

MAIN CAUSES OF INTENTIONAL ACCIDENTS IN PEDIATRICS AND CLINICAL MANIFESTATIONS - LITERATURE REVIEW

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Abstract: Introduction: Violence against children and adolescents is characterized by actions or omissions committed by adults or older adolescents, who have a position of responsibility over the victim, with the intention of causing pain. **Objective:** To review the main causes and clinical manifestations that we must be aware of, as health professionals, of intentional accidents in pediatrics. **Result:** The consequences resulting from any abuse, whether physical or emotional, can be extremely harmful for the physical, moral, social and intellectual development of the victims in the future. Therefore, when noticing signs or symptoms of aggression, an open dialogue with the child or adolescent is essential and, if necessary, contacting the responsible authorities. **Conclusion:** There are four main types of violence or mistreatment, which are physical, sexual, psychological abuse and neglect. Clinical manifestations of physical abuse can be about the general attitude of the child, skin lesions, burns, unusual or recurrent fractures, traumatic brain injury with or without hemorrhages resulting from the trauma, abdominal injuries, eye injuries, vague complaints such as: abdominal pain, encopresis, constipation, enuresis, dysuria, vaginal discharge, excessive masturbation, sleep disorders (night terrors, nightmares), speech disorders, eating disorders, poor school performance and behavioral disorders (hyperactivity, aggression, conduct disorder and suicidal tendency), malnutrition, delayed vaccination card, school absenteeism, abandonment of chronic disease treatment. **Keywords:** Disaster prevention; Primary prevention; Child Abuse.

INTRODUCTION

Violence or mistreatment against children and adolescents is characterized by actions or omissions committed by adults or older adolescents, who have a position of responsibility over them, with the intention of causing pain. The consequences resulting from this pain, whether physical or emotional, can be extremely harmful to the physical, moral, social and intellectual development of victims in the future (NUNES KG, et al., 2020).

The main perpetrators of aggression are often identified as the mother and father, however, other family members, such as stepfathers, grandparents, uncles or older brothers, can also play this role (BÁRBARA CP, 2022).

There are four main types of violence or mistreatment, which are physical, sexual, psychological abuse and neglect.

Physical abuse is a form of violence in which the aggressor, usually an older caregiver, resorts to physical force to harm the child or adolescent, in order to demonstrate power and control. This type of abuse can result in bodily harm of varying degrees of severity and, in extreme cases, can lead to the death of the victim (SILVA LK, et al., 2022).

Psychological abuse is a form of violence in which the aggressor uses words, attitudes or gestures to humiliate, blame, reject or even threaten the child or adolescent, creating a feeling of inferiority and low self-esteem that will have a negative impact on their psychological development in training. Among all forms of abuse, psychological abuse is considered the most difficult to identify, since emotional marks may not be as visible as physical injuries (NUNES KG, et al., 2020).

Sexual abuse is a form of violence in which the aggressor, who has greater power or authority, uses children or adolescents to obtain gratification and sexual stimuli. This can occur through caresses, manipulation

of the genitals, exhibitionism, exposure to pornography or involvement in sexual activities, such as anal and vaginal penetration (ROCHA JA, 2019).

Sexual violence is considered whenever the victim is under 14 years old, mentally handicapped or unable, for whatever reason, to resist the aggression. There are two main forms of sexual violence: intrafamilial violence, which occurs within the family, and commercial exploitation of sex with children and adolescents, which includes pornography, voyeurism, internet placements and prostitution (ROCHA JA, 2019).

It is important to note that in about 80% of cases of sexual abuse, the perpetrator is male, and in approximately 20% of cases, there may be oral-genital contact or penetration (ROCHA JA, 2019).

Sexual abuse is extremely harmful and traumatic violence for the victim, resulting in long-term psychological and emotional consequences. Prevention and awareness are essential to protect children and adolescents against this type of violence. Reporting suspected cases is essential to ensure the safety and well-being of victims and to hold perpetrators accountable (ROCHA JA, 2019).

Negligence is characterized by the failure of the person responsible for the child and adolescent to provide for their basic needs, such as food, hygiene, clothing, health care, education, protection and affection. This form of violence can vary in intensity, with abandonment representing its maximum severity (POLITTA R, 2020).

