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Procedure to be followed by medical personnel in case of diagnosis of the Child Abuse Syndrome

Procedura postępowania personelu medycznego w przypadku rozpoznania Zespołu Dziecka Maltretowanego

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Abstract

Nowadays, there are more and more reports of child abuse. However, this is not due to an increase in violence against minors, but to an increase in public awareness. People have begun to report child abuse. Child Abuse Syndrome affects both physical and psychological violence. There are many risk factors. Correct diagnosis is difficult, especially for children who start walking, running and all kinds of injuries can be the result of their playing. Intelligence, accurate viewing of the child and physical examination has an important role. When discussing the child abuse syndrome, let's

not forget about Munchausen syndrome per procura. Then the child's testimonies are invented, very often behind the story presented by the young patient there is a family member – mainly the mother. Since September 2011, all health care workers are subject to the “Blue Card” procedure. [11,27] If child abuse has occurred in the family, or even if there is a suspicion of such abuse, an Interdisciplinary Team is established. The task of this team is to complete the Blue Card procedure and to ensure the safety of a victim of violence. A paramedic plays an important role in this procedure. In most cases it is the person who first comes into contact with a child who is a victim of abuse. The paramedic must ensure that the patient feels safe. Their task is to identify the problem, document the injuries occurring on the child's body at the time of examination and fill in the appropriate documentation, which will be handed over to the Interdisciplinary Team.

This paper presents materials explaining the epidemiology and clinical image of the child abuse syndrome. Social aspects and legal consequences of this issue are also discussed. The “Blue Card” procedure and the “Blue Bear” form are also presented. The paper explains the role of medical personnel in case of violence against children.

Keywords: Child Abuse Syndrome, violence, paramedic, Blue Card, Act on Counteracting Domestic Violence

Streszczenie

Obecnie odnotowuje się coraz więcej zgłoszeń dotyczących maltretowania dzieci. Nie wynika to jednak ze wzrostu przypadków przemocy wobec nieletnich lecz ze wzrostu świadomości społeczeństwa. Ludzie zaczynają zgłaszać przypadki znęcania się nad dziećmi. Zespół dziecka maltretowanego dotyka zarówno problemu przemocy fizycznej jak i psychicznej. Czynnikiem ryzyka jest wiele. Prawidłowe rozpoznanie jest trudne, szczególnie u dzieci, które zaczynają chodzić, biegać a wszelkiego rodzaju urazy mogą być efektem ich zabaw. Istotną rolę odgrywa wywiad, dokładne oglądanie dziecka oraz badanie fizykalne. Mówiąc o zespole dziecka maltretowanego nie zapominajmy także o zespole Münchausena per procura. Wówczas zeznania dziecka są wymyślone, bardzo często za historię przedstawianą przez małego pacjenta stoi członek rodziny – głównie jest to matka. Od września 2011 roku wszystkich pracowników ochrony zdrowia obowiązuje procedura „Niebieskiej Karty” [11,27]. Jeżeli w rodzinie wystąpiło maltretowanie dziecka bądź chociażby istnieje takie podejrzenie, powoływany zostaje Zespół Interdyscyplinarny. Zadaniem zespołu jest doprowadzenie procedury „Niebieskiej Karty” do końca oraz zapewnienie bezpieczeństwa ofierze przemocy. Istotną rolę w przebiegu tej procedury odgrywa ratownik medyczny. W większości przypadków jest to osoba, która jako pierwsza ma styczność z dzieckiem będącym ofiarą maltretowania. Ratownik medyczny musi zapewnić takiemu pacjentowi poczucie bezpieczeństwa.

Jego zadaniem jest rozpoznanie problemu, udokumentowanie obrażeń występujących na ciele dziecka w chwili badania oraz wypełnienie odpowiedniej dokumentacji, która przekazana zostanie Zespołowi Interdyscyplinarnemu.

W pracy znajdują się materiały dotyczące wyjaśnienia epidemiologii oraz obrazu klinicznego zespołu dziecka maltretowanego. Omawiane są również aspekty społeczne oraz konsekwencje prawne obejmujące te zagadnienie. Przedstawiona została także procedura „Niebieskiej Karty” oraz formularza „Niebieski Miś”. Praca zawiera wyjaśnienie roli personelu medycznego w przypadku przemocy wobec dzieci.

