

Research Article

Abuses of Children with Disability in Cuddalore City of Tamil Nadu, India

Katamgari Balaiah^{1*}, K. Anbu²

¹Scholar, ²Assistant Professor, Department of Social Work, Pondicherry University, India

*Corresponding author Email id: katamgari@gmail.com

ABSTRACT

Disability is a state of mind which is aggravated by a bad attitude shown towards children with disability. They have the same rights to live their life with freedom and dignity in a harmonised society and therefore they must be free from all kinds of abuses if there are any. However, the steps taken against abuses are in its infancy. The present study analyses the maltreatment of children with disability, living in the Cuddalore City, India. It reveals different attitudes of the families towards challenged children, types of disability and different abuses being faced by children of disability in and outside their home. Finally, the study throws some light on policy role for free and favourable environment for children with disability.

Keywords: Children with Disability, Maltreatment, Family Attitude, Social Stigma, Societal Attitude, Social Support, Policy Intervention

INTRODUCTION

Disability is a complex social phenomenon, leading to an interaction between features of a person's physical parts and features of the society in which she or he lives (WHO, 1997; WHO, 2006; WHO, 2011). Statistically, more than one billion people live with some kind of impairments in the world of whom, nearly 210 million are experiencing difficulties in function in day to day life. The Preamble to the Convention (United Nations, 2008) stated that 'Disability results from the interaction between persons with impairments, attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others'. The framework made by the International Convention had proposed the right based approach to promote the freedom and equal dignity of

challenged children while helping the nation by building safer environments. In the context of India, the Persons with Disabilities Act, 1995 was proposed focusing especially on *Equal opportunities, protection of rights and full participation*. It enforces roles and responsibilities of the government for suitable investigations, implementation of welfare programmes and promotion of the rights of persons with disabilities (PWD).

According to the Indian Census (2001), the population of PWD in India was 2.19 billion that constitutes 2.13 per cent of the total population, out of which 12,605,635 were males and 9,301,134 were females. On the other side, the National Sample Survey Organization (NSSO, 2002) of India estimated the same as 1.8 per cent (49–90 million) out of which, 75 per cent were from rural areas and just 49 per cent were educated and only 34 percent were employed. In another survey of children with delayed mental development, it was found that 29 out of 1000 children (2.9 per cent) in the urban areas and 30 out of 1000 children (3 %) in the rural areas have developmental delays associated with mental disability.

The critique in finding the figures of children with disability (CWD) in India has shown that the number of CWD attending schools has increased by 2 percent, whereas as shown by Mukhopadhyay and Mani (2002), it increased by 5 percent. But the actual figure of CWD needs to be finalised from the two reliable sources such as the Census of India and Mukhopadhyay and Mani (2002). In the report of National Council of Educational Research and Training (2007), it was noted that just 4 per cent of CWD have been accessed to primary education. Another source also claimed that there were 1.08 million CWD being educated. Therefore, by calculating all the figures from the above sources, it has been estimated of 67.5 per cent of CWD are receiving an education (Ministry of Human Resource Development, 2004).

While promoting the rights of children, we also need to promote the rights of CWD to ensure equal dignity and priority along with the normal children. Children who live with disability (physical, sensory, intellectual or mental health) are among the most defamed and marginalised of all normal children (UNICEF, 2005a, 2005b). The different social circumstances cause challenged children to be more prone to all kinds of abuses, and it increases because of multiple factors such as social stigma, negligence, negative attitude and wrong beliefs (wrath of god). Consequently, the attitude of either family or neighbourhood extended no social support to such children, limited opportunities in schools, and lack of participation in community activities. Thus, the CWD remains as victims and are expected to be targeted by others to abuse and violence of rights.

CWD were prone to a higher risk of abuse than normal children because they are misjudged from the normal children in school (Kirsten, 2010). It has shown that

CWD has become a vulnerable section and suffer from mistreatment either in their homes or in schools (Ghai, 2002). Further, the emotional impact of disability is likely to contribute in pulling them away from a normal section of the society.

