



Review Article

CHILD ABUSE AND ITS CONSEQUENCES: A REVIEW

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ABSTRACT

Child abuse and neglect affect children's health now and later, and costs to our country are significant. Neglect, physical abuse, emotional abuse and sexual abuse are types of child maltreatment that can lead to poor physical and mental health well into adulthood. The consequences of child maltreatment can be profound and may last long after the abuse or neglect occurs. The effects can appear in childhood, adolescence, or adulthood and may affect every aspect of an individual's development -- physical, cognitive, psychological, societal, and behavioral.

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INTRODUCTION

The abuse and neglect of children and young people can take place in a family, institution, community or internet-based environment, and the abuse could be perpetrated by those known to them or by a stranger, including abuse by an adult, multiple adults, a child or children.

The term 'child abuse and neglect' includes all forms of physical and emotional ill-treatment, sexual abuse, neglect and exploitation that results in actual or potential harm to a child or young person's health, development or dignity.

Abuse and neglect are forms of maltreatment, and individuals may abuse or neglect a child by either inflicting harm or by failing to act to prevent it. Abuse can also be a lack of love, care and attention, which can be just as damaging as physical abuse. Child abuse and neglect can have major long-term impacts on all aspects of the person's health, development and wellbeing, and can last into adulthood.

Types of Abuse and Neglect

Child abuse and neglect refers to any behaviour by parents, caregivers, other adults or older adolescents that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a child or young person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e., neglect) and commission (i.e., abuse).

The five main subtypes of child abuse and neglect are physical abuse, emotional maltreatment, neglect, sexual abuse, and witnessing family violence.

Such injury is considered abuse regardless of whether the caregiver intended to hurt the child. Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child.

Physical abuse

Physical abuse can be caused from punching, beating, kicking, shaking, biting, burning or throwing the child. Physical abuse may also result from excessive or inappropriate discipline or violence within the family, and is considered abuse regardless of whether or not it was intended to hurt the child. Physical abuse may be the result of a single episode or of a series of episodes.

Injuries to a child may vary in severity and range from minor bruising, burns, welts or bite marks, major fractures of the long bones or skull, to its most extreme form, the death of a child.

Neglect

Neglect is a pattern of behaviour which occurs over a period of time and results in impaired functioning or development of a child. It is the failure to provide for a child's basic needs.

Neglect may be:

- Physical - failure to provide necessary basic needs of food, shelter or warmth
- Medical - failure to seek, obtain or follow through with medical care for the child

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- Abandonment - leaving a child young person in any situation without arranging necessary care for them and with no intention of returning
- Neglectful supervision – failure to provide developmentally appropriate or legally required supervision
- Refusal to assume parental responsibility - unwillingness or inability to provide appropriate care for a child

Sexual abuse

Sexual abuse is defined by CAPTA as “the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.”

It includes, any touching for sexual purpose, fondling of breasts, buttocks, genitals, oral sex, sexual intercourse, an adult exposing themselves to the child, or seeking to have a child touch them for a sexual purpose. It also includes voyeurism, photographing children inappropriately, involving the child in pornographic activities or prostitution or using the internet and phone to initiate sexual conversations with children.

Emotional abuse

Emotional abuse (or psychological abuse) is a pattern of behavior that impairs a child’s emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove, and therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child. Emotional abuse is almost always present when other types of maltreatment are identified.

Risk factors: Risk factors include a wide range of factors. They are:

Parental factors

- Parent has already abused a child
- Pregnancy was not wanted
- Parent has a background of abuse when growing up
- Young, unsupported mother often with low education
- Parents have unrealistic expectations of the child and lack parenting knowledge
- Parent is isolated and has few supports
- Parent has a mental illness or is abusing drugs or alcohol

Environmental factors

- Overcrowding in the house
- Poverty or lack of opportunity to improve the family’s resources
- Family violence is present
- A non biological adult living in the house
- Family is experiencing multiple stresses

Child factors

- Baby is sickly, colicky or unwanted
- Child has a physical or developmental disability
- Child is the product of an abusive relationship
- Lack of attachment between child and parent

