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Original Research Article

A Retrospective study on Child Abuse: The Under-reported Crime and Its Consequences

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Abstract

Child abuse is one of the few human rights violations that is both generally denounced and widely practiced. Children have been neglected and abused physically, sexually, and emotionally throughout history. This subject ought to be at the top of the global agenda by any objective standard, but in reality, ignorance and a wall of silence surround it. Sexual abuse is a terrible reality that frequently occurs in our daily lives, but most of the time it goes unreported because of the victim's innocence, the stigma associated with the act, the police's callousness, insensitivity, and ignorance, among other reasons. Sexually abused children are permanently traumatised, but often don't seek medical attention until much later in life, when the emotional and psychological trauma has worsened. It is imperative that the issue be approached as a broader social one, with society's duty to assist the victims in overcoming their trauma and leading as normal a life as possible. We present a retrospective analysis of children (less than 16 years old) who were referred to our hospital in the National Capital Region (NCR), Delhi, India, between 2017 and 2022 for a medicolegal examination and/or autopsy.

Keywords: Child abuse; Child sexual abuse; Caffey syndrome; Atrocities on children; Cruelty on children.

Introduction

Childhood, according to the psychologists' classification, spans from conception to the age of thirteen. A juvenile in India is defined as a boy or girl who has not reached the age of eighteen by the Juvenile Justice Act of 2015. A person who has not reached the age of sixteen is considered a child under Section 2(aa) of the Immoral Traffic (Prevention) Act, 1956. According to sociology and jurisprudence, a kid is a person up until the age of fourteen [1].

Child abuse is not a new phenomenon. Child labour systems, the destruction of foetuses and newborns, extreme measures like physical torture in homes and schools to enforce discipline etc., can all lead to child abuse. In terms of its precise form, extent and importance, the issue was brought to light by Silverman (1953) and Wooley and Evans (1955), who established the intentional trauma nature of particular types of pathological lesions that had previously been identified by paediatric radiologist J. Caffey (1946) (Caffey's Syndrome) [2]. Numerous recent studies conducted in western nations have documented the detrimental impact of childhood abuse on an adult's physical and mental health [3-11]. However, child abuse is still not widely recognised in India. In order to provide further protection for children and serve as their ombudsman, the Indian government has established National Commission for Children.

The commission have some judicial authority, direct policies on issues pertaining to children, and take proactive measures to examine and improve the application of laws and programs designed to ensure children's survival, development, and safety. Across several departments at the centre and in the states—primarily the departments of Family Welfare, Education, Labour, Social Justice and Empowerment, and Woman & Child Development—the implementation of policies and programs for children is highly cross-sectoral and

falls under the purview of the Centre and States, frequently with the involvement of the non-governmental sector. This raises the question of whether welfare or farewell will truly reach the poor if any social program is to be distributed through so many channels.

Material and Methods

We looked back at 58 cases of children under 16 who were sent to two hospitals in NCR region, both tertiary care facilities that serves patients from the NCR region, for a medicolegal examination or autopsy between January 2017 and June 2022. Data such as the victim and perpetrator profiles, the nature of the offence, how and where it occurred, who was disclosed to and how long after the abuse, the reason for the disclosure, and the presenting clinical features were all examined in the case files from the hospital's Medical Records Department.

Results

Two of the 58 children under the age of 16 who were referred to the hospital for a medicolegal evaluation during the same period were also referred for a medicolegal autopsy. 21 (30.77%) of the cases involved sexual abuse, whereas 37 (69%) involved physical abuse. While 25 (37.6%) were brought by their parents for treatment of injuries in the event of physical abuse or symptoms such pain in the abdomen or private parts, 31 (62%) were referred by the police. However, upon examination, it was discovered that the children had been sexually assaulted. In contrast to males (22.2%), who were more likely to experience physical abuse, girls 16 (77.8%) were more likely to experience sexual assault. Children from lower socioeconomic groups who were compelled to work as child labourers were more likely to experience both physical and sexual abuse (Table 1).

