

## The parliamentary scene

### Violence and children

In terms of legislation the 1976-77 session of Parliament proved disappointing to medical reformers. Despite three attempts by private members, legislation to make the use of car seat belts compulsory was rejected by a majority of members in both Houses. The Department of Health spent much of its energies on 'political' issues - the legislation to phase private beds out of National Health Service hospitals and a series of negotiations on advertising policies with the pharmaceutical industry. Little effective was done to curb the use of tobacco. Another issue that occupied a disproportionate amount of parliamentary time was the case for compensation for children damaged by adverse reactions to vaccinations against infectious diseases. Here the arguments became confused by differences in medical opinion about the safety and efficacy of whooping cough vaccine. In the end, as was almost inevitable, the Government agreed to accept suggestions on no-fault liability put forward by Lord Pearson's Royal Commission on Personal Injury.

Behind the scenes, however, much useful work was being done by select committees. These are small, all-party groups of MPs appointed to examine a specific problem by meeting regularly and hearing evidence from individual experts and professional and advisory bodies. One such committee which met and reported during the session was the Select Committee on Violence in the Family, originally set up in 1975 on the recommendation of an earlier select committee which had examined violence in marriage.

The committee's report on violence to children was published in June and ranged widely over the social and medical factors known to contribute to violent behaviour by parents and the steps that may be taken to deal with the problem.

The report estimated that 3000 children are severely injured each year in England and Wales and that six die every week from the consequences of violence by their parents. The number of less serious injuries was estimated at 40 000 each year. One of the few rays of hope in a gloomy picture was the improvement in the protection given to injured children as a result of greater awareness of the problem by medical and social workers. Whereas at one time 60 per cent of children who had been

injured were likely to be assaulted again, recent estimates by the National Society for the Prevention of Cruelty to Children put the re-injury rate at only 20 per cent.

Even so, the permanent physical and mental consequences of child abuse make depressing reading. As many as one in every four children severely injured by their parents is left with brain damage or mental retardation. The report estimated that there are 400 new cases of chronic brain damage requiring long-term care as a result of child abuse each year.

Most people find assaults on children not only horrifying but also difficult to understand. Any parent has known moments of impatience with a small child, but the characteristic feature of serious child abuse is its repetitiveness. Searching for some rational explanation, the committee of MPs seized upon the concept of bonding. Research on animals has shown that if the mother and the child are separated immediately after birth it may be impossible for any strong ties to be formed between them when they are reunited. The critical period for bonding seems to be the first 24-48 hours after birth. While not suggesting that bonding failure is the only important cause of child abuse, the committee did seem convinced that satisfactory bonding makes child abuse much less likely in cases where there are other adverse circumstances. Many of its recommendations were, therefore, directed towards helping mothers to achieve closer contacts with their newborn babies.

In doing so they are swimming with the tide. Expert evidence given to the committee by obstetricians and by groups such as the National Childbirth Trust suggests that in the last year or two there has been wide recognition of the need to rehumanize childbirth. The popularity of books such as Frederick Leboyer's *Birth without Violence* has led many young mothers to want immediate, prolonged body contact with their babies immediately after birth. The same back-to-nature philosophy has encouraged a welcome return to breast feeding; again there seems little doubt that breast feeding does help to form and maintain a close relationship between mothers and babies. No doubt - like many fashions in medicine - these attitudes are most prevalent at present in middle-class households; but if, as seems likely, they percolate through to the whole of our society they may indeed help to

reduce the extent of the appalling modern epidemic of non-accidental child injury.

It would, however, be a dangerous oversimplification for MPs and others to believe that closer contact between mothers and babies in the immediate postnatal period will transform mother-child relationships. Mothering is a skill as well as an instinct, and another vital aspect of child abuse is its tendency to be repeated from generation to generation. Battered babies become battering parents unless someone helps them to learn how to

love and how to cope with the stresses of child rearing. Girls brought up to believe that all they need to know about mothering is buried in their genes face disillusion when they actually have a child – noisy, smelly, and demanding – to look after. Ideally young mothers and fathers should be able to get help from their own parents; if they cannot, then some alternative sources of advice and support should be available.

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