

Child Abuse and Neglect : Time to act

Dr.Gajendra Kumar¹,Dr.Upender Kumar²,Dr.Madhulika Singh³ Dr. Shubhangi Vats⁴

PG Pediatric Dentistry Kalka Dental college Meerut¹,PG Department of Pharmacology Guru Ram Rai medical College², Reader, Doon medical College Dehradun³, Private practice in Meerut.⁴

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Abstract:

Child abuse is a condition that is often less identified. Abused child is deprived of its right, hence protecting children from maltreatment and neglect is part of the obligation of all health professionals. Dental professionals are in an exceptional position to identify and respond to these conditions. Therefore to create a child friendly community, it is prerequisite to transform not only the culture in which children are residing but also approaches and behavior toward them. It is thought-provoking that abuse and infanticide is existing over the centuries, but it is only recently due to change in social values have led to the identification of child abuse as a prevalent medico-social problem nationally and internationally.

Introduction

World Health Organization¹ (WHO) has defined 'Child Abuse' as a violation of basic human rights of a child, constituting all forms of physical, emotional ill treatment, sexual harm, neglect or negligent treatment, commercial or other exploitation, resulting in actual harm or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. 'Child Neglect' is stated to occur when there is failure of a parent/guardian to provide for the development of the child, when a parent/guardian is in a position to do so. Mostly neglect occurs in one or more area such as: health, education, emotional development, nutrition and shelter. 'Child maltreatment' sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill- treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity². Within this broad definition, five subtypes can be distinguished—physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation.³

Child Abuse & Neglect (CAN) is a worldwide social and public health problem, which exerts a multitude of short and long term effects on children. The consequence of children's exposure to child maltreatment includes elevated levels of post-traumatic stress disorder, aggression, emotional and mental health concerns, such as anxiety and depression⁴.

Challenges & Types of Child Abuse

India has about 440 million children; they constitute more than 40 percent of the population. Each year, 27 million babies are born. Many face unsafe birth, and many do not survive them. Many more struggle through childhoods of privation and risk, and fail to reach their full potential. As the poor vastly outnumber the non-poor, a large majority of these births are among the underprivileged section of the population, where the parents cannot provide proper care to their children⁵.

The situation of the newborn and the periods of

infancy and early childhood are particularly critical and the morbidity and mortality rates continue to remain very high. Maternal under-nutrition, unsafe deliveries, low birth weight babies and poor newborn care, lack of adequate immunizations, poor nutrition and unsafe water, neglect of early development and learning opportunities are major issues that need to be appropriately addressed.⁶ One can argue that many of these deficits are of under-development rather than of safety, but this is debatable: childhood rights must include protection against neglect and negligent treatment, and the denial of services is negligence⁶.

An obvious challenge is that of magnitude

The numbers in need of care and protection are huge and increasing. Extreme poverty, insecurity of daily living, illiteracy and lack of education, result in very little care to the child during the early formative years. Even services that are operating nation-wide, and are mandated to offer free or virtually free services are poorly run and often poorly utilized. The financial allocation for health care is far too small, despite some increases. The allocation of attention to health surveillance and to the social aspects of public health seems even smaller⁷.

Absence of monetary investment and lack of economic capacity are important concerns. But child abuse knows no class or livelihood barriers, or age buffers. It threatens and afflicts children up and down the economic ladder, and up and the 0–18 age spectrum. The IMA recognizes the need for diagnostic detection of children at risk—and the importance of finding ways to act to help children who appear to be at risk. A Government of India, Ministry of Women & Child Development (2007) survey showed that the prevalence of all forms of child abuse is extremely high (physical abuse (66%), sexual abuse (50%) and emotional abuse (50%).⁷ A more recent study by the National Commission for Protection of Child Rights (NCPCR), conducted amongst 6,632 children respondents, in 7 states; revealed 99% children face corporal punishment in schools.⁸

India's Approach to Promotion & Protection of Children

The Government has assigned focal responsibility for child rights and development to the Ministry of Women and Child

Development (MWCDC). The sectoral management of schemes by this and other central ministries has not given children the convergent attention they deserve. Health care services are in one sectoral portfolio, child development and nutrition in another, youth services affecting older children in another, and education in yet another, and services for children with disability parked in yet another, and projects for children rescued from labour in yet another. The focal point ministry has not so far managed holistic coordination of planning, programming and monitoring very effectively. The National Commission for Protection of Child Rights, set up in 2007, enquires, investigates, and recommends but lacks autonomy and any authority to act. The same limitation holds for State-level commissions.⁸

General Measurers of Implementation

To address national child right commitments, several policies, laws and programmes have been introduced. The core commitment is still the one that India enshrined in the Constitution: to safeguard children 'against exploitation and from moral and material abandonment.' A new National Policy for Children (2012) has just replaced the 1974 policy. That hallmark expression of commitment recognised children to be 'a supreme national asset' and accorded 'paramount importance' to their best interests in all situations of dispute. The new policy also expresses firm commitment to children's rights, but gives their interests 'primary' rather than 'paramount' status⁹.

Dental Neglect

Dental neglect is present at a high occurrence, in spite of this little importance is ascribed to it. Indicators can be summarized as untreated rampant caries which are easily noticeable by lay person, untreated pain, infection, bleeding or trauma pertaining to the orofacial region; in existence of any observable pathology no treatment has been introduced. Such a state of dental neglect suffered by a large number of children is indeed deplorable. Even after the parent/guardian has been adequately informed of the child's condition and course of treatment, their callous attitude illustrates their negligence and calls in for intervention.

