

Breaking the Cycle: A Case of Child Maltreatment in a Problem Family

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ABSTRACT

Child maltreatment is a masked evil with multiple social phenomena influencing it. One in four adults reported having faced any form of maltreatment during their childhood. VACS (Violence Against Children and Youth Survey) reported that 23-54 % of children disclose their incidents of maltreatment, and of them, 25 % seek any help. Social factors such as caregivers' educational status, Socioeconomic status, past experiences, low social support, and addictions pile up to form a problem family that lags behind the standard norms of the community. Children in such problem families may face challenges in cognitive development, academics, mental health, and forming healthy peer relationships due to instability and trauma. This case describes the negligence of the family, community, and administrative side in dealing with a case of child maltreatment.

KEYWORDS

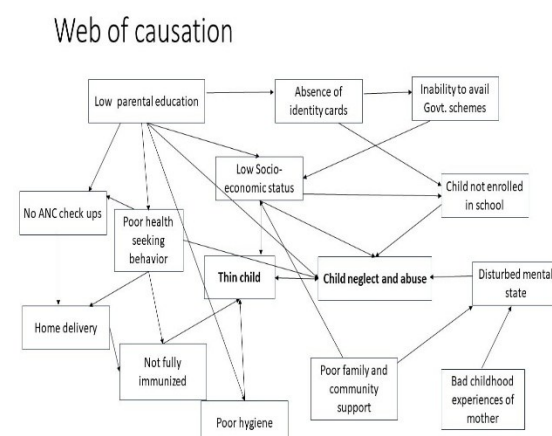
Child abuse, INSPIRE, Neglect, Vatsalya, ICPS

INTRODUCTION

The World Health Organization (WHO) describes child maltreatment as any form of abuse or neglect affecting individuals below the age of 18. This includes physical and emotional abuse, sexual exploitation, and neglect that lead to actual or potential harm to a child's well-being. Nearly three in 4 children - or three hundred million children - aged between two to four years regularly suffer physical and psychological violence at the hands of parents and caregivers. Factors like young age, socioeconomic status, living conditions, and family conditions influence the occurrence of child maltreatment. (1) (Figure 1) The rates of child abuse and neglect are five times higher for children from low socioeconomic status families compared to those from higher socioeconomic status families. (2) Child maltreatment impacts a child's development both immediately and over the long term. WHO INSPIRE (Implementation & Enforcement of Laws, Norms & Values, Safe Environments, Parent & Caregiver Support, Income & Economic Strengthening, Response & Support

Services, Education & Life Skills) approach. (3,4) India is one of the developing lower-middle-income countries that have strategies adopted under the WHO INSPIRE approach to tackle child maltreatment, like the POCSO Act (Protection of Children from Sexual Offences), Mission Vatsalya, Right to Education Act, etc. (5,6,7)

Figure 1. Web of causation depicting various factors influencing child maltreatment



CASE REPORT

During a community visit to an urban slum, nursing students identified a boy (Master R), under 10 years old, with a second-degree burn and serous discharge on his right leg. (Figure 2) He was brought to the nearest government hospital, where resident doctors found he was severely thin (WHO BMI for age < -3 SD), with poor hygiene. His mother, Mrs G, had inflicted the injury with a hot spatula four days earlier. Similar past abuse episodes were reported, with no prior treatment. Suspecting child maltreatment, CHILD HELPLINE (1098) and the local

representative were informed. Primary care was given, but no response came from the helpline even after an hour. The district child protection officer was contacted, who assured action within 24 hours. Meanwhile, the local representative took responsibility, and the child was returned to the family. Three days later, CHILD HELPLINE and local school authorities visited and counselled the family to enrol Master R in school, but the proposal was denied. No further follow-up occurred from their side.

