Original Article

Managing Child Abuse and Neglect Cases: Healthcare Professionals' Experience at Hospital Child Protection Unit, The Children Hospital Lahore

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Abstract

Background: Child abuse is a serious social health concern on the global stage, with serious physical and psychological outcomes. However, it is usually underreported.

Objective: The purpose of this study was to examine experiences of healthcare professionals working in the Children's Hospital Lahore (CHL) during child abuse cases management, outline challenges, and suggest feasible solutions that could enhance child protection initiatives.

Methods: Qualitative research was done in CHL between November 14 and December 7, 2024. A total of nine healthcare professionals representing different departments and at least one year of experience in dealing with child abuse cases were the ones involved. The data were gathered in terms of in-depth, video-recorded interviews on a semi-structured guide. Thematic analysis was used and was developed using open coding and triangulation to ascertain their validity and reliability.

Results: Every participant said that they had experienced cases of physical, sexual, and emotional abuse. Among the major challenges reported were operational such as delayed presentation and fear of retaliation by the perpetrators, systemic such as overworked staff and lack of medico-legal training and parental interference due to shame of the family or fear of future of the child. Regarding solutions, the participants emphasized the necessity of education and awareness in the form of public campaigns, better communication between parents and children, and health professionals, as well as systematic measures, including better training of healthcare providers, better coordination with child protection units, and improved legal mechanisms to achieve justice and accountability. Families were also advised to receive economic support to minimise child labour and elimination of abuse.

Conclusion: Enhancing education and awareness, improving communication, and systemic changes are necessary to improve the management of child abuse cases at the CHL.

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Introduction

The WHO defines child abuse as any form of harm or potential harm, physical, emotional, sexual, neglect, or exploitation occurring within a relationship of trust, responsibility, or power.[1,2] Child abuse is a major

global public health concern. WHO (2022) estimates that all over the world, nearly 300 million children aged 2–4 face regular physical or psychological abuse.[1] Child abuse-related deaths are likely underreported, as many cases go unrecognized or unsubstantiated.[2,3] The long-term effects of child abuse and neglect are life long and severe.. It is often perpetrated by parents, stepmothers, uncles, or non-relatives, particularly involving neglect and corporal punishment.[4] While the nature and frequency of abuse vary by region, neglect, sexual abuse, and physical harm are reported across all regions.[4,5]

Medical practitioners are instrumental in the identification of child abuse but there are several obstacles that prevent effective reporting. These are lack of experience, time, absence of standardized protocols and cultural issues. Professionals are not always sure of the child protection services and are afraid that sometimes they can cause harm instead of helping a child. Poor or inadequate cooperation between health services and the rest of the child protection system is also evidenced and hinders proper reporting.[5] Areas of improvement also include the adoption of standardized detection tools and improved inter-organizational communication.[6] A study conducted in 2021 across 11 countries highlights the need to strengthen multidisciplinary teams for better management of child abuse and neglect cases.[7] Previous reports show that child abuse identification is often insufficient, with low reporting rates, though challenges vary by region.[8]

The issues should be addressed to offer the more appropriate protection to the vulnerable children who should be given justice and proper care.[4,6] Limited data from Pakistan exists on health professionals' experiences and challenges in managing child abuse cases. To address this, we conducted a qualitative study at the Children's Hospital, Lahore (CHL). Since 2009, CHL has hosted South Asia's first Child Protection Unit (HCPU), supported by the NGO PAHCHAAN. Its goals include enhancing healthcare professionals' capacity in early detection, case management, and rehabilitation of child maltreatment, and creating a model for managing Child Abuse and Neglect (CAN) cases.[9] When abuse is suspected, doctors or nurses report it to the HCPU, which follows a structured protocol for early intervention and care. CHL receives referred cases of child abuse from the whole Punjab.[10] This study was conducted to explore the experiences of healthcare professionals at CHL in managing child abuse cases, identifying challenges, and suggesting actionable solutions to improve child protection efforts.

