



Prevalence of Child Abuse and neglect as Perceived by Students at University Level

Dr. Tahira Kalsoom, Assistant Professor, Department of STEM Education, Lahore College for Women University, Lahore Pakistan, tahira.kalsoom@lcwu.edu.pk

Dr. Aishah Siddiquah, Assistant Professor, Department of STEM Education, Lahore College for Women University Lahore, Pakistan, aishahsid@gmail.com

Abdul Haseeb Mujahid, Director Air Foundation School, Joharabad Campus Khushab, Pakistan, haseab@gmail.com

Abstract- Present study aimed to explore students' perceptions about child abuse. Abusing and neglecting in childhood leaves impact not only on individuals, families it in turn effects communities too, specifically all phases of children's development—physical, social relations, emotionally, cognitive, behavioral which are often interrelated. Under graduate science students' level were the participants of the study. Four hundred students were selected from six universities as sample. The students belonged to first two years of their degree program and were in the age range 19-22. Students of 19+, 20+, and 21+ age groups were 30.3 %, 35.3, and 34.5 respectively. Family type of 75 % students was nuclear family and 25 % was joint family. Two instruments were used as tool. The first instrument comprises 18 structured questions regarding physical, emotional, and sexual abuses and child neglect. Each question has three choices and respondents have to mark one. Results of the study show that most of the participants believe that child abuse is the physical and emotional abuse or neglect of the child (79.5 %). Some view accidental injury (16.75 %) and child labor (5.75 %) also as child abuse.

Key words: Child abuse, physical abuse, emotional abuse, sexual abuse, child neglect, prevention of child abuse.

I. INTRODUCTION

Mostly, sexual abuse is considered as an abuse but child abuse has many more forms. Child maltreatment term acquainted with all kinds of child abuse and neglect which includes physical abuse, neglect the child, emotional abuse and sexual abuse (Dryden, 2009). Zielinski (2009) reported the prevalence of child abuse that is 13.8% in a sample of about 5,000 adults. All forms of abusing and neglecting influence the children's wellness and progress (Stubenhort et al., 2010; Turner et al., 2012). Childhood abuse experiences in high school students (n=1227) and in universities show that the most prevalent abuse is physical abuse which is 21%, followed by physical neglect (20%), emotional abuse (10.8%), emotional neglect (30.6%) and sexual abuse(13%)(WHO, 2013).

Bhilwar et al, (2015) researched on the frequency of types of child abuse i.e. physical, emotional and sexual abuse during childhood among students. Almost 48% students reported that they are being mocked during their childhood because of their appearance, 56% students reported that they have been beaten, of which 13.4% required medical treatment and a round 16% reported that someone forced the participant to show private parts. Bhilwaret al.(2015) stated that children would not tell clearly and recognize the abuse and share their experiences with others rather than adults because they would be better able to talk about abuse in a more comfortable way and can share their experiences. Abusing and neglecting in childhood leaves impact not only on individuals, families and which in turn effects communities too, and affect all aspects of children's development—physical, social relations, emotionally, cognitive, behavioral which are often interrelated (Lamont, 2010).

According to The Adverse Childhood Experience (ACE) (2006), the most common abuse is done by woman who is the mother of the child. A total of 54% cases reported that abuser is a usually the mother.

In Pakistan, the average of abused children is 11 per day. A report (Sahil, 2017) shows that in the four provinces of Pakistan, Islamabad, Azad Jammu and Kashmir (AJK) and Gilgit-Baltistan (GB), 2,322 incidences of child abuse have been recorded. The study demonstrates that in the adolescents of age of 11-15 years and children of age 6 to 10 years are most vulnerable to abuse. It is not been long that the most

prevalent case of baby Zainab from QASUR, a city of the province Punjab gained more attention about child abuse. The concerns about child abuse and neglect received attention globally. All national and international organizations have shown serious concerns about child protection (Mehnaz, 2018). The present study aimed to explore undergraduate students' perceptions regarding awareness of child abuse, its types, and solutions.

II. REVIEW OF RELATED LITERATURE

Child abuse is considered as an important problem and it requires cooperation of the experts from various fields like psychology, medical, law, and sociology. Tomback (2010) says that 25% of children are neglected in the age of 7-18 years, 51% are emotionally abused, and 45% are physically abused. In the US in 2011, approximately 68,000 children were victims of child abuse, 78% were ignored, 9 percent were sexually abused and 18% were physically assaulted. Most of these children had experienced more than one type of abuse.

