



# Strengthening the role of children's emergency services in the prevention of peer abuse

To the Editor,

Peer abuse is harmful and aggressive behavior exerted continuously and recurrently by an individual or a group on another person of about the same age who is weaker in which strength is abused. This aggressive behavior may emerge with different clinical pictures ranging from emotional trauma to physical trauma and even mortality (1). Children who are exposed to peer abuse and especially the ones with findings of physical injury present to pediatric emergency services. Pediatric emergency physicians should play the role of a bridge by providing assessment of the findings of physical trauma of the child who is the victim as well as assessment of acute and potential chronic psychiatric problems. This case was presented to increase the level of awareness of the physicians who work in emergency services which are the primary centers where children exposed to peer abuse are presented.

A 17-year old girl who was attacked in school presented to the pediatric emergency service in accompaniment of her parents. It was learned that the subject was exposed to verbal attack primarily and physical attack secondarily. On physical examination, no pathological finding was observed except for tenderness and limitation in mobility in the neck. Her radiological tests were found to be normal. A forensic report was prepared and the subject was started to be followed up by the Child Psychiatry and Child Protection Unit. It was learned that the subject was recorded to another school 3 months ago because of change of residence. The family stated that their daughter did not wish to attend school recently, her academic success decreased and they evaluated this status as the adaptation process for the new school. In the interview with the subject, it was learned that she was being indirectly abused (threats, insinuations and glares) for about three months by a group who terrorized school and exhibited aggressive behavior. In the following interviews, it was learned that the subject was molested by hand by an adult male who was a friend of the family three years ago, but she could not tell this event to anybody since she was scared. The subject is still being followed up by the Child Protection Unit and Department of Child Psychiatry.

Peer abuse is an important public health problem. Repeated attitudes and behaviors directed to harm a weaker individual at about the same age by a stronger individual and group are evaluated as peer abuse (2, 3). In individuals who are exposed to peer abuse, increased risks of depression, anxiety, substance abuse, suicide attempt and delinquency are observed frequently in addition to physical trauma (3, 4). In addition, it should be kept in mind that children who present to emergency services with repeated non-specific physical complaints might have been exposed to peer abuse (1). Children who are found to have unexplained physical injuries, who have low academic success, who have learning difficulty, who do not wish to attend school and who appear sad and depressive are under risk (1, 3). It has been emphasized that peer abuse is a considerably serious threat for our country and prevention and intervention programs should be developed. Our subject was exposed to verbal abuse primarily and physical abuse secondarily. It was learned that the academic success of our subject considerably decreased in the new school she started and she did not wish to attend school. However, these early warning signs which were interpreted as a school adaptation process were ignored by the family and early intervention and support were delayed. Therefore, such complaints should be cared about and the subjects should be evaluated in terms of peer abuse. Child victims are usually sensitive and anxious and have a low self-confidence. Children who have weak family relations, who have been exposed to neglect and abuse, who have chronic disease or disability constitute the target group for peer abuse (3, 5, 6). Our subject had no physical defect, but she had been exposed to sexual abuse before, hid this event, since she was scared and blamed herself. The self-confidence of our subject who was not supported at the time of this first event she experienced decreased, her strength to cope with other problems decreased and she became a target for peer abuse. Peer abuse should not be evaluated as a transient, harmless and normal part of development by physicians working in emergency services who primarily meet child victims. According-

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**Received:** 08.04.2013 **Accepted:** 17.05.2013

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DOI:10.5152/tpa.2014.1026

ly, the care of the children in question should not be terminated at discharge and a multidisciplinary approach together with child psychiatry and social units should be planned and initiated. If physicians working in pediatric emergency departments recognize peer abuse and start the necessary initiatives supporting the child at risk, they would play a very important part in solution of this public health problem. Therefore, the level of awareness of physicians working in pediatric emergency services should be increased in the scope of peer abuse prevention and intervention programs.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept - S.O.; Design - S.O., F.K., D.T.; Supervision - D.T., E.S.; Data Collection and/or Processing - S.O., F.K.; Analysis and/or Interpretation - S.O., D.T.; Literature Review - S.O., F.K.; Writer - S.O., D.T.; Critical Review - E.S.; Other - S.O., F.K., D.T., E.S.

**Conflict of Interest:** No conflict of interest was declared by the authors.

**Financial Disclosure:** The authors declared that this study has received no financial support.

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