

## Child Physical Abuse

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It is very common that a frustrated or angry parent strikes, shakes or throws a child physical abuse injuries result from punching, beating, kicking, biting, burring or otherwise harming a child. While any of these injuries can occur accidentally when a child is at play, study, on work or anything else. A child would undoubtedly be affected by such behaviors. These attitudes towards children are not anything serious to many of us. But despite our awareness these ill treatments lead immense effects on a child throughout its life. According to different agencies who work for children, such behaviors are entitled as physical abuse of children.

Physical abuse can be referred to any harmful behavior to a child, these can be any simple deliberately inflicted injury or deliberate attempts to poison a child (Alan carr, 1999).

Physical abuse may be defined as any act which results in a non-accidental trauma or physical injury (National exchange club foundation; Preventing child abuse serving America; 1999, 2000). Inflicted physical injury most often represents unreasonable, severe corporal punishment or unjustifiable punishment. Physical abuse should be suspected if the explanations do not fit the injury or if a pattern of frequency is apparent. The longer the abuse continues, the more serious the injuries to the child and the more difficult it is to eliminate the abusive behavior.

Physical abuse is usually intra familial and may occur alone or in conjunction with sexual, neglect or emotional abuse. Abusers are family, friends and neighbours. Child abuse happens in all socio-economic, racial, ethnic and religious groups although it is not known that it does not occur equally over all groups.

Children who have been physically, sexually and/or emotionally abused not only suffer a wide range of effects from their victimization, but are at greater risk to be abused again. Even those who seem to be handling their abuse are concern that: it might happen again; they did something wrong, and future relationship might be abusive. Most abusive episodes occur in response to a triggering behavior by the child which the parent experiences as aversive. Surveys show some common triggers are crying, wetting, refusing to eat, stealing, baying, aggression etc.

There are some short-term (immediate) and long-term physiological and psychological effects occur in physical abuse. Short-term physical effects are scaring, defect or disfigurement, neurological damage, visual or auditory impairment, failure of growth, bite marks, unusual bruises, burns, discoloration of skin etc.

The short-term or immediate psychological effects are low sets esteem, feelings of guilt, development delays in language usage, problems in academic attainment, anger, aggression, anxiety, relations difficulties with peers and family members, running away from home etc.

Some long-term effects are self-injurious behavior, suicide, anxiety, depression, teenage delinquency, domestic violence, substance abuse or drug abuse etc. All these long-term effects could be easily assumed that are the obvious results of the short-term effects of abuse.



Physical abuse is not the result of any single risk factor. Child itself, parents and the broader social context that contributed to the risk for child abuse. Examples of some child factors are; when the child is very young (0-5 years), means, they are not informed and aware of the situations, environment and about their crises and demands. They exhibit premature interaction with parents which lead to parents temperament and anger. At these young age they show difficult temperament which sometimes bothering to the parents. These caused abuse by the parents. Child's low birth is also a risk factor because low birth weight caused some biological deficit which is related to it's development of the body and delays it's normal functioning. child's frequent illness, oppositional and aggressive behavior deteriorate inhibition of parent's patience and lastly abused physically.

Many parental factors like, when the parents are young (research have found that young parents are more likely to abuse their children than older parents are, Alan carr, 1999). While many studies report that physical abuse is more commonly carried out by mothers, fathers may be more likely to abuse their children when the phenomenon is studied from the point of view of opportunities. That is, fathers may carry out more acts of physical abuse per hour of time they spend in the role of the child's primary care taker. However, since mothers tend to spend far more hours in this role, overall, more acts of physical child abuse are carried out by mothers. This is different from sexual abuse, where more abusers are male (Alan carr, 1999). The parents who have psychological problems, dependence on any substance abuse, history of being abuse (they apply their same perception like as I was abused so I can/or this is normal), from aggressive family, have little knowledge about child development, have poor mood and anger regulation skill, have poor child empathetic skill, have low, parental self-esteem, and dysfunctional coping strategies are contributing to child physical abuse.

The parent-child relationship in cases of physical abuse is typically conflictual. Research on attachment, social cognition or stigma and behavioral interaction offers a number of clinically useful insights into these conflictual parent-child relationships. The introjection of inadequate internal working models of attachment in care-giving relationships offers an overarching framework for understating the many difficulties that have been found to characterise unsatisfactory parent-child relationships associated with physical abuse. Many parents who physically abuse their children have not experienced parental sensitivity to their needs. Nor have they experienced their parents as a secure base from which to explore the world. These parents therefore have no cognitive (thinking) model to use as a basis for responding sensitively to their children's needs and to their children's requirement for a secure base. Parental negative thinking, restricted parent child interactions, inconsistent parental discipline contribute to child physical abuse.

Marital relationship factors such as, marital discord or violence, conflict, instability, dissatisfaction, negative behavior patterns, negative belief system between the couples, poor communication between them, poor problem-solving skills, triangulation, father absence are very important contributing risk factors of child abuse. The above mentioned features of the marital relationship which not only place young sters at risk for child abuse but also place recurrence of abuse, and later abuse related adjustment problems. Unresolved conflict is very common among parents who physically abuse their children. Conflict underpins the structural instability, characterised by a history of multiple separations and a low level of commitment, which typifies these relations.

Social network factors like poor social support, poor relationship with extended family, high family stress, social disadvantage, crowded living quarters, isolation etc. caused risk of child physical abuse. Low socio-economic status, poverty, unemployment, poor housing, single parenthood and a low educational level are all risk factors for child abuse. Low socio-economic status may not have well-developed verbal skills for conflict resolution, and this may lead to the use of violence as a way of resolving conflicts. People with



low socio-economic status may hold pro-aggressive parenting beliefs that legitimise physical punishment.

We observed that there are various risk factors of child physical abuse. Prior to that we found some short-term/immediate and long-term effects of physical abuse. Actually, these risk factors lead to physical abuse and then they have some effects. They are very detrimental and impactful to a children's academic, social, occupational, and as a whole to his normal living. In children's academic life they cannot adjust themselves in schooling systems, cannot cooperate and interact with teachers and peers. As the facts affect their thinking and emotional sequences they always have sustain low mood so they become deprived of pleasure with everything and with everybody. These make lower self-esteem and make lower their performance which finally hamper their academic attainment, social and occupational career. Children are the future of the nation. They will lead the country once. It is our responsibility to help them build in a healthy manner both in physically and mentally/psychologically. So, we should look after them very carefully so that the above mentioned risk factors cannot hamper their normal development. We have to take necessary protective actions to reduce or eliminate those risks to build and develop children's personality properly.

About the writer

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আত্মহত্যার পেছনে মানসিক স্বাস্থ্য সমস্যা মূলত  
বিষণ্নতা থাকার প্রমাণ পাওয়া গেছে।’

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