Gokçay & Beyazova (2017) reported that 56% of children of Turkey had been abused physically, 49% emotionally, 10% sexually, and 25 percent had been neglected, of which 51% had been ignored mentally or emotionally and 43 percent had been neglected physically. World Health Organization (WHO) reported in 2014, that globally youth seen 22.6%, 3.3% and 16.3% physical abuse, emotional abuse and physical neglect respectively and 8% of the males and 18% women were reported to have been a victim of sexual abuse.

Globally, 1.5 million children suffer from abuse every year, every year 150 million girls are abused in the USA, cases of child abuse and neglect are more than 3 million and due to child abuse and neglect over 2,000 deaths and 18,000 permanent disabilities happen every year. One out of four girls are sexually abused in their childhood. Children less than age of 5 years are dying from child abuse and neglect rather than dying from accidents or any injury (Mehnaz, 2018).

The situation of child abuse is equally same in our neighboring countries. In New Delhi, the rate of child abuse is over 83%. About 89% of the abuse was carried out by the family members (Srivastava et al., 2013). In India, children are mostly beaten or physically abused by their family members or in school and 52% of children admitted some form of sexual abuse. In Pakistan, no official data exists on various types of child abuse and neglect. According to an unofficial report, 15-25% of children are sexually abused in Pakistan. In Karachi, 88.7% of school children reported physical abuse; in Rawalpindi and Islamabad 17% of kids were victims of sexual violence (1 in 5 boys and 1 in 7 girls) and below the age of 13 years, 72% were abused. In 80% of cases, the abuser is a close one (England, 2009). Commercial sexual exploitation of children (CSEC) is more common than any other form of exploitation in Pakistan (SPARC, 2015).

More than 50% of children were victims of physical abuse and 89% of parents abuse their children physically. According to a report, 53% of students have faced sexual abuse in any form and 6% were forced sexually. Emotional abuse is reported by every second child in both girls and boys. At home and in families, more than 50% of children are physically abused, emotionally etc., and 65% of children attending schools experienced physical punishment (Ziaei, et al., 2011; Cohen, 2010).

Women, who were badly treated physically in their childhood probably would be a victim of physical violence as adults. Later in life, child abuse is associated with greater risk of drug abuse, self-destruction, suicide, eating disorders, over-weight, depression, and suicide (Elarousy, 2013). Also, some information reveals that survivors of child abuse are highly possible to be involved in criminal acts in younger age or may be as adults (Daniel, et al., 2011). Several factors affect child abuse, for example lack of knowledge about growth of child, substance abuse, mental health problems, various forms of domestic abuse. More child abuse occurs in low socio-economic status families than high status families (Sneddon, 2003).

Childhood abuse or any disaster happens in those households in which parents' education is low, in a poor and more stressful environment and associated with those surroundings which lead to bad performance (Krug, 2003). Adults state that less guidance and motivation from parents, less interaction between parent and child, and incompatibility of parental care are the reasons of childhood abuse (Poon & Knight, 2012).

Childhood trauma related problems can make adolescents' tasks (e.g., university adjustment) difficult. College students have to face numerous difficulties for instance accommodation in a new setting, developing a sense of self-confidence and self-identity, building peer relationships, and with less supervision learn to direct on one's own (Cicchetti & Toth, 2005). It has been found that more stress from university adjustment strengthens the effects of mood swings and anxiety disorders (Öztürk, 2007).

Abbasi et al., (2014) state that child abuse is a worldwide problem with long life negative results. According to research nearly 23% adults been a victim of physical abuse, 16% experienced neglect and 37% suffered emotional abuse with no greater difference between boys and girls. Child abuse affects physical and mental health through lifetime, these children show poor academic performance, and experience difficulties with employment and social relations in future. Research indicates the prevalence of psychological abuse as 22% (Allen, 2008), negligence in emotions as 47%, carelessness in physical needs as 12% (Dara, et al., 2016) and sexual abuse as 19.7% for women (Poreddi et al., 2016).

III. METHODOLOGY

The study is quantitative in nature. Survey method was used to collect data. Convenient sampling was used to select the participants. Descriptive analysis was done to get the results for each statement.

Participants

Four hundred students at university level were the participants of the study. Students were selected from five universities as sample. Universities were selected conveniently. Three departments, Chemistry, Botany and Zoology were selected from each university. The students belonged to first two years of their degree program and were in the age range 19-22. Students of 19+, 20+, and 21+ age groups were 30.3 %, 35.3, and 34.5 respectively. Family type of 75 % students was nuclear family and 25 % was joint family.