Indicators of Possible Child Abuse and Neglect

- Changes in behaviour or emotional state (e.g. recurrent nightmares, extreme distress, appearing withdrawn or displaying aggression) that are a departure from what would be expected for their age and developmental stage, and is not fully explained by a known stressful situation (e.g. bereavement, parental separation or medical cause);
- Dissociation (transient episodes of detachment that are outside the child’s control and that are distinguished from daydreaming, seizures or deliberate avoidance of interaction) that is not fully explained by a known traumatic event unrelated to maltreatment;
- Poor appearance and hygiene (e.g. smelly, dirty, unwashed clothes, inadequate clothing, seeming hungry or turning up to school without having breakfast or any lunch money, frequent and untreated nappy rash in infants)
- Health and development concerns (e.g. untreated injuries, dental problems, repeated accidental injuries caused by lack of supervision, recurring illnesses or infections, missed vaccinations, poor muscle tone or prominent joints, skin sores, rashes, flea bites, scabies or ringworm, thin or swollen abdomen, anaemia, tiredness, failure to thrive, poor language, communication or social skills)
- Housing and family concerns (e.g. living in an unsuitable home environment including having no heating, sanitation or clean water, and being left alone for periods of time without a carer or other family members);
- Substance or alcohol misuse
- Self-harm
- Eating disorders/disordered eating
- Suicidal behaviours
- Bullying or being bullied
- Missing/running away from home or care
- Sexual behaviour that is inappropriate for age, indiscriminate, precocious or coercive.

Signs of Child Abuse

The following signs may signal the presence of child abuse or neglect.

The Child	The Parent
<ul style="list-style-type: none"> • Shows sudden changes in behavior or school performance • Has not received help for physical or medical problems brought to the parents’ attention • Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes • Is always watchful, as though preparing for something bad to happen 	<ul style="list-style-type: none"> • Denies the existence of—or blames the child for—the child’s problems in school or at home • Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves • Sees the child as entirely bad, worthless, or burdensome • Demands a level of physical or academic performance the child cannot achieve • Looks primarily to the child for

- Lacks adult supervision
 - Is overly compliant, passive, or withdrawn
 - Comes to school or other activities early, stays late, and does not want to go home
 - Is reluctant to be around a particular person
 - Discloses maltreatment
- care, attention, and satisfaction of the parent's emotional needs
- Shows little concern for the child
-

Signs of Physical Abuse

Consider the possibility of physical abuse when the child:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver
- Abuses animals or pets

Signs of Neglect

Consider the possibility of neglect when the child:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Signs of Sexual Abuse

Consider the possibility of sexual abuse when the child:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behaviour
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver
- Attaches very quickly to strangers or new adults in their environment

Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the child:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (for e.g. parenting other children) or inappropriately infantile (for e.g. frequently rocking or head-banging)
- Is delayed in physical or emotional development
- Has attempted suicide

- Reports a lack of attachment to the parent

Factors Affecting the Consequences of Child Abuse and Neglect

Not all children exposed to similar experiences of abuse and neglect are affected in the same way. For some children and young people, the effects of child abuse and neglect may be chronic and debilitating; others may experience less adverse outcomes. A range of other life experiences and family circumstances - both positive and negative - impact on a child's vulnerability or resilience in the face of maltreatment. Resilience refers to the ability of a child to cope and even thrive despite being exposed to negative experiences. When a child who has experienced abuse or neglect has few protective factors (such as positive relationships with extended family and friends), the risk of more serious adverse outcomes increases.

Risk factors that may contribute to poorer outcomes for children exposed to abuse and neglect include socio-economic disadvantage, social isolation, living in dangerous neighbourhoods, large families, a caregiver with depression or alcohol or drug dependence, and whether the child has a disability. Factors that contribute to a child's resilience include child attributes (e.g., self-esteem and independence), features of the family environment (e.g., parenting quality), and extra-familial and community resources (e.g., high quality peer relationships and school environment).

Critical factors that influence the way child abuse and neglect affects children and young people include the frequency and duration of maltreatment and the co-occurrence of multiple forms of maltreatment. Other factors that can affect the consequences of child abuse and neglect on children and adolescents include:

- the age and developmental stage at which maltreatment occurred: some evidence suggests that the younger the child was at the time of the onset of the maltreatment, the more likely they are to experience problems later in life
- the severity of maltreatment: the greater the severity of abuse or neglect, the higher the likelihood of negative outcomes
- the type/s of abuse and/or neglect: different sub-types of maltreatment may be related to different negative outcomes
- the child or young person's perceptions of the abuse: worse outcomes are likely if the victim/survivor experiences feelings of self-blame, shame or stigmatisation
- the relationship the child or young person had (or has) with the perpetrator: for example, in child sexual abuse increased negative affects tend to be associated with the perpetrator being a father, father-figure or someone with whom the child has an intense, emotional relationship

Consequences of Child Abuse and Neglect

Child abuse and neglect can affect all domains of development - physical, psychological, emotional, behavioural, and social - all of which are interrelated.

Attachment and interpersonal relationship problems

Babies and young infants exposed to abuse and neglect are more likely to experience insecure or disorganised attachment problems with their primary caregiver. Patterns of child-caregiver attachment are extremely important for a child's early emotional and social development. For children with an insecure attachment, the parent/caregiver, who should be the primary source of safety, protection and comfort, becomes a source of danger or harm. Without the security and support from a primary caregiver, babies and infants may find it difficult to trust others when in distress, which may lead to persistent experiences of anxiety or anger.

