Chapter I: Introduction

Violence against children in any form constitutes violation of the basic rights of children. During childhood, children deserve unconditional love and affection from their parents and basic minimal facilities for proper physical, social, mental and career development. Children's behaviour reflect what they learn from family members and others. Therefore, it is important to correct the behaviour of the children logically, if they make any mistake, instead of applying any force and/or threat. In fact, it is the responsibility of the family members and/or guardians to protect children from all forms of violence and guide them to become responsible and productive citizens of the society. Family is a place to be considered as warm, safe, personal, and peaceful (Deb, 2006). A basic assumption of the UN Convention on the Rights of The Child (CRC) is that the family is the natural environment for the growth and well-being of all its members – particularly for children-while the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights proclaim the family as being the fundamental group unit of society (Source: World Report on Violence Against Children, 2006).

Unfortunately, the family is also the place where children mostly experience different forms of violence owing to a number of causal and contributory factors like stress, poverty, living condition, marital discord, psychiatric and/or psychological problems of the adults at home, poor enforcement of law, lack of child protection policies and so on. The prevalence of violence against children by parents and other close family members as well as deliberate neglect of children have been reported across the world (Deb, 2006). Still, a large number of parents dominate their children, develop over-expectation from them, apply corporal punishment for minor mistakes and compel them to follow all instructions – whether good or bad - instead of listening to the voices of the children. At the same time, a good number of parents transmit their wrong and/or preconceived notions and ideas about child rearing practices to their own children. When these children grow up, and have children of their own, they practice the same pattern they have learnt
from their parents. In the process, the children of the third generation become victims of a misguided and/or wrong cultural practice.

Another important issue which often bothers researchers, child rights activists and policy makers is how to prevent marriage of people suffering from major mental health problems of varying degrees. Since there is a stigma attached to being diagnosed with mental health problems in the developing countries like India, instead of seeking professional help from the psychologists and/or psychiatrists, parents arrange marriage of their children with an expectation that after marriage the mental health problems of their children will be solved automatically - which is absolutely a mistaken notion. Marriage does not solve the problem, rather it creates a major life-long problem for the spouse and other family members. Some parents arrange the marriage of their children since they do not have a clear knowledge about the consequences of such a marriage on the next generation.

On the other hand, some parents deliberately arrange the marriage of their children with major mental health problems in a distant place, to shift their responsibilities on somebody else. If attention of the in-laws is drawn to the problem, denial is a common response in most of the cases. In some cases, the in-laws blame the spouse partner instead of looking into the issue with an open mind and seeking professional help. This is inhuman and/or unethical activity on the part of those parents. It is in no way a minor mistake as the layman would say. There should be a stringent law in any society to penalise the guardians who arrange marriage of their children with mental health problems and/or with other serious problems like alcoholism/addiction without informing the spouse clearly about the same. Seeking timely professional help could solve some of the problems of some of the people and thereby child maltreatment could be prevented.

Firsthand experience of the professionals like psychologists and psychiatrists show that some parents of children with major mental health problems do not hesitate to blackmail the life partner of their children and ask for compensation when the spouses raise their voice against the unethical and inhuman gesture of their in-laws and cry for justice. It is
important to note that some mental health problems cannot develop overnight. Some parents claim that their children have become mentally disturbed after marriage because of mental torture. It is usually the husband who is thought to have been instrumental in the development of the mental condition of the spouse. In some cases, this logic could be true, but in majority of the cases the person was probably suffering from mental health problems prior to the marriage. Discriminatory laws in India for dealing with domestic violence has further victimised the male member. Men are suffering from ‘legal terrorism’ at the hands of some women - as stated by men’s rights activists. Therefore, men’s rights activists want domestic violence laws and Section 498-A of the Indian Penal Code to be gender neutral. Armed with statistics of high suicide rates among men, they want a Ministry for Men’s Welfare, and a National Commission for Men and a review of the anti-dowry law, which the men’s rights activists claim is grossly misused (Sinha, 2008).

There are some people who think child rearing is not the job of parents; it is the job of domestic assistants. On the other hand, there are some people who feel that viewing TV serials and attending parties are more important than feeding a child during his/her feeding time. If parents feel that somebody else should take care of their children, there is every possibility that the child will be neglected, abused and maltreated by such parents. Should people with this sort of notion about child rearing plan to have a child?

Interestingly, a recent study revealed that contrary to popular beliefs working mothers give more quality time to their children than non-working mothers (Deb and Chatterjee, 2008). Quality of parenting is essential for development of good habit and behaviour among children along with their career. A good number of parents spend the whole day with the children, but they fail to spend quality time with them as reported by the adolescents (Deb and Chatterjee, 2008).

A number of research clearly indicated that a person with a major mental health problem can not act as a responsible parent. When those people become parents, they are unable to discharge their responsibilities and naturally their children become vulnerable to neglect.

After the family, it is the educational institution and/or training centre where children spend most of their time. Therefore, it is also the duty of the teachers and staff of these institutions to ensure the safety and security of the children and to promote an anxiety-free environment for education for the overall development of the children. The teachers and other staff of the institutions also have a duty to prepare the children for life as responsible adults, guided by the values of non-violence, gender equality, non-discrimination, tolerance and mutual respect. These are the values that governments embrace when they ratify the Convention on the Rights of the Child (CRC) and other international Human Rights Conventions, along with obligations to protect children from all forms of violence, in schools and elsewhere, including providing a clear framework of laws prohibiting and deterring all forms of violence, and taking all other necessary measures to prevent violence (Source: World Report on Violence Against Children, 2006). However, the reality is different. A good number of children worldwide experience violence in the educational institutions too (UN Secretary-General’s Study on Violence Against Children, 2005; Deb, 2006). In some industrialised countries, where child deaths are most rigorously recorded and investigated, infants under one year of age face around three times the risk of homicide, almost invariably by parents, than children aged one to four, and twice the risk of those aged five to fourteen (UNICEF, 2003).

