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Pediatric Forensic Examination in Domestic Violence cases- Problems and solutions thereof in global perspective

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Abstract

Domestic violence is prevalent globally. Of which one of the entities is Child abuse which occurs in many forms. The most difficult to identify and examine is violence aimed at children since they are the most vulnerable part of the family. The consequence of child abuse are many ranging from various physical injuries to psychological and mental trauma which affects the overall development of child as well. Modern forensic medical examination systems recognized the need for special training for an expert to deal with such cases. There is a dire need to place various protocols and guidelines in this context by various countries in their own societal perspective. This will surely aid in in-depth research into this societal problem as well as help in proper dispensation of justice. In India although POCSO has been placed since 2012 which primarily addresses one of the forms of child abuse ie sexual only. The paper discusses various aspects of forensic medical examination in such a situation which will go a long way in placing the better documentation in a humane manner.

Keywords

Child abuse; Documentation; Forensic interview; POCSO

Introduction

Child abuse occurs in many forms. Some may be visible which are highlighted by media while others, not less frequent, are less obvious or even invisible, occurring in remote places and closed doors. Since 1980 onwards, problem of domestic violence has become more and more highlighted and hence more curiosity among clinical forensic medicine researchers. They deal with issues of preventing and detecting facts of violence and examination aspects.^{1, 2} The most difficult to identify and examine is violence aimed at children since they are the most vulnerable part of the family.³ Nearly 80% of all abusers in such kind of violence are the parents.

Domestic violence can manifest in physical, psychological & sexual forms. There are variety of obstacles in the identification of child abuse victims (like religious and societal “norms”) which have been created in many nations and countries.^{4, 5} Not every society in our contemporary world is ready to acknowledge the presence as well as the magnitude of this apparent problem.⁶ India and Ukraine being no exception to it. Although in India having very close knitted societal structure these are perceived in a different manner. Yet slowly it is being recognized by all concerned.

Due to the complexity of timely evidence of domestic violence, statistics varies widely among various countries. Eg. In a national study in Romania in the same year ; according to parents' reports in questionnaires, the prevalence of physical domestic abuse was 18.4% while according to children's reports it was 24.4%. According to official statistics only about 2% of children needed public services protection. Research by Save the Children found 75% of children had been subjected to corporal punishment.⁷ A UNICEF survey which included 35 countries of Europe and Central Asia found that from 24 to 59% of children had experienced violent or aggressive behavior within their families.⁸ Among contemporary young parents 77% reported that they had physically punished a child.⁹ In India with enactment of Protection of Children against Sexual Offences (POCSO) in 2012; gradually this problem of society is being recognized and awareness is being created at various levels.

Effects/Consequences of Child Abuse:

Domestic violence has massive effect at our day-to-day life including direct and delayed subsequences. These can be recognized as under:

- A fatal consequence- Homicide which involves weapons is among the top three causes of death in adolescents. The boys are over 80% of victims and perpetrators.^{10,11}
- Severe injuries-There are hundreds of male victims of youth violence who sustain injuries because of physical fighting and assault.¹⁰
- Violence at an early age can lead to decreasing of brain development and cognitive skills resulting in educational

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under-achievement, etc.^{12,13}

- Family abused children are more likely to have drug abuse, nicotine dependence, alcohol abuse and incorrect sexual behavior.¹³
- Such environment leads to unwanted pregnancies, abortions and sexually transmitted infections, including HIV.¹⁰
- When people become older risk of cardiovascular disease, cancer, diabetes and other health problems arise due to the negative behavior coping.^{10,13}
- It is more usual to them to drop out of study, have difficulty finding and keeping a job, and to be at risk for later victimization, suicidal attempts, create perverted parent-child relationships.^{10,13}

Modern forensic medical examination systems recognized the need for special training for an expert in such cases.^{14,15} Studies include the psychological characteristics of the subjects, methods and approaches for the most effective and objective collection of verbal and physical data with minimal additional trauma to the subjects.^{16,17} These recommendations are constantly updated and approaches are improved.^{18,19,20} Most protocols recommend taking into account the capabilities of the child, depending on the maturity of the psyche and the ability to understand questions and adequately formulate answers to them.^{21,22,23} Every trained specialist must be proficient in ability to cooperate with children as well as an ability to support them.²⁴

Recommended Protocols and Guidelines:

- ✓ It is imperative that the interviewer is aware with the child prior to the main forensic examination. Information about the age of the child, its family, level of development, the possible health problems and traumas, school performance, cultural background, possible malfunctions with regard to basic skills such as the use of language should be collected before first meeting.²⁵ A list of the main issues that we should make clear during interview has to be created. Another modern researcher may have an opposite mind: as knowledge about examined child might have impact to the interviewer, he is advised not to know anything about the case or the facts before the first meeting.²⁶
- ✓ Examiner must make clear the rules to the child, explaining every point thoroughly. He should ask the child to avoid any assumptions telling exclusively what has happened; listen to the questions attentively not being in hurry; not to hesitate to ask if any question has not been understood. He should get acquainted the child with the right to interrupt and correct the interviewer, to say "I

don't know", but impossibility of examiner to be aware of the details. It's important to encourage the abused to describe everything he can recall even things that seems unimportant.²⁶ The examiner should explain to the child that discussed questions will not be discussed with anyone more, but some justice/social service workers can be notified for child's own safety.²⁷

- ✓ He should use phrases that demonstrate his empathy to the difficult and painful position of the child and avoid comments underestimating the situation the child is experiencing.²⁶ The friendly examiner's posture, eye contact and smiling demeanor encourages the abused child to disclose more securely during interview.²⁸ Studies point out the child reacts better in familiar places and child-friendly setting. Significant effect on cognitive functions and distracting the attention of children can be created with visual and audio stimulations, disturbance from third parties or interruption of the interview for any reason.²⁶
- ✓ There is a need to adapt to the developmental level of the child in every case because examining children like adults inevitably leads to many misunderstandings and causes the perverted information to be captured.^{29,30} If the linguistic developmental level of the child is not taken into account, difficulties will arise with the comprehension of the legal terminology.³¹ E.g. the pre-school age children have limited memory and linguistic skills, the suggestibility, the bright imagination and increased trust to adults.³²
- ✓ The interviewer should give the opportunity to tell what happened in child's own words. If the interview is strictly structured, the possibilities of collecting significant information decreases and great part of it might be missed.³³
- ✓ The interviewer should collect information by using specific type of questions, frequency the questions are posed with, the time between them, and the duration of the interview.^{34,35} Repeated questions can make the child feel that its previous answers are not "right" or "desired", annulling its primary grounds. It is recommended to begin the interview with open-ended questions, which give the child an opportunity to report the incident in the greatest possible detail and to be in charge of the narration.^{36,37} Closed questions can be used for declining the risk of suggestibility and increasing the possibility of extracting more specific details. However, leading questions must be avoided as children are too vulnerable to them.³⁸

He should use this kind of questions only when all other alternatives have been exhausted.

One of the most important problems of the forensic examiner's

work is the establishment of the fact of a single or earlier repeated facts of violence, the frequency and time period of their recurrence.³⁹ Our attentiveness when establishing the limitation of causing damage and traces of previously caused damage costs a fortune for opening the new volume of violence. The issue that has been loudly heard lately is the occurrence of psychosomatic diseases that lead to prolongation of the disease duration with changing the severity of caused damage.⁴⁰

Adults with a history of child abuse are more likely to experience physical health problems. A particular goal of forensic examination is searching for relationships between the injuries caused and health disorders that arose a long time after them, which were based on the psychosomatic component and acquired the form of the disease. Children who have been exposed to family violence suffer symptoms of bed-wetting or nightmares, and are at great risk of having allergies; asthma, gastrointestinal problems, headaches and flu.⁴¹ Adolescents and young adults with a history of child sexual abuse were five times more likely to have an eating disorder.⁴²

Swedish researchers found a strong association between reported physical abuse and three or more psychosomatic symptoms and the relationship between abuse severity and somatic symptoms. The girls have significantly more psychosomatic symptoms.⁴³ A US meta-analysis found that child maltreatment was related to an increased risk of neurological, musculoskeletal, respiratory, cardiovascular and gastrointestinal problems but contrary to some other studies, not gynecological problems.⁴⁴

Conclusion

There is a dire need to understand these complicated issues of clinical forensic medicine practice which invariably are kept under the wraps. The Forensic Medicine Expert must always try to hone his skills so that he can contribute for the betterment of society. In order to increase the accuracy and volume of information obtained during a forensic interview with a child, the expert must be specially trained in the features of communication with children of all ages and strictly adhere to the rules forensic examination in cases of child domestic abuse. The disclosure of fundamentally different volumes of crimes depends on the expert's readiness to recognize traces of previously received injuries. A distinctive feature of forensic research is the search for causal relationships between the injuries caused and the diseases that arise long time after them, which were based on the psychosomatic component and acquired the form of the disease. One of the most important aspect in the chain of domestic abuse elimination is the correct establishment of the facts of child domestic abuse with the real severity of damage.

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