Instrument

Self constructed questionnaire was used as a tool. The instrument comprises 18 structured questions regarding physical, emotional, and sexual abuses and child neglect. Each question has three choices and respondents have to mark one.

IV. RESULTS

Table 1

Undergraduate students' views about child abuse

Sr. No.	Questions	Most frequent response	Next frequent response	Least frequent response
<u>Perception of child abuse</u>				
1	What is child abuse?	Physical and emotional abuse or neglect of the child (79.5)	accidental injury (16.75)	Child labor (3.75)
2	Types of child abuse	Physical, emotional and sexual abuse (88.25)	Financial abuse, slavery (6)	child labor (5.75)
3	Common abuse in country	Physical and sexual abuse(74.5)	Neglect of the child (22.5)	Substance abuse(3)
4	Common cause of child abuse	Lack of awareness (67)	Poor socio-economic status (24)	Single parenting (9)
5	Obvious signs of abuse	Behavioral sign(68.25)	Physical sign(22.75)	Verbal sign(9)
<u>Physical abuse</u>				
6	What is physical abuse?	Parent or care giver causes any injury (47.5)	Non-accidental injury(32.8)	Accidental injury(19.8)
7	Forms of physical abuse	Beating, restraint the child(50)	Cigarette burns, human bites, cutes, stick marks (29)	Punishing hard (21)
8	Consequences of physical abuse	Poor performance(40.5)	Anti-social behavior (38.25)	Head injury, bruises (21.25)
<u>Emotional abuse</u>				

9	What is emotional abuse?	Watching emotional movies (54)	Activity of adults that disturb emotions of the child (24.25)	Fighting between the children (21.75)
10	Forms of emotional abuse	B & C (68.75)	Shaming, threatening, fighting (15.75)	Negative comparisons to others (15.5)
11	Consequences of emotional abuse	of loss of control (43.75)	Violent behavior, or anger (28.25)	Fever (28)
<u>Child Neglect</u>				
12	What is child neglect?	Failure to meet basic needs (49.25)	Beating the child (28.75)	Scolding the child (22)
13	Types of child neglect	Not give food, medical care & education (39.25)	Social withdrawal (31.75)	Withdraw from home (28.75)
14	Consequences of child neglect	Not a healthy relationship with people (36.75)	Usage of alcohol, smoking or any substance abuse (34.75)	Feeling lonely (28.5)
<u>Sexual abuse</u>				
15	What is sexual abuse?	Intentional touching by others (69.25)	Unintentional touching by others (17.25)	Neglect of child (13.5)
16	Consequence of sexual abuse	B and C (44.5)	Avoidance of things related to sexuality (34)	Running away from the home (21.5)
<u>Solutions</u>				
17	What to do when child abuse happens?	Give education or aware children (48.5)	Report to police, counsel the abuser (39.5)	Providing financial support (12)
18	Good parenting requires	Protective behavior (51.5)	Providing positive role model (28)	Adequate supervision (20.5)

Results of the study show that most of the participants believe that child abuse is the physical and emotional abuse or neglect of the child (79.5 %). Some view accidental injury (16.75 %) and child labor (5.75 %) also as child abuse. Physical, emotional, and sexual abuses (88.25 %), financial abuse, slavery (6 %), child labor (5.75 %) are the types of child abuse. The most prevalent child abuse in the country is physical and sexual abuse (74.5), followed by neglect of the child (22.5 %), and substance abuse (3 %) as perceived by the participants. The common cause of child abuse perceived by majority of the participants was lack of awareness (67 %). Some perceive poor socio- economic status (24 %) and single parenting (9 %) also as the causes of child abuse. Signs of child abuse are mostly behavioral (68.25 %), followed by physical (22.75), and verbal (9 %).

Physical abuse is perceived as the injury caused by parent or care giver by nearly half participants (47.5 %). Some think non- accidental injury (32.8 %) or accidental injury (19.8 %) as physical abuse. Beating and restraining the child were the forms of physical abuse view by half of the participants (50 %). Others perceive cigarette burns, human bites, cuts, stick marks (29 %), and punishing hard (21 %) as the forms of physical abuse. Consequences of physical abuse are poor performance (40.5 %), anti- social behavior (38.25 %), and head injury, and bruises (21.25 %).

