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Review Article

Child Abuse and Neglect

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ABSTRACT

Child neglect and abuse is prevalent almost everywhere on the world, and affects child and public health adversely. Child neglect and abuse could be defined as the individual or individuals responsible with taking care of the child causing harm to the child intentionally or unintentionally, advertently or inadvertently. The child could be aware of unaware of this fact. Improving the awareness of families and children through necessary interventions would both reduce the risk of caretakers to resort to violence and also enable the children, whose awareness is improved as a result, to resist to violence and protect themselves.

Keywords: Child abuse, child neglect.

INTRUDUCTION

According to the first article of UN Declaration of the Rights of the Child, all individuals up to eighteen years of age are considered as children, with the exception of early adulthood based on the applicable laws. [1]

Child abuse and neglect could generally be defined as the behavior or the lack of it of the individuals, who are responsible with the care, health and protection of the child, primarily the parents, causing physical, psychological, sexual or social harm, and endangering the health and safety of the child. The behavior should not be recognized by the child as abuse, or the intention of the adult is irrelevant. [2] Abuse could be physical, sexual or emotional, whereas neglect could be separated as physical and emotional. [3] Child abuse and neglect are complex parentchild relationships that are usually observed together and could hardly be differentiated. However, neglect is 10-15 times more prevalent than abuse. Although it could be observed in all social classes and races. children in poverty face neglect 15 times more than others. [3]

The main difference between abuse and neglect is the fact that abuse is active, while neglect is a passive phenomenon. Child neglect is considered as physical and emotional neglect. However, it is very difficult to differentiate these two. Physical neglect is the lack of social resources available for the child as a result of the relatives' behavior that continuously harms the development of the child and prevention of the child to receive these social resources. ^[4] In the process of raising children, the parents could exhibit behavior that could prevent or pause the development of the knowingly, sometimes child, or unknowingly. These behaviors could take the form of violence towards the child or sometimes ignorance of the child and neglect of the child's needs. [5]

Reasons for Child Neglect and Abuse

Personality theories suggest that several factors are active in development of personality. However, most agree that the attitudes of parents play a significant role in development of the personality of the child. As a result of the interaction between the mother, father and the child, the foundations of the child's personality are laid. Domestic misconduct is the source of an unhealthy development and maladjustment. It could be observed that parents could cause neglect and abuse by either providing too much or providing too little. Thus, it could be observed that negative behavior examples that parents demonstrate towards their children create a vicious cycle, could harm their children consciously or unconsciously, and raise unhealthy individuals by affecting them negatively. Conversely, positive behavior examples that parents demonstrate, their appropriate love and affection towards their children would establish successful emotional and social interaction in the family, and promote healthy physical, psychological, cognitive and development of the child. [5] Thus, education of parents on child-care and interpersonal relationships gains significance.

Abuse and neglect have different causes based on biological, psychological and sociological research conducted. When all reasons are assessed in conjunction, it could be observed that child abuse and neglect are generally related to the life stress ofthe family. Financial. social. environmental and cultural sources of stress for a family are usually evaluated as internal and external sources of stress. However, it is difficult to distinguish between internal and external factors effective on child abuse and neglect. But, whatever is the cause, abuse and neglect of a child affect the child's personality development and thus, threaten the future of the children, hence the society.

Abuse and neglect are observed more frequently when certain risk factors exist with the child. Young age of parents, their own abusive past, high expectations from the child, distinctive personality problems the parents suffer from, low socio-economic standing, serious domestic or business problems and existence of domestic violence to women are domestic risk factors. Risk factors pertaining to the child are chronical, physical or mental diseases, long term inpatient period during neonatal stage for treatment, dependency on mother, hyperactivity or being a step child. [3,6]

Types of Abuse and Neglect

Violence is one of the fundamental problems of today's societies. Social, cultural and economic reasons play a role in the occurrence of the violence. Violence is considered as an instinctive behavior, yet also created by environmental factors. A sub-dimension of the subject matter, domestic violence includes violent behavior against children. Active (abuse) behavior of the parents that obstruct the development of their children, as well as their passive (neglect) behavior could harm the child. [5]

Although the prevalence and types of child abuse and neglect are different, it is a common and universal problem. Literature review would demonstrate that abuse and neglect could be discussed within four dimensions of physical, sexual, emotional and economic abuse and neglect.

