

*Review Article***Atrocity on Children: A Case-Based Review of The Problem in India**

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**Abstract:**

Every child born is considered the future of our society and country but unfortunately some of them have been gripped in the clutches of their stressed parents, relatives, teachers or anti-social elements causing a phenomenon called child abuse. A variety of physical abuse is known but goes unreported. Sometimes these cases are brought to hospital and on examination found to be a case of abuse but may not be intimated to the police or when intimated the victim and parents might go absconding from the scenario.

Various Legislative and Judicial provisions exist in India to protect the rights of children. Some of them are The Child Labour (Prohibition and Regulation) Act, 1986, Prohibition of Child Marriage Act, 2006, The Protection of Children from Sexual Offences Act, 2012.

The types of child abuse may include killing of newborn infants, physical and emotional torture, and strict disciplinary measures like beating at home and in teaching institutions.

Atrocity may be attributed to the living condition of the child especially when in an orphanage, religious and ethnic discrimination in workplace; Moreover, children being naive can be subjected to pornography.

The present study throws light on case report and review on child abuses and explores various types of atrocities and abuse children face and the legal and judicial protection which aim to protect their rights.

**Key Words:** Child abuse; discrimination; beating; rights; parents

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**Child Abuse & Atrocity:**

Crimes against children have seen a steady increase annually<sup>1</sup>. The total number of crimes against children in the year 2022, according to National Crime Record Bureau<sup>2</sup> is 1,62,449, of which majority of cases (76069) were of kidnapping and abduction, followed by 63414 cases reported under POCSO Act.

Cruelty against children existed and will exist as long as there is civilization on this earth. In a country like India, having diverse culture and religion it might be difficult to draw a line where culture appropriate

treatment of children ends and where child abuse begins. Due to variations in laws related to certain aspects like minimum age for working and marriage there can be different perceptions as to what constitutes normal behaviour of society towards children and what constitutes child abuse.

Child is any person who has not completed 18 years of age<sup>3</sup>. Article 39(f) of constitution of India states "that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment"<sup>4</sup>

One of the first experts to recognise the issue of child abuse in 1946 was Dr John Caffey, a paediatric radiologist. Silverman in 1953 noted that both subdural hematoma and fracture of long bones in children were

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the result of severe recurrent trauma. In the year 1962, the term “battered child syndrome” was coined by Kemp et al<sup>5</sup>. It is also termed as non-accidental injury of childhood, Caffey’s syndrome, child abuse syndrome or maltreatment syndrome.

The spectrum of child abuse is not just limited to battered child, infanticide, or murder. It can happen in various other forms like Munchausen syndrome by proxy, abandonment without parental care, malnutrition/intentional starvation, child sexual abuse, child labour, child marriage and juveniles in conflict with law.

Child abuse and atrocity is a complex issue arising from social, psychological, economic, and environmental factors. Usual sequence of events in child abuse cases are family problem and stress leading to a triggering event which in turn leads to child abuse.

Newberger pointed out that family stress can be predisposed by either, child factors or parental factors. Child factors are disability, cognitive and behaviour problems and adopted children, while parental factors include mental health issues, alcohol and drug abuse, domestic violence and previous history of abuse as a child. Social/situational factors like single parent, young parent, new partner, poverty and unemployment also aggravate this problem<sup>6</sup>.

The most common types of abuse children might face are physical abuse, sexual abuse, emotional abuse, neglect, fabricated illness and societal abuse<sup>7</sup>.

Children exposed to child abuse will carry the scars of abuse throughout their life and it will increase the risk of them developing psychological and medical disorders<sup>8</sup>.

Consequences of child abuse<sup>9</sup> can be, learning problems, peer rejection, depression, anxiety, PTSD, conduct disorder and aggression. As adults they might develop psychiatric disorders, substance abuse, medical illnesses and they can have lower economic productivity. There is also a chance of the abused becoming an abuser in the future.

Lack of knowledge about what constitutes child atrocity or abuse in general public, care givers, police and judiciary in our country makes it difficult to identify and punish the perpetrators.

### **Observed Cases of Abuse**

**CASES:** In the Clinical Forensic Medicine Unit of Yenepoya Medical College Hospital four cases were observed by authors in the year 2023.

**Case 1:** A 9-year-old boy was brought with an alleged history of assault by a neighbour using a helmet. The injuries noted in the victim were a laceration over the top of the head and abrasion over the occipital region. In this incidence the parents were not in favour of registering a case. Intimation was sent to the police. The parents refused to complain.

Legally this case did not proceed as the guardian of the victim refused to file a case.

**Case 2:** A 17-year-old male victim with an alleged history of assault by 5 unknown adults in a playground near his residence. On examination there was tenderness of nose and bleeding from both nostrils. Intimation was sent to the police.

The case did not proceed further as the assailants are unidentified till date.

