

Definitions and an Epidemiological Approach to the Frequency of Child Abuse

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In most countries, including France, the epidemiology of child abuse is nearly nonexistent, especially as concerns measuring the size of the problem. This difficulty in calculating frequency is largely linked to the absence of any real consensus on the definition of abuse, both internationally and nationally.

The most easily read definition for the public and the media, but also for health professionals, is the one describing abuse as a serious chronic illness with early onset, made up of a group of clearly identified pathologies: physical abuse, sexual violence, psychological abuse and negligence. In fact, the definition of child abuse should be broadened and include all situations in which the fundamental needs of infants and young children are not recognized. For example, we know that early and

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massive emotional deprivation has a harmful effect on a child's development. Indeed, international scientific literature shows that long-term consequences of abuse are similar in all countries and emphasizes the seriousness of psychological violence, neglect and cases of emotional deprivation, even in the absence of physical abuse. Under-investigation, non-diagnosis, no reporting or dissimulation of child abuse lead to a major risk of repetition of violence.

What do we presently know about the extent, causes and consequences of child abuse? In fact, we know very little. In this chapter, we propose to consider the epidemiological approach to the frequency of child abuse in France as an example. Data from other countries show the rarity and even the absence of studies on child abuse in defined populations. For example, studies on abusive head trauma are based on data from limited and varied sources (forensic medicine, medical facilities, the press, etc.) [1].

Public authorities regularly make quasi-ritualistic statements on the seriousness of the problem and the necessity of reducing it, but there is no possibility of basing strategies of prevention, screening or care on reliable statistical and epidemiological data. In fact, for the wider public and even for some professionals, the principal source of information remains the media, and child abuse is reduced to the juxtaposition of anecdotal news items. These conceal a very real problem of society and public health and contribute to relieving parents that raise their children in a violent manner of any responsibility since they 'don't go that far'!

As with any pathology, the epidemiology of child abuse has three principal study objectives: calculate the frequency, identify risk factors and determine the long-term consequences. Reaching these objectives assumes in the first place that an agreed-upon definition of this pathology exists, which is far from being obvious. What are we talking about when we speak of child abuse?

2.1 Definitions

Until the law of March 5, 2007, reforming child protection¹ services, definitions used by the Decentralized Observatory of Social Action (ODAS) were the ones most used, and they are not obsolete [2]. Three groups of children are identified:

- 'Children at risk of abuse: any child living in conditions that endanger its health, safety, morality, education or care, without necessarily being abused
- Abused child: any child who is a victim of physical violence, sexual abuse, psychological violence or serious neglect with severe consequences for his or her physical and psychological development
- Child in danger: a category grouping together the two preceding ones'

¹ In France, child protection is decentralized at the level of the Department (basic territorial administrative unit) which is run by the General Council. Since the 2007 law, child protection activities are under the responsibility of the CRIP (Departmental Unit for Gathering Information of Concern), and statistical data are compiled by the Departmental Observatories for Child Protection (ODPE).

The definition used in articles recently published by the journal *Lancet*, which sets the average frequency of child abuse at 10% of children in several high-income countries [3], is as follows: ‘Any act of commission or omission by a parent or other caregiver that results in harm, potential for harm or threat of harm to a child. Harm does not need to be intended’ (p. 8). We can see that, compared with this definition, the French definition of ‘child abuse’ is very restrictive and that a child deemed ‘at risk’ is already a victim of a type of abuse. This is the point of view that prevailed in discussions of the National Committee on Child Protection during the preparation of the law of March 2007: the notion of danger took precedence over that of abuse.

The 2007 law [4] also introduced the notion of information préoccupante (IP) or ‘information of concern’, presently defined as ‘any information, including medical, which may lead to the fear that a child is in a situation of danger or in risk of danger, that it may be in need of assistance, and which should be communicated to the departmental unit for evaluation and follow-up’ [5]. While the IP does not define the abuse or danger, but should rather be seen as a professional tool for evaluating the seriousness of a situation—not to be confused with confirmed abuse, which must be reported to judicial authorities—it is clear nevertheless that this IP refers to a definition of danger.

