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Understanding Child Abuse and Neglect

Research and Implications

Edited by Diann Cameron Kelly

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Meet the editor

Diann Cameron Kelly, Ph.D., LMSW, is Associate Provost for Student Success and a professor at Adelphi University, New York, USA. She previously served as an American Council on Education Fellow. She has authored many articles on civic engagement and service learning, as well as child and adolescent development. She is a former Viret Fellow and Fahs Beck Fellow, in which she explored the social components of the Civil Rights Era. Dr. Kelly earned her BA in Journalism from Temple University, Pennsylvania, USA, and her MSW and Ph.D. from Fordham University, New York, USA. She serves on the board of the Child Care Council of Westchester where she leads the Board Development Committee.

Contents

Preface

Numerous factors relate to child abuse and neglect. From physical abuse to emotional neglect, children are adversely affected and relive the trauma into adulthood. When children experience severe child abuse and neglect during their early development, they are likely to have adverse childhood experiences (ACEs) that influence the likelihood of post-traumatic stress disorder (PTSD). This book elucidates the effects of child abuse and neglect on children and adolescents.

Section 1 includes three chapters on adverse childhood experiences and neglect. After the Introductory Chapter, in Chapter 2, "The Effects of Separation from Parents on Children", Patricia M. Crittenden and Susan Spieker review the effects of separation, which are universally negative. There are indications that separation leads to intergenerational cycles of family separation as well. The authors suggest that children are most vulnerable from 9 months to 9 years old. Chapter 3, "Intra-Familial Adverse Childhood Experiences and Suicidal Behaviors among Tunisian Youth: The Mediating Effects of Impulsivity and Resilience" by Imene Mlouki et al., elucidates the pathways of intrafamilial childhood adversities, resilience, impulsivity, and suicidal behaviors among adolescents in Tunisia. The chapter highlights ACE prevention and the promotion of ACE protective factors among adolescents.

Section 2 focuses on sexual abuse. Chapter 4, "Understanding Children's Sexual Signals and Behavior" by Patricia M. Crittenden and Andrea Landini, focuses on understanding children's sexual behavior as it relates to sexual abuse. Using case examples, the authors show the effects of sex abuse from infancy to puberty. The chapter closes with recommendations for research and professional practice. In Chapter 5, "Sexually Abusive Females: Exploring Psychopathology behind Perpetration", Atreyee Bhattacharyya offers an in-depth look at sexually abusive females, and the pathological predisposition behind female perpetrators. Offender typologies recognize that females often perpetrate alone. The author seeks to explain the nuances concerning contributing psychopathological factors. Finally, in Chapter 6, "Early Marriage and Sexual Abuse among Female Children" Jacob Tsunda Salihu discusses child marriage and its relationship to sexual abuse among female children. He states that the practice of child marriage promotes gender inequality, poverty, and poor health outcomes among girls. He calls for an end to child marriage to foster well-being among girls and women. This includes achieving on their behalf gender equality and improved health and wellbeing.

Section 3 is on education and neglect. Chapter 7, "The Significance of Poor Educational Outcomes in Early Childhood as a Result of Child Abuse and Neglect" by Afia Konadu Kyei, discusses the link between poor educational outcomes and child abuse and neglect in early childhood. The author addresses brain development and developmental milestones as they relate to outcomes in learning as a result of abuse and neglect. Further, this chapter highlights how a history of child abuse and neglect predicts family disengagement, cognitive impairment, poor mental health, and high rates of school dropout, which can lead to poor employment outcomes.

Chapter 8, "Effect of Child Neglect on Psycho-Social Wellbeing and Academic Life of Children in Secondary School: Perception of Teachers in Ethiope East Local Government Area, Delta State, Nigeria" by Peter Erhovwosere Emorhievwunu and Fidelia Imonina Emorhievwunu focuses on psychosocial wellbeing and education in children in secondary school as it relates to child neglect. The authors' study examines the effect of child neglect on learning from the perception of teachers in Nigeria. Teachers in the region link psychosocial well-being to factors like disunity among parents, poverty, and parents' level of education. The authors find that neglect reduces the closeness between the parent and child and increases low self-esteem.

Overall, this book provides an international review of how child abuse and neglect affect children, from infancy to adolescence. Key to this discussion is the clarity and substance with which the authors speak to this issue and capture the intricacies of child development amid abuse and neglect.

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Section 1

Adverse Childhood Experiences and Neglect

Chapter 1

Introductory Chapter: The Impact of Abuse and Neglect on a Developing Child

Diann Cameron Kelly

1. Introduction

In the United States alone, the nation loses an average of five children a day to child abuse and neglect [1]. Child abuse and neglect are egregious public health problems and result in adverse childhood experiences (ACEs). The impact of child abuse and neglect on a child can affect health and development, socio-economic opportunity, and overall well-being [2, 3]. Child abuse and neglect is usually performed by a parent, caregiver, or someone in a custodial role of a child younger than 18 years of age. Statistics show that children living in poverty are more likely to be at risk of abuse and neglect [1, 3]. According to the Centers for Disease Control (CDC), children from low socio-economic status are five times more likely to suffer abuse and neglect [1–4].

According to the Centers for Disease Control, there are four common types of abuse and neglect:

- Physical abuse is the intentional use of physical force that can result in physical injury. Examples include hitting, kicking, shaking, burning, or other shows of force against a child.

- Sexual abuse involves pressuring or forcing a child to engage in sexual acts. It includes behaviors such as fondling, penetration, and exposing a child to other sexual activities.

- Emotional abuse refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name-calling, shaming, rejecting, withholding love, and threatening.

- Neglect is the failure to meet a child's basic physical and emotional needs. These needs include housing, food, clothing, education, access to medical care, and having feelings validated and appropriately responded to [1].

Children who have been maltreated are at serious risk of psychiatric issues [5, 6]. They are more likely to suffer from depression, anxiety, and even attachment disorders. The trauma of abuse and neglect sets a child on a downward spiral of behavioral issues that impact current and future relationships. These relationships cannot overcome trauma-induced ACEs without therapeutic intervention [5, 6]. Children

who have suffered abuse and neglect are more likely to bring rage and violence in their relationships. These children are at increased risk for being victimized in future relationships, or anesthetize the pain of the ACE through substance abuse.

Another precarious outcome of child abuse and neglect is the dynamic of delayed brain development and lower educational attainment. These challenges precipitate chronic unemployment, non-completion of high school, poor social conditions, and diminished quality of life issues [7]. Overall, individuals who suffered from abuse and neglect and reported six or more ACEs had an average life expectancy two decades shorter than their counterparts who reported none.

2. Case vignettes

The following cases illustrate the impact of abuse and neglect. These cases bring to light how critical affirming and loving parents are to their children's development. Child abuse and neglect destroy affirmation and lead a child on the perilous pathway' of self-destructive behaviors.

3. Anna: a case of emotional abandonment

Anna's mother was a long-term heroin addict from the time Anna was three. Anna's mother was a single parent who did not work and spent whatever money she received for the government on heroin and alcohol. Anna's mother was emotionally absent from Anna for 5 years. The only respite Anna had was school. But according to her teachers, Anna was sullen, withdrawn and would rarely participate in class. She was recommended for home-based treatment.

Her mom entered rehab, although reluctantly, and she and Anna participated in play therapy with their social worker to strengthen their attachment. It took over a year of continued treatment (twice a week) to help Anna's mother be able to affirm Anna and love her unconditionally. During this time, Anna, now 8.5 years old, was able to see her mom differently and engage more in school. They remained in treatment for another 3 years when Anna was in middle school where she received a mentor from Big Brothers/Big Sisters.

4. Kevin: a victim of sexual abuse

Kevin was a 13-year-old adolescent when he was provided therapeutic services for sexually abusing his younger sister. He and his sister were repeatedly raped by their father, who often sold them to strange men for sex and money for drugs. The trauma of the sexual abuse was akin to soul murder, a term derived by theorist Herman Daldin. Kevin lacked empathy and during his teen years began to abuse young girls.

After a stint in juvenile detention, he was arrested again for rape and sodomy. This time he was charged as an adult. During the time he was in prison, he never took advantage of the sexual predator treatment that was provided. Kevin has never healed from the abuse he suffered as a child. He has never recovered from the trauma and relived the abuse by preying on young girls.

5. Conclusion

Preventing child abuse and neglect takes a concerted effort to protect children and educate parents and officials on the preventable outcomes of this scourge. First, families need financial security. When families have stable employment and income, they are less likely to feel the pain of financial hardship. In addition, parents who are at-risk of presenting as abusive or neglectful can benefit from mentoring from a successful parent. Not only would the parent receiving mentoring learn coping strategies to deal with parenting their child, they would also receive support to enhance their parenting skills to promote healthy child development [5]. Overall, strategies must be put in place to expand treatment for children who are victims of abuse and neglect. Because child abuse and neglect are commonplace, we must work to keep children safe.

This book will provide perspectives and research findings on the current status of child abuse and neglect, with special interest being given to children from marginalized communities. Each chapter will articulate ways to prevent child abuse and neglect and improve conditions for at-risk children.

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References

[1] Centers for Disease Control. Fast Facts: Preventing Child Abuse & Neglect. 2023. Available from: https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html

[2] Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots. Atlanta, GA: Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2016. Available form: https://www.cdc.gov/suicide/pdf/strategic_vision.pdf

[3] Peterson X et al. The economic burden of child maltreatment in the United States, 2015. Child Abuse & Neglect. 2018;**86**:178-183. DOI: 10.1016/j.chiabu.2018.09.018

[4] Brown D et al. Adverse childhood experiences and the risk of premature mortality. American Journal of Preventative Medicine. 2009;**37**(5):389-396

[5] Clark CA, Nadeem E. Caregiver factors in children's trauma treatment: A review of the literature. Child and Adolescent Social Work Journal. 2023;**40**:773-786

[6] Gonzalez N, Ramos-Lira L, Marquez-Caraveo ME, Casas-Munoz A, Benjet C. Parental psychological control and autonomy support and associations with child maltreatment and adolescents' mental health problems. Journal of Family Violence. 2023;**38**:1509-1520

[7] Kelly D, Varghese R. Institutional oppression: Examining the experiences of blacks in education, criminal justice and child welfare. Journal of Human Behavior in the Social Environment. 2018;**28**(7):874-888

Chapter 2

The Effects of Separation from Parents on Children

Patricia M. Crittenden and Susan Spieker

Abstract

More than a million children are separated from their parents by government authorities. We review the research on the effects of separation, including separation for parental maltreatment, adoption, illegal immigration, parental incarceration, and Indigenous status. The effects were universally negative, did not differ by reason for separation, and included neurological change from psychological trauma, precocious sexual maturity, physical and sexual abuse, neglect, academic delay, poor peer relations, psychosomatic symptoms, psychiatric disorder, and behavior problems such as depression, anxiety, delinquency, self-harm, substance abuse, and inappropriate sexual behavior. There were indications that separation led to intergenerational cycles of family separation. The research indicated that children are most vulnerable from 9 months to 9 years of age. We suggest that the negative effects of separation be considered explicitly when courts make placement decisions. Professionals who can reduce children's suffering from separation are legislators, policy makers, social workers, mental health professionals, attorneys, and judges.

Keywords: foster care, adoption, attachment, family court decision-making, childhood trauma

1. Introduction

Every year thousands of children are separated from their parents, mostly by government authorities. The outcomes include higher rates of family break-up, intergenerational cycles of family dysfunction and, for individuals, interpersonal dysfunction, psychiatric disorder, and high rates of incarceration. In this review of published research, we ask how many children are separated from their parents, the reasons for separation, and the effects of separation. Possibly the most striking finding of our review is that separation has largely been overlooked as a serious threat to children's well-being. On the contrary is it widely used to protect children. We conclude with recommendations to reduce the need for separation and its negative consequences when separation is unavoidable. We seek to find a way to use professionals' skills and society's resources to bring greater safety and happiness, even joy, to children's lives and those of their parents.

We note that, from professionals' perspectives, separation that is accompanied by placement with a safe caregiver is not deemed threatening, with children's distress being attributed to prior maltreatment rather than to separation. From

children's perspectives, however, loss of their parent is perceived as the absence of protection and, therefore, the maximum threat. Children describe being taken by strangers to live with strangers as kidnapping [1]. This difference in perspectives has led, we believe, to too little attention to the detrimental effects on children of separation from their parents.

We reviewed the literature for five reasons for separation: foster care, adoption, undocumented immigration, parental incarceration, and Indigenous status. The findings were that separation was harmful in and of itself regardless of the reason for separation. We identify younger child age and number of separations as having negative effects. In the concluding discussion, we focus on the emotional experience of separation from children's words and drawings and suggest three actions that can be taken to better protect children from the harmful effects of separation from their parents. These actions include (1) renaming child protection as 'family protection', (2) providing in-home services, including creating a new para-professional role for community members to join families for long-term support, (3) consider of the negative effects of separation when courts make placement decisions, and (4) diverting funds from foster care, adjudication, and administration to family support.

1.1 Children's symptoms of distress are consistent across all types of separation from parents

The negative effects of separation on children's development are substantial and this has been known for a long time [2–6]. Notably, these outcomes are the same that result from child maltreatment, parental mental illness, traumatizing events, etc. That is, children display distress in several familiar ways that do not link stressors and signs of distress to specific eliciting conditions. The outcomes include poor mental and behavioral health as indicated by internalizing symptoms (e.g., depression, anxiety, withdrawal), externalizing behaviors (e.g., physical aggression, relational aggression, defiance, theft, and vandalism), and social and cognitive difficulties resulting in poor self-control, difficult peer relations, and poor school performance [7]. Separation from parents is also significantly related to symptoms of posttraumatic stress disorder, bi-polar disorder and schizophrenia [8] – even after accounting for prior level of trauma exposure [9, 10]. Separation from fathers is related to later violent offending [11].

1.2 How many children are separated from their parents?

In 2018 an estimated 263,000 U.S. children were separated from their parents and placed in foster care [12], with similar placement numbers in 2019 and 2020 [13]. About 10% of separated children were returned home within 30 days [14], suggesting that these separations were unnecessary. Canada does not report national rates of foster care, but the U.S. rate of .69% of the population was compared to an estimated .92% for Canada [15]. Among western nations, the United Kingdom has the highest percentage of children in care, with four concerning processes: (1) the number of families being investigated is rising, (2) the number of children in care is rising, (3) the number of children being returned to parents is dropping, and (4) the number of adoptions is dropping [16].

In sum, more than a million children are at risk of these detrimental outcomes of separation in western, English-speaking nations alone, with minority children and children from non-western countries being at higher risk of separation and its

detrimental effects. Any condition that puts millions of children at developmental risk should receive attention, especially when endorsed and implemented by public authorities.

2. Method

This chapter summarizes our comprehensive review of the international literature on the effects of separation on children. The review references 242 citations (192 individual papers, books, or studies, 10 meta-analyses, 25 systematic or narrative reviews, and 15 policy documents). The full review can be downloaded from: The-effect-of-Separation-from-Parents-on-Children-by-Crittenden-Spieker.pdf (familyrelationsinstitute.org).

3. Findings for five groups of separated children

For five types of separation, we (a) summarize our findings, (b) make recommendations for improving children's well-being, and (c) state some unanswered questions that need research. At the end of the chapter, we make four over-arching recommendations. We note that many of our recommendations are consistent with those made by others.

3.1 Foster Care

Foster care is based on the belief that foster parents will provide safety and improve the development of fostered children in ways that their parents cannot. This belief is not supported by research. Every review and study indicated that fostered children developed less favorably than comparable maltreated children who remained with their parents. The negative effects were greater for children who had changed home more than once; respite care, additional foster placements, reunification, and adoption counted as additional changes of home. The most harmful ages at which to separate children from their caregivers are 9 months to 9 years; this is the age period when the most child-parent separations occur. Although the effect has not been studied, parents also are separated when children are put in foster care and this might adversely affect their parenting during contact or after reunification. Although some children are injured or killed by their parents, others are harmed by foster parents, including higher rates of sexual abuse than with biological parents [17]. Kinship care both reduces these problems and has lower rates of permanent placement [18, 19]. Foster children whose own parents had been fostered were less likely to achieve permanency than foster children whose parents had never been in foster care [20]. For Black children, the disproportionate use of foster care, following the historic family breakup of slavery, was one strand of systemic government policy that weakened Black family structure across generations [21]. These findings suggest that foster care may have intergenerational impact, and that separation in childhood might affect adults' ability to form stable, nurturing relationships in adulthood.

Overall children in foster care were in poorer mental and behavioral health compared to children in every other family type and to children in low-income families, both prior to and after placement in care [22, 23]. The negative effects include psychological trauma, neurological change from psychological trauma, precocious sexual

maturity, academic delay, poor peer relations, psychosomatic symptoms, psychiatric disorder, depression, anxiety, delinquency, self-harm, substance abuse, inappropriate sexual behavior, and all types of maltreatment while in care.

Rather than questioning the advisability of separation *per se*, professionals have focused on procedures to identify the few children at very serious risk, rather than on preventing separation and its negative effects for the majority. In fact, separation has not been identified by authorities as a threat to children's well-being and is not considered in court decision-making processes [24–26]. We think it should be.

3.1.1 Recommendations for foster Care

Child placement is a complex, systemic condition that is necessarily distorted if simplified and reduced to dichotomous choices. Many of the problems seem tied to: (1) misunderstanding of children's attachment and psychological trauma from separation, (2) a dichotomous either/or approach to solutions, (3) the adversarial court process, and (4) a focus on individual children rather than family relationships. Our recommendations attempt to re-envision these complexities in ways that can help children and can be implemented under real world conditions. Thus, instead of trying to decide which family can best raise a child, the goal could be finding a way for the all people who love a child to contribute to his or her well-being.

To fund these ideas, we recommend that funds be shifted from foster care to training a more diverse child welfare workforce, including men, so that families are more often be evaluated by professionals with whom they can connect on the basis of shared identity.

3.1.2 Training in attachment and psychological trauma

Child protection personnel (including attorneys, guardians ad litem, and family court judges) should have training on attachment, including learning when attachment develops, its enduring quality, its hierarchy when there are changes of protective figure (i.e., biological, foster, kinship, and adoptive parents), its protective function in each child's specific circumstances, and individual differences in attachment. Child protection personnel should know that some "problem" behaviors, particularly inhibition, avoidance, and defiance, are indicators of *being attached* [27].

Assessment of potential foster and adoptive parents should include exploration of their own experience with separation and loss and its effects on them as adults. The results should influence the support that foster parents are given. Particular attention should be given to differentiating the effects of separation from children's presumed trauma at seeing their parents during contact/visitation.

The long-term harmful emotional and developmental costs to children of separation from any parent figure (biological, foster, kinship, or adoptive) should be added explicitly to the factors to be considered when courts make placement decisions.

3.1.3 Increasing 'both/and' solutions

Many problems in foster care and adoption are tied to a dichotomous 'either/or' model in which children are placed exclusively in one home or the other. This puts the potential parents at odds with each other and forces the children into the dangerous middle ground of needing to appease opposing parents. Our recommendations are meant to encourage a fluid range of shared parenting, for the benefit of both children and parents.

To prevent separation and foster placement, child needs that are neglected should be provided by service personnel (e.g., housekeepers, money managers, child care, educational stimulation, etc.) when the parents cannot manage to meet the need; this should be done even if the parents do not seem deserving – *because the children are deserving* and prevention of traumatic separation is a higher priority than teaching the parents skills. A greater variety of parenting services, flexibly offered by someone whom the parents respect and trust, are needed to fill the gap between group instruction such as parent education (for the worried well) and individual psychotherapy (for parents with personal traumas). Individualized home visiting services are particularly effective [28]. Having such services or creating bespoke services could prevent separation of children from their parents (e.g., [29, 30]) and the ensuing separation trauma for children and their parents.

Foster parents who seek to support vulnerable *families* should be preferred over those who seek to raise other parents' *children*. Foster parents' need to replace losses that occurred in their own childhoods should be assessed. If reunification is probable, foster parents who want to foster a *family* should be preferred.

Children should never be placed solely for assessment or foster parent respite; doing so adds new trauma on top of existing trauma.

The conflict around contact could be reduced by having biological and foster parents share some contact visits and having adult visits in which the parents share ideas about themselves and the children. It is especially important that foster and adoptive parents hear the history of troubled parents from the parents because compassion is founded on shared information. The model could be that of an extended family with troubled family members. Both kinship care and open adoption (see next section) provide tested models for biological and foster parents to work together to improve outcomes for children.

Most important of all, *family strengths* should be identified and enumerated explicitly. This is especially true for minority children whose families are sometimes evaluated negatively by majority professionals. Strengths are the base upon which to build a family-specific support plan.

3.1.4 Prioritizing non-adversarial approaches

Teamwork needs to replace adversarial approaches. One example is the UK's use of jointly instructed assessors [31]. Such shared information and consensus planning could reduce reliance on biased adversarial processes.

Child protection records should indicate the source of information about children's behavior so that video-recorded behavior, professionally observed behavior, and behavior reported by foster parents can be evaluated separately. This can reduce discrepancies between apparently conflicting observations by identifying biases and personal interest.

Children's transitions between households should be made gradually and, whenever possible, *without termination of relationships*. For example, when placement is needed, but the immediate situation is not in eminent crisis, the biological and foster families should visit each other, have overnights, then extended overnights until the children are living with the foster parents and visiting their biological parents. Children should leave some of their toys, blankets, and clothing in the foster home. Both sets of parents should be seen by the children in both homes. The same process should be undertaken in reverse for reunification. This process should continue for as long as the child maintains an emotional connection to the less frequently seen

parents. The families, in other words, become like members of an extended family. *The outcome should be that the child is loved by more people and loses access to no one.*

3.1.5 Emphasizing relationships and interpersonal systems

The *entire family* should be assessed; too often non-problematic individuals are over-looked even when they could clarify the nature of the problem and contribute to successful solutions. Biological parents should receive counseling around their own trauma of being separated from their children. Foster parents might need this as well if reunification is planned or if they have had significant separations in their own history.

Children's perspectives on placement and placement changes should be sought. Professionals and parents should be prepared for children to express intense, conflicting, and changing perspectives. Children should be helped to articulate their feelings, including especially mixed feelings, in readily understood ways, such as being enacted, spoken by toy figures, or illustrated with drawings. Seeking and actively valuing children's perspectives does not imply that these are given priority over the broader perspective of adults. But children's perspectives should be acknowledged and respected and children should be given reasons for decisions in terms that they can understand at their age.

In reunification, biological and foster parents should be helped to predict problems (such as children's avoidance and rejection). Engaging the foster parents in both discussion and travel between homes can help to stabilize this inherently disruptive process.

When children have been separated from family members or culture (including racial, language, and national groups), effort should be made to include the actual lost parent, siblings, and culture/racial group; if that is not possible, their importance should be discussed, and substitutes should be sought. Additional parent figures who share the child's culture should be sought and supported financially. Baby boomers, who have raised their own children, can become parent/grandparent figures and single younger adults without children of their own can become 'aunties' and 'uncles'. The focus would be on expanding families for children, and not separating them from any family.

3.1.6 Supporting families with long-term para-professionals

Many parents do not benefit from educational services. After enough services have been tried and the parents have failed to make changes, foster placement is often sought, even if the risk of permanent injury or death is low. When everything has been tried and nothing has worked, parents and professionals can feel defeated. When foster care is chosen as the solution, the children pay the price for what their parents and the professionals could not do.

Instead, we suggest that some parents be deemed 'supportable'; they and their children should be supported without expectation of parental change [32]. Non-educational services should be offered, again without expectation of change. A particularly useful service that has become less common as child protection has become more professionalized is volunteer family work. Especially when these para-professionals live near the child's family, they can become like acquired family who remain long after the allocated service time is reached or the case is closed. Because such family workers do not have 9–5 hours and can come when needed for indefinite periods of time, they can both meet family members' needs and also

reduce professionals' frustration at having to leave families they have come to care for. Grandparent-aged para-professionals would be ideal and there are many in the retiring generation of baby-boomers.

Several foster care issues require further research. How should individual differences among foster children be considered to customize planning for each family (rather than applying the 'evidence base' to everyone)? How should foster parents' sensitivity and nurturance to fostered children, the accuracy of their reports on children, and their own history of personal loss and trauma be used to inform decision-making? Similar research on the experiences and biases of professionals might be warranted.

3.2 Adoption

Adoption seeks to place children in permanent homes that will foster their development when their biological parents cannot do so. Again, the issue is whether adoption achieves that goal.

3.2.1 Outcomes when children are adopted

About half of fostered children are either adopted or in permanent guardianship with kin although percentages vary across localities [33]. About 3% of adoptions fail, with others having significant problems [34, 35]; the reasons include child behavior problems, mental health issues, and cognitive disability [33]. Factors promoting stable adoption and fewer child developmental problems are young age at adoption, fewer prior placements, and less severe early maltreatment [33, 36, 37]. Children over 4 years of age at adoption were at much greater risk of failed adoption and adoptions failed most frequently at puberty [38]. Adoptive parents' reports of child distress about moving from the foster to adoptive homes was related to poorer outcomes [38, 39]. Adoptions by foster parents were more successful than adoptions that required separation from foster parents.

Inappropriate sexual behavior and self-harm were associated with multiple prior separations [38]. Sexual behavior probably functioned to initiate attachment quickly, but was misunderstood by adults and could lead to rejection and further separations [40]. Adoptive parents and their children understood adoption breakdown differently. Parents thought the children had problems based on prior experiences in other homes [41–43] whereas children said that they had not been listened to, did not want to be adopted, and wanted more contact with their biological parents. The functioning of adoptive parents is inadequately documented, but a quarter to a third might have problems that contributed to adoption distress [38]. Adoption breakdown at puberty and the finding that about a third of adoptive parents were confused about their reasons for adoption [44] suggests that some adoptive parents had not resolved their desire for biological progeny. Caregivers' psychological distress from prior loss of children by death, separation, or lack of fertility destabilized some adoptions [38]. Expanding Selwyn and her colleagues' recommendation, we recommend policies that encourage both children and parents to be in contact for as long as they wished. Open adoptions is a promising possibility [45–47].

In general, adoption was most beneficial when children were placed in early infancy and not moved thereafter. Put another way, the fewer separations children experienced, the more successful their adoptions were. A similar finding might be true for adoptive parents (regarding their prior losses and separation). The research

supports two recommendations, both of which promote having children and caregivers experience fewer separations:

1. Foster parents should be given priority when a child becomes available for adoption. Subsidies should be used when the foster parents love the child but cannot afford to adopt him or her.

2. Adoptive parents should encourage children to maintain prior relationships for as long as they are important to the child.

Further research is needed on adoptive parents' history of trauma and possible mixed motivations for adopting. The goal is to select caregivers with greater awareness of their vulnerabilities so as to address these in helpful and preventive ways.

3.3 Children separated from their undocumented parents

Over 100 countries detain migrating children, including refugees and families seeking asylum [48]. This has been strongly criticized by a wide range of pediatric, medical, and psychological professional associations (e.g., [49–53]) because the effects on children are very negative. These effects include physical, behavioral, mental health, and academic problems immediately upon or soon after detention [54–60]. Some symptoms, such as posttraumatic stress, remained long after reunification with parents [58]. Short separations were as distressing to children as long separations, thus, separation *per se* was dangerous to children's well-being [61]. Particularly harmful separations involved separation while the child was sleeping or at school, separation of siblings, and separation without explanation or when the child was too young to understand explanations [62]. This is consistent with the finding for foster care that the harm was greatest when the children were between 9 months and 9 years of age. The most important recommendation is not to separate children from their parents. Laws that unintentionally increase child-parent separation should be modified to reduce separations.

3.4 Parental incarceration

Incarceration of parents almost always results in child-parent separation, with most children being under child protection. Parental incarceration, especially maternal incarceration, produced profound negative effects including poor physical, behavioral, and mental health [63], but these effects cannot be disentangled from pre-existing family conditions. An even more concerning problem is systemic intergenerational processes that increase the probability of both child maltreatment and parent incarceration in the next generation [64]. Black, Hispanic, and Indigenous children suffered greater effects than White children.

There are too few studies and too many correlated negative conditions to draw clear conclusions about causal pathways, but that might not matter once an intergenerational cycle of broken relationships begins. Social and political policies often reinforce the intergenerational process, making it difficult for individuals to break the cycle. This suggests that the causal process operates beyond the individual level, even beyond the family level, and within the sociopolitical ecology of culture. As with separation from undocumented parents, solutions must be developed and executed by local, regional, and national legislators.

3.5 Separation of children from indigenous parents

Indigenous children have been systematically separated from their parents in many cultures, including American Indian tribes, First Nations bands, Australian Indigenous people, Nordic Sami and Kven populations, and Uyghurs in China. In most cases, separation from parents was accompanied by institutionalization, that is, no replacement caregiver at all. This combination produced very deleterious outcomes: widespread sexual abuse of the children [65], high rates of behavioral and mental health problems [66], poor physical and mental health [67], physical and emotional maltreatment in care, and often many of these, that is, poly-victimization [68]. Even after reunification, the children were more likely to miss school without permission, be treated unfairly at school, have poor physical and mental health, and be less likely to be living in a home owned by a family member. Moreover, the detrimental effects were passed to the next generation of children, indicating multi-generational effects of transferring trauma, family instability, violence, and poverty into at least the third generation [69]. Put another way, enforced separation of Indigenous children from their parents stands out as combining all the harmful aspects associated with separation, including enforced separation from loved parents, separation from both parents, lower socioeconomic status, relatively high levels of institutional child maltreatment, frequent incarceration of fathers, absence of any alternative attachment figure in residential schools, separation from non-parental kin, denigration of children's ethnicity, refusal to permit children to speak their language, maltreatment in the care setting, and sometimes even loss of personal identity and family origins. Family separation created conditions of trauma, with substantial long-term effects [70]. The experience of the descendants of enslaved people in the United States suggests the possible extent of these effects.

Despite forced separation of children to institutional facilities having been discontinued for several decades, child protection authorities continue to place Indigenous children in foster care at higher rates than other children. In part this is because the long-term effects of separation include higher rates of alcohol misuse, familial violence, incarceration, and child neglect. Without substantial and multi-generation support, these costs of separation will continue within Indigenous communities. The goal should be to provide Indigenous children the advantages of both their Indigenous culture and those of the modern dominant culture.

4. Conditions affecting outcomes from separation

Separation of children from their parents harms children. This is universally true. The precise effects vary by age, culture, and socioeconomic status, but there are no conditions under which separation does not cause distress. Three conditions affect the extent of harm to children.

