Child Abuse and Neglect in India: Time to act

Dr. Himanshu Tomar

Asst. Professor, Dept. of Pediatric & Preventive Dentistry, Kalka Dental College, Meerut

Dr. Abhay Agarwal

Prof & Head Dept. of Pediatric & Preventive Dentistry, Kalka Dental College, Meerut

Dr. Neeraj Kant Panwar

Reader Dept. of Pediatric & Preventive Dentistry, Kalka Dental College, Meerut

Dr. Neeraj Solanki

Reader Dept. of Pediatric & Preventive Dentistry, Kalka Dental College, Meerut

Dr Gajendra Kumar

PG Student Dept. of Pediatric & Preventive Dentistry, Kalka Dental College, Meerut

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 also 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.

I. Introduction

The UN Convention on the Rights of the Child (UN CRC) (1989) is the most widely endorsed child rights instrument worldwide, which defines children as all persons up to the age of 18 years.1Defining violence and children protection rights, the Convention declares "States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child."1,2 The World Health Organization (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 (where resources available to the family or care giver; distinguished from poverty). 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 dignity. Within this broad definition, five subtypes can

be distinguished—physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation.3 Failure to ensure child right to protection adversely affects all rights. Besides, Child protection is critical to the achievement of Millennium Development goals (MDG). These MDGs can't be achieved unless child protection is an integral part of program & strategies to protect children from child labour, street children, child abuse, child marriage, violence in school and various forms of exploitation. 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 depression. A well designed epidemiologic, Adverse Childhood Experiences (ACEs) Study4 revealed a high risk of heart disease in adult survivors of maltreated children, after correcting for age, race, education, smoking & diabetes. Several developed countries of the world have well-developed child protection systems, primarily focused on mandatory reporting, identification and investigations of affected children, and often taking coercive action. The burden of high level of notifications and investigations is not only on the families, but also on the system, which has to increase its resources.5 In this context, the problems of child abuse and neglect in India need serious and wider consideration, particularly among the underprivileged rural and urban communities, where child protection systems are not developed—or do not reach.

II. Magnitude of Problems, 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 out-number 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 children.

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 negligence. Social and cultural defaults in childrearing practices reflect social norms and very often adverse traditions are passed from one generation to the next, especially in illiterate and poorly informed communities, and are extremely resistant to change. As guardians of oral health, the Indian Dental Association (IDA) has to plan and manifest its effort to address child abuse in this reality.

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 smaller. The urban under-

privileged, large migrating populations and neglected rural communities are particularly affected. In large cities, there is more physical infrastructure and availability of basic services, but major inequalities in access and genuine coverage. Pavement communities, including street children on their own, and child labourers employed in menial and un-protected work are especially at risk and without support.

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

III. Indian Dental Association Perspective

The term "protection" relates to protection from all forms of violence, abuse, and exploitation. This underlines the importance of anticipating and averting what might happen to damage and demean a child—not just response to hurt inflicted. Moreover, it calls for a deeper and wider comprehension of what protection means. Based on our understanding, the Indian Child Abuse, Neglect & Child Labour (ICANCL) group and IDA has strongly propagated the view that "protection" must also include protection from disease, poor nutrition, and lack of knowledge, in addition to action against abuse and exploitation.

The 9th ISPCAN Asia Pacific Conference of Child Abuse & Neglect (APCCAN 2011) conference outcome document "Delhi Declaration" re-affirmed and pledged a resolve to stand against the neglect and abuse of children and to strive for achievement of child rights and the building of a caring community for every child, free of violence and discrimination. It urged and asserted the urgent need to integrate principles, standards and measures in national planning processes, to prevent and respond to violence against children.9,10 The concept of a 'caring community' as children's right, conceived by eminent Indian public health expert Dr. Eric Ram a generation ago, argues that every sectoral entity, every service or infrastructure touching a child's daily life— and every person in any of these—every arm of the State and its institutions—has the potential to be a 'caring community' for children. It is an issue of attitude, of not just giving care to the child, but caring about what happens to a child, and thus honouring the ethics that should guide any dealings with any child.

IV. 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 (MWCD). 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 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]

NGOs and Civil Organizations and forums

India has a strong presence of non-governmental bodies, networks, community-based organizations, civic forums and peoples' campaigns. In recent years, these organizations and platform have sharpened their focus on protection issues. The news media are also increasingly alert in playing a watch-dog role.