The realisation through the available literatures warns us because the PWD segment in society seems to be ignored and is practically invisible by nature. The experience of CWD in different settings is seriously alarming for affecting the ground of CWD, which now has barely captured the attention of researchers in India. It is understood that the limited studies in India focus on the issues of disability and as per as CWD concern, it needs more attention. Therefore, the purpose of the present study is to reconsider the remarks highlighted by the previous studies and also to draw a suitable conclusion.

According to Indian Census (2001), there were 1,642,497 PWD in Tamil Nadu, of which, visual impairments were 964,063, speech impairments were 124,479, hearing impairments were 72,636, locomotor disability were 353,798 and mentally disabled were 127,521. The Cuddalore district where the present study was conducted has shared the total population (2.2 millions) from the state of which, 2.82 percent were PWD (Indian Census, 2001).

Reviews and Relevance

An exhaustive review of several research articles and studies conducted on disability with a focus on CWD is presented in this study in order to examine the contribution of researchers to the disabled segment. The study conducted by Gokhale (1961) concluded that the CWD needed closer supervision to support them from being prone to higher emotional, physical and social neglect. The author rightly pointed out that the parents or caregivers may feel increased stress and frustration because of unconditional support and care to the CWD that may not be fulfilled through traditional means of reinforcement, and sometimes the parents' behavioural pattern may lead to abuses in the home itself. Another study in Ireland stated that the phenomena of sexual abuse of children were not a recent problem in the world, but it increased dramatically in the case of CWD (Lalor, 1998). The author suggested for an increased awareness of the issue amongst practitioners and public to decrease the incidence of abuses to CWD.

However, a few studies alarmed us to the fact that several kinds of abuses of children were merely discovered. Studies like Miles (1969), Kirsten (2010), Thompson (1997), Pandey (1995), Grocea et al. (2011) and Shakespeare (1998) have highlighted and suggested about the different circumstances causing abuses of CWD. All authors commonly suggested that the key components in their studies were lack of preparation for the reduction of abuses and inclusion of CWD especially in residences and schools.

The other issues like environmental discrimination, lack of physical infrastructure, and incidentally increasing the social support to CWD are need to be targeted in order to support the welfare of challenged children. Another area of concern illustrated by the authors is the participation of CWD in sports and other recreational activities. It was highlighted that they were being controlled while participating in social support activities. The authors described that the cooperation of the family was more significant for CWD to participate in a socialisation process. Further, the provisions available to CWD through the Right to Education were mis-utilised and resulted in excluded education and CWD have lost experiencing with normal children in schools. The authors also highlighted that the role played by the class teacher needs to be strengthened to bring a favourable environment to CWD.

Objectives of the Study

The first objective of the present study is to illustrate the attitude of family members of CWD towards the disability condition and also try to highlight the reasons pertaining to such attitudes. Further, the study also tried to explore different types of abuses that include physical, emotional and sexual abuse being experienced by the CWD at home and outside the home. Finally, it analyses the policy implications pertaining to the disability segment in India.

Reason for Selecting the Study Area

Cuddalore city was selected as an area of study which is also the headquarters of Cuddalore District. It is one of the most backward districts in the state of Tamil Nadu, Southern India situated in the coastal belt. It is the second most affected district by the Tsunami in 2004. According to the Indian Census (2011), the district has a total population of 2,600,880 of which 2.82 percent were PWD. The Socioeconomic condition of the district was ranked as the second most affected district by the national calamities, and it increases the vulnerability of CWD in the district. The district population density was 621 which is nearly twice the national average (325) and significantly higher than Tamil Nadu's 480. Considering all above reasons this area has been chosen for the present study. Apart from this, the researcher is associated with the Leonard Cheshire Disability (LCD) Organization, which is working for CWD in Cuddalore city where the present study was carried out. Thus, the researcher completed this study in association with the LCD Organisation.

RESEARCH METHODOLOGY

The present study is based on a descriptive design that required the gathering of relevant data from selected children with disability and compiling the data in

order to analyse and arrive at a suitable conclusion. The descriptive study focuses on the following questions: 1) family attitude towards the CWD and different abuses being experienced by them, 2) different abuses that affected mostly the CWD, 3) social stigma being faced by the challenged children and 4) societal attitude towards challenged children as well as the reaction of CWD towards society and god.

