An Analysis upon Protection and Prevention of Child Maltreatment/Neglect in India

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Abstract – In India, child rights, protection from abuse and exploitation (street children, child labour, trafficking etc.) are intimately linked to poor socioeconomic conditions in a large population base. Whose responsibility is it to ensure the safe, protective and caring environment that every child deserves? The UN CRC does not absolve either family or community or society at large. But it firmly puts the onus on the State.

Child maltreatment is a global problem but is more difficult to assess and manage in developing countries such as India where one-fifth of the world's total child population resides. Certain forms of maltreatment such as feticide, infanticide, abandonment, child labour, street-begging, corporal punishment and battered babies are particularly prevalent in India. Most physicians still need to be sensitized in order to suspect child abuse on the basis of unexplained trauma, multiple fractures, parental conflict and other corroborative evidence.

A culture of non-violence towards children needs to be built into communities in order to provide an environment conducive to the overall development of the child. Rehabilitation of abused children and their families requires a multi-disciplinary service including pediatricians, child psychologists and social workers, and the training of police forces in how to tackle the problem.

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INTRODUCTION

Every child has the right to health and a life free from violence. Each year, though, millions of children around the world are the victims and witnesses of physical, sexual and emotional violence. Child maltreatment is a huge global problem with a serious impact on the victims' physical and mental health, well-being and development throughout their lives – and, by extension, on society in general.

In India, the number of children needing care and protection is huge and increasing. Uncontrolled families, extreme poverty, illiteracy result in provision of very little care to the child during the early formative years. Even services that are freely available are poorly utilized. The urban underprivileged, migrating population (a very sizable number) and rural communities are particularly affected. In large cities, there are serious problems of street children (abandoned and often homeless) and child labourers, employed in menial work. Children in difficult circumstances such as children affected by disasters, those in conflict zones, refugees, HIV AIDS need appropriate care and rehabilitation. The term "protection" readily relates to protection from all forms of violence, abuse, and exploitation. However, from India's perspective, the Indian Child Abuse Neglect & Child Labour (ICANCL) group has strongly propagated the view that "protection" must also include protection from disease, poor nutrition, and illiteracy, in addition to abuse and exploitation. The 9th ISPCAN Asia Pacific Conference of Child Abuse & Neglect (APCCAN 2011) conference outcome document "Delhi declaration" re-confirmed & pledged a resolve to stand against the neglect and abuse of children and to strive for achievement of child rights and the building of a caring community for every child, free of violence and discrimination.

It urged and asserted the urgent need to integrate principles, standards and measures in national planning process to prevent and respond to violence against children.

Child maltreatment is a global problem which occurs in a variety of forms and settings, and in some countries it is rooted in social, economic and cultural practices. The problem is multi-faceted in some developing countries such as India in which there is little information about the magnitude, trends and socio-economic correlates of child maltreatment. The

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growing complexities of life and socio-economic transition increase the vulnerability of children.

Certain forms of child abuse are particularly prevalent in India and recognition of child rights as primary and inviolable is still deficient. Compared with affluent countries, the prioritization of problems in a low-income country such as India is different because malnutrition, infectious diseases, chronic disabilities, poverty, housing and shelter, population explosion and illiteracy abound. Understandably, a large proportion of the country's resources are directed towards these more immediate problems.

In developed countries, where other causes of childhood morbidity and mortality are relatively rare, child maltreatment ranks high in importance among services for children. Although India's National Policy for Children 1974 declared children to be a ''supreme national asset'', the total budget allocated to Indian children for health, education, development and protection together amounted to a mere 3.8% in 2005–2006, rising to 4.9% in 2006–2007, with an abysmally low allocation to child protection at 0.034%.3 With recent reports of increasing crimes including rape of females, especially minor (underage) girls, the problem of child maltreatment seems all the more evident. This paper summarizes the various aspects of this enormous problem in resource-poor settings with the hope that it will be helpful in planning child protection services in India and other developing countries.

The World Health Organization (WHO) defines child maltreatment as ''All forms of physical and/or emotional ill-treatment, sexual-abuse, neglect or negligent treatment or 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.'' There are four types of child maltreatment: physical, sexual, emotional and psychological abuse and neglect. Very often, they occur in different combinations. A universal definition of child abuse in the Indian context is not yet available. In 2007, a working definition was proposed by the Ministry of Women and Child Development (MWCD), Government of India as ''intended, unintended and perceived maltreatment of the child, whether habitual or not'' and including psychological and physical abuse, sexual and emotional maltreatment; any act which debases the intrinsic worth and dignity of a child as a human being; unreasonable deprivation of his/her basic needs for survival; and physical, educational, emotional or psychological neglect.

