TRAINING EXPRESS

Child Abuse: Social and Cultural Context

By Training Express

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Social and Cultural Context of Child Abuse

Introduction

Child abuse is a public health concern that is widespread globally and ingrained in every society. Child abuse is abuse that happens to a child before 18, as described by the World Health Organization (WHO). It involves one or more of the following: physical abuse, emotional abuse, sexual abuse, and neglect.

According to WHO, childhood violence can have detrimental life-long implications and short-term symptoms that can manifest as behavioural, physical or emotional problems. Some children's risk factors placed them at higher risk of abuse, such as having special needs or disabilities, being unwanted or under four years of age.

Moreover, risk factors for parents that may raise the risk of child abuse include being abused as a child, being ignorant of child growth, consuming drugs or alcohol, and experiencing financial instability.

Cultures that struggle with high unemployment and poverty rates, gender disparities and inadequate child abuse policies are at greater risk of child maltreatment. Societies that are more aware of violence adhere to rigid gender stereotypes or neglect a child's fundamental rights may often experience higher child abuse rates.

In 2017, the Ministry of Women and Child Development (MWCD) conducted a nationwide survey in India showing the prevalence of all forms of child violence in many parts of the country.

The difference between physical violence and discipline is blurry, particularly in a country where corporal punishment is still widespread, and spanking is a popular form of discipline.

Types of Child Maltreatment

Maltreatment takes many types, including neglect, sexual abuse, emotional abuse, and physical abuse. Abuse and negligence usually include acts of commission and acts of omission, respectively.

Physical Abuse

Physical abuse of children is the intentional use of physical force that results or may affect a child's health, life, growth or dignity.

The Fourth National Child Abuse and Neglect Occurrence Study further describes physical strength as being struck with a hand or object or kicked, shaken, hurled, charred, stabbed, or choked by a parent or caregiver.

Injuries caused by physical violence can manifest themselves in several ways, including head trauma and internal organ injury. Shaken Baby Syndrome is a common type of physical violence in which children under nine months of age

undergo intracranial hemorrhage from a shaken infant.

Child physical abuse estimates differ globally, primarily because of differences in what constitutes neglect, as well as standardized reporting requirements. Based on a WHO survey that asked adults to respond to the first 18 years of their lives, one in four adults has been physically abused as children worldwide

Several country-level surveys have been used to report a global prevalence of physical abuse of 22.6% or 226 per 1000 children through several studies investigating physical abuse.

The line between punishment and violence is when punishment becomes an act of physical abuse, is one of the key questions relevant to physical abuse. This differs widely across nine counties, both existing and emerging, since certain punishment acts may not be equated with child physical violence by various cultures. Among other nations, parents from Korea, Egypt, India and the Philippines have admitted hitting, kicking or beating their children as a means of punishment (Hahm HC & Guterman NB, 2001).

It is difficult to discern whether a behaviour is a violence or an acceptable cultural norm because there is no universal standard by which child physical abuse can be defined.

Emotional Abuse

WHO found that emotional or psychological abuse of children is an isolated occurrence or pattern of behaviour that adversely affects the emotional or physical health over time.

Spurning, exploiting/corrupting, terrorizing, refusing emotional responsiveness, isolating, and mental health/medical/educational negligence is part of psychological maltreatment.

The modelling of unacceptable behaviours includes exploiting/corrupting. Terrorization is when a caregiver is trying to cause a child physical harm. Many times, denying emotional responsiveness means being distant or uninvolved with a kid.

According to WHO, isolation entails removing an infant from the way of socializing with colleagues. According to the WHO, psychological abuse receives very little global attention, particularly because many acts of psychological abuse are considered a form of discipline.

Threatening a child and calling a name, depending on the culture, are actions that are not known as psychological violence, but rather a means of punishing children who misbehave.

Children feel unloved, rejected, flawed, or endangered by psychological maltreatment. It is important to determine what actions constitute psychological abuse and follow a common concept to properly remedy this type of child maltreatment.

Risk Factors and Causes of Child Maltreatment

Several features of children and caregivers have been reported by the World Health Organisation, which may increase a child's risk of maltreatment. Age, health and disability are significant variables that increase a child's vulnerability to violence.