The major source of obtaining primary data was through interviews, which were based on a pre-tested and carefully prepared interview schedule. The secondary data was obtained from the government departments, published and unpublished materials, books, reports and reputed journals from different resources to verify and validate the final result of the present study.

Sampling

As per the data provided by the LCD, a total of 105 CWD was identified in the Cuddalore city. The researcher adopted the census method and collected data from all identified CWD aged between 6 and 18 years. (Table 1)

Data Collection

We developed a pre-structured interview schedule as a tool for data collection and collected data from the target population (CWD 6–18 age group). We also

Table 1: Basic information from respondents

S. no.	Variables	Frequency		Percentage
1	Sex	Males	63	60
		Females	42	40
2	Age groups (years)	6–10	25	23.8
		10–14	38	36.2
		14–18	42	40
3	Category	ST	7	6.6
		SC	30	28.5
		OBC	68	64.9
4	Education	No school	14	13.5
		Primary school	37	35
		Middle school	20	19
		High school	24	23
		Higher secondary	10	9.5

Source: The Primary Data Collected from respondents who registered at LCD Organisation

used some of the tales of different abuses collected from reliable sources to give a solid understanding to the respondents so that the respondents feel free to share their stories of buses during the data collection. The stories were adopted by acknowledging the Ministry of Women and Child Development, Government of India.

Statistical Techniques

The analysis and interpretation of collecting data were done by using the SPSS (Statistical Package for Social Sciences) software. From the hugely collected data, we categorised and systematically tabulated the data to test hypothesis through application of the *t*-test and chi-square to find the association between different variables.

MAIN FINDINGS

Findings related to the abuses of CWD and their family's attitudes towards disability have been described based on the organised data. The result obtained has been presented in Table 2.

Table 2: Status on families of children with disability

S. No.	Parameters	Frequency	Percentage
1	Parents' education	Literates	37
		Illiterates	68
2	Occupation	Daily wages	36
		Agricultural work	15
		Agricultural labour	11
		Fishing	43
3	Annual income (rupees)	Below 10,000	14
		10,001–15,000	29
		15,001–20,000	35
		Above 20,000	27

The educational status of family of CWD is very low (35.2 %) and thus, majority of illiterates (64.8 %) tend to play a crucial role in disability life cycle. The occupation status illustrates that only 14.2 percent of families own lands and depended on their own agricultural work. Therefore, remaining respondents' families were depending on another form of work such as daily labour, agricultural labour, fishing, bricks making, etc. It is clear that more than 85 percent of families with CWD are from below the poverty line (BPL) which is again an additional

burden to the survival of CWD in their family (Trani, 2011). The annual income was not clear, but roughly collected from family members that they earn Rs. 10,000 per year from which the family spends on their expenditure. According to Table 2, the families who earn more than Rs. 20,000 per year said that ‘we were able to support our special children’, and moreover ensuring support also depends upon the size of the families.

Table 3: Status of disability among children who received National Disability Identity Cards

S. no.	Variables	Frequency	Percentage
1	Disability card holders	99	95
2	Locomotor disability	88	83
3	Cerebral palsy	11	10
4	Multiple disorder	6	5

The data has been scattered based on the four variables given in the table 3 from which, most of the CWD (95 %) are holding the National Disability Identity Card (NDIC) due to the effective intervention taken by the LCD in the Cuddalore city. It is a special identity card provided for accessing the welfare provisions, including education, health and transport facilities to the CWD. The success rate of NDIC suggested that the coordination between district welfare departments and other non-government organisations (NGOs) was well, which helped CWD to access the provisions available to them. Significantly, children with locomotor disability form a major portion in the sample size (83 %) which means that the present study has intervened majority of children who have locomotor disability.

