Clinical and Epidemiological Considerations on Child Neglect in Pediatric Clinic No. I Tîrgu Mureş

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Background: Ethic of the care is a necessary condition for a state under the rule of law. Neglect is failure by the caregiver to provide needed, age-appropriate care to a child. Article 89 of law 272/2004 on the protection and promotion of child rights clearly defines child neglect.
Objective: The purpose of the paper is to assess the number of cases of neglected children hospitalised in Pediatrics Clinic I Tîrgu Mureş, and to report and emphasize the ethical importance of this problem.
Material and method: It was a retrospective study based on observation sheets of children admitted in Pediatrics Clinic I Tîrgu Mureş, between 01 January 2001 – 31 December 2008. During this period 728 cases of child neglect were identified.
Results: The incidence of mistreated children was 6.13% (728 cases) with mean age of 4.85 years, from 11.859 admissions in the mentioned period. Increased number of childs nelegt was in rural areas (64.69%) between boys (52.60%).
We considered child neglect in the studied group: accidental poisoning 484 cases (66.48%), malnutrition (19.23%), scabies (8.38%), pediculosis (1.92%), prolonged hospitalization (2.06%), other causes (1.93%).
Conclusions: Mistreated children represented an important share of admissions (6.13%), raising many ethical issues concerning child rights violations. Although that in our country child neglect must be reported to social protection services as required by law, solved cases and prevention measures are sporadic.

Keywords: child, neglect, bioethics

Introduction

Care is a prerequisite of a society ruled by law. Everybody can go through periods of partial or total dependence (childhood, diseases, old age) and needing care. Caring for individuals is a precondition of social life. Care is a primary social good, it's distribution is a matter of justice and ethics.

Phases of the concept of care:
1. "caring about"
   a. Requires recognition of the need for care;
   b. Observing a need;
   c. and how it can be solved.
2. "taking care of"
   a. Contribute to assume a responsibility for the identified need;
   b. and determine how can be responded to that need.
3. "care-giving"
   a. Assumes meeting the need of care;
   b. Involves physical work;
   c. Requires that those who give and receive care to come into contact.
4. "care-receiving"
   a. Assume that "the subject of care" is responsible to care that he receives;
   b. Means that it can be checked whether care needs were met or not.

The child is a person with special needs to be cared for.

Children have fundamental rights such as: right to a personal life, to privacy, to a normal development; and have special needs to be satisfied (child protection, freedom). Increasing violence directed to children is one of the most dramatic social facing our contemporary society [1]. The term "abuse of the child" was first used by Kemp, in 1962 to describe "the black and blue (beaten) child". The concept was expanded and more used not only for physical abuse, but also in forms of emotional abuse, neglection and sexual abuse. Between 1965 and 1985, literature in America and Britain showed great importance to child abuse [2,3,4].

A recent study of the Center for Disease Control and Prevention (CDC) found that 1 of 50 children in the U.S. is a non-deathly victim of negligence or abuse [5,6].

Child neglect is the most common form of maltreatment in the United States. In 2005, according to NCANDS (National System of Child Abuse and Neglect), 899.000 U.S. children were victims of abuse and neglect, 62.8% suffered from neglect, in particular medical neglect [7,8].

Law No. 272/2004 Article 89. (1) regarding child's protection and promotion of child rights, defines abuse as any voluntary action of a person which is in a relationship of responsibility, trust or authority with the child, which is endangered: life, the physical, mental, spiritual, moral or social development, bodily integrity, physical or mental health of child [9].

There are four major categories of child abuse: neglect, physical abuse, psychological/ emotional abuse, including

sexual abuse, Munchausen Syndrome (Munchausen syndrome by proxy) [10].

Article 89. (2) of the same law defines child neglect as a failure – voluntary or involuntary, of a person who is responsible for raising, health or education of the child, to take any action subject to this task, which is potentially life-threatening, or which endangeres physical, mental, spiritual, moral or social development, physical integrity, physical or mental health of child [9].

The law also required the duty of professionals in contact with an abused child to report the case to the authorities: any person who, by virtue of his profession, works directly with a child and has doubts about the existence of a case of abuse or neglect, must notify the public service department of general insurance or social security and child protection in whose territory the case was identified [9]. For notification of abuse or neglect cases, in each department of general social security and child protection will be create a "telephone line of the child" and the number should be widely published.

Child neglect is the most common form of abuse in childhood (63% of all cases), with the highest lethality [11].

