

FORENSIC AND MEDICAL CHARACTERISTICS OF PHYSICAL INJURIES TO CHILDREN AS MANIFESTATIONS OF CRUEL TREATMENT TOWARDS THEM AND THE CONSEQUENCES OF DOMESTIC VIOLENCE

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Abstract. The article provides a forensic medical description of physical injuries in children of the first year of life, which were caused by cruel treatment and were the consequences of domestic violence.

The aim of the study. To provide a forensic-medical characterization of physical injuries in children of the first year of life, caused by cruel treatment of them and associated with domestic violence.

Material and methods. The material of the study was «Acts of forensic medical examination» and «Conclusions of an expert» from the archives of the Dnipropetrovsk regional and Kyiv city bureau of forensic medical examination regarding the cases of death of 8 children of the first year of life, related to domestic violence.

Scientific research of the Department of Pathological Anatomy, Forensic Medicine and Pathological Physiology of the Dnipro State Medical University "Pathogenesis of damage to the central nervous system and internal organs after exposure to extreme conditions". State registration number: 0124 U005073 (2025-2028).

Bioethics. Approved by the Bioethics Commission of the Dnipro State Medical University (protocol No. 28 dated 08.04.2025).

The results. Physical injuries in children of the first year of life were identified and described as the consequences of cruel treatment of them and related to domestic violence.

Conclusions. According to the results of the forensic medical examination of children of younger childhood age, the physical manifestations of violent acts were sores, bruises (hemorrhages) and closed wounds, which were localized in different parts of the head, trunk and limbs, and according to morphological features, had different terms of formation. In some cases, physical injuries were manifested in the form of focal hemorrhages (bruises) on the limbs of children in the form of fingerprints of an adult's hands due to the strong holding of the victims, probably by one of the parents or guardians. In most cases, the consequences of child abuse were open and closed craniocerebral injuries, which were accompanied by fractures of the bones of the skull and hemorrhages under the soft coverings of the head and the covering of the brain with the destruction of its substance. The consequences of active shaking of children of the first year of life were hemorrhages in the retina of the eyeball, in the neck area, in the mediastinal organs, lungs, and heart, which were manifested in the form of subpleural and subepicardial hemorrhages. Physical manifestations of violent actions against children of the first year of life were also damage to the organs of the abdominal cavity in the form of hemorrhages in the soft tissues of the abdomen, lacerations of the liver, spleen, hemorrhages in the mesentery of the intestine, in the perirenal adipose tissue and adrenal glands, and blood in the abdominal cavity.

Key words: forensic medicine, children, bodily injuries, cruel relationship, domestic violence.

Introduction. In conditions of crisis phenomena in society, manifested in high percentages of marriage breakups, aggravation of family conflicts, an increase in the number of dysfunctional families, etc., a child often becomes an object of violence [1,2]. At the same time, the state policy of Ukraine provides for the existence of such a system that should provide everyone with equal opportunities for access to political, economic, social, and cultural achievements, guaranteeing all members of society respect for the individual regardless of age, nationality, religion, and health status. Along with this, to prevent and successfully overcome cases of domestic violence for representatives of different spheres of society, the following were proposed: 1) analysis and generalization of legal and forensic aspects of providing assistance to victims of domestic violence [3], 2) measures to prevent and combat domestic violence [3], 3) methodological recommendations, protocols for recording bodily injuries and complaints of victims, etc. [4].

Systematization and analysis of the facts of violence against children began in the middle of the last century. For the first time, pediatric neurologist J. Caffey published an article in the American Radiology Journal about the possible connection between shaking of infants and chronic subdural hematomas and fractures of tubular bones. In 1972, he described similar changes in a child beaten with a belt, and in 1974, he introduced the term “Whiplash shaken infant syndrome” (WSIS) [5]. This term generalizes the condition of children with multiple injuries, not homogeneous in nature and duration of infliction by parents or guardians. A specific manifestation of injuries is the inconsistency of their nature and severity of injuries with the explanations given about the circumstances of their formation. The term “Shaken baby syndrome” (SBS) first appeared in 1962 in the article by Henry Kempe et al. “Battered child syndrome” [6], where he described a syndrome that is considered classic and has received wide recognition and use in many countries of the world [7].

