

Child Abuse: A Threat to Society

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Abstract

Child abuse is defined as a variety of harmful behaviours directed against children it can take many forms. Child abuse in general is psychological problem or pervasion of the abuser. The abuser is referred to as the perpetrator of Child abuse may include any act or failure by the caretaker of child which results is actual or potential harm to the child. The abuse may be physical sexual or psychological mostly child abuse occurs within the family. Such child suffers mental disturbances. Violence against child occurs every day, everywhere. Poverty and Separation of parents neglecting the child, not fulfil his needs results the child suffer emotional and physical damage, Abuse child become depressed child abuse is the serious global problem. The only way to prevent this problem is Recognitions and awareness in the society.

Keywords: Battered, Syndrome, homicides, prosecution, intimidation, discrimination

Introduction:

Child abuse has for a long time been recorded in literature, art and science in many parts of the world. Reports of infanticide, mutilation, abandonment and other forms of violence against children date back to ancient civilizations. The historical record is also filled with reports of unkempt, weak and malnourished children cast out by families to fend for themselves and of children who have been sexually abused.

The term “battered child syndrome” was coined to characterize the clinical manifestations of serious physical abuse in young children (2). Now, four decades later, there is clear evidence that child abuse is a global problem. It occurs in a variety of forms and is deeply rooted in cultural, economic and social practices. Solving this global problem, however, requires a much better understanding of its occurrence in a range of settings, as well as of its causes and consequences in these settings.

Any global approach to child abuse must take into account the differing standards and expectations for parenting behaviour in the range of cultures around the world. Culture is a society’s common fund of beliefs and behaviours, and its concepts of how people should conduct themselves. Included in these concepts are ideas about what acts of omission or commission might constitute abuse and neglect.

Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting 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 distinction between behaviour – regardless of the outcome – and impact or harm is a potentially confusing one if parental intent forms part of the definition. Some experts consider as abused those children who have been inadvertently harmed through the actions of a parent, while others require that harm to the child be intended for the act to be defined as abusive. Some of the literature on child abuse explicitly includes violence against children in institutional or school settings.

Physical abuse of a child is defined as those acts of commission by a caregiver that cause actual physical harm or have the potential for harm. Sexual abuse is defined as those acts where a caregiver uses a child for sexual gratification. Emotional abuse includes the failure of a caregiver to provide an appropriate and supportive environment, and includes acts that have an adverse effect on the emotional health and development of a child. Such acts include restricting a child’s movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other nonphysical forms of hostile treatment.

Neglect refers to the failure of a parent to provide for the development of the child – where the parent is in a position to do so – in one or more of the following areas: health,

education, emotional development, nutrition, shelter and safe living conditions. Neglect is thus distinguished from circumstances of poverty in that neglect can occur only in cases where reasonable resources are available to the family or caregiver.

Information on the numbers of children who die each year as a result of abuse comes primarily from death registries or mortality data. According to the World Health Organization, there were an estimated 57 000 deaths attributed to homicide among children under 15 years of age in 2000. Global estimates of child homicide suggest that infants and very young children are at greatest risk, with rates for the 0–4-year-old age group more than double those of 5–14-year-olds.

Many child deaths, however, are not routinely investigated and post-mortem examinations are not carried out, which makes it difficult to establish the precise number of fatalities from child abuse in any given country. Even in wealthy countries there are problems in properly recognizing cases of infanticide and measuring their incidence. Significant levels of misclassification in the cause of death as reported on death certificates have been found, for example, in several states of the United States of America. Deaths attributed to other causes – for instance, sudden infant death syndrome or accidents – have often been shown on reinvestigation to be homicides.

Injuries inflicted by a caregiver on a child can take many forms. Serious damage or death in abused children is most often the consequence of a head injury or injury to the internal organs. Head trauma as a result of abuse is the most common cause of death in young children, with children in the first 2 years of life being the most vulnerable. Because force applied to the body passes through the skin, patterns of injury to the skin can provide clear signs of abuse. The skeletal manifestations of abuse include multiple fractures at different stages of healing, fractures of bones that are very rarely broken under normal circumstances, and characteristic fractures of the ribs and long bones.

Shaking is a prevalent form of abuse seen in very young children. The majority of shaken children are less than 9 months old. Most perpetrators of such abuse are male, though this

may be more a reflection of the fact that men, being on average stronger than women, tend to apply greater force, rather than that they are more prone than women to shake children. Intracranial haemorrhages, retinal haemorrhages and small ‘‘chip’’ fractures at the major joints of the child’s extremities can result from very rapid shaking of an infant. They can also follow from a combination of shaking and the head hitting a surface. There is evidence that about one-third of severely shaken infants die and that the majority of the survivors suffer long-term consequences such as mental retardation, cerebral palsy or blindness.

Children may be brought to professional attention because of physical or behavioural concerns that, on further investigation, turn out to result from sexual abuse. It is not uncommon for children who have been sexually abused to exhibit symptoms of infection, genital injury, abdominal pain, constipation, chronic or recurrent urinary tract infections or behavioural problems. To be able to detect child sexual abuse requires a high index of suspicion and familiarity with the verbal, behavioural and physical indicators of abuse. Many children will disclose abuse to caregivers or others spontaneously, though there may also be indirect physical or behavioural signs.

