

Summaries of Selected Child Torture Literature

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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.

Allasio & Fischer (1998) – Torture vs Child Abuse

This early conceptual paper argued that certain extreme cases of child maltreatment should be classified as torture rather than simply severe abuse. It emphasized differences in chronicity, intentionality, and the systematic infliction of suffering. Although based on limited cases, it introduced the idea that torture involves sustained control and deliberate harm, laying the groundwork for later medical and legal definitions. This paper was important historically as one of the first to challenge existing categorizations of abuse.

Allasio & Fischer (2005) – Bathtub Study

This study investigated whether young children can climb into bathtubs independently. It demonstrated that some injuries previously assumed to indicate abuse may occur accidentally, depending on developmental capability. The findings indicated that even very young children can climb into bathtubs; 35% of the children sampled (10-18 month olds) succeeded, and some even climbed in before walking independently. Results highlighted the importance of avoiding assumptions and evaluating each case based on physical possibility, contributing to balanced forensic analysis.

Ahan (2009) – A Road to Hope

This article advocated for the development of a formal medical and legal definition of child torture, arguing that existing child abuse statutes are insufficient to address the most severe cases of prolonged, multi-domain maltreatment. Using a detailed case example of extreme, escalating punishment, the author illustrated how ordinary disciplinary acts can evolve into sustained, systematic abuse that meets criteria for torture. The paper drew from international law (e.g., the Convention Against Torture), domestic case law, and clinical concepts such as battered child syndrome to propose core definitional elements of child torture: (1) intent to cause severe physical or psychological suffering, (2) infliction of significant bodily or emotional harm, (3) repetition or duration over time (though single acts may qualify), and (4) control over the victim. Ahan argued that child torture should not be treated as a separate crime entirely, but rather as a sentencing enhancement or aggravated form of child abuse, allowing courts to impose harsher penalties while maintaining conceptual continuity. The article highlighted the importance of recognizing psychological harm alongside physical injury and called for integration of medical definitions into legal frameworks to improve prosecution and protection of victims.

Tiapula and Applebaum (2011) – Criminal Justice and Child Protection Responses

This report provided one of the earliest comprehensive analyses of how U.S. criminal and child protection systems address severe child abuse cases that meet criteria for torture. The authors examined state statutes to determine whether and how “torture” is explicitly defined or implicitly captured through provisions such as “cruelty,” “unjustifiable suffering,” or patterns of repeated injury. They found that legal responses vary widely across jurisdictions, with some states explicitly criminalizing torture while others relying on general assault or abuse statutes that often fail to capture the full scope of longitudinal, multi-domain harm. A central problem identified is that many statutes require proof of serious physical injury or specific intent, which does not align well with child torture cases that frequently involve cumulative harm, deprivation, and psychological suffering. The report also highlighted that emotional abuse and coercive control—core components of torture—are historically underrecognized in criminal law, making prosecution more difficult. As a result, torture cases are often fragmented into multiple lesser charges or inadequately prosecuted. The authors emphasized the need for statutory reform that recognizes torture as a course-of-conduct offense, incorporates psychological and deprivation-based harm, and better aligns legal definitions with medical and forensic understanding. Overall, the report demonstrated a significant gap between the clinical reality of child torture and the legal frameworks used to investigate, charge, and prosecute these cases.

Den Otter et al. (2013) – Documentation of torture and cruel, inhuman or degrading treatment of children

This review examined existing medical and forensic guidelines for documenting torture and cruel, inhuman, or degrading treatment (CIDT) in children, with a particular focus on whether child-specific standards exist. The authors found a major gap: while the Istanbul Protocol provides comprehensive guidance for documenting torture in adults, no equivalent, comprehensive guideline exists for children. Instead, available resources are fragmented, consisting of partial guidelines, expert opinions, and tools addressing isolated aspects such as physical injury, psychological trauma, or interviewing techniques. The paper emphasized that children differ significantly from adults in both presentation and developmental impact, requiring tailored approaches to assessment, documentation, and testimony. It highlighted the importance of safe interviewing environments, developmental considerations, and multidisciplinary evaluation, and argued that systematic, standardized documentation is critical both for legal accountability and clinical care. The authors concluded with a strong recommendation for developing a unified, child-specific protocol to improve recognition, investigation, and prosecution of torture cases involving children.

