

## CHILD ABUSE AS THE CAUSATIVE FACTOR FOR MULTIPLE PSYCHOLOGICAL AFFLICTIONS IN LATER LIFE



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### ABSTRACT

The link between traumatic experiences in childhood and negative health consequences in adulthood is extremely well documented. Regrettably, despite the vast amount of research that has been conducted to prove the existence of this connection, the mainstream medical literature very seldom mentions it. In a recent review article on depression that was published in the New England Journal of Medicine, the author failed to make even a passing reference to the well-documented link between adult depression and childhood abuse. This highlights the necessity for research that is more visible and that will reach physicians, who provide the majority of front-line health care. No mention of the significance of childhood maltreatment as a risk factor is included in the otherwise exhaustive national recommendations on depression in primary care that were published in 1993. These guidelines were produced in 1993.

**Keyword:** primary care, national recommendations, guidelines.

### INTRODUCTION

In recent evaluations of fibromyalgia, anorexia nervosa, and functional somatic syndromes published in reputable medical publications with a high impact, exclusions similar to these can be found. Irritable bowel syndrome is the one and only exception to this rule; thanks to the research of Drossman and Leserman, the association of this disorder with a history of childhood or adult sexual and physical abuse in women is now consistently mentioned in

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reviews of functional bowel disorders. This makes irritable bowel syndrome the sole exception to this rule. If doctors treating adults who suffer from a disorder connected with abuse in childhood are uninformed of the connection between the two, they will not ask patients about their abuse histories and they will not send patients to the necessary services. This is especially troubling because conditions associated with childhood abuse are burdensome to both the patient and the health care system, relatively simple interventions may prove effective in alleviating much distress, only 2% to 5% of patients with a history of childhood sexual abuse will themselves report it to a physician, and the number of patients with a history of childhood physical abuse is even lower. and the primary care physician is often tasked with the responsibility of acting as the gatekeeper for patient access to specialty treatments under managed care. In addition, the majority of patients claim that they want their doctors to test for a history of abuse, yet the majority of doctors state that they do not carry out such screenings. 38 We give this summary of the existing research relating childhood abuse to adult physical and mental health in an effort to educate internists, who presumably treat a large number of patients with a history of abuse. The study shows a correlation between physical and mental health in adulthood. Published manuscripts were obtained from MEDLINE, Sociological Abstracts, and Psychological Abstracts using search terms such as child abuse, violence, maltreatment, physical abuse, sexual abuse, fibromyalgia, irritable bowel, chronic pain, depression, eating disorders, somatic symptoms, posttraumatic stress disorder, and health outcomes. These search terms could be used singly or in combination with one another. In addition, the bibliographies of these papers were searched in order to gather references. Abuse in childhood has been linked to a wide range of mental and physical symptoms, including depression, anxiety disorders, eating disorders, post-traumatic stress disorder (PTSD), chronic pain syndromes, fibromyalgia, chronic fatigue syndrome, and irritable bowel syndrome, among other psychiatric and medical conditions.

Adults who were abused as children are more likely to engage in high-risk health behaviours, such as smoking, drinking alcohol and drugs, and having unsafe sex; to report an overall lower health status; and to use more health services than adults who were not abused as children. These adults also report a lower health status. Many of the requirements for a causal link are satisfied when looking at these numerous health issues and behaviours as the consequence, and abuse in infancy as the exposure (Table 1). Abuse of children is all too frequent. The prevalence rates of self-reported childhood physical abuse in nonclinical samples of adults in the United States and globally range from 10% to 31% in males and 6% to 40% in women, whereas the prevalence rates of self-reported childhood sexual abuse range from 3% to 29% in men. and anything from 7% to 36% in females. 8,39,48,49 In primary care settings, approximately 20% to 50% of adults report having experienced physical or sexual abuse in childhood.9,18,30,42 However, the prevalence of reported childhood physical or sexual abuse is as high as 70% among patients who suffer from depression, irritable bowel syndrome, chronic pain, or substance abuse.

### **CHILDHOOD ABUSE AND ADULT PHYSICAL HEALTH**

In individuals who have a history of either physical or sexual abuse, the prevalence of a wide range of somatic symptoms has been repeatedly found to be greater than in people who do

not have a history of abuse. McCauley et al., who found the following symptoms significantly related to a history of childhood physical or sexual abuse in women in primary care practises, include: nightmares, back pain, frequent or severe headaches, pain in the pelvic, genital, or private area, eating binges or self-induced vomiting, frequent tiredness, problems sleeping, abdominal or stomach pain, vaginal discharge, breast pain, choking sensation, loss of appetite, and problems urinating. These symptoms were found in women. Women who had a history of childhood sexual abuse scored significantly higher on a somatization scale than those who did not have a history of abuse, and women who had more severe abuse or multiple abusers scored the highest on the scale.

