Clinic for integral care of the abused child: implementation of a national strategy in education, research and treatment

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Abstract
The importance related to the topic of child abuse and neglect is considered. We focus here on the medical, social and legal aspects of this problem. It is easily understandable that the World Health Organization sees it as a global public health problem in view of its consequences: physical and emotional for the child and economic and social for the family and the community. In order to address this situation, the authorities for the pediatric community must develop a strategy for interdisciplinary, interinstitutional and even international overall care within the framework of standard professional activities in clinical care, teaching, and research. The clinical program for integral care of child abuse and neglect at the Mexican National Institute of Pediatrics, a third-level pediatric hospital, has been developed during the past 10 years.

Key words: child abuse treatment, integral care, interinstitutional, international.

Introduction
Child abuse is also referred to in the medical community as the Battered Child Syndrome (BCS). Unfortunately, its prevalence has been recognized for many years and has important medical, social and legal implications. It was first recognized from a description made by Kempe.1 Although the problem had already been studied by Caffey,2 other medical professionals later described and classified this problem.3,8

In Mexico, this problem has been partially addressed.9 Various medical groups and particularly pediatricians have conducted investigations regarding this matter and communicated their findings to other physicians. They have also developed strategies for management, research and educational activities related to this problem.10-16

It is very difficult to assess the overall frequency of child abuse because there are situations that make accurate reporting of cases very difficult.

Among these difficulties is underreporting when not all types of incidents of child abuse are included in medical and legal files among different institutions. There are also many included unreported cases.17 Despite these limitations, there were three million complaints registered in the U.S. in the year 2005 and, of these, one...
million were classified as child abuse.\textsuperscript{18}

In Mexico, cases are reported to the National System for Integral Family Development (DIF), Office of the Attorney General of Mexico (PGR), Office of the Attorney General of the Federal District (PGJDF)\textsuperscript{19} or the Clinic for Integral Care of the Abused and Neglected Children of the National Pediatrics Institute (CAINM).\textsuperscript{20,21} According to these reports and comparing them with data from other countries, we are able to infer that up to 10\% of children or adolescents suffer some type of abuse and only 10\% of cases receive proper care.\textsuperscript{22}

Considering the complexity of the problem, it is necessary to avoid any political, social, religious or economic bias when addressing this matter. Therefore, it is evident and mandatory to create a strategy to address this problem from different perspectives.

In most national or international pediatric hospitals, children are usually assisted by pediatricians and specialist pediatricians in critical medicine or other specialties, but usually not by experts in children abuse. In most cases a professional not directly related to health care deals with child abuse such as the social worker,\textsuperscript{23} psychologist\textsuperscript{24} or an attorney\textsuperscript{25} in institutions like DIF through their PREMAN program.\textsuperscript{26} In local and national offices of Attorney Generals, cases are addressed through the Family Violence Care Units (UA VIS) and others such as nongovernmental organizations that develop diverse programs related to sexual abuse of children,\textsuperscript{27} homeless children,\textsuperscript{28} drug addiction and alcoholism in children and adolescents,\textsuperscript{29} etc.

In the National Pediatric Institute of Mexico (INP), child abuse has been studied since the 1980s by the Department of Internal Medicine and their first experiences were published.\textsuperscript{30-32}

The opportunity to create a team dedicated exclusively to address this pathology arose when we realized the need to provide integral care to victims of child abuse. Therefore, the Clinic for Integral Care of Abused and Neglected Children (CAINM) was founded in 1997 and has been recognized by the Postgraduate Division of the Faculty of Medicine of the National Autonomous University of Mexico (UNAM).

Even though other international institutions occasionally consider an interdisciplinary, interinstitutional and international approach, the CAINM includes it from its foundation with the purpose of addressing the medical, social and legal problems considering management, research and educational approaches.\textsuperscript{33}

The ultimate goal is to establish a program that allows the development of three fundamental activities in medicine: medical care, teaching and research. This includes the analysis of each case as part of a model of integral care with interdisciplinary and international approaches. This program would be replicated in other states throughout Mexico.

The initial experience of the work of CAINM shows that two out of three children who received care at the Clinic are not abused again during the first 3 years after they have been discharged.\textsuperscript{34} Although these results are satisfactory, the personnel at the Clinic still search for results where patients and their families obtain better medical, social and legal opportunities.

New personnel who arrive at the Clinic and the greater experience gained by the founding group enrich the future outlook in several disciplines (Figure 1).

\textbf{Figure 1. Clinic for Integral Care of Abused and Neglected Children.}

Although the characteristics of this teamwork at a specialized pediatric hospital are not easily replicated nationally, we consider this a requirement in order to care for the abused child and the family.

We consider that when implementing this program, it should include pediatricians, psychiatrists, psychologists, social workers and attorneys.

