

Międzywydziałowa Katedra i Zakład Zdrowia Publicznego
Akademii Medycznej w Lublinie
Interfaculty Chair and Department of Public Health, Medical University of Lublin

HANNA SKÓRZYŃSKA, IWONA CHMIEL-PERZYŃSKA,
ADAM PERZYŃSKI

*Evaluation of abilities to recognise child maltreatment
syndrome among doctors*

Ocena umiejętności rozpoznawania przez lekarzy syndromu
dziecka maltretowanego

The term child maltreatment syndrome is understood as a set of physical and mental symptoms occurring in children who are subject to intended or unintended actions on the part of adults that have a negative influence on the child's psychophysical development. Four forms of child battering are distinguished: physical maltreatment, mental battering, sexual abuse and negligence of the biological and mental needs of the child.

The phenomenon of child maltreatment is a social problem worldwide, including Poland. It has been estimated that it concerns from 1 to 3 % of the population at the growing age. Using different forms of violence towards children has got a negative impact on the overall development of the child and can trigger irreversible consequences, both direct and indirect, in the child's somatic and mental health. Therefore child maltreatment syndrome is considered a disease syndrome. Interdisciplinary conduct is extremely significant in detection and treatment of the pathologies of this type. Preventive treatment should include these professional groups and these people who have got frequent direct contact with children, who are acquainted with family environment and who, on the basis of the child's observations, are able to recognise any deviations in his or her somatic and mental state that could imply possible cases of maltreatment(1, 2, 3, 4).

OBJECTIVE

General practitioners play an especially crucial role in the preventive treatment and early detection of the child maltreatment syndrome. Proper conduct of the medical interview, specific examination of the subject with special attention paid to physical and mental symptoms of child maltreatment syndrome and a close inspection of the child family situation should enable the practitioner to make a correct diagnosis. The aim of this paper was to evaluate the abilities to recognise symptoms of child maltreatment syndrome by general practitioners.

MATERIAL AND METHOD

The questionnaire research was carried out among 96 general medical service doctors from Lublin and the region, who have a direct contact with children at their work. In the research a survey questionnaire was used consisting of two parts and containing 22 questions, of which 11 required one answer and in 11 multiple answers were admissible. The questions covered the subject of recognition and preventive treatment of the child maltreatment syndrome. The survey was carried out from April to September 1999.

RESULTS AND DISCUSSION

In the group of 96 doctors taking part in the survey 68.6% were women and 31.4% men. The age of the subjects ranged from 25 to 76 (an average age was 42.4). The average period of professional practice was 16.9 years and ranged from 1 to 45 years. The group under the survey involved 46% of paediatrists, 19.9% of family medicine specialists and 34.1 % of general practitioners. All the participants of the survey had a direct contact with children and youth in their work. 68.6% of the subjects worked in the cities of the population bigger than 100,000, and 31.4% in towns and villages.

At the outset the respondents made the self-evaluation of their abilities to recognise child maltreatment syndrome. 69.7% of the doctors declared capability of the recognition of its symptoms. Among the remaining part 26.4% claimed that they could recognise the symptoms but only after a more specific insight into the problem. On the other hand, 3.5%, were unable to recognise child maltreatment syndrome. This is the evidence of lack of knowledge and competence of one third of the doctors as regards the identification of the problem.

61.3% of the the group of the doctors under examination have come across the cases of children maltreated by adults in their work and most of them, i.e. 79% of the group (48.8% of the total number) consider it a rare phenomenon, whereas 21% (12.8% of the

total) regard it as frequent. The remaining 38.7% of the respondents claim that they have never encountered such cases. Similar evaluation of the problem scale concerned teachers, who were subjects to an analogous survey. 61.7% of them recognised children who were subject to battering, and 7.1% considered child maltreatment syndrome frequent.

The symptoms of physical maltreatment and consequences of corporal punishment are usually apparent for a specialist who knows the symptoms of child maltreatment syndrome. During physical examination he can notice untypical location of injuries, changes in different phases of healing process, untypical scalds etc. More than half of the respondents (54.7%) claimed that they had to do with the child with symptoms of physical abuse in their work. The most frequently recognised signs of the use of corporal punishments were bruises and marks of hitting on the body. 53.5% of the respondents have dealt with such cases. 17.4% of the doctors recognised swellings in different parts of the body that might have been the result of physical battering. 12.8% of the doctors under the survey have been concerned with the injuries on the body in various stages of healing, 11.6% - with the repeating fractures and dislocations, 7% observed marks of burns with the use of cigarettes and other hot things. During their professional practice 45.3% of the doctors under examination have not coped with the problem of children who were victims of physical abuse by adults.

