Multidisciplinary Assessment and Intervention in Sibling Maltreatment: Report of 4 Sibling Cases

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Abstract
This case report provides a detailed account of the experiences of a group of four siblings who were exposed to severe intrafamilial maltreatment. The children exhibited significant physical and psychological distress, with symptoms consistent with ADHD and autistic traits. A comprehensive medical and psychological assessment was carried out during their emergency admission to the paediatric ward. The case of these siblings demonstrates the importance of early identification of maltreatment, the need for multidisciplinary and interdisciplinary collaboration between professionals, and the provision of comprehensive care that includes both somatic and psychological dimensions. It highlights the challenges of achieving a balance between urgent measures to protect children and the mitigation of trauma during placement. It also underlines the importance of continuous post-treatment care to address both the immediate and long-term consequences for children who have been subjected to maltreatment.

Introduction

It is estimated that at least one in eight children are victims of child maltreatment before the age of eighteen. This phenomenon is a major public health concern. The manifestation of this phenomenon can take various forms, including neglect or physical, psychological and sexual abuse. These forms of maltreatment and neglect are widespread, under-reported and globally prevalent (1, 2). It is a well-documented fact that children who have experienced maltreatment may suffer long-term consequences, including physical and mental health problems, academic difficulties, as well as challenges in their professional lives and interpersonal relationships (3). Consequently, children who have been maltreated or neglected have been shown to have specific educational, health and social behavioural needs (4). These situations require special attention from health professionals, especially in paediatric settings, and call for a multidimensional and interdisciplinary approach (5). The objective of this article is to highlight the importance of such collaboration by drawing on the medical and psychological assessment of a group of siblings exposed to intrafamilial maltreatment.

Case report

Our case report concerns a group of four siblings who were admitted to the paediatric department as part of their emergency admission. The family consisted of Mia and Mason (aged 9, twins), James (aged 3) and Emma (aged 10 months). Two older children, Evelyn, 15, and Harper, 13, were not hospitalised. The children's fathers were not involved in the family's life. Only the youngest sibling, born in our maternity unit, had been known to our services since birth. Her perinatal medical record showed irregular antenatal care and poor maternal adherence to medical recommendations regarding pre-existing conditions. In addition, the mother had a pattern of alcohol and tobacco consumption during her pregnancy. This situation led to significant maternal complications in the postpartum period, requiring several days of intensive care and neonatal care for the newborn. However, the observations made by those involved during the mother-baby unit stay, the post-hospital paediatric consultation and the midwife follow-up at home did not reveal any concerns about the mother-baby relationship or medical care. The older siblings were monitored by the Youth Welfare Office and various outpatient and home help services had been set up. School absenteeism and repeated changes of school and residence made it impossible for the schools to collect data on the children.

The four youngest children of the sibling group were taken to the children's ward as part of their emergency placement. This was ordered by the juvenile court judge who found that the children were in a situation of grave danger. A team with expertise in assessing child maltreatment carried out an intervention with the sibling group to obtain the children's statements. The maltreatment appeared to have been chronic since birth and was primarily perpetrated by the subject's maternal grandmother, to whom the subject's mother regularly entrusted them, despite being fully aware of the circumstances. The documented cases of abuse included various forms of physical and psychological abuse, including strangulation to unconsciousness, prolonged

confinement in darkness, physical assault with belts, sticks or electric cables, deprivation of food, poisoning and the forced insertion of chilli peppers into various body orifices (nasal, genital, anal and eye).

On admission to the children's ward, a psychological assessment of the children was carried out and continued by the specialist child abuse team. In addition, the juvenile court judge requested a full medical assessment, including nutritional, ophthalmological, ENT, skeletal radiography, magnetic resonance imaging (MRI) of the brain, genital and dermatological examinations. The paediatric team made the following observations during the hospital stay.

Mason, 9 years old, shows significant signs of psychomotor agitation. These symptoms are related to his previous diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), but Mason is no longer taking his prescribed medication. His treatment has been resumed by the child psychiatrist consulted during his paediatric placement. Mason has difficulty with lateralisation, frequently bumps into objects, complains of pain in his feet and walks on the toes of his shoes. There were no injuries to his feet, but he was wearing shoes that were too small when he came to the ward. He hides episodes of urinary incontinence by discreetly changing in the toilet. He appears depressed and anxious and sometimes seems detached from reality. His medical examination revealed a cerumen plug and old scars on his face and body.

