

Antecedents and Consequences of Child Abuse

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Abstract

Objectives: The study explored the dimensions of antecedents of abuse, such as physical abuse, sexual abuse, neglect, and emotional abuse, which leads to the consequences of child abuse. The data were examined for model fitness towards the causes and effects of child abuse. **Methods:** The research underwent an empirical study analysing and testing through a structured questionnaire, and the purposive sampling technique was adopted. As many as 500 questionnaires were dispersed among children in various government schools in OMR, Chennai, Kanchipuram district, and finally 325 questionnaires were considered to be usable for analysis. The survey was conducted in the year 2016; the study data were collected over a period of 3 months. The participants chosen for the study were in the age group of 11 to 17 years and were students from high schools and higher secondary schools. The final sample consisted of 325 students. The schools where the participants studied catered mainly to families who belong to lower-middle socioeconomic class. The questionnaire was structured in such a way to elicit demographic details and determine variables to pose questions through different formats, such as Likert Scale, dichotomous questions, and rating scale questions. The secondary data used in our study were gathered from the reports of the primary health care centres functioning near the schools covered in our study. **Findings/application:** Reliability of the items in the questionnaire was above 0.65, and on final consolidation, Multiple Regressions and SEM were used to test the hypotheses; statistical analysis was carried out using software such as SPSS 2.0 and AMOS 2.1. Stepwise multiple regression analysis was performed, taking Physical Abuse, Sexual Abuse, and Neglect and Emotional Abuse as the independent variables and Child Abuse as the dependent variable. All the dimensions of antecedents emerged as significant predictors to child abuse. The collinearity statistics revealed the absence of multicollinearity between independent variables. As for relative importance of each variable, physical abuse (0.71), sexual abuse (0.88), neglect (0.83), and emotional abuse (0.75) made the strongest contribution in exploring the dependent variable. This resulted in the rejection of null hypothesis. Multiple determination factor R^2 (Goodness of fit) value was 0.39, and F value of the regression, 79.87 ($p < 0.01$). Factor R of multiple cross-correlations showed high cross-correlation, which is less than the acceptable level of 0.01; the results of CFA suggest that the factor loadings for all major variables range between 0.89 and 0.98. SEM was performed to test the goodness of fit using large sample size, and the following values were obtained: Goodness of fit (GFI) indices = 0.98, AGFI = 0.90, CMIN = 77.8, PGFI = 0.37, RMSEA = 0.07, CFI = 0.999, GFI = 0.99, and IFI = 0.99.

Keywords: Child Abuse, Antecedents, Consequences, Physical, Emotional, Sexual Abuse

1. Introduction

Abuse of children is a universal phenomenon and is as old as mankind. Child abuse is a global problem, deeply rooted in cultural, economic, and social practices. It is a state of emotional, physical, economic, and sexual maltreatment meted out to a person below the age of 18. In the United

States, New York is the first state to institute child protection laws (1875) that made abuse against children a crime.^{1,2} In³ 1974 the U.S Congress passed the Child Abuse Prevention and Treatment Act, which encouraged all other states to pass child protection laws and created the National Center on Child Abuse and Neglect.⁴ However, in India, as in many other countries, there has been no understanding of the

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extent, magnitude and trends of the problem. The growing complexities of life and the dramatic changes brought about by socioeconomic transitions in India have played a major role in increasing the vulnerability of children to various and newer forms of abuse. Child abuse has serious physical and psycho-social consequences which adversely affect the health and overall well-being of a child. Child abuse may be punished by incarceration of the perpetrator or by the denial of custody rights to abusive parents or guardians.

