Review Article

CHILD ABUSE: A CURSE TO HUMANITY
Dr. P Wankhade, Dr. B Debberma, Dr. B Tirpude,
Dr. I Khandekar, Dr. P Murkey, Dr. P Bokaria

Authors
Dr. PA Wankhade Assistant Prof, Dept of Forensic Medicine and Toxicology , MGIMS, Sewagram, 442102, Dist: Wardha (MH).
Dr. Biprojit Debberma, Tutor, Dept of Forensic Medicine, Tripura Medical college, BRAM and Medical Teaching Institute, Agartala, Tripura State, India.
Dr. BH Tirpude Prof and Head, Dept of Forensic Medicine and Toxicology , MGIMS, Sewagram, 442102, Dist: Wardha (MH).
Dr. IL Khandekar, Assoc. Prof, Dept of Forensic Medicine and Toxicology , MGIMS, Sewagram, 442102, Dist: Wardha (MH).
Dr. PN Murkey, Prof. Dept of Forensic Medicine and Toxicology , MGIMS, Sewagram, 442102, Dist: Wardha (MH).
Dr. Pradip Bokaria, Assist Prof. Dept of Anatomy, MGIMS, Sewagram, 442102, Dist: Wardha (MH).

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Corresponding Author: Dr. PA Wankhade Assistant Prof, Dept of Forensic Medicine and Toxicology , MGIMS, Sewagram, 442102, Dist: Wardha (MH).
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CHILD ABUSE: A CURSE TO HUMANITY
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Abstract

Historical and literary sources revealed that the child abuse existed in cultures from all parts of the world since ancient times. Child abuse is like an “iceberg phenomenon”. Very few cases are reported inspite it is a terrible misfortune for millions of children and families, for communities and societies. It spoils young people of all ages - in utero, infants, children and adolescents. Multiple factors together like unawareness of medical professionals, concerned parents, neighbors, teachers and complex legal requirements make it hard to convict the perpetrator of child abuse. Denial of abuse & innocence of child or their doubt, fright, acustomization are the reasons that prevent disclosure of identification of this unpleasant side of life. The identification, management, prevention of child abuse & conviction of perpetrator requires co-operation of diverse professional group including medicos like forensic experts, pediatricians, physicians, surgeons, radiologists, emergency rooms staffs and police, attorneys, teachers, social workers etc.

Key words: child abuse, iceberg, perpetrator, diverse professional group.

Introduction

At present, sense of shame & guilt is increased to such a great degree that, child abuse & incest could no longer be considered, acceptable. However abusive practices continued in the underworld, out of sight of polite society. In the 1860s French forensic pathologist ‘Ambroise Tardieu’ described severe child abuse after performing autopsies on children’s who had been beaten to death. Now a day’s abusive practices are actively identified rather than ignored and denied like in previous era [1]. Modern recognition of child abuse was signaled in 1946 by pediatrician and radiologist ‘John Coffey’, who noticed child with multiple skeletal injuries and chronic subdural hematoma [2]. In 1962 ‘Henry Kempe’ and his colleagues brought child maltreatment to the attention of physician and legislation in the historic article. “The Battered –Child Syndrome” [3].

Definition of child abuse –A minimum, any recent act or failure to act on part of parent or care taker that result in the death, serious physical or emotional harm or sexual abuse or exploitation, it also includes an act or failure to act that present an imminent risk of serious harm.

Types of child abuse

Child abuse can take several forms. The four main types are physical, sexual, psychological, and neglect. [4]

A. Physical abuse - Act that results in non - accidental physical injury such as beating, punching, kicking, biting, burning, and poisoning. It may also result of unreasonably severe corporal punishment or unjustifiable punishment.

