
FOREWORD

Child maltreatment is a universal problem. Throughout the world there are parents, neighbors, friends, relatives, school or church workers, and others who fail to value children. Cases of maltreatment involve all socioeconomic classes; no one is exempt.

With a scope this all-encompassing, how does one intervene effectively? These children and their families are best served when there is a collective effort by all who are called upon to respond to cases of child maltreatment. Those involved need to understand their respective roles and work together constructively. This means mutual respect and knowledge of how all parts of the system intertwine to provide the best protection for the child and family.

The knowledge base in child maltreatment is expanding each day. Whereas in the 1970s there was a paucity of literature devoted to this field, last year there were hundreds of peer-reviewed journal articles written to inform professionals of new findings. These include articles about abuse or neglect as well as conditions that can be mistaken for maltreatment, issues arising in the context of child maltreatment cases, the economic consequences of adverse childhood experiences, the long-term psychological and medical consequences of maltreatment, and the legal aspects of this epidemic. The need for reliable information has never been greater.

In this 2-volume set, child maltreatment is thoroughly described. Information necessary to understand the medical aspects of child maltreatment and the specific role of each team member is presented clearly. Included are chapters specific to healthcare providers, law enforcement personnel, child protection workers, attorneys, and others. The text attempts to reflect the most current and comprehensive knowledge base in each area.

The third edition of *Child Maltreatment: A Clinical Guide and Reference* and *A Comprehensive Photographic Reference Identifying Potential Child Abuse* represents the collaboration of many dedicated professionals. Their overarching purposes are to educate every professional involved with children about the problem of maltreatment, to elucidate the approaches that have been successful, and to provide the best outcome possible for the involved children and their families. The practical applications presented are designed to provide all that is necessary to manage complex issues surrounding child maltreatment.

Robert M. Reece, MD

Clinical Professor of Pediatrics
Tufts University School of Medicine
Visiting Professor of Pediatrics
Dartmouth Medical School
Editor, *The Quarterly Update*
Norwich, Vermont

FOREWORD

Recognition of child maltreatment is essential to safeguard the well-being of children. In 1961 Henry Kempe first brought this problem to world attention, yet it still remains largely unaccepted as an epidemic. The recognition of certain findings that lead to the identification of child maltreatment is vital in its detection, treatment, and prosecution.

The Convention on the Rights of the Child guarantees children the right to a name, family, state, education, and safety, among others. However, parts of the world remain where children are not granted these basic rights. In many contexts, children are no more than commercial commodities, under the control of the adults around them. As such, they can be bought and sold and may be subjected to cruelties to enhance their commercial value, such as having their limbs cut off or their eyes blinded so they are more appealing as beggars. Harsh treatments of children may include inadequate food or shelter and punishments that threaten their life, physical integrity, or psychological well-being. Child trafficking for the purpose of enforced labor, soldiering, or prostitution is widely practiced. It affects not only nations with limited resources, but also those whose resources are almost limitless, since globalization facilitates children being traded on the world market. The facts and signs of maltreatment are plain to see in these cases, yet what is lacking is the will to name the problem and act against it. Cultural practices, lack of awareness, and systems that are geared solely to the economic gain of a few perpetuate the problem. Challenging these practices is a daunting undertaking that requires considerable resources, political will, and systemic change.

In countries where child maltreatment is manifestly illegal and where sanctions exist against the abuser, the challenge of recognition is one of detection and identification. Instances of maltreatment can be hidden, or caregivers may claim that injuries are caused by accidental events or organic illnesses. The veracity of children who disclose abuse and the expertise of professionals who testify to the features of maltreatment may be called into question. The lack of rigorous experimental studies may be cited as evidence of the unreliability of child witnesses or the ingenuousness of forensic professionals. When lies, misunderstandings, or lack of sufficient knowledge or evidence prevent a clear distinction between abuse and a more benign explanation, it is the task of the responsible professional to make this distinction clear. However, when signs of maltreatment exist or they indicate that maltreatment is at least a strong possibility, professionals must make that case and advocate for measures to ensure the child's safety. To increase the likelihood of reaching accurate conclusions, the professional must have a clear understanding of the harm attributable to maltreatment, of the mechanisms that cause injury, and of the signs that identify the lesions they produce.

