

Cukurova Medical Journal

Kisa Not / Short Communication

Public Health Strategies to Minimize the Global Incidence of Child Abuse

Çocuk İstismarının Küresel İnsidansını En aza İndirmek için Uygulanacak Halk Sağlığı Stratejileri

Saurabh RamBihariLal Shrivastava¹, Prateek Saurabh Shrivastava¹, Jegadeesh Ramasamy¹

¹Department of Community Medicine, Shri Sathya Sai Medical College & Research Institute, Kancheepuram/INDIA

Cukurova Medical Journal 2014;39(4):955-958.

ABSTRACT

Child abuse is an extremely complicated and a multi-faceted public health concern, significantly influenced by the victim's age, the settings in which the abuse occurs, and the relationship between the victim and perpetrator. The global estimates are just the tip of the iceberg as most of it takes place in the privacy of domestic life and often goes unreported and undetected. In fact, occurrence of child abuse can be best explained by exploring the complex interaction among multiple factors at different levels. In order to counter this menace there is a definite need to involve all the stakeholders and ensure mandatory reporting of child abuse with the help of a surveillance system. To conclude, comprehensive and integrated package of services is desired to minimize the incidence of child abuse and neglect, supplemented with community-based initiatives to facilitate early detection and prolonged follow-up of victims of the abuse.

Key Words: Children, Abuse, Public health, Policy

ÖZET

Çocuk istismarı son derece komplike ve çok yönlü bir halk sağlığı sorunu olup, mağdurun yaşı, istismarın gerçekleştiği yer, mağdurla failin arasındaki ilişki de bu olayın boyutunu önemli ölçüde etkilemektedir. Küresel tahminler buzdağının sadece görünen parçasıdır çünkü bu olayların bir çoğu aile hayatının gizliliği içerisinde kalır ve sıklıkla otoritelere bildirilmeden veya fark edilmeden devam eder. Aslında çocuk istismarının en iyi açıklaması belkide farklı seviyedeki çoklu faktörler arasındaki karmaşık etkileşimden ileri gelmektedir. Bu tehdite karşı koymanın yolu tüm tarafların dahil olacağı gözetim sisteminin yardımı ile çocuk istismarının zorunlu olarak bildirilmesinin sağlanmasından geçmektedir. Sonuç olarak hizmetlerin kapsamlı ve entegre olarak; erken tespit ve istismar mağdurlarının uzun süreli takibi gibi toplum temelli girişimlerin desteklenmesiyle, çocuk istismarının ve ihmalinin insidansı en aza indirilebilir.

Anahtar Kelimeler: Çocuk, İstismar, Halk Sağlığı, Politika.

INTRODUCTION

Child Abuse

Child abuse is an extremely complicated and a multi-faceted public health concern, significantly influenced by the victim's age, the settings in which the abuse occurs, and the relationship between the victim and perpetrator (viz. parents / family members / caretakers / teachers; etc.)^{1,2}. Child abuse encompasses all types of physical/sexual abuse or emotional wrong-treatment or exploitation, resulting in actual / potential harm to the child's health/survival/development¹.

Rambiharilal et al. Cukurova Medical Journal

Child abuse: Magnitude and significance

The global estimates suggest that on an average 20% of females and 10% of males report being sexually abused as children, while the incidence of physical abuse varies from 25-50% among all children³. However, these estimates are just the tip of the iceberg as most of it takes place in the privacy of domestic life and often goes unreported and undetected. In fact, child abuse is widely prevalent in all societies, owing to which it is recognized internationally as a serious public health concern that violates basic human rights^{4,5}.

