

**PHYSICAL ABUSE IN CHILDHOOD AND THE DEVELOPMENT
OF ADULT PSYCHOLOGICAL PROBLEMS.**

Prof. Dr. Khalida Shafi

Institute of Professional Psychology

Bahria University

And

Arshi Ali

Federal Urdu University

ABSTRACT

The purpose of the research was to investigate the resultant psychological problems of adults who were physically abused in childhood. It was hypothesized that adults who had been physically abused in childhood would be at greater risk in the development of psychological problems i.e., anxiety, depression, OCD and hostility as compared to those adults who had not been abused in childhood.

In order to measure abused childhood, a checklist questionnaire was prepared after conducting pilot study, where as the Symptoms Assessment – 45 scale was selected for measuring psychological problems of adults. The sample for the present research comprised of one hundred and one (101) adults, 50 males and 51 females. Their ages ranged between 18 to 26 years. A Checklist questionnaire and the SA-45 were administered on a large population, then on the basis of cut off scores, non abused and abused groups were identified.

The t-test and other descriptive statistics were applied for analyzing the data. For interpreting the results, 0.05 level of significance was set.

The hypotheses have significantly been proved that the adults who have been abused tend to develop anxiety, depression, OCD and hostility later in life as compared to those adults who have not been abused in childhood.

INTRODUCTION

It has been observed that majority of adult population may have suffered from various psychosocial problems either mild or severe in nature at any phase or point in their life. Some of them are quite aware of the presence of psychological problems but some are made aware by others around them.

Numerous factors have been evaluated to explain adult emotional and psychological problems like stress, frustration and drug abuse. However, apart from these factors an important determinant that may relate to various psychosocial problems and adjustment difficulties in adult life can be abuse in childhood. Today child abuse has been found as a source of many emotional and psychological problems which seriously lessens the adaptive behaviors and even incapacitates the adult later in life.

Some parents or caretakers feel that punishment is necessary to maintain discipline, build character and facilitate learning in children. Whenever a child does not follow the instructions the way adult or caretaker wants, they try to use appropriate disciplinary techniques or the punishment so as to get relief from the child's problem. Parents or caretakers have been using different punishment for ages mainly for disciplining a child. Some times it is difficult for them to draw a line between abuse and use of disciplining method that is why children are the most vulnerable segment of the society because of their dependence on elders.

Child abuse is such a complex phenomenon that professionals might be aided by the use of different definitional sets for various purposes. In this regard National Exchange Club Foundation (2000) stated that child abuse is any maltreatment or neglect of a child that results in non accidental harm or injury and which can not be reasonably explained. The physical abuse of children often result not only in injuries but also in psychological damage that can have lasting effects but apart from damage many adults continue to support the use of spanking as a discipline technique; some adults support the use of belts, straps and other objects to discipline children. A National Center on Child Abuse and Neglect (1992) defined child physical abuse in the following way:

“Physical abuse is characterized by inflicting physical injury by punching, beating, kicking, biting, burning or otherwise harming a child. Although the injury is not an accident the parent or caretaker may not have intended to hurt the child. The injury may have resulted from over-discipline or physical punishment that is inappropriate for the child's age”.

BAHRIA JOURNAL OF PROFESSIONAL PSYCHOLOGY

Physical abuse is defined by the Third National Incidence Study of Child Abuse and Neglect (NIS-3 Sedlak and Broadhurst, 1996) as follow:

“Acts constituting physical abuse include hitting with a hand, stick, strap or other object; punching; kicking; shaking; throwing; burning, stabbing or choking a child”.

Many child development and welfare professionals believe that spanking, hitting or slapping is not effective as a form of punishment and is damaging to the child's self-esteem. Once physical methods of discipline are put into practice, they can escalate into physical abuse if the frequency and severity are increased. Additionally many experts argue that physical punishment is not only ineffective as a long-term discipline method, it also teaches unwelcome lessons such as violence as a way to solve problems or fear is a good way to motivate obedience. Disciplinary methods such as time-out, loss of privileges and parental disappointment can be more effective and consistent in teaching children how to replace undesirable behavior with acceptable behavior. No child deserves to be hit for any reason.

