

Physically Abused Parents

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A review of the literature as well as of 300 impatient and outpatient cases was performed to assess the incidence of physical abuse of young healthy parents by their children. A higher than expected incidence was found. Four general areas of symptomatology are described. The greatest number of cases seems to arise in well-educated, White, nonpathological family situations, rather than in disturbed situations seen with other types of family violence. Suggestions as to sociologic and child rearing philosophies which may contribute to the development of the phenomena are made.

KEY WORDS: abused young parents; incidence; family types; pathology; child rearing practices.

INTRODUCTION

Historically, the sanctity of the family, with its culturally and politically maintained privacy and autonomy, has allowed the perpetration of many abuses to its members, both psychologically as well as physically. Through most of human history, not only many types of abuses have been committed but also, in many instances allowed, sanctioned, and even subtly or overtly encouraged. Parental rights dominate legal precedent, and the child continues essentially "owned" by the family until of legal age of independence. Only very slowly over the last two centuries and in a small segment of Western society has the growing philosophy of individual rights resulted in a reconsideration of the limits of these sanctions and prerogatives. Beginning slowing with the child welfare movements in the latter part of the last century and especially from the early 1960s, as the entire subject of physically abused children entered the public limelight, social scientists, psychology, the medical world, and legislatures became concerned with the battered child. The 1970s revealed the magnitude and fre-

quency of the abused spouse, first the wife and more recently the physically abused husband.

With all of the attention of the medical community and legislation directed toward the abused or battered child, the perhaps more frequently abused and battered parent has been either unrecognized or ignored. The literature is extremely scant in this area, and it is only occasionally and ordinarily in reference to the abused child that the subject of the abused parent is discussed at all. A review of the medical, sociologic, and psychiatric literature from the 1960s revealed a total of 15 entries mentioning this topic, even indirectly. The psychological abuse of parents seems to be the first aspect which has appeared in the literature. The stresses imposed upon parents by families, society, legislation, and numerous welfare agencies have been the subject of some preliminary exploration. Elmer (1966) discussed the problems of substantiating accusations of child abuse and incidentally notes the extreme psychological stress of the condemnation and censure heaped upon accused, yet not verifiably abusing, parents. Neher and Bronwell (1978) also addressed this topic but still only in conjunction with accusations of child abuse.

The abuse of the elderly by their mature offspring has also seen the light of beginning exploration. The revelation of these abuses seems to have begun with human interest stories or exposés in the press or periodicals where the subject was presented as a scintillating curiosity, and gradually as its magnitude became revealed, as a topic of human interest, usually appearing in the more sensational tabloids around the holiday seasons (McCormack, 1981). Steinmetz (1977, 1978) appears to be one of the first in the professional literature to even make note of the phenomena (see also Hess, 1976).

History and the world's great literature which usually provide superb basic sources for a description of all human interaction, are remarkably sparse regarding a child's abuse of one's parents, although much can be found of the adult's abuse of parents—such as Nero to his mother, Agrippina, or of Lear by his daughters. Harkin and Madden (1974) are seemingly the first to describe the syndrome of the young battered parent, clearly distinguishing its existence apart from child abuse, suggesting that it arises only in the atmosphere of a disturbed family structure.

AREAS OF STUDY

The major area of this paper is limited to exploring the nonhomicidal physical attacks of healthy, adequate young parents by their offspring, with or without family pathology, the children being either in the pediatric or adolescent age range. These parents do not fit the usual pattern of "victim,"

especially the child or elderly victim who is physically weak, economically dependent, and politically and legally inadequately protected. The idea of this study was suggested from clinical data arising from both in-patient and out-patient practice. The in-patient source is a small, private psychiatric facility specializing in the care of a child and adolescent population.. This population encompasses a broad socioeconomic range. During the period of the study, a diagnostic program geared to inner city and medically indigent families was in existence as well as the full range of patient population, both from a large urban center and accompanying suburbs with a significant portion of upper socioeconomic groups. There was as well a significant draw from several accompanying states, providing both small metropolitan areas and rural and agricultural populations.