Insecure attachments alter the normal developmental process for children, which can severely affect a child's ability to communicate and interact with others and form healthy relationships throughout their life. Reviews of the literature have reported that child maltreatment is associated with problematic peer relationships in childhood and adolescence.

Mental health problems

Experiencing abuse in childhood or adolescence has been identified as a significant risk factor for poor mental health, poor attachment and connection to parents and family, and general adjustment problems.

Certain children may be less vulnerable to such problems following abuse or neglect, if there are other factors that offset these effects. Such protective factors include connectedness to other members of the family or peers, minimal other life stress, level of development and resilience prior to abuse, and the availability of resources, intervention and support programs.

Youth suicide

Research suggests that abuse and neglect significantly increases the risk of suicidal ideation and attempted suicide for young people. A systematic review by Evans and colleagues (2005) found a strong link between physical and sexual abuse and attempted suicide/suicidal thoughts occurring during adolescence. Although all forms of maltreatment were associated with adolescent suicidal ideation and suicide attempts, child sexual abuse and emotional abuse might be more important than physical abuse or neglect. The authors suggested that sexual abuse could be specifically related to suicidal behaviour because it is closely associated with feelings of shame and internal attributions of blame.

Alcohol and other drug use

The psychological effects of child abuse and neglect may lead to alcohol and drug abuse problems in adolescence and adulthood. Evidence suggests that all types of child maltreatment are significantly related to higher levels of substance use (tobacco, alcohol and illicit drugs). Studies found that experiences of physical or sexual abuse increased the likelihood of students using alcohol, marijuana and other drugs.

Behavioural problems

Researchers have found that child abuse and neglect is associated with behaviour problems in childhood and adolescence. The earlier children are maltreated the more likely they are to develop behaviour problems in adolescence. Researchers have often associated maltreatment with internalising behaviours (being withdrawn, sad, isolated and

depressed) and externalising behaviours (being aggressive or hyperactive) throughout childhood. Longitudinal studies have shown that exposure to a single type of maltreatment as well as multiple types is related to increased internalising and externalising behaviours in childhood and adolescence. Studies reported that children who were maltreated in multiple developmental periods (infancy, toddlerhood, preschool years and early school years) displayed more problem behaviours than children maltreated in only one developmental period and children who were chronically maltreated tended to display more problem behaviours than children suffering situational maltreatment.

Aggression, violence and criminal activity

In addition to feeling pain and suffering themselves, children exposed to abuse and neglect are at increased risk of inflicting pain on others and developing aggressive and violent behaviours in adolescence. Research suggests that physical abuse and exposure to family violence are the most consistent predictors of youth violence. Studies indicated strong associations between child abuse and neglect and criminal behaviour. A National Institute of Justice study in the United States predicted that abused and neglected children were 11 times more likely to be arrested for criminal behaviour in adolescence.

Physical health problems

A common form of abuse affecting the health of babies is shaken baby syndrome. Health problems resulting from shaken baby syndrome may include brain damage, spinal cord injuries, hearing loss, speech difficulties and even death.

Teenage pregnancy

Adverse consequences of teenage pregnancy and risky sexual activity may also be associated with experiences of abuse and neglect. Research has consistently linked teenage pregnancy with experiences of sexual abuse. Meta-analyses of 21 studies of child sexual abuse reported that this form of abuse more than doubled the risk of adolescent pregnancy (i.e., prior to age 20 years). It was also found that young women exposed to child sexual abuse had significantly higher rates of teenage pregnancy, increased rates of sexually transmitted diseases, and higher rates of multiple sexual partnerships and appeared to be more vulnerable to further sexual assault and rape.

Homelessness

Research suggests that children and young people may encounter homelessness or housing instability as a result of abuse and neglect. Homelessness is more likely to eventuate in adulthood. The main reason for accompanied children to seek support was domestic and family violence (33%).

Young people who are removed from the care of their parents because of abuse or neglect may also face homelessness and unemployment soon after leaving out-of-home care (e.g., when they turn 18). A lack of social support networks and poor academic achievement often contribute to the difficulties young people face in finding adequate housing and employment after care.

Fatal abuse

The most tragic and extreme consequence of child abuse and neglect is abuse that results in death. The World Health Organization (WHO) estimated 31,000 homicide deaths of

children aged 15 or younger around the world occur every year (WHO, 2010). This is considered an underestimation as a large number of deaths caused by abuse and neglect go unreported due to being misattributed to other causes such as falls or insufficient investigations and a failure to run post-mortem examinations.