4.1 Special status

In most cases minorities and boys are affected more than children in the dominant culture and girls, in terms of both the proportion of children removed from families and the severity of negative effects. This 'minority and male gender' effect contrasts with the white, middle class, and female status of most child welfare professionals in

western, high-income countries. This dichotomy almost certainly reduces the effectiveness of services.

We recommend that professional staff, at both entry and policy-making levels, reflect the ethnic, cultural, and gender status of their clients.

4.2 Age at separation

Child age at the time of separation is a major factor in children's response to separation from their parents.

When the first placement occurs before 6–9 months of age, the effects tend to be transient [71]. If the infant is reunified or permanently placed with the new caregiver by 8–9 months of age, the effects tend to be minimal. Nevertheless, that does not prevent children having concerns at later ages when they are told about the separation. Separations occurring between 3 and 5 years of age usually result in persistent and enduring loss of security in new relationships [72]. The behavioral signs include increased need for attention, clinginess, temper tantrums, defiance, appetite changes, nightmares/sleep problems, and sadness [72]. Possibly most concerning, brain development is affected by stress; for example, early childhood stress was associated with faster maturation of the prefrontal cortex and amygdala during adolescence, that is, roughly a decade later [73, 74]. This is important because brain pathways activated early in life lay the foundation for later development [75, 76]. Although separation from parents in mid-childhood (when language can be used to explain the situation to children) has fewer negative effects than earlier separation [11, 77], it is not without negative effects, including various forms of acting out, somatic distress, and internalizing behavior. Puberty changes neurological functioning in ways that (a) prioritize short-term high risk/high reward functioning over thoughtful, rational functioning, (b) generate sexual desire and (c) increase strength, especially in males. These changes give maladaptation greater implications for the adolescents' well-being and survival, and for the well-being and safety of others. Put another way, risk in adolescence can have serious negative outcomes, including physical harm and death, for both the adolescent and for others. On the other hand, older adolescents begin to look to their future beyond childhood; when opportunities are available, they can create ways to change a developmental pathway. Thus, both the risks and the opportunities for self-protection are greater in adolescence than in childhood.

A central problem caused by children's immaturity is that they are unable to communicate precisely about their experiences and, thus, unable to correct their own or adults' misunderstandings. This is particularly true when children use inhibitory strategies with little or no obvious display of their distress.

4.3 Number of changes

The negative effects of separation increase as the number of separations increases [11, 78–80]; this is true even when the next placement is 'better', for example, in adoption. Notably, desire for comfort by emotionally deprived children is sometimes displayed as inappropriate sexualized behavior, that is, 'indiscriminate' attachment [81].

Changes of caregiver are consistently harmful to children. When the change is intended to stop maltreatment, it is not clear whether the cost of separation offsets the cost of maltreatment; this, of course, varies in each case, but the cost to children of experiencing another separation is often overlooked in the effort to prevent further

maltreatment. Although young children can attach to a new caregiver [82], this ability diminishes with each separation and subsequent new caregiver [83]. Once impermanence becomes an individual's primary model, an intergenerational cycle of broken relationships might be initiated.

The effects of separation vary from one child to another and vary somewhat by age, gender, frequency of separation and reason for separation, but they consistently outweigh the effects of other influences on child well-being [84].

5. Limitations

The limitations of this review reflect the limitations of the research. Ethical standards preclude the randomized designs necessary to isolate causal factors or compare equivalent groups. Most separations occur in the context of other adversities which put children at risk prior to separation, making it hard to isolate the effects of separation [84]. Nevertheless, two studies suggest the added effect of separation. Carr-Hopkins and her colleagues [1] found that the removal itself was experienced by 6–12-year-old school-aged children as more traumatizing than the maltreatment that had preceded it. Crittenden observed that maltreated children denied placement in protective daycare remained with their parents longer than children given the 'advantage' of daytime separation [85]; in this study, daytime separation was presumed to function as a catalyst, speeding a process of relationship rupture that ultimately occurred in both groups. A common limitation is a lack of exploration of within-group differences. Further, most research on separation relies on professionals' evaluations or self-report by caregivers. However, self-reports may be distorted [86]. Pre-post separation designs would be helpful, but we found few. Despite these limitations, our conclusions on the harmful effects of separation on children's development are unambiguous.

Possibly the greatest limitation to our review is the near absence of children's perceptions, understandings, and feelings.

6. Finding the voices of children

The conclusions are obvious. Separation from people you love, whenever and however it happens, is painful and leaves an indelible scar on one's mind and development. It has accompanying risks that can be measured. But none is as basic and universal as the separation itself.

We have tried to stay focused on empirical findings, but these almost entirely reflect adult perspectives. Our central point is that separation is suffused with children's suffering. For example, 34 years after being separated from her parents, Sandy White Hawk said she "remembers the day in 1954 when she was taken away by missionaries from the Rosebud Sioux Reservation in South Dakota. Standing in a red truck beside the stern woman who would become her adopted mother, the toddler gazed up at a pale white arm so different from any arm that had hugged her before. The 18-month-old wouldn't see her American Indian family for the next 34 years." [87, 88]. The pain White Hawk suffered remains palpable three decades later and is made vivid to all of us in her description of the moment of separation. That it was carried out by presumably well-intended missionaries does not reduce the pain, nor render the policy it reflected justifiable.

Although many maltreated children are protected from parental maltreatment by placement in foster homes, all suffer greatly from separation. Children are not usually asked if they want to enter foster care, but occasionally their voices can be heard and, like White Hawk's, they scream of pain and the harm done by separation. For example, one boy described his anger at being separated from his foster parents and placed with adoptive parents as "like a volcano when it erupts" ([38], p. 234).

As a part of our court reports of fostered children, we have regularly asked fostered children to "draw your family"; universally they draw their biological family. Heptinstall and her co-authors [89] noted the importance of their biological families to fostered children, even when they did not know their family members. This was true in the drawing by a 13-year-old 'Restless Nellie' [90] who had not seen her biological family since she was 3 years old and had lived in her adoptive family for only 4 years. In her colorful drawing everyone is smiling, and the effect is happy (**Figure 1**).

'Me' is placed in order within the intact biological family – that includes stepsiblings whom she had not met, and a child born after she was placed in foster care. The parents are identified by their first names, not 'mom' and 'dad'. No one is touching anyone else, suggesting lack of connection. Their arms and legs are shortened and lack hands and feet, suggesting lack of agency. There is no sign of any foster or

Figure 1.
Restless Nellie's family drawing.

Figure 2.
The loneliness of being a foster child in multiple placements.

adoptive family. In sum, at 13 years of age, the girl delusionally idealized her biological family, no longer acknowledging the abuse and neglect that led to her being removed from her parents' care. Although no pain is visible, the false portrayal of unrealistic happiness hints at 'unspeakable' pain.

Below is an evocative exception to the drawing of biological families, drawn by a 9-year-old boy who had been in multiple kin and stranger placements over the previous 2 years (**Figure 2**).

The absence of any family, the smallness of the boy on the empty expanse of paper, the absence of arms (that could indicate agency or connection to others), the motionless pose, and the use of black (when bright colors were available), plus the words 'Do not know' as his answer to 'What are you doing?' suggest the depth of his feeling of being abandoned by adults. Indeed, what *is* he doing in this home with strangers?

7. Recommendations: a broad call to action

Despite reviewing hundreds of documents about children being separated from their parents by governmental authorities and by parents themselves, we did not find even one study that identified 'separation' as a contributor to children's distress. Instead, the focus was on parents' behavior, children's needs, national policy, and evidence of children's pathology. We did find evidence that child deaths led to more stringent rules that protected professionals by both increasing the number of families investigated and reducing the threshold at which foster placement was initiated.

The signs of children's distress that can be seen, heard, and felt are so many and often so extreme that it is hard to understand how separation has not become a major focus of research and clinical practice. Nevertheless, children's perspectives are rarely

mentioned. We offer four primary recommendations to reduce children's suffering from separation from their caregivers while also creating the possibility of safety, happiness, and possibly even joy for distressed children and their families:

1. Change the term 'Child Protection' to 'Family Protection' to emphasize the importance of family well-being to child safety and well-being.

2. Offer vulnerable families practical services to meet children's needs without requiring that parents change to deserve the services and without separating children from their parents. When additional adults are needed, add them to the family rather than taking children out of the family [91, 92]. Using para-professional adults in the neighborhood as 'protective kin' can help to meet this need.

3. Consider the harmful effects of separation when making decisions that could separate children from their parents.

4. Shift resources from foster care, court litigation, and administration to direct services to families and neighborhoods.

These four solutions change the 'either/or' solutions used now to 'both/and' solutions in which children would be protected by having more loving adults, more resources, and safer neighborhoods. Given the number of adults living alone and baby boomer parents whose children have left home, we think there are community adults who could become protective kin to troubled families – if we learn to look for them in new ways and to support them with reallocated funds reallocated. Put simply, shifting our human and monetary resources from disputed separations managed by professionals to enriching troubled families could lighten their burden, engage adults who seek meaningful family connections, and bring satisfaction to the professionals who sought to use their working lives to help families.

Our recommendations are very low tech. They eschew programs in favor of helping relationships. They shift money from fostering children to fostering families. They minimize conflict by focusing everyone on collaborative effort to strengthen families. We have argued that separation hurts children, but it also hurts biological parents [93, 94] and child welfare professionals [95]. As Bowlby said long ago, we believe that "the better approach is ....to seek to rehabilitate the home and family, no matter how costly in time and effort such an attempt may be" ([96], p. 5).

Our recommendations require reversing a half century of protecting children from their parents to a unified and shared effort to protect families. Design and implementation of these changes should include the contributions of parents and advocacy groups of parents with child protection experience [21]. After half a century of increasing numbers of separations, enlarging bureaucratic systems, and escalating costs, maybe a new approach is worth trying?

We hope that home-grown programs, tied to the needs and people in specific communities and containing feedback to inform program improvement, can improve outcomes to children and families and increase job satisfaction for professionals. Participating in something new generates commitment and hope. Hope can be contagious. We hope that a more compassionate approach to preserving families, particularly the most fragile families, will change the futures of children, their families, and their descendants in future generations.

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References

[1] Carr-Hopkins R, De Burca C, Aldridge FA. Assessing attachment in school-aged children: Do the SAA and family drawings work together as complementary tools? Clinical Child Psychology and Psychiatry. 2017;**22**:402-420. DOI: 10.1177/1359104517714589

[2] Freud A, Burlingham D. War and Children. New York, NY: Medical War Books; 1943

[3] Bowlby J. Maternal Care and Mental Health. Vol. 2. Geneva: World Health Organization; 1951

[4] Bowlby J. Attachment and loss. In: Vol. II: Separation. Vol. 2. New York: Basic Books; 1973

[5] Rutter M. Parent-child separation: Psychological effects on the children. Journal of Child Psychology and Psychiatry. 1971;**12**(4):233-260. DOI: 10.1111/j.1469-7610.1971.tb01086.x

[6] Spitz RA. Hospitalism: An inquiry into the genesis of psychiatric conditions in early childhood. The Psychoanalytic Study of the Child. 1945;**1**(1):53-74. DOI: 10.1080/00797308.1945.11823126

[7] Makariev DW, Shaver PR. Attachment, parental incarceration, and possibilities for intervention. Attachment & Human Development. 2010;**12**:311-331. DOI: 10.1080/14751790903416939

[8] Paksarian D, Eaton WW, Mortensen PB, Merikangas KR, Pedersen CB. A population-based study of the risk of schizophrenia and bipolar disorder associated with parent-child separation during development. Psychological Medicine. 2015;**45**(13):2825-2837. DOI: 10.1017/s0033291715000781

[9] Miller A, Hess JM, Bybee D, Goodkind JR. Understanding the mental health consequences of family separation for refugees: Implications for policy and practice. American Journal of Orthopsychiatry. 2018;**88**(1):26-37. DOI: 10.1037/ort0000272

[10] Rojas-Flores L, Clements ML, Hwang Koo J, London J. Trauma and psychological distress in Latino citizen children following parental detention and deportation. Psychological Trauma. 2017;**9**(3):352-361. DOI: 10.1037/tra0000177

[11] Mok PLH, Astrup A, Carr MJ, Antonsen S, Webb RT, Pedersen CB. Experience of child-parent separation and later risk of violent criminality. American Journal of Preventive Medicine. 2018;**55**(2):178-186. DOI: 10.1016/j.amepre.2018.04.008

[12] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Child Welfare Outcomes 2018: Report to Congress. Washington, DC: U.S. Department of Health and Human Services; 2021. Available from: https://www.acf.hhs.gov/sites/default/files/documents/cb/cwo2018.pdf

[13] AFCARS (Adoption and Foster Care Analysis and Reporting System) FY 2020 (October 4, 2021). U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Available from: https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport28.pdf

[14] Sankaran VS, Church C. Easy come, easy go: The plight of children who

spend less than thirty days in foster care. University of Pennsylvania Journal of Law & Social Change. 2016;**19**:207. Available from: https://scholarship.law.upenn.edu/jlasc/vol19/iss3/2

[15] Trocmé N, Fallon B, MacLaurin B, Neves T. What is driving increasing child welfare caseloads in Ontario? Analysis of the 1993 and 1998 Ontario incidence studies. Child Welfare. 2005;**84**(3):341-362. Available from: https://www.mcgill.ca/crcf/files/crcf/2005-Increasing_Caseloads_OIS93-98.pdf

[16] UK Department of Education (2017). Children looked after in England (including adoption), year ending 31 March 2017. SFR 50/2017, 28 September 2017. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664995/SFR50_2017-Children_looked_after_in_England.pdf

[17] Euser S, Alink LRA, Tharner A, van IJzendoorn MH, Bakermans-Kranenburg MJ. The prevalence of child sexual abuse in out-of-home care: A comparison between abuse in residential and in foster care. Child Maltreatment. 2013;**18**:221-231. DOI: 10.1177/1077559513489848

[18] Winokur M, Holtan A, Valentine D. Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. The Cochrane Database of Systematic Reviews. 2009;**1**:CD006546. DOI: 10.1002/14651858.CD006546.pub2

[19] Winokur M, Holtan A, Batchelder KE. Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. Cochrane Database of Systematic Reviews. 2014;**1**:CD006546. DOI: 10.1002/14651858.CD006546.pub3

[20] Marshall JM, Huang H, Ryan JP. Intergenerational families in child welfare: Assessing needs and estimating permanency. Children and Youth Services Review. 2011;**33**(6):1024-1030. DOI: 10.1016/j.childyouth.2011.01.004

[21] Roberts D. Torn Apart: How the Child Welfare System Destroys Black Families—and How Abolition Can Build a Safer World. New York, NY: Basic Books; 2022

[22] Turney K, Wildeman C. Mental and physical health of children in foster care. Pediatrics. 2016;**138**(5):e20161118. DOI: 10.1542/peds.2016-1118

[23] Turney K, Wildeman C. Adverse childhood experiences among children placed in and adopted from foster care: Evidence from a nationally representative survey. Child Abuse & Neglect. 2017;**64**:117-129. DOI: 10.1016/j.chiabu.2016.12.009

[24] Biehal N, Sinclair I, Wade J. Reunifying abused or neglected children: Decision-making and outcomes. Child Abuse & Neglect. 2015;**49**:107-118. DOI: 10.1016/j.chiabu.2015.04.014

[25] Graham JC, Dettlaff AJ, Baumann DJ, Fluke JD. The decision making ecology of placing a child into foster care: A structural equation model. Child Abuse & Neglect. 2015;**49**:12-23. DOI: 10.1016/j.chiabu.2015.02.020

[26] Minkhorst FAM, Witteman CLM, Koopmans AC, Lohman N, Knorth EJ. Decision making in Dutch child welfare: Child's wishes about reunification after out-of-home placement. The British Journal of Social Work. 2014;**46**(1):169-185. DOI: 10.1093/bjsw/bcu102

[27] Crittenden PM. Raising Parents: Attachment, Representation, and

Treatment. 2nd ed. London: Routledge; 2016

[28] Roben CKP, Costello AH. Increasing Support for Home Visiting Innovation Is Critical for Young Children and their Families. Washington, DC: Society for Research in Child Development Child Evidence Brief; 2022. Available from: https://www.srcd.org/research/increasing-support-home-visiting-innovation-critical-young-children-and-their-families

[29] Oxford ML, Spieker SJ, Lohr MJ, Fleming CB. Promoting first relationships((R)): Randomized trial of a 10-week home visiting program with families referred to child protective services. Child Maltreatment. 2016;**21**(4):267-277. DOI: 10.1177/1077559516668274

[30] Spieker SJ, Oxford ML, Fleming CB. Permanency outcomes for toddlers in child welfare two years after a randomized trial of a parenting intervention. Child and Youth Services Review. 2014;**44**:201-206. DOI: 10.1016/j.childyouth.2014.06.017

[31] Justice on GOV.UK. Practice Direction 25C. 2017. Available from: https://www.justice.gov.uk/courts/procedure-rules/family/practice_directions/practice-direction-25c-children-proceedings-the-use-of-single-joint-experts-and-the-process-leading-to-an-expert-being-instructed-or-expert-evidence-being-put-before-the-court

[32] Crittenden PM. The social ecology of treatment: Case study of a service system for maltreated children. American Journal of Orthopsychiatry. 1992;**62**:22-34

[33] Sattler KMP, Font SA. Predictors of adoption and guardianship dissolution: The role of race, age, and gender among children in foster care. Child Maltreatment. 2021;**26**(2):216-227. DOI: 10.1177/1077559520952171

[34] Festinger T. After adoption: Dissolution or permanence? Child Welfare. 2002;**81**(3):515-533. Available from: https://www.ncbi.nlm.nih.gov/pubmed/12092671

[35] McDonald TP, Propp JR, Murphy KC. The postadoption experience: Child, parent, and family predictors of family adjustment to adoption. Child Welfare. 2001;**80**(1):71-94. Available from: https://www.ncbi.nlm.nih.gov/pubmed/11197063

[36] Lewis EE, Dozier M, Ackerman J, Sepulveda-Kozakowski S. The effect of placement instability on adopted children's inhibitory control abilities and oppositional behavior. Developmental Psychology. 2007;**43**(6):1415-1427. DOI: 10.1037/0012-1649.43.6.1415

[37] Neil E, Morciano M, Young JK, Hartley LA. Exploring links between early adversities and later outcomes for children adopted from care: Implications for planning post adoption support. Developmental Child Welfare. 2020;**2**:52-71. DOI: 10.1177/2516103220908043

[38] Selwyn J, Wijedasa D, Meakings S. Beyond the Adoption Order: Challenges, Interventions and Adoption Disruption. Bristol, UK: University of Bristol School for Policy, Studies Hadley Centre for Adoption and Foster Care Studies; 2014. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/301889/Final_Report_-_3rd_April_2014v2.pdf

[39] Mitchell MB, Kuczynski L. Does anyone know what is going on? Examining children's lived experience of the transition into foster care.

Children and Youth Services Review. 2010;**32**:437-444. DOI: 10.1016/j.childyouth.2009.10.023

[40] Crittenden PM, Landini A. Understanding children's sexual signals and behavior. In: Kelly DC, editor. Child Abuse and Neglect-Perspectives and Research. Greenwood Village, CO: International Society for the Prevention of Child Abuse and Neglect. [In press]

[41] Kotch JB, Lewis T, Hussey JM, English D, Thompson R, Litrownik AJ, et al. Importance of early neglect for childhood aggression. Pediatrics. 2008;**121**(4):725-731. DOI: 10.1542/peds.2006-3622

[42] Walsh JA, Krienert JL. Child–parent violence: An empirical analysis of offender, victim, and event characteristics in a national sample of reported incidents. Journal of Family Violence. 2007;**22**(7):563-574. DOI: 10.1007/s10896-007-9108-9

[43] Kernic MA, Wolf ME, Holt VL, McKnight B, Huebner CE, Rivara FP. Behavioral problems among children whose mothers are abused by an intimate partner. Child Abuse & Neglect. 2003;**27**(11):1231-1246. DOI: 10.1016/j.chiabu.2002.12.001

[44] Farnfield S. Attachment and the loss of fertility: The strategies of prospective adoptive parents. Journal of Children's Services. 2019;**14**(2):78-96. DOI: 10.1108/JCS-11-2017-0049

[45] Neil E, Beek M, Ward E. Contact after Adoption: A Follow Up in Late Adolescence. Norwich, UK: Centre for Research on Children and Families, University of East Anglia; 2013. Available from: https://research-portal.uea.ac.uk/en/publications/contact-after-adoption-a-longitudinal-study-of-adopted-young-peop

[46] Neil E, Beek M, Ward E. Contact after Adoption: A Longitudinal Study of Post Adoption Contact Arrangements. UK: Coram BAAF; 2015

[47] Smith M, González-Pasarín L, Salas MD, Bernedo IM. Review of benefits and risks for children in open adoption arrangements. Child & Family Social Work. 2020;**25**(4):761-774. DOI: 10.1111/cfs.12753

[48] Wood LCN. Impact of punitive immigration policies, parent-child separation and child detention on the mental health and development of children. BMJ Paediatrics Open. 2018;**2**(1):e000338. DOI: 10.1136/bmjpo-2018-000338

[49] American Academy of Pediatrics (March 04, 2017). AAP Statement opposing separations of mothers and children at the border. Available from: https://www.aap.org/en/news-room/news-releases/pediatrics2/2017/immigrantmotherschildrenseparationv/

[50] American Nurses Association (June 23, 2018). Association calls for an immediate end to immoral and cruel practice of separating children from their families. Available from: https://www.nursingworld.org/news/news-releases/2018/separation-of-children-families/

[51] American Psychiatric Association (2018). APA Statement opposing separation of children from parents at the border. Available from: https://www.psychiatry.org/newsroom/news-releases/apa-statement-opposing-separation-of-children-from-parents-at-the-border

[52] National Association of Social Workers (May 30, 2018). NASW says plan to separate undocumented immigrant children from their parents is malicious and unconscionable. Turney K,

Wildeman C. Mental and physical health of children in foster care. Pediatrics. 2016;**138**(5):e20161118. DOI:10.1542/peds.2016-1118

[53] Doctors Without Borders/Médecins Sans Frontières (2018). MSF condemns Trump administration policies that criminalize asylum seekers and harm children. Available from: https://www.doctorswithoutborders.org/what-we-do/news-stories/news/msf-condemns-trump-administration-policies-criminalize-asylum-seekers

[54] Baily C. The psychosocial context of mental health needs of unaccompanied children in United States immigration proceedings. Graduate Student Journal of Psychology. 2011;**13**:4-11. Available from: https://www.tc.columbia.edu/media/centers/gsjp/gsjp-volume-pdfs/36302_1baileyetal.pdf

[55] Barajas-Gonzalez RG, Ayon C, Torres F. Applying a community violence framework to understand the impact of immigration enforcement threat on Latino children. SRCD Social Policy Report. 2018;**31**(3):1-24. Available from: https://srcd.onlinelibrary.wiley.com/doi/10.1002/sop2.1

[56] Dudley M, Steel Z, Mares S, Newman L. Children and young people in immigration detention. Current Opinion in Psychiatry. 2012;**25**:285-292. DOI: 10.1097/YCO.0b013e3283548676

[57] Fazel M, Stein A. Mental health of refugee children: Comparative study. The BMJ. 2003;**327**(7407):134. DOI: 10.1136/bmj.327.7407.134

[58] Kronick R, Rousseau C, Cleveland J. Asylum-seeking children's experiences of detention in Canada: A qualitative study. American Journal of Orthopsychiatry. 2015;**85**(3):287-294. DOI: 10.1037/ort0000061

[59] Lorek A, Ehntholt K, Nesbitt A, Wey E, Githinji C, Rossor E, et al. The mental and physical health difficulties of children held within a British immigration detention center: A pilot study. Child Abuse & Neglect. 2009;**33**(9):573-585. DOI: 10.1016/j.chiabu.2008.10.005

[60] Mares S, Jureidini J. Psychiatric assessment of children and families in immigration detention –clinical, administrative and ethical issues. Australia and New Zealand Journal of Public Health. 2004;**28**:520-526. DOI: 10.1111/j.1467-842X.2004.tb00041.x

[61] MacLean SA, Agyeman PO, Walther J, Singer EK, Baranowski KA, Katz CL. Characterization of the mental health of immigrant children separated from their mothers at the U.S.-Mexico border. Psychiatry Research. 2020;**286**:112555. DOI: 10.1016/j.psychres.2019.112555

[62] de la Pena CM, Pineda L, Punsky B. Working with parents and children separated at the border: Examining the impact of the zero tolerance policy and beyond. Journal of Child & Adolescent Trauma. 2019;**12**(2):153-164. DOI: 10.1007/s40653-019-00262-4

[63] Wildeman C, Goldman AW, Turney K. Parental incarceration and child health in the United States. Epidemiologic Reviews. 2018;**40**(1):146-156. DOI: 10.1093/epirev/mxx013

[64] Khan MR, Scheidell JD, Rosen DL, Geller A, Brotman LM. Early age at childhood parental incarceration and STI/HIV-related drug use and sex risk across the young adult lifecourse in the US: Heightened vulnerability of black and Hispanic youth. Drug and Alcohol Dependence. 2018;**183**:231-239

[65] Fowler L. Why Several Native Americans Are Suing the Mormon

Church. Washington, DC: Atlantic Monthly; 2016. Available from: https://www.theatlantic.com/politics/archive/2016/10/why-some-native-americans-are-suing-the-mormon-church/504944/

[66] Landers AL, Danes SM, Ingalls-Maloney K, White Hawk S. American Indian and White adoptees: Are there mental health differences? American Indian and Alaska Native Mental Health Research. 2017;**24**(2):54-75. DOI: 10.5820/aian.2402.2017.54

[67] Running Bear U, Croy CD, Kaufman CE, Thayer ZM, Manson SM, The AIST. The relationship of five boarding school experiences and physical health status among Northern Plains tribes. Quality of Life Research. 2018;**27**(1):153-157. DOI: 10.1007/s11136-017-1742-y

[68] Landers AL, Danes SM, Campbell AR, White Hawk S. Abuse after abuse: The recurrent maltreatment of American Indian children in foster care and adoption. Child Abuse & Neglect. 2021;**111**:104805. DOI: 10.1016/j.chiabu.2020.104805

[69] Wilk P, Maltby A, Cooke M. Residential schools and the effects on indigenous health and well-being in Canada—a scoping review. Public Health Review. 2017;**38**:8. DOI: 10.1186/s40985-017-0055-6

[70] Hoja G. Uyghur Children Face Legacy of Trauma Caused by Mass Incarceration Campaign. Washington, DC: Radio Free Asia; 2021. Available from: https://www.rfa.org/english/news/uyghur/children-03222021190834.html

[71] Schaffer HR, Emerson PE. The development of social attachments in infancy. Monographs of the Society for Research in Child Development. 1964;**29**:1-77. Available from: https://www.ncbi.nlm.nih.gov/pubmed/14151332

[72] Alfano CA, Lau S, Balderas J, Bunnell BE, Beidel DC. The impact of military deployment on children: Placing developmental risk in context. Clinical Psychology Review. 2016;**43**:17-29. DOI: 10.1016/j.cpr.2015.11.003

[73] Tyborowska A, Volman I, Niermann HCM, Pouwels JL, Smeekens S, Cillessen AHN, et al. Early-life and pubertal stress differentially modulate grey matter development in human adolescents. Scientific Reports. 2018;**8**(1):9201. DOI: 10.1038/s41598-018-27439-5

[74] VanTieghem M, Korom M, Flannery J, Choy T, Caldera C, Humphreys KL, et al. Longitudinal changes in amygdala, hippocampus and cortisol development following early caregiving adversity. Developmental Cognitive Neuroscience. 2021;**48**:100916. DOI: 10.1016/j.dcn.2021.100916

[75] Fair DA, Graham AM, Mills B. A role of early life stress on subsequent brain and behavioral development. Washington University Journal of Law & Policy. 2018;**57**:89-101. Available from: https://journals.library.wustl.edu/lawpolicy/article/id/1862/

[76] Fujisawa TX, Shimada K, Takiguchi S, Mizushima S, Kosaka H, Teicher MH, et al. Type and timing of childhood maltreatment and reduced visual cortex volume in children and adolescents with reactive attachment disorder. Neuroimage: Clinical. 2018;**20**:216-221. DOI: 10.1016/j.nicl.2018.07.018

[77] Zhao C, Egger HL, Stein CR, McGregor KA. Separation and reunification: Mental health of Chinese

children affected by parental migration. Pediatrics. 2018;**142**(3):e20180313. DOI: 10.1542/peds.2018-0313

[78] Barth RP, Lloyd EC, Green RL, James S, Leslie LK, Landsverk J. Predictors of placement moves among children with and without emotional and behavioral disorders. Journal of Emotional and Behavioral Disorders. 2007;**15**(1):46-55. DOI: 10.1177/10634266070150010501

[79] Londino DL, Molitor P, Slocumb C, Burchett K. The association between length and number of deployments on the emotional health and behavior of children and adolescents in military families. Journal of the American Academy of Child & Adolescent Psychiatry. 2017;**56**(10):s298-s299. DOI: 10.1016/j.jaac.2017.09.408

[80] Rubin DM, O'Reilly AL, Luan X, Localio AR. The impact of placement stability on behavioral well-being for children in foster care. Pediatrics. 2007;**119**(2):336-344. DOI: 119/2/336

[81] Tarren-Sweeney M. Predictors of problematic sexual behavior among children with complex maltreatment histories. Child Maltreatment. 2008;**13**(2):182-198. DOI: 10.1177/1077559508316043

[82] Stovall-McClough KC, Dozier M. Forming attachments in foster care: Infant attachment behaviors during the first 2 months of placement. Development and Psychopathology. 2004;**16**(2):253-271. Available from: https://www.ncbi.nlm.nih.gov/pubmed/15487595

[83] Schofield G, Beek M. Providing a secure base: Parenting children in long-term foster family care. Attachment and Human Development. 2005;**7**(1):3-25. DOI: 10.1080/14616730500049019

[84] Humphreys KL. Future directions in the study and treatment of parent-child separation. Journal of Clinical Child & Adolescent Psychology. 2019;**48**(1):166-178. DOI: 10.1080/15374416.2018.1534209

[85] Crittenden PM. The effect of mandatory protective daycare on mutual attachment in maltreating mother-infant dyads. International Journal of Child Abuse and Neglect. 1983;**3**:297-300. DOI: 10.1016/0145-2134(83)90007-8

[86] Davidson K, MacGregor MW. A critical appraisal of self-report defense mechanism measures. Journal of Personality. 1998;**66**(6):965-992. DOI: 10.1111/1467-6494.00039

[87] Graham J. Adoption Apology Too Late for Indians. Chicago, IL: Chicago Tribune; 2001. Available from: https://www.chicagotribune.com/news/ct-xpm-2001-05-07-0105070184-story.html

[88] National Association of Social Workers. NASW says plan to separate undocumented immigrant children from their parents is malicious and unconscionable. 30 May 2018. Available from: https://www.socialworkers.org/News/News-Releases/ID/1654/NASW-says-plan-to-separate-undocumented-immigrant-children-from-their-parents-is-malicious-and-unconscionable

[89] Heptinstall E, Bhopal K, Brannen J. Adjusting to a foster family: Children's perspectives. Adoption & Fostering. 2001;**25**(4):6-16

[90] Crittenden PM, Landini A. Sexual signals and behavior in children: Building hypotheses about the function of sexuality in childhood. Human Systems. 26344041231199902. DOI: 10.1177/26344041231199902

[91] Crittenden PM, Farnfield S. Fostering families: An integrative

approach involving the biological and foster family systems. In: Whiting RELJB, editor. Handbook of Relational Therapy for Foster Children and their Families. Washington, DC: Child Welfare League of America; 2007. pp. 227-250

[92] Brooks D. The Nuclear Family Was a Mistake. Vol. 326. The Atlantic; 2020. Available from: https://www.theatlantic.com/magazine/archive/2020/05/the-commons/609061/

[93] Schen CR. When mothers leave their children behind. Harvard Review of Psychiatry. 2005;**13**(4):233-243. DOI: 10.1080/10673220500243380

[94] Nixon KL, Radtke HL, Tutty LM. "Every day it takes a piece of you away": Experiences of grief and loss among abused mothers involved with child protective services. Journal of Public Child Welfare. 2013;**7**(2):172-193. DOI: 10.1080/15548732.2012.715268

[95] Pryce JG, Shackelford KK, Pryce D. Secondary Traumatic Stress and the Child Welfare Professional. Chicago, IL: Lyceum Books; 2007

[96] Bowlby J. Rediscovery of the Family: And Other Lectures: Sister Marie Hilda Memorial Lectures 1954-1973. Aberdeen, UK: Aberdeen University Press; 1981

Chapter 3

Intra-Familial Adverse Childhood Experiences and Suicidal Behaviors among Tunisian Youth: The Mediating Effects of Impulsivity and Resilience

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Abstract

Given that resilience is the ability to cope with adversities, and impulsivity is characterized with rapid reactions without foresight, we aimed to explore the pathways between intra-familial childhood adversities, resilience, impulsivity and suicidal behaviors among adolescents in Mahdia and Gafsa cities (Tunisia). We conducted a cross-sectional study in secondary schools from January to February 2020. Exposure to intra-familial early life experiences was evaluated by the Adverse Childhood Experiences (ACEs)-International Questionnaire. Resilience and impulsivity were assessed via the Adolescent Psychological Resilience and the Barratt Impulsivity Scale. A total of 3170 students were recruited with a response rate of 74%. About 81.1% of them reported being emotionally abused. The resilience mean score was 86.10 ± 9.85. Impulsivity was screened among 42.2% of them. About 38% of students presented suicidal thoughts, 16.4% had a suicide plan, and 10.8% have made a suicide attempt. We found that exposure to intra-familial ACEs predicts suicidal behaviors through impulsiveness (% mediated = 18% for emotional violence) and interpersonal resilience (% mediated = 24% for emotional violence; % mediated = 20.4% for physical violence). Our results emphasize the need to prevent ACEs, and to seek out a way to promote ACE protective factors among adolescents such as resilience.