Epidemiology:

Straus and Gelles (1988) found that 23 per 1,000 children experienced severe violence (i.e., the children were kicked, bitten, punched, beaten up, burned, scaled or threatened or attacked with a knife or gun). When they included hitting a child with an object, the numbers jumped to 110 per 1,000 children. On the other hand, Moor (1994) reports that in a 1994 Gallop Poll Survey 14 percent of U. S. citizens recalled physical abuse in their childhood.

The prevalence of spanking was higher in rural areas than in south (Giles-Sims, Straus and Sugarman, 1995). Cappelleri, et al (1993) found that older children had higher rates of physical abuse and lower family income were significantly related to higher rates of physical abuse and rates of serious injuries. Asia Child Rights (2003) reports that in Malaysia 800 cases of child abuse were reported to the police in the year 2002. The reported cases were mostly related to physical and sexual abuse of girls.

It is found by the National Center on Shaken Baby Syndrome (2005) that Shaken baby syndrome (SBS) is a form of child abuse affecting between 1,200

and 1,600 children every year. Shaken Baby Syndrome is a collection of signs and symptoms resulting from violently shaking an infant or child.

Physical abuse has adverse effect later in life because many of these victims may carry emotional, physical and spiritual problems with the rest of their lives. Many suffer from severe psychological problems and few of them suffer from mild problems but it depends on child's age, kind of physical abuse and relationship with the abuser.

Adult psychological problems as a determinant of physically abused childhood:

There is a paucity of studies exploring the link between child physical abuse and adult depression but there is evidence from one representative study of a link between such abuse in childhood and later depression in women (Holmes and Robins, 1988). It was found that high proportions of psychiatric patients suffering from a variety of disorders have a history of early physical or sexual abuse (Bryer, Nelson, Baker Miller and Krol, 1987). In the same way patients who were physically and sexually abused in their childhood are likely to have longer and more severe episodes of disorder than other patients (Bryer et al., 1987; Carmen et al., 1984).

Sidney, Robert and O'Leary (2001) observed a relationship between childhood physical abuse and current relationship violence suggesting that childhood physical abuse may be a unique risk factor for victimization in intimate adult relationships. He also found that an inability to make sensible causal connections between people's thoughts, feelings and actions largely mediated this link. According to Tjaden et al (2000) victims of child maltreatment who were physically assaulted by caregivers are twice as likely to be physically assaulted as adults.

Child physical abuse can have significant psychological and physical consequences for children as well as long-term effects that may extend into adulthood. National Center on Shaken Baby Syndrome (2005) identifies about 25 to 30 percent of infant victims with Shaken Baby Syndrome (SBS) die from their injuries. Nonfatal consequences of Shaken Baby Syndrome include varying degrees of visual impairment, motor impairment and cognitive impairments.

BAHRIA JOURNAL OF PROFESSIONAL PSYCHOLOGY

Studies indicate that every day a significant number of children are exposed to serious physical abuse leading to physical and psychological injury and serious long-term consequences. Researchers are continuously examining the wide range of potential consequences of child physical abuse. Mounting evidence suggests that in addition to the immediate negative effects on children, physical abuse is associated with a host of problems manifested in adolescence and adulthood.

CHILD ABUSE IN PAKISTAN

Child abuse is not an easy phenomenon to define primarily because a permissible childhood behavior varies in accordance with culture, family and social tolerances. In addition Shafi (1993) reported that the form and severity of maltreatment tends to vary from individual to individual, family to family and society to society. Child abuse is a function of various psychosocial conditions existing in a society

Child abuse may be defined as an act of “**omission**” or “**comission**,” by a parent or a guardian or non related person that are judged by a mixture of community values and professional expertise, to be inappropriate and damaging to the development of the personality of a child (Farooqi, 1995). Thus it may include such horrendous experiences as physical abuse; sexual abuse and exploitation while assessing child abuse. Often family violence and child abuse go together in Pakistani society.

Besides defining child abuse according to Pakistani society, it is not possible to know the exact incidence of abuse especially sexual and physical abuse because only the more serious cases are reported. Parents or caretakers are held responsible, they tend to deny and rationalize such events in terms of disciplinary practices and character formation.

