Dare Not To Touch- Child Abuse And Neglect: A Review


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ABSTRACT

Child abuse and neglect is a common public health problem across the nation. It leads to long-term impact on the child’s mental health. Doctors and health care professionals are in the 1st line of service to help the children who are maltreated. Clinicians, especially dentists should be more careful in recognizing the recurrent facial lesions of child abuse. In treatment of child abuse, it requires a multidisciplinary approach with legal considerations. During their busy practice, medical professionals should report cases of child abuse, thus connecting them to socio-legal services. Child abuse and neglect can be prevented by explaining about its seriousness and impacts to the parents. This article explains about various legislations and acts which was formed to help the children who are maltreated.

KEYWORDS: Child abuse, neglect, mental health, legislations, acts.

INTRODUCTION

Child abuse and neglect is the most common maltreatment seen under the age of 18. Any child at any age may experience any type of child abuse. Approximately 3 million cases of child abuse and neglect are reported to Child Protective Services each year. It is said that child neglect is the most common type of child maltreatment followed by physical and sexual abuse [1][3].

Juvenile maltreatment is a serious public health issue and adverse childhood incident which will have long term impact on health and well-being of the child. Child abuse and neglect is common in families with low socio-economic status when compared to families with higher socio-economic status [2]. Children who are maltreated may suffer from emotional and psychological problems [1]. They also have physical injuries like bruises, cracks in bones, hand burn and cuts. Also, these children usually have impaired social-emotional skills [2].
In 1999, the World Health Organization composed the following definition. It states that 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 [4].

Among all the health care professionals, dentists are in the most commendatory position to identify the child abuse and neglect because 50-75% of cases involve the mouth, face and the neck region [5].

Child abuse and neglect have massive impact on lifelong health and well-being if left untreated. It leads to low social awareness, self-management, delayed brain development, lower educational appointment and limited employment opportunities [2].

**TYPES OF CHILD ABUSE**

**Physical Abuse**
Physical abuse of a child is nothing but the willful act of causing injury, stress or agony [6]. Physical forces include beating, shaking, burning, hitting, stabbing, biting and choking with bare hands or with
the help of objects like belt strap or stick that is laid down by the parents or the caretaker who has actual responsibility of the child [2][6].

**Warning Signs Of Physical Abuse**

1. The child usually has black eyes, injuries and anonymous burns and cuts in their body.
2. Child is depressed and protests to go home from school.
3. Child shrinks their body when any adult approaches them.
4. Child is antisocial and seems to be frightened always.
5. Recurrent bruises in the body with fading of the old scars [7][8].

Among all the types, physical abuse of the child is easy to recognize because of the physical signs. One should always remember that it is not necessary that the child is abused when bruises or cuts is seen. As we all know children are active, playful and accidents do happen, we should be aware of recurring marks that are unexplained [6].

**Abusive Head Trauma (Shaken Baby Syndrome)**

Abusive head trauma is a head or neck damage from physical child abuse [9]. It results from fierce shaking of the head of an infant or child. These children have more possibility to result in death or permanent neurologic disability [10].

Usually in most cases of Abusive Head Trauma occurs in infant or toddler who is less than 2 years of age. In rare cases it can happen in the child who is 5 years of age [9].

Abusive Head Trauma happens when force is used to throw child on purpose. It happens when someone hits the head or neck of the child against any furniture or an object [9].

Shaking a baby is so adverse because the child heads are usually heavy and large when compared with their body size [6]. The child’s neck strength is so weak because their muscles are extremely fragile and undeveloped [9][6]. So, when the baby is shaken forcefully the brain inside the skull moves forward and backward causing tear of blood vessels and nerve damage [9].

**Signs Of Shaken Baby Syndrome**

The various signs that a shaken baby syndrome child has are as follows:

- Have seizures.
- Breathlessness
- Unequal size of the pupils.
- Incapability of eyes to focus or track any moment.
- Unable to lift head.
- Skull fractures and brain swelling [9][10].

**Consequences Of Shaken Baby Syndrome**

Abusive Head Trauma causes a life-long impact in the brain of the child and when its severe it even causes death of the infant.
The other consequences are:

- Impairment of vision and hearing.
- Cerebral palsy.
- Seizures
- Delayed brain development.
- Learning and speech disabilities [9][6].

Shaken Baby Syndrome is preventable. The child should not be shaken for any reason. Parents/caregiver should always know about normal crying of the baby and should not get frustrated/upset with that sound.

**Emotional Abuse**

Emotional abuse means failure of the parents to provide a deserved and supportive environment to a child which will have long-term impact on the emotional health and development [11]. It reduces the child’s self-worth and emotional well-being [2].

The emotional abuse includes constant shaming and embarrassing the child in front of others. The parent usually makes false comparisons and calls them worthless [7]. The most common emotional abuse is criticism, threatening and showing less love, support or guidance [6]. Emotional abuse is less proven because there are no outward signs [12].