Methods

This qualitative study was conducted using a constructivist phenomenological approach, at the CHL after obtaining approval from the Institutional Review Board of University of Child Health Sciences (No/967/CH-UCHS). Data collection continued until data saturation was achieved over a period of three weeks. The sampling technique employed was non-probability purposive sampling, and a total of nine individual health professionals were included in the study.

The inclusion criteria for the study were health care professionals including doctors and psychologists, from different departments of CHL, who served as focal persons for the Hospital Child Protection Unit (HCPU).

- Nine healthcare professionals were purposively sampled with at least one person from the departments commonly managing SCAN (suspected child abuse and neglect) cases, such as pediatric medicine, pediatric surgery, pediatric emergency, developmental and behavioral pediatrics, and a child protection officer.
- All focal people had a minimum of one year of experience in handling SCAN cases. Health care professionals with no prior exposure to SCAN cases were excluded.

Data was collected through in-depth, video-recorded individual interviews, and informed consent, including permission for video recording, was obtained from all participants.

Thematic analysis was conducted through open coding, categorization, and theme development. The interview guide was initially developed after literature review and focus group discussion with health professionals at CHL regarding their experience of managing child abuse cases. It was shared with three senior pediatricians, each with over five years of experience in handling child abuse cases for member checking. Based on their feedback, necessary revisions were made to improve the guide, followed by a pilot study including in-depth interview of one consultant pediatrician resulting in the final version including following three key questions:

1. What is the commonest type of child abuse you came across as a health professional?
2. What are the challenges and barriers in reporting or managing child abuse cases?
3. How could we overcome these challenges encountered while managing child abuse and neglect cases at the Children's Hospital Lahore?

After IRB approval, two research assistants along with primary researchers, each with three years of experience in data collection, conducted individual in-depth interviews. Interviews were carried out using the English language according to the finalized guide. Throughout the procedure, standardized protocols of qualitative data collection were followed.

The transcripts of the video-recorded interviews were coded with participant ID numbers to ensure confidentiality. The transcripts were thoroughly checked several times to avoid mistakes. The initial codes were identified using open coding and then grouped into categories and themes. To eliminate bias and get the most varied opinions three coding were used as well as frequent discussions to identify the difference and agree on a particular coding process.

Data was validated through triangulation and member checking.

Results:

The nine health professionals were interviewed individually (Table 1).

All the participants reported observing physical, sexual, and emotional abuse while working as health professionals (Table 2).

Key themes in managing child abuse cases include operational challenges, systemic challenges and parental and guardian interference (Table 3).

Three key themes emerged in addressing child abuse: Education and awareness, effective communication, and systemic improvements. (Table 4).

Discussion:

Detecting child abuse at an early stage is crucial for prevention, with healthcare professionals playing a key role due to their frequent contact with children. Nonetheless, the studies indicate that medical and educational practitioners tend to be silent about the suspicions of abuse.[11] this is in accordance with ecological systems theory of Bronfenbrenner[12] that indicates that the reluctance of health professionals to report abuse is influenced by several factors that are interdependent on each other.

The purpose of the study was to identify what healthcare professionals at CHL experience with regard to recognizing and reporting child abuse, and to learn about the obstacles that they encounter. We also wanted to learn the tips to get past such obstacles to enhance case management. Paediatricians, surgeons, registrars, residents and child protection officers were interviewed in depth to obtain different opinions. The participants all indicated that they had many instances of physical, sexual, and emotional child abuse. Health professionals in Pakistan are faced with a big challenge of child abuse. In accordance with media sources, Faraz J. (2022) has noted that over 10 children are abused every day, and people are reluctant to speak about the issue, especially in cultures where the physically disabled are physically mistreated, and the intellectually disabled are abused emotionally and verbally.[13] Our investigation has shown that physically disabled children are usually abused by their mothers or caretakers, whereas the intellectually disabled children are the victims of emotional and verbal abuse. Studies indicate that children with disabilities face at least thrice the risks of being abused as compared to their peers because of stress and financial pressures in the family, caregiver burnout, and absence of respite care.[14]

The participants have found three primary challenges to deal with child abuse cases: operating factors, systematic obstacles, and parental interference. Subthemes were delayed presentation, missed evidence, fear of perpetrators, family negotiations, overworked or incompetent staff, insufficient HCPU, poor legal support, and lack of parental cooperation. Iranian nurses also