Epidemiology:

According to the year Review by Asia Child Rights (2003) 1,439 cases of child abuse were reported in the year 2002 in Pakistan. Of them 550 cases were related to murders of children, 378 committed against male children and 172 against female. The remaining was related to rape (303), sodomy (260), injury (188) and severe torture (50). They also reported 454 cases of female child abduction and 392 cases of male child abduction in the year 2002.

SHAFI & ALI

According to Lawyers for Human Rights and Legal Aid (LHRLA), over 1,000 cases of physical and 826 cases of sexual abuse were reported in the media against children in the year 2003. The same data is reported in more comprehensive way by the Asia Child Rights (2004), one thousand cases of physical abuse and 826 cases of sexual abuse against children were reported to the police in the year 2003 in Pakistan. Cases included 632 child murders, 383 rapes, 277 sodomy rapes, 256 severe injuries, 110 attempted rape or sodomy cases and 55 torture incidents. The data showed that over half of the cases were reported in Punjab, 588 in Sindh, 101 in the NWFP and 50 in Balochistan. They also reported 252 cases of child abuse in Karachi, 175 in Lahore, 50 in Peshawar, 24 in Sargodha, 23 in Sukkur, 39 in Vehari, 35 in Faisalabad, 29 in Larkana and 20 cases in Bahawalpur (Shahnawaz Khan: The Daily Times, 2004).

Psychological problems as a determinant of abused childhood in reference to the Pakistani society:

The short term and long term effects of child abuse are wide ranging and vary from survivor to survivor depending on a number of different factors such as age of victim, duration of abuse, number of perpetrators, nature of relationship with perpetrator and the severity of the assault in terms of emotional, physical or sexual in nature. As per a survey by the NGOs' Coalition on Child Rights (NCCR) in the year 2003, they found on the basis of data collected from eight districts in the NWFP that 404 children ran away from home to escape torture by family members and teachers. The report says children who fled homes preferred the drudgery of jobs such as shoe-shining and selling newspapers in big cities than to returning home. The age at which the abuse occurs might be expected to influence the extent of the long-term damage because it is found that abused child has variety of psychological problems later in life.

Researcher found that in Pakistani community there is no specific law and rule being followed or operated for treating a child. Child usually seems a personal property of their guardians. There is no check and balance that exists in the Pakistani community to check whether the guardian is properly treating a child or not. It is usually observed that in the Pakistani community if a guardian is abusing a child verbally, physically or sexually no one can interfere to stop it or even can't raise an objection against this practice but in west the scenario is totally different in this regard. There are so many channels or ways to check the ways and means for treating a child. Child abuse exists in all culture, community and societies either in mild, moderate or in severe forms.

BAHRIA JOURNAL OF PROFESSIONAL PSYCHOLOGY

This dimension has developed an interest to explore the adult psychological problems as a result of physically abused childhood in the Pakistani community.

In the light of above mentioned facts physical abuse in childhood that is believed to be the determinant of adult psychological problems. Hence, the following hypothesis is formulated in the light of researches revised previously:

Adults who have been physically abused in childhood will be at greater risk in the development of psychological problems i.e., anxiety, depression, OCD and hostility as compared to those adults who have not been physically abused in childhood.

PILOT STUDY

A checklist questionnaire was prepared with the help of supervisor for identifying adults who were physically abused in their childhood . In the first step all possible physically abusive practices and patterns were taken out from the following resources:

- On the basis of extensive literature review researcher collected different types of physically and verbally abusive practices or patterns.
- People belonging to different socioeconomic status were asked about what kinds of physically abusive practices or patterns are being practiced in the Pakistani community. On the basis of their responses different types of physical and verbal abusive practices or patterns (both physical and verbal) were collected.
- Experts opinion (including psychologists and sociologists) were taken regarding what kinds of physically abusive practices or patterns are being practiced in the Pakistani community.

On the basis of above-mentioned resources researcher collected all possible physically abusive practices or patterns. Then in the second step a checklist questionnaire was prepared for identifying physically abusive practices or patterns using a five point rating scale ranging from “not at all (1)” “ to always (5)”.

Sample:

The sample consisted of hundred students of both gender belonging to four colleges of Karachi. Colleges were randomly selected. The age range was 18 to 24 years.