1.1. Definition

‘Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.’⁵

‘Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm.’⁶

‘Child abuse is a very complex and dangerous set of problems that include child neglect and the physical, emotional, and sexual abuse of children.’ (MedicineNet.com)

‘Child abuse is the physical and/or psychological/emotional mistreatment of children.’ (Wikipedia)

‘Institutional Abuse or Neglect is that which occurs in any facility for children, including, but not limited to, group homes, residential or public or private schools, hospitals, detention and treatment facilities, family foster care homes, group day care centres and family day care homes.’ (U.S. Office of Health and Human Services)

Physical abuse is characterised by physical injury, usually inflicted as a result of a beating or inappropriately harsh discipline. Neglect can be physical in nature (abandonment, failure to seek needed healthcare), educational (failure to see that a child is attending school), or emotional (abuse of a spouse or another child in the child’s presence, allowing a child to witness adult substance abuse). Inappropriate punishment, verbal abuse, and scapegoating are also forms of emotional or psychological child abuse. In⁷ some cases abusers do not have the education and skills needed to raise a child, thus increasing the likelihood of abuse, and providing inadequate parental role models for future generations.

1.2. Purpose of the Study

The purpose of this study is to analyse the antecedents and consequences of child abuse.

1.3. Objectives of the Study

To identify the impact of child abuse

To investigate the factors affecting child abuse

To design the path analysis for antecedents and consequences of child abuse

2. Literature Survey

In⁸ the long-term health effects of physical, sexual, and emotional abuse during childhood were studied in a sample of 668 middle-class females in a gynaecologic practice who responded to a self-administered, anonymous questionnaire covering demographic information, family history, physical and psychological health, as well as stressful events and abusive experiences as a child. Half (53%) of the sample reported childhood abuse, with 28.9% recounting exposure to one type of abuse, 18.7% to two types of abuse, and 5.4% to all three types of abuse. In comparison to women not abused during childhood, the abused reported significantly more hospitalisations for illnesses, a greater number of physical and psychological problems, and lower ratings of their overall health. The greater the number of childhood abuses, the poorer one’s adult health, and the more likely one was to have experienced abuse as an adult. The antecedents of child abuse and the qualities of parents who battered their children have been determined by interviewing known abusers. Most studies lack controls and because family characteristics changed by abuse, a prospective study was instituted.⁹ As many as 1,400 low-income mothers were interviewed in a prenatal clinic, and the characteristics of 23 reported for abuse within two years were compared to the characteristics of the remaining mothers. The predominant antecedents of child abuse were: unwanted pregnancy, aggressive tendencies, and aberrant childhood nurture in which disturbed family relationships were more important than outright abuse. Abusive mother had slightly less self-esteem. Factors that increased exposure between parents and children seemed to increase risk for abuse. In contrast to retrospective findings, abusive mothers did not differ in support available from others, age, education, isolation, family alcohol or drug problems, and expectations of child development.

3. Cause of Child Abuse

The abuser's childhood: child abusers often were abused as children.

The abuser's substance abuse: at least half of all child abuse cases involve some degree of substance abuse (alcohol, drugs, etc.) by the child's parents. One study found that parents with documented substance abuse, most commonly alcohol, cocaine, and heroin, were much more likely to mistreat their children and were also much more likely to reject court-ordered services and treatments. Abuse and neglect occur most often in families who are under pressure and lack support.

Family stress: the disintegration of the nuclear family and its inherent support systems has been held to be associated with child abuse.

Domestic Violence: Parents who physically abuse their spouses are more likely to physically abuse their children.

Social forces: experts debate whether a postulated reduction in religious/moral values coupled with an increase in the depiction of violence by the entertainment and informational media may increase child abuse.

The child: children at higher risk for child abuse include infants who are felt to be 'overly fussy,' handicapped children, and children with chronic diseases.

Specific 'trigger' events that occur just before many fatal parental assaults on infants and young children include: an infant's inconsolable crying, feeding difficulties, a toddler's failed toilet training, and exaggerated parental perceptions of acts of 'disobedience' by the child.

Some human service professionals claim that cultural norms that sanction physical punishment are one of the

causes of child abuse and have undertaken campaigns to redefine such norms.