**Case 3:** The victim was a 15-year-old male brought to the emergency department with an alleged history of assault by an unknown adult in a playground near his residence. The assailant had allegedly punched the groin of the victim. On examination there was swelling and tenderness of left scrotum. Surgical evaluation showed torsion of left testes, and the victim had to undergo left orchidectomy. Intimation was sent to the police.

Even this case did not proceed further as the assailant is still not identified.

**Case 4:** The victim was a 5-year-old boy, brought to the emergency department with an alleged history of assault by his 4-year-old sister.

Two days before this incident, the parents gave an alleged history of the boy dipping

his hands in hot oil and dropped hot water over him.

On further enquiry the parents revealed that the boy was treated for fracture of mid shaft of tibia and fibula due to alleged history of slip and fall in bathroom about one month before this incident.

On physical examination various injuries of different ages were seen over the victim's body. The child appeared scared and withdrawn. Multiple fresh abrasions were seen over the victim's face (Figure 1), Black eyes seen (Figure 1). Multiple abrasions with reddish brown scab were seen over front of chest (Figure 2A). Multiple healing abrasions with black scab and multiple hypo pigmented regions suggesting healed abrasions seen over victims back of chest (Figure 2B). Circular superficial burn over the child's right palm and superficial burns over the tips of right index and middle finger were noted (Figure 3). Scald was seen over right buttock (Figure 4). Multiple healed and healing abrasions with black scab were seen over victim's right thigh (Figure 5). Superficial burns were seen over the right foot (Figure 6). The child's parents were not inclined for admission. All the injuries present over the child's body was attributed to various trivial incidents caused by the younger sister in the past.



**Figure 1: Showing black eye, and multiple abrasions over the face.**



**Figure 2: Showing multiple abrasions over front of chest (A) & multiple healing abrasions over back of chest (B).**



**Image 3: Showing superficial burn over right palm, tips of index and middle fingers.**

Injuries of multiple ages were seen, and history given by the parents was not matching with the quantum of injuries. When the police intimation was sent, the family absconded from the emergency department with the child.

### **Gravity of the situation**

The child abuse cases seen and reported in our country appears to be just a tip of the iceberg. The children facing psychological abuse from their parents or relatives will have an emotionally disturbed adulthood. Some of the abuses as reported by various researchers throughout the country throw a light into the seriousness of these issues.



**Figure 4: Shows scald over right buttock.**



**Figure 5: Showing multiple healing abrasions**



**Figure 6: Showing superficial burns over right foot.**

Bhaisare K et.al, (2021)<sup>10</sup> reported a case of battered baby, where a 5-month-old male child was brought with a history of fever and convulsions. The child was irritable. MRI scan showed chronic subdural hygroma. Xray showed fracture of distal shaft of right radius with adjacent callus

formation, metaphyseal fracture of the right distal femur and old healed fractures of left 2nd, 3rd, 4th metatarsals. The author came into the conclusion that this was a case of battered baby because, multiple fractures of different stages of healing were seen, chronic subdural hygroma was seen, nutritional status and hygiene was poor, there was delay in seeking medical help, the other sibling was not affected, and grandmother gave a history of abuse.

A study on 41 child abuse cases done by Prasad & Kumar (2017)<sup>11</sup> in Andhra Pradesh showed 97% of the cases were below the age of 5 years. 49% of cases showed severe injuries. 49% of cases had injuries of different ages. 49% of cases has mismatching history. The parents were unaware of child rights. There was no marital harmony among parents in 19% of cases. All the cases were belonging to poor socioeconomic status.

Mondal, et.al., (2016)<sup>12</sup> reported a case of battered baby syndrome, where a 3-year-old child presented with history of fever, vomiting and left hemi seizures. There was a history of fracture of left femur due to alleged fall 20 days back. The cast was removed by the mother against advice. The child had multiple scars and bruises over entire body. Mother attributed each injury to some accident in the past. The mother was a single parent. This particular case is similar to the case number 4 discussed earlier.

Peranantham & Manigandan (2015)<sup>13</sup> reported a case of child abuse, where a 1 year old female child was brought with complaints of fever, and respiratory distress. Examination of ano genital region revealed minute abrasion of posterior fourchette, congestion of perineal mucosa, and loss of sphincter integrity. The child died on 3rd day of admission and post mortem examination was carried out. Left black eye was noted, abraded contusion noted over right chest, contusion seen over upper lip, contusion noted over left thigh and dermo epidermal burns seen over front of right thigh.

Kiran K, (2011)<sup>14</sup> reported a case of child abuse and neglect, where a 3-year-old malnourished female child came with dental caries of all her teeth and poor oral hygiene. The child belonged to a well-off family. The child was an unwanted second female child of the family and faced neglect from parents. The Child was treated for its issues and mother counselled by social workers.

