

Child Abuse and Neglect: Living with or without Parents

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Abstract:

Objective of the present study is to find out the incidence of child emotional, physical and sexual abuse in children living in foster homes and children living with their parents. Based on the literature review following research questions were formulated

History of child abuse would likely to be reported more often in children living in foster homes as compared to (control group) children living with their biological parents.

What type of abuse is mostly experienced by children living in foster homes?

How often neglect is experienced by children living in foster homes and children living with their families. Initial sample was comprised of 395 children with the age range between 6 to 12 years (mean age = 9.5 years SD = 1.97) 282 children living in foster homes and 113 children living in homes with their biological parents in Karachi- Pakistan demographic form, Checklist for Child Abuse Evaluation (Joseph, 2005). Descriptive statistical analysis was used for the frequency of the abuse and neglect reported.

Introduction

Abuse either emotional, psychological, neglect or physical can shatter and/or devastate an individual personality. Emotional and psychological disorders due to abuse and neglect are depression, posttraumatic disorders, attention deficit hyperactivity disorder, anger and dissociative disorders^[1] (Carnes, 2007). Abuse or neglect are traumatic experiences and can have a deep effect on children's brain development. When a child experiences or witnesses the threat from his/her environment resulting in physical harm or injury is called trauma^[2]. Post traumatic stress disorder was reported more in veterans who had a history of childhood physical abuse^[3].

There is evidence about the childhood maltreatment and cognitive, behavioral and adaptation failures and psychopathology, in later childhood and adulthood^[3,4]. Moreover a study by^[5] discussed that 80% of adolescent with abuse history met diagnostic criteria for one psychiatric disorder at age 21. Many other problems including suicidal attempts, depression, and anxiety were also reported in this study.

Various studies report high rates of abuse in foster care living, for instance nearly half of all children in foster care reported to have chronic medical problems. 8% of all children in foster care have serious emotional problems, 11% of children exiting foster care aged out of the system, in 2011^[6]. Children in foster care experience high rates of child abuse, emotional deprivation, and physical neglect. In one study in the United Kingdom "foster children were 7–8 times, and children in residential care 6 times more likely to be assessed by a pediatrician for abuse than a child in the general population^[7]. A study of

foster children in Oregon and Washington State found that nearly one third reported being abused by a foster parent or another adult in a foster home^[8]. These statistics do not speak to the situation these children are coming from, but it does show the very large problem of child-on-child sexual abuse within the system. A study on orphan children showed that they had low self esteem and confidence and felt more needy and isolated as they were deprived of love, play, shelter, food and resources to live. Additionally they were also more often forced for sex abuse^[9].

Egeland and Erickson^[10] did a long-term study of children whose mothers were unavailable or neglectful. The results of the study discussed that neglected children were found to be socially withdrawn, inattentive and cognitively underachieving in their elementary school years. Child abuse has long term effects as an association has been found in childhood physical and sexual abuse and adult psychopathology in psychiatrist patient^[11].

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A higher incidence of post - traumatic stress disorder (PTSD) in Vietnam veterans has been shown to be associated with a history of childhood physical abuse^[2]. Similarly^[12] have shown that early trauma predisposes adults to suffer PTSD following traumatic event experiences in adulthood.

The high rates of mental health problems in homeless children indicate that the most vulnerable are those who suffer the most. High rates of Physical and sexual abuse by parents or guardians were concluded from this study. Improved community mental health services may prevent some from becoming homeless^[13]. In a subsequent cohort, mental health problems among both children and their mothers were strongly associated with a poor family and social support networks^[14]. The high rates of mental health problems in these homeless children therefore indicate the need for broadly based psychosocial intervention in dealing with these problems and improving the accessibility and availability of community mental health services for them. The high prevalence of substance abuse also demands intensive, active treatment programs along with long-term support and rehabilitation programs. It may help to revert to more stable and healthy living conditions.

After reviewing the literature, the main objective is to investigate that a history of child abuse would likely lead to psychopathology in homeless children. This research will be helpful in developing awareness and intervention programs in the context of our culture.

Research Questions

History of child abuse would likely to be reported more often in children living in foster homes as compared to (control group) children living with their biological parents.

What type of abuse is mostly experienced by children living in foster homes.

How often neglect is experienced by children living in foster homes and children living with their families

Method

Participants: Initial sample was comprised of 395 children with the age range between 6 to 12 years (mean age = 9. 5 years SD = 1. 97) 282 children living in foster homes and 113 children living in homes with their biological parents in Karachi- Pakistan.

