

# Intrafamilial Child Torture: Training Mandated Reporters

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*Key words: torture, child torture, mandated reporters, severe child abuse*

## What Is Intrafamilial Child Torture (ICT)? How Is It Different From Other Categories of Abuse?

Intrafamilial child torture (ICT) is torture that is directed against children by their primary caregivers—usually parents or relative guardians. ICT is different from other forms of child maltreatment because it occurs under a unique set of family dynamics not seen in other families struggled with child maltreatment (Knox et al., 2014). It is rare and unfamiliar to many child protective service workers, clinicians, and mandated reporters (Miller, 2018; 2019a; 2019b). Although some professional research on politically motivated torture in underdeveloped countries (Goldfeld, Mollica, Pesavento, & Faraone, 1988; Herman, 1994; Rasmussen, Amris, Blaas, & Danielsen, 2004; de la Rie, Bos, Knipscheer, & Boelen, 2018) has been noted, including some studies on child victims of political torture (Cohn, Holzer, & Kock, 1981; Green, 2007; den Otter, Smit, dela Cruz, Ozkalipci, & Oral, 2013), there has been almost no professional attention to child torture occurring within families that is unrelated to political motives.

At the time of pediatrician Barbara Knox and colleagues' seminal article in 2014, only two medical case reports had ever been published on the topic (Allasio & Fischer, 1998; Tournel, Desurmont, Becart, Hedouin, & Gossett, 2006), as well as a newsletter article by two attorneys (Tiapula & Applebaum, 2011) and a treatise on the need for criminal laws specific

to torture in families published by another attorney the same year (Browne, 2014). ICT had no standard definition among professionals, and the terminology to describe the same phenomenon varied, including use of the terms “torture” (Allasio & Fischer, 1998; Browne, 2014), “child barbarity” (Tournel et al., 2006), “severe child abuse” and “serial child torture” (Tiapula & Appelbaum, 2011), and “domestic, intrafamilial child torture” or just “child torture” (Knox et al., 2014). Miller began using the term “intrafamilial child torture/ICT” to train mandated reporters in 2018 (Miller, 2018).

The unique features of ICT require separate study of the most effective methods of reporting, investigation, prosecution, and treatment. Knox and colleagues defined the concept in two ways— by describing the multiple forms of maltreatment involved and by the rare family dynamics that lead to the maltreatment. Knox's (2014) definition states that a diagnosis of child torture should be made when a child victim suffers “[a] longitudinal period of abuse characterized by at least 2 physical assaults, 2 or more forms of psychological abuse (i.e., terrorizing, isolating), resulting in prolonged suffering, permanent disfigurement or dysfunction, or death” (p. 44). Also, neglect is almost always present, and the deprivation is a planned part of intentional cruelty. Family dynamics include a desire for totalitarian control, an intentional desire to break the will and humanity of the child, and use of intense humiliation and terrorization. Child torture is both worse and different than typical polyvictimization (for details, see Finkelhor, Shattuck, Turning, Ormrod, & Hamby, 2011). Knox (2014) describes the difference in family dynamics between physical abuse and child torture—most physical abuse involves a caregiver's

episodic, unchecked anger or loss of self-control, while child torture involves strategically planned acts of harm “designed to establish the perpetrator’s domination and control over the child’s psyche, actions, and access to the necessities of life” (p. 38).

### Why Should Intrafamilial Child Torture Be Expressly Included in Mandated Reporting Laws?

Intrafamilial child torture (ICT) should be expressly included in mandated reporter laws due to its uniqueness, rarity, lethality, psychologically devastating consequences, and tendency to be misbelieved.

Regarding uniqueness, Knox and colleagues (2014) have described numerous unique family dynamics in cases of ICT; Miller (2018) has identified 12 unique features of ICT from the literature and her clinical case studies; and Hollingsworth, Glass, and Heisler (2007) provided a detailed, highly accurate description of unique ICT dynamics in her paper on scapegoating, severe child abuse, and empathy deficits. Kellogg and Lukefar (2005) have written on the intentional starvation of children, and their findings are also relevant for describing unique features of ICT. Regarding rarity, Knox and Starling (2012) have estimated that from 1% to 2% of children being evaluated for abuse present with such a unique constellation of physical and psychological injuries that appears to represent torture. Regarding lethality, in Knox and colleagues’ 2014 review of 28 torture cases, 36% of the child victims died as a result of ICT. In six cases identified by Miller, one resulted in a fatality (2018). Although these percentages were derived from a small and carefully selected sample set, ICT is believed to be highly lethal by practitioners who assess and treat child victims.

