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Successive Generations of Child Maltreatment:
Social and Medical Disorders in the Parents

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Sustained attempts were made to identify all families in which there was a pattern of two or more generations of child maltreatment and multi-agency involvement in North-East Wiltshire (population 200,000) and where there were also two or more children maltreated in the current generation (born between 1960 and 1980). One hundred and forty-seven families were discovered. Disorders of behaviour of the parents of the 1960–1980 children are described. Collating information laboriously from at least 34 different agencies revealed very high levels of disturbance. Such detail was generally inaccessible, and its full significance for each family could only be assessed by using family medical record linkage methods. In the parents and antecedents, mental and personality disorders, suicidal attempts, mental handicap, dependence on drugs (mothers) or on alcohol (fathers), epilepsy and criminality were conspicuous features.

From the nineteen fifties onwards the Medical Officer of Health and local children's officers in N.E. Wiltshire earmarked some families in which children were at continued risk of neglect or violence from their parents. These endeavours entailed early linkage of family information, with the aims of prevention and of helping those most vulnerable in their own homes. North-East Wiltshire was also the first part of the country to start child abuse registers and procedures, some years in advance of the national recommendations (Department of Health & Social Security, 1974 and 1978).

In 1974, the first study on severely ill-treated young children and their families within N.E. Wilts. was published (Oliver *et al*). It was then noted that patterns of social and mental disturbance had very often occurred for two or more generations.

This paper is part of a much more ambitious undertaking concerning all local families with a known continued pattern of child maltreatment and multi-agency involvement occurring over two or more generations (Oliver, 1983; Oliver & Graham, 1985). Attention here is concentrated on the *parents* of children born in the 21 years between 1960 and 1980. These are a special group of maltreating parents, but highly important from their effects both within the family and towards the wider society. The tendency towards fixed, chronic, or recurrent patterns of social and mental disturbance in certain families does not carry the implication of undervaluing other processes contributing to child abuse, whether these be broadly social or subtle family processes. Such influences become more important in 'problem families' than in families not so labelled. The methods of working towards the ensuing findings, particularly collating multi-agency detail, help explain the conflicting ideologies about the mental characteristics of cruel or incapable parents.

Method

The methods of case detection which had to be adopted were those of person and family record linkage (Baldwin, 1985). Ascertainment was prospective from 1970, and was based mainly on my clinical responsibilities and on my involvement with the 34 agencies which either had records or direct concern for young children at risk within the study area. These responsibilities included child and family psychiatric care, the care of the mentally handicapped (children and adults), and consultant, including medico-legal, work specifically within the field of child abuse.

Information was obtained from the 34 agencies, from child abuse case conferences, from direct personal clinical involvement with one or more individuals in three-quarters of the families and also from previous research (see Table I, and also Oliver & Cox, 1973; Oliver *et al*, 1974; Buchanan & Oliver, 1977).

The population of N.E. Wiltshire has grown from 173,000 in 1961 to over 215,000 in 1981, with Swindon enlarging and engulfing rural villages. In 1971, the population was 200,000, with 45,000 children under 12 years (18,500 children under five years); there were 3,600 births a year. In 1971 about 40% of the population was urban.

TABLE I
Main sources of information on the cases of maltreatment amongst the children (1960–1980)

Source of information	Original notifications	Confirmations
Child abuse case conferences	75	227
Doctors (11 specialties)	279	497
Nurses (3 main specialties)	172	113
Social welfare organisations (5 groups)	399	477
Education (teachers, psychologists and EWOs)	89	90
The family (parent, cohabitee, other relative, sibling or child victim)	117	159
Foster parents	32	55
The public, police and voluntary groups (8 groups in all)	336	122
Study team—Cases revealed by the research itself	132	216
TOTAL	1631[1]	1956[1]

[1] These totals exceed the number of maltreated children (513) because notifications and confirmations could come from more than once source.

All the families studied were in the Swindon health district, comprising Thamesdown (Swindon) in the north, and Kennet (Marlborough and Pewsey) in the south.

The families

The families were stringently defined. Firstly, all required two local children with shared parent(s), born between 1960 and 1980, who had been neglected or maltreated at home and who if they survived had received intervention by child protection agencies to prevent further maltreatment. Secondly, at least three individuals from two generations had to have been the recipients of multi-agency support—defined as that of three or more social support agencies, or of five or more agencies providing a measure of social support or control (Oliver & Cox, 1973; Oliver & Graham, 1985).

