

Child Abuse: Effects and Preventive Measures

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ABSTRACT

Child abuse is very much prevalent in every society. Child abuse is any action by another person – adult or child – that causes significant harm to a child. Child abuse can result from physical, emotional, or sexual harm. While child abuse is often in the form of an action, there are also examples of inaction that cause harm, such as neglect. The present study is a modest effort to understand the child abuse and various forms of child abuse. The present study also undertakes the consequences and preventive measures of the child abuse. It is the responsibility of the society to implement Primary prevention programme particularly family and Schools to help children to grow and develop. These primary preventive measures that can help the society to overcome from child abuse problem. Mental health professionals and pediatricians along with Child protection services can help the child to deal with the consequences of child abuse.

Keywords: Abuse, Child, Sexual abuse, Neglect, Hurt, Prevention

Children make up that subdivision of a community which is the most weak, susceptible, and wholly dependent on adults. It is the mistake of adults when children end up in areas of natural disasters and catastrophes or zones of military combat operations and become the hostages and victims of physical, sexual, and emotional violence (Alekseeva 2007).

Who is a child?

A child is:

- A person who exists as a human being,
- The child with his or her own characteristic or quality,
- A child who is at risk, reliant, and speedily developing,
- An individual with mind-set, opinions, and perceptions and,
- A social being that will more and more relate and corresponds within her or his own social situation.

Every aspect of the child needs to be accepted, valued, and cherished by the child's major caregiver or a parent. The desecration of or malfunction to value any of these fundamentals of the child's psychosocial being comprises categories of child abuse and neglect (Barnett, Manly, & Cicchetti, 1993).

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According to United Nations Convention on the Rights of the Child (UNCRC), any person who is under the age of 18 years is a child. This is a generally acknowledged explanation of a child and it comes from an international legal organization which is accepted by most countries around the world. However in India defining the age of a person has been a constant disagreement. The Census of India considers children to be any person below the age of 14, as do most government programmes.

Fig. Minimum legal age defined by National Legislation in India

S.No.	Legislation	Boys	Girls
1.	Child Labour (Prohibition & Regulation) Act, 1986	14	14
2.	The Prohibition of Child Marriage Act 2006	21	18
3.	Criminal Responsibility (Section 83 of Indian Penal code)	12	12
4.	The Juvenile Justice Act 2015	18	18

What is an abuse?

Abuse is any form of behaviour or act that is intentional to have authority over, intimidate, force, or hurt another person. It is a mishandling of an authority which uses the connections of closeness, faith and reliance to make the sufferer vulnerable. Abuse can be affective, mental, monetary, sexual, and bodily, but abuse is not restricted to any one of these. Any exploitation, mishandling, or misuse of control for the intention of conniving the behaviours, events, opinions, or thoughts of another person is abuse.

What is Child abuse?

Child abuse is any action, behaviour and gestures by another person adult or child that causes considerable damage to a child. It can be physical, sexual or emotional, but can just as often be about a lack of affection, care and attention. WHO (2002) defines child abuse and neglect, or child maltreatment, as all forms of physical or emotional ill-treatment, sexual abuse, neglect or neglectful action, or commercial or other mistreatment ensuing in definite or possible harm to the child's health, continued existence, growth or self-esteem in the circumstance of a relationship of accountability, trust or authority.

Different forms of Child Abuse

Abusive or offensive behaviors or an act comes in various forms, but the most common result of abuse is the emotional effect on the child. If the child is being abused by a slap, a cruel remark, gritty stillness, the conclusion is child feels insecure, uncared for, and all alone. There are mainly four forms of child abuse that has been defined i.e. physical abuse, neglect, emotional abuse and sexual abuse. It is very essential to remind that if a child is suffering from one type of abuse, it is most likely that the child is suffering from other form of abuse as well. The four forms of child abuse and its effects are discussed below:-

Physical Abuse

Physical abuse is defined as "physical injury caused by punching, beating, kicking, biting, burning or otherwise harming a child. Physical abuse is the most visible form of child ill-treatment" (American Humane Society, p. 1). Physical injury that ranges from small bruises to brutal fractures or death as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting with a hand, stick, strap or other object, burning or otherwise harming a child. Such injury is considered abuse regardless of whether the caretaker intended to hurt the child.