Browne (2014) – Tortured Prosecuting

This legal analysis argued that existing criminal statutes are often inadequate for prosecuting torture-like conduct, using a detailed real-world case of a severely abused and confined child to illustrate the problem. In that case, a young child was discovered living in extreme confinement, severely malnourished, and suffering permanent developmental damage:

“On April 28, 2011, while knocking on doors during a routine robbery investigation, members of the Gloucester County Sheriff’s

Department made a startling discovery at the home of Brian and Shannon Gore in Gloucester County, Virginia. As police moved from room to room, they found a fully decorated child's room. That room was for the Gores' son.

Police discovered another room that appeared to be for storage. The room was dark and full of boxes. In the room, there was also a crib topped with a heavy piece of wood and several large boxes acting as a lid. Inside that makeshift cage, a naked little girl reached out from behind its bars. She "was whimpering, grunting, and making animalistic noises." Officers found the girl crouched with her knees pressed against her chest and her heels touching her buttocks. Several inches of feces lined the interior of the cage. The child was so starved that she had resorted to eating her own skin.

She had sustained severe injuries. The six-year-old weighed just fifteen pounds—the size of a six-month-old baby. Her head was the size of a three-year-old child's, and she could not extend her legs due to long-term confinement and malnutrition. Open sores covered her heels and buttocks as a result of remaining in the same position for long durations of time. Because her confinement deprived her brain of essential nutrients during key developmental stages, she suffered permanent brain damage. Later testing indicated that the girl, now close to nine years old, would never be able to live independently and would always suffer from emotional and psychological challenges. Neither Brian nor Shannon Gore could explain why they had caged and starved their child. From police interviews and trial testimony, however, it became clear that the Gores' actions went beyond mere child abuse.

For months, possibly years, the girl's parents imprisoned their child in the makeshift cage in the back of their home, allegedly to conceal her existence. No one knew that the couple had a baby girl. At first, the Gores left the child in the cage when they were at work and took her out when they returned home. Eventually, however, the Gores grew increasingly unconcerned about taking her out of the cage, so much so that she remained confined in the cage for long periods of time. Brian Gore stated that he and his wife fed the child sporadically and sometimes he would leave her a Pop-Tart. When asked why they stopped feeding their child, Brian Gore said that he and his wife were tired of "[her] and it was easier to deal with [her] this way." They recognized that eventually the child would get sick and die." (pp. 270-272)

Remains of a younger infant brother were also found under a shed in the backyard.

Despite the facts of the case, prosecutors struggled to charge the perpetrators appropriately because no specific torture statute applied. The paper demonstrated that most state laws are structured around discrete acts (e.g., assault, abuse, injury) rather than prolonged, cumulative suffering, making it difficult to capture the full severity of

torture cases. It analyzed torture statutes across jurisdictions and identifies core elements: intentional or knowing infliction of extreme physical or mental suffering, often over time, combined with control over the victim. The author proposed a model torture statute emphasizing knowledge (rather than specific intent), inclusion of both physical and psychological harm, and recognition of custodial control. The paper reinforced the central problem regarding the mismatch between real-world torture dynamics and incident-based legal systems, and argued for statutory reform to better align law with clinical and forensic realities.

Allasio & Shanti (2014) – Iron Burn Study

This experimental study examined whether certain burn patterns can occur accidentally. The findings showed that common caregiver explanations (such as falling irons) cannot reproduce specific injury patterns; falling irons almost never made flat contact and cannot reproduce clean, patterned burns. Results supported the use of biomechanical testing in abuse investigations. It reinforced the importance of testing the plausibility of explanations and demonstrated how forensic science can differentiate accidental injuries from inflicted harm.

Knox et al. (2014) – Child Torture as a Form of Child Abuse

This landmark paper provided the first systematic definition of child torture as a distinct subtype of child maltreatment. A non-consecutive case series of

“28 children with evidence of physical abuse, neglect, and psychological maltreatment, such as terrorizing and isolation, were reviewed for types of injuries, duration of maltreatment, medical and physical neglect, social and family history, and history of prior Child Protective Services (CPS) involvement. The median age was 7.5 years (9 months to 14.3 years). Thirty-six percent died. Duration of abuse ranged from 3.5 months to 8 years (median 3 years). Ninety-three percent of children were beaten and exhibited cutaneous injury; 21% had fractures. There were 25 victims of isolation (89%), as well as 61% who were physically restrained and 89% who were restricted from food or water. All of the children were victims of psychological maltreatment; 75% were terrorized through threats of harm or death to themselves or loved ones and 54% were degraded and/or rejected by caregivers. Nearly all children were medically neglected. Half had a history of prior referrals to CPS.”

