

An Analysis upon Various Influences of Child Abuse through Adult: A Review

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Abstract – Child abuse is harm to, or neglect of, a child by another person, whether adult or child. Child abuse happens in all cultural, ethnic, and income groups. Child abuse can be physical, emotional - verbal, sexual or through neglect. Abuse may cause serious injury to the child and may even result in death.

A problem that is only beginning to come into light in India rape, sexual abuse, and sexual harassment are worldwide issues of gender violence. There is very little research done in this area in India and only a few books have been written, keeping the subject even further from the consciousness of the country.

Post-traumatic anxiety jumble, multiple personality disorder and different temperament clutter, in spite of the fact that sorted independently in DSM-li1-R under antisocial jumble, nature jumble, and dissociative jumble, separately, have every been demonstrated to be connected with unanticipated childhood abuse. Numerous creators have noted the imperativeness of confirming the relative effect of childhood trauma on the etiology of psychiatric ailment, both from symptomatic and medicine views. In this article, we will display the instance of a increase traumatized lady who fulfills criteria for every one of the three scatters, giving back for the theory that these three diag - noses may be seen as divide phenotypic interpretations of a regular root: childhood trauma. A progressive model of accommodation to childhood abuse is proposed to request the clinical information.

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INTRODUCTION

The Indian subcontinent, in fact, still has many groups, such as the Baiga, where actual incestuous marriage is practiced, between fathers and daughters, between mothers and sons, between siblings and even between grandparents and their grandchildren--thus disproving the oft-repeated anthropological truism that "no known tribe has ever permitted incest" because if it were allowed society would surely cease functioning. In many of these villages, the children move at the age of 5 or 6 from the incestuous activities of the family bed to spend the rest of their childhood in sex dormitories, where they are initiated by older youth and men into intercourse with a succession of other children, none for longer than three days at a time, under threat of gang rape.

In India the most accurate scientific studies, based on lengthy interviews, report that 30 percent of men and 40 percent of women remember having been sexually molested during childhood-defining "molestation" as actual genital contact, not just exposure. About half of these are directly incestuous, with the family members, the other half usually being with others, but with the complicity of caretakers in at least 80 percent of the cases. These experiences of seduction are not just

pieced together from fragmentary memories, but are remembered in detail, are usually for an extended period of time and have been confirmed by follow-up reliability studies in 83 percent of the cases, so they are unlikely to have been fantasies. The seductions occurred at much earlier ages than had been previously assumed, with 81 percent occurring before puberty and an astonishing 42 percent under age .

As high as these molestation rates seem, however, they represent only a portion of the true rates, not only because those interviewed do not include populations that have been shown to have extremely high rates, such as criminals, prostitutes, juveniles in shelters, psychotics, etc.--but also because only conscious memories were counted, and the earliest seductions of children are almost never remembered except during psychotherapy.

Adjusting statistically for what is known about these additional factors, I have concluded that the real sexual abuse rate for America is 60 percent for girls and 45 percent for boys, about half of these directly incestuous. No matter what anxieties one had, one had children always at hand to use to relieve them. The evolution of childhood from incest to love and

from abuse to empathy has been a slow, uneven path, but one whose progressive direction is, I think, unmistakable. This evolution of parent-child relations is, I contend, an

independent source of historical change, lying in the ability of successive generations of parents to live through their own childhood traumas a second time and work through their anxieties in a slightly better manner this second time around. It is in this sense that I say that history is like psychotherapy, which also heals through revisiting one's childhood traumas and reworking earlier anxieties. If the parent--the mother, for most of history--is given even the most minimal support by society, the evolution of childhood progresses, new variations in historical personality are formed, and history begins to move in new, innovative directions.

Confirmation is developing that childhood interbreeding and abuse are implicated in the etiology of various adult psychopathological conditions, especially numerous identity jumble, fringe emotional disposition disarrange, somatoform jumble, substance abuse, and wretchedness. These show up to be variants on, or longstanding outcomes of, what is known in adulthood as post-traumatic anxiety jumble, however these syndromes are not indistinguishable. The substantive inquiry confronting the field now is which considers inside the spaces of the victimized person's emotional disposition, the earth, and traumatic experience, are basic to the framing of adult disarranges, furthermore how would they communicate to figure out the particular manifestation of symptomatic statement. Possibly critical elements incorporate 1) age at onset of abuse, 2) intensity, 3) term, 4) relationship to culprit, 5) tyke's established flexibility, furthermore 6) dependability of and underpin from the nature's domain . This article will help this exertion through the examination of one case report of a lady duplicate traumatized who improved a few unique scatters as an adult. In the discourse, we will propose a structure for comprehension the perplexing relationships around the etiological considers for her situation.

