Difficulties to identify and report cases of abuse against children and adolescents from the viewpoint of pediatricians

Dificuldades enfrentadas para identificar e notificar casos de maus-tratos contra crianças e/ou adolescentes sob a óptica de médicos pediatras

Las dificultades enfrentadas para identificar y notificar casos de malos tratos a niños y/o adolescentes bajo la mirada de médicos pediatras

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ABSTRACT

Objective: To describe and analyze the difficulties found in identifying and notifying abuse against children and adolescents in the opinion of pediatricians.

Methods: Qualitative study with eight participants (four men and four women), with an average age of 48 years and an average time of professional experience of 22 years. The tool used for data collection was a questionnaire containing: a) two vignettes describing a situation involving suspected abuse against children with two questions in each sticker dealing with the process of identifying the suspect and the difficulties encountered, and b) three additional questions on specific difficulties in the procedure of identifying child abuse.

Results: The main difficulties noted by the pediatricians were disbelief in the effectiveness of the Child Support Service, non-existence or inadequate training on child-abuse issues by the pediatricians, and personal limitations. These difficulties are the same reported by the literature. Furthermore, professionals thought that in order to report the case, confirmation of the suspected abuse is needed, which contradicts the law.

Conclusions: There was a lack of professional training to deal with victims of violence leading to ignorance about how to proceed in such cases. The current biomedical model is an obstacle for identifying possible cases because their signs and symptoms can be confused with other differential diagnoses. It is necessary to train pediatricians about diagnosis and procedures regarding child abuse as well as to evaluate the effectiveness of this training.

Key-words: mandatory reporting; Pediatrics; secondary prevention; child abuse.

RESUMO

Objetivo: Descrever e analisar as dificuldades enfrentadas na identificação e notificação de maus-tratos contra crianças e adolescentes sob a óptica de médicos pediatras.

Métodos: Estudo qualitativo envolvendo oito participantes (quatro homens e quatro mulheres), com média de idade de 48 anos e tempo médio de experiência profissional de 22 anos. O instrumento utilizado para a coleta dos dados foi um questionário contendo: a) duas vinhetas descrevendo uma situação que envolvia suspeita de maus-tratos contra crianças, com duas questões em cada vinheta, as quais tratavam do processo de identificação da suspeita e das dificuldades encontradas, e b) três questões adicionais sobre dificuldades específicas nesse procedimento de identificação de maus-tratos.

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Resultados: As dificuldades observadas no estudo foram descrença na efetividade do Conselho Tutelar, formação inexistente ou insuficiente sobre o tema, além de limitações pessoais. Ademais, foi observada a necessidade de confirmação da suspeita de maus-tratos para que fosse feita a notificação, o que contradiz a legislação.

Conclusões: O despreparo do profissional para lidar com vítimas de violência deve-se, possivelmente, ao desconhecimento sobre como proceder frente a esses casos. Além disso, o modelo biomédico vigente dificulta a identificação de possíveis casos, pois sinais e sintomas de maus-tratos infantis podem ser confundidos com outros diagnósticos diferenciais. Há necessidade de treinamento dos pediatras acerca da abordagem aos maus-tratos, bem como a avaliação da efetividade dessas capacitações.

Palavras-chave: notificação de abuso; Pediatria; prevenção secundária; maus-tratos infantis.

RESUMEN

Objetivo: Describir y analizar las dificultades enfrentadas en la identificación y notificación de los malos tratos a niños y adolescentes bajo la mirada de médicos pediatras.

Métodos: Estudio cualitativo implicando a ocho participantes, cuatro hombres y cuatro mujeres, con promedio de edad de 48 años y promedio de tiempo de experiencia profesional de 22 años. El instrumento utilizado para la recolección de los datos fue un cuestionario conteniendo: a) dos viñetas describiendo una situación que implicaba sospecha de malos tratos a niños con dos cuestiones en cada viñeta, con respecto al proceso de identificación de la sospecha y de las dificultades encontradas, y b) tres cuestiones adicionales sobre dificultades específicas en ese procedimiento de identificación de malos tratos.

Resultados: Las dificultades observadas en el estudio fueron: incredulidad en la efectividad del Juzgado de Protección a Niños y Adolescentes, formación inexistente o insuficiente sobre el tema y limitaciones personales. Además, se observó la necesidad de confirmación de la sospecha de malos tratos para que se hiciera la notificación, lo que contradice la legislación.