It is essential that all team members are knowledgeable with the subject and have the appropriate qualifications along with the right attitude to share their knowledge with other colleagues. This multidisciplinary group
should be able to carry out research projects in medical, social and anthropological fields in their own community. Therefore, it is highly likely that the outcome of their work can be used to differentiate the subtleties between upbringing, discipline, "community traditions” and child abuse.

It is frequent that, in general medical centers, the family physicians handle child abuse cases and we consider that they will require additional information on the subject as well as the implementation of reference strategies in order to make the best decisions for each case.

The leadership skills developed by the teamwork specialists will depend on their interest and information regarding the subject.

It is advisable that a pediatrician be responsible for medical and surgical matters when managing these patients because there are several diseases whose characteristics are similar to those of child abuse. This group includes accidents, osteogenesis imperfecta, renal rickets, human papillomavirus infection, etc.

The allied health group comprises professionals from the fields of social work, mental health, infirmary and nutrition. Each will be able to analyze some characteristics of the victim, the family, social and school environment, the psychoemotional status of the patient and families that will all contribute to establishing an accurate diagnosis.

Legally, attorneys will establish the link between physicians and allied health personnel with the appropriate authorities who will determine the legal status of the patient, the aggressor (if any) and the family.

The involvement of other professionals related to children and adolescents is very important because their support eases the diffusion of the topic, the timely reporting of cases and, under special conditions, development of clinical, social and epidemiological research programs.

We present the program of Integral Care for the Abused Child together with interdisciplinary, interinstitutional and international intervention strategies as well as other classification parameters. The strategies of this teamwork are regulated by the “Quality Management System” program.

**Mission**
To detect, care, rehabilitate, and prevent any form of violence against children and adolescents.

**Vision**
To become the team leader who takes care, rehabilitates and prevents abuse against children and adolescents in Mexico and throughout Latin America.

**Goal**
To create a new culture in health where improved treatment towards children and adolescents is characteristic of families and society in general.

**Purpose**
To develop care, educational and research protocols aimed toward the detection, integral care and prevention of child/adolescent abuse and neglect through an interdisciplinary, interinstitutional and international strategy.

The following purposes are also considered:

- Resolution of child abuse in the largest number of cases and the shortest possible time
- Development of prevention strategies considered an essential requirement to halt the recurrence of the problem

**Quality systematic diagram**
The methodology and organization established at CAINM is aimed to provide quality service according to overall best practices. Therefore, the National Pediatric Institute of Mexico (INP) created a systematic diagram describing the pathways for the care of children and adolescent who have suffered any form of abuse. This systematic diagram contains the basic characteristics and specific functions of suppliers, customers and service providers as shown in Figure 2.

**Description of the three basic activities of the program**

**Assistance activities**

**Purpose**
To aid the victim to recover optimal physical and mental health as the primary goal of all team members

To provide to all family members social and psychological orientation to reduce damage to the...
family structure and avoid its further disintegration

To select one family member to be the first option to provide support to the child to avoid sending the child to foster care

Care algorithm used in CAINM (Figure 3)

To develop secondary and tertiary prevention strategies against child abuse

To provide group therapy for mothers who generate violence against their children

Professional functions
The medical team:

a) should solve the medical and surgical problems of the patient
b) will investigate and diagnose the evidence of violence against the child or adolescent
c) will notify the authorities about injuries suffered by a child or adolescent after the interdisciplinary assessment concludes the patient has suffered child abuse or neglect
d) will closely oversee the evolution of any physical changes as a consequence of child abuse in the short and medium term
e) will implement primary, secondary and tertiary prevention strategies
f) will provide guidance to mothers and female adolescents about current family planning methods.

2. The mental health team (psychiatry and/or psychology):

a) will establish the psychoemotional status of the child, the likely aggressor (if any) and the family.
b) will support or discard the existence of any psychiatric disorder in the adult that favors the abuse against the child
c) will implement psychoemotional care strategies for the child and family
d) will closely oversee the victim’s evolution in the short and medium term
e) will develop a group therapy plan for mothers who generate violence against their children
f) will participate in primary, secondary and tertiary prevention campaigns against child/juvenile abuse and neglect

3. The social work team:

a) will develop the clinicosocial history (CSH) that allows to support or discard any form of child abuse or neglect
b) will assess strengths and weaknesses of the child’s family and social environment through the CSH and a home visit
c) will define a support network for the child (with relatives, the government or civilians) and propose it to the office of the attorney general
d) will provide an essential link between the medical and legal areas
e) will closely oversee the victim’s appropriate evolution
in the short and medium term.
f) will participate in primary, secondary and tertiary campaigns against child/juvenile abuse and neglect