Thirdly, all these children had a mother or father (living with them for three months at least) who had been neglected or maltreated in childhood and had received intervention by child protection agencies. All the mothers and the principal fathers are the subject of this paper.

Many families had immensely complex compositional histories, often as a result of multiple cohabitations by the mothers; some were inter-related and could be grouped together to form wider familial units ('the Kindreds').

There were standardized National Society for the Prevention of Cruelty to Children (NSPCC) records, but records of child abuse from most of the other 33 agencies were not systematically organised, being parts of massive filing systems involving other issues for each agency which were not confined to child protection. The selected families were undoubtedly much biased towards, but not confined to, social classes IV and V, towards the lower IQ ranges and the indigenous population. A major limiting factor was my ignorance of previous generations, particularly for immigrants. Under-inclusion of information was less significant after 1973, when formalised case conference procedures were becoming properly established. Case conferences and other sources of information since 1980 have revealed about 30 more families which could have been included, had the information been known to me at the time.

The problems of ascertainment can be classified into five main divisions:

1. Information unavailable at source.
2. Inadequate or non-existent written records.
3. Uncollated information.
4. Information withheld.
5. Information destroyed.

These categories are considered at length in previous publications (Oliver *et al*, 1974; Oliver & Graham, 1985). The third, uncollated information, was much the most important.

The international classification of diseases and conditions (ICD 9th revision, 1978) is here used as the framework for diagnostic categorisations in the "medical model", psychiatric conditions being allocated within the principles of this system. General psychiatrists were not often concerned with notifications and confirmations of the maltreated children, but they often treated parents or cohabitees, although tending to function independently of most agencies concerned with child care. Many of the suicidal attempts and cases of alcoholism were not known to general psychiatrists, but in general, the labels used are derived from psychiatric sources.

Results

The 147 families ascertained by definition had a minimum of 294 children so maltreated as to have required professional involvement on their behalf between 1960 and 1980. The 147 mothers had 138 husbands or other male partners who had fathered some of their children and who had lived with them for long enough to be recognised as the men of the household by the various social agencies and for the purpose of this research, but seven of the husbands each shared two or more of the mothers as cohabitees, making a total of only 131 (principal) fathers considered here. Six of the mothers remained single, but the remaining 141 of the 147 had 74 further husbands and 151 further cohabitees, making 225 additional male partners (356 individuals, but 363 partners in all) during 21 years (see Table II).

The families were complex and ever-changing. By the end of 1980 the mothers averaged 4.2 children each, and since then more children have been born to them. Three hundred and thirty-four of the 560 children (born 1960–1980) were by the 147 mothers and the 131 (principal) fathers, nearly all the remainder being half-sibs by other men. Within the 147 families, births were unspaced. Forty-three per cent of the 560 children in the study group had been born either in the same or in the

TABLE II
The simplified core of the ascertained families, 1960–1980

	Families fulfilling selection criteria	Families *un*related to other local index families	Families blood-related to other local index families	Parents	All children of the 147 mothers by 1980	Children born 1960–1980	Husbands and cohabitees of the 147 mothers
Confirmed minimum totals	147	87	60 (comprising 21 wider *local* kindreds)	278 (147 mothers) (131 fathers)	616	560	356 individuals, but 363 *partners*

adjacent year to a sib, or half-sib, in the same family. At the end of 1980, 70% of the mothers and 57% of the fathers were still under the age of 40, and 519 (93%) of the 560 children were alive, with a median age of 12 years.

Of the 560 children, in addition to the 147 index pairs (294 children), a further 219 sibs were born and so maltreated between 1960 and 1980 as to involve one of the child protection agencies, making 513 children maltreated in all, or nearly 92%. Of the total possible, Table I shows the sources of information for these 513. The poor care might last throughout childhood, with varying degrees of neglect, psychological rejection, and/or intermittent physical and/or sexual abuse. The propensity of the 278 parents was towards generalised inadequate child-rearing. All sibs were at risk of parental violence, neglect, sexual abuse, or combinations of these (though the last, sexual abuse by parent(s), never here occurred in isolation). At least half of the 560 children were for longer or shorter periods in the care of the local authority. Still more had been the subjects of other forms of protective social intervention, such as fostering, or of hospital care for predominantly social reasons. The very high numbers of dead and damaged children, including cases of mental handicap induced by parental violence (VIMH) are described in separate publications (Oliver, 1975, 1983; Oliver & Graham, 1985).

