

Child Torture: Practical Implications for Law Enforcement

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DISCLAIMER – I relied heavily on searches using artificial intelligence to develop this report. I did retrieve all the articles cited below and did a cursory review of them to ensure they were accurately described. Still, I am not an expert in this area and would refer to others who are for confirmation.

Overview

Torture requires knowledge or intent to cause suffering, physical or mental injury, and custodial control. Law enforcement officers may consider treating bizarre punishment narratives, “discipline” justifications, food restriction, confinement, and one-child targeting as possible indicators of torture, especially when combined across domains. Investigators should document course of conduct, custodial control, mental suffering indicators, and pattern over time. This strengthens report writing and probable cause articulation.

For prosecutors, incident-based charging may miss the true structure of the crime. Torture is better conceptualized as a course-of-conduct offense including physical and psychological abuse, deprivation, control, neglect, isolation, confinement, and cumulative harm. Laws focus on discrete acts and injury thresholds but torture is cumulative, psychological, and control based.

Core Mindset Shifts

Shift from “Incident Thinking” → “System Thinking”

Instead of “What happened today?” consider “What system has this child been living in?” Child torture is rarely one event; it is a pattern across time and domains.

Treat Certain Cases as High Priority Immediately as they are Potential Torture Cases

Escalate urgency when you see:

- Multi-domain maltreatment (physical + neglect + psychological)
- Control of food, sleep, toileting
- Isolation (no school, limited contact, restricted living quarters)
- Repeated prior reports
- Bizarre or extreme discipline narratives

Assume Partial Truth in Caregiver Narratives

Caregivers often provide detailed, plausible explanations; they may frame behavior as “discipline” and blame the child. Your job is to test consistency, mechanisms, and patterns.

Examine Three Levels of Evidence

- Level 1: Event – injury vs explanation
- Level 2: Pattern – repeated harm, multiple domains
- Level 3: System – control, isolation, domination

Investigate across levels; only looking at one level leads to missed cases.

High-Risk Indicators

Escalate when multiple are present:

- Control & deprivation
 - restricted food/water
 - locked rooms, confinement
 - toileting restrictions
 - sleep manipulation
- Psychological domination
 - child described as “evil,” “bad,” “manipulative”
 - humiliation or fear-based discipline
 - threats, terrorizing
- Pattern indicators
 - prior CPS involvement
 - repeated medical visits
 - inconsistent explanations over time
- Isolation
 - homeschooling without structure
 - no school attendance
 - limited outside contact
- Child presentation
 - extreme compliance or fear
 - food hoarding/gorging
 - contradictory or hesitant disclosures

Child Torture Decision Algorithm

Step 1: Start with the Presenting Concern

If the case comes to attention because of any of the following:

- serious injury
- malnutrition
- repeated minor injuries
- confinement concern
- bizarre punishment allegation
- school absence / isolation
- child disclosure
- prior CPS / police history

then do not treat it as a single-incident case yet. Move to pattern screening.

Step 2: Screen for Pattern over Time

Ask:

- Is there evidence of repetition?
- Is there evidence of escalation?
- Is there evidence the child has been living under unusual restrictions?

If no clear pattern and the event appears isolated, continue standard abuse/neglect investigation. If yes or possibly yes, move to multi-domain screening.

Step 3: Screen for Multi-Domain Abuse

Check whether there is evidence of more than one category:

- physical abuse
- psychological abuse
- deprivation/neglect
- coercive control / confinement / isolation

If only one domain is present, continue investigation but do not yet classify as likely torture. If two or more domains are present, elevate concern and move to control assessment.

Step 4: Assess Control of Daily Life

Determine whether the caregiver or household controls:

- food
- water
- sleep
- toileting
- movement
- privacy
- social contact
- schooling

If there is no meaningful control of daily life, the case may still be severe abuse, but torture is less likely. If control of daily life is present, especially around basic needs, treat this as a high-risk torture indicator and move to targeting assessment.

Step 5: Assess whether one Child is being Targeted

Ask:

- Is one child treated substantially worse than others?
- Is one child described as “bad,” “difficult,” “defiant,” “problematic,” or “evil”?
- Are siblings less affected, favored, or recruited?

If yes, this strongly supports a structured abuse system rather than generalized family dysfunction. If no, continue; torture can still occur without clear scapegoating. Then move to isolation assessment.

Step 6: Assess Isolation and Concealment

Check for:

- removal from school
- fake homeschooling
- limited peer/family contact
- confinement to rooms, closets, garages, bathrooms, boxes
- efforts to hide the child from outsiders

If isolation is present, risk rises sharply. Move to forensic plausibility testing.

Step 7: Test Caregiver Explanations against Evidence

Evaluate:

- Do injuries match the explanation?
- Is the explanation developmentally plausible?
- Does the environment support the story?
- Are explanations changing?
- Are “behavior problems” being used to justify deprivation or violence?