Ramakrishnan et al., (2010)<sup>15</sup> conducted a study on profile of children abused by burning. Out of the 615 cases studied 66 (10.73%) cases were due to child abuse. Out of all abuse cases, incident occurred in home in 42 (63.6%) cases and in neighbours/employers place in 24 (36.4%) cases. Most abuse cases occurred during daytime between 9am and 5pm as seen in 47 (71.21%) cases. Most cases occurred during festival months between October to December as seen in 38 (57.58%) of cases. The perpetrators in 37 (56.06%) cases were care takers, and in 25 (37.88%) cases parents were the perpetrators. The method of abuse in 47 (71.21%) cases was hot liquid.

Verma et.al., (2009)<sup>16</sup> conducted a study on profile of childhood trauma. Out of the 225 cases studied, in 7 (3.5%) cases child abuse was recognised. The place of abuse was home in 4 cases, park in 2 cases and school in 1 case.

Gupta S, Kumar A (2007)<sup>17</sup> reported a child abuse case of one year old boy who came with status epilepticus. There was right parietal scalp hematoma, parietal bone fracture, haemorrhagic contusion of parietal lobe, bilateral subdural effusion and retinal haemorrhage. The parents did not give any history of trauma. But there was suspicion of foul play as they lived in a joint family set up and there was property dispute within the family.

Jayakumar et.al., (2004)<sup>18</sup> reported a case of shaken baby syndrome, where a 5-month-old infant was brought with history of low-grade fever, drowsiness, and recurrent seizures. CT scan showed cerebral oedema and left subdural hematoma. On

questioning the parents, history of shaking of the victim by the elder sibling of 5 years was obtained.

#### **To highlight the place, time and event similar to cases witnessed by the authors:**

In a study on childhood trauma conducted by Verma, et.al (2009) the place of abuse was home in 4 cases, park in 2 cases and school in 1 case (16). Study on Child abuse by Ramakrishnan et al., (2010) stressed on the act that cases occurred between 9 am to 5 pm and their number increased during the festival seasons (15). Prasad & Kumar (2017) studied child abuse cases in Andhra Pradesh and reported 97% of the cases were below the age of 5 years. 49% of cases showed severe injuries. 49% of cases had injuries of different ages. 49% of cases has mismatching history (11). All the victims were from poor socioeconomic background and parents had no awareness regarding the child rights.

The present authors would like to add that the saddest part of all these crime is the victim knew the offender and either due to family pressure or fear of society/community the police was not intimidated. There is a need to create awareness about child abuse among the public and to include sex education in the school curriculum stressing on good touch and bad touch

#### **Legislative and Judicial provisions in India**

There exist various legal protections against child abuse and atrocity in India<sup>19</sup>. A relevant few of them in modern context are mentioned here.

The Child Labour (Prohibition and Regulation) Act 1986, The Immoral Traffic (Prevention) Act, 1956 amended in 1978 & 1986, The commissions for protection of child rights act, 2005, The Prohibition of Child Marriage Act, 2006, The Juvenile Justice (Care and Protection of Children) Act, 2015 amended in 2022, The Protection of Children from Sexual Offences Act, 2012.

The National Commission for Protection of Child Rights (NCPCR) was established in

March 2007 under Ministry of Women and Child development. It helps in creating awareness about child rights and preserves child rights in India.

The 12<sup>th</sup> 5-year plan launched in the year 2012 focused on attaining higher sex ratio and child development. Child line India has set up child line services where children or informants can contact to report on child abuse or seek help.

There are various non-Governmental organizations<sup>20</sup> working on the issues pertaining to child rights and child abuse. Few of them to name are Save the children, Pratham, Smile foundation, CRY (Child rights and you), CHF (Child Help Foundation), Akshaya Pathra Foundation, Genesis foundation, Snehalaya, Katha and K C Mahindra education trust (Nanhi Kali). To deal with the issue of child abuse and atrocity, stern legal measures will help in eradicating child labour and sexual offences on children. Dealing with child abuse cases where parents are perpetrators is tricky. Imprisoning the erring parent, who is the only earning member of the family, actually is a punishment on other members of the family who will get nothing in return. Psychoanalysis and treatment of parent can help.

Removal of the child from the erring parent or guardians care and placing the child under institutional care may help. Treating the physical injuries of the child must follow with psychological treatment and emotional support.

Role of a Forensic expert in child abuse and atrocity cases is to estimate age in cases of age dispute as seen in child marriages, juvenile offenders, sexual assault victims, child labour in addition to postmortem examination, finding the cause of death, examination of sexual assault victims, examination and dating of injuries.

## Conclusion

Effective law enforcement and policy implementation will lead to reduction in cases of child abuse. Public education regarding the evils of child abuse and

relevant laws will also help in identifying the hidden cases of abuse and reduction in the occurrences of such cases. Conducting awareness programmes in schools with the involvement of teachers and parents can also help in increasing public awareness about this issue. Health care professionals must be vigilant in identifying suspected child abuse cases and report them to concerned authorities.

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