Procedure:

Formal permission was taken from the principals of colleges so students could be approached while in their respective classroom settings. Few minutes were spent putting the students at ease and explaining the purpose of the research. Students were assured that information would be kept confidential. Participants were then asked to complete the checklist questionnaire. At the end participants were thanked and their cooperation was appreciated.

Statistical analysis of data:

Those physically abusive items were discarded which were not scored frequently or not at all. The following patterns were taken in the checklist questionnaire for identifying physically abused childhood of adults:

“hitting with hands, slapping, punching, kicking and hitting with the objects like belt, stick, strap etc. These abusive patterns are being frequently used in Pakistani society.

In order to determine abused and non-abused groups cut off scores were decided on the basis of intensity of responses. Abused group will be those who would obtain a score of 20 or above on the checklist questionnaire (they would select either “often” or “always” options for defining their intensity of abuse) and non abuse group will be those who would obtain a score of 10 or below on the checklist questionnaire (they would select either “sometime” or “not at all” options for defining their intensity of abuse).

METHODOLOGY

Research site:

This research has been carried out at the Federal Urdu University (Gulshan-e-Iqbal campus) Karachi. Departments were randomly selected. Federal Urdu University has a co-education system that is why availability of both genders is at ease and in

BAHRIA JOURNAL OF PROFESSIONAL PSYCHOLOGY

addition students get admission from various socio-economic status including different ethnic groups. Mostly their age ranges between 17 to 35 years.

The rationale behind selecting Federal Urdu University for data Collection was to maintain the generalizability of results

Participants:

The sample of present research comprised of 101 male and female participants belonging to various departments. Their age ranges from 18 to 26 years with a mean age of 21.4 years. All of the participating subjects were belonged to Honors and Master programs which are offered by the Federal Urdu University.

Participant's selection:

Data was collected from various departments of the Federal Urdu University. Departments were randomly selected. A purposive sampling procedure was used. For identifying adults who were abused and not those who were abused in their childhood, checklist questionnaire and SA - 45 scale were administered on a large sample. On the basis of cutoff scores (pilot study) abused and non-abused participants had been identified excluding the following data.

- Participants who were meeting the criteria for abused group but they also mentioned or described at question 6 any painful and unforgettable event in their life.
- Participants who were married and those who were less than 18 years and more than 26 years of age.

The original sample comprised of 228 participants (who scored high on abused categories) but on the other hand above-mentioned data has been excluded for the purpose of controlling extraneous variables. So the sample size was reduced to 101 students including 50 males and 51 females.

There were about 50 to 70 students in each class (number of male and female students varies in each class). Equal number of participants (who were abused and not abused in childhood) were selected in the same classroom situation, in this way researcher tried to match the various aspects related to the participants.

Measures:

1- Checklist questionnaire identified following information:

- Demographic information which focused on the subject's name, age, gender, marital status, education, socioeconomic status and occupation.
- Instructions.
- 1 - 5 questions using a 5 point rating scale ranging from "not at all (1)" to "always (5)" measuring physically abused childhood.
- Question 6 required descriptive answer and measured any painful and unforgettable event of participant's life that would be other than abused childhood.

2- Symptoms Assessment - 45 Questionnaire (SA - 45):

SA - 45 is a 45 items self report questionnaire that uses the proven items and structure of the symptoms checklist - 90 (SCL - 90) which provides brief, valid and reliable measure of psychiatric symptomatology. Using a 5 - point level of severity scale ranging from "not at all (1)" "to extreme (5)".

The SA - 45 measures anxiety, depression, phobic anxiety, hostility, interpersonal sensitivity, obsessive compulsive disorder, somatization, paranoid ideation and psychoticism.

The SA- 45 questionnaire is a brief psychological symptom checklist yielding measuring symptoms domain developed by Strategic Advantages, Inc (2000), Researchers, selected forty five items from the original Symptoms CheckList (SCL- 90, Derogatis, et al. 1973) five from each of the nine SCL-90 symptoms domains by using cluster analytic techniques.

As far as validity is concerned, SA- 45 items demonstrate its strongest relationship with the scale to which it belongs (SCL- 90). SA- 45 manual described all types of validity e.g. content, criterion, predictive, concurrent and construct validity in detail.