Hundreds of thousands, if not millions, of children, who have been orphaned or abandoned, are placed in orphanages and other non-penal institutions throughout the world. Depending on the state for care, many experience shocking and sometimes deadly levels of abuse and neglect. They may be beaten, sexually abused, restrained in cloth sacks or tethered to furniture, and subjected to degrading treatment by the staff. In some facilities, mortality rates have been staggering.
1.1 Violence against Children: The Global Scenario

Violence against children is a worldwide problem; this is part of the life cycle of violence that afflicts many individuals and is a scourge for the society. In investigating human rights abuses against children, Human Rights Watch has found a disturbing but persistent theme—in every region of the world, in almost every aspect of their lives, children are subject to unconscionable violence, most often perpetrated by the very individuals charged with their safety and well-being (Source: Report of Human Rights Watch, 2006).

In 2002, the World Health Organization published its *World Report on Violence and Health* as a response to the 1996 World Health Assembly resolution to address violence as a public health priority. Although reliable data are extremely scarce, it is estimated that there were 57,000 homicides among children below 15 years of age worldwide in 2000. Very young children are at the greatest risk: homicide rates among children aged 0-14 years are more than twice those among children aged 5-14 years (5.2 per 100,000 as compared with 2.1 per 100,000). The most common cause of death is head injury, followed by abdominal injuries and intentional suffocation (Kirschner and Wilson, 2001).

In case of non-fatal form of violence against children, there is also scarcity of reliable data. However, findings of various international studies suggest that children below the age of 15 years are frequently victims of abuse and neglect that require medical care and intervention by social services (Source: *World Report on Violence and Health, 2002, p.16*). In the Republic of Korea, for example, 67.0% of parents in a study admitted whipping their children to discipline them and 45.0% reported hitting, kicking or beating them (Hahm and Guterman, 2001). Another study carried out in Ethiopia found that 21.0% of urban school children and 64.0% of rural school children reported bruises or swellings on their bodies from parental punishment (Ketsela and Kedebe, 1997). So far as sexual abuse worldwide is concerned, research suggests that about 20.0% of female children and 5.0 - 10.0% of male children have suffered from the same problem as children (Finkelhor, 1994a; Finkelhor, 1994b). Normally, young children, especially males are at high risk of physical abuse, whereas older children, especially females are most vulnerable to sexual abuse (Kirschner and Wilson, 2001; Finkelhor, 1994b; Olsson
et al., 2000). Some of the factors that increase the likelihood of a parent or other caregiver abusing a child include having unrealistic expectations about child development, poor impulse control, stress and social isolation (National Research Council Report, 1993; Zununegui et al., 1997; Kleven et al., 2000; Sidebotham and Golding, 2001; Bardi and Borgognini-Tari, 2001).

A survey of Romanian families reported that 0.1% of parents admitted to having sexually abused their children, while 9.1% of children reported having suffered sexual abuse (Browne et al., 2002). Findings reported in international studies conducted since 1980 reveal a mean lifetime prevalence rate of childhood sexual victimization of 20.0% among women and of 5.0–10.0% among men (Finkelhor, 1994a, 1994b).

In the industrial countries there are systems for maintaining records regarding various forms of child abuse and neglect. Findings vary depending upon methodology, with studies using face-to-face interviews and multiple questions yielding higher reported rates of child sexual abuse. Taking into account the variability in findings, estimates are that, in the general population, 1 in every 3 or 4 women and about 1 in every 6 to 10 men were sexually abused during childhood (Friedman, 1998).

Clement and Chamberland (2007) made an attempt to find out the prevalence rates of psychological aggression and physical violence against children from a population survey conducted in 2004 in the Quebec province, Canada and to compare the rates with those obtained in the 1999 edition of the survey. Eighty percent of the mothers reported the use of psychological aggression towards a child by an adult living in the household, 43.0% reported at least one episode of minor violence, and 6.0% reported at least one episode of severe physical violence. When compared to the 1999 surveys, mothers reported 5.0% less minor physical violence in 2004, a result that is counterbalanced by a similar significant increase in the report of repeated psychological violence towards children in a year. Results also reveal a significant decrease in attitudes favoring the use of violence for discipline purpose between 1999 and 2004. The trends observed in violence towards children over the 5-year period may partly be attributed to a change in the mother's
attitudes concerning methods of disciplining children. Findings support the need to promote alternative methods of firm discipline that do not involve violence.

Yen et al., (2008) did a cross-sectional survey in Taiwan to examine the prevalence and the correlates of childhood physical and sexual abuse in adolescents living in the rural areas of Taiwan. A sample of indigenous (n=756) and non-indigenous (n=928) adolescents was randomly selected from junior high schools in the rural areas of southern Taiwan. A total of 374 (22.2%) adolescents reported experience of physical abuse and 42 (2.5%) reported sexual abuse in their childhood. Multivariate logistic regression analyses revealed that the adolescents who perceived poor family function, frequent family conflicts and whose parents drank habitually was more likely to have experienced physical abuse. The adolescents who were indigenous and perceived frequent family conflicts were more likely to have experienced childhood sexual abuse. Further analyses indicated that indigenous boys had a higher risk of being the victims of sexual abuse than non-indigenous boys, while no difference was found between indigenous and non-indigenous girls. The results remind clinical workers of the importance of taking abuse histories from adolescents on a routine basis, and this is especially important in the case of dysfunctional families. Adolescents who live in rural areas have less social and medical resources for early detection and intervention of physical and sexual abuse.

