Dr. Hani Jahshan MD
www.jahshan.org

Senior Forensic Pathologist
Bahrain Defense Force

Child Neglect

Medical and Legal Perspectives

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Why neglect has not received the attention it deserves ?
Why "Child Neglect" is neglected (practice and research)?

- The typically vague definitions make it an unclear phenomenon.
  - What constitutes neglect?
  - How to identify it?
  - How to respond?
- The strong association between child neglect and poverty induces a sense of hopelessness among professionals.
- Neglect does not provoke the shock and outrage of Violence and Abuse.

Reality about Neglect:

- Professionally it is common cause of Morbidity and Mortality.
- Our opportunity to intervene and protect children.
- Our responsibility according to ethics and law.

Child Neglect Definition

Simplified Definition

- Child neglect: not adequately meeting child's Basic Needs resulting in actual or potential harm.

- Basic Needs: adequate food, clothing, health care, supervision, protection, education, attention, and shelter.

Child Neglect Definition

A condition in which a caretaker responsible for the child…
…either deliberately or by carelessness…
…permits the child to experience avoidable suffering and/or…
…fails to provide one or more of the basic needs generally considered essential for developing a person's physical, intellectual, and emotional capacities, that result in actual or probable suffering.

Child Neglect Definition

WHO Definition 1999 (Comprehensive Definition)

...the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions…

…in the context of resources reasonably available to the family or caretakers and…

… causes or has a high probability of causing harm

to the child's health or physical, mental, spiritual, moral or social development.

This includes the failure to properly supervise and protect children from harm as much as is feasible.

Child Neglect Definition

UNVAC Definition 2006

Neglect means the failure of parents or carers to meet a child's physical and emotional needs when they…

…have the means,…

…knowledge and…

…access to services to do so; …

or failure to protect her or him from exposure to danger.

Government Role

Governments have commitment on welfare of children to affect:

1) Perinatal and infant mortality.
2) Immunization.
3) Child heath.
4) Prevent child abuse and neglect.
5) Prevent drug and substance abuse.

… and improvement of social conditions:

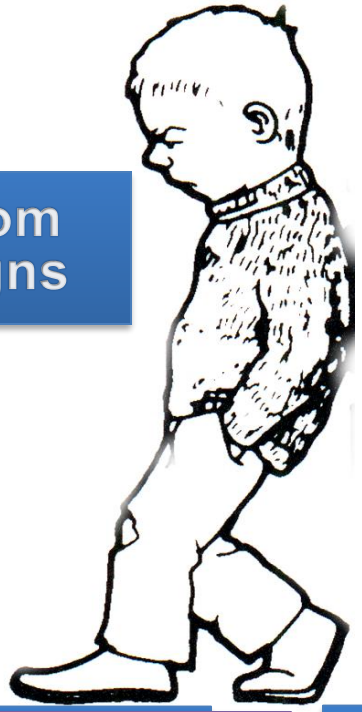
1) Unemployment
2) Poverty
3) Poor housing or homelessness.

Government Vs Family

Medical Help

Health Issue

Symptom and Signs



Genetic make up

Physical Environment

Social Environment

3 Less access to services

1 More Risk of Illness

2 be recognized

Disadvantaged Families

4 Less likely to respond

Poverty and Unemployment Poor housing Inequality

Essential Issues

- We will adopts a comprehensive view of roots and risk factors (causes) of neglect.
- Offers a constructive approach to protect children & improve their well-being without blaming parents.
- Encourages of a broad arrangements of interventions.
- Fits with the mandate of public health approach.

Child Needs

- Children have differing needs at different ages.
- Basic needs: Nutrition, shelter and housing, safe environment, security, personal identity, affection, education, life-scales training, and health services.
- Protection from illness, accidents, cruelty, exploitation, and discrimination.
- Opportunity to learn, plan for career, to achieve success, to become self-disciplined, to achieve independence.

* Needs best provided by 2 parents who care for each others as well as for children.

Child Needs

Newborns

- Rearing babies in 24 hrs. 7days a week commitment
- Essential needs: Food, comfort, company, sleep, affection, and movement.
- Depends on: Knowledge of parent, social and cultural influences. (i.e. Swaddling),
- Education in school will help future parents.