The table 4 presents about the prevalence of abuse among CWD and identified the factors responsible for increasing such cases. It is a pathetic situation for CWD as they face social discrimination in and also outside the home. A respondent expressed that she neither shares her pain with family members nor with any others, except with god. The present study reveals that abuses such as verbal (77 %), physical (71 %), emotional (75%) and sexual (50 %) were experienced by a majority of the CWD. Very significantly, 53 CWD has experienced sexual abuse.

Table 4: Experiences of different abuses among the children with disability

Sl. No	Abuses experienced	Frequency	Percentage
1	Verbal abuse	81	77
2	Physical abuse	75	71
3	Emotional abuse	79	75
4	Sexual abuse	53	50

The limitation in the present study was unshared stories of sexual abuses. We observed that some of the respondents were facing problems to share their experiences of sexual abuses. As a precautionary step, some tales collected from other sources were shared to motivate them before proceeding for data collection. Hence, the result may vary from study to study. India has laws to act as dogwatch to the issues of children and CWD and we accept that maltreatment is happening in family and school settings within our community. The “Protection of Children from Sexual Offences Act, 2012” is the first law in India that revises the incidents of molestation in addition to rape while distinguishing between children and adult victims. This act sets harsh penalties up to life in prison. Most of the people even do not know about the Sexual Offences Act, but the effort taken by a popular Bollywood actor in India who featured a segment of child maltreatment on TV shows have helped making a huge change in societal perception to address such issues.

The government also planned in 2009 to strengthen the child protection system, including a network of district social work association, but this had failed to function in support of CWD due to the lack of funding for child welfare committees that were formulated to look after vulnerable children. The bottleneck for support mechanism to CWD is lack of resources and weak political will that resulted in the low outcome of the child welfare programmes. But little has been done in a few major cities.

From Table 5, parents are the real bearers who give care to special children, even though they live in poverty. From Table 5, there are 19 percent of respondents were beaten up by their family members as well as friends, which shows that CWD are prone to be abused not only outside the home but also in the home. In addition to love and affection at home, CWD also experienced physical abuse and on the other side, sexual abuse is likely to affect more on the cognitive function of special children as they were being deprived of marrying normal people. It is

Table 5: Distribution of respondents by the persons who abused CWD

S. no.	Types of abuses faced	Frequency	Percentage
1	Beaten up by family members	20	19.1
2	Beaten up by teachers	5	4.8
3	Beaten up by friends	20	19.0
4	Rubbing private parts	53	50.5
5	Desirably touching	54	51.4
6	Abuse by pornography	52	49.5
7	Abuse by photography	40	38.2
8	Encouraged for sexualbehaviour	32	30.5

understood that encouraging for sexual behaviour (30.5 %) causes double discrimination on them. In addition, they were also abused with pornography (49.5 %) which affects directly on the psychological condition of the children, which further leads to psycho-social problem.

The relationship between types of maltreatment and percentage of abuse has been changed (Sullivan and Knutson, 2000). The authors found that CWD experience multiple types of maltreatments and among them neglect is the most common. Another reason for malnutrition is societal risk factors that have been highlighted by the same authors. The societal attitudes and limited knowledge regarding CWD place them at greater risk for malnutrition and neglect. The belief is that either parents or guardians would never harm CWD. Apart from this, parents can also observe and support children's daily activities.

One of the most frequently cited family or parental risk factors for the maltreatment of children with disabilities is the increased stress of caring for a child with special needs and coping with challenging behaviours. The following risk factors such as the families' different view towards CWD, parents lacking the skills to respond to the children's special needs, parents being unaware of the children's need and malnutrition can be critical challenges in order to reduce the family risk (Burrell *et al.*, 1994; Rycus and Hughes, 1998)

Critical view on Maltreatment of Children with Disability

The amount of violence against CWD will vary depending upon the family's socioeconomic condition, attitude of the community and institutional settings. However, several key issues and factors that appeared at the time of abuse have to be mitigated through timely intervention by like-minded organisations including government and civil society organisations. The most striking factor is that whether CWD are being accepted at home as well as school setting is a left out the question, Further, there is a need to study the role of parents and caregivers in providing care and support to the CWD (Grocea *et al.* (2011) and at last to know how far the government is committed to solve the last mile issues of CWD such as creating an easy accessible environment which is only possible through the policy level change in a view to focus for change in the minds of the families. These critical areas may be focused through Community Based Rehabilitation Process (Pandey, 1995). The present study highlighted that CWD face problem not only in school settings and in the streets but also at home. Thus, social stigma and prejudices towards disability children exist in all the settings including home. The CWDs continue to suffer from discrimination in education and home settings and are deprived of the freedom to move freely. Even in terms of having a friendship with the normal children, it is also seen as difficult for such challenged children.