The concept of “Child abuse” was formulated in 1999 by the WHO meeting on the prevention of violence against children in the following definition: “Child abuse or maltreatment is all forms of physical and/or emotional maltreatment, sexual abuse, neglect, negligent treatment, trafficking or other forms of exploitation that are likely to result in or result in actual harm to the child’s health, survival, development and achievement in the context of relationships of responsibility, trust or power.”

Child abuse (Article 1 of the Law of Ukraine “On the Protection of Childhood”) is any form of physical, psychological, sexual or economic violence against a child, including domestic violence, as well as any illegal transactions concerning a child, including recruitment, transfer, concealment, transfer or receipt of a child, committed for the purpose of exploitation using deception, blackmail or the child’s vulnerable state. A child who has suffered from domestic violence is a person who has not reached the age of 18 and has experienced domestic violence in any form or has witnessed such violence.

Considering the annual occurrence of cases of child abuse in the practice of forensic medical examination and the few scientific publications on this subject, we consider it appropriate to provide our own forensic medical description of physical manifestations of child abuse as a consequence of domestic violence.

The aim of the study. To provide a forensic-medical characterization of physical injuries in children of the first year of life, caused by cruel treatment of them and associated with domestic violence.

Material and methods. The material of the study was «Acts of forensic medical examination» and «Conclusions of an expert» from the archives of the Dnipropetrovsk regional and Kyiv city bureau of forensic medical examination regarding the cases of death of 8 children of the first year of life, related to domestic violence. According to Article 6 of the Family Code of Ukraine, *“a minor child is a child under the age of 14; an underage child is a child aged between 14 and 18.”* All forensic medical examinations were conducted using well-established methods and techniques in compliance with the requirements set forth in the Order of the Ministry of Health of Ukraine “On the Development and Improvement of the Forensic Medical Service of Ukraine” dated January 17, 1995, No. 6 [8]. Quantitative data were processed using standard methods of variation

statistics.

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Results of the study. According to the results of a macroscopic forensic examination of young children, the physical manifestations of violent acts were abrasions, bruises (hemorrhages) and crushed wounds. All of them were localized in different parts of the head, torso and limbs and, according to morphological features, had different terms of formation (Fig. 1 a-d).

In some cases, physical injuries were detected in the form of focal hemorrhages (bruises) on the limbs of children in the form of fingerprints of an adult as a result of the victims being held tightly - probably by one of the parents or guardians (Fig. 2).



Fig. 1. Crushed bruises, hematomas, and wounds with varying times of formation on the head, torso, and limbs of first-year infants

