Survey on the Awareness of Violence Against Children and the Use of the Guide “Violence Against Children and Young People” by Paediatricians in Brandenburg
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(see ppt.presentation)
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Violence against children takes many forms and its effects may already be evident among babies suffering from the so-called “shaking trauma”. Violence may be physical, psychological or sexual, and have dire consequences for a child’s development.

There’s evidence that the psycho-social situation is a key predictor of child abuse and neglect, especially in extremely needy families. A variety of psychosocial and economic risk factors are specified in the literature: poverty, low or no income, unemployment, poor or cramped living conditions and reliance on welfare payments. Such families are no longer able to cope with the mounting conflicts, and this can create the breeding-ground for violence.

To enable paediatricians to detect risk factors or the manifestation of violence, Brandenburg’s Health Ministry has developed, in cooperation with the Association of Paediatricians, public-health services and the help of a health insurance company, a guide entitled “Violence Against Children and Young People”.

This guide has three objectives:

One, to help doctors detect violence against children as early as possible, and to improve interdisciplinary case management. Furthermore, this guide contains a detailed list of local and regional institutions, offering advice either on supporting families (such as child welfare services) or on resolving psycho-social problems (psychotherapy and counselling).

The following part of my speech gives a short insight into the structure and content of the guide. First, the content: Violence against children and young people, epidemiology, general conditions in patient care, diagnostic and case management. Second, the doctor’s documentation of the medical examination. Thirdly, the questionnaire on the child’s disturbed behaviour, psychological status and the relationship of the parents to the child. Finally, examples of distinguishing injuries caused by violence or accident
In 2002, the Brandenburg guide was provided free of charge to all paediatricians and child and youth psychiatrists working in private practices as well as to paediatricians in the state’s clinics and public-health offices. The campaign also included all the state’s 18 socio-psychiatric services.

In order to assess whether the guide has proved its worth in practice, the Brandenburg Public Health Institute conducted a survey in 2004.

A structured questionnaire was sent out to a total of 285 doctors from the following disciplines: 266 paediatricians employed in in- and outpatient care, 12 child and youth psychiatrists and 18 socio-psychiatric services. The questionnaire focused on the following topics: the estimated number of proven and suspected cases of violence against children, the usefulness of the guide, the cooperation with psycho-social institutions and paediatricians’ support requirements. Even after the questionnaires had been sent out a second time, the response rate was only 33.2% (92 out of a total of 285).

Let me begin with a few points on the participation of the doctors surveyed.

The response of the paediatricians and child and youth psychiatrists (approx. a third) was almost evenly distributed across the in- and outpatient sectors. One striking feature of the study was the very low response rate from the socio-psychiatric services - only 3 of 18 responded. This may be due to the lack of involvement of these services in Brandenburg, either because the care they provide is generally confined to mentally ill adults or because they are not sufficiently aware of the fact that children growing up with parents suffering from mental disorders may be subject to severe neglect.

To summarize: the majority of the respondents were paediatricians - 80 of the 92, followed by the 10 child and youth psychiatrists. The analysis therefore largely reflects the views of paediatricians.

**Results**

In 2003, approximately 90% of the paediatricians questioned had dealt with at least one case of violence against children; only three doctors had reported no cases at all. A total of nine hundred and 4 proven and 945 suspected cases were registered. The paediatricians most frequently mentioned physical neglect and emotional abuse against children.
These results are comparable with those of a Bavarian study carried out in 1999. A similar distribution of types of abuse was found by Manly et al. in a 2001 case control study: 79% of the children studied were suffering from physical neglect and 65% from emotional abuse.

One striking result of the survey was the great variation in the number of cases registered by individual doctors: between 0 and a hundred and 79 proven cases, and between 0 and a hundred and 20 suspected cases. 12 doctors stated that they had treated proven or suspected cases in all four categories (physical abuse, physical neglect, emotional abuse, sexual abuse). Other doctors registered no proven but only suspected cases.

A number of different factors could have been decisive here: differences between in- and outpatient sectors, poor diagnostic and interpersonal communication skills, insufficient time taken to perform examinations or lack of persistence when asking questions about patients’ medical histories.

Another fact emerged from the survey: there is frequently no obvious indication of neglect or abuse – but they may be at the root of other incidents. Scaldings in the home and falls from changing-tables or from buildings may be due to inadequate supervision or neglect of children in the families concerned. This finding was indicated by paediatricians from the Clinic of Cottbus.

In addition, child psychiatric symptoms such as difficulties in social adaption, asocial behaviour or relationship disorders may mask children’s traumatization as result of abuse and neglect. In terms of diagnostics, this problem is compounded by the fact that the resulting behaviours are not specific, and therefore not conclusive. This means that the doctor performing the diagnosis must spend a great deal of time on the patient’s medical history, which is often not practical in their daily work.

On the other hand, rigorous case management requires that doctors be supported by other institutions and agencies including youth welfare offices, psycho-social and crisis intervention services as well as criminal-prosecution authorities. 62% of the doctors questioned in Brandenburg said there was a need for case-related support, a percentage similar to that of the paediatricians surveyed in the Bavarian study (70%).

The following slides show results of paediatricians assessment of the guide.
We were delighted to here that 90% of the doctors gave the guide’s design and content an overall “good”. Unfortunately only 13 said, that they would use it in practice.

The guide’s recommendations for diagnostics, for practice and co-operation was assessed by approximately 70% with “good to very good”. However, only 20% of the paediatricians indicated, that the descriptive part was “satisfactory”. The usefulness of the guide for case management, medical diagnostics and cooperation was assessed with an overall “good”… by 80%. However, only 38.8% of the doctors questioned stated that the guide had caused them to change their approach when treating cases of violence against children.

Nearly all respondents said that they worked together with other agencies. One in five of the Brandenburg paediatricians questioned was dissatisfied with the cooperation with other institutions. Asked about the provision of services on the ground, some 30% of those surveyed said that these were “inadequate”. There was a great lack of case-related support, particularly from the youth welfare offices, followed by child psychotherapists and child and youth psychiatrists. Furthermore, they pointed out the need for support by the police, courts and family support services, and also called for information swopping with the welfare services.

The following conclusions can be drawn:

1. Some paediatricians report violence, others don’t.
2. Paediatricians urgently require knowledge about and more support from social services
3. Brandenburg needs a far better networking of paediatricians and psychosocial services.
4. One positive development here is, the child health programme entitled “Growing up Healthy in Brandenburg”. This addresses the need for psychosocial support for children and their families by intervention measures. It includes further training for paediatricians and the welfare services and the setting up of regional groups to improve the freeflow of the information locally.