Factors contributing to neglect are: parents who were abused in childhood, families where parents are abusive (they consume alcohol, drugs), family stress, social factors (religious, moral), and children with disabilities. Trigger events that can break out these abuses are: inexplicably children crying, difficult feeding, failure in defecation or urination reflex guidance, disobedient children; these are situations when parents can be aggressive with their children [8,10,11,12,21].

Neglect is the inability or refusal of adults to communicate adequately with the child, to ensure the biological and emotional needs for physical and physical development, and access to education restriction [6,13]. Neglect can lead to disorders of bio-psycho-socio-cultural development [3,8,14,15,16] and can be intentional, in situations when the child is under emotional stress or unintentional - when the parents suffer medical conditions (mental or learning difficulties or disabilities) and they are unable to adequately answer the needs of the child. Factors contributing to the neglect are domestic violence, substance abuse, mental disorders or parents who themselves have been neglected. [1,8,10,12,17].

As a forms of neglect we mention [10,18]:

- physical neglect and omissions leading to retardation of growth, development, education and increase susceptibility to infection. Labor and exploitation of minors is an abuse on children [5,19,20,21];
- neglect feeding the child is the most common cause of low weight infants and the infant (failure to thrive) [5,21];
- neglect of clothes, cleaning and home safety, child neglect supervision. Lack of supervision of children can cause frequent accidents, injuries and common views of emergency services [5,19,20,21];
- neglect of health care (refusal to administer indicated medication or vaccines, late presentation to the doctor or administration of drugs which can harm children – management of sedatives by the babysitter) [5,21];
- neglect of school education, emotional and communication needs, that can cause symptoms of emotional abuse, disorders of speech or language development and delay in social skills [2,15,16,20];
- child abandonment.

John Mersch [11] divided neglect into 3 types:

- physical neglect: the refusal or postponement of child health care, abandonment, inadequate supervision, relegation from home;
- educational neglect: not to enroll the child in the educational system or a failure to ensure the educational needs;
- emotional neglect – failure to give attention to emotional and psychic needs of child, allowing consumption of alcohol or drugs, consumption of medicines imposed by the parent.

In agreement with those described before, we conducted a retrospective study based on observation sheets to assess cases of neglected children hospitalized in Pediatrics Clinic I Tîrgu Mureș. Neglected children had the highest share of all abused children.

The aim of this paper is to assess the number of cases of neglected children hospitalised in Pediatrics Clinic I Tg.-Mures, and to report and emphasize the ethical importance of this problem and to raise the appropriate forums to prevent child neglect.

Material and method

A number of 11,859 children, aged between 1 and 18 years old were hospitalized in Pediatry Clinic I Tîrgu Mureș between 1 January 2001 – 31 December 2008. 728 cases of mistreated children (6.13%) were identified.

The incidence of cases of mistreated children are not exactly known, however, the CDC reported an incidence of 2% [6,18].

The study was performed retrospectively on the basis of observation sheets of 728 abused children hospitalized in Pediatrics Clinic I.

The inclusion criteria considered neglected children with: accidental poisoning with various substances or drugs, duration of hospitalization over 1 month, malnutrition, scabies and pediculosis, drowning, electric shock, frostbite, suffocation.

The exclusion criteria were: voluntary poisoning, a short-term hospitalization, accidental injuries, sexual abuse.

The evaluated parameters were: gender, age, rural or urban origin, admission diagnosis. The statistical evalua-

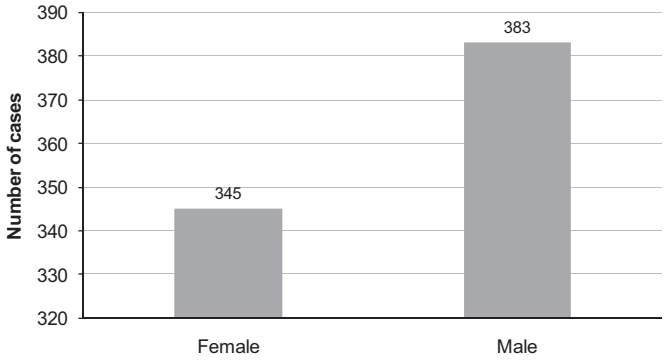

Fig. 1. Gender distribution of mistreated children

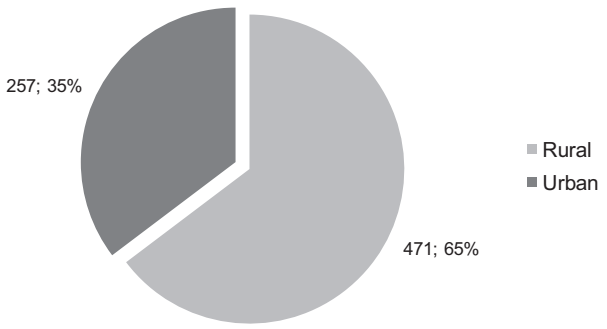

Fig. 2. Distribution of medium of provenience

tion: methods of percentage assessing, median, standard deviation.

