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ORIGINAL ARTICLE

Frequency and characteristics of battered child syndrome in patients on a paediatric burns unit: A clinical case review

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KEYWORDS
Battered child syndrome;
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Abstract
Background: Battered child syndrome is any act of physical, sexual or psychological aggression, negligence or intentional neglect against a minor.
Objective: To estimate the frequency and characteristics of battered child syndrome in patients on the Paediatric Burns Unit of the Health Services of the State of Puebla.
Materials and methods: In a 1 year and 10 month period, 313 patients under 18 years of age admitted to the Paediatric Burns Unit of the Health Services of the State of Puebla with a diagnosis of burns secondary to battered child syndrome were evaluated and a questionnaire to determine the possibility of child abuse was administered.
Results: 13 patients met criteria for suspected abuse; 9 were female and 4 were male. One was an infant, 4 were preschool-age children, 4 were school-age children and 4 were adolescents. The form of abuse was negligence and/or neglect in 62% of cases, physical abuse in 15% of cases, sexual abuse in 15% of cases and psychological abuse in 8% of cases.
Conclusions: Having knowledge of and being able to identify battered child syndrome may prevent fatal injuries. It is important to equip healthcare staff on first-contact care units with the knowledge to establish a presumptive diagnosis of child/adolescent abuse. Only through proper investigation of social events may just solutions be sought and implemented.

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PALABRAS CLAVE
Síndrome de niño maltratado;
Unidad pediátrica de quemados;
Maltrato infantil

Frecuencia y características del síndrome del niño maltratado en los pacientes de una unidad pediátrica de quemados: revisión de casos clínicos

Resumen
Antecedentes: El síndrome del niño maltratado es toda agresión u omisión física, sexual, psicológica o negligencia intencional contra una persona menor de edad.
Objetivo: Estimar la frecuencia y características del síndrome del niño maltratado en pacientes de la Unidad Pediátrica de Quemados de los Servicios de Salud del Estado de Puebla.
Material y Métodos: En un periodo de 1 año y 10 meses se evaluaron 313 pacientes menores de 18 años que ingresaron con diagnóstico de quemadura secundaria a síndrome del niño maltratado a la Unidad Pediátrica de Quemados de los Servicios de Salud del Estado de Puebla y se aplicó un cuestionario que permitió establecer la posibilidad de maltrato infantil.
Resultados: 13 pacientes cumplieron con criterios para la sospecha de maltrato, 9 mujeres y 4 hombres. Un lactante, 4 preescolares, 4 escolares y 4 adolescentes. La forma de maltrato en 62% fue negligencia y/o descuido, 15% físico, sexual 15% y psicológico 8%.
Conclusiones: El conocimiento e identificación del síndrome del niño maltratado puede prevenir lesiones fatales. Es importante capacitar al personal de salud de las unidades de atención de primer contacto con el conocimiento para establecer el diagnóstico presuntivo de maltrato infanto-juvenil. Sólo la adecuada investigación de los hechos sociales permitirá buscar y establecer las soluciones justas.

Introduction

Battered child syndrome (BCS) is defined as ''any act of physical, sexual or psychological aggression, negligence or intentional neglect against a minor that affects his or her biopsychosocial integrity and is performed on a regular or occasional basis, at home or away from home, by a person, institution or society''.[1]

Since 1999, the World Health Organisation (WHO) has considered it to be a worldwide public health problem.[2] The WHO has estimated that 40 million children worldwide from 0 to 14 years of age experience some form of abuse and approximately 53,000 children died in 2002 owing to homicide.[3]

At the Comprehensive Care Clinic for Abused Children of the Mexican National Paediatric Institute (CAINM-INP), 35–40 new cases of abuse are diagnosed and handled each year.[3]

Three elements are required for the presentation of BCS: an assaulted child who sometimes suffers from psychomotor delay, an adult aggressor and situations in the family environment involving a triggering factor.[4]

In Mexico, since 1999, institutions such as the Mexican National System for Comprehensive Family Development (DIF) and the Mexican National Institute for Geographical Statistics and Computing (INEGI) have been keeping a registry of reported and detected causes to show that the problem exists and is increasing.[5]

There are various risk factors involved in BCS: child factors (under 4 years of age, unwanted and having special needs). Parent or caregiver factors (history of abuse, alcohol consumption, drug use and financial difficulties). Relationship factors (family breakdown and violence between other family members) and social and community factors (social and gender inequalities, unemployment and poverty).[6] Physical, emotional and behavioural ''indicators'' in both the child and the aggressor may be used to diagnose abuse in a minor.[7]

On the Paediatric Burns Unit (PBU) of the Health Services of the State of Puebla, demand for medical care due to accidental burns has a high incidence; however, there is no instrument that distinguishes cases of accidental origin from cases of non-accidental origin, that is to say, cases that may result from child or adolescent abuse.

The objective was to estimate the frequency and characteristics of battered child syndrome in patients on the Paediatric Burns Unit of the Health Services of the State of Puebla.

Materials and methods

A longitudinal, descriptive, observational study from January 2013 to December 2014, in patients under 18 years of age admitted to the PBU of the Health Services of the State of Puebla with a diagnosis of burns secondary to battered child syndrome. Patients who were transferred to other medical units or who requested their voluntary discharge were excluded. To establish the possibility of accidental or intentional burns in these patients, a survey with medical and social indicators was conducted to assess child abuse.[8] The study was conducted with information obtained from this questionnaire with four headings: identification information, risk factors for the child and for the family; diagnosis of suspected abuse: presence of physical injuries of the skin, nervous system, bones, genitals or anus; assessment of suspected abuse; and definitive diagnosis. Each section assessed different variables (Annex 1).