We Are Part of the Problem: An Interview with Michael Durfee

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Father of Child Death Reviews

Michael Durfee, MD, grew up in South Pasadena and went on to Colorado College to study chemistry, after which he returned to Los Angeles County (LAC) to attend the Keck School of Medicine of the University of Southern California (USC). He conducted his internship training at Good Samaritan hospital from 1968 to 1969, and his psychiatry residency training at LAC+USC Medical Center. Then, after one year of child psychiatry training, he was drafted into the military and sent to Korea. While in Korea, he refined his clinical skills and helped to establish transitional programs for service members suffering from substance use disorders.

Upon returning to the United States, Dr. Durfee was met with an opportunity to work at MacLaren Hall, which housed children with a history of abuse or severe behavioral problems, or both. MacLaren Hall was coincidentally on Durfee Avenue, which he took as a sign that he should work there. His time at MacLaren Hall instrumentally shaped the future steps he would take in his career. During his time at MacLaren Hall, where over 300 children were housed, he functioned as the children's primary pediatrician, conducting physical exams when necessary. At the beginning, there was no dressing room or privacy, and children would meet Dr. Durfee in a paper gown. He worked to get a dressing room installed. These children deserved respect and privacy.

In addition, though a full physical exam was necessary for each child, he knew this was an unpleasant, frightening, and triggering experience for many of them. He thus made sure that each child's interaction would not be limited to one in their vulnerable, exposed state. He made sure that each child, after getting dressed, would return to talk to him, to have a chance to say what they wished and show how they felt. He knew many of these children had never had a chance to safely express painful and upsetting emotions; he wanted to provide a space for them to be able to express this, even if it meant expressing anger toward him. He showed them that it was okay for them to be angry, sad, or confused—that it was okay for them to be their honest selves.

Dr. Durfee's approach worked, and children shared with him what they had not to others. He recalls one particular 8-year-old girl who approached him and said, "I've got a secret, and you can't know it!" While saying the very opposite, it was if at least a part of her wanted him to know this secret, likely too heavy a weight for an 8-year-old child to carry on her own. It was already known that she had been sexually abused by her father, and Dr. Durfee was not sure what would be this additional "secret."

"Were there other men there?"

"Yes, but that's not the secret."

"Did they take pictures of you?"

"Yea, but that's not the secret."

Finally, he asked, "Did the other men pay your father?" He described, "When I asked that, she just kind of collapsed." It is as if by making it like a riddle, with every guess she was asking, "Can you handle something worse than that? Do you still want to know?" After ensuring that other staff were attending to this girl, Dr. Durfee went on to call the courts to insist that this child not be returned home. "I told them, 'Don't tell me this guy's trying and he made a mistake. He sold his daughter. Don't return the child home.'"

Even after making that call, though, Dr. Durfee knew he had to do more to address the poor communication between agencies tasked with the care of children. He accordingly founded the Los Angeles Child Death Review Team in 1978, the first of its kind in the nation, wherein multiple agencies would come together to participate in an open discussion with the goal of "peer group accountability," recognizing that every part of the system has had some responsibility for the death of children, and that everyone has a responsibility to work with one another to help prevent these children's deaths. What better way to combat the denial of child abuse than to prompt discussion of actual deaths that have occurred, often in relation to abuse? By the turn of the 21st century, child death review procedures that had begun in 1978 were well established across the United States and internationally.

The Massive Denial of Child Abuse

Most health care providers, and most people for that matter, do not want to be on the receiving end of another person's anger. Providers are often, after all, just "trying to help." But for those with a history of child maltreatment, clarification of intentions does not necessarily help them heal. In fact, it is not uncommon that maltreated children jump to defend perpetrators' intentions and experiences, saying, "They didn't mean to hurt me," leaving no room for their own feelings and experiences.