Inclusion and Exclusion Criteria: In this study Orphan children are those whose children were left alone in a shelter home either their father were dying or their parents were not known since after birth for example at Ethic homes (welfare organization in Pakistan) people left one –two day child at the door. This organization gives shelter and all rearing facilities to these children. In current study these children were categorized as orphans. Another category where child knew that his or her father or both parents were died.

Abundant children are those whose were left at shelter homes by their care taker at home (including parents, step parents, grandparents or any other relatives) due to unavailable resources to rear, educate or protect the child. This also includes those whose children were leaving their homes due to some reasons (most abuse as reported by child) and they were caught by

police or different welfare organizations, and now they do not want to go back to their homes or their care taker reluctant to take their responsibility.

Control group comprised of those children who were living with their biological parents at their homes they all belongs to lower socioeconomic.

In all three groups only those children were included in the studies who were studying in school, permanent or temporary bases.

Children having any mental or physical disability were not included in the study.

Description of Measures

A demographic form, Checklist for Child Abuse Evaluation^[2]and Devereux Scales of Mental Disorders^[8] were selected for investigation of the studied variables. A short description of the scale is given below.

A demographic form: A self developed demographic form comprised of items that focus on gathering information regarding, name (optional), age, gender, educational level, residence or institution, duration of institutionalization (if known), parents’ status (alive/dead , separated/divorced/joint), no. of sibling (if known) etc.

Checklist for Child Abuse Evaluation^[2]

In order to investigate and evaluate children and adolescents who have been abused or neglected, a Checklist for Child Abuse Evaluation (CCAЕ) was used. The CCAЕ consists of 264-item with 24 sections.

Scoring: Scoring of this checklist was done in yes or no format. If the child reported the abuse of any type. Researcher counted as it YES and if he/she did not indicate any type of abuse. Researcher counted it as NO. Then the frequencies of four types of abuse in the categories of Yes and No were calculated.

Results

Table 1: Descriptive statistics of the Demographic variables

Group	N	M	SD
Age:			
Orphan Children	105	9.73	1.907
Abundant Children	177	9.69	1.91
Control group	113	9.19	2.09
Total	395	9.56	1.97

Table 1 (b): Educational level of entire sample

Educational level:	N	M
Orphan Children	105	2 grade
Abundant Children	177	2 grade
Control group	113	3 grade
Total	395	2 grade

Table 2: Descriptive statistics (frequencies and percentages) of child abuse (Emotional abuse, Physical abuse, Sexual abuse and Neglect) reported during the Interview of Child abuse Checklist.

Type of Abuse	N		F		%
	Yes	No	Yes	No	
In three group					Total
i). Orphan Children 105					
a) Emotional Abuse	51	54	51.42	48.57	100
b) Physical Abuse	47	58	44.76	55.23	100
c) Sexual abuse	2	103	1.9	98.95	100
d) Neglect	60	45	57.12	42.85	100
ii) Abundant Children 177					
a) Emotional Abuse	115	62	64.9	35.02	100
b) Physical Abuse	104	73	58.75	41.24	100
c) Sexual abuse	8	169	4.51	95.45	100
d) Neglect	108	69	61.01	38.98	100
iii) Control group 113					
a) Emotional Abuse	49	64	43.36	56.63	100
b) Physical Abuse	80	33	70.79	29.2	100
c) Sexual abuse	4	109	3.5	96.46	100
d) Neglect	41	72	36.28	63.71	100
Total	395				

Table 1 and Table 2 shows that Emotional abuse was more frequently reported in abundant children (64.9%) than orphan (51.42%) and control group (43.36); physical abuse was more frequently reported in control group (70.79%), than abundant children (58.74%) and orphan children (54.76%); Sexual abuse was the least reported in all three group abundant (4.5%), control group (3.5%) and orphan (1.9%) and Neglect was also frequently reported in abundant children (61.01%), orphan (57.12%) and control group (36.28%).

Findings of this research showed that Emotional abuse was more frequently reported in abundant children (64.9%) than orphan (51.42%) and control group (43.36); physical abuse was more frequently reported in control group (70.79%), than abundant children (58.74%) and orphan children (54.76%); Neglect was also frequently reported in abundant children (61.01%), orphan (57.12%) and control group (36.28%) while Sexual abuse was the least reported in all three group abundant (4.5%), control group (3.5%) and orphan (1.9%) (Table 2).

