The battered child syndrome—reflection and responsibility

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The determinants of health that most physicians focus on include biologic factors such as genes, biology and pathogens, but health and health outcomes are also determined by important social factors. These social determinants include socioeconomic conditions, poverty, quality and level of education, access to employment, social and physical infrastructure, behaviors, social support and norms, and public safety.

Health care providers have seen the consequences that social factors have for adults and children's physical and mental health, quality of life, and longevity. As dramatic and consequential as medical care is for some patients, it is not the major determinant of overall health and well-being. Socioeconomics, social class, education, and other existent factors are crucial to health and well-being.

C. Henry Kempe, MD (ΑΩΑ, University of California San Francisco, 1962, Alumnus), and colleagues published the seminal article, "The Battered Child Syndrome,"[1] in which they described a clinical condition in young children who had suffered serious physical abuse, frequently resulting in permanent injury and/or death. As part of their study, Kempe and his colleagues conducted a nation-wide survey reviewing hundreds of cases over a one-year period. They came to the conclusion that physicians have a duty and responsibility to the child to require a full evaluation of the problem and to guarantee that no expected repetition of the trauma will be permitted to occur. Kempe's article raised awareness and made it clear that child abuse and neglect are serious public health problems.

Also in 1962, Kempe attended a meeting of the United States Children's Bureau and recommended "passage of laws requiring doctors to report suspicions of abuse to police or child welfare."[2] However, it took a while to bring Kempe's findings and concerns to the forefront of medicine.

By the mid-1970s, a new field devoted to child abuse and neglect had emerged, and in 1974 the Child Abuse Prevention and Treatment Act was established mandating that all states develop procedures to investigate suspected incidents of child maltreatment.[3] Hence, the creation of the Child Protection System (CPS) in each state for physicians, teachers, parents, grandparents, neighbors, and concerned citizens to report suspected incidents of child abuse and/or neglect. By 1980, the number of cases of children seen by physicians for child abuse and neglect exceeded 1 million.[4] However, it wasn't until 1984 that the AMA released guidelines for diagnosing child abuse.[5]

While child abuse and neglect are common among all races, ethnicities, and socioeconomic classes, it is more prevalent for children living in poverty.[6] It is estimated that child maltreatment in the U.S. costs taxpayers in excess of $94 billion annually.[7]

The Kempe Foundation

Kempe was born in Breslau, Germany in 1922. He suffered with serious, but undiagnosed, illness throughout his childhood. In 1934, he and his family were required to

register as Jews and they were given identification cards. Hitler came to power, and it became inevitable that the Kempe family would have to leave Germany because of persecution and threats. The Kempe family traveled to London, and then by boat to Boston, and ultimately by train to Los Angeles. He attended a junior college and then the University of California Berkeley. He matriculated as a medical student at the University of California in San Francisco, where he graduated in 1945, the same year he became a U.S. Citizen.[8]

Initially, Kempe was interested in virology, serving at the Presidio in San Francisco and at Walter Reed Army Medical Center in Washington, DC. In 1948, he began a fellowship in pediatrics at Yale University, which was transformational for him as this is where he met his wife, Ruth Svigbergson, a Swedish immigrant and pediatric resident. Following Ruth's residency and Henry's fellowship, they moved San Francisco where Henry became an assistant professor of medicine at the University of California San Francisco (UCSF).

At UCSF, Henry worked in virology with a focus on smallpox which took him to India to conduct research and treat smallpox during the epidemic there.[8]

In 1956, Henry was offered the position as Chairman of the Department of Pediatrics at the University of Colorado in Denver. He continued his work in virology, and loved teaching medical students and residents, while also developing a marked sensitivity to the needs of sick children. In 1962, he took a sabbatical year at the Pasteur Institute in Paris continuing his research in smallpox.8 During his time living in a small French town, he encountered an unmistakable case of child abuse. Kempe confronted the man telling him firmly that the violence against his son must stop immediately. The child remained safe for the duration of Kempe's stay in France.[8]

Back at the University of Colorado, Kempe was responsible for four pediatric sites: University of Colorado Hospital; Denver General Hospital (now Denver Health); Children's Hospital Colorado, and National Jewish Hospital. In his position, he provided a perspective about emergency room admissions, specifically the diagnoses of children being seen. He noted a disturbing trend in the types of injuries and related diagnoses of the young patients. Parents and caretakers of children frequently explained apparent "nonaccidental injuries" in ways that were incongruous to the types of injuries with which a child presented.

Kempe became outraged at the intellectual blocks by residents and other physicians when he saw child after child who presented at an emergency room and received diagnoses that were patently absurd. He concluded that these cases represented denial by the interns, residents, attending physicians, or specialists about obvious traumatic and neglectful situations. This was not intellectually honest and was of no help to the child and/or their siblings and parents.

