Dear colleagues,

In this issue, you will be reading two important articles on incest and battered baby syndrome which are two aspects of intrafamily violence and which we can confront at any unexpected time in the practice of pediatrics. As I started to meet with the cases which I didn’t like to read about during my faculty times in medical textbooks except for life lessons called as “side lessons” by our reverend master Professor Dr. Sami Zan in pediatric emergency shifts, I realized how I inherently rejected harming of a child’s innocence and weakness by close relatives. When I sat at my desk to write my editorial view on this issue, the first question I asked myself was this: “At which age the human being starts to be aggressive and destructive?” I explored this and was very surprised. The “incapable and powerless” human being who is the weakest in terms of phylogenetic maturation compared to the other mammals namely who is absolutely dependent on another person in the first years of life, discovers other people with deposits of dissatisfaction, anger and hate as he grows up. As a result of this he learns “anger and destructivity” with the effect of desperation at younger ages. However, I took a deep breath when I read that culture and civilization step in and push down or transform these emotions against all this instinctual aggressiveness. According to psychoanalyst Charles Melman human culture has changed in recent years and is giving place to a culture targeting “unlimited satisfaction of passion” which will be another reason of concern for us in the future years (1). At this stage, the civilization which is the last remedy has a lot to do.

When we consider the types of intrafamily violence, we are not surprised to learn that the risk of violence against children under the title of domestic violence which is evaded by condolences such as “beating originates from heaven” or “roses grow in the place of beating” but the defects of which has newly come to the fore has reached up to 77% and how much this violence disturbs the development of self confidence and healthy relationships (2). The frequency of intrafamily violence which transmits from the parents to the child and to the grandchildren with domino effect was examined by the Prime Ministry Family Research Institution and unfortunately the following results were obtained: intrafamily violence is present in one of three families and children witness violence in three of four houses where violence is committed. A memory of beating in the history of the parents is found with a rate of 70%. 95% of the individuals who commit violence are men and 90% of the individuals who are exposed to violence are women and children. On the other hand, the frequency of physical abuse in the population is 30-35%, whereas the frequency of sexual abuse is 13% and 50% of sexual abuse is intrafamily abuse. Unfortunately, most individuals exposed to violence do not make a notice. Since civilization and culture can not step in this situation, it is the government’s responsibility to “protect” children from their close relatives by some special acts. However, the regulations on this subject are inadequate as in the whole world. For example, the frequency of consanguineous marriages is still higher compared to many other countries.

So, what can we do as pediatricians? As we always state, we are lawyers of children. A healthy generation of children is the guaranty of our future. We should explain the high awareness of abuse and the dimension of violence in the media to families each time without being lazy and should interrogate the child in terms of violence at each visit. We should keep in mind that diseases need the doctorship of physicians, but not patients. Patients need the compassion and love of physicians.

Prof. Dr. Hilmi Apak

References