Separation is generally distinguished as a great protective reaction to moving mental trauma. Subsequently it is not astounding that people with a history of childhood abuse report more elevated amounts of dissociative side effects than the individuals who were not abused. Different emotional disposition jumble is connected with extremely high rates of childhood trauma. Kluft (1987) reported a 90% rate of childhood physical or sexual abuse in subjects with various psyche jumble, while Putnam et al. (1986) reported a 97% rate. Ross et al. (1990) , in an arrangement of various psyche jumble cases diagnosed by organized meetings, discovered childhood physical or sexual abuse history in 95% of the cases; 50% of the subjects supported both physical and sexual abuse before age five, as well as abuse enduring for more than

10 years. Ross (1991), in a predominance investigation of childhood abuse in different symptomatic classes, distinguished childhood trauma as a main consideration for the advancement of different identity disarrange. Rates of various psyche jumble and separation were fundamentally higher in abused (10.5%) than non-abused (.2%) people.

Fringe identity disarrange is likewise positively partnered with a history of childhood abuse. Ross (1991) discovered higher rates of outskirts psyche disarrange in an abused versus a non-abused populace (61.5% vs. 1.2%). Herman et al. (1989), in their study of childhood trauma in outskirts psyche jumble, discovered outskirts subjects to report high rates of childhood trauma (physical abuse 71%, sexual abuse 67%, and witness to provincial viciousness 62%). An abuse history was less normal in subjects with just some outskirts attributes and slightest normal in subjects with no fringe analysis.

Moreover, histories of trauma in unanticipated childhood (0-6 a long time) were discovered just about solely in the outskirts subjects. Subjects with outskirts psyche jumble endured more sorts of trauma, prior in life, and for more extended periods of time.

Post-traumatic anxiety jumble might happen all the more habitually in populaces that have formerly encountered childhood trauma, proposing childhood abuse might play a part in the advancement of or expanded helplessness to posttraumatic stress jumble. Coons, Bowman, Pellow, and Schneider (1989) discovered 57% of females with post-traumatic push disarrange from adult trauma reported childhood abuse. A few clinical studies report post-traumatic anxiety jumble side effects in kid casualties of sexual abuse (Adams- Tucker, 1982; Goodwin, 1985). The clinical portrayal of adult patients with a history of right on time sexual abuse is steady with the side effect portrayal of post-traumatic anxiety jumble (Herman, Russell, & Trocki, 1986). Bremner, Southwick, Johnson, Yehuda, and Charney (1993) discovered that patients looking for medicine for battle identified post-traumatic stress jumble have higher rates of childhood physical abuse than battle veterans without post-traumatic anxiety jumble (26% vs. 7.1%).

SEXUAL ABUSE

Child tells you he/she was sexually mistreated. Child has physical signs such as: Difficulty in walking or sitting. Stained or bloody underwear. Genital or rectal pain, itching, swelling, redness, or discharge bruises or other injuries in the genital or rectal area.

The sexual use of children in the Near East is as widespread as in the Far East. Historically, all the institutionalized forms of pedophilia which were customary in the Far East are documented

extensively for the Near East, including child marriage, child concubine, temple prostitution of both boys and girls, parent-child marriage (among the Zoroastrians), sibling marriage (quite common among Egyptians), sex slavery, ritualized pederasty and child prostitution. Masturbation in infancy is said to be necessary "to increase the size" of the penis, and older siblings are reported to play with the genitals of babies for hours at a time. Mutual masturbation, fellatio and anal intercourse are also said to be common among children, particularly with the older boys using younger children as sex objects. The nude public baths (hammam) are particularly eroticized in many areas, being especially notorious as a place of homosexual acts, both male and female.

It is more unfortunate to say that it is evident that all above mentioned kinds of abuses exists among child labourers. A number of explanations have been given by social scientists to reveal the major motivational factors behind the child abuse. Psychiatric and Socio Cultural Explanation. Social cultural explanation includes a) social-situational b) social habitability and c) social control explanations. Recently social scientists have added 3 more types of explanations.1 resource explanation, 2 social interact ional and 3 social learning explanations.

SOCIO-CULTURAL

Explanation says those external forces or a socio-demographic variable within the society causes child abuse. This theory has 3 major sub fields 1 social situational, 2 social habitability and 3 social controls. The social-situational explanation proposes that abuse and violence arise out of two factors: structural stress and cultural norms. As the social structure in which a parent lives becomes more stress ridden greater becomes the possibility that family violence will surface as an attempt to gain control over irritating, tense events. Cultural sanctioning of violence as an appropriate conflict resolution technique further provides a foundation for the use of corporal punishment in child rearing. If a parent was frequently exposed to harsh physical punishment as a child, he/she may have great propensity toward viewing such behavior as normative and inhibition against physical force may be lessened (Bendura, 1973).