The World Report on Violence and Health (2002), through a review of the world literature on child abuse identifies a number of stressors that render children more vulnerable to abuse - either concerning of their own characteristics or concerning of those of their caregivers or those of the society that surround them. Among these are poverty, overcrowding, and instability, availability of arms and illicit drugs, and previous history of violence. Poverty predisposes to abuse mainly through the children’s diminished social capital. Into the lower social strata migrate people with lower cognitive ability, mental illness or substance abuse. Poor housing is often overcrowded and its occupants are more likely to be subject to eviction and frequent relocations. Under these circumstances children are less likely to be cared for adequately by their parents and less likely to find others to offer nurture and shelter. They are less likely to receive the education they need to get out of poverty and more likely to be socialized into violent or deviant lifestyles.
This cycle is costly for the child who loses his potential for happiness and fulfillment for the family who loses a loving, productive member and for the society that loses a valuable contributor.

Silence and inaction allow violence against children to continue. In nearly every setting where Human Rights Watch has found physical abuse against children, perpetrators have enjoyed impunity. Teachers who have sexually assaulted or injured their pupils continue to teach. Police officers who have tortured children before witnesses remain on duty. Orphanage staffs that subject children to shocking levels of cruelty and neglect suffer no consequences. Even those responsible for the death of a child are rarely prosecuted and even less often convicted. War criminals who recruit, rape, or murder children remain at large.

1.2 Violence against Children: The National Scenario

Although it is commonly stated that children are the most valuable resources or assets of the society, their rights are largely ignored across the world. However, the UN Convention on the Rights of the Child is providing an important foundation to sensitize the larger society about specific rights a child should enjoy and to adapt legislation in different countries in the light of their socio-economic and cultural scenario.

In India, child maltreatment is a little recognized phenomenon. Apart from the horrors of foeticide, since infancy a large number of children are subjected to violence and various forms of discrimination, maltreatment, abuse and neglect, which affect their normal physical and mental development. As a result the nation loses a good amount of potential human resource. There is no accurate estimation about the magnitude and extent of the problem in India.

When a couple plans to have a child, they develop some expectations about newborn. Every parent expects a normal child with good health and without any disability. There is a special preference for a male child in India. If their expectations do not match with the reality, the parents tend to neglect the child, and some of the parents also abuse their child.
unconsciously. In some cases parents abandon the child. There are many such instances reported by the media in India in the recent past. On the other hand, since there is stigma attached with pregnancy before marriage, all most all the women who become pregnant before marriage, abandon the child. This issue speaks in favour of the importance of reproductive health education for the adolescents and sensitization programme for the potential parents.

Child labour and trafficking in children in India are some of the simple examples of the deep rooted-problem of a society which has failed to protect and care for its children, a community that is either ignorant of the exploitation or does not feel shame in trading its children for gain.

Some of the latest study findings carried out in India have been reviewed and presented in this section. The worst form of violence against children in India is the killing of a child guided by religious and cultural beliefs.

A national level study on child abuse was carried out by Prayas Institute of Juvenile Justice during 2006 and 2007, in collaboration with the Department of Women and Child Development, Ministry of Human Resource Development, Government of India (Now Ministry of Women and Child Development), funded by the UNICEF and Save the Children Fund (UK). The broad objective of the study was to assess the situation of child abuse in India, in the light of the National Charter for Children and the National and State Commission(s) on the Rights of Child. The study covered nearly 12,500 children and 4,800 young adults in 13 States. The study revealed widespread abuse of girls and boys in India. Major findings of the study were: boys and girls are equally at risk of abuse; persons in trust and authority are the major abusers; 5-12 year old children are in the high risk category: across the different forms of abuse, the percentage of abuse among them is the highest; 70.0% of the children have not reported abuse to anyone; Andhra Pradesh, Assam, Bihar and Delhi almost consistently report high rates of abuse in all forms as compared to the other states in India; and two out of every three children have been physically abused; two out of every three school-going children are victims of corporal
punishment - half of these incidents are in government-run schools; more than half of the child respondents reported facing one or more forms of sexual abuse; every second child reported facing emotional abuse; and in more than 80.0% of the cases parents were the abusers (Source: Ministry of Women and Child Development, Government of India, 2007).

In another article on ethics in research on child abuse written by Veena and Chandra (2007), the authors reviewed the national level study on child abuse carried out by Prayas Institute of Juvenile Justice during 2006 and 2007, in collaboration with the Department of Women and Child Development, Ministry of Human Resource Development, Government of India. The review highlights the need for conducting an ethical inquiry in this area. Certain concerns about the conduct of the study were raised. Core ethical issues pertaining to consent and refusal, risk and benefit, effects of the study process on the researcher and the researched and the reporting of adverse events were discussed. The ethical implications of the study and ethical responsibilities of the researcher were emphasized.

In another study carried out by Pagare (2003) in an observation home in Delhi covering 189 boys, sexual abuse was reported in case of 38.1% of children. On clinical examination, among the sexually abused children (n=72) physical signs were seen in 23.8% and behavioural signs were seen in 16.3%. In case of sexual abuse, the most common perpetrators were strangers. Sexual abuse was found to be significantly associated with domestic violence (p=0.016), solvent/ inhalant use (p=0.0002) and working status (p=0.017).

In another study carried out by Deb (2004) in Kolkata, it was found that 30.0% of male and 16.7% of female teachers still believe in applying physical punishment to discipline the students in school. On the contrary, when it comes to practice, it was found that 33.3% of male and 40.0% of female teachers confessed that they punished students physically although a good number of them did oppose this concept. Findings also revealed that 60.0% of the male and 53.4% of the female teachers were physically punished during their childhood. In another study Deb (2004) revealed that 45.5% of the
mothers strongly agree that it is necessary to use physical punishment to discipline children or to make them obedient.