The use of physical violence towards children triggers changes in behaviour and creates the defensive approach aiming at hiding the fact of being battered as well as avoiding another 'punishment'. 67.4% of the group under the survey observed peculiar behaviour in children and regarded them as a consequence of physical battering. The largest percentage of the respondents (36%), observed excessive aggressiveness of children, while 26.7% were concerned about undue apathy and isolation from the group of coevals. Examining their patients, 32.6% of the respondents observed in children fear of a sudden touch manifesting with dodging or crouching, 29.1% - reluctance to undress in the presence of doctors, and 23.3% - weariness and alertness not to reveal the truth. The lowest percentage of the respondents observed in children their fear of confrontation with parents (16.3%) and an attire unsuitable for the weather aiming at the will to hide his or her injuries (11.6%). More than one third of the respondents have not recognised any changes in children's behaviour that could result from the fact of being subject to corporal punishments and physical violence.

Parents or foster-parents usually wish to hide the fact of battering the child from other people. The doctor who speaks with a child patient in private can sometimes get a completely different version of events than the one presented by the parents. 26.3% of the respondents claimed that they have dealt with the case when the reasons for the disorder given by parents differed from the one given by their child, which was usually connected with the use of physical violence. 32.8% of the subjects have observed such cases but did not associate them with the fact of battering. The largest percentage (40.8%) admitted they had never identified any gaps between children and parents' versions.

Another form of child maltreatment is using mental violence. It instigates, most of all, inability to fulfil child's emotional needs, which results in the growing number of stress, tension and fear, and makes the child cease to believe in his or her capabilities. It must also be remembered that mental battering (similarly to physical) plays the essential role in the development of emotional disorders. The recognition of the fact of child mental maltreatment is the issue of great difficulty for a doctor, as it is not accompanied by any physical symptoms. Most frequently it is manifested in behaviour disorders, sometimes even auto-destructive ones.

Among the doctors taking part in the survey only 33.75% have never observed any symptoms indicating the fact of mental maltreatment of the child. The remaining respondents also mentioned: emotional rejection and a lack of support (33.7%), exerting an excessive pressure on the child (31.4%), intimidation (27.9%), verbal degradation in the form of insult or humiliation (25.6%) as well as mortifications and slander (10.5%).

A large group of doctors claim that they have recognised symptoms being the consequence of mental abuse in their child patients. As many as 41.9% of the respondents observed urination and defecation without any medical reasons. The same percentage of the subjects (41.9%) observed a lack of self-confidence and low self-esteem. 37.2% recognised speech disorders being the consequence of an excessive nervous pressure, 34.9% - frequent headaches and stomach aches with no medical reasons. 25.6% observed instinctive movements of muscles, particularly on the face, 22% - frequent lies and/or inadequate fear of the consequences of wrongdoing, 18.6% - excessive obedience to adults, and 15.2% - withdrawal and depression. Some of the respondents recognised extremely radical actions of their patients, including escapes from home (18.6%), and suicidal attempts (11.6%). Only 27.9% of the doctors have not observed any symptoms resulting from the fact of mental maltreatment. Thus, it seems that somatic disorders in children are often linked with the fact of mental abuse.

The respondents also observed numerous symptoms of physical and emotional negligence. Among them most frequent were: hygienic negligence (55.8%), disturbed physical development, a lack of appropriate medical and dental treatment (36%), injuries and accidents being the consequence of a lack of attention of adults (31.4%).

Sexual abuse of the child is understood as implication of the child into the sphere of sexual activity inadequate to his or her stage of emotional development. 73.3% of the respondents have never observed any cases of child sexual abuse. 18.6% of the doctors admit they know the cases of incestuous sexual relations, while 4.7% - the cases of forcing children into child pornography. Likewise, 4.7% mentions other forms of child sexual abuse that they have heard of.

The consequences of sexual harassment of children include: fear and suspicion of adults (14%), injuries and other pathological symptoms of regions of sexual organs (8.1%), the choice of leading a destructive lifestyle, including escapes from home, drinking alcohol, thefts (8.1%). 7% of the doctors observed sexual overexcitability inadequate to the child's age and the same percentage observed isolation from the environment and

strong feeling of being sealed with shame. 5.8% of the respondents have recognised the cases of unwanted pregnancy and 2.3% of them - of suicidal attempts. 69.8% of the surveyed doctors have never observed any symptoms that might have been the consequence of sexual abuse.

