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Child Abuse

Recognition and Response

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Foreword
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Chapter

3 Overview of Child Abuse

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OVERVIEW OF CHILD ABUSE

According to the World Health Organization, the term Child Abuse can be defined as:

"Child abuse 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" (WHO, 2002).

The major categories of child abuse by caregivers include physical abuse, sexual abuse, emotional abuse, neglect (WHO, 2002) and child exploitation.

Types of Child Abuse

- *Physical abuse* refers to any action that leads to physical harm.
- *Sexual abuse* refers to any harm done to the child with the intention of sexual gratification.
- *Emotional abuse* refers to the failure to provide a stable supportive emotional environment for the child.
- *Child neglect* refers to the deprivation of the child in terms of health, education, emotional development, nutrition, shelter and safe-living conditions in the presence and abundance of resources. It should be noted that the concept of child neglect occurs in context of availability of resources within the family and should not be confused with the provision of resources in context of poverty.

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- *Child exploitation* refers to profiting—in terms of monetary from children on account of their lack of power and vulnerability (Terre des Hommes International Federation, 2017).

MAGNITUDE OF THE PROBLEM OF CHILD ABUSE

According to the study conducted by the Government of India, Ministry of Women and Child Development 2007, among young children (5–12 years), it was found that:

- Two of three (66%) children were physically abused.
- 65% of school children reported to be victims of corporal punishment in school.
- About 54% children reported having faced one of more forms of sexual abuse.
- About 50% of the children were emotionally abused.
- About 70.57% of girls reported having been neglected by family members, and 48.4% of girls wished they were boys.

SHORT- AND LONG-TERM CONSEQUENCES OF CHILD ABUSE

Child abuse can lead to development of both short-term and long-term adverse health consequences for the victim (WHO, 2019). The short and long-term effects on children may include regressive behaviors that interfere with developmental milestones (such as a return to thumb-sucking or bed-wetting), sleep disturbances, eating problems, performance problems at school, and sexualized behavior. There exist lifelong consequences of child abuse including mental and physical health, reproductive health, academic performance, and social functioning. Child abuse, like other forms of trauma, does not necessarily affect children in a predictable or consistent fashion since short- and

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long-term outcomes of child abuse are the result of multiple interacting factors. Child abuse has significant consequences not only for the child as an individual but also for society (Center for Disease Control and Prevention, 2018).

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experience is a well-designed epidemiologic study (Felitti et al.), which revealed a high risk of heart disease in adult survivors of maltreated children, after correcting for age, race, education, smoking and diabetes. Individual across socioeconomic backgrounds and race had poor physical, mental and behavioral health on account of being exposed to violence and abuse during childhood (Centers for Disease Control and Prevention, 2016). The adverse health effects in adult life including development of adulthood high-risk health behaviors include smoking, alcohol and drug abuse, promiscuity, and severe obesity, and also correlate with ill-health including depression, heart disease, cancer, chronic lung disease and shortened lifespan.

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Child Abuse
Recognition and Response

Child abuse is a serious and widely prevalent public health problem. It exerts a multitude of short- and long-term health effects on children. Pediatricians and allied medical professionals have an important role and are often the first point of contact for abused children. A limited understanding on how to diagnose and manage abused groups of children is a major barrier to prompt and appropriate referral. Therefore, there has been an urgent need to systematically train them in recognition and responding to various forms of child abuse in clinical settings.

This present handbook *Child Abuse: Recognition and Response* has been prepared by the Indian Child Abuse Neglect and Child Labour (ICANCL) group under a project supported by UNICEF India. The handbook aims to provide key understanding of the basic knowledge, current guidelines and Standard Operating Protocol (SOP) for prompt recognition and management of survivors of child abuse by pediatricians and allied medical professionals. Written in a concise format with flowcharts, it shall be very useful for a busy pediatricians and allied medical professionals. It will assist them in mandatory reporting and connecting the abused children and their families to the child protection systems.

This handbook is targeted as a resource and training guide for pediatricians, gynecologists, psychiatrists, forensic medicine, psychologists, nurses, teachers, police, legal, policy programs, Government and Non-governmental organizations, frontline health and community workers.

Rajeev Seth MD DNBE FIAP FAAP (USA) is the President-Elect of the International Society for Prevention of Child Abuse and Neglect (ISPCAN), USA. He is the Chief Editor of this handbook and Past Chair ICANCL Group. He is an alumnus of AIIMS and US trained American Board certified Pediatrician, works for welfare of abused, neglected and vulnerable children, providing health, social and rehabilitation services to urban poor and underprivileged rural children.

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"All proceeds from the Handbook shall go to the non-profit work of ICANCL Group to protect children from abuse, neglect and exploitation."

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