Table 1: *Characteristics of study participants*

Sr #	Gender	Designation	Department	Experience of managing child abuse cases
1	Male	Associate Professor	Pediatric medical emergency	25 years
2	Female	Assistant Professor	General pediatric medicine/HCPU	10 years
3	Male	Senior Registrar	General pediatric medicine	8 years
4	Female	Medical Officer	Pediatric medical emergency	9 years
5	Male	Assistant Professor	Pediatric urology	13 years
6	Female	Post graduate resident	Pediatric medicine	4 years
7	Female	Assistant Professor	Behavioral and developmental pediatrics	5 years
8	Female	Child protection officer/ Psychologist	HCPU	3 years
9	Female	Medical Officer	General Pediatric Medicine	10 years

Table 2: *Types of Abuse commonly observed by healthcare professionals at CHL*

Sr #	Theme	Categories	Codes	Statements by Participants
1	Sexual Abuse	Sodomy	Anal sex, Oral sex, Cases of Young boys	Participant #3 told: While I worked at THQ, i came across many cases of anal or oral sex mainly involving boys of age 3 to 5 years."
		Verbal Sexual Abuse	Abusive language, Vulgar remarks	Participant #5: "I observed both verbal and non-verbal dirty gestures are often used initially to engage a child in sexual activity."
		Non-Verbal Dirty Gestures	Dirty gestures, Non-verbal adv~nces	Participant 2#: We feel most helpless when father or close relative is suspected perpetrator in case of sexual abuse"
		Incest	Abuse by father, Abuse by close relatives	Participant #8: "Child sexual and physical abuse is common among domestic workers."
		Physical Sexual Abuse	Physical abuse in sexual contexts, Abuse of domestic workers	
		Sexual Harassment	Harassment of domestic workers	
2	Emotional Abuse	Psychological Abuse	Psychological harm, Body dysmorphia, Insults about child's body	Participant #5 further added while mentioning sexual abuse: "If the child ignores these advances, the abuser may resort to using abusive and vulgar language about their family members or make derogatory remarks about the child's body, causing psychological harm and body dysmorphia."
		Verbal abuse	Abusive language, Constant criticism, Scolding by parents under stress	
		Rejection	Rejection of children with learning disorders, Criticism from parents and others	Participant #9: Many times, parents take out their frustration on kids and either couples fight in front of them or scold them unnecessarily due to their own stress"
		Bullying	Bullying of slow learners, Victimization of children with learning disorders	Participant #7 told: "Mostly patients with learning disorders and borderline intellectual disorders or slow learners get victimized of Verbal abuse, constant criticism, rejection, and bullying."
		Neglect	Emotional neglect by parents, Parental frustration taken out on children	
3	Physical Abuse	Corporal Punishment	Normalization of corporal punishment, Physical discipline considered acceptable	Participant#6 told: "The most common child abuse that I have encountered is physical abuse, yet I believe it is tip of iceberg as punishment is considered normal in our culture as a mean to discipline kids."
		Domestic worker abuse	Physical abuse of child domestic workers, Abuse over minor issues	Participant#2: "Children working as house help are often physically abused over minor issues"
		Non- Accidental Injuries	Deliberate bruising, Inflicted injuries by caregivers	Participant #7 told: "Most common type of abuse I have seen as a developmental pediatrician is physical abuse by caregivers."
		Munchausen Syndrome by Proxy	Caregiver creating false symptoms	Participant# 7"A mother of cerebral palsy patient would inflict a new bruise on child every day before round. We got suspicious when all work up for bleeding disorder came negative. Other attendants reported how she would hit child in evening."