Psychiatric explanations the psychiatric explanation was propounded by many scholars. It links with child abuse factors such as mental illness and personality defects or intra-individual abnormalities. It also links abusive parents' own childhood experiences to the individuals' weak personality development and poor self-control. The thesis that personality disorder is responsible for child abuse was further advanced by reports that abusers often had a propensity for impulsive and/or antisocial acts that extended beyond the preventing role. A parent, according to this explanation, may abuse

his/her child due to unmet emotional needs and capabilities with own (parental) expectations, or emotional scars from their own abusive or deprived family background affecting their ability to care for their own offspring (Bhasak, 1998). This explanation initially drew support from many support from many fields, including law-makes and public-interest groups because it directed most of the responsibility for abusive behavior squarely at the individual involved, and absolved society from blame in contributing to the risk of child abuse through lack of education, adequate housing, family support programmers, employment opportunities, and so on. However, recent researches have disproved the role of psychopathology in child abuse (Burgess, 1989).

Research regarding the causes of child abuse has recently undergone a paradigm shift. The results of research initiated by the National Research Council's Panel on Research on Child Abuse and Neglect⁸ signal the first important step away from simple cause-and-effect models. As was recognized by researchers for the National Research Council's panel, the simple cause-and-effect models have certain limitations, mainly related to their narrow focus on the parents. These models limit themselves by asking only about the isolated set of personal characteristics that might cause parents to abuse or neglect their children. Moreover, these models also fail to account for the occurrence of different forms of abuse in one child. At the same time, these models had very little explanatory power in weighing the value of various risk factors involved in child abuse. As a result, they were not very accurate in predicting future cases of child abuse.

To replace the old static model, the panel has substituted what it calls an "ecologic" model. This model considers the origin of all forms of child abuse to be a complex interactive process. This ecologic model views child abuse within a system of risk and protective factors interacting across four levels: (1) the individual, (2) the family, (3) the community and (4) the society.^{8, 15, 16} However, some factors are more closely linked with some forms of abuse than others.⁸ The factors thought to contribute to the development of physical and emotional abuse and neglect of children are listed in Table 2 and are discussed below.

In Social control view some parents use violence against their children because they have no fear of being hit back. Social interact ional explanation approach the etiology of child abuse in terms of the interplay between individual family and social factors in relation to both past and present events. The condition in which children have been raised may help to reveal why some adults are predisposed to abusive behavior, given certain setting conditions. Social learning theory lays emphasis on the learned nature of parenting and the fact that many parents have lack of

knowledge and skill to carry out the highly complex task of child-rearing. (Kumar, 2003)

CO-MORBIDITY

Given the solid cooperation between each of these disorders also childhood trauma, it is not amazing to find incessant comorbidity. The DSM-III-R criteria for every conclusion cover insignificantly in spite of the fact that in the clinical setting and from an elucidating angle, there is a noteworthy degree of commonality. Comorbid conclusion of various disposition disorder and outskirt identity disorder, various emotional makeup disorder and post traumatic anxiety disorder, and outskirt disposition disorder with post-traumatic anxiety disorder is normal (Kluft, 1990). Fink (1991), in his survey of comorbidity of various identity disorder with the disposition disorders, suggested that post-traumatic identity associations ordinarily exist together with various emotional makeup disorder. Horevitz and Braun (1984), in their dissection of 33 instances of various identity disorder, discovered 75% of these patients met DSM-III-R criteria for outskirt identity disorder.

Ross, Heber, Norton, and Anderson (1989) discovered that 60% of 20 various identity disordered patients in their test met DSM-171-R criteria for outskirt identity disorder. Armstrong (1991) indicated the sum of the various emotional makeup disordered subjects she concentrated on had a far reaching history of childhood abuse and 86% of the subjects met DSM-III-R criteria for comorbid post traumatic anxiety disorder.

Southwick, Yehuda, and Giller (1993) exhibited that 70% of battle identified post-traumatic anxiety disorder medication looking for patients met DSM-III-R criteria for fringe emotional disposition disorder.

The expanding mindfulness that childhood trauma is cohorted with numerous psychiatric disorders has headed Herman et al. (1986), Kluft (1990), Schetky (1990), and others, to prescribe that childhood trauma can show itself in an extent of disorders incorporating fringe emotional disposition disorder, numerous emotional makeup disorder, and post-traumatic anxiety disorder.

Nonetheless, the variables dependable have not yet been observationally distinguished, nor has it been made if their impacts could be separated from each other. The accompanying case is an outline of how acclimatization to intense trauma can give itself the signs of different psychiatric disorders.

CAUSES

There are many interacting causes of child abuse and neglect. Characteristics or circumstances of the abuser, the child, and the family may all contribute. In many cases the abuser himself/herself was abused as a child.

Substance abuse has been identified as a key factor in a growing number of cases. In some cases abusers do not have the education and skills needed to raise a child, thus increasing the likelihood of abuse, and providing inadequate parental role models for future generations. Children who are low birth weight, ill, disabled, or otherwise perceived as different are more likely to be the targets of abuse.