Conclusiones: La falta de preparo del profesional para trabajar con víctimas de violencia se debe, posiblemente, al desconocimiento sobre cómo proceder frente a esos casos. Además, el modelo biomédico vigente dificulta la identificación de posibles casos, pues señales y síntomas de malos tratos infantiles pueden ser confundidos con otros diagnósticos diferenciales. Hay también la necesidad de entrenamiento de los pediatras respecto al acercamiento a los malos tratos, así como la evaluación de la efectividad de estas capacitaciones.

Palabras clave: notificación de abuso; Pediatría; prevención secundaria; malos tratos infantiles.

Introduction

Violence is a serious public health problem in Brazil. It is the leading cause of death among children and adolescents aged 5 years or older[1]. The involvement of health professionals in this matter has been studied because of the complex aspects of abuse against children and adolescents and the close relationship between violence and public health. There is special interest in this topic because the competent authority must be informed of any suspected or confirmed case of abuse. If health professionals fail to do that the penalty is a fine of three to 20 reference salaries, as specified in the Statute of the Children and Adolescents (ECA) in Article 245[2].

The definition of abuse provided by the World Health Organization[3] is as follows: *"All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."*

The relationship between violence and public health is not restricted to the increasing number of ill-treated children and adolescents who seek health care at public health facilities and private clinics. This is a short-, medium-, and long-term relationship as a consequence of maltreatment. The analysis of health professionals' identification and reporting of maltreatment of children and adolescents considers the following categories of maltreatment: neglect and abandonment, physical abuse (including the shaken baby syndrome), sexual abuse, psychological abuse, and the Munchausen syndrome by proxy[1,3-5].

In Brazil, maltreatment of children and adolescents has been considered a health problem since the 1960s. The implementation of the ECA in 1990 guaranteed special rights and full protection to children. The Statute also provides that health professionals must report any suspected and/or confirmed cases of abuse. In 1998, the Brazilian Ministry of Health developed the "National Policy for Reduction of Morbidity and Mortality for Accidents and Violence." This policy included coordinated

actions on the matter. In 2001, with the publication of the "National Policy for Reduction of Morbidity and Mortality for Accidents and Violence in Childhood and Adolescence," health professionals working at public health care facilities were required to report any suspected and confirmed cases of maltreatment[6]. Such report means informing the competent authorities that the event occurred or may have occurred in the case of suspicion. Such information is used to plan public actions aimed at eliminating violence in Brazil, since when there is notification, data such as victim, perpetrator, location of occurrence, type of occurrence, etc. are disclosed. The difference between report and denunciation is that the latter consists of providing the police with information about a crime. Despite child maltreatment report is mandatory in Brazil, violence is underreported in the country. It is estimated that for every reported case there are two other cases that remain unknown[7].

The difficulties faced by health professionals to identify and report maltreatment have been addressed in some studies[8-12]. Such investigations have demonstrated that in general health professionals rule out the organic hypothesis using tests, and then they investigate the "external causes". In these studies, health professionals have oscillated between belief and disbelief in the possibility of solving the cases. These professionals who provide health care to children and their families showed fear and emotional insecurity, mainly in terms of problems related to the fact that abuse is generally not addressed during their professional training and reproduction of cultural patterns, avoiding involvement in issues that are considered to be family matters. There are also reports of fear of legal involvement[10], lack of basic information enabling the identification of violence[12], a topic that has not been dealt with in undergraduate curricula. Peculiarities of each case are influenced by the professionals' personal characteristics and by the structures of the health care facilities, mostly insufficient[8,9,11], with lack of infrastructure, work overload for the officers of the Child Protective Service and even absence of this councils in some Brazilian municipalities[9,12].

Thus, the objective of the present study was to analyze the difficulties in identifying and reporting abuse against children and adolescents in the public health system in a midsized municipality of the state of São Paulo from the viewpoint of pediatricians.

Method

This is a qualitative study involving eight pediatricians from a charity hospital in a midsized municipality of the state of São Paulo, who worked as independent professionals in their offices and were also employees of the hospital. The participants included four men and four women whose mean age was 48 years old and mean work experience was 22 years. The completion of the questionnaire was conducted at the participants' medical office.