Abuse cause and Risk factors:

Poverty
Lack of education
Serious marital problem
Frequent changes of address
Violence between family members
Lack of support from the extended family
Loneliness and social isolation of families
Unemployment
Inadequate housing
Poor parent-child relationships and negative interactions

Abuser character:

Very high expectations of the child, especially in relation to the child's academic excellence and performance
The parent may have been abused as a child
Lack of knowledge and skills in bringing up children
Low self-esteem and self-confidence
Depression
Alcohol and drug abuse
Mental or physical ill health¹⁰
Work pressure

Community Attitudes That Encourage Child Abuse (Figure 1)

Acceptance of the use of violence and force
Acceptance of physical punishment of child
Acceptance of parent's ownership of children and their right to treat children as they see fit

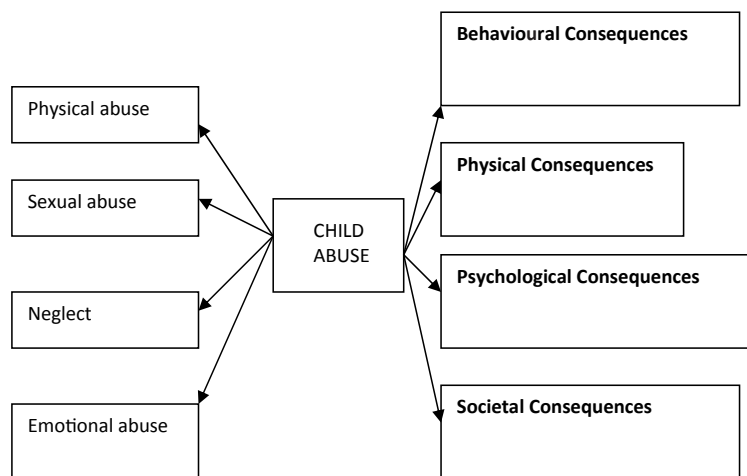


Figure 1. Conceptual flow chart.

Racism

Inequality between men and women

Who are the abusers?

The overwhelming majority of abusers are male, and the majority of victims are female, although many boys are also abused.

3. Research Methodology

An empirical study was conducted to analyse and test the study variables by testing the hypotheses developed for this study. The measuring instrument used in the study was a structured questionnaire, which was distributed by means of purposive sampling. The data used in the study also include secondary data gathered from a range of sources such as documents, references, literature, results of previous studies and reports related to the subject of this study. The primary data were gathered from the responses provided by the participants in answer to the written statements and questions posed to them through the structured and validated questionnaire administered to them in order to elicit information concerning child abuse – the core topic of the present study.

3.1. Data Analysis

Internal consistency reliabilities:

Cronbach's coefficient alpha of reliability for antecedents' determinants

Name of scale/sub-scale antecedents	Alpha values
Physical abuse	0.777
Sexual abuse	0.731
Neglect	0.685
Emotional abuse	0.878

Source: Primary Data

Cronbach's coefficient alpha of reliability for consequences' determinants

Name of scale/sub-scale consequences of child abuse	Number of items	Alpha values
Behavioural	3	0.731
Physical	8	0.788
Psychological	3	0.677
Societal	4	0.692

Source: Primary Data

3.2. SEM Procedures

This study adopted the structural equation model (SEM) for data analysis and testing the proposed model. SEM includes two stages: measurement model analysis and structural model analysis, and both were applied in this study. For SEM, the power of the test is dependent upon the number of specified parameters and the sample sizes. One of the most important advantages of using SEM is its ability to test good fitness of model by using a large sample size. The closed questionnaire was used to collect data from school students. Data were then tested using AMOS. As many as 500 questionnaires were administered to children in various government schools in OMR, Chennai, Kanchipuram district, and a final total of 325 questionnaires were taken as valid for use in the present study.

3. Hypotheses

H₀1: There is no significant difference in the dimensions as predictors in explaining antecedents of child abuse.

H₀2: There is no relationship between antecedents and consequences of child abuse.

H₀3: There is no significant model fit between the causes of child abuse and its effects.

4. Data Analysis and Interpretation

4.1. Multiple Regression Analysis

Multiple regression analysis is a statistical technique that can be used to analyse the relationship between a single dependent (criterion) variable and several independent (predictor) variables. One fundamental purpose of the multiple regression analysis is to predict the dependent variable with a set of independent variables. Multiple regressions also provide a means for objectively assessing the degree and character of the relationship between the dependent and independent variables by forming the variate of independent variables.