The reason for the low frequency of sexual abuse could be the hesitation or shyness of the children to discuss about this issue. In our culture discussion on this topic is considered as tabooed and prohibited. Moreover children might have feared that if they talked about the matter, they might be accused by other. Recently^[15] studied the vulnerability to abuse and neglect in orphan children and youth living in Sub-Saharan African living in extended families by utilizing the qualitative research design. They reported that these studies of different countries showed similar form of abuse and neglect such as discrimination in intra-house hold experiences, very basic right of the orphan that is educational neglect, deprived them from material, child labor and of course sexual and physical abuse. The perceived risk factors in this study were found to be poverty, living with a non-biological caregiver, stigma and alcohol abuse.

Recently Sabin, MEcon, Brooks, and^[16] conducted a re-

search on orphan children and presented their poster in an International Conference and showed that in the abuse and exploitation sub-domain, all children were rated as “good” or “fair” by the Child Status Index (CSI), but among surveyed children aged 11 - 17, 20% or more reported being beaten, kicked, being locked out of the house, threatened with abandonment, cursed, and made to feel ashamed.

Previous researches has established the association of child abuse with mental health for instance More over previously^[17] in their study showed the impact of child abuse on mental health and they found that both male and female victims of abuse had significantly higher rates of psychiatric treatment during the study period than general population controls (12.4% v. 3.6%). Rates were higher for childhood mental disorders, personality disorders, anxiety disorders and major affective disorders, but not for schizophrenia. Male victims were significantly more likely to have had treatment than females (22.8% v.10.2%). Similar findings revealed in our study that boys score higher on the variable of Inattention (orphan and abundant / homeless children), (table 25) autism (table 27) and male abundant children also score higher on acute problem. While, comparing male and female score difference on Internalizing and externalizing behavior disorder, there found no significant difference among orphan and abundant children. However, boys of control group score higher on the variable of externalizing disorders. As mentioned above physical abuse is frequently reported in the control group. During the interview it was observed that these children belonged to the lower socioeconomic class. Previously^[18] using a cross-sectional unmatched case control design to compare emotional and behavioral problems of 420 primary school-going orphans and non-orphans. They reported that both orphans and non-orphans had high levels of psychological distress as measured using Rutter’s questionnaire but the difference was non-significant. There were no major psychiatric disorders such as psychosis, major affective or organic mental syndromes among both groups. They found that psychological distress was associated with poor academic performance ($p = 0.00$) in both groups however, more orphans than non-orphans had more common emotional and behavioral problems, e.g., more orphans reported finding “life unfair and difficult”; 8.3% orphans compared to 5.1% of the non-orphans reported having had past suicidal thoughts and more reported past “forced sex / abuse”.

Social functioning of orphans was reported to be poorer than non orphans which are very important factors for their mental health, for instance orphans were more often described as “needy, sensitive, isolative with low confidence and reported to have lower self-esteem. They often lacked love, protection, identity, security, play, food and shelter.” Most lived in poor families with few resources, faced stigma and were frequently relocated. Community resources were also inadequate in these families^[19].

Conclusion

It is concluded that orphan and abundant children are more at risk for child abuse. Mal treatment like emotional and physical abuse and neglect were frequently reported. Sexual abuse, though not reported frequently might be due to the fear of

stigmatization but it was observed that this could also be present, which should be investigated in further research. Since emotional problems were revealed in orphan and abundant children, psychological counseling and psychotherapy should be provided and measures should be taken to improve their quality of life by government agencies or international organizations.

Limitations and recommendations

This study was conducted on a larger sample, data collection was very difficult as children were selected from shelter homes of Karachi, and scales were too lengthy which took a lot of time to administer. Further the scale was comprised of interview forms; both researchers themselves with help of students of psychology collected the data to get valid findings. To make research cost effective it is strongly recommended that scales with fewer items should be developed in Pakistan, so that it can be utilized in researches.

For control group researcher had to visit families in their homes in different areas of Karachi, as one scale was administered on a child and one on caretaker, it took a lot of time and created difficulties. Home visits were planned for control group because in Pakistan children belongs to lower socioeconomic status and study in small primary or government schools in their neighbors, from where it was very difficult to collect data from mothers and their children. According to researchers such as^[9] also suggested that Child Guidance Counselors in schools/shelter homes should be provided and social skill training should be given to them.

It is strongly recommended that awareness programs, seminars and workshops about psychological health among disadvantaged groups should be conducted. The government should make policies to provide facilities to increase the quality of life among orphan and abundant children. Child abuse is frequently reported in children living in shelter home, organization and government agencies should focus more on child abuse prevention and protection.

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