

**CHILD ABUSE AND NEGLECT IN PEDIATRIC EMERGENCY DEPARTMENTS:
FOUR CASE PRESENTATIONS FROM ISTANBUL, TURKEY**

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ABSTRACT

It is fairly difficult to find a universal definition for child abuse and neglect because the values of the individuals within the society, the disciplinary methods applied to children, levels of knowledge on child development and family relationships determine which behaviors are perceived as child abuse and neglect in a society. This study was performed in the pediatric emergency department of a public hospital in Istanbul. All of the cases were retrospectively selected among criminal cases who admitted to pediatric emergency service of the hospital between 2008-2013 by using simple randomization method. In this study, four cases which were diagnosed as child abuse and neglect were included, two of which were resulted in death due to physical abuse. Two of the cases were cases of sexual abuse, and these cases will hopefully serve as a guideline for the management of child abuse and neglect cases for doctors and nurses. In conclusion, since abused and neglected children present at emergency services with a wide range of complaints and clinical findings, any possibility should always be considered and any suspicious case should be evaluated for abuse and neglect.

Key Words: Child Abuse, Child Neglect, Pediatric Emergency Department

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PEDİATRİK ACİLDE ÇOCUK İSTİSMAR VE İHMALİ: TÜRKİYE / İSTANBUL'DAN DÖRT VAKA SUNUMU

ÖZET

Çocuk istismarı ve ihmalinin evrensel bir tanımını bulmada önemli sorunlar ortaya çıkmaktadır. Tanıma ilişkin sorunlar, toplumsal ve kültürel değerlerden kaynaklandığı gibi, konunun disiplinler arası özelliği nedenine de bağlanmaktadır. Bu çalışma, İstanbul'da bir devlet hastanesinin pediatrik acil bölümünde gerçekleştirildi. Vakaların tümü 2008-2013 yılları arasında pediatrik acil servise Kabul edilen adli vakalar arasından basit rastgele yöntem ile seçildi. Çalışmada dört vakadan ikisi fiziksel istismara bağlı ölümle sonuçlandı. Vakaların ikisi cinsel istismar vakası olup, bu vakaların hekim ve hemşirelere çocuk istismarı ve ihmali olgularının yönetimi konusunda rehber niteliğinde olması ümit edilmektedir. Sonuç olarak, istismara ve ihmale maruz kalan çocuklar çok değişik yakınmalar ve klinik bulgularla çocuk acil servislerine başvurduğundan, bu durum her zaman akılda tutulmalı ve şüphe uyandıran her vaka bu yönde değerlendirilmelidir.

Anahtar kelimeler: Çocuk İstismarı, Çocuk İhmali, Pediatrik Acil Servisi

INTRODUCTION

There are important problems in finding a universal definition for child abuse and neglect. Problems regarding the definition are caused by cultural values as well as interdisciplinary nature of the subject. It is fairly difficult to find a universal definition for child abuse and neglect because the values of the individuals comprising the society, the disciplinary methods applied to children, levels of knowledge on child development and family relationships determine which sorts of behavior are perceived as child abuse and neglect in a society (1).

The World Health Organization defines any behavior that negatively affects children's health, physical and psychosocial development and that is perpetrated by any adult, society, or state knowingly or unknowingly as child abuse and neglect (2).

In studies regarding child abuse and neglect in Turkey, emotional abuse was found to be most common with a ratio of 78%, physical abuse was found to be 24%, and sexual abuse was found to be 9% (3). As activities towards defining child abuse and neglect in our country increase, the number of scientific studies on the subject also increases (4,5). Although child abuse and neglect is a common situation in our country and worldwide, there are still difficulties in diagnosing and recording abuse, and starting necessary legal processes as well as the appropriate treatment and rehabilitation processes which should be done by nurses and doctors (6). Therefore, early intervention for abuse during childhood is important in order to prevent or reduce long-term adverse effects (7,8).

Interdisciplinary studies are required to achieve a successful approach to abuse and neglect. An abused child should be evaluated by a properly trained team of experts so that findings don't be overlooked. Cases should be examined without being more traumatized in a special unit that is capable of applying "child friendly examination/evaluation" methods. In such a special unit, it would be possible to take informed consent, to evaluate the story and physical examination in collaboration with relevant disciplines not to make the child more traumatized, to diagnose through laboratory examination results, to treat, rehabilitate, and protect the child (9).

