



CHILD ABUSE: ALGORITHM OF ACTIONS FOR A FORENSIC MEDICAL EXAMINER

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Summary: *Introduction. Family violence is a serious problem with significant societal implications. It can take various forms, including physical, psycho-emotional, economic, and sexual violence. From a medico-social perspective, it is a serious issue, as individuals subjected to violence in the past often face psychological disorders later on. Children and adolescents who witness domestic violence internalize corresponding gender behavior models and transmit them to the next generation. The*

aim of the study was to conduct a comprehensive investigation related to child abuse and adolescent violence by systematically analyzing literature and developing an algorithm of action for a forensic medical examiner. *Materials and Methods.* A systematic thematic bibliographic review was utilized for this study. *Results.* An algorithm of actions for a forensic medical examiner was developed for cases of child abuse or suspicion thereof. *Discussion.* To suspect child abuse and conduct a proper examination of the victim without causing additional harm, forensic medical examiners must understand the child's reaction to child abuse and its consequences. Another important competence of forensic medical examiners in cases of suspected child abuse is obtaining a correct and comprehensive medical history. *Conclusions.* Child abuse and neglect manifest in various forms, each with its unique consequences, yet consistently pose a serious threat to the child's health, development, and socialization, often endangering the child's life or leading to fatal outcomes. Studying the research results on this matter allows the conclusion that it is an important problem requiring further study and development of preventive measures. Although forensic medical examination in cases of domestic violence is not a separate type of expertise, the identified peculiarities and social significance underscore the need not only for improving the methodology of expert research but also for establishing clear collaboration with medical institutions, law enforcement agencies, social services, and non-governmental organizations. Additionally, to prevent long-term consequences of domestic violence, involving relevant specialists such as psychologists or psychotherapists in the forensic medical examination of victims is advisable.

Keywords: child abuse, adolescent violence, family violence

Introduction: Child abuse and adolescent violence pose a serious challenge both for the state and for every conscious individual. The consequences of this detrimental phenomenon manifest in many children lacking access to education, stable housing, resorting to begging, and enduring physical violence. Unfortunately, domestic violence extends beyond the confines of the family, and children who experience parental violence later perpetrate cruel acts against their peers. This leads to an escalation of violence across all societal levels, necessitating urgent resolution [1, 21, 24].

Family violence is a serious problem with significant societal implications. It can take various forms, including physical, psycho-emotional, economic, and sexual violence. According to data from the National Police of Ukraine, in 2023, 243,980 complaints and reports of offenses related to domestic violence were filed with the police. Of these, 76.5% were from women, over 20.5% were from men, and over 3% of the total were from children. From a medical-social perspective, this is a serious issue, as individuals who have been subjected to violence in the past often experience psychological disorders later on. Children and adolescents who witness domestic violence internalize corresponding gender behavior models and transmit them to the next generation [2, 13, 20].

Since January 11, 2019, Ukraine has enacted the Law "On Prevention and Counteraction to Domestic Violence" [28], which significantly changed responsibility for manifestations of violence in the family. According to the new Article 126-1 of the Criminal Code of Ukraine, domestic violence, including the intentional systematic use of physical, psychological, or economic violence against a spouse or former spouse, or another person with whom the perpetrator is (was) in a family or close relations, is punishable by community service, arrest, restriction of liberty, or imprisonment. Additionally, it is noteworthy that in 2022, Ukraine ratified the Istanbul Convention, which aims to prevent violence against women and children and combat such manifestations. The authors' intention behind the Convention is to protect victims of violence and punish offenders. Under its jurisdiction, in addition to women and children, men and elderly people are also covered. The Convention advocates that violence against women and children, domestic violence, is not a private matter; the state must prevent violence, protect victims, and criminally prosecute perpetrators [27]. Suspecting cases of domestic violence against children, detecting and documenting physical injuries on children's bodies, as well as signs of neglect and inadequate care, are justified and relevant skills for a forensic medical examiner.