Słowa kluczowe: zespół dziecka maltretowanego, przemoc, ratownik medyczny, Niebieska Karta, Ustawa o Przeciwdziałaniu przemocy w rodzinie

Introduction

The phenomenon of violence against children is a widespread problem. Despite this, public awareness of the abuse of minors remains quite low. A significant proportion of the population is not aware of the importance of quickly identifying and taking appropriate action. By exploring this topic and reviewing history, we can learn about the increasingly drastic forms of inadequate childcare, killing, abandonment or harassment, beating and sexual abuse. The violence that occurs within the family is a special phenomenon. Taking into account family relations, as well as the fear of victims and shame at revealing the truth, this phenomenon remains largely undisclosed. In my paper I decided to address the issue of child abuse and to present the procedures that a health care employee should take in case of contact with this phenomenon. I will try to prove that violence against children is an example of interdisciplinary problem. This interdisciplinarity concerns both theory and active action to combat child abuse. In addition, the study provides guidance on important things to which a health care employee should pay special attention when examining a paediatric patient. Knowledge of risk factors, most common injuries, prevention and procedures related to the child abuse syndrome is of great importance. Vigilance and professionalism in performed actions will allow the doctor, nurse, paramedic to fulfill his duties in a proper way. The analysis of professional literature shows how important it is to coordinate the participation of many services, including health care personnel. [1,8,5]

Medical personnel are persons who very often first come into contact with the victim, including a child who experiences abuse. There is much to be deduced from both the

physical examination and the interview. This is why it is so important for the paramedic to be able to match the injury to the appropriate disease unit.

Objective

An aim of this paper is to show the importance of the role of medical personnel in diagnosing child abuse syndrome. Another important issue is to present the terminology and epidemiology of this phenomenon. The study aims to show how important in the work of health care employees is the correct diagnosis, professionalism of tasks performed and decision making. The whole problem is to present the reader with the problem of child abuse syndrome, as well as to prove the important role played in this case by rapid intervention provided not only by health care personnel.

Material and Method

Child Abuse Syndrome, according to Kempe, is a syndrome that concerns only physical injuries that have been deliberately inflicted by the abuser. The syndrome occurred in children under 3 years of age. Currently, we know that this is a complex phenomenon, which can take various forms. The WHO definition provides a broader description of abuse: "Any intentional or unintentional act by an adult, community or state that adversely affects the health, physical and psychosocial development of a child." [18,30] When discussing on the child abuse syndrome, we distinguish many categories, including: physical harm, emotional abuse, sexual abuse, child abandonment, neglect of the child, obstructing psychophysical development, treating the child objectively, using the child to satisfy own needs.

The harm done to the child may result in mental or physical disability. Children who have experienced such incidents may show various types of mental and emotional disorders in the future. Symptoms that accompany the child abuse syndrome are very often manifested by difficulties in relations with both society and themselves. There are cases in which harming a child ends with death.

In children diagnosed with child abuse syndrome an increase in aggression towards others and an increase in predisposition to depressive episodes were later observed. [4,5,22]

Epidemiology

Preparation of statistics that accurately describe the incidence of child abuse syndrome is a very complex process, sometimes even impossible. Epidemiology encounters three main difficulties:

- Lack of complete data due to failure to report all cases. It is also often the case of denying the occurrence of this phenomenon or refusing to report the situation.
- Definition of the child abuse syndrome is not entirely uniform. People can interpret it in different ways. It often depends on the culture of a given society (the society in which the child is raised).
- It is not possible to precisely define the population being studied at a given moment. Most research is carried out in not too many social groups.