4. Infirmary
a) will analyze the health conditions of the victim and family
b) will aid the physician to watch the appropriate evolution of victim’s injuries
c) will assess the patient’s physical condition by checking and following-up vital signs
d) will review the patient’s vaccine program follow-up
e) will implement strategies to prevent accidents
f) will guide the mother about family planning methods
g) will evaluate the appropriate evolution of the victim in the short and medium term.
h) will participate in primary, secondary and tertiary campaigns against child abuse and neglect

5. Nutrition
a) establishes the nutritional status of the abused child
b) supports the medical team with the solution of nutritional changes
c) guides the family about basic nutrition and hygiene concepts of food and cooking

6. The legal team
a) will verify that injuries are correctly reported to the appropriate authorities
b) will verify that all team members report the child abuse to the appropriate authorities
c) will provide guidance to the family about the result of the notification and whether they are able to retain guardianship of the child and parental authority (patrias potestas)
d) will watch the appropriate legal status of the victim in the short and medium term
e) will participate in primary, secondary and tertiary campaigns against child abuse and neglect

Teaching activity
The personnel at CAINM teach health care professionals and allied health personnel so that they acquire the ability to suspect, diagnose, care and follow-up children who have suffered any form of child abuse and neglect.

Purposes
Recognition by family doctors, pediatricians, and other specialists of the basic elements of child abuse and neglect through the development of congresses, symposia, workshops and clinical case discussions in different forums

Encourage the interest of pediatricians and other specialists regarding the subject so that they develop their abilities through the “Postgraduate Course for Specialist Doctors on Child Abuse and Neglect” by the CAINM

Encourage other interested specialists to participate in the Masters’ Program in Public Mental

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Figure 3. CAINM’s algorithm for integral care of abused and neglected children and adolescents.
Health through courses available at the National Institute of Psychiatry and CAINM.

Study the Masters’ Program in Behavioral Medicine developed by the UNAM Faculty of Psychology at the CAINM

Develop a distance learning program about child abuse and neglect in order to reach several states and other Spanish-speaking countries.

Research activities
Because the subject of child abuse and neglect subject has several aspects and different expressions in urban, suburban and rural environments, different research programs should be developed and implemented so that their results are suitable for each scenario.

_Purposes_

The interested professional should learn the basic concepts about Research Methodology.

There should be implementation of concept-standardization projects.

There should be development of clinical research projects.

There should be development of projects in epidemiological research.

There should be development of basic science research projects.

Research results can be published in specialized medical and pediatric journals and books in order to inform the medical and allied health communities as well as society about this community problem.

_Human resources_

Ideally, this team should be comprised of pediatricians, mental health specialists (psychiatrist or psychologist), social workers and attorneys with a professional profile about the subject.

If the team cannot include those elements, its work will be constrained by the available resources and its actions will be limited.

_Physical resources_

Considering the importance of this team, it is necessary to plan and design a specific area with the extension, privacy and equipment required to develop this function.

- Care area with physician’s offices, somatometry, a Gessel chamber
- Teaching area with meeting rooms, classrooms for teaching and conferences
- Private area for personal and group offices
- Communications including internet, telephone, fax
- Necessary materials to administer psychological tests

_Financial resources_

It is currently necessary to have economic resources in order to carry out various academic activities.

_Purpose_

Every professional participating in the team must receive a salary.

External financial support must be obtained to carry out research projects, assist at congresses and coordinate academic events.

The Ministry of Health or other governmental organization should provide scholarships to medical residents enrolled in the masters’ and doctoral programs.

_Agreements_

Several agreements are necessary with the following agencies in order to reach a greater diffusion of the aforementioned actions.

- Ministries of Health, Education, Social Development, etc.
- State Governments
- National Institutes of Health
- State Pediatric Hospitals
- Community Health Centers
- Legal Institutions
- Foreign Institutions
- Others

In conclusion, the experience gained regarding child abuse and neglect during the last 10 years at the Mexican National Institute of Pediatrics and through the Clinic of Integral Care for the Abused and Neglected Child and the UNAM’s Medicine Faculty (CAINM-INP-UNAM) allows us to highlight the development of actions in the medical, psychoemotional, social and legal environments for urban, suburban and rural areas in Mexico.

This experience has produced the following results:

- Publication of 60 subject-related articles in pediatric and other specialty magazines
- Four books
- Postgraduate course for Specialist Physicians on Child
Abuse and Neglect (currently in its 9th generation)  
- d) collaboration in the Masters’ Program in Health Care Sciences in the Public Mental Health area  
- e) clinical experience available for residents of Behavioral Medicine in the Masters’ program in Psychology (Faculty of Psychology, UNAM)  
- f) coordination of academic events (congresses, symposia, workshops, conferences)  
- g) research beginning with child abuse and neglect and continuing to include clinical, epidemiological, social, psychological, legal and medical aspects (genetics and genomics)  
- h) care consisting of 120 internal medicine consultations per year, 40 confirmed cases during the same period and follow-up of 250 children and adolescents

References

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