Prevention of Child Abuse

Makiko OKUYAMA

Director, National Center for Child Health & Development

Abstract: Child abuse has recently become the focus of attention as a significant social problem with the number of related consultations drastically increasing 15-fold in the past 10 years. The “Law Concerning Prevention of Child Abuse” also came into force in 2000. The law stipulates the obligation of physicians to take appropriate measures to detect any abuse in its early stages and to report any such abuse once detected based on Article 25 of the Child Welfare Law. The major objective in preventing abuse is to protect children from physical and psychological risks. To achieve this objective, medical personnel are requested to take measures to protect children in conjunction with other organizations. Their protective role is a broad one that includes not only the detection of abuse but also the medical evaluation of such abuse, treatment, legal measures, in-home care, and prevention itself. This paper explains the definitions of abuse, its classification (physical abuse, neglect, sexual abuse, psychological abuse, and special forms noted clinically) and the role of medical care.

Key words: Child abuse; Role of medical treatment; Child abuse prevention law; Children's rights

Introduction

Recently, child abuse has been capturing the attention of this society. The number of consultations brought to children’s counseling centers throughout the country has rapidly risen by approximately 15 times in 10 years, from 1,171 cases in 1991 to 18,804 cases in 2000 (Fig. 1). This increase, however, could be representing an increase in the discovery of abuse due to enhanced social awareness rather than an increase in the rate of abuse itself. However, it is true that some individuals directly involved with the issue claim that the actual number of abuse is also increasing. The number only represents the number of incidents of consultations at children’s counseling centers, which is only the tip of the iceberg of large scale abuse. In reality, it is thought that many more children suffer abuse.

The role of physicians is significant in protecting such children. The duty of early discovery
on the part of a physician is explicitly stated in Article 5 of “the Law Concerning Prevention of Child Abuse (henceforth, Child Abuse Prevention Law)” that was put into effect in 2002. It has also been reemphasized that those who discover signs of abuse must report to a children’s counseling center or a welfare office in accordance with Article 25 of the Child Welfare Law. However, the role of healthcare professionals is not limited to discovery and prevention. Protection of children, medical evaluation of the abuse, physical and mental treatment of children and their family, and prevention of abuse are also important roles of healthcare professionals.

What is Child Abuse?

Child abuse is a serious violation for the rights of children, as the minority status in our society. Specifically, it includes physical abuse, neglect, sexual abuse, and psychological abuse.

Physical abuse is physical violence such as hitting, kicking, and burning. Fracture, intracranial hemorrhage, and internal hemorrhage are also common besides skin injuries that can be seen. This is a type of abuse that must not be missed by physicians. Early protection is particularly important for infants who tend to be under greater danger.

Subdural hemorrhage and retinal hemorrhage by the rapture of bridging vein caused by being shaken is not uncommon among infants, whose heads are relatively heavy, making it difficult to keep their necks steady. This is called “shaken baby syndrome.” This may also accompany fracture of ribs or limbs where the infant was grabbed for shaking, although such findings are not required for the diagnosis of this syndrome. There is also a special form of abuse called “Munchausen by proxy.” This diagnosis is used for parents who create diseases for their children so that they can be admitted to hospitals repeatedly. For example, some parents may give large doses of purgatives for another hospital admission, endangering the child’s life. Those parents seem to desire medical attention.

Neglect refers to not providing care necessary for children. This includes not only failure to care for children physically, such as not giving nutrition, not keeping them clean, and not maintaining livable temperatures, but also not giving their emotional need or endangering children by neglecting to keep an eye on them. For example, leaving a child alone in the parking lot while playing pachinko for a long time also falls under the category of neglect.
also includes healthcare neglect, which refers to neglecting to have children receive healthcare such as vaccinations, and medical neglect, which refers to not providing the child necessary medical attention. In any of these cases, early intervention is important as life can be endangered.

Sexual abuse is referred to exposing a child to sexual stimulation inappropriate to their developmental age. Even when there is no sexual contact, taking pornographic pictures of children or showing pornography to children also falls under the category of sexual abuse. Victims are not necessarily girls, and also include boys; the age ranges from infancy through adolescence. While the “Child Abuse Prevention Law” limits the term for cases when the offender is the guardian of the child, all adults including grandparents, relatives, and acquaintances are also considered potential offenders of sexual abuse in most developed countries. While sexual abuse may also entail medical harm to the body, such as laceration of genitals and sexually transmitted diseases, it also puts children at a high risk for mental damage such as dissociative disorders and sexual acting out.3) Early separation from the abuser and mental care are absolute requirements.

