

## Interinstitutional Network in the Medical Child Abuse Protocol

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### Abstract

Child abuse and neglect, is the leading cause of death and disability, considered by the World Health Organization, a serious problem worldwide. The dimension of the issue goes beyond the healthcare institutions in their correct approach and prevention, partly due to the absence of protocols that includes interactive mechanisms network, among hospitals and other sectors actively involved with children, essentially schools and welfare institutions. The most effective approach to this scourge, does not admit any other way but by multi dynamic operating mechanisms, with active transversal and longitudinal strategy case detection, using the enormous scope of technology to operate quickly and efficiently to make visible the felony. Under this premise - innumerable times pronounced by international expert organizations, it is highly suggested to create a multilinked institutional violence preventing platform, with the intention to expedite a helpful mechanism to timely detect infanticide cases as well victims in high risk.

*Keywords: Child abuse; Prevention; Networks; Linkage; Detection; Platform; Violence*

### 1. Introduction

Child abuse is a hidden crime that occurs amidst of home privacy. The victims are submerged within an environment of complicity, torture and endless suffering. The parents perpetrator modus operandi, are consistently repeated all around the world; each time the caregiver severely abuse the child, goes for medical attention. During the narrative of the incident, the parents consistently hide and falsify statements, preventing the possibility to show up the infernal living condition in which the child is submitted, that might impute a legal procedure, hence the child injuries are attributed to an accident. Considering that child abuse is mortal progressive, then of the child abuser hospital visiting becomes more frequent. In order not to arouse suspicion among medical, the aggressor avoids taking the victim the same institution again, reversely they opt for changing the medical attention center, wandering thereafter from hospital to hospital, in order to elude criminal procedures. Regrettably, the sanitary protocols do not anticipate this malicious procedure, leaving the victim in the hands of the aggressor, until it is killed, or irremediably gets invalidated, when the child is not properly identified and timely safeguarded. This malicious caregiver’s procedure is consistently repeated among scholar sector [1].

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## **2. Scenario**

According to Dr. Loredó Abdalá in his publication "Maltrato en el Niño", 10% of any pediatric community are children abused or neglected [2].

1 in 10 abused children is reported by medical institutions.

1 out of every 100 reported abused is attended in a comprehensive manner.

It is estimated that in America there are 60 million survivors of sexual abuse in childhood (Association of Family Conciliation Courts, 1990).

According to the World Health Organization, in 2006 there were some 57,000 deaths attributed to homicides in children under 15 years of age. Estimates of child homicides worldwide indicate that infants and very young children are at higher risk with rates in the 0-4 age group. According to data from UNICEF, the United States, Mexico and Portugal, are the countries where the death rate of children is higher due to physical abuse, with figures 10 or 15 times higher than in the rest of the developed nations [3,4].

In the United States, it is estimated that about 1,210 / 100,000 children are victims of abuse; 63% of the cases corresponds to negligence, 17% to physical abuse and 9% of sexual abuse. Physical abuse is more frequent in children under 2 years of age and sexual abuse is more frequent after 9 years of age; especially between 12 and 15 [5].

The child abuse 'victims' not timely detected and or denounced is a global scenario. The problem partially responds that in many countries, it is the pediatrician who has to present the complaint himself amid innumerable legal procedures, and threats of victimizing families. This confronting scenario, coupled with the confusion of accurate diagnosis, the complicity of the family members, as well the lack of institutional communication monitoring as to vulnerable kids in risk to be victimized, aggravates the scenario, making almost impossible to timely rescue thousands of children victims of abuse and neglect. Few countries assume specific strategies to solve this bottleneck. Dr. Loredó, at the head of the CAINM-INP Clinic in Mexico City, concludes to have identified and treated more than 5000 child abuse victims, in a period of 11 years at the National Institute of Pediatrics, 2005-2013, from the moment that the CAINM-INP, Clinic was implemented within the Pediatric Institute, [Third level care medical center] CAINM was integrated by a multidisciplinary specialists to detect child abuse cases; Pediatrician, psychiatrist, psychologist, social worker and lawyer. The CAINM-Clinic received cases derived from inter consultation institute services, classified as suspicion of abuse and neglect. Each of the specialists proceeded to an exhaustive investigation to issue a conclusive diagnosis -the suspicion is confirmed, or It is discarded- The main intention of