The reliability of the SA -45 is well with in acceptable levels and supports its use for multiple clinical activities. Its test-retest reliability is .80 and the internal consistency of each scale has been established, with Cronbach's alpha coefficients of 0.71 but on the other side nonpatients adolescent reliabilities are more variable ranging form 0.58 to 0.85.

BAHRIA JOURNAL OF PROFESSIONAL PSYCHOLOGY

Procedure:

The data was collected from various departments of Federal Urdu University (Gulshan-e-Iqbal campus) Karachi. Formal permission for data collection was taken from the chairperson of various departments. The first few minutes were spent putting the students at ease and the purpose of the study was explained and discussed in very general terms so as not to influence subject's responses (this explanation was kept constant in every classroom setting). The researcher assured the confidentiality of subject's personal information and the test results. The subjects were then asked for their cooperation.

Checklist questionnaire and the SA - 45 scale were distributed in the classroom setting. They were told to fill demographic information first then the researcher loudly read instructions and asked if there was any confusion that any participant had. Then researcher loudly started explaining every question and their response options for the purpose of overcoming their hesitation and building trust and rapport. Participants were allowed to ask question if they had any difficulty in understanding the question (all explanations of the questions and procedure were kept constant in every classroom setting). At the end of the completion of the checklist questionnaire and SA - 45 scale, students were thanked for their cooperation and time.

Statistical analysis:

The statistical measures applied for the analysis of the scores are mean, standard deviation and t-test. All the statistics were computed on SPSS (version 11.0), Minitab and Excel.

OPERATIONAL DEFINITIONS

Physically Abused childhood (checklist questionnaire): is defined if an adult who gets following treatment by other people "most of the time" or "always" during the age of 3 to 12 years and this abused childhood is still painful and unforgettable for him or her i.e., some one hit you by hands, slapping, punching, kicking and hitting with objects like belt, stick or a strap.

RESULTS

TABLE 1 A

Table showing the Mean and SD of psychological problems of physically abused group and non abused group

Psychological problems	Groups	N	Mean	SD
Anxiety	1	50	9.14	3.45
	2	51	7.01	2.07
Depression	1	50	9.9	3.08
	2	51	7.47	2.06
Hostility	1	50	8.86	2.62
	2	51	6.45	1.66
OCD	1	50	11	3.65
	2	51	7.67	2.66

1. Physically abused group
2. Non abused group

TABLE 1 B

Table showing the independent sample t-test of physically abused and non abused group

Psychological problems	t-value	df	SED	Sig
Anxiety	3.746	99	0.566	0
Depression	4.374	99	0.555	0
Hostility	5.517	99	0.436	0
OCD	5.21	99	0.635	0

t-values at df (99); $p < 0.05$ indicates that there is a statistically significant difference in the level of Anxiety, Depression, Hostility and OCD among Non abused group and Physically abused group.

DISCUSSION

This section intends to explore the possible explanations behind the significant and insignificant differences found between the abused childhood and psychological problems later in life.

There is a tendency for people to view the effects of abuse as less serious if the impact appears to be temporary and disappears in the course of a child's development. But Browne and Finkelhor (1986) make a strong argument against this perception of maltreatment.

“Adult traumas such as rape are not assessed ultimately in terms of whether or not they will have an impact on old age. They are acknowledged to be painful and alarming events whether their impact lasts for one year or ten. Similarly, childhood trauma should not be dismissed because no long-term effects can be demonstrated... abuse needs to be recognized as a serious problem of childhood if only for the immediate pain, confusion and upset that can ensue”.

Hypothesis :

Adults who have been physically abused in childhood will be at greater risk in the development of psychological problems i.e., anxiety, depression, OCD and hostility as compared to those adults who have not been abused in childhood.

This hypothesis is supported by the results and is significant at $p = 0.05$. It is clear from table 1B that there is a statistically significant difference in the level of anxiety depression, OCD and hostility among non abused group and physically abused group. According to the results, it is quite clear that physically abused childhood contributes to psychological problems later in life as compared to non-abused childhood.