Effects of child physical abuse

The consequences associated with child physical abuse go beyond what many people think of initially. Not only are there potential physical injuries like broken bones, head trauma, abdominal injuries, skin injuries, and so on, there can also be behavioral, emotional, and psychological effects from exposure to abuse of this kind. Research has found links between physical abuse, depression, and aggressive behaviors but the relationship among these variables appears different when looking at men versus women (Scarpa, Haden, & Abercromby, 2010). It appears that males and females react differently to trauma, with males engaging in more antisocial behaviors and females becoming more withdrawn. Several studies have reported that child physical abuse is a noteworthy predictor of depressive symptoms (Gover & Mackenzie, 2003; Hill, 2003; Kilpatrick et al., 2003, in Scarpa, Haden, & Abercromby, 2010). Depression can be a difficult disorder to live with as it can impact us personally and professionally, so understanding the link between depression and childhood trauma is an important area of study.

Children who have been physically abused may still feel the effects long after their injuries have healed. Being shaken, hit or physically abused in any way as a child can lead to poor physical or mental health later in life, including depressive disorders, anxiety disorders, eating disorders, childhood behavioural or conduct disorders, drug use, suicide attempts, obesity, sexually transmitted infections and risky sexual behaviour (Norman, R.E. et al, 2012).

Other long-term effects include

- Not doing as well at school or education
- Criminal risk taking behaviour
- Drug and alcohol problems.

1. Emotional Abuse

Opposite of some people's beliefs, words can hurt and emotional abuse can severely damage a child's mental health or emotional development. It includes a way of behaving that impairs a child's emotional development or sense of sense of 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, it may be difficult to intervene. Emotional abuse is almost always present when other forms are identified

Examples of emotional abuse include:

- Regular mocking, shaming, and embarrassing
- Calling names and making negative comparisons to others
- Telling a child they're "no good," "worthless," "bad," or "a mistake"
- Regular yelling, frightening, or maltreatment
- Ignoring a child as reprimand, giving them the silent treatment
- Limiting physical contact with a child—no hugs, kisses, or other signs of affection
- Exposing a child to violence against others, whether it is against the other parent, a sibling, or even a pet.

Effects of child emotional abuse

Emotional abuse is often considered as less grave than other forms of abuse because it has no instant physical effects. But over time emotional abuse can have very grave long term effects on a child's social, emotional and physical health and development.

- **Emotional abuse and risk taking behaviour:** - A child who is being emotionally abused by caregivers, parents, and siblings or in neighborhood may develop risk

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taking behaviours such as robbery, aggressive behaviour and usually running away from home.

- **Emotional abuse and mental development:** - Emotional abuse can also increase the risk of developing mental health problems, eating disorders or self-harming. Some research studies propose that there's a significant correlation between emotional abuse eating and language. If emotional abuse continues when the child gets older, it can have more serious consequences. Adolescents who have been emotionally abused over a long period of time are more likely to hurt themselves like self-harm and experience other mental health problems (Shaffer et al, 2009).
- **Emotional abuse and emotional development:** - Emotional abuse can limit a child's emotional development, including their ability to attend, feel and communicate emotions properly, and to manage their emotions. Children who usually grow up in such places where they always have to face rebuking and belittled may experience problems like insecurity, worthlessness and anger. One of the most significant problems with emotional abuse or with children who don't get the affection and warmth which they need from their parents may find it extremely hard to develop and maintain healthy relationships with other people in their life. Lower satisfaction with life is often experienced by those adults who had been abused as a child as compared to those who have lived a life without abuse (Gavin, 2011).
- **Emotional abuse and Behavioural problem:** -Emotional abuse can be a significant cause for a child with problematic behaviour. They might not care about the way they act or the consequences of their behaviour. This is also identified as negative impulse behaviour. Or they may deliberately attempt to construct an image so that people dislikes them, which is called self-isolating behaviour. Some research has also shown a link between emotional abuse and attention deficit disorders (Milletich et al, 2010).