the team experts consisted in relieving the Pediatrician of the inter consultation service, to present the complaint personally (in case of proven abuse), whose functions were executed by the lawyer, part of the multidisciplinary CAINM Clinic. -It is advisable to review the CAINM-IPN Clinic and other countries protocols [6,7]. However the intention of this work is to emphasize the sanitary hospitals interaction, with other organisms related to childhood assistance, in order to execute child safeguard by an institutional shield interconnecting information of children in risk and suspicious of abuse, foreseeing the perpetrator's behavior when frequently changing schools and health care centers, with the intention not to arouse suspicion of crime [1].

Once the pediatric hospitals have been enforced a team for the identification of child abuse cases, assigning a lawyer within the multidisciplinary professionals to redeem the ordinary pediatrician of this task, a core problem in detection and denunciation will have been unraveled. Having prepared the ground for the integral attention of abuse and neglect victims, it is relevant to create an intercommunication network among medical and scholar institutions, all them interconnected themselves as well with the prosecutor's offices for the reporting of crimes. The suggested network can be created through a multi-network online platform.

The complaint procedure on the platform aims to alert hospitals all around the city and country about suspicious cases that for some reason could not had evidenced abuse, but the suspicious remains latent. By anticipating the procedure of the perpetrators, the victim will be protected in advance, expressly, if a child arrives at an institution with a fracture and it is observed in the platform listing that the same child has traveled several hospitals with other fractures, thereupon the suspicion is openly manifest a case of physical abuse, unless it is clinically proven that the child suffers for instance osteogenesis imperfecta.

The suggested multi-network platform was created and executed by Fundación en Pantalla Contra la Violencia Infantil "FUPAVI" by celebrating a collaboration agreement with the "Instituto Materno Infantil" in Toluca State of Mexico, whose operation would be under supervision of hospital del Niño's authorities. FUPAVI, summoned up to the conformation of the multidisciplinary team to detect child abuse. The online platform started up in order to create the communication multired system within hospitals and multisector intercommunication [Child Protection System, neighboring schools and state attorney's office].

### **3. Method**

#### **3.1 PREAVI platform results**

From the year 2012 to the year 2016, the PREAVI Clinic, attended more than 280 cases of abuse confirmed cases, 75 were discarded. It should be noted that it was expected that the number identification cases were bigger. It is feasible that many infant victims had not been properly detected and channeled to the PREAVI team, by the Hospital inter consultation services.

### **4. Discussion**

During the PREAVI's team adaptation process, there were significant administrative changes, unfortunately, The Hospital's Director (who supported the implementation of PREAVI Model) was removed from his position, the General Director, who

took after his place, did not approve the incorporation of the PREAVI's platform, consequently the support that was expected did not happen. The intercom network, despite its proven operation and effectiveness, was not executed any longer [Once again the fear of being involved in legal proceedings, over ethics and medical responsibility, was demonstrated].

Regardless the platform operation management resistance, the child abuse proven cases marked record in the attention of the hospital. Prior of "PREAVI's team inception, medical and paramedical personnel rarely reported cases. It should be noted that there was a background of relatives' threats against pediatricians who had filed the complaint. These antecedents alerted and warned physicians about the victim parent's risk when proceeded a legal imputation. The results obtained from the implementation of the PREAVI model are considered satisfactory, 280 infants rescued from serious abuse, neglect, or imminent death. It also sets an important precedent of having a multidisciplinary team with a lawyer within to exempt the medical staff from legal procedures.