Child maltreatment refers to the physical and emotional mistreatment, sexual abuse, neglect and negligent treatment of children, as well as to their commercial or other exploitation. It occurs in many different settings. The perpetrators of child maltreatment may be:

- parents and other family members;

- caregivers;

- friends;

- acquaintances;

- strangers;

- others in authority – such as teachers, soldiers, police officers and clergy;

- employers;

- health care workers;

- other children.

Child maltreatment is a complex issue. Its dynamics and the factors that drive it, as well as effective prevention strategies, all differ markedly according to the victim's age, the setting in which the maltreatment occurs, and the relationship between victim and perpetrator.

Violence against children by adults within the family is one of the least visible forms of child maltreatment, as much of it takes place in the privacy of domestic life, but it is nonetheless widely prevalent in all societies. Child maltreatment by parents and caregivers gives rise to particular difficulties when designing strategies for prevention and victim services, since the perpetrators of the maltreatment are at the same time the source of nurture for the child.

While it is not possible to make any absolute statement about the numbers of children harmed by parents and other family members, child maltreatment is recognized internationally as a serious public health, human rights, legal and social issue.

The nature and the severity of both the violence itself and its consequences can vary extremely widely. In extreme cases, child maltreatment can lead to death. In the majority of situations involving maltreatment, however, the physical injury itself has a less severe effect in terms of damage to the child's well-being than the acute psychological and psychiatric consequences, and the long-term impact on the child's neurological, cognitive and emotional development and overall health.

Child maltreatment is linked to other forms of violence – including intimate partner violence, community violence involving young people, and suicide – both causally and through shared underlying risk factors. It is therefore useful to view child maltreatment within a wider categorization of violence. Following the typology presented in the World report on violence

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and health, violence can be divided into three broad categories, according to the context in which it is committed.

- **Self-directed violence** refers to violence where the perpetrator and the victim are the same person. It is subdivided into self-abuse and suicide.

- **Interpersonal violence** refers to violence between individuals. The category is subdivided into family and intimate partner violence, and community violence.

The former includes child maltreatment, intimate partner violence and elder abuse. Community violence is broken down into violence by acquaintances and violence by strangers. It covers youth violence, assault by strangers, violence related to property crimes, and violence in workplaces and other institutions.

- **Collective violence** refers to violence committed by larger groups of people and can be subdivided into social, political and economic violence. Child maltreatment often occurs alongside other types of violence. For instance, child maltreatment by adults within the family is frequently found in the same settings as intimate partner violence. Maltreated children are themselves at increased risk in later life of either perpetrating or becoming the victims of multiple types of violence – including suicide, sexual violence, youth violence, intimate partner violence and child maltreatment. The same set of factors – such as harmful levels of alcohol use, family isolation and social exclusion, high unemployment, and economic inequalities – have been shown to underlie different types of violence. Strategies that prevent one type of violence and that address shared underlying factors therefore have the potential to prevent a number of different types of violence.

Child abuse has for a long time been recorded in literature, art and science in many parts of the world. Reports of infanticide, mutilation, abandonment and other forms of violence against children date back to ancient civilizations. The historical record is also filled with reports of unkempt, weak and malnourished children cast out by families to fend for themselves and of children who have been sexually abused.

For a long time also there have existed charitable groups and others concerned with children's wellbeing who have advocated the protection of children. Nevertheless, the issue did not receive widespread attention by the medical profession or the general public until 1962, with the publication of a seminal work.

The term ''battered child syndrome'' was coined to characterize the clinical manifestations of serious physical abuse in young children. Now, four decades later, there is clear evidence that child abuse is a global problem. It occurs in a variety of forms and is deeply rooted in cultural, economic and social practices. Solving this global problem, however, requires a much better understanding of its occurrence in a range of settings, as well as of its causes and consequences in these settings.

REVIEW OF LITERATURE

The review indicates that past maltreatment is present in the life histories of a greater proportion of children in custody than in the general population. While it does not establish any causal link between past maltreatment and offending behaviour, its configuration with other risk facts is of clear and great significance. The existence of past maltreatment in a child's life does not have absolute predictive value in terms of the individual entering custody. However, this review suggests that the indications are that it is a factor in a greater proportion of those in custody than in the youth justice system or wider society, and should be regarded as a critical and primary pre-disposing risk factor in relation to offending behaviour.