Psychiatric care, conditions and disorders amongst the parents

Much treatment had not been local. Good records, old and recent, derived from Eire and Ulster as well as from parts of the British mainland outside N.E. Wilts. By the end of 1980, when most parents studied were still young adults, 102 of the mothers (69%) and 51 of the fathers (39%) had received some type of psychiatric care.

Parents who had once been classified as mentally subnormal in ways appropriate to the definitions in the 8th revision of the International Classification of Diseases and Conditions (World Health Organisation, 1975), which for the decades in question implied that they had IQs below 75, would nowadays mostly be given the 'mental handicap' designation. Some parents had been in subnormality hospitals, others in ESN schools, some in both. The sex ratios were the converse of findings for the general population, for here, the conspicuous trend was that the mothers were less able than the fathers, with IQs often in the low sixties and even the fifties. The IQs of the subnormal fathers clustered around 70, and those who had been in subnormality hospitals or other institutions tended to have been the unruly, disturbed, delinquent 'high grade' inmates. Although there was overlap between illiteracy and subnormal intelligence, this was not total. Some subnormal parents wrote adequate letters; others, of average intelligence, were illiterate.

In addition to parents with organic dementia and/or epilepsy, there were four with serious sensory defects and five with asthma. No other important single organic condition involved more than two parents. Nevertheless, by the end of 1980, at least nine of the 278 parents were dead. Furthermore, many of the mothers had multiple episodes or chronic states of ill-health (even those not dependent on alcohol or drugs).

Fewer than 8% of the group of 278 parents suffered any form of functional psychotic breakdown.

Psychiatrists considered the state of depression in 20 mothers as being attributable to situational stresses, neurotic reactions, past sufferings, adverse social circumstances, or relationship problems. In 15 more, the type or cause of the state of depression was unspecified, unknown, or considered to be mixed. There were lastly the 15 mothers who were clearly felt to have had depressive illnesses, and who were treated accordingly. However, on re-referrals and reconsiderations, 15 of the first group of 20 were given new or additional diagnoses indicating severe personality disorders, sometimes implied or stated psychopathy. The same applied to 11 out of 15 in the second group, and to seven (all originally diagnosed as having post-partum depression) from the third group of 15. These regradings were not the consequence of the general psychiatrist's knowing about child abuse.

Only seven of the fathers were ever considered depressed enough to receive psychiatric attention, three of these being subsequently regraded as personality-disordered. Thus, although 50 mothers (34%) and seven fathers (5%) had at some time been psychiatrically treated for states of depression, in only 17 mothers and four fathers was the depression ultimately considered to be independent of damaged personality.

Forty-eight of the mothers and 30 of the fathers had made one, more or many suicidal attempts or gestures. Self-poisoning was much the most common method, but there were other methods used, and self-mutilation occurred at times. One mother with post-partum depression and one father with alcoholism had killed themselves by the end of 1980. In all, 29% of the parents

TABLE III

Psychiatric care, conditions and disorders amongst the 278 parents in the study group. The categories are not mutually exclusive, unless indicated otherwise

