

THE ROLE OF MENTAL HEALTH SERVICE PROVIDERS IN PROTECTION FROM CHILD AND ADOLESCENT ABUSE AND NEGLECT – A SERBIAN EXAMPLE

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Health care professionals are in a position to recognize abused children in pediatric settings. They recognize the importance of improving the physician's ability to recognize different forms of child abuse and other forms of family violence. The aim of the paper is to present the model of health care activities in protection from and prevention of child abuse and neglect. The Republic of Serbia has made significant efforts in the protection of children from abuse and neglect since the year 2000. A General Protocol for protection of children from abuse and neglect has been adopted, as well as a series of special protocols, including the Special Protocol within the healthcare system, which was implemented in 2009. The Special Protocol defines the obligation of all healthcare institutions to form a team of experts tasked to recognize, register and intervene in cases of abuse and neglect. The first such team was formed even before the legal obligation in the Institute of Mental Health in 2000. **Conclusion** - Abuse and neglect leaves numerous short and long term consequences detrimental to child development. It is the professional, legal and moral duty of health professionals to react to child abuse and neglect. The role of the health care system in the protection of children is to make sure that every health professional, government agency, or service user (child or parent) take their share of the responsibility, in order to create an environment where each child is protected from abuse or neglect.

Key words: Child abuse and neglect ▪ Child protection ▪ Healthcare system

Introduction

Violence against children is one of the global problems of the contemporary society. WHO defines it as follows:

“child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting 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.” (1). Exposure to abuse or neglect endangers the cognitive, emotional and social development of the child and might have life-long consequences for the physical and mental health of children. According to the WHO data, about 40 million children of the age of 14 and above have the need for interventions by the health or social protection services because of abuse and neglect (1).

The right to a safe and supporting environment and the right to protection against all forms of violence are the basic rights of every child according to the United Nations’ Convention on the Rights of the Child (2) and according to other international documents ratified by the Republic of Serbia. In the National Action Plan for Children adopted in 2004, the National Millennium Development Goals adopted in 2007, and in the National Youth Strategy adopted in 2008, protection of children from violence is one of the specific and prioritized goals. The General Protocol for the Protection of Children from Abuse and Neglect adopted in 2005 more closely defines the framework for approaching the problem of abuse and neglect of children, obliging every individual and all the institutions of the state (3).

Each health worker is required to discover and report suspected abuse and neglect. They are obliged to identify cases of abuse and neglect, to report them to the competent authority or service, to perform risk assessments, to examine the status and needs of children and families, and to plan further steps regarding social services and child protection.

The aim of this paper is to introduce to the readers the model of child abuse and neglect prevention and treatment. The National Action Plan for Children, as the specific objectives, requires the raising of the awareness and knowledge of experts and the establishment of an effective multiagency, operational network for the protection of children from abuse, neglect, exploitation and violence. The General protocol prescribes provisions for different ministries to develop their special protocols which should ensure greater efficiency in the process of child protection and better multi-sectorial cooperation. The article will present the current status of the health system’s caring role in child abuse and neglect protection and prevention.

The health care system and its role in the protection of children from abuse and neglect

Protection of children from abuse and neglect is a process which includes institutions, organizations and individuals from different sectors (social welfare, health, education, police, justice, the civil sector, etc.). All the services that deal with the protection of children base their work on the principle of the child’s “best interest”, which includes work on the integration of the family and strengthening its capacities whenever it is possible. Even though the principle of confidentiality is one of the basic postulates of health-related professions, when abuse or neglect is suspected there is a legal obligation to report this suspicion (4).

The Special Protocol for the system of protection against abuse and neglect within healthcare institutions, alongside the protocol for healthcare workers, was implemented in 2009 with the precisely defined roles and tasks of all institutions within the healthcare system, as well as all health professionals (5). The Protocol foresees the establishment and training of teams for the protection of

Table 1 The basic roles of health care specialists

Detection of abuse and neglect
By recognizing signs of child injuries or signs of specific child or family behavior
By entrustment, direct or indirect
Consultation and risk assessment for abuse and neglect
Reporting abuse and neglect
Documenting abuse and neglect

children against abuse and neglect within healthcare institutions, at all levels of health care. Primary health care services have an extremely important role in prevention, early detection, documenting, taking care of the consequences of abuse and neglect, as well as in redirecting cases to secondary and tertiary institutions, because their position brings them in continuous contact with the general population (6).

The Special Protocol establishes provisions for health care providers for mechanisms and procedures for recognition, documentation, and reporting on cases of child abuse and/or neglect, cooperation with other institutions and professionals, as well as for their legal and ethical obligations and responsibilities. Other new duties of health care institutions, as defined in the Special Protocol, include formation of teams in each and every institution, whose role includes planning, monitoring, capacity building of health care providers, management of prevention activities, supervision and support to health care providers in delivering procedures for protection of children from abuse and neglect, as well as co-ordination of activities between different levels of health care, with other sectors and within the community, and on the national level.

Every healthcare worker is obligated to take care of and report each case of suspected abuse and neglect to the team of experts in his/her institution. All health-related institutions have a duty to establish a team for protection of children from abuse and ne-

glect. The teams are established with respect to the Protocol, based on the specific character of the institution and its social environment, with the mission of recognizing cases of abuse and/or neglect, reporting them to a designated service, and with the goal of assessing risks, needs, and the current condition of the child and its family, as well as planning care and protective measures (7). The basic tasks of the healthcare system are shown in Table 1.