Keywords: adverse childhood experiences, impulsive behavior, resilience psychological, suicidal ideation, adolescent, Tunisia

1. Introduction

Adolescence is a precarious period where developmental and behavioral transitions occur over time. The recent surge in adolescent mental health problems, especially the increasing rate of suicidal behaviors among them [1, 2], suggests that

this change may be more difficult in the twenty-first century than it was ever before. In fact, suicidal behaviors among youth have become a major public health problem that is very delicate to handle. It is currently the second leading cause of death among adolescents in the United States of America (USA) [3] and it has increased by 10% annually from 2014 to 2017 for adolescents and young adults [4]. In Tunisia, suicidal behaviors have also become a scourge among our youth. According to a recent Tunisian study, 26.9% of adolescents had suicidal ideations and 7.3% of them have attempted suicide [5]. In light of this, it is important to determine risk factors of suicidal behaviors in adolescents to evaluate where and how we could intervene to reduce these percentages.

According to literature [6, 7], one of the major determining factors of suicide is exposure to Adverse Childhood Experiences (ACEs). Indeed, early life adversities, categorized according to the World Health Organization (WHO) as intra-familial and social ACEs, including emotional abuse, physical neglect, and social violence, have been proved to deteriorate mental health and be responsible for an array of health problems and developmental issues [8–10]. In the USA [11], a nationwide study concluded that 57.7% of individuals experienced at least one ACE. In Tunisia, the problem seems to be an even more widespread issue, according to recent research, a staggering 89.4% of adults [12] and 97.5% of adolescents had experienced at least one ACE [13].

While both ACE categories are detrimental, intra-familial ACEs (IF-ACEs) have been linked to a high risk of suicidal behaviors, with an established dose-response relationship. In fact, a study done in the USA in 2018 [14] exhibited that having one intra-familial ACE increases the risk of attempted suicide 2- to 5-fold. The odds ratio (OR) of suicide attempt with seven or more ACEs was 31.1 (prevalence of attempts at suicide without ACEs being 1.1%). In Canada, another paper focusing on the effects of intra-familial ACEs showed that the risk of suicidal behaviors was three times higher (OR = 3.29; 99.9% confidence interval (CI) 2.33–4.64) for experiencing childhood physical abuse, four times higher (OR = 4.42; 99.9% CI 3.14–6.23) for those with a history of childhood sexual abuse, and two times higher (OR = 2.52; 99.9% CI 1.69–3.76) for those experiencing parental domestic abuse [15].

Although several surveys have studied the link between ACEs and suicidal behaviors, few have explored the mediating factors of this pathway especially among adolescents. In addition, these studies are rarely done outside of the Western world [16]. Impulsivity is one of the most frequently cited risk factors for engaging in maladaptive behaviors, such as self-harm [17]. In fact, a study conducted in the USA indicated that the odds ratio of suicidal behaviors in people suffering from impulsive-aggressive personalities was 30.3 [18]. Another South Korean study comparing planned and unplanned suicides revealed that 48% of them were impulsive in nature, and 21.1% of the impulsive suicide attempts were done using a lethal method [19]. Thus, impulsivity could be a potential mediator in the link between ACEs and suicidal behaviors mainly among adolescents. In China, research highlighted the importance of impulsivity as a mediator in that relationship in adolescents by showing a significant indirect effect on suicidal ideations [20]. A 2018 paper from Finland studying different mediators of this relationship in adolescents divulged that impulsivity was one of the rare significant personality traits [21]. Regarding protective mediators, there has been recently a surge in research focusing on the role of resiliency in maintaining and regaining mental health, despite experiencing adversity [22–24]. In 2019, a paper published in the USA showed that building resilience reduces the incidence

of common risk factors for suicide, lowers suicidality, and betters the lives of people suffering from psychiatric disorders compared to less resilient people [24]. On the other hand, a meta analysis survey carried out in Taiwan focusing on youths proved that levels of resilience were significantly lower among adolescents with a higher prevalence of ACEs [25]. Thus, Resilience could also be an important mediator in the connection between ACEs and suicidal behaviors. Indeed, a survey carried out in China proved that resilience plays an important role as a mediator between ACEs and suicidal behaviors in youths [26]. Another study in Slovakia [27] underlined the role of resilience as a mediator between ACEs and emotional and behavioral problems. Unfortunately, few researches have explored the role of resilience in this pathway worldwide. To our knowledge, no research exploring either of these two pathways has been done in Tunisia so far.

As a matter of fact, while some studies focusing on ACEs have been done in oriental countries like the Kingdom of Saudi Arabia (KSA) [8, 28, 29] and some research in east and south African countries [30–32], there is a lack of research not only in Tunisia but also in the Middle East and North African region regarding the mediators between ACEs and suicide. While juvenile suicide rates are always fluctuating, recent studies suggest that it has been on the rise in Tunisia [33]. In actuality, a 12-year (2005–2016) study emphasizes that there have been two spikes of youth suicide attempt in both 2014 (17.7%) and 2016 (12.1%) [34]. In light of this, there is an urgent need to understand this pathway in order to implement preventive and protective measures to alleviate the suicidal behaviors among youth.

Given these data and the gap in the literature in this subject, the current study aimed to explore the link between intra-familial ACEs and suicidal behaviors mediated by both resilience and impulsivity among schooled youth in Mahdia and Gafsa cities, Tunisia.

2. Methods

2.1 Study population and sampling

A cross-sectional study was performed among youths enrolled in high schools of the delegations of Mahdia and Gafsa, Tunisia, during the period from January to February 2020.

Based on the cluster sampling, we randomly picked one class from every grade of each high school. All students who accepted to partake in the study were included.

According to a recent Tunisian study about suicide among adolescents [5], the prevalence of suicidal behaviors was 26.9%. Based on that and with a 0.05 probability of type I error (α) and an accuracy of 3%, we calculated the minimal sample size to be 840 students.

2.2 Data collection and study instruments

The survey was performed with a self-administered and anonymous questionnaire. Trained medical experts were present in the classrooms to explain the study and provide assistance answering the questions. Any questionnaires with missing or incomplete answers were eliminated from the study.

The tool consisted mainly of four parts:

2.2.1 Sociodemographic characteristics of the students

We collected information about gender, age, and educational characteristics of the students.

2.2.2 Measurement of childhood adversities

We used the *Adverse childhood experiences-International Questionnaire* (ACE-IQ) that was developed by the WHO.

The ACE-IQ is used to compute adversities encountered in the first 18 years of life [35]. It was translated and validated in Arabic by Saudi Arabia [28]. Some words were changed and added to fit the Tunisian culture and dialect during previous Tunisian ACE studies [13, 36].

The questionnaire is divided by two main categories that are subdivided into nine sections:

- *Intra-familial ACEs:* composed of physical, sexual, and emotional abuse; household dysfunction; emotional and physical neglect.

- *Extra-familial ACEs:* composed of exposure to war and collective violence, community violence, and peer violence/bullying.

In this study, we only focused on assessing intra-familial ACEs (IF-ACEs).

2.2.3 Assessment of suicidal behaviors among adolescents

We evaluated suicidal behaviors by asking simple yes and no questions about three different levels of suicide risk: having suicidal ideation, making a suicide plan, and having attempted suicide in the past.

2.2.4 Evaluation of impulsivity, resilience, anxiety, and depression

2.2.4.1 Impulsivity

Impulsivity is, according to the "*Diagnostic and Statistical Manual of Mental Disorders* (DSM-5)," defined as "actions without foresight that are poorly conceived, prematurely expressed, unnecessarily risky and inappropriate to the situation." It is rarely associated with desirable outcomes. Impulsivity is also characterized by rapid, unpredictable, and spontaneous reactions to stimuli without much regard for consequences [37].

We assessed impulsivity using the "*Barratt Impulsivity Scale*" (BIS-11) [38]. It showed high convergent validity and is commonly used in both research and clinical settings and has been validated in Arabic [39]. The BIS-11 is a 30-item questionnaire that measures three broad facets of impulsivity:

- The planning factor.

- The motor impulsivity.

- The cognitive instability.

Responses were classified through a Likert-type scale ranging from "1 = Rarely/Never" to "4 = Almost/Always." The higher the score is, the more impulsive a person is. A student scoring 72 points or higher was considered to be highly impulsive.

Despite having several subscales for evaluation, we decided to focus on the total impulsivity score to assess our subjects in this study.

2.2.4.2 Resilience

The American Psychological Society (APS) defines resilience as "The Process of adapting well in the face of adversity or significant sources of stress such as relationship problems, serious health problems or workplace and financial stressors" [23].

We used "The *adolescent* psychological Resilience Scale" in its Arabic validated version [40].

It's a 29-item questionnaire that measures six dimensions of resilience that can be split into two major categories:

- Intra-personal factors: Empathy, sense of struggle, and adjustment.
- Inter-personal factors: family support, school support, and confidant-friend support.

Each question has four levels of answers from "not exactly suitable for me" scored "1," to "exactly suitable for me" scored "4."

Each facet of resilience was scored individually with a number of questions and the total of the scores is the total resilience score of the individual.

The higher the student ranked in each category, the stronger their resilience was in that particular facet. The same is applied for the total resilience score.

2.2.4.3 Anxiety and depression

We screened for anxiety and depression using the Arabic version of the "Hospital Anxiety and Depression Scale" (HADS).

2.3 Statistical analysis

Data entry and analyses were conducted using IBM SPSS Statistics; version 25.

Quantitative variables were represented by means and standard deviations (SDs) and qualitative ones were represented by absolute and relative frequencies. Student's tests and chi square were used to compare means and percentages, respectively.

We assessed each category of IF-ACE by gender. The number of experiences was summed up for each respondent (IF-ACE score range, 0–6) then categorized into 0, 1–2, 3, and ≥ 4.

To evaluate the impact of emotional violence, we summed up both emotional abuse and emotional neglect as a new entity.

We gave a value of "0" for the students who suffered from neither emotional neglect nor abuse. We coded a value of "1" for those presenting either or both emotional abuse and neglect. We did the same for physical violence.

Suicidal behaviors were coded "0" for people who did not have any suicidal ideations and 1 for those who had at least one of the three levels of suicide risk (suicidal ideation, making suicide plan or suicide attempts).Missing data were excluded from analyses.

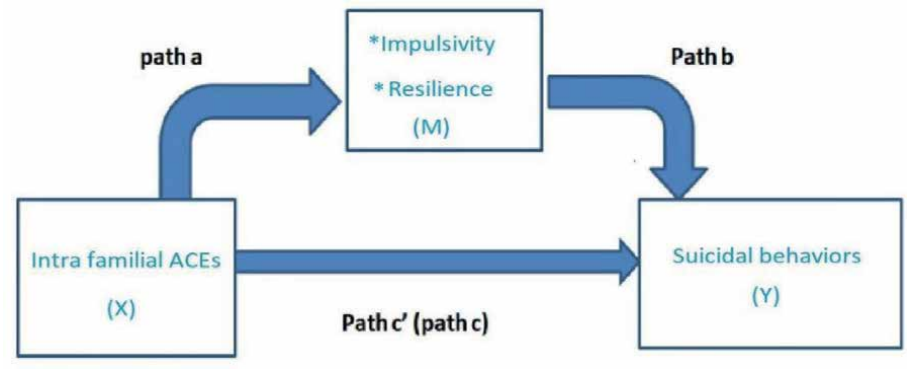

Figure 1.
The theoretical relationship between intra-familial ACEs (emotional violence and physical violence) and suicidal behaviors with impulsivity and resilience as mediators.

We used binary logistic regression analysis to estimate the likelihood of having suicidal behaviors by the number of IF-ACE exposures, then adjusted to gender and to common mental disorders (anxiety and depression).

A p-value less than 0.05 was considered statistically significant.

Mediation analysis (**Figure 1**):

To evaluate the indirect effect of an independent variable on a dependent variable through a mediator, we used the mediation analysis [41]. Both resilience and impulsivity, as continuous variables, were explored as potential mediators in this analysis. Spearman's correlations were used to assess the zero-order relationships among IF-ACEs (specifically exposure to emotional violence and physical violence), impulsivity, resilience, and suicidal behaviors. To determine the presence of a significant mediation (or indirect effect) of impulsivity or resilience in the relationship between IF-ACEs and suicidal behaviors, we performed mediation modeling. Resilience and impulsivity were considered as potential mediating variables when their inclusion into the model resulted in a partial or total diminution of the relationship between suicidal behaviors as the dependent variable and IF-ACEs as the independent variable. Mediation analyses were conducted using SPSS version 25 and the PROCESS macro developed by Andrew F. Hayes [42]. We used the Sobel test to verify and assess the indirect effect [43]. Results were adjusted to common mental health disorders and gender.

Some criteria need to be met to allow us to apply the mediation model:

First, there must be a significant relationship between the independent variable (IF-ACEs) and the dependent variable (suicidal behaviors) (pathway c). Second, the variable of mediation (resilience and impulsivity) must be significantly associated with suicidal behaviors (pathway b). Finally, the relationships between IF-ACEs and both impulsivity and resilience must be significant (pathway a).

When pathway c is reduced significantly (partial mediation) or is no longer significant (full mediation) by including the mediator into the assessment of pathway c (pathway c'), the mediation is considered to be significant.

2.4 Ethical considerations

The Ethics Committee at the University Hospital of Mahdia (Tunisia) was charged with evaluating the study and has approved the study protocol (Approval

number: P01 M.P.C-2020). The study was also approved by the Tunisian Ministry of Education. We provided them both with a copy of the questionnaire used and a detailed plan of the study subject.

We also requested authorizations from the headmasters, principals, and teachers of the participating secondary schools.

We explained to the adolescents and their parents the use of test results for research before data collection started. They were free to refuse participation.

Trained doctors were present in each classroom to explain the aim of the study and to guarantee the anonymity and confidentiality for students.

At the end of data collection, we provided the students with the address and the telephone number of a psychiatrist and we expressed our will to help any person who requests medical care.

3. Results

3.1 General characteristics of the study sample

We initially included a total of 3170 adolescents attending schools in Mahdia and Gafsa cities. The response rate was 74.2%, resulting in a sample size of 2354 students who completed and returned the questionnaire.

The average age was 17.3 ± 1.5 years. Females represented 65.8% (n = 1534) of the sample. Most of the students (90.3% (n = 2126)) were living with both parents.

3.2 Distribution of intra-familial ACEs by gender

Table 1 summarizes the distribution of IF-ACEs and its subclasses by gender.

Emotional abuse was the most commonly reported IF-ACE (81.3%), followed by household dysfunction (78%) and physical abuse (54.3%). Gender comparison did not reveal any statistically significant difference in overall exposure to intra-familial violence, except for physical abuse where there was a higher prevalence of exposure among male students (58.9% vs. 51.9%, p = 0.001) (**Table 1**).

Intra-familial ACE categories, n (%)	**Total (n = 2354)**	**Male (n = 799)**	**Female (n = 1534)**	**p-value**
Total IF-ACEs	2104 (95.2)	726 (96.84)	1378 (94.6)	0.07
Emotional abuse	1876 (81.3)	636 (80.9)	1240 (81.5)	0.7
Household dysfunction	1762 (78)	582(75.9)	1180 (79.1)	0.08
Physical abuse	1252 (54.3)	462 **(58.9)**	790 (51.9)	**0.001**
Emotional neglect	952 (41.3)	329 (41.8)	623 (41)	0.7
Physical neglect	469 (24.4)	173 (26.9)	293 (23.1)	0.06
Sexual abuse	296 (12.9)	105 (13.5)	191 (12.7)	0.6

Table 1.
Distribution of reported IF-ACEs among students by gender.

3.3 Mental health status among schooled youths by gender

The distribution of mental health problems by gender is shown in **Table 2**.

We observed that 38.6% of our sample presented suicidal behaviors.

Gender comparison showed a higher prevalence in females for suicidal ideations (44.4% vs. 25.8%, $p < 0.001$), suicide planning (19.7% vs. 9.7%, $p < 0.001$), and suicide attempts (12.8% vs. 6.3%, $p < 0.001$).

The sample was heavily screened for mental disorders, with 64.9% of youth showing signs of anxiety and 43% for depression (**Table 2**). We noticed a higher prevalence of anxiety with females in gender comparison (70.8% vs. 53.4%, $p < 0.001$) but no difference in gender for depression.

The mean for total impulsivity score was 69.8 ± 10.09. **Table 2** shows that 42.4% of the total sample scored for high impulsivity.

Gender analyses proved that there was a statistically significant higher prevalence for females to be impulsive than males (46.3 vs. 34.8%, $p < 0.000$).

Table 3 explores the levels of total resilience and its subclasses according to gender.

We found that the mean resilience score was 86.10 ± 9.85.

Mental health status, n (%)	**Total (n = 2354)**	**Male (n = 799)**	**Female (n = 1534)**	**p-value**
Suicidal behaviors	896 (38.6)	210 (26.4)	686 (45)	<0.001
Suicidal ideations	884 (38.1)	205 (25.8)	679 (44.4)	<0.001
Suicide planning	378 (16.3)	77(9.7)	301 (19.7)	<0.001
Suicide attempt	246 (10.6)	50 (6.3)	196 (12.8)	<0.001
Anxiety and depressive disorders	1574 (68.5)	475 (60.6)	1099 (72.6)	<0.001
Anxiety	1492 (64.9)	419 (53.4)	1073 (70.8)	<0.001
Depression	988 (43)	325 (41.4)	663 (43.8)	0.2
Impulsive behaviors	974 (42.4)	273 (34.8)	701(46.3)	<0.001

Table 2.
Self-reported mental health status among adolescents by gender.

Characteristics	**Male (n = 771)**	**Female (n = 1511)**	**p-value**
Total resilience score (min = 50, max = 109)	85.38 ± 10.05	86.50 ± 9.74	0.01
Inter-personal resilience	52.84 ± 8.09	53.95 ± 8.19	0.002
Family support	22.35 ± 4.21	22.77 ± 4.44	0.03
Confidant/friend support	15.60 ± 3.91	15.61 ± 4.15	0.96
School support	14.89 ± 3.64	15.56 ± 3.60	<0.0001
Intra-personal resilience	32.52 ± 3.97	32.55 ± 3.86	0.86
Adjustment	10.38 ± 2.38	10.16 ± 2.33	0.24
Sense of struggle	13.08 ± 2.1	13.05 ± 2.13	0.72
Empathy	9.16 ± 2.23	9.32 ± 2.17	0.86

Table 3.
Distribution of resilience scores among schooled youth by gender.

Gender comparison showed a higher total resilience among females than males (86.5 ± 9.74 vs. 85.38 ± 10.05, p = 0.01).

There was also a higher prevalence among females for interpersonal resilience (53.95 ± 8.19 vs. 52.84 ± 8.09, p = 0.002) with notably a higher score for family support (22.77 ± 4.44 vs. 22.35 ± 4.21, p = 0.03) and school support (15.56 ± 3.60 vs. 14.89 ± 3.64, p < 0 .001), but no gender difference in confidant/friend support (**Table 3**).

Gender comparison found no difference in intra-personal resilience in our sample.

3.4 Association between intra-familial ACEs and suicidal behaviors among adolescents: binary regression analysis

Table 4 supports the theory that the risk of suicidal behaviors increases with the number of intra-familial ACEs.

When the gender and common mental issues (anxiety and depression) were taken into account in the adjusted model (right column), we found a gradual increase in the odds of having suicidal behaviors in case of exposure to one to two IF-ACEs (ORa = 3.21, CI = 1.5–6.63), if the adolescent experienced three IF-ACEs (ORa = 7.5, CI = 3.54–15.88), and when they experience at least four IF-ACEs (ORa = 14.64, CI = 6.92–30.97) (**Table 4**).

3.5 Impulsivity and resilience as mechanisms linking IF-ACEs with suicidal behaviors among Tunisian adolescents: Mediation analysis

For suicidal behaviors, we correlated the scores by making a four-level scale depending on the suicidal risk level. First level being a student who has no suicidal ideations, second level is a student presenting only suicidal ideations, third level is for students having previously thought of a suicide plan, and the fourth level is for students having attempted suicide. Emotional violence was also taken as a continuous variable ranging from zero to two depending on whether the students suffered from emotional abuse or emotional neglect (1) or both (2). Physical violence was treated the same way using physical abuse and physical neglect.

Variables we included in the mediation analysis were significantly correlated (**Table 5**).

Emotional violence was significantly associated with impulsivity and inter-personal resilience (pathway a). Impulsivity and inter-personal resilience (pathway b) and emotional violence (pathway c) were independently associated with suicidal behaviors (p < 0.001).

	Crude OR (CI 95%)	**Adjusted for gender, anxiety, and depression**
Suicidal behaviors		
0 IF-ACE	—	—
1–2 IF-ACEs	3.15 (1.5O–6.63)*	3.21(1.51–6.85)*
3 IF-ACEs	8.08 (3.87–16.89)**	7.5 (3.54–15.88)**
≥ 4 IF-ACEs	15.96 (7.65–33.28)**	14.64 (6.92–30.97)**

**p < 0.01.*
***p < 0.001.*

Table 4.
Crude and adjusted odds ratios (95% confidence intervals) for the dose-response link between the number of IF-ACEs and suicidal behaviors among adolescents.

	(1)	(2)	(3)
*Emotional violence	0.14***	0.23***	0.23***
1. Impulsivity	—	−0.30***	0.31***
2. Inter-personal resilience	−0.30***	—	−0 .29***
3. Suicidal behaviors	0.31***	−0.29***	—
*Physical violence	0.22***	−0.26***	0.25***

****: p < 0.001.*

Table 5.
Zero-order relationships between emotional violence, physical violence, impulsivity, inter-personal resilience, and suicidal behaviors among adolescents.

No correlations were found for sexual abuse (as independent variable) and intra-personal resilience (as a mediator).

We found that impulsivity mediated exposure to emotional violence and suicidal behaviors among adolescents (p < 0.001, mediation = 18.8%).

It also mediated exposure to physical violence and suicidal behaviors among our sample (p < 0.001, mediation = 17.4%) (**Table** 6).

There was a major significant mediation between childhood emotional violence and suicidal behaviors through inter-personal resilience among youth (p < 0.001, mediation = 24%).

We also found a significant correlation between early life exposure to physical violence and suicidal behaviors among adolescents (p < 0.001, mediation = 20.4%) (**Table** 7).

	Coefficients*				Sobel test		% Mediated†
Mediator: Impulsivity	**a**	**b**	**c**	**c'**	**SE**	**P**	
Emotional violence	2.74	0.02	0.40	0.34	0.01	p < 0.001	18.8
Physical violence	3.21	0.02	0.41	0.33	0.01	p < 0.001	17.4

**Model adjusted to gender and common mental disorders (anxiety and depression).*
†% Mediated = c – c'/c.

Table 6.
Adjusted mediation model of IF-ACE effect on suicidal behaviors with impulsivity as a mediator among adolescents (N = 2248).

	Coefficients*				Sobel test		% Mediated†
Mediator: Interpersonal resilience	**a**	**b**	**c**	**c'**	**SE**	**P**	
Emotional violence	−3.59	−0.03	0.40	0.30	0.01	p < 0.001	24
Physical violence	−3.48	−0.02	0.41	0.33	0.01	p < 0.001	20.4

**Model adjusted to gender and common mental disorders (anxiety and depression).*
†%Mediated = c – c'/c.

Table 7.
Adjusted mediation model of the relationship between IF-ACE types on suicidal behaviors via inter-personal resilience *as a mediator among adolescents (N = 2228).*

4. Discussion

There have not been many studies done so far that aimed to explore the relationships between exposure to early life adversities and suicidal behaviors through impulsivity or resilience. This survey goal was to examine the mediating roles of impulsive behaviors and resilience in the relationship between IF-ACEs and suicidal behaviors. Our study supports the idea that IF-ACEs predict suicidal behaviors through impulsiveness and interpersonal resilience.

Regarding exposure to intra-familial violence, our study showed an alarmingly high prevalence of IF-ACEs (95.2%). Published studies done on adolescents in developed countries showed that they only had a prevalence of 38.5% in the USA [44] and 44.3% in Canada [45] for overall ACEs. This difference is probably the result of socioeconomic and cultural differences. We tried comparing our results with those of other north African studies tackling exposure to ACEs among adolescents but we could not find any, regardless, our results were still more compatible with papers from eastern countries on adults, notably in Tunisia (99%) [46] and Saudi Arabia (82%) [8]. We found that the most frequently reported IF-ACE among adolescents in our sample was emotional abuse (81.3%), closely followed by household dysfunction (78%). These results are also incompatible with results from developed countries where the most prevalent IF-ACE was household dysfunction. In the United Kingdom, the most frequently reported IF-ACEs in a cohort study done on adolescents were first parental separation (33.8%) followed by violence between parents (25.3%), both being forms of household dysfunction. Emotional abuse and neglect only appear in third place with the same percentage of comparatively low prevalence (23.9%) [47]. In Germany, a similar study has found that the prevalence of emotional violence was also low (12.5%), while the most frequently reported IF-ACE was also household dysfunction, the prevalence was also quite low by comparison (19.4%). Some differences may be explained by differences in parental styles since corporal punishment is still regarded by most families as a normal disciplinary route for children in Tunisia. Another factor to take into consideration is the drawbacks of the 2011 revolution that not only added its fair share of social ACEs by itself, but also added further economical and social pressure on parents who may have caused further instability in the household [48–51].

Focusing on eastern studies, we found that while studies done on adults do present higher percentages of reported IF-ACEs than those of Western countries, the prevalence still remains lower than our findings. In the KSA, the most commonly reported IF-ACE among adults was domestic violence against a household member (57%) followed by emotional abuse (52%) [52]. The high prevalence of emotional abuse in our sample may be explained by the locality of the study since it focused on only two governorates, a nationwide study is necessary to understand if this is a local issue or a national one. We also need to raise awareness of this issue and explain to children that such behaviors are abusive in nature, since with such a high percentage, it is worrisome that ACEs may be considered as acceptable reproducible behaviors in the community. Household dysfunction was the most frequent IF-ACE reported by adults which is probably caused by the fact that we targeted different age groups, adults tend to be more open to talk about growing up in a dysfunctional home, while it is still remains a delicate subject to address for Tunisian adolescents still living in said homes. Nonetheless, these results highlight the importance of frequent screening for ACEs in schools in Tunisia.

We observed that 38.6% of our sample presented suicidal behaviors which is a little higher than another local 2019-study (26.9%) [53]. When comparing our

suicidal ideation rate to those given in previous studies, our results came higher than estimates observed in developed countries [21, 54–58] and also in developing countries [21, 49, 56, 57]. The variability in prevalence of suicidal thoughts may be the result of different methodological approaches (sample selection, study site, perception of suicide). In terms of suicidal planning, our results showed higher prevalence than a Chinese study (16.3 and 12%, respectively) [56]. Alarmingly, our results showed that 10.6% of our adolescents had a suicide attempt, which is higher than previous international data that ranged between 3.3 and 7.96% [49, 51, 53, 58, 59]. Gender comparison showed a higher prevalence in females for all suicidal behavior types. These outcomes resonate with Canadian [60] and Chinese [56] findings revealing that girls experienced a greater and more rapidly increasing rate of suicidal ideation and three times more likely to attempt suicide than boys. In light of these alarming findings, it is recommended to implement accessible mental health support with gender-specific interventions.

