



THE WORLD MEDICAL ASSOCIATION, INC.

B. P. 63 - 01212 FERNEY-VOLTAIRE Cedex, France
28, avenue des Alpes - 01210 FERNEY-VOLTAIRE, France

Telephone : 50 40 75 75
Fax : 50 40 59 37

Cable Address :
WOMEDAS, Ferney-Voltaire

September 1995

17.W
Original: English

WORLD MEDICAL ASSOCIATION STATEMENT
ON
CHILD ABUSE AND NEGLECT

Adopted by the 36th World Medical Assembly
Singapore, October 1984

and amended by the
41st World Medical Assembly
Hong Kong, September 1989
41st World Medical Assembly
Hong Kong, September 1989

42nd World Medical Assembly
Rancho Mirage, CA., USA, October 1990

42nd World Medical Assembly
Marbella, Spain, September 1992

and the
47th General Assembly
Bali, Indonesia, September 1995

One of the most destructive manifestations of family violence and upheaval is child abuse and neglect. Prevention, early identification and comprehensive treatment of child abuse victims remain a challenge for the world medical community.

Definitions of child abuse vary from culture to culture. Unfortunately, cultural rationalizations for harmful behavior toward children may be accepted, all too readily, as proof that the treatment accorded children is neither abusive nor harmful. For instance, the work contribution of children in the every-day life of families and in society should be recognized and encouraged as long as it also contributes to the child's own development. In contrast to this, an exploitation of children in the labour market may deprive them of their childhood, of educational opportunities and even endanger their present and future health. The WMA considers such exploitation of children a serious form of child abuse and neglect.

For purposes of this statement, various forms of child abuse include physical, sexual and emotional abuse. Child neglect represents a failure of a parent or other person legally responsible for a child's welfare to provide for the child's basic needs and an adequate level of care.

The World Medical Association recognizes that child maltreatment is a world health problem and recommends that national medical associations adopt the following guidelines for physicians:

1. Physicians have both a unique and special role in identifying and helping abused children and their troubled families.
2. Physicians should obtain specialized training in identifying child abuse. Such training is available from many continuing education programs in the field.
3. Linkage to an experienced multidisciplinary team is strongly recommended for the physician. A team is likely to include such professionals as physicians, social workers, child and adult psychiatrists, developmental specialists, psychologists and attorneys. When participation on a team is not possible or available, the individual physician must consult with other medical, social, law enforcement and mental health personnel.
4. Primary care physicians (family practitioners, internists, pediatricians) emergency medicine specialists, surgeons, psychiatrists and other specialists who treat children must acquire knowledge and skills in the physical assessment of child abuse and neglect; the assessment of child development and parenting skills; the utilization of community resources; and the physician's legal responsibilities.
5. The medical evaluation of children who have been physically abused should consist of: (1) obtaining a history of injury; (2) a physical examination of the patient; (3) a trauma x-ray survey; (4) a bleeding disorders screen; (5) color photographs; (6) physical examination of siblings; (7) an official written medical report; (8) a behavioral screening; (9) a developmental screening of infant and preschool age children.
6. The medical assessment and management of sexually abused children consists of: (1) the treatment of physical and psychological trauma; (2) the collection and processing of evidence; and (3) the treatment and/or prevention of pregnancy and venereal disease.
7. It is necessary for physicians to determine the nature and level of family functioning as it relates to child protection. It is essential for the physician to understand and be sensitive to how the quality of marital relationships, disciplinary styles, economic stresses, emotional problems and abuse of alcohol, drugs and other substances, and other forms of stress relate to child abuse.
8. It is critical for the physician to be knowledgeable about abuse and neglect. Often, the physical evidence is not obvious, and only through careful interview with the child and parents may the inconsistencies between historical and objective data be revealed.
9. In detecting a child with suspected abuse, the immediate actions to be taken by the physicians include: (1) reporting all suspected cases to child protective services; (2) hospitalizing any abused child needing protection during the initial evaluation period; and (3) informing the parents of the diagnosis and report of the child's injuries to protective services.

10. The child is the physician's patient and therefore the physician's primary concern. Thus, it is the physician's responsibility to do all he or she can to protect the child from further harm. Contacting the appropriate agency that handles child protection matters, is usually mandated by laws. In some cases, admitting the child to a hospital is also necessary.
11. If hospitalization is required, a prompt evaluation of the child's physical, emotional and developmental problems is necessary. If the physician who originally recognized the child abuse problem is not able to conduct the evaluation, he or she should seek consultations with the hospital multidisciplinary team or other physicians who have specialized training in child abuse.
12. If child abuse is suspected, the physician should discuss with the parents the fact that child maltreatment is in the differential diagnosis of their child's problem. During such a session, it is essential that the physician maintain objectivity and avoid accusatory or judgmental statements in interactions with the parents.
13. It is essential that the physician record the findings in the medical chart during the evaluation process. The medical record often provides critical evidence in court proceedings.
14. Physicians should participate at all levels of prevention by providing prenatal and postnatal family counselling; identifying problems in child rearing and parenting, and advising about family planning and birth control.
15. Personal and public health measures such as home visits by nurses, anticipatory guidance by parents, well-infant and well-child examinations should be encouraged by physicians. Programs that improve the child's general health also tend to prevent child abuse and should be supported by physicians.
16. Physicians should recognize that child abuse and neglect is a complex problem and more than one type of treatment or service may be needed to help abused children and their families. The development of appropriate treatment requires contributions from many professions, including medicine, law, nursing, education, psychology and social work.
17. Physicians should promote the development of innovative programs that will advance medical knowledge and competence in the field of child abuse and neglect.
18. Patient confidentiality must be abrogated in cases of child abuse. The first duty of a doctor is to protect his or her patient if victimization is suspected. No matter what type of abuse (physical, mental, sexual) an official report must be made to the appropriate authorities.
19. Physicians should support the enactment of legislation in their respective countries, that will effectively identify and protect abused children. Such legislation should also protect physicians and other health professionals for their part in identifying, caring for, and treating abused children.
20. Physicians should support legal procedures that allow the abused child to bring legal action against the alleged child abuser for a reasonable period of time after the child reaches the age of legal majority. Physicians should also support fair and objective legal procedures that seek to reasonably prevent unsupported allegations of child abuse and that require objective evidence to initiate any type of legal action against an alleged child abuser.