(Table 2). The most frequent form of sexual abuse was fondling, which occurred in 07 instances (33.3%), followed by sexual contact in 04 cases (19.04%) and finger insertion in the vagina in 03 cases (14.2%). Three patients (14.2%) were reported to have sodomy. According to Table 2, the house of either the perpetrator (4, or 19.04%) or the victim (07, or 33.3%) was the most frequent location for sexual assault.

The perpetrators were most frequently between the ages of 31 and 40 (Table 3). The most common ways for victims to report sexual abuse were through their mothers at home (08, 38.09%) and hospital workers outside the house (06, 28.57%) (Table 4). Nineteen instances (51.35%) had emotional difficulties at the time of disclosure, including anxieties, nightmares, and weeping fits. Four of the eleven (29.72%) patients who complained of genital pain also had a bleeding per vagina. In four cases (11.1%), behavioural abnormalities shown as toying with the adults' private areas were reported as the presenting issue (Table 5).

Table 1(a): Profile of Victim

Type of case	Physical Abuse		Total	Sexual Abuse		Total	Sum of all Cases
	Male	Female	No./Percent	Male	Female	No./Percent	No./Percent
M/L-Examination	20	15	36/97.2 %	05	16	21/	56/96.5%
Referred by Police	12	8	20/54%	2	09	11	31/53.5%
Referred by Parents	08	07	15/43.2%	03	07	10	25/43.01%
M/L Autopsies	01	00	01/02.7%	00	01	01	02/5.4%
Total	**22**	**15**	**37/100%**	**05**	**16**	**21**	**58/100%**

Table 1(b): Age Distribution (Victim)

Age of Victim(yrs.)	Physical Abuse		Total	Sexual Abuse		Total	Sum of all Cases
	Male	Female		Male	Female		
< 2	01	00	01	00	01	01	02
2-4	01	00	01	00	01	01	02
4-6	02	01	03	00	00	00	03
6-8	02	01	03	01	01	02	05
8-10	02	02	04	02	03	05	09
10-12	02	02	04	01	03	04	08
12-14	04	03	07	01	02	03	10
14-16	08	06	14	00	05	05	19
Total	**22**	**15**	**37**	**05**	**16**	**21**	**58**

Table 1(c): Occupation of the Victim

Occupation of the Victim	No.	%
At home	18	31.03
Student	02	03.44
Domestic help	07	12.06
Factory worker	11	18.9
Car repair help	12	20.68
Food stall worker	08	13.79
Total	**58**	**100**

Table 2(a): Profile of Sexual Abuse (Mode)

Mode of Sexual Abuse	No.	%
Fondling	07	33.33
Digital insertion into genital	03	14.20
Sexual intercourse	04	19.04
Sodomy	03	14.20
Oral sex	04	19.04
Total	**21**	**100**

Table 2(b): Profile of Sexual Abuse (Place)

Site of Sexual Abuse	No.	%
Home of perpetrator	04	19.04
Home of victim	07	33.33
Play ground near home	01	04.76
Isolated place near home	02	09.5
Shop store house	04	19.04
Amusement centre	03	14.20
Total	**21**	**100**

Table 3: Age Profile of Perpetrator of Sexual abuse

Age (yrs.)	No.	%
<20	02	09.5
21-30	05	23.8
31-40	09	42.8
41-50	02	09.5
51-60	02	09.5
>60	01	04.76
Total	**21**	**100**

Table 4: Disclosure of Sexual Abuse

Relationship with Victim	No.	%
Mother	8	38.09
Father	1	04.76
Guardian	4	19.04
Friend	1	04.76
Teacher	1	04.76
Medical staff	6	28.57
Total	**21**	**100**

