

Different Forms of Child Abuse and Quality of life and General Health in Parents of Abused Children

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Article info:

Received: 10 Jul. 2012

Accepted: 13 Oct. 2012

Keywords:

Child abuse, Type, Quality of life, General health, Demographic characteristics

ABSTRACT

Objective: This study designed to achieve 3 objectives: first, to evaluate different forms of child abuse among junior high school male students in Tehran, Iran; second, to study quality of life and general health levels of abusive parents; and third, to demonstrate demographic characteristics of abusers.

Methods: Through a multistage cluster sampling a total of 1443 students were selected from 77588 male students. Then, they completed child abuse and trauma scale (CATS) and based on the results, abused students were recognized. In the second step, through a randomized systematic sampling, 38 abused students and 40 nonabused students were selected. Parents of these two groups were assessed and compared by quality of life questionnaire and general health questionnaire (GHQ).

Results: The most important forms of reported abuse included emotional abuse and negative family environment (83.1%), inattentive and neglect (14.2%), and physical abuse (2.65%).

Conclusion: Results showed that abusive parents had lower quality of life compared to their nonabusive counterparts. It seems that child abuse is related to lower quality of life and general health of the parents.

1. Introduction

Abuse is defined as evil or corrupt practice, deceit, betrayal, molestation, emotional, sexual, neglect, or combination of them (Fields, 2000; Goodman & Scott, 1997). Several types of abuse have been mentioned in the literature: physical abuse, sexual abuse, tactical abuse, existence abuse (where the existence and the rights of the child are ignored), religious abuse (cult abuse), emotional abuse, and psychological abuse (Fields, 2000).

Studies on the prevalence of child abuse indicate a widespread problem. In England, about 3% of children under 13 are brought to the attention of professional agencies for sus-

pected abuse each year. A tenth of this figure, 3 per 1000, are on the official child protection register for the whole age range of 0-18 years. This prevalence figure is more than doubled for the first year of life but then settles down to around 3 per 1000 for children aged 1-16 years, after which there is a considerable drop in this figure.

Noteworthy that serious abuse still happens in about 1 in 10000 of the population, with violence induced mental handicap about as common in the first year. In the USA, the government sanctioned figure for the prevalence of maltreatment in children under 18 was 2.5% in 1988, with neglect predominating, followed by physical abuse, and then sexual abuse. There were over 2000 deaths a year resulting from

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recognized abuse and family members (Goodman & Scott, 1977).

Each year, there are over than 1000000 substantiated reports of child maltreatment: 49% for neglect, 24% for physical abuse, 15% for sexual abuse, and 12% for other forms of maltreatment (Kaufman, 1996).

The NCPA's 50-state survey estimates that approximately 3 million children were reported to CPS in 1995 and contrary to popular belief, the large majority of cases were officially substantiated of physical neglect (54%), about one quarter of the substantiated cases were of physical abuse, 3% were emotional neglect, and 6% did not clearly fall into any of these categories (Lung & Daro, 1996, citation by Emery & Lauman-Billings, 1998). In China, one study found that 46.9% of 1394 participants in primary school were exposed to physical maltreatment by parents during 3 months prior to the study (Ma et al., 2011).

Characteristics of abusive parents, abused children (Azar & Wolf, 1989; Belsky, 1980; Belsky & Vondra, 1989), and environment are involved in child abuse. On parents' part, personal problems like depression, borderline personality disorder and substance abuse are more common (Carr, 1999), which is related to poor emotional regulation (leading to depression, aggression, and substance misuse) and empathy skills (Carr, 1999). Parents with hyperreactivity are more likely to use corporal punishment (Stith et al., 2009) on their children. Parental low level of education (Tao et al., 2004; Feng et al., 2003) and parents' own abusive experience in their childhood (Chen, 2006; Libby et al., 2008; Medley & Sachs-Ericsson, 2009; Milner et al., 2010; Ma et al., 2011) are also related with corporal punishment.

