

Child Torture

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Agenda



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

Introductions



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Disclosures

- No disclosures to be made.

Learning Objectives.....

- To understand torture as distinct from other forms of child abuse
- To improve recognition of potential cases and medical criteria
- To have knowledge of recommended medical assessment, documentation, and intervention
- 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
- Historically based on adults who have been tortured for political reasons and/or in times of war

“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 3 mos-8 yrs
- 36% died
- 40% boys, 60% girls
- 43% Caucasian, 36% AA, 21% Hispanic
- 50% of sibs made to partake in abuse
- 65% of sibs 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 right 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%)
- 40% involved biologic parent

- Male perpetrators included.....

- bio dad (40%)

- mother's BF (25%)

- adoptive father (20%)

- unrelated (10%)

- relative (5%)

- Perpetrators all gave partial confessions

- **They expressed no remorse and tended to blame others, including 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
- 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
- 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 Torture?

- **Repetitive** and **escalating** form of abuse
- Recognition can increase prevention
- Torture cannot be treated like other forms of abuse.....
 - torture abuse is serious in all cases
 - untreated, Child Torture will often end in death
 - perpetrators have no remorse–no insight/no desire to change
 - reunification is never an option

Outcomes

- From the study...PTSD most diagnosed
- From adult literature...anxiety, insomnia, suspicious, somatic, and with physical and psychological sequelae
- What we see...hoarding, anxiety, hypervigilance, inattention, insomnia, distrust, emotional outbursts, increased psychiatric diagnoses
- Siblings...trauma, guilt, PTSD

Assessment

- Take a good history
- Tell me about mealtimes, what are the rules about food in your family
- 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.” Are they the same or different for you?
- Tell me about snacks (alert for locks on cabinets, refrigerator)
- Tell me about school (alert for food restriction enforcement, getting in trouble)
- Tell me about something I didn’t know to ask about.

Medical Evaluation

- Appropriate labs related to trauma and starvation
- Don't feed before getting to the ER, need labs immediately, refeeding syndrome
- Imaging (CT head, skeletal survey-even in older children)
- Subspecialty evaluations as needed
- Past medical history with past growth curves
- Photographs at presentation and as child recovers
- Photographs of 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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- *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>.

Case 1

- January 2017
- Dr. Gilbert was in San Diego at the annual International Conference on Child and Family Maltreatment
- She 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
- He had been punished for “stealing” the gumdrops off the gingerbread house at his home from the Christmas holidays