If explanations are inconsistent, implausible, or contradicted by injury/environment, treat as a major red flag. If the explanation is plausible and there is no broader pattern, keep accidental injury or non-torture abuse in the differential. Then move to child presentation assessment.

Step 8: Assess the Child’s Presentation

Look for:

- extreme fear
- extreme compliance
- flat affect / shutdown
- food hoarding, gorging, scavenging
- drinking from unsafe sources
- trauma symptoms
- hesitant or normalized descriptions of extreme punishments

If the child’s behavior suggests adaptation to deprivation or terror, this supports torture/systemic abuse. Then move to system-history review.

Step 9: Check Prior System Contact

Review:

- prior CPS reports
- prior police calls
- prior medical visits
- prior school concerns
- missed follow-up
- repeated “unfounded” concerns

If there is repeated prior contact, do not interpret that as reassurance. Interpret it as possible fragmented visibility of a severe case. Then move to household-role assessment.

Step 10: Assess Household Roles

Determine:

- who is the primary controller?
- who enforces punishment?
- who enables or minimizes?
- who knows but does nothing?
- are siblings being coerced?

If multiple adults are involved or aware, that supports a household torture system. Then move to risk classification.

Risk Classification Matrix

Classification	Characteristics	Action
Low Concern	<ul style="list-style-type: none"> • single event • plausible explanation • no pattern • no control of daily life • no multi-domain abuse 	<ul style="list-style-type: none"> • standard documentation • continue ordinary investigation as indicated
Moderate Concern	<ul style="list-style-type: none"> • pattern is possible • two domains may be present • some inconsistencies • some restriction/isolation concerns 	<ul style="list-style-type: none"> • expand records review • interview collaterals • photograph/document carefully • do not close quickly
High Concern	<ul style="list-style-type: none"> • clear pattern over time • two or more abuse domains • control of daily life • targeted child dynamics • implausible explanations • isolation or concealment 	<ul style="list-style-type: none"> • immediate multidisciplinary response • full child/sibling safety assessment • detailed scene documentation • medical and forensic consultation • notify appropriate investigative/protective leadership
Critical Concern: Possible Child Torture	<ul style="list-style-type: none"> • chronic pattern • multi-domain abuse • control of basic needs • isolation/confinement • psychological domination • targeted child • prior missed reports • serious injury, starvation, or near-fatality risk 	<ul style="list-style-type: none"> • treat as urgent life/safety case • immediate protection/removal steps as authorized • full multidisciplinary team activation • preserve scene and physical evidence • document pattern, not just incident • prepare case framing around system of control and harm

Core Rule:

If chronic + multi-domain + control of daily life → possible child torture

Forensic Issues to Consider

Questions to Consider

- Is the injury consistent with the explanation?
- Is it developmentally plausible?
- Does the environment support the story?

Red flags:

- injuries inconsistent with mechanism
- explanations that rely on unlikely scenarios
- “convenient” narratives (child caused injury)

These cases are usually visible in pieces. Your job is to assemble the system.

- timeline (months/years)
- multiple abuse domains
- control of daily life
- psychological harm
- prior system contact
- inconsistencies

Framed as: “A system of ongoing control and harm” and not “a series of isolated incidents”

Evidence Collection Priorities

- injuries of different ages
- growth/malnutrition evidence
- confinement spaces
- locks, alarms, restraints, cords, tape
- food availability vs child condition
- bathroom/toileting setup
- sleeping setup
- school records
- prior reports
- caregiver statements
- sibling statements
- child’s exact language about rules, food, bathroom, sleep, punishment

Potential Errors

- Focusing only on the current event
- Accepting caregiver narrative without testing
- Ignoring psychological abuse or treating it as secondary
- Missing pattern across agencies and failing to connect CPS, medical, school data
- Misinterpreting child behavior and viewing trauma responses as “defiance”
- Failure to escalate; treating torture indicators as routine abuse

Suggested Interview Guidelines

Key Principles

- Secure safety
- Separate adults and children
- Document scene before it changes
- Interview child in a safe, developmentally appropriate way
- Interview siblings/collaterals
- Interview caregivers separately
- Compare narratives against physical and environmental evidence
- Focus on daily life, not just incidents
- Look for pattern, not confession

Core Framing Question

Does this case describe an isolated act of abuse, or a sustained system controlling the child’s body, behavior, and access to basic needs? If the answer is the second, you are no longer just investigating abuse — you are likely investigating child torture.

Caregiver/Perpetrator Interview

Daily Life Reconstruction

Start broad:

- “Walk me through a typical day for the child.”
- “What time do they wake up, eat, go to bed?”
- “Where do they spend most of their time?”

You are mapping:

- Control
- Deprivation
- Restriction

Discipline and Control

- “What happens when they don’t follow rules?”
- “What are your expectations for behavior?”
- “What kinds of consequences work best?”
- “What happens when they repeatedly step out of line?”