Reference to this atlas will contribute to the accurate identification of abuse and, in so doing, will contribute to the wider recognition of maltreatment as a violation of children's rights, safety, and well-being. One of the benefits of globalization is that this knowledge and attitude may be disseminated so that the world can become a safer place for children everywhere.

Marcellina Mian, MDCM, FRCPC, FAAP

Pediatrician, Suspected Child Abuse and Neglect (SCAN) Program
Director, Undergraduate Medical Education
Hospital for Sick Children
Professor, Faculty of Medicine
University of Toronto
Toronto, Canada

PREFACE

Child maltreatment evokes visual images, real or imagined, in the minds of professionals and the public. Some of these images are easily anticipated: the child with bruises, radiographs of broken bones, pictures of damaged hymens, and even the autopsy findings of the deceased child. Often they are horrific even though most child maltreatment cases are not the worst extremes. But many images are less obvious: the equipment used in child maltreatment cases, drawings by abused children, the many faces of neglect, or child maltreatment prevention images. Several of the photographic chapters in this book are relatively unique to child maltreatment texts. The goal of this photographic atlas is to give life to the content and process of child maltreatment in an attempt to expand upon the traditional ways in which child maltreatment is portrayed.

One of the advantages of visual media is that they add exactness to some situations that cannot otherwise be easily described. Seeing a photograph of an abused child informs the viewer of more than notations on a line drawing of a figure. Too often, professionals attempt to communicate by words alone, believing that they are communicating the same point, but ultimately fail to completely grasp what the other is saying. This “parallel play” can have important consequences for abused children and those at risk. One example that may be familiar to many professionals is the shaking seen with shaken baby syndrome. Many in the public, and many beginning professionals, believe they know what the shaking looks like. This is belied by some of their questions (“Couldn’t it be accidental?” “Could it happen by jogging with a child in a backpack?”) that show that they are thinking of “jiggle baby syndrome” instead. This belief can persist for years as the professional imagines what experts are saying. Seeing an actual doll demonstration or computer animation depicting the extreme violence that actually occurs is much better for these professionals and perhaps the public. When juries see this, they know exactly what the expert is referring to and can make their own decisions without being ignorant of what is being proposed.

Different modes of visualization can inform us in ways we are just beginning to explore. One visual aspect that should emerge more strongly in the future is the videotaping of a child who has been maltreated. While pictures of a child who is dirty, disheveled, and listless are very informative, it is even more revealing to watch a videotape of a child who is apathetic, has a sad affect, or may have various developmental delays. Still photographs of hymens have increased in quality both with an increase in photographic equipment detail and with greater experience of examiners, yet a static photograph of a genital exam evokes the question of whether a “finding” or “lack of finding” is an artifact of that instance in time. Even more importantly for the beginner, it can be hard to judge foreground and background—the problem most of us have when looking at aerial reconnaissance photographs. Put into motion, the examination looks like what we see with the real child. A product of the greater depth perception seen with motion parallax, visual perception is enhanced by retinal and visual cortex motion “detectors.” Another visual modality that will become increasingly informative will be the results of “nanny cams”—the home videotapes that are beginning to capture physical abuses committed by a person when it is thought no one is looking. In a future edition, we hope to begin to incorporate some of these video possibilities into the library of what is known.

It is our hope that this atlas will be seen as providing an overview of the possibilities within the world of child maltreatment today. Read straight through, or used as a reference, the information contained within should help broaden horizons and help professionals in the field more clearly understand the many aspects of child maltreatment.

Randell Alexander, MD, PhD, FAAP
Atlanta, Georgia

Angelo P. Giardino, MD, PhD, FAAP
Philadelphia, Pennsylvania