It was fairly routinely observed that accusations of child abuse were assiduously studied and investigated but that over a period of a year, only five substantiable cases were found. It was also noted that information regarding the child's abusiveness toward parents was not a routine inquiry and was ordinarily only discovered incidently during the course of the child's hospitalization. Many times, it was not actually documented but presented as an anecdotal tidbit by a hospital staff member, and frequently with deprecating implications about the inadequacy of the parent who might allow such abuses. There was the impression that these, often young, staff members may have had some vicarious gratification from the exploits of the child with whom they were working. This stirred similar recollections of incidental information from the investigator's out-patient population in which adults would occasionally recall their own abusiveness to parents. The out-patient populations investigated were primarily urban, middle, and upper class adults. A review of 300 cases was made: 200 in-patient and 100 out-patient. Of the 200 in-patient cases, 33 cases of substantiable, well-documented parent abuse were found. Of the 100 out-patient cases, 17 episodes of parent abuse were described. This is higher than the 10% incidence described by Strauss (1979). It was among the 200 in-patient cases that the 5 substantiable cases of child abuse were discovered. None was found in the out-patient sample. This finding is consistent with the comments made by Elmer (1966), who notes that, if alleged child abuse is well investigated, its authenticity rapidly diminishes (Elmer, 1966).

FINDINGS

The findings were that approximately two-thirds of the abuse occurs from males and that there is an overall tendency for the age of first recorded abusiveness to be somewhat higher for the males. Frequency was less among

the females. However, the females tended to be somewhat younger, to be abusive very frequently, and to show a greater likelihood to use household objects as weapons. There was the impression that the repetitiousness for the female child's abusiveness resulted from the parents' tendency to more frequently excuse or dismiss this type of behavior. This seemed to be the parents' defense against characteristics which our society does not expect in a female, and it may also account for the older age of abusiveness in males who are allowed other types of aggressiveness such as sports or abusiveness in language, or roughhousing with peers. In the female in-patient population, mention of the abusive behavior was not made among the symptoms or complaints necessitating the hospitalization, but was discovered incidently in subsequent interviews.

The cases of parent abuse found among the in-patient population were either current or had occurred fairly recently prior to the hospitalization, although in several instances the abuse had been going on for several years. The majority of the cases in the out-patient group were retrospective, usually with the patient, now as an adult, recalling personal experiences of physical assaultiveness toward a parent. These discussions usually occurred spontaneously and often led to meaningful work on the relationship with the parent. After the interest in the subject evolved, new adult patients were routinely asked during the course of history taking whether or not, if they were parents, they had experienced any physical abusiveness from their children. Although the sampling is still quite small, it appears that it will be consistent with the percentage noted in the sample already presented. It was observed that the initial response was to deny abuse inflicted by a child. But they would later return to the question either in that interview session or sometimes as much as several months later, after they reconsidered the question and decided what they did not really think of as abuse originally, truly was. A few times, new episodes of abuse stirred memory. For instance, a mother did not think that her 7-year-old child kicking her was physically abusive because of the child's inability to inflict "real injury." Nevertheless, this meets the investigator's definition of parental abuse.

An interesting finding in the review was that of the preadolescent age range, the number of abusive children was about equally distributed between boys and girls, whereas into adolescence, males were the majority (this is shown in Table I which presents age of first abusive episode). The young girls were often more physically damaging, primarily as a result of their tendency to use weapons in their assaults upon the parents, usually randomly grabbed kitchen or household objects. Among the young boys was the curious finding that several had rigged "booby traps" for the parent which were quite injurious.

Table I. Categories of Abusing Children

Child's pathology	7
Family pathology	5
Personality disorder	16
Family utilizing child's pathology	4
Did not show significant pathology type	18

ABUSE CATEGORIES AND CASE EXAMPLES

A pattern of four broad categories of patient profile was evidenced from the sample. They are (1) parent abuse as a direct result of the child's psychopathology, (2) abuse as a manifestation of fairly long-standing family pathology, (3) abuse arising from the child's personality disorder or delinquent behavior, (4) family pathology employing the psychopathology of a particular child to perpetrate the abuse on a victimized family member. Following are case examples.