Results

From the group of 11,859 hospitalized children, we found 728 mistreated children (6.13%). Male patients had a higher incidence, with 383 cases (52.60%) compared with only 345 cases (47.39%) of female patients (Fig. 1). The median age in the studied group was 4.85±4.80 years.

In rural areas were more mistreated children – 471 cases (64.69%) compared to urban areas – 257 cases (35.30%), probably because children in rural areas are less supervised.

Distribution on years of mistreated children was (Fig. 3): 2001 – 149 cases (20.46%), 2002 – 140 cases (19.23%), 2003 – 107 cases (14.69%), 2004 – 80 cases (10.98%), 2005 – 53 cases (7.28%), 2006 – 80 cases (10.98%), 2007 – 75 cases (10.30%), 2008 – 44 cases (6.04%).

There are two peaks of incidence in years 2001–2002, followed by years 2006–2007.

Distribution by years of mistreated children cases shows, a higher incidence between 2001–2003, compared to recent years (Table I, Fig. 4), probably because mothers have childcare leave until the age of 2 years.

The main causes of ill–treatment were (Fig. 5) children with: accidental poisoning – 484 cases (66.48%), various degrees of dystrophy – 140 cases (19.23%), scabies – 61 cases (8.38%), pediculosis – 14 (1.92%), prolonged hospitalization over 1 month – 15 cases (2.06%), electrocution – 3 cases (0.41%), drowning – 3 cases (0.41%), suffocation – 1 case (0.13%), other causes (burns, overinfected wounds) – 5 cases (0.68%). All cases in our study were physical neglect.

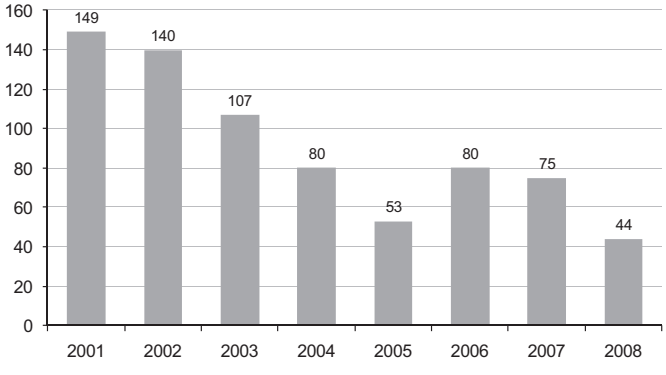

Fig. 3. Distribution of mistreated children by years

We observed a predominance of cases of accidental poisoning in young children and preschoolers (66.48%), followed by distrophy 140 cases (19.23%), scabies 61 cases (8.38%), pediculosis (81.92%), prolonged hospitalizations, and a very small proportion of cases of asphyxia, electrocution, drowning.

Almost 60% of the 484 cases of accidental poisoning were children under 5 years – 285 cases (58.88%), an age where parental supervision is required and where neglect is clearly visible (Fig. 6).

The main types of poisoning in our group of 484 cases of intoxicated children are represented in Fig. 7.

The main types of poisoning in our group were:

- Mushroom poisoning – 80 cases (16.52%);
- Alcohol poisoning – 66 cases (13.63%);
- Poisoning with thinner, detergent, soap – 59 cases (12.19%);
- Organo-phosphorous poisoning, raticid, insecticide, herbicide, pesticide – 51 cases (10.53%);
- Poisoning with an unknown substance – 43 cases (8.88%);
- Poisoning by antibiotics, anti-inflammatories, bronchodilators – 35 cases (7.23%);
- Poisoning with barbiturates, sedatives, neuroleptics – 31 (6.40%);
- Poly-drug poisoning – 23 cases (4.75%);
- Poisoning with metoclopramide – 14 cases (2.89%);
- Poisoning by other substances (various) – 82 cases (16.94%).