Emotional abuse is the activity of adults that disturb emotions of the child according to some (24.25 %) participants. Others (21.75 %) take it as fighting between the children, whereas, more than half participants (54 %) consider watching emotional movies as emotional abuse. Some include (15.75 %) shaming, threatening, and fighting as the forms of emotional abuse, some (15.5 %) view negative comparisons to others as emotional abuse, whereas majority (68.75 %) include all these as the form of emotional abuse. Consequences of emotional abuse are loss of control (43.75 %), violent behavior, or anger (28.25 %), and fever (28 %).

Child neglect is the failure to meet basic needs of the child as perceived by about half (49.25 %) respondents. Other view beating the child (28.75 %) and scolding the child (22 %) as child neglect. The forms of child neglect are not giving food, medical care & education (39.25 %), social withdrawal (31.75 %), and withdrawal from home (28.75 %). Consequences of child neglect are that the child are not able to

develop a healthy relationship with people (36.75 %), they usage alcohol, smoking or any substance abuse (34.75 %), or they feel lonely (28.5%).

Sexual abuse is the intentional touching of child by others according to majority (69.25 %) of the participants. Few participants view unintentional touching by others (17.3 %) and child neglect (13.5 %) also as sexual abuse. Avoiding things related to sexuality later in life (34 %), running away from the home (21.5 %) are the consequences of sexual abuse and nearly half (44.5 %) respondents view that results in both type of consequences aforementioned.

The solutions of child abuse are giving education and awareness to the child (48.5 %), report to police or counseling the abuser (39.5 %), and providing financial support (12 %). Good parenting requires protective behavior (51.5 %), providing positive role model (28 %), and adequate supervision (20.5 %).

Table 2

Mean and standard deviation regarding awareness

No	Statements	N	M	SD
1	In Pakistan, child abuse is the serious problem.	400	4.67	0.55
2	I was told about child abuse from somewhere (i.e. home, outside of home and school)	400	4.05	0.83
3	I am aware of a helpline in the country specifically meant for children.	400	3.91	1.01
4	I am aware of child abuse.	400	3.84	1.01
5	Some children are abused at early age	400	3.45	1.05
6	Your parents ever talked with you about child abuse.	400	3.36	1.05
7	Children from reputable families are also victims of abuse.	400	3.26	1.16
	Per item mean	7	3.79	.49

Undergraduate students strongly agreed that child abuse is the serious problem in Pakistan ($M = 4.67$). They are aware of child abuse ($M = 3.84$) and were told about child abuse from somewhere (i.e. home, outside of home and school) ($M = 4.05$). Some students' parents talked with them about child abuse ($M = 3.36$). They are also aware of a helpline in the country specifically meant for children ($M = 3.91$).

Table 3

Mean and standard deviation regarding Physical Abuse

No	Statements	N	M	SD
1	Bruises or marks on a body are signs of physical abuse.	400	4.15	0.84
2	Somebody beat or physically hurt you.	400	3.93	0.94
3	Physical abuse ever required medical treatment.	400	3.82	1.00
4	Beating or physically hurting ever leave any mark on your body.	400	3.81	0.94
5	I know one of my friends/siblings is physically abused.	400	3.81	1.03
	Physical abuse Per item mean		3.90	

Students agreed that physical abuse may leave bruises or marks on a body ($M = 4.15$) and may require medical treatment ($M = 3.82$). They agree that they were beaten or physically hurt by somebody ($M = 3.93$) and beating or physically hurting left mark on their body ($M = 3.81$). They also have some of friends/siblings who were physically abused ($M = 3.81$).

Table 4

Mean and standard deviation regarding Emotional Abuse

No	Statements	N	M	SD
1	Somebody humiliates you without any cause	400	4.21	0.84
2	Elderly family members blame you even for those things that were not your fault.	400	4.09	0.84

3	Other family members ridiculed me.	400	3.63	0.99
4	Somebody mocked you because of your physical appearance.	400	3.44	1.08
Emotional abuse Per item mean			3.84	

Participants agreed that they had to face humiliation without any cause from somebody ($M = 4.21$). They had to face ridicule even from their family members ($M = 3.63$) and blame from elderly family members for those things that were not their fault ($M = 4.09$). At times, they were mocked because of their physical appearance ($M = 3.44$).

Table 5
Mean and standard deviation regarding Sexual abuse

No	Statements	N	M	SD
1	Parents/ Siblings told or aware you about sexual abuse.	400	3.69	1.06
2	I know of another youngster who experienced this abuse and spoke to you about them.	400	3.71	1.06
Sexual Abuse Per item mean			3.70	

Participants were told or made aware by their parents or siblings about sexual abuse ($M = 3.69$). They agreed that they know about another youngster who experienced sexual abuse and told them about this ($M = 3.71$).