This research was conducted by Springs et al.<sup>18</sup> and was conducted in a primary care clinic. In a longitudinal research conducted on Swiss adults, Ernst et al.<sup>8</sup> discovered that individuals with a history of childhood maltreatment had higher scores on the Symptom Checklist SCL-90R than those without such a history. Sometimes the cluster of somatic symptoms that are experienced are grouped together into particular diagnoses such as fibromyalgia chronic fatigue syndrome<sup>44</sup> or irritable bowel syndrome, while other times they are characterised as "medically unexplained somatic symptoms." These diseases are all connected with psychiatric comorbidities, and the particular diagnosis is generally determined by the medical subspecialist to whom a patient initially appears. The current state of interpersonal violence is related not only with mental but also with bodily manifestations.<sup>60,61</sup> Despite the fact that the focus of this review is on child abuse, it is important to note that people who were neglected or maltreated as children are more likely to be the victims of abuse as adults,<sup>62</sup> and research on the relationship between childhood abuse and adult health needs to control for adult abuse.

### **CHILDHOOD ABUSE AND MENTAL HEALTH**

Abuse in childhood has been linked to depression in adults, as well as violence, hostility, rage, fear, anxiety disorders, and personality problems.<sup>64,65</sup> At least three different meta-analyses on the consequences of sexual abuse in children Studies 55, 66, and 67 come to the conclusion that there is a direct and compelling association between this type of maltreatment and a variety of adult psychiatric disorders. Childhood abuse was found to have persistent and significant impacts on early onset and recurring depression by Kessler and Magee<sup>14</sup>. They also showed that violence from siblings or numerous family members (such as both parents) was most significantly connected with recurrent depression. Studies that look backwards have shown that childhood maltreatment has consistent impacts on the earliest emergence of early adult psychopathology.<sup>54</sup> For instance, Saunders et al.<sup>39</sup> conducted structured interviews with a random community sample of 391 women. They found that 46% of those with a history of childhood sexual abuse had experienced a major depressive episode, compared with only 28% of those who had not been abused.

### **CHILDHOOD ABUSE AND FUNCTIONAL STATUS**

There is no question that a history of abuse is related with somatic complaints and depression, both of which have a detrimental effect on a person's ability to function physically. Golding<sup>68</sup> demonstrated in a community sample of women of all ages that the physical symptoms

associated with childhood or adult sexual assault predicted impairments in physical functioning, nearly doubling the odds of being confined to bed or restricted in normal activities. This research was conducted on women who had experienced sexual assault at some point in their lives. Leserman and colleagues<sup>16</sup> discovered that women with bowel disorders who had a history of sexual abuse either as a child or as an adult had a larger number of bed days and a greater degree of functional impairment. Functional impairment is also a major aspect of a number of the somatic pain syndromes linked with a history of abuse in childhood. This is because abuse in childhood is associated with a higher risk of developing somatic pain syndromes.

In spite of the contradiction that women tend to live longer than men, they have higher functional impairment as they get older than males do. Although sexual abuse is twice as common in women as it is in men and abuse in childhood or adulthood appears to be a predictor of functional impairment in women, neither the contribution of early life sexual abuse to the differential functional impairment between older men and women nor the impact of any type of childhood abuse on the functional status of men or women as they age has been explored. This is despite the fact that sexual abuse is twice as common in women as it is in men. In addition, abuse in childhood or adulthood appears to be

### **PATHWAYS LINKING CHILDHOOD ABUSE AND HEALTH OUTCOMES**

Although it is widely recognised that abuse in childhood is associated with negative psychological, behavioural, and health consequences in adult survivors, research on abuse is just beginning to unravel the routes, correlations, and diverse repercussions of the many forms of abuse. Abuse in childhood can have a negative impact on an adult's health in a number of ways, including emotional, behavioural, social, and cognitive effects. Kendall-Tackett<sup>71</sup> outlines these four potential channels. The mental health outcomes are the primary emphasis of the emotional route, which is explained in further detail in earlier sections. The behavioural route encompasses a wide variety of health-related activities, such as cigarette smoking, excessive weight gain, suicidal ideation, high-risk sexual conduct, and drug misuse. In the Adverse Childhood Experiences study, which was conducted on enrollees in Kaiser Permanente, researchers found that adults who had a history of being verbally, physically, or sexually abused as children were more likely to report current and early-age smoking,<sup>2</sup> severe obesity, physical inactivity, alcohol or illicit drug use, and sex with more than 50 partners. This was the case regardless of whether the abuse was verbal, physical, or sexual.