Table 3: *Challenges and Barriers in Management of Child Abuse cases*

Sr #	Theme	Categories	Codes	Comments/Statements by Participants
1	Operational Challenges	Delayed Presentation	Late reporting, Delayed medical attention	Participant #3 told: "The delay in the presentation of sodomy cases and the inability to collect samples promptly were frequently a significant obstacle."
		Sample Collection	Missed evidence, Incomplete forensic samples	
		Fear of Perpetrators	Retaliation fear, Reluctance to engage	Participant #4: In case of domestic violence involving house help, parents feel afraid to proceed"
		Family Negotiations	Family interference, Legal hindrance	Participant #3 told: "Many times negotiations between the victim's and perpetrator's families interfered in the management of sexual abuse cases."
2	Systemic Challenges	Overburdened Staff	Staff shortage, High caseloads	The overburdening of medical staff was identified as a contributing factor to the neglect of child abuse cases by all the participants.
		Unavailability of HCPU Staff	Limited hours, Lack of coverage	Participant #2: "Not being able to properly involve child protection unit as we receive cases round the clock and child protection officer is available in morning hours only. Patients get LAMA or DOR before they can be interviewed and put on their follow up.
		Neglect Due to Lack of Skills and Evaluation Knowledge	Inadequate diagnosis, Evaluation gap	Participant #1: "The lack of proper training to evaluate and identify child abuse and neglect cases often leads to either missed diagnosis or reluctance to label it as case of child abuse especially when its sexual abuse."
		Insufficient Medico-Legal Training	Lack of forensic skills, Limited experience	Many doctors reported a lack of adequate training in handling medico -legal cases, which hampers their ability to manage these situations effectively.
		Lack of Hope for Justice	No legal support, Emotional exhaustion	Participant #7: "As we are not hopeful that the victim will receive justice or there is punishment for the abuser, things get swept under the rug." This was general opinion that lack of proper legal support leads to lack of hope for justice which also has negative impact on emotional health of healthcare providers.
3	Parental and Guardian Interference	Lack of Cooperation	Non-compliance, Refusal of legal action	Participant#2 told: "Most unfortunate is that many times parents are biggest barrier and prefer to leave hospital without proper case management." Participant #8: Parents are sometimes unwilling to confess or pursue the case, so we have to close the file close the file as they out application. This gets even more complicated when perpetrator is someone among parents or relatives."
		Hesitancy	Reluctance, Family shame	Parent or guardians often have hesitancy due to various reasons mentioned above. Participant #6: "Hesitancy from parents' side is major barrier in reporting of cases of child's sexual abuse. Many times, they refuse medico-legal case reporting considering it can harm future of child or family respect."

Table 4: *Possible Solutions and Recommendations by healthcare professionals to manage child abuse effectively*

Sr #	Themes	Categories	Codes	Comments/ Statements by Participants
1	Education and Awareness on child abuse	Collaborative Campaigns	Joint initiatives, multi-stakeholder actions	It was suggested by different participants that parents, public and children's education and awareness related to child rights and abuse is required by frequent collaborative campaigns, parenting workshops, public awareness through TV, radio and social media. Children can be trained in how to avoid or respond to abuse
		Public Awareness Campaigns	Media outreach, social media, TV, Radio	Participant #3: "Counseling of parents regarding child abuse is required."
		Parental Educational programs	Parents' Counseling sessions, Parenting workshops, Parents' training	Participant #7: "Solution can be frequent parenting workshops by trained professionals and who approach when suspected child abuse."
		Children's training	Good touch versus bad touch, Abuse prevention strategies for children	Participant #2: "Children need to be t aught about good touch and bad touch during primary education at school and how to respond"
2	Effective Communi-cation	Building Trust between Child and Parent/ Health professional	Trust-building, Open communication Family engagement	It was general opinion of participants that trust is essential for effective communication between parents, child as well health professionals to manage case properly.
		Between Parents and Health Professionals		Participant #5: "Teach children to trust their parents and vice versa and share if someone tries to harm or abuse the child"
				Participant #6: "Developing trust with parents and patients and having thorough clinical and psychological assessment of every suspected child."
				Participant # 7: "Identifying high-risk children and providing psychosocial support to families so that parents can take care of their child in better way."
3	Systemic Improvements	Health Professionals Training	Capacity building, Skills training, Medico legal training	In general, participants were of opinion that health professionals need to be trained to acquire proper skills and knowledge to evaluate, identify and intervene in child abuse and neglect cases. Participant 1#: "Child rights and management of child abuse and neglect need to be included in core- curriculum of health professionals." Participant# 1: As there is no Medico-legal officer at HCPU of CHL, training in medico-legal cases for doctors and nurses or a medico-legal office deputed at HCPU can improve case management."
		Improved Coordination	Teamwork, Integrated services	Participant#2: "We need to improve coordination between clinical teams and HCPU as well Child protection and Welfare Bureau, to ensure continuous availability of support."