The independent variables, in addition to their collective prediction of the dependent variable, may also be considered for their individual contribution to specific dependent variables and their predictors. Interpretation of the variables may rely on any one of the two perspectives that have a bearing on the independent variables, which are: a. types of relationships found and b. interrelationships among independent variables.

4.2. The Impact of Antecedents Towards Child Abuse

H₀₁: There is no significant difference in the dimensions as predictors in explaining the antecedents of child abuse as shown in stepwise multiple regression analysis (see Table 1).

4.3. Dependent Variable: Child Abuse

Stepwise multiple regression analysis was performed taking physical abuse, sexual abuse, and neglect and emotional abuse as independent variables and child abuse as the dependent variable. All the dimensions of antecedents emerged as significant predictors of child abuse. The following statistical values were obtained through different measures used in the study: multiple determination factor R^2 (goodness of fit) value = 0.39 and F value of the regression = 79.87 ($p < 0.01$). Factor R of multiple cross-correlations shows high cross-correlation, which is less than the acceptable level of 0.01 as shown in the Coefficients and Collinearity Statistics presented in Table 2.

4.4. Dependent Variable: Child abuse

From the Regression Analysis, the following regression equation was derived¹¹:

$Y = \alpha + \text{Physical abuse } x_1 + \text{Sexual abuse } x_2 + \text{Neglect } x_3 + \text{Emotional abuse } x_4 + \epsilon$.

$$Y = (2.26) + 0.19 + 0.17 + 0.13 + 0.10.$$

The beta scores signify a positive relationship between each of the predictor variables. The percentages of

variance obtained for the following predictor variables are as follows: physical abuse accounted for 29% of the variance, sexual abuse 24%, neglect 24%, and emotional abuse 12%.

The collinearity statistics revealed the absence of multi-collinearity between independent variables. Relative importance of each variable was assessed by its strongest contribution in exploring the dependent variable, based on the values arrived at for each of them: physical abuse = 0.71, sexual abuse = 0.88, neglect = 0.83, and emotional abuse = 0.75. This resulted in the rejection of null hypothesis.¹²

4.5. Structural Equation Modelling (SEM)

This part of analysis picturises the composite model developed using the structural equation modelling (SEM). SEM combines antecedents and consequences of child abuse. It aims at measuring the combined impact of the factors considered under the study. It also explains the various elements of the model fit, the nuances, and the required statistical parameters to validate the model. The observed values extracted were considered to test the null hypotheses, and finally, to generalise the findings.

A confirmatory factor analysis (CFA) was performed to examine the factorial validity of the factors and to assess the goodness-of-fit pertaining to the model. The model was then tested using the SEM. Besides fit statistics, of particular interest is the path significance indicated by the standardised regression estimate (β) that assesses the effects of the studied variables. The central point in analysing the structural models is to

Table 1. Stepwise multiple regression analysis of antecedents of child abuse

Variables entered	R	R^2	Adjusted R^2	Std. error of the estimate	Change statistics		
					R^2 change	F change	Sig. F change
Physical abuse	0.48	0.23	0.23	0.57	0.23	154.35	0.000**
Physical abuse, sexual abuse	0.57	0.32	0.32	0.53	0.09	69.37	0.000**
Physical abuse, sexual abuse, neglect and	0.61	0.37	0.37	0.51	0.05	41.49	0.000**
Physical abuse, sexual abuse, neglect, and emotional abuse	0.62	0.39	0.38	0.51	0.01	9.43	0.000**

Dubrin–Watson value: 1.77.

**Significant at 0.01 levels.

*Significant at 0.05 levels.

