Chapter II: Literature Review, Justification, Objectives and Hypotheses

In any research literature review is the starting point to have a clear idea about the nature of studies already carried out by previous researchers in a particular field. It helps the researcher to conceptualize the problem in a better way and in formulating the hypothesis aright. In the present study, findings of previous researchers on various aspects of violence against were reviewed and presented in the following sections under the following heads:

- Intimate partner violence and child abuse
- Causal factors of violence against children
- Child abuse and related problems
- Child abuse and adjustment
- Child abuse and academic achievement/performance
- Miscellaneous

2.1 Intimate Partner Violence and Child Abuse:

Chang et al., (2008) examined the association between partner psychological abuse and child maltreatment perpetration. This cross-sectional study examined a population-based sample of mothers with children aged 0-17 years in North and South Carolina (n=1,149). Mothers were asked about the occurrence of potentially neglectful or abusive behaviors toward their children by either themselves or their husband/partner in the past year. Partner psychological abuse was categorized as no psychological abuse (reference), husband perpetrates, wife perpetrates, or both perpetrate. Outcome measures for psychological and physical abuse of the child had four categories: no abuse (reference), mother perpetrates, father/father-figure perpetrates, or both parents perpetrate, whereas child neglect was binary. Adjusted relative risk ratios (aRRRs), adjusted odds ratios, and 95% confidence intervals (CIs) were estimated with regression models. A relative risk ratio was the ratio of odds ratios derived from multinominal logistic regression. Children
were at the greatest risk of maltreatment when parents psychologically abused each other versus no abuse: the aRRR for child psychological abuse by the mother only was 16.13 (95% CI: 5.11, 50.92) compared to no abuse, controlling for child age, gender, Medicaid welfare, and mother’s level of education. Both parents psychologically abuse each other versus no abuse also results in an aRRR of 14.57 (95% CI: 3.85, 55.16) for child physical abuse by both parents compared to no abuse. When only the husband perpetrates toward the wife, the odds of child neglect was 5.29 times as much as families with no psychological abuse (95% CI: 1.36, 20.62). Partner psychological abuse was strongly related to child maltreatment. Children experienced a substantially increased risk of maltreatment when partner psychological abuse was present in the homes. This study observed that intimate partner psychological abuse significantly increased risk of child maltreatment. Increased public awareness of partner psychological abuse is warranted. Primary prevention should include education about the seriousness of partner psychological abuse in families. Domestic violence and child welfare agencies must recognize the link between partner psychological abuse and child maltreatment and work together to develop effective screening for each of these problems.

Speizer et al., (2008) examined the first national, population-based data available on child sexual abuse that occurs before age 15 in three countries: El Salvador, Guatemala, and Honduras. This study uses comparable indicators and measures of sexual abuse for the three countries to document the prevalence of abuse, types of perpetrators, and the association of child sexual abuse with recent intimate partner violence. Child sexual abuse was defined as sexual abuse that first occurs before age 15. The prevalence of child sexual abuse varied from 7.8% in Honduras to 6.4% in El Salvador and 4.7% in Guatemala. In all three countries, the overwhelming majority of women who reported child sexual abuse first experienced the abuse before age 11. Perpetrators tended to be a family member, a neighbor, or an acquaintance. Bivariate and multivariate analyses indicated that women who experienced child sexual abuse in Guatemala and Honduras were about two times more likely to be in violent relationships as women who did not experience abuse. This relationship was not significant in multivariate analyses for El Salvador where the prevalence of intimate partner violence was the lowest. Child sexual
abuse in Central America is clearly a problem with the prevalence between 5.0% and 8.0%. Child sexual abuse can have long-term negative health impacts including exposure to intimate partner violence in adulthood. Programs to prevent abuse and treat victims of child sexual abuse are needed in Central America.

Holt et al. (2008) reviewed the literature concerning the impact of exposure to domestic violence on the health and developmental well-being of children and young people. Impact is explored across four separate yet inter-related domains (domestic violence exposure and child abuse; impact on parental capacity; impact on child and adolescent development; and exposure to additional adversities), with potential outcomes and key messages concerning best practice responses to children's needs highlighted. A comprehensive search of identified databases was conducted within an 11-year framework (1995-2006). This yielded a vast literature, which was selectively organized and analyzed according to the four domains identified above. This review finds that children and adolescents living with domestic violence are at increased risk of experiencing emotional, physical and sexual abuse, of developing emotional and behavioral problems and of increased exposure to the presence of other adversities in their lives. It also highlights a range of protective factors that can mitigate against this impact, in particular a strong relationship with and attachment to a caring adult, usually the mother. Children and young people may be significantly affected by living with domestic violence, and impact can endure even after measures have been taken to secure their safety. It also concludes that there is rarely a direct causal pathway leading to a particular outcome and that children are active in constructing their own social world. Implications for interventions suggest that timely, appropriate and individually tailored responses need to build on the resilient blocks in the child's life. This study illustrate the links between exposure to domestic violence, various forms of child abuse and other related adversities, concluding that such exposure may have a differential yet potentially deleterious impact for children and young people. From a resilient perspective this review also highlights range of protective factors that influence the extent of the impact of exposure and the subsequent outcomes for the child. This review advocates for a holistic and child-centered approach to service delivery, derived from an informed assessment,
designed to capture a picture of the individual child's experience, and responsive to their individual needs.

Renner and Slack (2006) assessed the extent to which intimate partner violence and different forms of child maltreatment occur within and across childhood and adulthood for a high-risk group of women. Low-income adult women were interviewed, retrospectively, regarding their experiences with intimate partner violence and child maltreatment in childhood and adulthood, and intra- and intergenerational relationships between multiple forms of family violence were identified. Analyses demonstrated weak to moderate associations between various forms of violence within generations. Only weak support was found for the transmission of violence hypothesis that maltreated children are more likely to grow up to maltreat their own children. Stronger support was found for the theory of learned helplessness, whereby children maltreated or witness to violence during childhood are more likely to be victimized as an adult. The results from this study suggest that interventions with children who are identified for one form of victimization should be assessed for other forms of victimization, and interventions should also address learned behaviors or beliefs associated with continued or future victimization.

Bogat et al., (2006) made an attempt to determine whether infants have a traumatic response to intimate partner violence (male violence toward their female partner; IPV) experienced by their mothers, two questions were explored: (1) Is the number of infant trauma symptoms related to the infant's temperament and the mother's mental health? (2) Does severity of violence moderate those relationships? Forty-eight mothers reported whether their 1-year-old infants experienced trauma symptoms as a result of witnessing episodes of IPV during their first year of life. Mothers also reported on their own trauma symptoms that resulted from experiences of IPV. For those infants experiencing severe IPV and whose mothers exhibit trauma symptoms, we were able to predict whether infants exhibited trauma symptoms (b = .53, p < .01). This was not true for children who witnessed less severe IPV (b= -.14, ns). Maternal depressive symptoms and difficult infant temperament did not predict infant trauma symptoms for either group of infants.
Mothers report that infants as young as 1-year-old can experience trauma symptoms as a result of hearing or witnessing IPV. The significant relationship between infant and maternal trauma symptoms, especially among those infants experiencing severe IPV, is consistent with the theory of relational PTSD. Findings suggest that interventions for mothers and families need to consider the influence of the severity of IPV on very young children.