Toddlers

- Safety to enable freedom to explore.
- Communication
- Primary health care at well-baby clinic: vaccination, developmental screening.

Prescool child

- Learning opportunities in the environment.
- Learn to eat by himself.
- Toilet training.

Child Needs

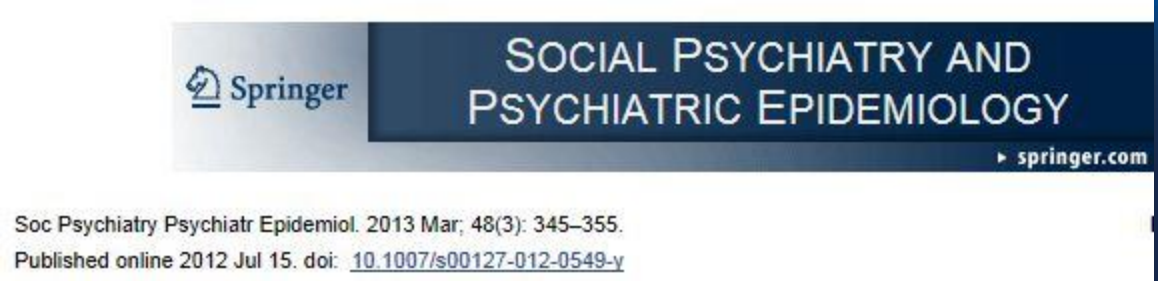
Schoolchild

- Learning to holed pencil etc..
- Able to separate from parents
- Learn to form relationships with peers and adults.
- Training on personal care by himself.
- Training on organizing their living space at home.
- Learn to abide with schedules at home and school.
- Role out visual and hearing impairment.
- Learn to be independent (activities outside home)

Teenager

- Lear that they have limits for their behavior.
- Learn to tolerate others.
- Constant love and support, avoid rejection
- Needs a good role model adult.
- Need advice on health issues, sexuality, drugs, careers..

Epidemiology of Child Neglect



1. In the existing literature, prevalence rates of child neglect ranged from 1.4 % 1 to 80.1 %.
2. Meta-analytic review of the prevalence of neglect: The overall estimated prevalence was 163/1,000 for physical neglect, and 184/1,000 for emotional neglect, with no apparent gender differences.
3. 16 publications for physical neglect including 59406
4. 13 publications for emotional neglect including 59655
5. 29 publications for neglect 119061
6. These numbers were strikingly low in comparison to a meta-analysis on the prevalence of Child sexual abuse: 200 publications for over 400,000 participants

Epidemiology of Child Neglect

1. Neglect 49% of substantiated cases of abuse.
2. Neglect is responsible of 42% of deaths from abuse, mainly under 5 years of age 46% of this deaths under one year of age.
3. Physical Neglect…… 8.0 per 1000 children
4. Educational Neglect . 4.5 per 1000 children
5. Emotional Neglect … 3.0 per 1000 children
6. Medical Neglect …… 0.5 per 1000 children

7. 50% of death of children 1-15 years are due to accidents, more then half of them are due RTA.
8. 20% of children have a significant injury each year.
9. 60% of pedestrians deaths are in minor roads. Peak age 4-5 years.

Types of Child Neglect

1) Abandonment and expulsion
2) Inadequate supervision
3) Emotional neglect
4) Educational neglect
5) Physical neglect
6) Medical neglect

Types of Child Neglect

Abandonment and Expulsion

1. Leaving a child without arranging for reasonable care and supervision.

2. Refusals of custody
   - permanent or indefinite expulsion of a child from the home without adequate arrangement for care by others.
   - refusal to accept custody of a returned runaway.

3. Repeated shuttling of a child from one household to another due to apparent unwillingness to maintain custody.

4. Leaving a child with others, chronically and repeatedly.

Types of Child Neglect

Inadequate Supervision

1. Child left unsupervised or inadequately supervised for extended periods of time.

2. Child allowed to remain away from home overnight without the parent knowing, or attempting to determine the child's location.

Types of Child Neglect

Emotional Neglect

1. Inadequate Nurturance and Affection: Marked inattention to the child's needs for affection, emotional support, or attention.