The instrument for data collection was a questionnaire with two vignettes describing a situation of suspected maltreatment of children, including two questions in each vignette about the process of identifying the suspicion and the difficulties in taking action regarding the case. A second part included three specific questions about the difficulties in identifying and reporting abuse. The situations suggested to the participants were as follows:

1. *Part 1 - Situation 1: Carly, two years old, is brought by her mother to the emergency room and is seen by the health professional Joan. The child cries incessantly. The mother seems to ignore her and just tells Joan that she believes that her daughter fell down the stairs and asks to see a doctor. Joan realizes that Carly is too skinny and her clothes are dirty. The emergency room doctor examines the child who continues to cry and asks her mother what happened to her daughter. The mother says she thinks she fell down the stairs, as her eldest son aged 6 years did not take proper care of her. The doctor finds that Carly has a dislocated shoulder and seems to be malnourished. He refers the child for admission in the pediatric unit. You are the health professional who has the first contact with Carly when she arrives at the pediatric unit and is informed of her history. What would you do in this situation? What are the possible difficulties you would have to face when taking action regarding Carly's situation?*
2. *Part 1 - Situation 2: Junior, five years old, arrives at the emergency room with his parents Louis and Julia. Julia looks very nervous and almost cries when talking with the health professional Richard. She reports that the child is having severe pain in the stomach, does not accept any type of food, and is very lethargic. The parents report that Junior began to show these signs after he returned from school. Richard refers Junior to Dr. Cynthia. During the examination, Dr. Cynthia notes that Junior cannot sit, seems annoyed, but is unresponsive and does not answer any of her questions. She decides to keep him under observation in the pediatric unit. In the pediatric unit, you have contact with Junior and during the procedure you note sores around the anus of the child. What would you do in this situation? What are the possible difficulties you would have to face when taking action regarding Junior's situation?*
3. *Part 2: What kind of difficulties do you have to face when referring a patient with suspected abuse to the competent authorities to report and denounce cases of abuse (for example, the hospital*

management, Child Protective Service, Child and Youth Court)? What was your contact with this topic during your training? What are the possible consequences of the measures you will take in cases of suspected abuse?

The project was approved by the Research Ethics Committee of UFSCar. The research project included 30 pediatricians, that is, all pediatricians of a charity hospital of the municipality in 2007 and 2008. All the 30 professionals (pediatricians) were invited to participate in the study. They received an envelope containing the written consent form, the questionnaire, and a cover letter with contact information so that they could get in touch with the researchers to clarify any doubts. Upon delivery of the material, the participants were instructed that the date to return the material properly completed would be informed in advance by telephone. The pediatricians returned eight completed questionnaires and two blank questionnaires. The remainder refused to participate. Figure 1 shows the reasons for refusal.

Interestingly, 14% of the refusals were related to a personal reason (lack of time or interest), which may be linked to the difficulty in dealing with the topic investigated by the present study. This was also observed in the response "never had a case like this" (14%) provided by pediatricians who had homeopathy as a second specialty. Therefore, the total number of participants who answered the questionnaire, eight physicians, accounted for almost 30% (27%) of all the pediatricians of the hospital.

Data analysis was based on the categories established in questions. The answers to question 1 of situation 1 (QISI) and situation 2 (QISII), describing what procedures would be adopted in that situation, were divided into "Appropriate" and "Inappropriate." "Appropriate Procedures" are those which led to reporting, request for aid to deal with the case, or any suspicion of abuse, because these measures protect children and/or adolescents. "Inappropriate Procedures" are related to the absence of such measures. It is important to emphasize that this classification is not aimed at evaluating the technical procedure, but checking when there should be a report or denunciation. In the answers to question 2, in both situations (QIISI and QIISII), the category being analyzed was the difficulties faced by health professionals.

Regarding the second part of the questionnaire, Question 1 (Q1) investigated the difficulty in reporting the suspected abuse to the competent authorities, Question 2 (Q2) analyzed the contact with the topic during training, and Question 3 (Q3) approached the possible consequences of the measures taken in cases of suspected abuse. For all questions, recurrent answers were identified and grouped into subcategories.