The prevalence of signs of depression in the current sample is relatively high (43%). The finding prevalence is higher than described in high-income countries [28, 57, 61] and also in middle- and low-income countries [21, 49, 57]. However, a previous local study showed that 71.8% of the adolescents had depressive manifestations of varying intensity [53]. The difference in the occurrence of depressive symptoms could potentially stem from varying measurement scales. Signs of anxiety were the most screened mental disorders, with 64.9% of youngsters showing them. This rate is too high when comparing to an Arabic finding (17%) and to two Tunisian outcomes (42.3 and 55.5%) [13, 53]. We noticed a higher frequency of anxiety with females in gender comparison which is comparable to local Tunisian articles [13, 46].

We found that impulsivity (42.2%) was mostly prevalent among teenagers. Almost, the same rate (43.5%) was found in a 2019-study among Tunisian students [13]. Gender analyses proved that there was a statistically significant higher prevalence for females to be impulsive. When analyzing gender and cultural factors, there was no distinct indication of elevated or diminished impulsivity rates in Arabic cohorts when contrasted with Western samples [13]. In order to enhance the strength and credibility of the findings, it is necessary to incorporate substantial and representative samples locally and regionally.

Our study has unveiled noteworthy gender-based disparities in adolescent resilience and its association with adverse childhood experiences (ACEs). These outcomes are consistent with those of prior research underlining the necessity of incorporating gender considerations for a comprehensive understanding of resilience outcomes [10, 54, 59, 62]. Importantly, our study revealed that females exhibited higher scores in interpersonal resilience, particularly within the domains of family and school support. These results echo the findings of studies emphasizing the significance of family and peer relationships in fortifying adolescent resilience [63–66]. The greater overall resilience observed in females compared to that observed in males suggests gender-specific coping strategies and patterns of social support. This finding contrasts with an Italian study pointing to higher resilience scores among male students exposed to a traumatic event (earthquake) [67]. Additionally, it counters the outcomes of an American community survey centered on demographic factors predictive of enhancing resilience [68]. Nevertheless, among a cohort of Chinese adolescents, resilience was identified as a significant moderating influence on the connection between emotional abuse and depressive symptoms for both genders. Notably, the moderating effect of resilience was more pronounced among females than males [69].

Our investigation also brought to light a concerning link between exposure to IF-ACEs and the escalation of suicidal behaviors among adolescents. This finding concurs with an expanding body of literature highlighting the detrimental effect of ACEs on mental health outcomes. In a recent study conducted in the USA, involving individuals from sexual and gender minority groups, findings underscored that adults having higher ACE scores registered greater odds of mental distress [70]. The graded dose-response relationship highlights the cumulative influence of these encounters on the susceptibility to mental health disorders, hazardous conduct, and ultimately, suicidal behaviors. These findings are corroborated by recent investigations carried out in South Korea, the United States of America, and Ireland [71–73]. These observations bear crucial implications for clinicians, educators, and policymakers. Acknowledging the gender-specific dynamics of resilience and the pernicious effects of ACEs is pivotal. Tailoring interventions that foster coping strategies and social support systems, particularly within familial and educational contexts, could potentially bolster adolescent resilience and mitigate the fallout of adverse experiences. Further longitudinal studies are warranted to delineate the intricate interplay between gender, resilience, and mental health outcomes over time.

Several studies have investigated the link between ACEs and suicidality [54, 59, 74, 75]. However, analyzing mediators in this relationship has limited consideration in the literature. Regarding impulsivity, we found that impulsivity mediated exposure to emotional violence and suicidal behaviors among adolescents (mediation = 18.8%). It also mediated exposure to physical violence and suicidal behaviors in our sample (mediation = 17.4%). Our results are congruent with a study reporting a positive major indirect effect of ACEs on suicidality through impulsivity among adolescents in Finland [21]. Similarly, a 2020 survey suggested that impulsivity mediate the childhood trauma effect on suicidal behavior in patients with major depressive disorder in Spain [76]. Specifically, the indirect effect of childhood physical abuse on suicidality via attentional impulsivity was significant among patients with bipolar disorder in Greece [77]. Several explanations were found according to previous research on the developmental pathway from ACEs to suicidality through impulsive behaviors. In fact, ACEs have been observed to increase the suicidality risk via their influence on child brain structures. One of the major biological consequences of ACEs is the hypofunction of the serotonergic system [78]. Indeed, low serotonin function has been associated with higher impulsive behaviors among youth [21].

Regarding resilience as a protective mediator, interestingly, inter-personal resilience was a major mediator between childhood emotional violence and suicidal behaviors among youth in our sample (mediation = 24%). Similarly, a significant mediation effect between physical violence and suicidal behaviors via inter-personal resilience was found (mediation = 20.4%). A number of studies support our results. In fact, psychological resilience was a mediator (mediation = 29.6%) in the association between intra-familial childhood abuse and suicidal ideation among Chinese adolescents [58]. Similar to our findings, childhood emotional abuse had the higher mediation effect on suicidal ideation when comparing to other intra-familial ACEs in this survey [58]. Another recent survey showed the moderating influence of resilience on the relation between ACEs and mental health among students in the United States-Mexico Border region [79]. A possible explanation is that ACEs are linked to lower resilience level, which is related to higher mental health problems such as depression [80, 81]. Indeed, a 2022 survey among patients with inflammatory bowel disease in Canada [82] revealed that resilience mediated the association between childhood adversities and suicide by increasing depression risk. Otherwise, individuals with

greater resilience score are more likely to recover from stressful events such as intra-familial childhood adversities [83]. Our findings highlight the urgent need to implement cost-effective strategies aimed at enhancing resiliency, especially among those exposed to childhood adversities in Tunisia.

Results of our survey should be viewed in light of some limitations. First, the cross-sectional type of the study provides no insight into the temporal nature of those associations. Second, well-known risk factors for suicidal behaviors include socioeconomic status, history of mental illness, or suicidal behavior in the family, which were not assessed in the current study. Third, it is important to note that we only evaluate schooled adolescents who tend to be at a lower risk of exposure to harm compared to unschooled youths so the results may not reflect the full weight of the problem. Finally, it should also be underlined that this study targeted two Tunisian governorates which may askew the representativeness of the results.

5. Conclusion

This is one of the first studies in Tunisia that investigated the role of both impulsivity and resilience in the relationship between IF-ACEs and suicidal behaviors in adolescents. Specifically, we found that both impulsivity and interpersonal resilience contributed heavily to the relationship between physical violence and suicidal behaviors (% mediated = 17.4 and 20.4%, respectively). Furthermore, we found that both variables also mediated the path between emotional violence and suicidal behaviors (% mediated = 18.8% for impulsivity and 24% for inter-personal resilience). This not only opens the path for further studies and screening for suicidal risk factors among youth, but also allows for future interventions to be focused on promoting and strengthening inter-personal resilience of vulnerable individuals. Our results suggest that adverse childhood experiences, impulsivity, and resilience are factors that should be taken into consideration when assessing suicidality among adolescents.

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Declaration of competing interest

The authors disclose that they have no known competing financial interests or personal relationships that might be perceived to influence this work.

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References

[1] Bor W, Dean AJ, Najman J, Hayatbakhsh R. Are child and adolescent mental health problems increasing in the 21st century? A systematic review. The Australian and New Zealand Journal of Psychiatry. 2014;**48**(7):606-616

[2] García-Fernández L, Romero-Ferreiro V, Izquierdo-Izquierdo M, Rodríguez V, Alvarez-Mon MA, Lahera G, et al. Dramatic increase of suicidality in children and adolescents after COVID-19 pandemic start: A two-year longitudinal study. Journal of Psychiatric Research. 2023;**163**:63-67

[3] Hink AB, Killings X, Bhatt A, Ridings LE, Andrews AL. Adolescent suicide-understanding unique risks and opportunities for trauma centers to recognize, intervene, and prevent a leading cause of death. Current Trauma Report. 2022;**8**(2):41-53

[4] Suicide rates among adolescents and young adults in the United States, 2000-2017. Adolescent Medicine. JAMA. JAMA Network [Internet] [cited 2023 August 10]. 2023. Available from: https://jamanetwork.com/journals/jama/fullarticle/2735809

[5] Suicidal ideation and suicide attempts among Tunisian adolescents: Prevalence and associated factors. [Internet] [cited 2023 July 29]. 2023. Available from: https://panafrican-med-journal.com/content/article/34/105/full/

[6] Cluver L, Orkin M, Boyes ME, Sherr L. Child and adolescent suicide attempts, suicidal behavior, and adverse childhood experiences in South Africa: A prospective study. Journal of Adolescent Health Official Publication Society. 2015;**57**(1):52-59

[7] Dube SR, Anda RF, Felitti VJ, Chapman DP, Williamson DF, Giles WH. Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: Findings from the adverse childhood experiences study. Journal of the American Medical Association. 2001;**286**(24):3089-3096

[8] Almuneef M, Hollinshead D, Saleheen H, AlMadani S, Derkash B, AlBuhairan F, et al. Adverse childhood experiences and association with health, mental health, and risky behavior in the kingdom of Saudi Arabia. Child Abuse & Neglect. 2016;**60**:10-17

[9] Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. American Journal of Preventive Medicine. 1998;**14**(4):245-258

[10] Thai TT, Cao PLT, Kim LX, Tran DP, Bui MB, Bui HHT. The effect of adverse childhood experiences on depression, psychological distress and suicidal thought in Vietnamese adolescents: Findings from multiple cross-sectional studies. Asian Journal of Psychiatry. 2020;**53**:102134

[11] Giano Z, Wheeler DL, Hubach RD. The frequencies and disparities of adverse childhood experiences in the U.S. BMC Public Health. 2020;**20**(1):1327

[12] El Mhamdi S, Lemieux A, Ben Fredj M, Bouanene I, Ben Salah A, Abroug H, et al. Social and early life adversity and chronic health conditions among Tunisian adults. Translational Behavioral Medicine. 2020;**10**(4):949-958

[13] Mlouki I, Bouanene I, Sioud I, Bchir A, Al Absi M, El Mhamdi S. Impulsivity mediates the impact of early life adversity on high risk behaviors among Tunisian adolescents. Preventive Medical Reports. 2021;**23**:101424

[14] Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide throughout the Life Span: Findings from the Adverse Childhood Experiences Study. Adolescent Medicine. JAMA. JAMA Network [Internet] [cited 2023 August 8]. 2023. Available from: https://jamanetwork.com/journals/jama/fullarticle/194504

[15] Fuller-Thomson E, Baird SL, Dhrodia R, Brennenstuhl S. The association between adverse childhood experiences (ACEs) and suicide attempts in a population-based study. Child: Care, Health and Development. 2016;**42**(5):725-734

[16] Ziada KE, Becker D, Bakhiet SF, Dutton E, Essa YAS. Impulsivity among young adults: Differences between and within Western and Arabian populations in the BIS-11. Current Psychology. 2020;**39**(2):464-473

[17] Anestis MD, Selby EA, Joiner TE. The role of urgency in maladaptive behaviors. Behaviour Research and Therapy. 2007;**45**(12):3018-3029

[18] Brent DA, Melhem N. Familial transmission of suicidal behavior. The Psychiatric Clinics of North America. 2008;**31**(2):157-177

[19] Lim M, Lee S, Park JI. Differences between impulsive and non-impulsive suicide attempts among individuals treated in emergency rooms of South Korea. Psychiatry Investigation. 2016;**13**(4):389-396

[20] Zhang J, Zhang X, Yang G, Feng Z. Impulsiveness indirectly affects suicidal ideation through depression and simultaneously moderates the indirect effect: A moderated mediation path model. Frontier in Psychiatry. 2022;**13** Available from: https://www.frontiersin.org/articles/10.3389/fpsyt.2022.913680

[21] Rytilä-Manninen M, Haravuori H, Fröjd S, Marttunen M, Lindberg N. Mediators between adverse childhood experiences and suicidality. Child Abuse & Neglect. 2018;**77**:99-109

[22] Herrman H, Stewart DE, Diaz-Granados N, Berger EL, Jackson B, Yuen T. What is resilience? Canadian Journal of Psychiatry Review Canadian Psychiatry. 2011;**56**(5):258-265

[23] Building your resilience [Internet] [cited 2023 July 29]. 2023. Available from: https://www.apa.org/topics/resilience/building-your-resilience

[24] Sher L. Resilience as a focus of suicide research and prevention. Acta Psychiatrica Scandinavica. 2019;**140**(2):169-180

[25] Morgan CA, Chang YH, Choy O, Tsai MC, Hsieh S. Adverse childhood experiences are associated with reduced psychological resilience in youth: A systematic review and meta-analysis. Children. 2022;**9**(1):27

[26] Yao K, Chen P, Zhou H, Ruan J, Chen D, Yang X, et al. The effect of childhood trauma on suicide risk: The chain mediating effects of resilience and mental distress [Internet]. In Review. 2023. Available from: https://www.researchsquare.com/article/rs-2854301/v1

[27] Lackova Rebicova M, Dankulincova Veselska Z, Husarova D, Madarasova Geckova A, Jansen DEMC, van Dijk JP, et al. Does resilience mediate the Association of Adverse

Early Childhood Experiences with Emotional and Behavioural Problems? International Journal of Public Health. 2021;**66**:1604006

[28] Adverse childhood experiences, chronic diseases, and risky health behaviors in Saudi Arabian adults: A pilot study – PubMed [Internet] 2023 [cited 2023 July 29]. 2023. Available from: https://pubmed.ncbi.nlm.nih.gov/24974249/

[29] Impact of Adverse Childhood Experiences on social determinants among Saudi adults. Journal of Public Health. Oxford Academic. 2023 [Internet] [cited 2023 May 26]. Available from: https://academic.oup.com/jpubhealth/article/40/3/e219/4779876?login=false

[30] Manyema M, Richter LM. Adverse childhood experiences: Prevalence and associated factors among South African young adults. Heliyon [Internet]. 12 Dec 2019;**5**(12). [Cited 2023 Aug 11]. Available from: https://pubmed.ncbi.nlm.nih.gov/31890957/

[31] Ashaba S, Kakuhikire B, Baguma C, Satinsky EN, Perkins JM, Rasmussen JD, et al. Adverse childhood experiences, alcohol consumption, and the modifying role of social participation: Population-based study of adults in southwestern Uganda. SSM - Mental Health. 2022;**2**:100062

[32] Amene EW, Annor FB, Gilbert LK, McOwen J, Augusto A, Manuel P, et al. Prevalence of adverse childhood experiences in sub-Saharan Africa: A multicounty analysis of the violence against children and youth surveys (VACS). Child Abuse & Neglect. 2023:106353. (Forthcoming)

[33] Majdoub W, Mosbahi A, Naouar M, Beji M, Mannai J, Turki E. Suicide in children and adolescents: A Tunisian perspective from 2009 to 2015. Forensic Science, Medicine, and Pathology. 2017;**13**(4):417-425

[34] Ben Khelil M, Zgarni A, Belghith M, Harzallah H, Zhioua M, Hamdoun M. Trends of juvenile and adolescent suicides in North Tunisia: A 12-year study. Public Health. 2021;**194**:223-231

[35] Adverse Childhood Experiences International Questionnaire (ACE-IQ) [Internet] [cited 2023 July 29]. 2023. Available from: https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-(ace-iq)

[36] Mlouki I, Naimi A, Sioud I, Bouanene I, El Mhamdi S. Adverse childhood experiences and sleep disorders among Tunisian adolescents: The mediating role of internet addiction. Child Abuse & Neglect. 2023;**136**:106028

[37] Ramakrishnan N, McPhee M, Sosnowski A, Rajasingaam V, Erb S. Positive urgency partially mediates the relationship between childhood adversity and problems associated with substance use in an undergraduate population. Addictive Behaviors Reports. 2019;**10**:100230

[38] Patton JH, Stanford MS, Barratt ES. Factor structure of the Barratt impulsiveness scale. Journal of Clinical Psychology. 1995;**51**(6):768-774

[39] Validation of the dialectal Arabic version of Barratt's impulsivity scale, the BIS-11 – PubMed [Internet] [cited 2023 July 29]. 2023. Available from: https://pubmed.ncbi.nlm.nih.gov/23122681/

[40] (PDF) Adolescent psychological resilience scale: Validity and reliability study [Internet] [cited 2023 July 15].

2023. Available from: https://www.researchgate.net/publication/287911431_Adolescent_psychological_resilience_scale_Validity_and_reliability_study

[41] Baron RM, Kenny DA. The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. Journal of Personality and Social Psychology. 1986;**51**(6):1173-1182

[42] Hayes AF, Rockwood NJ. Regression-based statistical mediation and moderation analysis in clinical research: Observations, recommendations, and implementation. Behaviour Research and Therapy. 2017;**98**:39-57

[43] Dudley WN, Benuzillo JG, Carrico MS. SPSS and SAS programming for the testing of mediation models. Nursing Research. 2004;**53**(1):59-62

[44] Duke NN. Adolescent adversity and concurrent tobacco, alcohol, and Marijuana use. American Journal of Health Behavior. 2018;**42**(5):85-99

[45] Hammond NG, Colman I, Orr SL. Adverse childhood experiences and onset of migraine in Canadian adolescents: A cohort study. Headache. 2022;**62**(3):319-328

[46] El Mhamdi S, Lemieux A, Abroug H, Ben Salah A, Bouanene I, Ben Salem K, et al. Childhood exposure to violence is associated with risk for mental disorders and adult's weight status: A community-based study in Tunisia. Journal of Public Health (Oxford, England). 2019;**41**(3):502-510

[47] Houtepen LC, Heron J, Suderman MJ, Fraser A, Chittleborough CR, Howe LD. Associations of adverse childhood experiences with educational attainment and adolescent health and the role of family and socioeconomic factors: A prospective cohort study in the UK. PLoS Medicine. 2020;**17**(3):e1003031

[48] Failures of 2011 revolution fuel instability in Tunisia [Internet] [cited 2023 August 11]. 2023. Available from: https://country.eiu.com/article.aspx?Country=Tunisia&articleid=550726238

[49] Ben Khelil M, Gharbaoui M, Farhani F, Zaafrane M, Harzallah H, Allouche M, et al. Impact of the Tunisian revolution on homicide and suicide rates in Tunisia. International Journal of Public Health. 2016;**61**(9):995-1002

[50] Ouanes S, Bouasker A, Ghachem R. Psychiatric disorders following the Tunisian revolution. Journal of Mental Health Abingdon England. 2014;**23**(6):303-306

[51] Yahmed SY, Zeineb Ben. Tunisians' revolutionary goals remain unfulfilled. Carnegie Endowment for International Peace. [Internet] [cited 2023 Aug 11]. 2023. Available from: https://carnegieendowment.org/2018/12/06/tunisians-revolutionary-goals-remain-unfulfilled-pub-77894

[52] Almuneef M, ElChoueiry N, Saleheen H, Al-Eissa M. The impact of adverse childhood experiences on social determinants among Saudi adults. Journal of Public Health Oxford England. 2018;**40**(3):e219-e227

[53] Guedria-Tekari A, Missaoui S, Kalai W, Gaddour N, Gaha L. Suicidal ideation and suicide attempts among Tunisian adolescents: Prevalence and associated factors. The Pan African Medical Journal. 2019;**34**:105

[54] Thompson MP, Kingree JB, Lamis D. Associations of adverse childhood experiences and suicidal

behaviors in adulthood in a U.S. nationally representative sample. Child: Care, Health and Development. 2019;**45**(1):121-128

[55] Sharratt K, Mason SJ, Kirkman G, Willmott D, Mcdermott D, Timmins S, Wager NM. Childhood abuse and neglect, exposure to domestic violence and sibling violence: Profiles and associations with sociodemographic variables and mental health indicators. [Internet] [cited 2023 January 23]. 2023. Available from: https://journals.sagepub.com/doi/10.1177/08862605221090562?icid=int.sj-abstract.similar-articles.2

[56] Li S, Wang S, Gao X, Jiang Z, Xu H, Zhang S, et al. Patterns of adverse childhood experiences and suicidal behaviors in adolescents: A four-province study in China. Journal of Affective Disorders. 2021;**285**:69-76

[57] Weiss SJ, Simeonova DI, Koleva H, Muzik M, Clark KD, Ozerdem A, et al. Potential paths to suicidal ideation and suicide attempts among high-risk women. Journal of Psychiatric Research. 2022;**155**:493-500

[58] Yang Y, Liu M, Cao N, Li X, Chen Z, Kelifa MO. School connectedness and psychological resilience as mediators in the relationship between childhood abuse and suicidal ideation among Chinese adolescents. European Journal of Psychotraumatology. 2023;**14**(1):2172650

[59] Satinsky EN, Kakuhikire B, Baguma C, Rasmussen JD, Ashaba S, Cooper-Vince CE , et al. Adverse childhood experiences, adult depression, and suicidal ideation in rural Uganda: A cross-sectional, population-based study. PLoS Medicine. 2023;**18**(5):e1003642. Available from: https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003642

[60] Hébert M, Cénat JM, Blais M, Lavoie F, Guerrier M. Child sexual abuse, bullying, cyberbullying, and mental health problems among high schools students: A moderated mediated model. Depression and Anxiety. 2016;**33**(7):623-629

[61] Felitti VJ, Andra RF, Nordenberg D, Williason DF, Spitz AM, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. American Journal of Preventive Medicine. 1998;**14**(4):245-58. Available from: https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext

[62] Muwanguzi M, Kaggwa MM, Najjuka SM, Mamun MA, Arinaitwe I, Kajjimu J, et al. Exploring adverse childhood experiences (ACEs) among Ugandan university students: Its associations with academic performance, depression, and suicidal ideations. BMC Psychology. 2023;**11**:11. Available from: https://bmcpsychology.biomedcentral.com/articles/10.1186/s40359-023-01044-2

[63] Hirani S, Lasiuk G, Hegadoren K. The intersection of gender and resilience. Journal of Psychiatric and Mental Health Nursing. 2016;**23**(6-7):455-467

[64] Tian L, Liu L, Shan N. Parent–child relationships and resilience among Chinese adolescents: The mediating role of self-esteem. Frontiers in Psychology. 2018;**9**. Available from: https://www.frontiersin.org/articles/10.3389/fpsyg.2018.01030

[65] Fergusson DM, Lynskey MT. Adolescent resiliency to family adversity. Journal of Child Psychology and Psychiatry. 1996;**37**(3):281-292

[66] Collishaw S, Pickles A, Messer J, Rutter M, Shearer C, Maughan B.

Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. Child Abuse & Neglect. 2007;**31**(3):211-229

[67] Stratta P, Capanna C, Patriarca S, de Cataldo S, Bonanni RL, Riccardi I, et al. Resilience in adolescence: Gender differences two years after the earthquake of L'Aquila. Personality and Individual Differences. 2013;**54**(3):327-331

[68] Campbell-Sills L, Forde DR, Stein MB. Demographic and childhood environmental predictors of resilience in a community sample. Journal of Psychiatric Research. 2009;**43**(12):1007-1012

[69] Wei J, Gong Y, Wang X, Shi J, Ding H, Zhang M, et al. Gender differences in the relationships between different types of childhood trauma and resilience on depressive symptoms among Chinese adolescents. Preventive Medicine. 2021;**148**:106523

[70] Schnarrs PW, Stone AL, Salcido R, Georgiou C, Zhou X, Nemeroff CB. The moderating effect of resilience on the relationship between adverse childhood experiences (ACEs) and quality of physical and mental health among adult sexual and gender minorities. Behavior Medicine. 2020;**46**(3-4):366-374

[71] Merrick MT, Ports KA, Ford DC, Afifi TO, Gershoff ET, Grogan-Kaylor A. Unpacking the impact of adverse childhood experiences on adult mental health. Child Abuse & Neglect. 2017;**69**:10-19

[72] Lee H, Park A. The influence of adverse childhood experiences on suicidal Behaviors in South Korea: The mediating effects of depressive symptoms and latent class analysis. Journal of Interpersonal Violence. 2023;**38**(15-16):9039-9058

[73] McCutchen C, Hyland P, Shevlin M, Cloitre M. The occurrence and co-occurrence of ACEs and their relationship to mental health in the United States and Ireland. Child Abuse & Neglect. 2022;**129**:105681

[74] Adverse childhood experiences as predictor of depression and suicidal behavior in women [Internet] [cited 2023 January 23]. 2023. Available from: https://www.researchgate.net/publication/366728981_adverse_childhood_experiences_as_predictor_of_depression_and_suicidal_behavior_in_women

[75] Biscond M, Revranche M, Navarro-Mateu F, Janota M, Kovess-Masfety V, Husky MM. The effect of childhood adversities on the persistence of suicidal ideation and plans among college students: A longitudinal study. Journal of Affective Disorders. 2023;**323**:354-360

[76] Dal Santo F, Carballo JJ, Velasco A, Jiménez-Treviño L, Rodríguez-Revuelta J, Martínez-Cao C, et al. The mediating role of impulsivity in the relationship between suicidal behavior and early traumatic experiences in depressed subjects. Frontier in Psychiatry. 2020;**11**:538172

[77] Dramilaraki S, Antoniou A, Porichi E, Efstathiou V, Michopoulos I, Gournellis R, et al. Childhood trauma and suicidality in bipolar disorder: The mediatory role of impulsivity. Psychiatric Psychiatry. 2021;**32**(2):103-112

[78] Is impulsivity a link between childhood abuse and suicide?. PubMed [Internet] [cited 2023 August 7]. 2023. Available from: https://pubmed.ncbi.nlm.nih.gov/20152291/

[79] (PDF) Association between Adverse Childhood Experiences, Resilience and Mental Health in a Hispanic Community. ResearchGate [Internet] [cited 2023 January 23]. 2023. Available from: https://www.researchgate.net/publication/358044686_Association_Between_Adverse_Childhood_Experiences_Resilience_and_Mental_Health_in_a_Hispanic_Community

[80] Salehian MH, Saei S, Dastani S, Qiumarsi E. The impact of adverse childhood experiences, psychological distress and resilience on depression in amateur athletes. Shenakht Journal of Psychology Psychiatry. 2022;**9**

[81] Zetino Y, Galicia B, Venta A. Adverse childhood experiences, resilience, and emotional problems in Latinx immigrant youth. Psychiatry Research. 2020;**293**:113450

[82] Tripp DA, Jones K, Mihajlovic V, Westcott S, MacQueen G. Childhood trauma, depression, resilience and suicide risk in individuals with inflammatory bowel disease. Journal of Health Psychology. 2022;**27**(7):1626-1634

[83] Wang H, Liao Y, Guo L, Zhang H, Zhang Y, Lai W, et al. Association between childhood trauma and medication adherence among patients with major depressive disorder: The moderating role of resilience. BMC Psychiatry. 2022;**22**(1):644

Section 2

The Dynamics of Child Sexual Abuse

Chapter 4

Understanding Children's Sexual Signals and Behavior

Patricia M. Crittenden and Andrea Landini

Abstract

Increasingly children come to professional attention because they use 'sexually harmful behaviour'. Such children are treated as dangerous to others rather than as neglected or abandoned children who use sexualized behavior to fast-track connection to protective adults. We present case examples, arranged developmentally from infancy to puberty. All had standardized video-recorded assessments of attachment that reliable and blinded coders coded. In addition, we have information about the parents' history that helps to explain their behavior. We also review neurology to understand how smell and touch affect sexualized behavior. We conclude that children's sexualized behavior is not usually motivated by sexual desire. Instead, it appears to serve attachment functions for children whose needs for adult protection and comfort have not been met - by their parents or by the professionals who placed them in care. We close with recommendations for research and for professional practice.

Keywords: sexualization, attachment, desire for comfort, neglect, protective connection

1. Introduction

Our work with troubled families has revealed many sexualized signals and behaviors used by and with children. Such behavior is noticed increasingly often in school-aged and adolescent children and is sometimes labeled 'sexually harmful behavior', with teams being set up to manage such children. This led us to worry about a recurrence of the over-reaction to 'discovering' sexual abuse in the 1980s and 1990s. Avoiding the parallel of the daycare abuse scandals and false recovered memory of sexual abuse syndrome seems important. In the case of children's sexualized behavior, we worry that the clinical response may have gotten ahead of the functional understanding of the behavior. Our goal is to identify such behavior and explore its meaning, rather than assuming that it indicates harm or dismissing it as irrelevant. Finding new meanings requires verifying the presence of the behavior (that is, not considering it false or overlooking it) while remaining open about discovering its interpersonal function (that is, not assuming that it is harmfully sexual).

To explore our concern, we reviewed our archive of attachment data, seeking cases in which children participated in sexualized interactions with adults, usually their parents. Ordinarily such behavior would lead to questions about sexual abuse, but

when we reviewed the family context, other explanations seemed more likely. In this chapter, we describe this behavior and place it in its family context to demonstrate that it can serve important attachment functions. We also suggest how professionals can assist family members to meet their attachment needs without resorting to sexual behavior.

Once we changed our perspective from a deficit model of knowing that sexualized behavior with and by children was culturally unacceptable, religiously prohibited, ethically wrong and sometimes criminally proscribed to asking if it served any useful function in desperate circumstances, we found new understandings for the behavior. Our emerging strengths model identified sexual signs and behavior as being used when relationships were at risk of failing and for the purpose of protecting the self when relationship were necessary for survival. Put another way, we concluded that precocious and inappropriate sexuality involving children served an attachment function under desperate circumstances.

Normally, we would first review the relevant literature, but the literature was focused exclusively on the problems created by inappropriate sexual behavior and did not address the functions that we observed. Consequently, we first describe this behavior as a series of developmentally ordered cases; we use the cases to develop clinically meaningful hypotheses about the function of sexual behavior used with and by children, first case by case, then more generally [1]. We then discuss recent studies on the contribution of touch and smell to sexuality. Finally, we offer recommendations about how child protection personnel and other mental health professionals might respond so as to promote the well-being of children and their families.

This topic is important because children's sexualized behavior is receiving more attention and can result in the child being labeled pejoratively and sometimes being socially excluded or placed in a foster home. The understanding articulated in this chapter might help professionals to respond in more helpful ways.

We divide our discussion into five parts: (1) attachment and reproduction, (2) a developmentally ordered series of case studies that highlight the functions of sexualized behavior, (3) the scientific evidence-base for smell and touch as tied to sexuality and attachment, (4) four general hypotheses about sexuality, attachment, and survival, and (5) recommendations for professional response when children show sexual signs and behavior. A fuller account of these ideas can be found in Crittenden and Landini [2].