Published results contributed to a significant increase in the interest on this issue. The society started to perceive situations of this type and to counteract them. Police statistics show that more than 96,000 interventions were carried out in 2006 against domestic violence. The number of reports from article 207KKK is constantly increasing. However, this can be seen as evidence of an increase in the risk of violence and, on the other hand, it indicates an increase in the level of society's education. Despite this, a large majority of the population is not able to correctly characterize the child abuse syndrome. [4] Attention is drawn to the discrepancy between the number of reported child victims and the number of cases in which child abuse syndrome was diagnosed. ICD:10 code is reported in about 200 cases per year. Statistical studies show that about 2% of children are abused. [9,28,29]

Reasons

Most people do not accept the fact that parents are able to do any harm to their child. Many people are unaware of the severity of these injuries. An abused child is very rarely admitted to hospital. Nevertheless, when such a toddler arrives in the emergency room, the information is either false or very limited in an interview about the whole incident and circumstances of injury. It is important to distinguish between accidental injury and non-accidental injury. However, sometimes it is difficult to determine the borderline between the accident and signs of child abuse. A very important factor when it comes to the causes of child abuse is the pathology of family environment. Parents of children who are abused most often consume alcohol, drugs or other types of opioids. Another important aspect is the criminogenicity within the family. Constant conflict between spouses (or between parents and child) contributes to the

development of child abuse syndrome. This syndrome can be observed mainly in families with many children, where each child has a different father. It is not uncommon for the mother to show mental disorders and for the father to consume excessive amounts of alcohol. There are situations in which the parents are not able to withstand the constant crying or screaming of the child. Then the child's limbs and the whole body are shaken. The final effect is to calm the baby down. However, parents very often do not realize how much pain they inflict on their children and what injuries may occur as a result of such actions. [1,2,4,17]

Knowledge of the causes of child abuse syndrome is extremely important when diagnosing this disease.

Risk factors can be divided into the following groups:

- Pregnancy and childbirth(unwanted pregnancy, woman during pregnancy is neglected, pregnancy is accompanied by health problems, partner does not accept pregnancy, complications during childbirth, postnatal stress)
- Factors related to the child(child who comes from another father, parental disappointment related to the child's gender, child born after the death of previous child, developmental defect, mental and psychomotor impairments of the child, prematurity, twin pregnancy, disobedience, aggression, child, siblings, treatment of other children in the family)
- Parents (single mother, underage mother, difficult childhood of parents, family breakdown after pregnancy, parent's stay in a care facility, maltreatment of parents in childhood, sexual abuse, depressive states of parents, alcoholism in the family, drug abuse in the family)
- Social and cultural environment(isolation from society, difficult conditions, both material and living). [2,14,15,21]

Symptoms

The occurrence of non-accidental injuries is associated with the presence of a variety of symptoms. Symmetrical injuries on both sides of the child's body are the most characteristic injuries in this case. Different duration of injuries may also lead to suspicion of child abuse syndrome. When seeing a child, it is important to pay attention to its appearance. Sometimes the only symptom of child abuse syndrome is an expression of suffering on the patient's face. Nails of such children are long and dirty. The patient is unwashed and neglected. Changes can also be observed on the

skin – various types of bruising, scratches, redness of buttocks with coexisting erosions. However, it is important to remain vigilant, as the child's appearance may be misleading. A small patient may also be neatly dressed, neat and clean. Another aspect is the child's behavior. It is important to pay attention to whether the child is smiling or not apathetic. Special attention should be paid to the lack of crying, smile and lack of interest. An infant can be sad, lying still or avoiding any contact. When an adult tries to approach a child who is intimidated, we can observe an attempt to make defensive gestures – lifting hands, escaping eyesight. A child who is abused reacts very badly even to slightly raised voices. Even very small babies who are affected by child abuse syndrome are afraid of their parents (or one of parents). It also happens that a child, who is abused by parents, shows exaggerated joy towards strangers, shows excessive mobility in their company. Such a child in the absence of parents is smiling and calm. A particular difficulty is the occurrence of temporary fracture of bones in the first year of a child's life. There is a possibility of simultaneous fracture of ribs, periosteal reactions and changes in the epiphysis. [3,6, 17,18,23]