The intention of this work is not to delve into the medical findings and signs at the suspicious exploration of child abuse, however, it is widely recommended to review the various medical publications that offer detailed differential diagnosis. This work attempts to recapitulate the importance of creating a multidisciplinary team in children's hospitals for the early detection and comprehensive care of the victims, anticipating timely protection through inter sectorial notification.

## **5. Inter-Hospital and Multidisciplinary Communication Network in the Protocol of Attention to Child Abuse and Neglect. "PREAVI PLATFORM"**

### **5.1 Importance of the "PREAVI PLATFORM"**

The design and manufacture of this virtual electronic operating system, is an innovative authorities cross communication method, to process complaints more efficiently, furthermore to timely undertake actions of a legal and social medical nature, victims of crime and kids at risk cases to prevent infanticide and abuse, creating an effective, rapid, and multifunctional institutional protection roadblock, whose technological implementation makes it an interactive cutting-edge registration mechanism.

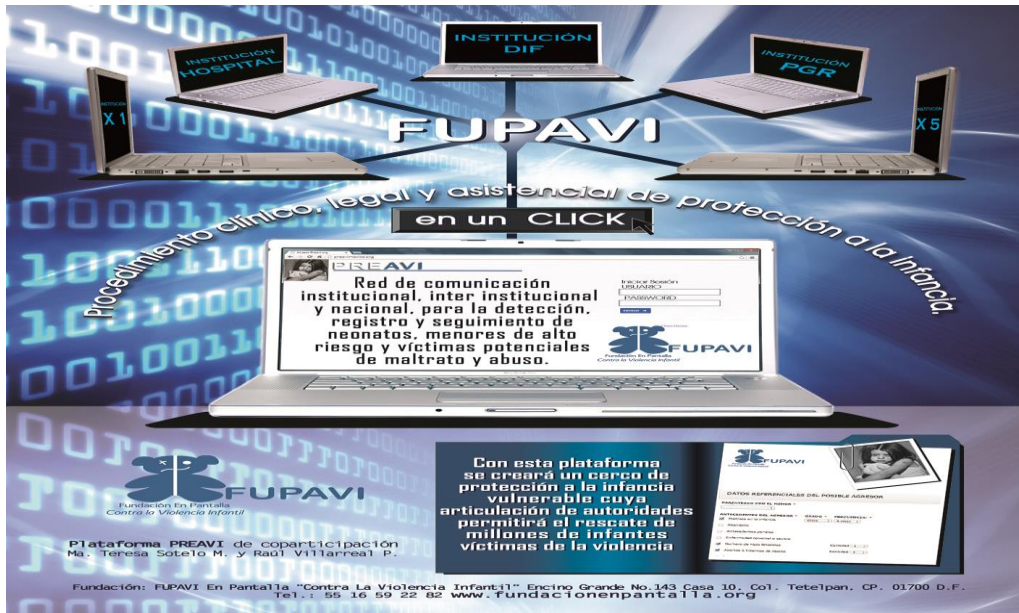
### **5.2 Novelty in the approach to child abuse**

After exhaustive research we found no intercommunication platforms in other countries that articulate information with officials, institutions and agencies to identify, register, and monitoring high risk children, as well victims of abuse and neglect. [It is proposed to address the prevention from its most incipient phase, "first seed", through the identification of violent risk mothers toward her baby from gestational stage [8,9].

### **5.3 Indicators**

- Methodology articulated among institutions for the prevention, identification, care and timely protection of infant victims of crime.
- Accessible and verifiable records
- Defined institutional areas of action. When one institution ends, another begins and so on.
- Reflection in data and statistical records for control and monitoring.

