For health workers in hospitals, the two most important issues are:
1. that abusive injuries are recognised and diagnosed
2. that future abuse is where possible prevented by the involvement of agencies such as social services, the police and legal teams working together.

Child abuse and family violence against pregnant women represent a worldwide problem.

Categories of ill treatment and abuse
A new way of looking at this subject divides the ill treatment or abuse into three categories based on the intention of the perpetrators.

Ill treatment resulting from human weakness
This occurs at some time in every family, often without realisation.

Ill treatment resulting from stress
This can involve violence, which is sometimes very severe. Perpetrators are often unhappy, are suffering from an undiagnosed or untreated mental illness, dependent on drugs or alcohol, unsupported, and were often inadequately parented in their own childhood. After violent acts, the perpetrator usually becomes distressed. They do love and care for their victim.

This problem needs professional support that is appropriately led by local social services staff, not punitive legislation.

Abuse that is undertaken for gain
This often involves the most serious and prolonged forms of violence, resulting in great suffering. The perpetrator usually has a psychopathic personality disorder and is immune or insensitive to the suffering of others. Indeed, they may enjoy inflicting emotional or physical pain. Mental illness is not responsible for this form of abuse. Although the perpetrators are aware that what they are doing is wrong, they are gaining from doing it. They will do all that they can to avoid being detected, by employing elaborate and plausible lies, characteristically weaving objects of truth into a latticework of deceit. The perpetrators are usually dangerous and frighten local social workers, health visitors, doctors and other people. They will do all that they can to avoid being detected, by employing elaborate and plausible lies, gaining from doing it. They will do all that they can to avoid being detected, by employing elaborate and plausible lies, gaining from doing it. They will do all that they can to avoid being detected, by employing elaborate and plausible lies, gaining from doing it.

Abuse is usually led by local social services staff, not punitive legislation.

The ‘critical threshold’ is that point beyond which the possibility of ill treatment or abuse must be considered in the differential diagnosis of all children or pregnant women or girls who have suffered an injury and present to hospital.

All professionals who are working with children and pregnant women or girls need to be aware of the clinical manifestations of abuse and do everything that they can to protect their patients from further harm.

Some cultural practices are abusive. For example, female genital cutting (see Section 2.10) not only causes great suffering at the time, but can interfere with future childbearing and sexual relationships.

Abuse and ill treatment occurs across all social classes.

Features of family members known to be associated with ill treatment or abuse

- Is it loving and caring?
- Were any family members themselves abused as children?
- Are the parent(s) of a child young and or unsupported?
- Are the parent(s) of a child single or substitutive?
- Does the parent of a child have learning difficulties?
- Do the parents of a child have a poor or unstable relationship?
- Is there existing domestic violence, drug or alcohol abuse in the family?
- Does the parent of a child have a mental illness (e.g. postnatal depression)?

Critical threshold for concern

Arriving at the critical threshold may be immediate and straightforward (e.g. the finding of bruising on a small infant, or a direct disclosure of abuse from a child or pregnant girl). In some circumstances the situation is less clear (e.g. if there are a number of non-specific signs or indicators, or in cases of neglect). At some point a balanced assessment is required between the provision of family support for a patient who is judged to be ‘in need’, and taking action directly to protect them.

The “critical threshold” is that point beyond which behaviour(s) towards a patient can be considered to be ill treatment or abuse, and beyond which it becomes necessary to take action. That is the time to raise concerns with the parents, carers and/or family and the time to refer to the statutory agencies (either social services or the police, depending on the local legislative system).