

Child Abuse & Neglect: An Overview

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Abstract

Child abuse has been recognized as a global phenomenon. It has detrimental consequences on all the aspects of child development. Solving this universal problem, requires better understanding of its occurrence in varied range of settings, as well as of its causes and consequences in these settings. The majority of preventive programs focus on victims or perpetrators of child abuse and neglect. Very few programs emphasize on primary preventive approach aimed at preventing the child abuse & neglect from taking place at the initial stage. Effort must be made to prevent child abuse and neglect from occurring at all. This article provides an overview of child abuse and neglect at global level.

Key Words: Child Abuse, Child Maltreatment, Neglect.

Introduction

Child abuse has been a global phenomenon for centuries. The issue received widespread attention in 1962 when Kemp et al. published "*The battered child syndrome*"¹. Since then, child abuse has been recognized as a social problem in both developed and developing countries of the world². It has been observed that violence against children still continues to increase³. To solve this global problem, better understanding of its various aspects in varied range of settings is necessary.

Any global approach to child abuse must take into consideration the varied standards and expectations for parenting behavior in the wide range of cultures around the world. Different societies have different definitions of child abuse and neglect, but all of them have certain criteria for identifying behavior that is outside the realm of acceptable training and care of children⁴. However, there is a general agreement across most of the societies that child abuse should not be allowed. As per the definition drafted by the world health organization (WHO)⁵ "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."

Types of Abuse⁵

Physical Abuse of a child is the act of commission by a caretaker that cause actual physical harm or have the potential for harm. It includes non-accidental injuries, which may be caused by beating,

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hitting, kicking, biting, punching, shaking, throwing or any harmful force or restraint. Such injury is considered abuse regardless of whether the caretaker intended to hurt the child.

In *Sexual Abuse* a caretaker uses a child for sexual gratification. It is the involvement of a child in sexual activity that he/she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and can not give consent, or that violates the laws or social taboos of a society. This may include:

- The inducement or coercion of a child to engage in any unlawful sexual activity.
- The exploitative use of a child in prostitution or other unlawful sexual practices.
- The exploitative use of a child in pornographic performances and materials.

These acts can be considered as child sexual abuse only if a person responsible for the care of a child or related to child has committed these. If a stranger commits these acts, it would be considered as sexual assault.

Emotional Abuse includes the failure of a caretaker to provide an appropriate and supportive environment, so that the child can develop a stable and full range of emotional and social competencies, commensurate with his or her personal potentials. There may also be acts towards the child that have an adverse effect on the emotional health & development of a child. Such acts include restricting the child's movements, denigrating, threatening, scaring, discriminating, ridicule, intimidation, rejection or other non-physical forms of hostile treatment.

Neglect is failure to provide for the development of a child in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions, in the context of resources reasonably available to the parent or caretaker.

Prevalence of Child Abuse and Neglect

Fatal Abuse

In countries with reliable mortality reporting, WHO estimates that as many as one in 5000 to one in 10,000 children under the age of 5 years die each year from physical violence, although much lower rates have also been noted ⁶. According to WHO, there were an estimated 57,000 deaths attributed to homicide among children under 15 years of age in 2000 ⁷. The highest rates of fatal child abuse are found among children aged 0-4 years. The most common cause of death is head injury followed by abdominal injuries and intentional suffocation ⁷⁻⁹. The National Child Abuse and Neglect Data System (NCANDS) reported an estimated 1400 child fatalities in 2002, a rate of 1.98 children per 1,00,000 children in general population. The rate of child abuse and neglect fatalities reported by NCANDS has increased slightly over the last several years from 1.84 per 100,000 children in 2000 to 1.96 in 2001 and 1.98 in 2002. However experts do not agree whether this represents an actual increase in child abuse and neglect fatalities, or whether it may be attributed to improvements in reporting procedures. NCANDS data for 2002 demonstrated children younger than 1 year accounted for 41% of fatalities, while children younger than 4 years accounted for 76% of fatalities. This age group of children is the most vulnerable for many reasons including their dependency, small size and inability to defend themselves ¹⁰.