2. Chronic or Extreme Abuse or Domestic Violence in the child's presence

3. Permitting Drug and Alcohol use by the child. Parents know and had not attempted to intervene.

4. Encouragement or permitting maladaptive behavior (delinquency). Parents know and had not attempted to intervene.

Types of Child Neglect

Emotional Neglect

5. Refusal of Psychological Care for needed treatment for a child's emotional or behavioral impairment.

6. Delay in Psychological Care for needed treatment for a child's emotional or behavioral impairment.

7. Inattention to the child's developmental emotional needs:
   - overprotective restrictions leads to immaturity or emotional overdependence.
   - chronically applying expectations clearly inappropriate in relation to the child's age or level of development.

Types of Child Neglect

Educational Neglect

1. Permitted Chronic Nonattendance average 5 days a month, parents informed of the problem and had not attempted to intervene.

2. Failure to register or enroll a child of mandatory school age. (e.g., to work, to care for siblings, etc.).

3. Inattention to Special Education Need. (corrective educational services for learning disorder).

Types of Child Neglect

Physical Neglect
(Exposure to Environmental Hazards)

Obvious carelessness to avoidable hazards

1. Hazards inside home:
    a) poisonous substances
    b) dangerous objects within easy reach of young children
    c) smoking around children
    d) exposure to domestic violence
    e) access to a loaded gun.
2. Hazards outside the home:
    a) riding a bike without a helmet
    b) failure to use a car seat or seat belt
    c) neighborhood violence

Types of Child Neglect

Physical Neglect

1. Insufficient child care: Inadequate nutrition, clothing, or hygiene.

2. Lack of safety and welfare: Reckless and indifference:
   - driving with the child while intoxicated.
   - leaving child unattended in a motor vehicle

3. Involving child in criminal behavior of parents: (Neglect in addition to Physical and Sexual Abuse)
   - Prostitution
   - Drug trafficking.
   - Begging

Types of Child Neglect

Medical Neglect (Noncompliance)

1. Failure to provide or allow needed care as recommended by physicians.
2. For physical injury, illness, medical condition, impairment (disability), psychiatric diseases, psychological conditions, or violence consequences.
3. Studies:
   a) 50% of adolescents were non adherent with medicine prescribed.
   b) 25% of parents of children with attention deficit disorder adhered to the treatment plan.
   c) Less than 10% consulted the physician before stopping medication.
4. The prevalence of noncompliance does not minimize its importance.

Types of Child Neglect

Medical Neglect
(Failure or Delay in Seeking Health Care)

1. Failure to seek timely an appropriate medical care for a health issue or health problem which any reasonable caregiver will seek.
   a) Therapeutic care.
   b) Primary care including immunization.

Types of Child Neglect

Medical Neglect (Newborn Infants)

1. The withholding of medically indicated treatment from newborn infants with serious birth defects that are life-threatening is a category of neglect.

2. Difficult moral and ethical dilemmas for physicians, hospital personnel, and parents.

3. "Baby-Doe" Law, 1982,USA.
   On April 9, 1982, a person who came to be known as Baby Doe was born at Bloomington Hospital in Bloomington, Indiana. He was born with two conditions, Down's syndrome and tracheo-esophageal fistula, a birth defect in the throat that makes eating food orally impossible. The law change on 1984

Types of Child Neglect

Medical Neglect

(Prenatal exposure of infants to drugs and alcohol)

1. Exposes fetuses to serious mental and physical disabilities known as fetal alcohol syndrome.
2. Prenatal exposure to cocaine and other drugs results in negative developmental consequences for 30-40 percent in United States
3. Lactation

Types of Child Neglect

Medical Neglect
(Fetal Alcohol Syndrome)

1. The incidence of fetal alcohol syndrome is 1.9 births per 1000.
2. Is the only non- genetic Mental Disability that is 100% avoidable. It is caused by a mother-to-be ingesting alcohol whilst pregnant and the condition is irreversible.
3. Neurological development, abnormal growth, and have characteristic facial features.
4. Characteristic facial features: small and narrow eyes, a small head, a smooth area between the nose and the lips and a thin upper lip

Types of Child Neglect

Medical Neglect (Failure to Thrive)

1. Nonorganic failure to thrive: physical development falls below the third percentile for no known medical reason.
2. Immediate improvements with hospitalization.
3. Outcomes related to the parents' degree of awareness and cooperation with the treatment.
4. Deficits in the attachment process between parent and child are partially responsible.
5. Depression and other personality problems in the parents, lack of knowledge about child care, poverty, and social stress have been identified as contributing causes of nonorganic failure to thrive.