Policy Implications

PWD have been provided with several provisions through the Person with Disability Act, 1995. Thus, it is subjected to issue the NDIC to disabled persons for procuring durable, standard aids and necessary appliances that will ensure their physical and social rehabilitation. Now it is a time for government and civil society organisations to ensure a favourable environment to PWD and CWD.

To mitigate isolation and prejudices, there should be continuous engagements, debates and social activities by the states to bring societal attitude to the positive side. For this, the government needs to associate with like-minded organisations. The present study suggested that intervention should be encouraged through the community rehabilitation process in collaboration with local organisations.

It is suggested to establish a social support centre at the district level where parents of CWD can share their own experiences with the supporting staff. Orientation or counselling can be given to these parents so that they can easily cope up with the condition of disability. Thus, the government needs to design programmes to give a continuous capacity building, especially at the grassroots level.

The studies have realised that people in disability segment have become much stigmatised in the society. As per Abraham Maslow's theory, love and affection are the next need after biological need in the life cycle. The love and affection may be 'the means' through which special children can get the identity of being socially accepted by the family members. The association between the family economic profile and deprivation of love and affection to CWD is negatively correlated. Therefore, the government and like-minded organisations need to focus on livelihood programmes to strengthen the families with CWD, so that the better economic condition of the family can help to reduce the vulnerability of CWD.

The present study also found the prevalence of abuses at a high rate even though being supported by many legislations existing in India. Therefore, it is advised to strengthen the existing legislations to prevent such practices against CWD and send a special guideline to all local police stations to give special attention on the issues of PWD.

Section-3 in the Right to Education Act of Indian Government cares about the disadvantaged sections. It states that for 'disadvantaged sections' education should be provided only in 'inclusive environment' but not for any other aids that need to be provided during their study. However, this act gives least consideration and priority to disabilities like cerebral palsy, autism and other mental disorders. Therefore, the government needs to ensure that all categories of disabled children should get their education in a normal school setting.

Ethics and Confidentiality

With a view of respecting the rights of children, a written agreement with Lenard Cheshire Disability, Cuddalore had been signed for proper investigation of the children with disability and also for keeping the collected data in a confidential environment and not to disclose anywhere and for any other purposes. We also respected children's social, economic and cultural backgrounds and recognised the importance of listening to children's stories, experiences and emphasise on safeguarding the rights of the children.

CONCLUSION

After analysing several factors associated with maltreatment of CWD, it is obvious that these issues will continue to be the centre of much debate, argument, and deliberation until the problem is addressed. Realistically speaking, the problem is not likely to ever disappear. This may be due to the lack of control of government and NGOs in this matter to reduce vulnerability of CWD and to ensure quality of life of them. Until we are able to find a way, within the limits of the laws, ensure change in societal perception towards special children, and to insure the safety of all CWD, it will forever be a problem in our society. Social scientists as well as social workers for the legislation's impact that on CWD, families need to work together to ensure easy access to special children, and collaborate with other organisations, community leaders and social policy makers. In order for this to happen, we need to educate public on disability. People need to make their voice heard throughout the nation for the welfare of the PWD and this is required now.

