

PROTECTING CHILDREN FROM ABUSE AND NEGLECT – PEDIATRIC APPROACH

ZAŠTITA DECE OD ZLOSTAVLJANJA I ZANEMARIVANJA – ULOGA PEDIJATRA

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Summary Child abuse and neglect includes physical, sexual, emotional abuse, neglect and exploitation of children, which lead to damage to the health or threaten the dignity of the child. It is also generally referred to as violence against children. Four groups of factors are most often mentioned (parental characteristics, sociocultural factors, environmental factors and child factors) that increase the risk of child abuse and neglect. There are no characteristic anamnestic data and clinical signs of abuse, but there are data and signs that can indicate this problem with high probability. Pediatricians and nurses are often among the first to whom a child or their relatives turn for help. In order to achieve the goals of protecting children from abuse and neglect, it is necessary to establish good cooperation between experts from all fields that work with children (health, education, social protection, police, justice and others). However, it should be remembered that abuse can occur in all environments and that the child is never at fault. It is necessary to recognize risk factors, take care of the abused child and report suspected abuse and neglect, but also to help prevent re-victimization and chronic consequences associated with adverse childhood experiences.

Keywords: abuse, neglect, suspicion, protecting

Sažetak Zlostavljanje i zanemarivanje dece obuhvata fizičko, seksualno, emocionalno zlostavljanje, zanemarivanje i iskorišćavanje dece, koji dovode do narušavanja zdravlja ili ugrožavanja dostojanstva deteta. Takođe se generalno naziva nasiljem nad decom. Najčešće se pominju četiri grupe faktora (osobine roditelja, sociokulturni faktori, faktori sredine i faktori deteta) koji povećavaju rizik od zlostavljanja i zanemarivanja dece. Nema karakterističnih anamnestičkih podataka i kliničkih znakova zlostavljanja, ali postoje podaci i znaci koji sa velikom verovatnoćom mogu ukazivati na ovaj problem. Pedijatri i medicinske sestre su često među prvima kojima se dete ili njegova rodbina obraća za pomoć. Da bi se ostvarili ciljevi zaštite dece od zlostavljanja i zanemarivanja, neophodno je uspostaviti dobru saradnju stručnjaka iz svih oblasti koje se bave decom (zdravstvo, obrazovanje, socijalna zaštita, policija, pravosuđe i druge). Međutim, treba imati na umu da se zlostavljanje može desiti u svim sredinama i da dete nikada nije krivo. Neophodno je prepoznati faktore rizika, voditi računa o zlostavljanom detetu i prijaviti sumnju na zlostavljanje i zanemarivanje, ali i pomoći u sprečavanju ponovne viktimizacije i hroničnih posledica povezanih sa nepovoljnim iskustvima iz detinjstva.

Ključne reči: zlostavljanje, zanemarivanje, sumnja, zaštita

INTRODUCTION

Historical and literary sources for thousands of years indicate various forms of child abuse and neglect in certain cultures, which were once accepted. Thanks to the development of social awareness of human rights, the rights of children and women, such forms of behavior are unacceptable and punishable today (1). According to the definition adopted by the World Health Organization (WHO), the term child abuse and neglect includes physical and emotional abuse, sexual abuse, negligent treatment and exploitation, which lead to impairment of health or affect the dignity of the child. It is also generally called violence against children (2). By adopting the Law on the Ratification of the United Nations Convention on the Rights of the Child, each state has committed itself to take strategy to prevent abuse and neglect of children and to ensure the protection of children from all forms of violence in the family, institutions and wider social environment. In order to achieve the goals of the strategy, it is necessary to establish good cooperation between experts from all areas that work with children (health, education, social protection, police, justice and others) (3,4).

