



Responding to Child Abuse: Exploring Society's Role in Prevention

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ABSTRACT: The article explores the various facets of child abuse, its effects and the current prevalence rate in India. The article also looks at how professionals view the malaise of child abuse in the society. The country has made numerous efforts in ensuring proper interventions once an abuse occurs. Instead of creating systems and programmes that address the issue after the occurrence of abuse, the article proposes a paradigm shift wherein prevention is the thrust and each member of the community is looped in create systems that disallow the prevalence of child abuse in the communities.

Keywords: Child abuse, Traumagenic Dynamics, Prevention, Society



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1. INTRODUCTION

Jawahar Lal Nehru said that "You can tell the condition of a nation by looking at the status of its women". It is a universally agreed statement. However, looking around, it will be apt to say that the status of a country can be judged by the way it treats its most vulnerable population group- the children.

The human child is perhaps the only species that has the longest duration of dependence. Children are physically, emotionally and developmentally immature and take a longer time in achieving maturity and self-sufficiency. Children have been the responsibility of the significant adults around them for their safekeeping and care. Ever since man has settled into the communal life to the current scenario where man has been divided into miniscule cubicles of "nuclear existence", children have been under the care of the significant adults in their lives.

2. Child Abuse in India

India is home to most children in the world. Around 19% of the world's children have their homes in the country. Childline India Foundation(2014) reveals that maximum incidences of child abuse-sexual happens in India; one out of ten children is abused at any given point in time, a child under ten years of age is abused every 13th hour. A nation- wide study commissioned by the Government of India in 2007 reveals that one in every two child is abused –either physically, emotionally or sexually (MWCD, 2007). UNICEF, in a study conducted between 2005-13 estimates that at least 42% girl children are exposed to sexual abuse before they begin teenage.

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Kerala has in the recent period seen a spate in reporting of child abuse cases. Most of which also have to do with sexual abuse experiences. 55.04% of boys and 44.96% of girls in Kerala have reported the experience of sexual abuse (the actual figures, including the unreported cases would be much higher). This happens to be more than the national standards of 52.94 % among boys and 47.06% among girls (Study on Child Abuse, GoI, 2007). The gravity of the situation demands that the child be ensured justice at the earliest and in the most effective form. Sexual abuse is perhaps one of the most insidious crimes that can be committed against children. The abuse involves the whole gamut of violations- physical abuse, emotional abuse and trust abuse. Nonetheless, in any abuse experience, the child is often left feeling powerless and helpless with very limited understanding of the experience. In a majority of cases, (s)he is not even aware of the import of the abuse perpetrated against him/her- at least not until (s)he gains some comprehension on the issue.

Sexual offences and kidnapping form the crux of crimes (81%) against children in the country. National Crime Records Bureau(NCRB) figures for sexual abuse cases among children under the POCSO Act was 8,904 in 2014 and 14,913 in 2015; a huge jump in a short span. Among these cases of sexual offences, 94.8% rapes have been committed by persons known to the children. (Save the Children: Recent Statistics of Child Abuse, 2016)

World Health Organization (2014) defines Child maltreatment as: "Child maltreatment is the abuse and neglect that occurs to children under 18 years of age it includes all types of physical and/or emotional ill treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment."

Repeated abuse and maltreatment, in any form, takes its own toll on the victim; more so when the victim is a young and dependent child. The effect that regular abuse can have on a child, who is growing intellectually, psychologically, and physically is not just immediate or short term but ones that can last a lifetime. Finkelhor and Browne (1986) found the long-term effects of maltreatment to include poor self-esteem, difficulty trusting others, anxiety, feelings of isolation and stigma, depression, self-destructive tendencies, sexual maladjustment, and substance abuse. The results of a study with women who reported sexual abuse prior to age 12, revealed that they suffered from low rates of secondary school completion, long-term mistrust of others, illness, depression, dissociation, sleep problems, self-injury and self-mutilation, eating disorders, agoraphobia, and painful memories (Hughes, et al., 1998). These findings affirm what other researchers have found: a clear link between a history of child abuse and higher rates in adult life of depression, anxiety, substance abuse, eating disorders, and post-traumatic stress disorder (Mullen & Fleming, 1998). Finkelhor(1984), proposed the effects of sexual abuse as Traumagenic Dynamics. That is, a child consistently subjected to sexual abuse develops four core psychological/behavioral states, namely,