2.2 Causal Factors of Violence against Children:

Alyahri and Goodman (2008) examined the occurrence, type and associations of harsh corporal punishment in Yemen. Caregiver and teacher reports were obtained on 1,196 Yemeni 7-10-year olds obtained by systematic random sampling of children in the 1st to 4th grades of urban and rural schools. Caregivers (86% mothers) reported on disciplinary practices, socio-familial background, and child psychopathology. Teachers reported on school performance and child psychopathology. More than half of the rural caregivers and about a quarter of the urban caregivers reported using harsh corporal punishment (hitting children with implements, tying them up, pinching them, or biting them). Harsh corporal punishment was significantly associated with poor school performance and both behavioral and emotional difficulties. The socio-familial factors that were independently associated with harsh corporal punishment were: rural area, male gender of the child, low maternal education, and large family size. Harsh corporal punishment is very common in Yemen. International findings suggest that the association with school failure and psychological maladjustment may well be causal. Promoting parental use of effective and non-violent disciplinary methods should be a public health priority. Practice implications: Yemen urgently needs to develop and evaluate programs that teach parents how to use culturally appropriate rewards and non-abusive sanctions to shape children's behavior without stunting their academic and emotional development. Persuading parents to adopt such approaches may need programs that focus not just on techniques but also on attitudes, e.g. challenging the commonly held belief that children will not develop properly unless they are beaten when they do wrong.
Fergusson et al., (2008) examined linkages between exposure to childhood sexual abuse (CSA) and childhood physical punishment/abuse (CPA) and mental health issues in early adulthood. The investigation analyzed data from a birth cohort of over 1,000 New Zealand young adults studied to the age of 25. Exposure to CSA and CPA was associated with increased risks of later mental disorders including depression, anxiety disorder, conduct/anti-social personality disorder, substance dependence, suicidal ideation, and suicide attempts at ages 16-25. Control for social, family, and individual factors reduced the associations between CPA and mental health outcomes to the point of statistical non-significance. However, there was a consistent finding for CSA to remain associated with increased risks of later mental health problems. After adjustment, those exposed to CSA including attempted or completed sexual penetration had rates of disorder that were 2.4 times higher than those not exposed to CSA. Those exposed to harsh or abusive physical punishment had rates of disorder that were 1.5 times higher than those exposed to no or occasional physical punishment. It was estimated that exposure to CSA accounted for approximately 13% of the mental health problems experienced by the cohort. Findings showed that exposure to CPA had only weak effects on later mental health. It was estimated that exposure to CPA accounted for approximately 5% of the mental health problems experienced by the cohort. Exposure to CSA was associated with consistent increases in risks of later mental health problems. Exposure to CPA had weaker and less consistent effects on later mental health. These findings suggest that much of the association between CPA and later mental health reflects the general family context in which CPA occurs, whereas this is less the case for CSA.

Libby et al., (2008) examined the relationship of childhood physical and sexual abuse with reported parenting satisfaction and parenting role impairment later in life among American Indians (AIs). AIs from Southwest and Northern Plains tribes who participated in a large-scale community-based study (n=3,084) were asked about traumatic events and family history; those with children were asked questions about their parenting experiences. Regression models estimated the relationships between childhood abuse and parenting satisfaction or parenting role impairment, and tested for mediation by depression or substance use disorders. Lifetime substance use disorder fully mediated the relationship between childhood physical abuse and both parenting satisfaction and
parenting role impairment in the Northern Plains tribe. There was only partial mediation between childhood sexual abuse and parenting role impairment in the Southwest. In both tribes, lifetime depression did not meet the criteria for mediation of the relationship between childhood abuse and the two parenting outcomes. Instrumental and perceived social support significantly enhanced parenting satisfaction; negative social support reduced satisfaction and increased the likelihood of parenting role impairment. Exposure to parental violence while growing up had deleterious effects on parenting outcomes. Mothers and fathers did not differ significantly in the relation of childhood abuse experience and later parenting outcomes. Strong effects of social support and mediation of substance abuse disorders in the Northern Plains offer direct ways in which childhood victims of abuse could be helped to avoid negative attributes of parenting that could put their own children at risk. Mothers were not significantly different from fathers in the relation of abusive childhood experiences and later parenting outcomes, indicating both are candidates for interventions. Strong effects of social support offer avenues for interventions to parents. The prevalence of substance use disorders and their role as a mediator of two parenting outcomes in the Northern Plains should focus special attention on substance use treatment, especially among those who experienced childhood victimization. These factors offer direct ways in which childhood victims of abuse can be helped to avoid negative attributes of parenting that could put their own children at risk of violence.

Most child subjects of maltreatment reports to child protective services (CPS) are involved just once, whereas other children experience repeated investigations and victimizations. Fluke et al., (2008) examined individual, maltreatment, and service-related factors associated with maltreatment rereporting and substantiated rereporting in a multistage context. Case-level National Child Abuse and Neglect Data System data (505,621 children) were analyzed. Within 24 months, 22% of children were rereported, and 7.0% were rereported with substantiation. Younger and White and mixed race children, those with disabilities, and those whose caregivers abused alcohol were more likely to be rereported and rereported and substantiated. Service provision, including foster care placement, was associated with increased likelihood of subsequent events.
When CPS agency performance is assessed using measures of reentry, separate measures may be necessary for children who receive services, so that improvements in safety can be appropriately recognized. Reentry into CPS is a complex interaction of risks to children and systemic factors tied to the intervention they receive.

Deb (2004b) carried out a study in Kolkata to achieve three objectives. First, to understand the attitude of parents towards corporal punishment of children and its practice. Second, to understand whether there is any intergenerational transmission of physical punishment. And, finally to suggest need-based measures for combating this social problem. For the purpose of the present study a group of 100 parents, 34 fathers and 66 mothers were covered and they were selected randomly in front of three secondary schools in Central Howrah, West Bengal. Data were collected by a Structured Questionnaire developed by Prof. Murray Straus, an authority figure in this field. Findings revealed that 4.55% mothers strongly agree that it is necessary to use physical punishment to make children disciplined while about one-fifth parents (20.59% fathers and 21.21% mothers) agree with this view. In general mothers mostly use physical punishment. Findings also revealed that more than one-fourth parents were physically punished during childhood. Further analysis of data revealed a clear picture of intergenerational transmission of abuse i.e., the parents who were physically punished during childhood used to punish the child more than that of parents who were not punished physically during childhood (P<0.01). Findings of the present study suggest that intervention program should be launched in the schools for parents to sensitize them about the consequences of corporal punishment and to curb the incidence of this cultural practice in Indian society with a view to helping children to grow in a more friendly/healthy environment.

2.3 Child Abuse and Related Problems:

Webb et al., (2007) did a study to provide preliminary data extending earlier research on shame and guilt, examining their relationships both to symptoms of depression and to psychological maltreatment. Symptoms of depression were expected to correlate positively with shame, but not with guilt. Psychological maltreatment was also expected
to correlate positively with shame. The relationship between psychological maltreatment and guilt was examined on an exploratory basis. Two hundred and eighty participants from a public community college and a private university completed scales assessing shame, guilt, depression, and history of childhood psychological maltreatment. Pearson correlations were conducted with all data. Results indicated that symptoms of depression were positively correlated with both shame and guilt. Partial correlations were then conducted in which the linear effects of shame were removed from guilt. In this latter analysis, guilt was no longer positively correlated with symptoms of depression. Psychological maltreatment was also positively correlated with depression and with shame, but not with guilt. These results highlight the significance of psychological maltreatment in the relationship to the self-conscious emotions of guilt and shame. As in earlier studies, shame has been consistently correlated to poor psychological functioning, while guilt appears to be relatively unrelated to pathological functioning.

Whitaker et al., (2007) attempted to determine whether child maltreatment is associated with obesity in preschool children. Data were obtained from the Fragile Families and Child Well-being Study, a birth cohort study of 4898 children born between 1998 and 2000 in 20 large US cities. At 3 years of age, 2412 of these children had their height and weight measured, and mothers answered items on the Parent-Child Conflict Tactics Scales about three types of child maltreatment—neglect, corporal punishment, and psychological aggression. The frequency of each type of maltreatment behavior in the prior year was analyzed using categories—ever/never for neglect and quintiles for the other two types of maltreatment. Child obesity was defined as measured body mass index (kg/m(2)) \( \geq 95 \)th percentile. Eighteen percent of the children were obese, and the prevalence of any episode of neglect, corporal punishment, and psychological aggression was 11%, 84%, and 93%, respectively. The odds of obesity were increased in children who had experienced neglect (odds ratio 1.56, 95% confidence interval, 1.14-2.14), after controlling for the income and number of children in the household, the mothers' race/ethnicity, education, marital status, body mass index, prenatal smoking, and age, and the children's sex and birth weight. Neither the frequency of corporal punishment nor psychological aggression was associated with an increased risk of obesity. In a sample of
preschool children from 20 large US cities, maternal self-report of neglectful behavior was associated with an increased risk of childhood obesity, after controlling for birth weight, maternal obesity, and multiple socioeconomic factors.

