CHILD ABUSE AND NEGLECT: PERSPECTIVE FROM KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE

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In the past, child abuse was not readily recognized and, therefore, tended to be ignored. Internationally, child abuse has only become more visible over the past two decades. The historical literature offers enough proof that child abuse has always existed, showing that it has been practiced by many societies since ancient times. Abusive practices that would not be accepted today were part of the lifestyle until the last century.[1] In the US, the reported incidents for all forms of child abuse increased by 50%, from 30 per 1000 children to 45 per 1000 between 1985 and 1992.[2] Under some circumstances, females, children who were handicapped, malnourished, or younger siblings faced selective neglect by their families. Also, the risk of abuse was found to increase in cases of premarital conception, youth marriages, unwanted pregnancies, as well as in those families encountering social isolation and financial difficulties.[3]

In recent years, Saudi researchers have gained more knowledge about what was thought to be a rare event, and frequent reports of child abuse have found their way into the medical literature. For example, Munchausen's syndrome by proxy is considered to be a rare form of child abuse. However, it was recognized and reported in Riyadh as early as 1990.[4,5] Other unusual presentations of child abuse have also been reported in the Kingdom recently[6] which demonstrate the unlimited capacity of adults to commit inexplicable acts of violence against young children. It is also an indication of the increasing awareness of medical personnel to such acts. These cases clearly show that the time has come for the Kingdom of Saudi Arabia to establish national guidelines to assist medical personnel in dealing with child abuse cases, making it difficult for abusive adults to control the future of these helpless children.

As physicians, we have three main responsibilities in cases of child abuse: detection, reporting and prevention. The most important consideration is to protect the child from further abuse by admitting him/her to hospital, even though the injuries themselves may not require hospitalization, and to initiate the necessary legal action. In order to help physicians recognize cases of child abuse, the following important factors need to be taken into consideration during their assessment:

Medical History

1. Many cases of physical abuse are first suspected because the injury is unexplained. More commonly, the explanation is offered, but is inappropriate, due to inconsistencies between the history offered of a comparatively minor trauma and the physical findings of a major injury.
2. History of previous episodes is important, although difficult to confirm, particularly because parents who injure their children usually visit different hospitals for each episode of injury.[7]

Physical Examination

The physical examination should be complete if the child's condition allows. It should include an inspection of the external genitalia and perianal area. Attention to the following may be helpful:

1. Retinal hemorrhage may be the first clue in the diagnosis of subdural hematoma.
2. The presence of multiple injuries of differing ages is the classical appearance of child abuse.
3. A bruise on a part of the body that rarely bruises, such as the buttocks.
4. Head injuries are responsible for much of the mortality in child abuse and need particularly careful examination.[7]
5. Very low core temperature in cases of cardiac arrest indicates arrest for a long period.
6. Intentional immersion burns are usually uniform in depth.

Radiographic Features of the Skeletal Injury

The site, appearance and multiplicity of fractures play a unique role in the documentation of abuse. Fifty years ago, the radiologists Caffey and Silverman were the pioneers in providing evidence to establish the fact that certain bony injuries and lesions in children could only be explained by trauma as a result of an adult's violence towards a child in an effort to punish or control him/her. Typical injuries which can be detected radiologically include long bones of the arms and the legs, which are the most frequent sites of trauma in cases of child abuse, followed by skull and rib fractures. They are most obvious during the healing phase due to the focal thickening from callus formation. In a battered child, such fractures are usually multiple, and most frequently, posterior. Ninety percent of abuse-related rib fractures are seen in children under two years of age. Metaphyseal lesions provide a definite diagnosis of child abuse in infancy, since infants on their own will not have a fall or a trauma with a force severe enough to produce these fractures. Loose attachment of the periosteum to the underlying cortex of the long bones transmits most of the dynamic force associated with the trauma to the metaphysis. Fractures of the clavicle, while rare in child abuse, may strongly suggest physical abuse, especially if they are of the distal end of the clavicle in infants who are not yet walking or affected by bone disease.[7,8]

The treatment of abused children and their families is very difficult. The most immediate action in the treatment of all forms of child abuse is to halt the abuse by removing the child from the abusive environment. However, this is not very easily accepted in our culture, due to the absence of a legal system that regulates this issue. One solution in the Kingdom would be to appoint a relative who can care for the child until the problem is solved. The second and most important part of the treatment is psychotherapy for both the patient and his or her family, in order to allow the family to function independently without serious risk of more abuse.

King Faisal Specialist Hospital and Research Centre (KFSH&RC) is the first hospital in the Kingdom to develop a program to detect, report and prevent child abuse. A Child Advocacy Committee was initiated in 1994, and this Committee established an internal policy and procedure for dealing with all cases of child abuse. This policy was adopted by the hospital administration and involves the hospital security department, which in turn reports to the Riyadh legal authorities all cases of suspected or proven child abuse seen at or admitted to KFSH&RC. This is the first such policy in the Kingdom and it was modeled after the child abuse policies used in North America.

We recommend that other institutions establish similar committees, and adopt and enforce similar policies for the benefit of the children of Saudi Arabia. The establishment of these committees would be followed by other committees at the regional and national level, aimed at promoting awareness of child neglect and abuse, identifying the incidents of child abuse and the factors related to it in this country, and establishing treatment guidelines for both the child and the abusive adults. In conclusion, we must keep in mind that abusive behavior is not sanctioned in our traditional Islamic culture.

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