1. Stigmatization,
2. Betrayal,

3. Powerlessness and
4. Traumatic Sexualisation.

To elucidate, Traumatic Sexualisation is the process of creating skewed ideas/schemas on sex and sexuality caused by the abusive relation and the grooming tactics that the perpetrator applies to seek the child's acquiescence. Stigmatization is the feeling where the child sees himself/herself as "damaged goods", as being "impure" because of the abuse and hence riddled with intense guilt and shame. Powerlessness is the state of helplessness; the inability to do anything by themselves including seek safety from abuse. When known and trusted adults misuse their power and abuse the child, they are left with a sense of betrayal and perhaps a lifelong inability to trust or have intimate relationships. Finkelhor states that these traumagenic dynamics are not just restricted to child sexual abuse but also applicable to victims of other forms of abuse who are subjected to it consistently. Each of the abuse experience involves a sense of betrayal, powerlessness, stigmatization suffered by the child irrespective of the form of abuse.

3. Economic Cost of Child Abuse

Going by the current statistics on the prevalence of child abuse and the effects it can have for a victim, one can imagine the quality of nation building that is happening in the country now.

The cost of overcoming the abuse experience on an individual survivor is immense. A child is very rightly considered resilient, however the toll consistent abuse experience can take on in a young and vulnerable child is enormous. The scars of an abuse experience can take a lifetime to overcome; perhaps even that is not adequate. In such a scenario, the impact of having half a population as survivors of abuse (MWCD,2007), can be colossal to the nation.

Furthermore, in the current context of nucleated existence where families are shrinking in size and resources, it creates a huge burden for the parents of nuclear families to ensure the protection of their child from any form of abuse, especially when every one child out of two is abused in the country. In many cases the perpetrators maybe the parents themselves or people close to the family. In such a scenario wherein multiple dynamics are at play and support of any kind is almost non-existent, to get these children back up on their feet can become a herculean task.

The legal costs, the medical costs and the costs to the correctional systems and the psychological services accessed, if any, all add up to a huge cost on the state exchequer. It definitely is a drain on the state, considering the current prevalence rate. The additional burden of costs borne due to unresolved issues, psychological problems of the abuse survivors as adults, loss in productivity and the cycle of violence that such experience can initiate is unfathomable. Though actual statistics on such costs and economics for India is unavailable, a look at the global costs would reveal the extent of damage incurred. The global economic impacts and costs resulting from the consequences of physical, psychological and sexual violence on children are estimated to be as high as \$3 trillion (Pereznieta et al, 2014).

Research proves that the cost incurred for intervention in cases of abuse in comparison to

prevention programmes is far more (Pereznieto, 2014). Another fact is that work on the preventive and responsive aspect for child abuse is very low and scattered. And what little does happen, most often occurs without adequate documentation.

India has in recent years jacked up its efforts in combating the malaise of child abuse, most of it is at the intervention level, i.e.: as a consequence of the abuse event occurring. However, there is a critical need for the preventive efforts also to be made more robust and responsive in our society. Commitment of human and financial resources on behalf of the state is critical to make any meaningful difference. UN's Global Survey on Violence against children reveals that only 4% out of a 100 countries studied provide full resources for policies and programmes for violence against children (UN, 2006). This cost is much higher than what it takes to invest in a prevention programme (Pereznieto et al, 2014). Rather than having the law & order, medical, psychological, legal and correctional machinery kick-in after an abuse has occurred, it may be more pragmatic to have small active programmes in the schools, hospitals, and communities on preventing occurrence and identifying at-risk groups viz. child abuse. When the community comes together this way we may not be able to eradicate child abuse but definitely lower the incidence.

The role of the state in ensuring the rights of the child is established without doubt. However, it is also imperative to understand that ensuring the child his/her rights is not just limited to the state and its machinery but by the significant adults around the children, each by the basic virtue of being a responsible member of the society.