METHODS

This study was performed in the pediatric emergency department of a public hospital in Istanbul city. All of the cases were retrospectively selected among criminal cases who admitted

to pediatric emergency service of the hospital between 2008-2013 by using simple randomization method. Four cases that were diagnosed as child abuse and neglect were included in this study and two of them have resulted in death due to physical abuse. Two of the cases were cases of sexual abuse, and these cases will hopefully serve as a guideline for the management of child abuse and neglect cases for doctors and nurses.

Ethical Approach

Permission was taken from pediatric emergency department and ethical approval for the study was obtained from the ethics committee of the hospital (Ref. No: 2013-01-08/01). Then, parents of the children whose files were selected for examination were informed about the study by calling by phone. Study was started after obtaining consent from the parents.

CASE PRESENTATIONS

Case 1

The three-year old, middle boy of a family with three children was brought to the emergency room of our hospital by his father with the complaint of trauma as a result of falling. In the physical examination, no characteristics, except blood coming from the ear, were found. Vitals were stable, and the patient was discharged after 24 hours of medical monitoring for head trauma. A week later, the child was brought back with the complaint of facial asymmetry while talking. In the physical examination, a hematoma was observed in the upper back of the left eardrum. In the computerized brain tomography (CBT), left temporal linear fracture and a hematoma in the middle ear were found. The patient was discharged after being treated for left peripheral facial paralysis. Four months later, the patient was brought back to hospital for falling down from a balcony of 3-4 meters high. In the physical examination, left periorbital edema and red ecchymosis, surface lacerations and disfiguration in the left temple and cheek, and palpation pain and disfiguration in the right forearm were found. In the right forearm graphy, spiral fractures were found in the forearm bones. The wound was cleaned in the emergency room and the arm was splinted. The evaluating doctor suggested inpatient treatment due to doubt of abuse. However, the father didn't accept admission and took his son home. Then, a forensic report was written by the doctor and was given to the hospital police. As a result of questioning, the father was found to be unemployed and alcohol addict. The father was put on trial for child abuse. He

was sentenced to one year and six months in prison. A report was filed to the Social Services Directorate (SSD). Evaluation of the other children in the family was also suggested (Table 1).

Case 2

2.5-year old, little boy of a family with two children was brought to our hospital by his stepmother with the complaint of loss of consciousness. In the physical examination, spontaneous breathing was absent, and there was no pulse. The pupils were fixed dilated, and there was no light reflex. The patient was intubated and cardiopulmonary resuscitation was applied. There was no response to 30-minute resuscitation, and exitus was confirmed. Since cause of death was doubtful, the doctor filed a forensic report to the Public Prosecutor. In the postmortem examination on the next day, old and new ecchymosis with diameters of 0.5-1 cm in the neck, chest, back, and lower extremities, a red-purple ecchymosis with 1 cm diameter on the right eyelid, a red-purple ecchymosis with 0.5 cm diameter on the right side of the forehead, and a 6 cm healing old wound with scabbing behind the left shoulder were found. In the autopsy, widespread red (new) ecchymosis was found in the occipital area and on the hair skin on inner side of the vertex as well as a linear fracture in the occipital bone. As a result of the legal investigation, it was found that the mother was having her second marriage, the child who was abused was from the first marriage of her spouse, they have been married for a year, and since her spouse was a long distance driver, he was spending most of his time out of town. It was found that the mother pushed the child, the child fell onto a hard surface and bumped his head. After that, she kicked the child with her feet until the child passed out and then she poured water on the child to awaken him. She took the child to the bathroom where she shook him by the shoulders and poured water on him with a hose. Following that, she hit the child's head to a wall in the process, and eventually got panicked and took the child to the hospital when the child didn't wake up and started wheezing while taking breath. The mother was arrested and put on trial for manslaughter with gross negligence. She was released within nine months. The other sibling was put in an orphanage (Table 1).