#### 5.4 Platform "PREAVI": Its function and accessibility.



#### 5.5 What is it?

The "PREAVI Platform" [Violence Infant Preventing] - It is an electronic system to link institutions, over and above a national communication for the early identification of neonates, children at high risk, and suspected kids of being victims of abuse and neglect. The platform was created by Fundación en Pantalla Contra la Violencia Infantil “FUPAVI”, which main purpose was to engender a flow of information to make vulnerable children's attention more efficient. The platform is a web application which should be developed by a web programmer along with a system engineer, simply understanding the scope of interconnectivity. The platform must be hosted in a web domain. It is a multi-function preventing mechanism; complaint, registration, and victim’s monitoring, amidst confirmed diagnosis. It could be far-reaching in any country, and might be used alternately for both purposes; to create a network in each of the sectors: health, education and justice, or/and as an internal operating system in hospitals, schools, sanitary institutions and legal services, it is also a statistical methodological registry program. Due to its characteristics and usefulness, it could be implemented in any institution, municipality, state or country or all linked together.

#### 5.6 What does it compose?

The platform must consist of 4 sections: 1.-Child of high risk [The abuse does not yet occur, but due to the infant’s family - individual characteristics, align in a situation of imminent danger] 2. - Kids under abuse suspicion: There is physical, emotional or sexual evidence that accuses the child suffered abuse, however the case must still be submitted to social research and medical studies to confirm or discard suspicion. 3. – Child victim [Confirmed violence or neglect]: The kid has been detected and reported with evidence of abuse and authorities must proceed legally. 4.-Pregnant women and neonates at risk: Pregnant women who meet several of the recognized clinical and social criteria, as potential generators of violence, and the newborn is in danger of being a victim of infanticide or abuse after birth.

Each section contains a series of "items" to register that allow the creation of an accurate file. It has a data of: The victim, complainant, aggressor and family; characteristics of the child, [as a substantial contribution the diagnosis is documented: Medical, psychological and social] It should contain the lawyer comments who took over the case before jurisdictional authorities. Each section contains a registration mechanism configured by jurisdiction, both internal and external sectorial institution: Health, education, legal or assistance. Various competent authorities at the state level must intervene to rescue the victim, and to monitoring the case: Health, justice, school and welfare, human rights sectors as well other agencies linked with childhood. Finally, the platform contains a mechanism for interaction with authorities at the local and national level. The system should create by "default" a report number for each case. This has to be automatically recorded in a database, which will allow access to the program to monitor one among thousands of records due to its operating system. It can also be obtained relevant statistical data by state, municipalities, types of abuse, cases attended, children at risk, sex, occupation, etc.

### **5.7 Who determines what institutions should be linked to the platform?**

The data of the emails that is intended to be configured, must be determined by consensus among the participant institutions. The institution responsible for coordinating the platform, will provide each shareholder the emails designated, to get into the platform.

### **5.8 What guarantees the confidential information safeguard?**

When determining the intervening institutions, a delimited circle of trusted officials is created for the linking network. It can only be accessed with a "password" and "username". The engineer and operator of the network sign a letter of confidentiality to the authority in charge.

### **5.9 How does it work?**

To enter, an access code is required, which is only for authorized users. This device is linked through previously configured official's emails to create a multi-lateral, instantaneous, effective and multidynamic communication network, with the purpose of creating a protective registration fence that allows timely intervention to rescue risk infants and potential victims. This program deals with primary, secondary and tertiary prevention.

### **5.10 Information safeguard security**

The information generated and contained in the platform will be protected by the "cloud" which guarantees its durability even in the face of disasters or any technological problem.

### **5.11 Preconfiguration of information**

Warning: The institution that decides to include in its prevention procedures the configuration of the intercommunication platform, must reorganize the approach and viability of the instrument, adapting the where and who, will use the platform. It is highly recommended that the questions and option of answers to the user be pre-configured and automatic option displays (for instance, the risk factors) so that it becomes a practical and fast instrument.