Abusive parents' behavior with their children is guided by a negative cognitive set that leads to unrealistically high standards for young children's behavior and negative bias in judging their children, and as a result perceiving negatively a broad range of their children's behaviors. In addition, low socioeconomic status, poorly-developed verbal skills, poverty, poor housing, unemployment, single parenthood, and pro-aggressive parenting beliefs are the risk factors for abusive parents (Carr, 1999). Further, abusive parents may report their child's problems more (Lau, Valeri, McCarty, & Weisz, 2006).

On child's part, we can mention child male gender (Chen, 2006; Tao et al., 2004; Yang et al., 2004) and younger age (Tao et al., 2004). Long-term consequences of child abuse include aggression and depression (Anda et al., 2006; Mersky & Topitzes, 2010). In other words, child abuse is a pervasive

societal problem with enormous associated human and economic costs (Kaufman, 1996).

One of the aims of this study was to assess different forms of abuse in children. These kinds of studies are helpful for designing diagnostic programs and preventive interventions. We also tried to find some characteristics of abusive parents to be considered in future preventive or treatment interventions.

2. Methods

The data reported here were collected in a 2-stage study. First, through a multistage cluster sampling, 1443 male junior high school students were selected and asked to report the extent to which their parental figures used physical and emotional methods of punishment and also they were asked to determine the rate of parental neglectful behaviors and the family negative environment. Reports were scored on a 5-point Likert-type scale rating from "they never experienced those items" to "they always experience them in a harsh and abusive way." Separate ratings were obtained for the child's mother figure and father figure (if available). In this stage, 63 students were known as abused children. In the second stage, 38 students through a systematic randomized sampling method were selected as abused children. Parents of abused children were asked to fill in general health questionnaire (GHQ) (Goldberg & Willy, 1978), and quality of life questionnaire (Evans & Coppe, 1989). Our criteria for choosing the abused children were the mean of homeless children on child abuse trauma scale, and on the other hand, children with lower scores on child abuse and trauma scale were chosen as nonabused children.

Measures

Child abuse and trauma scale (CATS)

We modified Sanders and Beckers-Lauser (1995) questionnaire that was developed recently. This is a measure of childhood abuse that overcomes many of the concerns about scales that focus on a single component of traumatic experiences. CATS is a 38-item self-report questionnaire which addresses a range of specific experiences. Sanders and Beckers-Lauser (1995) reported a high internal consistency (Cronbach $\alpha=0.90$) for the total scale.

Kent and Waller (1998) tested the potential of CATS and suggested that it should be used in future research and clinical practice to make more understandable the multidimensional nature of abuse. In this study, it showed acceptable validity and reliability. In our research, at first 93 items were completed by students, then some of these items were omitted

Table 1. Means of abuse scores according to demographic characteristics.

Demographic variables	Variables level	Mean & standard deviation	Statistical test
Fathers' job	Employee	M=67.32, SD=18.39	F=9.87 P<0.001
	Business	M=68.96, SD=18.81	
	Worker	M=78.47, SD=25.71	
	Jobless	M=87.33, SD=30.32	
Mothers' job	Employer	M=64.5, SD=16.49	t=3.16 P<0.002
	Housewife	M=70.11, SD=19.09	
Family size	n=5	M=66.99, SD=18.42	t=5.67 P<??
	n>5	M=72.73, SD=19.69	
Number of brothers	n=1-2	M=69.55, SD=18.98	t=3.91 P<0.27
	n>2	M=75.02, SD=20.44	
Number of sisters	n=1-2	M=70.02, SD=19.76	t=1.09 P=0.27
	n>2	M=71.63, SD=18.35	
Birth order	1th & 2th child	M=67.87, SD=18.87	t=3.47 P<0.001
	3th and the rest child	M=71.41, SD=19.26	
Introduction of abuse resources	Without abuse resource	M=61.77, SD=17.56	t=11.54 P<0.001
	With abuse resource	M=72.75, SD=18.85	

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and finally we used 43 items, which had the highest correlation with scales total score. These items consist of physical abuse (7 items), emotional abuse (13 items), negative family environment (6 items), and neglect (15 items). We omitted 6 items.

In this research, we found that Cronbach α is 0.92 for homeless children and 0.87 for matched groups. Corrected Cronbach α for two groups was 0.95. Also we found that internal consistency for the sample was 0.88.