2. Child sexual abuse: -

Child Sexual Abuse (CSA) is a form of child abuse in which an adult or older adolescent who is in a relationship of accountability, trust or control, uses a child for sexual stimulation (Medline Plus, 2008). CSA means making inappropriate touches or interactions between a child and an older or more knowledgeable child or adult (stranger, sibling, parent, or caretaker), when the child is being used as an object of gratification for the older child's or adult's needs. Such contacts or interactions are carried out against the child using power, deception, bribes, pressure or demands (UNICEF, 2001). Child sexual abuse (CSA) is defined as the misuse of power and authority, combined with force or compulsion, which leads to the misuse of children in situations where adults, or children sufficiently older than the victim to have greater strength and power, seek sexual gratification through those who are developmentally immature, and where, as a result, consent from the victim is a non-concept. Such gratification can involve explicit sexual acts, or may involve persistent and inappropriate actions not directly involving contact (Miller et al. 2007).

Exposing a child to sexual situations or material is sexually offensive, whether or not touching is involved. There are 2 different types of child sexual abuse. These are called contact abuse and non-contact abuse.

Contact abuse involves touching activities where an abuser makes physical contact with a child. It includes:

- Sexual touching of any part of the body whether the child's wearing clothes or not.

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- Rape or penetration by putting an object or body part inside a child's mouth, vagina or anus.
- Forcing or encouraging a child to take part in sexual activity.
- Making a child to take off their clothes, touch someone else's genitals or masturbate.

Non-contact:- involves non-touching activities, grooming, exploitation, persuading children to perform sexual acts over the internet and flashing. It includes:

- Encouraging a child to watch or hear sexual acts
- Not taking proper measures to prevent a child being exposed to sexual activities by others
- Meeting a child following sexual grooming with the intent of abusing them
- Online abuse including making, viewing or distributing child abuse images
- Allowing someone else to make, view or distribute child abuse images
- Showing pornography to a child
- Sexually exploiting a child for money, power or status (child exploitation).

Effects of child sexual abuse

- **CSA and Nervous system:** - Alexander (2011) calls sexual abuse a "chronic neurologic disease" and discusses how the effects create decades of negative consequences for victims. The consequences of child sexual abuse can include depression, eating disorders, post-traumatic stress and an impaired ability to cope with stress or emotions (Allnock et al, 2009). Child sexual abuse can have a more fundamental effect on brain functioning, where a child's brain becomes damaged by the abuse they have suffered (Mizenberg, Poole and Vinogradov, 2008). The effects of sexual abuse can include dissociation, memory impairment and reduced social functioning (Whitehead, 2011).
- **Self harm:** - aggression towards self as in self-blame, self-harm and suicide are common consequences of sexual abuse. A study by Calder (2010) found participants sexually abused in childhood were more than twice as likely to consider committing suicide in later life.
- **Sexual health:** -Being sexually abused as a child, especially when that abuse is not discovered, can lead to confused ideas about relationships and sexual behaviour.
- **Emotional and Physical damage:** - Sexual abuse can also have physical consequences for children, from sexually transmitted diseases to pregnancy. These physical effects add to the significant emotional and psychological damage inflicted by the abuse (Whitehead, 2010).
- **Guilt and shame:** - Children who are sexually abused can be manipulated by their abuser to believe that the abuse is their fault. The feelings of shame and guilt that come from the abuse can reduce the likelihood of that child telling anyone about the abuse (Allnock, 2009).
- **Post Traumatic stress disorder:** - Some people block out the abuse – meaning that they don't remember parts of their childhood. It can also lead to symptoms of post traumatic stress disorder. If a child doesn't tell anyone about the abuse, if it isn't discovered or when children don't receive the right kind of help and support, the damage can last a lifetime (Goodyear-Brown, 2012).