All parents	Mothers 147 (100%)	Fathers 131 (100%)	Total 278 (100%)
Psychiatric care: childhood only	8 (5.4)	4 (3.1)	12 (4.3)
Psychiatric care: Adulthood—outpatient or day patient only	50 (34.0)	23 (17.6)	73 (26.3)
– inpatient (one or more occasions)	44 (29.9)	24 (18.3)	68 (24.5)
Conditions or disorders:			
Subnormal intelligence (IQ's usually between 50 and 70)	28 (19.1)	9 (6.9)	37 (13.3)
Limited intelligence. Allusions by professional workers to dullness, poor comprehension, etc., but no proven subnormality of intelligence	41 (27.9)	30 (22.9)	71 (25.5)
Illiteracy and semi-literacy	51 (34.7)	26 (19.9)	77 (27.7)
Organic dementias, including brain traumata, cerebral haemorrhages, diabetic dementia, and punch-drunkenness, but excluding complications of alcoholism	2 (1.4)	3 (2.3)	5 (1.8)
Epilepsy, all types, chronic or recurrent	11 (7.5)	8 (6.1)	19 (6.8)
Schizophrenia	4 (2.7)	2 (1.5)	6 (2.2)
Depressive illness specified (not post-puerperal)	6 (4.1)	0 (0)	6 (2.2)
Depressive illness (post-puerperal)	9 (6.1)	—	9 (3.2)
Anorexia nervosa	1 (0.7)	0 (0)	1 (0.4)
Personality disorder formally diagnosed, including Munchausen Syndrome	64 (43.5)	44 (33.6)	108 (38.8)
Vagrancy (by the end of 1980)	2 (1.4)	4 (3.1)	6 (2.2)
Reactive, situational or neurotic depression	20 (13.6)	2 (1.5)	22 (7.9)
Unspecified depression	15 (10.2)	5 (3.8)	20 (7.2)
Anxiety state or phobic anxiety state	11 (7.5)	2 (1.5)	13 (4.7)
Hysteria	16 (10.9)	8 (6.1)	24 (8.6)
Other neuroses including hypochondriasis and obsessive states	4 (2.7)	0	4 (1.4)
Tranquillizers, mainly benzodiazepines, prescribed for at least three months. (Anti-psychotic and anti-depressant drugs not included)	44 (29.9)	8 (6.1)	52 (18.7)
Alcoholism—formally diagnosed cases only	7 (4.8)	17 (13.0)	24 (8.6)
Alcoholism—known or described, but not formally diagnosed	2 (1.4)	10 (7.6)	12 (4.3)
Illicit drug taking, including amphetamine, cannabis and inhalants	2 (1.4)	6 (4.6)	8 (2.9)
Depressive states (all types from above groupings)	50 (34.0)	7 (5.3)	57 (20.5)
Number of individuals who attempted suicide once or more	48 (32.7)	30 (22.9)	78 (28.1)
Suicides (by end of 1980)	1 (0.7)	1 (0.8)	2 (0.7)

were either prone to parasuicide or had actually killed themselves (cf. Roberts & Hawton, 1980; Hawton *et al*, 1985).

One hundred and eight parents (39%) were ultimately considered to have infantile or damaged personalities (mainly immature, hysterical, inadequate, psychopathic, or sociopathic). Multi-agency involvement and nuisance value may have influenced these diagnostic designations, which nevertheless were made independently of child maltreatment considerations.

The most common neurotic reactions (often in the setting of personality disorder or subnormal intelligence) were, in order of importance, depression (including 'mixed depressive' states), hysteria, anxiety state, phobic states, hypochondriasis, neurasthenia, and obsessional neurosis. In all, 66 mothers (45%) and 17 fathers (13%) were so diagnosed. A curious feature was the drive by some mothers to rear children other than their own. Two mothers had been convicted for offences connected with illegal child-minding, and at least ten more had behaved similarly as non-registered, prohibited child-minders whilst their own children were in care.

During rearing, disinhibiting drugs were taken to excess or were prescribed frequently, regularly or continuously (for three months or more), to 96 parents, the mothers being mainly dependent on benzodiazepine tranquillizers, but the fathers on alcohol (compare Lynch, Lindsay & Ounsted, 1975), and *British Medical Journal* (editorial, 1975). Thus, 35% of the parents were living in a state of chemical disinhibition of the brain at some period during the years 1960–1980 when their children were young.

Criminality and antisocial behaviour

Table IV shows the numbers of offences committed by the parents, and their outcomes. It does not include convictions for parental offences against their own children. Only 61 of the 278 parents, 28 fathers and 33 mothers, were *not* known to have criminal convictions (unrelated to abuse of their own children) by the end of 1980. At least eight mothers and nine fathers had committed repeated offences over ten or more years. Theft and dishonesty were generally characteristic of the mothers, but the fathers encompassed a broader range of antisocial behaviour,

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TABLE IV

Criminal offences (excluding convictions for maltreatment of own children), for which parents in the study group were convicted. Each convicted parent may have committed one or more offences, and bracketed figures refer to the total number of counts for each offence