Table I. Total number of hospitalisations and mistreated children by years

	2001	2002	2003	2004	2005	2006	2007	2008
Hospitalized children	1634	1410	1923	1790	1610	1512	1380	620
Accidental poisoning	80	85	55	62	40	63	62	37
Malnutrition	36	44	29	8	4	9	7	3
Scabies	23	6	16	5	4	3	3	1
Pediculosis	4	0	4	1	2	2	1	2
Other causes	6	5	3	4	3	3	3	2
Total	**149**	**140**	**107**	**80**	**53**	**80**	**75**	**44**

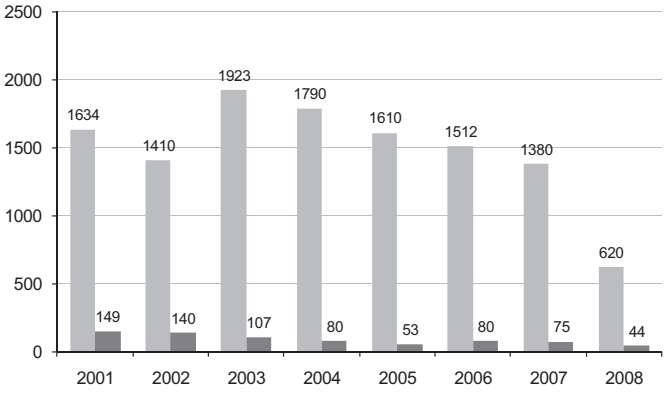

Fig. 4. Number of neglected children vs. the total number of cases

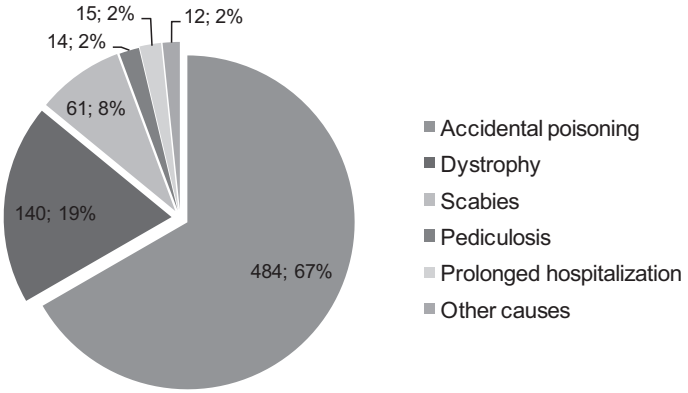

Fig. 5. The main causes of neglect

The highest incidence has the poisoning with mushrooms (16.52%), followed by alcohol poisoning (13.63%), poisoning with thinners and cleaners (12.19%) and organo-phosphorites (10.53%) which represents 52.85% of poisoning cases. A lower ratio have the poisoning with barbiturates, poly-drug, antibiotics and anti-inflammatory, metoclopramide, respectively other substances.

Dystrophy is the second leading cause of child neglect in the studied group, 140 cases (19.23%). Distribution on degrees of dystrophy (Fig. 8):

- degree I dystrophy – 49 cases (35% in dystrophic children and 6.73% of neglected children);
- degree II dystrophy – 62 cases (44.28% of dystrophic and 8.51% of total neglected children);
- degree III dystrophy – 29 cases (20.71% of dystrophic and 3.98% of total neglected children).

Degree II dystrophy has the highest incidence (44.28%).

It should be mentioned that we included in the study only cases hospitalized in Pediatrics I Clinic without taking in account children with various forms of neglect in other clinics or in specialty ambulatory. So perhaps the number of cases of neglected children is much higher, but lack of reporting of cases, the inexistence of a single register of child neglect, lack of proper communication with the child welfare system does not allow an accurate quantification of these cases.

Discussions

According to law 272/2004 Art. 91. (1), any person who, by virtue of his profession or occupation, works directly with a child and has doubts about the existence of a situation of abuse or neglect, it is required to refer the public service or welfare or DGSP in the territory where the case was identified. In that direction, it must be good communication to resolve these cases promptly and to introduce these children in the welfare system, namely the integration of these children in families. [9]

Increasing child neglect is one of the most dramatic social problems facing our contemporary society. Therefore always when the child is suspected negligence, will refer such cases to child protection service. [1,22]

Although, under the law in force in Romania, child neglect must be notified to the social protection services, solving cases and prevention measures are sporadic. Through this article we want to pull the alarm and raise upper bodies involved in child protection and child assistance.