Kempe and his colleagues decided it was time to make a dramatic statement, especially within the medical community, to begin to confront the pervasive, and often hidden issue of child maltreatment. At the American Academy of Pediatrics meeting in 1961 he organized a three-hour symposium entitled "The Battered Child Syndrome" with colleagues from radiology, psychiatry, social work, family law and the judiciary.[8] The physicians in the audience reacted with mixed responses of gratitude, incredulity, and outright hostility. Some said they had never seen a case to which Kempe would respond, "Yes you have. You just didn't know what you were seeing."[8]

In 1972, the Kempe's established the National Center for the Prevention and Treatment of Child Abuse and Neglect in Denver.[8] The Center, with a dedicated staff, provided a safe, welcoming and homey atmosphere where children and families could receive treatment, therapies, and attend a therapeutic preschool.

Kempe acknowledged that the problem of child maltreatment was a national and international issue, which led him, along with Ruth, to create the International Society for the Prevention of Child Abuse and Neglect in Geneva, Switzerland in 1976.[8]

Kempe was twice nominated for the Nobel Peace Prize and he greatly appreciated the nominations, since they heightened awareness of the issue of child abuse.[8]

Kempe has often been described as the leading spokesman for a large but silent minority, the abused children of the world. Through his efforts, the lives of hundreds of thousands of children have been saved.

Leading like Kempe

John Quincy Adams wrote, "If your actions inspire others to dream more, learn more, do more, and become more, you are a leader,"[9] and Kempe certainly accomplished that and much more.

The AΩA Richard L. Byyny AΩA Fellow in Leadership Program and the Regional AΩA Leadership Course emphasizes five fundamental leadership principles that are critical to building a better future:

- Recognizing that the work of leadership involves an inward journey of self-discovery and self-development;

- Establishing clarity around a set of core values that guides an organization as it pursues its goals;
- Communicating a clear sense of purpose and vision that inspires widespread commitment to a shared sense of destiny;
- Building a culture of excellence and accountability throughout an organization; and
- Creating a culture that emphasizes leadership as an organizational capacity.

The program also emphasizes that great leadership is developed through education, training, mentoring, practice, experience, and reflection. Leadership must be grounded in a set of core professional beliefs and values. In medicine, these values start with an obligation and commitment to serve and care for people, especially those who are suffering. It includes positively contributing to the health and well-being of others; disease prevention; continuous learning and education; and fulfilling social responsibilities.

These professional values are based on high ethical and moral standards:

- Treat others as you would like others to treat you.
- Do no harm.
- Never lie, steal, or cheat, and have no tolerance for these behaviors.
- Demonstrate integrity, always do what is right, both morally and legally.
- Show respect for others.
- Be loyal to patients, team, colleagues, organization, and societal values.
- Be diligent in fulfilling obligations to patients, team, colleagues, and organization.
- Practice selfless service with passionate commitment to the vision and mission of the profession.
- Be honorable by living up to one's professional values.
- Commit to professional competence and life-long learning.
- Treat everyone humanely, with benevolence, compassion, empathy, and consideration.
- Serve in an ethical, responsible, reliable, and respectful manner.
- Listen to others with understanding, respect, and communicate effectively.

Kempe demonstrated excellence in leadership by exemplifying servant leadership. He led by example with humility, authenticity, interpersonal acceptance, stewardship, vision, direction, and inspiration.

Following in a great leader's steps

Another key leader influenced greatly by Kempe, and following in the prevention and treatment of child abuse and neglect groundwork that he laid, is Dr. Richard Krugman (AΩA, University of Colorado School of Medicine, 1987, Faculty).

Krugman graduated from Princeton University and earned his medical degree from New York University School of Medicine. He did a residency in pediatrics at the University of Colorado School of Medicine and the Children's Hospital while Kempe was the Chair of Pediatrics. Krugman joined the University of Colorado faculty as an assistant professor of pediatrics in 1973.

Krugman succeeded Kempe as the Chair of Pediatrics at the University of Colorado, and in 1981, he was named Director of the C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, following Kempe's retirement. He was appointed to the U.S. Advisory Board of Child Abuse and Neglect in 1989, serving as Chair from 1989-1991.

In 1990, he was appointed Dean of the University of Colorado School of Medicine, and in 2007 as Vice-Chancellor for Health Affairs, serving in both positions until his retirement in 2015.

Krugman went on a sabbatical in Europe studying child protection systems in the U.S. and Europe. He served as Editor-in-Chief of Child Abuse and Neglect: the International Journal from 1986-2001.

Following in Kempe's footsteps, Krugman has been an excellent servant leader and role model who lived, led, and acted through an inward sense and understanding of what is right. He has inspired others to care and serve, and he instills a set of values, including, fairness, justice, honesty, respect, and trust.

Krugman led his teams as the moral authority through whom others dedicated themselves to a higher purpose, cause, and principles worthy of their commitment. Their focus was outward instead of on themselves. They found joy, self-respect, and integrity in service to others. He inspired others to work hard, dig deep, and use their knowledge, experience, and talent both independently and interdependently to serve others through a shared vision.