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Table 2. Coefficients and Collinearity Statistics

Model	Constructs	Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Tolerance	VIF
1	(Constant)	2.26	0.18	–	12.29	0.000**	–	–
	Physical abuse	0.19	0.03	0.29	7.25	0.000**	0.71	1.40
	Sexual abuse	0.17	0.03	0.24	6.47	0.000**	0.88	1.13
	Neglect	0.13	0.02	0.24	6.21	0.000**	0.83	1.19
	Emotional abuse	0.10	0.03	0.12	3.07	0.000**	0.75	1.34

Significant at 0.01 levels**

Significant at 0.05 levels*

Dependent Variable: Child abuse

determine the extent to which the hypothesised model 'fits' or adequately describes the sample data. A model fit can be evaluated by examining several fit indices which include: chi-square (χ^2), chi-square/degree of freedom (χ^2/df), Goodness-of-Fit Index (GFI), Tucker–Lewis Index (TLI), Comparative Fit Index (CFI), Standardised Root Mean Residual (SRMR), and Root Mean Square Error of Approximation (RMSEA). Besides fit statistics, of particular interest is the path significance indicated by the standardised regression estimate (β) that assesses the effect of one variable on another. The significance level was set at $p < 0.05$. Prior to testing the model, the psychometric properties and the goodness of fit of the constructs studied were undertaken.

The results of CFA analysis suggest that the factor loadings for all major variables range between 0.89 and 0.98.

The model was then tested using the SEM. The central point in analysing structural models is to determine the extent to which the hypothesised model 'fits' or adequately describes the sample data. From the SEM process, we found that the model showed significant relationship between factors.

The total average scores of all the latest constructs of independent and dependent factors are used here to correlate the inadequate and dependent factors. We used the AMOS (Analysis of a Moment Structure [AMOS]; Amos Nathan Tversky [1937-1996]) estimates for deriving the correlation coefficient values for the latest constructs using the maximum likelihood estimation. Many researchers suggested maximum likelihood estimation in SEM is the most robust estimation, which could be used for handling even non-normal variables as shown in Figure 2.

Testing the model fit of proposed constructs is considered an integral part of the research especially when using SEM. A model fit can be considered reliable and valid if the results fulfil, at the least, a minimum acceptable number of criteria. The results of path analysis for the model as shown in Table 3 suggests a good fit with the data. The parameters are all statistically significant, supporting the theoretical basis for assignment of indicators to each construct as shown in the SEM indices presented in Table 3.

H₀2: There is no relationship between the antecedents and the consequences of child abuse.

H₀3: There is no significant model fit between the cause of child abuse and its effects.

After modelling all the cause-and-effect links, variables were analysed. Even though the terms we used to describe variables were somewhat different from past studies focusing on the subject area of this study, the variables still carry the same meaning in regards to specific criteria or variables chosen for the study. It is important to join these variables, so we chose to use the Theory Maps tool which can treat these variables generically. The effect of every variable on child abuse was examined. These effects were presented in a concept matrix. In this way Theory Maps can compare between theories and detect possible contradictions. Furthermore, in this way the antecedents and consequences of child abuse model can be better combined.

The proposed child abuse model also needs further research; the model needs to be tested in practice under different circumstances. Only then its value and usability can be determined more accurately and conclusively.

There exists a relationship between the antecedents and the consequences of child abuse.