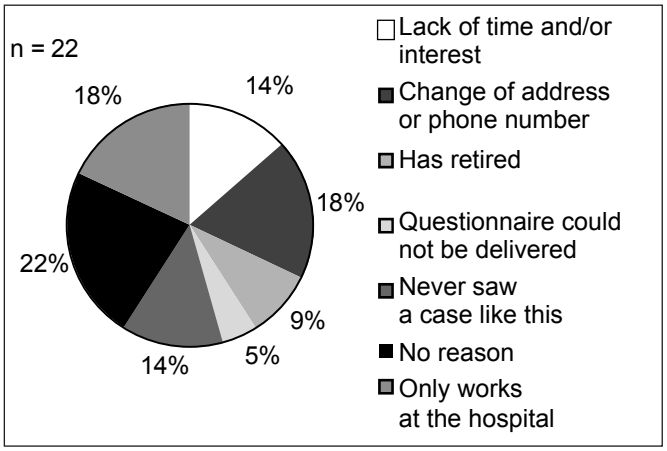

Figure 1 - Reasons for refusal to participate.

Results

The answers about the measures taken by the participants in Situation 1 were divided into three subcategories considering the existence of suspicion: Yes, mentioned by 12.5%; no, by 12.5%; and Doubt, by 75% of participants. We found that there is a frequent belief that health professionals must check and confirm based on evidence if the abuse indeed occurred.

Faced with the certainty or uncertainty of suspected abuse (among the 87.5% who answered "Yes" or "Doubt"), the participants reported appropriate and inappropriate procedures (Table 1). It is worth noting that one participant pointed out that he/she would take more than one measure in case of suspicion or certainty of abuse, and such measures may be appropriate or inappropriate. Thus, Table 1 shows the percentages per procedure mentioned by each participant. We found that the pediatricians often reported both appropriate and inappropriate procedures, that is, at the same time that the competent authorities are notified, the professional tries to talk to the parents in an investigative manner. This is a high-risk behavior because of professional exposure.

The difficulties in taking measures regarding the case (QIISI) are presented in Table 2. The need to present evidence or to confirm maltreatment is in agreement with the meaning of "to suspect" for medical professionals. The Child Protective Service is responsible for protecting children and professionals at the same time, avoiding professional exposure, and the police are responsible for investigating the case. However, the medical culture leads doctors to treat the phenomenon of abuse as if it was a disease, a diagnosis to be confirmed by tests, limiting it to the biological aspects when it is a social problem instead[13].

In Situation 2 (QISII), which is a case of sexual abuse, suspicion involves different aspects. Certainty of suspicion is

Table 1 - Categories of procedures and percentage of answers of QISI

Professional (%)	Procedures	Classification
37.5	To report to the Child Protective Service	Appropriate
	To report to social workers	
	To talk to the mother	Inappropriate
25	To refer to a psychologist	Appropriate
	To require evaluation of a specialist	
	To hospitalize the child	Inappropriate
	To request laboratory tests	
12.5	To report to the hospital management	Appropriate
	To perform anamnesis	
	To conduct clinical evaluation	Inappropriate
	To prescribe medication	

Table 2 - Difficulties faced in situation 1 - QIISI

Participant	Answers
P1	"To make a hasty decision believing that there is maltreatment and in fact the family does not have food and the children fight a lot and there may be accidents"
P2	"If the suspicion of abuse was confirmed I do not know who to turn to – first I would report to the Child Protective Service and then it would be necessary to perform a forensic examination"
P3	"The biggest difficulty is to know whether the first impression is correct. The child is dirty because he/she was playing and her mother rushed to the emergency room? The child is thin because his/her family constitution is thin? The mother blames the 6-year-old child because she is nervous?"
P4	"None"
P5	"Conclusive evidence that the child is being subjected to maltreatment and how to investigate and prove the fact"
P6	"If it's really a case of maltreatment, at least I would have to confront the family with a report to the Child Protective Service"
P7	"Regarding the fact of being "skinny" and "wearing dirty clothes", unfortunately this is very common because of the socioeconomic conditions of a large portion of the Brazilian population with low income"
P8	"- Little experience in similar cases – I am a general pediatrician - Difficulties in dealing with the mother who is probably directly responsible for the dislocation - How will the Child Protective Service act?"

predominant (75%) and there is not lack of suspicion, with 25% of participants reporting doubts. The answers regarding the health professionals' procedures in Situation 2 (QISII) are somewhat similar to the answers provided in Situation 1. The participants believed that there should be a previous condition for denunciation, which is the confirmation of suspicion, as presented in Table 3. This table shows the percentages of each action suggested by the participants (who may have suggested more than one procedure among appropriate and inappropriate procedures). Among the difficulties faced in this situation, confrontation with the family in different ways was the problem most often mentioned. This situation was considered more delicate and fear is evident in two ways: child's fear to tell what happened and the professional who does not report the case because of fear. Legal consequences are also mentioned more often than in the previous situation and the fear of misinterpreting the situation is present. However, aspects of medical routine are suggested, such as difficulties in the clinical examination and undefined time for the patient's care.