It is also necessary to remember about unusual symptoms of the child abuse syndrome: retinal hemorrhages without the coexisting symptoms of bleeding on the skin layers, hemorrhage under the skin of skull, trauma to the reproductive organs, penis formation to eliminate wetting of the child or masturbation, incision or burning of gums and palate, hypernatremic dehydration through the administration of salt to reduce urine production, transient buttock contraction, perforation of the stomach, ascites, spontaneous emphysema, pleural hemorrhage, intoxication with sedatives or psychotropic substances. [5,19,21]

Treatment

The first important element is proper diagnosis. In addition to the diagnosis of typical symptoms of abused children, it is necessary to know the whole situation. Failure to diagnose the child abuse syndrome may result in the death of a small patient. Signs of instruments left on the body make it possible to determine the mechanism of injury. The age and degree of psychomotor development should be taken into account when excluding the possibility of self-inflicted injury to the child. Intelligence has a key role in the treatment. A child suspected of abuse should be hospitalized. Diagnostic and targeted examinations should be carried out. It is important to provide protection and a sense of security for the child. When a child who is abused is diagnosed, whether in an outpatient clinic or hospital, the doctor should draw up a report. Description of the child's injuries must be very precise. In case of skin lesions, the color and nature of blemishes must be indicated. This will enable to determine how long the injury lasts. It would also be helpful to include photos of injuries. This report should take into account the opinion of support staff. The doctor must give an assessment of the danger

to which the paediatric patient may be subjected.

It is not possible to determine a specific single course of action. The form of assistance depends to a large extent on the child's condition. If abuse is suspected during a visit to the paediatrician, the first step is to talk to the parents/guardian of a child. However, it should be taken into account that the explanations may be false. It is necessary to contact a social worker, district nurse or school pedagogue. Collected information is necessary when deciding on the measures to be implemented. The next step is to provide the child with a psychologist or psychiatrist. If the child is in a state of danger to life or health and the parents do not agree to the implementation of treatment and proceedings aimed to improve the quality of life, then it is necessary to notify the family court, as well as the prosecutor's office in order to protect children. [3,20,24]

Prevention

Preventive measures should be implemented as early as possible, preferably during pregnancy.

Programs with three degrees of impact are rated highly:

- a) primary prevention – covers every family with a young child,
- b) secondary prevention – covers families where there are risk factors of child abuse, but where forms of violence have never occurred,
- c) tertiary prevention – covers families where child abuse has occurred, but its aim is to prevent the repetition of such situations.

The elements implemented during prevention include: information materials, support groups, individual advice on raising children, educational meetings, therapies, play groups for parents and children, educational campaigns, home visits.

Prevention is a very important element. A child who is a victim of abuse may develop a post-traumatic stress disorder (PTSD) in the future. This process can change the child's sense of identity. It has a huge impact on later relationships with the environment. The high degree of sophistication of this pathology can lead to desperate, sometimes suicidal acts. [6,8,9,19,24]

Procedure to be followed in case of the Child Abuse Syndrome

Medical personnel consist of people who are most often the first to have contact with

the injured person. The problem of child abuse has always existed. Both the scientific and social discourse on the problem of violence in interpersonal relations within the family has played an important role for medical personnel in the research and description of this phenomenon. The first person to point out that child abuse exists was, in 1860, Professor of Forensic Medicine, Ambroise Tardieu. However, his work was not popular in both the medical and scientific circles. It was only the Parrisot and Caussade report presented in 1929 on child abuse that aroused interest. It was discussed during the Congress of Forensic Medicine. In 1946, Caffey (radiologist) wrote a paper on long bone fractures in infants. In 1953, Silverman (radiologist) confirmed Caffey's hypotheses concerning violence against children. The medical community pointed out how difficult it is to diagnose child abuse correctly. [14,24,27,38] In contact with abused children it is important to remember that their basic psychological and physical needs are very often not met. They lack of security, love and respect. Such an image is often accompanied by neglect of basic physical needs, and thus the child may be hungry, unwashed and dressed badly. The Basic Law already gives the citizen protection against violence. Article 40 of this law states: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. Corporal punishment shall be prohibited." [11] Early recognition and simultaneous reporting of a problem in many cases determines the rescue of a child. This task often lies with doctors, nurses, medical rescuers. This profession cannot remain passive in the face of this problem. How should medical personnel behave in such a situation?