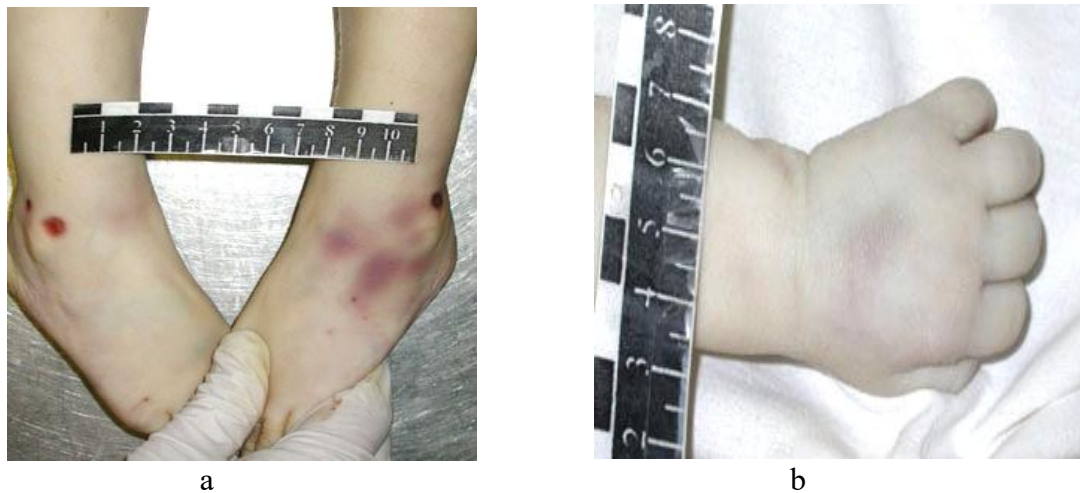


Fig. 2. Focal hemorrhage on the dorsal surface of the foot (a) and left hand (b) of a child, resulting from forceful gripping - likely by a parent or guardian.

In most cases, the consequences of child abuse included open and closed traumatic brain injuries, accompanied by skull fractures (Fig. 3a) and hemorrhages beneath the scalp (Fig. 3b), as well as intracranial hemorrhages with cerebral contusions (Fig. 3c-d).

Most children subjected to physical abuse died due to head trauma with subdural and subarachnoid hemorrhages, both with and without skull fractures. In some cases, fractures were complicated by secondary meningitis; evidence of both old and recent hematomas was present. It should be noted that skull fractures and brain injuries can occur without significant damage to the scalp or soft tissues of the head, or with only minor trauma. Furthermore, the absence of external injuries does not rule out internal trauma. For example, when struck on the head with a broad, flat object with sufficient force to cause brain injury, there may be no visible damage to the scalp, even though radiographic examination confirms the presence of a fracture.