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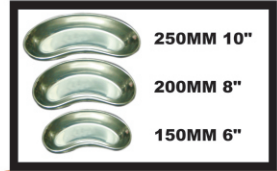


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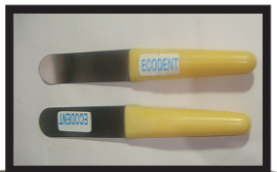
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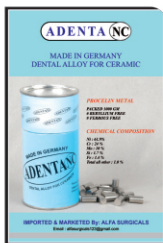
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Many studies concluded that identifying and reporting of child abuse was less among dental professionals.⁹ A marked increase in reported cases of suspected child abuse by the dental profession can occur by educating dentists and also when child protection teams comprise of a dentist. Dentists who have been educated to recognize signs of abuse and neglect are 5 times more likely to make a report than dentists who are not. Moral professional and legal responsibilities call for instant child protection and reporting of cases of abuse or neglect. All dental professionals should understand the seriousness of the problems of child's maltreatment. Victims of child's abuse and neglect fall into only two categories - those who lived through it and those who did not

Effective Systems for Child Protection

Whose responsibility is it to ensure the safe, protective and caring environment that every child deserves? Ideally, the parents should be responsible for proper care and protection of their child. However, the child must not suffer in case the parents cannot provide care and protection. It is the duty of the proximate community and the Government at large to address the issues of care and protection. In this responsibility, the State and its institutions must function pro-actively at all levels of governance and service.

India's new National Policy for Children reaffirms the promise of the original 1974 policy in pledging protective care to children "before, during and after birth and throughout the period of growth." In practical terms, this must include access to comprehensive health care and nutrition, learning and play, social welfare and the protecting hand of law. Integrated child protection systems can contribute to breaking the cycle of childhood insecurity and exploitation¹⁰.

Role of Government

India should not need to be reminded that the ultimate responsibility to protect a nation's children lies with the State. The Constitution of India recognised and affirmed this in 1950, by pledging to safeguard children against "exploitation, and moral and material abandonment." By ratification of international instruments such as UN CRC, by recognising international standards such as UN General Comment #13, the Government should commit appropriate legislative, administrative, social and educational measures to prevent and protect children from maltreatment.¹¹ In 1992, India accepted the obligations of the UN Convention on the Rights of the Child (CRC). The National Commission for Protection of Child Rights (NCPCR) was established in 2007 with a mandate of enquiry and investigation. Government should assign adequate child protection budgets and its officials should also ensure that Governmental funds are properly utilised. Both the State and professional bodies must also give more attention to the need for services and schemes to be more than reactive, and become proactively preventive. There may be design faults as well as delivery faults: both require detection and correction. Otherwise health attentions as well as safety attention are only in 'response' mode. For many children, this

may be too little, and too late.

Role of Non Government Organizations (NGOs)

A large number of NGOs are working in the field of child welfare and child protection, and many have created valuable models of prevention, intervention and rehabilitation. However, because of the huge numbers of children requiring protection, their efforts can make only a marginal impact. The larger and central responsibility falls on the State. It is for the State, as well, to bring together different professions and disciplines to make common cause in defense of children's safety and security. Professional bodies can highlight this potential by taking the initiative to make connections and to converge efforts. This the IMA has set out to do, and the 2013 CMAAO conference is a signal of this resolve.

Role of the community

Wherever the parents are unable to take care and protect the child, the proximate community and their elected representatives must take up more caring responsibility, with due diligence and also due benevolence. Thus, rural *panchayats* (local self government) and urban local councils can ensure that every child is safely born, receives basic health care and nutrition, and protection from abuse or neglect—and can feel secure throughout childhood. India's policy assures this. But in practice, even the first moment of survival can fall prey to abusive neglect. This is where the medical professional must be available, aware and attentive.^{12,13}

Consistent implementation & strict enforcement of laws

Adequate Legislative framework and their consistent implementation & enforcement are very important. Beyond rationalization of existing laws, the main challenge in India remains their enforcement and the fact that there is a certain degree of impunity for those violating the law. For instance, if one compares the prevalence of child marriage in India (43% of women aged 20–24 were married before they were 18) and the numbers of people prosecuted for violating the anti-child marriage law (a few hundred per year, at best), it is evident that the law is not enforced.¹⁴

The Juvenile Justice (Care and Protection) Act 2000 (amended in 2006)

was a key national legislation. It established a framework for both children in need of care and protection and for children in conflict with the law. This law is presently being reviewed for substantive changes, and may be replaced by a new law. Harmonisation is needed with other existing laws, such as the Prohibition of Child Marriage Act 2006, the Child Labour Prohibition and Regulation Act 1986 or the Right to Education Act 2009.

Protection of Children from Sexual Offences (POCSO) Act 2012

The Protection of Children from Sexual Offences Act, 2012, specifically address the issue of sexual offences committed against children. The law provides for relief and rehabilitation of the child, as soon as the complaint is made to the Special Juvenile Police Unit (SJPU) or to the local police. Immediate &

adequate care and protection (such as admitting the child into a shelter home or to the nearest hospital within twenty-four hours of the report) are provided. The Child Welfare Committee (CWC) is also required to be notified within 24 hours of recording the complaint. Moreover, it is a mandate of the National Commission for the Protection of Child Rights (NCPCR) and State Commissions for the Protection of Child Rights (SCPCR) to monitor the implementation of the Act.¹⁵

Telephonic help lines (CHILDLINE 1098) & Child Welfare Committees (CWC) under the Juvenile Justice Act (2000) have been established, where reports of child abuse or a child likely to be threatened to be harmed can be made and help sought.

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