Red flags:

- Rigid, extreme, or escalating punishments
- “Nothing works except strict discipline”

Food, Sleep, Toileting

- “What happens if they’re hungry?”
- “Can they get food or drink whenever they want?”
- “Do they sleep normally?”
- “Can they use the bathroom freely?”

These questions often expose control systems

Perception of the Child

- “How is this child different from others?”
- “What are the biggest problems with them?”

Listen for:

- global negative labels
- dehumanization
- scapegoating

Prior Institutional Involvement

- “Have there been previous concerns or reports?”
- “What happened with those?”

Look for:

- Minimization
- blame shifting
- inconsistencies

Narrative Testing

- Ask the same story multiple ways
- Compare across interviews and evidence

Key question: “Does this story stay stable under pressure?”

Child Interview (Trauma Informed)

Daily Life (best entry point)

- “Tell me about a normal day at home”
- “What do you do in the morning? At night?”

Needs and access

- “What happens when you’re hungry?”
- “Where do you sleep?”
- “Can you go to the bathroom when you need to?”

Discipline

- “What happens when someone is upset with you?”
- “What happens if you make a mistake?”

Fear and safety

- “Is there anything at home that makes you scared?”
- “What happens when people get angry?”

Differences in treatment

- “Are rules the same for everyone?”

- “Do other kids get treated the same way?”

Behavioral clues

- hesitation before answering
- looking for permission
- rehearsed language
- sudden shutdown

Note from Schlatter et al. 2023, p. 8:

“The presentation of these children is often confounding. There can initially be reports of children eating from the garbage or being locked in closets or being subjected to bizarre punishments or suffering degrading rituals. Often, evidence of starvation accompanied by a caregiver history of excess eating and gorging can be seen. However, all these presentations are usually in the context of an apparently caring, organized and well put together family who commonly reports problems with the child’s behavior accounting for all the problems. These bizarre or inconsistent stories could be considered a sentinel finding of torture, similar to how bruises in pre-mobile infants are sentinels for physical abuse (Pierce et al., 2021). This should then trigger a deeper exploration into the other aspects of torture. This could include further history taking from the child, siblings and family members outside the home, seeking information from school, daycare and church, and an evaluation of all other medical records.”

Collateral Interviews

Key question across all sources: “What changes have you noticed over time?”

Teachers/School Staff

- attendance patterns
- hygiene, hunger, fatigue
- behavioral changes

Medical Providers

- growth patterns (weight loss, malnutrition)
- repeated injuries
- missed appointments

Neighbors/Relatives

- isolation
- child visibility
- unusual restrictions

Child Torture Investigative Checklist

Focus on patterns across categories, not single items.

Pattern and Chronicity

- Repeated incidents over time
- Escalation in severity/frequency
- Abuse appears routine or structured

Multi-Domain Abuse

- Physical harm (injuries, credible reports)
- Psychological abuse (fear, threats, humiliation)
- Deprivation (food, sleep, hygiene, medical care)
- Environmental control (confinement, restriction)

Control of Daily Life

- Food/water access controlled
- Sleep restricted/manipulated
- Bathroom use restricted
- Movement within home restricted
- Privacy/clothing controlled

Isolation

- Not attending school / irregular attendance
- Limited contact with outsiders
- “Homeschooling” without structure
- Restricted normal activities

Targeting and Disparity

- One child treated significantly worse
- Disproportionate punishment
- Favoritism toward others

Psychological Domination

- Extreme labeling (“bad,” “evil,” etc.)
- Fear-based compliance

- Humiliation or degradation
- Learned helplessness / extreme compliance

Caregiver Narrative Flags

- Blames child for problems
- Justifies extreme discipline
- Inconsistent explanations
- Calm/controlled despite severity

Prior System Contact

- Prior CPS reports
- Prior medical or law enforcement concerns
- Repeated unsubstantiated reports

Household Factors

- Multiple adults involved or aware
- Others minimizing/normalizing abuse
- Coordinated control dynamics

Forensic Consistency (Inconsistency = high risk)

- Injury matches explanation
- Mechanism physically plausible
- Developmentally possible
- No major contradictions

Child Presentation

- Extreme fear or compliance
- Food hoarding/gorging behaviors
- Withdrawal or flat affect
- Hesitant or inconsistent disclosure

Escalate immediately if any:

- Multi-domain abuse + control of basic needs
- Evidence of starvation or severe deprivation
- Isolation + prior CPS involvement
- Pattern over time + inconsistent caregiver story
- Child describes or demonstrates fear-based control

“Does this child appear to be living in a controlled system of harm, not just experiencing isolated abuse?”

If YES → escalate immediately

Reminders

- Look for patterns, not incidents
- Psychological abuse is core, not secondary
- Child behavior may be caused by the abuse
- Caregiver explanations must be tested, not accepted
- Always compare history vs injury vs environment