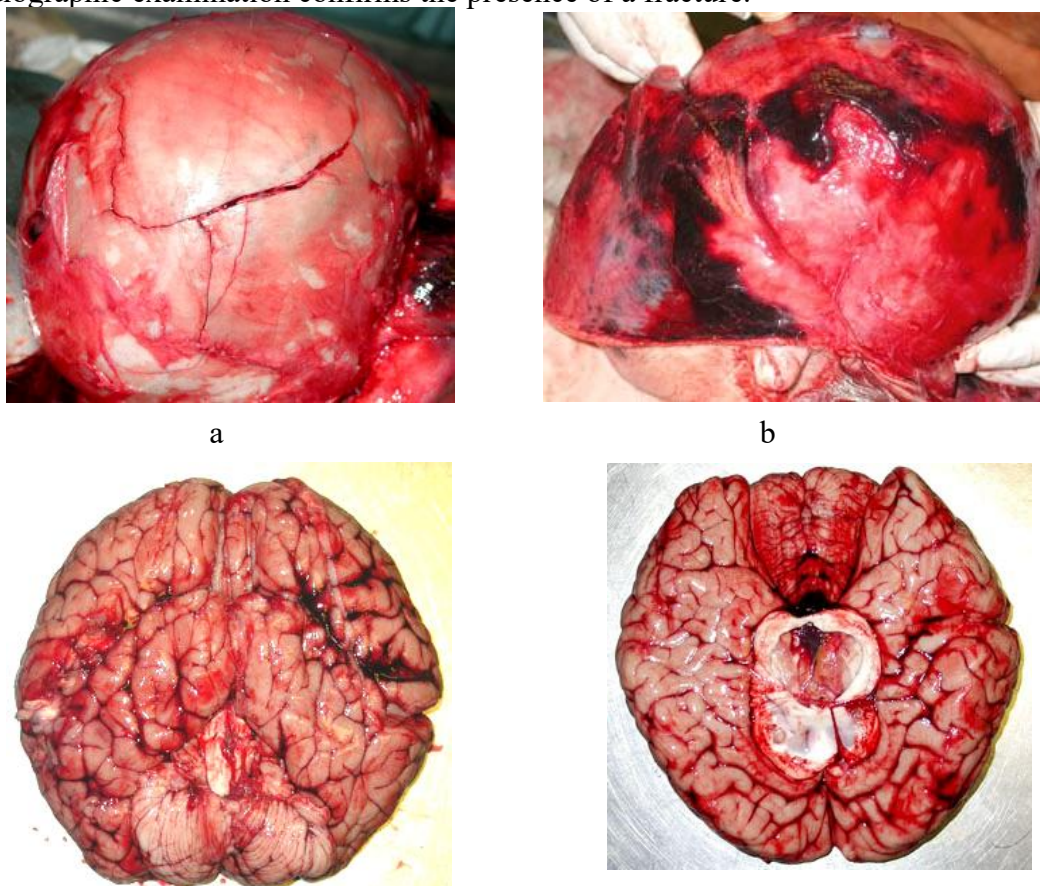


Fig. 3. Skull fractures (a) and hemorrhages beneath the scalp (b) as well as intracranial hemorrhages with cerebral contusions (c-d) in a first-year infant.

Consequences of violent shaking in young children included retinal hemorrhages, as well as hemorrhages in the neck region, mediastinal organs, lungs, and heart, manifesting as subpleural and subepicardial hemorrhages (Fig. 4a, b)

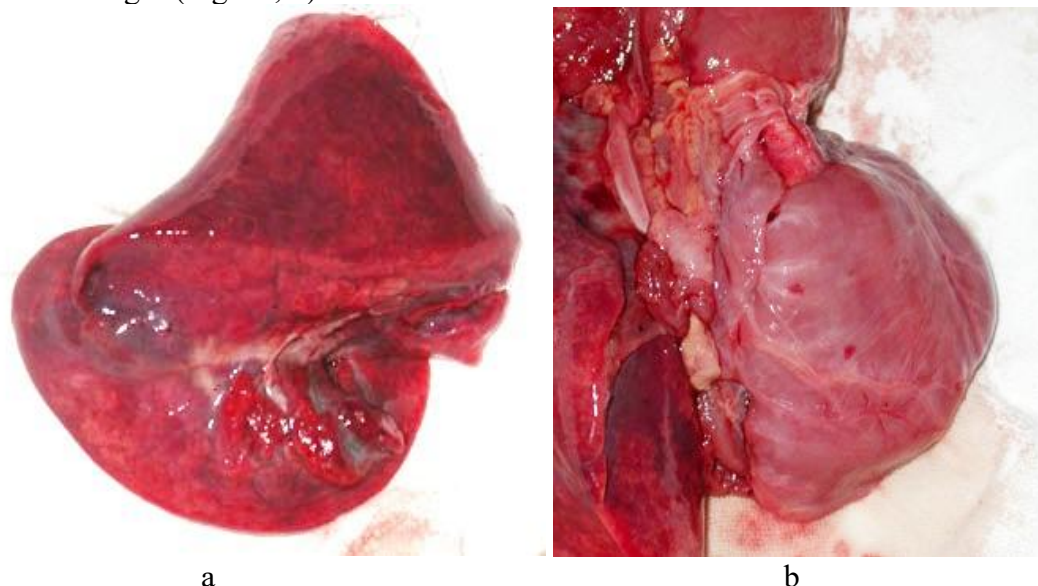


Fig. 4. Subpleural (4a) and subepicardial petechiae (4b)

After head trauma, the most common cause of death in children was injuries to the abdominal organs. In this case, there may not have been any external signs of violence, but autopsies revealed ruptures of the liver, spleen, mesentery, and intestines, with profuse hemorrhages into the abdominal cavity. In cases of isolated intestinal rupture, death was caused by peritonitis.