In the paper, as an example of a national exponent, we will present the model of one institution that has a well developed unit for child abuse and neglect protection and prevention.

The Institute of mental health in the process of child protection against abuse and neglect

The first national research on abuse was published in the Serbian Archives in 1912 ("On Raping Children") and in 1919 ("Death Due to Abuse or from Natural Causes?"). The author of both papers, Dr. Eduard Mihael, recognized the great responsibility of physicians in recognizing rape, pointing to possible medical errors, and concluding that a physician "may only say what he can prove" (8). However, until the year 2000 in Serbia, the problem of abuse and neglect of children was not adequately recognized, which led to only sporadic interventions.

In March 2000, the first team for protection of children against abuse and neglect

was established at the Institute of Mental Health, Belgrade, Serbia. At the moment, the team consists of a child psychiatrist, two psychologists, two social workers, and a legal expert. The team's mission is to recognize and evaluate abuse and neglect, to treat children and families, and to cooperate with other services and sectors (centers for social work, clinics, schools, NGOs). Apart from activities directly aimed at children and their families, the team is also dealing with training of experts from other sectors and institutions in how to implement the General and Special Protocols for Child Protection from Abuse and Neglect, as well as participating in the change of governmental legal regulations related to child abuse and neglect. All the relevant information about the child and its family are filed in the Abuse and Neglect Reporting Register. In the period from March 2000 to December 2011, 734 cases were registered. Most of the cases were reported by the Institute of Mental Health, but cases were also referred to the Institute from other institutions, either due to suspicion of abuse and/or neglect, or because of psychiatric problems as consequences of child abuse and neglect.

From the total number of registered children, only 11.3% were referred to a psychiatrist primarily for abuse and neglect, under the ICD-10 diagnosis from the T74 spectrum. A significantly smaller percentage of children (2.5%) came directly or were re-

ferred to the Institute primarily for psychiatric problems with already registered abuse and/or neglect. Still, in the highest number of cases (86.2%) the abuse or neglect was first discovered during the child's psychiatric treatment at the Institute. During the registration, the following types of abuse were registered (Table 2).

Between 2001 and 2003 the Multidisciplinary Child Protection Team was engaged in the education of staff members in Social Welfare Centers in Belgrade with the support of the federal Ministry for Social Affairs and Family and UNICEF. During 2011, the Institute's team, in collaboration with the Ministry of Health of the Republic of Serbia and the UNICEF office for Serbia, education for primary care experts was started. The goal of the education was to establish and organize teams for protection and abuse (for ages 0 – 18) in Serbia's primary health care. Four regional teams were established for each region in Serbia: Belgrade, Niš, Novi Sad and Kragujevac. This meant the expansion of the Institute's activities, thus it became a model of good and efficient work in the field of child protection. Our experts' work has led to a number of publications, among which is the "Manual for the Application of the Special Healthcare Protocol for Protection of Children from Abuse and Neglect" (9), as very practical and useful tool for health care on all levels.

Table 2 Number of children registered at the Institute of Mental Health during March 2000 - December 2011 for a particular type of abuse and neglect

Gender	Type of abuse and neglect				
	Physical	Emotional	Sexual	Neglect	Exploitation
Male (n)	190	190	33	113	113
Female (n)	177	227	101	117	6
Total (n; %*)	367; 50.2	473; 64.7	134; 18.3	230; 31.5	7; 0.9

*The percentage is higher than 100, because in certain cases, several types of abuse were registered.

Discussion

The early years of childhood and the experiences gained in this period are crucial in forming one's personality. It is known that abuse, aside from the acute consequences, also has long-term consequences, frequently not recognized and therefore not connected to the trauma of abuse. Health care professionals have always dealt with abused or neglected children, but frequently their physical and psychological problems were not recognized as a consequence of their exposure to maltreatment by their parents or caregivers (10). Experts in the field of mental health care commonly face the long-term consequences of abuse and neglect and are trained to conduct interviews with children and families in order to work through this experience more effectively. It has been shown that abuse and neglect of children represents an etiological factor in about 60% of patients with borderline personality disorder (11). Also, research has shown that many violent adolescents were in some way abused as children (12). Sensitized professionals, with important theoretical and practical knowledge, bring mental health care to the forefront of child health care.

However, after 10 years of work and a number of publications and training seminars, we are still faced with inadequately informed personnel, not ready to act with respect to the professional and moral principles of child protection. In diagnosing abuse and neglect, specific instruments are still missing, as well as precisely defined diagnostic procedures, especially for emotional abuse.

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Inefficient cooperation between sectors in child protection, as well as a methodological diversity in care for these children, has to a certain extent been overcome with precisely defined protocols. Since decision making in cases of abuse and neglect is particularly difficult and complicated, possibly influenced by the personal characteristics and attitudes of health professionals, every suspicion of child abuse or neglect must be processed by a specialized team, which in turn has to be regularly educated and supervised (13). It is important to keep in mind that it is of the utmost importance to carefully assess a child's best interest in every case individually, in order to avoid additional traumatizing the child and its family.

Conclusion

Our mission as health care workers should be the protection of children from abuse and neglect through a multi-sectorial response. The health care system should increase its effectiveness and efficiency in protecting children from abuse and neglect (prevention, early detection and appropriate interventions). It is recommended that health institutions should be organized and equipped for prevention and protection of children from abuse and neglect (age and gender specific). Health care providers are capacitated to prevent and protect children from abuse and neglect by their professional, ethical and human responsibilities.

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