4. Societal Role in Responding to Child Abuse

In the primitive society where communal living was the norm, the child and child rearing was the combined role of the members of the community. The society then together contributed in the upbringing and safe keeping of its young. A nurtured childhood naturally resulted in resilient, productive and contributing citizens as adults.

Today, when families have collapsed into their own nucleus, the child has limited recourse to safety and protection. The role of parents has increased exponentially with access to support systems being restricted severely. When the preservation of whole gamut of the rights of the child falls onto the overburdened shoulders of parents, there are bound to be slip ups. The current crime statistics on their way up are a clear indicator of the same.

However, we need to view the reality afresh. Even though it may appear so at first glance, in reality, there are several sectors in the society that come together to contribute towards the upbringing of the young population even today. Ever since a life is conceived, numerous parts of the society rush in - from the extended family to the medical professionals to the state machinery. The medical fraternity allows the child's safe entry into the society. The state department gives him/her a tangible identity and proof of existence. Thereafter, the sustained contribution by medical fraternity followed by the education system socializes and moulds them into social beings capable of becoming contributing members. The child is constantly surrounded by adults in their

various forms and roles; parents, grandparents, older siblings, teachers, school staff, tuition teachers, coaching instructors of co-curricular activities, doctors, anganwadi workers, local self-governance members, neighbours, the list is endless.

In committing to the ethos of the rights of the child, we need to acknowledge the multifarious roles that each member has in keeping the "abuse" out of the child.

The risk factors associated with child maltreatment can be grouped in four domains:

- Parent or caregiver factor
- Family factor
- Child factor
- Environment factor.

Remarkably, both risk factors and protective factors are present simultaneously at the level of the individual, the family, the community and environment, the culture, and the society, and can interact in myriad ways to result in different types and combinations of child maltreatment. Child abuse or maltreatment is an extreme on a continuum, a severe manifestation of dysfunction in the interplay between a child's development and the conditions and relationships that affect that development. These complexities make it difficult to promote social change, and challenge efforts to devise, conduct, and disseminate research on societal interventions and initiatives.

However, nothing is insurmountable when there is a cohesive and sustained effort on part of the stakeholders. The same factors can be turned around, strengthened, and transformed to ensure the protection of the child from abuse. Without doubt, prevention requires an "increased social investment in family and community" (Wachtel, 1994).

The idea that safety of each child is the responsibility of each member of the society needs to take root in our collective psyche rather than just working with exclusive systems which often results in duplicity and therefore waters down the efficacy of objectives.

To begin with, there needs to be a shift in social perspective on how the child is perceived. It is imperative that they be viewed as individuals in their own right albeit their developmental "shortcomings" rather than being looked upon as property with ownership rights. The basic premise of a child being an individual in his/her right needs to be affirmed.

A paradigm shift in how an adult views a child will take time to evolve and develop. But sustained and simultaneous efforts at various levels of the social system may perhaps be the answer. To bring about such a shift may be a long and arduous process, but then access to protocols and creation of standard operating procedures amongst child care specialists and professionals could be a beginning.

For example, trainings for the medical fraternity in identifying signs- physical and behavioural, of abuse in children who come to them even for reasons other than reported abuse. The skill set to be able to explore beyond what is told and what meets the eye is needed by professionals who

come in contact with children. The easiest way to make this happen is to put in place protocols and ensure their implementation.

Similarly, professionals working in child based settings like schools, day care, entertainment parks, libraries etc. can be provided with training on identifying at risk children, to be alert for signs of violence, in any form in their lives. They also need to be sensitized and trained to discern the situation of children and be alert to any signs of abuse/violence in their lives including those that may happen in their own organization or by their own co-workers. They could also be signatories to the organizational child protection policies that explicitly lay out protocols in interacting with children.

Alongside such explicit measures, steps need to be taken at the larger three areas having potential for broad, societal-level intervention efforts:

1) Increasing economic self-sufficiency of families;

Since poverty and dire circumstances precipitates the violence in families, it becomes a leading factor contributing to child abuse. Poverty is a cycle of violence that propagates misery, abuse and intolerance among adults who in turn mete out their frustrations on the children since they are unable to retaliate. Therefore, any step that is taken to ensure self sufficiency of families, takes the children as much closer to protection and upkeep of their rights.

