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MEDICAL AND SOCIAL ASPECTS OF CHILD ABUSE

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Abstract. The article provides a review of the literature on the problem of child abuse, which until recently was hushed up in our country and did not have the same relevance as it does now. By decree of the President of the Russian Federation V.V. Putin, the period is 2018 to 2027. declared the decade of childhood in Russia, one of Russia's national priorities is to ensure a prosperous and protected childhood. Identification and prevention of various forms of childhood ill-being and child abuse is an important medical and social problem. To effectively prevent and identify child abuse, as well as its impact on the psycho-emotional state, social adaptation, childhood morbidity and mortality, injuries and disabilities, an interdisciplinary approach is required with the involvement of socio-legal employees, teachers and doctors of all specialties.

Key words: *child abuse; neglect; torture; sexual abuse; physical abuse; psychological abuse; emotional abuse; educational neglect; medical neglect; harm to health; forensic examination.*

МЕДИКО-СОЦИАЛЬНЫЕ АСПЕКТЫ ЖЕСТОКОГО ОБРАЩЕНИЯ С ДЕТЬМИ

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Резюме. В статье представлен обзор литературы по проблеме жестокого обращения с детьми, которая до недавнего времени в нашей стране замалчивалась и не имела такой актуальности, как сейчас. Указом Президента РФ В.В. Путина период с 2018 по 2027 годы объявлен десятилетием детства в России; одним из национальных приоритетов страны является обеспечение благополучного и защищенного детства. Выявление и профилактика различных форм детского неблагополучия и жестокого обращения с детьми — важная медико-социальная проблема. Для эффективного предупреждения и выявления жестокого обращения с детьми, а также его влияния на психоэмоциональное состояние, социальную адаптацию, детскую заболеваемость и смертность, травматизм и инвалидизацию, необходим междисциплинарный подход с привлечением социально-правовых сотрудников, педагогов и врачей всех специальностей.

Ключевые слова: *жестокое обращение с детьми; пренебрежение; запущенность; истязание; сексуальное насилие; физическое насилие; психологическое насилие; эмоциональное насилие; образовательное пренебрежение; медицинское пренебрежение; вред здоровью; судебно-медицинская экспертиза.*

The problem of cruelty to children is relevant throughout the world [1]. Issues relating to child malfortune are also being considered in Russia; they have to be resolved in the general structure of government tasks concerning demographic policy, the quality of life, creation of necessary and sufficient conditions in order to develop a full-fledged personality. In the last decade, ensuring prosperous and safe childhood has become one of Russia's national priorities. As a way to reduce child mortality, improve the health of the child population and improve the quality of medical care for children, different campaigns are being carried out. May 29, 2017 President of the Russian Federation V.V. Putin signed a decree declaring 2018–2027 the Decade of Childhood in Russia. The purpose of the Decree is "to improve state policy in the field of child protection, taking into account the results achieved during the implementation of the National Strategy of Action for Children in 2012–2017". The Russian Federation Government developed an Action Plan for 2020. One of its main directions was to create the system in order to protect and ensure children's rights and interests [2].

Nevertheless, in recent years Russia has seen an increase in the number of crimes committed against the family and minors. Annual state reports "On the Situation of Children in the Russian Federation" provide statistical data characterizing the critical situation of children in modern Russia. Thus, the number of children who have been victims of crime has increased for the last 3 years by 4.5% (2021 — 112,387; 2020 — 94,881; 2019 — 107,571). The number of crimes against sexual inviolability and sexual freedom of minors (2021 — 16,887; 2020 — 15,822; 2019 — 14,755) and children (2021 — 12,251; 2020 — 11,287; 2019 — 11,462) has increased annually.

The State report On the Situation of Children and Families with Children in the Russian Federation for 2021 notes that in 2021, 1,342 criminal cases were initiated in respect of parents or other legal representatives who do not fulfill their obligations to bring up minors and who permit cruel treatment of children, on the grounds of crimes under article 156 of the Criminal Code of the Russian Federation (2020 — 1,288; 2019 — 1,491).