Child abuse is a complex term that defies a precise, timeless definition. What one generation may regard as acceptable, even desirable child discipline may be regarded by another as unacceptable and abuse". Not until the Western society became industrialized in the nineteenth century and the growth of large cities did people begin looking at and evaluating the treatment of children. So many times when I am sitting in a meeting with a parent/guardian I hear the statement made by the parent that they were treated the same way by their parents that they are treating their own children and they tell me that nobody cared or thought two thoughts about it when they were kids. These parents don't understand that standards have changed, times have changed and it is not okay to use excessive force or abuse on their children for punishment or any other reason.

Child abuse is known as any avoidable and non-accidental act that causes physical injury to a child and is inflicted by someone who is responsible for that child's welfare. Child maltreatment is a blanket term used to describe all child abuse and neglect which includes physical, emotional and sexual abuse as well as neglect and exploitation..

According to Prince and Howard (2002), there are numerous factors—including abuse and neglect—that are associated with a child's care, well-being, and academic achievement.

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Harper, Harper, and Stills (2003) explained that counselors, teachers, and other school personnel should be able recognize if a child has any unmet needs and how those unmet needs can manifest through problems, behaviors, or visible conditions. Depending on the child or situation, unmet needs would present differently with each child. For example, a child may state that he or she is hungry or that his or her family is not able to eat meals regularly. A teacher may notice that a child is lacking proper hygiene practices or does not wear clothes that are clean or fit properly. A student may also share that their parents are gone, leaving her home alone, refusing to help them with her homework, or are saying unkind things to her. Sudden or dramatic behavioral changes would be a warning sign of possible maltreatment, whether it be abuse or neglect, for teachers to be aware of and note.

Grasso et al. (2009) pointed out the importance of educators having knowledge of a child's complete trauma history. In cases of a known history of abuse or neglect, educational personnel can contact current or past members of the child's team, access the student's confidential file, or communicate with other adults—after obtaining permission—that know the child, such as a caseworker, therapist, school social worker, or any other adult with knowledge of the child. If any member of the educational staff had concerns about academic or behavioral performance, they may contact other adults to communicate, collaborate, and problem solve. Collaborative meetings can be a successful way to share information, as well as brainstorming ways to support the child.

Frederick and Goddard (2010) discussed the importance of school personnel having an understanding how trauma, as a result of maltreatment, impacts the passage through Maslow's hierarchy and how it can negatively affect a child at school.

Smith Slep, Heyman, and Snarr (2011) outlined the difficulty in defining emotional abuse, and also took into consideration cultural factors. Internationally, verbal punishment is used 70-85% of the time (e.g. yelling). The question is then asked, is this emotional abuse or is it part of a family or group culture? After examining research and other definitions of emotional abuse, their findings and definition support Sneddon's (2003) definition of emotional abuse, outlining parental behaviors such as, humiliating, degrading, berating, threatening, abandoning, or coercing the child, and using excessive discipline. Although there are multiple opinions and definitions surrounding emotional abuse, there is consensus on the devastating effects caused by these behaviors towards children.

Turner et al. (2012) added that emotional maltreatment may include hostile parenting, such as inconsistency, poor stability, low nurturing, coercion, negative interactions, and rejection of the child.

EFFECTIVE CHILD PROTECTION SYSTEMS

Whose responsibility is it to ensure the safe, protective and caring environment that every child deserves? The UN CRC does not absolve either family or community or society at large. But it firmly puts the onus on the State. Governments are the ultimate duty bearer. In India, the State should ensure that all vulnerable children have access to school, basic health care, nutrition, besides social welfare and juvenile justice systems. These child protection systems can contribute to break down cycle of inter-generational poverty & exploitation.

Experiment models of Child Abuse & Neglect –

(a) Child protection for urban poor

In India, rapid urbanization is a challenging problem. The present urban population of India is close to 285 million. Preventive social services are abysmal, with high prevalence of abuse & neglect. It is estimated that every year about 2 million children are born amongst urban poor, all needing care and protection. The ICANCL group members volunteer their services for health care & rehabilitation to these vulnerable children at drop in centers (DIC) managed by PCI, a NGO in various slums of the New Delhi.