Figure 2. Burn injuries on the face and leg of the child



Our medical team followed up using the LIVES CC (Listen, Inquire, Validate, Enhance Safety, Support, Child and adolescent friendly, Caregiver support) approach. It was revealed that Master R was born to Mrs G's first live-in partner, who abandoned her during pregnancy. The child was self-delivered at home, with no ANC or birth vaccinations. He was later partially immunised at 3 months but missed two doses of Japanese encephalitis and one dose of IPV. He was never enrolled in school. Mrs G had two more children with her current live-in partner. One child died after developing swelling post-vaccination. The next, a very low birth weight girl, was born at a government hospital but discharged against medical advice. She remains unvaccinated and unregistered with Anganwadi and is severely acutely malnourished (WHO weight-for-height < -3 SD). Parental negligence likely stemmed from past trauma, including the mother's own troubled childhood and the loss of her child post-vaccination. Due to a lack of national identity proof, the family was unable to access government welfare schemes. Through repeated visits and counselling, our team built rapport. Master R was enrolled in school, and his daughter was scheduled for Anganwadi and vaccination, although efforts to get ID proof remain ongoing due to complex procedures.

DISCUSSION

Child maltreatment: Child maltreatment refers to abuse and neglect affecting individuals below the age of 18. It encompasses various forms of physical and emotional harm, sexual abuse, neglect, and exploitation—whether commercial or otherwise—that cause or may cause damage to a child's health, development, dignity, or survival. This occurs within relationships characterised by responsibility, trust, or authority. One in every two children faces some form of violence every year. In many cases, caregivers are the major contributors, with reports indicating that 75% of children experience violence from their caregivers. (8)

Although multi-pronged approaches like INSPIRE and Parenting for Lifelong Health are in place to prevent and end violence in any form against children and youth, the Global report shows poor implementation of the INSPIRE strategy in lower-income countries like India. (4,9,10) Violence Against Children Surveys (VACS) reported that only 54% of children disclosed their experiences informally, 28% knew where to seek formal help, less than 25% sought any help, and 11% received formal help. (11) India, belonging to lower-middle-income countries, has legislation and policies like the National Plan of Action for Children, Integrated Child Protection Scheme (Mission Vatsalya),

Juvenile Justice Act, the Right to Education Act and Protection of Children from Sexual Offences Act (POCSO Act) to fulfil development and child protection goals in line with the Sustainable Development Goals (SDG 16.2). (4,12) Despite all this, the crime rate against children is an increasing trend. (13) This case highlights poor implementation of child protection laws. The delayed response and lack of follow-up by CHILD HELPLINE, along with failure to treat a 2nd-degree burn and denial of school admission, reflect serious neglect. It also points to a general lack of awareness about child rights and the consequences of maltreatment.

Problem family: A family plays an important role in determining the child's overall development. Problem families often fall below community norms, unable to meet their children's physical and emotional needs. Common in lower socioeconomic groups, these families typically face issues like poverty, poor relationships, illness, emotional instability, and marital discord. (14) Maternal psychological pathology also influences the child's behaviour. (15) Children in such problem families may face challenges in cognitive development, academics, mental health, and forming healthy peer relationships due to instability and trauma. Master R, who is a severely thin boy, not enrolled in school, facing such atrocities at home, would not have been any different if no actions were taken to educate the child. Child maltreatment, being a sensitive issue involving children and parents or caregivers, needs to be handled carefully using the LIVES CC approach.

Child maltreatment remains a persistent and growing concern, particularly in low and lower-middle-income countries, where socioeconomic vulnerabilities exacerbate the issue. Problem families significantly contribute to the incidence of abuse, negatively impacting a child's physical, emotional, and social development both in the short and long term. To address this, global frameworks like INSPIRE and Healthy Parenting have been implemented, focusing on prevention and promoting a nurturing environment. Additionally, the LIVES CC approach has emerged as a practical and empathetic method for managing cases of child maltreatment, reinforcing the need for a holistic, community-based response to safeguard the rights and overall welfare of children. (16)

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