The devastating psychological consequences of torture have been observed and documented throughout human history. Professional attention to torture was renewed in the 1970s due to the experience of prisoners-of-war (POWs) in Vietnam, the genocide in Cambodia, the work of Oscar Romero and the Catholic church to end political torture in Latin America, and other similar world events. In response to international concern, the United Nations General Assembly enacted a Convention Against Torture in 1984. The sequelae of torture were documented in Stover and Nightingale

(1985) and Goldfeld et al. (1988), including extreme anxiety and fearfulness, insomnia and fear of going to sleep, nightmares, paranoid-suspicious and somatic symptoms, and phobias. In 1994, Judith Herman published a groundbreaking book asserting that severe domestic violence and child abuse can be quite similar to the torture experienced by POWs, leading to the same severe psychological problems—a complex posttraumatic stress disorder (PTSD) including avoidance, hyperarousal, intrusion symptoms, and also dissociation, self-harm, suicidality, and poor sense of self, particularly in cases of severe child abuse.

Other scholars have examined the political torture of children (Cohn et al., 1981; Green, 2007; Volpellier, 2009; den Otter et al., 2013). Cohn documented symptoms such as insomnia, nightmares, sleepwalking, enuresis, sensitivity to noise, refusing food, headaches, and stomachaches in children who had survived political torture. Research is still needed on how torture impacts the immature, developing brain and psyche of a child, the psychological consequences of torture based on developmental stage, and any difference in psychological consequences between political torture and intrafamilial torture by parents. While the child maltreatment field would benefit from further research, it is clear that ICT causes severe psychological harm that is long lasting and sometimes permanent. It is possible that ICT is more harmful to a child than political torture, because the perpetrators are the child’s parents, the persons that the child trusts to love and protect him or her. Significantly, researchers have found that political torture survivors benefit only moderately from mental health treatment, and sometimes not at all (de la Rie et al., 2018, referencing Patel, Kellezi, & Williams, 2014; also see Cohn et al., p. 203). While complete recovery may not be possible, documented case studies give some indication that the earlier the child is rescued, the better their psychological outcomes (Miller, 2018, 2019a, 2019b).

ICT is easily missed and misbelieved even by experienced mandated reporters due to the rare and extreme methods used, the increased sophistication of perpetrators in covering up ICT, and reporter unfamiliarity with this newly emerging category child maltreatment (Miller 2018; 2019a; 2019b). (See generally Knox et al., 2014. Browne, 2014, and Macy,

2019, have also documented cases of rare and extreme methods.) The rare and extreme methods used strike many professionals as not believable, especially since they may be quite different from common forms of physical abuse on which the reporter has previously been trained.

The following case example is helpful to illustrate this phenomenon:

In 2014, Miller (2018; 2019) treated a teenage survivor of ICT and carefully documented her case history. Three years before she was finally rescued, the 13-year-old girl had reported to her school counselor that over the summer her father had locked her in her room for two weeks in solitary confinement. The school counselor immediately dismissed her allegation and said, “That’s not how parents punish children,” and “If you were in for two weeks, how did you use the bathroom? Your story doesn’t make sense.” The child explained that she had been let out once in the morning and once in the evening to use the bathroom and had to use a bucket to urinate in-between times. The school counselor told her she would get in trouble if she kept telling “wild stories” about her parents who “are wonderful, respected people” in the community. The school counselor then called the father to report that his daughter had made false allegations against him. The father expressed warmth and compassion for his daughter to the school counselor and explained that the child was in counseling for severe emotional disturbance, and that she frequently made up stories because she didn’t want to follow the rules at home. The school counselor made notes that the father was highly credible, the child was not credible, and any further allegations made by the child should be reported to her father and not CPS. When the child returned home that afternoon, she was badly beaten by her father as punishment for her disclosure. The father then called her in sick to the school for the next several days until the belt marks on her body had faded.

This school counselor had previously received training in reporting signs of physical, sexual, and emotional abuse, and she regularly made CPS reports about children from low-income families whose parents who were angry and reactive. She was completely unable to recognize that the extreme methods this child reported

were totally consistent with a known form of child maltreatment—intrafamilial child torture. Further, she was completely unable to anticipate that the parent might be a skilled manipulator and have a good story and pleasing demeanor, which is also consistent with ICT. The school counselor most likely had never heard of ICT or received any literature or training in this category of child maltreatment.