Having accepted the treaty obligation of implementing the UN Convention on the Rights of the Child in 1992, the Government of India has reported thrice to the UN on national effort to realize these rights. Its latest (2011) report lists some welcome forward-looking legislations and actions, but unfortunately lacks information on impact of laws and programmes and actual benefits.11 The official routing of services and communications to the family as the receiving unit fails to address the need to reach children placed in any situation or setting other than a family or household location. Children must be sought and reached where they are, not where they should conventionally be. The IMA can see this is as a working challenge in trying to access children in need—in institutions, in street groups, in work-places, on the move, or even in prisons. Linkage with NGOs connected to such kinds of settings may be considered as an outreach option.

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.12 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' status. The past decade has produced some positive official assertions of commitment. (See Note to the report). The challenge predictably lies in translating policy into programmes, and then carrying programmes into practice.

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. Every birth should be planned and all births registered. 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.

The UN CRC does not absolve either family or community or society at large of care and protection of children. But it firmly puts the onus on the State. Governments are the ultimate duty bearer. In India, the State should ensure that all vulnerable children have the assurance of the best anticipatory, preventive and restorative protection of their right to life, survival, well-being and dignity. India's new National Policy for Children12 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 exploitation.

V. 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.13 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. However, there is a wide gap between (i) policy and implementation and between (ii) practice and outcome, and millions of children fall through the gaps. Government should assign adequate child protection budgets and its officials should also ensure that Governmental funds are properly utilized. The "child's voice" must be heard by the policymakers! 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.

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.

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.[14,15]

Education, Empowerment and Enabling Mechanisms:

Families and the community must be educated, informed and enabled so that they can provide care and protection to their children. All those entrusted with the child's upbringing and development must learn that the best approaches are non-violent. Parental guidance and basic support to vulnerable families must be expanded. In India, the Government cannot afford to separate children from their vulnerable families and place them in institutions. Such approaches are also being challenged in more developed countries as well. What most families need is some extra support to cater for their children, in the form of sponsorship schemes, social protection programmes. Awareness of their rights and information about governmental assistance would ensure proper utilization of various "schemes."[16,17]

Role of Multi-disciplinary professionals, the private sector, religious institutions: In India, there is also an urgent need for appropriately trained multidisciplinary professionals and human resources to make services for children viable and effective. Besides these professionals, all educated persons, the private sector and religious institutions can do more for child protection and child welfare.

Attitudes, Traditions, Customs, Behaviour & Practices:

There is need to understand social norms and traditions and their effect on children and their right to safety—and to condemn harmful practices and support those that are positively protective. A major attitudinal change in civil society is called for. Any institution that senses this should make the first move. Many protective traditions and practices exist, such as strong family values. However, certain stereotypes, attitudes and social norms that violate the rights of the child also persist, such as the use of corporal punishment as a way to discipline children or the social acceptance of child labour. Other harmful practices associated to gender roles, such as child marriage or gender-based sex selection, manifest a patriarchal and hierarchic attitude towards girls and women, who are still seen by many as a liability or as paraya dhan (someone else's wealth or property of the marital family).[18]

Recommendations & Plan for a Way Forward

Professional organizations and their infrastructures must not be found wanting in efforts to make India safe for children. IMA is a nationwide entity, with a large membership of trained professionals not only trained to save and safeguard lives, but pledged to do so. The Hippocratic Oath is already a promise made by every medical practitioner, carrying a pro-active commitment to be healers. Survival, early child health care, nutrition, education, development and child protection are most crucial child rights. In India, child rights, protection and exploitation are intimately linked to socio-cultural and economic inequalities. The deprived sections of society may not know all their rights, and may not have high expectations. But the State does know, and so do professional bodies that all children have equal rights and entitlement to priority attention and care. Multidisciplinary professionals should step forward and work together to make such attention and care a reality accessible to every child.[19] It is important for professionals and their institutions to monitor the government efforts in protection of child rights.

The prevention of sickness, the relief of injury, the service of relieving pain and suffering, and of both preventing the loss or breakdown of health and well-being, and of restoring them, is already our chosen vocation. The protection of human dignity in facing and overcoming hurt is a part of medical service.

Addressing the underprivileged, vulnerable families and communities as a priority

In the process of voluntary service in underserved regions of our country, some of our IMA member's learnt some important lessons from the vulnerable families and communities. The most important lesson was that public awareness about child abuse & neglect has to be raised & society attitudes have to change. Children should have knowledge regarding life skills, child rights and participation.

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.[18]

Medical Professionals: Training on Child Rights and Protection

Medical professionals are specially mandated to report cases of child sexual abuse, under the "The Protection of Children from Sexual Offences Act (POCSO), 2012." However, the Indian Academy of Pediatrics (IAP) & IMA is aware that hardly any training is imparted to medical students, doctors and allied child health professionals in India on Child Rights and Protection and how to report cases of Child Abuse?21 Therefore, the IAP & IMA has decided to recommend to the Medical Council of India (MCI) (statutory body with the responsibility of establishing and maintaining high standards of medical education and recognition of medical qualifications in India) to advocate necessary changes in curriculum, teaching, training and practice of medical professionals, undergraduates as well.