Coulton et al., (2007) reviewed the literature on the relationships between neighborhoods and child maltreatment and identify future directions for research in this area. A search of electronic databases and a survey of experts yielded a list of 25 studies on the influence of geographically defined neighborhoods on child maltreatment. These studies were then critically reviewed by an interdisciplinary research team. Numerous studies demonstrate that child maltreatment cases are concentrated in disadvantaged areas. A number of socio-economic characteristics of neighborhoods have been shown to correlate with child maltreatment rates as measured by official reports to child protective service agencies. Only a few studies examine direct measures of parenting behaviors associated with maltreatment, and these show a weaker relationship with neighborhood disadvantage. Moreover, the processes that link neighborhood conditions to either maltreatment reports or parenting behaviors are not yet confirmed by the research literature. Selection bias, neighborhood definitions and spatial influences are largely uncontrolled in the existing research. Authors proposed a framework for pursuing further study of neighborhoods and child maltreatment that addresses the gaps in the current literature. Neighborhood-based strategies to prevent and reduce child maltreatment will be enhanced by research that provides a better understanding of how neighborhood conditions act as stressors or supports for families at risk of child maltreatment.

Hildyard and Wolfe (2007) compared neglectful and non-neglectful mothers on information processing tasks related to child emotions, behaviors, the caregiving relationship, and recall of child-related information. A natural group design was used. Neglectful mothers (N=34) were chosen from active, chronic caseloads; non-neglectful comparison mothers (N=33) were obtained from community agencies serving families. Participants were administered the IFEEL Picture task to assess maternal perceptions of infant emotions, eight vignettes of young children's behavior to assess attributions for child behavior across different scenarios, and a passage recall task to assess information
processing problems. A measure of depression was used as a covariate to control for this variable. Neglectful mothers were significantly less likely to recognize infants' feelings of interest, more likely to see sadness and shame, more inaccurate at labeling infants' emotions, and had a more limited emotion vocabulary. They also made more internal and stable attributions for children's behaviors in situations where it was not clear whether a child was at risk of harm, and had poor recall of information. Depressive symptoms had little effect on these findings with the exception of information recall. Neglectful mothers show significant problems in information processing concerning their child's emotions and behaviors, which may affect their childrearing behavior. Cognitive-behavioral interventions to improve parents' abilities to recognize their child's emotions and to address maladaptive attributions may be of value.

Alizadeh et al., (2007) examined the relationship between parental self-confidence, warmth, and involvement, and corporal punishment in families of children with attention deficit/hyperactivity disorder (ADHD). The diagnosis of ADHD was established through clinical interviews with the parents, children, and teachers, according the criteria in DSM-IV-TR. This diagnosis was also established by having the parents complete the Conners' Parent Rating Scale, and the teachers complete the Conners' Teacher Rating Scale. Two groups of Iranian parents, one group with children who have ADHD (N=130) and a control group (N=120), completed questionnaires measuring parental self-confidence and parenting styles. Parents of children with ADHD were found to have lower self-confidence and less warmth and involvement with their children, and used corporal punishment significantly more than the parents of control children. The study provides strong evidence that children with ADHD are at considerable risk of abuse by their parents. Rather than focusing only on the child's ADHD, treatment may also need to address the parents' functioning.

Child maltreatment has been linked to negative adult health outcomes; however, much past research includes only clinical samples of women, focuses exclusively on sexual abuse and/or fails to control for family background and childhood characteristics, both potential confounders. Further research is needed to obtain accurate, generalizable estimates and to educate clinicians who are generally unaware of the link between
childhood abuse and adult health. Given this background Springer et al., (2007) examined how childhood physical abuse by parents impacts mid-life mental and physical health, and to explore the attenuating effect of family background and childhood adversities. We analyzed population-based survey data from over 2,000 middle-aged men and women in the Wisconsin Longitudinal Study using self-reported measures of parental childhood physical abuse, mental health (depression, anxiety, anger), physical health (physical symptoms and medical diagnoses), family background, and childhood adversities. Parental physical abuse was reported by 11.4% of respondents (10.6% of males and 12.1% of females). In multivariate models controlling for age, sex, childhood adversities, and family background, we found that childhood physical abuse predicted a graded increase in depression, anxiety, anger, physical symptoms, and medical diagnoses. Childhood physical abuse also predicted severe ill health and an array of specific medical diagnoses and physical symptoms. Family background and childhood adversities attenuated but did not eliminate the childhood abuse/adult health relationship. In a population-based cohort of middle-aged men and women, childhood physical abuse predicted worse mental and physical health decades after the abuse. These effects were attenuated, but not eliminated, by age, sex, family background, and childhood adversities.

Women with histories of childhood maltreatment (CM) have higher rates of physical health problems and greater medical utilization compared to women without abuse histories. Lang et al., (2006) examined whether current post-traumatic stress disorder (PTSD) symptoms mediate the relationship between CM and indicators of physical health and medical utilization in female veterans. Respondents were 221 female veterans (56.0% of the potential sample), who received medical care from the San Diego VA Healthcare System during a 12-month period. Respondents provided self-report information about CM, PTSD symptoms, use of pain medication, and physical symptoms and functioning. Additional information about medical utilization was extracted from respondents' medical charts. Regression-based models were conducted to test whether PTSD symptoms mediate the relationships between CM and physical symptoms and between CM and medical utilization. Emotional abuse was associated with poorer role-physical functioning, increased bodily pain and greater odds of using pain medication in
the past 6 months. Physical abuse was associated with poorer general health. Contrary to prediction, emotional neglect was associated with better role-physical functioning, and CM was not associated with increased healthcare utilization. PTSD was shown to mediate the relationship between emotional and physical abuse and health outcomes. PTSD, or psychopathology more generally, appears to be an important factor in the negative health impact of CM. Given that several empirically supported interventions are available for PTSD, there may be physical health benefits in early identification and treatment of psychopathology related to CM.

McCrann et al., (2006) attempted to find out the prevalence data for childhood sexual abuse among Tanzanian university students. The nature of sexual abuse was also investigated. Participants (N=487) from a university in Tanzania completed a questionnaire, which assessed abusive childhood sexual experiences, gathering information about age of victim, duration of abuse, perpetrators, amount of force or persuasion involved, and potential causes of child sexual abuse. A number of individuals were also interviewed about their experiences. The overall prevalence rate for child sexual abuse was 27.7%, with rates being higher for females than for males. The average age of the victim when abuse occurred was 13.8 years. Perpetrators were generally unidentified by respondents; nonetheless, a surprisingly high proportion of female perpetrators was noted. There was a considerable amount of force or persuasion involved in the abusive behavior: betrayal of trust, bribes and physical force were cited frequently. Poverty and superstition were the primary explanations given for child sexual abuse. The study provides evidence for the existence of child sexual abuse in Tanzania. Poverty feeds the "sugar daddy/mammy" phenomenon and combined with various forms of superstition is an important factor in child sexual abuse in Tanzania.

Afifi et al., (2006) investigated three categories of increasing severity of childhood adversity (no physical punishment or abuse, physical punishment only, and child abuse) to examine whether the childhood experience of physical punishment alone was associated with adult psychopathology, after adjusting for socio-demographic variables and parental bonding dimensions. Data were drawn from the nationally representative
National Comorbidity Survey (NCS, n=5,877; age 15-54 years; response rate 82.4%). Binary logistic and multinomial logistic regression models were used to determine the odds of experiencing psychiatric disorders. Physical punishment was associated with increased odds of major depression, alcohol abuse/dependence and externalizing problems in adulthood after adjusting for socio-demographic variables and parental bonding dimensions. Individuals experiencing physical punishment only were at increased odds of adult psychopathology compared to those experiencing no physical punishment/abuse and at decreased odds when compared to those who were abused. Physical punishment is a mild form of childhood adversity that shows an association with adult psychopathology.