Case 3

As a result of constant noise from a house where a father lived with his two daughters at the age of 12 and 13 years, and after 13-year old sibling told neighbor's daughter that "they had sexual relationships" with their father, the neighbor reported the incidents to the police, and the

children were brought to our hospital for examination with the suspicion of physical and sexual abuse. After the interview done with the older 13-year old sibling, it was learnt that mother of the children has left them and they were living with their father, who was working as a musician at weddings. The child reported in the interview that they got along with their father very well, he cared for them, their mother constantly abused them physically while their father was protecting them, and she loved her father very much. The child was constantly asking many questions during the interview such as "where is my father; did he eat; is he sick; they won't send him to jail, right?" and she was observed to be extremely attached to her father. In the physical examination, nothing was found to create suspicion for physical abuse. However, as a result of the legal investigation, it was found that the father had incestuous relationships with both daughters; and that sexual abuse, which started with kissing and touching, increased with the father showing his genitals and asking daughters to touch it and showing attempts for coitus. In the rest of the interview, it was understood that the child have not realized that she was going through abuse, she thought that she formed a bond of love with her father and she tried to compensate the lack of motherly love with her father, and she tried to protect her father not to lose his love. The incident came out in a conversation where the two girls shared their experiences about boyfriends with their neighbor's daughters. The sisters told that even though they didn't have boyfriends, they experienced such things with their father. After their friends told them that this wasn't normal, they realized for the first time that they had gone through something bad. After the statements of the father, witnesses, and children were taken and the forensic examination was performed, the father was arrested and sent to prison. The sisters were put in an orphanage (Table 1).

Case 4

A 4-year old girl of a family with three children was brought to our hospital due to foreign body aspiration by his step mother. During the physical examination, it was determined that the child had respiratory distress and a foreign body was found in the child's respiratory tract. After the intervention, foreign body was removed. There were also numerous old and new lesions on the child's body. The general examination revealed that the child's height and weight were between the 5th and 10th percentiles compared to his peers. It was observed that the child was silent during the examination as she was guilty. On the other hand, the child's mother was angry

with her and frequently complained about her during the examination, saying that she was inattentive, hyperactive, and disobedient, and that she was falling all the time, fighting with her friends, and did not fear of anything. The child had body lesions and old burn stigma. Due to suspicions, the mother was interrogated and she reported that the child, who was subjected to abuse, was from her husband's first marriage and she had two children from her first marriage. During the cross interrogation, which was based on the results of the child, the mother stopped resisting and accepted that she battered the child. As a result of the legal process, the child was placed in an orphanage and the mother was released from custody. 4 months after the incident, the police reported that the child's parents missed her and they wanted to take her on holidays. Therefore, the state gave the child to his parents for the holidays. After taking the child, the family requested guardianship and this request was accepted. The child continued to stay with the family. However, after 4 months, the child was hospitalized due to brain trauma and lost her life (Table 1).

Table 1: Distribution of Features of Cases

	Case 1	Case 2	Case 3	Case 4
Age	3 year	2.5 year	13 year	4 year
Gender	Boy	Boy	Girl	Girl
Number of siblings	3	2	2	3
The marital status of parents	Married	Married	Divorced	Married
Abuser	Father	Stepmother	Father	Stepmother
Injuries	Trauma as a result of falling	Falling in the park and loss of consciousness	Incest	Respiratory distress and airway foreign bodies
Severity	Serious	Serious	Serious	Serious
Recurrent signs of abuse	Facial asymmetry while talking; Left tympanic membrane hematoma in the upper back on physical examination; Left temporal linear fracture and hematoma in the middle ear in computed tomography (CT)	Old and new bruises with a diameter of 0.5-1 cm in the neck, chest, back and lower extremities; Red-purple ecchymosis with a diameter of 1 cm on the eyelids; Red-purple bruises with 0.5 cm diameter on the right side of forehead; 6 cm recovering scaly old wounds behind the left shoulder.	Repeated sexual abuse	Lesions and old burn scars on her body
She/he was delivered to whom	Father	The child died in hospital admission	Both sisters were placed in orphanage	Institutional care was taken
Forensic report	Yes	Yes	Yes	Yes
Signs of discharge from hospital	-	Dead	-	Dead

DISCUSSION

In these case studies, doctors and nurses who suspected child neglect and abuse prepared forensic reports according to Turkish law and made official complaints. Two of the cases resulted in death.

Medical studies that were conducted on child neglect and abuse since the 1960s have led to the foundation of child protection centers in developed countries. On the other hand, in Turkey, medical staff have been interested in clinical aspects of child abuse and neglect during the last 10-15 years (4,5). Despite these efforts, the lack of a separate child protection law which determines various levels of child abuse and neglect according to the country's cultural and social norms is an important shortcoming. Due to these reasons, uncertainty regarding professional response to child abuse and neglect continues to exist in the laws of Turkish Republic. The obligation to submit reports to legal authorities instead of the Social Services Directorate (SSD) when child abuse is suspected, leads to problems in monitoring families after legal procedures and in reaching services that the families need.

