



Cherish Our Children – Stop Violence Now!

Thursday, 19 October 2006 • Kuala Lumpur, Malaysia

PHYSICAL AND SEXUAL ABUSE AGAINST CHILDREN – WHY IT MUST STOP

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Child physical and sexual abuse is an important cause of ill-health and death among children in many countries. In all advanced countries, trauma is the leading cause of morbidity and mortality in children beyond the first 4 weeks of life. The majority of these injuries are accidental; however, a significant proportion of these injuries have been deliberately inflicted.

In the **United States of America in 2001**-with Mandatory Reporting, 903,000 children were victims of abuse and neglect, at rate of 12.4 per 1000 children, 57.2% suffered neglect, 18.6% were physically abused and 9.6% sexually abused. Age group 0-3 years accounted for 27.7% of cases.

1, 300 died at rate of 1.81 deaths/100,000. 40.9% of the deaths are in children <1 year old.

Rates of Abuse and Neglect (USA).

Child abuse and Neglect	: 12.4 per 1000 children
Physical abuse	: 2.2 per 1000 children
Sexual abuse	: 4.4 per 1000 children
Neglect	: 7.5 per 1000 children

In Australia, various states show

Child abuse and neglect	: 8 -10/ 1000 children
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Table XXV: Cases of Child Abuse and Neglect as Reported to the Department of Social Welfare Services, Malaysia from 2001-2004

Year	2001(%)	2002	2003	2004
Type				
Physical abuse	287(27.7)	228(27.8)	410(29.0)	459(27.7)
Sexual abuse	251(24.2)	199(24.2)	430(30.9)	529(31.9)
Physical neglect	303(29.2)	268(32.6)	389(27.9)	563(34.0)
Emotional abuse	56(5.4)	23(2.8)	32(2.3)	52(3.1)
Abandonment	70(6.7)	76(9.2)	89(7.1)	26(1.8)
Total	1036(100)	821(100)	1390(100)	1577(100)

Source: Dept. of Social Welfare Services, Malaysia

Rates of Child Abuse in Malaysia

	2001	2004
<i>Child Abuse and Neglect</i>	1036/year - 0.14 per 1000 children	1577/year - 0.22 per 1000 children
<i>Physical abuse</i>	287/year - 0.04 per 1000 children	459/year - 0.64 per 1000 children
<i>Sexual abuse</i>	251/year - 0.03 per 1000 children	529/year - 0.62 per 1000 children

Rates of Child Abuse in the Federal Territory of Kuala Lumpur

	2003
<i>Child Abuse and Neglect</i>	207/year - 0.34 per 1000 children
<i>Physical abuse</i>	62/year - 0.10 per 1000 children
<i>Sexual abuse</i>	77/year - 0.13 per 1000 children per year
<i>No of child abuse deaths</i>	6 Rate: 1 per 100,000 child population



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Effects of Child abuse

Physical abuse

Physical effects:

- a. Death
- b. Mental and Physical retardation
- c. Physical deformity & Scarring
- d. Others

Psycho-social effects of physical abuse vary widely depending on many factors, the most important of which is the range of experiences the child is exposed to. It maybe a once- in-a-lifetime incident or repeated many times and with varying grades of severity. Is it premeditated or done sadistically? And does it leave any physical deformity or defects?

The effects maybe **immediate or short-term**, such as post-traumatic stress disorder, fear and anxiety.

Long-term effects include depression and poor self-esteem; diffidence alternating with aggression; social isolation with relationship that is superficial (yet needy) and unstable; poor sense of identity; limited verbal ability with a limited ability to communicate, especially personal things; developmental delays and difficulties in cognitive learning; and limited ability to cope with the ordinary problem-solving needed for daily living.

Sexual abuse:

The psycho-social effects of sexual abuse are even more variable than physical abuse with a broader range of experiences. The variable experiences of the abuse can be in terms of duration and frequency, relationship to offender, type of sexual act, use of force and aggression, age at onset, sex of offender, adolescent or adult perpetrators, telling or not telling, parental reaction, and the institutional response.

The impact may be worse when abuse occurs with any one of the following factors:

- abuse by fathers or stepfathers,
- genital contact,



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Use of force and violence,
adult male perpetrators or
unsupportive families

Children who have a prior history of trauma or pre-existing psychiatric conditions are at higher risk for problems. Children who testify more than once or experience long and harsh cross-examination are more likely to be negatively affected. Interventions designed to reduce stress about testifying have been shown to be effective. In addition to determining the specific impact of abuse on a child, it is important to determine the parental response. While most parents believe and support their children, some do not, especially in incest cases, and this compromises the children's psychological situation. The level of parental distress about the sexual abuse also has an effect on children's distress. Enhancing parental capacity and reducing their distress may be important treatment targets.

Up to half of sexually abused children will develop Post-Traumatic Stress, others fear, anxiety and depression, anger and hostility, aggression and self-destructive behavior.

Children may develop conditioned negative emotional associations to their memories or reminders of the abuse experience and that they may adopt cognitive distortions about the event(s). These reactions can cause distress (e.g., intrusive memories, flashbacks, nightmares), can lead to maladaptive avoidance (e.g., irrational restriction of activities, dissociation), or can eventually alter beliefs about self and others (e.g., fear of all men, low self esteem). About one third of children will develop sexual behavior problems that should be addressed immediately to prevent harm to other children. Sexual abuse in childhood is also associated with increased risk for a variety of mental health conditions, relationship problems, and revictimization in adulthood. In yet other cases, children will have abuse effects and other problems that may be unrelated to the abuse but require immediate attention such as substance abuse, suicidality, or antisocial behavior.

The long-term effects on adult women were identified as depression, self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, a tendency towards revictimization and substance abuse. Difficulty in trusting others and sexual maladjustment had been reported, but the agreement between studies was less consistent in the area of sexual