



RESEARCH ARTICLE

BATTERED CHILD SYNDROME: AN OBSOLETE TERM?

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ARTICLE INFO

Article History:

Received 25th April, 2018
Received in revised form
27th May, 2018
Accepted 05th June, 2018
Published online 31st July, 2018

ABSTRACT

Battered child syndrome describes non-accidental trauma to children, representing a major cause of morbidity and mortality during childhood. The abuse usually is inflicted by step-parents, baby sitters, and others responsible for the child's care. Abuse is more common among stepchildren, handicapped, and first-born children. Most victims are younger than 2 years of age, with a reported average age of 16 months.

Key words:

Battered child,
Child abuse,
Bruise.

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Citation: Ms. Jyoti and Dr. Arindam Chatterjee. 2018. "Battered child syndrome: an obsolete term?", *International Journal of Current Research*, 10, (07), 71627-71629.

INTRODUCTION

Shaken baby syndrome (SBS) is also called Abusive head trauma (AHT). This means an injury to a child's brain as a result of child abuse. It is never okay to shake or throw a young child. It may not leave any obvious sign of injury, but it can cause serious long-term problems or even death. This often occurs when a baby won't stop crying and a caregiver loses control of his or her emotions. Parents can help prevent this problem by learning healthy ways to relieve stress and anger. It destroys a child's brain cells and prevents his or her brain from getting enough oxygen. AHT can happen in children up to 5 years old, and the average age of victims is between 3 and 8 months. However, the highest rate of cases occur among infants just 6 to 8 weeks old, which is when babies tend to cry the most. A baby or child whose body provides evidence of physical abuse such as bruises, cuts, scars, fractures, or abdominal visceral injuries that have occurred at various times in the past.

Demographics

The World Health Organization (WHO) estimates that 40 million children are subjected to abuse and neglect around the world.

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DOI: <https://doi.org/10.24941/ijcr.31295.07.2018>

In India, there is no way to know how many cases of battered child syndrome occur every year as they are hardly reported and there is no system in place for surveillance of the same.

Causes

Shaken baby syndrome occurs when someone violently shakes an infant or toddler. People may shake an infant out of frustration or anger, often because the child won't stop crying. Although shaking does eventually make the baby stop crying, it's usually because the shaking has damaged their brain. Babies have weak neck muscles and often have difficulty supporting their heads. When an infant is forcefully shaken, their head moves uncontrollably. The violent movement repeatedly throws the baby's brain against the inside of the skull, causing bruising, swelling, and bleeding.

Risk Factors

The major risk factors for shaken baby syndrome include:

- Alcoholism
- Domestic violence
- Drug abuse
- Being a single parent
- Lack of education
- Poverty
- Maternal factors
 - Depression / Other mental illness

- Personality disorder (risks attachment disorder)
- History of poor parenting / abuse or neglect
- Isolation (real or perceived)
- Personal style- withdrawal/punitive/authoritarian
- Addiction / drug or alcohol use
- Illness / fatigue
- Stress / difficult life circumstances
- Unrealistic / unreasonable expectations
- Baby factors
 - Illness / irritability
 - Demanding / fusses at low threshold
 - Inconsolable / not soothed
 - Developmental delay
 - Increased needs / difficult to care for
 - Antisocial / withdrawn / not engaging
 - Unattractive / unappealing (no joy)
 - Difficult temperament

- Multiple bruises that occurred at different times -- especially in unusual areas of the body or in patterns that suggest choking, twisting, or severe beating with objects or hands
- Other unusual skin damage, including burns or burn scars

Diagnosis

Battered child syndrome is most often diagnosed by an emergency room physicians, pediatricians, teachers, or social workers. Physical examination detects bruises, burns, swelling, or retinal hemorrhage. The presence of injuries at different stages of healing (i.e., having occurred at different times) is nearly always indicative of Battered Child Syndrome. Establishing the diagnosis is often hindered by the caregiver's intentional concealment of the true origin of the child's injuries, as a result of fear, shame, avoidance, or denial mechanisms.

SYMPTOMS

An adult may bring an injured child to an emergency room with a strange explanation of the cause of the injury. The child's injury may not be recent. Symptoms may include a delayed visit to the emergency room with an injured child; an implausible explanation of the cause of a child's injury; scald marks and a bulging fontanel in small infants.

Common Symptoms include:

- Black eyes
- Broken bones that are unusual and unexplained
- Bruise marks shaped like hands, fingers, or objects (such as a belt)
- Bruises in areas where normal childhood activities would not usually result in bruising
- Bulging fontanelle (soft spot) or separated sutures in an infant's skull
- Burn (scalding) marks, usually seen on the child's hands, arms, or buttocks
- Choke marks around the neck
- Cigarette burns on exposed areas or on the genitals
- Circular marks around the wrists or ankles (signs of twisting or tying up)
- Human bite marks
- Lash marks
- Unexplained unconsciousness in an infant

SIGNS

Typical injuries in abused children include:

- Any fracture in an infant too young to walk or crawl
- Bleeding in the back of the eye, seen with shaken baby syndrome or a direct blow to the head
- Collection of blood in the brain (subdural hematoma) without good explanation
- Evidence of fractures at the tip of long bones or spiral-type fractures that result from twisting
- Evidence of skull fracture
- Fractured ribs, especially in the back
- Internal damage, such as bleeding or rupture of an organ from blunt trauma

Physical examination should include the examination of

- Body surface: for bruises, burns, human bite marks etc.
- Abdomen: for abdominal masses from lacerations, signs of peritoneal irritation from ruptured organ following blows and kicks.
- Skeletal System: for tenderness, swelling and limitation of motion of an extremity. Periosteal thickening of long bones, old fractures.
- Eyes: for subconjunctival hemorrhage papilledema, retinal detachment.
- Central Nervous system: for neurologic signs from brain damage.