In fact, there are several reasons to use a broad definition of abuse: (1) the international scientific literature shows that the effects of repeated humiliations (‘you’re worthless; you’re brainless; you’ll never amount to anything; etc.’) are often more harmful than blows in the long run, especially in terms of socialization [6]; (2) publications also point out the seriousness of neglect and isolated emotional deprivation, without physical abuse; and (3) homicide is not an extreme form of abuse, but rather abuse that’s gone wrong. When abusive parents are compared with parents who are perpetrators of filicide, they show common characteristics. A chronically beaten child goes suddenly from being a victim of abuse to being a victim of homicide. It can thus be stated without hesitation that, when it comes to maltreatment, there is no such thing as harmlessness, and a definition of abuse should be based on recognition of the needs of the child. It is well known that young children can only grow, develop and become socialized and responsible adults when their physical, affective and educational needs are met by those people that take care of them, generally their parents. Disregarding this rule thus constitutes a form of maltreatment, which is confirmed by the daily experience of those caring for children who are victims of abuse.

It is thus necessary to conceptualize child abuse using two complementary approaches: that of meeting (or not meeting) the basic needs of the child, which leads to reflections on primary prevention (the earliest possible screening for risk factors and recognition of danger before the advent of abuse itself), and that of a serious chronic disease, an approach that is more meaningful for medical professionals and the public.

The following text will specifically examine the evaluation of frequency, to the exclusion of the identification of risk factors and long-term consequences. Indeed, there is a real need to understand the statistical situation in France (method of gathering information, institutions involved) in order to consider the means needed to truly know the magnitude of the problem. On the other hand, risk factors and long-term consequences are not very different from one country to another and are the subject of a very rich scientific literature, most of which is in English.

2.2 The Estimation of Frequency

The obligation to maintain epidemiological data on abuse is over 20 years old, since it was the law of July 10, 1989, relative to the prevention of abuse to minors and the protection of children [7] that set up a departmental system of reporting abuse [and] entrusted the General Council with developing this ‘a permanent system to enable gathering information on abused minors’ using a criterion other than that of ‘danger’: that of ‘abuse’. As noted above, the law of March 5, 2007, expands the activities of children’s social services to minors and their families facing ‘difficulties that endanger the health, safety and morality of these minors or seriously jeopardize their education or their physical, affective, intellectual and social development’. Depending on what information source is consulted, reference is thus made either to danger or to abuse or to both, a point that will be systematically specified in what follows.

2.2.1 The Most Recent Official Figures Available

There are several public institutions responsible for compiling data on endangered or abused children [8]:

- Within the framework of decentralization and up until 2006, the Decentralized Observatory of Social Action (ODAS) managed statistics on children in danger. According to that organization, there were 98,000 children in danger in 2006, 19,000 of whom were abused [9].
- The tenth report of the National Observatory of Children in Danger (ONED) [10], dated May 2015, indicates that as of December 31, 2012, 284,050 children under 18 years of age benefited from at least one administrative or judicial measure, giving a rate of 1.95% for that age category (from 1 to 3.8%, depending on the Department).
- According to the National Observatory on Delinquency (OND), which has become the National Observatory on Delinquency and Penal Actions (ONDRP), statistics from the police and national gendarmerie noted 6038 cases of ‘abuse and abandonment of children under 15 years of age’ in 1996 and 17,889 cases in 2011 [11].

As concerns fatal abuse, in 2011 the ONDRP counted 58 cases of homicide of children under 15 years of age, and the CépiDc at Inserm² counted 41 cases.

Some of these figures give an idea of the seriousness of the problem. Thus, nearly 2% of the general population of minors less than 18 years old is cared for by social assistance for children (ASE), a worrying percentage. And what is to be said concerning figures for abused children identified in police statistics that have tripled between 1996 and 2011?

²CépiDc—Inserm: Center for the epidemiology of medical causes of death of the National Institute of Health and Medical Research. This is the Inserm service that ensures preparation of national mortality statistics.

However, all calculations of rates of abused children (depending on the data source) in the population at risk end up with figures of around 1 for 1000, very low rates and hardly realistic given what we know about abuse in other countries of comparable levels of development [3]. In addition, it is clear that the figures do not agree with each other, as can be seen immediately in figures of homicides according to their two official sources, with the figure from Inserm being lower than that from the OND/ONDRP for each year [11, 12].

2.2.2 The Lack of Consistency in the Data

This is clear from the figures in Table 2.1. It reports figures from 2002 since that is the last year for which a comparison between data sources can be made, as 2001–2002 was the last school year for which national figures are available.

