





# Early Childhood Centers as creative and safe spaces!

# **Child Abuse**

Dr. Rasha Salama PhD Community Medicine Suez Canal University Egypt

# CHILD ABUSE

"So long as little children are allowed to suffer, there is no true love in this world"

Duncan

### **Children Rights**

There is clear evidence that child abuse is a global problem. It occurs in a variety of forms and is deeply rooted in cultural, economic and social practices.

 Before defining "child abuse" its crucial to get informed about "children's rights" in the first place.

 According to the National Council for Childhood and Motherhood (NCCM) in Egypt, Egyptian children are a national priority. **NCCM'S RIGHTS' BASED APPROACH** (Convention on the Rights of the Child)

Non-discrimination (article 2)
Best interests of the child (article 3)
Life, survival and development (article 6)
Respect of the views of the child (article 12)

**PRIORITIES** *Right to Education* 

- Access to quality, free, compulsory primary education.
- Non-Discrimination in access to education (gender gap).
- (Aims of Education: art. 29)
- Right to leisure, recreation and cultural activities.

### **Right to Health**

- Access to quality health services
- Rights of children with disabilities
- Adolescents and reproductive health knowledge
- Right to benefit from social security
- Right to an adequate standard of living

### **Right to Special Protection**

- Protection from all forms of exploitation (economic, sexual).
- Violence against children (physical, psychological & sexual).
- Female Genital Mutilation & early marriage.
- Torture and deprivation of liberty for juvenile in conflict with the law
- Hazardous occupations.
- Smoking, substance abuse, and trafficking.
- Street children.

### **Child Abuse**

In 1999, the WHO Consultation on Child Abuse Prevention compared definitions of abuse from 58 countries and drafted the following definition:

"Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."

### **Definition of Child Abuse**

"The physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened."

Child Welfare Act

### **Another Definition**

"Any behavior directed toward a child that endangers or impairs a child's physical or emotional health and development"

### **Types of Child Abuse**

physical abuse
sexual abuse
emotional abuse
neglect



### **Physical Abuse**

Physical abuse is any non-accidental injury to a child under the age of 18 by a parent or caretaker. These injuries may include beatings, shaking, burns, human bites, strangulation, or immersion in scalding water or others, with resulting bruises and welts, fractures, scars, burns, internal injuries or any other injuries.

### **Physical Abuse (cont.)**

The term "battered child syndrome" was coined to characterize the clinical manifestations of serious physical abuse in young children.

This term is generally applied to children showing repeated and devastating injury to the skin, skeletal system or nervous system. It includes children with multiple fractures of different ages, head trauma and severe visceral trauma, with evidence of <u>repeated</u> <u>infliction.</u>

Another form is the "The shaken infant". Shaking is a prevalent form of abuse seen in very young children (less than 1 year). Most perpetrators of such abuse are males. Intracranial haemorrhages, retinal haemorrhages and chip fractures of the child's extremities can result from very rapid shaking of an infant.

### **Corporal Punishment**

 Corporal punishment of children --- in the form of hitting, punching, kicking or beating --- is socially and legally accepted in most countries. In many, it is a significant phenomenon in schools and other institutions and in penal systems for young offenders.

### PSYCHOLOGICAL MALTREATMENT Definition

Psychological Neglect - the consistent failure of a parent or caretaker to provide a child with appropriate support, attention, and affection.

 Psychological Abuse - a chronic pattern of behaviors such as belittling, humiliating, and ridiculing a child.

### **Emotional Abuse**

 Emotional abuse includes the failure of a caregiver to provide an appropriate and supportive environment, and includes acts that have an adverse effect on the emotional health and development of a child.

 Such acts include restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other nonphysical forms of hostile treatment.

### Neglect

Neglect refers to the failure of a parent to provide for the development of the child – where the parent is in a position to do so – in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions.

Neglect is thus distinguished from circumstances of poverty in that neglect can occur only in cases where reasonable resources are available to the family or caregiver.

### CHILD SEXUAL ABUSE Definition

Child sexual abuse is the exploitation of a child or adolescent for the sexual gratification of another

person.

### SEXUALLY ABUSIVE BEHAVIORS

- Voyeurism
  Sodomy
- Fondling
   Oral-genital stimulation
- Child prostitution
   Verbal stimulation
- Child pornography
   Exhibitionism
- Intercourse

### Three Major Components of Child Abuse

### Child

+

### **Care Giver**

Stress

+

### **Child Abuse**



-Abuse most common in children < 1 yr. old</li>-Girls more frequently abused at older age vs. boys

# **TABLE 2**Risk Factors for Child Abuse

#### Community/societal

- High crime rate
- Lack of or few social services
- High poverty rate
- High unemployment rate

#### **Parent-related**

- Personal history of physical or sexual abuse as a child
- Teenage parents
- Single parent
- Emotional immaturity
- Poor coping skills
- Low self-esteem
- Personal history of substance abuse
- Known history of child abuse

#### Parent-related (continued)

- Lack of social support
- Domestic violence
- Lack of parenting skills
- Lack of preparation for the extreme stress of having a new infant
- History of depression or other mental health problems
- Multiple young children
- Unwanted pregnancy
- Denial of pregnancy

#### **Child-related**

- Prematurity
- Low birth weight
- Handicap

### **The Extent of the Problem**

### Fatal abuse

 According to the World Health Organization, there were an estimated 570 000 deaths attributed to homicide among children under 15 years of age in 2000 around the world. Global estimates of child homicide suggest that infants and very young children are at greatest risk, and those who live in developing countries.