The authors defined torture as repeated or prolonged physical assaults combined with multiple forms of psychological maltreatment and neglect, resulting in prolonged suffering, permanent impairment, or death. A key contribution was the distinction between episodic abuse (impulsive) and torture (systematic, intentional, and control-based). The paper emphasized multi-domain abuse, caregiver domination, and environmental control as defining features, and it has become the foundational framework used across subsequent research, clinical practice, and legal discussions.

Example Case Narrative of a 14-year-old female (Paraphrased from Knox et al. 2014)

A 14-year-old girl came to the attention of authorities after a report that she and her siblings were not attending school. When a social worker attempted to see the

children, the father initially claimed they were sleeping and resisted access. Eventually, the worker entered a bedroom and discovered the girl and two younger siblings hiding in a closet. The girl was found in a fetal position at the back of the closet. She appeared severely emaciated and had visible injuries including a scalp laceration, areas of hair loss, and dried blood on her head. Law enforcement was contacted, and she was transported to a hospital.

At the hospital, medical evaluation revealed:

- extreme malnutrition
- multiple lacerations and contusions of varying ages
- numerous healed scars across the face, back, and abdomen
- a bite mark on the shin
- fractures in the knee and hand bones
- evidence of delayed puberty and regression of development

Initially, the girl stated that her injuries were self-inflicted or the result of fights with peers. However, over time in a safe setting, she disclosed extensive ongoing abuse. She reported:

- being forced to eat insects (roaches, spiders) as punishment
- attempts by caregivers to force-feed her a dead mouse
- being bound with her hands behind her back
- having plastic bags taped over her head and torso
- threats of being drowned
- being forced into degrading and humiliating situations
- physical assaults with objects including pipes, bats, and household items
- being stabbed with a knife, exposing bone
- being struck repeatedly and violently
- being forced into unsanitary and degrading conditions

Family dynamics revealed:

- multiple perpetrators (both parents involved)
- sibling participation in abuse (encouraging and assisting)
- normalization of abuse within the household

The case had been reported to social services three times in the same year but one report was not investigated, others were dismissed as unfounded, and the injuries were previously attributed to peer violence.

The child reported believing she would eventually die (Figure 1).

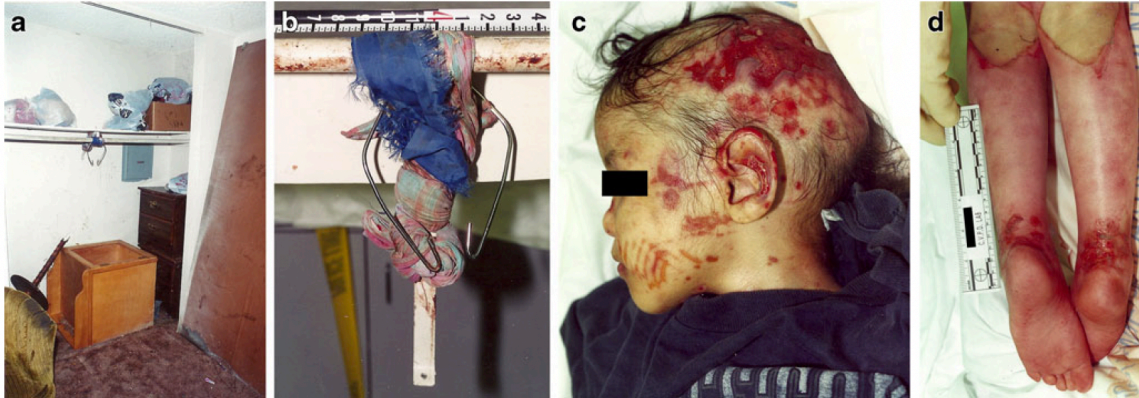


Fig. 1 A 46/12 year-old female was found dead in the bathroom. She had 50 % TBSA acute immersion burns and an acute subdural hemorrhage. She had been suspended from a closet rod at night by a bent coat hanger (distant and close up images **a** and **b**) to prevent her scratching her old scalp burn. That burn, a grid-like cheek contact burn and multiple sub-acute facial injuries are seen in her lateral face view (**c**). The back of her legs shows the immersion burns with popliteal sparing. They overlie pressure ulcerations over her heel cords from prior binding with ligatures (**d**)