An attitude towards a child suspected of abuse cannot be improvised. The priority is to provide medical care for the child, as well as protection that will make the child feel safer.

Diagnosis

The diagnosis should be established as soon as possible. It is then necessary to know the clinical symptoms characteristic for the child abuse syndrome and the whole problem. Ignorance or lack of knowledge can have tragic consequences.

On the other hand, it is necessary to remember that a mistaken diagnosis can upset the family' balance. It is important to determine whether the age and level of the child's development allow for self-inflicted damage. An interview that the paramedic conducts with the child's parents also has an important role. It is not advisable to take the position of accuser, but remember that parents can cause harm to the child without even realizing it. The paramedic should remain objective.

Hospitalization

Regardless of the physical or mental condition of a child suspected to be abused, the medical rescue team should transport the child to the hospital because:

- A child may have an injury that is not visible at first glance. If the parents refuse to be admitted to hospital, the Police and the Family Court should be notified.
- If you are not sure about the diagnosis of abuse, the hospitalization will allow you to carry out additional examinations and observe child's behavior.
- Hospitalization of a child enables to assess the whole situation.
- Every child brought by medical personnel to the Hospital Emergency Ward or to the paediatric emergency room must be admitted. [31,36,37,38]

Ensuring the child's protection

Medical personnel should not act alone if they diagnose or suspect a child abuse syndrome. Contact should be established as soon as possible with relevant services such as a social worker, school pedagogue, district nurse, police... The interdisciplinary action strategy is then established. [5]

Documentation

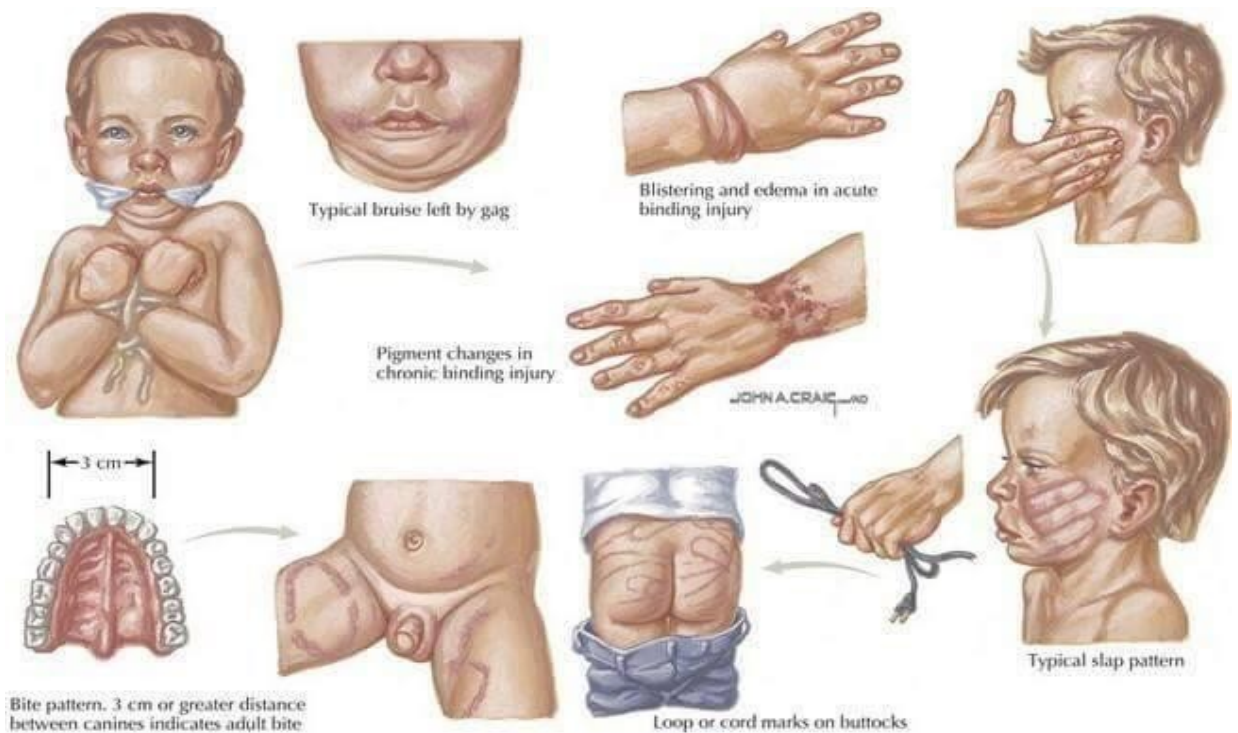
After a diagnosis or suspicion of child abuse syndrome, a report should be drawn up. In addition to a detailed description of injuries, it should also include information on whether the symptoms found by the emergency medical team or the doctor are consistent with the relationship between parents. Delay in reporting an injury is also an important fact. Descriptions of injuries on the child's body should be as accurate as possible. When describing skin lesions, it is important to remember to give the exact color and nature of injuries, location and size. If the child is very young, the appearance of fontanelles should also be described. If possible, the paramedic should take a photo of the injury at the place of incident, which will be attached to the report. This description is included in the child's medical history and health record. It also allows the court to make the right decision.