Table 6
Mean and standard deviation regarding Supportive environment

No	Statements	N	M	SD
1	My family comforts me when I am upset.	400	4.21	0.88
2	My family cares of my hygiene	400	4.18	0.88
3	My family pays attention to my wishes.	400	4.14	0.93
4	I am sure that other members of my family will help me if I have a problem.	400	4.11	0.96
5	I feel supportive environment	400	3.72	0.94
6	At my school, there is an informed or knowledgeable staff member with whom I can discuss your concerns about cases of child sexual abuse.	400	3.54	1.05
Per item mean		6	3.98	.28

Students agree that their family comfort them when they are upset ($M = 4.21$), care for their hygiene ($M = 4.18$), pay attention to their wishes ($M = 4.14$) and family members will help them if they have a problem ($M = 4.11$). They agree that they feel supportive environment ($M = 3.72$) and at their school, there was an informed or knowledgeable staff member with whom they can discuss their concerns about cases of child sexual abuse ($M = 3.54$).

Table 7
Mean and standard deviation regarding Prevention

No	Statements	N	M	SD
1	Parents awareness can help prevent child abuse.	400	4.72	0.48
2	Educating children on child abuse is necessary to prevent child abuse?	400	4.69	0.54
3	Child abuse prevention education should be a part of College curriculum	400	4.65	0.55
4	It is necessary to teach or aware children about child abuse.	400	4.59	0.58
5	Youth can play a big role in preventing child abuse.	400	4.52	0.65
6	Child abuse prevention education should be a part of School curriculum	400	4.51	0.68
7	It is beneficial to discuss publicly about child abuse to prevent.	400	4.28	0.79

8	Child abuse prevention education may expose too much information to children.	400	3.96	0.95
9	It is embarrassing to discuss issues related to child abuse.	400	3.63	1.08
	Per item mean	9	4.39	.37

Students strongly believe that it is necessary to teach or aware children about child abuse ($M = 4.59$) as educating children on child abuse is necessary to prevent child abuse ($M = 4.69$). In this regard, parents awareness can help prevent child abuse ($M = 4.72$). According to Students, Youth can play a big role in preventing child abuse ($M = 4.52$) and child abuse prevention education should be a part of college ($M = 4.65$) and school curriculum ($M = 4.51$).They agree that child abuse prevention education may expose too much information to children ($M = 3.96$) and it is embarrassing to discuss issues related to child abuse ($M = 3.63$) but it is beneficial to discuss publicly about child abuse to prevent child abuse ($M = 4.28$).

V. DISCUSSION AND CONCLUSIONS

Maha.et al., (2016) investigated victims of child abuse and neglect according to family form. The most prevalent type of abuse found physical abuse i.e., 42 percent, followed by neglect (39%), sexual abuse (14%), and emotional abuse (4%).

A study related to child abuse showed that children are more maltreated physically and sexually in nuclear families than their peers who lives in joint families (Deb & Modak, 2010). On the contrary, a study from Turkey noted that the prevalence of emotional abuse is less in extended families. Realization of emotional abuse is lower in parents of joint families (Ozbey, et al., 2018), while the US research pointed higher rates of child neglect in joint family or larger households (Brown et al 1998). However, Indian surveys indicated that the existence of more adults (e.g., grandparents) in a joint family system gives the feeling of being more favorable for teenagers, and to live in joint system provides a protective feature for the teenagers or children (Deb & Modak, 2010).Ali et al.(2016) researched on child's emotional development in family systems and found no important role of family structure in child's development.

Charak and Koot (2014) say that the family structure, size, parental education, role of gender effects child abuse and neglect. Results showed that more abuse and neglect, and sexual abuse were reported by men, teenager's mothers with low level of education and from joint families. Fifty five% cases were reported from a nuclear family system and 46%from a joint family system.

Children from families with more kids experience greater child abuse and neglect rather than small family with few children. After large family group this is important to note that children from the families with one to three kids acquired the second largest number. It means that due to a big number of family members, children suffer physical abuse, emotional abuse and neglect that parents must take care of (Fortson,2016).