Childhood is a crucial time during which most of the personality features are formed. If a child receives primarily negative stimulation or abuse early in life pathways for developing normal and healthy emotional and psychological development, forming lasting relationships and responding to positive experiences can be stunted or destroyed. While this may be a reaction to help the child survive it can cause permanent difficulties for the individual because the stress of chronic abused

childhood causes a "hyperarousal" response by certain areas of the brain which may result in hyperactivity, sleep disturbances, anxiety as well as increased vulnerability to post-traumatic stress disorder (Perry, 2001; Dallam, 2001).

There are different degrees of severity of abuse ranging from name calling to more severe forms such as incest or mutilation. Even though there are different levels of severity all forms of abuse need to be taken seriously and all forms can cause psychological problems to the abused victim. In one long-term study, Silverman, Reinherz & Giaconia (1996) found that young adults who had been abused exhibited many problems including anxiety and eating disorders. A child's age and developmental level also play an important role in influencing a child's perception and understanding of the trauma, susceptibility to parental distress, quality of response, coping skills and memory of the event. It is quite evident that abused childhood and victimization is associated with higher rates of psychiatric illness. Moeller and colleagues (1993) at Columbia University's College of Physicians and Surgeons surveyed and found those white middle class women who had been abused were more likely to report mental health symptoms such as depression, anxiety, tension, emotional outbursts, nightmares, suicide attempts and thoughts about hurting themselves.

In particular, childhood abuse can permanently alter an individual's physiology. These physiological changes may lead to a greater likelihood of the person suffering from depression or anxiety later in life. It suggests that childhood abuse is associated with persistent hyperactivity of the hormonal system associated with the stress response and this may cause greater vulnerability to psychiatric disorders in adulthood.

Researchers are continuously examining the wide range of potential consequences of child abuse and psychological problems later in life. According to American Academy of Pediatrics (2000), long term consequences of abused childhood may be depression, suicidal attempts and withdrawn or violent behavior and refusing discipline. As an adult, he / she may develop marital and sexual difficulties, depression and suicidal behavior.

An NGO Sahil - working Against Child Sex Abuse in Pakistan mentioned that abused childhood might cause depression, isolation and self-blaming later in

life. Studies indicate that every day a significant number of children are exposed to serious maltreatment leading to physical and psychological injury and serious long-term consequences. Abuse undoubtedly affects the self-esteem of a child. A lack of interest in a child or a violent attack on a child for example, is likely to lead the child to develop a sense of unworthiness, lack of interest in life and sometimes it has been associated with distorted or extremely negative self-images starting in childhood and continuing throughout one's life and may cause depression. So evidence suggests that in addition to the immediate negative effects on children, abused childhood is associated with depression manifested in adolescence and adulthood.

The abused childhood impact on someone depends on the severity of the abuse, the victim's behavior, length of the abusive treatment and how the abuse is dealt within the family. Abuse also exists within different degrees of severity. For example, abuse can consist of being called names such as "lazy", "stupid" or "crazy" to the more severe forms of abuse such as incest or sadistic mutilation. Although the severity of these examples of abuse is different, both examples demonstrate forms of abuse to be taken seriously and both can produce psychological problems for those being abused. In general, those who experience the more severe types of abuse develop a greater degree of emotional and psychological difficulty and need more intensive therapeutic treatments but as far as OCD is concerned, there are different theories about why OCD develops. The origins may lie in childhood and early experience. Obsessions are anxiety-inducing thoughts and compulsions are repetitive behaviours or mental acts that the person feels driven to do in response to an obsession and in order to relieve their anxiety. Others can include anxiety that something bad will happen as a result of a forgotten action such as locking the door, which is followed by repeated checking. Counting, repeating, hoarding and endlessly rearranging objects in an effort to keep them in precise alignment are other examples of compulsive behaviours. These rituals may give the person some relief from their anxiety and it is temporary but on the other side National Association for Mental Health (Mind 2005) stated that it may be linked to a trauma such as being abused possibly causing an obsessive fear of people and a dread of contamination by them. Particular memories and experiences can trigger the obsessions.

SHAFI & ALI

Child abuse can have significant psychological and physical consequences for children as well as long-term effects that may extend into adulthood. Barnett and colleagues (1997) identified the most frequently reported effects of physical abuse on children such as aggression, noncompliance and antisocial behaviors having a variety of emotional difficulties including depression, low self-esteem and increased daily stress. Long-term effects in adults may include criminal or violent behavior (for adult males), substance abuse and hostility etc.