### **COPING STRATEGIES AND SOCIAL SUPPORT ACT AS MEDIATORS**

Maltreatment in childhood refers to any act of commission or omission by parents or other carers that results in potential danger of harm to a child. Maltreatment can come in the form of physical abuse, sexual abuse, emotional abuse, or neglect. It poses a substantial threat to the public's health and has a considerable presence all over the world. Individuals who have been abused are more likely to exhibit cognitive, emotional, and behavioural issues. A history of child abuse is also predictive of an elevated risk of later mental health disorders, such as depression, anxiety, alcohol misuse, and thoughts of suicide. However, not everyone who

was abused as a kid goes on to have bad implications for their mental health as an adult. Some people are born with or develop a greater capacity for resilience than others.

The capacity for resilience is a protective feature in the face of considerable adversity experienced throughout childhood and it can decrease the harmful influence that adversity has had on later well-being. Building on Bronfenbrenner's ecological model during the course of their lives, individuals are exposed to a variety of settings, each of which has the potential to impact their actions to differing degrees. Child maltreatment may have a significant impact on a child's mental health state by acting as a significant intervening factor through the specific emotions and self-regulatory processes that children go through after experiencing maltreatment. It has been shown that coping methods (internal) and social support (external) are two personal resources that are implicated in the road from childhood abuse to subsequent adaptation and mental health well-being. Both of these resources have been the subject of extensive research.

## **REVIEW OF LITERATURE**

A literature review is a written summary of journal articles, books, and other materials that explains the historical and present status of information on the subject matter of the research study. This information can be found in a variety of formats, such as online, in print, or both. In addition to this, it categorises the previous research into separate areas and demonstrates the prerequisites for a future investigation. The most methodical type of study involves instructors doing this review mostly on the basis of research that has been reported in journal papers. However, a good review may also incorporate additional material taken from other sources such as conference papers, books, and government records.

The researcher will get familiar with the findings of prior studies that were done in the same general study field after doing a review of the relevant literature. It gives the researcher the ability to assess what is known and what is unknown at this point. It contributes to the process of conceiving the problem, carrying out the investigation, and analysing the findings. It gives the context for the growth of the current study and takes the student closer to the answer by bringing them closer to the vicinity of the problem. An investigator who is familiar with both the existing research and the hypothesis does not repeat an investigation that has previously been conducted. In this chapter, we give an overview of the research that has been carried out on the many different aspects of child abuse in India and other countries.

The researcher has highlighted and cited publications from both quantitative and qualitative studies as a result of analysing the previous research that has been published. A review of the relevant prior literature was the initial phase in the research process, and it didn't matter where the material came from; the researcher had already done it.

Monique C Pfaltz 2021. Impairments in many facets of an individual's social functioning are well-documented but poorly understood when it comes to those who have a history of child abuse and neglect (CM and CM). We provide a summary of the data regarding the negative impact that CM has on social functioning and give major research suggestions centred on the following: 1. Identifying changes in specific inter- and intra-personal processes (such as the

regulation of closeness and distance) that are the underlying cause of problems in broader domains of social functioning (such as a lack of perceived social support) in individuals who have experienced CM; 2. Investigating whether changes in specific processes and their link to broader social problems are modulated by both internal and external situational factors; 3. Evaluating social processes through laboratory studies. 5. Establishing worldwide research alliances to take into account the effects of cultural and ethnic factors on social processes It is possible that effective preventative programmes might be developed via an understanding of the mechanisms that underlie issues in social functioning, as well as the cultural and ethnic factors that play a role in these problems. In addition, it is essential to conduct the recommended study in order to create treatments that assist impacted persons in establishing healthy and supportive connections. It is likely that by buffering the effects of chronic stress and the corresponding allostatic load, such relationships can foster resilience and improve mental and physical well-being. This can reduce not only personal suffering, but also the societal and economic costs associated with CM and its consequences.

## **RESEARCH METHODOLOGY**

The objective of research is to enhance or verify knowledge that will assist a researcher in achieving his or her goals. This is accomplished via the use of controlled inquiries pertaining to specific occurrences. The research technique that an investigator uses is the activity at the centre of any and all research that is conducted. An proper method can undoubtedly lead to good outcomes. The next crucial part in research is to explain the details of the many procedures that were taken in the study design. This comes after the problem has been selected, the objectives have been framed, and an evaluation of the associated literature has been conducted. In a number of different ways, researchers utilised mixed techniques, which are approaches that are both inventive and creative. The nature of this study is one that is both qualitative and quantitative.