There exist many manifestations of child neglect, including non-compliance with health care recommendations, failure to seek appropriate health care, deprivation of food resulting in hunger, and the failure of a child physically to thrive. Other causes for concern include the exposure of children to drugs and inadequate protection from environmental dangers. In addition, abandonment, inadequate supervision, poor hygiene and being deprived of an education have all been considered as evidence of neglect.

Estimates of the prevalence of sexual abuse vary greatly depending on the definitions used and the way in which information is collected. Some surveys are conducted with children, others with adolescents and adults reporting on their childhood, while others question parents about what their children may have experienced.

Nevertheless, surveys indicate that corporal punishment remains legal in at least 60

countries for juvenile offenders, and in at least 65 countries in schools and other institutions. Corporal punishment of children is legally acceptable in the home in all but 11 countries. Where the practice has not been persistently confronted by legal reform and public education, the few existing prevalence studies suggest that it remains extremely common. Corporal punishment is dangerous for children. In the short term, it kills thousands of children each year and injures and handicaps many more. In the longer term, a large body of research has shown it to be a significant factor in the development of violent behaviour, and it is associated with other problems in childhood and later life.

Psychological abuse against children has been allotted even less attention globally than physical and sexual abuse. Cultural factors appear strongly to influence the non-physical techniques that parents choose to discipline their children – some of which may be regarded by people from other cultural backgrounds as psychologically harmful.

Defining psychological abuse is therefore very difficult. Furthermore, the consequences of psychological abuse, however defined, are likely to differ greatly depending on the context and the age of the child. There is evidence to suggest that shouting at children is a common response by parents across many countries. Cursing children and calling them names appears to vary more greatly. In the five countries of the World SAFE study, the lowest incidence rate of calling children names in the previous 6 months was 15%.

Physically abusive parents are more likely to be young, single, poor and unemployed and to have less education than their non-abusing counterparts. In both developing and industrialized countries, poor, young, single mothers are among those at greatest risk for using violence towards their children.

A number of personality and behavioural characteristics have been linked, in many studies, to child abuse and neglect. Parents more likely to abuse their children physically tend to have low self-esteem, poor control of their impulses, mental health problems, and to display antisocial behaviour.

Neglectful parents have many of these same problems and may also have difficulty planning important life events such as marriage, having children or seeking employment. Many of these characteristics compromise parenting and are associated with disrupted social relationships, an inability to cope with stress and difficulty in reaching social support systems.

Physical, behavioural and emotional manifestations of abuse vary between children, depending on the child's stage of development when the abuse occurs, the severity of the abuse, the relationship of the perpetrator to the child, the length of time over which the abuse continues and other factors in the child's environment.

The financial costs associated with both the short-term and long-term care of victims form a significant proportion of the overall burden created by child abuse and neglect. Included in the calculation are the direct costs associated with treatment, visits to the hospital and doctor, and other health services. A range of indirect costs are related to lost productivity, disability, decreased quality of life and premature death.

A number of interventions for improving parenting practices and providing family support have been developed. These types of programmes generally educate parents on child development and help them improve their skills in managing their children's behaviour. While most of these programmes are intended for use with high-risk families or those families in which abuse has already occurred, it is increasingly considered that providing education and training in this area for all parents or prospective parents can be beneficial. In Singapore, for instance, education and training in parenting begins in secondary school, with "preparation for parenthood" classes. Students learn about child care and development, and gain direct experience by working with young children at preschool and child care centres.

For families in which child abuse has already occurred, the principal aim is to prevent further abuse, as well as other negative outcomes for the child, such as emotional problems or delayed development. While evaluations of programmes on education and training in parenting have shown promising results in

reducing youth violence, few studies have specifically examined the impact of such programmes on rates of child abuse and neglect. Instead, for many of the interventions, proximal outcomes – such as parental competence and skills, parent–child conflict and parental mental health – have been used to measure their effectiveness.

During the home visits, information, support and other services to improve the functioning of the family are offered. A number of different models for home visitation have been developed and studied. In some, home visits are provided to all families, regardless of their risk status, whereas others focus on families at risk for violence, such as first-time parents or single and adolescent parents living in communities with high rates of poverty.

Evaluations of this type of intervention have been limited and their findings somewhat inconclusive, mainly because of the fact that programmes offer a large variety of services and relatively few studies have included a control group. There is some evidence suggesting that programmes to preserve the family unit may help avoid placing children in care, at least in the short term. However, there is little to suggest that the underlying family dysfunction at the root of the problem can be resolved with short, intensive services of this type.

Health care professionals have a key part to play in identifying, treating and referring cases of abuse and neglect and in reporting suspected cases of maltreatment to the appropriate authorities. It is vital that cases of child maltreatment are detected early on, so as to minimize the consequences for the child and to launch the necessary services as soon as possible. Screening, traditionally, is the identification of a health problem before signs and symptoms appear. In the case of child abuse and neglect, screening could present problems, since it would need to rely on information obtained directly from the perpetrator or from observers. For this reason, relatively few approaches to screening have been described, and for the most part the focus has been on improving the early recognition by health care providers of child abuse and neglect, primarily through greater levels of training and education.