Analysis of the situation regarding protection of minors from criminal encroachments shows that more than half of crimes against children are committed by parents or other legal represent-

atives (2021 — 57.5%; 2020 — 52.6%; 2019 — 55.1%). As total number of crimes against children increased (2021 — 59,426; 2020 — 47,514; 2019 — 54,720), the number of especially serious (2021 — 1,345; 2020 — 956; 2019 — 957) and serious (2021 — 477; 2020 — 434; 2019 — 421) crimes, medium (2021 — 313; 2020 — 274; 2019 — 327) and minor crimes (2021 — 57,291; 2020 — 45,850; 2019 — 53,015) rose as well. The surveys indicated 14.5 thousand facts of inadequate fulfillment of duties on maintenance and upbringing.

The territorial bodies of the Ministry of Internal Affairs of the Russian Federation proactively sent 557 materials to the guardianship authorities for consideration of the deprivation or restriction of parental rights with regard to parents (other legal representatives) who maliciously evade their childcare obligations.

The 2021 report of the Commissioner for Children's Rights, M.A. Lvova-Belova, states that the number of suicide attempts among minors has increased by almost 13% over the past three years (from 3,253 to 3,675 cases) and the number of repeated attempts by rose 92.5% (from 188 to 362 cases) respectively. According to the Russian Investigative Committee, the number of child suicides increased by 37.4% in 2021 compared to 2020 and amounted to 753 cases. In 2018, the Investigative Committee of the Russian Federation recorded 788 suicides among minors, in 2019 — 737, and in 2020 — 548 [3]. Thus, the problem of child neglect and child abuse in Russian society is steadily gaining momentum.

The problems of violence against children in families have been discussed since the early 1990s in Russia, when the government began to establish shelters, social rehabilitation centers, and crisis services. The majority of children entering these institutions had experienced violence or abuse as well as its consequences. These children were not as much beaten (although many were physically punished) as they weren't fed, taken to school, cared for and loved. In this regard, the concept of "violence" is used conventionally in this context. In the Russian language, the term "violence" usually refers to specific actions ("beating", "rape") and does not take into account the variety of actions (or inaction) on the part of adults that harm a child. Situations in which a toddler is left unattended at home or in the street, forced to stand in a corner for hours, regularly humiliated and called an "idiot", stripped and fondled, shown pornographic films, poorly fed and clothed, not

provided with a learning environment, given excessive demands and expectations and then punished for not meeting them — all these situations have many similarities in their consequences, but some of them cannot be called violence in the ordinary sense of the word. They are all "bad", "cruel", "wrong" treatment of a child, which traumatizes and negatively affects the child's development and health.

Such treatment can be both conscious and unconscious, can be connected with external factors and the characteristics of parents or a child, can be determined by parents' actions or, conversely, by his or her inaction (for example, failure to provide safety).

In 1999, a World Health Organization report [4] defined child maltreatment as follows: "Child abuse, or maltreatment, includes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence, and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power".

The causes of child abuse and maltreatment are partly attributable to numerous ethnic and social conflicts, a sharp decline in social mores, and the loss of the best traditions of family upbringing. The rising number of asocial families, families with low income or below the poverty line, their social isolation, alcoholism and drug addiction of parents contribute to an increase in the level of general aggression and anger in the relationship between parents and children. From these positions, many authors reckon that child maltreatment is a problem of society [5–9].

Studies of parents among whom cases of child abuse were identified, showed that they have the following psychological, behavioral or personal characteristics: low self-esteem, lack of restraint, immaturity, a tendency to dictate, aggressiveness, isolation from family and friends [10–12]. It was noted that child abuse is a much more complex phenomenon than a simple consequence of pathological development of an individual. Many authors identify a number of factors that determine the development of the "child abuse syndrome", such as the relationship between a parent and a child, existing family patterns and problems, stress caused by the socio-economic environment, and, in a broader sense, by social conditions [13–21].

According to J. Bowlby, author of the Attachment theory, an infant must receive enough warmth and tenderness from those who raise him for further normal development. Attachment to a mother or a substitute is a genetically programmed process that ensures infants' survival. The formation of psychological attachment is realized indirectly, through socio-psychological factors, which include: the relationship with the child's father, the desirability of pregnancy, own socio-economic status, the presence of family support, mother's expectations from the child [22].

