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CHILD ABUSE AND NEGLECT; SELF-REPORTING BY ADULT PATIENTS PRESENTING IN A HOSPITAL FOR PSYCHOLOGICAL PROBLEMS

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ABSTRACT… Objectives: To know the role of child abuse and neglect (CAN) in developing psychological problems during long after life **Study Design:** Observational study. **Setting:** Department of Psychiatry and Behavioral Sciences, Govt. Allama Iqbal Memorial Teaching Hospital, Sialkot, Pakistan. **Period:** August 2015 and February 2016. **Material and Methods:** Three hundred and forty (340) consecutive eligible adults complaining one of the psychological/ psycho-medical problems *viz.* depression, anxiety, phobia, abdominal pain, or recurring diarrhea were registered using purposive sampling technique. The recruiters were asked to give responses against CAN-related questions in a locally designed Survey Form after recording the demographic information. Collected data was processed using techniques in SPSS version 17.0. **Results:** Of 340 cases, 297 (87.4%) were identified as psychological or psycho-medical patients. The problems appeared in 192 (90.6% of total 222) females, 221 (89.5%) rural residents, or 13 (92.9%) cases with socioeconomically poor family background at childhood. Similarly, a subject from nuclear family system was 9 times (95% CI: 5.818-14.476, $p = .0001$) more vulnerable to the problems than those of joint family system (92.3 vs. 29.6%). History of CAN was reported by 95.9% (n = 281) of diagnosed patients. Moreover, 85.6 to 100% victim of CAN by parents, family acquaintances or school teachers faced the mental health issues. Whereas, mental depression prevailed in CAN reporters. **Conclusion:** The CAN is a potential predictor for the psychological problems in life long after; hence deserves prompt practical considerations.

Key words: Child Abuse, Hospital, Psychological Problem, Survey, Self-Reporting.

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INTRODUCTION

Child abuse and neglect (CAN)[1] exists all over the world with some differences in type and magnitude. Nonreporting of the offense[2] and/or inappropriate action of the law enforcing agencies encourage the perpetration. Unfortunately, the repeated malpractice provokes deviant behavior[3] (e.g. interpersonal violence or school absenteeism) in the sufferer via negative neurological changes in the childhood. Adult criminality, fatal physical ailments like stroke or psychological issue (e.g. anxiety[4]) are amongst the long term after effects. The effects make the socioeconomic well being impossible.

A defenseless child occupies a central position in the increasing social circles of perpetrators i.e. from innermost primary care givers[5] (i.e. biological parents) to outermost impersonal opportunistic elements like strangers. Commission (child abuse especially of physical type) and omission (neglect) by parents not only develop a perception of deprivation in the child – a possible predictor for abnormal personality but also give space to other offenders from family acquaintances or teachers to perpetrate especially CSA[6] (Child sexual abuse). Surprisingly, data[7] reporting female teacher (as CSA offenders) is also available. So, CAN is independent of ethical values and gender discrimination.

Practicing psychiatrists/psychologists trace back to CAN while addressing a particular psychological (e.g. mental depression[8]) or psycho-medical issue (e.g. abdominal pain) at life long after for management. Recall methodology is used to give responses in the psychological tools like survey form in open time as possible patients are not so active in daily life.

In Pakistan, reliable statistics on CAN[9] are unavailable. This is why literature on relationship between psychophysical health problems and CAN is rare especially with reference to Sialkot, Pakistan. To fill the gap, present study was framed with the aim to explore the role of CAN for emergence of the problems in long after life using recall methodology. The findings will help legislative bodies, law enforcing agencies and common mass to curb the nuisance.

METHODOLOGY

The observational study was commenced in OPD of Psychiatry Department, Govt. Allama Iqbal Memorial Teaching Hospital, Sialkot, Pakistan from August 2015 to January 2016 after getting approval from the hospital ethics committee.

Consecutive patients complaining any of the psychological (i.e. depression, anxiety, or phobia) or psycho-medical problem (i.e. abdominal pain or recurring diarrhea) were registered using purposive sampling technique. Adult (male/female), literate, and one of the 5 clinically confirmed/unconfirmed problems with some chronicity of ailment were taken as inclusion criteria. However, patients with other severe psychological or medical problem(s), aged ≥60 years, had lost memory, or unwilling to participate in the activity were excluded. The sampling practice continued till recruitment of 350 priori calculated subjects.

A locally designed Survey Form containing two sections i.e. (A) demographic variables), and (B) questions on CAN by parents, family acquaintances, school teachers (with responses in yes/no) was administrated to the participants for responses in open time after briefing about confidentiality of the data. Moreover, the type of the problem was ascertained from the findings of the psychiatrists. Similarly, forensic, radiological, eye, and medical problems were addressed by concerned departments. Whereas, socioeconomic class of was determined following Fahmy[10] and co-authors' formula. The categorical data was subjected to descriptive statistics using techniques e.g. chi-squared test (considering $p \leq .05$ as significant) in a software SPSS version 16.0.