Tang (2006) examined the rates and associated factors of parent-to-child corporal punishment and physical maltreatment in Hong Kong Chinese families. Cross-sectional and randomized household interviews were conducted with 1,662 Chinese parents to collect information on demographic characteristics of parents and children, marital satisfaction, perceived social support, evaluation of child problem behaviors, and reactions to conflicts with children. Descriptive statistics, analyses of variances, and logistic regression analyses were conducted. The rates of parent-to-child physical aggression were 57.5% for corporal punishment and 4.5% for physical maltreatment. Mothers as compared to fathers reported higher rates and more frequent use of corporal punishment on their children, but this parental gender effect was insignificant among older parents and those with adolescent children. Boys as compared to girls were more likely to experience higher rates and more frequent parental corporal punishment, especially in middle childhood at aged 5-12. Furthermore, parents perpetrated more frequent physical maltreatment on younger as compared to older children. Results from logistic regression analyses indicated that significant correlates of parental corporal punishment were: children's young age, male gender, and externalizing behaviors as well as parents' young age, non-employment, and marital dissatisfaction. For parent-to-child physical maltreatment, significant correlates were externalizing behaviors of children and parental marital dissatisfaction. Hong Kong Chinese parents commonly used corporal
punishment on their children, which was associated with characteristics of children, parents, and family.

Drawing from stress-vulnerability and trauma theory, Hund and Espelage (2006) present a model of associations among child emotional abuse (CEA), alexithymia, general distress (GD), and disordered eating (DE). This study extended previous research on psychological outcomes of child physical and sexual abuse to explore those of CEA using measures of specific emotionally abusive acts. Five hundred and eighty-eight female university students completed self-report surveys consisting of measures of CEA, alexithymia, depression, anxiety, and DE. Structural equation modeling was used to test this conceptual model. Comparison between measurement models suggested that bulimic behavior is a separate construct from restrictive eating behaviors and body dissatisfaction. In the structural model with the best fit, the association between CEA and DE was mediated by alexithymia and GD (i.e., a component of depression and anxiety). Specifically, CEA was associated with alexithymia, which was further related to GD. Then, restrictive eating behaviors and attitudes mediated the relation between GD and bulimic behaviors. By analyzing a second, nested model, this latter pathway was shown to be important. While the best-fitting model is only one of many possibilities, these results point to a weak-but significant-complex relation between CEA and DE. They are associated through a series of mediating relations in a multivariate model including alexithymia and GD. The current study supports research suggesting that child emotional abuse can have a negative impact on its survivors. Treatment of those survivors manifesting disordered eating should be holistic, as opposed to targeted towards specific symptoms.

Carter et al., (2006) examined the impact of childhood sexual abuse (CSA) on clinical characteristics and premature termination of treatment in anorexia nervosa (AN). The participants were 77 consecutive patients with AN admitted to an inpatient eating disorders unit. The patients were assessed in terms of eating disorder symptoms, general psychopathology, and CSA history at admission to hospital. Thirty-seven patients (48%) reported a history of CSA before the onset of the eating disorder. Individuals with a
history of CSA reported significantly greater psychiatric comorbidity, including higher levels of depression and anxiety, lower self-esteem, more interpersonal problems, and more severe obsessive-compulsive symptoms. Patients with the binge-purge subtype of AN (AN-BP) were significantly more likely to report a history of CSA prior to the onset of the eating disorder as compared with patients with the restricting subtype (AN-R) of the illness (65.0% of the AN-BP patients vs. 37.0% of the AN-R patients; p<.02). Contrary to our predictions, abused patients were not significantly more likely to dropout of treatment overall. However, patients of the binge-purge subtype (AN-BP) with a history of CSA were significantly more likely to terminate treatment prematurely as compared with the other patients. Consistent with previous findings, the present results indicate that the prevalence of CSA is high among individuals seeking inpatient treatment for AN. A history of CSA was associated with greater psychiatric disturbance overall and a higher rate of dropout for patients of the binge-purge subtype.

Dumbrill (2006) explored the ways in which parents experience and negotiate child protection intervention. A qualitative grounded theory approach was used. In-depth qualitative interviews explored the experiences of 18 parents who had received child protection services. Grounded theory methods were used to build a model representing the ways these parents perceived and reacted to intervention. The ways parents perceive workers using power was shown to be the primary influence shaping parents' views of intervention and their reactions to it. Two perceptions of power emerged: parent's perceived power being used over them as a form of control or power with them as a form of support. Three ways of responding to intervention emerged: parents fought workers by openly opposing them, "played the game" by feigning co-operation, or worked with them in collaborative relationships. Parents experiencing power being used over them tended to fight or play the game while parents experiencing power being used with them tended to work with intervention. No evidence was found linking case type (non-voluntary or voluntary cases) to whether parents perceived power being used by workers over them or with them. Findings highlight the importance of practitioners and policy makers being aware of the impact power has on worker-parent interaction. Doubts are raised about the
viability of policies separating policing and helping in child protection through differential response systems.

2.4 Child Abuse and Adjustment:

Deb and Mukherjee (2009) found that a large number of sexually abused children in Kolkata have been suffering from depression and high aggression. They also possess poor emotional and social adjustment capability and experience problems in four personality dimensions out of the five that were measured and they differed significantly with the normal population on the above-mentioned variables. It is clearly indicated that mental health of sexually abused girl children of different age groups is equally affected because of incidence of abuse. Psychological intervention more specifically counseling was found to be beneficial in majority of the cases in improving the mental health condition of the sexually abused girls. The findings of the present study revealed another interesting characteristic of the victims i.e., although the mistreated children differed significantly with normal population with respect to aggression, their temperament was found to be better than their normal counterparts.

Sesar et al., (2008) tried to determine the prevalence and intercorrelation of different forms of childhood maltreatment and psychological problems in adolescents in Western Herzegovina Canton. A questionnaire study was conducted in March 2003 on a convenient sample of 458 third-grade high-school students (39.0% boys) aged between 15 and 20 (median age, 17). Data were collected using a socio-demographic questionnaire, Family Adaptability and Cohesion Evaluation Scales, Child Maltreatment Questionnaire, Youth Self-Report, and Rosenberg Self-Esteem Scale. Socio-demographic and family characteristics and exposure to maltreatment were analyzed as possible predictors of exposure to a particular type of abuse and subsequent psychological adjustment problems. Out of 458 students, 77.0% were emotionally abused, 52.0% physically abused, 30.0% neglected, 20.0% witnessed family violence, and 13.0% of girls and 21.0% of boys were sexually abused before the age of 14. Significant association between the maltreatment by a mother, father, and other adults were found for emotional and physical abuse and for neglect and witnessing family
violence. Significant correlation was found between all forms of abuse, except between sexual abuse and witnessing family violence. Almost two-thirds of students were exposed to multi-type maltreatment in childhood. Family characteristics and maltreatment scores significantly predicted anxiety/depression, withdrawal, somatic complaints, social problems, attention deficit and hyperactivity disorder, rule-breaking behavior, aggression, as well as self-esteem. Most third-grade high-school students in Western Herzegovina Canton were exposed to multi-type maltreatment in childhood, regardless of the war experience. Emotional and physical abuses were most frequently combined forms of maltreatment. Socio-demographic and family characteristics and exposure to some forms of abuse were significant predictors of exposure to other forms of abuse. Exposure to maltreatment in childhood predicted difficulties in psychological adjustment in adolescence.

Forouzan and Gijseghen (2005) evaluated psychosocial adjustment and psychopathology among men sexually abused during their childhood and arrive at a better understanding of the reasons for which, following such sexual experiences, some adult males manifest greater distress than others. In total, 64 participants were interviewed and completed eight questionnaires covering various aspects of childhood and adult life. Results suggest the existence of three types of sexual abuse scenarios. Participants in each of these three groups presented with an adult-specific adjustment. However, the methodology and multivariate analyses used in this study suggest that some of these problems were not only associated with the sexual contacts but also with other childhood experiences and with the participant's cognitive, affective, and psychological resources.