Potential risk factors aggravating the menace

Owing to the contribution of numerous factors, no single factor can be targeted to explain the prevalence of the child abuse in communities². In fact, occurrence of child abuse can be best explained by exploring the complex interaction among multiple factors at different levels individual level (viz. age, gender, personal history); relationship level (viz. assessment of an individual's relationships with family members or friends); community level (viz. settings & characteristics of the settings in which social interactions occur - neighborhoods, workplaces and schools); societal level (viz. socio-cultural norms that encourage the use of violence, economic/social/health/education policies either preserve or increase economic and social health poor preventive inadequate social welfare schemes, and a weak system of criminal justice)^{4,5}. In addition, parameters like substance abuse among parents; mental health status of parents; failure of family planning, and minimal involvement of the health care professionals, especially medical practitioners / outreach workers, have also contributed significantly to create an environment in which the practice of child abuse can flourish^{5,6}. However, if parents and caregivers are the perpetrators, development of comprehensive strategies in itself is a challenging task, as the perpetrators of the

abuse are at the same time the source of nurture for the child⁴.

Consequences of the child abuse

Broadly, the practice of child abuse can be physical or sexual or emotional or neglect (viz. failure on the part of a parent or other family member to ensure the development and well-being of the child, despite being in a position to do so)⁴. The nature and the severity of both the violence itself and its health and social consequences range widely from the physical trauma; significant impact on the emotional & psychological development of the child; sexual exploitation & sex trafficking; adoption of risk-taking behavior (viz. depression, substance abuse, and high-risk sexual behaviors) among the victims; perpetration of violence by themselves; and even death in extreme cases^{2,6,7}. Furthermore, child abuse also results in escalation of financial expenditure (viz. direct medical costs, loss of income due to premature fatality, expenses on special education / psychological care / foster care) and burden on the health care delivery system4.

Suggested measures to tackle the global problem

In order to counter the menace of child abuse, there is a definite need to involve all the stakeholders and roles of each one of them should be clearly specified⁸. However, the primary step is to ensure mandatory reporting of child abuse and this can be implemented by establishing a simple, flexible, acceptable, reliable, and sustainable surveillance system^{9,10}. This collected information should be utilized to assist the policy makers in taking evidence-based decisions and in modifying the socio-demographic factors which tend to aggravate the problem of child abuse¹⁰. In addition, implementation of other measures such as formulating a national level policy involving representatives from all relevant sectors and giving special attention to the susceptible children⁴; marginalized identifying

Cilt/Volume 39 Yıl/Year 2014 Child Abuse

ministry/department/agency to coordinate the functioning at different levels 10,11; implementing measures to reducing economic and gender inequalities / environmental risk factors³; strengthening police and judicial systems by ensuring reforms in the laws pertaining to welfare of children^{4,11}; introducing social and economic welfare policies (viz. early childhood education & care or measures to reduce unemployment and mitigate its adverse consequences)8; adopting behavior change communication strategies to abolish the socio-cultural norms that support violence against children 1,8; organizing health education sessions or observing days/months to spread worldwide awareness about the detrimental effects of child abuse¹²; conducting integrated assessment of families at risk & screening parents attitudes toward their children¹³; sensitizing medical practitioners to have a high index of suspicion for child abuse^{5,11,14}; organizing training sessions for the health care professionals to identify and refer victims of child abuse 11,14; reducing unintended pregnancies¹⁴; increasing access to antenatal / postnatal services⁴; ensuring training in parenting skills by involvement of medical social workers / counselors⁴; advocating development of safe, stable and nurturing relationships between children and their caregivers¹⁵; training children with the assistance of school teachers/parents to recognize and avoid potentially abusive situations^{8,15}; encouraging implementation of community-based child abuse prevention strategies tailor-made to the local settings¹⁶; ensuring provision of integrated health care to the victims of abuse (viz. medical care, forensic assessment, psychosocial support to victim & family members, rehabilitation services {health interventions / social interventions - such as provision of food or shelter or foster placement / educational interventions - such as special schooling or training / legal interventions - like prosecution of perpetrators or measures to claim damages / financial assistance})^{1,4,8}; advocating home visits by trained health care professionals to

facilitate early recognition and ensure follow-up¹⁷; promoting research to assess the behavior of parents on child abuse so that more effective policies can be framed¹⁸; fostering linkages with the non-governmental / international welfare agencies working for the betterment of the children⁸; and developing a mechanism to monitor the progress & evaluate the outcome of implemented strategies^{4,8}; can be ensured to safeguard the welfare of children.