Another case of an 11 year-old male victim revealed physical injuries including extensive scalp burn, three disarticulated toes, mummification of fingertips, chronic decubitus ulcers, patterned skin injury, malnutrition, and dehydration. Repeated methods of torture included food and water deprivation, confinement in small cubbyhole, forced water intoxication, repetitive scalding, hand restrained behind back while submersed in water. tied by neck to showerhead and forced to stand or strangulate if fell. The perpetrators included three unrelated caregivers and the mother (who was killed by same caregivers). This child survived with PTSD, depression, and loss of digits (Figure 2).

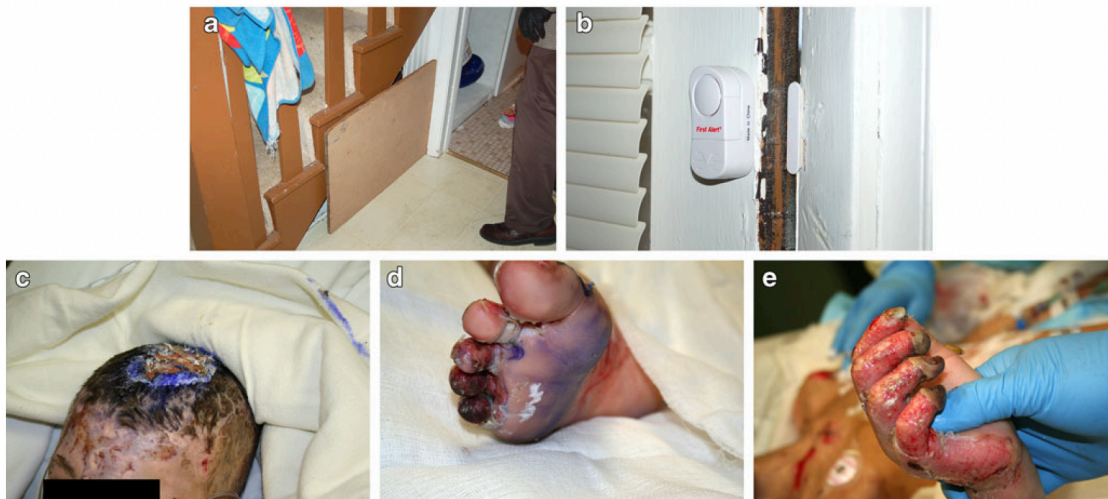


Fig. 2 Law enforcement scene investigation confirmed the 11-year-old child victim's disclosures that he was forcibly confined in a cubbyhole underneath the stairs (**a**) and in closets. A child alarm was placed on the house door to detect his movement and prevent escape (**b**). Scalp pressure injury from chronic confinement, eroded to the bone (**c**); burned and mummified toes, later spontaneously disarticulated (**d**); scalded fingers with mummified tips (**e**)

Macy (2019) – Legal Gaps in Child Torture Statutes

This legal analysis identified significant gaps in U.S. criminal law regarding child torture. It demonstrated that many statutes focus on discrete acts and physical injury thresholds, failing to capture chronic, psychological, and deprivation-based abuse. As a result, perpetrators may receive lesser charges or avoid accountability altogether,

especially when the child survives. The paper argued for statutory reform to include course-of-conduct frameworks and psychological harm, and it highlighted the mismatch between clinical understanding and legal structures.

Condit et al. (2020) – Accidental Injury Case

This case report described a severe accidental injury initially suspected to be abuse. Through consistent history, scene reconstruction, and physical findings, the injury was determined to be accidental. The case illustrated the importance of integrating mechanism, context, and evidence to avoid false accusations, and it complements studies that identify non-accidental injuries.

Macy (2022) – Domestic Child Torture Identification

This chapter focused on identifying child torture cases early and prioritizing them for intervention. It argued that torture cases represent high-risk situations requiring urgent action due to their severity and potential lethality. The chapter highlighted system failures including ignored disclosures and lack of prioritization, and emphasized the need for investigators and prosecutors to treat these cases differently from routine abuse. It contributed to operationalizing detection and response strategies.