3. *Neglect*

It is a pattern in which the child's basic needs, which include sufficient food, garments, security, sanitation, or care is denied. Child neglect is not always easy to identify. In cases of

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serious illness or injury, or untreated depression or anxiety, sometimes, a parent might become physically or mentally unable to care for a child. Other times, substance abuse including alcohol or drug abuse may seriously impair judgment and the ability to keep a child safe. Neglect is an act of omission, where people, typically caregivers, fail to provide adequate care to another person dependent on them. There are various forms of neglect including physical, medical, emotional, and educational. According to Gaudin (1993), defining neglect includes analysis of the following items:

- Minimally adequate types of care that are required by children.
- Actions that would constitute neglectful behavior. Intent of the action (or lack of action).
- Effects or potential effects on the child's health, safety, well-being, development, and so on.
- Situational factors (poverty, etc.).

In general, the four most common forms of neglect are defined as follows, according to American Humane Society.

Physical Neglect: - Physical neglect accounts for the majority of cases of neglect that are reported. Physical neglect generally involves the parent(s) or caregiver(s) not providing the child with basic provisions needed for survival such as adequate food, clothing, supervision, and/or shelter. Because these are important to our survival, failure to provide these necessities can have long-term consequences including developmental concerns, cognitive deficits, and/or mental health issues. For example, a father/mother who eats all of the food in the household and does not provide food for his/her children may be neglecting a need related to physical neglect.

Medical neglect: - Medical neglect is the failure to provide suitable health care for a child when the means exist to provide such care. In another words, financially, a person is capable of providing access to health care services and does not do so. This is an important distinction because the law may view a lack of medical care due to poverty in a different way than a lack of medical care due to a motivation issue. If a child breaks his arm and his parents refuse to take him to the doctor because of inconvenience, this would be viewed differently than a family who does not seek medical services due to financial concerns and lack of access. Mental health professionals and Child Protection services would not necessarily look at this delay in care as neglect, but a lack of available resources. The delay in care may have harmful effects, however, as waiting many months to address a problem that is currently an issue is unacceptable.

Educational Neglect: - Educational neglect involves the failure to provide adequate educational resources to a child of school age. Doesn't allow child to go school is a form of educational neglect.

Emotional Neglect:-Emotional, or psychological, neglect may include engaging in unstable interactions in front of the child (domestic violence), refusing access to mental health care, withholding affection, ignoring, rejecting, isolating the child, or exploiting. Poor emotional development can lead to severe psychological consequences, including social skill concerns, substance abuse, poor self-esteem, and/or destructive decision making For example, a mother who calls her son names multiple times a day and withholds affection and praise may be neglecting his emotional needs. Perpetrators of neglect may lack understanding of child

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development (which may lead to unnecessary frustration or a lack of necessary care), may be single parents, may be in financial distress, may report greater mental health concerns, may have a history of substance abuse, may have been previously victimized, and may be younger in age (Children's Bureau, 2011).

Effects of neglect

Children who have been neglected may experience short-term and long-term effects that last throughout their life. Children who don't get the love and care they need from their parents may find it difficult to maintain healthy relationships with other people later in life, including their own children. Children who have been neglected are more likely to experience mental health problems including depression and post-traumatic stress disorder. Young people may also take risks, such as running away from home, breaking the law, abusing drugs or alcohol, or getting involved in dangerous relationships - putting them at risk from sexual exploitation.