Thus, we see much higher numbers proposed by the National Telephone Answering Service for Abused Children (Snatem, n° 119) than for any other information source, which is easily explained by the functioning of this service, whose anonymous calling system is responsible for numerous duplications, to which are added silent calls, prank calls or slanderous accusations. One can see as well that figures from within the same institution, Ministry of National Education, do not agree. Data for the second level of teaching are not the same depending on whether the report of abuse was made by a physician or by a social worker. In addition, there is no guarantee that the majority of cases are common to the two sources, medical and social. How can such disagreement be explained?

2.2.3 The Causes of Inconsistency

There are several causes and we can principally cite:

- Variable definitions (danger or abuse, etc.). Thus, referring to Table 2.1, National Education and the Snatem use those applied by ODAS; figures presented by the police and national gendarmerie refer to the penal offences of ‘violence, abuse

Table 2.1 Children in danger and abused: Number of cases according to information source in 2002 (school year 2001–2002 for data from Ministry of National Education)

Sources of information	Children in danger (N)	Abused children (N)
National education		
Physicians	44,980	16,103
First level	16,024	8340
Second level	28,956	7763
Social workers (second level)	14,947	6942
Snatem		31,913
ODAS	86,000	18,500
Police and national gendarmerie		27,109 ^a

^aThat is, 10,064 abused and abandoned children under 15 years of age, plus 17,045 cases of sexual violence of minors under 18 years of age

and abandonment of children under 15 years of age’ and ‘sexual violence on minors under 18 years of age’.

- Different units of observation according to the source: children (National Education), the complaint (the police), the telephone call (Snatem) and the report of abuse (ODAS).
- Different age categories: students at the first and second levels for National Education, minors under 18 years of age and young adults 18–21 years old for the Snatem and ODAS, and, for the police and the national gendarmerie, minors under 15 years of age for abuse and those under 18 years of age for sexual violence.
- Inclusion of diverse geographical zones. For the four sources listed in Table 2.1, in theory these are national data, but with non-negligible variations: all of the school districts for National Education (including overseas departments) calls to 119 in the national territory for the Snatem, 93 departments out of 100 for ODAS and metropolitan France for the police and national gendarmerie.

All these problems result both in the missing of cases and double counting, as well as in trends impossible to understand (real increase or decrease in the number of cases or changes in practice, notably in reporting abuse). The proposed rates appear in fact to be of debateable value and of uncertain variability. Thus, as concerns children in danger, rates go from 2.7 to 11.8 per 1000 depending on the departments, according to ODAS in 2006 [9]. Finally, only data that are relatively old and that have not been updated are available in France.

2.2.4 Attempts at Better Knowledge of Statistics

The National Observatory of Children in Danger (ONED) was created in 2004 with the specific mission of contributing ‘to collecting and analysing data and studies on abuse.... [...] to giving consistency to different data and information, to improving knowledge of phenomena of abuse’.

In its 2005 report [13], among the goals declared by ONED were ‘counting children in danger and analysing changes in that population’ and ‘constituting a data base enabling the construction of representative samples for more specific studies’.

Following the law of March 2007, the CRIP was created to better coordinate and centralize data. Problems of double counting and missed cases should thus be avoided since the courts are required to send a copy to the CRIP of reports of abuse made directly to the judicial system. Finally, the law reinforces the role of ONED in the national system of numerical data production by instituting the obligation of transmitting data produced by the departmental observatories of child protection (ODPE).

2.2.5 The Present Situation: A Decline in Knowledge About the Problem

In spite of the ambitious goals of ONED, in spite of legal requirements, we are presently confronted with a veritable desert as concerns statistics. Indeed, as we have

seen, the last national figures date from 2006 for ODAS and 2002 for National Education. As concerns ONED, it has not yet been able to fulfil its role as a statistical observatory, which requires laborious work of compilation and organization of statistical data received from all the pertinent sources. These include the CRIPs, ODPEs and general councils, the judicial sector and the health sector (notably hospitals and the C  piDc).

A large part of the seventh report of ONED in March 2012 [5] is devoted to results of a study on changes in IPs. There were no local or national figures on IPs in the report, but rather a very detailed reflection on the biases encountered. Thus, it is pointed out that 20% of departments count only a single IP for one sibling group. It also seems that the number of IPs increased between 2007 and 2010, mainly because of better visibility of the CRIP and the development of partnerships (62% of the causes for the increase). However, one cannot help but note that, for the time being, there are no statistical data that can be compared with those furnished up until 2006 by ODAS.