### **Research design**

1. Areas of Research and selection of the sample for the study
2. Construction of tools to measure the child abuse among school children
3. Conducting the survey, case studies and group discussion to collect data
4. Methods of establishing the validity and item analysis of the tools constructed

## **RESEARCH DESIGN**

The study design was based on the integration of feminist theoretical viewpoints, using mixed methodology (combining qualitative and quantitative methodologies), and an appropriate procedure was used. Both qualitative and quantitative research approaches, with a gender perspective in its theoretical position, are necessary in order to completely comprehend the life of children from a gender perspective, according to contemporary feminist academics.

### **Areas of Research and Selection of the Sample for the Study**

#### **Selection of the sample for the study**

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S. No	Taluks Selected	Type School	No of Questionnaires issued	No of filled in questionnaires received	Fully Completed questionnaires		
					Male	Female	Total
1.	Karaikudi	Government School – 3	70 70 + 70	48 46 + 57	38 0	0 33 + 50	38 83
		Private School - 1	70	67	20	15	35
	Total		280	208	58	98	156
2.	Tiruppathur	Government School – 3	70 + 70 70	58 + 40 67	48 + 22 0	0 34	70 34
		Private School - 1	70	40	22	18	40
	Total	School - 8	280	205	92	52	144

## DATA ANALYSIS

Following the presentation of the principles as well as a review of research that are pertinent to the topic in earlier Chapters, this Chapter will give the data analysis as well as interpretations. This chapter provides a summary of the findings obtained from the questionnaire, the conversations held in the focus groups, the observations made, the case studies conducted, and the case history. The results from the questionnaire were analysed statistically in a variety of different ways so that we could investigate, describe, and arrive at more accurate interpretations and findings. The findings are presented with each individual component of the questionnaire taken into consideration. After this first analysis was finished, the links between the sub-categories were investigated so that the fundamental research issues could be answered. In order to describe the collection of data and conduct analyses on the data obtained from the response items, a variety of statistical and qualitative methodologies were utilised.

The following elements make up the components of the questionnaire:

- The family's socioeconomic standing, as reported by the respondents
- Characteristics of the respondents as they relate to the setting of the school
- Practices of sexism and prejudice towards women within the household of the responder
- occurrence of maltreatment in children
- Interventions to stop the abuse of children
- Reasons and causes for the abuse of children
- The effects of child maltreatment on young people
- level of knowledge in Tamil Nadu on the kid safety measures that are available

## **DESCRIPTIVE DATA ANALYSIS**

The purpose of descriptive data analysis is to offer a broad portrayal of the sort of statistics utilised in this study as well as a brief discussion of the methods employed to organise the data. The scope of generalisation that may be reached by descriptive statistics is restricted to the specific population that has been observed. No inferences are drawn that go beyond this group, and it is not possible to presume that any similarities exist with people from other groups. The statistics only describe one group; this particular group is being described. A straightforward action research analysis could be able to reveal interesting and useful information on the composition of a certain group of people. In the current research, the following methods were utilised in order to provide a description of the data. With the assistance of SPSS 20, we utilised Chi Squared, Frequency, and Percentage Tests. We also took the Average.

## **ANALYSIS OF QUESTIONNAIRE**

### **Socio- Economic Status of the Respondent's Family**

A person's socioeconomic status may be determined by looking at factors such as their age, gender, religion, caste, level of education, location of residence, educational qualification of their parents, employment of their parents, yearly income of the family, family type, and family size. The parental educational level, their jobs, total income earned, the dependents, the poverty level, the type of family, and the additional members other than the family members who would certainly have a high degree of influence in child abuse / child at risk and gender discrimination among the respondents were all factors that were taken into account in the socio-economic status of the respondents' families and which were discovered through the analysis of the socio-economic status of the respondents' families.

### **Distribution of Respondents According to their Age**

	Age	Male		Female		Total	
		N	%	N	%	N	%
1.	14	55	37	45	30	100	33
2.	15	50	33	55	37	105	35
3.	16 & above*	45	30	50	33	95	32
	Total	150	100	150	100	300	100

(Source: Compiled from the primary data)

\*Not above 18 years as the maximum age for child, as per the definition of WHO, is 18.