The patient's health and protection are the main tasks of Health Protection. Domestic violence is categorized as a health service for the following reasons:

- Domestic violence is very often accompanied by clear damage to the somatic system.
- **Domestic violence is always (!) accompanied by mental health damage.**

In addition to basic tasks such as taking medical rescue measures, the personnel of medical facilities are also obliged to:

- 1) Recognize signals that indicate the occurrence of domestic violence. Special attention should be paid to situations where the abuser or victim tries to conceal the injury.
- 2) Skillfully conduct a conversation to determine the forms of violence and the incidence of violence.
- 3) Issue a statement of injuries at the request of victims.
- 4) Inform violent persons about places and conditions of obstruction.
- 5) Inform law enforcement authorities in case of recognition or suspicion of a crime.
- 6) Participate in interdisciplinary teams and working groups.
- 7) Carrying out the “Blue Card” procedure (notification to the Police).
- 8) Provide information about the possibility of obtaining a statement on the type of personal injuries related to domestic violence.



Graphics “Child abuse syndrome – personal injury”

[Source: www.rm-wspolnapasja.blogspot.com] [38]

In any case of suspected child abuse, the minor victim should be taken to hospital. The Blue Card procedure has been in force in health care since September 13, 2011. [11,27,29] As a part of this procedure, the “physician” provides information concerning obtaining help and support to a person who has been affected by the phenomenon of abuse (or who is likely to experience violence). If the condition of such a child requires transport to a medical entity, the “Blue Card-A” form is filled in by a representative of the entity to which the person has been transported. A quick reaction and initiation of the Blue Card procedure may be the only chance for the child’s survival. It does not require the consent of a person affected by domestic violence. This procedure covers all activities undertaken by representatives of social assistance units, municipal commissions for solving alcohol problems, police, education and health protection. The rules of establishing the “Blue Card” and the form filled in by the entities which implement this procedure are defined by the Council of Ministers. The “Blue Card” procedure begins with filling in the “Blue Card-A” form in case of suspicion of violence against the family, or as a result of reporting by a family member or a person who is a witness of domestic violence. If it is not possible to fill in the “Blue Card-A” form due to the absence of a person who is a victim of violence or their state of health does not allow it at a given moment, the form is filled in immediately after direct contact with this person or after the termination of the factor which makes it impossible to fill in the

“Blue Card-A”. If direct contact with a person affected by domestic violence is not possible, the “Blue Card-A” form is filled in without the person being present.

A person suspected of being affected by domestic violence shall be interviewed under conditions which ensure freedom of expression and respect for their dignity. These conversations also provide a sense of security. All actions involving a child who is a victim of domestic violence should be carried out in the presence of a psychologist.

