

# What You Need To Know : Child Abuse

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## DEFINITION

There is general agreement that there are four main categories of abuse. These are:

- Physical abuse, when a child is physically injured other than by accidental means.
- Sexual abuse, when a child is abused or exploited sexually. This refers to any sexual activity between an adult and a child. Sexual activity can be in the form of contact activity (intercourse, oral or anal sex, fondling of breasts or genitals) and/or non-contact activity (exhibitionism, exposure to pornography and solicitation to engage in sexual activity).
- Emotional abuse, when a child is subject to willful cruelty or unjustifiable punishment. This could take the form of ignoring, discriminating or rejecting the child. The terms 'cruelty' and 'unjustifiable punishment' are subject to different interpretations and appears to be affected by different attitudes towards discipline and corporal punishment in different societies.
- Neglect, when a child is neglected by a parent or guardian who fails to provide adequate food, shelter, medical care or supervision.

## RECOGNISING CHILD ABUSE

### Recognising physical signs

It is the characteristic pattern of injuries which usually alerts the practitioner to the possibility of physical child abuse. Clinical signs include<sup>(1)</sup>:

- bruises and welts on the body which resemble the article used for inflicting injury. These are not in the usual areas which are accessible to the child or due to accidental falls.
- Glove and stocking-like pattern of immersion burns and doughnut-shaped burns on the buttocks and/or genitalia.
- Cigarette burns.
- Patterned burns resembling the electrical appliance e.g. iron or grill.
- Multiple fractures in long bones in various stages of healing.
- Abdominal injuries e.g. ruptured organs.
- Injuries like subdural haemorrhage, subarachnoid haemorrhage and retinal haemorrhage which may be a product of violent shaking.

The presence of sexually transmitted disease, non-specific vulvovaginitis and recurrent urinary tract infection in a child or adolescent should ring warning bells as to the possibility of sexual abuse.

Malnutrition, poor hygiene, absence of immunisations, poor dental care and failure to thrive should alert to the possibility of neglect.

### Recognising psychological symptoms

Speight<sup>(2)</sup> listed six behaviours that should assist in the diagnosis of child abuse.

- Delay or failure to seek medical help.
- A 'vague' and 'inconsistent' account of the accident.
- An account that does not explain the pattern of injuries observed.
- Adult reactions (concern and anxiety) which are not congruent with the extent and severity of injuries. Adult reactions which are hostile or unhelpful e.g. they attempt to leave before medical investigations are complete.
- The child appears sad and withdrawn and the interactions of the child and parents appear tense e.g. the child may show 'frozen watchfulness'. This describes a situation in which the child is extremely tense, hypervigilant and watchful of the adult's every move and expression.

Other behavioural indicators that are suggestive of child abuse include changes in bowel and bladder control e.g. bedwetting, soiling (having previously attained control), unrestrained eating (to the point of gorging on raw food) and drinking excessively. Sexual abuse is suspected when there is compulsive masturbation, oversexualised expressions through drawings and play and disinhibited sexualised behaviours towards others. The abused child may show symptoms of post-traumatic stress disorder including sleep disturbances e.g. recurrent nightmares, avoidance behaviour and distressing memories. Abused children often display aggressive and oppositional behaviour as well as anxiety and depression. The neglected child is sometimes not enrolled in school or allowed to truant and can be found to wander around without supervision.

An unusual form of abuse is the condition known as Munchausen syndrome by proxy<sup>(3)</sup>. In this

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syndrome, the parent fabricates illness in the child and the child is persistently brought to see doctors. Doctors usually are unable to find a cause for the symptoms despite numerous and extensive investigations. The symptoms cease when the child is separated from the parent but resume when there is contact. Doctors should be alert to the possibility of this as early detection may save the child from many painful and unnecessary tests.

#### **What doctors can do**

Doctors play an important role in<sup>(4)</sup>:

1. Educating parents on what is normal child development and normal child behaviour. This helps to develop realistic expectations of children and not expect them to behave as adults. The family doctor might also be in a position to help families develop effective discipline approaches.
2. Being alert to factors in families that are potential abuse situations e.g. a handicapped child or a child with difficult temperament; parental alcoholism or depression; marital conflict especially when associated with spousal violence; economic hardship and social isolation.
3. Recognising the physical and psychological signs of abuse and effecting referral to appropriate medical, social or mental health services. Referrals should be made early, at the stage when doctors detect the presence of potential difficulties in

families that may lead to abuse. This allows families to be in touch with helping agencies and thereby increases the family's resources.

4. Being familiar with the neighbourhood network of social agencies that can help families who are in crisis or conflict.

In cases where the index of suspicion of child abuse is high, the practitioner's over-riding responsibility is the protection of the child. Referral should be made to the Ministry of Community Development (Child Protection Services) or the Police who are vested with legal means to move the child into a safe place whilst further investigations are initiated.

In summary, doctors, and particularly the family doctor, play an important part in the detection of child abuse. They can also contribute to its prevention through parent education and networking with helping agencies.

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