The group also looks after health of street children at one short stay home (Shelter home) in outskirts of the city. The group has served more than 14,000 street children since year 2000. A shelter home was started in year 2005, where 347 children have been rehabilitated; provided with formal education, vocational skills & job placement. Home repatriation has been achieved in 350 children.10 The group assists in the following community services to protection of these vulnerable children:

(1)   Street & Working Children In Urban metropolitan cities, street children are migrants from underserved states and have no formal education or job skills. They are subject all forms of abuse, including substance abuse & exploited as child labourers.10 The DIC provide non-formal education, free medical care, vaccinations, counseling against substance abuse/HIV/AIDS etc., mid day meals and vocational courses. Moreover, crèche and day care services are provided to these orphan and vulnerable children.

(2)   Education & Health Services for Urban Poor The group runs an ongoing campaign to put "Every Child in School," to promote child protection and optimum development. Advocacy efforts made to retain children in school within the framework of Government programs, such as sarva shiksha abhiyan & Right to Education (RTE) Act (2009). Health

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services were provided at DIC, as loss of daily wages & lack of transport prevents them to go to avail facilities at government hospitals. Health education and monitoring, nutritional screening, vaccinations, basic sanitation, hygiene & counseling services were provided.

(b) Protection of children in underserved rural village

The ICANCL Group has developed a model for protection of children in an underserved village Bhango, district Nuh-Mewat, Haryana, which is primarily focused on provision of primary education and basic health care. Village Bhango is situated about 70 km from New Delhi; has a Population 1,300. [Adults: 592 (M 311 & F 281) and Children: 708]. Before the group started work, the only Government Primary School had low enrollment rate, high school drop outs, poor infrastructure, no toilets, teacher absenteeism and irregular administration of mid day meals.

THE PROBLEM OF CHILD MALTREATMENT

Child maltreatment is a considerable social and public health problem in the United States. In 2004, data collected from Child Protective Services (CPS) determined approximately 900,000 children in the United States were victims of child maltreatment and about 1,500 children died because of abuse or neglect. Unfortunately, these numbers likely underestimate the number of children affected by maltreatment due to underreporting and focus on a single data source. Research into the consequences of child maltreatment has identified various acute and severe negative outcomes such as death, injury, and traumatic brain injury. Research has also uncovered many deleterious long-term developmental outcomes: academic problems, anxiety, conduct disorder, childhood aggression, delinquency, depression, increased risk for suicide, high-risk sexual behavior, interpersonal problems, poor physical health, posttraumatic stress disorder, risky health behaviors, substance abuse, and youth violence. Along with the legal and medical consequences, these substantial short- and long-term sequelae make prevention, early identification, and intervention a necessity.

THE PUBLIC HEALTH APPROACH TO CHILD MALTREATMENT

The mission of the Centers for Disease Control and Prevention (CDC) is to promote health and quality of life by preventing and controlling disease, injury, and disability. Child maltreatment can result in direct physical, behavioral, social, and emotional harm and disability and is a risk factor for a range of other health risk factors that contribute to acute and chronic health problems. For example, research has shown that individuals who experienced multiple forms of child maltreatment early in life are more likely to engage in health risk behaviors such as smoking and heavy alcohol use. These health risk behaviors have been linked to poor health outcomes such as respiratory illness, liver damage, and cancer later in life (Edwards 2004). The ultimate goal of CDC's child maltreatment prevention activities is to prevent child maltreatment before it occurs. To do this, CDC uses the public health model in which surveillance is the first step. Surveillance is defined as the ongoing, systematic collection, analysis, and interpretation of outcome-specific data for use in the planning, implementation, and evaluation of public health practice (Thacker and Berkelman 1988). Public health based child maltreatment surveillance systems rely on a variety of unique data sources, for example, hospital in-patient records, emergency department records, police and homicide reports, child death review findings, and medical examiner and coroner reports. These surveillance systems also use traditional CPS data that have been used by databases such as NCANDS and the Adoption and Foster Care Analysis Reporting System (AFCARS).Although the research and legal communities have attempted to develop consistent and uniform definitions of child abuse and neglect, none of these definitions is adequate for use in public health surveillance. Research definitions such as the Maltreatment Coding Scheme for Abuse Allegations (MCS) (Barnett, Manly, and Cicchetti 1991, 1993) and the "harm" and "endangerment" standards from the National Incidence Study (NIS) rely on interview data from a variety of sources that are not available to state and local health departments. Also, legal definitions vary from state to state, making comparisons across states and the collection of national data difficult. Users of this document are strongly encouraged to familiarize themselves with the child abuse and neglect laws in their state when designing surveillance systems because the differences may affect the language used to find cases and interpret data. Because no public health based definitions for child maltreatment exist, public health officials continue to use terms related to child maltreatment in different ways and use different terms to describe the same acts. Not surprising, these inconsistencies have contributed to varied conclusions about the incidence and prevalence of child abuse and neglect.