Radiological Examination

- Bone x-ray: All of the child's bones, including the skull, are x-rayed to look for unseen fractures or old, healing fractures.
- MRI or CT scan of the head or abdomen are done if there is a skull fracture; bleeding in the eye; unexplained vomiting; severe bruising of the face, skull, or abdomen; unexplained nervous system (neurological) symptoms; headaches; or loss of consciousness.

Lab Data

A bleeding screen which includes a bleeding time, platelet count, prothrombin time and partial thromboplastin time, is required to exclude "easily bruising child." The nurse and social worker can provide valuable information regarding family history, such as family composition, current living condition, existing crises and previous contacts with the community agencies. As psychiatric evaluation of the abusers and the abused child may reveal valuable information about the ego weaknesses, coping mechanisms and defense mechanism in difficult cases.

Treatment

Medical treatment for battered child syndrome will vary according to the type of injury incurred. Counseling and the implementation of an intervention plan for the child's parents or

guardians are necessary. The child abuser may be confined, and/or the abused child removed from the home to prevent further harm. Decisions regarding placement of the child with an outside caregiver or returning the child to the home will be determined by an appropriate government agency working within the court system, based on the severity of the abuse and the likelihood of recurrence. Both physical and psychological therapy are often recommended as treatment for the abused child. If the child has siblings, the authorities should determine where they have also been abused, for about 20 percent of siblings of abused children are also shown to exhibit signs of physical abuse.

Prognosis

The prognosis for battered child syndrome will depend on the severity of injury, actions taken by the authorities to ensure the future safety of the injured child, and the willingness of parents or guardians to seek counseling for themselves as well as for the child. Psychological recovery depends on the results of therapy, and whether the child can develop trusting relationships with adult caregivers.

Complications

Because adults are so much stronger and bigger than children, an abused child can be severely injured or killed by accident. Physical abuse of a child can lead to severe brain damage, disfigurement, blindness, crippling, and death. Abused individuals may carry emotional scars for a lifetime. Long Term Consequences may include:

- Learning disabilities
- Physical disabilities
- Visual disabilities or blindness
- Hearing impairment
- Speech disabilities
- Cerebral Palsy
- Seizures
- Behaviour disorders
- Cognitive impairment

Prevention

Recognizing the potential for child abuse and the seeking or offering of intervention, counseling, and training in good parenting skills before battered child syndrome occurs is the best way to prevent abuse.

The use of educational programs to teach caregivers good parenting skills and to be aware of abusive behaviors so that they seek help for abusive tendencies is critical to stopping abuse. Support from the extended family, friends, clergy, or other supportive persons or groups may also be effective in preventing abuse. Signs that physical abuse may occur include parental alcohol or substance abuse; high stress factors in the family life; previous abuse of the child or the child's siblings; history of mental or emotional problems in parents; parents abused as children; absence of visible parental love or concern for the child; and neglect of the child's hygiene.

REFERENCES

- <http://emedicine.medscape.com/article/1176849-overview>
<http://emedicine.medscape.com/article/344973-overview>
http://eyewiki.org/Shaken_Baby_Syndrome
 Jacobi, G, Dettmeyer, R, Banaschak, S. Child abuse and neglect: diagnosis and management. *DtschArztebl Int* 2010; 107: 231–239. Google Scholar
 Kos, L, Shwayder, T. Cutaneous manifestations of child abuse. *Paediatr Dermatol* 2006; 23: 311–320. Google Scholar, Crossref, Medline
 Krug, EG, Mercy, JA, Dahlberg, LL Child abuse and neglect by parents and other caregivers. In: Krug, EG, Mercy, JA, Dahlberg, LL (eds). *World report on violence and health*, Geneva: World Health Organization, 2002, pp. 59–86. Google Scholar
 Managing Child Abuse- A Handbook for Medical Officers. SEA/Injuries/6. World Health Organization- Regional Office for South East Asia, New Delhi. 2004.
 Reddy K S N. *The Essentials of Forensic Medicine and Toxicology*. 26th edition, Hyderabad. 2007. pp.378-387.
 Reddy KSN. *Infant deaths: the essentials of forensic medicine and toxicology*. 27th ed. (Published by K Suguna Devi). Hyderabad, India: Medical Book Company, 2008. Google Scholar
 Study on child abuse India 2007. Ministry of Women and Child Development, Govt. of India, <http://wcd.nic.in/childabuse.pdf> (accessed 15 May 2015). Google Scholar
 World Health Organization 1999 Report of the Consultation on Child Abuse prevention, 29–31 March 1999. Geneva: WHO, 1999. Document number WHO/HSC/PVI/99.1. Full text access: <http://whqlibdoc.who.int/hq/1999/WHO_HSC_PVI_99.1.pdf>.