Types of Child Neglect

Medical Neglect (Failure to Thrive)

Differential Diagnosis of Non organic FTT

1. Genetic variation:
   a) Familial short stature.
   b) Constitutional short stature.
2. Intra-uterine growth retardation.
3. Prematurity

Types of Child Neglect

Medical Neglect (Obesity)

1. Pediatric obesity has dramatically increased. 17% in USA.

2. Some cases of morbid obesity is a form of neglect in that the child's need for healthy food and physical activity is not being met.

3. Not addressing the concern of obesity can constitute neglect.

Risk Factors of Child Neglect

There is no single cause of the "inadequate parenting" that leas to Neglect.

Risk Factors of Child Neglect

Personal Risk Factors (Parents)

Neurosis Psychosis

1. Emotional immaturity, poor mental capacity.
2. Impulsive or apathetic parents.
3. Mentally retarded parent.
4. Psychotic parent.
5. Substance abuse, alcoholism
6. Parent suffering from depression. (very significant)
   effect Mother > Father

Behavioral issues

1. Lack of Knowledge about health and children
2. Inadequate knowledge of developmental milestones.
3. Inappropriate expectations from the child.
4. Denial about a child's condition.
5. Poor social skills, coping skills, parenting skills.

Risk Factors of Child Neglect

Personal Risk Factors (child)

1. Prematurity may impair bonding with parents.
2. Chronic health problems or disabilities: cerebral palsy has higher risk.
3. Child Characteristics:
    1. Extremely passive, withdrawing behavior
    2. Hyperactive and undisciplined activity

    consequences of neglect that leads to farther neglect

Notes:

1. Adolescents (children) may contribute to their own neglect.
2. Very young children <3 years and adolescents may fail to give signals that they need help.

Risk Factors of Child Neglect

Family Risk Factors

1. Single-parent families.
2. The absence of the father.
3. Lower income.
4. Spousal violence and nonfunctional families leads to fewer positive interactions and more negative interactions.
5. Chronic illness.
6. Criminal arrest.
7. Discipline was rarely used with the children.
8. Chronic neglectful families tend to be large, risk double if families with more then 4 compared with less then 3 children.

Risk Factors of Child Neglect

Social and Community Risk Factors

1. Environment shapes the attitude, knowledge, and behavior of parents and the quality of health care children receive.
2. Poverty strongly associated with neglect: Neglect was identified 44 times more often in poor families.
3. Social neglect versus family neglect.
4. Culture reflect always on health care. Folkloric remedy : the risk of not receiving appropriate care.
5. Social Isolation: with no access to formal organizations; schools, work, and NGOs increase risk of neglect. lack strong informal helping resources; relatives, neighbors, and friends.
6. Unemployment, which causes psychological and economic stress, is frequent in neglectful families.

Risk Factors of Child Neglect

Risk Factors (Disorder and the Treatment)

1. Nature of the Disorder: if highly visible (e.g., skin rash) often evokes more of a response than a disorder that is not visible (e.g., lead poisoning).
2. Severity of symptoms.
3. The goals of treatment are not consistent with the expected goals of the child or family.
4. Concerns about side effects of treatment or doubts of its effectiveness may deter a parent from seeking care.
5. The cost of treatment may contribute to the likelihood of neglect.
6. Poor communication with child and family.

Consequences of Child Neglect

Effects on Cognitive Development

- Problem solving
  - Less enthusiasm, creativity, flexibility, impulse control
  - More frustration, anger
- Poor ability to engage in age-appropriate play
- Delated Cognitive Development (infants)
- Delayed Language development
- Poor Academic achievement
- Low Intelligence, reading capabilities.