Offence	Number of parents: Mothers	Fathers	Total
Shoplifting	20 (95)	7 (14)	27 (109)
Fraud and deception	21 (53)	13 (28)	34 (81)
Meter breaking, dishonest use of electricity	16 (33)	12 (20)	28 (53)
Dishonest handling or receiving	9 (21)	7 (12)	16 (33)
Non-payment of fines	10 (23)	25 (60)	35 (83)
Car theft	1 (3)	9 (10)	10 (13)
Other thefts (excluding burglaries)	31 (158)	41 (218)	72 (376)
Burglaries	5 (7)	26 (110)	35 (117)
Vandalism, wilful damage, arson	0	18 (55)	18 (55)
Assaults, grievous bodily harm, malicious woundings, armed robbery, personal violence	6 (9)	28 (69)	34 (78)
Cruelty to animals	3 (4)	2 (2)	5 (6)
Public order offences	12 (26)	22 (73)	34 (99)
Violent sexual offences including rape, attempted rape	0	6 (9)	6 (9)
Indecent exposure or indecent assaults, buggery, bestiality	1 (1)	11 (19)	12 (20)
Sexual involvement with underage girls	0	4 (5)	4 (5)
Soliciting, using children sexually, living on immoral earnings	11 (32)	3 (5)	14 (37)
Serious motoring offences	1 (1)	19 (60)	20 (61)
Drug offences	2 (2)	4 (5)	6 (7)
Breaches of probation	8 (18)	13 (32)	21 (50)
Other offences	5 (7)	6 (8)	11 (15)
Total number of offences	166 (493)	276 (814)	442 (1307)
Total number of parents	114	103	217
Outcome of offences			
Probation (without imprisonment)	46	35	81
Gaol or suspended prison sentence	6	37	43
Other outcomes, such as fines, etc.	62	31	93

with many burglaries and serious motoring offences which resulted in imprisonment or probation, and with relatively more public order offences and episodes of violence than the mothers.

Frequent breaches of probation, and recidivism, were indications of the impotence of the law in effecting changes in most of the offending parents. Many files indicated that the mothers could exploit the reluctance of the British legal system to penalise or imprison women, appealing to the integrity of the family and the need to maintain family ties. Despite social reports, the criminal courts seldom had more than an inkling of the extent, severity, or duration of child-rearing failures perpetrated by the mothers and fathers before them. Only the marshalling of facts from all relevant agencies could reveal the full extent of unmet social obligations, and such collation, as indicated previously, is a very difficult and demanding commitment. For nearly half of the 147 families, the span of intermittent or continuous neglect and/or abuse of children in the home was more than a decade, and for 81% it was more than five years. Nevertheless, only 36 parents were convicted for offences against their own children, compared with the 217 who had other types of criminal conviction. The mothers had primary responsibility for the maltreatment of the 294 index children, *being responsible for it nearly twice as often as fathers and male cohabitees together* (Oliver & Graham, 1985). This applied to the most serious assaults as well as to neglect. However, of the 36 parents convicted for such behaviour, 19 were fathers, 12 of whom were gaoled. Seventeen were mothers, only three of whom were gaoled, again emphasising the legal bias in favour of the mothers. Only five of the 36 parents convicted for offences against their own children had not also committed other crimes.

Sexual propensities

There was much diversity of inappropriate and potentially damaging sexual behaviour by the parents. Forty-eight of the 278 had taken part in sexual activities for which they

could have been criminally convicted. For instance, two mothers had sexual intercourse with strangers in front of their children, one with several men during one session. Many more turned a blind eye to sexual involvement with their children by male partners and paying lodgers. In addition to the convictions for sexual offences listed on Table IV, there were four further fathers gaoled and one mother put on probation for sexual abuse of their own children.

Disinhibition in the adults was the consequence of alcohol or drugs, or personality disorder, or gradual acceptance of sexual licence within the family micro-culture, or permutations of all these. Quite contrary to some ideas disseminated on this topic, I found that use of the children for sex by parents or their associates was not a simple blurring of the boundaries between loving parental behaviour and affectionate sexual gratification. Indeed, the parent and the child were emotionally distanced, for these children all had at other times been neglected or violently treated. This was, therefore, sexual exploitation by the parents. Male sexual violence to children within the families was uncommon; however, one of the rapists in this series not only had used his own daughters sexually, but had been gaoled for pretending to be a policeman in order to rape an unrelated 11-year-old girl.

