Lack of education or abuse?

Ismail Altin¹, Ahmet Sedat Dundar¹, Nusret Ayaz², Turgay Bork³, Serpil Sener⁴, Osman Celbis¹

¹Inonu University, Faculty of Medicine, Department of Forensic Medicine, Malatya, Turkey
²Nigde Omer Halis University Education and Research Hospital, Department of Forensic Medicine, Nigde, Turkey
³Firat University, Faculty of Medicine, Department of Forensic Medicine, Elazig, Turkey
⁴Inonu University, Faculty of Medicine, Department of Dermatology, Malatya, Turkey

Received 26 November 2019; Accepted 10 December 2019
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Abstract

Child abuse is a significant public health problem nowadays. The case is here presented of an unemployed stepfather, with significant risk factors for child abuse, who caused physical abuse to a child with hot water as a result of incorrect toilet training. In this case, the mother tried to hide the event and as a result of the history taken from the child and findings of lesions in the physical examination, it was learned that these had been made by the stepfather because of urine incontinence. In similar situations to this case, healthcare personnel establishing close communication with the child must pay attention in respect of child abuse, and must inform the authorities in all suspicious cases.

Keywords: Education, child abuse, informing forensic authorities

Introduction

According to the World Health Organisation (WHO), child abuse is accepted as "conscious or unconscious behaviour by an adult, society or a country that has a negative effect on the health, physical and psychosocial development of a child". Abuse is examined in four groups as physical, sexual, and emotional abuse and neglect. Physical abuse is defined as non-accidental injury to the child. The determination of abuse prevents further injury to the child, which can range from damaging the personal development of the child as far as death. It has been reported that 25-50% of all children worldwide are exposed to physical abuse [1]. Each year between five hundred million and one and a half billion children are exposed to physical abuse and two hundred and seventy five million witness domestic abuse [2].

In the USA, 15 of every 1000 children have been reported to be exposed to abuse, of which the certain cases are 54% neglect, 22% physical abuse, 8% sexual abuse and 4% emotional abuse, and the remaining 12% cannot be directly classified in these trauma categories [3]. In Turkey, it has been determined that 45% of children aged 7-18 years are exposed to physical abuse within the home, 51% to emotional abuse and 25% to neglect [4]. The violence towards children has been reported to be perpetrated most by the mother and father [5]. Risk factors of child abuse have been shown to be a large number of children in the family, unemployment, one of the parents being a step-parent, and insufficient social support for the family. The children of families with a low economic level have been reported to be more exposed to physical abuse and neglect and alcohol has been found to have an effect on the implementation of physical abuse and neglect. In addition, previous studies have shown that severe economic problems of the family is the most significant risk factor [6-8].

In the case presented here, a 3-year old girl suffered physical abuse from her stepfather with hot water because of urine incontinence and emotional abuse from her mother in the form of lying. The aim of this paper was to emphasise the importance of forensic reporting by healthcare professionals.

Case Report

A 3-year old female child presented at the Turgut Özal Medical Centre Dermatology Polyclinic and was referred for evaluation because of findings of suspected physical abuse determined in the physical examination. The child lived with her natural mother and

*Corresponding Author: Ahmet Sedat Dundar, Inonu University, Faculty of Medicine, Department of Forensic Medicine, Malatya, Turkey
E-mail: dr_asedat@hotmail.com
In the interview with the mother, she stated that 3 days previously the child had cried, “Mummy, it hurts”, and when she examined the child’s legs, she had seen the injuries.

From the history taken from the child, it was learned that the injuries had been caused by the stepfather because of urine incontinence. In the physical examination, there was seen to be a scabbed lesion behind the ear, a hyperemic-based lesion 7 x 5 cm in size in the upper pubic region extending to both labia majus, which had healed with scabbing in places, a lesion 9 x 6 cm in size on the upper and mid inner surfaces of the left thigh which was hyperemic based, scabbed and partly peeling, and scabbed lesions with partially healed areas on a hyperemic base starting from the right-side inguinal region and terminating in the upper part of the medial malleolus of the right ankle (Figure 1).

In the physical examination there were also seen to be lesions that were scabbed on a hyperemic base and partially healed, 6 x 5 cm in size in the distal of the 4th-5th metatarsals of the left foot.