Children under the age of four are at greater risk of child abuse, possibly because of the continuous care and attention they need from caregivers. There is also a higher risk of violence for children with special needs, including disabilities, mental health issues, behavioural problems and chronic physical illnesses. The WHO estimates that children with disabilities are currently four times more likely than their peers to experience violence.

As several studies in Asia have shown that young boys undergo more physical violence than girls, gender may also play a role; this could be due to men's social expectations being stronger and able to endure greater physical punishment.

Single parents with chaotic family dynamics, especially those with a history of depression, may be at risk of violence in the home, leading to negative experiences with children (Hildyard & Wolfe, 2002; Jackson, Kissoon, & Greene, 2015). Community and social factors often raise the risk of child maltreatment occurring. Cultures that tolerate violence more, such as corporal punishment, are more likely to allow poor parent-child interaction.

Furthermore, high unemployment, poverty, social inequality and lack of family support services are characteristics of socioeconomic factors that can raise the risk of child violence (Singhi, Saini, & Malhi, 2013). In the absence of any or more of these variables, child maltreatment happens; However, these features of children, parents, and culture will contribute to the stresses of everyday life that can lead to maltreatment.

In a developing world like India, where poverty, hunger, and infectious diseases are all more troublesome than in more developed countries, not only is the risk of child maltreatment more likely to occur, it may also go unnoticed.

Impact of Child Maltreatment

Child violence causes several adverse behavioural and health effects. Many adverse effects are arising from childhood maltreatment that can range through the lifetime and be permanent. These effects include socio-emotional, mental, and physical issues, but are not limited to them.

Social-Emotional Consequences

Young children who suffer violence or neglect are more likely to experience issues with their caretaker's unstable attachment. For the early emotional and social development of a child, healthy attachment during infancy is essential.

Infants may have trouble trusting others without a healthy and secure environment, which

ultimately results in anxiety and other mental disorders. Insecure attachments can affect the ability of a child to connect with others and develop healthy relationships. Both short and long-term disorders arise from mental/psychological outcomes.

These findings include nightmares, Post-Traumatic Stress Disorder (PTSD), eating disorders, lower self-esteem, and lower satisfaction with life (Festinger & Baker, 2010); mental disorders such as depression, anxiety, detached emotions, and hopelessness, issues such as alcohol and substance misuse, sexual promiscuity, and delinquency, and behaviour problems.

The Adverse Childhood Experiences (ACE) research found that respondents were suffering from depressive disorders immediately after the violence and long into adulthood, with a mean age of 56.6 years (Chapman, Dube, & Anda, 2007).

Furthermore, adults without a history of trauma had a lifetime incidence of at least one suicide attempt of 1.1% relative to the prevalence of peers who witnessed 35.2% of seven or more adverse childhood events.

Behavioural Consequences

Sleep disorders, withdrawal, behavioural problems and relapse to an earlier growth stage are the behavioural consequences of child maltreatment. As changes in school performance and attendance, behavioural problems can manifest. Kids that have suffered violence can also be self-destructive, leading to self-harm and even suicide attempts.

These habits will persist into adulthood and could result in an adult's inability to develop stable relationships or keep a steady job with others. Adults who have grown up witnessing violence as a child are much more likely to communicate negatively with their children, who repeat the maltreatment cycle in turn.

Physical Consequences

Children who are suffering from abuse can suffer from suppressed immune systems that can lead to more serious diseases, such as asthma, hypertension and obesity. Kids can also suffer head trauma, vision impairment, motor impairment and other impairments of cognition.

The ACE Study, which tested the correlation between maltreatment at a young age and the occurrence of different adverse health consequences in adulthood, including chronic diseases, shows the long-term physical effects of child abuse.

Results showed that respondents suffering from multiple types of child violence were more likely to experience severe health conditions, such as lung cancer, heart disease, stroke, diabetes. ACE studies often demonstrate long-lasting neurodevelopmental consequences, frequently altering the brain and chemistry structure resulting from prolonged exposure to maltreatment.

Abuse or neglect in the early stages of a child's life may cause parts of the brain to develop abnormally, causing cognitive and language deficits, stunting socio-emotional growth and deteriorating mental wellbeing.

Adults who have reported witnessing 14 such forms of childhood abuse display substantially lower levels of overall health-related quality of life relative to those who have not encountered childhood abuse.

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