While there is information in the ONDRP report for 2011 [14] on changes between 2005 and 2010 on the number of minors implicated in violence towards others, on the other hand, it is more difficult to find data on minors as victims. This situation is not recent, and access to statistics on homicides of children since the 2007 report has become complicated, as is the case for statistics on sexual violence towards minors since the report of 2008.

The Office of Health, Social Action and Safety, in the General Directorate of School Teaching (DGESCO) in the Ministry of National Education produced a report entitled 'Educational, social and health policy in favour of students: Some statistical data, 2008–2009'. It is the most recent statistical document on the health of students. The results of the obligatory sixth year health check-up show that, among the pathologies identified, 8% were 'psychopathologies,' and abuse was not mentioned. In the chapter on child protection, it is noted that there were transmissions of an IP or a report of abuse for 31,866 children during the school year or a rate of 3.2‰ (from 1.7 to 5.2‰ depending on the school districts). Seventy-six percent of transmissions were to the president of the General Council. Selection bias is probable. Thus, the highest rates are noted in middle schools and Regional Centres for Adapted Learning (EREA), and the lowest are in preschools and elementary schools, which is surprising considering that abuse usually affects the youngest children [15]. Similarly, the overrepresentation of single-parent families may be explained by the fact that danger is looked for in them more often than in other families or even that they are considered as constituting a dangerous situation as such [16]. Thus, whether it concerns the EREA or single-parent families, one has the feeling that one finds what one looks for, based on stereotypes circulated as much by professionals as by the media!

This report for 2008–2009 cannot be found on the Ministry's site, nor can any statistical data on health, a situation that prevents comparison with much more detailed figures from the years prior to 2002. On the general site of the Ministry, as well as on Eduscol, a site intended for 'informing and accompanying education professionals', but also open to the general public, there is considerable information relative to the protection of children (practical advice for screening, numerous

references to laws and circulars as well as to articles in the Code of Education). However, it is not possible to obtain statistical data on children in danger and abused. This seems surprising since National Education is the main transmitter of information of concern, and one-third of IPs originates with the school sector. The only statistics' concern is academic results.

According to CépiDc data, child mortality from homicides appears to have decreased recently [12]. Thus, the average annual number of homicides has gone from 51 for the 2000–2006 period to 35 for the 2007–2013 period among children less than 15 years old. These figures are, respectively, 16 and 11 for the first year of life. Since the recommendations from the High Authority on Health (HAS) for managing unexpected deaths of an under-two infant [17] have not yet actually been evaluated by the 'national' study that took place in only 17 departments that volunteered—representing 38.5% of births in France [18]—their role in this decrease in infant homicides is not known. One fact remains constant, the overrepresentation of infants under 1 year old among those dying from homicide, and this is a long-standing phenomenon. In 1993, the last year for which specific statistics on infanticides³ are available, data from the police and national gendarmerie showed that these accounted for 3.8% of all homicides whereas under-one infants made up only 1.2% of the total population.

2.3 The Underestimation of Abuse

Several converging indices lead to the supposition there is an underestimation of the problem. For example, we can cite: the evident disinterest of the child protective services in the health sector as a potential source of information, the numerous selection biases mentioned in the figures shown above, the difficulty of ascertaining some types of abuse that are less visible than physical abuse (neglect, psychological violence) or hidden (violence in the upper social classes, etc.) and the imprecise border between 'ordinary educational violence' and abuse.

2.3.1 Is There Proof of This Underestimation?

The well-documented assertion that the constellation 'abuse-neglect' affects an average of one out of ten children, depending on the high-income country studied [3], gives an idea of the size of the underestimation. For reasons related to the availability of cases, this has been measured primarily for homicides [19, 20] and mainly for infanticides [21–23]. This measure was the principal objective of the retrospective study carried out in three French regions (Brittany, Greater Paris Region, Nord-Pas-de-Calais) by Unit 750 of Inserm,⁴ on 'suspicious deaths in under-one infants'

³Infanticide: homicide of a child under 1 year of age.

⁴Inserm U750/Cermes: Centre for research in medicine, science, health, mental health and society.

[15, 23]. During the study period of the research (1996–2000), there were, on average, 17 cases of infanticides per year nationally according to statistics from the CépiDc, but the results of the Inserm study lead to estimating this figure to be closer to 255 cases a year.