General health questionnaire

GHQ (Goldberg, 1978) is a self-administered standardized screening instrument for the detection of psychiatric comorbidity in the general population and in community settings. Its 28-item version was completed by the parents, with simple Likert method of scoring (0 through 3), according to which total score of more than 39-40 strongly indicates the presence of psychiatric disorder. GHQ consists of 4 subscales; somatic symptoms, anxiety, social dysfunction, and depression.

Quality of life questionnaire

This scale consists of 192 questions that assesses several aspects, including marital well-being, physical well-being, marital relations, parent-child relations, extended family relations, extramarital relations, autistic behavior, satisfaction behavior, job characteristics, occupational relations, job creative aesthetic behavior, sport activities,

vocational behavior, and social desirability. Participants answer to this questionnaire by 'yes' or 'no'. According to participants' total score comparison or their mean total scores, we could find the participants' position in their quality of life (Evans & Cope, 1989).

Statistical analysis

We used t test to compare demographic variables between two groups of abused and nonabused children. Regression analysis was used to derive results.

3. Results

As mentioned before, we administered CATS as a primary stage experiment in two groups (normal children and homeless ones). We considered the mean of homeless children scores (our clinical group) as the cut-off point to differentiate between abused and nonabused children. We asked the abused students to assign the role of definite persons that involved in abuse (according the specific behaviors in questions). Respondents reported fathers (24.90%), friends (21.60%), and mothers (10.00%) as the most abusive people.

In the next stage, we analyzed the data derived from CATS. Results showed that there were statistically significant correlations among abuse scores and demographic variables, including age, school, progress, parents' jobs,

Table 2. Comparison of means and standard deviation of quality of life between the parents of abused and nonabused students.

Independent variable Dependant variable	Students				T
	Abused		Nonabused		
	Mean	SD	Mean	SD	
Marital well-being	4.76	2.44	5.67	2.46	1.64
Physical well-being	4.81	2.13	5.97	2.58	2.14*
Individual development	5.31	1.75	7.35	1.73	5.15*
Marital relationships	4.97	2.37	7.43	1.69	5.24***
Parent-child relationships	6.44	1.98	7.47	1.82	2.38*
Extended family relationships	6.34	2.45	7.17	2.14	1.60
Extramarital relationships	6.07	2.00	6.80	2.02	1.58
Altruistic behavior	5.60	2.02	5.45	2.29	0.32
Political behavior	4.07	2.34	5.07	30.5	1.62
Job characteristics	3.34	2.19	4.21	2.87	1.23
Occupational relations	4.26	3.41	4.80	3.17	0.54
Job satisfaction	3.55	2.82	5.34	3.25	2*
Creative aesthetic behavior	3.60	1.88	4.52	2.19	1.98*
Sport activities	3.02	2.25	3.33	2.64	0.53
Vocational behavior	4.60	2.78	5.77	2.59	1.92*
Total score (quality of life)	72.05	19.53	86.18	23.14	2.91**

* P<0.05 ** P<0.01 *** P<0.001

and education, as well as family variables, including economic status of the family size, number of siblings, birth order, and students' reports for introducing the main abuser in the family. All of these variables were entered in regressive model to explain variance of abuse score and the results showed that school progress, family economic status, and introduction of abuser in the family have the main role in abuse variance.

Results concerning the relation between child demographic characteristics and abuse score showed that:

There was a significant relationship between age of the students and abuse scores ($F=31.03$, $P<0.001$). Also the mean score of 14 years old students and older ($M=77.4$) was significantly higher than the mean score of the students of lower than 14 years old (13 years, $M=68.1$; 11 and 12 years, $M=66.48$).

There was a significant relation between the mean of abuse scores and economic status ($F=46.27$, $P<0.0001$). Better economic status corresponds with lower rates of abuse.

There was a significant difference between the mean score of abuse in students whose fathers were highly educated and the ones whose fathers were low educated ($t=8.59$, $P<0.0001$). The mean of abuse score in the first group ($M=65.11$) were significantly lower than the second one ($M=73.76$).

There was a significant difference in the mean of abuse score in students with highly educated mothers and students with low educated mothers ($t=8.92$, $P<0.0001$). The mean of abuse score in the first group ($M=64.44$) was significantly lower than the second one ($M=73.5$).