CPS First Contact

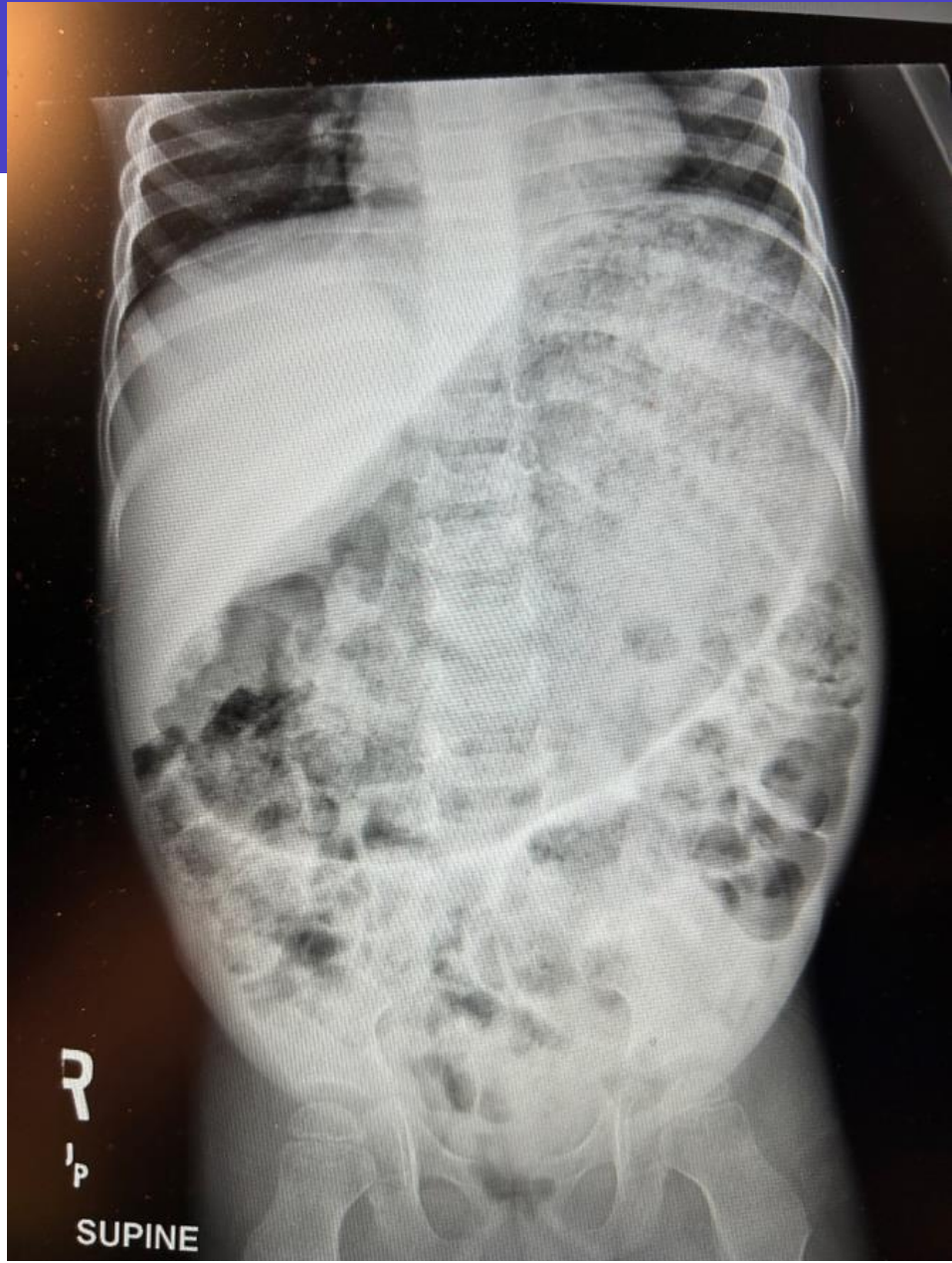
- SW went to the house for the first visit
- "What did you have for dinner tonight?"
- An egg and 2 pieces of celery
- "Can I see your room?"
- Sparsely furnished, few to no toys, house is immaculately clean for 9 children living there (7 bio children, 2 adopted children)
- "Can you take off your jacket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



- History of stealing food at school from other children's lunches on his way to the bathroom, so new rule: accompanied to bathroom by an adult
- History of stealing food from other children's trays in the cafeteria, so new rule: 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"