Studies have demonstrated a greater chance or risk of child abuse in single parents, large family size and unemployed parents (Briere & Lanktree, 2008). The size of family can lead to negligence of children because parents may not fulfill all needs of the children and in result children face neglect (Al-Moosa, et al., 2003). Family background can play a part in parents' neglectful attitude (Lakhtdir, et al., 2019). If parents were neglected in the past when they were child and learned neglectful behavior from their own parents, they think these behaviors are the norm that leads to their children being neglected (Biçakçı, et al.,2016).The birth order was linked with beating (Yekta.et al, 2011).

Family size can also increase the risk of violence. For instance, a research by parents from Chile, revealed that families with three or more children have three times more probability to be violent than parents with fewer children (Green, 2008).Stuewig and McCloskey (2005)presented that because of the large number of kids in a family particularly mothers feel upset and annoyed which could lead to abuse. So, it means abuse and neglect is linked with family size.

The youngest child among siblings seemed to be a protective factor. Many studies have shown that a higher position in the birth order is favorably associated with greater risk (Reyome, 2010). One research showed that being the middle kid and living with biological relatives appeared to be protective against mental or emotional problems (Bell& Higgins, 2015).

World Health Organization (2006) described physical abuse as the deliberate use of physical power that causes damage to the health and growth of the child. Any physical attack directly at child involves

physical abuse (Brown, et al., 2011). Child physical abuse (CPA) is a major problem all around the world and it is performed by parents or caregivers (Gilbert et al., 2009; Paavilainen & Tarkka, 2003). Physical abuse is considered as a punishment by parents at home or teachers at schools. The strain of child physical abuse is difficult to measure (Theodore et al, 2005), (Schnitzer et al 2008). Child abuse results from many risk factors. These include drug abuse, parental depression, single parenting, misery, young motherhood etc. (Stoltenborgh, et al, 2012, Srivastava, et al 2013).

Due to physical abusing children are at high risk of many factors which are not related to only physical injury but also poor health (Jackson, et al 2015) many health problems, vision and dental issues, retarded growth and development, and problems in behaviors (Deutsch & Fortin, 2015, Ozbey et al., 2018). Child physical abuse vary by age, but physical abuse is more common in younger child (Longman et al., 2015). The consequences of child physical abuse extend into adulthood and cause many diseases such as heart problem, physically poor (Malik& Kaiser,2016;Sultan et al., 2016). Mental health problem is the most common in adults who had been physically abused as children (Tazeen.et al, 2011, Tranet al., 2017).

VI. REFERENCES

1. Abbasi, Maryam & Saeidi, Masumeh & Khademi, Gholamreza & Hoseini, Bibi. (2015). Child Maltreatment in the Worldwide: A Review Article. *International Journal of Pediatrics*. 3. 353-365.
2. Al- Moosa, A., Al- Shaiji, J., Al- Fadhli, A., Al- Bayed, K., &Adib, S.M. (2003). *Child Abuse and Neglect*, 27, 1161- 1178.
3. Ali, P.A.,& Naylor, P. B., &Croot, E.&O'Cathain, A. (2015). Intimate Partner Violence in Pakistan: A Systematic Review. *Trauma, violence & abuse*, 16(3),299-315.<https://doi.org/10.1177/1524838014526065>.
4. Allen, B. (2008). An analysis of the impact of diverse forms of childhood psycho-logical maltreatment on emotional adjustment in early adulthood. *Child Maltreatment*, 13, 307-312.
5. Bell, K., & Higgins, L. (2015). The impact of childhood emotional abuse and experiential avoidance on maladaptive problem solving and intimate partner violence. *Behavioral Sciences*, 5(2), 154-175.
6. Bhilwar, M., Upadhyay, R. P., Rajavel, S., Singh, S. K., Vasudevan, K., &Chinnakali, P. (2015). Childhood experiences of physical, emotional and sexual abuse among college students in South India. *Journal of tropical pediatrics*, 61(5), 329-338.
7. Biçakçı, M. Y., Er, S., & Aral, N. (2016). An overview of child neglect and abuse: types, causes, impact and prevention. *Studies on ethno-medicine*, 10(2), 221-228.
8. Briere, J. &Lanktree, C. (2008). *Integrative treatment of complex trauma for adolescents (ITCT- A): A guide for the treatment of multiply-traumatized youth*.<https://doi.org/10.13140/2.1.3714.8482>
9. Brown, J., Cohen, P., Johnson, J. G., Salzinger, S. (1998). A longitudinal analysis of risk factors for child maltreatment: Findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. *Child Abuse & Neglect*, 22(11), 1998, 1065-1078.[https://doi.org/10.1016/s0145-2134\(98\)00087-8](https://doi.org/10.1016/s0145-2134(98)00087-8).PMID: 9827312.
10. World Health Organization.(2006). *Preventing child maltreatment: A guide to taking action and generating evidence*.World Health Organizationand International Society for Prevent on of child abuse and neglect
11. Charak, R., &Koot, M. H.(2014). Abuse and neglect in adolescents of Jammu, India: The role of gender, family structure, and parental education. *Journal of Anxiety Disorders*, 28(6), 590-8. <https://doi.org/10.1016/j.janxdis.2014.06.006>.PMID: 25004808.
12. Cicchetti, D., & Toth, S. L. (2005). Child Maltreatment. *Annual Review of Clinical Psychology*, 1(1), 409-438. <https://doi.org/10.1146/annurev.clinpsy.1.102803.144029>
13. Cohen, J. A.(2010). Honor killings and the cultural defense. *California Western International Law Journal*, 40(2). 33-41.
14. Daniel, B., Taylor, J., &Scott, J. (2011). *Recognizing and helping the neglected child: Evidence-based practice for assessment and intervention*.Jessica Kingsley Publisher
15. Daral, S., Khokhar, A., & Pradhan, S. (2016). Prevalence and determinants of child maltreatment among school-going adolescent girls in a semi-urban area of Delhi, India. *Journal of tropical pediatrics*, 62(3), 227-240.
16. Deb S, Modak S. (2010). Prevalence of violence against children in families in Tripura and its relationship with socioeconomic factors. *J Inj Violence Res*,2,5-18. <https://doi.org/10.5249/jivr.v2i1.31>