The clinical manifestations of physical abuse can be about the general attitude, where the child appears sad, speaks little, shrinks, does not look at the doctor, closes his eyes and protects his face. Ecchymoses, bruises, abrasions, lacerations, welts, cuts or scarring may occur on the skin. None of these injuries is pathognomonic of maltreatment. It is

observed that, generally, accidental injuries occur in bony prominences such as knees, shins, elbows, chin and forehead. Abuse-related injuries are found particularly on the buttocks, thighs, back, face, wrists and ankles. They can present in different stages of evolution, determined by the color or present the shape of the aggressor object (SILVA LK, et al., 2022).

Burns can also occur and are suggestive of abuse when located on the buttocks, back, soles, palms, interdigits and inguinal region. Certain conformations of burns suggest abuse, such as the “glove” or “sock” presentation, suggesting immersion of hands or feet in hot liquid. The nummular shape (rounded) may suggest cigarette burns (SILVA LK, et al., 2022).

Some fractures may be an indication that the child or adolescent has suffered physical violence, as its nature and distribution are not common in domestic accidents or accidental falls. Multiple, bilateral, at different stages of evolution, with spiral femur or in children younger than three years; in the epiphyseal metaphysis region of long bones, posterior ribs, scapulae, sternum and spinous processes; jaw; and that occur repeatedly in the same place (POLITTA R, 2020).

Traumatic brain injury is a major cause of mortality in injury victims, occurring in approximately 8 to 12% of cases. Within this context, there is the shaken baby syndrome, also known as shaken baby syndrome. It is a serious condition that results from vigorous shaking in babies as young as two years of age. These shakes can happen by intentional actions or, in some cases, by carelessness or lack of knowledge of caregivers about the risks of these actions (POLITTA R, 2020).

Typical features of the syndrome include subdural and subarachnoid hemorrhage, diffuse cerebral edema, retinal hemorrhage (50 to 80% of cases) and, generally, the absence

of other signs of injury (POLITTA R, 2020).

Abdominal injuries correspond to the second cause of death, presenting with variable symptomatology. They are usually provoked in older children by punches or kicks. The most affected organs are the duodenum and jejunum (POLITTA R, 2020).

Lesions in both eyes without involvement of the rest of the face or isolated retinal hemorrhage are highly suggestive of abuse (POLITTA R, 2020).

Most children and adolescents who are victims of sexual abuse do not show obvious clinical signs on physical examination. Many have vague complaints such as: abdominal pain, encopresis, constipation, enuresis, dysuria, vaginal discharge, excessive masturbation, sleep disorders (night terrors, nightmares), speech disorders, eating disorders, poor school performance and behavioral disorders (hyperactivity, aggressiveness, conduct disorder and suicidal tendency) (NUNES KG, et al., 2020).

Signs of emotional abuse are: apathy, aggressiveness, isolation, constant fear or anxiety, low self-esteem, speech difficulties and stuttering, anorexia (mainly in children under one year old), enuresis, encopresis, self-destructiveness, drug use and delinquent behavior especially in older schoolchildren and adolescents, history of escapes and suicide attempts (NUNES KG, et al., 2020).

Examples of neglect are: the malnourished child due to insufficient and intentional supply of nutrients, delay in the vaccination card, school absenteeism, abandonment of treatment for a chronic disease (eg pediatric HIV) (GOMES FMS, 2019).

MATERIAL AND METHODS

The search was carried out in the PubMed database and was limited to articles between 2019 and 2023 that met the criteria of being literature reviews and case reports.

Then, the keywords of the titles of the articles were analyzed and those whose theme best fits our objective were selected.

Seven articles were selected for full reading.

DISCUSSION

The consequences resulting from any abuse, whether physical or emotional, can be extremely harmful for the physical, moral, social and intellectual development of the victims in the future. Therefore, when noticing signs or symptoms of aggression, an open dialogue with the child or adolescent is essential and, if necessary, contacting the responsible authorities.

CONCLUSION

There are four main types of violence or mistreatment, which are physical, sexual, psychological abuse and neglect. Clinical manifestations of physical abuse can be about the general attitude of the child, skin lesions, burns, unusual or recurrent fractures, traumatic brain injury with or without hemorrhages resulting from the trauma, abdominal injuries, eye injuries, vague complaints such as: abdominal pain, encopresis, constipation, enuresis, dysuria, vaginal discharge, excessive masturbation, sleep disorders (night terrors, nightmares), speech disorders, eating disorders, poor school performance and behavioral disorders (hyperactivity, aggression, conduct disorder and suicidal tendency), malnutrition, delayed vaccination card, school absenteeism, abandonment of chronic disease treatment.

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