

New types of child maltreatment: a public and social emergency that can no longer be ignored

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ABSTRACT

Child abuse and neglect is a common problem that is potentially damaging to the long-term physical and psychological health of children. As society and culture have progressively changed, different configurations of child abuse and neglect have emerged. Little attention has been focused on these types of child maltreatment, which represent a new emergency in this field. Pediatricians should be trained to play a major role in caring for and supporting the social and developmental well-being of children raised in various conditions and with new types of problems. Pediatric care should be based on an increasing awareness of the importance of meeting the psychosocial and developmental needs of children and of the role of families in promoting health.

Key words: child abuse, neglect, emergency

Child abuse and neglect is a common problem that is potentially damaging to the long-term physical and psychological health of children. In the past, researchers have documented this relationship and have identified two possible mechanisms that can explain the increased incidence of childhood stress and consequent adult somatic disease: the increased incidence of health harming behaviors and epigenetic causes, as well as other changes that predispose individuals to disease through a raised non-specific inflammatory profile. (1) Abuse survivors, as well as persons who have experienced other types of childhood adversities, are more likely to participate in high-risk behaviors. (2) According to the federal Child Abuse Prevention and Treatment Act (CAPTA), the term "child abuse and neglect" is defined as any act, or failure

to act, by a parent or caregiver (teacher, coach or anyone who has an educational or caregiving role), which leads to physical or emotional harm, sexual exploitation or abuse, or death; or an act, or failure to act, that results in imminent risk of injury. (3) Child maltreatment is a common event, even if it is not always recognized, disclosed or reported. Identifying the real number of maltreated children is a challenge because of the large variability in reported prevalence data across studies.

In 2014 there was a nationally estimated figure of 702,000 victims of abuse and neglect. Three-quarters (75.0%) of victims were neglected, 17.0 percent were physically abused, and 8.3 percent were sexually abused. Moreover, 1,580 children died of abuse and neglect at a rate of 2.13 per 100,000 children in the national population. (4)

These data are undervalued and they do not reflect the real prevalence of the problem so they need careful evaluation.

Child neglect exposes children to cognitive and language problems, with fewer positive social interactions. Neglected children lack coping abilities, are dependent and unhappy, whereas during adolescence and adulthood, child neglect is associated with criminal behavior, personality disorders, substance abuse and stressful life events. Studies on the health status of children in foster care show that health care needs are strongly dependent on factors that determine foster placement. If the placement is due to reasons such as: abandonment, poverty, neglect, physical or sexual abuse, drug use by biological parents, parental psychopathology and family breakdown, there is a high prevalence of mental health problems. The particular experience of each child greatly affects his or her health from a physical, mental and social point of

view. (5-7)

Injuries from physical abuse can leave permanent scars, disfigurement or impaired physical functioning. Childhood physical abuse seems to be another risk factor for ischemic heart disease, in addition to the traditional ones and increases the risk for both overall and central obesity in adulthood. (8,9) Other physical problems of these vulnerable children include growth failure, lead poisoning, untreated vision problems, atopic dermatitis, infectious diseases. (10) Finally, physical abuse exposes children to an increased risk of depression, alcohol abuse, anxiety, and suicidal behaviour. (2,11)

Sexual child abuse can lead to three main types of outcomes: physical, psychological/psychiatric and the risk of revictimization. It can cause gynecological consequences such as chronic pelvic pain, dyspareunia at the beginning of sexual activity, vaginismus and non-specific vaginitis and can cause inappropriate sexualized behavior, such as repeated object insertion into the vagina and/or anus, age-inappropriate knowledge of sex and requests for being touched in the genital area. (12,13)

Another key point and emerging problem is the economic burden of child maltreatment in high income countries. Recent studies and data analyses from different countries have reported that the costs for medical treatment, social rehabilitation programs, justice and long term support plans for maltreated children lead to an increase in public expenses which could be prevented. Implementation of preventive programs, improvement of medical care quality and rationalization of health and social services are among the measures suggested to contain the costs. (14) Of course, socio-economic costs are different for each type of abuse, and usually reflect

the general social, economic, and health conditions within the states and their local communities, as well as the differences in public health programs among countries in general.