B. Emotional abuse - Emotional or psychological abuse occurs when a person conveys to children that they are worthless, flawed, unloved, unwanted or endangered. The perpetrator may spurn, terrorise, ignore, isolate or berate the child.
C. Sexual abuse - It refers to sexual behavior between a child & an adult or between two children, when one of them is significantly older or uses coercion. Sexual abuse means employment, use, persuasion, inducement, enticement, coercion of any child to engage in any sexually explicit conduct or the rape, molestation, prostitution, or other forms of sexual exploitation of children or incest with children. The sexual behavior includes touching breast, buttocks and genitalia whether the victim is dressed or undressed exhibitionism, fellatio, cunnilingus and penetration of vagina or anus with sexual organs or objects. In addition to the forms of inappropriate touching, sexual abuse also refer to sexual exploitation of children, for instance, conduct or activity related to pornography depicting minors and promoting or trafficking in prostitution of minors. Recently a nine year old girl was raped and murdered in police colony in Mumbai [5]. In Norway on Thursday, Dec 6 2012, Vallabhaneni Chandrasekhar and Anupama, the Indian couple, were convicted by Norwegian authorities for "serious child abuse" of their seven-year-old son. In Panaji (Goa) on Nov 13, 2012 a 30-year-old man was arrested for sexually assaulting a four-year-old child at Calangute on Saturday. The victim's mother complained in the Calangute police station on Saturday morning that her daughter was sexually assaulted by the accused Cook [6]. Similar news is frequent in media and newspapers.

Another atypical type of child abuse is:

D. Ritual abuse - It is culture based which includes physical, sexual or psychological abuse that involves bizarre or ceremonial activities that is religiously or spiritually motivated. In this multiple perpetrator abuse multiple victims over extended period of time.

Neglect –
This is a most prevalent form of child maltreatment. It is failure to provide the adequate care and protection for child. Children can be harmed by malicious or ignorant withholding of physical, emotional and educational necessities. Neglect includes failure to feed children adequately and to protect them from danger.

A. Physical Neglect – it includes abandonment, expulsion from home, disruptive custodial care, inadequate supervision and reckless disregard for the child’s safety and welfare.
B. Medical Neglect – include refusal, delay or failure to provide medical care.
C. Educational Neglect – include refusal, delay or failure to provide medical care.

Etiology of child abuse
Although child abuse occurs at all socioeconomic levels, it is highly associated with poverty and psychological stress especially financial stress. It is strongly correlated with less parental education, underemployment, poor housing, welfare reliance, single parenting. It tends to occur in multiproblem families i.e. families having domestic violence, social isolation, parental mental illness, substance abuse specially alcoholism, intellectual deficiency. Probability of child abuse also increase by risk factors such as prematurity, mental retardation, physical handicap and large number of children in family. An incestuous behavior has been associated with alcohol abuse, overcrowding, increase physical proximity, rural isolation causing less extra familial contact of children’s.

Symptoms, Diagnosis and clinical features
A. Psychological, emotional and behavioral symptoms.
Abused children manifest variety of emotional, psychological and behavioral reaction. They are neither specific nor pathognomic. The abused childrens may be unusually fearful,
docile, distrustful, guarded & on the other hand they may be disruptive and aggressive. They exhibit affect disregulation, insecure and atypical attachment patterns, and impaired peer relationships involving increased aggression or social withdrawal, academic underachievement. They also shows a range of psychopathology including depression, conduct disorder, Attention deficit hyperkinetic disorder, oppositional defiant disorder, Post-traumatic stress disorder, hysterical symptoms, dissociative reaction, phobias, amnesias, day dreaming, nightmare that directly portray the abuse, trancelike states, low self esteem, suicidal and self mutulative behaviors. Disturbances in sexual behavior such as masturbating with object, imitating intercourse, inserting objects into the vagina and anus. Abused children display aggressive sexual behavior towards others, showing genitals to other children, touching genitals of others. A younger child manifests age inappropriate sexual knowledge.

In contrast to this overly sexualized behavior, the child may avoid sexual stimuli through phobias and inhibition.