A study covering a group of 120 migrant child labourers working in households, tea stalls, garages and shops in South Kolkata reveals that an overwhelming number of the children were abused, in some way or the other - physically, mentally, or sexually. Of those with health problems, a good number of them remain untreated. In some cases, abuse and neglect became fatal (Deb, 2005). Life on the streets exposes children to different exploitative and life-threatening situations as observed in a study (Mitra and Deb, 2004).

A study of 35 trafficked children and young women found that trafficking is usually conducted through offers of false marriages and jobs, or through outright abduction and sale (Deb et al., 2005). Chatterjee et al., (2005) carried out a study covering a group of 41 trafficked children in Kolkata. Findings highlighted that the trafficked children often encounter problems - mental, physical and social. HIV/AIDS – the dreaded disease was found in six out of the 41 trafficked children covered in the study. Depression, loneliness and loss of interest was found to disturb nearly every child. To top it all, they feel the discrimination in the social sphere, which encompasses two broad areas, namely stigmatization and family rejection.

In the recent past, media has reported a number of cases related to violence against children. The latest incidence in Noida, UP, revealed a horrifying picture of death of so many children. Perhaps the media coverage brought such practices to the attention of the public and that might have made them alert of the possibility of such horrible crime taking place in their backyard. Following are some of the reported incidents, which give a clear idea about the nature and extent of violence experienced by the children in different parts of India and reasons behind the same:

**Incident One:** A class IX student of Bahkuri High School in Behrampore, West Bengal, India, was admitted to a hospital on Nov. 27, 2008 after allegedly being brutally beaten up by two teachers. The incident took place when a partition
between two newly constructed toilets collapsed and the boy was held responsible. The toilet was constructed in the school a year ago. But due to construction defect, several cracks appeared on its walls. When some students were leaning on the partition, it collapsed. The headmaster allegedly thrashed some boys and threatened them with expulsion if they didn't say who broke it. One of the boys apparently took the name of a boy who was not involved in the incident. Thereafter, the headmaster and one assistant teacher allegedly called the boy to the teacher's room. They made him kneel for over an hour and beat him up with a bamboo stick in such a way that blood had clot in several parts of his body and he was suffering from a high fever. On enquiry, the boy stated that he did not know anything about the breaking of the partition (Source: Boy Thrashed by Teachers Lands in Hospital, reported by Subrata Mukherjee in the Sunday Times of India, Kolkata, Nov. 30, 2008, p3.)

Incident Two: An eight year old child of class II died on Nov. 27, 2008, a day after she was allegedly slapped by her yoga teacher in school for not being able to perform some of the exercises as instructed by the yoga teacher. The girl fell unconscious some time after she was slapped. She was taken to the pediatric intensive care unit of Calcutta Medical Research Institute in a comatose condition. A surgery was performed after a clot was detected in the brain, but her condition remained unchanged and she died the same night (Source: Kid Dies After Being Slapped By Teacher, Times News Network, Reported in the Times Of India, Kolkata, Sunday Nov. 29, 2008).

Incident Three: A class X student of a private school in Chennai committed suicide after he was beaten up by his teachers for not attending a special class. The boy had missed the special class after school hours to celebrate his 16th birthday at home. When he went to school the next day, he was allegedly beaten up by the teachers for not attending the special class and suffered injuries on his cheek, shoulders and back. The boy was beaten with an iron rod, as complained by the father of the child. According to the father, the only mistake of his son was to score 3 out of 10 in his last unit test and skip the special class as he wanted to celebrate his birthday (Source: Beaten up Commits Suicide, Times of India, Kolkata, Nov. 25, 2006).

Incident Four: A school student from Liluah, Howrah, Kolkata was admitted to a hospital after being beaten up badly, allegedly by his school teacher. The boy was admitted to hospital with acute respiratory problems after being slapped several times. The school tried to cover up the incident by furnishing completely wrong information (Source: Teacher's Slap Lands Student in Hospital, The Times of India, Sept. 5, 2006).

Incident Five: A four-year-old girl was raped in a village called Bamanchara near Kamalpur, Tripura on Nov. 23, 2008, by a young adult when she went to the neighbour's house for playing. The Women Commission of the Government of Tripura investigated the incident and urged people of all sections of the society to
protect children from sexual violence (Source: Save Children from Violence, Ajkal, Tripura, December 5, 2008).

**Incident Six:** A student of class VIII became a victim of false allegation in Sonamura block, Tripura. During the final examination of class VIII, one paper was lying beside her, and teachers thought she was cheating. Despite her repeated plea that neither did she copy from the said paper nor did it belong to her, the teachers expelled her. Unable to bear the humiliation, she committed suicide after returning home (Source: Expelled against a Wrong Allegation, Girl Commits Suicide, After Fariad – a daily newspaper in Tripura, Dec. 5, 2008).

These are some of the examples of the nature of violence experienced by the children and reasons behind the same, which require the attention of the child protection policy makers of the Government of India for taking evidence-based measures.

There are a number of legislations in India to safeguard the rights of the children. Some of the legislations also have some shortcomings. Therefore, there is a necessity to adopt new legislations to combat the problem in Indian society. If one prioritizes the problems faced by the developing countries like India, the issue of child abuse and neglect does not figure in the top priority areas as per the policy makers. The support which is required for a large number of children in the developing countries like India include adequate nutrition, immunization and other health care facilities, education and safe shelter. Hence, most governmental and non-government agencies should give first priority to addressing the above issues. There is very little awareness, both among the general public and among welfare service providers, regarding the extent and severity of maltreatment and/or abuse of the children in India. Furthermore, cultural beliefs and practices have aggravated the problems of children. Most of the child abuse cases occur within the family and perpetrators are the parents and/or close family members. But owing to lack of consciousness about the issue, lack of implementing machineries and also lack of political will, perpetrators are not punished.