Many researchers and practitioners believe that child fatalities due to abuse and neglect are underreported. State's definition of the terms such as "child homicide", "abuse" and "neglect" varies, so do the numbers and types of child fatalities. In addition, some deaths officially labeled as accidents or sudden infant death syndrome (SIDS) might be attributed to child abuse or neglect if more comprehensive investigations were conducted or if there were consensus in the coding of abuse on death certificates¹⁰.

Recent studies in Colorado and North Carolina have estimated that about 50 to 60% of deaths resulting from abuse or neglect are not recorded¹¹. In many cases of child deaths, routine investigations and postmortem examinations are not done. In such cases it is difficult to ascertain the precise number of fatalities from child abuse. Even in wealthy countries there are problems in properly recognizing cases of infanticides and measuring their incidence. In several states of United States of America significant levels of misclassification in the cause of death as reported on death certificates have been found. Deaths attributed to other causes like SIDS or accidents have often been shown on reinvestigation to be due to child abuse^{9,12}. However there is a general agreement that fatalities from child abuse are far more frequent than official records suggest in every country where studies of infant deaths have been undertaken^{13,14}.

Non-Fatal Abuse

Fatal abuse is just tip of the iceberg. Millions of children are victim of non-fatal abuse, the majority of which remain unreported. Data on non-fatal child abuse comes from variety of sources like official statistics, case reports published in journals, news items in newspapers and population-based surveys. Official surveys are not much informative regarding the patterns of child abuse. This is partly due to lack of legal system with mandatory reporting of child abuse cases in most of the countries. Even in countries where mandatory reporting exists only a small proportion of child abuse cases are reported to the authorities¹⁵. Results of the surveys in various countries can be compared which may help to understand the problem better, keeping in view the varied cultures across the world.

In a survey carried in the United States of America, parents were asked how they disciplined their children. An estimated rate of physical abuse of 49 per 1000 children was obtained. In this survey following behaviors were included: hitting the child with an object, other than on buttocks; beating the child; kicking the child; and threatening the child with a knife or gun¹⁶.

In a study in the Republic of Korea, parents were questioned about their behavior towards their children. 2/3rd of the parents reported whipping their children and 45% reported that they had hit, kicked or beaten their children¹⁷. In a cross sectional study of children in Egypt, 37% reported being beaten or tied up by their parents and 26% reported physical injuries such as fractures, loss of consciousness or permanent disability as a result of being beaten or tied up¹⁸. In a study in Ethiopia, 21% of urban school children and 64% of rural school children reported bruises or swelling on their bodies as a result of parental punishment¹⁹. A study conducted in China in which parents were interviewed reported an annual rate of severe violence against children of 461 per 1000²⁰.

Child sexual abuse (CSA) is common, but estimates of the prevalence of sexual abuse vary greatly. It depends upon the definition used and the way, information is collected. Three methods have been used to estimate the prevalence of CSA.^{21,22}.

1. Studies on reported cases of CSA.
2. Surveys on adults and adolescents about their childhood experience with sexual contact.
3. Surveys on children about their sexual experiences.

Surveys on adults about their childhood sexual experiences reported a prevalence rate of 1% CSA among men using a narrow definition of sexual contact involving pressure or force²³. Similar survey reported a prevalence of 19% where broader definition was used²⁴. Lifetime prevalence rates of childhood sexual abuse vary from 0.9%²⁵ when rape was used as definition of abuse, to 45%⁽²⁴⁾ with a much wider definition.

In a cross sectional survey in Geneva with an anonymous questionnaire centered on factual description of sexual activities was conducted amongst 1193 adolescents aged 13-17 years, of whom 1116 (93.5%) consented to the study and returned completed questionnaire. The survey reported prevalence of CSA (involving physical contact), 20.4% among girls and 3.3% among boys; prevalence of abuse involving some form of penetration was 5.6% among girls and 1.1% among boys²⁶. The institute of Race Relation found that more than 52,000 rapes were reported in 2000 and 40% of the victims were under the age of 18 years²⁷. A Los Angeles Times survey conducted nationally in 1985 found that 24.6 % of women responding were sexually abused before the age of 14 years and most of this abuse involved physical contact²⁸. These wide variations in estimated prevalence could be the result of real differences in risk prevailing in different cultures or from differences in the ways the studies are conducted²⁹.