B. Somatic and physical feature of child abuse

In many cases the physical examination and radiological evaluation shows evidence of repeated suspicious injuries. Somatic complaint includes enuresis, encoperesis, anal and vaginal itching, anorexia bulimia, obesity, headache and stomachache. A Forensic medical examination should preferably carried out by one special expertise in child abuse. A comprehensive examination must direct attention to all aspect of victim’s health status including immaturity and developmental assessment, dental care, immunization and the review of system.

Forensic medical examination

A. Examination of skin and surface tissue

Finger nails, hairs, oral cavity, ear drums, skin surfaces, clothing and genitalia must be assessed and result must be recorded. Bruises, burn bite mark, abrasion, laceration should be noted. In harsh punishment bruised lower back, buttock, slapped cheeks, pinched ear lobe, chock marks around neck. In abusive toilet training pinched bruises on the penis or scrotum and perineal burns. Feeding related injuries generate laceration to the oral cavity and labial frenulum tears. Immersion burns generate saved and scorch pattern typically designated as Stalking/glove or Donuts distribution burns.

B. Examination of head

Damage to head includes scalp hematomas, lacerations, brain injuries, whiplash injury or shaken baby syndrome. physical abuse typically violent shaking to and fro, whiplash or slamming results in more than 95% serious intracranial injuries sustained in 1st year of life. It includes subdural bleeding, retinal tear and hemorrhage [7]. Fall can cause linear skull fracture, epidural haematomas. Black eyes caused due to smacking around eyes. Traumatic alopecia and Subgaleal haematoma are caused by pulling the hairs.

C. Examination of Internal Organs

Includes blunt trauma to the chest, bruised abdominal organ, occult liver lacerations, duodenal hematoma, pancreatic contusion or laceration, superior mesenteric artery rupture and spleen, kidney and bladder rupture.
D. Examination of Skeletal System—

It is usually documented with X-ray taken immediately and for better definition after two weeks of injury. The most distinctive radiological feature of infant abuse are metaphyseal lesions are called corner fracture or bucket handle fracture. In addition to this following are highly specific for child abuse: posterior rib fractures, spinous process fractures and sternal fractures. The following are moderately specific for child abuse: multiple fracture especially bilateral epiphyseal separation, old and new fractures, vertebral body fracture and subluxation, fracture of finger and complex skull fracture. A child may not report a fracture if more injuries are likely to result after disclosure.

Intoxication and poisoning

Psychotropic and analgesic medication, alcohol and illicit drugs have all been used by adult abusers to render a child or adolescent more susceptible to assault and less capable of offering accurate witness. The salts, caustic cleaners, laxatives, animal tranquilizers, blood or excrement have also been administered.

Physical finding of sexual abuse

Labial and perineal tissue manifests abrasions, contusions, lacerations, petechie and edema. Examination may reveal bloodied tissue, genitorectal tears and infected secretions. Scaring is minimal if vaginal penetration is gentle, gradual or consensual. Major insults to penile head like tattoo, scalding and amputation can be found. Anal findings include dilatation with loss of anal rectal tone, flattened rectal rugae, lacerations and wedge shaped and linear scars.

Special test and laboratory examination

CT scan and MRI in evaluating child with head trauma or abdominal injury. X-ray for skeletal survey. Serological examination for STDs and HIV status.

Forensic Evaluation process in child abuse

A Forensic evaluation emphasizes on collecting accurate and complete data to determine as objectively as possible what happened to child. Was the injury an accident? was it self inflicted? Or was a result of parental abuse? Was child actually sexually abused? Or indoctrinated to believe that child was abused? The data collected in forensic evaluation must be preserved in a reliable manner through audio tape, video tape or detailed notes. The result of forensic evaluation should be organized into a report that is read by attorneys, judges or police.

