E69 Child Abuse in Northwest Italy: A Five-Year Retrospective Analysis

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After attending this presentation, attendees will understand the characteristics of child abuse in northwest Italy through the analysis of the data collected in one of the larger specialized centers in Italy.

This presentation will impact the forensic science community by providing information about the factors useful for early identification of suggestive cases of abuse.

A survey of the Italian Childhood and Adolescent Guarantee Authority published in 2015, involving a quarter of the population of Italian children, revealed that 4.7% of minors are followed by social services.[1] Among them, a fifth are victims of some form of abuse. The prevalence of minors who are receiving social services grows directly with age. This data highlights poor development of these early-warning services as social services only become involved later when the children have already grown up.

Early identification of the cases of child abuse is crucial for health and social professionals as well as ensuring prompt reporting to the judicial authority. For this reason, a retrospective analysis of the cases managed by the multidisciplinary unit dedicated to the evaluation of suspected abused children ("Bambi") of the Ospedale Infantile Regina Margherita (Turin) was conducted.

From January 2012 to December 2016, the unit dealt with 816 cases: 46% concerned Sexual Abuse (SA), 39.7% Physical Maltreatment (PM), 4.2% neglect, 5.1% were mixed forms, and, in 5% of the cases, the type of abuse was not available. In regard to gender, females were the majority in SA (81.6%), neglect (52.9%), and mixed forms of abuse (64.3%), while males predominated in PM (52.5%). The mean age of the patients was 7.5 years; 7.6 years in SA, 7.7 years in PM, and 5 years in neglect; the age distribution was significantly lower in cases of neglect (p-value 0.00024 and 0.0025, in comparison to SA and PM). The geographical origin of the family and, consequently, the child's cultural growth environment have been taken into account. Italian children were numerically predominant (63.6%), followed by African (14.5%), east European (12.9%), Latin American (5%), Asian (2%), and European (0.2%). The family status analysis observed a slight predominance of divorced parents (28.7%) vs. not divorced (27.2%), while a small percentage of children resided in community (3.9%) or with a foster family (0.5%). In 36.2% of the cases, the visit was required by the hospital ward where the patient was hospitalized and in only 14.1% was the visit required by social workers. In most cases, sexual offenders were fathers (25%), extra-familial people (24.7%), and other components of the family (20.5%), such as the mother (3.6%) or brother (3.3%). In cases of PM, perpetrators were predominantly fathers (44.8%), then mothers (33.1%), then extra-familial people (7.9%). Neglect was associated most to mothers (64.3%), followed by fathers (44.6%). In the mixed forms of abuse, the most frequent perpetrators were fathers (41.2%), mothers (36.5%), or other family members (22.2%). The percentage of the maltreated children (70.3%) did not present any kind of injury. In the remaining cases, bruises were observed in 41.9% of the children, excoriations in 26.2%, scars in 11.2%, bone fractures in 8.4%, burns in 4.2%, non-accidental head trauma in 3.6%, lacerated injuries in 3.3%, cutting wounds in 0.9%, and gunshot injury in one case.

The criterion "localization of injuries," which contributes decisively to differentiate accidental and abuse-related wounds, was also considered. For example, injuries localized at the forehead, tip of the nose, and chin are typically due to accidental falls, while injuries involving eyes, lips, and outer ears are abuse related.[2] In this series, physically maltreated children presented injuries in locations typical for non-accidental trauma in 86.5% of cases. In the cases of confirmed SA (about two-thirds of the visits for suspected SA), 67.1% of the children presented some form of anogenital findings, non-specific (e.g., erythema of the genitals) or specific (e.g., perianal scars) for genital trauma.[3] Among the cases of unconfirmed suspected abuse, 55.1% had non-specific genital findings.

For these reasons, the clinical assessment must be performed by a health care professional with specialized training in child abuse evaluation who is able to correctly identify the specific features of the different forms of abuse. This presentation provides attendees with a greater awareness of the importance of knowing the red flags indicating a situation of child abuse.

Reference(s):

1. Childhood and Adolescent Guarantee Authority, *CISMAI, Terre des Hommes* National Survey on Maltreatment of Children and Adolescents in Italy, 2015. http://cismai.it/indagine-nazionale-sul-maltrattamento-dei-bambini-e-degli-adolescenti/.

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3. Joyce A. Adams, Nancy D. Kellogg, Karen J. Farst, Nancy S. Harper, et al. Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused. *Journal of Pediatric and Adolescent Gynecology.* 2016;29:81-87, doi: 10.1016/j.jpag.2015.01.007.

Child Abuse, Early Diagnosis, Physical Findings