**1.3 Common Types of Violence/Abuse/Neglect:**

The term ‘violence against children’ is interchangeably used in the literature as child maltreatment, child abuse, neglect and so on. Children are being abused, maltreated and neglected in different forms in different communities, social strata and countries. In
India, children are still regarded as parental property and parents have an expectation that their children will always follow their directives and fulfill their wishes and aspirations. Violations of these expectations cause the children to be subjected to abuse, maltreatment and neglect. In a Kolkata based study, Deb and Senapati (1993) identified four major modes of malhandling by the parents, vis-à-vis physical torture, willful negligence, exploitation of innocence and dependency of the child and enticement to accept a disgraceful life.

The nature and types of abuse and neglect of children can broadly be divided into the following categories:

- Psychological/emotional violence
- Physical violence
- Sexual violence
- Violence/abuse for commercial purpose
- Neglect

1.3.1 Psychological/Emotional Violence/Abuse:

Psychological violence means verbal or non-verbal parent-to-child communications that may be psychologically injurious to the child, given the child's age and developmental status. According to Oates (1996), emotional/psychological abuse means the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule. Emotional or psychological abuse includes behavior that threatens or intimidates a child. It includes threats, name calling, belittling and shaming.

However, it is very difficult to define psychological/emotional abuse. In this regard, cultural factors play an important role. In some cultures, one way of dealing with children is considered normal while the same style, in another culture, may be regarded as harmful.

Psychological/emotional abuse can broadly be divided into two categories, the first being deprivation from parental love and affection. For example, in urban metropolitan cities, where both parents work, they are unable to spend minimum time with their children and
look after their studies because of work pressure and other social and family commitments. In that case, most of the parents try to supplement their absence by providing materialistic goods to the children as per their demand. Secondly, mental pressure is created on the children by the parents for better academic performance. This is a major problem faced by most of the children in India. It happens because of over-competition and limited job opportunities in India. Every parent expects that his/her children should stand first in the class. This apart, a good number of parents wish to fulfill their unfulfilled dreams through their children. As a result, consciously or unconsciously, they always put mental pressure on the children, which causes great academic stress. It has been observed that every year, after the publication of the secondary and higher secondary results, a good number of children attempt to commit suicide and/or run away from the house.

A study across five countries conducted by the World Studies of Abuse in the family environment project indicated that shouting or screaming at children was a punishment practised by parents in all five countries (Chile, Egypt, India, the Philippines and the USA). The incidence of cursing children or threatening them was more varied; for example, in the Philippines no mother was reported as cursing her child, but 48.0% threatened abandonment; in Egypt 51.0% cursed the child, but only 10.0% threatened abandonment (Runyan et al., 2002). Another study conducted, covering 2,000 children aged six to 18 in Swaziland found that humiliating psychological punishment was more common against older children, and corporal punishment more common among younger ones (Source: International Save the Children Alliance, 2005).

1.3.2 Physical Violence/Abuse:

Any parent or caregiver act causing non-accidental physical injury or death may be termed as physical violence. According to Oates (1996), physical abuse means non-accidental physical injury as a result of the caretaker's acts. Physical abuse frequently includes shaking, slapping, punching, beating, kicking, biting and burning.
In countries where homicide statistics are analysed according to the age of the victim, 15-17 year-olds constitute the age group that is the greatest at risk. The second high-risk group is that of the infants. Data from OECD countries suggest that the risk of death is about three times greater for children under one year old than for those aged 1 to 4, who in turn face double the risk of those aged 5 to 14. The younger the child, the more likely their death will be caused by a close family member (UNICEF, 2003).

A US study found that female victims were twice as likely as male victims to have been killed by family members (Moskowitz et al., 2005).

In some parts of South Asia, high rates of murder of girls within a few days of birth have been reported, with these deaths often disguised and registered as stillbirth. A study in India, interviewing 1,000 women regarding pregnancy outcomes, found that 41.0% of the early neo-natal female deaths are due to female infanticide (George, 1995).

In India, physical punishment of children has been regarded as a method of behaviour modification. Sometimes the extent of physical punishment crosses the limit and consequences become fatal and/or serious. As a result of unbearable physical punishment, every year a good number of children run away from the family especially in the rural areas. This is the problem across social strata and cultures. The most common form of physical punishment and abuse of children in India includes slapping, pulling of ear and hair, kicking, beatings by cane/ bamboo stick, belt and iron rod.

1.3.3 Sexual Violence/Abuse:

Sexual abuse refers to sexual exposure of contact by a person older than a child for the purpose of sexual stimulation or exploitation regardless of the use of force or any accompanying physical injury. According to Oates (1996), sexual abuse of children means involvement of dependent, developmentally immature children and adolescents in sexual activities, which they do not fully comprehend and to which they are unable to give informed consent. Sexual abuse includes touching, fondling and penetration.
Broadly there are two forms of sexual abuse of children i.e., rape and incest. 'Rape' is defined as any sexual behaviour imposed on a child by a stranger, and 'incest' defined as any sexual behaviour imposed on a child by a member of either the immediate or extended family. The extended family includes people whom the child or family has known for a significant length of time and whom they trust, such as fathers, stepfathers, uncles, siblings and other family members, as well as friends, neighbours, teachers, doctors and members of religious communities. Broadening the concept of incest beyond close blood relatives is very important. It helps underscore the special harm caused by any sexual activity between a person in a position of status, trust and authority, and a child in a position of dependency. Sexual abuse can be physical, verbal or emotional (Source: ESCAP-HRD, United Nations, 2002).