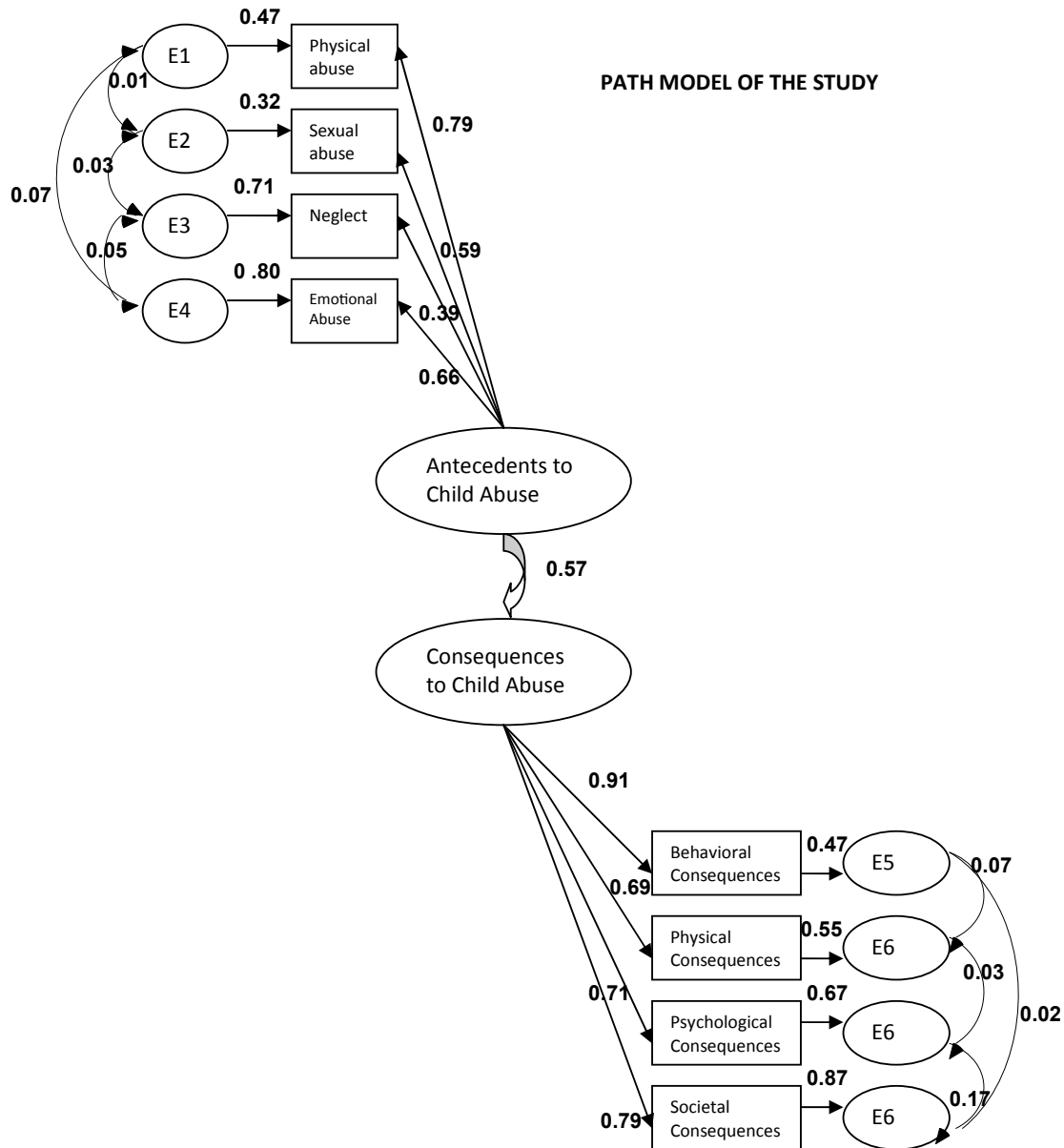


Figure 2. Path model of the study.

There is significant model fit among the causes of child abuse and its effects.

5. Conclusion and Some Suggestions to Prevent Child Abuse

1. Understand that 'child abuse' means any kind of harm done to a child and does not just mean sexual abuse.
2. Teach your children about the difference between 'good' and 'bad' touches. Explain what these are.
3. Explain to your children that no one has the right to hurt them or touch them in private areas or touch in any way that makes them feel uncomfortable.
4. Tell your children that the words they need to remember are No, Go, Yell, Tell. If a stranger (or any person) touches them in a way they don't like, makes them feel uncomfortable, or this stranger tries to get them to go with them they should always say 'No!' and do the following immediately.
5. Get away from the person or situation as quickly as possible.
6. Explain to your children that no one has the right to hurt them or touch them in private areas or touch in any way that makes them feel uncomfortable.
7. Tell your children that the words they need to remember are No, Go, Yell, Tell. If a stranger (or any person) touches them in a way they don't like, makes them feel uncomfortable, or this stranger tries to get them to go with them they should always say 'No!' and do the following immediately.
8. Get away from the person or situation as quickly as possible.