Hospital admission

- 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



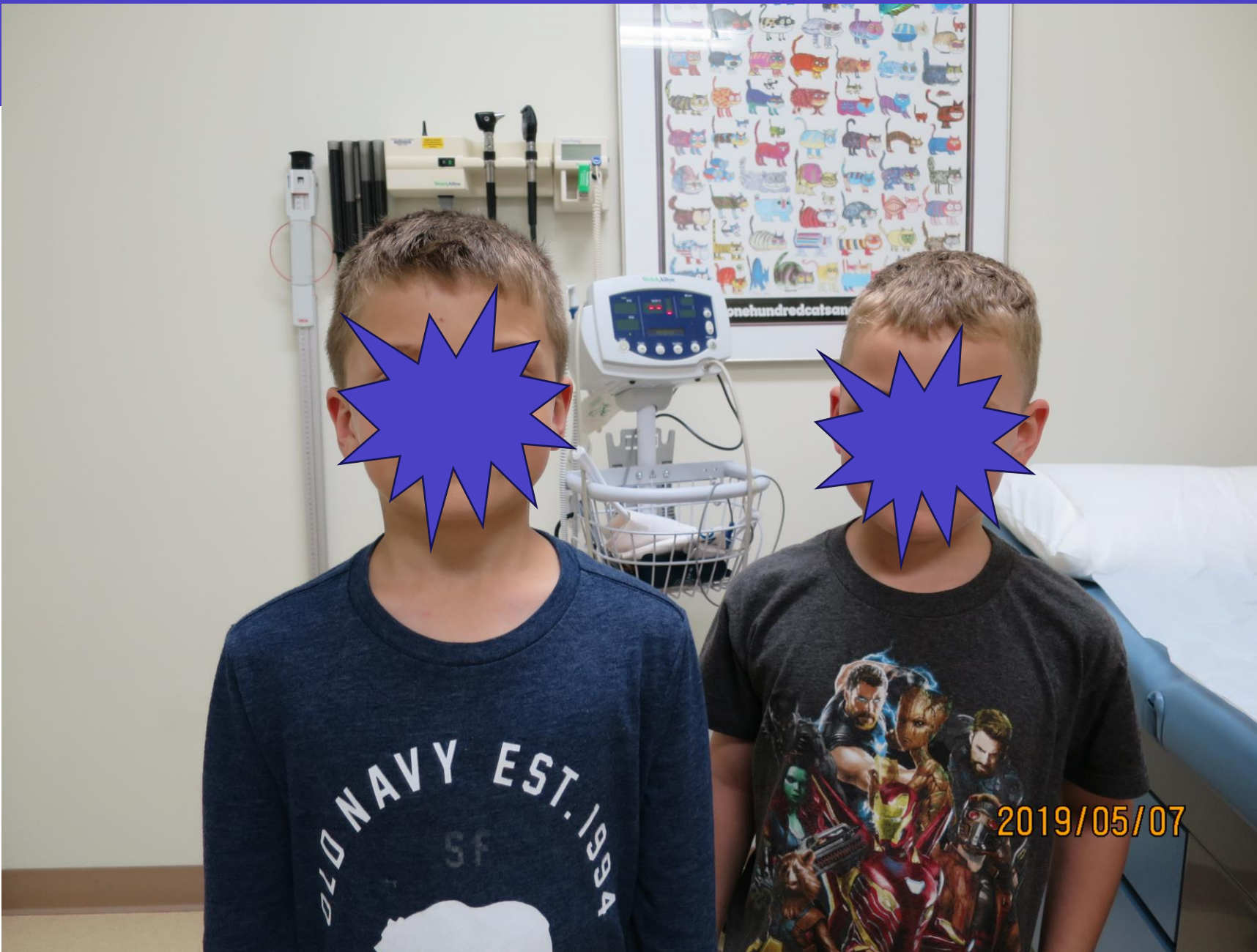
Family Social History

- 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 all 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 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 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



- 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



Planting Pinwheels at Monarch



Court Statement of Evan

- I'm 14 y.o., almost 15 y.o.. I didn't think I would live to see this day. I suffered through the most horrific thing a child should ever go through at the hands of their "mother" and "Stepfather". Abuse so horrible I was made to believe it was normal, that I deserved to be punished and starved because I messed up somehow. I didn't fully understand how unreal my situation was till I was finally removed from the living hell.
- I finally get to experience what a mother's love truly is with my dad and stepmom. What it means to be a family. I get to experience life as a kid finally.

- I am in the ninth grade now, playing football and wrestling at ... High School. My biggest support is a mother that stepped up to care for me like I was her own because my mother hated me so much she tried to kill me. A father that takes me fishing and hunting and doing things like a family. Siblings that get on my nerves but I get to experience that. I get to hang out with friends, experience having a girlfriend and being able to be normal.
- I hope they get the help they need and maybe one day I can forgive them but at this moment I have a mother and father that love me. And that's all I need.

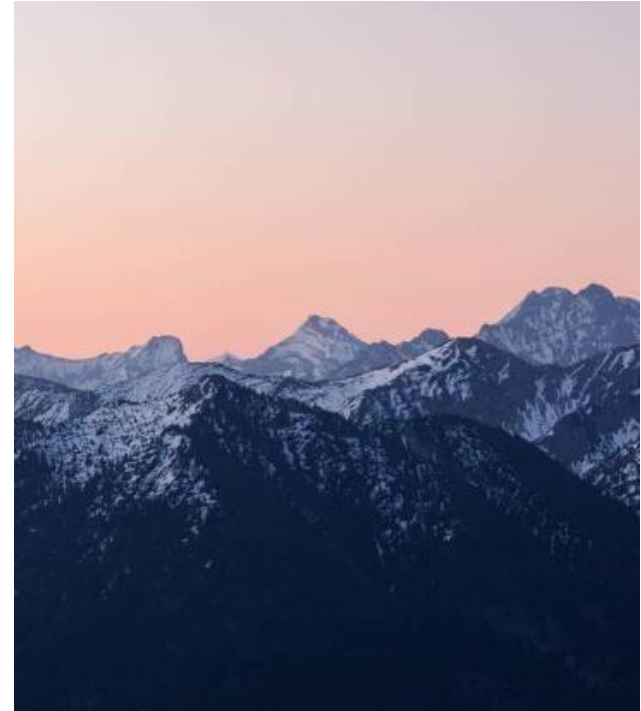
- The father spoke to Evan about the potential use of his case in this presentation.
- Evan stated " Yes, use my case if it helps people. It shows you can have a bad childhood BUT if the RIGHT PEOPLE find you, this is how you can turn out."

Be the **RIGHT PEOPLE**



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.





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Thank you