17. Deutsch, S. A., Fortin, K. (2015). Physical Health Problems and Barriers to Optimal Health Care Among Children in Foster Care. *Current Problems in Pediatric and Adolescent Health Care*, 45(10):286-291.
18. Egeland, B. (2009). Taking stock: Childhood emotional maltreatment and developmental psychopathology. *Child Abuse & Neglect*, 33, 22–26. <https://doi.org/10.1016/j.chiabu.2008.12.004>
19. Elarousy, W. (2013). *Child Abuse and Neglect: Student Nurses' Knowledge and Attitude*. LAP Lambert Academic Publishing.
20. Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. National Center for Injury Prevention and Control.
21. Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373(9657), 68–81. [https://doi.org/10.1016/S0140-6736\(08\)61706-7](https://doi.org/10.1016/S0140-6736(08)61706-7)
22. Gokçay G, Beyazova U. (2017). *Monitoring First Five-Year-Old Child Health*. Nobel Medical Bookstore. 201-09.
23. Green, E. J. (2008). Reenvisioning Jungian analytical play therapy with child sexual assault survivors. *International Journal of Play Therapy*, 17(2), 102-121. <https://doi.org/10.1037/a0012770>
24. Jackson, A. M., Kissoon, N., & Greene, C. (2015). Aspects of abuse: Recognizing and responding to child maltreatment. *Current Problems in Pediatric and Adolescent Health Care*, 45(3), 58-70. <https://doi.org/10.1016/j.cppeds.2015.02.001>
25. Krug, E.G. (2003). *World report on violence and health*. World Health Organization, Geneva.
26. Lakhdar, M. P. A., Ali, N. A., Hasnani, F. B., Farooq, S., Parpio, Y., Khan, U. R., Azam, S. I. & Kadir, M. M. (2019). Physical maltreatment and its associated factors among adolescents in Karachi, Pakistan. *Journal of interpersonal violence*, 1-15. <https://doi.org/10.1177/0886260519842177>
27. Lamont, A. (2010). *Effects of child abuse and neglect for children and adolescents*. Australian Institute of Family Studies.
28. Longman-Mills, S., Haye, W. D. L., Hamilton, H. A., Brands, B., Wright, M. D. G., Cumsille, F., ... & Khenti, A. (2015). Psychological maltreatment and its relationship with substance abuse among university students in Kingston, Jamaica. *Texto&Contexto-Enfermagem*, 24(SPE), 63-68. <https://doi.org/10.1590/0104-07072015001070014>
29. Malik, S., & Kaiser, A. (2016). Impact of emotional maltreatment on self esteem among adolescents. *JPMA. The Journal of the Pakistan Medical Association*, 66(7), 795-798.
30. Mehnaz, A. (2018). Child Abuse in Pakistan-Current Perspective. *National Journal of Health Sciences*, 3(4), 115.
31. Ozbey, H., Ozcelep, G. A., Gul, U., & Kahriman, I. (2018). Knowledge and awareness of nursing students about child abuse and neglect. *Journal of Nursing Research and Practice*, 2(3).
32. Öztürk, S., (2007). *Çocuklardaduygusalistismar*[Emotional Abuse of Children]. [Yayınlanmamış Yüksek Lisans Tezi, Fırat Üniversitesi, Elazığ].
33. Paavilainen, E. & Tarkka, M-T. (2003). Definition and identification of child abuse by Finnish public health nurses. *Public Health Nursing*, 20(1), 49- 55
34. Poon, C. Y., & Knight, B. G. (2012). Emotional reactivity to network stress in middle and late adulthood: The role of childhood parental emotional abuse and support. *The Gerontologist*, 52(6), 782-791.
35. Poreddi, V., Pashapu, D. R., Kathyayani, B. V., Gandhi, S., El-Arousy, W., & Math, S. B. (2016). Nursing students' knowledge of child abuse and neglect in India. *British journal of nursing*, 25(5), 264-268.
36. Reyome, N. D. (2010). Childhood emotional maltreatment and later intimate relationships: Themes from the empirical literature. *Journal of Aggression, Maltreatment & Trauma*, 19(2), 224-242.
37. Sahil NGO Report. (2017). *Cruel Numbers, letting you know the reality*. www.sahil.org
38. Sahil. (2011). *Trends in reported cases of child sexual abuse a five year analysis 2007-20011*. Sahil.
39. Schnitzer, P. G, Covington, T. M, Wirtz, S. J., Verhoek-Oftedahl, W., Palusci V. J. (2008). Public health surveillance of fatal child maltreatment: analysis of 3 state programs. *American Journal of Public Health*, 98(2), 296-303.
40. Sneddon, H. (2003). The effects of maltreatment on children's health and well-being. *Child Care in Practice*, 9, 236-250.
41. Srivastava, R. N., & Seth R, Niekerk J. V., (2013). *Child Abuse and Neglect: Challenges and Opportunities*. Jaypee Brothers.