Table 3. Structural equation model indices

Indices for antecedents and consequences of child abuse	Model
Goodness of fit index (GFI)	0.98
Adjusted goodness of fit index (AGFI)	0.90
CMIN	77.8
Root mean square residual (RMR)	0.45
Parsimonious (PGFI)	0.37
RMSEA estimate	0.07
ECVI estimate	0.44
CFI	0.999
GFI	0.995
IFI	0.999

20. Use their danger voice to yell. A danger voice is a very loud, low-pitched yell that gets attention immediately. It is not a high-pitched screech. It should never be used in any other situation.
21. Inform a parent, teacher, or caregiver immediately about what happened.
22. Help your children understand that they need to be wary not just of the traditional idea of 'strangers' but of anyone who makes them feel uncomfortable, even if it is someone they know – like the next-door neighbour.
26. Talk to your children about situations they must avoid, like taking any food or medicine from an unfamiliar or unknown or a not-well-known person, who is NOT a parent, teacher, caregiver, or a close friend. Help them understand how to identify a police officer. Take them to the local police station and let them see what a uniform looks like and what a badge looks like.
27. Show your children how to make a collect call to home and how to call Child Protection Services.
28. Learn what the signs of abuse are so that you will notice if something is going on with your child. Look for bruises, burns, bloody or missing underwear, and difficulty with bowel movement or urination, problems with walking or sitting, behaviour problems, inappropriate sexual behaviour, sore genitals, or anything that just makes you feel there is something amiss.
29. Get help from the police, social services department, or use a child abuse hotline to report the issue and get help if you suspect there is a problem.

31. Life skills training should be provided to children and young adults to help them develop their interpersonal skills and knowledge that will prove valuable in adulthood, especially when they become parents themselves; and second, provide children with skills to help them protect themselves from abuse.
37. Effective 'Child Protection Policy' should be disseminated in an organisational setting too, particularly those that provide child protection services, in order to ensure that the workforce is well-trained to respond appropriately and effectively and quickly using a range of disciplines, that alternative care placements for children are available, that children have improved access to healthcare resources, that the children's families are provided appropriate tools and resources to report the suspected abuse at the earliest in an appropriate manner.

References

1. Krug EG, Dahlberg LL, Mercy JA, Zwi A, Lozano R. World report on violence and health. Geneva: World Health Organization; 2002. P. 1–360.
2. Pinheiro PS. World report on violence against children. New York: United Nations. 2006. P. 1.
3. National Conference of State legislatures (NCSL). A place to call home: adoption and guardianship for children in foster care. 2004. P. 1–7.
4. Glaser D. Child abuse and neglect and the brain—a review. *J Child Psycho Psychiatry*. 2000;41(1):97–116.
5. Andrews G, Corry J, Slade T, Issakidis C, Swanson H. Child sexual abuse. In: Ezzati M, Lopez AD, Rodgers A, Murray CJL, editors. Comparative quantification of health risks: global and regional burden of disease attributable to selected major risk factors. Geneva: World Health Organization. 2004. P. 1851–940.
6. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM. Relationship of childhood abuse and household dysfunction too many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) study. *Am J Prev Med*. 1998;14(4):245–58.
7. Schoemaker C, Smit F, Bijl RV, Vollebergh WAM. Bulimia nervosa following psychological and multiple child abuse: support for the self-medication hypothesis in a population-based cohort study. *Int J Eat Disord*. 2002;32(4):381–8.
8. Desai S, Arias I, Thompson MP, Basile KC. Childhood victimization and subsequent adult revictimization assessed in a nationally representative sample of women and men. *Violence Vict*. 2002;17(6):639–53.

9. Widom CS, DuMont K, Czaja SJ. A prospective investigation of major depressive disorder and co morbidity in abused and neglected children grown up. *Arch Gen Psychiatry*. 2007;64(1):49–56.
10. Wijma K, Samelius L, Wingren G, Wijma B. The association between ill health and abuse: a cross-sectional population based study. *Scand J Psychol*. 2007;48(6):567–75.
11. Ellis R, Hendry EB. Do we all know the score? *Child Abuse Rev*. 1998;7(5):360–63.
12. Lee V, Hoaken P. Cognition, emotion, and neurobiological development: Mediating the relation between maltreatment and aggression. *Child Maltreatment*. 2007;12(3):281–98.