Emotional abuse & neglect against children have received less attention globally by the society as well as professionals. It is difficult to estimate the global dimensions of the problem. More research is still awaited.

Cultural variation influences the non- physical methods that parents choose to discipline their children. Defining emotional abuse is therefore difficult and varies in different cultures across the world. In 1993 the Third National Incidence Study (NIS-3) was conducted on a sample of 42 counties throughout the United States. 70% of cases involved neglect, with physical neglect being the most frequent type of neglect³⁰.

Manifestations of Child Abuse

Skin bruise is one of the commonest manifestations. Accidental bruises are very unlikely to occur in children who are not pulling to standing (younger than 6 months). A study shows that children who do not yet “cruise” holding on to furniture are unlikely to be bruised³¹. As children get older and become more adventurous, they are more likely to get accidental injuries.

Abusive bruises have been found on those parts of the body where these injuries are not normally found. Facial bruise has been found to be uncommon in normal children, whereas it is a frequent finding in abused children³². Bruises that carry the imprint of an implement and multiple bruises of uniform shape are suggestive of abuse. When a child is hit with an object, it often leaves marks that reflect the outline of striking surface of an object. Stick, ropes, shoes, belt buckles etc can leave notable marks on the skin. Blows to the buttocks leave vertical bruises at the junction where the buttocks curve in to the gluteal cleft³³.

Certain characteristics are highly correlated with abuse. Scalds are one of the most common forms of abusive burns amongst children. The scalds usually involve lower trunk, buttocks, perineum and legs.

They can also appear as “stocking” or “glove” burn involving feet and hands. Abusive scalds are more likely to have clear demarcation between burned and normal skin and absence of splash marks³⁴⁻³⁶.

Presence of cigarette burns also suggests child abuse. These are circular, uniform sized, about 1.0 cm in diameter, often grouped and found on hand and feet.

Abusive head trauma is the most common cause of death from child abuse and leading cause of traumatic deaths in children^{37, 38}. Caffey elaborated on the mechanism whereby shearing forces from shaking of infant cause intracranial injuries and retinal hemorrhages. He postulated that shaking alone is sufficient to cause the intracranial hemorrhage³⁹. More recent studies show that shaking injuries often are accompanied by evidence of direct impact⁴⁰.--

Children with abusive head trauma may present clinically as asymptomatic swelling or bruising of head, loss or alteration of consciousness, vomiting, seizures, apnea etc. External injuries are occasionally minimal and not easily appreciated in child abuse cases. In younger children, bulging of the fontanel or splitting of the cranial sutures may be the only external sign of abusive head trauma. Intracranial hemorrhage may be present. Retinal hemorrhages may occasionally occur after prolonged increase in intracranial pressure. A review of literature suggests that approximately 75% of children with abusive head trauma have concomitant retinal hemorrhages⁴¹.

Inflicted skeletal trauma may involve any part of the axial and appendicular skeleton. Fractures of extremities are the most common skeletal injuries occurring in abused children and have been recognized as indicators of child abuse^{42,43}.

Long bone fractures may involve the diaphysis, as well as the metaphyseal- epiphyseal complex. Diaphyseal fractures have been reported to be the most common extremity injury in abused children⁴⁴.

Rib fractures are most commonly (80%) located posteriorly near the costo-vertebral articulation. Although anterior and costo-chondral junction fractures are identified less frequently these injuries are more common than reported as they are often difficult to detect^{44, 45}. Most rib fractures are thought to result from violent shaking⁴⁶.

Cranial fractures is the second most common skeletal injury in abused children⁴⁴. Skull fractures may occur due to direct impact from a blow to the head, or the rapidly moving head of a shaken baby suddenly hit against a static object. The pattern of skull fractures as well as inconsistencies between the observed fracture and the alleged mechanisms of injury are instrumental in confirming child abuse⁴⁷.