CONCLUSION

To conclude, comprehensive and integrated package of services is desired to minimize the incidence of child abuse and neglect, supplemented with community-based initiatives to facilitate early detection and prolonged follow-up of victims of the abuse.

REFERENCES

- World Health Organization. World report on violence and health. WHO press: Geneva, 2002.
- Ben-Natan M, Sharon I, Barbashov P, Minasyan Y, Hanukayev I, Kajdan D, et al. Risk factors for child abuse: quantitative correlational design. J Pediatr Nurs. 2014;29:220-7.
- World Health Organization. Child maltreatment ("child abuse"). http://www.who.int/violence_injury_prevention/violence/child/en/ (accessed May 2014).
- World Health Organization & International Society for Prevention of Child Abuse and Neglect. Preventing child maltreatment: A guide to taking action and generating evidence. WHO press: Geneva, 2006.
- Klein K, Boersma AA, Meyboom-de Jong B, de Bruijn J. Child abuse: a common problem in Curaçao? West Indian Med J. 2013;62:127-34.
- Herrenkohl TI, Hong S, Klika JB, Herrenkohl RC, Russo MJ. Developmental impacts of child abuse and neglect related to adult mental health, substance use, and physical health. J Fam Violence. 2013;28:191-9.

Rambiharilal et al. Cukurova Medical Journal

- Cowell JM. Commercial sexual exploitation and sex trafficking of minors as child abuse. J Sch Nurs. 2014;30:87.
- World Health Organization. Interventions for preventing child abuse. http://www.who.int/mental_health/mhgap/evidence/ch ild/q2/en/ (accessed May 2014).
- 9. Simpson J. Mandatory reporting of child abuse and neglect. Qld Nurse. 2014;33:32-3.
- 10. World Health Organization. Injury surveillance guidelines. WHO press: Geneva, 2004.
- 11. Krugman SD, Lane WG, Walsh CM. Update on child abuse prevention. Curr Opin Pediatr. 2007;19:711-8.
- Thomas NJ, Shaffer ML, Rzucidlo S, Shirk BJ, Dias MS. Temporal factors and the incidence of physical abuse in young children: decreased non-accidental trauma during Child Abuse Prevention Month. J Pediatr Surg. 2007;42:1735-9.
- Kayama M, Sagami A, Watanabe Y, Senoo E, Ohara M. Child abuse prevention in Japan: an

- approach to screening and intervention with mothers. Public Health Nurs. 2004;21:513-8.
- 14. Oates RK. Role of the medical community in detecting and managing child abuse. Med J Aust. 2014;200:7-8.
- 15. World Health Organization. Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers. WHO press: Geneva, 2009.
- Conley A, Duerr Berrick J. Community-based child abuse prevention: outcomes associated with a differential response program in California. Child Maltreat. 2010;15:282-92.
- Rubin DM, Curtis ML, Matone M. Child abuse prevention and child home visitation: making sure we get it right. JAMA Pediatr. 2014;168:5-6.
- Auemaneekul N. Parents' perceptions of child abuse and child discipline in Bangkok, Thailand. J Med Assoc Thai. 2013:96:181-9.

Yazışma Adresi / Address for Correspondence:

Dr. Saurabh RamBihariLal Shrivastava
Department of Community Medicine,
Shri Sathya Sai Medical College & Research Institute,
Ammapettai village, Thiruporur - Guduvancherry Main Road,
Sembakkam Post, Kancheepuram
603108, Tamil Nadu, INDIA
E-mail: drshrishri2008@gmail.com

Geliş tarihi/Received on: 13.06.2014 Kabul tarihi/Accepted on: 01.07.2014