Reporting of child abuse

The typical statute says that a physician who has “reason to believe or reason to suspect” should report child abuse to the appropriate authority and law personnel. Similarly medical, paramedical and non medical persons are required to report child abuse. But most times child abuse is not reported at all & sometimes it is over reported. Most clinicians & other mandated reporters frequently fail to consider child abuse in differential diagnosis of child injuries. Commonly reporters fail to report because of diverse cultural & socio economical factor. The factors like lack of experience and skill, unawareness of law & rigidity towards law, not accepting the reality of child abuse are important deterrent of underreporting. The most obvious negative consequence of underreporting is that the abused
child & siblings are left in dangerous circumstances, vulnerable to sexual abuse. Over reporting means reporting people’s beliefs or suspicions.

**Scenario in our country**
As per the study conducted by the Ministry of Women and Child Development, Government of India [8]:

1) Across the different forms of abuse and among different evidence groups, younger children in age group of 5-12 year have reported the highest level of the abuse.
2) Boys as compared with the girls are at the same risk of abuse.
3) Persons in trust and authority are the major abusers.
4) In 70 % of the child abuse cases respondents never reported the matter to anyone.

**Physical abuse**
1) Two out of every three children are physically abused.
2) Out of 69 % children abused in 13 sample states of India, 54.86% were the boys.
3) Over of 50 % children abused in 13 sample states of India were subjected to one or another form of the physical abuse.
4) Out of those children physically abused in family situations, 88.6 % were physically abused by the parents.
5) 65% of school going children reported facing the corporal punishment i.e two out of three child were suffering from the corporal punishment.
6) The states of Andhra Pradesh, Assam, Bihar and Delhi have almost consistently reported the higher rates of abuse in all forms in comparison with the other states.
7) Most of the children did not report the matter to anyone.
8) 8.50.2 % of the children worked seven days a week.

**Sexual abuse**
1. 53.22% children reported having faced one or more form of the sexual abuse.
2. The states of Andhra Pradesh, Assam, Bihar and Delhi have almost consistently reported the higher rates of sexual abuse in both girls and boys with the other states.
3. 21.90% of child respondents reported facing severe form of sexual abuse and 50.76% other form of sexual abuse.
4. Out of the children respondents 5.69% reported being sexually assaulted.
5. The children in the states of Andhra Pradesh, Assam, Bihar and Delhi have almost consistently reported the highest rates of sexual assaults.
6. Children on street, children on work and the children in the institutional care reported the highest incidence of the sexual assault.
7. 50 % of the abusers are known to the children or in a position of trust and responsibility.
8. Most of the children did not report the matter of sexual abuse to anyone.

**Emotional abuse and girl child neglect**
1. Every second child reported facing emotional abuse.
2. Boys as compared with the girls face the same risk of emotional abuse.
3. In 83 % of the cases parents were the abusers.
4. 48.4 % of girls wished they were boys.
Existing laws in relation with child abuse

Child sexual abuse laws in India have been enacted as part of the nation's child protection policies. The Parliament of India passed the 'Protection of Children Against Sexual Offences Bill, 2011' regarding child sexual abuse on May 22, 2012 into Act [9]. 53% of children in India face some form of child sexual abuse. The need for stringent law has been felt many times. The new Act provides for a variety of offenses under which an accused can be punished. It recognizes forms of penetration other than peno-vaginal penetration and criminalizes acts of immodesty against children too. The legislators tried to draft a gender-neutral Act, but failed, using the pronoun 'he' in the description of various offenses. With respect to pornography, the Act criminalizes even watching or collection of pornographic content involving children. Watching porn was not illegal in India prior to this Act. The Act makes abettment of child sexual abuse an offense. It also provides for various procedural reforms, making the tiring process of trial in India considerably easier for children. The Act has been criticized as its provisions seem to criminalize consensual sexual intercourse between two people below the age of 18. The limit has been raised from 16 to 18 and this change is considered unnecessary. Goa Children's Act, 2003, is the only specific piece of child abuse legislation [10]. Child sexual abuse can be prosecuted as:

   In 1950 the Government of India ratified the International Convention for the Suppression of Immoral Traffic in Persons and the Exploitation of the Prostitution of others. In 1956 India passed the Suppression of Immoral Traffic in Women and Girls Act, 1956 (SITA). The act was further amended and changed in 1986, resulting in the Immoral Traffic Prevention Act also know as PITA. PITA only discusses trafficking in relation to prostitution and not in relation to other purposes of trafficking such as domestic work, child labour, organ harvesting, etc. The act defines child as any person who has completed eighteen years of age. If a person is found with a child it is assumed that he has detained that child there for the purpose of sexual intercourse and hence shall be punishable to seven year in prison up to life imprisonment, or a term which may extend to ten year and also a maximum fine of one lakh rupees. If a child is found in a brothel and after medical examination has been found to have been sexually abused, it is assumed that the child has been detained for the purpose of prostitution. Any person committing prostitution in public with a child shall be punishable to seven year in prison up to life imprisonment, or a term which may extend to ten year and also a maximum fine of one lakh rupees. If prostitution of a child is being committed with knowledge of an establishment owner such as a hotel the license of the hotel is likely to be cancelled along with the given prison sentence and/or fines. Any child found in a brothel or being abused for the purpose of prostitution can be placed in an institution for their safety by a magistrate. Landlords, leasers, owner, agent of the owner who unknowingly previously rented their property to a person found guilty of prostituting a child, must get approval from a magistrate before re-leasing their property for three years after the order is passed.

2. The child labour (Prohibition and Regulation) ACT, 1986 [12]
   Object: To prohibit the engagement of children in certain employment’s and to regulate the conditions of work or children in certain other employment’s.
   Definition: Child: Child means a person who has not completed his fourteen years of age.

3. MTP Act 1971

5. Indian Penal Code – 1860 [13]
   a) Section 310- defines one who involves in child lifting / robbery or murder
      Section 311- punishment for that is up to life imprisonment & fine.
   b) Section 317- abandoning a child -upto 7 yrs fine/ both
      Abandoning of a child if child dies- punishment under sec 302 IPC.
   c) Procuration of minor girl for illicit intercourse- upto 10 yrs & fine
   d) Sec 318- concealment of birth by secret disposal of dead body-upto 2 yr or fine or both
   e) Sec 377- unnatural sexual offences-upto life / 10 yr/ fine
   f) Gang rape, custodial rape, on child less than 12 yrs & on pregnant- 10 yr to life & fine

   Sec 125 to 128- maintenance of wives, childrens & parents
   In U.S.A- The child Abuse & Treatment Prevention Act (CAPTA) -1974, revised in 1996.

Loopholes in the law
- IPC 375 doesn't protect male victims or anyone from sexual acts of penetration other than "traditional" peno-vaginal intercourse.
- IPC 354 lacks a statutory definition of "modesty". It carries a weak penalty and is a compoundable offence. Moreover, what about the outrage of the modesty of a male child?[editorializing]
- In IPC 377, the term "unnatural offences" is not defined. It only applies to victims penetrated by their attacker's sex act, and is not designed to criminalize sexual abuse of children.

Recommendations
1) Universal intervention targeted to the general public such as poster campaign admonishing parents not to shake their babies, warning about consuming alcohol and & drugs during pregnancy & raising public awareness through the media civic association, religious group & parent teacher organization.
2) Children can be taught to avoid or to resist being abused, also counseling & parenting classes may deter parents from being abusive.
3) Selective interventions should be organized to population at high risk for child abuse, specific persons or families that are at high risk.
4) Education of medical professionals, emergency personals, teachers, counselors, members of allied health fields about early detection & appropriate reporting should be organized.
5) As possible as measures to prevent separation of parents & children, placement of children in institution should be taken. Help should be done to family to become self sufficient & to attain self care status.
6) Governmental regulation for licensening of day care centers & residential programmes for abused children are essential.

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