Effects on relationships and attachment

A parent or carer's behaviour has a big impact on a child. It can also affect the relationship between parent and child. This relationship, or bond, between a child and their primary caregiver - usually mother or father but sometimes another family member - is described by attachment theory. When a child is neglected they don't usually have a good relationship or bond with their parent. Mental health professionals would describe this as a poor attachment. Poor attachment can significantly affect the relationships that people have throughout their lives, including how they interact with their own children. Early intervention can change attachment patterns, reducing harm to a child and helping them to form positive attachments in adulthood (Howe, 2011).

Effects on brain development

The initial years of a child's life have a big impact their brain development. That is why neglect can be so harmful; a child's experiences can change their thought processes and neural pathways.

In malnourished child, neural cells can become feeble or damaged and this can lower the function of the brain.

Poor relationship, attachment or minimal interaction with a parents or caregivers can change how their brain develops emotional and can affect verbal pathways.

Neglect can alter the way a child's brain or mental functioning works. This can lead to an increased risk of mental health issues like depression in later life as well as cognitive disorders including memory impairments. Neglect can also cause panic disorder, posttraumatic stress disorder (PTSD) and attention deficit and hyperactivity disorder (Child Welfare Information Gateway, 2009).

The impact of child abuse is daunting and it can severely impact the development of the child. The child abuse can affect every aspect of individual's life ranging from, physical, social, emotional and intellectual. It can lead to aggressive behaviour either towards others like fighting, hurting; harming others or it can lead aggression towards self as in the form of Self harm and Suicidal behaviour.

Preventive measures and its Management

The title of Klein and Goldston's (1977) text, **Primary Prevention: An Idea Whose Time Has Come**, was visionary. Primary prevention can play an important role in helping children to understand child abuse. Some of the Primary preventive measures are:-

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Educating children about abuse: - In order to educate the children about child abuse, family and school plays an important role.

- **Responsibility of family:** - As we know that family is the first educational institute for child. Parents or primary caregiver plays an important role in the life of children. It is the responsibility of the parents to educate their children about the various forms of abuse.
- **Responsibility of Schools:** - The responsibility of the schools cannot be ignored. School based prevention programmes must include child abuse. In fact, each year millions of school-children throughout the United States are exposed to programs with a preventive thrust, with many receiving more than one program. For instance, over 90% of all school districts offer services to children who are at risk for academic problems (Slavin, Karweit, & Madden, 1989). Between 72% and 77% of all districts provide programming relevant to smoking, alcohol and other drug use, nutrition, physical fitness, and sex education; between 51% and 67% of districts instruct students on such matters as AIDS, suicide prevention, physical violence, and the use of seat belts and other safety behaviors (Holtzman et al., 1992). Programme that includes awareness camps about child abuse, Good touch Bad touch, Assertive training (Assertive enough to say “No” to any form of abuse) etc can really help in preventing child abuse.

Management of child abuse: - those children who have been abused needs attention from Medical and mental health professionals.

Responsibility of Pediatrician and Hospital management: -As the first point of contact, the emergency department has a crucial role in the detection and management of the abused child. In the history taking, the following points must be noted:

- The timescale between injury and attendance
- The compatibility and consistency between injury and history given
- The parent–child, parent–staff and child–staff interactions
- Relevant previous attendances and those of siblings
- Child protections register list check.

In the examination, the careful and accurate documentation of all injuries is of particular importance. Any disclosure of abuse should be recorded verbatim; you should ask open questions and record both the question and the answer. The parents’/carers’ statements, responses and their behaviour towards and relationship with their child (and the child’s responses) should be documented. It is important that the immensely challenging context of being suspected of child abuse should be taken into account in evaluating these observations. The help of the most senior pediatrician must be sought immediately examination should be carefully detailed, performed and carried out by an experienced clinician. The assessment should be holistic; issues of emotional and sexual abuse and neglect, as well as of physical abuse, should be considered. If there are concerns, the input of a senior clinician should be sought, and if the concern remains, the child should be admitted under the care of the pediatrician.

