Child abuse: An ongoing stigma for civilized society

While modern and innovative methods are being discussed to improve healthcare for children worldwide, child abuse is a subject that has been neglected by pediatric surgeons, nongovernmental organizations (NGOs), lawmakers, media and society at large. According to the UN Secretary-General’s 2006 study, up to 80-98% of children suffer physical punishment in their homes, with a third or more experiencing severe physical trauma resulting from the use of various implements. The practice of corporal punishment in schools has unfortunately been in existence for a long time. Teachers have been using special flexible and decorated canes, rulers, pencils and other means of physical torture to teach children a lesson. The recent article published in the current JIAPS issue has been an eye opener to most of us and has renewed the need to further expose the menace through this editorial.

WHAT IS CHILD ABUSE?

Child abuse manifests in many forms and the causes are also manifold. It includes physical abuse and neglect due to parental depression, stress and social isolation. The professionalization of the care and protection of children in the West has resulted from a complex of particular events that reflect Western cultural beliefs about the self, subjective experience and interpersonal connections. Attempts to universalize Western definitions of ‘child abuse’ fail to take into account the cultural and social realities of other areas. Thus, each area should recognize its own criteria for labeling events as child abuse. Neglect is the most common form of child maltreatment in the USA. There is strong evidence that children with disabilities are at higher risk for maltreatment as compared to those without disabilities.

INDIAN SCENARIO

There is no proper data for child abuse available from India and the reported incidence may only be the tip of the iceberg. Domestic violence is not uncommon. India also has the largest number of child laborers, mostly (90%) in the rural sector. Most cases also remain unnoticed and unreported on account of the innocence of the victim, stigma attached to the act, the callousness and the insensitivity of the investigating and the law enforcement agencies.

Types of child abuse include occupational torture, physical torture, sexual abuse—not only in girls but even in boys. There is a definite preference for the male child in Indian society and hence, female infanticide and feticide abound. There is lack of social and economic development among females, who are consequently underfed and overworked.

The reasons for child abuse include illiteracy, poverty, increased number of children, low maternal education and spousal violence. In a study on children as detainees due to crimes, it was noted that the majority of Indian doctors are aware of various national and international human rights’ institutions and of the long-term physical and psychological effects of torture. However, a significant number of doctors justified the use of coercive techniques and manhandling in dealing with the detainees by law enforcement agencies.

Childhood abuse is linked to a variety of maladaptive outcomes that can extend far into adulthood including alcohol use disorders and suicidal behavior. There is a strong correlation between early childhood abuse and enduring neurobiological changes in specific regions of the brain. These neurobiological changes are often reflected in psychopathology and lifelong maladaptive behaviors.

WHAT IS OUR ROLE?

We should be aware of bruising, bite marks, burns, bone fractures or trauma to the head or abdomen. Certain fractures are uncommon in the pediatric population, e.g., traumatic sternal segment dislocation is considered to be the result of child abuse until proven otherwise. It has been noticed that children of alcoholics are at higher risk for physical injuries and malnutrition. If the children at risk are identified earlier, some of the morbidity can be avoided. It becomes the moral duty of the attending doctor to document and report the matter to the appropriate agencies that will assess the situation and help to protect the child.

There may be lethal consequences if child abuse is not prevented or managed in time. Most these cases remain in the purview of the pediatricians. Pediatric surgeons play an insignificant role. Continuing medical education plays a strong role in improving the accuracy of the diagnosis and reporting the same to the concerned authorities. The law against the prevention of cruelty to the children already exists.
but implementing it to benefit children becomes the need of the hour.

Unfortunately, the abused child is made to seek treatment from the pediatric surgeon only when assaulted seriously. Child abuse and violence against children being significant public health problems need to be tackled with courage. An improvement in education, abolition of poverty, sex education, stabilization of a happy married life and adequate job opportunities would help prevent many of these abuses in children. Doctors, nurses, NGOs and Government bodies should work closely to fight this menace. Doctors have a special duty to protect the interest of the child. The Indian Association of Pediatric Surgeons should also establish a “Child Abuse Prevention Group” against domestic, sexual and social violence against children.

REFERENCES


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