Kelly et al., (2002) examined the long-term impact of mother-son incest and positive initial perceptions of sexual abuse experiences on adult male psychosocial functioning. Sixty-seven clinic-referred men with a history of sexual abuse participated. The participants completed self-report measures regarding their current psychosocial functioning and described the nature of their sexual and physical abuse experiences during childhood. Seventeen men reported mother-son incest, and these men endorsed more trauma symptoms than did other sexually abused men, even after controlling for a
history of multiple perpetrators and physical abuse. Mother-son incest was likely to be subtle, involving behaviors that may be difficult to distinguish from normal caregiving (e.g., genital touching), despite the potentially serious long-term consequences. Twenty-seven men recalled positive or mixed initial perceptions of the abuse, including about half of the men who had been abused by their mothers. These men reported more adjustment problems than did men who recalled purely negative initial perceptions. Mother-son incest and positive initial perceptions of sexual abuse experiences both appear to be risk factors for more severe psychosocial adjustment problems among clinic-referred men.

The Study of Ezzell et al., (2000) had three main objectives: First, to assess physically abused children's perceptions of teacher, peer, and family support; second, to determine whether the levels of perceived support differ according to the person's social role; and third to assess which sources of social support show stronger associations with adjustment in a physically abused sample. Perceived social support from teachers, families and peers was assessed in a sample of 37 physically abused children using a shortened version of the Survey of Children's Social Support. Child adjustment was indexed by child and parent reports of child depression, anxiety, and anger. Analyses indicated that the children rated their families, peers, and teachers highly as sources of social support, with families being rated as the most important source. Hierarchical multiple regression analyses indicated that perceived peer support was significantly negatively related to children's and parent's reports of children's depression and anxiety. Furthermore, perceived family support was significantly negatively associated with child reported depression. No significant relationships were found between perceived teacher support and symptomatology. Overall, the results suggest that peer and family support are particularly important for physically abused children's psychological functioning, particularly for internalizing problems.

Garnefski and Arends (1998) studied a large representative community sample of adolescents and analysed to investigate the relationship between a history of sexual abuse and adolescent functioning. Emotional problems, behavioural problems, suicidal thoughts and behaviour of boys and girls with a history of sexual abuse were compared to those in a matched control group of boys and girls without such a history. Both sexually abused
boys and girls reported significantly more emotional problems, behavioural problems, suicidal thoughts and suicide attempts than their non-abused counterparts. The results also indicated that the experience of sexual abuse carried far more consequences for boys than for girls regarding the use of alcohol, aggressive/criminal behaviour, use of drugs, and the amount of truancy, as well as regarding suicidal thoughts and behaviour. For example, whereas 2.6% of the non-abused boys reported a former suicide attempt, this percentage was 13 times higher for the sexually abused boys (26.5%). The results of this paper lend support to the call for further research investigating gender differences in response to sexual abuse.

Varia et al., (1996) examined perceptions of abuse (psychological, physical, and sexual) and later adult psychological and social adjustment in a nonclinical sample of 173 individuals. A subgroup of abused individuals were identified (Minimizers), who reported levels of abuse above the mean, but failed to acknowledge themselves as abused. Analyses of variance revealed that abused individuals, both acknowledgers and minimizers, consistently had more psychological and social adjustment problems than the non-abused group. In addition, individuals who fell in the minimizing subgroup had more detrimental outcome than the Abused (acknowledgers) group in a few areas, suggesting that the perception of past events (abuse) may be an important factor in determining future psychological adjustment.

Smith and Howard (1994) explored the effects of previous sexual abuse on the adjustment of children in adoptive placement. A conceptual model is used to interpret the findings of a study comparing the adoptive placements of 35 sexually abused children with the placements of 113 children who had no identified history of sexual abuse. Data were gathered from the children's case records. Results indicate that sexually abused children experienced more moves when in care, increased frequency of disrupted adoptive placements, greater behavioral difficulties, and more attachment problems than the comparison group. This article examines the interaction of sexual abuse and adoption issues and discusses the implications of the findings for social work practice with sexually abused children and their adoptive families.
2.5 Child Abuse and Academic Achievement/Performance:

To examine the relationship between sexual abuse and academic achievement in an adolescent inpatient psychiatric population. Individual factors expected to influence this relationship were measured by Buckle et al., (2005) to explore the way they each interacted with sexual abuse and its relationship to academic achievement. Eighty-one adolescent psychiatric inpatients participated in the study (aged 12-18 years: M=16.0). Participants were administered tests of academic achievement (dependent variable) and intelligence, and completed a number of self-report measures of their experience of different types of maltreatment, their perception of the parenting they received, socio-economic status, substance abuse, and psychopathology. Hierarchical regression analysis revealed that intelligence was the main predictor of academic achievement (uniquely explaining 26.0% of the variance). A number of interaction effects were also significant indicating that intelligence, substance abuse, internalizing behavior problems, externalizing behavior problems all influenced the relationship between sexual abuse and academic achievement. Examining the impact of sexual abuse is complex because it is typically an experience embedded in a range of other risk factors, such as poverty, family dysfunction, and other types of maltreatment. This study demonstrated coexistence between sexual abuse and a number of other variables, including other maltreatment types and parental overprotection, underscoring the requirement for complex models of research that more accurately reflect the experience of abused children.

Little is known about the prevalence of intellectual and academic problems in sexually abused children. Such problems may have significant implications for their management. Jones et al., (2004) examined the prevalence of such problems in a population of Australian children referred for sexual abuse evaluation. The study also assessed the clinical utility of the Parents' Evaluation of Developmental Status (PEDS) questionnaire as a screening tool for learning and developmental problems in this population. Over a 12-month period, children referred for sexual abuse evaluation to the Mater Children's Hospital Child Protection Unit were enrolled and background demographic and abuse related data collected. The children then completed standardized psychometric
assessments. Their parents completed Child Behavior Checklists (CBCL) and PEDS questionnaires. Day care providers and schoolteachers completed the corresponding Caregiver or Teacher Report Forms (TRF). A total of 21 of the 35 eligible children completed the assessment during the study period. Mean scores for intelligence and academic achievement were within the average range. However, three (14.0%) of the tested children were intellectually impaired and three (14.0%) showed academic underachievement. Sixty-two per cent of children had problems in the clinical range on the CBCL and 33.0% on the TRF. The PEDS showed a sensitivity of 64.0%, specificity of 60.0% with a positive predictive value of 77.0%. In this population of referred children, over one quarter showed problems with intellectual impairment or academic under achievement. Most of these children were not receiving learning support at school. A high index of suspicion is therefore required when assessing sexually abused children for comorbid intellectual and learning problems.

Active involvement by parents may contribute substantially to the success of school-based programs to prevent child sexual abuse (CSA). In China, little is known about parental understanding of CSA. Chen et al., (2007) investigated Chinese parents' knowledge, attitudes, and communication practices with their children about CSA. Six hundred and fifty-two parents of Grade 3 pupils of seven elementary schools in Jingzhou city, Hubei province (central China), completed an anonymous questionnaire (response rate=81.0%). More than 95.0% of respondents agreed that elementary schools should provide programs to prevent CSA and were willing to have their children participate in such programs. Although nearly all parents talked with their children about stranger danger, they were much less likely to talk specifically about sexual abuse. Many parents personally lacked basic knowledge about characteristics of perpetrators, the sexual abuse of boys, and nonphysical consequences of CSA. About half (46.8%) expressed some concern that CSA preventive education could cause their children to know "too much about sex." Contrary to expectations from research in western nations, parents who talked with their children about CSA did not have better knowledge or more supportive attitudes to CSA prevention than did parents who said they never discussed CSA with their children. This study confirms and extends two recent surveys indicating strong support for the concept of school-based CSA prevention in China. However, given the apparently
low levels of knowledge about CSA, even among those who talk about this problem with their children, future prevention programs should include community-wide efforts to educate adults to ensure that parental advice is accurate and hopefully, effective.