2) Enhancing communities and their resources;

Communities become support systems for their nucleic families that safeguard the rights of the children through numerous monitoring and supportive strategies. For example, the Jagratha Samitis in the panchayats of Kerala is one such system that can be strengthened to enhance the possibility of community as a resource.

3) Discouraging corporal punishment and other forms of violence;

India as a country encourages physical punishments as a means to "discipline" its young ones. With time the physical punishment has reduced to some extent, however, replaced by emotional ragging and abuse. Either of the strategies have far reaching consequences on the psyche and well-being of the child.

Currently, due to the NCPCR Guidelines on Corporal Punishments in Schools and the common knowledge about child helplines have created somewhat of a terror in the minds of educators regarding "disciplining". They seem to have totally washed their hands off from any kind of training and disciplining the children. Helping a child to learn their lessons, their roles and responsibilities and social nuances is one of the critical roles of educators. However, the adults need to understand that there are numerous alternatives to the process of 'disciplining' that do not result in harming the child. For example, a smack as being a "punishment" (as in operant conditioning theory) rather than 'beating' to ease their own anger or frustration. It becomes imperative to ensure abstinence from corporal punishment in a healthy manner without compromising on the roles and responsibilities of the educators.

In a similar manner numerous systems, roles and trainings can be put in place, both at the micro

and macro levels to ensure an active participation of the various social components in keeping our children safe from abuse.

5. Conclusion

Small steps in concerted manner that are sustained would eventually result in inculcating the right ethos among the adults in the society. Consequently child abuse and neglect can be prevented and the welfare of children promoted by activities and initiatives, that are culturally appropriate, aimed at communities, states and whole of the country.

These societal level prevention efforts can be the key components in a comprehensive response to ensuring child rights child protection from violence in all its forms.

References

1. Childline India Foundation. <http://www.childlineindia.org.in/1098/1098.htm> Retrieved on July 4, 2017
2. Finkelhor, D. & Browne, A. (1986). Impact of child sexual abuse: a review of the research. *Psychological Bulletin*, 99, 66-77.
3. Hughes, K., Stephen, H., Difranco, A., Manning, L., van der Toorn, N., North, C., & Taylor, M. (1998). The health impacts on adult women of childhood sexual violence before the age of twelve years. Ipswich Sexual Assault Service: Ipswich, Queensland, Australia.
4. Hay, T. And Jones, L. (1994). Societal Interventions to Prevent Child Abuse and Neglect. *Child Welfare* 73.5. Retrieved from: <https://www.questia.com/library/journal/1P3-2758660/societal-interventions-to-prevent-child-abuse-and>
5. Jordan Institute of Families. (2000). The Effects of Sexual Abuse. Retrieved 13.08.2017, from http://www.practicenotes.org/vol5_no2/effects_of_sexual_abuse.htm
6. Kacker, L. Varadan, S. And Kumar, P. (2007). Study on Child Abuse: India 2007. (2007). Ministry of Women & Child Development, Govt of India. (p.72-101). New Delhi. Kirti. Retrieved from: <http://www.childlineindia.org.in/pdf/MWCD-Child-Abuse-Report.pdf>
7. Mullen, P. & Fleming, J. (1998). Long-term effects of child sexual abuse. *Issues in Child Abuse Prevention* (9). Australia: National Child Protection Clearing House.
8. Perezniето, P. Motes, A. Routier, S. and Lanston, L. (2014). Child Fund Alliance Report: The Cost and Economic Impact on the Violence Against Children (P.) .Retrieved from https://www.childfund.org/uploadedFiles/public_site/media/ODI%20Report%20%20The%20cost%20and%20economic%20impact%20of%20violence%20against%20children.pdf
9. Pinheiro, P. (2006). World Report on Violence Against Children. United Nations. Retrieved from : <https://www.unicef.org/violencestudy/reports.html>
10. Watchel, P.L. (1994). Behavior and Experience: Allies, not adversaries. *Journal of Psychotherapy Integration*. 4.121-131. Retrieved from: <https://www.researchgate.net/publication/259346246>
11. <http://timesofindia.indiatimes.com/india/42-of-Indian-girls-are-sexually-abused-before-19-Unicef/articleshow/42306348.cms>? Retrieved on July 4, 2017

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