RISK FACTORS

The most frequently mentioned are four groups of factors (characteristics of parents, sociocultural factors, related to the environment and related to the child) that increase the risk of child abuse and neglect (CAN), and which are in a dynamic relationship. **The characteristics of parents** that increase the risk for CAN are: young parents, single parents, parents who themselves were victims of abuse in childhood, addicted to psychoactive substances or alcohol, parents with a low educational profile, or parents who have excessive expectations of the child. **Sociocultural factors** that increase the risk for CAN are: poor financial situation in the family, unemployment, a large number of family members, social isolation or unfavorable social conditions such as refugees and migration. **Environmental factors** refer to the influence of various institutions. **Factors related to the child itself** are: the age of the child (newborns, infants and small children up to five years old), unwanted children, premature children, adopted children, chronically ill children or children with developmental disabilities (e.g. children with cerebral palsy, Down's syndrome, autism, muscular dystrophies, visually impaired or blind and hearing impaired children), as well as those children whose parents are in the process of divorce or are deprived of parental care. However, it should be kept in mind, that

abuse can happen in all environments and that it is never the child's fault (5,6).

ANAMNESIS AND CLINICAL EXAMINATION

The helplessness and vulnerability of infants and small children puts them at the top of the list of victims of CAN. In 33% of cases, abused children are under one year old (1). Characteristic anamnestic data and clinical signs of abuse do not exist, but there are data and signs that can indicate this problem with a high probability. A well-taken anamnesis is very important for suspecting CAN. Anamnesis should be taken from the child when verbal communication with him is possible, and if it is estimated that it will be useful, data should be taken without parents or guardians, when they are possible abusers. If the child is small, hetero-anamnesis should be taken from each parent individually. Sometimes it is necessary to take anamnestic data from a companion who is not a parent. Considering that a lot injuries are inflicted with intent and are premeditated, untruths, half-truths and a changed attitude of parents towards the seriousness of the child's illness or injury can be expected. Changing anamnestic data, hetero-anamnestic information about the child's alleged self-injury, delay in seeking medical help, frequent visits to the doctor and going to different health facilities (reduces the risk of detection), unusual behavior of the child, illogical information about the origin of the injury should arouse suspicion of abuse (6).

A clinical examination of a child suspected of abuse involves a head-to-toe inspection. An inspection can reveal neglect, malnutrition, inadequate clothing, and more. During the examination, you should look for signs of fresh and old injuries on the skin. In addition to the skin, it is necessary to observe changes in the soft tissues and signs of injuries to the abdominal and other organs. A detailed examination of the genitals is necessary to rule out sexual abuse. It is recommended that at least a pediatrician and nurse be present during the examination of the child (7).

Laboratory analyzes of blood and urine samples aim to exclude other causes that can lead to changes in the skin, mucous membranes, internal organs or the skeletal system (coagulation disorders, imperfect osteogenesis, rickets and others). It is necessary to take swabs for bacteriological and other tests at the site of skin or mucous membrane lesions that are the result of injuries. In case of suspicion of physical abuse, plan radiography of the skeletal system in order to rule out fractures, and possibly assess the time of occurrence of the injury (old and new fractures), recognize the stage of bone healing and formation of bone callus. When there are clinical signs of a fracture, and they cannot be diagnosed radiographically, computerized tomography (CT) or bone scintigraphy (it is positive as early as 24 hours after the injury, and it can remain for years) (2,8).

TYPES OF ABUSE AND NEGLECT

There are several types of violence against children. They can be divided into physical, sexual, emotional abuse, neglect and exploitation of children (1,9). Violence can be a single incident or several incidents that occur over time.