Health professionals who work with children do not know when and how to report most of the abuse and neglect cases (3,10,11). A multidisciplinary approach is necessary for reporting cases of child abuse. In addition to the doctor's diagnosis and referral, the child, his/her family, and even the abuser should be diagnosed and treated. Moreover, a child-friendly approach should be adopted during social rehabilitation and legal process. The lack of such a team causes professionals to feel insecure and to avoid reporting the incident (3,11). In one study, it was observed that 31.4% of the cases were not reported to any institution (11). In child abuse case management, health professionals' clinical knowledge seems to be insufficient as well as their knowledge on legal procedures that are relevant with child abuse cases (11).

In faculties of medicine and nursing education programs, the subject of child abuse and neglect has been included in elective courses for 1-2 hours only in recent years. The lack of in-service training regulated by law makes it difficult to identify child abuse for doctors and nurses as well as lack of accurate and fast screening tools for the evaluation of any possible abuse at the emergency services (9,12). However, the awareness of Turkish health personnel regarding child abuse and the presence of the subject of child abuse in the agenda have become more prominent in recent years (4,11).

Clinical findings observed during physical examination, discrepancies between the mechanisms of lesion formation and the family's story, inability to receive detailed information from the family, family members' accusations against each other, inconsistent or constantly changing stories, and late presentation at the hospital should raise suspicions of possible abuse and neglect (13). The lack of organic causes that can explain the complaint in the first case, the discrepancy between the story of the family and the lesions which were thought to be caused by physical abuse, and late presentation at the hospital in the second and fourth cases, and inconsistent reports in the third case led us to consider the possibility of abuse. In the fourth case, detecting growth deficiency in addition to abuse confirmed also the presence of medical and nutritional neglect. In possible abuse cases, laboratory examinations including complete blood count, detailed biochemical analysis and complete urinalysis, bleeding and coagulation tests, complete body skeleton graphs for the detection of fractures and soft tissue trauma, nuclear scintigraphic methods, abdominal ultrasound for the detection of organ damage, cranial tomography and/or MR imaging for the determination of intracranial damage should be performed and all lesions should be photographed for forensic purposes (13,14). These examinations were carried out in all of our cases.

In a study by Gencer et al (15), 16.1% of children who presented at the emergency service with home accidents were determined to be possible abuse cases. This finding indicates that the health personnel should adopt a different approach for the cases who present with accidents in particular (15).

The most important risk factor for abuse-related skeleton trauma is the age of the child. 58% of the children were aged under 3 years old while 90% of fractures were observed in children under 3 years old (16). All of our cases were less than 5 years old except for one. Preventing abuse is a difficult topic.

Factors that cause child abuse and neglect include economic difficulties, broken families, parents' diseases, domestic violence, and immigration (17,18). In our cases, typical risk factors of child abuse and neglect were observed in various combinations such as single parents, low socio-economic conditions, parents with mental disorders, and having multiple children. However, the presence of these risk factors did not trigger early diagnosis in our study. Other risk factors including mother's and/or father's substance addiction, low educational level, parents under the

age of 20 years, and isolated life conditions should be considered in the evaluation of suspicious abuse cases (19).

Symptoms of repetitive abuse were observed in three of our cases in the form of physical abuse and neglect, and in the form of sexual abuse in one of them. Sexual abusers usually have low educational and socio-economic levels. The family generally includes a single parent (20). The results of our cases are in parallel with the literature. In particular, sexual abuse can be insufficiently identified in Turkey due to the lack of in-service training and society-based multidisciplinary organizations.

In conclusion, pediatric emergencies are common throughout the world and in Turkey. On average, 12.5 million babies, children, and adolescents use emergency clinics. Among the emergency care team members, nurses are the first people who determine the child's condition and priority in the treatment queue at pediatric centers (21). Therefore, emergency doctors and nurses should be alert for the symptoms of abuse and neglect in children. Children are also subjected to the recently increased violence in the society. Awareness of health personnel and their knowledge and interest on the acts of child abuse and neglect, which is among the main factors affecting children's physical, psychological, and emotional development, are very important. In addition, it is difficult to diagnose patients who present at emergency services if the possibility of child abuse and neglect is not considered. Since abused and neglected children present at emergency services with a wide range of complaints and clinical findings, the possibility should always be considered and any suspicious case should be evaluated for abuse and neglect.

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