

THE PHENOMENON OF ABUSED CHILDREN

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Abstract: Child abuse, also known as ill-treatment - in all its forms - is a very old problem. Children are exposed to different types and degrees of neglect and abusive behaviors both emotionally and physically and / or sexually. In adults who have personality problems and marital problems, these are partly due to the fact that they themselves were exposed during childhood to similar unfair and abusive behaviors. Experiencing abusive behavior during childhood can lead to the formation of children or adults who do not know much about what safety and gratitude mean - parents who are not able to give their children what they have not got themselves, parents who are in danger to be overwhelmed by the task of raising and educating the next generation.

The present study aims at understanding the physical abuse on underage children by highlighting as many elements causing abuse and the consequences of child maltreatment, but without pretending to clarify all issues raised by maltreatment. We followed two aspects: first - the causes of abuse - assumptions made are mainly related to the family and the relationships developed between family members; second- the effects of physical abuse.

Keywords: abusive behaviour, maltreatment, child maltreatment, social conscience.

1. Extent of the phenomenon

Awakening social consciousness, a lower tolerance towards violence against abuses children face, all these shed light on what was hidden or what we refuse to see. In Romania, in recent years we found an upward trend in the number of underage victims and new forms of manifestation of aggression against children were reported. New patterns of aggression are

reported such as illegal adoptions, human trafficking, prostitution and sex tourism. We can also notice a resurgence of traditional crimes that children continued to be victims of. What is worrying is that the largest number of victimized children are very young people aged up to 16 years. The victims are mostly girls (75%) most likely due to the fact that sexual abuse dominates the structure of the crime of mistreatment recorded, injury presents in reports a low prevalence because, most often, these cases are not reported. There are numerous cases of maltreated children which are not identified, and this situation may have several explanations:

- the silence of children and adults committing the abuse or of accomplices- adults or parents;
- the difficulty to differentiate between deliberate and accidental behavior, between maltreatment and parental correction (?!);
- psychological reluctance manifested by a large number of people, including professionals working on the problem, when they actually have to admit that the disturbances presented by a child are consequences of maltreatment.

2. Defining child abuse

The Abuse is defined as the act or omission to act by a person in the exercise of rights and duties, endanger the values protected by law or by the rules of social coexistence. (2, p.127)

Child abuse is defined as a physical, sexual or mental injury, negligent treatment of a minor by a person who is responsible in terms of their welfare.

3. Forms of abuse

Parents mistreatment and abuse against children is not a new phenomenon; now, however, making or allowing minors to work long hours and even treating them as "miniature adults" are seen as abuse, although in the past were common practices.

Children exposed to maltreatment form a very heterogeneous group. In the field literature there is a clear distinction between four types of maltreatment (4, p 28)

1. Children exposed to physical abuse;
2. Neglected children;
3. Children exposed to emotional abuse;

4. Children exposed to sexual abuse.

These categories are not mutually exclusive. The question regarding the dominant form of abuse rather arises.

A child exposed to physical abuse often happens to have been previously exposed to emotional abuse. If a child is neglected long enough, it is possible to present aggressive behavior, which also may predispose to physical abuse. Children exposed to sexual abuse, are also emotionally abused and often physically abused. However, we will try below to describe each category by itself.

1.3.1. Physically abused children

The category of physically abused children includes those who have been injured deliberately, and those injured due to insufficient supervision.

Definition. Physical abuse is the non-accidental injury caused by the person in whose care the child is at a time.

The level of physical health of a child is the main criterion for assessing child care provided by people who have this duty. The child is a vulnerable being and when he/she is harmed, they often show physical signs of varying degrees of severity: hematoma, bruising, fractures, burns, internal injuries, wounds.

The usual signs of physical abuse are bruises and burns. Bruising may occur from nicks, bumps, slamming the child. These experiences are added to emotional injuries that can have very serious long-term effects.

The level of abuse differs depending on the injury of the child. Serious forms, hazardous to children's health sometimes appear in the "educational" means applied to children by a parent who exercises their right to punish the child.

Considering the severity of the abuse, children can differentiate into:

- children subject to minor physical abuse (reddened skin surfaces, minor injuries);
- children subject to major physical abuse (injured head, hands or broken ribs, burns, etc.);

- the category of children at risk - refers to a population of children unknown precisely in number or percentage, about which we know that they are subject to behaviors and situations indicating a possibility of ill-treatment, but we do not have the certainty these acts are being done presently;
- the category of exploited minors - is part of this enumeration as it relates to the involvement of the child in activities falling outside his natural resistances. They can also affect the child's mental balance if these activities are contrary to the specific concerns of his age, are demeaning (begging for example) and prevent the child's educational or professional achievement.

1.3.2. Neglecte children

Emotional neglect can be more or less open and can be present even since birth, such as through the abuse of alcohol and drugs or poor feeding. *Emotional neglect* is defined as *the poor ability of parents to engage positively and emotional in raising the child*.

There are a lot of visible signs of serious neglect of the child. The child may be dirty, hungry, too thin etc. The child may cry for food, heat or due to discomfort or pain, which can be annoying and can provoke aggression. The lack of response or stimulation can lead to delayed speech and psychomotor development, as well as poor concentration. As time passes, these children will stop crying and communicate their needs. Their emotional side will be traumatized for life. It is known that the lack of proper nutrition always affects the early development of the brain.