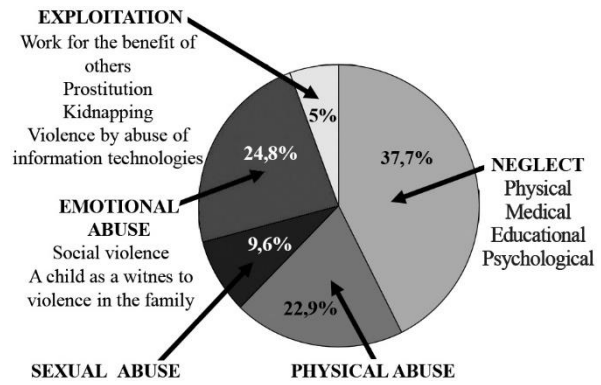


Figure 1. Types of abuse and neglect

Physical abuse occurs when a child is hurt and is not accidental. Physical abuse does not always leave visible marks or injuries. It can include: hitting, shaking, choking, throwing, biting, poisoning and the like. Despite legal prohibitions and the development of pedagogy, parental punishment is still an educational practice that can lead to aggressiveness, as well as numerous problems in children's behavior and mental health. **Child sexual abuse** is the involvement of a child in sexual activity that he does not understand or accept and that is not in accordance with legal or social norms. It can be an activity between a child and an adult or a child and another child who is chronologically or developmentally older. It happens more often in girls, but it is not rare in boys either. **Emotional abuse** occurs when a child is treated in a way that negatively affects their social, emotional or intellectual development. It can be: rejection, name-calling, teasing or bullying, shouting, criticism, isolating or imprisoning a child for a long time, exposure to domestic violence, etc. Experiencing domestic violence can also lead to emotional injury, so it was introduced as a new form of violence. Until recently, there was an opinion that children do not pay attention to conflicts between parents (guardians). However, numerous studies show that this form of violence also leaves consequences for children. Witnessing domestic violence is considered a special form of emotional abuse of children. Children repeat these patterns of behavior later in life, which is called the "cycle of violence". Emotional abuse is usually associated with all other types of violence and it is difficult to recognize it as an isolated type of abuse. Indicators of emotional abuse are given in table 1.

Table 1. Indicators of emotional abuse

Emotional abuse	
Physical indicators	Indicative behavior
<ul style="list-style-type: none"> ▪ developmental or speech disorders ▪ stunted growth ▪ enuresis or encopresis ▪ habit disorders (head banging, biting, finger sucking) ▪ sleep disorders and headaches 	<ul style="list-style-type: none"> ▪ anxiety ▪ inappropriate or infantile behavior ▪ sudden changes in the child's school performance or appearance ▪ depression ▪ emotional instability

Neglect occurs when a child's basic needs are not met, which affects his health and development. Basic needs include adequate food, housing conditions, clothing, health care, personal hygiene and supervision. **Exploitation of children** is used to fulfill the interests of other persons. With this form of abuse, the child is forced into physical labor, prostitu-

tion, pornography and other behavioral disorders (2). One of the big problems of the modern world is electronic violence (*cyberbullying*) which takes place through social networks and online communication. It is defined as a phenomenon in which the internet, mobile phones or other electronic devices are used to send and publish texts or images that cause a feeling of humiliation in a child. Children who are victims of exploitation, i.e. human trafficking, prostitution and pornography should not be publicly exposed and thus stigmatized (10).

THE ROLE OF PEDIATRICIAN

In the process of recognizing and protecting children from abuse and neglect, health workers and health associates at all levels of health care, especially pediatricians, participate. Along with them, institutions and individuals from the social protection system, education, police and judiciary have an important role in this process. Their roles are precisely defined by general and special protocols on child protection in each of the mentioned areas. Pediatricians and pediatric nurses are often among the first to whom a child or his relatives turn for help. It is necessary to recognize risk factors, take care of an abused child and report suspected abuse and neglect (11).

When there is suspicion of abuse or neglect, the following measures should be taken:

- **Medical treatment of injuries or illnesses of the child.**
- **Preparation of medical documentation.** In the medical documentation, in addition to the clinical status, it is necessary to enter data from personal, family and social anamnesis, as well as precise data about the companion and the possible perpetrator of violence. Photographs of the injuries should also be included in the documentation. It is necessary to fill out the form for registration of suspected abuse and neglect, which is submitted to the social worker or another member of the Professional Team which consists of various health workers and associates and must be formed by each health institution.
- **Report to the police,** that is, to the public prosecutor's office. Immediate notification is necessary in the case when the child's life and health are in immediate danger or it is believed that by not taking immediate protection measures, the child's life and health will be in immediate and serious danger.
- **Consult with the Expert Team** whose task is to assess the suspicion and implement adequate measures to protect children from CAN (1,2).

CONCLUSION

Child abuse and neglect can be physical, sexual, emotional, neglect and exploitation. It is the duty of every healthcare worker and associate to suspect, recognize and report abuse and neglect. There are certain symptoms and signs that can indicate abuse and neglect, which every pediatrician must recognize. The cooperation of health and other institutions and organizations such as judicial authorities, police, social protection and education systems, and their coordinated action in which the child's interest is at the center, is necessary.

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