Abuse as a Result of Child Pathology

Diane, an 11 year old, quite bright child, had begun over a period of about 18 months to show decline in school performance, increasing isolation from family members, and loss of interest in most of her playmates. She began to discuss her fear that her now 3-year-old sister was in alliance with the devil and that they were plotting to hurt her. She had developed a curious theory that people existed in another world before they were born and that if they were evil, they had had contact with the devil or other spirits in this world prior to birth. The family itself was quite stable with both parents professional and enjoying good careers and personal relationship. Diane's 16-year-old sister and 8-year-old brother revealed no symptomatology. Diane became increasingly angry toward her mother whenever she observed her tending to the 3 year old, and became embroiled in more and more arguments with the mother as a result of this. For about 3 months prior to her hospitalization, she had begun to hit or kick the mother whenever she was in contact with the 3 year old; hospitalization was triggered when Diane pushed the mother down the stairs to the basement, resulting in a dislocated shoulder and minor head injuries. Both parents tended to excuse Diane's behavior on the basis of her being ill and not really understanding or being responsible for what she was doing.

Manifestation of Family Pathology

Richard, a 16 year old, was the only child of a fairly young professional couple. The mother, 40 years old, was a fairly successful attorney whose practice necessitated frequent travel. The father, 38, was an architect having difficulty establishing an independent practice and who gradually withdrew from his professional life to assume the majority of the household responsibilities. Although he was comfortable and indeed rather happy with this arrangement, the wife was quite deprecating about this situation and frequent arguments between them were overheard by Richard. Richard was an extremely bright, attractive boy, doing exceptionally well in school and with a number of friends and involved generally in age-appropriate social activities. As the relationship between his parents deteriorated from about the time he was age 14, which coincided with his developing adolescent needs for independence, he became increasingly rebellious toward any controls imposed by the father. During periods of time when the mother was in the home, there appeared to be no difficulties whatsoever; mother gradually encouraged Richard's growing independence, shared in his experiences and successes in school and social life, but at no time imposed any controls, restrictions, or even expressed any points of view. During this same period of time, he would frequently overhear comments in the course of his parents' arguments expressed by the wife such as "If I were a man, I would knock your teeth out" or "If I weren't a woman, I'd just slug you and settle it that way." As a result, during this 2 year period Richard became increasingly physically abusive toward the father during the course of their arguments. At first, he would slam objects about, push the father, or occasionally slap him. For the 2 months prior to the incident precipitating his hospitalization, he would become engaged in actual fist fights with the father which the father would passively tolerate, allowing Richard to "vent some steam" until Richard finally broke his nose.

Personality Disorder or Developing Delinquency

Patrick was a 15-year-old boy who was first hospitalized following a family quarrel after he had returned home drunk. The parents had refused to let him into the house and he had broken out a window and when in the home, assaulted both parents with a lintel which he ripped off the front porch. Patrick had experienced a long history of difficulties at home, in school, and in the community and had been diagnosed as hyperactive and with learning disabilities at the age of 7. He had been on medication from the ages of 7 through 11 and attended special schools. The family was stable, although when Patrick was about 9, the father sustained an injury at