WHO estimates that 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact, though this certainly is an underestimate (WHO, 2006). A review of epidemiological surveys from 21 countries, mainly high and middle-income countries, found that at least 7.0% of females (ranging up to 36.0%) and 3.0% of males (ranging up to 29.0%) reported sexual victimization during their childhood (Finkelhor, 1994).

1.3.4 Violence/Abuse for Commercial Purpose:

When an older person uses a child for commercial benefit and/or vested interest, this form of abuse is called abuse for commercialized vice. A good number of children across the globe are abused for commercial purpose. In order to avoid the attention of law enforcement agencies sometimes children are used by anti-socials and smugglers as carrier of smuggled goods and for drug peddling. This apart, a large number of girl children from poor economic background are pushed into a negative direction i.e., in flesh trade by some racket.

1.3.5 Neglect:

Neglect is an important contributor to death and illness in young children. Parent’s or caregiver’s failure to provide adequate health care, supervision, home safety and
cleanliness, nutrition, personal hygiene, or supervision may be termed as neglect. According to Oates (1996), neglect means *failure of caretakers to provide for a child's fundamental needs*. Although neglect can concern children's necessary emotional needs, it typically concerns adequate food, housing, clothing, medical care and education.

Study on gender differences in neglect in India suggests that girls suffer relatively greater neglect than boys do throughout their early childhood. They are breast-fed less frequently than boys and for shorter duration (Source: India Country Report on Violence Against Children, 2005).

Disadvantaged children, especially the children living in rural areas, in urban slum areas, street and orphaned children are deprived of their basic rights i.e., adequate nutrition, education, congenial living environment and health care facilities.

In some communities in India, child marriage is regarded as a cultural practice. Children are given in marriage at the age of 10 to 12 years or earlier when they are immature in terms of physical and mental development. This sort of cultural practice does not allow a large number of children to go for higher education and their potentials mostly remain underutilized. In the rural areas minor girls become mothers of two or three children by the age of 20 years, which is one of the major causes of population explosion in India.

**1.4 Risk Factors for Violence against Children:**

Various factors, either in combination or as a single factor, are responsible for violence against children, and the risk factors could vary from culture to culture and society to society (Source: World Report on Violence and Health, 2002; Deb, 2006). Broadly, the risk factors could be categorized under the following heads:

**1.4.1 Individual Factors:**

(i) **Risk Factors in Parents and Caregivers**: These include the parent or caregiver who:
• Has difficulty bonding with a newborn child – as a result, for example, of a difficult pregnancy, birth complications or disappointment with the baby;
• Does not show a nurturing attitude towards the child;
• Was maltreated as a child;
• Displays a lack of awareness of child development or has unrealistic expectations that prevent understanding the child’s needs and behaviours – for instance, interpreting the child’s perceived misbehaviour as intentional, rather than as a stage in its development;
• Responds to perceived misbehaviour with inappropriate, excessive or violent punishment;
• Approves of physical punishment as a means of disciplining children, or believes in its effectiveness;
• Uses physical punishment to discipline children;
• Suffers from physical or mental health problems or cognitive impairment that interferes with the ability to parent;
• Shows a lack of self-control when upset or angry;
• Misuses alcohol or drugs, including during pregnancy, so that the ability to care for the child is affected;
• Is involved in criminal activity that adversely affects the relationship between parent and child;
• Is socially isolated;
• Is depressed or exhibits feelings of low self-esteem or inadequacy – feelings that may be reinforced by being unable to fully meet the needs of the child or family;
• Exhibits poor parenting skills as a result of young age or lack of education;
• Experiences financial difficulties;
• Other factors are found to be responsible for neglect and abuse of children include daily life events like stress, sudden death of parents or main earning members in the family and adult personality.

(ii) **Risk Factors in the Child:** There are certain factors related to the child. It does not necessarily mean that the child is responsible for the maltreatment it suffers, but rather that it may be more difficult for parents because it:

• Was an unwanted baby or failed to fulfill the parent’s expectations or wishes – in terms of its gender, appearance, temperament or congenital anomalies;
• Is an infant with high needs – one, for instance, who was born prematurely, cries constantly, is mentally or physically disabled, or has a chronic illness;
• Has physical features, such as facial abnormalities, that the parents have an aversion to and to which they react by withdrawing from the child;
• Shows symptoms of mental ill-health;
• Demonstrates personality or temperament traits that are perceived by the parents as problematic – such as hyperactivity or impulsivity;
• Is one child out of multiple births, which has taxed the parent’s ability to support the child;
• Has a sibling or siblings – possibly close in age- who are demanding of parental attention;
• Is a child that either exhibits or is exposed to dangerous behaviour problems – such as intimate partner violence, criminal behaviour, self-abusive behaviour, abuse towards animals, or persistent aggression towards peers.

1.4.2 Relationship Factors: There are some interpersonal-relationship related factors which cause violence against children, especially in families led by step-parents, single parent, same-gender couples, siblings or elders. Risk factors related to interpersonal relationship include:

• Lack of parent-child attachment and failure to bond;
• Physical, developmental or mental health problems of family members;
• Family breakdown – such as problems with marriage or intimate relationship – that results in child or adult mental ill health, unhappiness, loneliness, tension or disputes over custody;
• Violence in the family, between parenting partners, and between children;
• Gender roles and roles in intimate relationships, including marriage, that are disrespectful toward one or more persons in the household;
• Being isolated in the community;
• Lack of a support network to assist with stressful or difficult situations in a relationship;
• Breakdown of support in child-rearing from the extended family;
• Discrimination against the family because of ethnicity, nationality, religion, gender, age, sexual orientation, disability or lifestyle; and
• Involvement in criminal or violent activities in the community.

