CASE REPORT

Physical Punishment, Abuse, Torture or Revenge? A Case Report

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Abstract- Child maltreatment happens in all countries and cultures. Children as the vulnerable part of the societies are subject to rage, abuse and maltreatment and need special multidisciplinary attention to get proper protection and care. Appropriate legislation, community education, advocacy in media and attention of care givers and children health providers may alter the trend of child abuse in communities. In order to raise awareness about child abuse for healthcare professionals, in this report we introduce a disastrous case of 4 years old boy who was attacked by his father which presented to Children's Medical Center in Tehran. The living environment of the victim was a dysfunctional family and an addict father as the risk factors of dangerous circumstances for a child.

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Introduction

Child abuse and neglect is a worldwide problem, and causes serious physical and behavioral effects on the victim. Child health professionals have a critical role in identifying, preventing, treating and advocating child maltreatment and abuse. World Health Organization (WHO) estimates that 40 millions children under 15 years old suffer from child abuse around the world (1).

Adverse childhood experiences (ACE) includes: verbal, physical, sexual abuse and family dysfunction and the most prevalent ACEs are; parents separation, verbal abuse, depressed or mentally ill family member, being witness of domestic violence, sexual and physical abuse (2).

Child maltreatment impairs normal emotional and behavioral development, social abilities, educational and cognitive function and psychiatric state of the victim (3). Functional imaging revealed that the brain of the maltreated child is tuned in an alerted situation, encountering a danger (4) and even showed some structural changes as reduced amount of gray matter in corticostriatal-limbic part of brain (5). Child abuse changes the physiologic response to stress, mainly corticotrophin-releasing hormone (7).

Many of the abusers have been abused by their parents during childhood (3). The risk factors of child abuse are: Alcoholism, Domestic violence, Drug abuse, Single parenthood, Lack of education and poverty (1). Emotional child abuse leads to impaired psychological development and includes; words, actions, and indifference (11). The victims are rejected, ignored, dominated, and criticized by the abusers and are subjects to verbal abuse; excessive demands, being penalized for normal behavior and for demonstrating signs of positive self-esteem, discouraging caregiver and infant attachment and penalizing a child for using interpersonal skills needed for proper performance in education (12).

Psychological problems are more likely to happen in emotionally abused children. These children may develop lifelong depression, anxiety, low self-esteem, abnormal pattern of relationships, or a lack of empathy (11-14). Since the risk factors of child abuse is a major challenge for modern society, in order to raise awareness about child abuse for healthcare professionals, in the following, we present a child abuse case presented to Children's Medical Center (Tehran, Iran) emergency ward.

Case Report

A 4 year old boy presented to the emergency department of Children's Medical Center hospital (Tehran University of Medical Sciences, Tehran, Iran) by the social service agents with several stab wounds on his back, chest, head and face (Figure 1).

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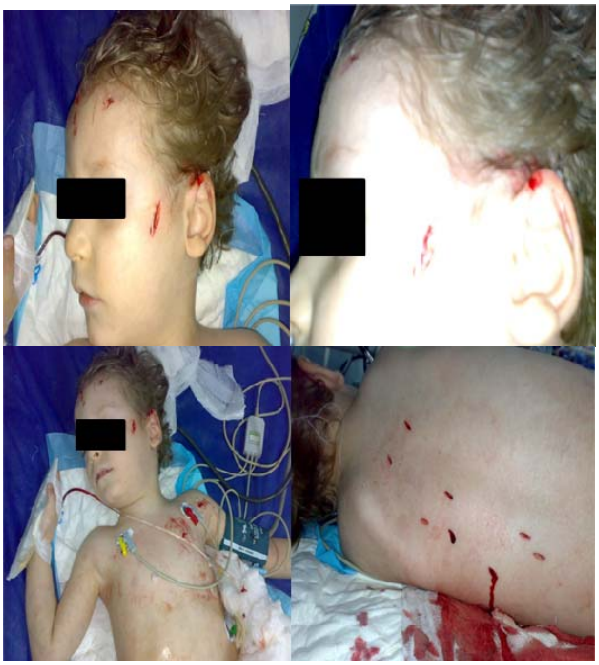

Figure 1. Patient's cutaneous wounds presentation at the time of admission

On admission he looked pale, irritable, agitated, and drowsy with cool extremities and mottled skin.