Previous research has suggested that child maltreatment is associated with poor school performance. However, previous studies have largely been cross-sectional or, if longitudinal, have had small sample sizes, short follow-up periods, or have not adequately controlled for confounders. The objective of Zolotor et al., (1999) study was to determine the relationship between child maltreatment and school performance in a cohort of children at risk of maltreatment and followed since birth. This prospective study followed children born at risk for maltreatment with semi-annual reviews of the North Carolina Central Registry of Child Abuse and Neglect. At ages six and eight years, children's teachers were surveyed using the Achenbach Teacher Report Form and project-developed questions regarding peer status. This information, along with control variables from maternal interviews, was used in logistic regression models to determine the impact of maltreatment on academic performance, peer status, and adaptive functioning. The generalized estimating equations (GEE) method was applied to adjust variance estimates for within-person correlations of school performance measures at two points in time. A substantiated maltreatment report is significantly associated with poorer academic performance (p<0.01) and poorer adaptive functioning (p<0.001) but not with peer status. Understanding the consequences of maltreatment, including poor academic performance and adaptive functioning, is important in planning educational, health, and social service interventions that may help abused or neglected children succeed in school and later in life. Longitudinal analysis is the best way to establish a causal relationship between maltreatment and subsequent school problems.

Gray et al., (2000) was undertaken a study to assess academic progress of children 1 to 5 years after graduating from the C. Henry Kempe Center's Therapeutic Preschool Day Treatment Program. Information was gathered through chart review; telephone surveys of care providers, relatives, and social service workers; as well questionnaires on all children who attended the therapeutic preschool day treatment program between 1984
and 1989, including the 24 children reported on by Oates, Gray, Schweitzer, Kempe, and Harmon, 1995. Classroom placement was determined for 27 of the 44 graduates (61.4%), 14 of whom (51.9%) were in a regular classroom, 10 (37.0%) in special education, two (7.4%) in residential treatment, and one (3.7%) was receiving home schooling. Twenty-two of the 27 children (81.5%) improved or remained in the same grade and type of classroom as they had been staffed into at the time of their graduation from the preschool day treatment program. Factors thought to affect stability of classroom placement were studied, of which frequency of family moves was the only significant variable. Its significance was in the direction opposite to that expected. The most effective method of locating families was to contact the Department of Social Services who provided information used to find 60.0% of them. Intervention in a therapeutic preschool day treatment program was found to be beneficial, as it enabled most of the children to progress appropriately in public school.

Kendall-Tackett and Eckenrode (1996) examined the effect of child neglect, alone and in combination with abuse, on academic achievement and school disciplinary problems for elementary, junior high, and senior high students. The sample included 324 neglected children and adolescents, and a matched non-maltreated sample of 420 children and adolescents. All subjects were in grades K through 12 in a small city in New York State. The results revealed that neglected children did perform more poorly than their non-maltreated counterparts, having lower grades, more suspensions, more disciplinary referrals, and more grade repetitions, even when controlling for gender of child and SES. Neglect alone and neglect in combination with physical or sexual abuse was related to lower grades and more suspensions. The combination of abuse and neglect had a particularly strong effect on the number of disciplinary referrals and grade repetitions. Abused/neglected students in junior high had the highest number of grade repetitions. The number of disciplinary referrals continued to increase through senior high for both neglected and abused/neglected students. Interestingly, the academic performance of all subjects dropped during junior high. Neglect and neglect in combination with abuse appeared to exacerbate a decline in academic performance that occurs as children enter junior high school.
Although bulimics' family functioning usually is reported to be abnormal, Kern and Hastings (1995) examined whether these abnormalities are specific to bulimia or whether they may be due to covariation with another problem associated with abnormal family functioning, childhood sexual abuse (CSA). Consistent with prior research, the family environments of bulimic and normal eaters, as well as abused and non-abused subjects, differed significantly. However, when eating behavior and abuse status were analyzed concurrently, significant differences between bulimics and normals failed to emerge. Abnormal family environment was associated more closely with CSA than with bulimia. The one abnormality unique to bulimia was the family's heightened emphasis on achievement. The potential importance of familial achievement orientation is discussed.

Although sexual abuse is widely considered to have severe sequelae, most studies of children's status after sexual abuse have had major limitations, including retrospective design, small sample sizes, and selective enrollment of subjects, no comparison groups, and lack of information about potentially confounding characteristics of studied children. Paradise et al., (1994) did a study with a view to clarify the impact of sexual abuse on children's psychological well-being. Authors prospectively studied 154 children who were brought to urban, university-affiliated hospitals for assessment of recently disclosed sexual abuse and compared them with a control group of 53 demographically similar children not known to have been sexually abused. In comparison with the control children, fewer of the sexually abused children had health insurance and more had received psychiatric care unrelated to the sexual abuse. Most initial ratings of behavior, maternal psychiatric status, family function, and school performance were less favorable among the sexually abused than among the control children (P<.05). At follow-up 6 months later, the psychiatric status of the mothers of the abused children apparently improved, but the children's difficulties largely persisted. Baseline characteristics of the abused children significantly or suggestively associated with persisting problematic behavior were older age (P=.04), lower maternal educational attainment (P=.06), poorer maternal psychiatric status (P=.04) and lower family integration (P<.001). These four factors accounted for 31.0% of the variance in the children's behavior at 6-month follow-
up (P<.001). Unexpectedly, characteristics of the children's sexual abuse experiences did not predict their later behavioral status. These findings suggest that pre-existing, long-standing adverse psychosocial circumstances may contribute importantly to persistently problematic behavior and school performance among sexually abused children. The findings also suggest that it is children's preexisting psychosocial circumstances, rather than the abuse, that determine, at least in part, the nature of their functional outcomes.

Studies of the impact of abuse or neglect on children have focused largely on maltreated infants, toddlers, or preschool children. Kurtz et al., (1993) a total of 139 school-age and adolescent children participated in a multi-model, multi-source assessment; 22 of the children had been physically abused, 47 had been neglected, and the remainder served as comparison subjects. Parent and child interviews, teacher ratings, and data from school records were used to comprehensively assess children's school performance; social and emotional development in school, at home, in the community, and with peers; and adaptive behavior in areas such as motor skills, personal care skills, and community orientation. With the effects of socioeconomic status covaried out, results showed that the abused children displayed pervasive and severe academic and socio-emotional problems. Neglected children differed little from children who were neither abused nor neglected on measures of socio-emotional development, but they displayed severe academic delays. Both groups of maltreated children showed unexpected strengths on measures of adaptive behavior.

Gregory and Beveridge (1984) assessed a group of thirteen 6-year-old children who had been physically abused by their parents in school for language development, educational attainments and social adjustment, and compared with children from some of the same school classes who served as a comparison group. All the abused children had attended the Family Centre of the National Society for the Prevention of Cruelty to Children (NSPCC) in Manchester before starting school, and they and their parents had received social work support and supervision from the special unit team. Ten of the 13 abused children had made measurable progress in reading. There were no significant differences between the groups in language development or number skills, but the abused group did
contain more high (maladjusted) scores on the Bristol Social Adjustment Guide. Monitoring educational progress and social adjustment in school would seem to be a useful method of following the progress of such children. Most of the children in this group are so far making progress within the ordinary school system despite the disturbances, which have affected their home life.

2.6 Miscellaneous:

Australia is seeing an unprecedented increase in the rate of child protection notifications and children being taken into care. The burden of such high levels of notifications and removals impact not only the children and families but also the system, which is trying to resource them. The concern is that these increases are unsustainable and overloaded child protection systems can be dangerous for the vulnerable families and children they are trying to protect and support. O'Donnell et al., (2008) hopes to raise some alternative thinking as to the overall approaches to child abuse and neglect with a greater focus on prevention. Is it time to consider a public health approach, using population-based measures of child abuse and neglect to accurately describe the epidemiology of population risk and protective factors? Should we investigate the potential of universal health, welfare and education services as platforms for prevention? And should we investigate whether the provision of secondary prevention for vulnerable families which address major contributing factors, such as parental substance dependence and mental health issues are effective in reducing abuse of children in these families?