Consequences of Child Neglect

Effects on Emotional Development

- Sad, depressed, “internalizing”
- Poor problems coping, unable to respond to stress
- Dependent & negative
- Anxious, bad temper, frequent physical complaints

Consequences of Child Neglect

Effects on Social Development

- Attachment problems: insecure, disorganized
- Negative image of self & others
- Negative peer interactions, little empathy
- Lack of social skills
- Social withdrawal, avoid peer interactions
- Aggressive, noncompliant, uncooperative
- Teenage parenthood, prostitution
- Delinquency
- Violent criminal behavior

Consequences of Child Neglect

Physical Effects of Neglect

- Injuries
- Ingestions
- Illnesses
- Dental problems
- Malnutrition
- Neurological
- Fatalities

Physical manifestations and consequences of neglect

Deprivation: Supervision or safe environment

Deprivation	Result	Long-term effect
	Accidents: falls, scalds, ingestions, RTA, drowning, house fires	Morbidity from accidents, e.g. brain damage
Lack of car seat belt or cycling helmet	Accidents, death	Morbidity from accidents, e.g. brain damage

Deprivation: Medical care

Deprivation	Result	Long-term effect
Failure to immunize	Measles, rubella, mumps, whooping cough, etc.	Deafness, brain damage, death, lung damage, fetal damage.
Failure to seek advice for ill child.	Illness recognized when child seriously ill or dying	Persisting morbidity, e.g. empyema, supportive otitis media, brain damage
Failure to attend for developmental surveillance	Squint, deafness, other disorders not recognized	Amblyopia Poor speech, Learning difficulties
Refusal of medical care	Prolonged illness, avoidable complication, death	Avoidable death and morbidity.

Physical manifestations and consequences of neglect

Deprivation: Hygiene in home

Deprivation	Result	Long-term effect
Hygiene in home	Repeated episodes of gastroenteritis, skin infections, head lice, zoonoses	Fail to thrive Poor self-esteem Disliked at school
Clan (smoke- and mould-free) air	Dirty child Infection: especially respiratory asthma	Chronic respiratory disease
Clean water	Increased lead burden	Behavioral and learning disorder

Physical manifestations and consequences of neglect

Deprivation: Warmth

Deprivation	Result	Long-term effect
Warmth	Cold injury red, swollen hands and feet Hypothermia, hypostatic pneumonia Infection, especially chest	Frostbite - loss of part of toes rarely

Physical manifestations and consequences of neglect

Deprivation: Food

Deprivation	Result	Long-term effect
Food	Malnourished - small, thin, protuberant abdomen	impaired physical well-being
inadequate calories	May be stunted 'emotional dwarf' with apparent adequate nutrition	Apathy
inadequate feeding	impaired brain growth (especially	Learning difficulties
inappropriate diet (including fads)		Stunted as adult (adapt to smallness)

Physical manifestations and consequences of neglect

Deprivation: Drink

Deprivation	Result	Long-term effect
Drink	inappropriate patterns of drinking - e.g. from WC, drains causing GI infections	

Deprivation: Physical care

Deprivation	Result	Long-term effect
Physical care grooming	Dry thin, sparse hair, alopecia, cradle-cap, nappy rash, spotty skin, maceration in skin folds Thickened yellow nails Dirty, smelly body with infestations, e.g. lice Vulvovaginitis, especially in young girls Clothing inappropriate, inadequate, dirty	Socially unacceptable at nursery/school Avoided by peers, i.e. additional emotional deprivation

Assessment of Child Neglect

1. Verbal children should be interviewed. Possible questions include: “Who do you go to if you’re feeling sad?” “Who helps you if you have a problem?” “What happens when you feel sick?”
2. Do the circumstances indicate that the child’s need(s) is not being adequately met? Is there evidence of actual harm? Is there evidence of potential harm and on what basis?
3. What is the nature of the neglect? Is it medical, mental health, dental, or inadequate food?
4. Is there a pattern of neglect? Are there indications of other forms of neglect or abuse? Has there been prior CPS involvement?
5. A child’s safety is the paramount concern. What is the risk of imminent harm and of what severity?

Assessment of Child Neglect

6. What is contributing to the neglect?
7. What strengths/resources are there? Identifying strengths is as important as identifying problems.
8. What interventions have been tried and with what results?
9. Are other children in the household also being neglected?
10. What is the prognosis? Is the family motivated to improve the circumstances and accept help, or is there resistance? Are suitable resources, formal and informal, available?

