
Battered parents: A weak link

An 11-year-old boy, after being spanked by his mother for disobeying orders, pushed his mother into a door, breaking her back, and then kicked her in the face while she was on the floor. Later, asked by a therapist what they thought of their son's actions, both the mother and father—who observed the incident without interfering—replied: "...it was neither right nor wrong, doctor."

Neither such an incident nor the rather incredible response to it by the parents is by any means rare in U.S. society, according to University of Maryland researchers Henry T. Harbin and Denis J. Madden. Indeed, the phenomenon is common enough for the researchers to "identify a new syndrome of family violence: parent battering." The syndrome, first noticed in their clinical practice and then examined in a pilot study of 15 families, was discussed at the recent meeting of the American Psychiatric Association in Chicago.

Though preliminary statistics indicate that one of 10 children between the ages of 3 and 18 attack their parents, the incidence appears to be higher among adolescents and young adults. And in their study of the families of 15 adolescents—originally examined because of their assaultive tendencies in general—the researchers discovered that more than half of those teenagers "had made repetitive physical attacks or had threatened physical violence to their parents."

These cases, combined with data on about 20 other families with battered parents, suggest certain characteristics that seem to render a family particularly susceptible to parent battering. Among the most common traits is "some disturbance in the family hierarchy," report Harbin, an assistant professor of psychiatry, and Madden, director of the university's violence clinic. In a "substantial number" of such families, the parents often state that the adolescent youngster "is in charge." Moreover, such parents frequently believe that this is the way things should be, or shy away from setting family rules, stating that "everyone should be equal."

"The physical attacks and threats in these families may represent an attempt by the adolescent to control the family or replace the ineffective parents," say Harbin and Madden. "The teenagers may also wish to punish their parents for having exploited them through permissiveness and lack of leadership."

And like battered spouses, battered parents also tend to deny the problem or to protect their children by being secretive about the violent behavior, even when injury has resulted. One mother had been beaten severely by her son twice, and still did not call the police—the son chose to call the police himself. And in another fam-

ily, a father who had almost been killed after being pushed down the stairs by his son denied that the boy had a problem controlling his temper. Parents who deny or downplay such events are "also protecting their own self-image and do not want to be seen as ineffective parents," say the researchers.

They suggest that assaults on parents also may signal an attempt to separate from the weak parent, who frustrates the youngster through a lack of any leadership. "The rapid changes of society have

made parental values and leadership less secure," they say. "Many parents today lean increasingly on health professionals to guide them in very basic child rearing practices. ... All of these factors can contribute to the reversal of generational hierarchies ... in this type of family violence.

"It is likely that many of these families are unnoticed by health professionals, but identification and treatment are mandatory if the ever-increasing cycle of family violence is going to be stopped." □

Test-tube babies and the law

The birth of the world's first "test-tube" baby — Louise Brown — last summer wouldn't have been such a shocker if more people had realized that human *in vitro* fertilization research efforts had already been underway for a number of years. The strong probability of more test-tube babies to come, particularly as *in vitro* fertilization becomes refined, however, does raise some tough, yet-to-be-answered legal questions. These facts were brought home last week in Boston at the second National Symposium on Genetics and Law.

Actually, the idea of human *in vitro* fertilization, Melvin L. Taymor of Harvard Medical School explains, had its inception in 1955 with Landrum B. Shettles, a physician formerly associated with Columbia College of Physicians and Surgeons and now pursuing even more controversial medical research — human cloning — in Randolph, Vt. (SN: 5/9/79, p. 323). In 1966 Robert Edwards, a physiologist at Cambridge University in England, started pursuing human *in vitro* fertilization seriously, and by 1969 he had found a culture medium that improved the chances of fertilization of an egg in tissue culture. In 1970 he started collaborating on human *in vitro* fertilization with Patrick Steptoe, a gynecologist at Oldham General Hospital in England. The two together made further progress, so that by 1978 they finally got a human egg fertilized in culture to reimplant in its mother's womb and grow to term (SN: 7/22/78, p. 51).

The technique that Edwards and Steptoe have refined during the past 13 years, Taymor continues, is essentially the following: A woman who wants to conceive by *in vitro* fertilization is assayed for urinary levels of luteinizing hormone every three hours around the time of her ovulation to determine her LH surge, which represents the time of ovulation. After the LH surge, the egg she has ovulated into her Fallopian tube is removed and is aspirated gently into a culture medium. There it is incubated for 12 to 18 hours with sperm donated by the woman's husband. After the egg has been fertilized by one of the sperm, it is transferred to another culture medium for cleavage, and, after it has reached the blastocyst stage, it is im-

planted in the woman's womb to develop to term. True, the chances of this method leading to birth of a child are only one out of 400, Taymor admits. However, he contends that the odds will diminish as the method is further improved.

Assuming that *in vitro* fertilization eventually becomes a common method of human reproduction, at least among infertile women who can profit from it, what are its legal implications? Complex, admits Barbara F. Katz, a staff attorney with the Massachusetts Department of Public Health. There are three potential uses for the technique, she explains: A woman with blocked Fallopian tubes could donate an egg to be fertilized in tissue culture by her husband's sperm, and then the fertilized egg would be transferred back into her womb for development; a woman with blocked Fallopian tubes could donate an egg to be fertilized by sperm from someone other than her husband, and the fertilized egg would be transferred back into her womb for development; or a woman who had healthy Fallopian tubes, but who did not want to carry her own baby throughout pregnancy, could donate an egg to be fertilized by her husband's sperm in culture, and then the fertilized egg would be transferred into the womb of another woman (surrogate mother) to be carried to term. Each of these potential uses raises legal questions, says Katz, but especially the last one.

For instance, who would the mother of the conceptus be? The egg donor? The surrogate mother? If a surrogate mother were being paid for her services and a payment was missed, would the child she was carrying become hers? What if a defect were found in the fetus through amniocentesis? Would the egg donor or the surrogate mother have the right to decide on an abortion? What if the egg donor died before the birth of the fetus? Would the surrogate mother then become the legal mother?

Although legal requirements for human *in vitro* fertilization funded by the U.S. government are beginning to emerge (SN: 3/24/79, p. 183), the legalities of human *in vitro* fertilization not carried out with government funds are essentially virgin territory, Katz reports. □