Medical Professionals to take a stand against Child Abuse

To take a stand against child abuse is not outside our existing mandate. Children are already at our door, silently asking us to recognize them as the persons most vulnerable to the loss of well-being, and the least able to avoid it. We have a job to do. We—as an association and as a very large number of people who know their job—intend to take up the task we have chosen. Our theme was not an idle or forgetful choice. Our next report should be able to tell how we worked to live up to it.

VI. Information Note to the Report

New National Policy for Children (2013) establishes 18 years as the ceiling age of childhood, and details many of the 1974 policy commitments, adding an affirmation of India's acceptance of the UN CRC, thus recognizing the UN Convention at policy level.

National Policy for Persons with Disabilities (2006) recognizes that a majority of persons with disabilities can have a better quality of life if they have access to equal opportunities and effective rehabilitation measures.

Policy Framework for Children and AIDS in India (2007) seeks to address needs of children affected by HIV/AIDS, by integrating services for them within the existing development and poverty reduction programmes. Under National Rehabilitation and Resettlement Policy (2007) no project involving displacement of families can be undertaken without detailed assessment of social impact on lives of children. National Urban Housing and Habitat Policy (2007) seek to promote sustainable development of habitat and services at affordable prices in the country and thereby provide shelter to children from disadvantaged families. National Plan of Action for Children (2005) was adopted in response to the UN General Assembly Special Session on Children (2002). It lacked specific activities, and implementation fell short of most stated goals and targets. A new national plan is presently being drafted.

VII. National Legislations

The legislative framework for children's rights is being strengthened with the formulations of new laws and amendments to existing laws. These include the Food Security Act (2013), The Protection of Children from Sexual Offences (POCSO) Act, 2012, Right to Free and Compulsory Education Act (2009), Prohibition of Child Marriage Act (2006), the Commissions for Protection of Child Rights Act (2005), Juvenile Justice (Care and Protection of Children) Act 2000, amended in 2006, Right to Information Act (RTI) 2005, the Goa Children's (amendment) Act 2005, the Child Labour (Prohibition & Regulation) Act, 1986 (two notifications in 2006 & 2008), expanded the list of banned and hazardous processes and occupation) and the Information and Technology

(Amendment) Act 2008. In addition, there are new legislations are on anvil, such as HIV/AIDS bill. The two most important legislations meant to exclusively protect children are the following;

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. Harmonization 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. Important contradictions exist among these laws, starting with the definition and age of the child.

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, which until now had been tried under laws that did not differentiate between adult and child victims. The punishments provided in the law are also stringent and are commensurate with the gravity of the offence. Under this act, various child friendly procedures are put in place at various stages of the judicial process. Also, the Special Court is to complete the trial within a period of one year, as far as possible. Disclosing the name of the child in the media is a punishable offence, punishable by up to one year. 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.20

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.

National Programmes

The Government of India is implementing several programmes on social inclusion, gender sensitivity, child rights, participation and protection. The approach is based on UN CRC and Millennium Development Goals (MDGs). These programmes include: Integrated Child Development Services (ICDS), SABLA Scheme for Adolescent Girls, and Saksham project for adolescent boys; Rajiv Gandhi Crèche Scheme for children of working mothers, scheme of assistance to home for children (Sishu Greh) to promote in-country adoption, Dhanalakshmi-conditional cash transfer schemes for girl child, Programme for Juvenile Justice, Child Line (24-hour toll-free telephone helpline (No.1098), Integrated Child Protection Scheme (ICPS), Integrated program for street children, Ujjawala (scheme for prevention of trafficking and rescue, rehabilitation, reintegration and repatriation), Sarva Shiksha Abhiyan National programme for school education, National Rural Health Mission (NRHM), Mid Day Meal Scheme, Jawaharlal Nehru National Urban Renewal Mission JMAJ,(JNNURM), Universal Immunization Programme (UIP) and Integrated Management of Neonatal & Childhood illness (IMNCI).

Integrated Child Protection Scheme (ICPS)

The Ministry of Women and Child Development, Government of India has launched an

Integrated Child Protection Scheme (ICPS) (2009), which is expected to significantly contribute to the realization of State responsibility for creating a system that will efficiently and effectively protect children. It is meant to institutionalise essential services and strengthen structures, enhance capacity at all levels, create database and knowledge base for child protection services, strengthen child protection at family and community level and ensure appropriate inter-sectoral response at all levels and raise public awareness. The guiding principles recognize that child protection is a primary responsibility of the family, supported by community, government and civil society. The ICPS is an important initiative, but is still in its infancy.22

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