Assessment of Child Neglect

Clinical Assessment of Neglect

Appearance	Growth	Physical examination	Development
clothing	Height and weight (serial measurements)	Signs of disorder e.g. squint	Gross motor skills Fine motor skills
hair	Head circumference	asthma,	Vision and hearing
skin	Mid-upper arm circumference	heart murmur,	Language receptive and expressive
nails		dental caries	Play
odor		undescended testes,	Behavior observed in clinic
		congenital dislocation of hips,	Behavior: information from third party
		signs of physical or sexual abuse	

Intervention for Child Neglect

- Interdisciplinary
- Comprehensive
- Address contributors to the problem
- Consider past interventions, results
- Begin with least intrusive approach
- Tailor approach to family's strengths & needs
- Long term follow-up

Intervention for Child Neglect

1

1. Convey concerns to the family kindly but straightforwardly. Avoid blaming. A positive relationship is critical for effective intervention.
2. Be empathic and state an interest in helping.
3. Address contributory factors, prioritizing those most important and amenable to being eased (e.g., recommending treatment for a mother's depression). Parents may need their problems addressed before they can adequately care for their children.
4. Begin with the least intrusive approach, usually not CPS. For example, when faced with a child failing to thrive, an initial strategy might be to provide guidance on feeding and a suitable diet while closely monitoring the child's growth.

Intervention for Child Neglect

5. Consider the need to involve CPS, particularly when moderate or serious harm is involved and when less intrusive interventions have failed. If CPS is to be involved, present this fact to the parents as a necessary step to clarify what is occurring and what might be needed? 2
6. Establish specific objectives (e.g., diabetes will be adequately controlled) with measurable outcomes (e.g., urine dipsticks, hemoglobin A1c). Similarly, advice should be specific and limited to a few reasonable steps. A written contract with parents can be helpful.
7. Engage the family in developing the plan; solicit their input and agreement.

Intervention for Child Neglect

8. Build on strengths. There are always strengths that provide a valuable hook to engage parents.
9. Encourage positive family functioning. the need to focus on building positive family experiences, “not just controlling or decreasing negative interaction.”
10. Encourage informal supports (e.g., family, friends, and fathers to participate in office visits). Informal supports are where most people get their support, not from professionals.
11. Consider support available through a family’s religious affiliation.
12. Consider the need for concrete services (e.g., Medical Assistance, Temporary Assistance to Needy Families)

Intervention for Child Neglect

13. Consider children's specific needs given what is known about the possible outcomes of neglect. Too often maltreated children do not receive direct services.
14. Be knowledgeable about community resources, and facilitate appropriate referrals.
15. Provide support, follow up, review progress, and adjust the plan as needed.
16. Recognize that neglect often requires long-term intervention with ongoing support and monitoring.

Advocacy is needed at different levels: the individual child, parent, family, community, and society.

Bahraini Law – Neglect Penal Code and Child Law

قانون العقوبات البحريني رقم 15 لسنة 1976

مادة 320

يعاقب بالحبس أو بالغرامة من عرض للخطر طفلا لم يبلغ السابعة من عمره ، أو شخصا عاجزا عن حماية نفسه بسبب حالته الصحية أو العقلية أو حمل غيره على ذلك.

وتكون العقوبة الحبس إذا وقعت الجريمة في مكان خال من الناس .

وإذا نشأ عن الجريمة موت المجني عليه أو إصابته بعاهة مستديمة دون أن يعمد الجاني إلى ذلك ، عوقب بالعقوبة المقررة لجريمة الضرب المفضي إلى الموت أو إلى العاهة المستديمة حسب الأحوال.

وإذا وقعت الجريمة من أحد أصول المجني عليه أو ممن له سلطة عليه أو من المكلف بحفظه عد ذلك ظرفا مشددا .

قانون العقوبات البحريني رقم 15 لسنة 1976

مادة 231

يعاقب بالغرامة التي لا تجاوز عشرة دنانير من قام في أثناء مزاولته مهنة طبية أو صحية بالكشف على شخص متوفى أو بإسعاف مصاب بإصابة جسيمة وجدت به علامات تشير إلى أن وفاته أو إصابته من جناية أو جنحة أو إذا توافرت ظروف أخرى تدعو إلى الاشتباه في سببها ولم يبلغ السلطة العامة بذلك.