a. Physical Abuse

UNICEF defined physical abuse as "violence attempts that are non-accidental, prohibited, causes pain to the child and could cause constant harm to the development and functionality of the child." Certain authors also consider non-treatment, late treatment or inappropriate treatment of physical injuries as physical abuse. [3]

When any child is brought to hospital with physical injuries, physical abuse possibility should be considered. When the suspicion is present, detailed history should be taken and physical examination should be conducted and radiological examinations and blood count should be included in the examination. Physical abuse must always be considered in the assessment when there is an

unexplained delay in application to the hospital, inconsistent histories by the child and the family, discrepancies between the history given and physical suspicious physical recurrent injuries. Furthermore, in case parents hold the child or others responsible for the physical injury, history of abuse in parents, parents behaving indifferent or extremely anxious about child's physical injuries, physical abuse should be considered. [7]

b. Sexual Abuse

Sexual abuse is the abuse of the child by an individual, who is at least 6 years senior, for sexual satisfaction by force or by persuasion, or someone else allowing the abuse of the child sexually. [7]

Possible outcomes of sexual abuse could be examined under the titles of sexual impacts, emotional impacts, effects in the form of anxiety, behavioral impacts and effects on personality development. [8] In sexually abused children, wide variety of diseases could be observed including genital pain, infections, head, muscle, and abdominal pain, as well as psychological disorders such as anxiety and suicidal ideas.

c. Emotional Abuse

Factors such as physical frightening, threatening, punishments, belittling, dismissal and unloving of the child and putting the child to work at an early age could cause emotional abuse and neglect. It is possible to observe emotional abuse and neglect within the family as well as in social and cultural dimensions. Emotional neglect and abuse could affect the personality and achievements of the child negatively as well as the child's physical development. ^[5]

d. Economic Abuse

Economic abuse is defined as employing the child in occupations that would prevent the child's development or breach her or his rights, or in low-wage jobs. As a result of increasing inequality in income distribution, widespread poverty, rapid rural-urban migration, and resulting social and economic problems and preference of cheap

labor by employers, the problem of employed or forced to employment children emerges. Children are stripped of their rights of experiencing their childhood and education and experience health problems induced by economic abuse and working under insanitary conditions. Employment of children at young ages, for long periods of time and under unsuitable conditions could affect their development negatively. [10]

Consequences of Abuse and Neglect

Abuse does not cause consequences within the time period where the event was experienced, but continues to affect the individual in all the years to come. Although children must feel the safest in their family environment, the riskiest setting for a child is the domestic setting as well. Thus, the society, families and teachers should be informed about child discipline and abuse. [10]

Domestic environment in which the children grow up, parent-child relations and child training methods are prominent among the factors that affect their psychological health and personality development. In child upbringing and education, there have been very rigid views and attitudes since historical times as well as extremely tolerant and child-centered education techniques and discipline methods. ^[5]

In previous studies, it was observed that vast majority of mothers utilized several forms of punishment to discipline preschool children. This could be due to the fact that mothers used punishment to unwanted behavior of the child, whose skills self-control ability has not been developed at pre-school age. However, it was determined that punishments affect the development of the child negatively. Mothers telling the child that the child's unwanted behavior made them sad and would not love the child any longer could cause social and emotional problems for the child. Children in that particular age group have generalization trait and thus, could seriously think that their mothers' do not love them and experience fear of loss of their mothers. [11]

It was observed that individuals who experienced abuse and neglect in childhood experienced problems in sexual satisfaction and sexuality. [12,13] developed social phobia and anxiety, [14,15] experienced fear against the opposite sex and high emotion of shyness [9] Had flirt anxiety during adolescence, [16] had high tendencies towards aggression. [17] And were prune to depression and open to violence during adulthood. [18,19]

Situations Indicative of Child Abuse

Situations including an unexplained delay in applying for treatment during an illness, conflicting histories by the family on the case, inability to explain the failure to thrive of the child with other reasons, neglected looks of the child should bring the possibility of abuse to mind. In case of unexplained physical injuries on the child's body that apparently occurred in different periods, initially the possibility of physical abuse should be considered. Cases with head traumas and bone and organ injuries could be beaten cases and could be brought to emergency services with a history of falling from the stairs. Burns and significant hair loss should be noticed. Bruises are very important symptoms. Bruises could be observed easily on the knees and below the knees due to running and playing accidents. However, in other parts of the body, for instance on the hips, bruises could be due to child abuse. Accidents, body injuries and intoxication should be examined within the context of abuse. Reproductive organ injuries that occur as a result of sexual abuse could heal pretty quickly in children. Lack of symptoms should not rule out possibility of abusive behavior. Significant behavioral changes, which could not be explained otherwise, such as child providing history, exhibiting sexual behavior not appropriate to her or his age, adductive behavior, deterioration in academic achievement should lead to a suspicion of sexual abuse.