Conclusions

1. The incidence of mistreated children in Pediatry Clinic No.I was 6,13% of total admissions.
2. Higher incidence of mistreated children was found in males (52.60%) and in rural areas (64.69%) (families with more children and less supervision).
3. The median age of patients was 4.85±4.80 years. Most of the cases were young children and preschoolers, who

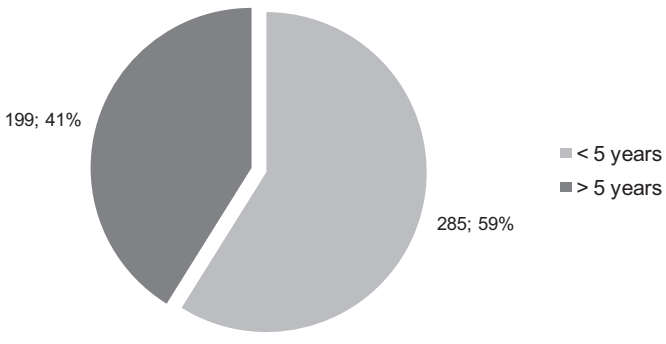

Fig. 6. Distribution of cases of intoxicated children below 5 years

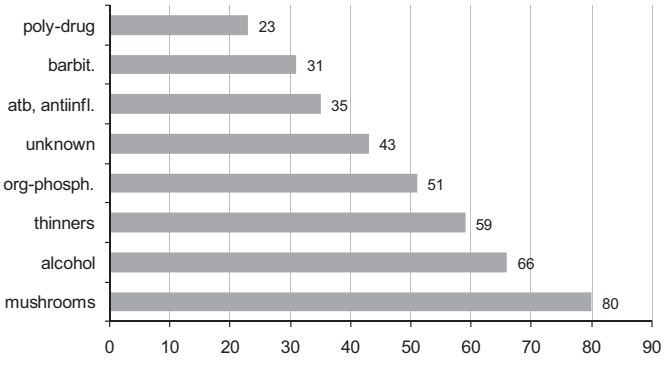

Fig. 7. Distribution of poisoning substances

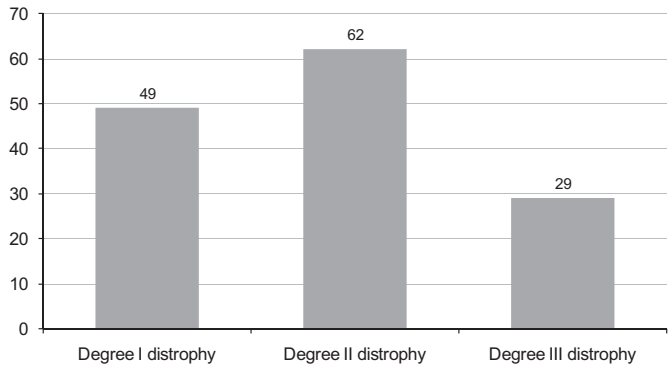

Fig. 8. Distribution of dystrophy among malnourished children

are most vulnerable, whose confession is reduced, and who require special care.

4. Most cases of neglect on our group (over 50%) are represented by accidental poisoning in young children and preschoolers (66.48%), followed by cases of dystrophy, 140 cases (19.23%), scabies – 61 cases (8.38%), pediculosis (81.92%), prolonged hospitalization and a very small proportion of cases of asphyxia, electrocution, drowning. All our cases were physical neglect.
5. Almost 60% of 484 cases of accidental poisoning, are children under 5 years – 285 cases, an age where parental supervision is required and neglect is clearly visible.
6. In our group, the highest incidence has mushroom poisoning (16.52%), followed by alcohol poisoning (13.63%), poisoning with thinners and cleaners (12.19%) and organo-phosphorites (10.53%), which represents 52.85% of all poisoning cases.
7. The highest incidence of children hospitalized with maltreatment in Pediatry Clinic No.I was recorded until 2003, after this period the number has decreased, probably because mothers benefit from a childcare furlough of 2 years.
8. Number of hospitalized mistreated children was more than 6% of admission in our clinic. (Similarly, Disease Control Center in the U.S. – in 2006, reported a rate of 2% for mistreated children, and NCANDS – National System of Child Abuse and Neglect, shows that in 2005 in U.S. 62.8% of children neglect and mistreatment was due to medical negligence.)
9. Increasing violence directed to children is one of the most dramatic social facing our contemporary society. Violence must be condemned by taking educational and social measures necessary to prevent it.
10. Always when the child neglect is suspected, must refer such cases to child protection service.

Acknowledgement

This paper is partly supported by the Sectorial Operational Programme Human Resources Development (SOP HRD), financed from the European Social Fund and by the Romanian Government under the contract number POSDRU/CPP107/DMI1.5/80641.

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