قانون الطفل رقم (37) لسنة 2012

مادة(44)

يقصد بسوء المعاملة في تطبيق أحكام هذا القانون، كل فعل أو امتناع من شأنه أن يؤدي إلى أذىً مباشر أو غير مباشر للطفل يحول دون تنشئته ونموه على نحو سليم وآمن وصحي، ويشمل ذلك سوء المعاملة الجسدية أو النفسية أو الجنسية أو الإهمال أو الاستغلال الاقتصادي.

ويقصد بسوء المعاملة الجسدية، كل فعل من شأنه أن يؤدي إلى الإيذاء الجسدي المتعمد للطفل.

ويقصد بسوء المعاملة النفسية، كل فعل من شأنه أن يؤدي إلى الإضرار بالنمو النفسي والصحي للطفل.

ويقصد بسوء المعاملة الجنسية، تعريض الطفل لأي نشاط جنسي، بما في ذلك إظهار العورة أو المداعبة أو الإيلاج (الفرجي أو الشرجي) أو الشروع فيه أو تعريض الطفل لمشاهدة الأفلام أو الصور الإباحية أو استخدامه في إنتاجها أو توزيعها بأي شكل.

ويقصد بالإهمال، عدم قيام الوالدين أو من يتولى رعايته بما يجب عليه القيام به للمحافظة على حياة وسلامة الطفل.

قانون الطفل رقم (37) لسنة 2012

مادة (46)

يجب على كل من وصل إلى علمه معلومات تتعلق بتعرض طفل لأي من حالات سوء المعاملة أن يبادر إلى الإبلاغ عن ذلك إلى أي من الجهات المنصوص عليها في المادة التالية، وأن يزودها بما قد يكون لديه من معلومات في هذا الشأن.

مادة(65)

يعاقب بالحبس والغرامة التي لا تجاوز ألفي دينار أو بإحدى هاتين العقوبتين كل من:

1) قام بمخالفة أحكام المادة (46) من هذا القانون.

2) المبلغ الذي أدلى بمعلومات كاذبة أو مضللة أو أعد تقريراً يخالف حقيقة الواقع بشأن أي من حالات سوء المعاملة، وهو يعلم بذلك.

3) احتجز أو آوى طفلاً تعرض لسوء المعاملة بقصد حجب الحماية المقرّرة بموجب أحكام هذا القانون عن هذا الطفل.

قانون الطفل رقم (37) لسنة 2012

مادة (47)
يكون التبليغ عن حالات سوء معاملة الطفل إلى أي من الجهات التالية:
1) مركز حماية الطفل المنصوص عليه في المادة (43) من هذا القانون.
2) النيابة العامة.
3) مراكز الشرطة.
4) الجهات المسئولة بوزارات العدل والداخلية والصحة والتربية والتعليم.
وعلى الجهات المنصوص عليها في البنود (2) و (3) و (4) في حالة تبليغها عن أي من حالات سوء المعاملة أن تبادر إلى إخطار مركز حماية الطفل بكافة الوقائع التي تم التبليغ عنها.

قانون الطفل رقم (37) لسنة 2012

مادة(32)
تلتزم الدولة بتقديم الدعم والمساندة لأسر الأطفال المعاقين لتمكينها من توفير الرعاية اللازمة لهؤلاء الأطفال في جميع النواحي المنصوص عليها في المادة السابقة. وكذلك كل طفل لأم بحرينية متزوجة من أجنبي.
وتكفل الدولة للأطفال ذوي الإعاقة حقوقاً متساوية فيما يتعلق بالحياة الأسرية، وتعمل على منع إخفاء الأطفال ذوي الإعاقة وهجرهم أو إهمالهم أو عزلهم

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مادة(48)

إذا تبين للطبيب لدى فحص طفل أنه قد تعرض لأي من حالات سوء المعاملة وأن خروجه من المستشفى يعرض حياته وسلامته للخطر ورفض الوالدان أو المتولي رعايته بقاءه في المستشفى، وجب على الطبيب عدم تسليمه الطفل وإبقاؤه في المستشفى والمبادرة إلى إبلاغ مركز حماية الطفل لاتخاذ ما يلزم في هذا الشأن.

