



E13 A Retrospective Analysis of the Prevalence and Characteristics of Child Maltreatment in Southern Italy

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After attending this presentation, attendees will understand the urgency of child maltreatment in Southern Italy by: (1) providing a qualitative interpretation of the circumstances; and, (2) identifying causes and risk factors that can determine the “susceptibility” of children to be victims of violence.

This presentation will impact the forensic science community by providing knowledge of the risk factors associated with child maltreatment that may be helpful in making an early diagnosis and creating prevention strategies. It is very important for healthcare professionals to increase their awareness for early identification of maltreatment.

Worldwide child maltreatment is recognized as a significant public health problem, with the potential for a lifelong impact on victims without proper treatment. Child abuse represents a cause of infant mortality and is a sentinel event in a community, reflecting the effectiveness of prevention strategies, social security policy, and primary care for children.¹ Seventy-five percent of abuse is not diagnosed because physicians fail to recognize signs of abuse. This lack of diagnosis causes a missed opportunity for early intervention, and many children suffer repetitions of abuse.² The European Report on Preventing Child Maltreatment estimates that more than 18 million children in the region younger than 18 years of age suffer from maltreatment during their childhood, and at least 850 children younger than 15 years of age die from abuse each year.³ Italy does not currently have a national surveillance register on child abuse and the present data are incomplete.

With this in mind, child victims of maltreatment and their parents residing in Calabria (from 2004-2014) were analyzed. A questionnaire was developed and used as an investigative tool to gain different types of information (on victims, types of maltreatment, perpetrators, and sociocultural stratification of the victim’s family).

The sample comprised 1,225 children aged 0 to 18 years. The examination of the sample showed two trends: (1) nearly all of the sample (94.7%) was school age, with an evident spike in the range seven to nine years (40.2%); and, (2) a greater number of females (59%) were among the victims of maltreatment.

In the study, the percentage of children with a reported history of low birth weight (1.4%) and preterm infants (1.15%) is low. The percentage of children with disabilities and/or inappropriate mental-physical development is 13.8%. The common psycho-physical profile of the abused child is: a restless, aggressive, child with a sudden mood change, who has eating behavior disorders, sleeping disorders, etc. (behavioral disorders 35%), with clear signs of neglect (49.4%). In terms of typologies of maltreatment, neglect is the most common type (39.6%), followed by psychological abuse (29%). The percentage of sexual abuse victims is 18.7% physical abuse is 10.3%, while the cases of Munchausen syndrome-by-proxy is a minimum quota, involving only 2.2% of the sample. The different typologies of maltreatment were analyzed by age.

Approximately 85% of child maltreatment happens in the “family domestic” context and the mothers are



responsible for neglect in 73.6% of cases. Parents' education level was classified as: middle (47%), high (3%), and low (50%).

In conclusion, given that >80% of maltreatment happens in the home, the attention must be focused on the dynamics of relationships within the family. The research, the regular collection of data, and the proper training programs for pediatricians (but also for sanitary personnel in primary care centers, who are often the first to see victims) are essential to minimize the probability of future violence and the long-term social/health consequences.

Reference(s):

1. Jenny C. et al. Committee on Child Abuse and Neglect, American Academy of Pediatrics. Recognizing and responding to medical neglect. *Pediatrics*. 2007; 120:1385
2. Kunen S. et al. Underdiagnosis of child abuse in emergency departments. *Acad Emerg Med*. 2003;10(5):5463
3. Child maltreatment in Europe: taking a public health approach. *Lancet*. 2013 Sep 28;382(9898):1072. doi: 10.1016/S0140-6736(13)62007-3.

Child Maltreatment, Risk Factors, Prevention