2. Attachment and reproduction

All children (except those in institutions) attach to their caregivers; this promotes their survival because the caregivers protect and comfort the children when they are endangered and, over the course of childhood, help children to learn how to protect and comfort themselves. The primary means of being safe and feeling secure as one grows up is having close relationships with other people: parents and other family members, then best friends, romantic partners, and finally committed partners (spouses) with whom one will raise a family. These attachment relationships all touch sexuality in some way: babies are the outcome of sexual behavior, young children learn to use the affectionate behaviors that become part of the sexual repertoire after puberty, adolescents experience sexual desire and direct it toward a peer, and committed sexual partners use sexual behavior to seal the exclusivity and intimacy of their relationship and to produce the next generation. It is clear that children's

ATTACHMENT BEHAVIOR	REPRODUCTIVE/SEXUAL BEHAVIOR
Look	**Look**
Smile	**Smile**
Kiss	**Kiss**
Call	**Call**
Cry	**Cry**
Reach	**Reach**
Caress	**Caress**
Hold	**Hold**
	Genital contact

Figure 1.
Overlapping behavioral systems (Crittenden, [3], used with permission).

attachment to parents is protective, but that is also true for same-aged best friends (in children's social interactions), romantic partners, and committed life partners; in each case individuals with a special partner are safer, healthier, and develop more optimally than excluded children, rejected adolescents, or single adults.

Strikingly, both attachment and sexuality involve signaling that attracts another person and ties them to oneself with an emotional bond. Moreover, attachment and sexual behaviors are almost identical, differing only by the greater intensity of sexual behavior and the addition of interpersonal genital contact to sexual behavior. See **Figure 1**.

The overlap of attachment and sexual behavior creates a nearly failsafe survival system of interlocking neural and behavioral components [4], in which growing children do not have to learn a new communication system at puberty; instead, they repurpose the affectionate behavior that they know and add genital contact to it.

An important difference between attachment and sexuality is the speed with which bonds are formed. Attachment takes at least several months, but it endures for years, even lifetimes. Sexual attraction can be immediate, even if it is not necessarily enduring. When the fast-track sexual bond holds long enough to permit an attachment to form, its protective function is doubly fulfilled.

3. Developmental differences in sexual signals and behavior

All the cases that we describe have been viewed, in courses that we teach, by many mental health professionals including child protection workers, clinical psychologists, and psychiatrists. One of the most striking aspects of our teaching is that most of the professionals did not at first mention the sexualized behavior. When it was pointed out, they often explained it away by referring to cultural differences. A few of the cases have full Family Functional Formulations [5] that give us a much fuller understanding of the family context in which children become sexualized. Our goals are to guide readers to notice consciously behaviors that they respond to preconsciously and, having noticed, to seek explanations that yield a clearer understanding of the functioning of the child. When that functioning involves risk, we offer ways to reduce the risk.

To enable readers to 'see' what we write about, we use evocative imaged language. This includes giving each child or parent a memorable moniker and using everyday, colloquial language.

3.1 Infancy and the preschool years: receiving adults' sexualized behavior

The way parents (or other caregivers) touch infants' and young children's bodies has implications for children's current development and for their relationships at older ages. Needless to say, parents must touch children's genitalia daily in infancy and frequently in toddlerhood. Lack of touch, such as experienced by some institutionalized children, is very detrimental. When such touch is sexualized, it can reflect relationship needs of parents and adversely shape the development of young children.

3.1.1 Confusing babies with men in dangerous circumstances

A standardized 3-minute video-recorded play interaction (CARE-Index, [6, 7]) was taken when 'Little Man' was 3 months old. His mother was changing his diaper and did so in a sexually stimulating way. She powdered him heavily, then rubbed his genitals vigorously. She smiled and sang brightly the whole time; her son, on the other hand, was silent, had a blank face, waved a plastic bottle between himself and her, and extended his legs, without force, as if to push her away. In response to her stimulation, he had an erection – which she inadvertently hit as she reached across his body. By that time, his face had a sad empty look. His mother seemed unaware of Little Man's signals of inhibited distress. Flipping Little Man on his back, and still singing brightly, she opened his knees and kissed his penis.

When we showed this video to our classes, our professional viewers cringed, but when describing the video, they did not mention the sexual behavior. When asked about that, they attributed it to respecting cultural differences (the mother was Asian and living with her European husband in his country) and were hesitant to judge it adversely. Nevertheless, the developmental outcomes to Little Man were severe. By a year of age, he no longer expressed pain, even when he was injured; it seemed that inhibition of negative affect during genital touch had expanded to inhibition of all negative affect. Not feeling pain puts survival at risk because the child neither protects himself, nor signals with crying for others to protect him.

The backstory was that the mother was abandoned when she was 13 years old to earn her living as a prostitute; that is, she learned to use false sexual interest with men for survival. Later she used this strategy to attract and marry a lonely man who paid for sex. Then, living in a foreign country where she did not know anyone else and did not speak the language, she used this strategy on her son, treating him as a little man. Put another way, both parents used sexual strategies to initiate and speed attachment when they felt unsafe and alone. Neither recognized the inappropriateness of sexualized contact with an infant.

Our learning points were that (a) the mother had learned to use false sexual behavior to protect herself when she was abandoned, used it to gain a husband, and applied it to her son, because it had protected her and (b) respect for cultural differences should not blind observers to the universal realities of all human babies and their parents.

3.1.2 Irresolvable dilemmas vs. psychiatric diagnoses

At 14 months, 'Toy Truck' should have been learning to walk and talk; instead, in a *Strange Situation Procedure* [8], he crab-crawled awkwardly and made only odd guttural sounds. Repeatedly, he seemed to approach his mother, then turned away. He put his spread-open hand between himself and his mother, thus blocking his view. She smiled brightly and spoke informatively, but kept her feet, ankles, and knees closed and her hands between her thighs; later she covered her genitals with her hands. When he played with the toy truck, one arm swished the truck back-and-forth repetitively, but the other arm was frozen. Both Toy Truck and his mother used mixed signals of approach and avoidance. An unfamiliar woman, the Stranger, came in and his mother brightened, engaging in pleasant small talk. When his mother left the room (as required by the Strange Situation), Toy Truck pulled himself up on a chest and rocked back-and-forth. Suddenly he slipped and fell, hitting his face. He did not make a sound, only looking up with a worried face. The Stranger touched him comfortingly; he did not respond. When his mother returned, she resumed her closed position in her chair. The Stranger left, then his mother left, touching him gently on the head; Toy Truck almost fell over. He was fine while he was alone, but when the Stranger returned again and touched him gently, he slowly fell over backwards – without any protective falling reflex. Lying on his back, he drove his toy truck back-and-forth over his genital area, as if masturbating. As he did so, his eyes closed, he began making rhythmic guttural moans, and his legs extended and contracted in a pelvic rock. He seemed to be in a trance, then he jerked alert. After his mother returned, he approached her chair, pulling up-and-back as if he could not decide whether or how to get in her lap. She picked him up awkwardly, being sure not to embrace him – and his legs pushed forward, preventing being pulled against her body. His eyes were sad and empty. Toy Truck and his mother struggled in painfully contorted ways, never able to settle until his mother found his toes and, together, they watched his motionless foot.

When the Strange Situation was over, the mother asked how she had done, saying she was worried that her post-natal depression might have affected her son. The clinicians thought Toy Truck had autism. We thought both Toy Truck and his mother faced irresolvable conflicts: he that he must approach, but knew he must not, and she that she loved and wanted to care for him, but could not bear to touch him. We though that both 'post-natal depression' and 'autism' referred, in this case, to these dilemmas, with Toy Truck's 'masturbation' functioning as self-comfort to protect them both from his need for closeness.

3.1.3 A mother's need to be mothered herself

'Give Me Sugar' and her 18-month-old son were video-recorded during foster care contact. Despite Give Me Sugar holding her son tenderly, he looked away. She whispered and cooed; in response, he just stilled without looking at her. She raised him high in the air, then dropped him close to her face in a nuzzling game. He gave no response, but his eyes grew big and fearful.

She murmured softly "Give me sugar", to no avail. When she play-bit his arm, then kissed the 'wound', he let her so without protest and a distant gaze, even when he attempted a faint smile.

Give Me Sugar's backstory had a series of serious dangers: maternal abandonment when she was a child, sexual abuse by her father and his buddies, and five fostered

children by different fathers. These suggested the improbability of her ever raising a child of her own. Instead, that happened when she had her sixth baby with a man who lived with his mother and she moved with them. The man eventually left, but Give Me Sugar had found a mother who protected and comforted her, helping her to raise her child safely. Meeting mothers' basic needs can free their children from their mothers' need to use sexuality to create attachment. Again, the backstory was key to our understanding, while compassion for the troubled young woman enabled the grandmother to apply the solution.

3.1.4 Learning to use sexual signals for protection

'Sexy Arms' dressed like a toddler in a black romper with shorts and a bib, but her blouse had sexy slit sleeves laced to the shoulder. Bare legs and black combat boots completed her blatantly sexual outfit. She was video recorded with her 24-month-old daughter in a *Toddler CARE-Index* (*TCI*, [9]). The *TCI* has three minutes of play, one minute of frustration, and closes with one minute of repair. During the play, the daughter played with a cardboard tube while Sexy Arms watched. On the signal to frustrate her daughter, Sexy Arms grabbed the tube away. The girl exploded into a screaming tantrum, then instantly fell backward silently onto the mat with arms and legs splayed open. She pulled her skirt up revealing her undergarments. Her body was totally vulnerable to attack, including to her genital area. Sexy Arms laughed and poked the tube in the tender area of her daughter's spread upper thighs. For the repair, Sexy Arms returned the tube. Her daughter immediately accepted it with no residual signs of the tantrum, submission, or attack that had occurred moments before.

Like the infants described above, Sexy Arm's daughter turned affect on and off suddenly, splitting (dis-associating) her mind from her body. More than that, she also actively participated in her mother's strategy of sexualized dominance and submission. The mother's backstory included physical and sexual abuse, severe neglect, and a diagnosis of borderline personality disorder. At just two years of age, her daughter was learning an extreme and dangerously sexualized strategy [10] for blocking out her own feelings and maintaining life-preserving submissive attachment to her emotionally volatile mother. The central learning points were recognition of dis-association as sudden onset and offset of intense behavior and the need for service providers to protect endangered mothers.

3.1.5 Rejection combined with sexual intimacy

At four-and-a-half years 'Green Tent' (see the Family Functional Formulation of this family in [11]) had mastered the use of sexual signaling that Sexy Arms' daughter was learning. In a TCI, Green Tent's mother spooked him from behind by suddenly popping her face into his; he crawled into a green play tent as if to escape. As she tried to lure him out, she made an 'Ewww' sound and flapped her hand in front of her nose as if to waft away the air coming from the tent's opening. Was she disgusted by his smell? By him? Later she wrapped her arms around him from behind and walked him toward the floor-to-ceiling window – 20 stories above the ground. She pushed him forward, holding him tightly to her. Being near the window felt threatening – in one's stomach. Green Tent ran behind her and pushed her hard toward the window. They laughed very loudly - at their threats of murder?

Green Tent lifted his mother's clothing, exposing her bare skin; she pulled it down. To frustrate him, she sat in a chair and pulled Green Tent onto her lap, with his legs around her. He braced his palms on her breasts, then played with the pendant that hung between her breasts. Green Tent's father, who was watching, coughed. Was this a male-on-male territorial dispute?

In the *TCI* with his father, Green Tent ignored his father and moved toward the tent, giving big disarming, open-mouthed smiles, speaking in a high babyish voice and caressing his father's hair. His father followed on hands and knees. Green Tent brought his face intimately close to his father's, then pulled him in for a hug; they both squealed loudly. Then his father restrained him and seemed to mount him, while kissing him and squealing.

Green Tent and his father struggled, yipping and chasing each other. They wrestled and growled. The father shrieked as Green Tent squeezed his father's cheeks and brought his face in very close. The father threw his head back into a surrender position while his father looked at him threateningly.

On the frustration signal, he released Green Tent who moved away and looked out the window silently. On the repair signal, his father grabbed him. Green Tent resisted with his hands, then his father pulled him between his legs and close to his face. Green Tent's knees pressed on his father's genitals (while his father screamed loudly); then he pinched his father's cheeks hard enough that he yelped in pain. They pulled each other's hair. As the TCI ended, Green Tent mounted his father who assumed the surrender position.

The family was reluctant to let the therapist play with their son, but once he engaged with Green Tent, the interaction was quite normal.

For this family, we also have a *Parents Interview* [12] with Green Tent's mother and father. The parents sat with a table between them; the mother was stiff and still; the father worked on his computer and two cell phones. They spoke in monotones, saying all the right things, but ignoring each other.

The mother's backstory, as told in her *Adult Attachment Interview* (*AAI* [13]), involved repeated separations, ending up in a girls' boarding school where her father strongly admonished her to stay away from boys. Nothing is known about the father's childhood because he refused the *AAI*.

In the genogram, the family is shown as closed to outsiders; the therapist is the green triangle beside a tiny opening in the family's structure. The parents (a dark blue square and pink circle) seemed blocked from direct communication with each other and instead struggled with each other through their 'spousified' son (the light blue square). See **Figure 2**.

Green Tent's desperation about his parents was enacted with his extreme sexualized behavior and aggressive behavior in his *TCI*s; his parents' defeat showed in the absence of spousal connection in the *Parents Interview*. Compared to the two-year-old daughter of Sexy Arms, Green Tent is far more competent at sexualized seduction and submission as he tried to navigate a safe pathway between his alienated and strikingly asexual parents. Of course, it was Green Tent, and not his parents, who was diagnosed (with autism), even though the assessments suggest that the hidden spousal discord was the problem.

Although one might be alarmed by the family relationships, especially the boy's sexualization, a fuller understanding can yield optimism. The parents sought treatment for their son, showing how much they cared for him, but neither they nor the therapist recognized that his symptoms indicated a spousal and family problem.

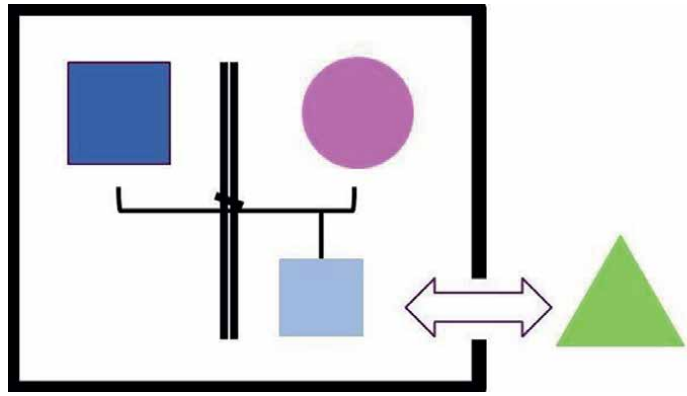

Figure 2.
Green Tent's family genogram. (used with permission, Crittenden, Landini& Zhang, [11]).

This case is informative and precious because, after a half century of intense effort advocated by parents of children diagnosed with autism, there are almost no data on their families. This case suggests that parental endangerment and spousal problems might precede autistic behavior, that the child might feel rejected and used sexually in an impossible to win battle between the parents. If that were somewhat true for other families with a child diagnosed with autism, treatment might best be directed toward the families. But this should be done very carefully to prevent parental distress and shame and consequent family break-up [14].

3.1.6 Early childhood development of sexual signaling

Considering these five children, it seems reasonable to propose that when parents fear abandonment, they sometimes use intense sexual signaling and behavior to tie their children tightly to them. This can initiate a developmental process of children's learning to use sexual signaling and behavior in their own self-protective relationships. In early infancy, the babies could only inhibit their negative feelings, thus dis-associating their bodies and minds. Later they learned to show false positive affect while inhibiting true negative affect. At about two years of age, children could show brief, but intense, negative affect while still relying on inhibition and sexualized submission to stay safe. As they approached five years old, however, children whose parents used sexualized signals and behavior became able to themselves use sexualized aggression and submission in flexible ways to protect themselves.

All of this was happening while the brain was using contextual input to organize its own structure and development [15, 16]. This promotes individual and species survival, but, in cases of early sexualization of babies and young children, the neural networks conflate attachment and sexuality; this can be expected both to have long-term consequences and also to resist change even when maturation makes conscious awareness and choice possible.

Strikingly, almost none of the professionals who contributed these five cases articulated concerns about sexuality. Instead, the concerns were language development, foster care, autism, and family violence. We conclude that much more information is needed about families and mothers' roles in generating sexualized child behavior. We note, clinically, that professionals are generally reticent to ask about or even note their observations regarding sexuality.

3.2 The school years and peer-to-peer sexuality

Once a child who uses sexualized strategies goes to school, it might become possible for adults to see the child as the initiator of sexually inappropriate or harmful behavior. For example, in the UK, 10-year-old children can be considered criminally responsible for sexual behavior. We think the family origins of such behavior need to be assessed.

Children from troubled families, particularly those with problems involving staying connected, are likely to feel vulnerable when they go to school, because school involves daily separations from parents. If protection, comfort, or connection are problems, anxious children might apply their sexualized self-protective strategies to other children or teachers. If they do, they might be identified as using 'sexually harmful behavior'. Such labeling might exacerbate their need for comfort and connection or, conversely, initiate a pathway toward isolation.

3.2.1 Spousification of a son

'Ms Luston' was facing child care proceedings because of her drug use, sexually violent relations with men and unstable housing. A Family Functional Formulation was used to find ways to prevent her 6-year-old son from being placed in foster care. She cooperated with the male social worker who carried out the *TCI* and *Parents Interview*. Ms. Luston's son was identified as using a self-protective strategy of sexualized caregiving of his mother; Ms. Luston used sexual signaling toward the social worker. He did not notice the blatant sexualized behavior of either mother or son. We wondered why, because resolving Ms. Luston's difficulties and keeping her son in her care needed to account for her use of sexuality to solve the problem of abandonment in adolescence. Drug use, sexual violence, and instability followed as she tried to find safety through sexual relationships, including prostitution, with men.

The important take-away points for intervention are (1) noticing that Ms. Luston used sexual signaling whenever she felt unsafe, including when threatened by professionals with removal of her son, (2) using her backstory to understand her need for acceptance and stability, (3) assisting her to meet her own attachment and sexual needs, to enable her to release her son from a spousified attachment with her, and (4) helping professionals to notice sexuality and find its meaning in the need for stable and protective relationships.

3.2.2 When being male and masculine elicits maternal rejection

'Bad Boy' engaged in predelinquent behavior and enjoyed looking at submissive males in homosexual pornography. At 14 years old, he already acted like his 16-year-old brother who had been kicked out of the home for petty criminal acts. Now the brother wanted to return. Instead, Bad Boy's 22-year-old sister had successfully started her own family. The next youngest was 10-year-old 'Susan' who had transitioned from being a boy to a girl named 'Susan' when (s)he was 7 years old. The youngest sibling was a 6-year-old boy. All the biological males had diagnoses of ADHD and were on the autism spectrum. All professional concern was for Bad Boy. We noticed that only the female sibling developed normally, whereas all the biological males had problems and two of them did not accept traditional male roles. It appeared that 'Susan' was on a developmental pathway of sacrificing sex to preserve attachment. We wondered if the mother feared sexually mature males and if both Bad

Boy and 'Susan' had discovered ways to reduce the threat of their masculinity. Only knowledge of the mother's history could address these questions.

Another previously published case [17, 18] shows how gender identity can be used to prevent parental rejection. 'Graeme' was the son of a separated couple with ongoing conflict. He was a problem at school and at 18 was diagnosed with autism. When living with his mother who feared his father, he was hyperfeminine; when living with father, he was hypermasculine. The point is that mothers sometimes fear masculinity and that can affect their sons' development.

3.2.3 Loneliness and love

'Loney' had exhausted many foster placements, resided in an institution, and finally been returned to her last foster family (for a fuller discussion, see [3] pp. 8–9). By her 20s, she was in a mental hospital diagnosed with borderline personality disorder. In her *AAI* she described going to the park as a young girl to meet an old man who brought her lunch and bread to feed the ducks. She said he was the only person who cared about her. Loney said that her social worker told her that he was 'grooming' her and had 'sexually abused' her. The coding of her *AAI* suggested that she had been attached to him. The jarring disconnect between her experience of 'love' and the social worker's notion of 'grooming' had made it hard for her to trust professionals, even into the present. She told her *AAI* interviewer that she had never mentioned the old man again to anyone – until now. Nevertheless, she had made hundreds of nearly identical figurines, one of which she gave to the interviewer. See **Figure 3**.

We wonder if the figurines tell – and retell and retell – positive aspects of a story that the social worker's misunderstanding and pejorative language had made 'unspeakable'. Reducing Loney's experience of a desperate affection to the term "sexual abuse" also precluded knowing exactly what sexual behavior occurred. Because such terminology substitutes a moral evaluative interpretation for accurate information about the event, it can make personal information less available for later reflection and integration, even in the context of therapy.

Figure 3.
Figurine representing Loney's relationship with an old man feeding ducks. (used with permission of Patricia M. Crittenden).

It is striking that Loney did not include herself in the sculpture and the old man looked sad and lonely. Again, we are forced to consider the role of sexual behavior in quickly establishing and maintaining attachment for both a lonely adolescent and a lonely old man. If the social worker had listened, rather than reacting, she might have understood Loney's loneliness and been able to protect her. Instead, silence carried the harm forward.

3.2.4 Soothing rejection with sexualized comfort

Ten-year-old 'Don Juan' lived in a foster home with several other foster children who came and departed unpredictably. Don Juan himself had been in many foster homes. Don Juan knew his biological mother – and knew that she had a new partner with whom she shared two young children. He was not wanted in that family and, although he would see his mother from time to time, he knew he would not rejoin her. Don Juan came to attention because he hugged, kissed, and reached under his schoolmates' clothes to touch their underwear. Although he did not use violent or coercive behavior, most of the children did not like it and some told their parents. Eventually, the police were brought in; Don Juan was treated as a sexual offender and placed in a supervised institution.

We had six years of assessments of attachment; these revealed Don Juan's intense distress and desire for comfort from his foster mothers, including attempts to cuddle with them in bed. These incidents had ended several foster placements, especially as he approached puberty and was perceived as threatening by the foster mothers. The record did not mention Don Juan's need for comfort, nor had any effort been made to help him to feel loved and accepted. To the contrary, he was thought to be oversexed and placed in increasingly restrictive homes where he had less contact with mothering women.

The clinically important point is that children need comfort and some use sexualized behavior to achieve it. The failure of professionals to understand this might have led to interventions that exacerbated Don Juan's need for comfort and harmed him.

It is our observation that sexual approaches by children to other children, especially their own siblings, occur most frequently when the children have not been able to form attachments with adults either because the parents were very neglectful or because the children were moved from one caregiver to another very frequently.

3.2.5 The smell of closeness

An extreme example of the same misunderstanding is 'Sneak Thief'. Because of his ethnicity, a foster home could not be found and he was placed in an institution at age six. By eight years old, he was sneaking girls' soiled panties out of the laundry and hiding them under his pillow where he could sniff them. During a workshop, his care team offered his situation as an example of sexualized behavior that was <u>not</u> related to attachment or desire for comfort. Given that panties are very personal and intimate and that smell is strongly associated with intimate relationships [19], we think that Sneak Thief was not seeking to be close to the girls or to harm them; instead, we think that he was desperately lonely and sought a powerful sensory signal of closeness to a woman/mother. Strikingly, he already knew that his need for comfort had to be hidden. Again, the professional response, based on attributing sexual motivation to a young boy, was harmful in that Sneak Thief both found himself labeled a sexual offender and had his freedom of movement limited. More importantly, he was not

helped to understand his behavior and to find appropriate ways to experience comfort in relationships.

3.3 Pre-puberty and puberty

Stressed girls enter puberty earlier than non-stressed girls [20]. Foster care is stressful, especially when there have been multiple placements. Fostered girls might be expected to show sexual behavior to meet attachment needs more often than home-raised girls.

3.3.1 Sexual signals of desire for comfort and stability

After many foster placements and an adoption that failed suddenly and without explanation, 'Restless Nellie' was adopted at 10 years of age by an older childless couple. Her adoptive mother worked and her father was a stay-at-home dad. When she was 13, Restless Nellie ran away to a friend's home where the friend's mother overheard her talking. The mother concluded that Nellie had been sexually abused by her adoptive father. Investigation revealed that Nellie had been very anxious and that this showed in her intense tantrums (her adoptive mother sometimes had to wrestle her to the floor) and her inability to sleep alone (her parents alternated nights lying on her bed while she fell asleep). This escalated to sexual behavior with her adoptive father (who was later convicted of child sexual abuse and sent to prison). Nellie was placed in foster care. In her video-recorded *Parents Interview*, Nellie was observed flirting with the new foster father. He did not respond to these bids. We were left wondering if her desperate need for a home had led to sexualized behavior, serving an attachment function, that had possibly destroyed two adoptions and put a well-intentioned but misguided man in jail. Support for the notion that he was well-intentioned was his choice of pleading guilty instead of requiring his daughter to appear in court to testify against him. Carried a bit further, this suggests that, if sexual signals had sped the process of attachment, by the time the sexual abuse was discovered, he was attached to Restless Nellie and sought her best interest over his own. We cannot say that this interpretation is accurate for this, or any other case. We do, however, think that if professionals understood the possible function of sexuality to speed the process of attachment, they might choose placements for children more carefully or alert families to the possibility of sexualized behavior as a signal of the child's need to feel secure, especially when the child is biologically unrelated.

We doubt that Nellie, her adoptive father or the professionals thought about the tendency of children with multiple placements to use sexualized behavior to create bonds more rapidly than can attachment. Nevertheless, this acceleration might be especially advantageous to children when the adults do not have a biological relation with a child.

3.3.2 Sexuality as the language of love

In a final example, 13-year-old 'Bessy' described behavior that her teacher thought was sexually abusive. After the teacher's required report, Bessy and her four siblings were picked up without warning from their schools and put in foster homes. Bessy's older sister refused to corroborate the charges and Bessy denied them. Investigation identified chronic neglect of the children, chronic maternal depression, and the father functioning as a homemaker and child carer; his wife was mostly confined by

depression to her bedroom. In foster care, the older daughter ran away, the younger boys developed severe behavior problems, and, against a court order, the father kept sneaking back into the home. An infant was born 10 months later. The court and the professionals did not know how to stop the escalating problems.

Again, a backstory can help. Based on the parents' *AAI*s, both had grown up in emotionally and physically neglectful families. Because of her own mother's chronic severe depression, Bessy's mother had been shunted among relatives for her whole childhood. Bessy's father was raised by a depressed mother and an alcoholic father. His only brother had died in gang violence. Both parents expressed a very strong desire to have a large and loving family in which there was no violence. The bleakness of their histories and their spare style of speaking was overpowering.

After assessment, it seemed likely that the father did use sexualized affection with his daughters; indeed, it seemed that the only affection he himself had ever experienced was the sexual relationship with his wife. The children were born at two-year intervals, attesting to the couple's sexual activity. Based on the assessments, it was concluded that the dad probably used a reversal parenting strategy [3, 21] to undo the neglect he had experienced, but having not experienced parental affection, he substituted sexualized affection with his daughters. It was recommended that the children be returned home, the father be taught how to show affection to children of different ages and genders, and the couple receive help with depression. Again, the central point is that sexual behavior, in both adults and children, can serve attachment functions. When that happens, attachment-based solutions may be needed.

4. Scientific underpinnings for the perspective offered here

We have developed these ideas over two decades [3, 4, 21, 22], but without strong scientific evidence. That is beginning to change and to do so quite rapidly with regard to smell and touch.

4.1 Smell and human bonds

Smell has long been known to influence fear-based protective behavior and sexual-based reproductive behavior very rapidly because of its single-synapse connection to the limbic system [23]. Smell has been implicated in immediate responses of sexual attraction [24, 25], fear [26], and disgust [27]. Some of our cases, for example, Little Man (genital intimacy), Green Tent (disgust), and Sneak Thief (genital intimacy) suggest how these universally human processes might function when children's need for protection and comfort is threatened, especially when children need a rapid bonding process.

4.2 Touch and protection

Very recent work suggests a dynamical systems perspective on touch. Understanding touch is important for two reasons. One is its privileged neurological pathway from genetic predisposition to sensory stimulation to neurology (including dopamine and oxytocin release) to psychological feelings to behavioral pair bonding (both protective and reproductive attachment). These components of the pathway have most often been studied in isolation, but the most recent studies make

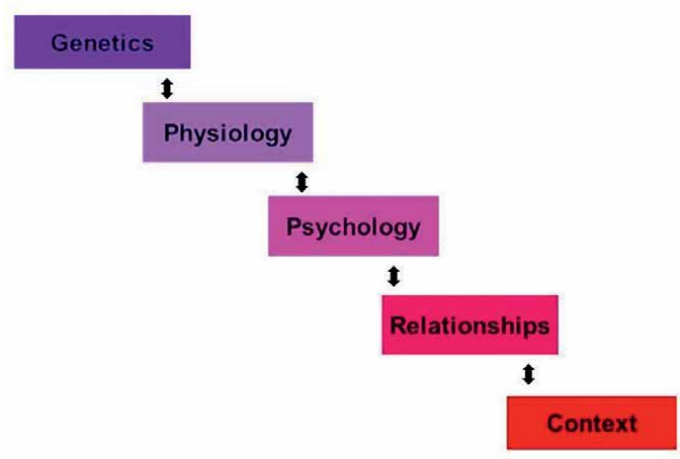

Figure 4.
A hierarchy of influences on behavior and development. (used with permission of Patricia M. Crittenden).

connections across levels of representation. This facilitates understanding complex dynamic processes and their diverse range of outcomes. See **Figure 4**.

The second reason for the importance of understanding touch is that touch elicits very strong responses from professionals. We have proposed that in most cases sexual touch between children and adults is intended to protect and comfort the child by rapidly establishing an emotional bond. Without an understanding of the physiological processes and interpersonal needs of the individuals, professionals' protective responses, that often involve separating children from caregiving adults, can have unexpected and harmful effects on both children and parents [28].

Research indicates that all mammals have genes for specific skin cells (that produce hair) that respond to stimulation with release of dopamine and consequent feelings of pleasure and sexual availability [29]. Slow stroking (i.e., soothing touch) releases oxytocin, that is experienced as affection and reduces anxiety and pain, whereas deprivation of touch produces feelings of loneliness and depression [30]. Further, this response is limited to intimate relationships and not social relationships. Additionally, there are individual differences in the need for touch [31]. Abdus-Saboor noted the evolutionary advantage for both attachment and reproduction of these privileged processes (Abdus-Saboor, as quoted in [32]).