Table 5: Presenting Problems

Presenting Complaints	No.	%
Physical	11	29.72
Behavioural changes	04	10.8
Emotional	19	51.35
Shock due to haemorrhage	01	02.70
Smothering during act	01	02.70
Total	**37**	**100**

Discussion

Cruelty incidents might not be restricted to physical abuse or assault and harm alone. Neglect could include, for instance, failing to provide the child with enough food, care, protection, and education. Other instances of child atrocities include sexual abuse of young girls and the kidnapping or abduction of a girl child for illicit trafficking. While there are numerous psychological aftereffects linked to early childhood trauma [4], for ages, the assumption that harsh physical punishment was required to uphold discipline and impart educational concepts, has been used to defend the abuse of children [5]. Child abuse is when an adult intentionally hurts or threatens to hurt them [12]. It can be characterised as a medical-social illness that is frequent worldwide and is typically separated into four groups: neglect, emotional, sexual, and physical. The prevalence of sexual abuse in reality is far higher than reported because it is rarely disclosed due to the child's ignorance, shame, guilt feeling, and the courts' insistence on evidence. The types of child abuse that are reported in the literature are roughly 70% physical, 25% sexual, and 5% emotional [13].

Physical mistreatment: A clinical syndrome known as "Battered Baby Syndrome" is used to describe young children who have experienced non-accidental violence or injury at the hands of an adult in a position of trust—typically a parent, guardian, or foster parent—on one or more occasions. The crying frequently serves as the trigger, interfering with the parent's sleep, their TV show, or the outing. A study by Matthew [14] found that some of the explanations given by guardians or parents in cases of Battered Child Syndrome are still the same today. The exact incidence of baby battering is unknown because of reporting stereotypes and investigatory procedural restrictions.

In this region of the world, child labour is a brutal reality, and the majority of working youngsters are employed in the unorganised sector. Girls have a distinct position in the job market than boys, and they are thought to be more productive around the family. There is also an increase in female child labour as a result of people's ingrained gender bias [15]. Teenage commercial sex workers among girls have reportedly become more prevalent in recent years. There are around 10 million women in India who are economically sexually exploited, with one fifth of them being under the age of 18. Since most girls enter the commercial sex trade between the ages of 16 and 18, most of them lose their marketability by the time they are 30 or 35. At this point, they start to exhibit behavioural issues, and a lot of them start abusing drugs [16].

Although the truth about child sexual abuse is frequently kept secret, it is a terrible reality that frequently occurs in our daily lives. It can manifest as voyeurism, obscene conversations, caressing or fondling of the child's genitalia, or seeking the child to touch the adult's genitalia. Sexual intercourse comprises non-assaultive penetration of the vagina, mouth, or rectal area. Assaultive sexual abuse is documented in less than 10% of occasions [17]. According to the few Pereda (2023) three out of ten boys and five out of ten girls are sexually molested [18]. The numbers speak for themselves, even yet sexual offences against minors are among the crimes in India that go unreported the most. Since the abuser is typically someone the child knows and largely trusts, such as a family friend, domestic help, a relative, a member of the immediate family, it has been suggested that there are hundreds of cases against children that go unreported. Therefore, the most recommended and commonly used solution to the issue of child sexual abuse is to remain silent about the crime. In other situations, it is comparatively simpler to recognise and address the issue of child sexual abuse when individuals other than family members are involved.

The majority of sexual assault occurs in the family or household, yet research has shown a significant range. While the study by Matthew (2019) revealed that 85% of children knew their abusers, only 31% had experienced domestic abuse, and 54% had experienced abuse by a known individual who did not reside in the home, Pereda (2023) discovered that 75% of the cases involved sexual abuse within the household. According to reports, just 5% of children are sexually abused by strangers. The most prevalent sexual offence, sodomy, can be either homosexual or heterosexual in origin. This may be somewhat related to the surroundings and experiences of infancy [19].