Table 4 shows the difficulties faced when reporting and denouncing a suspicion of abuse to the competent authorities (Question Q1).

An interesting aspect is seen in the question about the approach of the topic during training. Only one participant reported he took a theoretical course in a Department of Legal Medicine and another participant reported cases he/she saw during his/her training, that is, he/she apparently expanded the concept during the residence period,

Table 3 - Categories of procedures and percentage of answers of QISII

Professional (%)	Procedures	Classification
62.5	To confirm suspicion	Inappropriate
37.5	To require evaluation of a specialist	Appropriate
	To report to the Child Protective Service	
25	To talk to the parents	Inappropriate
	To request laboratory tests	
	To make a formal denunciation	Appropriate
	To report to social workers	
	To refer to a psychologist	
12.5	To talk to the child	Inappropriate
	To establish a differential diagnosis	
	To request a forensic examination	
	To issue a medical report	
	To establish a bond	
	To report to the Juvenile Court	Appropriate
	To report to the hospital management	
	To call the police	

Table 4 - Difficulties faced when reporting a suspicion of abuse to the competent authorities (Question Q1)

Participant	Answer (Q1)
P1	"They do not provide feedback on the reported event, or sometimes treat the family (father and mother) badly and the parents might not be responsible for the abuse (uncles, neighbors, friends)"
P2	"- Initially the fear of making a false accusation - Lack of a 24-hour social work service in the hospital - Uncertainty in relation to the action of the Child Protective Service - Lack of information in relation to the procedures that must be respected in these cases"
P3	"It's a long-term process. It often seems clear that there is abuse and the child remains with his/her family until the situation is investigated"
P4	"None"
P5	"I haven't experienced such situations recently. I believe I would have no difficulties in reporting and denouncing abuse to the hospital management, the Child Protective Service or the juvenile court"
P6	"I never had such problems, but I have information from colleagues that they are protected by the management of the hospital of a town in the state of São Paulo. I have information on how the public agencies treat these problems"
P7	"I have no difficulties at the facilities where I work. I talk to the head nurse of the department who takes the appropriate action (calling, reporting, "unreadable excerpt"). I prepare the reports or statements required by the hospital"
P8	"- I never had to report such events. Thus, the greatest difficulty is my lack of experience: how to report? There must be a hotline to report child abuse, but I'm not aware of it. I believe it is possible to report to the competent authorities. Are there specific forms and instruction on how to deliver these forms? Can it be handed out to the child and youth court judge?

learning about the topic during clinical practice. Most participants (75%) reported they had contact with "none" or "very few" cases.

In the question about the consequences that the participant believes may occur before the actions in cases of suspected abuse (Q3), we found that the fears of "accusing an innocent individual," "causing further trauma or discomfort for the family and/or child," and "being sued" are present in 37.5% of the answers, "physical threat" is present in 25%, and "omission" in 12.5%.

Discussion

The difficulties described by the participants of the present study are similar to those found in other national and international studies[8-12,14], especially with regard to the oscillation between belief and disbelief in the possibility of solving the cases. In addition, the participants reported they feared to be legally involved[10] and there was also lack of basic information enabling them to identify violence[12]. The evaluation of the particular characteristics of the cases presented in the instruments was influenced by the professionals' personal factors and the structure of the health care facilities, which was insufficient in most cases.

Gomes *et al*[9] stated that the identification and appropriate reporting of cases of maltreatment may be influenced by emotional aspects that impair a better performance, among these aspects are the professionals' difficulties to deal with problems related to taboos and escaping behavior when facing stressful situations. However, the important factors that have an influence on the decision-making process are: the explanation given by those who took the child to the health care facility, the type of injury, and the child's age[15].