### Non-fatal abuse

 According to the "WORLD REPORT ON VIOLENCE AND HEALTH" by WHO among children in Egypt, 37% reported being beaten or tied up by their parents and 16% reported physical injuries such as fractures, loss of consciousness or permanent disability as a result of being beaten or tied up.

### Rates of harsh or moderate forms of physical punishment (WHO) WORLD REPORT ON VIOLENCE AND HEALTH (2002)

Type of punishment	Incidence (%)						
	Chile	Egypt	India <sup>a</sup>	Philippines	USA		
Severe physical punishment		$\bigwedge$			$\bigcap$		
Hit the child with an object	4	26	36	21	4		
(not on buttocks)							
Kicked the child	0	2	10	6	0		
Burned the child	0	2	1	0	0		
Beat the child	0	25	b	3	0		
Threatened the child with a knife	0	0	1	1	0		
or gun							
Choked the child	0	1	2	1	0		
Moderate physical punishment							
Spanked buttocks (with hand)	51	29	58	75	47		
Hit the child on buttocks (with object)	18	28	23	51	21		
Slapped the child's face or head	13	41	58	21	4		
Pulled the child's hair	24	29	29	23	b		
Shook the child <sup>c</sup>	39	59	12	20	9		
Hit the child with knuckles	12	25	28	8	b		
Pinched the child	3	45	17	60	5		
Twisted the child's ear	27	31	16	31	ь		
Forced the child to kneel or stand in an	0	6	2	4	ь		
uncomfortable position							
Put hot pepper in the child's mouth	0	2	3	1	_ь		
<sup>a</sup> Rural areas.							

<sup>b</sup> Question not asked in the survey.

<sup>c</sup> Children aged 2 years or older.

### Rates of verbal or psychological punishment (WHO) WORLD REPORT ON VIOLENCE AND HEALTH

#### (2002)

Verbal or psychological punishment		Incidence (%)						
	Chile	Egypt	Indiaª	Philippines	<u>USA</u>			
Yelled or screamed at the child	84	72	70	82	85			
Called the child names	15	44	29	24	17			
Cursed at the child	3	51	b	0	24			
Refused to speak to the child	17	48	31	15	b			
Threatened to kick the child out of	5	0	b	26	6			
the household								
Threatened abandonment	8	10	20	48	—b			
Threatened evil spirits	12	6	20	24	b			
Locked the child out of the	2	1	b	12	b			
household								

<sup>a</sup> Rural areas.

<sup>b</sup> Question not asked in the survey.

### Parental beliefs and reasons for punishment

Survey in **Egypt** showed: lying, disrespect, disobedience, low performance in school and destroying property are the main reasons for punishment (Youseff and Kamel, 1998)

### **Health Consequences of Child Abuse**

#### Health consequences of child abuse

#### Physical

Abdominal/thoracic injuries Brain injuries Bruises and welts Burns and scalds Central nervous system injuries Disability Fractures Lacerations and abrasions Ocular damage

#### Sexual and reproductive

Reproductive health problems Sexual dysfunction Sexually transmitted diseases, including HIV/AIDS Unwanted pregnancy

### Health Consequences of Child Abuse (cont.)

#### Psychological and behavioural

Alcohol and drug abuse Cognitive impairment Delinquent, violent and other risk-taking behaviours Depression and anxiety Developmental delays Eating and sleep disorders Feelings of shame and guilt Hyperactivity Poor relationships Poor school performance Poor self-esteem Post-traumatic stress disorder Psychosomatic disorders Suicidal behaviour and self-harm

### Role of Family Physician in Child Abuse

Protect Suspect Inspect Collect Respect

### **Protect...**

 Patient/family and team safety are paramount.
 Protect the life of the patient as well as as much evidence as possible.

### Suspect...

Does the history fit what you are seeingeither injury or illness?

 Is this a repeat patient or family member of a repeat patient?

Is there a history of family violence?



### **Collect...**

 Collect as much evidence as possible, including...
 physical and trace evidence

information

### **Respect...**

Respect the right to refuse
 Respect diversity
 Respect privacy

### The Cycle of Abuse...

Family violence
 Abuser-to abuser cycle
 Factors in altering the cycle of violence

### **Responsibilities to Report...**

 $\bowtie$  Who must report...  $\bowtie$  Deciding to report...