It is important to note that the definition of domestic violence now encompasses not only events in a registered marriage but also cases of aggression between former partners and between persons in civil unions. Additionally, individuals who live or have lived together, as well as relatives (siblings, uncles, aunts, nieces, etc.), can be identified as perpetrators of domestic violence [1, 3, 9].

According to researchers, the majority of victims of domestic violence are individuals of working age (25-48 years old). Other age groups, such as children and adolescents, become participants in family drama much less frequently [1, 8, 12, 22, 26]. Although children are less likely than other family members to experience violence, child victims typically experience different forms of violence simultaneously, leading to more severe consequences. For example, sexual violence (incest) not only causes physical harm but also destroys family relationships, trust, and often involves psychological violence through manipulation, threats, or intimidation [7, 16, 17, 26].

Purpose of the research: The purpose of this study was to conduct a comprehensive investigation related to the issue of child abuse and adolescent violence through a systematic analysis of the literature. Based on the gathered information, develop a protocol for forensic medical examiners in cases of suspected child abuse and adolescent violence, aiming to systematize actions and facilitate the expert's work in this field.

Materials and methods: For this study, a systematic thematic bibliographic review was conducted. The primary portal for publication search was selected as the Scopus database (www.scopus.com). Additionally, limited searches in the Google Scholar database were used for original queries. Furthermore, we searched the bibliographies of each article to include more studies related to the topic. In total, over 500 publications were analyzed. The reviewed sources were classified according to their focus. Publications covering forensic medical, social, and medical aspects related to child abuse and adolescent violence were included in the study.

Results: Given the above information, in cases of severe treatment of children or suspicion thereof, it is advisable to conduct forensic medical examinations of the victims. In addition to adhering to the basic recommendations for conducting forensic medical examinations of victims, defendants, and other persons, it is proposed to follow the following algorithm of action:

1) Questioning about the circumstances of the incident should comply with moral and ethical standards, taking into account the potential influence of adverse situational factors that may trigger memories of violent events. It is important to formulate questions accurately and try to create a trusting atmosphere to obtain a comprehensive history.

2) Explain to the victim, if possible, in understandable terms, that all information provided will be confidential and will not be disclosed to any other persons, including the perpetrator.

3) Examination should be conducted in the presence of an official representative of the child, to create comfortable conditions during questioning and further examination, it is recommended that the forensic medical examiner be of the same gender as the victim.

4) Fully document all complaints of the victim (if available, considering age); in cases of repeated violence, document all time intervals, circumstances of infliction, etc.

5) Examine all parts of the body, as practice shows, victims may recall their injuries in other areas after some time, sometimes hours, or the next day after examination.

6) Document all existing injuries according to the generally accepted scheme in forensic medicine (bruises, abrasions, scratches, hemorrhages, scars, etc.) with mandatory indication of localization, quantity, and full description using photographic documentation.

7) If necessary, refer the victim for additional examinations.

8) Conduct video recording during the collection of medical history and further examination of the victim for the possibility of using the obtained video data (to prevent psychological trauma to the victim) during further investigative actions, which should be communicated to the criminal investigation/court.

9) Remember that the qualification of injuries as inflicted beatings, torture, and mutilation is not within the competence of the forensic medical expert. This issue falls within the competence of pre-trial investigation bodies/courts.