Child maltreatment is conditioned by numerous factors linked with one another, also defined as the child maltreatment syndrome risk factors. According to the respondents in as many as 65% of the cases the reason for maltreatment was alcoholism in family. In the opinion of 30.2% of the surveyed doctors, child battering was the consequence of bad relationships between the parents, and according to 29.1% - criminogenic environment. In 22.1% of the cases the reason was incomplete or broken family, whereas in 21% - mental disorders or diseases of the parent. 15.1% mentioned parents' excessive ambition as one of the reasons for child maltreatment. In 45.45 of the cases the doctors were unable to determine the reason for child maltreatment.

Children are unwilling to admit to their having been abused by adults. Only 11.6% of the respondents confessed that the children asked them for help themselves in the situation when they were battered by adults. The intervention of doctors was effective only in 16.3% of cases. 12.8% do not know what was the ending of the case, and in 7% of the cases the intervention had no effect. As many as 65.1% of the respondents regarded the situations they faced as requiring immediate intervention. According to the respondents the most efficient way of help is directing the case to the institution such as the police or public prosecutor's office. 67.4% claim that the conversation with the parents may turn out to be effective. 49.7% think that directing the case to the nurse officer or social worker would be a good solution, and 30.2% would direct the case to the school director.

Although as many as 82.6% of the respondents consider the ability to recognise the symptoms of child maltreatment syndrome to be indispensable in doctor's work, only 16.3 % of them attended the training devoted to this issue. 83.7% of the doctors do not know that such courses of instruction are organised.

On the basis of the results of the study it can be stated that child maltreatment by adults is not so rarely recognised by the doctors. However, the situation is much worse if we consider the effectiveness of the intervention and help offered to the battered children. The doctors and other professional groups working with children should, thus, be made sensitive to the issue of child maltreatment syndrome, they should develop their knowledge and competence as regards the problem identification and offering help to the family and child as well as create more efficient preventive programmes.

CONCLUSIONS

1. A large percentage of doctors have dealt with battered children in their practice. The respondents most frequently observe symptoms and

consequences of the use of various forms of physical maltreatment and emotional negligence. It is much more seldom that they recognise symptoms and consequences of mental abuse, and occasionally - cases of sexual abuse. It is easiest for doctors to identify the cases of negligence of biological needs.

2. The most frequent reasons for the use of violence are: alcoholism in family, family conflicts, criminogenic environment, and more seldom, incomplete family, mental disease or parents' excessive ambitions.

3. The effectiveness of doctors' interventions in cases of child maltreatment syndrome is low.

4. On account of the large scale of the phenomenon it is necessary to educate doctors on the recognition of child maltreatment syndrome and helping battered children.

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STRESZCZENIE

Zjawisko krzywdzenia dzieci jest poważnym problemem społecznym na świecie, także w Polsce. Stosowanie różnych form przemocy w stosunku do dzieci wpływa ujemnie na całokształt rozwoju, może powodować nieodwracalne skutki bezpośrednie lub odległe w zakresie zdrowia somatycznego i psychicznego. Z tego względu zespół dziecka maltretowanego (ZMD) uznawany jest za zespół chorobowy. W profilaktyce tego zjawiska odgrywają szczególną rolę te grupy zawodowe, które mają częsty, bezpośredni kontakt z dziećmi i znają środowisko rodzinne, m.in. lekarze.

Celem przeprowadzonych badań ankietowych wśród 96 lekarzy zatrudnionych w podstawowej opiece zdrowotnej była ocena umiejętności rozpoznawania przez nich objawów i następstw ZMD oraz skuteczności działań w takich przypadkach.

61,3% badanej grupy lekarzy spotkało się w swojej praktyce z dziećmi, wobec których stosowane były przez dorosłych różne formy przemocy. Najczęściej dostrzegane i najlepiej rozpoznawane były objawy będące następstwem przemocy fizycznej dorosłych (54,7% ankietowanych) oraz skutki zaniedbań potrzeb biologicznych i emocjonalnych dzieci (84,8%), a także konsekwencje przemocy psychicznej (66,3%). Rzadziej kojarzono patologie u dzieci z wykorzystywaniem seksualnym (22,7%). Najczęstszymi przyczynami omawianego zjawiska według obserwacji lekarzy były: alkoholizm w rodzinie, konflikty rodzinne, środowisko kryminogenne, rzadziej rodzina niepełna, choroba psychiczna czy wygórowane ambicje rodziców. Skuteczność podejmowanych interwencji w przypadkach ZMD była niewielka - tylko 16,3%. Około 30% ankietowanych lekarzy wykazało brak wiedzy i kompetencji w zakresie identyfikowania problemu.

W związku z niemałą skalą zjawiska istnieje konieczność kształcenia lekarzy pod kątem rozpoznawania i możliwości pomocy dzieciom z ZMD.