In reference to the Pakistani society Malik (2003) stated that “if a child is routinely subjected to this form of violence he develops a stubbornness which further accentuates the stress on the adult besides tormenting the child.” On the other hand a child may also suffer from nightmares, aggression and eating disorders. The child could exhibit all of these feelings or behaviors in varying degrees (Sahil - working Against Child Sex Abuse). Furthermore, Dr Hussain said that “abuse has devastating effects on the lives of a child later on; sexual abuse not only destroys the child’s personality but also turns such abused individuals into culprits later on” (The News-Jang Group).

CONCLUSION:

Definitions of childhood abuse vary widely and are also dependent upon historical, cultural and social contexts and it occurs in all geographic locations including both urban and rural areas. It cuts across socio-economic groups, races and religions as well. Child abuse is not an isolated problem; it is an issue of national concern. In Pakistani community, it is difficult for most people to talk about abuse and even more difficult for society as a whole to admit that children of all ages are abused and that it happens every day in this country.

BAHRIA JOURNAL OF PROFESSIONAL PSYCHOLOGY

However, different researches tend to repeatedly show throughout the world that adult survivors of childhood abuse are not only at increased risk for immediate problems but new findings that has attracted a fair amount of attention is that they are increasingly more likely to suffer from long-term psychological consequences as well with with intensity ranging from mild to severe. This issue needs extensive investigation of various abuse patterns and the specificities of the consequences in relation to the Pakistani community but on the other hand, this research findings reveal that adults may suffer various psychological problems i.e., anxiety, depression, OCD and hostility as a result of abused childhood. It is safe to say that the abused childhood prohibit healthy psychological, behavioral and emotional development of an abused victim and later on make his or her approach maladaptive and abnormal towards life.

SHAFI & ALI

References

- American Academy of Pediatrics. (2000). Child Abuse and Neglect. Retrieved October 3 2005, from http://www.medem.com/MedLB/article_detailb.cfm?article_ID=zzz3S3DRUDC&sub_cat=3555
- Asia Child Rights. (2003). Year in Review: Child Rights in Asia. Retrieved October 3 2005, from <http://arc.hrschool.org/mainfile.php/0109/41>
- Asia Child Rights. (2004). Pakistan: 1,826 - child abuse cases in 2003. [News]. Retrieved October 3 2005, from <http://arc.hrschool.org/mainfile.php/0164/268/>
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. Ottawa: Minister of Supply and Services. *Psychological Bulletin*, 99, 66 - 77.
- Bryer, J. B., Nelson, B., Miller, J. B., and Krol, P. (1987). Childhood sexual and physical abuse as factors in adult psychiatric illness. *American Journal of Psychiatry*, 144, 1426-1430.
- Cappelleri, J. C., Eckenrode, J., and Powers, J. (1993). The epidemiology of child abuse: Findings from the Second National Incidence and Prevalence Study of Child Abuse and Neglect. *American Journal of Public Health*, 83, 1622-1624.
- Carmen, E., Reiker, P. P., & Mills, T. (1984). Victims of violence and psychiatry illness. *American Journal of Psychiatry*, 141, 378 - 383.
- Dallam, S. J. (2001). The long-term medical consequences of childhood maltreatment. In Franey, K., Geffner, R., & Falconer, R. (eds.). *The cost of child maltreatment: Who pays? We all do*. San Diego, CA: Family Violence & Sexual Assault Institute.
- Derogatis, L. R., Lipman, R. S., & Covi, L. (1973). SCL- 90: An optional psychiatric rating scale-preliminary report. *Psychopharmacology Bulletin*, 9, 13-27.
- Farooqi, Y. (1995). Assessment, treatment and prevention of child abuse. *Pakistan Journal of Psychology*, 26, 29 - 38.