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مادة(49)

أ- يعد مركز حماية الطفل سجلاً خاصاً تقيد فيه حالات **سوء معاملة الأطفال**، ويكون كل ما يدون في هذا السجل سرياً لا يجوز إفشاؤه أو الاطلاع عليه إلا بإذن من النيابة العامة أو المحكمة المختصة، بحسب الأحوال.

ب- يحظر الكشف عن هوية الطفل الذي تعرض لسوء المعاملة أو من أساء معاملته عند استخدام المعلومات لنشر التحليلات أو الإحصائيات أو التقارير الرسمية.

ج- يحظر الكشف عن هوية من قام بالتبليغ عن أي من حالات سوء المعاملة إلا في الأحوال التي يقررها القانون.

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مادة(50)
يكون مركز حماية الطفل هو الجهة المركزية التي تتولى تقييم وإيواء ومتابعة الطفل الذي تعرّض لسوء المعاملة وتنسيق الخدمات التي تقدم له ولعائلته من قبل الجهات المعنية، ويباشر المركز كافة المهام والصلاحيات اللازمة لحماية الطفل من سوء المعاملة بما في ذلك:

1) اتخاذ كافة التدابير المباشرة والعاجلة لحماية الطفل من سوء المعاملة.
2) دراسة حالات من تعرض من الأطفال لسوء المعاملة من النواحي الصحية والنفسية والاجتماعية والاقتصادية والقانونية، واتخاذ الإجراءات المناسبة لها.
3) متابعة حالات من تعرض من الأطفال لسوء المعاملة بصفة دورية في حالة تسليمه إلى الوالدين أو المتولي رعايته.
4) توفير رعاية بديلة خارج العائلة لمن تعرض من الأطفال لسوء المعاملة بصورة عاجلة ومؤقتة، وذلك إذا كانت حياة الطفل مهددة بالخطر أو إذا وقع اعتداء جنسي عليه من الوالدين أو المتولي رعايته.
5) اتخاذ كافة إجراءات تأهيل الطفل الذي تعرض لسوء المعاملة وعائلته بما يكفل عودته إلى أسرته بحالة طبيعية، بما في ذلك العلاج والتأهيل النفسي والدورات التثقيفية والتعليمية وتنمية المهارات الاجتماعية ومهارات حماية الذات لدى الطفل ومعالجة الإدمان لدى الوالدين أو المتولي رعايته.
6) توفير خط ساخن لتلقي الحالات أو الشكاوى المتعلقة بسوء المعاملة.

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مادة(51)
يكون لمركز حماية الطفل مجلس إدارة يشكل كل ثلاث سنوات بموجب قرار من وزير حقوق الإنسان والتنمية الاجتماعية، ويضم أعضاء ممثلين عن وزارات العدل والشؤون الإسلامية والأوقاف، والداخلية، و الصحة، والتربية والتعليم، وحقوق الإنسان والتنمية الاجتماعية، وهيئة شؤون الإعلام، والمجلس الأعلى للمرأة، وعضوين يمثلان مؤسسات المجتمع المدني.

مادة(52)
يجب إجراء الفحص الطبي الشرعي والنفسي وتقييم حالة الطفل الذي تعرّض لسوء المعاملة وإجراء التحقيق معه في مقر مركز حماية الطفل وعدم انتقاله إلى مكان آخر إلا في حالات الضرورة.
ويجب فحص الطفل للأمراض المنقولة جنسياً واتخاذ كافة التدابير اللازمة لعلاجه.

مادة (45)

مع عدم الإخلال بالتدابير المقررة وفقاً لأحكام هذا القانون أو بأية عقوبة أشد منصوص عليها في أي قانون آخر، يعاقب بغرامة لا تقل عن عشرين ديناراً ولا تجاوز مائة دينار كل من ارتكب فعلاً من الأفعال الآتية:

24. سماح قائد المركبة بوجود طفل في المركبة دون أن يكون مثبتاً في مقعد السيارة المخصص للطفل وذلك وفقاً للمعايير التي يحددها الوزير المختص بالاتفاق مع وزير الصحة.

وتضاعف العقوبة إذا عاد الجاني إلى ارتكاب أي من الأفعال المشار إليها في هذه المادة خلال سنة من تاريخ الحكم عليه