

# Silent at school – elective mutism and abuse

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## Abstract

**A retrospective case-control study of electively mute children from one city is reported. Eight of 18 children selectively mute in school had suffered definite or probable abuse compared with only one control with a speech or language problem, and no classroom controls. The implications for management are discussed.**

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Elective mutism is a rare disorder in which children do not speak in one environment, often school, but do speak elsewhere. This is sometimes due to excessive shyness but may be associated with a need not to speak about distressing experiences, including child abuse. A recent case prompted a retrospective case-control study.

## Case history

A 6 year old girl was seen for school medical examination and noted to have been electively mute in school for one year. She refused to speak to teachers but had been observed to say a few words to other children in the playground. Her parents were not concerned as she spoke normally at home. Her younger sister attended a speech therapist for language delay. The 6 year old could not cooperate during routine examination due to her shyness. Concerns were raised about possible abuse but no further action was taken. Four years later, a 16 year old sister disclosed sexual abuse by the father, and on re-examination the index case had signs consistent with sexual abuse.

## Methods

Children with elective mutism were defined as being aged 6 years or older, mute in school for at least one year, but able to speak normally in other circumstances. Children were not excluded by ethnic origin or by learning disability. Cases ascertained during 1986-90 were included in this study.

Questionnaires were sent to head teachers of state primary and secondary schools in the area covered by the then Leeds health authorities. Stamped addressed envelopes were included and non-responders were subsequently contacted by telephone. Written parental permission was requested for access to the school medical notes; children were not examined as part of the study. Inquiries were also made of child psychiatrists, educational psychologists, speech therapists, and school doctors.

Each case was matched by age and sex with two controls from the same class, one with a speech or language problem as identified from the school medical record ('speech' control) and one with no speech or language problem ('normal' control).

Evidence of abuse was obtained from three sources: the school medical records, the child protection database held by community paediatric departments and the social services child protection register. The social services department also provided information on children about whom there were concerns about possible abuse.

## Results

Eighteen electively mute children were identified. Eleven were girls. Two were ethnic Chinese and one was Afro-Caribbean. Eleven were aged 6-8 years, three were aged 9-11 years, and four were aged 12-14 years.

Social services sources revealed four cases who were on the child protection register (two sexual abuse, one emotional abuse and possible sexual abuse, and one non-accidental injury). There were concerns about possible non-accidental injury in another case. There were concerns about non-accidental injury in one of the speech controls and none of the normal controls.

Information from the community paediatric database showed five cases of definite abuse (three sexual abuse, one non-accidental injury, and one emotional abuse). There were concerns about possible abuse in a further two cases (one physical, one sexual).

The school medical records agreed with the data from the community paediatricians except for a recently diagnosed case of sexual abuse which was not in the school records and a case in which a sibling had had a non-accidental injury. In the second case there were concerns about possible abuse in the school record, but not in the community paediatric database.

## Discussion

Elective mutism is a term applied to children who only speak in certain situations. This selectivity of speech must persist for some months to confirm the diagnosis.<sup>1</sup> Previous accounts of electively mute children have described them as 'emotionally immature',<sup>2</sup> 'sensitive, anxious, distrustful; only seemingly passive, actively holding themselves back; having a limited ability to express emotion'.<sup>3</sup> Many aetiological factors have been suggested but of particular relevance to this study are descriptions of children living in socially isolated, closed, disharmonious families<sup>2</sup> or families in which there is a prohibition on the

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*Child abuse in electively mute children and classroom controls*

	Definite abuse	Possible abuse	No concerns
Electively mute children	5	3	10
'Speech' controls	0	1	17
'Normal' controls	0	0	18

$\chi^2$  test with Yates's correction:  $\chi^2=9.93$ ;  $df=4$ ;  $p<0.05$ .

disclosure of family secrets.<sup>4</sup> Most studies, with the exception of Hayden,<sup>5</sup> do not mention child abuse as a possible cause of elective mutism.

This retrospective study has shown a clear association between child abuse and elective mutism (table). The Leeds population aged 6–16 years was approximately 110 000; the finding of only 18 cases over five years confirms the rarity of elective mutism when strictly defined and is in accordance with other studies,<sup>16</sup> which quote prevalence figures of one in 6000. The prevalence of child abuse, particularly sexual abuse, is difficult to ascertain and prevalence figures vary widely depending on the methodology used. Five (28%) of 18 of the electively mute children in this study definitely suffered abuse. This is a high proportion and is certainly higher than most estimates of the prevalence of abuse in the child population as a whole.

Some ascertainment bias may have occurred in that cases of elective mutism may have been more likely to be investigated for possible abuse than their matched controls, but it is unlikely that this is a sufficient explanation for the strength of the association found. The association is likely to be causal, though the timing of the abuse in relation to the onset of

the mutism was not investigated. It is known that there is commonly a significant delay between the onset and detection of child abuse.

Head teachers may have been more likely to recall children who were electively mute if there had also been child protection investigations. Elective mutism is such a striking disorder, however, particularly in older children, that it is unlikely that the selective memory of the teaching staff is a major cause of bias.

The type of abuse found in this study was more often sexual than physical; sexual abuse is usually more traumatic psychologically and is more associated with secrecy. As in other studies, more girls were found to be electively mute, which is unusual among psychiatric disorders in prepubertal children, but is compatible with an abusive aetiology.

There is a significant association between child abuse and elective mutism. Many types of traumatic experience can precipitate elective mutism, but it is likely that child abuse, particularly child sexual abuse, is a causal factor in some subjects.

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