2.3.2 Causes of Underestimation Related to the Health System

2.3.2.1 The Limited Contribution of the Health System in Counting Cases of Abuse

All abused children go through the health system sooner or later, since parents are often forced to take them to emergency services or to a private practitioner. And yet, the system for assessing the number of children in danger and abused excludes the health sector, aside from consideration of reports of abuse sent by it. At present, no useful routine data come from this sector:

- There are no statistics relative to emergency service consultations.
- Nor any statistics in the private medical care sector.
- In case the child is hospitalized, the diagnosis can be found, thanks to data in the Hospital Information System (HIS), but these are in fact unusable. Indeed, only the nature of traumatic lesions is taken into account, not their accidental or intentional cause. WHO's International Classification of Disease codes X85–Y09 (assault) are not used since 'they have no effect on the value of the stay', the HIS data being used for determining what to charge for the act.
- Compilation, at the national level, of detailed data from National Education school health teams is no longer done.
- Certification of violent death is attributed to erroneous causes in a significant number of cases, as the Inserm study on infanticides has shown [15, 23].
- Improvement of mortality statistics is difficult because there is a lack of transfer of final results of scientific investigations from hospitals and forensic institutes to the CépiDc—Inserm.

2.3.2.2 No Diagnosis or Under-diagnosis

Failure to recognize abuse (fatal or not) may have various causes: a lack of competence and problems in training, insufficient investigations, no recourse to scientific publications and 'gaze aversion' [24].

The signs and symptoms of abuse and their risk factors, especially among young children, are not well known by all physicians. In France, nearly 80% of 3-year-old children are followed by general practitioners. At present, the latter hold a diploma in special studies (DES) in general medicine (MG) in which a real effort is made at theoretical training on the problem of child abuse. However, questions arise first of all concerning conditions surrounding practical training in paediatrics and, secondly, with regard to wide variation from one medical school to the next in the number of hours devoted to teaching on abuse, something which depends solely on teaching staff, who may find the topic highly interesting or on the contrary get rid of the chore as fast as possible.

If abuse is suspected, or even observed and asserted, another difficulty may be encountered before a rigorous diagnosis is established: the lack of expertise in paediatric forensic medicine in France. It is rare that specialists of adult forensic medicine have received specific training on the anatomy and physiology of the infant, notably as concerns the brain.

In the study on infanticides carried out by Inserm Unit 750, shortcomings in medical and forensic examinations were striking, both at the hospital level and at that of the judicial system. Thus, in cases where the final accepted diagnosis was sudden infant death syndrome, the rate of autopsy was only 51% in the hospital part of the study and 59% in the study among the courts. Furthermore, it is well known that some homicides leave no visible trace on the body of the victim, but in the same study, investigations appeared to be carried out less often when the clinical examination found no external traumatic lesions. This was highly statistically significant for cranial X-rays and brain scans in particular.

There is a lack of sharing of scientific knowledge among the various professionals concerned with children, and some medical ‘messages’ are clearly not communicated to professionals of child protective services, nor to those in the judicial system, for example, as concerns the impossibility of evoking ‘sudden unexpected death in infancy’ in the absence of any autopsy or as concerns the characteristics of lesions specific to so-called shaken baby syndrome (SBS).

The term ‘gaze aversion’ refers to the inability of a physician to imagine and accept a diagnosis of abuse [24]. This is an international and unchanging phenomenon. In 1962, the American paediatrician Henry Kempe published ‘The battered child syndrome’ in JAMA [25], an article that had considerable impact. He spent the rest of his career helping to develop legislation requiring the reporting of child abuse, which emerged in 1974. And in 1983, 1 year before his death, on observing his interns, Kempe felt that ‘the common denominator was the denial of child abuse by these fine young doctors who simply could not imagine the facts of life’ [26].

2.3.2.3 Not Reporting Abuse

Any analysis of the multiple causes for not reporting abuse should always be done while keeping in mind that there are two distinct professional contexts: that of the hospital physician (who can depend on social services, a hospital director, colleagues from various specialities, a psychologist, etc.) and that of the private practitioner (paediatrician or generalist) who works in the solitude of his or her office.

Physicians can choose not to report abuse for numerous and divers reasons: fear of losing a client, empathy with the families, fear of prosecution for wrongful reporting, fear that child protective services fail and the inability to report abuse from within one’s own social class [27], which contributes to dissimulating very real child abuse in more well-off social classes. The illusion of control of the situation and the inability to relinquish the case are motivations found in hospital teams, who often consider that their multidisciplinary structure and the support of the hospital will allow them to resolve the child’s and family’s problems without outside help.