Dr. Durfee, however, knew the therapeutic value of giving these children a chance to speak and express themselves, to see for themselves that this did not change their value. He was *not* seeking their approval, *not* preoccupied with "setting the record straight" or telling them that they were angry with the wrong person." Some staff at MacLaren found it curious that Dr. Durfee seemed to "like the kids who were angry." But instead of seeing them as angry and problematic, he saw their behavior as a sign that the world had treated them cruelly. And, he added, "We haven't done very well, either," reflecting on his own contribution to these children's suffering.

For example, Dr. Durfee indicated that many people seem to avoid talking about child abuse, as if to avoid acknowledging that even the potential for such cruelty exists within ourselves. He described that when child abuse is only mentioned, a common response by service providers he has witnessed is, "You don't need to talk about that anymore; it'll just upset you." And while such a response seems to imply that providers avoid the topic to somehow spare the child, Dr. Durfee posited that the real reason for avoidance is related more to the discomfort of the providers themselves.

Referencing the cartoon "Pogo" by Walt Kelly, wherein the main character says, "We have found the enemy, and he is us," Dr. Durfee remarked, "There's a rather massive denial in the world" regarding child maltreatment, and this denial remains a significant barrier to reducing child abuse and neglect. He described how deep-rooted this denial has been throughout history. As early as the mid-19th century, Auguste Ambroise Tardieu, a French physician, had written extensively about all forms of child abuse as well as their mental and physical effects on children, even describing cases of fatal child abuse. Yet at the time, Tardieu's work was not well received. It was only a century later that Henry Kempe's writing on "battered child syndrome" brought child abuse to public attention.

Sadly, however, by avoiding the topic of child abuse, we perpetuate the recurrence of that which horrifies us, while keeping enough distance from these tragedies to regard them as occurring only rarely, and only in families and communities different from

our own. Even when it comes to *expecting* children to disclose maltreatment, Dr. Durfee said he would challenge each of us to instead ask ourselves, "What will make the situation right, how can *we* change so that [children] are comfortable talking to us?"

Author's Reflections: Denial Is Our Enemy

It will always be easier to blame "others" as the only ones who might abuse children, and denial enables the dynamic to go on, generation by generation. The case of Mary Ellen Wilson in the late 19th century is sometimes credited with bringing child abuse into the public eye because of the severity of injuries, but some scholars report that Mary Ellen's case led to a public response because the mother was less resourced and was also not the birth mother of the child. Other horrific cases of child abuse had been previously raised, including a boy who that same year died due to injuries related to abuse by his father, but the stories of these birth parents who severely abused their children did not sustain public attention (Costin, 1991). If child abuse only occurs in "other" communities, so the logic goes, it is "their" problem and not "ours," and we need not concern ourselves with it.

In that same way, professionals can sometimes get in the habit of blaming other professionals outside their field, only worsening interagency division. For example, perhaps if we think child protection is exclusively the responsibility of child welfare workers, those of us not in that particular role feel we can justify inaction and abdicate our responsibility to protect children. But as Dr. Durfee said, we need to first recognize that we ourselves are part of the problem.

Organizations such as APSAC have certainly played a significant role in creating and maintaining alliances among the different professions and discipline, but there is still much work to be done. We must all be willing to take responsibility for our part in creating environments wherein children do not feel comfortable speaking their minds, sharing their feelings and thoughts, or speaking up when they are abused. We must acknowledge our role in the abuse and neglect of children: demanding their blanket compliance even in the face of oppression. Each of us contributes to a world where children always seem to have the least power and the fewest rights or be treated with the least respect. Rather than demanding that they listen and respect adults, we need to listen and respect children. Only then will children be empowered to speak up when they or fellow children are mistreated; and then they, too, will treat their future children with love and respect.

About the Author

Jiwon Helen Wyman, MD, MATS, *is a child and adolescent psychiatrist at the Violence Intervention Program in Los Angeles County, where she treats victims of abuse and neglect. She is also currently working on a review of California case law on child psychological maltreatment and a guide on applying child forensic interviewing techniques to clinical settings.*

Reference

Costin, L. B. (1991). Unraveling the Mary Ellen legend: Origins of the "cruelty" movement. *Social Service Review*, *65*(2), 203–223.