1.4.3 Socio-cultural, Familial and Religious Factors: Special characteristics of community environments that are associated with an increased risk of child maltreatment are:

• Tolerance of violence;
• Gender and social inequality in the community;
• Lack of or inadequate housing;
• Lack of services to support families and institutions and to meet specialized needs;
• Family size, type and living environment;
• High levels of unemployment;
• Poverty;
• Harmful levels of lead or other toxins in the environment;
• Transient neighbourhoods;
The easy availability of alcohol;
• Social policies
• Cultural practices
• Social stigma
• Cultural and/or religious beliefs and practices
• The existence of child pornography, child prostitution and child labour.
• Lack of social support and inaction of law enforcement agencies.

So far as individual factors behind violence against children are concerned, Lee et al., (2008) used the developmental-ecological framework to examine a comprehensive set of paternal factors hypothesized to be linked to risk for paternal child abuse (PCA) among a diverse sample of fathers. Attention was given to fathers' marital status and their race/ethnicity (White, African American, and Hispanic). Interviews were conducted with 1257 married or cohabiting biological fathers who participated in the Fragile Families and Child Well-being Study. Bivariate results indicated that Hispanic fathers were the least likely to spank their children or engage in psychological or physical aggression. Multiple regression analyses indicated that paternal employment and earnings were not significantly associated with PCA. Compared to cohabiting African American fathers, married African American fathers were found to be at greater risk for some forms of PCA. This pattern was not found for White or Hispanic families. In this diverse sample of involved, biological fathers, there appear to be multiple potential risk-heightening pathways that vary across race/ethnic groups. With the proper control variables, paternal employment and earnings may not be as directly linked to fathers' physical abuse risk as has been previously thought. There is a need for interventions within the child welfare system that better promotes family well-being by including fathers in services. Patterns linking paternal socio-demographic and psychosocial factors to psychological and physical child abuse varied as a function of paternal race/ethnicity, indicating that race/ethnic differences are among the important factors that intervention efforts should take into account.

1.5 Perpetrators:

Broadly, perpetrators could be categorized into two groups, namely, direct perpetrator and indirect perpetrator. Direct perpetrators are those who directly abuse and/or maltreat
a child while indirect perpetrators are those who directly witness the incident, but do not try to prevent the same or pretend to remain ignorant about the incident even when it takes place within the family. In a good number of cases, those indirect perpetrators are responsible for creating an environment for violence against children although they deny the same. For example, parents of mentally challenged individuals arrange the marriage of their children against the recommendation of mental health professionals. Likewise, individuals who need psychological or psychiatric help are also sometimes thrust into marriage without their first receiving proper treatment. When such individuals become parents, they are unable to discharge their parental responsibilities and abuse or neglect their children.

Research across the world suggests that mostly the parents are responsible for violence against children, followed by close family members, and other caregivers. The most common group of people found to be responsible for neglect and physical abuse were mothers acting alone (47.0% and 32.0% of victims, respectively). In cases of sexual abuse, non-relatives and single fathers are more likely to be responsible (29.0% and 22.0% of victims, respectively) (Source: Child Abuse Prevention Community Resource Packet, 2003, published by the US Dept. of Health and Human Services).

In case of sexual abuse of children, especially rape, closest family members are mostly responsible when it happens within the family. The rape of a child by a stranger is the rarer form of sexual abuse. Young people are at the greatest risk from those living with them, related to them or acquainted with them, such as fathers, stepfathers, uncles, old siblings, boyfriends, neighbours and caretakers (Source: ESCAP HRD Course, 2002).

A UK based national survey revealed that mothers and fathers were most often responsible for physical violence, although violence by siblings was also reported (May-Chalal and Cawson, 2005). In another study Csorba et al., (2006) found that the perpetrators of sexual abuse against children was the victim's father in 44.0% of the cases, and the stepfather in 40.0% of the cases.
1.6 Consequences of Violence against Children:

The consequences of violence against children can be devastating. Many studies have highlighted the short-term and long-term psychological damage (Choquet et al., 1997; Wolfe, 1999; Fergusson et al., 1996) from such abuse. Some children have minor symptoms that do not reach clinical levels of concern, or else are at clinical levels but not as high as in children generally seen in clinical settings.

Kaslow and Thompson (2008) assessed the unique and interactive effects of child maltreatment and mothers' intimate partner's violence (IPV) status on low-SES African American children's psychological functioning. Multivariate linear regression analyses tested the main and interactive effects of child maltreatment and mothers' exposure to physical IPV on children's psychological functioning (internalizing and externalizing symptoms, traumatic stress symptoms), while controlling for covariates. Children who experienced child maltreatment and children whose mothers experienced physical IPV had higher levels of psychological distress than their respective counterparts. Post hoc analysis of significant interaction effects indicated that child maltreatment was associated with internalizing and externalizing problems and traumatic stress only when mothers reported higher levels of physical IPV. This finding did not hold true for youths whose mothers did not acknowledge elevated rates of physical IPV. African American youth from low-SES backgrounds who are maltreated and whose mothers experience physical IPV are at particularly high risk for psychological distress. Targeted prevention and intervention programs are needed for these poly-victimized youth. Rohde et al., (2008) examined whether (1) childhood maltreatment is associated with obesity and depression in middle-age; (2) maltreatment explains the associations between obesity and depression; and (3) binge eating or body dissatisfaction mediate associations between childhood maltreatment and subsequent obesity. Data were obtained through a population-based survey of 4641 women (mean age=52 years) enrolled in a large health plan in the Pacific Northwest. A telephone survey assessed child sexual and physical abuse, obesity (BMI>/>=30), depressive symptoms, binge eating, and body dissatisfaction. Data were analyzed using logistic regression models incorporating sampling weights. Both child sexual and physical abuse were associated with a doubling of the odds of both
obesity and depression, although child physical abuse was not associated with depression for the African American/Hispanic/American Indian subgroup. The association between obesity and depression was reduced somewhat after controlling for sexual abuse and for physical abuse. Controlling for potential mediators failed to substantially attenuate associations between childhood maltreatment and obesity. This study is the first to our knowledge that compares associations of child abuse with both depression and obesity in adults. Although the study is limited by its cross-sectional design and brief assessments, the fact that child abuse predicted two debilitating conditions in middle-aged women indicates the potential long-term consequences of these experiences.