The following describes the mentioned risk factors along with relevant information about the alleged abuse or neglect, which must be already pre-configured as a registration guide for the user: risk factors (The degree, incidence and prevalence of each factor present in the abuse must be indicated):

- **Aggressor's risk factors:** Child abuse, abandonment, criminal record, terminal or severe illness, number of deceased children, abortions or abortion attempts. Criminal record. Clinical background of the aggressor (degree and frequency): Schizophrenia, personality disorder, psychopathy, sociopathy, depression, anxiety, other clinical antecedents, clinical diagnosis. An affective bond is present to the child? Low tolerance to stress, low tolerance to frustration, low self-esteem, low IQ, another characteristic. Addictions (degree and frequency) alcohol, drugs, narcotics, gambling, pornography, another addiction.
- **Risk factors of the victim** [Degree and frequency]: Unwanted child, care giver's child abuse antecedents, mental retardation, or cerebral palsy, physical deformity or disability, Down Syndrome, hyperkinetic, chronic diseases, attention deficit syndrome, alterations in psychomotor development, premature baby with prolonged hospitalization, notable physical defect. Another risk factor? Exact description of the violence. Stressors that can trigger violence. [Degree and frequency]: Divorce, separation, family violence, family dysfunction, family crisis, unemployment, extreme poverty, migration from the countryside to the city, city-countryside, chaotic living conditions, debts. Another stressor of violence. Indicate family crisis [Degree and frequency] Housing characteristics, Promiscuity, overcrowding, another characteristic of housing. Type of housing.

#### **5.12 Expectations of parents towards the child. It is considered a hindrance. Describe why**

- Description of abuse
- Referential data of the possible victim: Report Type of abuse [degree and frequency]: Physical, sexual, emotional, omission of care, negligence, labor exploitation, sexual exploitation, psychological, Munchausen, ritualism, ethnic, bullying. Another type of abuse?
- Statistical registration - The platform must contain a database in Excel or Access so that when massive, detailed information is required, the program processes quickly segmenting information.

#### **5.13 PREAVI child abuse experts**

Basic multidisciplinary team consisting of 5 professionals must be organized: Pediatrician specializing in child abuse, social worker, psychiatrist, psychologist and / or child therapist, lawyer.

- Functions of the multidisciplinary team: Pediatrician: It proceeds to the exploration of the infant, and sustains its hypothesis from resulting meticulous studies of cabinet and laboratory. Confront the wounds or damage with the narrative of the facts. During the assessment, intentionally should search for previous injuries, broken bones with corns and related weight, height, vaccines and general conditions of the infant with the age. The Pediatrician gathers the evidences and rates the findings according to degree, incidence and prevalence.
- Social Worker: Do home visits and collects the opinions of the neighbors about the family. Investigates the family circumstantial conditions that surrounds child and prepares the report.
- Psychiatrist: Study and assess the mental condition of the parents and possibly victimizer.

- Child psychologist: Evaluates the behavior and psychological condition of the child, is supported by psychometric tests. It provides accompaniment, support and provides therapies to the patient.
- Lawyer: Carry out all legal procedures before the authority and support with the medico-social evidences gathered by the multidisciplinary team to the prosecutor medical examiner. The lawyer represents the hospital as well the patient, consequently giving the pertinent follow-up until the case is closed.
- During medical consultation or admission in the patient's emergency room: If, as a result of the medical evaluation, during a routine consultation, or due to emergency admission, the general practitioner, specialist or pediatrician who evidences or suspicion of child abuse or neglect, the kid should be referred to the multidisciplinary team "PREAVI Specialists", who proceed to a thorough case investigation in order to confirm or discard the suspicion.
- The "PREAVI Specialists" take the case. The victim is hospitalized immediately to avoid the following risks:
- Protect the victim in case of DANGER.
- Prevent relatives from taking him away and not returning.
- While affirming or ruling out the diagnosis.
- For a "comprehensive, multidisciplinary evaluation of the child" to be carried out.
- For legal procedures if the suspicion is positive.

