LETTERS TO THE EDITOR

Ten principles for acting against child abuse: an essential tool to guide emergency department staff

Decálogo contra el maltrato infantil para profesionales: una herramienta indispensable en los servicios de urgencias

To the editor:

Childhood and teenage abuse are a blot on society, which instead of becoming eradicated seem to be spreading rapidly.[1] Broadcasted news related to child abuse are becoming more and more common, with cases of child murder and gang rape generating the greatest media impact. The number of notifications in this regard continues to increase in Spain; in 2020 it increased by 2.1% compared to 2019. The age group between 11 and 14 years is the most affected, with a discrete predominance of the male gender (around 54%).[2] It is likely that greater social awareness of abuse is partly responsible for this variation. However, the cases detected are only the tip of the iceberg of this huge problem. Many are under-diagnosed, especially those that occur within the family unit, which are also the most frequent.[1,3,4] The complexity of detection and the extreme vulnerability of the persons affected make it essential for all health care teams to be sensitive and alert to possible abuse, including emergency teams.

In view of this situation, and with the aim of facilitating its suspicion, the Child Abuse Care of the Spanish Society of Pediatric Emergency Medicine Task Force (Spanish acronym GTAMI-SEUP) proposed the creation of the "Decalogue against Child Abuse for Professionals". The process of its elaboration comprised three phases. In the first phase, the members of the GTAMI-SEUP were asked via email to give three pieces of advice that they thought the Decalogue should contain. In the second phase, a selection of recommendations was made following a modified Delphy methodology.[5] And in the third phase, the final document was drafted and agreed upon.

Table 1 shows the result of the list of 10 recommendations that have been structured in three sections: 5 recommendations refer to the anamnesis, 4 to the physical examination and one to training. This document, endorsed by the SEUP, is available on the society's website for the knowledge of all its members. However, given that many children and adolescents are likely to be treated in centers without pediatric specialists, we believe it is very important to extend its dissemination to all levels of care, and that it is of particular interest to emergency professionals, as this is one of the places where these patients usually go.[6]

In the absence of the application of specific screening methods[7] for maltreatment in all emergency departments, training, its consideration in the differential diagnosis or the ability of emergency teams to identify it is essential, and the decalogue is a structured and easy-to-apply tool for this purpose. The detection of

Table 1. Decalogue of child abuse

SEUP Maltreatment Task Force recommends CHILD MALTREATMENT DECALOGUE FOR PROFESSIONALS
We must be alert to:
1. **Suspicious medical history:** the caregivers' explanations of the mechanism of injury are not consistent or do not fit with the type of injury detected.
2. **Risk factors:** regardless of the reason for consultation, questions should be asked about: • Character changes: solitary games, sadness, irritability. • Alteration in the rhythm of sleep, feeding and sphincter control. • Family and social situation (separated parents, judicial conflicts, loss of purchasing power, social isolation, ...). • History of physical or intellectual disability or developmental disorders. • Frequency of visits to the emergency department: more than 8 visits in the last year, in children under 1 year, more than 3 visits per month.
3. **Repeated accidents:** they consult for a priori unintentional injuries, but similar previous consultations are detected.
4. **What the child tells us in the consultation;** let him/her speak freely and, if possible, in the absence of his/her caregivers.
5. **Non-specific indicators of child abuse** (headaches, abdominal pain, dizziness...).
During the examination we should:
6 **Detect inappropriate behaviors of the child or adolescent:** • Refusal to take off clothes. • Showing no shame and undressing easily. • Exaggerated avoidance of physical contact. • Defiant attitude in preadolescents and adolescents.
7 **Look for findings and ask questions that may indicate neglect or abandonment:** • Poor hygiene. • Poor verbal communication. • Truancy.
8 **Know how to recognize indicators or warning signs of sexual abuse.** Special attention to suicide attempts in adolescents.
9 **Stop and ask questions about unexpected bruises or injuries.** • History: is it plausible that the injury occurred accidentally, and is there a lack of adequate supervision? • Location, size, and shape: is it consistent with the associated history? • Number: is the observed number expected in common accidents?
We are applicable:
10. **Be updated:** in addition to physical and sexual abuse, which are the "traditional" ones, and the most easily detectable in the emergency department, we must be aware of cyberbullying and think about how to deal with it. Cyberbullying and think about neglect, psychological abuse, and any other type of **ADVERSE EXPERIENCES** in childhood that affect the health and normal development of children or adolescents.

Available at: https://seup.org/pdf_public/Decalogo_profesionales.pdf

child and adolescent abuse is essential to allow early, appropriate intervention aimed at improving initial care, including the protection of the child.

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