According to WHO, about 40 million children aged 0-14 around the world suffer from abuse and neglect and require health and social care (Source: Report of the Consultation on Child Abuse Prevention, WHO, Geneva, 29-31 March, 1999). In brief, the consequences of child abuse and neglect are given below:

- Physical damage can range from death, brain damage, and permanent disabilities.
- The psychological consequences can range from lowered sense of self-worth to severe psychiatric disorders, including dissociative states.
- Cognitive problems range from severe organic brain disorders to reduced attention and minor learning disorders.
- Maltreated children's behavioural problems can include severe, violent and criminal behaviour and an attempt to commit suicide, aggression, provocative behaviour, or withdrawal that could lead to more abuse.
- Sexually abused children may also develop or learn sexualized behaviours that put them at risk of continued abuse by the same perpetrator or new abuse by different perpetrators.


Findings revealed that sexually abused children also show higher vulnerability towards re-victimization in later life. Studies report a higher incidence of adult rape among former
child sexual abused victims (Russell, 1984), and some studies showed that they are even more likely to be subject to physical abuse by spouses (Russell, 1983). A history of childhood sexual abuse was found in studies of prostitutes (Fields, 1981), child molesters (Groth and Burgess, 1979), rapists and physically abusive parents (Finkelhor and Browne, A., 1986). Finkelhor reported a connection between homosexuality in male adults and child sexual abuse (Finkelhor, 1984). Steele and Alexander (1981) found that sexually abused individuals generally showed impaired personal and emotional functioning like depression, poor self-esteem, feelings of isolation and stigma, fear of man, hostility towards parents and a higher incidence of eating disorders in their adulthood.

A recent longitudinal cohort study in Christchurch, New Zealand, found significant associations between sexual abuse during childhood and subsequent mental health problems such as depression, anxiety disorders and suicidal thoughts and behaviour (Fergusson et al., 1996). This apart, a variety of symptoms, behavioural changes, and diagnosis sometimes occur in sexually abused children (Wolfe, 1999) like:

- Anxiety symptoms such as fearfulness, phobias, insomnia, difficulty at bath time and bedtime, nightmares that directly portray the abuse, somatic complaints, and posttraumatic stress disorder.
- Dissociative reactions and hysterical symptoms such as periods of amnesia, daydreaming, hysterical seizures, and symptoms of dissociative identity disorder.
- Depression manifested by low self-esteem and self-destructive behaviours and self-manipulative behaviours.
- Disturbance in sexual behaviours as an adult including emotional problems related to intimacy, sex guilt and sex anxiety.
- Somatic complaints, such as enuresis, anorexia, obesity, headache and stomachache.

Some of the common health problems affecting children who have been sexually abused that have been identified by healthcare professions in some Asian countries include: depression, withdrawal, fear, anxiety, vaginal discharge, painful genitalia and pregnancy. Some children also experience psychiatric problems, including running away from home and post-traumatic stress disorder (Source: ESCAP HRD Course, 2002).
It is clear from the previous study findings that violence against children has direct impact on the victim children. It has also some negative impact on the society at large. The society loses potential citizens who could contribute to build a prosperous society. At the same time, some of the children who have been deprived from the basic minimal facilities like education, nutrition, medical care, love and affection, and experience violence could become the target for terrorists and anti-socials who might use them for their vested interests. The recent terrorist attacks in Mumbai, India, during Nov. 26-29, 2008, which claimed about 177 casualties, is a glaring example of how children from poor families can be used by others for their vested interests. On interrogation of the only surviving terrorist, it was found that he was from a very poor family and had been used by terrorists after brainwashing and giving him intensive training for a period of about one year. For example,

Case I: Ajmal Amir Kasab, the only surviving terrorist in the Mumbai attack, 21 years old, was born in a village in Punjab province, Pakistan. His father runs dahi-puri snack cart while his mother is a housewife. Ajmal was one of their five children. His eldest brother, Afzal 25, was working as a labourer in Lahore. Ajmal’s poor father could not keep him in the local government primary school. In 2000, 13-year-old Ajmal, who had just studied up to class IV, was sent off to his brother Afzal in Lahore. The elder brother, then 17, hardly had the means to look after his younger brother. Ajmal used to shuttle between Lahore and Faridkot village. In 2005, after fights with his father, Ajmal left home, saying he won’t return. His elder brother also did not welcome Ajmal at his house. Like his elder brother, Ajmal started working as a labourer. Finding the work degrading, Ajmal got attracted to petty crimes. With friends he launched a new career in armed robberies and then gradually became an active member of a terrorist outfit. He was one of the terrorists who attacked Mumbai on Nov. 26, 2008, which claimed the lives of 177 people (Source: The Times of India, Dec.4, 2008).

Abuse could have many sources, such as brainwashing, which in turn capitalizes on an individual’s weakness. This is not an isolated incident in the society. Children who have been maltreated and deprived of the basic minimal facilities in life develop a negative attitude towards the larger society and authority figures and they look for an opportunity to exact revenge and/or do something with full determination to get recognition in life. Everywhere anti-socials use those children who have been deprived of their rights and utilize their strong determination for achieving their goals. Therefore, it is essential to develop effective child protection policy in every society to ensure bare minimal facilities to every child and create a child friendly environment so children do not deviate from the mainstream of the society and get involved in harmful activities.