Wolfe et al., (2006) did a study to understand the long-term impact of physical and sexual abuse of boys by someone in a trusting, non-familial relationship. This clinical study reports on the psychological functioning of men (N=76) with substantiated claims against a residential religiously affiliated institution for multiple and severe incidents of sexual, physical, and/or emotional abuse during childhood. The abuse was perpetrated by several adults in positions of authority and trust at the institution. Each participant received a clinical interview and was administered psychological tests and a structured interview for DSM-IV diagnoses. The same clinician completed all of the assessments. DSM-IV criteria were met for current PTSD (42.0%), alcohol (21.0%), and mood-related disorders
Over one-third of the sample suffered chronic sexual problems, and over one half had a history of criminal behavior. The clinical findings provide direction for assessing victims of historical abuse, and underscore the importance of awareness, prevention, and treatment needs for those who have been abused in institutional settings. Conclusions are limited due to participants' involvement in civil action, unknown preexisting conditions, and the lack of a suitable comparison group.

World Health Organization has identified violence against children as a growing public-health issue with a global magnitude. Hyder and Malik (2007) explored violence against children as a challenge in the developing world using Pakistan as a case study. A systematic review of existing research and literature on violence against children was followed by assessing the magnitude of this challenge and its impact on policy. Most research done in Pakistan is observational, descriptive, and anecdotal with data collected through survey methods and interviews with small sample sizes. The findings suggest that the confluence of macro risk factors, such as poverty, poor legal protections, illiteracy, large family size, and unemployment, create an enabling environment for violence against children. Lack of empirical data makes it difficult to assess the magnitude of this issue. The health problems reported and the extent of human potential destroyed are unknown. Conclusion calls for focused research to examine the prevalence, potential interventions, and policies in Pakistan.

Wallace et al., (2007) attempted to determine how often and for what reasons a hospital-based multidisciplinary child abuse team concluded that a report of alleged or suspected child abuse was unnecessary in young children with fractures. A retrospective review was completed of all children less than 12 months of age who, because of fractures, were referred to the hospital multidisciplinary child abuse team for consultation regarding the need to consider child abuse. The team received 99 consultations, reported 92 (93.0%) children as alleged or possible victims of physical abuse, and did not report 7 (7.0%). Age at presentation of those who were reported was 4.2 months compared to 3.0 months in the non-reported group. The average number of fractures in the reported group was 2.9 (SD 3.53) compared to 3.4 (SD 4.6) in the non-reported group. Factors that led to cases
not being reported included: (a) a trauma history consistent with the fracture (n=4), (b) a diagnosis of bone fragility secondary to genetic, nutritional or medical therapy etiologies (n=2), and (c) iatrogenic fracture (n=1). Seven percent of the children less than 12 months of age and with at least one fracture referred to the multidisciplinary team for evaluation of possible child abuse were not reported as alleged or suspected physical abuse. The involvement of the hospital multidisciplinary child abuse team may have prevented unnecessary investigation by the county social services agency and/or police, and possible out-of-home temporary placement.

The objective of Alikasifoglu et al., (2006) study was to determine the prevalence of sexual abuse in female adolescents in Istanbul, Turkey from data collected as part of a school-based population study on health and health behaviors. A stratified cluster sampling procedure was used for this cross-sectional study. The study sample included 1,955 randomly selected 9th through 11th grade female students attending 26 randomly selected high schools in Istanbul. A self-report questionnaire was administered anonymously in the classroom. Information on sexual abuse history was collected through the questions investigating ‘touching’ and ‘intercourse’. Of 1,955 female students, 1,871 (95.7%) provided answers to the questions addressing unwanted sexual experience. Of these, 250 (13.4%) reported sexually abusive experiences. Two hundred and thirteen (11.3%) students reported that someone touched their private parts in a way they did not like; 91 (4.9%) reported they were forced to have sexual intercourse; 54 (3.0%) reported both types of sexual abuse. Incest was reported by 1.8% of the subjects. Ninety-three percent of the perpetrators were reported to be male. This is the first reported school-based study to determine the prevalence of sexual abuse in Turkey. The results show that at least 13.4% of female high school students disclosed having experienced sexual abuse during childhood.

The study of Chang et al., (2006) examined the characteristics and patterns of child abuse among immigrant Korean families in Los Angeles and critical variables that contribute to the type of placement made by the child protective services (CPS) system. Data were obtained from reviewing and analyzing 170 active Korean case files maintained by the
Asian Pacific Unit (APU) of the Los Angeles County Department of Children and Family Services (LAC-DCFS) during July through September, 2001. Logistic regression analysis was employed to examine the odds of children being kept in or removed from the home. Some of the major findings from this study include: (1) immigrant Korean families are more likely to be charged with physical abuse (49.4%) and less likely to be charged with neglect (20.6%) in comparison with all other groups in Los Angeles (13.2% and 27.1%, respectively); (2) the circumstance under which physical abuse occurred most frequently was corporal punishment used by Korean parents with an intention to discipline their children; and (3) the context under which emotional abuse occurred among the Korean families was likely to be children's witnessing domestic violence. In addition, the logistic regression showed that response status, referral source, living arrangement, victim's relationship to perpetrator, and chronicity of abuse were significant in predicting out-of-home placement. An analysis of Korean child abuse cases reported to child protective service revealed that culture and child rearing practices shaped the patterns of child maltreatment. A culturally sensitive approach is strongly suggested for effective child abuse prevention and intervention services with this group by CPS agencies.

Kepenekchi and Cinkir (2006) investigated school bullying among public high school students in Turkey. This study used a survey to examine different aspects of bullying in schools. The participants (N = 692) were students chosen from five state high schools in Ankara in the 2000-2001 academic year. A self-administered questionnaire of 28 single or multiple-choice questions was devised by the authors to examine the students' perceptions of bullying in schools. Descriptive statistical analyses were used to interpret the data. Of the total of 692 students, everyone reported having been bullied. Thirty three point five percent had been bullied verbally, 35.5% had been bullied physically, 28.3% had been bullied emotionally, and 15.6% had been bullied sexually, at least once during the academic year. Victims were faced with one or more types of bullying. There were clear gender differences, with boys consistently experiencing more physical bullying including kicking-slapping, assault with a knife, rude physical jokes, and more verbal bullying including name calling and insulting-swearing (all significant at p < .001). Among the four types of bullying, the most common forms of bullying faced by girls and
boys were the same in order: pushing (58.1% girls/63.5% boys) and name-calling (44.1%/61.8%). About one-third of the students stated that they did not get any help in coping with bullying. The main reason for bullying was pretending to be strong (43.1%). Among the four types of bullying in both genders, students generally reported negative views about the consequences on them including low psychological well-being, poor social adjustment, and psychological distress. Bullying is a serious problem in schools in Turkey and is a matter of recent concern. This is the first research investigating bullying in Turkey. At the present there is no policy at the central level to deal with bullying. It is expected that the results of this study will raise the awareness of students, teachers, school principals, and educational managers and parents to the problem.

Various demographic and familial risk factors have been linked to runaway behavior. To date, there has not been a systematic investigation of the impact of size of community on runaway behavior. Thrane et al., (2006) made an attempt to compare runaways from smaller cities and rural areas to their urban counterparts. A convenience sample of 602 adolescents was interviewed between 1995 and August of 1996 in Missouri, Iowa, Nebraska, and Kansas, USA. Multiple regressions was used to examine the association between gender, neglect, sexual abuse, physical abuse, geographic and family structure change, and community size of first runaway to predict age at first runaway, deviant subsistence strategies, and street victimization. Findings indicate that adolescents exposed to neglect (beta=.20) and sexual abuse (beta=-.16) ran away sooner and were more likely to be victimized on the street. Rural adolescents who experienced higher levels of physical abuse relied more heavily on deviant subsistence strategies (beta=.15) and remained in abusive homes longer (beta=.15) than their similarly situated urban counterparts. Rural youth who have been subjected to elevated levels of familial abuse are at greater risk of deviant subsistence strategies, which increase the likelihood of street victimization.