1.3.3. Children exposed to emotional abuse

Emotional abuse can be defined as a chronic attitude or action of parents or other caregivers who harms or hinders the development of a positive self-image of the child. It involves a continuous and stable pattern of behavior towards the child, a behavior that becomes a dominant feature of his life. The damage done can go unnoticed. The scars are internal, but may reflect greater injuries than any other form of abuse.

Emotional abuse includes bullying the child by threats of punishment, with leaving or expulsion. Emotional abuse is different from the physical abuse by the fact that the abused

person is not necessarily aware that he was abused, but neither is the persons who abuses necessarily aware of the abuse.

We find forms of emotional abuse at children whose parents are violent with each other, living in a climate of hatred and hostility, parents using drugs, alcohol, etc.

These children live in anxiety and often use their energy to take care of themselves. The ability of these children to identify themselves within the family are limited both in terms of identifying with the abusing parent and with the abused parent.

Children of substances consumers are already abused at the level of intrauterine life: specific physiognomy, birth defects, growth disorders and mental retardation.

1.3.4. Children expose to sexual abuse

Children are dependent on their caregivers for meeting their emotional and physical needs. Therefore, child sexual abuse may be committed by parents, grandparents and other close relatives and other "trusted" adults (teacher, neighbor or person taking care of the child).

Children can be abused from a very early age. They are often seduced by playing into a sexually abusive situation. This is achieved through rewards and / or threats. A confusing and frightening aspect of child sexual abuse is the secret they need to keep and the dominating feeling of complicity. The child's age and the need of attachment they feel, affects their ability to cope with the traumatic experience. The secrecy that reigns in the abusive relationship and the child's vulnerability forces them to silence and allow the repetition of the abuse for many years. As time passes, the child feels more and more guilty and will use increasingly more energy to cover the facts to which he was drawn into. Serious sleep disorders, phobias and nightmares with sexual content can also be signs that a child has been sexually abused. Hysterical screams seizures, tremors or fainting and appetite disorders may also occur.

In adolescence, the frequency of suicide thoughts, attempts and threats will increase, and most of the youth will resort to self-destructive behaviors: drug abuse and prostitution.

4. Children's reactions - survival strategies

- *The perception of the environment.* The child will develop feelings of trust or mistrust towards the environment depending on how his basic needs, emotional as well as physical ones are

satisfied. The child exposed to maltreatment during the first years of life, will develop an insecure attachment to parents and will have difficulty in establishing trust in others. As he grows, he will create a negative image of both the world and himself.

- **Addiction problems.** Open dependence - manifests itself as a constant tendency towards physical contact, attention-seeking behavior, concern for controlling others, permanent attempts to please and be accepted by parents and other adults. Defensive dependence - may present as a cold and difficult attitude where the child seems to behave as if he would not care about anyone.

- **Grief reactions to separation.** The literature describes the reactions of children over three phases: "protest", "despair" and "denial". The protest of the toddler is highlighted by crying. His cry can be very powerful, then weeping turns into painful and desperate sobs, and as time passes, and the attachment person does not appear, everything turns into a silent and resigned groan. If the desired person still does not show, denial will install.

- **Dissociation.** Using dissociation and denial creates for the child the possibility to be free of symptoms and memories of abuse. Thus, total or partial amnesia of the abuse may persist for months or even years. The child seems to have forgotten the traumatic episode.

- **Depression.** Children depression can often be observed in their games, many children in situations of maltreatment almost do not play, or they do it in a stereotypical manner ("post-traumatic play"). Depressed children present a lower creativity compared to other children.

- **Psychosomatic reactions.** Children who are raised in stressful circumstances are more sickly than other children. They communicate their feelings of discomfort through pain language and through different symptoms they show. For example, children from families where alcohol abuse is occurring, presents a much more psychosomatic symptoms such as headaches, tummy aches, trouble sleeping and feeding.

- **Self-image, self - esteem.** Abusive parents communicate the child very early that he is not good enough, he is not desirable, and that he is responsible for everything bad happening in the family. He will develop over time a distorted and negative self-image and low self-esteem. This child has his inner world shaded by feelings and negative thoughts about themselves and others.

- ***Delays in development.*** Children who have been subjected to various types of abuse and neglect, often have varying degrees of retardation in neurological and cognitive development and psychomotor development.

- ***Learning trouble.*** These problems are mainly due to difficulties in focusing and delay in development.

- ***Mental retardation.*** Many of the children who have been exposed to physical abuse and neglect show a mental deficiency.

- ***Survival strategies and management.***

a) strategy well suited: children develop behaviors to meet the wishes and expectations of adults. They use much of their own resources to meet these expectations.

b) overactive and destructive strategy: these children have a continuous provocative, aggressive, destructive and hyperactive conduct.

5. Risk situations

- ***Families at risk.*** Called chaotic, disadvantaged or marginalized families, without any material and affective security, which combine situations that form the prerequisites for abuse: alcoholism, drug addiction, unstable couple, multiple cohabitation, children from multiple connections, single mothers whose children become too much of a responsibility.

- ***Periods of risk.*** Maltreatment may occur during periods of difficult life for parents. These are periods of maximum vulnerability: bereavement, divorce, illness, depression after pregnancy. There are periods of emotional tension: unemployment, change of residence, material or emotional problems. There are also periods in which the child is a source of stress: at the return to the family after a prolonged absence, a long cry of a baby, learning sphincter control, poor performance in school, etc. (5, p 50).

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