In one case from our practice, a 3-month-old child had a blunt trauma to the abdominal organs, which resulted in death. During an external examination of the child's corpse, the following were found: 4 bruises on the trunk, 2 bruises on the front surface of both knee joints. Internal examination revealed: hemorrhage in the soft tissues of the abdomen near the navel, ruptures of the right part of the liver, ruptures of the spleen, hemorrhages in the mesentery of the small intestine, hemorrhage in the perirenal fat of the right kidney, hemorrhage in the adrenal gland, blood in the abdominal cavity. Histological examination revealed: leukocyte reaction and intracellular hemosiderin at the border of the injury site in the liver, local subcapsular hemorrhage in the spleen (reaction to intracellular hemosiderin is positive). In hemorrhages in the medulla of the kidneys, in the adrenal glands, in the perirenal fat and in the mesentery of the small intestine - the "Perls reaction" is negative. This allows us to state that the injuries occurred at different times.

It should be noted that the children showed signs of neglect: the child looked cachectic (weak, emaciated), the abdomen and intercostal spaces were sunken, which increased the contour of the ribs, the skin was wrinkled, devoid of turgor. This may also be due to unwillingness to care for or rejection of the child by adults.

Discussion of the results. According to the World Health Organization (WHO), injuries are one of the leading causes of death and disability worldwide, affecting both adults and children. Among children, injuries occur quite frequently, with 90% of cases attributed to unintentional trauma. Based on the location of occurrence, pediatric injuries can be classified into the following types: street-related, school-related, road traffic-related, and sports-related.

It is generally accepted that injuries are least common among infants (under one year of age), while preschool children—under nearly constant supervision by parents or childcare providers—have an injury rate not exceeding 5% of the total. In contrast, school-aged children,

having gained some independence and freedom but lacking sufficient life experience, sustain injuries significantly more often [9, 10].

However, other literature sources [11, 12] indicate that the youngest children face the highest risk: reported cases of violence against children aged 0–4 years are more than twice as frequent as those among 5–14-year-olds.

“Shaken baby syndrome” is a symptom complex that results from squeezing and intensively shaking an infant’s body in the hands of a parent or other person and its combination with hitting the child’s head against a surface. This form is the dominant form of child abuse, with men being more likely to suffer from this type of abuse than women [5]. The prerequisites for such trauma are the anatomical and physiological characteristics of infants: weak neck muscles; large head size compared to the body; wider skull sutures compared to older children; open fontanelles; large space between the brain and the skull, a rapidly developing soft brain, thin skull bones, and increased cerebrospinal fluid. As noted by Mavropoulou T.K. et al. [6], from 2009 p. This condition (“Shaken baby syndrome”) is called “Abusive Head Trauma” (AHT) and includes a set of TBIs caused by the use of force (shaking or direct impact to the body of an infant or young child). Such an injury is characterized by the presence of clinical, radiological and laboratory findings that cannot be explained by the history and are not consistent with the child’s developmental stages [7].

Findings of our study, including bruises, hematomas, and contused wounds on the head, torso, and extremities of first-year infants, as well as traumatic brain injuries and trauma to the neck, thoracic, and abdominal organs, are consistent with the clinical presentation of “Shaken Baby Syndrome”. This term, used in the United States and other countries, refers to children exhibiting: multiple fractures of varying ages, head trauma and severe internal organ injuries with signs of repeated infliction. These findings undeniably represent physical manifestations of child abuse in domestic (family) settings [13,14], particularly during periods of military aggression [15,16].

Conclusions. 1. Forensic examination of young children revealed that physical manifestations of violent acts included bruises, hematomas (hemorrhages), and contused wounds localized in various regions of the head, torso, and extremities. Morphological features indicated injuries of varying ages. In some cases, bodily injuries presented as focal hemorrhages (bruises) on the limbs in the form of adult finger marks, resulting from forceful gripping - likely by a parent or caregiver.

2. In most cases, the consequences of child abuse involved open and closed traumatic brain injuries, accompanied by skull fractures, hemorrhages beneath the scalp, and intracranial bleeding with cerebral contusions.

