws is more on raising awareness of the norms – e.g the banning of smacking children as a form of physical violence.

The sex-offender register and corresponding means are considered to be of great help in preventing traumatising of children. It helps in particular to avoid institutional abuse – when children are taken into custody, whether it is within the school system, into “care”, or within health care institutions. There is a balancing of rights between the assumption of innocence and the individual need for the security of children.

Traditionally jurisprudence is not seen as a helping profession, because their first goal is to punish those who violate the law – a view focused on the past; whereas helping professions usually focus on the future development. However, therapeutic jurisprudence emphasizes the psychological impact of law and jurisdiction, and is directed much more on future development than on past problems (Stolle et al. 2000). This a fundamental paradigm shift which gives the law and the jurisprudence a completely new basis for their actions (Gilligan 2001). Treatment and training programs for violent offenders must be in place.

Child advocates focus on the rights of children and ensure that governmental decisions are in accordance with children’s needs.

The WHO has issued guidelines addressing the medico-legal care for victims of sexual violence in 2003; emphasizing *that appropriate, good quality care should be available to all individuals who have been victims of sexual assault* (p.17). The report criticizes, that in at least some cases, *victims are subjected to multiple examinations in surroundings that do not meet minimum health standards* (p.2). What is addressed here for sexual violence is applicable for all forms of abuse and neglect. Often medical care is not focused on the particular needs of affected persons, and offers substandard care only.

### **Training of Professionals**

One of the main preventive strategies is to educate and train professionals in the health care sector in order to make them fit for diagnosing and treating affected children and parents. Traditional medical curricula does not cover the subject of innerfamilial abuse, with the result, that health care professionals are not prepared for diagnosing children affected by abuse, nor are they prepared for adequate referral and treatment. By simply asking adequate questions, affected patients feel invited to talk about their past experiences. Many of them are silenced by their offenders. Survivors hesitate to talk about their experiences for a variety of reasons, they blame themselves, they may assume that nobody will believe a word they say. And last but not least, many of them do not see the relationship between their actual symptoms and their past traumatic experiences which may have happened long ago in the past. It is the physicians’ duty to clarify the issue and to provide adequate explanations for the actual situation.

I often compare this with the diagnosis of phantom pain. When for example a man, who has lost his leg during an accident complains about cold toes – where there aren’t any toes, due to an amputation of this leg, then this is known as phantom pain. As long as physicians do not understand this phenomenon, they judge the patient to be deceptive and a liar. This is the effect of knowledge – derived from evidence based

results. It was the French researcher Pierre Janet who in his doctoral dissertation in 1889 coined the term: the psychological automatism, which describes the well known fact, that those affected by traumatic experiences show an increased reaction when confronted with the same situation. If you have experienced an abusive situation as a child, similar conditions later in your life may trigger your memories, and you react in the same way – because for you, the reality is still the same when nobody believes you and nobody protects you. Survivors often have significant difficulties describing exactly, what's going on; and many of them attempt to minimize their suffering.

Professional training and knowledge is a sine qua non condition for:

- Adequate questions
- Diagnostic approaches
- Helpful therapeutic interventions
- Initiating legal steps

Professionals also have to know about secondary traumatization and the effect that facing atrocities has on their own health condition. Again professional training is considered as a preventive strategy against the development of secondary traumatization.

## Conclusion

Preventing all children from abuse and neglect will never be possible (Gilligan 2001). However, society has various means to protect vulnerable children and to provide safer life conditions for all. The CRC obliges political decision makers, to protect all children from atrocities. Children are innocent, and dependent from the adult care-takers; all of them deserve safe conditions. The different intervention strategies in child abuse cases go hand in hand. Awareness of the magnitude of the different forms of abuse and the long lasting effects on children and families is the first step for decision makers to start intervention programs. The take home message is: Prevention of the various forms of abuse is possible. The resulting costs of preventive strategies must be balanced with the tremendous economic burden resulting from abuse and neglect. If we help to stop abuse in all forms, we contribute significantly in reducing the suffering of many children. It's time for action!

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