The vital signs were as follows: Temperature: 36 ^{o}C, pulse rate: 98 beats per minute, respiratory rate: 17 breathe per minute and his systolic blood pressure was 80 mmHg, the capillary filling time was 2 seconds.

He was brought to our hospital at about 8 pm and the medical team were told that his father stabbed him by knife at 3 pm of the same day. He had 8 stabbed wounds at his back, 3 at his chest, a 0.5 cm cut on the left ear, a 3 cm wedge on the front, a 2 cm slit on the left side of the face.

The distal peripheral pulses were symmetric and normal.

His voice was normal. No palpable subcutaneous emphysema was detected. On abdominal examination he complained of some abdominal pain and mild tenderness. Respiratory and cardiac sounds were normal. He didn't have any respiratory distress. Jugular venous pressure pulse was normal.

Digital rectal exam performed and was normal. The anal sphincter had normal tone, and no perineal hematoma, blood on penile meatus, urinary sign or symptoms and local tenderness on bones were detected.

The neighbors of the child's home noticed the unusual situation, shouts, and cries of the child and the family and called the social services for help and brought him to hospital.

There was not any detailed information of what exactly happened but the medical team were told that the father of the child (who was a drug user and addicted to crystal methamphetamine and heroin) stabbed him and his mother and grandfather by knife and they were also hospitalized in another hospital. The father hit the child's head by a vase.

The victim was the son of his father's second wife.

The patient transferred to the intensive care unit and proper fluid therapy and monitoring administered. The wounds were explored, cleaned and repaired.

The laboratory tests were as follows: Complete blood count: WBC=17370 per mm^3, Hb: 8.3 g/dl, RBC: 3.14 million/mm^3, Platelet: 526000, Neutrophil: 79.8%, Lymphocyte: 14.4%, CRP=+2, ESR=22

AST=36 U/l (normal= up to 40 U/l), ALT=20 U/l (normal= up to 40 U/l), Amylase=64 U/l (normal up to 100 U/l).

Blood and urine culture were negative.

The urine analysis: protein +3, blood+3, urobilinogen +4, WBC=1-2, RBC=8-10.

Stool exam was normal.

On the serial lab test no significant change appeared and the test results improved gradually.

Imaging studies: Chest X ray, abdomen and pelvis plain radiography and abdominal ultrasonography, heart echocardiography reported normal.

Brain computed tomography without contrast and chest performed without any significant findings and the abdominal CT with triple contrast revealed laceration of the upper pole of spleen with dot formation without any obvious extravasations. Periportal and gallbladder edema was also observed.

His condition improved gradually and transferred to the surgery ward on the 3rd day of admission and discharged few days afterwards with good physical condition. The patient's circumstances documented and reported to the competent authorities and the case was being followed by police and the Welfare organization.

Discussion

Child abuse, neglect and maltreatment cause many health consequences as abnormal intellectual developmental, weak school performance, violent behavior, social and communicative deficits, comparing to non maltreated children (6). Child abuse and prolonged depression in adulthood are related (8).

The victims of child abuse are at increased risk of abusing alcohol and drugs, obesity, suicide attempts, risky sexual behavior and depression in adulthood (9).

Substance abuse is one of the important contributing factors of child abuse (10).

The above mentioned case presented a sad and exemplary story of a suffering child who was tortured within a home where he should receive the safest and most comfortable feelings. Protecting the children and preventing and educating the community against child abuse are the duty of child health professionals. The society authorities should implicate practical and effective measures for preventing child abuse and punishing the abusers and educating the community. The consequence of child maltreatment not only destroys the future mental health of the victim, but also overtakes the society. In this case we managed the physical injuries of the child but what mental and behavioral effects accompany the child and other children for ever, and what we hear from these children later in their life? Crimes, committing suicide, depression, and mentally illnesses all emerge from these kinds of stories; these patients in the future may continue the vicious circle by maltreating others, in the presence of our silence.

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