42. Stoltenborgh, M., Bakermans-Kranenburg, M. J., & Van IJzendoorn, M. H. (2012). *The neglect of child neglect: A meta-analytic review of the prevalence of neglect*. Manuscript in preparation.
43. Stubenhort, K., Cohen, M.M., & Trybalski, V. (2010). The effectiveness of an attachment -focused treatment model in a therapeutic preschool for abused children. *Clinical Social Work Journal, 38*, 51-60.
44. Stuewig, J., & McCloskey, L. A. (2005). The relation of child maltreatment to shame and guilt among adolescents: Psychological routes to depression and delinquency. *Child Maltreatment, 10*, 324-336
45. Sultan, H., Khawaja, A. O., & Kousir, T. (2016). Spousal abuse among Pakistani women: A thematic analysis. *Pakistan Journal of Social and Clinical Psychology, 14*(2), 33-41
46. Tazeen, S. A., Asad, N., Morgen, I., & Krantz, G. (2011). Intimate partner violence in urban Pakistan: Prevalence, frequency and risk factors. *International journal of women's health, 3*, 105- 115.
47. Tomback, R. M. (2010). *Personal body safety—Child abuse and neglect prevention curriculum*. Hardford County Public Schools.
48. Tran, N. K., Alink, L. R., van Berkel, S. R., & van IJzendoorn, M. H. (2017). Child maltreatment in Vietnam: Prevalence and cross-cultural comparison. *Journal of Aggression, Maltreatment & Trauma, 26*, 211-230. 10.1080/10926771.2016.1250851
49. Turner, H.A., Finkelhor, D., Ormrod, R., Hamby, S., Leeb, R.T., Mercy, J.A., & Holt, M. (2012). Family context, victimization, and child trauma symptoms: Variations in safe, stable, and nurturing relationships during early and middle childhood. *American Journal of Orthopsychiatry, 82*, 209-219.
50. Yekta, M., Bagherian, F., & Nezhad, M. A. S. (2011). The attitudes of adults toward child abuse. *Procedia-Social and Behavioral Sciences, 30*, 278-282.
51. Ziaei, S, Abedi, H. A, Arbaban, M. (2011). [Situation of children's rights in Isfahan city] Persian. *Iran J Nurs Midwifery Res, 16*(2): 141-147.
52. Zielinski, D. S. (2009). Child maltreatment and adult socioeconomic well-being. *Child abuse & neglect, 33*(10), 666–678. <https://doi.org/10.1016/j.chiabu.2009.09.001>