ANNALES UNIVERSITATIS MARIAE CURIE-SKŁODOWSKA LUBLIN – POLONIA VOL. LXI, N 2, 200 SECTIOD 2006

Department of Psychiatry, Interfaculty Chair and Department of Public Health Medical University of Lublin

MARTA MAKARA-STUDZIŃSKA, RENATA TUREK, EWA RUDNICKA-DROŻAK

Consequences of violence against children

Violence was always part of human experience. Its influence can be seen in many forms in different parts of the world. Each year more than million people lose their lives and much more suffer from consequences of interpersonal or social violence or violence against oneself (2). That is why violence remains the global problem of public health. According to the statement of the USA Minister of Health C. Everett Koop in 1984: "Violence is as much important problem of public health for me and my successors in this century, as chicken pox, tuberculosis and syphilis for my predecessors in the past century" (3).

MATERIAL AND METHODS

The analysis of material treating about violence and its mental and social consequences against children.

RESULTS AND DISCUSSION

WHO defines violence (3) as: the purposful use of physical power or authority, threatened or real, against itself or against a group or a community, which causes or with regard to which there is high probability of causing death, mental harm, interruption of evolution or deprivation. It should be underlined that this definition used by the World Health Organization links purpose with commiting the act, indirectly from consequences which this act causes. There are excluded examples of accidental acts, such as most injuries in traffic accidents and combustion, from this definition.

Including the word "authority" to the statement about "using physical power", widens the character of violence act and conventional meaning of the violence in order to link those acts which come from the relation of authority, including threats and intimidations. "Authority using" serves also including neglect and acts of abandonment, next to more obvious committed acts of violence. That is why the term "use of physical power or authority" should be understood as including neglect and all forms of physical, sexual or mental violence, as well as suicide and violence against oneself.

The above WHO report (2) gives also definitions of each type of children abuse: • Physical violence against the child is defined as the acts committed by the caregiver which cause real physical harm or may be part of it • Sexual violence is defined as the acts in which the caregiver uses the child to satisfy his sexual needs • Emotional harming includes lack of provided by the caregiver suitable and supporting environment and acts which have disadvantageous influence on health and emotional evolution of the child: narrowing child's movements, blackening, laughing, threats and intimidations,

discrimination, dismissive attitude and other non-physical forms of antagonistic treatment. • Neglect is understood as not providing, while bringing up the child by parents – where the parents can do this – proper conditions with regard to health, education, emotional evolution, food, house, and safety. That is why neglect differs from poverty, in which neglect can appear only in cases where rational finances are not available for the parent or the caregiver.

This definition includes all wide range of consequences, such as mental harm, deprivation and disturbances of evolution. It has mirrored the fact that more and more researchers and practitioners realize that there is a necessity for including violence which not necessarily causes injury or death, although it is a heavy burden for individuals, families, societies and health care systems all around the world. As an example – many forms of violence against women, children or elderly people may cause physical, mental and social problems, which not necessarily lead to injuries, disability or death. The consequences can be immediate as well as hidden and may last for years after the first act of violence.

Polish law's statististics reveal mistreatment of family members, without pointing out the crimes against children. The scale of this problem is shown in court materials about family mistreatment and alcohol abuse. In the 70's the estimated percentage of crimes against the family was 12–15%, the perpetrators were mostly men (in 97%). The heaviest registered cases of violence use were caused by alcoholics. Many researchers occupied in this item concentrate on violence experienced by children being brought up in pathological families – mostly alcoholic ones.

Bad health condition caused by violence acts against children constitute a great part of the global illness problem. Some of health consequences had been examined (4, 5), the others attracted more attention lately, including mental disorders and suicidal behaviour (1, 6). Important is the fact that serious illnesses of adult life, with ischemic heart disease, cancer, chronic pulmonary diseases, irritated bowel syndrome and fibromialgy – are combined with childhood violence experience (8).

The obvious mechanism to explain those results is to use behavioural factors of risk such as smoking, alcohol abuse, poor diet and lack of physical exercises. The data also underline direct serious and long-term results (9).