Because ICT is unique, rare, lethal, psychologically devastating, and easily missed or misbelieved, mandated reporter laws should expressly list intrafamilial child torture as one of the forms of maltreatment subject to mandated reporting. A thorough and straightforward definition should be included that any mandated reporter can read and understand, and all mandated reporters need to receive formal training on this most severe form of child maltreatment.

## **How Are Mandated Reporters Being Trained?**

Currently, there are no major regional or national initiatives to train mandated reporters, or even CPS workers, on intrafamilial child torture. Trainings have been limited to a handful of conference presentations. Miller has presented ICT at a national conference to an interdisciplinary group of child maltreatment professionals, at a regional conference to licensed social workers and social work students, and at the local level to an interdisciplinary group of teachers, social service workers, and some CPS employees. Feedback from participants has been positive. Drs. Knox and Starling as well as their co-authors have presented on the subject at local, regional, and national interdisciplinary conferences. APSAC’s Child Policy Center has begun an organized effort to increase awareness, scholarship, and training of mandated reporters on ICT.

In 2018, Miller created a 90-minute, beginner-level training—“Intrafamilial Child Torture: A New Category of Child Maltreatment.” The training consists of three distinct parts with purposeful pedagogy. The first part consists of a 30–40-minute lecture on “Child Torture as a Domestic and Intrafamilial Phenomenon,” with reference to Knox and colleagues’ creation of this language. The lecture positions intrafamilial torture

(ICT) as torture of children by parents or parental figures, as distinguished from the political torture of children by government or military actors. The infamous case of the Turpin family, covered by the national media, is discussed (Hartocollis, 2019). ICT is clearly defined and presented as a new category of child maltreatment. Twelve unique features of ICT are presented, identified by Miller from the literature and her field experience. These twelve features demonstrate how ICT is different from typical presentations of physical or psychological abuse. A few minutes of Q&A are provided at the end of the lecture.

The second part of the training, lasting another 30–40 minutes, engages participants in open discussion of two case studies documented by Miller. Participants are asked to apply the definition of ICT to each case and make a determination as to whether it is a case of ICT (and both cases are). Participants are then challenged to examine the differences in reporting, investigation, and intervention in the two cases, and to identify the psychosocial factors influencing the different outcomes. Time is provided for both small group discussion and large group facilitated discussion.

The final portion of the training, lasting 20–30 minutes, is “Responsive Action to Intrafamilial Child Torture.” The need for reporting from both professional mandated reporters and permissive reporting from community members is discussed. Steps for educating the public on how to recognize and report are introduced, as well as the need for permissive reporting because ICT victims may have less contact with professionals than the average child. Responsive action from mandated reporters, CPS workers, law enforcement, child advocacy centers, pediatricians, and psychotherapists is suggested. Finally, advocacy for policy change on specific policy issues in ICT is encouraged. The need for separate criminal statutes and harsher penalties, based on the work of Tiapula, Browne, and Macy, is discussed. Suggestions for change in civil law and child welfare policy are presented, including the use of the Adoption and Safe Families Act (ASFA, 1997) to bypass the reasonable efforts requirement and proceed to Termination of Parental Rights. Other civil policy issues include creating a separate law to adjudicate children as “tortured” rather than “abused,” and creating policies requiring closer coordination with law enforcement.

This training could be easily adapted for a broad mandated reporter audience. Both in-person and online training could be made available that would educate and empower mandated reporters of all types to recognize the signs of ICT. Specific recommendations for effective reporting of ICT could be included. Several versions of the same training could be created for specific types of mandated reporters, such as teachers, social workers, and pediatricians. Intermediate-level training could be created for mandated reporters who have completed beginner-level training. APSAC and the Center for Child Policy are currently engaged in strategic planning for making ICT education available to a wide audience of mandated reporters.

### Conclusion

Intrafamilial child torture is an emerging and distinct category of child maltreatment that has just begun to receive professional attention in the last few years. The unique features of ICT require separate study of the most effective methods of reporting, investigation, prosecution, and treatment. Reporting is of particular importance because it is the first step that must occur for child victims to be rescued. It would be extremely helpful to have a separate reporting law that describes and defines ICT and can be easily understood by all types of mandated reporters and community members. Training of mandated reporters must occur to help professionals recognize the unique features of ICT and how they differ from typical physical or emotional abuse. Miller’s beginner-level training—*Intrafamilial Child Torture: A New Category of Child Maltreatment*—may prove helpful to start a major training initiative for mandated reporters.

### About the Author

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*A Note from the Publisher: The author of this article received financial sponsorship from the [APSAC Center for Child Policy](#). This article was subject to the standard APSAC Advisor peer review and editorial process.*



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