work, resulting in a degree of handicap which resulted in his being unable to resume his previous employment. He did maintain part-time positions when health permitted. The mother was employed as a high-salaried office manager and assumed most of the economic responsibilities for the household. Their relationship appeared to be stable and very comfortable. The two siblings, a brother 3 years older and sister 2 years older, were experiencing no difficulties. At about the age of 12, Patrick began to become routinely involved with various acts of vandalism, some burglaries, probably involvement with street drugs, and for about the last year, had been drinking regularly. Both parents were extremely understanding and accepting of all Patrick's behavior, feeling it was a manifestation of his hyperactivity and that he would eventually "grow out of it." Neither of them recognized any need to impose restrictions up until the time that he began to drink fairly heavily, at which time the father would impose "groundings" for short periods of time. The imposition of these restrictions resulted in Patrick becoming argumentative, verbally abusive, and finally physically assaultive. The parents presented all of their decisions as a team, but all decisions were reached only after a family meeting in which decisions were reached democratically. For about a 2-month period prior to the physical assault on both parents, Patrick had begun assaulting the father with his fists and forearms. The father would never defend himself or impose any consequence or punishment after these attacks, feeling that Patrick "could not help himself," and thus the punishment would be unfair.

Family Pathology Employing the Child's Psychopathology

Gregory, a 17-year-old adopted child, had a long history of both behavioral and emotional difficulties since beginning school. He was the only child adopted by middle-aged parents who had a stable yet quite stormy relationship, in which the mother was constantly anxious, overly accepting of numerous unreasonable demands of both her husband and family members, and who would fit the stereotype description of "martyr." The husband was rather quiet, distant, and uninvolved in the home, but over the last 4 or 5 years had begun to drink excessively and regularly. Gregory had been diagnosed as schizophrenic at about the age of 13, and had been seen by numerous psychologists and psychiatrists. He was first hospitalized at 15, and did quite well in the structured setting of the hospital and with medication, but when returned home would rapidly become silly, belligerent, isolative, and indulge in gorging type eating. The father tended to deny having difficulty with Gregory and to constantly undermine attempts at family authority, whereas the mother would become increasingly upset over the most minor infractions of Gregory's behavior which she saw as varying from the socially accepted norm. She became a nagging

disciplinarian, but used food as a reward for what she considered acceptable behavior. As Gregory grew into his teens, his relationship with father improved and they became allies, with the father sympathizing with and encouraging Gregory to become increasingly rebellious toward mother—but still paying lip service to mother's attempts at controls. The father would make comments to Gregory about how a "young man" his size should not put up with such constant nagging. At about the age of 16, Gregory began to break household furniture during the course of arguments with the mother. For about a 6-month period of time, he would begin to push and shove at her and eventually culminated in an episode in which he severely beat her, leaving her unconscious where she was found by a neighbor who had heard the commotion. He was hospitalized again at that point, and discussion with the family revealed the ongoing conflict between the parents, with the father feeling that he could understand completely Gregory's reaction and the mother assuming all the blame and stating that she was probably expecting too much from Gregory and that perhaps she had deserved being beaten up, seeing it as Gregory's way of "communication."

The cases sampled were also interesting in that there was an opportunity to observe the parent battering almost at the time it was occurring, as well as the manner in which it was viewed in retrospect by the battering child after adulthood was reached. Of the 17 out-patient cases, 12 were discovered as the adult patient recalled his or her abuse of a parent.

A typical instance revealed in retrospect and fitting into the category of family pathology was of William, a 29-year-old successful restaurateur. He was single and came into treatment because of feelings of depression as well as ongoing inability to maintain a relationship for more than a few months. In about the fourth month of treatment, after there had been significant relief of his depression and some stabilization of his current relationship, he discussed an upcoming visit to his parents and recalled an incident which occurred when he was 16. Both parents were successful professionals and evidently maintained their marriage for social reasons long after affection and intimacy had died. There were periodic quarrels interspersed with long periods of silence between the parents. Occasionally during quarrels, the mother would strike the father. William recalled memories of these quarrels since he was about 4 years old. He did well in school, had numerous friends, and was involved in numerous social and athletic activities with consistent success. Within the family, he described himself as being quiet and probably very moody, but knowing that he could usually obtain whatever he wished by playing one parent against the other. He noted he remembered an incident which occurred when he requested a new car and his father refused. An argument developed in which William punched

his father, who at the moment was standing at the head of the staircase. The father fell, sustaining fractures of both knee caps, which resulted in lengthy hospitalizations and from which the father still suffered significant disability. William stated that he found it almost impossible to believe the father's acceptance of the incident and constant refusal to discuss it. He recalled visiting the father in the hospital and apologizing but being told by the father: "I am the one that should be apologizing for not realizing how important the car was to you and causing you to be so upset." William stated that he constantly thinks about this and finds it almost impossible to be with the father because of his continuing feeling of guilt about the incident, with discussion still totally suppressed by the father whenever William attempts to speak of it or his feelings.