Manifestations of Child Sexual Abuse

Recognition of sexual abuse requires a high index of suspicion and familiarity with the historical, physical and behavioral indicators of abuse. Some children are brought for medical evaluation after disclosure of abuse. Masked presentations of sexual abuse are however common. These children may present initially with physical or behavioral complaints & on further investigation the history of sexual abuse is obtained. Common masked complaints include pain abdomen, constipation, rectal bleeding, straddle injury, chronic or recurrent urinary tract infections, pregnancy and various other somatic and behaviour problems⁴⁸.

Sexually transmitted diseases in pre-pubertal children, pregnancy in preadolescent and genital or anal injuries are indicator of sexual abuse and strongly suggest the need for further evaluation for probable abuse ^{49, 50}.

Manifestations of Child Neglect

Little emphasis has been paid on the area of child neglect, yet it is the most prevalent form of child maltreatment. It is important to recognize that many forms of neglect may have no immediate physical consequences, although there may be present substantial and long term psychological harm. Common manifestations likely to be encountered by health care providers are listed in Table 1 ⁵¹

Table 1 : Manifestation of Neglect likely to be encountered by Health Care Providers

Manifestation of Neglect likely to be encountered by Health Care Providers
• Non Compliance (non adherence) with health care recommendations.
• Delay or failure in getting health care.
• Refusal of medical treatment.
• Emotional affect (excessive quietness or apathy in a toddler), behavior (repetitive movements) and learning problems, especially if not being addressed, reflect inadequate nurturance, affection or supervision.
• Hunger, failure to thrive and perhaps unmanaged morbid obesity.
• Inadequate hygiene, perhaps contributing to medical problems.
• Inadequate clothing, perhaps contributing to medical problems.
• Educational needs not being met.
• Abandoned children.

Risk factors for Child Abuse & Neglect

Fatal cases of physical abuse are found largely among young infants ^{9,13,21}. National center for injury prevention and control fatality data for 2000 revealed differences in overall rates by single year of age for children younger than 15 years. The highest overall injury death rate was for children younger than 1 year (34/100,000) ⁵². Young infants are also at risk for non-fatal abuse ^{20, 53}.

On the other hand sexual abuse rates tend to rise after the onset of puberty with the highest rates occurring during puberty ^{54, 55}.

Girls are at higher risk for infanticides, sexual abuse and neglect. Several studies show rates of sexual abuse to be 1.5 to 3 times higher among girls than boys ²⁹. Research has shown that boys are at greater risk of harsh physical punishment ^{16, 53, 56, 57}.

Various studies have shown that premature birth, low birth weight, physical or mental handicap and being second or later born increases the risk of physical abuse and neglect ⁵⁸⁻⁶⁰.

Research conducted in China, Finland, India and the United States suggests that women use more physical discipline than men ^{6,20,53,61}. However men are the most common perpetrators of life

threatening head injuries and other fatal injuries^{62,63}. Predominantly men are the perpetrators in cases of both female and male victims of sexual abuse^{29,64}.

Physically abusive parents are likely to be young, single, poor, unemployed, less educated than their non-abusive counterparts^{16,57,61,63}. Parents with low self-esteem, poor control on their impulses, mental health problems antisocial behavior are more likely to abuse their children.

Emotional disturbances, including depression, have been a major finding in mothers of neglected children. They have been described as more bored, depressed, restless, lonely and less satisfied with life than mothers of non-neglected children⁵¹. Research has found that abusive parents may also be uninformed and have unrealistic expectations about child development. They show greater irritation and annoyance in response to their children's moods and behavior, and are less supportive, affectionate, playful and responsive to their children^{51,63,66}. Studies have shown that parents abused as children are at higher risk of abusing their own children^{63,67}.

Domestic Violence or battering is a pattern of psychological, economic and sexual coercion of one partner in a relationship by the other that is punctuated by physical assault or credible threats of bodily harm⁶⁸. During assaults on their mother, the children of battered women are at risk for injury themselves either deliberately or incidental⁶⁹. They may also have emotional trauma and behavioral problems as a result of witnessing abuse⁷⁰. Research in India showed that, the occurrence of domestic violence doubled the risk of child abuse⁵³.