This review suggests expanding the range of possible professional responses from constraining children, separating them from caregiving adults, and trying to change their behavior to considering whether they need protection from rejection, isolation, and abandonment.

5. New hypotheses about sexuality, relational bonds, and survival of individuals and the human species

Based on our cases, we offer four hypotheses regarding sexual signals and behavior in children:

1. Interpersonal behavior that appears sexual can function to speed the process of forming attachment and preserve endangered attachment relationships.

2. Strategies that contain sexualized behavior become increasingly complex as children develop, with the children taking an increasingly active role in the sexualization of attachment relationships.

3. Knowing the backstory can show how sexualized behavior is - or was - adaptive in particular family contexts.

4. Treatment that is individualized to meet unique person- and family-specific needs for protection and comfort will be more effective than treatment aimed at inhibiting sexualized behavior or separating children and parents.

6. Clinical implications for professionals

Professional guidelines require a proper evidence base that is currently unavailable on this topic. However, as cases like these are part of normal daily practice, we think the implications of our discussion, together with the principle of "first do no harm", suggest three basic principles:

1. Obtain a detailed description of the sexual behaviors (so that functional attributions are possible) and the backstory before intervening, ensuring at least a three-generational perspective.

2. Provide for both parents' and children's attachment and survival needs (rather than trying to extinguish sexual behavior that signals unfulfilled needs).

3. Avoid child-parent separation if at all possible [28] because separation will increase children's use of sexualized behavior.

6.1 The importance of backstories

The arousing effects of sexuality often lead professionals to omit the standard practice of obtaining a full family history. The focus on the inappropriateness of sexual behavior obscures its function when the legal-based labels prompt immediate action (e.g., "sexual abuse" or "sexual harm", [3], p. 8).

Past separations might affect a family in the present in non-evident ways. An assessment of adverse life events, past and present, for all family members can help to reveal the possible attachment functions of sexual behavior.

6.2 Providing for parents' and children's basic attachment and survival needs

Intervention should address the causes of problematic behaviors, rather than suppressing them (etiologic versus symptom treatment). Developmentally, sexualized patterns of behavior can range from sexualized caregiving by the parent of an infant or a toddler, to enacted sexual approaches by an older child. Being developmentally precise about the behavior patterns can facilitate finding nuanced meanings for the behavior, directing to possible causes with more precision. Often the causes are anxiety about safety and comfort; this can be addressed by making the context safer and more predictable. Such things as safe housing in safe neighborhoods, sufficient food and clothing, dedicated and long-term attachment figures for the parents often result in

more change than psychological services. For example, using para-professionals to structure the day with predictable routines (including especially regular meal times, outdoor time, and bedtimes) and the space (including keeping the house tidy and clothing clean and appropriate for the weather and activities). Once these things are orderly, the home will feel safer and work on relationships will be more productive.

Parents are often admonished to prioritize their children's needs, and foster care is sometimes used as a threat to enforce this injunction. This only adds to parents' need to protect themselves from loss, thus exacerbating the presenting problems. The opposite approach, of assisting parents to get in safer and comfortable situations, can facilitate management of problems. We see parents as children's most effective protectors. Consequently, our thinking is that promoting parents' safety and comfort will enable *them* to provide for their children.

6.3 Avoiding separation of children from parents or foster parents

When children are placed in care for their safety, the psychological trauma they suffer can never be fully repaired [28]. Moreover, foster or adoptive families should not always be assumed to be safer than biological families [33, 34]. Therefore, the attachment history of all caregivers should be explored carefully. In addition, children's contribution should be considered: children's sexualized strategies can harm not only the children, but also the adults trying to care for them (for example, Restless Nellie's father). When parents have not been able to protect themselves, the professional community should avoid punitive or moralistic stances and try other approaches.

6.4 The danger of sexual behavior toward and by children

The idea that sexual behavior toward and by children is mostly an attempt to achieve protection and comfort should not be misunderstood to mean that such behavior is safe or unimportant. To the contrary, in all our case examples, sexualized attachment behavior occurred when children and often their parents as well were at very severe risk and unprotected. Therefore, these symptoms should be given high priority and redefined to bring them out of a specialized "sex-based" treatment, and be given full assessment and personalized intervention instead. Our cases suggest that compared to other presentations of distressed family relationships, those with sexualized symptoms tend to be more severe.

6.5 Limitations

When building theory on case studies, the lack of information about the prevalence of the considered conditions can skew ideas substantially [1]. Therefore, the theory we offer might be only relevant to a few cases. However, we did not exclude any cases that were inconsistent with the ideas offered.

6.6 Conclusion

The model we offer is based on observation and describes functional processes, pointing to new and hopefully more effective approaches to clinical intervention. As always, excitement and controversy are at interface between the known and unknown. We hope that redefining the function of sexualized behavior with children

as being part of strategies to maintain protective child-parent relationships will encourage empathic attention to the needs of parents, reframe sexualized behavior with children as a sign of an intense need for safety and comfort, and reduce the designation of children as sexual perpetrators or offenders. We hope that professionals who use these ideas will be released from judgmental 'police' duty and freed to focus on their core motivation: helping people to live safer and more satisfying lives.

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References

[1] Crittenden PM. A new clinical methodology to address new clinical questions. Human Systems. in press

[2] Crittenden PM, Landini A. Sexual signals and behavior in children. Human Systems. DOI: 10.1177/26344041231199902

[3] Crittenden PM. Raising Parents: Attachment, Representation, and Treatment. 2nd ed. London: Routledge; 2016

[4] Crittenden PM. Patterns of attachment and sexuality: Risk of dysfunction versus opportunity for creative integration. In: Atkinson L, Zuckerman KJ, editors. Attachment and Psychopathology. New York: Guilford Press; 1997. pp. 47-93

[5] Dallos R, Crittenden PM, Landini A, Spieker S, Vetere A. Family functional formulations as guides to psychological treatment. Contemporary Family Therapy. 2019;**42**:202-203. DOI: 10.1007/s10591-019-09525-6

[6] Crittenden PM. Abusing, neglecting, problematic, and adequate dyads: Differentiating by patterns of interaction. Merrill-Palmer Quarterly. 1981a;**27**:1-18

[7] Crittenden PM. Der CARE-Index als Hilfsmittel für Früherkennung, Intervention und Forschung. Frühförderung interdisziplinär (early interdisciplinary intervention), Special issue: Bindungsorientierte Ansätze in der Praxis der Frühförderung. 2005;**24**:99-106 (Using the CARE-Index for screening, intervention, and research. (English on www.patcrittenden.com.)

[8] Ainsworth MDS, Blehar MC, Waters E, Wall S. Patterns of Attachment. A Psychological Study of the Strange Situation. New York-London: Psychology Press, Taylor & Francis Group; 1978/2009

[9] Crittenden PM. CARE-Index: Toddlers Coding Manual. Miami, FL; 1992-present Unpublished manuscript, available from the author

[10] Crittenden PM, Landini A, Spieker SJ. Staying alive: A 21st century agenda for mental health, child protection, and forensic services. Human Systems: Therapy, Culture and Attachment. 2021;**1**:1-23. DOI: 10.1177/26344041211007831

[11] Crittenden PM, Landini A, Zhang W. The roots of the DMM and DMM integrative treatment: Autism as an example. In: Crocetti G, editor. La psicoterapia psicoanalitica per l'infanzia e l'adolescenza nei contesti socio-culturali attuali. Roma: Armando; 2018. pp. 38-73

[12] Crittenden PM. Parents Interview. Charlottesville, VA: University of Virginia; 1981b available from the author

[13] Crittenden PM, Landini A. Assessing Adult Attachment: A Dynamic-Maturational Approach to Discourse Analysis. New York: Norton; 2011

[14] Crittenden PM. Non-organic failure-to-thrive: Deprivation or distortion? Infant Mental Health Journal. 1987;**8**:56-64

[15] Lewis MD. Self-organizing individual differences in brain development. Developmental Review. 2005;**25**(3-4):252-277

[16] Singer W. The brain, a complex self-organizing system. European Review. 2009;**17**(2):321-329

[17] Brewerton N, Robson K, Crittenden PM. Formulating autism systemically: Part 2: A 12-year case study. Clinical Child Psychology and Psychiatry. 2017;**22**:390-401. DOI: 10.1177/1359104517714381

[18] Crittenden PM, Dallos R, Landini A, Kozlowska K. Attachment and Family Therapy. London: Open University Press; 2014. pp. 130-135

[19] Schäfer L, Mehler L, Hähner A, Walliczek U, Hummel T, Croy I. Sexual desire after olfactory loss: Quantitative and qualitative reports of patients with smell disorders. Physiology & Behavior. 2019;**201**:64-69

[20] Belsky J, Steinberg L, Houts RM, Halpern-Felsher BL, the NICHD Early Child Care Research Network. The development of reproductive strategy in females: Early maternal harshness --> earlier menarche --> increased sexual risk taking. Developmental Psychology. 2010;**46**(1):120-128. DOI: 10.1037/a0015549

[21] Crittenden PM. Raising Parents: Attachment, Parenting, and Child Safety. Abingdon, UK: Routledge/Willan; 2008

[22] Crittenden PM. The functions of sexual and reproductive behaviour; short- and long-term adaptation or maladaptation. In: Paper Presented at the CRASSH Conference at the University of Cambridge on Classifying Sex: Debating DSM-5; 2013

[23] Firestein S. How the olfactory system makes sense of scents. Nature. 2001;**413**:211-218

[24] Lübke KT, Pause BM. Always follow your nose: The functional significance of social chemosignals in human reproduction and survival. Hormonal Behavior. 2015;**68**:134-144. DOI: 10.1016/j.yhbeh.2014.10.001

[25] Spence C. The scent of attraction and the smell of success: Crossmodal influences on person perception. Cognitive Research: Principles and Implications. 2021;**6**(1):1-33

[26] de Groot JHB, Semin GR, Smeets MAM. I can see, hear, and smell your fear: Comparing olfactory and audiovisual media in fear communication. Journal of Experimental Psychology: General. 2014;**143**(2):825-834. DOI: 10.1037/a0033731

[27] Prokosch ML, Airington Z, Murray DR. Investigating the relationship between olfactory acuity, disgust, and mating strategies. Evolution and Human Behavior. 2021;**42**(2):113-120

[28] Crittenden PM, Spieker SJ. The devastating effects of separation from their parents on children: an agenda for action. In: Child Abuse and Neglect - Perspectives and Research, Diann Cameron Kelly [Ed]. this volume

[29] Elias LJ, Succi IK, Schaffler MD, Foster W, Gradwell MA, Bohic M, et al. Touch neurons underlying dopaminergic pleasurable touch and sexual receptivity. Cell. 2023;**186**(3):577-590.e16. DOI: 10.1016/j.cell.2022.12.034

[30] Von Mohr M, Kirsch LP, Fotopoulou A. The soothing function of touch: Affective touch reduces feelings of social exclusion. Scientific Reports. 2017;**7**:13516. DOI: 10.1038/s41598-017-13355-7

[31] Von Mohr M, Kirsch LP, Fotopoulou A. Social touch deprivation during COVID-19: Effects on psychological wellbeing and craving interpersonal touch. Royal Society Open Science. 2021;**8**:210287

[32] Sims R. The power of social touch: How a loving caress really can ease anxiety. The Washington Post. 2023. https://www.washingtonpost.com/wellness/2023/02/09/social-touch-calm-anxiety-loneliness/

[33] Gogarty H. Attachment Relationships in the Triad of Foster-Care: A Retrospective Analysis. [Doctoral thesis]. Coleraine, Ireland: University of Ulster; 2002

[34] Dozier M, Kaufman J, Kobak R, O'Connor TG, Sagi-Schwartz A, Scott S, et al. Consensus statement on group care for children and adolescents: A statement of policy of the American Orthopsychiatric Association. American Journal of Orthopsychiatry. 2014;**84**(3):219-225. DOI: 10.1037/ort0000005

Chapter 5

Sexually Abusive Females: Exploring Psychopathology behind Perpetration

Atreyee Bhattacharyya

Abstract

Conventionally, women are conceived as practicing high-standard domestic and child-care planning where the possibility of being sexually abusive seems to be a far-fetched reality. Therefore, very little information is available about the pathological predisposition behind female perpetration, as literature also portrays a less cohesive picture. Recent offender typologies recognized that females often perpetrate alone or peripherally in a pair with another male. Whether perpetration is coerced by the male or not, females are certainly physically and sexually abusive, even often facilitating abuse. Abundant evidence of self-reported sexual aggression against males, childhood sexual abuse history, greater exposure to sexual abuse during childhood, physical and emotional abandonment, mental illness, parental divorce, or having unmarried parents often contributes to future sexual offenses upon children. The chapter aims to explain all the nuances regarding contributing psychopathological factors, gender role stereotypes, and factors behind female sexual offenses.

Keywords: sexual abuse, females, perpetration, psychopathology, typology

1. Introduction

About 30 years ago, the deleterious effect and the wide prevalence of child sexual abuse were realized and supported the profound impact both during childhood and in later span of life. Although the general conceptualization and awareness of female perpetrators of child sexual abuse (CSA) has recently increased, there are almost no evidence-based guidelines or other consensus on the most suitable technique to work with them. Significant resources have been invested in studying and assessing male sex offenders and applying a proper treatment plan, whereas such information is scarce on female offenders of child sexual abuse. Also, it is unclear if the techniques used and findings could be generalized to female offenders.

2. Characteristics of female sexual offenders

Prevalence of female-perpetrated sexual offense has been found to be considerably lower than that of male sexual perpetrators, although female-perpetrated cases yield quite a number of victims as well as offenders who would need constant clinical attention. Female sexual offenses considerably receive less concern in comparison with male perpetrated offenses which is consistent with the general perception to portray women as nurturers and caregivers who conform when men dictate [1]. Thus, the true representation of the prevalence of female perpetration never gets revealed. Even after the gap in the literature regarding the common risk factors causing the repetition of the same offense, clinical research shows some observable characteristics. In this section, I will discuss the most emerging characteristics of female-perpetrated child sexual abuse.

2.1 Adverse childhood experiences of female sexual offenders

Adverse childhood experiences have been contributing to the further emergence of sexual perpetration. There is ample evidence that childhood maltreatment as well as early household dysfunction is having deleterious effect, causing poorer mental health outcomes in adulthood including substance use disorder, dissociation, attention deficits and hyperactivity, anger, posttraumatic stress disorder, and personality disorders [2–4]. Apart from all these psychopathological consequences, a history of child abuse often predicts future orientation toward criminal behavior. Researchers as well as clinicians often raised this concern that abused and victimized children have an increased risk of inflicting violence on close family members, especially toward their own children and also within intimate partner relationships [5, 6]. There has been a range of conceptual frameworks proposing the mechanisms underlying early childhood sexual victimization and later emergence of criminal behavior. Drawn from the Social Learning theory [7], the "Cycle-of-Violence" framework suggests that through observation, abused children learn violence to be an appropriate and effective option to achieve a desired goal and are more inclined to model such behaviors in the future [8]. It is convenient for children exposed to sexual abuse to observe and imbibe those abusive behaviors and consequent antisocial attitudes regarding the acceptability of such behaviors, which in turn can increase the likelihood of practicing sexual offenses in the future. On the other hand, attachment theory proposes that early childhood exposure, especially by primary and secondary caregivers, can distort the formation of secure attachment and induce aggression and aversion [9]. The developmental psychopathology model explains how childhood sexual exposure can disrupt the normal developmental process, which is mostly followed by rapid and some multifaceted bio-psycho-social changes. Thus, exposure to abuse is argued to reduce the child's attempts to develop a range of developmental tasks and achieve developmental milestones like – affect and behavior regulation, self-esteem, interpersonal attachment, social competency, and understanding of sexual needs [10, 11]. Such disruption may pervert the natural developmental course and would leave the individual susceptible to getting involved with crime and violence. The Ecological and Transactional theory states that it is the combination of risks, as well as protective factors across individual, social and environmental domains often interplay between experiencing child sexual abuse (CSA) and future perpetration [12]. Thus, accumulating risk factors would determine the extent to

which sexually abused children would get indulged in further perpetration. The Life-Course Perspective extends the ecological perspective by saying that it is the interplay between the different ecological and dynamic functioning that determines the child abuse – offending association [13].

The history of CSA not only predicts further criminal indulgence but personality disorders as well. Not only sexual abuse, but exposure to physical violence by male caregivers can lead to personality disorders. A study [14] reported that almost two-thirds of incarcerated females reported sexual victimization where, in most cases, CSA was committed by a close relative, other than a paternal figure. Abused females are often diagnosed as developing into Diagnostic and Statistical Manual of Mental Disorders (DSM) Cluster B personality disorders. Studies [15, 16] comparing the trauma histories of female sexual abusers and female nonsexual abusers revealed that female sexual offenders had more frequent and prolonged experiences of childhood sexual abuse; moreover, they had greater exposure to physical and psychological abuse and physical neglect. Research [17] suggests three subtypes of female offenders based on their criminal history analysis. The first subtype (generalists, consisting 27% of the total sample) showed a criminal variability including sexual and other violent offenses and having a history of CSA often being a co-offender with an intimate partner. The second type (specialists, 57%) showed a history of conducting multiple offenses and, most of the time, having a history of physical violence. Finally, the third subtype of once-only offenders (16.3%) are never specialists or generalists.

Cumulative impact of abusive exposure in childhood often leads toward socio-emotional-cognitive impairment and complexity which may induce a tendency to adopt high-risk behaviors as a maladaptive coping process [18]. Such maladaptive adaptation may contribute to the development of physical as well as mental health difficulties and other psychosocial maladjustments. Early traumatic experiences induce overstimulation of stress hormones, which in turn stimulates hyperarousal and anxiety, causes deficits in affect regulation, difficulties in social attachment and cognitive processing [19]. Abusive experiences induce a sense of betrayal by a very much trusted individual, gross infringement of hierarchical restrictions, distorting the ideal conceptualization of life, and someway reinforcing the behavior and belief pattern of the perpetrator [20]. It is often confusing for the victim, leaving them undecided whether to alter or leave the relationship, enervating dynamics that shape an individual's expectation toward the world. Such breach of trust and parental inability to provide protection and nurturance can develop hostility, insecure attachment, and mistrust, which can induce a sense of social deficits, loneliness, negative peer interaction, and, most importantly, delinquency [21].

Early adverse sexual exposure often shapes the mindset and the pathway to further criminal behavior. After escaping sexual abuse, dysfunctional family, and poverty, women often need to deal with economic deprivation, the risk of developing substance dependence, liaison with violent activities, and adapting maladaptive coping as a survival resort [22, 23]. Deficits in developing intimacy in early family dynamics can develop impersonal, selfish, and adversarial adult relational patterns and can further contribute to developing criminality and sexually abusive perpetration in the future. Authors have acknowledged the need to identify the significance of the CSA history of female sex offenders to enhance knowledge about the etiology and development of treatment efforts [23]. The main concern is how to formulate differential diagnoses and treatment plans where women report complex developmental trauma during their childhood.

2.2 Cultural belief and gender role stereotypes

In order to explore the reasons behind female sexual abuse perpetrators being under-recognized, the most common explanations are related to the influence of sociocultural factors which are contingent with sexual biases and stereotypes. The common cultural standpoint of perceiving women as the epitome of providing nurturance care, always promoting the well-being of children, and as those who would unlikely exhibit aggression and harmful behaviors toward children often causes ignorance and a tendency to neglect the incidence and consequences of female perpetrated cases. The book – "A House Divided: Suspicions of Mother–Daughter Incest" [24] is a classic example of this rarity hypothesis where the story of a well-educated mother sexually molesting her daughter is depicted. The case has revealed how the accusation against the mother has been removed in due course, and the child has been sent back to the mother's care. Most surprisingly, the primary author, who has also been a sex psychologist with over 30 years of practice experience, has argued how mother–daughter incest could be nonexistent, deceptive, and misleading [24].

In a national sample [25], female-perpetrated sexual violence has been depicted as containing 9.9% female perpetrators, and a quarter of adult perpetrators were the mother figure of victims. Though epidemiological data suggests that female perpetration is less frequent, denying the capacity of female perpetrators will only reinforce silencing the victim's experiences and suffering. Sociocultural factors often cause child and adolescent victims to feel restrained that if they disclosed, their sexual orientation would be questioned [26]. Adolescent boys who went through sexual abuse perpetrated by females often fear being questioned about their masculinity and feel emasculated. Sometimes, the female perpetrated sexual abuse on male victims often perceived as a graceful passage into adulthood [26]. Historically, sexual abuse has been perceived as a male-dominated and controlled act where the most significant characteristics are the sexual gratification of the perpetrator and penile penetration of the victim [27, 28]. The prevailing conceptualization of pedophilia has been predominantly concentrated on male perpetrators, negating the involvement of females in this [28]. Incidents of female perpetration have often been characterized as not due to sexual arousal but because of unclear boundaries, hating her own body, acting out on the child who could be perceived as an extension of the perpetrator herself, and surprisingly, female sexual offenders (FSO) often receive less severe sentences than male offenders [28–30].

Societal bias often shapes the perception of female perpetration of CSA, often suggesting that female perpetration would cause less trauma [31], often conceived as serious in comparison with male-perpetrated cases [32]. In cases where females are allegedly reported being sexually abused by females, they may suffer confusion regarding their gender orientation and identity, are more susceptible to developing difficulty in secure attachment, and have difficulty developing a sense of self [28, 33]. Thus, making judgments regarding the severity and seriousness of the abusive incident based on the gender of the perpetrator would be misleading.

2.3 Female perpetrator typologies

Research on female sexual offenses (FSO) is often plagued with methodological as well as analytical discrepancies as there is a lack of reported incidents and evidence, though innovative paradigms have been identified in due course [26, 34]. With the newly developed, more explicit methods of functional imaging techniques, there has

been renewed interest in the neurobiology behind defiant, aggressive, and impulsive behaviors [26, 35]. A comprehensive study revealed that sex offenders often exhibit deficits in verbal skills, response inhibition, sustained attention, anterior cerebral or frontotemporal disturbances, and anomalies in basal inferior frontotemporal neural circuitry [36].

Typological framework suggests an important distinguishing feature of FSOs that is whether females are solo offenders or with an accomplice (co-offending). A recent study [37] explored that victims whose relatives were sexually abused were more likely to accuse their mother as the perpetrator. The study also reported that typical incidents of FSOs are often found to encourage the sexual act of "doing nothing" (i.e., not involved in the act but at the same time not resisting or revolting against it), and committing sexual intercourse in front of the victim. The importance of the co-offender in developing typologies of FSOs reveals that co-offenders tend to have multiple previous sexual as well as nonsexual offenses, and are relatives of the victim [37]. Female solo offenders tend to have a younger male victim, whereas female co-offenders have more female victims [38]. Females with co-offenders are more likely to get arrested than solo offenders. Female co-offenders have been found to develop a dependent personality disorder, posing more susceptibility to being manipulated and coerced into deviant sexual acts [39]. Female co-offenders are more likely to be "specialists", i.e., those who have committed several sexual abuse cases, rather than committing a sexual crime "once only". "Specialists" have been found to victimize both male and female children, especially those who are acquaintances.

The cognitive and motivational pattern of FSOs has been identified. Offense-supportive thinking patterns have been attempted to identify among female perpetrators. Such offense-supportive cognition or "implicit theories" (ITs) are identified as complex and integrated sets of desires that are often unconsciously used to predict the world around them [40]. According to the implicit theories, children are often viewed as – (a) capable of desiring and enjoying sex, (b) living in a dangerous world, (c) living in an uncontrollable world, (d) certain sexual acts would be beneficial for them, and would not inflict any harm, and (e) entitled to satisfy the needs of some people who are superior to those children. Solo offenders exhibit a greater presence of personal vulnerabilities including substance abuse and mental health issues, whereas co-offenders reported the presence of other environmental factors such as keeping liaison with a known sex offender and associating with antisocial peers [41]. Moreover, solo offenders, in comparison with co-offenders, are more likely to receive a diagnosis of mood disorder [39]. Females with a male co-offender are more likely to perpetrate a female victim, children who are dependent and within their family [42]. Offense-supportive cognition of FSOs thus often include gender-explicit content such as sexual abuse inflicted by the female is not very harmful, co-offenders need satisfaction is more important than the victim's suffering, etc. [43]. The presence of male co-offenders has been associated with supportive cognitions of FSOs [44]. Biological mothers are often more accounted for committing sexual perpetration, and it has been those biological mothers who have been mostly identified as bystanders.

3. Recidivism and jurisdictional factors

The gross underreporting of female-perpetrated offenses hinders the development of a proper treatment process. Recidivism rates of FSOs are very low. Researchers have identified several predictive factors responsible for the recidivism of both male and

female sexual offenders. Factors such as having a history of criminal acts, having an overall pro-criminal approach, family history, and substance abuse are prominently associated with a general tendency of recidivism [44]. Recidivists have been accused of endorsing or patronizing child trafficking and prostitution. Recidivism has been a severe concern for criminal justice practitioners and has demanded even more emphasis recently. Recidivism has been defined as the repetition of a criminal offense by an individual who has previously been convicted of a criminal offense, signifying the failure of the accused to abide by the social rules and regulations as well as the failure of the social justice system to correct the individual's criminal mindset [45]. It is the recurrence of unlawful actions after experiencing legal actions and correctional initiatives to prevent it from happening again. Unfortunately, recidivism has been difficult to measure, particularly for sex offenders. Meta-analysis on recidivism rates of female perpetrators reveals that about 2% of female perpetrators recidivate within 6 years on average [46]. Prior research has portrayed females committing prostitution-related offenses as having a higher likelihood of recidivism in comparison with females committing other kinds of sexual abuses [47].

Again, there is very little information about the recidivism of FSOs. There have been two perspectives responsible for such offending. The first is the presence of offense-specific risk factors such as unusual sexual interest associated with sexual crimes. The second perspective explains sexual offense as a part of varied patterns of delinquency and a manifestation of antisocial tendencies [48]. Despite representing a very low percentage, women are coming to the vigilance of the justice system therefore portraying the need to implement proper assessment. A few factors have been identified as increasing vulnerabilities linked to sexual offending behaviors, such as extensive experiences of victimization, and social and psychological estrangement [49]. Perceptions of prostitution-related offenses have often been linked with the inflated sexual recidivism cases among female offenders. In contrast with female offenders, prostitution-related offenses by male offenders are often not perceived as sexual offenses, hence focusing on the need to standardize the definition of sexual offenses by females. More precisely, it is very much needed to distinctively discriminate between prostitution-related offenses and sexual offenses committed by females directed toward children or adults disinclined to consent.

3.1 Risk and protective factors

To provide appropriate intervention to female sexual offenders, it is necessary to explore the dynamic risk and protective factors associated with repeated sexual offenses. For the risk and protective factors, both individual and social characteristics are responsible [50]. These factors could be more inert or dynamic in nature; these factors are often addressed in the offender intervention sessions. Static risk factors could be the intelligence of previous offenses, whereas dynamic risk factors would be an inclination toward criminality, impulsivity, parental negligence on truancy, etc. Parental support and vigilance of good social skills could be the dynamic protective factors [51]. An intervention to prevent recidivism becomes fruitful when the dynamic factors are addressed. Studies [52] show how a few dynamic risk factors are exclusive to females, and both male and female offenders share some risk factors. Examples of shared risk factors could be an association with antisocial peer groups, poor parent–child attachment, educational backwardness, dispositional difficulties, etc. Not much is known about the protective factors that work as a buffer against the possibility of criminal behavior. In order to understand which intervention program

would be the most effective for female sexual or nonsexual offenders, it is required to differentiate between the risks and protective factors responsible for general recidivism and sexual offenses. If factors associated with nonsexual offenses are similar to those of nonsexual offenses, then the same intervention technique would be appropriately applicable for the females of both general and sexual offenders. The risks and protective factors related to family and aggression domains are relevant, whereas attitudinal aspects would be important as risk or protective factors responsible for general recidivism [50].

4. Victim's perspectives

The construction of abuse implies a hierarchy of susceptibility [53] where children are perceived to be most vulnerable, followed by women. As the male victim's position in this hierarchy is the least vulnerable to sexual abuse, a male victim of sexual abuse, especially by a female perpetrator, confuses the underlying hierarchy of vulnerability. Identifying oneself as a victim requires the victim to perceive himself as worthy enough of being victimized. It is because of the vague status that the victims of female sexual abuse have in the contemporary discourse that the opportunity for an individual subjected to female-inflicted sexual offenses to take up the perspective and stance of a victim has often been restrained. A feeling of immense shame and a sense of alienation is very much salient in the survivors of mother–daughter incest. Survivors report that the stigmatization they experience due to being abused by their mother or a female caregiver often contributes to their shame and powerlessness. Denial or inability to acknowledge an incident of sexual abuse inflicted by females, especially a mother, intrigues the sense of shame and distorts the efforts that victims put into disclosing incidents. Childhood maltreatment, especially sexual abuse, has often been experienced as a shared secret that the child victim refuses to disclose, fearing the possible re-traumatization that they may face during the disclosure process to the jurisdictional authorities, and the family tries to avoid any social alienation [54, 55].

Given cultural definitions of motherhood and the general perception of the protective nature of a woman, victims often report experiencing a sense of betrayal and beaching of trust by their mother or a female caregiver. Interestingly, for male-perpetrated incestuous abuse, the victim blames the mother for drifting from her responsibilities, whereas fathers have been rarely blamed for their persistent absence and irresponsibility [56]. Studies reveal that most of the female perpetrators have been biological mothers or stepmothers who sexually perform the usual activities [57, 58]. Male victims of male sexual perpetrators have been found to experience and exhibit higher levels of fear of attack, induced levels of neuroticism, posttraumatic stress, and dissociative symptoms [59], hindering the victim's capability to cope with the long-term impact of such trauma. Whereas, in cases of male victims of female sexual perpetrators, sexual intimacy with a female, even after being considered inappropriate, is more acceptable to males as it conforms to social norms. Eventually, during the developmental process, such intimacy is anticipated [60]. Male victims of female-perpetrated abuse have reported experiencing extraversion, agreeableness, and abandonment, impacting their coping mechanisms. As a means of coping with the trauma, victims of female-perpetrated sexual offenses employ maladaptive defenses like identification with the perpetrator introjections rather than developing posttraumatic stress. Contrast with the traditional discourse regarding the prevalence of boys being sexually abused, especially by females, may be greater than we assume.