There were statistically significant differences between the means of the other demographic characteristics in abused and nonabused groups as well. This means that there were significant differences among the means of the parents' jobs, family size, specific abuser in the family, and the birth order of the child. We concluded that these characteristics had more influence on child abuse (Table 1).

Finally, emotional abuse (83.1%) and negative family environment (14.2%) had the most important role in explaining total abuse score.

Comparison of parental quality of life between abused and nonabused students, as shown in Table 2, indicated that the parents of two groups had significant differences in total score and the subscales of quality of life: physical well-being, individual development, marital relationship, parent-child relationship, job characteristics, creative aesthetic behavior, and vocational behavior. Since the mean of these scales in the group of parents of nonabused students were higher than the parents of the other group, we concluded that the parents of nonabused students had higher quality of life compared to the parents of abused group. In addition, there were no significant differences between two groups in these scales: marital well-being, extended family relationships, extramarital relationships, altruistic behavior, political behavior, occupational relations, and sport activities.

In order to assess parental general health, we used GHQ-28. In the first section of analysis, the means of 5 scores of its subscales were compared between the parents of abused and nonabused students (Table 3).

The results showed that there were significant differences between the parents of abused children and nonabused students in total score ($t=2.03$, $P<0.05$) and also in depression scale ($t=2.60$, $P<0.01$). Since the parents mean score of abused students was more than that of nonabused students, we can conclude that parents of abused students had lower general health compared to the parents of nonabused students. There were no significant differences between the mean of parents scores between two groups with respect to other scales.

4. Discussion

We found that there was a significant relationship between abuse and some demographic characteristics like family economic and social status, parents' education and job, child's birth order, and age. Similar to other researchers (Garbarino & Croiuter, 1978; Garbarino & Kostelny, 1992; Egeland, Breitenucher, & Rosenberg, 1980), we concluded that many factors contribute to the development of family violence, including personality factors, family interaction patterns, poverty, family structure and size, and acute stressors such as job loss. It is important to note the comorbidity of different forms of abuse in the family (Layzer, Goodson, & Delange, 1986).

This study set out to evaluate abusive parents' quality of life. Data partially supports the hypothesis concerning a pattern of quality of life among abusive parents. It means that quality of life of abusive parents were lower than nonabusive ones. These results could be explained by other researchers' findings (e.g. Crittenden, 1988; Polansky et al., 1981), particularly the ones which concerns physical well-being, marital relationship, and parent-child relationship. The results confirm some of the conclusions of Crittenden (1988) about typical family patterns in families that neglect their children.

This study aimed to explore the relationship between parental abusive behavior and the level of parents' general health. The results suggest that compared to nonabusive parents, abusive parents reported more health problems, especially depression.

This study had some limitations too. First, it was limited to male students. Second, data were exclusively collected by self-report instruments, which had their

Table 3. Comparison of means and standard deviation of general health between parents of abused and nonabused students.

Independent variable Dependant variable	students				T
	Abused		Nonabused		
	M	SD	M	SD	
Scale A (somatization)	7.18	5.58	5.50	5.31	1.36
Scale B (anxiety & insomnia)	8.03	6.32	5.57	5.27	1.31
Scale C (social malfunctioning)	7.79	4.95	6.80	3.26	1.04
Scale D (severe depression)	6.16	5.13	3.24	4.11	2.60**
Total score general health	29.16	17.98	21.30	16.03	2.03*

* $P<0.05$ ** $P<0.01$

own limitations. It is recommended to repeat this study with female students and apply other measures to evaluate child abuse in adjunction with self-report measures. Moreover, some researchers have suggested that the victims of family violence have common characteristics, including poor physical or mental health, behavioral deviances, and difficult temperament or personality features (Belsky, 1993). Evaluating these characteristics in abused children, would be useful.

Finally, future research should concentrate on exploring other aspects of abusive parents' problems. Researchers should examine these results through a model that simultaneously takes into account the bidimensional aspects of general health and quality of life and also other factors related to parental stresses (exposure to life events, coping mechanisms, child characteristics, parenting capacities) that were not mentioned in this study.

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