**Warning Signs Of Emotional Abuse**

Children with emotional abuse has

1. Behavioral extremes- they always show extreme aggression, overly complaint or extreme passivity [6][8].
2. Has delayed emotional or physical development [6][8].
3. Lack of attachment with their parents or caregiver [6].
4. Is either inadequately adult or inappropriately infantile [8].
5. Sometimes the children even attempt suicide [8].

Emotional abuse is usually unidentified outward but it leaves a life-long impact in the emotional development of a child.

**Sexual Abuse**

Sexual abuse is nothing but the employment of sexual activity that a child cannot recognize or assent to [1].

Sexual abuse does not always involve body contact [7]. It includes the use of a child in illegal sexual practices and pornographic performances and materials [13].

**Warning Signs Of Sexual Abuse**

1) The child has trouble in walking or sitting [7].
2) Unexplained bruises along with bleeding in the genital area [6].
3) Contracts Sexually Transmitted Disease or becomes pregnant, especially under 14 years of age [8].
4) The child recognizes sexual acts unbefitting of their age [7].
5) Run away from home as they are in the stage of shame and guilt [7].

Child Neglect

Neglect refers to exclusion or inattention to provide child’s basic needs such as health, nutrition, education, housing and clothing when a parent is in position to do so [11]. The child which is neglected from all the support undergoes a serious pattern of depression. Child neglect is the most common and prevalent type of abuse which is difficult to resolve [6]. Dental neglect is the willful failure of the parent or caretaker to look for the upcoming treatment appointments [5].

TYPES OF NEGLECT

The various types of child neglect are,

Physical Neglect: It is a type of neglect where the parent or caregiver fails to provide adequate nutrition, clothing and shelter. Parent leaves the child abundantly without any care and there is lack of supervision [6].

Medical Neglect: It is the failure of the parent or guardian to delay or deny in looking for a child’s health care needs [14]. Denial in the health care means failure to give proper needed care for the child as recommended by the health care professionals. Delay in the health care is the most common medical neglect where the parent/caregiver delays the treatment which is supposed to be attended at the first priority. Delay in health care includes failure to provide appropriate medical and dental care or not following the medical recommendations. The child receives less prevention care or diagnosed with any disease at the tertiary stage. This leads to death of the child due to delay in medical health care support [14].

Educational Neglect: It is the failure to provide a child with proper educational needs [6]. Due to poverty, there are still some children (especially under 15) are sent to work instead of schooling. Education of the child is very important to learn and communicate with others.

Emotional Neglect: It is the failure to meet child’s emotional needs. It is also the failure to provide psychosocial support [6].

Warning Signs Of Child Neglect

The signs of child neglect include,

They lack medical and dental care. The child is usually absent in school. Tries to steal and begs for food. The child is abended and lacks supervision. The child's hygiene is always poor (unbathed, unwashed hair with constant body odor). They have ill-fitting and inappropriate clothes for the weather. Often seen with untreated physical injuries and lacks emotional support [6][7][8].

Incidence Of Child Abuse In India

India is a developing country with more than 440 million children which is approximately more than 40% of the population [15]. The critical concerns are every third unnourished child in the world lives in India, every second child is scrawny. About 46% of the children are born with low weight [16].

Methods

The methods used to show the incidence prevailing in India include various literature search, published reports, articles and news point. The limitation of this review article includes lack of thorough information measure.
Evidence

Table 1: Shows the age of the children who are most susceptible to child abuse in the year 2018-2019.


The above table signifies that 42% of the child are abused below 6 years of age whereas 31% of the child are abused between 6-8 years of age [11].

TABLE 2: Shows the data given by Ministry of Women and Child Development; Government of India in the year 2007.

<table>
<thead>
<tr>
<th>TYPES OF CHILD ABUSE</th>
<th>PERCENTAGE OF OCCURRENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL ABUSE</td>
<td>69%</td>
</tr>
<tr>
<td>SEXUAL ABUSE</td>
<td>53%</td>
</tr>
<tr>
<td>EMOTIONAL ABUSE</td>
<td>50%</td>
</tr>
</tbody>
</table>

(SOURCE: MINISTRY OF WOMEN AND CHILD DEVELOPMENT; GOVERNMENT OF INDIA IN THE YEAR 2007)

The evidence reported that 69% of children were physically abused. Among them 55% were boys. It also showed that 89% of physical abuse was reported against parents [16]. It also showed that 53% of sexual abuse was reported by children. Among them 53% were boys, 47% were girls. Children on the street are prone to sexual assault. It also reported that 50% of children faced emotional abuse. Both boys and girls are equally reported with emotional abuse [16].

TABLE 3: Shows percentage of children in various age-group reporting physical abuse in states.