RESULTS

Of 350 administrated Survey Forms, 340 were considered as valid for statistical analysis (response rate = 97.1%). Demographic information were, as: female (n = 222, 65.3%), $M_{current\ age}$ = 36.4 (*SD* = 10.7, range 19-65 years), M_{edu} = 12.5 (*SD* = 1.5, 8-16 years), nuclear family system (n = 313, 92.1%), urban residents (n = 247, 72.6%), and lower middle socioeconomic class (n = 326, 95.9%) at childhood. Moreover, 87.4% (n = 297) participants were found as patients of the psychological or psycho-medical problems. The problems showed significant association with gender and family system (Table-I). The rate of the problems was higher in females than males (90.6 vs. 82.0%, $p = .02$). Similarly, a subject from background of nuclear family system had approximately 9-fold (95% CI: 5.818-14.476, $p = .0001$) more likelihood of the problems than from joint family system.

Of 297 clinically diagnosed patients, 94.6% (n = 281) reported history of CAN in the Response Form (Table-II). However, a person with history of CAN had approximately 16 times more likelihood of psychiatric issues in later phases of life compared to all those who had no such history in childhood (95% CI: 8.991-29.079, $p = .0001$).

Data indicated in Table-IIIa cover rate of the patients against life status of the biological parents or their CAN. All the 12 (100%) respondents who reported death of the mothers in their childhood were listed in patients' registry. Same the situation met in case of parental omission (i.e. neglect). Out of 87 cases with the opinion "Physical punishment by parent(s) does not help in future life", 80 (92.0%) were victim of any of the 5 specified problems of

present study. However, the remarkable decline in the rate i.e. 86.5% was recorded when question on physical torture was asked.

The respondents also reported abusive offenses by other segments of the society (Table-IIIb). All those participants (rate = 100%) were noticed as patients who pointed out physical abuse by elder peers, trespassers (i.e. strangers), or trainers of any sports/exercise. Moreover, security persons committed physical or emotional abuse. The rate decreased gradually from family members (96.3%, n = 26) to house maids (86.7%, n = 13). Teacher was the domain where incidence of sexual abuse occurred twice. However, rate of physical/ emotional abuse or their routine (seldom) by this kind of perpetrators ranged 96.0 – 98.3%.

The rate of depression i.e. 27.8% (n = 78) was found highest amongst the patients with back history of CAN (as shown in Figure- 1) followed by phobia (24.9%, n = 70). However, the least value, 6% (n = 17) appeared against recurring diarrhea - a psychomedical problem. Anxiety was the prominent problem (37.5%, n = 6) in the clinically diagnosed patients with no history of CAN.

Variable	Category	Total Population (N = 340)	Clinically Diagnosed Psychological Patients (n = 197)		Risk Estimate (RR, 95% CI, *P*)
			%	*f*	
Gender	Male	118	82.0	105	1.92, 1.091-3.327, .02
	Female	222	90.6	192	
Family system	Joint	27	29.6	8	9.18, 5.818-14.476, .001
	Nuclear	313	92.3	289	
Residential area	Rural	93	81.7	76	1.38, .989-3.094, .06
	Urban	247	89.5	221	
Socioeconomic class*	Poor	14	92.9	13	0.55, 0.082-3.743, .45
	Lower middle	326	87.1	284	

Table-I. Risk estimate against baseline information on childhood
**using determinants* [21]

Variable	Value
Patients versus CAN; *f* (%)	
History of CAN	281 (94.6)
No history of CAN	16 (5.4)
Risk estimate	RR = 16.11, 95% CI:8.991-29.079; *p* = .0001

Table-II. Rate of psychological patients against history of CAN (*N* = 297).

Area	Item	Total Numbers of Subjects with Positive Response	Psychological Patients	
			f	%
Life status	Father died	15	13	86.7
	Mother died	12	12	100
CAN	Neglected	11	11	100
	Tortured physically	37	32	86.5
	Physical punishment did not help in future life	87	80	92.0

Table-III(a). Statistics of parents' life status and CAN (N = 340)

Perpetrators	Item-related to…	Abuse/routine	Total Numbers of Subjects with Positive Response	Psychological Patients	
				f	%
Family acquaintances	Family members	Emotional	27	26	96.3
	House maids	-do-	15	13	86.7
	Elder peers	-do-	12	12	100
	Trespassers	-do-	14	14	100
	Trainers	-do-	16	16	100
	Security persons	Physical and emotional	2	2 (1+1)	100
School teachers		Sexual	2	2	100
		Physical	60	59	98.3
		Seldom (physical)	51	50	98.0
		Emotional	27	26	96.3
		Seldom (emotional)	25	24	96.0

Table-III(b). Rate of patients against child abuses by perpetrators (*N* = 340).