The distribution of respondents according to their age is represented in the table that can be



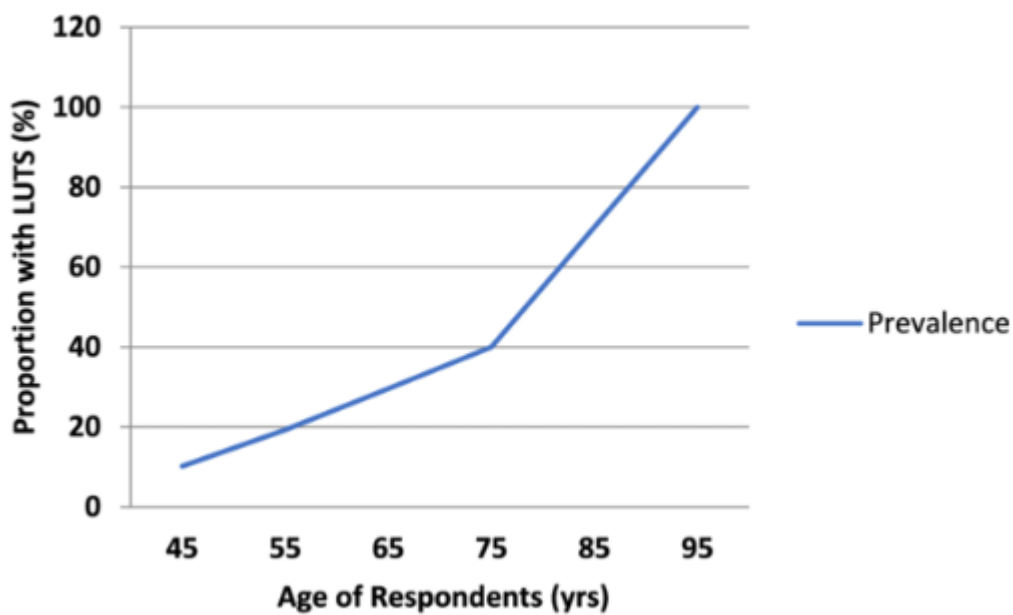
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seen above. One of the most crucial factors that is related with child abuse is the victim's age. The researcher chose to focus on older youngsters, those in the age range of 14 to 17, for this particular study. During this time, the children's bodies go through hormonal changes, and they begin to experience their masculine and feminine characters. In addition, because of their freedom to mobilise and change in physical structure, they are susceptible to being subjected to a variety of abuses, and this makes it more likely that they will be abused. At this stage in life, it is important to have an understanding of the problem and to work toward finding a solution to the problem.

According to the information presented in the table, the age of the responder is classified into one of three distinct buckets. According to the table, more than one third of the respondents were 15 years old. The remaining respondents belonged to two age groups that were more or less equal in number: those who were 14 years old and those who were 16 and older, with respective percentages of 33% and 32%.

The conclusion that can be reached from examining the table is that the majority of the respondents were of the age of 15 years old.



**Age of the Respondent**

**Distribution of Respondents According to their Religion**

S.No	Religion	Male		Female		Total	
		N	%	N	%	N	%
1.	Hindu	119	79	121	80	240	80

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2.	Muslim	25	17	25	17	51	17
3.	Christian	6	4	4	3	9	3
	Total	150	100	150	100	300	100

(Source: Compiled from the primary data)

The breakdown of respondents according to their religious affiliation is presented in the table that can be seen above. One of the social control agents that regulates the conduct of individuals within families and society as a whole is religion. There is evidence that the practise of every religion, whether directly or indirectly, discriminates against women and children. This includes both sex roles and age roles. Due to the possibility of abusing or being exploited by this partial therapy, it was deemed vital to gather information on the respondents' various religious practises.

### CONCLUSION

Abuse of children occurs in a widespread manner worldwide and can take many different forms. However, it is our responsibility to discuss the problems facing children and offer solutions to these problems since children are the nation's future. Children are the future of the nation. There is a close connection between the growth of children and the development of the nation. The problem of child abuse can be reduced and the potential of children and the next generation of human resources in our country can be well protected and their contribution may be greater toward the development of our nation if there is a proper and regular coordination between the government and school and the voluntary sectors. A more widespread societal agreement is required for better kid protection. Some types of violence have their origins in gender relations within society that are discriminatory and unfair, and destructive behaviours can become firmly ingrained throughout cultures.

When it comes to the total number of young, intelligent people, India is in first place worldwide. Therefore, it is of the utmost importance to create a joyful atmosphere for youngsters so that they can develop into useful human resources. Every individual child's qualities are the product of the three significant institutions—namely, the home, the school, and society—that they are exposed to throughout their lives. All human beings may be transformed into useful human resources if the characters are developed with care and in an atmosphere that encourages and fosters happiness.

Child abuse will very probably be mitigated, if not eliminated entirely, if every individual takes social responsibility and considers how their actions affect gender equality in their profession.

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