BAHRIA JOURNAL OF PROFESSIONAL PSYCHOLOGY

- Giles-Sims, J., Straus, M. A., & Sugarman, D. B. (1995). Child maternal and family characteristics associated with spanking. *Family Relation*, 44, 170-176.
- Holmes, W. C., Slap, G. B. (1998). Sexual abuse of boys. Definition, prevalence, correlates sequelae and management. *JAMA*, 280, 1855 - 1862.
- Hussain, I. (n.d.). Opinion: For the sake of our children. Retrieved February 24 2005, from:
<http://www.jang.com.pk/thenews/apr2005-daily/03-04-2005/oped/05.htm>
- Lawyers for Human Rights and Legal Aid (LHRLA). (2003). Pakistan: protectors turn child predators in Pakistan [news]. Retrieved August 8 2004, from :
<http://www.wacr.hrschool.org/mainfile.php/0169/285/>
- Lawyers for Human Rights and Legal Aid (LHRLA). (2004). Violence against children increasing countrywide. Pakistan OBSERVER. Retrieved October 3, 2005 from : <http://Pakobserver.net/>
- Mind. (2005). National Association for Mental Health: Understanding Obsessive-Compulsive Disorder (OCD). Retrieved September 14 2005, from
<http://www.mind.org.uk/Mind/Templates/Content.aspx?NRMODE=Published&NRORIGINALURL=/Inf>
- Moeller, T. P., et al. (1993). "The Combined Effects of Physical, Sexual and Emotional Abuse during Childhood: long-term Health Consequences for Women." *Child Abuse and Neglect*, 17, 623 - 640.
- Moor, D. W. (1994). One in seven Americans victim of child abuse. *The Gallop Poll Monthly*, 18 - 22.
- National Center on Child Abuse and Neglect. (1992). Child Abuse and Neglect: A shared community concern. Washington, DC: U. S. Department of Health and Human Services.
- National Center for Shaken Baby Syndrome website. [Cited: 2005 Jan 1]. Available from: URL: <http://www.dontshake.com/>
- Perry, B. D. (2001). The neuro-developmental impact of violence in childhood. In Schetky, D., & Benedek, E. (eds.). *Textbook of child and adolescent forensic psychiatry*. Washington, DC: American Psychiatric Press. Online: <http://www.childtrauma.org/CTAMATERIALS/Vio-child.asp>. Accessed February 2004.

SHAFI & ALI

- Sahil - Working Against Child Sexual Abuse. (n.d.). What is CSA? Retrieved January 2 2005, from <http://www.sahil.org/sahil1/CSA/AboutWICSA.htm>
- Sedlak, A. J., & Broadhurst, D. D. (1996). Third National Incidence Study of Child Abuse and Neglect. Washington, DC: U. S. Department of Health and Human Services.
- Shafi, K. (1993). Child abuse and mental health. Pakistan Journal of Clinical Psychology, 2, 71 - 77.
- Shahnawaz Khan: The Daily Times. (2004). Pakistan: 1,826-child abuse cases in 2003 [News]. Retrieved October 3 2005, from <http://acr.hrschool.org/mainfile.php/0164/268/>
- Sidney, O. R., Robert, K. M., & O'Leary, K. (2001). Childhood physical abuse, personality and adult relationship violence: A model of vulnerability to victimization. American Journal of Orthopsychiatry, 71 (3), 322 - 331.
- Silverman, A. B., Reinherz, H. Z., & Giaconia, R. M. (1996). The long-term sequelae of child and adolescent abuse: A longitudinal community study. Child Abuse and Neglect, 20 (8), 709 - 723.
- Strategic Advantages, Inc. (2000). Symptoms Assessment – 45 Questionnaire (SA – 45R): Psychological Symptom Checklist, technical manual. Multi-Health Systems Inc (MHS) 3770 Victoria Park Avenue, Toronto.
- Straus, M. A., & Gelles, R. J. (1988). How violent are American families? Estimates from the National Family Violence Survey and other studies. In Hotaling, G. T., Finkelhor, D., Kirkpatrick, J. T., & Straus, M. A. (eds.). Family abuse and its consequences: New direction in research, 14 - 36. Newbury Park, CA: Sage.
- The News-Jang Group. (n.d.). Opinion: For the sake of our children. Retrieved February 24 2005, from <http://www.jang.com.pk/thenews/apr2005-daily/03-04-2005/oped/05.htm>
- Tjaden, P., & Thoennes, N. (2000). Full report of the prevalence, incidence and consequences of violence against women: Findings from the National Violence against Women Survey. Washington, DC. National Institute of Justice. Report No. NCJ 183721.