3. Violent shaking of infants resulted in retinal hemorrhages, neck trauma, and hemorrhages in mediastinal organs, lungs, and heart, manifesting as subpleural and subepicardial hemorrhages.

4. Physical abuse of infants also included abdominal trauma, such as: hemorrhages into the soft tissues of the abdomen, liver and spleen lacerations, mesenteric hemorrhages, perirenal and adrenal hemorrhages, and presence of blood in the peritoneal cavity.

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**СУДОВО-МЕДИЧНА ХАРАКТЕРИСТИКА ТІЛЕСНИХ УШКОДЖЕНЬ ДІТЕЙ ЯК
ПРОЯВИВ ЖОРСТОКОГО ВІДНОШЕННЯ ДО НИХ ТА НАСЛІДКІВ ДОМАШНЬОГО
НАСИЛЬСТВА**

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Резюме. У статті надана судово-медична характеристика тілесним ушкодженням у дітей першого року життя, які були зумовлені жорстоким відношенням до них та стали наслідками домашнього насильства.

Мета дослідження. Надати судово-медичну характеристику тілесним ушкодженням у дітей першого року життя, зумовленим жорстоким відношенням до них та пов'язаним із домашнім насильством.

Матеріал і методи. Матеріалом дослідження були «Акти судово-медичного дослідження» та «Висновки експерта» з архівів Дніпропетровського обласного та Київського міського бюро судово-медичної експертизи з приводу випадків смерті 9 дітей першого року життя, пов'язаних з домашнім насильством. Всі судово-медичні дослідження проводили за загальновідомими методами і методиками у відповідності до вимог, викладених у Наказі МОЗ України «Про розвиток та вдосконалення судово-медичної служби України» від 17.01.1995 р. №6. Кількісні показники були оброблені стандартними методами варіаційної статистики.

Науково-дослідна робота. Дослідження є частиною науково-дослідної роботи кафедри патологічної анатомії, судової медицини та патологічної фізіології Дніпровського державного медичного університету "Патогенез пошкодження центральної нервової системи та внутрішніх органів після впливу екстремальних станів". Державний реєстраційний номер: 0124 U005073 (2025-2028).

Біоетика. Схвалено комісією з питань біоетики Дніпровського державного медичного університету (протокол № 28 від 08.04.2025).

Результати. Були виявлені й описані тілесні ушкодження у дітей першого року життя як наслідки жорстокого відношення до них та пов'язані з домашнім насильством.

Висновки. За результатами судово-медичного дослідження дітей молодшого дитячого віку, фізичними проявами насильницьких дій були садна, синці (крововиливи) та забиті рани, які локалізувалися в різних ділянках голови, тулуба і кінцівок, а за морфологічними ознаками могли мати різні терміни утворення. В деяких випадках, тілесні ушкодження виявляли у вигляді вогнищевих крововиливів (синців) на кінцівках дітей у вигляді відбитків пальців рук дорослої людини внаслідок міцного утримування потерпілих – ймовірно одним із батьків чи опікунів. У більшості випадків, наслідками жорстокого поводження з дітьми були відкриті й закриті черепно-мозкові травми, які супроводжувалися переломами кісток черепа і крововиливами під м'які покриви голови та оболонки головного мозку із забоем його речовини. Наслідками активного струшування дітей першого року життя були крововиливи під мозкову оболонку по конвексимальній поверхні головного мозку, крововиливи у сітчасту оболонку очного яблука, в ділянку шиї, в органи середостіння, легені і серце, які виявляли у вигляді субплевральних і субепікардіальних крововиливів. Фізичними проявами насильницьких дій щодо дітей першого року життя також були ушкодження органів черевної порожнини у вигляді крововиливів у м'які тканини живота, розривів печінки, селезінки, крововиливів у брижі кишківника, у навколонирикову жирову клітковину та наднирники, крові у черевній порожнині.

Ключові слова: судово-медична експертиза, діти, тілесні ушкодження, жорстоке відношення, домашнє насильство.

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