Prevention

Independent of childcare-education methods used, it is known that physical

punishments are given to the children causing emotional damages and sometimes even hurt sexually. Families could engage in violent and negligent behavior that could influence the development of their children negatively, intentionally or involuntarily during the childrearing process. Thus, it is necessary to fight for recognition, prevention and intervention of abuse and neglect. [10]

It should be kept in mind that abuse could occur in every section of the society (family, school, or in any institution or by any individual). Thus, during the interviews with children, caregivers should recognize the early signs for different types of abuse, individuals and organizations to cooperate with should be identified, and protective-preventive measures should immediately be taken for the future. [16]

Identification of the circumstances that lead to abuse and neglect of children would help determination of families under risk. Especially abused or neglected parents tend to behave the same way to their children and these parents often express their abusive pasts and are open to helps First-time parents and very young parents, who are still in rebellion against their own parents carry a significant risk in that respect. [3]

It is possible to discuss preventive measures under three groups of primary, secondary and tertiary preventive measures. Primary prevention covers the work that is conducted to prevent the occurrence of violence, secondary prevention includes early diagnosis and treatment studies, and tertiary prevention is the rehabilitation efforts spent for the victim of violence. [4]

Primary prevention: Primary prevention includes work conducted to reduce the prevalence of cases of violence. In addition to health services such as preventive health care, identification of risky groups, prenatal and perinatal follow up, family planning, and healthcare education for parents, primary prevention includes expansion of social institutions that support families such as kindergartens and fight against

unemployment and poverty. Homeless children and employed children often experience abuse. In fact, it is possible that a great portion of these children could prefer to live on the streets because they have subjected to abuse at home. Thus, it is important to know about and primarily deal with these risky groups.

Approaches that support parents should be developed. Midwives, nurses and physicians could evaluate initially the family with respect to risks during house calls and could assist them in identification and solution of related problems. Family could be assessed for unwanted pregnancy, out of wedlock childbirth, young parents, psychology of the parents and disabilities in the family during prenatal and perinatal periods to determine the risks and support visitations could be planned for risky families. In these visitations, the requirements of the families could be identified and necessary interventions could developed. For instance, training programs could be provided for young parents on childcare and education. For separated parents or parents with financial problems, psychological support programs could be developed in cooperation with social workers and psychologists.

Secondary prevention: It includes early diagnosis, suitable therapy and follow-up of abused children. Early diagnosis and efficient treatment of abused children would reduce the dimensions of the harm they would suffer. 30 - 50% of abuse cases that were not diagnosed in the first application would be traumatized and 5-10% would be lost due to recurring trauma.

Tertiary prevention: It includes efforts to reduce the harm, to prevent its repetition, to provide therapy and rehabilitation. Abusers as well as the abused should be treated and rehabilitated.

CONCLUSION

According to the Declaration of the Rights of the Child, it is necessary to approach the concepts of healthy development of children, which are the most

valuable resources of the family and the society, child abuse and neglect seriously in individual and social dimensions. Preventive and therapeutic interventions, as well as preventions to diminish social and domestic stress factors that are effective in the occurrence of domestic problems of child abuse and neglect are required. For this purpose, domestic dynamics should be identified, high-risk groups and problems in domestic environment should be determined and preventive strategies should be targeted. [5]

Finally, child neglect and abuse is a significant problem that affects the health of the child and the society negatively. To prevent this problem, state level initiatives, policies social should accurate implemented, children and families should be empowered and coordination between institutions should be established. In addition, it is a significant requirement to form teams of physicians, nurses, social workers and psychological counselors, to improve kindergartens, nurseries and social services institutions, and training of parents and children by providing more airtime for the subject on mass communication media to keep the issue on agenda. In compliance with the Declaration of the Rights of the Child, the subjects of abuse and neglect should be approached in a social context for healthy generations and intervention strategies should be determined against social stress factors.