NEW TYPES OF EMERGENCIES

A) Sparse attention has been focused on children whose mothers were murdered. For child psychiatry teams these are difficult cases and few individuals have experience of working with such children in their professional lifetime. Where children should live and with whom, whether they should attend the funeral, see their father in prison, etc., are questions that require serious consideration and discussion. Judges, police officers, social workers and others could make decisions about protection, on the basis of empirical data and not merely using intuitive criteria. For this reason, long-term studies are needed to ascertain what happens to these children (especially when they grow up), to understand what are the most appropriate psychological treatments for them, how best to approach the decision about contact with the father (when he is the murderer) and to determine the best placement for these children. (15)

B) Injuries in stationary vehicles for children younger than 14 years old are poorly recognized types of vehicle injury and receive far less attention than motor vehicle crashes. (16) Recent research confirmed that the leading cause of death for children is stroke and hyperthermia after being left unattended in motor vehicles. Unattended children tended to be younger than children who died while playing. Three quarters of our cases occurred during the warmer months: spring and summer. According to these data, one might well ask how it can happen that a parent leaves his child unattended in the car. A scientific explanation could be related to the Working Memory (WM). WM refers to the system or systems that are assumed to be necessary in order to keep things in mind, while performing complex tasks such as reasoning, comprehension and learning. (17) There is great evidence that stress and enhanced glucocorticoid levels can influence memory performance with both negative and positive consequences. A recent study assessed the effects of stress and cortisol on a variety of memory tasks in male human subjects and demonstrated that there is stress-induced working memory impairment. (18) These could explain how stress

and busy everyday life could influence our behavior and bring a parent to leave an unattended child in the car. Leaving a child alone in a car can be considered a form of neglect.

C) Factitious disorders (FD) are defined as the intentional production or feigning of symptoms and disabilities, which are either physical or psychological in nature, in an attempt to assume the patient role. (19,20) The motivation to assume the patient role, rather than to obtain an external reward, distinguishes FD from malingering. Malingering and FD both differ from somatoform disorders and dissociative/conversion disorders. While the symptoms of somatoform disorders are characterized by active dissimulation, the symptoms of dissociative/conversion disorders are presumed to arise from unconscious conflicts and to be unintentionally produced. In 1977, Meadow described cases in which a parent or a caregiver, produced or feigned symptoms or even signs of a nonexistent illness in their children, resulting in innumerable harmful examinations and treatments. (21) This condition was defined as MS by proxy (MSBP), and it was considered the hinterland of child abuse. For this reason, the pediatric literature has recently paid great attention to MSBP. Moreover, this condition is associated with high mortality, morbidity, abuse, family disruption, and harm to siblings and in some cases, there was a tendency for the children to grow up believing themselves to be disabled.

D) During the first six months of 2015 more than 106,000 children sought asylum in the European Union (EU). (22-24) The number of unaccompanied children entering the EU is increasing, particularly in Italy. In December 2012, 5,821 unaccompanied minors entered Italy; whereas 6,319 and 10,536 arrived by the end of 2013 and 2014, respectively (increases of 8.4% and 31.7%). They come from different countries; the majority of them are from Egypt, Albania, Gambia and Somalia. Most of them are male (95.4 % of male vs 4.6% of female) and 16-17 years old. They are not hosted in equal numbers in every Italian region: more than 60% of them live in Sicilia, Lazio, Lombardia or Puglia. The latest available data (September 2015) confirm the presence of 9,699 (94.9% male and 5.1 % female) separated children in Italy. Of them, 54% are 17 years old, 27.1% are 16 years old, 10.6% are 15 years old, 7.8% are aged between 14 and 7 years of age, while only 0.4% are aged between 0 and 6 years. The majority of them are from Egypt, Alba-