The feminist efforts have heightened the scenario of female children and adults being abused by males, but the fact that boys could be possibly abused and females could be abused has been faintly addressed.

5. Conclusion

The reported cases of CSA by female perpetrators have been unacknowledged for long. Indeed, it can be seen that social welfare workers are less likely to authenticate cases involving male victims, especially when the perpetrator is a female. Thus, CSA victims might never be able to disclose and get a resolution [61]. Studies [26, 28–30] have revealed that the gender of the perpetrator is the identifying factor in the profile of CSA victims; thus, clinical intervention should be selectively provided on that basis. CSA particularly perpetrated by females, might be difficult to identify as it takes place in an apparently intact family environment with little or no visible evidence of struggle or anguish. Indeed, the intimacy between a mother and a female caregiver is classically perceived as a loving, caring relationship that rarely evokes any suspicion, especially when the victim's coping process is rarely observable. Female-perpetrated sexual abuse has not been immensely studied compared to male-perpetrated sexual offenses [62]. The few existing studies provide information on specific characteristics of FSO factors responsible for child sexual offending. Irrespective of the gender of the offender, traumatic childhood histories significantly have predicted sexual offenses in adulthood. Instances of early childhood sexual exposure, family instability, physical or emotional abandonment, and family instability have been associated with sexual offending behavior. Such exploration adds relevant information to the existing policy implications. Treatment goals should involve trauma therapy to deal with recidivism, and early intervention should be employed for those who have early childhood experiences of sexual abuse [63]. Therefore, more research would be needed to break the ever-existing taboo on recognizing females as having the potential to commit sexual offenses and empowering victims to disclose.

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References

[1] Saradjian J. Understanding the prevalence of female-perpetrated sexual abuse and the impact of that abuse on victims. In: Gannon TA, Cortoni F, editors. Female Sexual Offenders: Theory, Assessment and Treatment. Chichester, UK: Wiley; 2010. pp. 9-30

[2] Lobbestael J, Arntz A, Bernstein DP. Disentangling the relationship between different types of childhood maltreatment and personality disorders. Journal of Personality Disorders. 2010;**24**:285-295. DOI: 10.1521/pedi.2010.24.3.285

[3] Bob P. Dissociation and neurobiological consequences of traumatic stress. Activitas Nervosa Superior. 2008;**50**:9-14. DOI: 10.1007/BF03379730

[4] Springer K, Sheridan J, Kuo D, Carnes M. Long-term physical and mental health consequences of childhood physical abuse: Results from a large population-based sample of men and women. Child Abuse & Neglect. 2007;**31**:517-530. DOI: 10.1016/j.chiabu.2007.01.003

[5] Thornberry TP, Henry KL. Intergenerational continuity in maltreatment. Journal of Abnormal Child Psychology. 2013;**41**:555-569. DOI: 10.1007/s10802-012-9697-5

[6] Manchikanti Gómez A. Testing the cycle of violence hypothesis: Child abuse and adolescent dating violence as predictors of intimate partner violence in young adulthood. Youth & Society. 2010;**43**:171-192. DOI: 10.1177/0044118X09358313

[7] Bandura A. Aggression: A Social Learning Analysis. Englewood Cliffs, NJ: Prentice-Hall; 1973. DOI: 10.2307/1227918

[8] Cossins A, Plummer M. Masculinity and sexual abuse: Explaining the transition from victim to offender. Men and Masculinities. 2018;**21**(2):163-188. DOI: 10.1177/1097184x16652655

[9] Crittenden PM, Ainsworth MDS. Child maltreatment and attachment theory. In: Cicchetti D, Carlson V, editors. Child Maltreatment. Cambridge, UK: Cambdrige University Press; 1989. pp. 432-463

[10] Manly JT, Kim JE, Rogosch FA, Cicchetti D. Dimensions of child maltreatment and children's adjustment: Contributions of developmental timing and subtype. Development and Psychopathology. 2001;**13**:759-782

[11] Mullen PE, Fleming J. Long-Term Effects of Child Sexual Abuse. Melbourne, VIC: Australian Institute of Family Studies; 1998. Available from: https://aifs.gov.au/cfca/publications/long-term-effectschild-sexual-abuse-1998

[12] Papalia N, Luebbers S, Ogloff JRP. Child sexual abuse and the propensity to engage in criminal behaviour: A critical review and examination of moderating factors. Aggression and Violent Behavior. 2018;**43**:71-89. DOI: 10.1016/j.avb.2018.10.007

[13] Minh A, Matheson FI, Daoud N, Hamilton-Wright S, Pederson C, Borenstein H, et al. Linking childhood and adult criminality: Using a life course framework to examine childhood abuse and neglect, substance use and adult partner violence. International Journal of Environmental Research and Public Health. 2013;**10**:5470-5489. DOI: 10.3390/ijerph10115470

[14] Loper AB, Mahmoodzadegan N, Warren JI. Childhood maltreatment

and cluster B personality pathology in female serious offenders. Sexual Abuse: A Journal of Research and Treatment. 2008;**20**:139-160. DOI: 10.1177/1079063208317463

[15] Christopher K, Lutz-Zois CJ, Reinhardt AR. Female sexual-offenders: Personality pathology as a mediator of the relationship between childhood sexual abuse history and sexual abuse perpetration against others. Child Abuse & Neglect. 2007;**31**:871-883. DOI: 10.1016/j.chiabu.2007.02.006

[16] Strickland SM. Female sex offenders: Exploring issues of personality, trauma, and cognitive distortions. Journal of Interpersonal Violence. 2008;**23**:474-489. DOI: 10.1177/0886260507312944

[17] Wijkman M, Bijleveld C, Hendriks J. Female sex offenders: Specialists, generalists and once-only offenders. Journal of Sexual Aggression. 2011;**17**:34-45. DOI: 10.1080/13552600.2010.540679

[18] Felitti VJ. The relation between adverse childhood experiences and adult health: Turning gold into lead. The Permanente Journal. 2002;**6**:44-47. DOI: 10.7812/tpp/02.994

[19] Anda RF, Butchart A, Felitti VJ, Brown DW. Building a framework for global surveillance of the public health implications of adverse childhood experiences. American Journal of Preventive Medicine. 2010;**39**:93-98. DOI: 10.1016/j.amepre.2010.03.015

[20] Teyber E, McClure F. Interpersonal Process in Therapy: An Integrative Model. 6th ed. Florence, KY: Brooks Cole; 2011

[21] Bloom S, Farragher B. Restoring Sanctuary: A New Operating System for Trauma-Informed Systems of Care. New York, NY: Oxford University Press; 2013

[22] Mersky JP, Topitzes J, Reynolds AJ. Unsafe at any age: Linking childhood and adolescent maltreatment to delinquency and crime. Journal of Research in Crime & Delinquency. 2012;**49**:295-318. DOI: 10.1177/0022427811415284

[23] Topitzes J, Mersky JP, Reynolds AJ. Child maltreatment and offending behavior: Gender-specific effects and pathways. Criminal Justice and Behavior. 2011;**38**:492-510. DOI: 10.1177/0093854811398578

[24] Abramson PR, Pinkerton SD. A House Divided: Suspicions of Mother–Daughter Incest. New York: Norton; 2001

[25] Gerke J, Rassenhofer M, Witt A, Sachser C, Fegert JM. Female-perpetrated child sexual abuse: Prevalence rates in Germany. Journal of Child Sexual Abuse. 2020;**29**(3):263-277. DOI: 10.1080/10538712.2019.1685616

[26] Pflugradt DM, Allen BP. An exploratory analysis of executive functioning for female sexual offenders: A comparison of characteristics across offense typologies. Journal of Child Sexual Abuse. 2010;**19**(4):434-449. DOI: 10.1080/10538712.2010.495701

[27] Rosencrans B. The Last Secret: Daughters Sexually Abused by Mothers. Brandon, VT: Safer Society Press; 1997

[28] Hatchard CJ, Goodwin JL, Siddall E, Muniz L. Perceptions of abusive parenting behaviors: A preliminary exploration into the underrecognition of mother–daughter sexual abuse. Journal of Child Sexual Abuse. 2017;**26**(4):428-441. DOI: 10.1080/10538712.2017.1300971

[29] Hastings AS. From Generation to Generation: Understanding Sexual Attraction to Children. Los Angeles, CA: Wellness Institute; 2000

[30] Embry R, Lyons PM. Sex-based sentencing: Sentencing discrepancies

between male and female sex offenders. Feminist Criminology. 2012;**7**(2):146-162. DOI: 10.1177/1557085111430214

[31] Bornstein BH, Kaplan DL, Perry AR. Child abuse in the eyes of the beholder: Lay perceptions of child sexual and physical abuse. Child Abuse & Neglect. 2007;**31**(4):375-391. DOI: 10.1016/j.chiabu.2006.09.007

[32] Denov M. The long-term effects of child sexual abuse by female perpetrators: A qualitative study of male and female victims. Journal of Interpersonal Violence. 2004;**19**(10):1137-1156. DOI: 10.1177/0886260504269093

[33] Ogilvie BA. Mother-Daughter Incest: A Guide for Helping Professionals. Binghamton, NY: The Haworth Press; 2004

[34] Deering R, Mellor D. Female-perpetrated child sex abuse: Definitional and categorizational analysis. Psychiatry, Psychology, and Law. 2007;**14**(2):218-226. DOI: 10.1375/pplt.14.2.218

[35] Bufkin JL, Luttrell VR. Neuroimaging studies of aggressive and violent behavior: Current findings and implications for criminology and criminal justice. Trauma, Violence, & Abuse. 2005;**6**(2):176-191. DOI: 10.1177/1524838005275089

[36] Joyal CC, Black DN, Dassylva B. The neuropsychology and neurology of sexual deviance: A review and pilot study. Sexual Abuse. 2007;**19**:155-173. DOI: 10.1177/107906320701900206

[37] Hunger U. Verurteilte Sexualstraftäterinnen: Eine empirische Analyse sexueller Missbrauchs- und Gewaltdelikte. Berlin, Germany: Duncker & Humbolt; 2019

[38] Vandiver DM. Female sex offenders: A comparison of solo offenders and co-offenders. Violence and Victims. 2006;**21**:339-354. DOI: 10.1891/vivi.21.3.339

[39] Muskens M, Bogaerts S, van Casteren M, Labrijn S. Adult female sexual offending: A comparison between co-offenders and solo offenders in a Dutch sample. Journal of Sexual Aggression. 2011;**17**:46-60

[40] Ward T. Sexual offenders' cognitive distortions as implicit theories. Aggression and Violent Behavior. 2000;**5**:491-507. DOI: 10.1016/S1359-1789(98)00036-6

[41] Gillespie SM, Williams R, Elliott IA, Eldridge HJ, Ashfield S, Beech AR. Characteristics of females who sexually offend: A comparison of solo and Co-offenders. Sexual Abuse: A Journal of Research and Treatment. 2015;**27**(3):284-301. DOI: 10.1177/1079063214556358

[42] Budd KM, Bierie DM, Williams K. Deconstructing incidents of female perpetrated sex crimes: Comparing female sexual offender groupings. Sexual Abuse: A Journal of Research and Treatment. 2015;**29**:267-290. DOI: 10.1177/1079063215594376

[43] Gannon TA, Hoare JA, Rose MR, Parrett N. A re-examination of female child molesters' implicit theories: Evidence of female specificity? Psychology, Crime & Law. 2010;**18**:209-224. DOI: 10.1080/10683161003752303

[44] Andrews DA, Guzzo L, Raynor P, Rowe RC, Rettinger LJ, Brews A, et al. Are the major risk/need factors predictive of both female and male reoffending? A test with the eight domains of the level of service/case management inventory. International Journal of Offender Therapy and Comparative Criminology. 2012;**56**(1):113-133

[45] Maltz MD. Recidivism. Orlando, FL: Originally published by Academic Press;

2001. Available from: https://indigo.uic.edu/bitstream/handle/10027/87/recidivism.pdf?sequence=1

[46] Worling JR, Långström N. Risk of sexual recidivism in adolescents who offend sexually: Correlates and assessment. In: Barbaree HE, WL M s, editors. The Juvenile Sex Offender. 2nd ed. New York: Guilford Press; 2006. pp. 219-247

[47] Cortoni F, Hanson RK, Coache M. The recidivism rates of female sexual offenders are low: A meta-analysis. Sexual Abuse: A Journal of Research& Treatment. 2010;**22**(4):387-401. DOI: 10.1177/1079063210372142

[48] Cortoni F, Sandler JC, Freeman NJ. Are females convicted of promoting prostitution of a minor like females convicted of traditional sexual offenses? Sexual Abuse: A Journal of Research and Treatment. 2015;**27**(3):324-334

[49] Wijkman M, Bijleveld C. Female sex offenders: Recidivism and criminal careers. In: Paper Presented at the 8th Annual Conference of the European Society of Criminology. Edinburgh, Scotland; 2008

[50] van der Put CE. Female adolescent sexual and nonsexual violent offenders: A comparison of the prevalence and impact of risk and protective factors for general recidivism. BMC Psychiatry. 2015;**15**:236. DOI: 10.1186/s12888-015-0615-6

[51] Loeber R, Stouthamer-Loeber M. A cumulative developmental model of risk and promotive factors. In: Loeber R, Slot NW, van der Laan PH, Hoeve M, editors. Tomorrow's Criminals: The Development of Child Delinquency and Effective Interventions. Farnham, UK: Ashgate; 2008. pp. 133-164

[52] Wong TM, Slotboom AM, Bijleveld CC. Risk factors for delinquency in adolescent and young adult females: A European review. European Journal of Criminology. 2010;**7**(4):266-284

[53] Moore H. The problem of explaining violence in the social sciences. In: Sex and Violence: Issues in Representation and Experience. London: Routledge; 1994. pp. 138-155

[54] Bhattacharyya A, Lev-Wiesel R, Banerjee M. Indian adolescents' perspective of childhood abuse and neglect as reflected through narratives and drawings. Journal of Loss and Trauma. 2019;**24**(3):1-26. DOI: 10.1080/15325024.2018.1549116

[55] Bhattacharyya A, Lev-Wiesel R, Banerjee M. Roles of emotional reactions and potency in coping with abusive experiences of Indian adolescent. Journal of Child & Adolescent Trauma. 2020;**14**(1):61-72. DOI: 10.1007/s40653-020-00312-2

[56] Ogilvie B, Daniluk JC. Common themes In the experiences of mother-daughter incest survivors: Implications for Counseling. Journal of Counseling &Amp; Development. 1995;**6**(73):598-602. DOI: 10.1002/j.1556-6676.1995.tb01802.x

[57] Dube SR, Anda RF, Whitfield CL, Brown DW, Felitti VJ, et al. Longterm consequences of childhood sexual abuse by gender of victim. American Journal of Preventive Medicine. 2005;**28**:430-438. DOI: 10.1016/j.amepre.2005.01.015

[58] McCloskey KA, Raphael DN. Adult perpetrator gender asymmetries in child sexual assault victim selection: Results from the 2000 National Incident-Based Reporting System. Journal of Child Sexual Abuse. 2005;**14**:1-24. DOI: 10.1300/J070v14n04_01

[59] Williams J, Nelson-Gardell D. Predicting resilience in sexually

abused adolescents. Child Abuse & Neglect. 2012;**36**:53-63. DOI: 10.1016/j.chiabu.2011.07.004

[60] Gil S. Male victims of childhood sexual abuse by a male or female perpetrator. Journal of Traumatic Stress Disorders & Treatment. 2014;**03**(03):2. DOI: 10.4172/2324-8947.1000128

[61] Collin-Vézina D, Daigneault I, Hébert M. Lessons learned from child sexual abuse research: Prevalence, outcomes, and preventive strategies. Child and Adolescent Psychiatry and Mental Health. 2013;7:22. DOI: 10.1186/1753-2000-7-22

[62] Cortoni F, Gannon TA. Female sexual offenders: An overview. In: Phenix A, Hoberman H, editors. Sexual Offending. New York: Springer; 2016. pp. 31-51. DOI: 10.1007/978-1-4939-2416-5 10

[63] Anderson JF, Reinsmith-Jones K, Lee T, Brooks W. The silence of female sexual offending: Public health issue. International Journal of Social Science Studies. 2021;**9**(2):1-12. DOI: 10.11114/ijsss.v9i2.5153

Chapter 6

Early Marriage and Sexual Abuse among Female Children

Jacob Tsunda Salihu

Abstract

Child marriage is a human rights violation that affects millions of girls worldwide. This practice perpetuates gender inequality, poverty, and perpetuates a cycle of poor health and well-being. This chapter examines the causes, consequences, and case studies related to child marriage. It also explores prevention and intervention strategies, including legal frameworks, community-based interventions, and educational and economic empowerment programs. Overall, ending child marriage is a vital step toward achieving gender equality, promoting health, and improving the well-being of girls and women.

Keywords: child marriage, gender inequality, human rights, poverty, health, well-being, causes, consequences, case studies, prevention, intervention, legal frameworks, community-based interventions, education, economic empowerment

1. Introduction

Child marriage is a global issue that affects millions of girls worldwide. According to UNICEF, approximately 12 million girls marry before the age of 18 each year [1]. This practice is prevalent in many countries and is linked to poverty, gender discrimination, and harmful cultural practices [2].

Research has shown that child marriage has severe consequences for the well-being and health of young girls. Child brides are more likely to experience early pregnancy, maternal mortality, and poor health outcomes [3]. Additionally, child marriage perpetuates a cycle of poverty and inequality, trapping young girls in a life of limited opportunities and decreased agency [4].

To address this issue, there have been efforts to prevent child marriage through legal frameworks, community-based interventions, and educational and economic empowerment programs [5]. However, there is still much work to be done to end child marriage and promote gender equality for all girls and women.

1.1 Definition of early marriage and sexual abuse

Early marriage: Early marriage refers to a marriage in which at least one of the parties is below 18 years of age. It is a harmful practice that denies children the right to an education, exposes them to violence and discrimination, and increases the risks of early pregnancy and maternal mortality [1, 6].

Sexual abuse: Sexual abuse refers to any sexual activity or behavior that is imposed on an individual without their consent. This includes but is not limited to touching, fondling, penetration, and/or exposure of another person's genitals. Sexual abuse can have long-term physical and psychological effects and is considered a form of violence and/or exploitation [7, 8].

1.2 Global prevalence of early marriage and sexual abuse

According to the United Nations Population Fund, early marriage is a global problem affecting around 12 million girls each year. The highest rates of early marriage are found in Sub-Saharan Africa and South Asia, but it is also prevalent in parts of Latin America, the Middle East, and Southeast Asia [9].

Sexual abuse, on the other hand, is a widespread problem that affects people of all ages and genders around the world. According to the World Health Organization, up to 1 in 3 women and 1 in 5 men globally have experienced some form of sexual abuse in their lifetime, and in many cases, the perpetrator is someone known to the victim [7]. It is important to note that due to the sensitive nature of sexual abuse, many cases go unreported, and accurate statistics on global prevalence remain difficult to estimate.

1.3 Significance of the problem

Early marriage and sexual abuse have significant negative impacts on individuals, families, and communities.

Early marriage deprives young girls of their childhood and adolescence and exposes them to a higher risk of pregnancy and childbirth complications, such as maternal mortality, obstetric fistulas, and infant mortality. It also limits their access to education and economic opportunities, perpetuating the cycle of poverty and gender inequality [6, 9].

Sexual abuse can have severe physical and psychological consequences on survivors, such as depression, anxiety, post-traumatic stress disorder, sexually transmitted infections, unwanted pregnancies, and increased risk of suicide. It can also disrupt social and family relationships, and lead to further victimization [7, 8]. Moreover, sexual abuse has significant societal costs related to healthcare, criminal justice, and productivity loss [10].

Addressing early marriage and sexual abuse requires comprehensive and multilevel approaches, including legal, social, and cultural changes, as well as increased access to education, healthcare, and support services for survivors.

2. Understanding early marriage and sexual abuse

2.1 Factors contributing to early marriage and sexual abuse

There are several factors that contribute to early marriage and sexual abuse.

Early marriage is often rooted in cultural, social, and economic factors, such as poverty, gender discrimination, lack of education, traditional practices, and religious beliefs. Parents may also marry off their daughters early to protect them from premarital sex or to improve their economic status [6, 9].

Sexual abuse can be caused by various factors, including power imbalances, lack of awareness or education about consent and healthy relationships, social norms that

tolerate or condone violence and sexual harassment, and individual or social risk factors, such as substance abuse, mental health issues, and exposure to violence and trauma [7, 8].

Furthermore, early marriage and sexual abuse are often interconnected, as early marriage can increase the risk of sexual violence and abuse due to the lack of informed consent, power differentials, and limited knowledge and access to sexual and reproductive health services [6, 7, 9].

Addressing these factors requires a comprehensive and collaborative approach, including legislation and policy changes, public awareness campaigns, community engagement, education and empowerment of girls and women, and provision of prevention and intervention services for survivors.

2.2 Forms of sexual abuse

Forms of sexual abuse include, but are not limited to:

i. Sexual harassment and unwanted sexual advances, which involve unwanted attention of a sexual nature, including verbal, physical, or written conduct [11].

ii. Sexual assault, which includes a range of non-consensual sexual acts, from touching to rape [12].

iii. Sexual exploitation, which involves any situation in which a person exploits, coerces, or uses another person's sexuality for personal or commercial gain [13].

iv. Child sexual abuse, which involves any sexual activity with a child, including touching, exposure to sexual content, and any other sexual behavior [14].

v. These forms of sexual abuse can have lifelong physical and psychological impacts on survivors, and it is important to address them through education, prevention, and comprehensive services for survivors.

2.3 Consequences of early marriage and sexual abuse on the girl child

Early marriage and sexual abuse can have severe and long-lasting impacts on the physical, psychological, and social well-being of the girl child.

Physical consequences of early marriage may include early pregnancy and childbirth, which can lead to complications such as maternal mortality, obstetric fistula, and other reproductive health issues. Child brides are also more likely to experience domestic violence, sexual abuse, and forced sex [6, 15].

Sexual abuse can result in physical injuries, sexually transmitted infections, and unwanted pregnancies. It can also lead to psychological trauma, depression, anxiety, self-harm, and suicidal ideation [7, 8].

Early marriage and sexual abuse can also disrupt the girl child's education and career prospects, leading to limited opportunities for personal growth and economic empowerment. It can perpetuate gender inequality, reinforce harmful cultural norms, and hinder progress toward gender equity and social justice [9, 10, 15].

Addressing the consequences of early marriage and sexual abuse requires interventions at various levels, including policy and legal frameworks, education, health services, and community engagement. Supporting survivors through counseling,

healthcare, and economic empowerment can also help mitigate the negative impacts of early marriage and sexual abuse [9, 10, 15].

3. Intersections between early marriage and sexual abuse

3.1 Relationship between early marriage and sexual abuse

There is a strong relationship between early marriage and sexual abuse. Child brides are at a high risk of experiencing sexual abuse, as they often lack the agency to assert their own sexual rights. In many cases, child marriage is a form of sexual abuse itself, as the child bride may not have the capacity to consent to sexual activity or the power to negotiate safe sexual practices.

Early marriage can also lead to domestic violence, including sexual abuse, as child brides are more likely to experience marital rape and intimate partner violence. Research shows that child brides are more likely to suffer from depression, anxiety, and post-traumatic stress disorder (PTSD) as a result of sexual and domestic violence [6].

Furthermore, early marriage can also exacerbate the vulnerability of young girls to trafficking and exploitation, especially in situations where they are forced into marriage without their consent.

Addressing the relationship between early marriage and sexual abuse requires multi-faceted interventions that address the root causes of gender-based violence, including changing social norms and attitudes toward child marriage, improving girls' access to education, and promoting gender equity and social justice [15].

3.2 Impact of early marriage on sexual abuse

Early marriage has been identified as a major risk factor for sexual abuse and violence against adolescent girls. According to a review of the literature, girls who marry at an early age are at higher risk of experiencing sexual violence and exploitation than those who marry later in life [16]. Moreover, a report by UNICEF revealed that child marriage is associated with higher rates of sexual violence, unwanted pregnancy, and maternal mortality [17]. The World Health Organization also reported that women who marry before the age of 18 are more likely to experience intimate partner violence and non-partner sexual violence [18]. In Ethiopia, a study found that early marriage was a strong predictor of intimate partner violence [19]. It is important to note that early marriage may also negatively affect sexual satisfaction in the long term, as one longitudinal investigation found that marital quality and sexual satisfaction were associated with lower rates of marital instability [20]. These findings suggest that early marriage can have pervasive and detrimental effects on sexual health and well-being, and highlight the need for interventions to prevent child marriage and provide support for adolescent girls who have already been married off.

4. Effects of early marriage and sexual abuse on the girl child

Early marriage and sexual abuse have been identified as major challenges faced by the girl child, with significant negative effects on their physical and mental health,

education, and overall well-being. Early marriage can lead to an increased risk of sexual violence and exploitation, unwanted pregnancy, and maternal mortality, while sexual abuse can cause long-term physical and psychological harm.

According to research, girls who marry at an early age are at higher risk of experiencing sexual violence and exploitation than those who marry later in life [16]. Additionally, early marriage has been linked to intimate partner violence and lower levels of sexual satisfaction in the long term [19, 20].

Furthermore, sexual abuse can result in a range of physical and psychological effects, including depression, anxiety, post-traumatic stress disorder, and increased risk of sexually transmitted infections and unwanted pregnancies [18].

It is crucial that efforts are made to prevent early marriage and provide support for girls who have already been married off, as well as to address and prevent sexual abuse. These interventions should also aim to promote access to education and economic opportunities for girls, which can reduce their vulnerability to these issues [17].

4.1 Physical health consequences

Early marriage and sexual abuse can have significant physical health consequences for girls. Girls who marry early are at higher risk of complications during pregnancy and childbirth, including obstructed labor, premature birth, low birth weight, and maternal mortality [21]. They may also face a higher risk of obstetric fistula, a devastating childbirth injury that can result in incontinence and social isolation [21].

Sexual abuse can also have physical health consequences such as sexually transmitted infections (STIs), unwanted pregnancies, and injuries from sexual violence [18]. Survivors of sexual violence may also experience a range of physical symptoms, including chronic pain, headaches, and gastrointestinal problems [18].

Efforts to prevent early marriage and address sexual abuse must include interventions to address the physical health consequences faced by girls and women. This may involve providing access to comprehensive reproductive health services, including contraception and STI prevention and treatment, as well as obstetric care for complications related to pregnancy and childbirth. It is also essential to address the social and cultural norms that perpetuate these harmful practices [18, 21].

4.2 Psychological and emotional consequences

Early marriage and sexual abuse can have significant psychological and emotional consequences for girls. Girls who marry early are often forced to drop out of school and give up opportunities to build their social networks and gain economic independence. This can lead to feelings of isolation and disempowerment, and may increase the risk of depression and anxiety [21].

Sexual abuse can cause a range of psychological and emotional problems, including post-traumatic stress disorder (PTSD), depression, anxiety, and low self-esteem [18]. Survivors may also experience feelings of guilt, shame, and worthlessness, which can make it difficult for them to build trusting relationships [18].

Efforts to prevent early marriage and address sexual abuse must include interventions to address the psychological and emotional consequences faced by girls and women. This may involve providing counseling and mental health services to survivors, as well as educational and economic opportunities that can empower girls and reduce their vulnerability to abuse [18, 21].

4.3 Educational consequences

Early marriage can have significant educational consequences for girls. Girls who marry early are often forced to drop out of school in order to assume the responsibilities of marriage and household management. As a result, these girls may miss out on important educational opportunities, which can limit their future prospects and perpetuate cycles of poverty [21].

The impact of early marriage on educational outcomes is particularly pronounced for girls in developing countries. For example, a study in Bangladesh found that girls who married before age 15 were significantly less likely to be literate than girls who married later [22]. Similarly, a study in Ethiopia found that early marriage was associated with lower levels of school enrollment and completion [19].

Efforts to prevent early marriage and address its educational consequences must include interventions that prioritize girls' education. This may involve providing financial incentives for families to keep their daughters in school, as well as implementing policies that ensure equal access to education for all children, regardless of gender or socioeconomic status [21].

5. Prevention and intervention strategies

Prevention and intervention strategies are crucial for addressing a range of social issues that impact individuals and communities. Effective prevention strategies aim to reduce the incidence of negative outcomes before they occur, while intervention strategies seek to mitigate the adverse effects of an existing problem. While these strategies may be employed in a range of contexts, they are frequently implemented in relation to issues such as substance abuse, mental health, and violence prevention.

Prevention and intervention strategies are critical for promoting well-being and addressing a range of social issues. By targeting risk and protective factors and implementing evidence-based interventions, these strategies can help individuals and communities thrive.

5.1 Legal frameworks and policies

Legal frameworks and policies have been recognized as essential prevention and intervention strategies for early marriages and sexual abuses among girl child. These frameworks and policies provide a legal framework for addressing these practices, as well as promoting awareness and education on the rights of the girl child.

Legal frameworks against early marriages have been enacted in many countries, making it illegal for girls to be married before the age of 18 years. For instance, in India, the Prohibition of Child Marriage Act 2006 prohibits child marriage and provides penalties for those involved in such acts [23]. This has helped to raise awareness on the issue of early marriages and reduce the incidence rates of child marriages.

Similarly, policies have been developed to address sexual abuse and exploitation of girl child. These policies aim to create a safe environment for girls and facilitate access to support services for those who may have experienced abuse. For instance, in Nigeria, the Child Rights Act 2003 provides a legal framework for preventing and addressing child molestation, abuse, and exploitation [15]. The policy also advocates for the prosecution of offenders and encourages reporting of such abuses.

Legal frameworks and policies can also be used to promote education and awareness on the rights of the girl child. For instance, laws may provide mandatory education for girls, making it compulsory for all girls to attend school. This can help to prevent early marriages and sexual abuse by keeping girls in school and away from harmful practices.

Overall, legal frameworks and policies are critical in preventing and addressing the issues of early marriages and sexual abuse among girl child. However, their effectiveness depends on their enforcement and the resources provided for implementation. Therefore, governments and relevant organizations must ensure these policies are enforced, and resources are provided to address these issues.

5.2 Community-based interventions

Community-based interventions have been recognized as effective ways to prevent and address early marriages and sexual abuse among the girl child. These interventions involve working with communities to promote awareness, education, and advocacy on the rights of the girl child and to create safe spaces for girls.