Mia, Mason's twin sister, shows no psychomotor agitation, expresses thoughts that are consistent with reality but displays anxious affect.. Within the sibling group, she appears to take on a maternal role, caring for her 10-month-old sister and relaying information about her twin brother's medication, despite a conflicted and violent relationship with him. An x-ray revealed a callus in the right medial malleolus, suggesting an old consolidated fracture, possibly related to abuse. The child also has scars and bruises all over her body, which she attributes to abuse by her grandmother.

James, aged three and a half years, had been diagnosed with a speech delay and autistic behaviours. The boy displays a marked reluctance to engage in interaction with others, exhibiting a withdrawn demeanour and an apparent inability to express emotions. He does not respond to vocalisations of his name, and has been observed engaging in repetitive object manipulation. Mason and Mia show aggressive behaviour towards James, which frightens him. James' medical examination reveals unexplained skin scarring.

Emma, the 10-month-old child, shows signs of depression, as evidenced by recurrent crying episodes and a state of inconsolability. She has difficulty initiating sleep due to increased levels of alertness. Mia reported that she was constantly carried and breastfed by their mother. The medical examination did not reveal any pathological conditions.

Following a fourteen-day period of hospitalisation, the sibling group was separated, with each child being placed in a different institution. Mia was placed in an emergency residential service for a maximum period of 40 days. Mason and James were placed together in a general residential service, where their placement could be extended into adulthood. Emma was transferred to a nursery.

Discussion

This case report underlines the crucial function of hospital placement processes in facilitating interdisciplinary coordination between professionals, both within and outside the hospital. This collaboration facilitates a comprehensive and detailed assessment of the child, ensuring a thorough evaluation within a single setting and timeframe. However, the length of hospitalisation must be limited, as the hospital environment does not provide adequate emotional, educational and physical needs of the child (6). The 15-day period was used to carry out a comprehensive medical examination in accordance with the instructions of the juvenile court judge. At the same time, assessment and psychosocial support were provided by the team specialising in child abuse, which had been involved prior to hospitalisation and remained involved throughout the stay. This continuity promoted a coherent and structured monitoring of the children and facilitated the coordination of the different actors involved in their care.

Within the hospital environment, effective communication between the various stakeholders (i.e. paediatricians, child psychiatrists, psychologists and social workers) is essential to ensure a comprehensive and coherent approach for each child. The regular convening of professionals is imperative for the dissemination of information and the coordination of care.

In addition, this case report underscores the pivotal role that hospitals are expected to play in cases of child maltreatment, particularly in times of crisis (7). As is well documented in the existing literature, children are known to experience significant psychological distress following disclosure of maltreatment. The subjects were removed from their family and school environment without prior authorisation to contact their mother, resulting in a sudden and abrupt weaning from breastfeeding for the youngest subject. In such cases, the provision of a supportive environment is particularly important, given the urgency and rapidity of hospital admission. It is thus imperative that paediatric services have adequate material and human resources to ensure the well-being of children, extending beyond the realms of medical, psychological, and social care (e.g., educators, teachers, etc.).

Separating abused children from their family environment is an essential step in ensuring their immediate safety. However, it is important to note that this process can also have long-term psychological consequences (8, 9). In this case, the fragmentation of families, due to placement of the siblings in different institutions because of a shortage of places, increases their level of distress. It is therefore vital to ensure that sibling bonds are maintained and that psychological follow-up is put in place to help the children overcome their trauma.

The management of child maltreatment cases invariably raises the issue of recognising signs of maltreatment. While the paediatrician's role encompasses a holistic vision of health and a professional mandate to ensure children's well-being and safety, conducting health assessments and preventive care to detect signs of child abuse in families with risk factors for abuse requires regular medical follow-up, which was lacking in the case of the siblings described (10). It is equally important for the paediatrician not to work alone and to mobilise both internal and external resources in order to provide comprehensive care.

Conclusion

This case report emphasises the imperative of a swift, collaborative, and multidisciplinary approach in child maltreatment cases. While urgent intervention ensures immediate safety, it also entails challenges, notably the psychological impact of abrupt separations and the fragmentation of a group of siblings. These factors emphasise the importance of ongoing psychological support that is tailored to address the unique needs of each child.

The early detection of maltreatment remains of crucial importance, as demonstrated by the necessity of regular medical follow-ups. Interdisciplinary collaboration is of pivotal importance in addressing both immediate and long-term consequences, while placement decisions should aim to minimise additional trauma and preserve sibling bonds wherever possible.

The delicate task of safeguarding children against potential harm while simultaneously mitigating the associated distress of institutional placement remains a multifaceted challenge. It is imperative to enhance prevention measures, optimise professional training, and ensure the provision of sustained psychological care to improve outcomes for children subjected to maltreatment. It is recommended that future research explore the influence of different intervention strategies on long-term well-being.

The authors have no conflict of interest to declare.

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