METHODOLOGY

The purpose of this paper is to conduct a critical and descriptive review of the research, based on treatment studies, specifically related to children who have experienced trauma due to maltreatment—whether because of physical, sexual, emotional, or psychological abuse and neglect, their effects on children, and the potential impact in school and how educational personnel can support the needs of these

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students. From this descriptive review, existing appropriate and applicable strategies will be modified and organized for educational personnel to use in a variety of school settings.

The ultimate goal is to implement strategies, with students who have a known history of maltreatment, to increase their social, behavioral, and academic functioning. There are four research questions this paper is designed to answer: (1) Is there sufficient data examining treatments related to child maltreatment? (2) What areas of child maltreatment have studies addressed? (3) What areas of child maltreatment require additional research? (4) Does the research on child maltreatment provide guidance on implementing strategies in schools that may provide positive outcomes for child maltreatment victims?

This paper presents the methods used to obtain articles for this research study. First, an explanation is provided of how studies were identified and selected for inclusion in this study, including eligibility criteria, sources of information, search terms, and study selection. Second, an explanation of the coding procedures used to organize specific elements of each study is described. These coding categories included the type of maltreatment, participant characteristics, the research setting, the study design, treatment approaches and length, outcome measures, and whether the intervention has been used, and implemented.

Sampling Method -

It appears that child maltreatment prevalence rates and the extent to which child mistreatment correlates with health status are affected by variation in research samples (Goldman & Padayachi. 2000). Studies in this field often select convenience samples from clinics or hospital patients, or from the criminal justice system, shelters, and special intervention services. These sources of research population often include more severe abuse cases.

Data Collection -

A systematic search was performed to collect data based research studies related to child maltreatment and the treatments aimed to mediate the effects of this maltreatment. These treatment based studies were organized for further analysis. In this paper, eligibility criteria, information sources, and search terms are described.

The questionnaires were self-administered in school classrooms in single sessions during regular school hours in the pilot study and the main survey. At the time of the survey, the study purposes were explained to students. They were told that participation was voluntary, their responses would be anonymous, there were no right or wrong answers, and they could stop or withdraw from participation at any time. To protect

confidentiality and to ensure standard administration procedures, anonymous questionnaires were administered by trained researchers without the presence of class teachers. Students were asked to focus on their own responses without any discussion. Study participants put completed questionnaires in sealed envelopes. The field manual for collecting data was developed to provide practical information necessary to ensure that standard methods were used to collect data in all participating sites.

Coding Procedures -

All of the articles obtained from the search were coded using seven categories: (a) type of maltreatment, (b) participant characteristics, (c) settings, (d) study design, (e) treatment approaches, (f) treatment length, (g) type of outcome measures used, and (h) relevance for educators.

Study Selection -

Research studies may publish multiple articles on the same data or different aspects of the research. Where multiple articles or reports use the same data only the most recent is included in this review. However, when multiple articles from the same dataset/research study explored and presented on different aspects of child maltreatment, those articles were combined into one data extraction and one quality assessment form. Wherever this was done, all the publications were referenced on the data abstraction form.

CONCLUSION

Child maltreatment is not a simple problem with easy solutions. Significant improvements in prevention, child protection and treatment, though, are not beyond reach. There is enough knowledge and experience on the subject for any country to begin addressing the problem. One of the greatest obstacles to effectively responding to child maltreatment has been the lack of information.

Child abuse is a serious global health problem. Although most studies on it have been conducted in developed countries, there is compelling evidence that the phenomenon is common throughout the world.

In conclusion, child maltreatment is a serious and complex problem in India with deep-rooted cultural and psycho-social causes. Management is multimodal and aims to identify and understand the causes, empower children to come forward with their concerns and counsel parents and care-takers in alternative methods of disciplining the children. A change in social attitude and development of a culture of non-violence towards children needs to be fostered to provide a safe environment conducive to the overall development of the child. Although the

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government is making efforts to tackle the problem, increased public awareness of the rights of the child and strict enforcement of the laws are crucial.

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