Prevention of Child Abuse

Child abuse prevention covers a broad spectrum of services and programs. It occurs at three levels: primary, secondary and tertiary prevention.

Primary prevention activities target the whole community with the general aim of raising public awareness and preventing abuse from occurring. Eg:

- Media campaigns on radio or television or in print
- Personal safety programs for children
- General rules and regulations which apply to the care of children
- General parenting education programs

Secondary prevention activities target those who are considered to be at greater risk, often by providing specific services to families where the risk of abuse is elevated. Examples might include:

- Parenting education sessions aimed at high risk parents, such as young mothers or single parents with little support
- Support services for parents, such as home visits or other services
- Substance abuse treatment programs for mothers and families
- Respite care for families who have children with special needs or ill health
- Tertiary prevention programs focus on families where some violence or abusive behaviour has already occurred, with the aim of preventing its recurrence and reducing negative consequences, for example:
- Family services and helplines with trained counsellors
- Parent mentor programs using nonabusive families as role models and to provide support
- Mental health and community services which offer counselling and education for those from abusive families.

Communicating With Children

Good communication between healthcare professionals and the child or young person, as well as with their families and carers, is essential. Take a child-centred approach to all work with children and young people, and ensure they are involved in decision-making depending on their age and developmental stage.

Use a range of methods, such as drawing, books or activities (as appropriate), for communicating with children and young people. Communication should be tailored to their age and developmental stage, and take into account any disabilities (e.g. learning disabilities, neurodevelopmental disorders, and hearing and visual impairments). Also consider their communication needs by using communication aids or providing an interpreter (ensuring that the interpreter is not a family member).

When having conversations with children and young people, remember the following:

- Explain confidentiality and when you might need to share specific information, and with whom
- Be sensitive and empathetic
- Listen actively and use open questions
- Find out their views and wishes
- Check your understanding of what the child has told you
- Be sensitive to any religious or cultural beliefs
- Use plain language and explain any technical terms
- Work at the child or young person's pace
- Give them opportunities to stop the conversation or leave the room, and follow up if this does happen
- Explain what will happen next and when
- Make sure that conversations take place somewhere private where the child or young person feels comfortable

References

- UN Convention on the Rights of the Child (With Optional Protocols). <http://www.unicef.org/crc>.
- UN Committee on the Rights of the Child, 56th Session General Comment No. 13 (2011) Article 19: The right of the child to freedom from all forms of violence.
- World Health Organization. Child Maltreatment. http://www.who.int/topics/child_abuse/en/. Ministry of Women and Child Development, Government of India. Study on Child Abuse: India 2007. <http://www.wcd.nic.in/childabuse.pdf>.
- National Commission for Protection of Child Rights (NCPCR). eliminating Corporal Punishment in Schools. http://www.ncpcr.gov.in/publications_reports.htm.
- Delhi Declaration 2011. <http://www.indianpediatrics.net/delhideclaration2011.pdf>.
- Srivastava RN. Child abuse and neglect: Asia Pacific Conference and the Delhi Declaration. *Indian Pediatr.* 2011;49:11-12
- Carlson, B.E. (1984) Children's observations of inter-parental violence. In A.R. Roberts (Ed.). *Battered Women and their Families*. Springer, New York.
- Child Protection Australia 2003-04. (2005) *Child Welfare Series*, 36. Australian Institute of Health and Welfare. <http://www.aihw.gov.au/publications/index.cfm/title/10095>
- Indermaur, D. Young Australians and Domestic Violence, Trends & Issues in Crime and Criminal Justice no. 195. Canberra: Australian Institute of Criminology. <http://www.aic.gov.au>.
- Chalk, R., Gibbons, A., & Scarupa, H. J. (2002). The multiple dimensions of child abuse and neglect: New insights into an old problem. Washington, DC: Child Trends. Retrieved April 27, 2006, from www.childtrends.org/Files/ChildAbuseRB.pdf (PDF - 82 KB)
- De Bellis, M., & Thomas, L. (2003). Biologic findings of post-traumatic stress disorder and child mal treatment. *Current Psychiatry Repots*, 5, 108-117.
- Hulette AC, Freyd JJ, Fisher PA. Dissociation in middle childhood among foster children with early

maltreatment experiences. *Child Abuse & Neglect*. 2011;35(2):123-126. [PMC free article] [PubMed]
Hussey JM, Chang JJ, Kotch JB. Child maltreatment in the United States: Prevalence, risk factors, and adolescent health consequences. *Pediatrics*. 2006;118(3):933-942. [PubMed]

Irazuzta J, McJunkin JE, Danadian K, Arnold F, Zhang J. Outcome and cost of child abuse. *Child Abuse & Neglect*. 1997; 21(8):751-757. [PubMed]

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