In India, the children of commercial sex workers (CSWs) are deprived from their basic rights i.e., adequate nutrition, education, and medical care. Moreover, in every step of their life they are differentiated in the society and often become the victims of child
exploitation. The broad objective of Deb's study (2002) was to bring the children of CSWs into the mainstream of the society through participatory approach and to understand the efficacy of intervention programme. A group of 30 high risk children (19B+11G) of 6-16 years age group, selected purposively from the red-light area in Calcutta were exposed to a series of need-based inputs by individual attention for a period of four years and impact of inputs were monitored and documented periodically. Qualitative data collection techniques like focus group discussions, case study and in-depth interviews were adopted for understanding the efficacy of the intervention programme. A variety of inputs had several beneficial effects on children and community. First, the non-formal and formal education successfully motivated 27 children to pursue their studies under the guidance of community volunteers, while three children dropped out due to lack of guidance from family and unfavourable peer group influences. Second, sharing of experience in-group sessions brought the children emotionally closer to one another, while individual counseling met the need for confidential discussion of sensitive issues. The counseling of mothers helped to improve understanding and ensure appropriate remedial action. Third, inputs for social needs helped the children in developing acceptable behaviour and problem solving approach and guidance for education helped the children resume their studies.

Deb and Sen (2005a) attempted to understand the socio-economic profile of the young trafficked women in West Bengal, substance abuse among them and their HIV status as very few studies were carried out on this issue. A group of 35 young trafficked women were covered in the study and they were interviewed by a semi-structured questionnaire. In addition, in-depth interview and case study methods were also adopted for data collection. Findings revealed that majority of the young trafficked women (82.9%), mostly illiterate (57.1%) and semi-literate (42.9%) with more than two siblings (91.4%), were aged between 18-20 years. Parents' mostly illiterate and very poor were involved in agriculture as a laborer and some of them work as vegetable seller. After trafficking only 28.6% have contact with their family and occasionally parents visit them in the rehabilitation homes. However, most of the parents did not know that their girl child was involved in prostitution after trafficking. About 89.0% of the trafficked women had a
history of sexual abuse in early life. After coming into flesh trade about 80.0% became dependent on different types of substances while 20.0% became pregnant accidentally. Four of them (11.4%) were also tested HIV positive. Findings suggest awareness campaign about the child trafficking in the rural areas and in this process all the Panchayat Members and senior community leaders like schoolteachers, Police and local administrators should be involved. In addition, for improving the rural economy awareness about government welfare programmes should be created and NGO should come forward to help poor people to enjoy the benefits of the government programmes.

In 1990, the US Advisory Board declared a national emergency in the child protection system, which was nothing short of a disaster. In calling for a new approach to child protection, the Board argued that only a universal system of family support, grounded in the creation of caring communities, could provide an effective foundation for ensuring children's safety. Strong Communities for Children is the first initiative to attempt a comprehensive, large-scale implementation of the Board's proposed strategy. Using a public health approach, Strong Communities blends research about the causes and correlates of child abuse and neglect with public health concepts of community-wide prevention and intervention. Strong Families, the direct service component of Strong Communities, relies heavily on the health sector for the engagement of families (Kimbrough-Milton, 2008).

As the US Advisory Board on Child Abuse and Neglect recognized in the early 1990s, the challenges posed by (a) the ongoing crisis in the child protection system and (b) the generational decline in social capital are intertwined. This issue of Family and Community Health, 31.2, discusses the conceptualization, implementation, and effects of Strong Communities for Children, the first large-scale application of the board's vision for a neighborhood-based child protection system. Having already demonstrated effectiveness in mobilizing large numbers of volunteers and organizations in diverse communities, Strong Communities has potential usefulness not only in promoting child safety but also in meeting other important goals for community health (Melton et al., 2008).
2.7 Justification of the Study:

Form the above discussion, it is clear that a large number of children are becoming the victim of violence across the globe and India is not exception to that. Violence against children is detrimental to child mental, personality and career development. Till date no such study has been carried out in Tripura on this issue. Hence, the necessity was felt to understand the nature and magnitude of the problem in Tripura in addition to its impact on children and suggest need-based measures.

2.8 Objectives:

- To understand the socio-economic background of the children.
- To understand the nature and extent of violence experienced by the children.
- To understand the mental disposition of children i.e., feeling of security and insecurity especially among the children who experienced violence.
- To understand the achievement motivation of children especially among the children who experienced violence.
- To understand the social adjustment capacity of the children who experienced violence.
- To understand the knowledge of the parents and teachers about child rights and legal measures available for protection of child rights.
- To understand the perception of the parents and teachers about corporal punishment.
- To suggest need-based measures based on the findings of the study.

2.9 Hypotheses:

Hypothesis I: Male and female children do differ significantly in terms of nature of violence experienced by them.

Hypothesis II: Achievement motivation in terms of need for academic success, vocational achievement, social achievement and skill achievement of the children who
experienced psychological violence and who did not experience the same, irrespective of
gender, does differ significantly.

**Hypothesis III:** Achievement motivation in terms of need for academic success,
vocational achievement, social achievement and skill achievement of the children who
experienced physical violence and who did not experience the same, irrespective of
gender, does differ significantly.

**Hypothesis IV:** Achievement motivation in terms of need for academic success,
vocational achievement, social achievement and skill achievement of the children who
experienced sexual violence and who did not experience the same, irrespective of gender,
does differ significantly.

**Hypothesis V:** Achievement motivation in terms of need for academic success,
vocational achievement, social achievement and skill achievement of the male and female
psychologically abused children does differ significantly.

**Hypothesis VI:** Achievement motivation in terms of need for academic success,
vocational achievement, social achievement and skill achievement of the male and female
children who experienced psychological violence does differ significantly.

**Hypothesis VII:** Achievement motivation in terms of need for academic success,
vocational achievement, social achievement and skill achievement of the male and female
children who experienced sexual violence does differ significantly.

**Hypothesis VIII:** Mental disposition i.e., feeling of security and insecurity of the
children who experienced violence in terms of psychological, physical and sexual and
who did not experience the same, irrespective of gender, does differ significantly.
Hypothesis IX: Mental disposition i.e., feeling of security and insecurity of male and female children who experienced violence in terms of psychological, physical and sexual does differ significantly.

Hypothesis X: Social adjustment of the children who experienced violence in terms of psychological, physical and sexual and who did not experience the same, irrespective of gender, does differ significantly.

Hypothesis XI: Social adjustment of the male and female children who experienced violence in terms of psychological, physical and sexual does differ significantly.

2.10 Operational Definitions:

(i) Violence: The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation.

(ii) Physical Violence: Any parent or caregiver act causing non-accidental physical injury or death is called as physical violence. According to Oates (1996), physical abuse means non-accidental physical injury as a result of caretaker acts. Physical abuse frequently includes shaking, slapping, punching, beating, kicking, biting and burning.

(iii) Psychological Violence: Emotional/psychological abuse means the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule. Emotional or psychological abuse includes behavior that threatens or intimidates a child. It includes threats, name calling, belittling and shaming.

(iv) Sexual Violence: Sexual violence refers to sexual exposure of contact by a person older than a child for the purpose of sexual stimulation or exploitation regardless of the use of force or any accompanying physical injury.
(v) **Achievement Motivation:** In the present study, an achievement motivation has been characterized by a desire to attain a high standard of excellence and to accomplish the unique objective in life.

(vi) **Feelings of Security and Insecurity:** The feelings of security-insecurity have significant value in shaping and reshaping of personality. The term has both positive and negative value. In the present study, security has been defined as 'the conditions of being in safety, or free from threat of danger to life. On the other hand, insecurity has been defined as emotional instability, feeling of rejection, inferiority feeling, anxiety, isolation, jealousy, hostility, irritability and tendency to accept the worst general pessimism or unhappy situation in life.

(vii) **Social Adjustment:** Social adjustment refers to the change in habitual conduct or behavior, which an individual must make in order to fit into the community in which he lives (Warren, 1934).