As with cases of direct physical or sexual assault, children who witness violence may exhibit a range of symptoms, including behavioural, emotional or social problems and delays in cognitive or physical development, although some may not develop problems at all. Given this variability, different intervention strategies and treatment methods have been developed, taking into account the developmental age of the child. The evidence to date for the effectiveness of these programmes is limited and often contradictory.

In addition, victims of child abuse may not be identified as such until later in life and may not have symptoms until long after the abuse has occurred. For these reasons, there has been a recent increase in services for adults who were abused as children, and particularly in referrals to mental health services. Unfortunately, few evaluations have been published on the impact of interventions for adults who were abused during childhood. Most of the studies that have been conducted have focused on girls who were abused by their fathers.

Child protection service agencies investigate and try to substantiate reports of suspected child abuse. The initial reports may come from a variety of sources, including health care personnel, police, teachers and neighbours. If the reports are verified, then staff of the child protection services have to decide on appropriate treatment and referral. Such decisions are often difficult, since a balance has to be found between various potentially competing demands – such as the need to protect the child and the wish to keep a family intact. The services offered to children and families thus vary widely. While some research has been published on the process of decision-making with regard to appropriate treatment, as well as on current shortcomings – such as the need for specific, standard criteria to identify families and children at risk of child abuse – there has been little investigation of the effectiveness of child protection services in reducing rates of abuse.

Criminal justice policies vary markedly, reflecting different views about the role of the justice system with regard to child maltreatment. The decision whether to prosecute alleged perpetrators of abuse depends

on a number of factors, including the seriousness of the abuse, the strength of evidence, whether the child would make a competent witness and whether there are any viable alternatives to prosecution.

Widespread prevention and educational campaigns are another approach to reducing child abuse and neglect. These interventions stem from the belief that increasing awareness and understanding of the phenomenon among the general population will result in a lower level of abuse. This could occur directly – with perpetrators recognizing their own behaviour as abusive and wrong and seeking treatment – or indirectly, with increased recognition and reporting of abuse either by victims or third parties.

Evidence directly linking the availability of such programmes to a decrease in child maltreatment, though, is lacking. Studies of these programmes have usually measured outcomes such as child development and school success. Other policies that can indirectly affect levels of child abuse and neglect are those related to reproductive health. It has been suggested that liberal policies on reproductive health provide families with a greater sense of control over the size of their families and that this, in turn, benefits women and children. Such policies, for instance, have allowed for more flexibility in maternal employment and child care arrangements.

A guiding principle of the Convention is that children are individuals with equal rights to those of adults. Since children are dependent on adults, though, their views are rarely taken into account when governments set out policies. At the same time, children are often the most vulnerable group as regards government-sponsored activities relating to the environment, living conditions, health care and nutrition. The Convention on the Rights of the Child provides clear standards and obligations for all signatory nations for the protection of children.

Governments should monitor cases of child abuse and neglect and the harm they cause. Such monitoring may consist of collecting case reports, conducting periodic surveys or using other appropriate methods, and may be assisted by academic institutions, the health care system

and nongovernmental organizations. Because in many countries professionals are not trained in the subject and because government programmes are generally lacking, reliance on official reports will probably not be sufficient in most places to raise public concern about child abuse and neglect. Instead, periodic population-based surveys of the public are likely to be needed.

Many risk factors appear to operate similarly across all societies, yet there are some, requiring further research that seem dependent on culture. While there appears to be a clear association between the risk of abuse and the age of the child, the peak rates of physical abuse occur at different ages in different countries. This phenomenon requires further investigation. In particular, it is necessary to understand more about how parental expectations of child behaviour vary across cultures, as well as what role child characteristics play in the occurrence of abuse. Other factors that have been suggested as either risk factors or protective factors in child abuse – including stress, social capital, and social support, the availability of an extended family to help with the care of children, domestic violence and substance abuse – also need further research.

Health and education professionals have a special responsibility. Researchers in the fields of medicine and public health must have the skills to design and conduct investigations of abuse. Curricula for medical and nursing students, graduate training programmes in the social and behavioural sciences, and teacher training programmes should all include the subject of child abuse and the development within organizations of responses to it. Leading professionals in all these fields should actively work to attract resources to enable such curricula to be properly implemented.

Conclusion:

Child abuse is a serious global health problem. Although most studies on it have been conducted in developed countries, there is compelling evidence that the phenomenon is common throughout the world. Much more can and should be done about the problem. In many countries, there is little recognition of child

abuse among the public or health professionals. Recognition and awareness, although essential elements for effective prevention, are only part of the solution. Prevention efforts and policies must directly address children, their caregivers and the environments in which they live in order to prevent potential abuse from occurring and to deal effectively with cases of abuse and neglect that have taken place. The concerted and coordinated efforts of a whole range of sectors are required here, and public health researchers and practitioners can play a key role by leading and facilitating the process.

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