<table>
<thead>
<tr>
<th>STATE</th>
<th>YOUNGER CHILDREN (5-12 YEARS)</th>
<th>CHILDREN (13-14 YEARS)</th>
<th>ADOLESCENTS (15-18 YEARS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andra Pradesh</td>
<td>55%</td>
<td>23%</td>
<td>22%</td>
</tr>
<tr>
<td>Assam</td>
<td>42%</td>
<td>25%</td>
<td>33%</td>
</tr>
<tr>
<td>Bihar</td>
<td>60%</td>
<td>24%</td>
<td>17%</td>
</tr>
<tr>
<td>Delhi</td>
<td>50%</td>
<td>22%</td>
<td>28%</td>
</tr>
<tr>
<td>Gujarat</td>
<td>52%</td>
<td>24%</td>
<td>23%</td>
</tr>
<tr>
<td>Kerala</td>
<td>44%</td>
<td>26%</td>
<td>30%</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>47%</td>
<td>27%</td>
<td>26%</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>51%</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>47%</td>
<td>27%</td>
<td>26%</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>47%</td>
<td>37%</td>
<td>16%</td>
</tr>
</tbody>
</table>
The above table indicated that Delhi, Bihar, Andra Pradesh, Gujarat are reported with highest incidence of both physical and sexual abuse [17].

TABLE4: Shows the most frequent injuries identified in physical abuse in the year 2018-2019.

![Image](chart.png)

(SOURCE: Awareness of child abuse and neglect among working parents in Chennai; India; A knowledge, attitude and practice (KAP) survey)

The evidence reported that physical abuse is most frequent as facial injury with 45.8% of contusions and ecchymosis with 28% of abrasions and lacerations. Less than 10% of burns and bone fractures is seen in face. It also stated that 12% of bite barks is seen in child’s face [11].

As most of the physical abuse are as facial injury, Dentists are in the most vulnerable position to help the child from risk. The dentist has the highest opportunity to observe the child’s physical and emotional condition. It may be observed in dental team in number of ways:

1. Through direct accusation given by the child
2. Through signs and symptoms seen in the child which are implicative of physical abuse
3. Through observation between child-parent reciprocation [5].

TABLE5: Shows the total increased percentage of child sexual abuse and child rape across the nation in the year 2010-2011.

<table>
<thead>
<tr>
<th></th>
<th>IN THE YEAR 2010</th>
<th>IN THE YEAR 2011</th>
<th>INCREASED %</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD SEXUAL ABUSE</td>
<td>26,694</td>
<td>33,098</td>
<td>24%</td>
</tr>
<tr>
<td>CHILD RAPE</td>
<td>5,484</td>
<td>7,112</td>
<td>29.7%</td>
</tr>
</tbody>
</table>
The evidence reported that within 1 year there is increase of child sexual abuse of about 24% and 29.7% of child rape across the nation. India has the record of world’s highest incidence of child sexual abuse cases.

**Indian Medical Association Perspective**

The Indian Medical Association (IMA) identifies the need for diagnostic indication of children at risk and helps the children who seems to be at risk. The 9th ISPCAN Asia Pacific Conference of Child Abuse and Neglect (APCCAN 2011) conference result document “Delhi Declaration” assured and promised a resolution to stand against child abuse and neglect and make necessary efforts to provide child rights and give a violence free community for every child [15].

**India’s Progress To Protection Of Children**

It is the first responsibility of the government to protect the children against child abuse and neglect [5]. In 1992, India accepted the UN Convention on the Rights of the child and passed the judgment in implementing it [15]. Indian Government is taking serious steps in the last two decades for the promotion and protection of children [5]. The various legislations include,

- The Protection of Children from Sexual Offences Act (POCSO), (2012).
- Child Labor (Prohibition and Regulation) Act, 1986 (two notifications in 2006 and 2008).

There are various laws to help the children but it is still mandatory of the National Commission for the Protection of Child Rights (NCPCR) and State Commissions for the Protection of Child Rights (SCPCR) to supervise the implementation of the Act [15].

**TELEPHONE HELPLINES**

(Childline 1098) – (24/7 toll-free) It is the emergency telephonic helpline, which helps the children who are abused with rehabilitation services. This telephonic helpline is operational over 200 cities across India [5].

**Role Of Medical Care Professionals**

During their busy practice, it is the duty of the professional to report cases of child sexual abuse under the (POCSO) 2012 Act, thus connecting them to socio-legal services [5][15][18].
Dentist play a major role in identifying and recognizing the child abuse case as it mostly involves the facial injury. It is the basic responsibility to report to the authorities at the earliest which helps to reduce the risk of mortality and morbidity of the children [5].

CONCLUSION

The management of child abuse and neglect is complicated and it requires a multidisciplinary approach to treat and refer the child to relevant child protection authority for action. Though child abuse and neglect is a serious public health problem it is also inevitable one. Awareness campaigns should be designed not to awake medical professionals but also the parents and community who could help to reduce the frequency of child abuse and neglect. Child abuse and girl child neglect is still more common in underprivileged rural and urban communities. *Millennium Development Goals* (MDG) can’t be achieved unless it is eradicated and protect the children from various forms of exploitation. Linkage with Non-Governmental Organization may be considered as an outreach option. It requires a professional skill and ethics to bring feasible solutions for this national challenge. The challenge lies in transforming policy into programmes and then carrying programmes into practice. There is a wide gap between policy implementation and practice outcome and millions of children becomes prey for this gap. It is the primary responsibility of the family to protect the children followed by community, government and civil society.

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