Among health consequences of the violence against child the World Report about the Violence and Health by WHO (2) distinguishes the following:

1. Physical consequences: abdominal and chest injuries, brain injuries, bruises and oedemas, combustions, central nervous system injuries, disability, fractures, jerky wounds and graze, eyes injuries; 2. Sexual and reproductive consequences: reproductive health problems, sexual dysfunction, sexual transmitted infections, including HIV/AIDS, unexpected pregnancy; 3. Mental and behavioural consequences: alcohol and drugs abuse, cognitive dysfunction, depression and fear, evolution retardation, eating and sleeping disorders, shame and guilt feeling, over-activity, poor relationships, poor school results, post-traumatic stress disorder (PTSD), psychosomatic disorders, suicidal behaviour and self-harming; 4. Other long-term health consequences: cancer, chronic pulmonary diseases, fibromialgy, irritated bowel syndrome, ischemic heart disease, liver illnesses, reproductive problems such as infertility.

Similarly many researchers show short- and long-term mental harms (1, 7, 10). Some of the children have few symptoms which do not reach the clinical level or do reach it but it is not so high as that among children in clinical places.

The others have serious mental problems such as depression, panic fear, abusing psychotropic substances, aggression, shame and cognitive retardation. Finally, some of the children display mental harms: mental diseases, like PTSD, serious depression, eating and sleeping disorders (1, 7). For example, the latest longitudinal researches made in Christchurch (New Zealand) show important

relationships between sexual abuse experienced in childhood and later adult mental health problems such as depression, fear disorders and suicidal behaviours.

CONCLUSIONS

1. The physical violence caused many short- and long-term social consequences which influence future adult life.

2. Physical, behavioural and emotional symptoms of violence differ between children, according to the child's stage of evolution which he or she had experienced: violence, the extensions, relationships of the perpetrator with the child and other factors in the child 's environment.

REFFERENCES

- Alexander R. C., Levitt C. J., Smith W. L.: Abusive head trauma. In: Child Abuse: Medical Diagnosis and Management, ed. R. M. Reece, S. Ludwig, 47, Lippincott Williams & Wilkins, Philadelphia 2001.
- A n d a R. et al.: Adverse childhood experiences and smoking during adolescence and adulthood. J. Am. Med. Ass., 282, 1652, 1999.
- B e i t c h m a J. H. et al.: A review of the short-term effects of child sexual abuse. Child Abuse & Neglect, 15, 537, 1991.
- 4. Bendixen M. et al.: The impact of child sexual abuse: a study of a random sample of Norwegian students. Child Abuse & Neglect, 18, 837, 1994.
- Fergusson D. M. et al.: Childhood sexual abuse and psychiatric disorder in young adulthood. II: Psychiatric outcomes of childhood sexual abuse. J. Am. Acad. Child and Adolescent Psychiatry, 35, 1365, 1996.
- 6. Greene, Michael B.: Violence. In: Encyclopedia of Public Health. ed. L. Breslow, vol. 4. 1285. Macmillan Reference USA, New York 2002.
- K o t c h J. B. et al.: Morbidity and death due to child abuse in New Zealand. Child Abuse & Neglect, 17, 233, 1993.
- World report on violence and health, ed. E.G. Krug, L.L. Dahlberg, J.A. Mercy, A.B. Zwi, R. Lozano, eds., WHO, Geneva 2002
- WHO Global Consultation on Violence and Health. Violence: a public health priority. L. L. Dahlberg, E. G. Krug, Chapter 1. Violence – a global public health problem. Geneva, World Health Organization, 1996 (document WHO/EHA/SPI.POA.2)
- Wolfe D. A.: Child abuse: Implications for Child Development and Psychopathology, 2nd ed. Thousand Oaks, CA, Sage, 1999.

SUMMARY

Violence is a global problem which has been well defined and is still being examined. Not only individuals face this problem but mainly the whole families and societies. The most likely to be harmed are children. Many health problems in their adult lives is relevant with their experiences with violence during childhood. Some have light symptoms of mental disorders but some have serious mental diseases, e.g. depression or eating disorders.

Konsekwencje doświadczenia przemocy w dzieciństwie

Przemoc stała się problemem o zasięgu globalnym, który choć dobrze zdefiniowany, wymaga dalszych badań nad swym rozpowszechnieniem. Nie tylko jednostki doświadczają przemocy, przede wszystkim całe rodziny i społeczeństwa. Najbardziej jednak pokrzywdzone są dzieci. Wiele problemów zdrowotnych ich życia dorosłego jest powiązanych z doświadczeniem przemocy w dzieciństwie. U niektórych z nich występują jedynie łagodne objawy zaburzeń psychicznych, lecz część z nich miewa poważne choroby psychiczne, jak np. depresja czy zaburzenia odżywiania.