



## ORIGINAL ARTICLE

# Analysis of contextual variables in the evaluation of child abuse in the pediatric emergency setting<sup>☆</sup>

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**KEYWORDS**

Physical violence;  
Sexual violence;  
Children;  
Portugal;  
Hospital urgency

**Abstract**

**Objective:** This article comprises a sample of abuse modalities observed in a pediatric emergency room of a public hospital in the Lisbon metropolitan area and a multifactorial characterization of physical and sexual violence. The objectives are: (1) to discuss the importance of social and family variables in the configuration of both types of violence; (2) to show how physical and sexual violence have subtypes and internal diversity.

**Methods:** A statistical analysis was carried out in a database (1063 records of child abuse between 2004 and 2013). A form was applied to cases with suspected abuse, containing data on the child, family, abuse episode, abuser, medical history, and clinical observation. A factorial analysis of multiple correspondence was performed to identify patterns of association between social variables and physical and sexual violence, as well as their internal diversity.

**Results:** The prevalence of abuse in this pediatric emergency room was 0.6%. Physical violence predominated (69.4%), followed by sexual violence (39.3%). Exploratory profiles of these types of violence were constructed. Regarding physical violence, the gender of the abuser was the first differentiating dimension; the victim's gender and age range were the second one. In the case of sexual violence, the age of the abuser and co-residence with him/her comprised the first dimension; the victim's age and gender comprised the second dimension.

**Conclusion:** Patterns of association between victims, family contexts, and abusers were identified. It is necessary to alert clinicians about the importance of social variables in the multiple facets of child abuse.

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**PALAVRAS-CHAVE**

Violência física;  
Violência sexual;  
Crianças;  
Portugal;  
Urgência hospitalar

**Análise das variáveis contextuais na avaliação dos maus-tratos infantis a partir da realidade de uma urgência pediátrica****Resumo**

**Objetivo:** Este artigo apresenta uma casuística de modalidades de maus-tratos numa Urgência Pediátrica (UP) de um hospital público na Área Metropolitana de Lisboa e uma caracterização multifatorial da violência física e violência sexual. Os objetivos são: 1) discutir a importância de variáveis sociais e familiares na configuração de ambos; 2) mostrar como violência física e violência sexual apresentam subtipos e diversidade interna.

**Métodos:** Realizou-se uma análise estatística de uma base de dados (1063 registos de maus-tratos infantis, entre 2004-2013). Utilizou-se o formulário aplicado a casos com suspeita de maus-tratos, com dados sobre a criança, família, episódio de maus-tratos, agressor, história médica e observação clínica. Foi realizada uma análise fatorial de correspondências múltiplas para identificar padrões de associação entre variáveis sociais e violência, física e sexual, bem como sua diversidade interna.

**Resultados:** A prevalência de maus-tratos nesta UP foi de 0,6%. Predominam a violência física (69,4%) e a violência sexual (39,3%). Perfis exploratórios destes tipos foram construídos. Quanto à violência física, o sexo do agressor estrutura a primeira dimensão diferenciadora; sexo e grupo etário da vítima estruturam a segunda. No caso da violência sexual, a idade do agressor e coresidência com ele estruturam a primeira dimensão; idade e sexo das vítimas organizam a segunda dimensão.

**Conclusão:** Identificaram-se padrões de associação entre vítimas, contextos familiares e agressores. É necessário alertar os clínicos para a importância das variáveis sociais nas múltiplas faces que os maus-tratos assumem.

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**Introduction**

In its several forms, child abuse remains a characteristic that affects contemporary childhood on a worldwide scale. It occurs in a variety of contexts, particularly those where the child should be safer and more protected (family, home, school, institutions where care is provided).<sup>1</sup> It is a major cause of childhood morbidity and mortality, and its consequences for the development and well-being of children are devastating.<sup>1,2</sup>

It is estimated that 4–16% of children in high-income countries are physically abused and one in ten suffers psychological violence or neglect.<sup>3</sup> According to the World Health Organization (WHO), 18 million children in Europe are victims of sexual violence, 44 million, of physical violence, and 55 million, of psychological violence; approximately 850 children die each year as a result of these types of abuse.<sup>4</sup> The actuality and severity of this problem persists,<sup>3</sup> despite child protection policies developed internationally since the 1970s.<sup>5</sup> In a scenario of greater social intolerance to such situations,<sup>6</sup> the contribution of researchers and professionals is crucial so that decision-makers can promote adjusted public policies (for information registration, training of technicians, prevention, intervention, and follow-up in the field).

In the last decade, Portugal has implemented specific policies on child safety, allowing the country to make significant progress in this area. However, reliable national data are not yet available to allow a full and accurate assessment of the situation.

Aiming to overcome the lack of studies in the area, this article presents a series of maltreatment modalities in a pediatric emergency room (PER) unit of a public hospital in Lisbon and a multifactorial characterization of the two most frequent types, physical violence, and sexual violence. The objectives are (1) to discuss the importance of family and social variables (e.g., gender of victims and abusers, type of relationship, time) in the configuration of both types of abuse; (2) to show how physical and sexual violence have subtypes and internal diversity.

**Definitions**

In line with the Convention on the Rights of the Child, an individual younger than 18 years is considered a "child". In 1999, the WHO defined child abuse as all forms of physical or emotional abuse, sexual violence, neglect, or commercial exploitation that results in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power.<sup>6</sup> It considers as physical violence an action by any caregiver that causes actual or potential physical harm to the child. Sexual violence is an act in which the caregiver uses the child for his or her sexual gratification. Emotional violence includes the failure by the caregiver to provide a child-friendly environment (e.g., restricting movement, threatening, ridiculing, intimidating, discriminating, rejecting, and other non-physical forms of hostile treatment),<sup>7</sup> which adversely impacts the child's development and emotional health. Bullying constitutes a specific process of violence based on the

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