REFERENCES

- Boylan E, 1991. *Women and Disability*: Zed Books Ltd, London.
- Burrell B, Thompson B and Sexton D, 1994. Predicting child abuse potential across family types. *Child Abuse and Neglect*, Vol. 18, No. 12, pp. 1039-1049
- DeMause, 1974. *Theories of Child Abuse and Neglect: Differential Perspectives, Summaries and Evaluations*. SAGE Publication, California.
- Empowerment MO, 2004. *Comprehensive Education Scheme for Disabled Children*. Gazette of India, Extraordinary, Part 1, Section 1.
- Fletcher AA, 1995. Overcoming abstacles to the integration of disabled people. In: *Disability Awareness in Action*. London
- GO, 2012. *Ms No. 01, Welfare of Differently Abled Persons Department, dated 02-01-2012*.
- Ghai A, 2002. Disabled women: an excluded agenda of Indian. *Journal of Feminism and Disability*, Vol.17, No.3, pp. 49–66.
- Gokhale BG, 1961. *Indian Thoughts Throughout the Ages: A Study of Dominant Concepts*. Asia Publishing House, Bombay.
- Helande E, 1993. *Prejudice and Dignity – An Introduction to Community Based Rehabilitaion*. United Nations Development Programme, Geneva.

- Kirsten SK, 2010. *Child Abuse, Child Protection and Disabled Children: A Review of Recent Research*, John Wiley & Sons, New Delhi.
- Lalor K, 1998. Child sexual abuse in Ireland: a historical and anthropological note. *Irish Journal of Applied Social Studies*, Vol. 1, No. 1, pp. 37–54.
- Miles S, 1996. Engaging with the disability rights movement: the experience of community based rehabilitation in Southern Africa. *Disability & Society*, Vol. 11, No. 4, pp. 501-518 .
- Mukhopadhyay S and Mani MNG, 2002. Education of children with special needs, In: *Govinda R, ed., India Education Report: A Profile of Basic Education*. Oxford University Press, New Delhi.
- Ministry of Human Resource Development, 2004. *Education for All: India Marches Ahead*. Government of India, New Delhi.
- National Council of Educational Research and Training, 2007. *Position Paper. National Focus Group on Work and Education*: NCERT, New Delhi.
- National Commission on Population, 2001. *Census of India*, Registrar General of India
- National Commission of Population, 2011. *Census of India*, Registrar General of India
- National Sample Survey Organisation, 2002. Survey of Disabled Persons, NSS 58th Round, Government of India.
- Grocea N, Ketta M, Langa R and Trania Jean-Francois, 2011. Disability and Poverty: the need for a more nuanced understanding of implications for development policy and practice, *Third World Quarterly*, Vol. 32, No. 8, pp. 1493-1513.
- Pandey RA, 1995. *Perspectives in Disability and Rehabilitation*. Vikas Publishing House, Delhi.
- Rycus JS and Hughes RC, 1998. *Field Guide to Child Welfare, Volume III: Child Development and Child Welfare*. Child Welfare League of America, Washington, DC.
- Shakespeare T, 1998. Choices and rights: eugenics, genetics and disability equality. *Disability & Society*, Vol.13, No.5, pp.665-681
- Helga Sneddon, 2003. The effects of maltreatment on children's health and well-being. *Child Care in Practice*, Vol. 9, No. 3, pp. 236-249
- Sullivan PM and Knutson JF, 2000. Maltreatment and disabilities: a population-based epidemiological study. *Child Abuse and Neglect*, Vol. 24, No. 10, pp. 1257–1273.
- Thompson D and Brown H, 1997. Men with intellectual disabilities who sexually abuse: a review of the literature. *Journal of Applied Research in Intellectual Disability*, Vol.10, No. 2, pp. 140-158.
- UNICEF, 2005a. *Summary Report on Violence against Disabled Children*. Global Health Division, Yale School of Public Health, New York.
- UNICEF, 2005b. *Violence against Disabled Children*. UNICEF Publication, New York.
- United Nations, 2008. Report of the Committee on the Rights of the Children, United Nations, New York
- WHO, 1997. *Report of Inter-country Workshop on Rehabilitation*. World Health Organisation, Cotonou, Benin.
- WHO, 2006. *A Report on Preventing Child Maltreatment: A Guide to Take Action and Generating Evidence*. World Health Organisation.
- WHO, 2011. *Organisation Report on Child Abuse*. World Health Organisaions.