

## **Child Abuse**

The term child abuse refers to any act or failure to act that violates the rights of the child that endangers his or her optimum health, survival or development. A recent WHO estimate shows that 40 million children aged 0-14 around the world suffer from abuse and neglect and require health and social care. Child abuse, long neglected by both society and medicine is now a focus of public attention. Pediatricians and others in the medical community play an important part in identifying possible victims of child abuse. Poverty, inaccessible health care, inadequate nutrition, unavailability of education etc. are the contributing factors identified so far.

### **The Spectrum**

Maltreatment is commonly divided into five categories; physical abuse, emotional abuse, sexual abuse, neglect and negligent treatment, exploitation. Neglect is thought to be the most common of the four and probably the most life threatening. Many instances of neglect have in common the failure of a caretaker to provide basic shelter, supervision, medical care or support. Physical abuse involves inflicting bodily injury through excessive force or forcing a child to engage in physically harmful activity, such as excessive exercise. Emotional abuse is coercive, demeaning or overtly distant behavior by a parent or other caretaker that interferes with a child's normal social or psychological development. Sexual abuse includes the inappropriate exposure of a child to sexual acts or materials, the passive use of children as sexual stimuli for adults and actual sexual contact between children and

older people. Neglect is the failure to provide for the development of the child in all spheres and exploitation refers to use of the child in work or other activities for the benefit of others(1).

### **The Consequence**

Child abuse can justifiably be viewed as a public health problem with immediate and long-term health consequences. Knowledge of normal child development and the negative health consequences of abuse to the individual family and society, draws attention to the need to address the problem. The physical, behavioral and emotional manifestations will vary between children, depending on the developmental stage at which the abuse occurs and its severity(2).

Social and emotional handicaps are perhaps the most serious long-term consequences of maltreatment. Physically abused children are generally more aggressive with their peers than children who have not been abused, have more troubled interpersonal relationships and have more depressive symptoms and affective disorders. Sexually abused children, in addition to their depressive and aggressive symptoms have an increased frequency of anxiety disorders and problems with sex roles and sexual functioning. Abused children when they become adults have 2 or 3 times as many problems with substance abuse and depression. Abused children, when they become parents tend to abuse their own children.

### **The Preventive Aspects**

Those in closest proximity to the child perpetrate a considerable amount of child maltreatment. While it's accepted that maltreatment can occur because of wider societal sys-

tem, organizations and processes, it's also agreed that a major step in developing preventive strategies is to recognize those dangers, which are in the control of individuals closest to the child. These individuals are most frequently family and community members and in some cases strangers whom the child encounters within their day to day environment. Interventions can be at the primary, secondary or tertiary level. Primary prevention aims at proving education to the parents to be, about good parenting. At the secondary level those parents who were abused, as children should be given education regarding child rearing. Once the abuse has occurred tertiary prevention helps to avoid recurrence of the same.

### The Intervention Aspects

A multi-disciplinary protection team should include representation from the medical, mental health, education, social service and legal professions working with government agencies. NGOs can also play a lead role. An emotionally secure infancy is a fundamental requirement for a stable adulthood. Hence treatment services must focus on the child as well as the parent. They must help children develop feelings of self worth and learn interpersonal skills and coping mechanism. For this to happen the basic needs of the family and the community should be met. WHO is active in the areas of improving mother and child interaction, in promoting life skills education for children and adolescents and in promoting child-friendly schools(3,4). Parents need to re-discover the art and skill of our yester year grandmothers, in preventing child sexual abuse in the families, in a subtle way by antici-

pating situations and acting appropriately in time(5). As a professional body, the Academy and IAP - CANCL group are committed to protect the rights of the children by motivating the parents to be more proactive(6). It would be the privilege and responsibility of the IAP State/ District/ City branch, to organize at least one workshop locally, to highlight the issue of child abuse and give the necessary clinical skills to our esteemed members.

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