#### **5.14 Procedures PREAVI**

- Cases registration as "child abuse suspicious" or "Child abuse confirmed" to spread out the case in the "Interinstitutional liaison network, as a preventive measure not just for the victim itself, but other child member of the family. Assuming the ritualistic procedure of the abusers to take the child and to change the sanitary institution in order not to arise personal suspicious.
- Collection of diagnostics: The different disciplines: Pediatrics, Social Work, Psychology and Psychiatry that have intervened and issued a presumptive diagnosis, gather and analyze the findings to reach the definitive diagnosis: The suspicion of child abuse is confirmed or discarded.
- When the diagnosis rules out the suspicion: The case of the child must be recorded in the electronic file (It is suggested to use the PREAVI institutional link network) in order to be settled as an antecedent in the file, with the sentence of "unconfirmed abuse" same that will serve as a reference for the subsequent appointments.
- The suspicion of child abuse is confirmed: The "PREAVI Office" gathers all the evidence and delivers it to the lawyer (Part of the PREAVI specialists) execute to the institute proceedings for the Ministerial notification of the state or municipality.
- The Pediatrician who represents the "PREAVI Office" meets with the Legist Medical Doctor to present and argue the evidence supporting the diagnosis.
- The public prosecutor or authority, initiates a "Prior Inquiry", ordering the experts to make assessments to the child, similar to those made by the multidisciplinary team of the hospital, to confirm through the methodology of the Legislative Physician and Public Prosecutor's the evidence of abuse.
- With the elements gathered, the Public Ministry must safeguard the integrity of the kid, either in a welfare institution or with a close relative [while the legal proceedings are carried out]
- The responsibility of the hospital at this point ends; therefore the competent authorities take the case.



- With the legal elements provided in the "Prior Inquiry", and once entered, the Criminal Judge in turn must issue "Order of apprehension" against the alleged responsible of child abuse.

### **5.15 Data record**

- The infant's data will be recorded in the electronic file of the "Linking Network (The PREAVI platform is suggested)" which will be shared with the surrounding hospitals.
- If the suspicion has been confirmed, the data from the beginning to the end of the procedures are documented, including the medical, psychiatric, psychological and social work diagnosis. [It is not necessary to delve into the descriptions on the platform], the data, complaint number and preliminary investigation must be recorded for any subsequent procedure or forecast.

The importance of setting the background on the platform, protects from abuse the brother/sisters of the victim.

### **5.16 Impact indicators to evaluate**

- Record of cases by the "Team" PREAVI "(Since the beginning of its operation and management)
- Group identification, data collection and statistical record analysis
- Comparative studies before the start-up of the "PREAVI Team".
- Analysis of the impact on the procedures; Weigh the pros and cons.
- Determine and refine current policies and strategies
- Analysis of the effectiveness of the "PREAVI Specialists" staff and inter-institutional collaboration.

### **5.17 Improving procedures**

- The impact of the project must be measured in the organizations with which collaboration bonds were created: (Child Protection Systems, State Attorney General's Office, NGOs, schools, etc.)
- Adequacy of procedures to improve the system of institutional and inter-institutional interaction and specify the imponderables previously unforeseen in future systematizations [9].

## **6. Conclusions**

The child abuse scourge victim protection should not be a governmental option, but an obligation of all nations as part of preventive measures in the face of a huge public health problem.

The sanitary, ministerial and scholar institutions, are directly linked, and responsible for the timely denunciation of the victims due to the assiduity of the direct contact with the children. Currently, the procedures for detecting and safeguarding victims of child abuse are archaic and presenting poor results. Consequently, measures and tools must be incorporated that include state-of-the-art technology for the transversal and longitudinal communication between the responsible institutions.

This work is presented as a result of 22 years of experience in field work and investigation of the phenomenon of child abuse and neglect, high lightening the inclusion of an inter-institutional communication platform for the care and protection of the victims - operative procedure of prevention for the victims- adapted to the conditions and characteristics of the crime.

Likewise, it is highly recommended to relieve the medical and paramedical personnel of filing a legal complaint of child maltreatment themselves by assigning a lawyer, as part of a multidisciplinary team, in order to prevent, detect, and process the child victim denunciations before the public ministry.

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