The next step after filling in the “Blue Card-A” form is to hand over this form to the person suspected of being a victim of domestic violence. A child affected by violence may not be able to fill in the form (due to for example age). In this case, the “Blue Card-B” form is given to the parent, legal guardian or person reporting the suspicion of violence, provided that the person is not suspected of such violence. The “Blue Card-A” form is filled in and handed over to the chairperson of interdisciplinary team no later than 7 days after initiation of the procedure. Members of the interdisciplinary team shall fill in the “Blue Card-C” procedure during a meeting. No child attends the meeting.

In the presence of a person suspected of domestic violence, members of the Disciplinary Team shall fill in the ‘Blue Card-D’ form.

The “Blue Bear” card is a form of therapeutic and diagnostic process in the child abuse syndrome. It is aimed to provide the child with protection against repeated reporting of an event related to violence. This form is material evidence. It can be used both for patients who are hospitalized and for so-called “acute cases”. These actions both improve the quality of care for a young patient and accelerate legal and social actions. This document includes: description of the situation, mental state of the child, type of injury, location of wounds, method of supply, further proceedings, information about the photographic documentation, information about the actions taken.

After completing the form, it is handed over to the police officer. The person who is authorized to provide this document is a doctor, paramedic, nurse, psychologist or social worker, whose stamp appears on the “Blue Bear” form. [27,29,31]

Legal consequences

Legal consequences for behavior related to domestic violence:

- infringement of physical integrity (Article 217 of the Penal Code),
- abduction or detention of a minor or a physically or mentally incapacitated person against the will of a person called to care or supervision (Article 211 of the Penal Code),

- abandonment of a minor or a physically or mentally incapacitated person (Article 210 of the Penal Code),
- drunkenness of a minor by providing an alcoholic beverage, facilitating or inducing to consume such a beverage (Article 208 of the Penal Code),
- leading a minor under 15 years of age to sexual intercourse or submission to or performance of other sexual activity or recording pornographic content with the participation of a minor (Article 200 of the Penal Code),
- rape (Article 197 of the Penal Code),
- leaving a person with regard to whom there is an obligation to take care in situations directly threatening the child's life or health (Article 160 §2 of the Penal Code). [5]

Conclusions

1. The analysis of legal acts and literature shows that child abuse is still a social problem to be solved.
2. It is worth emphasizing once again the important role of medical personnel in this issue. Much depends on the appropriate action taken by them. At the same time, it is necessary to maintain full professionalism, refrain from accusing carers and evaluating them. Our focus is on the exact description and assessment of injuries, ensuring the safety of the young patient. This is not an easy task, as it is also important to maintain a good understanding of the child's relationship with parents.
3. A doctor, nurse or paramedic aims to protect the patient's health and life. Early diagnosis and reporting of abuse to the relevant services is helpful.
4. Reducing the incidence of child abuse syndrome is possible thanks to coordinated actions of many services. This cooperation requires a high level of commitment on the part of all members of the Interdisciplinary Team. It is important to familiarize not only the members of the Disciplinary Team and the general public with procedures that apply to the diagnosis of violence against children – both physical and psychological.
5. Abuse is not only a matter of physical violence. The abuser may often not realize that his actions are considered violence.
6. In any case of suspected child abuse, the child victim must be transported to a

hospital.

Summary

The analysis of legal acts and literature shows that child abuse is still a social problem to be solved. It is worth emphasizing once again how important is the role of a paramedic in this subject. Much depends on the appropriate action taken by the rescuer. At the same time, it is necessary to maintain full professionalism, refrain from accusing carers and evaluating them. Our focus is on the precise description and assessment of injuries, ensuring the safety of the young patient. This is not an easy task, as it is also important to maintain a good understanding of the child's relationship with parents. A paramedic is there to protect the patient's health and life. Early diagnosis and reporting of abuse to the relevant services is helpful. This responsibility applies to medical rescuers, nurses and doctors. Reducing the incidence of child abuse syndrome is possible thanks to coordinated actions of many services. This cooperation requires a high level of commitment on the part of all members of the Interdisciplinary Team. It is necessary to familiarize not only the members of the Disciplinary Team and the whole society with the procedures that apply in case of diagnosing violence against children – both physical and psychological.

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