Krugman, like Kempe, demonstrates great leadership through a blend of humility and professional will, competency, dedication and indefatigability. He recognizes that everyone matters and can, or does, make a difference in serving.

Social determinants of health

Child neglect is a significant social determinant of health for children and adults, alike. Child physical, sexual and emotional abuse are serious public health issues that can often lead to long term traumatic effects. While child abuse and neglect are typically categorized into one or more common types–physical abuse, sexual abuse, emotional abuse, or neglect–it can be more complex in many situations.[10]

Each year, at least one in seven children will experience some form of child abuse or neglect.[11] Children living in poverty are estimated to be five times more at risk as a result of their low socioeconomic status.[11]

Children who are abused and neglected may suffer from immediate physical injuries with corresponding emotional and psychological problems. They are at increased risk of experiencing future violence, substance abuse, sexually transmitted diseases, delayed brain development, lower educational attainment, and higher future unemployment. Child abuse and neglect can change brain development, thereby causing post-traumatic stress disorder, and learning, attention, and memory difficulties.

Child abuse and neglect are preventable. Prevention starts with providing safe, stable, nurturing relationships and environments. Interventions that have shown to have positive impacts in changing and/or preventing child abuse and neglect include:

- Strengthened economic support for families reduces the incidence of neglect;
- Home visitation programs for pregnant women and their new babies for the first two years of life;
- Provision of quality care and education early in life;
- Enhanced parenting skills to promote healthy child development; and
- Interventions to decrease harm and prevent future risk–access to primary care, parent training programs, reduced exposure to harmful situations, treatment to prevent problem behavior and later violence.[12]

Communities, schools, and organizations should have programs for successful parenting. However, how to be a successful and effective parent is not a community or national priority. Babies do not arrive with an owner's manual. However, preparation and seeking guidance with an aspiration to be a good parent helps make being a good or great parent doable. Parenting is always evolving as times, cultural practices, social norms, and traditions change, and as new information and social supports become available.

In addition, medical schools and other health care education programs must take on the responsibility of training the next generation of medical professionals to recognize, report, and appropriately treat cases of abuse and neglect for children, teens, and adults alike.

Parents, families, and caregivers need to be supported by their physician/pediatrician/primary care provider, along with other health care providers working collaboratively with clinic and community resources. They must be available 24/7 for questions and to provide counsel and information about successful parenting, especially in difficult situations and with difficult children.

A family's social class, economic status, and culture may have an impact on the methods and resources parents use in parenting. In all cases, helping parents and families get support and networking is essential, whether it be through helpful family members, friends, community members and groups, and when needed professionals and experts. Parenting practices also reflect the cultural understanding of children as community members.

A desperate need

If Henry Kempe were alive today, he would likely be very disappointed in the failure of our country to effectively address the abuse and neglect of children. The child welfare system, which seemed effective in the late 1960s and early 1970s at helping families that were reported to them for physical abuse and neglect of their children, is now generally unable to show that it can be helpful at all. There are many reasons for this, but most importantly, the late 1970s and 1980s was a time in which the welfare system lost its ability to help and turned primarily to investigation agencies.

Kempe knew that in a democracy the criminal justice system would never protect children. To win a criminal case, one must prove what happened "beyond a reasonable doubt." Proving who abused an infant or child beyond a reasonable doubt is difficult. The approach Kempe took toward physical abuse and neglect was to enlist the help of the civil family court system, which only needs to prove that "it is more likely than not" that abuse occurred. This allowed the court to become involved in helping the parents get the assistance they needed to be sure that whatever happened to cause the injuries to the child would never happen again.

What has become clear over the past 40 years is that the child protective services system in the U.S. has no understanding of whether their practice is actually helping children and families. Unlike the transformation the

health care system has undergone since "Crossing the Quality Chasm," CPS has no outcome data. Further, the number of child abuse fatalities reported by the federal government has not changed significantly in more than 40 years! There is no area of pediatric, and maybe even adult medicine, that is as stagnant.

When the National Foundation to End Child Abuse and Neglect (EndCAN), started, the intent was to emulate the many health advocacy organizations already in existence (March of Dimes, Susan Komen, American Cancer Society). These organizations, and their convenor organizations like Research America and the National Health Council, have pressed Congress to support ever increasing funds to the National Institutes of Health (NIH) to enhance research, training, treatment, and prevention for their particular issue. The NIH budget, which was $100 million in the late 1960s, is now approaching $54 billion in 2024.[13] We all know the positive impact this funding has had–not just on the patients who have been treated, but on the extraordinary growth of academic health science centers that have been the force behind the research and training that has changed the landscape of medicine.

The battered child syndrome is now recognized as a major social determinant of health. Kempe and Krugman led the way in developing national and international standards to recognize, study, and implement programs, therapies, and strategies to treat children and aid in the prevention of their maltreatment.

We desperately need more leaders like Kempe and Krugman. We need more funding, more community-based programs, more research, more education, more access to reporting, more communication, and more interventions in order to overcome the social determinants of health and solve this health crisis.

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