These results raise questions about how early experiences in violent and negligent families impact mental and physical health decades later. Early exposure to abuse or neglect appears to have the potential to cause irreversible disruptions in biological systems, which may also, in combination with genetic predisposition, result in significant variations in susceptibility to stress, to biological indicators of the cumulative effects of stress, and to physical and mental health disorders associated with stress. A pleasant and encouraging family setting, on the other hand, can actually encourage a less high cortisol response to potentially stressful situations or one that quickly becomes accustomed to stress. Among the results that are frequently observed are issues with controlling aggressive impulses, forming and sustaining social relationships, and engaging in risky health-related behaviours, particularly substance misuse.

Adult health is negatively impacted by inadequate social and emotional regulation in at least four ways. First, those who are deficient in these essential abilities behave badly in social situations. As adults,

they could find it difficult to build lasting social bonds and jeopardise their connections at work. Second, a higher risk of death from all causes, as well as longer durations of illness and recovery from a number of acute and chronic diseases, have been linked to social isolation and a lack of social support. Third, an additional risk factor for mental disease is inadequate emotion management. Fourth, drug misuse, violence, risky behaviour, and other unhealthy habits are more likely to occur when there is emotional dysregulation and inadequate social competence.

Even though a doctor's role is limited, it can nevertheless be important if the following recommendations are implemented into routine practice:

1. If attention is paid to factors like abuse of a previous child, drug addiction, negative parental remarks about the newborn, parents at high risk for not being able take care of their offspring adequately can be identified early. Appropriate counselling for these parents can help prevent physical abuse and neglect. Children who are premature, mentally retarded, or physically disabled, as well as those who are unusually demanding—the so-called "difficult child"—may be at high risk of physical abuse or neglect.
2. Improving instruction in medical schools, colleges, and residency programs regarding the proper identification and care of such patients. Even while it would be improper to label a child as a potential abuser based solely on his exposure to intrafamilial violence, boys who are at high risk may require comparatively more help in order to prevent abusive behavior in the future.
3. Knowledge of the connection between maltreatment or abuse throughout infancy and poor health outcomes may make people more aware of the need to spot and report cases, especially among primary healthcare practitioners.
4. Developing a child-specific injury/death certificate with prompts to allow for the entry of information, such as socio-demographic details relevant to children, in the available space.
5. Weeks, months, or even years pass before many cases of child sexual abuse are reported. It has been maintained that persuasive psychotherapy methods intended to uncover sexual assault are unreliable. The main query here is, though: is it possible for someone to go through a horrible event that seems to be indelible, like serial rape, and then fully erase the memories from their conscious consciousness?

Conclusion

The acknowledgement of the "Rights of the Children," which are enshrined in the Universal Declaration of Human Rights 1948 and the Geneva Declaration of the Rights of the Child 1924, is the answer to issues like child labour and physical abuse. Strict adherence to pertinent regulations that are periodically passed is just as important as parents, educators, and the community at large carrying out their responsibilities. Children should be encouraged to "not keep secrets," "say no," and "tell someone" in-order to prevent sexual abuse. Additional symptoms of abuse may manifest in the child, such as anxiety, sadness, avoidance of specific people, explicit behaviour, infections in the throat, anal, and genital areas, etc. However, parents who are uninformed, or noncommunicative could miss these warning indications. In this context, prenatal care and counselling for young parents can be quite beneficial.

Few researches have been conducted on child abuse in Asian nations. A large portion of the material and information comes from western case studies and references. In order to better understand the issue, enhance victim and offender treatment, and implement preventive measures to lower the prevalence of child abuse, it is necessary to identify probable risk factors for child labour, child sexual abuse, baby battering, etc. Government announcements of new laws, or initiatives without the will to carry them out are merely decorative measures driven by political motivations. All that is needed is a shift in the way the community views the victim, as well as society awareness to report incidents bravely, honest and scientific inquiry by the investigating agencies, and prompt justice delivery by the courts.

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