William's memories were remarkably similar to the majority of the outpatient cases where one particularly vivid episode of abusiveness to a parent occurred and which the parent would either totally deny or refuse to admit as having been serious. This invariably resulted in the long-standing and unresolvable feelings of guilt and general deterioration of the relationship with the parent on the part of the abusing child, who sometimes might begin to question the validity of his own memory of the event.

EXTENDED FAMILY RESPONSE AND CASE EXAMPLE

One of the most consistent difficulties encountered by the parents is the psychological stress accompanying the actual physical assaults. The stress is not only their own, arising from their bewilderment and lack of understanding as to how such events could occur, but also the feelings of embarrassment and intense isolation because of their reluctance to discuss that they genuinely feel is an extremely unusual situation. When the abusiveness is discovered either by other family members, friends or neighbors, and particularly service agencies, the brunt of responsibility is almost invariably immediately placed upon the parents as somehow being the only ones responsible (Neher and Bronwell, 1978; Ryan, 1976). Extended family members seem to be the most consistently accusatory and guilt-provoking individuals. It is typical for them to protect the excuse the child's behavior no matter how violent and to search for the most minor deviance from their own points of view regarding child rearing from the abused parents' philosophy and practice as a way of substantiating the abused parents' responsibility and blame.

A quite typical case is of Lisa, a 9-year-old girl, who was hospitalized after an attempt to stab her mother with a kitchen knife. The parents had been divorced about 6 months prior to the incident. There were two female

siblings, one a year older, the other 2 years younger. The family had been stable and a highly democratic one with the children involved from an early age in all family decisions. From about the age of 8, Lisa had presented difficulties in her attempts to align the two siblings with her points of view against the parents. When thwarted, she would either sulk or threaten, frequently stating that she would kill herself if the situation were not to her liking. The marriage itself seemed to have been problematic only for about a year prior to the divorce, mainly as a result of the husband's quite rapid professional advance, frequently traveling with long stays out of the home. During this period, Lisa became physically abusive not only to the two sisters but also increasingly toward the mother. She would punch, kick, and throw things at her. At about the time of the divorce, during the course of an argument, Lisa slammed the car door onto the mother's hand, breaking it and resulting in the mother being hospitalized. At this time, the extended family became aware of the difficulties and excused Lisa, saying it was only the natural result of her not being able to cope with the imminent divorce, and the maternal grandparents took her off for an extended vacation, bought her many toys, and essentially a new wardrobe. The grandmother while on vacation requested that Lisa adhere to a bedtime schedule which resulted in an argument in which Lisa severely kicked the grandmother in the abdomen. This was excused by the grandparents as being the result of Lisa being upset because of the new environment and still being concerned about the divorce. Neither maternal or paternal extended family provided any support for the beleaguered mother, and the paternal grandparents actually initiated neglect charges toward the mother. It was only after Lisa had been hospitalized several months that the mother began to reveal the extent of Lisa's abusiveness, not only to herself but also to the siblings, and confided the intense burdens of guilt and feelings of inadequacy as a parent.

SUMMARY AND DISCUSSION

Table I lists the number of cases in each category. Eighteen (18) were not classifiable into these groupings and the families basically seemed intact and psychologically healthy. It is possible that it is these families which fit the description of Borcai and Rosenthal (1974) in which the children in intact healthy families seem to be increasingly granted the decision making prerogative beyond the reasonable abilities to do so for their age.