Consequences of child abuse & neglect

Child abuse has negative consequences for the physical, emotional, cognitive and behavioral development of children. Children who are maltreated may exhibit problematic school performance, attention deficits, poor school skill and physical aggression. Although negative consequences have been documented for both boys and girls, some differences have been reported. Females tend to manifest more internalizing consequences, such as eating disorders, low self-esteem, suicidal ideation and psychological disorders, while males are likely to manifest more externalizing consequences, such as increased aggression, delinquency and spousal abuse^{70,71}.

Research has indicated that child maltreatment is associated with a host of behavioral problems that manifest themselves in adolescence in the form of self harm, truancy, delinquency, prostitution, eating disorders such as anorexia, bulimia or obesity^{3,72}.

Prevention of Child Abuse and Neglect

The majority of prevention programs focus on victims or perpetrators of child abuse and neglect. The effectiveness of various prevention programs still remains to be studied since there has been little prevention outcome research done utilizing comparison groups⁷⁵.

Various prevention strategies are described below.

Parent Education Programs

These programs generally educate parents on child development and help them improve their skills in managing their children's behaviour. Most commonly the high-risk families and those families

in which abuse has already occurred are included in such education programs. But now there is increased awareness that providing such education for all parents or prospective parents can be beneficial. In Singapore for instance such education begins at the secondary school level with "Preparation for parenthood" classes. Students learn about childcare and development by working with young children at preschool and childcare centers⁵.

Home Visitation Programs

Home Visitation Programs bring community resources to families in their homes. During the home visits, information, support and other services are offered to improve the functioning of families. In a survey⁷⁶ of more than 1900 home visiting programs, it was found that 224 programs primarily provided services for abused and neglected children. Families were generally visited weekly or every 2 weeks, with the services provided over the period ranging from 6 months to 2 years. A study on the long-term effects of home visitation on child abuse and neglect concluded that, throughout the 15-year period after the birth of a first child, women who were visited by nurses during their pregnancy and during their child's infancy were less likely to be identified as perpetrators of child abuse than women who were not visited⁷⁷.

Role of health care professionals

Health care professionals have a key role in identifying, treating and referring cases of child abuse and neglect and in reporting suspected cases of child maltreatment to appropriate authorities. It is vital that case of child maltreatment are detected early, so as to minimize the consequences for the child and to start the necessary intervention at the earliest.

Continued Education and Training for health care professionals

Various studies have emphasized the need for the continuing education of health care professionals on the detection and reporting of early signs and symptoms of child abuse & neglect^{78,79}. Consequently, a number of health care organizations have developed training programs so as to improve the detection and reporting of child abuse and neglect. In New York State, health care professionals are required to take 2-hour course on identifying and reporting child abuse and neglect as a prerequisite to gain a license⁸⁰.

Prevention at the school level

School based programs are generally designed to teach children how to recognize threatening situations and to provide them with skills to protect themselves against abuse. In Ireland the Stay Safe primary prevention program is now implemented in almost all primary schools. Children in the program showed significant improvements in knowledge and skills⁸¹.

Community based efforts

To prevent child abuse and neglect at the primary level it is important to change the attitude and behavior of community at multisectoral level. Non Government Organizations, media and public sector can play a vital role in increasing the public awareness

National Policies

It is believed that by successfully tackling poverty, improving educational level, employment opportunities and increasing the availability and quality of child care services, rates of child abuse and neglect can be significantly reduced. Liberal policies related to reproductive health, provides control over family size which in turn benefits women and children.

Conclusion

Child abuse and neglect is a serious global health problem. It has detrimental consequences on the physical, emotional, cognitive and behavioral development of children. In many countries, there is little recognition of child abuse amongst the public and health professionals. Recognition and awareness are the essential elements for effective prevention. Early identification, treatment and reporting of cases of child abuse and neglect will offer maltreated child a chance to overcome the detrimental consequences. The majority of preventive programs focus on victims or perpetrators of children. Few programs have emphasized on primary preventive approach aimed at preventing the maltreatment from occurring at the first place. Every effort must be made to prevent child abuse and neglect at the primary level. This requires a sincere commitment and whole hearted effort at the multisectoral levels.

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