E.G. Eidemiller, V.V. Yustitskis in their work "Psychology and psychotherapy of the family" characterized types of families, where violence against the child is most common:

- families where physical violence as a way of solving problems, becomes a part of family relations;
- families where the mother or father suffers from alcoholism, which destroys emotional ties between parents and children and consequently removes moral and ethical prohibitions on violence against children, including sexual violence;
- families where marital relations are broken for various reasons and there is no possibility of satisfying their sexual needs outside the family, which may lead to sexual violence or child molestation;
- socially isolated families, where parents themselves avoid any close relationships with the people around them including relatives;
- dysfunctional families, where a child takes child care responsibility for younger ones due to necessity [23].

The role of the family in the development of child maltreatment has also been studied by other authors [22, 24–27].

Although, according to some researchers, sexual and psychological violence is equally common in both affluent and poor families, children more often serve as a target of negative emotions resulting in various forms of violence in families with low income [28]. Various manifestations of violence against children are especially noticeable during periods of social and socio-economic change [29]. Traditions and customs adopted in a particular culture can dictate cruelty in child-rearing practices. For example, female circumcision is practiced in some Middle Eastern and Asian countries. It is estimated that about 100–140 million girls and women worldwide have undergone

some form of circumcision, and 2 million are at risk each year because of the procedure (most of these women are from Africa, the Middle East and Asia). Female circumcision can be performed both in younger and older children as well as during adolescence. Deliberate damage to healthy organs for non-medical reasons is condemned by the World Health Organization, the International Confederation of Midwives and the International Federation of Obstetricians and Gynecologists. Female circumcision is regarded as a form of violence against girls and women [30, 31].

In accordance with ICD-10, the "the child maltreatment syndrome" is included in Class XIX, "Injury, poisoning and other certain effects of external causes", with the following subheadings: T.74.0 — Neglect or abandonment; T.74.1 — Physical abuse; T.74.2 — Sexual abuse; T.74.3 — Psychological abuse; T.74.8 — Other symptoms of abuse; T.74.9 — Unspecified abuse syndrome [32].

Most authors highlights four main types of child maltreatment: physical abuse, sexual abuse, psychological or emotional abuse, and neglect of a child's basic needs [14, 22, 33].

Neglect is the failure to provide for a child's basic needs. Neglect can be physical, educational, medical or emotional. According to those countries where detailed statistics on child neglect are kept, this type of maltreatment is the most common and is directly linked to high rates of morbidity and mortality in children [34, 35].

Physical neglect is the most common type of neglect, manifested by failure to meet a child's basic needs for food, shelter, and clothing, unrelated to lack of financial resources. Physical neglect also includes inadequate parental supervision, abandonment, expulsion from home, and abandonment of a runaway child who wants to return home.

Pedagogical neglect includes failure to organize adequate education for the child in secondary school, including failure to enroll the child in school or enabling chronic absenteeism, as well as lack of education for children with special educational needs. We find it necessary to elaborate on an infrequently mentioned but often recently encountered type of neglect — medical neglect.

Medical neglect is the postponement or deprivation of necessary medical care or surgical intervention for conditions that are life-threatening or cause harm to health with varying degrees of severity by persons who are obliged to provide

care for the child [37, 38]. Medical neglect should include not only life-threatening situations, but also mild or moderate situations that potentially jeopardize the child's health (e.g., lack of preventive examinations, including dental care). There are several forms of medical neglect:

Postponing seeking medical care (parents overlooking obvious symptoms of a child's serious illness or failing to provide their child with adequate preventive care):

- irregular medical care for chronically ill children (insufficient adherence to treatment: parents do not follow the child's treatment regimen, do not give medications at the exact time and in the full dose, do not follow recommendations on nutrition and storage of medications, do not bring the child to the doctor for regular dispensary monitoring);
- deprivation of medical care (parents consciously refuse to comply with medical recommendations);
- refusal to vaccinate.