Ensuring the child’s safety and well-being:-

It’s very important that the child should feel safe in the family. If the child is being abused in the family than the following steps should be taken:-

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- The hospital as a place of safety. When the clinician feels that the child is not safe in the family, it is better to place a child to a place where he/she is not being harmed. On immediate basis hospitals can be a safe place.
- One of the most important features to ensure that the child is safe is the use of law to protect children.
- Public law: - the government of Indian has put forth some special laws for the development and protection of children. These are as under-

ARTICLES 14 AND 15

Article 14 provides that the State shall

- “not deny to any person equality before the law or the equal protection of the laws within the territory of India”

But article 15(3) mentions that,

- “Nothing in this article shall prevent the State for making any special provision for women and children.”
- **Article 21A** directs the State shall provide “free and compulsory education to all children of the age of six to fourteen years”
- **Article 23** prohibits trafficking of human beings and forced labour.
- **Article 24** prohibits employment of children below the age of fourteen years in factories, mines or any other hazardous occupation.

Article 39(e) and (f) provides that the State shall

- ensure that the health and strength of workers, men and women and the tender age of children are not abused”
- that the citizens are not forced by economic necessity to enter a vocations unsuited to their age or strength
- the children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity
- **Article 45** envisages that the State shall endeavor to provide early childhood care and education for all children until they complete the age of six years.
- **Article 46** recognizes the right of weaker sections of the people to be protected from social injustice and all forms of exploitation.
- **Amendment 86** recognizes the Right to education.

National Policy for Children 1974:- The major objectives of this policy are:-

- Comprehensive health and nutrition
- Free and compulsory education until the age of fourteen years
- Education should include physical education, and recreational time.
- Special attention for children from marginalised backgrounds or children with disabilities.
- Protection from abuse, neglect, cruelty and exploitation.
- Laws need to be amended to take into account “the best interest of the child”.

Integrated Child Development Scheme (ICDS):- the major objectives of this policy are:-

- To improve the nutritional and health status of children in the age-group 0-6 years;
- to lay the foundation for proper psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school dropout;

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- to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Convention on the Rights of the Child 1989:- In 1989 the legally binding Convention on the Rights of the Child was adopted by the United Nations. Significant features of CRC are as under:-

Right to Survival includes:-

- Right to life.
- The highest attainable standard of health.
- Nutrition.
- Adequate standard of living.
- A name and a nationality.

Right to Development includes:-

- Right to education.
- Support for early childhood care and development.
- Social security.
- Right to leisure, recreation and cultural activities.

Right to Protection includes:-

- Exploitation.
- Abuse.
- Inhuman or degrading treatment.
- Neglect.
- Special protection in special circumstances such as situations of emergency and armed conflicts, in case of disability etc.

➤ ***Right to Participation includes:-***

- Respect for the views of the child.
- Freedom of expression.
- Access to appropriate information.
- Freedom of thought, conscience and religion.

Child Welfare Committee: - Child in need of care and protection (CNCP) (Sec. 2(14). According to CNCP who is in need of child care and protection? Who is at imminent risk of marriage before attaining the age of marriage, homeless, abandoned, street child, forced labour, beggar, abused, tortured, neglected, exploited, mentally or physically challenged/mentally or physically ill, Having incapacitated parents or no parent, missing or run away child, whose parents are not traceable, abused, tortured or exploited for the purpose of sexual abuse or illegal act, vulnerable and is likely to be inducted into drug abuse or trafficking, abused for unconscionable gains and Victim of natural or man-made calamity.

➤ **Who can produce CNCP before the Committee(Sec. 31) :-** Any CNCP may be produced before the Committee by any of the following-

- Any Police Officer or SJPU (Special Juvenile Police Unit).
- Any Officer of DCPU (District Child Protection Unit) or inspector appointed under labour law.
- Any Public Servant.
- Childline services or any voluntary or non-governmental organization.
- Child welfare officer or Probation Officer.