nia, Eritrea, Gambia and Somalia. Alarming data about the destiny of many of these children come from Ministero del Lavoro e delle Politiche Sociali: once they arrive in Italy, about one third of the minors vanish. The September 2015 report shows that, among unaccompanied children, 5,588 cannot be found. These children may fall victims to kidnapping, trafficking, labor and sexual exploitation, prostitution. The number of female children who disappear yearly is higher than the number of male children: up to 50% of female minors vanish yearly, while only 30% of them disappeared last year. All children have the right to live in a safe environment, where they can grow up and achieve their full potential. There must not be a right or wrong place to be born. (25)

E) Every day, millions of children are exposed to violent and traumatic news and images that can damage the quality of their lives. Indeed, the media, provide a constant stream of updates, videos and images about violence, trauma and death, that plays an important role in the development of stress reactions in children, even if they are not directly exposed to the events. (26,27) It became clear after the 9/11 attacks that young children could develop acute stress reactions and post-traumatic stress disorder simply from cumulative exposure to media coverage of the event, even though the attack itself did not impact anyone they knew personally. Children are particularly fragile and vulnerable towards the impact of traumatic events because of their lack of skills and experience in the management of such information. They may be unable to fully understand the information they get and to integrate them into their schema, so that they usually count on caregivers to deal with stressors, to provide reassurance and explanation about every upsetting or unfamiliar event. Individual, family, and social factors influence disaster reactions and the diverse ways in which children cope. Thus, it is important for caregivers to understand which is the best way to answer children's questions and to discuss with them their fears and emotions in order to help them deal with this kind of situation. Disasters and traumatic events can take many forms. Children's reactions to them vary, as well: a lot of children do not develop psychological or psychiatric conditions, a number of children can experience distress that decreases with time, while others can experience long-lasting effects, like academic failure, post-traumatic stress disorder, depression, anxiety, bereavement, behavioral problems.

F) Interest in health care inside prisons has grown in recent years. (28) However, little attention has been paid to the health care of children under the age of 3 years, in jail with their mothers. Italian law, in agreement with European directives, dictates that the same sanitary assistance given to the population outside prison must be equally guaranteed to prisoners. (29) For the first few years of life the interactive context of children coincides with the maternal figure and the mother's psyche becomes an integral part of the child's mind. We think that "nest areas" can guarantee a suitable environment for the normal psychophysical development of such children and promote health care for this vulnerable group. Access to the prison health service may be the first opportunity for an inmate to receive medical care. Moreover the period in prison could offer opportunities to improve the prisoner's health.

G) Several definitions of modern baby

abandonment are available. (30,31) The US government has distinguished between "boarder babies", "abandoned infants" and "discarded infants". The first two abandonment types refer to babies left in hospitals, with abandoned infants defined as newborn, and boarder babies aged up to 12 months. Discarded infants are those abandoned in other public places without care or supervision, and include neonaticide cases. In an attempt to reduce the number of infanticides and abandonments in unsafe places such as public restrooms, many states have enacted legislation to provide "safe places" for mothers to abandon their newborns. In Italy, like in other countries, there are "baby hatches", a comfortable space, usually near the hospital, where mothers can leave their babies anonymously with the certainty that the baby will be cared for. Other countries where these structures have been established are Germany (more than 90 locations), Po-

land, Czech Republic, Hungary, Austria, USA, India and South Africa. (32) There is a need to identify categories of parents at risk and to give them additional help. In particular, prevention should begin before birth and assistance must be extended into the months after delivery, with structured strategies.

In conclusion, as society and culture have progressively changed, different configurations of child abuse and neglect have emerged. Pediatricians should be trained to play a major role in caring for and supporting the social and developmental well-being of children raised in various conditions and facing new types of problems. Pediatric care should be based on an increasing awareness of the importance of meeting the psychosocial and developmental needs of children and of the role of families in promoting health. (33)

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