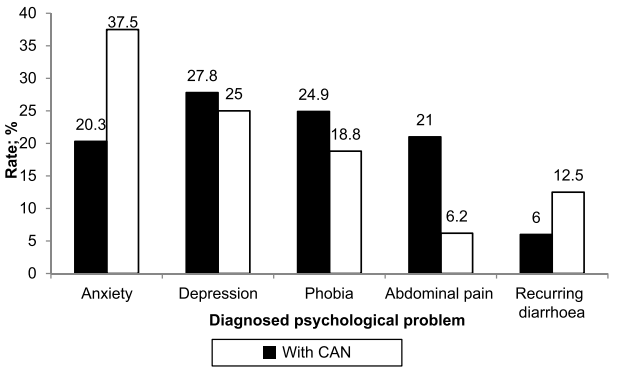

Figure-1. Rate of problems vs. status of CAN (CAN = 281; No CAN = 16).

DISCUSSION

The impaired behavior like submission of spoiled Form by certain patients in present study can be traced back to CAN-mediated depression[11] and/or memory loss.[12] Females are more prone to the CAN for having conservative life style and exposure to inter-parental conflict,[13] consistently. Age of the child carries no weight in the eye of the perpetrator(s). But, the sufferer has to face the adversity in the form of poor education and socioeconomic status.[14,15,16] Low rate of CAN in joint family system is due to synchronized check and balance on the children. However, almost same rate of the CAN in rural and urban areas marks territory-independent malpractices.

Physical death of one or both biological parents, also called primary caregivers[5] leaves lacuna in the normal psychology of the deprived child during advanced phases of practical life. The care is not confined to child with aphasia (difficulty in communication) rather normal children deserve it equally. On the other hand, child neglecting parent(s) unintentionally impart more severe adverse impacts as documented by Williams[17] in evidence-based decisions on child neglect. Children always perceive that physical punishment by parents has no role in improvement in future life. Rather it drives the regulation of stress physiology in wrong direction via changes in epigenetic.[18] Punishment by parents, in the name of educational and character building[19] does not impart positive impacts in practical life.

In present study, the gradually increasing rate of child abuses (sexual–physical–emotional) reflects the overall abusive tendency of the perpetrators from family acquaintances. Commonness of the emotional (psychological) abuse in family acquaintances looks not more than silent revenge of being abused in childhood.[20] The reporting of only one case of CSA (child sexual abuse) against relatives and no evidence against trespassers excluded the categories from the list of principal sexual perpetrators.[21] However, emergence of a security person as offender of the sexual abuse is new one and deserves due attention of the caregivers. Generally, vigilance deficiency by parents encourages others to commit the abusive action, freely.

Professional perpetrators (sexual offenders) can avail institutional abuse. Unfortunately, the teacher (male/female) can take the cover of work to commit CSA, also called educator sexual abuse[22] as in present work. A few female offenders may have tendency to victimize the young school going boys for sexual lust. Similarly, reporting of physical abuse in print media indicates the abusive attitude of some ill-minded elements of the profession. Emotional abuse is another dilemma of the segment of society where abused child shows reluctance in reporting to parents[2] or higher authorities. No, doubt the offenses amplify the incidences of psychological problems in the sufferers.

The CAN upset childhood as well as advanced stages of life. Our findings on depression shows resemblance with two studies,[14,15] associating the adversity with CSA. Likewise, occurrence of anxiety has correspondence with severity of CSA based complications.[15] According to Williams[17] and CWIG,[20] the CSA survivors are inclined towards suicidal attempts. Reporting of phobia by some patients of our work also date back to certain childhood maltreatments including CSA.[14] Similarly, feeling abdominal pain (without any identifiable cause) signs some childhood adverse experience (CAE). In a similar study[19] documented such pain in the university students. Despite CAN-associated irritable bowel syndrome,[18] lung cancer,[23] borderline personality disorder (BPD),[24] recurring diarrhea was investigated in this work on account of its higher reporting rate. Here, mass awareness through curriculum design and other gadgets seems to prevent likelihood of CAN especially CSA.[25]

CONCLUSION

The chance of psychological problems is very high in the survivors (especially females) of CAN. Similarly, nuclear family system makes the children more vulnerable to the perpetration compared to joint system. The psychological problem might be the resultant of cascade effect of CAN by parents, family acquaintances, and teachers. Strict measures are expected from parents and law enforcing agencies in recognition, intervention, and prevention of the CAN.

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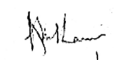
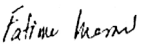
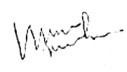
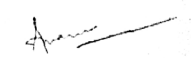
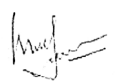
1	Abid Karim	Supported study design in conduction is manuscript edition.	
2	M. Saeed Razi	Supported data collection & results interpretation.	
3	Saleh Muhammad	Supported in manuscript writing and edition.	
4	Syeda Fatima Masood	Coversed the psytological area in the hospital & supported in mansucript writing.	
5	Nasir Mahmood	Remained busy with psychiatitis & edited for intermadiate proof.	
6	Anam Imran	Supported in data collection & helped in manuscript writing.	
7	Salman Imran	Supported in data collection and proof reading.	
8	Mujahid Hussain	Applied statistical lectuniques and interpreted the result, helped in manuscript writing especially results & discussion segments.	
9	Sahibzada Syed Masood us Syed	Conceived, designed overall supervised the study & edited the final proof before submission of PMJ.