There is no single reason why parents do not seek medical help in a timely manner or do not fully comply with the doctor's recommendations or deprive their child of medical care recommended by the doctor. Cases of medical neglect are usually the result of a combination of factors and causes on the part of parents, family, child and society. Medical neglect is most often observed when a child has a severe terminal illness, malformations, or impaired psychomotor or cognitive development. Risk factors for medical neglect are also other situations in the family: single-parent family, large family, low socioeconomic level of the family, family isolation (territorial, social), peculiarities of the parents' personality — the presence of alcohol or drug addiction, mental retardation, social immaturity, depression, mental or psychological disorders, which are characterized by indifference or inability to sympathy [36–38]. Lack of parental awareness, lack of sufficient general knowledge and culture (including hygiene knowledge and health culture), mistrust of doctors and lack of partnership with health professionals play an important role in the occurrence of medical neglect.

Diagnosing medical neglect in children is difficult and always requires convincing evidence. Medical neglect should be considered a situation where medical care is available and has an obvious or proven positive effect on the child's health, but is not used by an initiative of parents (legal

representatives), distinguishing the following criteria:

- failure to seek medical assistance when there is a real or potential risk to the child's health or life;
- refusal of medical assistance (surgery, blood transfusion, organ transplantation);
- neglecting or failing to comply with medical recommendations (non-compliance with dispensary monitoring, taking medication, limiting physical activity);
- ignoring preventive measures (immunizations) in the absence of medical contraindications.

The primary aspect of preventing medical neglect is health education work with parents (legal representatives), in which it must be evidently explained that treatment (prevention) offers more advantages than the natural course of the disease without medical intervention, refusal of treatment will aggravate the harm to the child's health, and prevention of infectious diseases through vaccination creates not only individual but also collective immunity, which is a barrier to the spread of infection and the emergence of a disease.

National standards of care and standardized clinical protocols play an important role in proving that a medical intervention is necessary (has an obvious or proven effect). Local clinical protocols should determine the availability of medical care. An urgent medical task is to develop clear criteria/indicators to determine which amount of care provided by parents should be considered as inadequate in case a child suffers from specific diseases.

Emotional neglect, which, like emotional abuse, is difficult to prove, includes inattention to the child's need for love, denial or failure to provide necessary psychological support, chronic or extreme spousal abuse in the presence of the child (e.g., beating a mother, murder).

Physical abuse is trauma or injury deliberately inflicted on a child by parents, legal representatives or other adults, resulting in physical and/or psychological developmental delays and health problems [39]. Physical violence can range from disciplinary actions with minor superficial injuries (bruises, abrasions) to fatal injuries, it might be single or systematic. Physical abuse includes punishment that is inappropriate for the child's age, physical development, health, intellectual or emotional state. Physical abuse includes: bea-

ting a child (hitting the body or head with fists or kicks), cauterizing, hitting the buttocks with hands, backhanding, slapping, pulling out or cutting out wisps of hair, sharp and intense shaking, dousing with cold water, painful pinching, twisting an ear, requiring a child to kneel or stand in an uncomfortable position for long periods of time, forcing a child to put hot pepper, salt, baking soda into his or her mouth [4]. Evidence of physical violence, first of all, are injuries of soft tissues. But it should not be forgotten that the injuries may also be accidental, i.e. unintentionally caused. Forensic experts always face the question how a damage was caused, thus, expert practice has accumulated a considerable list of signs that allow to differentiate accidental impact of a damage from an intentional one.

Blood bruises, which are formed by intentional impacts, are multiple, their age is different, they are localized in the area of buttocks, thighs, genitals, cheeks, neck and other parts of the body, their shape and size correspond to characteristics of objects which formed the damage; at the same time, the discrepancy between the parents' story about the time of injury and the objective age of the bruise (objective determination is made by fixing its color) draws attention to itself. Wounds (in particular, from biting with teeth) have an oval shape, uneven bruised edges (cats or dogs leave triangular-shaped wounds after bites, bruises are not common). Fractures also have some peculiarities: a fracture of the acromial end of a clavicle (it is formed if the child's arm is sharply "jerked" upward) is indicative as well as the presence of several fractures in different stages of healing.

Sexual abuse is involvement of a child (with or without his or her consent) in direct or indirect acts of a sexual nature with an adult in order to obtain sexual gratification or benefit, resulting in harm to the child's physical and mental health and behavioral abnormalities that impede further social adaptation [40]. P. Summit proposed the term "accommodation syndrome", which includes five stages, to designate the process of child involvement in sexual activity: Stage 1 — secrecy, Stage 2 — helplessness, Stage 3 — accommodation, Stage 4 — attempted recognition or disclosure, Stage 5 — retreat [41]. The age distribution of sexual assault victims is as follows: about 25% are 0–5 years old, about 35% are 6–11 years old, and 40% are 12–17 years old [42–46].