The adoption of the 2007 law is difficult for some physicians who find themselves faced with new structures, rules and definitions (IP, CRIP). At present, hospital physicians and private practitioners appear to choose to address themselves to either the CRIP or the court, based not on the urgency or seriousness of the case as intended but as a function of the quality of relationships already established with the director of the CRIP or the state prosecutor.

2.3.2.4 Problems of Arriving at a Consensus on Definitions (Abuse, Accident, Neglect?)

These play a role in evaluating the necessity of reporting abuse and, globally, in the recognition of abuse. The terms don't have the same meanings from one physician to another, or for physicians and the courts, and therefore don't lead to the same decisions being taken. Differences in interpretation principally concern SBS (always considered by some physicians as an 'accident') and situations exposing a child to a grave danger such as leaving a baby alone in a bath or with a large dog or a very young child left alone in a residence with stairs or an unprotected swimming pool. If the child suffers serious harm, or even dies, some will speak of 'a lack of supervision', others of an accident, but rarely of 'serious neglect', fatal or not.

2.3.2.5 Under-investigation, Non-diagnosis, No Reporting, and Dissimulation: Major Risks for Repetition

In the Inserm U. 750 study [15], 54% of infants who died from SBS were chronically abused. Out of 70 children with siblings, 11 had brothers or sisters who were victims of abuse and serious neglect and/or were followed by social services. Six had 11 brothers or sisters who died in a violent death.

2.4 In Conclusion: How Can We Improve Epidemiological Knowledge of Abuse and, Beyond That, of Danger?

The number of children in danger, or even abused, will be better known if there is an improvement in screening for risk of abuse and detection of abuse itself and if we succeed in creating a multi-institutional system for gathering statistical data. The necessary tools for these strategies exist and need to be strengthened. The fourth-month pregnancy consultation, written into the 2005–2007 Perinatal Plan and in the 'Perinatal Period Recommendations' for physicians from the High Authority on Health (HAS), is part of the 2007 law under the title 'systematic psychosocial consultation' (voluntary). Its aim is to screen for risk factors of child abuse and may give rise to home visits in the postnatal period, with the parents' consent. An initial evaluation of this practice, carried out in the context of the 2010 National Perinatal Study, showed that, unfortunately, only 21.4% of women said they attended it [28].

Screening for danger of child abuse rests primarily on school health check-ups, which are described in the 2007 law: a health check-up for children aged 3–4 years (recommended to be systematic, but not obligatory); obligatory consultations, at

no cost to families, at the 9th, 12th and 15th years during which a physical and psychological health check-up should be carried out. It should be noted however that the legal decree enabling these measures to be financed had not yet been issued as of the end of 2015. In addition, there has been a veritable unravelling of the school health system in the past few years, and it has become a moribund structure due to job cuts.

The role of all health-care professionals, especially general practitioners, in screening for risk factors and signs of child abuse, was defined in recommendations by the High Authority on Health in 2014 [29].

Finally, it is ONED's responsibility to ensure the creation of a statistical data base, born from the collaboration of all the actors involved, especially the health system.

Objectives such as these assume that public authorities reinvest in children as persons and as persons who deserve respect.

Key Points

- The definition of child abuse should be broadened and include the notion of a child in danger: at risk of abuse or abused.
- Homicide is not an extreme form of abuse; it's abuse that's gone wrong.
- The scientific literature emphasizes the seriousness of psychological violence, neglect and isolated emotional deprivation, in the absence of physical abuse.
- Risk factors and long-term consequences of abuse are similar in all countries.
- The combination 'abuse-neglect' affects one out of ten children in 'upper-income countries'.
- The situation concerning statistics in France leads to an underestimation of figures on child abuse.
- Under-investigation, non-diagnosis, no reporting or dissimulation of child abuse leads to a major risk of repetition of violence.
- In France, obtaining better epidemiological understanding of child abuse, necessary for developing public policies and their evaluation, depends on considerable improvement in the training of health professionals in recognizing situations dangerous to children as well as on the setting up of effective statistical tools for epidemiological surveillance that are able to process data (without misses or repetitions) provided by several sectors: health services, social sectors, schools, police, the justice system, etc.

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