Competing interests

Authors have declared that no competing interests exist.

REFERENCES

- Birleşmiş Milletler Genel Kurulu 20 Kasım 1989 Tarih ve 44/25 sayılı Cocuk Haklarına Dair Sözleşme. 1989.
- 2. Turla A. Çocuk istismarı ve ihmali olgularında tıbbi yaklaşım. On Dokuz Mayıs Üniversitesi Tıp Dergisi. 2002; 19(4): 291-300.
- 3. Küpeli S, Kanbur N, Derman O. Çocuk İstismarı: Bir Olgu Sunumu. Sted. 2003; 12(4): 129-130.

- 4. Turhan E, Sangün Ö, İnandı T. Birinci Basamakta Çocuk İstismarı ve Önlenmesi. Sted. 2006; 15(9): 153-157.
- 5. Ünal F. Ailede çocuk istismarı ve ihmali. TSA. 2008; 12(1): 9-18.
- 6. Güler N, Uzun S, Boztaş Z, Aydoğan S. Anneleri tarafından çocuklara uygulanan duygusal ve fiziksel istismar/ihmal davranışı ve bunu etkileyen faktörler. Cumhuriyet Üniversitesi Tıp Fakültesi Dergisi. 2002; 24(3): 128-134.
- 7. Tıraşçı Y, Gören S. Çocuk istismarı ve ihmali. Dicle Tıp Dergisi. 2007; 34(1): 70-74.
- 8. Ovayolu N, Uçan Ö, Serindağ S. Çocuklarda cinsel istismar ve etkileri. Fırat Sağlık Hizmetleri Dergisi. 2007; 2(4): 13-22.
- Bendixen M, Muus K, Schei B. The impact of child sexual abuse: a study of a random sample of norwegian students. Child Abuse Negl. 1994; 18(10): 837-847.
- 10. Bahar G, Savaş HA, Bahar A. Çocuk istismarı ve ihmali: Bir gözden geçirme. Fırat Sağlık Hizmetleri Dergisi. 2009; 4(12): 51-65.
- 11. Akduman GG. Okul öncesi dönem çocuğu olan annelerin uyguladıkları disiplin yöntemlerinin çocuk istismarı açısından değerlendirilmesi. Dokuz Eylül Üniversitesi Buca Eğitim Fakültesi Dergisi. 2010; 27: 38-49.
- 12. Rellini A, Meston C. Sexual function and satisfaction in adults based on the defi nition of child sexual abuse. J Sex Med. 2007; 4: 1312-1321.

- 13. Leah M. Leonard , Katherine M. Iverson , Victoria M. Follette. Sexual Functioning and Sexual Satisfaction Among Women Who Report a History of Childhood and/or Adolescent Sexual Abuse. Journal of Sex & Marital Therapy. 2008; 34: 5, 375-384.
- 14. Feerick M, Snow K. The relationship between childhood sexual abuse, social anxiety, and sympoms of posttraumatic stres disorder in women. J Family Violence. 2005; 20: 409-419.
- 15. Gibb B, Chelminski I, Zimmerman M. Childhood emotional, physical, and sexual abuse, and diagnoses of depressive and anxiety disorders in adult psychiatric outpatients. Depress Anxiety. 2007; 24(4): 256-263.
- 16. Kalkan M, Özbek SK. Çocukluk çağı örselenme yaşantıları ergenlerdeki flört kaygısını yordar mı?. Çocuk ve Gençlik Ruh Sağlığı Dergisi. 2011; 18(1): 35-44.
- 17. Ayan S. Aile içi şiddete uğrayan çocukların saldırganlık eğilimleri. Anadolu Psikiyatri Dergisi. 2007; 8:206-214.
- 18. Bostancı N, Albayrak B, Bakoğlu İ, Çoban Ş. Üniversite öğrencilerinde çocukluk çağı travmalarının depresif belirtileri üzerine etkisi. New/Yeni Symposium Journal. 2006; 44(2): 100-106.
- 19. Zurbriggen EL, Gobin RL, Freyd JJ. Childhood emotional abuse predicts late adolescent sexual aggression perpetration and victimization. Journal of Aggression, Maltreatment & Trauma. 2010; 19:204-223.

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