Due to a high risk for mental damage, psychological abuse is the most difficult abuse to handle. Much attention has been paid by those living in countries well advanced in dealing with abuse, such as in North American countries. This includes verbal abuse, such as repeatedly telling a child, “You should not have been born” or “You are a demon,” speaking words that are degrading to a child, putting a child through a frightening experience, showing favoritism among siblings, forcing a child to commit crimes such as theft, and continually putting excessive expectations on a child to achieve what the child cannot do.4)

**Discovery of Abuse**

Parents or children involved in the abuse will hardly ever report it themselves. Discovery of abuse, therefore, always begins with suspicions. Since healthcare providers are not used to doubting people, they may even feel a sense of guilt associated with such suspicion. Nonetheless, the goal is not to punish the parents but to support parents and children so that children are protected, which can not be happened without suspicion. Suspicion is important.

We suspect abuse when we notice anything “unnatural.” For example, we need to notice the unnatural nature of things such as frequent accidents that would not occur under normal conditions, an injury that one would not get simply by falling, an unnaturally long period before seeing a doctor, an explanation that does not make sense in light of the injury or disease or one which changes with time, and medically unexplainable malnutrition or short height. Even in relation to a child’s behavior, it is important to suspect abuse when there is lack of expression, overly affectionate behavior towards anyone, fear or tension in the presence of parents, or sexual behaviors and comments unbefitting of age.

**Initial Intervention**

Initial intervention is needed when abuse is suspected. The most important objective of intervening to abuse is to protect children from physical and mental risk. There are four dangers children are exposed to in abuse: danger to life or danger that leaves permanent bodily injury, danger that leads to mental disorders, danger that certain behaviors might cause abuse to recur, and danger that a person might turn into an offender who physically abuses the weak or abuses one’s own child. The objective is to protect children from such dangers.

If abuse is actually suspected, it is important to listen to children and parents separately, if the child is old enough to talk. Physicians can be creative in doing this, such as by asking the child questions during examination in a separate room or by having a nurse to ask the child...
questions as the nurse plays with the child while the physician is talking to the parent. Abusive parents do not always appear to be violent people. Appearance should not be the basis of judgement, and attention should be paid to the content of the story and how it may change. Content of what parents and children tell should be recorded as precisely as possible. Other thing should be recorded is how the child or parent acts or interacts.

Then, before physical examination children must be given an adequate age-dependent explanation so that they do not feel anxious. After having them take their clothes off, condition of skin, presence of any scars, body proportion, and symmetry should be examined. Physical examination of the entire body should then begin, and conducted thoroughly. If violence to the face is suspected, it may be necessary to have the child examined at an ophthalmology or ENT clinic.

However, since children who have undergone sexual abuse may experience further psychological damage by being seen without clothes, there may be situations when physical examination should not be performed or performed only by an experienced physician or a female doctor. When physical examination needs to be conducted immediately, the child must be fully convinced of the purpose and methods of the examination, and examined slowly so as to alleviate any anxiety. It may be a good idea to have a nurse continually speak to the child so that the child will feel safe. Visual inspection is generally considered sufficient when examining the genitals in the case of sexual abuse. One must be careful not to unnecessarily cause further psychological invasion. It is also important to record findings that have been obtained through the examination.

When neglect is suspected, it is important to take a look at the “maternal and child health handbook.” This may be helpful in verifying whether there has been failure to keep records and whether the infant has been receiving routine check-ups and vaccinations, as well as in determining when the child might have been most neglected by drawing a growth curve based on the information on height and body weight. Also, systemic bone imaging may be required when physical abuse is suspected, and blood tests may be helpful when malnutrition is suspected.

It is also meaningful to ask nurses and receptionists about their impression of the parent and child, since parents who may show commendable behavior before physicians may act more aggressively in front of nurses or hit the child in front of receptionists. Children should be actively admitted not only when their physical condition medically requires admission, but also when treatment could be given at home under normal circumstance, so that the child can be protected.

When it seems that there is abuse, it should be reported to the child guidance center. There is no need to prove abuse. A report must be filed if there is any reason for suspicion. However, notifying parents about the report is a very sensitive matter. It seems that it is commonly more effective to notify parents upon consulting the child guidance center. When notifying parents, it is important not to accuse them, but to explain that it is necessary to ensure a good parent-child relationship. Parents who abuse their children are not necessarily evil people. It is not uncommon that they are troubled by or that they are anxious about the vicious cycle of their relationship with their children. Physicians can explain to the parent the fact that physicians have the duty to report to the child guidance center when abuse is suspected, and let the guidance center handle the subsequent notification.