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- Any Social Worker or a Public spirited citizen.
- By the child himself.
- Any nurse, doctor or management of a nursing home, hospital or maternity home.

Order that can be passed by Committee in respect of CNCP after inquiry (Sec. 37)

- Declaration that the child is in need of care and protection.
- Restoration of the child to parents or guardian or family.
- Placement of the child in Children's Home or fit facility or Specialized Adoption Agency for adoption.
- Placement of the child with fit person.
- Foster care orders u/s. 44.
- Sponsorship order u/s 45.
- Declaration that the child is legally free for adoption u/s. 38.

INTEGRATED CHILD PROTECTION SCHEME (ICPS):- INCLUDES

Emergency outreach service

- Child Line (1098)
- OPEN SHELTER HOME

Family based non – institutional care

- Sponsorship
- Foster Care
- ADOPTION

Cradle baby reception centres

- AFTER CARE

Institutional services include:-

- Observation Home
- Special Home
- Children's Home

Statutory support services

- Juvenile Justice Board (JJB)
- Child Welfare Board (CWC)
- Special Juvenile Police Unit

The Protection of Children from Sexual Offences Act, 2015, (POCSO, 2015):- Purpose of the Act is to:-

- Provide protection to all children from the offences of sexual assault, sexual harassment and pornography
- Child defined as any person below the age of 18 years.
- An offence is treated as "aggravated" when committed by a person in a position of trust or authority of child such as a member of security forces, police officer, public servant, etc.

Role of mental health professional:- In the course of their work, child and adolescent mental health professionals will want to identify as part of their assessment and care planning whether child abuse, neglect or domestic violence are factors in a child's mental health problems and to ensure they are addressed appropriately in the treatment and care delivered. If the mental health professional thinks a child is currently affected, they should follow the child protection procedures laid down for their services within their area. Consultation,

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supervision and training resources for child protection procedures should be available and accessible in each service. Child and adolescent mental health professionals have a role in the initial assessment process in children in whom child abuse is suspected in circumstances where their specific skills and knowledge are helpful.

Examples include:

- children and adolescents with severe behavioural and emotional disturbance;
- eating disorder or self-harming behaviour;
- families where there is a perceived high risk of danger;
- very young children;
- Where the abused child or abuser has severe communication problems;
- Where the parent or carer fabricate or induce illness;
- Where multiple victims are involved.

Child and adolescent mental health services also have a role in the provision of a range of psychiatric and psychological assessment and treatment services for children and families. Services that may be provided in liaison with Social Services include the provision of reports for court, and direct work with children, parents and families. Services may be provided either within general or specialist multidisciplinary teams, depending upon the severity and complexity of the problem. In addition, consultation and training may be offered to services in the community including, for example, Social Services, schools, primary healthcare teams and nurseries (Kaplan, 2009).

CONCLUSION

Child abuse is a maltreatment of a child who is under 18 years of age. Child abuse is any action by another person – adult or child – that causes significant harm to a child. Child abuse is a serious problem around the world. The effects of child abuse are devastating. Children are abused usually in four ways Physical abuse, Emotional abuse, Sexual abuse and neglect. The outcome of child abuse can result in both short and long term consequences ranging from social problems, emotional problems, cognitive problems, educational problems, Low self-esteem and self-harm or sometimes it may lead to suicide. At the same time, there are primary preventive measures that can be taken to avoid child abuse. Schools should be the prime target for the working professionals to create awareness among the young children about child abuse. Programmes like Good touch Bad touch, assertive training, and awareness about body parts etc. can be done to create awareness about abuse in children. Parents on the other hand should educate their children about the child abuse and the effects of child abuse. Child and adolescent mental health professionals can help the child to overcome from the consequences of child abuse. At the same time there are child protection policies that protect the child from any type of abuse. Such policies provide safe place where child can be kept and work for the development of the child.

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Conflict of Interest

The authors carefully declare this paper to bear not a conflict of interests

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