Forensic examination reveals the following signs (physical indicators of sexual violence): damage to the genital area, anal area in the form of abrasions, lacerations, bruises, pigmentation; defloration; "gaping" of the anus; detection of sexually transmitted diseases, urinary tract infections; pregnancy; urinary and fecal incontinence; psychosomatic diseases and neuropsychiatric disorders [47–49].

Emotional (psychological) violence is a single or chronic mental impact on a child, hostile or indifferent attitude, as well as other behavior of parents or legal representatives, which causes a child's self-esteem disorder, loss of self-confidence, hinders his/her development and socialization [50]. Manifestations of mental violence according to J. Garbary are: ignoring, rejection, threats, including threats with swinging a fist or a heavy object, terrorization, isolation, depravity. This type of violence can be carried out not only in the family, but also in various institutions (so-called institutional violence) [51].

Consequences of abuse. Some authors believe that the result of violence or neglect of children's basic needs can be defined as their traumatization [52]. In this sense, the concept of trauma applied to child maltreatment includes parents' or caretakers' actions resulting in violations of child's psychological, emotional, cognitive and social functioning. According to A.L. Zadarnovsky et al. [53], besides direct physical impact, family violence also contributes to long-term stress (as a damaging factor), causing the formation of persistent health disorders. This fact allows us to conclude that victims of domestic violence with its prolonged existence and damaging effect on the state of health have a group of somatic disorders which have an etiopathogenetic connection with the facts of violence, and that is confirmed by clinical practice. As studies have shown [54, 55], children who have undergone such a demonstrative psychic trauma as abuse in their families, in most cases are characterized by the presence of all symptoms of posttraumatic stress disorder: compulsive reproduction of a traumatic situation, increased physiological excitability, and impaired functioning.

Child abuse and neglect at an early age result in disturbances in main neurobiological systems: the hypothalamic-pituitary-adrenal system (stress response), the amygdala (emotion processing and emotion regulation), the hippocampus (learning and memory processes), the corpus callosum (in-

tegration of functions between hemispheres), and the prefrontal cortex (higher cognitive regulatory and executive functions) [56]. The nature of these changes depends on the period of life, i.e. the age of a child. The period of infancy and early childhood is the most vulnerable period for possible severe consequences of maltreatment ranging from impaired brain development and maturation to fatal outcomes. The most common form of physical abuse in early childhood is blows to the head and body, accompanied by head injuries, internal organ damage and fractures; excessive vigorous shaking of limbs or shoulders is also dangerous at this age and can cause hidden intracranial and intraocular bleeding without signs of external injury (battered child syndrome) [57]. The consequences of neglect are also dramatic. Non-compliance with care standards leads to disruption of nutrition and regular sleep, which might be manifested by a significant lag in physical development up to deprivation dwarfism [58]. The consequences of emotional neglect are manifested in behavioral signs of mental retardation: lack of smiling and facial expression, presence of disgust in the gaze, use of self-stimulatory actions, intolerance to changes in the familiar environment, and low activity level [59].

Impaired intellectual and speech development without signs of neurological disorders have been found among preschool and early school-aged children suffering from maltreatment. Cognitive deficiency might be caused by the effects of physical abuse, namely its influence on social information processing abilities; altered results of this process lead to chronic aggressive behavior and a tendency to seek social provocations [60]. In particular, studies of brain electrical potentials in children with psychotraumatic experiences show patterns of neural activation during tasks requiring executive functions similar to the patterns observed in children with attention deficit hyperactivity disorder [61]. The first suicide attempts and self-harm among maltreated children appear between the ages of 7–12 years [62], and children of this age also show increased levels of depression, hopelessness, and low self-esteem. This age period is vulnerable to emotional abuse factors: bullying, terrorizing, and intimidating the child (e.g., constantly belittling the child or destroying a favorite object).