Medical Evaluation of Abuse

Medical institutions may be asked to perform medical evaluations of a child suspected of having been abused. When physical abuse is suspected, detailed systemic examination and systemic bone imaging are required, and when
head injury is suspected, facial bone CT, head CT, ophthalmologic examinations, ENT examinations, and EEG will be required. However, since x-ray findings can be very difficult to interpret in the case of abuse, it would be desirable to consult a pediatric radiologist. Additional examination may also be required; for example, dermatological findings will be required for burns, and echography will be needed to verify the presence of any internal hemorrhage when there is abdominal pain.

When there are growth problems or slow development possibly caused by neglect, nutritional conditions and the state of development should be examined in order to differentiate them from metabolic diseases or endocrine diseases. When sexual abuse is suspected, the presence of sexually transmitted diseases should also be verified in addition to examination of genitalia.

While mental evaluations of children should be made in all abuse cases including psychological abuse, this may not necessarily be possible due to limited number of specialists. Nevertheless, any notable behaviors should at least be recorded.

Abuse is made through holistic judgement. Although one finding renders the possibility of abuse low, multiple findings may reveal a very high possibility of abuse. It is, therefore, important to always keep in mind the importance of seeing the big picture rather than only one finding. Request for such systemic assessment will likely increase in the future. While the topic of abuse is given a chapter in pediatric textbooks overseas, it is not yet mentioned in most Japanese textbooks. Physicians who see children will need more knowledge on medical findings of abuse.

**Treatment**

Some children may require treatment of physical injuries and medical rehabilitation for sequelae as a result of abuse. It is not uncommon for parents not to follow instructions in the case of abuse. Therefore, it is important that we make sure they are being compliant with drug treatment and other necessary care for their children. Mental care is also commonly required for children and parents. Besides post-traumatic problem of an abused child, mental problems in a child that have been caused by abusive or neglectful parent-child relationships are also said to commonly lead to a high risk such as personality disorders in the future. The need for mental care may increase in the future also from a social standpoint.

**Legal Response**

Chances of physicians encountering legal situations other than situations of abuse may be increasing. Physicians should not feel uncomfortable dealing with law, and thereby avoid any involvement, but rather, they should respond in a proper manner so that many children can be helped. Even when it is difficult to verify that a child has been abused, physicians should be able to at least prove their own findings. Further development of forensic medicine may be needed.

**Home Support**

There may be times when providing home support becomes necessary, rather than separating parent and child, even when abuse exists. In such cases, healthcare professionals may need to function as members of a supportive network for the parent and child, cooperating with the team so that the parent-child relationship will improve, while monitoring them from a medical standpoint. Many parents wish to correct their children’s behaviors by scolding them very harshly or by giving them physical punishment. This, however, frequently causes the children’s behaviors to worsen in the long run. Parents would then continue to try to correct the worsening behaviors by hitting and scolding them very strongly. A lot of parents will continue using the same methods even
when they seem futile because they do not know any other methods. Sometimes it is helpful to teach parents alternate methods of handling their children, such as the “time out” method rather than those that aggravate their children.

Also, it is not uncommon for parents themselves to have been abused as children or to have grown up feeling unloved. There is a growing number of places that support parents such as through counseling and support groups. There are times when we need to refer parents to such supportive places. Phone counseling conducted by civilian networks is also often helpful for parents. This requires us to be resourceful in information on our local society and to deepen our connections.

Abuse may worsen even when many organizations are cooperatively supporting families at home. When heightened danger is sensed, intervention is necessary in cooperation with the child guidance center. It is a tragedy not only for children themselves but also for parents when a child dies or develops sequelae. Protecting both parents and children from such danger is the least that is required of us.

**Prevention**

It would be ideal if we can prevent abuse from happening to children. In particular, studies have shown that premature babies who were immediately separated from parents upon birth, and children who are difficult to raise, such as those with disabilities, are more prone to abuse. Since healthcare professionals are more likely to encounter such parents and children, it is important that they offer appropriate support and prevent abuse.

**Conclusion**

Although healthcare professionals have only just started to get involved with child abuse, the expectations of people in other fields have for them are surging. It is, therefore, with great urgency that healthcare professionals need to prepare themselves to deal with such situations.

**REFERENCES**