The families of the abusing children were compared to the families of children who did not abuse. Tables II through V show these results. It was clear that abusing children were significantly more frequent among the White population. The impression was that the White families with perhaps

Table II. Inpatient Versus Outpatient^a

	Inpatient	Outpatient	Total
Abused	27	17	44
Nonabused	52	83	135
Total	79	100	179

² $\chi = 6.12, p < 0.01$

^aThe incidence of abuse of children was found to be significantly higher than among the inpatient population.

more psychological sophistication tended to look at themselves with unending discussions and explorations as to why the abuse occurred but provided no interventions or attempts to control it. The few Black parents interviewed saw the behavior immediately as clearly unacceptable and directly put a stop to it. They were firm and consistent in conveying to the children that such behavior would not be tolerated and that immediate and direct punishment would result. The educational level of the abused parents was also significantly higher.

This sample may have contained some racial contamination, and further inquiry would have to be made into the White educational level as a whole compared to non-White levels to fully confirm this finding. However, it does fit the impression of the author that parents of the abusing children overly intellectualize and examine the child's behavior without providing the needed interventions. This constant thinking but not acting is perhaps a reflection of their educational backgrounds. The other interesting finding (shown in Table V) suggests a trend for the abuse to occur in intact families. This was a somewhat unexpected finding and merits further exploration. The majority of the abusing children were, thus, not a result of severe pathology but an outgrowth of "just," overly reasonable, "democratic" family constellation. These parents were intelligent, well educated, valuing verbal expression and perhaps intervention, and felt that the child's behavior involved a type of anxiety with a different and perhaps

Table III. Racial Differences^a

	Abusing	Nonabusing	Total
White	27	52	79
Non-white	6	115	121
Total	33	167	200

$\chi = 27.53, p < 0.001.$

^aThe incidence of abusing children was found to be significantly higher among the white inpatient population than non-white.

Table IV. Education Level^a

	Abusing	Nonabusing	Total
Some college	36	99	135
No college	14	151	165
Total	50	250	300

$\chi = 16.39, p < 0.001.$

^aThe further breakdown of the family educational levels is presented in Graph 2. It was felt that some written contamination may have arisen in this sample and a separate investigation comparing the overall educational levels of the white and non-White population might be done. It was clear, however, that overall the parent abuse occurred more frequently among the better-educated families.

more violent behavioral manifestation. The constant attempt to understand the child and encouragement of "letting the feelings hang out" have produced a child with few internalized controls and one who views parents as equals rather than guides or authorities.

Culturally, the period is also one in which the children are exposed to expressions of extreme violence in films, on television, comic books, and news without clearly seeing the realistic aftermath and consequences of the violence. In films, for example, the hero may be subjected to an extreme of injuries and appear in the very next scene totally unscathed. Thus the child grows up with no true concept of the effects of the violence, so graphically presented. As is frequently the case, contemporary literature is often much better able to appreciate these problems and in the vanguard of signaling their intensity long before the social sciences or psychiatry.

Mishima's novel (and later film), "The Sailor Who Fell From Grace With the Sea," explores this phenomena with extraordinary sensitivity and

Table V. Family Constellation^a

	Abusing	Nonabusing	Total
Intact	44	195	239
Nonintact	6	55	61
Total	50	250	300

$\chi = 1.99$

^aNonintact references to a family in which divorce has occurred or in which the father has not at any time lived in the home. This findings was not significant at the 0.05 level but a definite trend was suggested for parent abuse to occur in the intact families. This will be an area for future study.

follows it to its ultimate and devastating conclusions. Here, a single parent, the mother, is a stereotype of the intellectual, emancipated, but perhaps overly indulgent parent whose early adolescent son first views her impending marriage to a quite strong male as the advent of an idealized model to provide desired strength, control, and direction. Not as fantasized, the hero becomes increasingly human and truly remarkably forgiving of all of the son's increasingly inappropriate and threatening behavior. The son's disappointment increases as the intended step-father fails to demonstrate strength. Eventually the son kills him.

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