Family histories

By definition, child abuse and/or neglect involved two generations, but in 50 of the 147 families the pattern was known to have occurred over three or more generations, with five five-generation examples known.

Sixty of the 147 families were blood related (see Table II and Oliver & Graham, 1985, for detail). Consequently, these 60 families shared some antecedents. Table V shows the family histories for six selected features in simplified tabular form. The given numbers of families for each of the six listed conditions are somewhat swollen by some of the shared antecedents, who can be counted more than once, especially back to great-grandparents. This slight tendency to over-portray the extent of abnormal family histories is more than counteracted by those families in which any one of the six conditions affected *more* than one antecedent.

TABLE V

The family histories. Families (out of 147) with mental disturbances and/or antisocial behaviour amongst one or more *of the direct antecedents of the 560 children*

The six designated conditions	No. of families affected
Mental illnesses and/or mental hospital admission(s)	115
Subnormal intelligence/mental handicap	69
Sexual offences: including violence, and/or child exploitation or molestation	50
Chronic alcoholism	64
Suicidal attempts, parasuicides, and/or suicides. (Eight families had antecedents who killed themselves)	80
Criminality leading to prison or probation	106
Families with all six conditions	15
Families with three to five of the conditions	83
Families with only one or two of the conditions	47
One or more of the conditions per family, for three or more generations	82

Discussion

Pooling of information in order to protect children has undoubtedly improved over the past two decades. For reasons given at the beginning of my paper, the quantities of locally collated information in this study have been exceptional. Over two generations, our group of 147 families showed even more abnormalities than we suspected. Most of the 278 parents who maltreated 513 children in the generation born between 1960 and 1980 would superficially pass as 'normal people'. They are not. The massive revelation of generalised, but mostly concealed social failure and anti-social behaviour can be largely explained by the methods of selection. For this group of parents at least, Smith's contention that child abuse should often be seen as part of the spectrum of general criminality rather than an isolated feature is appropriate (Smith, Hanson & Noble, 1973, 1974).

The prevailing picture is that at least 10% of the total child abuse and neglect cases in a health district of 200,000 people are accounted for by parents who usually have severe (but not necessarily obvious) personality disorders and/or criminal tendencies (Smith, 1978; Oliver & Graham, 1985) and who derive from families with serious mental and social derangements over two, three, or more generations. Adverse social pressures, including tolerance by the wider society of cruelty to children, undoubtedly exacerbate but seem not to be the main cause of the cycle.

A much greater number of families with maltreated children who do not quite fulfil all the stringent criteria for selection show some, or most of the characteristics of this 'core group' here described. These probably account for over half the total child maltreatment cases. Their fertility is high, and special skilled family planning measures, which are at present inadequate both for the parents in this core and for the wider group, should always be a feature of overall care (Christopher, 1980; Oliver & Graham, 1985).

When our sample was viewed over two or more generations, whatever the genetic or social predispositions, there seemed to be complex associations between child abuse or deprivation, all degrees

of mental handicap and some cases of spasticity, epilepsy and brain damage. (Compare Akuffo & Sylvester, 1984; Buchanan & Oliver, 1977; Diamond & Jaudes, 1983; Eppler & Brown, 1977; Oliver, 1975; Oliver & Graham, 1985). There were indications that these associations applied to many of the 278 parents in this study as well as to their children. By and large, though, the parents in the present study, however unintelligent, had facades of plausibility and aptitudes for evasiveness which defeated those trying to help. From their own childhood they had been betrayed and deceived, but also they had learned to dissimulate, to hide from reality, and not to reveal the truth to others.

The ethical issues and practical problems surrounding the collating of information from agencies pertaining to child abuse are immense, but have nevertheless been tackled by Parliament (House of Commons, 1977; and DHSS, 1978). Since the first sessions of the Parliamentary Select Committee on Violence in the Family, there has been a review of the most blatant of the publicised cases of failure to protect children (DHSS, 1982). The recommended national guidelines are only adequate when there is local goodwill between all the agencies listed on Table I. Furthermore, the head of each department must take the view that the health and wellbeing of the child is always the first priority.

Doctors share the last-named obligation, and this paper further emphasises the dangers of prescribing disinhibiting drugs for parents who either do not like or enjoy their children, or who have problems in rearing them (compare Lynch *et al*, 1975).

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