A report of suspected child abuse is a

responsible attempt to protect a child.
**Identifying Physical Abuse... By the Family Doctor** 

Normal childhood development

 $\bowtie$  Conditions that may be confused with abuse

⊠ Unintentional vs intentional injury

## **Recognizing Abuse Injuries...**

⊠ Skin Injuries **⊠ TEARS** Human Bite Marks  $\bowtie$  Hair Loss **⊠** Falls Head, facial, oral injuries Shaken baby Syndrome

## **Human Bites**

Strongly suggest abuse
Easily overlooked
Location of bite marks on infants differ from sites on older children



### Bruises

 $\bowtie$  Generally speaking:  $\bowtie$  fresh injury is red to blue  $\boxtimes$  1-3 days deep black or purple  $\boxtimes$  3-6 days color changes to green and then brown  $\boxtimes$  6-15 days: green to tan to yellow to faded, then disappears  $\square$  The younger the child the quicker the color resolves.



## **Bruises**











#### **Burns**

Abusive Burn Patterns
Scald: Immersion & Splash Burns
Flexion Burns
Contact Burns
"Pseudoabusive" Burns





Burns









## **Suspicious Fractures**



### Falls

In most cases, falls cause a minor injury.
If a child is reported to have had a routine fall but has what appear to be severe injuries, the inconsistency of the history with the injury indicates child abuse.



## Head, Facial, Oral Injuries

 $\bowtie$  Head is a common area of injury. Approx. 50 % of physical abuse patients have head or facial injuries.  $\square$  Injuries to the sides of the face, ears, cheeks, and temple area are highly suspicious for abuse. ⊠ Mouth/lip/teeth injuries



#### **Indicators of Child Abuse (Discovered by Family Doctor)**

Type of Abuse	Physical Indicators	Behavioral Indicators
Physical	Unexplained bruises, welts, burns, fractures, or bald patches on scalp	Wary of adult contact, frightened of parents or afraid to go home, withdrawn or aggressive, moves uncomfortably, wears inappropriate clothing for weather
Sexual	Difficulty walking or sitting; torn or stained/blood underclothes; pain, itching, bruises, swelling in genital area; frequent urinary or yeast infections	Advanced sexual knowledge, promiscuity, sudden school difficulties, self-imposed social isolation, avoidance of physical contact or closeness, depression
Emotional	Speech or communicative disorder, delayed physical development, exacerbation of existing conditions, substance abuse	Habit disorders, antisocial or destructive behaviors, neurotic traits, behavior extremes, developmental delays
Neglect	Consistent hunger, poor hygiene, inappropriate dress, unattended medical problems, underweight, failure to thrive	Self-destructive behaviors, begging or stealing food, constant fatigue, assuming adult responsibilities or concerns, frequently absent or tardy, states no caretaker in home

- Strengthen family and community connections and support.
- Treat parents as vital contributors to their children's growth and development.
- Create opportunities for parents to feel empowered to act on their own behalf.
- Respect the integrity of the family.
- Enhance parents' capability to foster the optimal development of their children and themselves.
- Establish links with community support systems.
- Provide settings where parents and children can gather, interact, support and learn from each other.
- Enhance coordination and integration of services needed by families.
- Enhance community awareness of the importance of healthy parenting practices.

## National Initiatives to Eliminate Child Abuse

- PILOT PROJECTS
- "FGM Free Village Model" to eliminate the practice of FGM in 120 villages in Upper Egypt.
- "Protection and Rehabilitation of Child Labor" in selected squatter areas.
- "Empowerment of Adolescent Girls" focusing on reproductive health awareness and knowledge dissemination
- "Protection of Youth From Substance Abuse" to establish demand-reduction units and increase social awareness.
- "Protection of Children Against Delinquency" to effectuate family courts" and monitor its jurisdiction.
- "Protection of Street Children Against Drugs" through monitoring protection institutions and building capacities of police officers and social workers.
- "Promote the Culture of Child Rights" through raising awareness of school teachers with the child rights.



#### NATIONAL PROGRAM FOR THE ELIMINATION OF FGM

**Trigger behavioral change.** Enhance rights of the girl child with a focus on FGM. **Create NGO and youth leaders advocacy** network. **Incorporate regulatory provisions that** condemn FGM. **Implement a social marketing campaign** and produce an FGM-Free Village model toolkit.



NATIONAL STRATEGY FOR PROTECTION, REHABILITATION AND INTEGRATION OF STREET CHILDREN

- Ensure all rights of street children through:
  - Changing the community's negative perception.
  - **Building a comprehensive database.**
  - **Capacity building for cadres dealing with street children.**
  - Introducing legal amendments and strengthening enforcement mechanisms.
  - Supporting NGOs caring for street children from drug abuse, violence and exploitation.
    - Demonstrating vocational, health and psychological rehabilitation services.
  - **Expanding the social net programs and direct** services for poor families to eradicate root causes of the problem.



# JUVENILE JUSTICE

- **Ensure protection of rights of children in conflict** with the law.
- **Define criminal responsibility and penalty in proportion to child age.**
- **Initiate measures to protect children against delinquency.**
- **Monitor juvenile courts effectiveness.**
- Promote physical and psychological rehabilitation
- **Establish family friendly courts.**