![Figure 1](image1.jpg)

**Figure 1.** Body areas on which hot water had been poured as punishment.

These lesions were determined to be consistent with boiling water burn injuries. No tear was detected in the frenulum examination.

As a result of the evaluations made, while no information could be obtained about the income level and education level of the parents, it was learned that they lived as a nuclear family and the parents had no health problems.

It was explained to the attending physician that this was a forensic case and it was necessary to inform the relevant authorities, especially social services, and assistance was provided in this respect.

**Discussion**

Physical abuse, which is defined as the use of force that will damage the health, development or dignity of a child, is the type of child abuse which is the easiest to identify because of the characteristics and symptoms and to eliminate (9, 10). Events of physical abuse may be implemented without any instrument such as slapping, punching, pushing and shoving, kicking, shaking, biting, pinching etc, and it may also be instrumental with beating with a belt, strap, pan, or hose, or burning with an iron, hot water or hot food.

In the case presented here, a 3-year old girl had suffered physical abuse with hot water as punishment for urinary incontinence. When the mother was interviewed, she made efforts to hide the origin of the injuries. In these types of cases, it is extremely useful to take the history from the child if they can speak, as at that age they have not yet fully developed the ability to tell lies. In the current case, the child stated that her stepfather had applied the hot water to punish her for urinary incontinence, and had started first behind her ear. In Turkey, especially in the eastern regions, punishment with hot water is often encountered, as it is thought to be a deterrent for urinary incontinence in children.

A previous study determined that the mother perpetrated physical abuse or neglect of the children in 87.4% of cases and emotional abuse or neglect in 93%. As females have greater first-degree responsibility for childcare, they are responsible for more abuse than males. However, if the father is at home and particularly if he is unemployed, this statistic is reversed and the father is the perpetrator of abuse (5, 11). In the case presented here, the combination of the father being a stepfather, unemployed and spending more time at home was noticeable in respect of being abuser characteristics.

Previous studies have shown that a higher number of children in the family, unemployment, one of the parents being a step-parent, and insufficient social support for the family, are risk factors laying the ground for child abuse. Furthermore, children of families with a low economic level have been reported to be more exposed to physical abuse and neglect, and alcohol has been found to have an effect on the implementation of physical abuse and neglect. It is noticeable that the most important risk factor related to child abuse and neglect has been reported to be severe economic problems of the family (5-8, 12).

When family doctors are examining a child and paediatric specialists are taking the history, great attention must be paid to children with risk factors and the examination must be made more carefully and in greater detail with the child alone. The history should also be taken from the child alone as there may be a
tendency to protect the abuser or to be hesitant because of fear of the abuser, but at a young age, the child has not yet learned to tell lies. It must also not be forgotten that when necessary the forensic authorities must be informed, and then social services.

The determination of abuse prevents further injury to the the child, which can range from damaging the personal development of the child as far as death. Therefore, awareness of child abuse must be increased in society, educators and especially in healthcare workers, high-risk families must be identified and the children must be followed up.

**Conclusions**

The determination of abuse prevents further injury to the the child, which can range from damaging the personal development of the child as far as death. Therefore, awareness of child abuse must be increased in society, educators and especially in healthcare workers, high-risk families must be identified and the children must be followed up.

**Competing interests**

The authors declare that they have no competing interests.

**Financial Disclosure**

All authors declare no financial support.

**Ethical approval**

This study was approved by the Institutional Ethics Committee and conducted in compliance with the ethical principles according to the Declaration of Helsinki.

Ismail Altin ORCID: 0000-0001-7185-2620
Ahmet Sedat Dundar ORCID: 0000-0002-4029-2613
Nusret Ayaz ORCID: 0000-0001-9302-2820
Turgay Bork ORCID: 0000-0003-0000-9200
Osman Celbis ORCID: 0000-0003-2360-6905
Serpil Sener ORCID: 0000-0002-7012-2666

**References**

1. Child maltreatment (“child abuse”). http://search.who.int/search?q=child+abuse&ie=utf8&site=who&client=en_r&proxystylesheet=en_r&output=xml_no_dtd&oe=utf8&getfields=doctype access date 01.05.2019