Risks of sexual violence increase with puberty, reaching their highest levels by adolescence. Rates of sexual violence are 1.5–3 times high-

er among girls than among boys [63]. There are immediate and long-term consequences of sexual violence in minors. Near-term consequences include non-traumatic (invasive) and traumatic ones. Non-traumatic consequences are represented by pregnancy (7.7%), sexually transmitted diseases (26.9%), nonspecific colpitis (28%). Traumatic consequences are divided into anatomical and functional ones. Anatomical: most commonly edema (21.9%), lacerations (15.6%), hyperemia (14.8%), abrasions (14%), tears (5.5%), hemorrhages (4.3%), scars (4.4%), hymenal injuries (48.7%), vaginal vestibule injuries (19.5%). Somatic injuries were identified in 20.5% of cases. The percentage of victims with any psychological problems (mainly post-traumatic syndrome, psychosis and depressive reactions) after their sexual abuse ranged from 46.9 to 55.1%. Among the remote consequences, the most frequent were menstrual disorders (11.6%) — gynecological consequences, and vaginismus of central genesis, such as psycho-emotional maladjustment, sexual dysfunction and other disorders. [64]. Sexual abuse also contributes to the manifestation of depressive and schizophrenia-like disorders and leads up to one-third of affected adolescents to commit suicidal acts [65].

The consequences of emotional abuse are psychosomatic diseases (bronchial asthma, dermatitis, etc.) [66, 67].

In adults, childhood abuse causes psychological disorders (helplessness, low self-esteem, guilt, shame), behavioral and emotional disorders (stress disorders, substance abuse disorders, difficulties in close or intimate relationships, dissociative (traumatic) amnesia, dissociative identity disorder, borderline conditions, antisocial personality disorders, somatization and other medical problems, overeating) [68, 69]. The consequences of such violence can be hidden for a long time, and manifest in adulthood as a tendency to repeat adverse experiences and a predisposition to fall into adverse situations (victimization) [70, 71].

Recently, the diagnosis "child abuse syndrome" has been increasingly used in medical documents by Russian pediatric surgeons, traumatologists, and pediatricians. Official statistics on child traumatism and mortality do not fully reflect the total number of children who have suffered from abuse [72, 73]. Neglect of children's needs is "masked" behind a set of other diagnoses: hypotrophy, dermatitis, streptoderma, dehy-

dration, etc. These diagnoses do not reflect the true causes of the identified diseases and, consequently, do not provide grounds for a response from relevant agencies. Thus, cases of deterioration in the health of minors as a result of medical neglect (neglected forms of diseases, disability, etc.) remain in the "invisible zone". Due to regulatory and legal uncertainty in unification of such diagnoses, parents and legal representatives neglecting medical assistance often escape further investigation as such cases are rarely reported by medical professionals [74]. In light of the increased attention to the quality of medical care provided to the population, this gap has negative legal consequences, first of all, for medical workers and medical organizations themselves, as parents (or legal representatives) can file a complaint with the prosecutor's office that medical care was improperly provided.

Violence has long been overlooked as a public health problem because it is an extremely vague and complex phenomenon. What is acceptable and what is unacceptable in human behavior, what is considered harm or damage, depends on the cultural and legal norms that exist in a certain society and is constantly being revised as values and social norms change. Nevertheless, health care institutions (along with educational institutions) are the first line to see the signs of child abuse. They play a critical role in identifying and overcoming the child abuse syndrome. To do so, educators and physicians must be both familiarized with the problem and be aware to take measures in order to stop child abuse and protect children's rights.

Thus, an interdisciplinary approach involving socio-legal staff, educators and physicians of all specialties is necessary to prevent and detect child abuse and its consequences which influence on psycho-emotional state, social adaptation, child morbidity and mortality, traumatism and disability. Attentive attitude to a small patient, improvement of methods for assessing the health status of children as well as a revision of modern anthropometric height-weight and functional indicators in different age groups play a great role not only in therapeutic and diagnostic purposes, but also in the production of forensic medical examinations in cases of child abuse. It is also extremely important to observe examination standards and regulations regarding the description of injuries for further forensic examination as it allows investigative authorities to qualify the act and administer justice.

ADDITIONAL INFORMATION

Author contribution. Thereby, all authors made a substantial contribution to the conception of the study, acquisition, analysis, interpretation of data for the work, drafting and revising the article, final approval of the version to be published and agree to be accountable for all aspects of the study.

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