	Strengthening Legal Framework and Policies	Policy reform, Legal protection	3 participants were of view that without strengthening legal framework and policies related to child abuse, situation cannot improve much Paticipant#8: “I have seen children hired as domestic help suffered from most horrible kind of physical abuse. Government must have strict ban on every sort of child labor.
	Strengthening economic support for families	Poverty reduction, Child labor ban, Financial support for poor families	Participant#1: “Government must modernize child protection laws to close loopholes and address current challenges. Especially when suspected perpetrator is either parent or guardian, legal framework has lot of deficiencies."
			Participant#1: "Domestic violence against children hired as house help is a major cause of abuse, but poverty is a major hindrance to the strict implementation of child labor laws. Until the government provides financial support to families living below the p overty line, child labor and, consequently, child abuse can never be controlled."

described similar difficulties, such as lack of knowledge. In high- and upper-middle-income countries, governments have robust child protection systems, whereas in lower-middle-income countries, health professionals are commonly misdiagnosing child abuse.[15] A lack of knowledge and poor communication skills is the most common reason behind the misdiagnosis of child abuse reported by Iranian nurses.[6] This has been cited in the past as a serious ethical dilemma of the physicians that handle child abuse: how to diagnose correctly without risking cases being missed, and not falsely accused. They state an interest in child safety and account for the under diagnosis of abused children as a result of systemic bias and insufficient expertise, in addition to contending with the legal consequences, which can disproportionately impact disadvantaged families.[15,16] This was also an issue highlighted in our study to be mindful of in terms of training health professionals on handling child abuse by making it a part of their core-curriculum.

Three themes were identified when questioned about solutions, including education and awareness, effective communication, and systemic improvement. Participants suggested campaigns, parenting-training, media outreach and training children to identify and act on abuse. This is somewhat comparable to the strategy chosen to reduce child sexual abuse (CSA) in the U.S. which has evolved to incorporate strategies that are aimed at instructing children on self-protection to prevent abuse even before it happens and this strategy is only possible with good communication skills on the part of health professionals.[17] In our study findings, trust between parents, children, and health professionals was perceived to be a key to effective case management that involves good communication skills by their part. Likewise, in Children's Hospital of Chicago, they reported a problem with communication, expectations, and care when assessing suspected child abuse in the emergency department. To address these issues, the project team had put in place critical interventions which include the development of an important care guideline on suspected child abuse, the scripting of critical communication points in interactions with families, and feedback on the effects of these interventions by the families.[18] In contrast, in a qualitative study aimed at enhancing child abuse detection and reporting, in the Netherlands, the proposed solutions include the development of more effective tools to detect and assess risk, improve communication and information sharing between organizations.[6]

Three participants emphasized that without stronger laws and policies, progress against child abuse is unlikely. One noted that poverty drives child labor, and government support for high-risk families is essential. Similar strategies are recommended in “a technical package for policy, norm, and programmatic activities” by CDC in preventing child abuse and neglect.[19] In addition, this package also support strategies regarding promoting good parenting and early education of children at schools to help prevent abuse like suggested by our participants.

Limitations:

Limitations include the single-institution focus, but as CHL is a center of excellence in Punjab, its findings can guide HCPU development in other institutes.

Conclusion:

Addressing the identified challenges is crucial for better

protection and care for abused children. Enhancing education and awareness, improving communication, and systemic changes are necessary to improve the management of child abuse cases at the CHL.

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Authors' Contribution:

WR: Acquisition of data, conception & design, analysis & interpretation of data, drafting of article, final approval

SJ: Drafting of article

NZ: Critical revision for important intellectual content, final approval

SB: Analysis & interpretation of data

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