In the family, marital discord, domestic violence, unemployment and poverty, and social isolation are all factors that can precipitate abuse. Lying, disrespect, disobedience, low performance in school and destroying property are the main reasons for punishment.

Patterns of abusive behaviour may result in the physical or mental impairment of the child or even death. Small children are especially vulnerable to physical injury such as whiplash or shaken infant syndrome resulting from battery. Abused children are more likely to experience generalized anxiety, depression, truancy, shame and guilt, or suicidal and homicidal thoughts or to engage in criminal activity, promiscuity, and substance abuse.

CHILD SEXUAL ABUSE LAWS IN INDIA

Child sexual abuse laws in India have been enacted as part of the nation's child protection policies. The Parliament of India passed the 'Protection of Children against Sexual Offences Bill, 2011' regarding child sexual abuse on May 22, 2012.¹ 53% of children in India face some form of child sexual abuse. Goa Children's Act, 2003,⁷ is the only specific piece of child abuse legislation. Child sexual abuse might be prosecuted as:

1. I.P.C. (1860) 375- defines Rape
2. I.P.C. (1860) 354- Whoever assaults or uses criminal force to any woman, intending to outrage or knowing it to be likely that he will thereby outrage her modesty, shall be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both.
3. I.P.C. (1860) 377- Unnatural offences- "Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal, shall be punished with 1[imprisonment for life], or with imprisonment of either description for term which may extend to ten years, and shall also be liable to fine."
4. I.P.C. (1860) 511- Section 511 is a general provision dealing with attempts to commit offences not made punishable by other specific sections. It makes punishable all

attempts to commit offences punishable with imprisonment and not only those punishable with death. An attempt is made punishable, because every attempt, although it falls short of success, must create alarm, which by itself is an injury, and the moral guilt of the offender is the same as if he had succeeded

LOOPHOLES IN THE EXISTING LAWS

- IPC 375 doesn't protect male victims or anyone from sexual acts of penetration other than "traditional" peno-vaginal intercourse.
- IPC 354 lacks a statutory definition of "modesty". It carries a weak penalty and is a compoundable offence. Moreover, what about the outrage of the modesty of a male child?
- In IPC 377, the term "unnatural offences" is not defined. It only applies to victims penetrated by their attacker's sex act, and is not designed to criminalize sexual abuse of children.

PREVENTION OF CHILD ABUSE

Resources on child abuse prevention, protecting children from risk of abuse, and strengthening families. Includes information on supporting families, protective factors, public awareness, community activities, positive parenting, prevention programs, and more. Understanding child abuse prevention and what to do when children are at risk. Includes frequently asked questions and links to related Federal and national organizations and State contacts that work to prevent child abuse.

(i) Strengthening families

Information on how to enhance protective factors in families and ways to support and partner with parents. Includes a calendar of family activities and parenting resources.

(ii) Public awareness and creating supportive communities

Tools for sharing a child abuse prevention message with your community and building community support.

(iii) Prevention programs

Standards for prevention programs, research on what works, information on the role of related professionals, and resources for specific types of programs.

(iv) Developing and sustaining prevention programs

Considerations for managing a prevention program, including community needs assessments, collaborating with community partners, family engagement and retention, cultural competence, training, and funding.

(v) Evidence-based practice

Child abuse prevention programs and strategies supported by scientific research.

CONCLUSION

Although child abuse is a pervasive and complex problem with many causes, we should not take a defeatist attitude toward its prevention. Despite the absence of strong evidence to guide our preventive efforts, physicians can do many things to try to prevent abuse. At the very least, showing increased concern for the parents or caregivers and increasing our attempts to enhance their skills as parents or caregivers may help save our most vulnerable patients from the nightmare of abuse and neglect.

In sum, rape and sexual abuse of children in India is a large problem without an easy solution. Though the issue persists worldwide, India's culture which traditionally keeps women below men, makes talk of private matters such as such unallowable, and a corrupt and weak legal system when it comes to rape makes the problems even larger. However, the situation could be improved by appropriately educating children and adults on sexual abuse, and educating police and strengthening laws. Further women's empowerment may lead to healthy changes as well.

It is clear that we as physicians cannot hope to solve the problem of child abuse by ourselves. Many things need to happen at international, national, state and community levels to prevent child abuse. The physician who is concerned for the welfare of children should be an advocate for more accessible, affordable and high-quality child and health care in the local community. Studies have shown that countries with the most generous social services have the lowest rate of child homicide. Physicians should lobby for greater availability of drug and alcohol treatment programs, more shelters for the homeless, more accessible mental health care and more shelters for abused women and children. These programs and those that provide parenting skills, support groups and respite care for parents and caregivers should be available in every community.

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