Discussion: To suspect child abuse and conduct a proper examination of the victim without causing additional harm, forensic medical examiners should understand the child's reaction to abuse and its consequences. Research results [5, 10] indicate that violence against children in different age groups leads to various consequences and elicits different reactions from the child. Critical periods for such violence are considered to be preschool and adolescent ages, often referred to as "risk periods". The child's age also influences their mental state and behavior. Infants (0-6 months) typically demonstrate low activity, indifference to surroundings, weak reaction to external stimuli, or no reaction at all, rarely smiling. As they develop (from 6 months to 1.5 years), signs such as fear of parents, increased avoidance of physical contact, constant and unfounded anxiety, increased crying, whining, withdrawal, sadness, fear, or depression when adults attempt to console them may appear. In the age range of 1.5 to 3 years, children may exhibit fear of adults, rare displays of joy, increased crying, frightened reactions to other children's crying, and extremes in behavior ranging from excessive aggression to apathy. Older children (3 to 6 years old) may demonstrate acceptance of adverse events, lack of resistance, passive response to pain, hypersensitivity to criticism, avoidance behavior, excessive compliance, pseudo-adult behavior, negativity, aggression, dishonesty, theft, cruelty to animals, and tendencies towards arson. In early school age, signs may include

a desire to conceal the cause of injuries and trauma, feelings of loneliness, lack of friends, reluctance to go home after school, unusual food preferences such as consumption of plaster, feces, leaves, snails, etc. In adolescence, indicators may include running away from home, suicide attempts, delinquent behavior, alcohol and drug use [4, 5, 23].

Another important competence of forensic medical experts, when suspected of child abuse, is obtaining a correct and comprehensive medical history. As noted in the literature [6, 11, 14, 18], 60% of parents involved in cases of child abuse had various mental disorders such as depression, severe anxiety disorders, acute delusional reactions, alcoholism, and others. Additionally, these parents faced socio-economic challenges, issues, and significant deprivation in their childhood.

It is important to note that the consequences of domestic violence against children, besides physical injuries, include various psychological and behavioral disorders. These may include loss of trust in adults and close individuals, withdrawal and emotional vulnerability, possible speech disorders, and attention deficits. Among the individual-psychological character traits acquired as a result of violence, low self-esteem, uncertainty, undeveloped volitional qualities, increased anxiety, fear, aggression, oppositional behavior, passive or, conversely, hyperactive behavior, timidity, fearfulness, withdrawal, submissiveness, mood swings, increased suggestibility, susceptibility to influence, depression, isolation, inadequate emotional expressions (outbursts of laughter, anger, or unjustified crying that do not correspond to the situation), or bold behavior can be listed [15, 19]. Thus, any situation of violence involving a child is multifactorial and requires special attention from forensic medical experts during examination.

Conclusions: Child abuse and neglect manifest in various forms, each with its unique consequences, yet the impact on the health, development, and socialization of the child is invariably serious, often posing a threat to the child's life or even leading to fatal outcomes. Studying the research results on this issue allows us to conclude that it is an important problem that requires further study and the development of preventive measures.

The problem of child abuse in the family has shifted from being considered solely a private family matter to a problem addressed at the state level. Legislative measures have become a significant step in combating child abuse. Despite some positive developments in understanding child abuse, legal and social mechanisms for protecting children remain imperfect.

Preventive measures play a crucial role in combating violence, focusing on restraining immoral and unlawful behavior, identifying any negative impact on the lives and health of children, and proactively preventing such influence. Social workers play a key role in this context, tasked with implementing initiatives for social rehabilitation aimed at promoting the social adaptation and restoration of social functions in children who have experienced violence. Domestic violence entails a complex of negative consequences, including physical injuries, mental health disorders, undermining the victim's self-esteem, and even suicidal tendencies. Systematic cruelty may incite the victim to retaliate against the aggressor or develop what is known as the "Stockholm syndrome," where the victim justifies or sympathizes with the abuser.

For children who have experienced domestic violence, consequences may include socialization disorders, mental disorders, the development of guilt complexes, lowered self-esteem, the emergence of aggressive and ruthless behavior towards others.

While forensic medical examination in cases of domestic violence is not a separate type of examination, the identified features and social significance underscore the need not only to improve the methodology of expert research but also to establish clear cooperation with medical institutions, law enforcement agencies, social services, and non-governmental organizations. Additionally, to prevent long-term consequences of domestic violence, it is advisable to involve victims in forensic medical examination with the participation of relevant specialists such as psychologists or psychotherapists.

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