Esernio-Jensen (2022) – Torture

This chapter presented intrafamilial child torture as a severe, distinct subtype of child maltreatment characterized by chronic, multi-domain abuse involving physical harm, psychological maltreatment, deprivation, and coercive control over a child's daily life. The chapter emphasized that torture differs from episodic physical abuse by its systematic, prolonged, and domination-based nature, often involving intentional restriction of basic needs such as food, water, sleep, toileting, and social interaction, alongside humiliation, terrorization, and isolation. A central focus of the chapter was clinical assessment, highlighting the importance of recognizing patterns across time and domains rather than isolated injuries. It underscored that children may present with malnutrition, injuries of varying ages, trauma-related behaviors (such as food hoarding or extreme compliance), and limited external contact due to isolation. The chapter also stressed the need for careful differential diagnosis to distinguish torture from accidental injury or medical conditions, incorporating forensic evaluation of injury mechanisms, developmental capability, and consistency of caregiver narratives. Multidisciplinary collaboration was emphasized as essential, including coordination between medical providers, child protection services, and law enforcement, as well as thorough scene investigation and documentation. Finally, the chapter highlighted that cases of child torture require urgent protective intervention and long-term trauma-informed care, with reunification with perpetrators rarely appropriate due to the high risk of continued harm and the entrenched nature of the abuse system.

Duka et al. (2023) – ACEs and Maternal Substance Use

This study examined the relationship between maternal adverse childhood experiences (ACEs) and substance use during pregnancy. It found that women involved in child protection cases have significantly higher ACE scores, suggesting an intergenerational pattern of risk. While not directly about child torture, the study provided insight into upstream factors such as trauma, instability, and substance use that may

contribute to high-risk caregiving environments. It supported a trauma-informed and prevention-oriented approach.

Sebastian and Fay-Hiller (2024) – Clinical Management of Intrafamilial Child Torture (ICT)

This practice-focused paper provided guidance for healthcare providers on recognizing and managing intrafamilial child torture. It outlined clinical presentations, diagnostic workups, and the importance of safe discharge planning. The paper emphasized that torture cases require different interventions than typical abuse, often necessitating removal from the home due to high risk of recurrence and death. It also addressed the psychological impact on providers and the need for multidisciplinary coordination, making it highly relevant for applied settings.

Schlatter et al. (2024) – Washington State Case Series

This multi-site case series of 47 children validated the Knox definition by demonstrating consistent patterns across a larger sample. The study found that all children experienced psychological maltreatment and most experienced physical abuse, deprivation, isolation, and neglect. Abuse typically lasted months to years and often targeted a specific child within the household. A critical finding was that most cases had prior CPS or medical contact where signs were present but not recognized. The study confirmed that child torture is a reproducible clinical phenomenon and highlighted missed opportunities for early intervention.

Shelton et al. (2024) – Child Torture Case Analysis

This study examined real-world patterns of intrafamilial child torture and highlighted how these cases function as systems rather than isolated incidents. It identified consistent features including escalating punishment, control over basic life functions (food, sleep, movement), psychological domination, and isolation. A major finding was that most cases had prior contact with child protection systems, yet were not recognized as torture due to fragmented assessment. The study underscored the importance of recognizing patterns across domains and over time, rather than evaluating incidents in isolation, and contributed significantly to understanding investigative failures.

Deutsch & O'Brien (2024) – Medico-Legal Issues

This paper bridged medical and legal perspectives, examining why child torture cases are difficult to prosecute. It highlighted challenges such as evidentiary limitations, reliance on child testimony, and the inability of current laws to capture cumulative harm. Psychological abuse and deprivation are particularly difficult to prove in court. The paper emphasized the need for torture-specific statutes, improved documentation, and multidisciplinary collaboration. It provided a detailed analysis of how legal frameworks fail to reflect the true nature of torture cases.

Palusci & Bishop (2025) – Fatality Prevention

This review analyzed child maltreatment fatalities and identifies patterns, risk factors, and prevention strategies. It showed that fatalities are not random but follow predictable pathways involving neglect, prior system contact, and caregiver risk factors

such as substance use and mental illness. The paper highlighted that many fatal cases involve sustained abuse or neglect over time, aligning closely with torture patterns. It emphasized the need for better data systems, multidisciplinary collaboration, and early intervention to prevent deaths.

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