The level of knowledge on the subject and the reasons for making the decision of not reporting coincide with some difficulties described in the present study, such as: willingness to wait until there is more conclusive evidence, confidence in family dynamics, difficulty in identifying emotional abuse or neglect, and perception of disadvantages of reporting, such as lack of change and possible harmful effects – involvement in legal matters or being threatened by the family[14].

Also, the professionals' lack of training to deal with victims of violence (often identified in their statements and in the questions they made) might be caused by their lack of knowledge on how to proceed in such cases. In Brazil, the shortage of regulations setting technical procedures, the absence of legal mechanisms to protect those responsible for reporting the abuse, the failure to identify violence in health care facilities, and the lack of respect for professional secrecy are considered barriers for reporting[11].

Reporting cases of violence is extremely important because it is a tool to fight violence since it enables the implementation of intervention actions at several levels. When a private event becomes public, we realize that such events are more common than people might think, but that is not a reason to consider them trivial or normal[16]. The poor training received by health professionals in general about the meaning and the importance of reporting abuse against children results in confusion between the terms report and denunciation. Reporting should be synonymous with ensuring that children and adolescents and their families will receive support from institutions and competent professionals[17]. The role of the professional, as stated in the Article 245 of the ECA[2], is to communicate, that is, to report suspected or confirmed cases of abuse to the competent authority.

After identifying "automatic" and hierarchized procedures, we found that social workers and psychologist are considered responsible for the approaching that goes beyond the biomedical model. This model of medical education can be regarded as a barrier to the identification of cases of maltreatment. According to Camargo Jr.[13], the medical rationality provides that diagnostic categories assume a typical set of signs and symptoms that define them, which is also known and described as the "clinical picture" of the disease. The problem is that this relationship includes the data possibly observed, which does not mean that a patient will present all or even the most relevant symptoms. Therefore, when the health professional has to treat a patient who is a suspected victim of abuse, this logic seems not to work because signs and symptoms can be confused with other differential diagnoses. Also according to Camargo Jr.[13], the pursuit of the "ultimate cause" of the diseases is basic in medicine, i.e., the "essence" of the disease lies in its cause; therefore, if the cause is removed then the disease is resolved: *"disease and injury are intimately linked: one does not exist without the other. This theoretical assembly is fundamental for the construction of the interventionist medical model, since the identification between disease and injury reduces to the biological aspect the whole process of illness, excluding other ("psychological", "social") components that may be involved in this determination."*

Some limitations of this study should be taken into account, especially the limited number of participants in relation to the total number of pediatricians of the hospital. The participation of only 27% of the pediatricians who work at the hospital is low. Some hypotheses for this low rate of participation are: work overload, the fact that the instrument was handed out to the doctors' secretaries, lack of interest and training in the subject, underestimation of the study importance, ignorance of the benefits in participating in the study. However, the difficulties described by the participants are similar to those reported in the literature, which may suggest that similar results would be found even if there were more participants. Nevertheless, for future studies it would be important to create conditions for greater participation of pediatricians.

In order to reduce the difficulties described by the participants and by other studies conducted in this area regarding children victims of violence, health professionals should be trained about abuse and studies evaluating the effectiveness of training should be conducted[6,14-16,18-20]. In addition, the inclusion of this topic in undergraduate curricula is crucial[15]. It is also important that health professionals are familiar with epidemiological data on childhood maltreatment, because it can help them to make a decision while assessing the information collected, in addition to training them in the establishment of differential diagnoses[14, 15,19].

Ferreira[18] points out some challenges for pediatricians when following up cases of abuse. These challenges can be included in a training project, such as: strategies to engage without causing more violence; focusing on the families and not just on children and mothers; assess, in the health care routine, risk and protective factors related to children and families, strengthening the protection factors and working to minimize or eliminate the risk factors. In addition, it is vital to educate about the conceptual distinction regarding reporting and denunciation in order to prevent an avoidance behavior of health professionals as for the most appropriate reporting procedure in cases of suspected or confirmed child maltreatment.

Thus, the training of medical professionals or any health professionals should aim to invest in promoting actions to sensitize to the rights and needs of children and adolescents in order to increase the professionals' capacity to identify situations of abuse, recognizing them as such, and expand their commitment to report abuse, strengthening the linkage between these actions at all levels, agencies and institutions responsible for fulfilling the rights of children and adolescents.

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