One example of a community-based intervention is the Girls Education Initiative of Ghana (GEIG). The GEIG works with communities to promote girl child education while also addressing issues such as early marriage and sexual abuse. The program utilizes community empowerment strategies that involve working with local leaders, teachers, parents, and girls themselves to address the cultural and social factors that lead to these practices [24]. The result has been an increase in enrollment and retention of girls in school, with improved academic performance, thereby reducing the prevalence of early marriage and sexual abuse.

Another community-based intervention is the Safe Village Program implemented by the International Rescue Committee (IRC) in Ethiopia. The program involves working with communities to promote safe spaces for girls, where they can receive support in a protective environment. The program also utilizes community-led intervention, with trained community members advocating for girls' education, raising awareness of harmful practices, and referring girls who have experienced abuse to support services [25]. The result has been an increase in girls' enrollment and retention in school while also reducing the incidence rates of early marriage and sexual abuse.

Overall, community-based interventions have been effective in preventing and addressing early marriage and sexual abuse among the girl child. By working with communities to understand and address the underlying factors that contribute to these practices, these interventions have been successful in promoting girl child education, creating safe spaces for girls, and reducing the prevalence of harmful practices.

5.3 Educational and economic empowerment programs

Educational and economic empowerment programs have been recognized as effective strategies for addressing gender inequality and enhancing the status of women at both the individual and societal level. These programs focus on providing women with the tools and resources they need to access education, secure jobs, and achieve economic independence.

One example of an educational empowerment program is the Camfed (Campaign for Female Education) program in Zimbabwe. The program provides education scholarships, school supplies, and mentorship to girls from poor families, ensuring that they

complete their education [26]. By removing the financial barriers that prevent girls from accessing education, the program has succeeded in increasing the enrollment and retention of girls in school while also improving their academic performance.

Another example of an economic empowerment program is the Women's Livelihood Bond (WLB), launched by the UN Women. The WLB is a financial instrument that enables investors to invest in a portfolio of sustainable livelihood projects that are led by women in Southeast Asia [27]. By combining financial returns with social impact, the program has succeeded in providing women with the capital and resources they need to launch sustainable livelihood projects, generate income, and become economically independent.

Overall, educational and economic empowerment programs have been successful in promoting gender equality, enhancing the status of women, and increasing their participation in the workforce. By addressing the systemic barriers that prevent women from accessing education and securing economic opportunities, these programs have succeeded in promoting sustainable development and enhancing the economic growth of communities.

6. Case studies

6.1 Stories of girls who have experienced early marriage and sexual abuse in different contexts

The stories of girls who have experienced early marriage and sexual abuse in different contexts illustrate the devastating impact of these harmful practices on their lives and well-being.

- In Bangladesh, 16-year-old Sumi (not her real name) was forced into marriage by her parents when she was only 12 years old. After she moved in with her husband, she was subjected to sexual abuse and violence on a daily basis. When she tried to escape, her husband and his family beat her and locked her up. Sumi was eventually rescued by a local women's organization and is now receiving counseling and support to rebuild her life [28].

- Sumi's story is unfortunately not unique in Bangladesh, where child marriage is a prevalent practice. According to Girls Not Brides, approximately 52 percent of girls in Bangladesh are married before they turn 18. Child marriage often cuts short a girl's education and puts her at risk of violence, abuse, and poor health outcomes.

- Thankfully, Sumi was able to receive help and support from a local organization that offers shelter, education, and legal support to girls and women who are victims of violence and abuse. The organization also works with the community to raise awareness about the harmful effects of child marriage and advocate for girls' education and empowerment.

- Sumi is now working toward rebuilding her life and is determined to use her voice and experiences to advocate for change in her community.

- In Nigeria, 15-year-old Aisha (not her real name) was abducted by Boko Haram militants and forced into marriage with a member of the group. She was

subjected to sexual abuse, beatings, and forced labor. She eventually escaped and was reunited with her family, but her experience has left her traumatized and struggling to cope with the psychological effects of her ordeal [29].

- Unfortunately, Aisha's story is also not uncommon in Nigeria, where Boko Haram and other extremist groups have abducted thousands of girls and young women for forced marriage, sexual slavery, and other forms of exploitation. According to the UN, up to 7000 women and girls have been abducted by Boko Haram since 2014.

- The psychological effects of such experiences can be long-lasting and devastating, including depression, anxiety, post-traumatic stress disorder, and suicidal thoughts. In addition, survivors often face stigma and ostracism from their communities, who may view them as "spoiled" or "impure" after being in captivity.

- Organizations such as the International Organization for Migration offer support to survivors of human trafficking and other forms of exploitation, including psychosocial counseling, medical care, and vocational training. These services can help survivors heal and rebuild their lives, but they also require sustained funding and political support to be effective.

- In Guatemala, 14-year-old Isabel (not her real name) was sexually abused by her stepfather from the age of 10. When she became pregnant, her stepfather threatened to kill her if she told anyone. Isabel eventually confided in her mother, but her stepfather denied the allegations and she was forced to leave her home and move in with her grandmother [30].

- Isabel's story highlights the prevalence of sexual abuse and violence against girls and young women in Guatemala, where rates of gender-based violence are among the highest in the world. According to UN Women, 42 percent of Guatemalan women have experienced some form of violence in their lifetimes, including sexual, physical, and emotional abuse.

- Survivors of sexual abuse and violence in Guatemala often face significant barriers to justice and support. Many are afraid to come forward due to fear of retribution, shame, or discrimination. The country's weak and under-resourced justice system also often fails to hold perpetrators accountable, leading to a culture of impunity.

- Organizations such as UN Women, Oxfam, and local women's rights groups are working to address gender-based violence in Guatemala through a variety of interventions, including advocacy, legal aid, and support services for survivors. However, much more support is needed to combat the root causes of violence, including gender inequality and deeply ingrained attitudes that perpetuate harmful cultural norms and practices.

These stories highlight the urgent need to address early marriage and sexual abuse in all contexts and to provide support and protection to girls who have experienced these harmful practices. Governments, civil society organizations, and communities must work together to promote human rights and gender equality and to empower girls to assert their rights and demand justice.

6.2 Analysis of the root causes of the issue

The issue of early marriage and sexual abuse is complex and deeply rooted in social, cultural, and economic factors. Here are some of the key root causes of the issue:

Traditional gender roles and stereotypes: "Gender norms and stereotypes continue to be a significant factor leading to early marriage, and societal beliefs about the role of girls and women contribute to their continued vulnerability" [29].

a. Traditional gender roles and stereotypes can also contribute to sexual abuse and violence against girls and young women. These norms and stereotypes often reinforce traditional notions of masculinity and femininity, with males expected to be dominant and aggressive, while females are expected to be submissive and passive.

b. This can manifest in a variety of ways, such as victim-blaming and shaming of survivors of sexual violence, or the belief that women who dress or behave in a certain way are "asking for it". These attitudes can make it difficult for survivors to come forward and seek help and can contribute to a culture of silence and impunity around sexual abuse and violence.

c. Additionally, traditional gender roles and stereotypes can contribute to early marriage and other harmful practices, such as female genital mutilation/cutting (FGM/C) and forced labor. Girls are often seen as a burden on their families, and marrying them off at an early age is seen as a way to ensure their safety and security. However, early marriage can result in a range of negative consequences for girls, such as limited access to education and healthcare, increased risk of sexual abuse and violence, and early pregnancy and childbirth.

d. To address these issues, it is important to challenge traditional gender roles and stereotypes, promote gender equality and human rights, and empower girls and young women to make informed choices about their own lives and bodies. This can include efforts to increase girls' access to education and healthcare, promote community dialog and awareness-raising around harmful practices, and strengthen laws and policies to protect girls and young women from sexual abuse and violence.

Poverty: "Early marriage is often seen as a way to reduce the economic burden of raising a daughter, particularly in families experiencing poverty and economic hardship" [31]. In many cases, families may view early marriage as a way to ensure their daughter's economic security or to alleviate their own financial struggles.

a. However, early marriage can actually perpetuate the cycle of poverty. Girls who are married at a young age are often forced to drop out of school, limiting their access to education and future economic opportunities. Additionally, early marriage increases the risk of early and repeated pregnancies, which can have negative health consequences for both the mother and child. This can further perpetuate the cycle of poverty, as families struggle to provide for their newborns and young children.

b. To address this issue, it is important to explore alternative ways to support families experiencing poverty and economic hardship. This can include expanding

access to education and job training programs, increasing support for small businesses and community development initiatives, and strengthening social safety nets, such as cash transfer programs and social assistance. Additionally, targeted efforts to address the root causes of poverty and gender inequality, such as gender-based violence and discrimination, can help to address the underlying factors that contribute to early marriage.

Limited access to education and healthcare: "Girls' lack of knowledge of their rights can result in increased exposure to harm, including the risks of child marriage and sexual violence" [32].

a. When girls are not educated on their rights, they may not recognize when those rights are being violated. For example, they may not understand that they have the right to refuse a marriage proposal or understand that sexual violence is a crime. The lack of access to healthcare can exacerbate this problem by limiting their ability to seek help or support in cases of abuse or violence.

b. Conversely, education and healthcare can be powerful tools in preventing child marriage and sexual violence. Education provides girls with the knowledge and skills to advocate for their rights and make informed decisions about their bodies and futures. Education also improves economic opportunities, enabling girls to become more financially independent and reducing their vulnerability to early marriage.

c. Access to healthcare can also play a critical role in preventing child marriage and sexual violence by increasing girls' access to information, services, and support. This includes prenatal care, contraception, and counseling services for survivors of violence.

d. Promoting education and healthcare for girls is essential to addressing the root causes of child marriage and sexual violence. By investing in these areas, we can empower girls with the knowledge and tools they need to make informed decisions about their lives, reduce their vulnerability to harm, and promote gender equality and human rights.

Societal norms and peer pressure: Societal norms and peer pressure can contribute to the prevalence of child marriage and sexual violence, particularly among girls. These norms and pressures often stem from deeply ingrained gender stereotypes and expectations that limit girls' autonomy, agency, and access to opportunities and resources.

One of the most significant effects of societal norms and peer pressure is the increased risk of forced or coerced sexual relationships. Girls may face strong pressure from male peers to engage in sexual activity and may be subjected to threats, coercion, or violence if they resist [33]. These pressures may be further exacerbated by the traditional gender roles and expectations that are prevalent in many communities, which view girls as inferior and submissive to males.

a. In some cases, these peer pressures may manifest in the form of child marriage, as girls may feel pressure to conform to societal norms and expectations of early

marriage and motherhood. This can lead to girls being married off before they are physically, emotionally, or mentally ready, and without their consent.

b. To address these challenges, it is important to change societal attitudes and norms that perpetuate gender stereotypes and limit girls' potential. This can be done through education and awareness-raising campaigns that challenge harmful cultural practices and promote gender equality and human rights. Additionally, it is important to provide girls with safe spaces and supportive networks to help them resist peer pressure and make informed decisions about their lives and futures. This includes access to education, healthcare, and other resources that enable girls to achieve their full potential and assert their rights and autonomy.

Conflict and displacement: "Displacement and the breakdown of social structures often lead to an increase in forced early marriage as families seek to secure their daughters' futures and protect them from harm" [34].

a. Displacement and the breakdown of social structures can have severe consequences for girls, including an increased risk of forced early marriage. When families are uprooted from their homes and communities, they may face economic insecurity, lack of access to basic services and amenities, and increased risks of violence and exploitation. In these circumstances, families may view marriage as a way to protect their daughters from harm, secure their futures, and ensure their economic stability.

b. Moreover, the social structures that existed before displacement may no longer be intact, leaving girls more vulnerable to negative influences and harmful practices. For example, in refugee camps or other temporary settlements, girls may be exposed to new values and beliefs that challenge their traditional cultural norms and lead to increased pressure for early marriage.

c. The consequences of early marriage for girls are well-documented, including adverse health outcomes, limited educational and economic opportunities, and increased risk of violence and abuse. Early marriage also perpetuates the cycle of poverty, as girls who marry young are more likely to have children at a young age and face limited opportunities for personal and economic growth.

d. To address the issue of forced early marriage in displacement settings, humanitarian actors should focus on supporting families to meet their basic needs, providing education and training opportunities for girls and their families, and engaging with communities to raise awareness about the negative consequences of early marriage. This requires a comprehensive approach that addresses the root causes of the problem, including the breakdown of social structures and the economic and social pressures faced by displaced families.

6.3 Possible solutions and interventions to address the cases

i. Education and awareness-raising campaigns: "Community-based interventions that promote education for girls, engage men and boys, and challenge harmful gender norms can lead to positive change and help prevent early marriage" [29].

ii. Access to healthcare and family planning services: "Improving access to reliable contraception services and comprehensive reproductive health education can help young people make informed decisions about their sexual health and prevent unintended pregnancies and early marriages" [32].

iii. Economic empowerment and support: "Providing economic support and opportunities for girls and families can reduce the financial pressures to marry early and help build pathways to secure futures" [31].

iv. Strengthening laws and policies: "Strong legal and policy frameworks, combined with effective implementation and enforcement, can help protect girls from child marriage and provide them with access to justice and support" [34].

v. Child protection services: "Child protection services, including child helplines, shelters, and legal aid, can provide girls with support and a safe space to seek help and protection" [33].

7. Conclusions

7.1 Summary of key points

The prevalence of early marriage and sexual abuse among girl children is a grave concern with profound psychological and societal implications. The impact of these practices on the lives of girls is immense and far-reaching, affecting their physical, psychological, and social development.

Early marriage not only deprives girls of their basic rights but also perpetuates the cycle of poverty, as most families opt for early marriage due to economic constraints. The psychological impact of early marriage on young girls is severe, as it often leads to high levels of stress and anxiety, depression, and other mental health issues. Girls who marry early are more likely to experience domestic violence, sexual and emotional abuse, and limited opportunities for personal and social development, leading to long-term psychological trauma.

Sexual abuse, on the other hand, exposes young girls to physical harm, emotional distress, and psychological trauma, leading to low self-esteem, poor academic performance, and other negative consequences. Victims of sexual abuse are often stigmatized and marginalized in society, leading to social exclusion and psychological distress.

Society can play a significant role in ending these harmful practices. Societal norms and attitudes toward early marriage and sexual abuse must be changed through awareness-raising and advocacy campaigns. Education and skill-building programs offer a way out of poverty and provide young girls with a pathway for success, thus providing an alternative to early marriage.

In conclusion, early marriage and sexual abuse among girl children are not only harmful but also violate their fundamental human rights. Psychological and societal implications demand a sustained focus on addressing the root cause and providing viable solutions for prevention, protection, and support. A collective effort from individuals, communities, and governments is essential to create a just and inclusive society that protects all children from abuse and neglect.

7.2 Call to action

As a global community, we need to recognize the harmful effects of early marriage and take action to prevent it. We need to invest in education, healthcare, economic empowerment, and legal protection for girls to ensure they have the opportunity to reach their full potential and have control over their own lives. We also need to challenge harmful gender norms and work toward gender equality to create a world where girls are valued and can thrive. It is time for us to come together and act to end child marriage once and for all.

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Nomenclature

Here's a possible nomenclature for the subject of early marriage and sexual abuse among the girl child:

Early marriage	the practice of marrying girls before they reach the age of 18.
Sexual abuse	any sexual activity that is forced upon a person without their consent.
Child marriage	the marriage of a child under the age of 18.
Forced marriage	a marriage that is entered into without the full and informed consent of both parties.
Bride price	a payment made by the groom or his family to the family of the bride.
Dowry	a transfer of property or money from the bride's family to the groom's family.
Female genital mutilation (FGM)	the removal or alteration of female genitalia.
Child sexual abuse	any sexual activity between an adult and a child under the age of 18.
Human trafficking	the exploitation of individuals for the purpose of forced labor or sexual exploitation.
Domestic violence	any form of violence that occurs within the family.
Rape	any non-consensual sexual act.

Child protection	a set of policies and practices aimed at protecting children from harm.
Child rights	the rights of children to be protected from harm and to have access to education, healthcare, and other essential services.

This nomenclature provides a brief definition of the key terms and concepts related to early marriage and sexual abuse among the girl child.

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References

[1] UNICEF. Child marriage. 2020. Available from: https://www.unicef.org/protection/child-marriage.

[2] Gage AJ, Hutchinson PL. Power, knowledge, and child marriage in Africa. Feminist Economics. 2019;**25**(3):1-30

[3] Batzilis E, Fisher J, Longfield K, Roberts L. Consequences of child marriage on women's reproductive health in developing countries: A systematic review. Global Health Action. 2020;**13**(1):1741278

[4] Chae S, Ngo TD. Child marriage and its impact on women agency in India. Journal of Gender Studies. 2019;**28**(8):955-969

[5] De Groot R, van den Boom J, de Neubourg C. Preventing child marriage: A review of interventions and programme evaluations. Journal of Development Effectiveness. 2019;**11**(3):310-341

[6] Girls Not Brides. What is Child Marriage? 2020. Available from: https://www.girlsnotbrides.org/what-is-child-marriage/

[7] World Health Organization. Sexual Abuse. 2019. Available from: https://www.who.int/news-room/fact-sheets/detail/sexual-abuse

[8] National Child Traumatic Stress Network. Understanding Child Sexual Abuse. n.d. Available from: https://www.nctsn.org/what-is-child-trauma/trauma-types/sexual-abuse

[9] United Nations Population Fund (UNFPA). Child Marriage. 2021. Available from: https://www.unfpa.org/child-marriage

[10] World Health Organization (WHO). The economic dimensions of interpersonal violence. 2006. Available from: https://www.who.int/violence_injury_prevention/violence/nine_consequences/en/

[11] Sexual Harassment, U.S. Equal Employment Opportunity Commission. Available from: https://www.eeoc.gov/sexual-harassment

[12] Understanding Sexual Assault, RAINN. Available from: https://www.rainn.org/articles/sexual-assault

[13] Sexual Exploitation. National Center for Missing and Exploited Children. Available from: https://www.missingkids.org/theissues/trafficking-sexual-exploitation/sexual-exploitation

[14] Child Sexual Abuse, Centers for Disease Control and Prevention. Available from: https://www.cdc.gov/violenceprevention/childabuseandneglect/childsexualabuse.html

[15] UNICEF. Child Protection. 2021. Available from: https://www.unicef.org/nigeria/what-we-do/child-protection

[16] Varga M. Sexual violence against female adolescents: A review of the literature and the role of social work in addressing and preventing sexual violence. Sexual Abuse. 2016;**28**(1):9-29. DOI: 10.1177/1079063214520220

[17] UNICEF. Ending child marriage: progress and prospects. 2014. Available from: https://www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf

[18] World Health Organization. Global and regional estimates of violence

against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. 2013. Available from: https://www.who.int/reproductivehealth/publications/violence/9789241564625/en/

[19] Erulkar AS. Early marriage, marital relations and intimate partner violence in Ethiopia. International Perspectives on Sexual and Reproductive Health. 2013;**39**(1):6-13. DOI: 10.1363/3900613

[20] Doss BD, Rhoades GK, Stanley SM, Markman HJ. Marital quality, sexual satisfaction, and marital instability: A longitudinal investigation. Journal of Sex Research. 2009;**46**(4):317-329. DOI: 10.1080/00224490902746595

[21] United Nations Population Fund. Marrying too young: End child marriage. 2018. Available from: https://www.unfpa.org/marrying-too-young-end-child-marriage

[22] International Centre for Diarrhoeal Disease Research, Bangladesh. Early marriage and barriers to education: Findings from a study in rural Bangladesh. 2013. Available from: https://www.icddrb.org/publications/details-430

[23] United Nations. Child Marriage. 2021. Available from: https://www.un.org/en/sections/issues-depth/child-marriage/

[24] Girls Education Initiative of Ghana. 2021. Available from: https://www.geighana.org/about

[25] International Rescue Committee. Safe Village Program. 2021. Available from: https://www.rescue.org/project/safe-villages-program-ethiopia

[26] Camfed. Our work in Zimbabwe. 2021. Available from: https://camfed.org/where-we-work/zimbabwe/

[27] UN Women. Women's Livelihood Bond. 2021. Available from: https://www.unwomen.org/en/news/stories/2021/5/feature-women-s-livelihood-bond-seeks-to-transform-gender-lens-investing

[28] Bangladesh Mahila Parishad. Child marriage in Bangladesh. n.d. Available from: http://www.bmpbangladesh.org/?p=227

[29] Human Rights Watch. Guatemala: End child marriage, address human rights abuses. 2021. Available from: https://www.hrw.org/news/2021/05/06/guatemala-end-child-marriage-address-human-rights-abuses

[30] UNICEF. Aisha's story: Surviving Boko Haram. 2018. Available from: https://www.unicef.org/stories/aishas-story-surviving-boko-haram

[31] Girls Not Brides. Poverty and Child Marriage. n.d. Available from: https://www.girlsnotbrides.org/themes/poverty/

[32] UNFPA. Child Marriage: UNFPA's Global Programme Report 2019. 2020. Available from: https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20Global%20Programme%20to%20End%20Child%20Marriage%20%282019%20update%29%20-%20English_0.pdf

[33] Plan International. Breaking Vows: Early and Forced Marriage and Girls' Education. 2016. Available from: https://plan-international.org/publications/breaking-vows-early-and-forced-marriage-and-girls-education

[34] UN Women. Child Marriage in Humanitarian Settings: Progress and Prospects. 2020. Available from: https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/child-marriage-in-humanitarian-settings-progress-and-prospects-en.pdf?la=en&vs=1597

Section 3

Child Neglect and Educational Outcomes

Chapter 7

The Significance of Poor Educational Outcomes in Early Childhood as a Result of Child Abuse and Neglect

Afia Konadu Kyei

Abstract

Several bodies of research have linked child abuse and neglect to poor educational outcomes. Child neglect may occur through: occasional inattention, chronic under-stimulation, severe neglect in a family context or neglect in an institutional care. This paper reviews articles and reports of children placed in orphanages, social welfare and underprivileged homes due to the lack parental support on psychosocial care. It addresses and builds on the impact neglect has on children's brain development, family involvement, educational outcomes, developmental milestones and future outcomes including transition to adulthood, early marriage and employment. A history of childhood abuse and neglect predicts family disengagement, cognitive impairment, poor mental health, poor education and high rates of school dropouts leading to poor employment outcomes.

Keywords: educational outcomes, child abuse and neglect, development, parent involvement, school performance

1. Introduction

Abuse and neglect significantly impact a child's physical and emotional well-being. According to Foster et al. child neglect is often underreported but has devastating effects on children [1]. Abuse and neglect can be evaluated in four types of unresponsive care: occasional inattention, chronic under-stimulation, severe neglect in the family context, and severe neglect in an institutional setting [2]. While every child is impacted differently by abuse and neglect, the ability to cope and thrive depends on the severity of the abuse and neglect [3].

Firstly, a child's brain development and brain structures can produce onsets of adverse outcomes following neglect [1]. Neglect for children is the absenteeism of the biological needs to develop healthy milestones [2]. Child abuse and neglect are adverse childhood experiences that result in harm or threat to a child [2]. The lack of service and return during infancy and childhood without a parent increases the risk of child neglect [2]. Lack of serve and return is due to the failure of stimulation needed to

develop the child's basic needs and the lack of responsiveness persisting and compounding it with lost opportunities for a child's development [2]. This multifaceted ineffective interaction is harmful in the early years of a child's life [2]. Children who are abused and neglected may experience limited access to a caregiver and may develop adverse physical and mental consequences. In addition to experiencing changes in the family environment and social interactions, children who have experienced abuse and neglect in the past will be more likely to experience changes in their present. Since these children have faced stressful and traumatic events, they may be more prone to feeling anxious and overwhelmed in the present. They may also have difficulty forming healthy relationships and trust, leading to emotional and behavioural issues [4]. Some other evidence of abuse and neglect are signs of bruises, scars, abrasions, unkept daily school uniforms and clothes and consistent unhygienic living.

In addition to disoriented development, regular exposure to toxic conditions in childhood can distort the biological makeup of the body's hypothalamic–pituitary–adrenal (HPA) axis [5]. HPA is a neurological system that sends signals to the brain to alert the body of dangerous events. Science tells us that the brain is complex and composed of dynamic stages of plasticity and biological and environmental integration [5, 6]. Early experiences of abuse and neglect impact the brain's capacity to shape and make developmental changes to respond to trauma-related stress and psychological issues [5, 6]. Those who have experienced abuse and neglect are more likely to have changed family environments and social interactions.

Existing research indicates that in the United States, 1 in 7 children experience child abuse and neglect [7]. In 2020, 1750 children died of abuse and neglect in the United States [7]. With the spike of COVID-19, an estimated 600,000 children were victims of abuse and neglect in 2021 [8]. The National Children's Alliance estimated that 1820 children died from abuse and neglect in 2021 the United States [8]. A higher child fatality rate for boys at 3.01 per 100,000 compared to girls at 2.15. African-American child fatalities were 2.9 times greater than white children and 3.9 times greater than Hispanic children [8]. A fraction of children are in extreme poverty due to increased maltreatment; 75 percent of the poverty line rises from 10 percent to 15 percent in a state. Therefore, the number of total victims of maltreatment is estimated to rise by 22 percent [9]. The increase in poverty has negatively impacted children's characteristics from the abuse and neglect and parents' parenting style. According to Economic Research, children with working mothers and absent fathers are presumed to experience abuse and neglect. Children with two non-working parents or parents whose income is below 75 percent of the official poverty level are likewise impacted by abuse and neglect [9].

However, there is limited research on psychological poverty from an ecological perspective on why poverty is harmful and the multiple disadvantages accompanying low income in America [10]. There is minimal research on the home state of abuse and neglect and children's suboptimal psychosocial and physical conditions [10]. Based on research, low-income children, compared to middle-income children, experience more violence, family disruption and separation from their families [10]. Family violence and neighbour crimes determine how strong parents can hold their families. Children abused or neglected have aggressive behaviour.

In America, 13% of U.S. children will have experienced maltreatment by parents and caregivers before adulthood [11]. Many children from low-income, racial families exhibit aggressive behaviour. 40% face it from their community, 25% from childcare and 70% from aggressive friends [12]. According to research, black children are

overrepresented among maltreatment victims, whereas Latino and white children are typically underrepresented. A high poverty rate correlates with deviant peers among adolescents [13]. There is an expansion in Families living in both high- and low-income communities. Many families face developmental outcomes that significantly affect their mental health and well-being [13]. Poverty may also occur when children spend weeks in foster homes or institutional care without solid relationships with their parents, relatives and neighbours.

Child maltreatment in the United States is also higher than in previous years. Corresponding to research from Court Appointed Special Advocates, 2023 (CASA), children experiencing long-term chronic abuse and neglect are at a higher risk of low academic achievement [14]. Research has also shown that children exhibit lower academic performance when physically abused [14]. Feelings of fear and helplessness can accompany both physical and sexual abuse and may pose a threat to life, bodily security and sanity [14]. These traumatic events can lead to long-term anxiety or post-traumatic stress, which may result in school absenteeism, poor academic performance and emotional harm [14]. In general, mistreated children in the first five years of life demonstrate poor social skills and classroom behaviour, with a risk of school maladaptation [15].

Additionally, due to adverse psychosocial and economic circumstances, many children leave school before finishing high school [15]. Children who experience sexual abuse demonstrate lower cognitive abilities, memory scores, and academic achievements than healthy families [14]. A study of 7–12-year-old girls who were victims of sexual abuse found that 48% reported below-average grades, 24% repeated a grade, 15% enrolled in a remedial class, and over 37% displayed cognitive ability below 25% [14]. Subsequently, children who experience abuse and neglect exhibit developmental, health and mental outcomes that negatively affect their learning and social relationships [14]. Many children grow to develop attention deficits and deficits in executive functions, peer rejection, depression, anxiety and post-traumatic stress. In addition, affected children exhibit a high risk of substance use, severe illness and lower economic productivity [14]. Other research on cascading consequences finds that some children report abuse and neglect when parents do not effectively fill their co-regulator roles [14]. Children with caregivers who cannot serve as co-regulators are vulnerable to the vicissitudes of a challenging environment [16]. Although children can cope effectively with mild or moderate stress when supported by a caregiver, conditions that exceed their capacities to cope adaptively often result in problematic short- or long-term consequences [16]. This paper aims to understand the connection between child abuse and neglect and its impact on educational outcomes.

2. Maltreatment

Child maltreatment is described as experiencing active and passive forms of physical, emotional and sexual dimensions from the lack of social, cultural and legal consensus [17]. Children with maltreatment histories are at greater risk of cognitive and language development difficulties [18]. Child maltreatment may include violations such as injury, sexual violence, abduction, attacks in schools and hospitals, recruitment by armed forces or groups and killings [19]. Children may experience maltreatment from homes but also in schools and orphanages, resulting in life-long impaired physical and mental health, poor social and occupational outcomes, and sexual and emotional violence [17]. There is an alliance between Childhood

maltreatment and high risk of Diabetes, lung disease, malnutrition, vision problems, heart attack, functional limitations, brain damage and high blood pressure [19]. Approximately 3 in 4 children ages 2–4 years regularly suffer physical punishment and psychological violence from parents and caregivers [17]. Children exposed to maltreatment may lack the necessary positive problem coping skills that usually emerge during childhood and later develop in adolescence [20]. Preschool children are at a higher risk of severe injuries due to physical child abuse. According to Ewing-Cobbs and others, 45% of child brain injuries result from violence, compared to 5% caused by accidental injury [21].

DiScala, Sege, Li, and Reece reported that almost 11% of all brain injuries to children 5 years old and under resulted from battery, shaking, and other forms of violence. Shaken Baby Syndrome (SBS) affects 60% of infants and may cause the brain to move within the skull, resulting in the stretching and tearing of the blood vessels with no obvious external signs of injury [22]. SBS may cause permanent brain damage, long-term or severe disability and death [23]. De Bellis et al. (1999) found that maltreated children during infancy and early childhood had noticeable differences in overall brain size compared to those who were not maltreated [24]. Victimised children early in life also exhibited other harmful changes to their brains. De Bellis et al. (1999) attributed a child's inability to grow, plan and regulate stress to the early years of maltreatment [23, 24]. King et al. [25] also found that children exposed to neglect and sexual abuse had elevated cortisol levels, affecting their ability to express positive stress [26].

In addition, maltreated preschoolers are likely to show developmental delays in language, motor skills, intellectual functioning and academic achievement [23, 24, 27–29]. Research on attachment relationships finds that maltreated infants, toddlers and preschoolers show avoidant, anxious or atypical attachment relationships with their caregivers 29. Preschoolers may be unable to trust their parents or primary caregivers, feeling insecure or unattached from them and uncomfortable in their environment [30]. A child's behaviour during abuse and neglect directly infers the lack of reliability, availability and responsiveness for the child to build a healthy attachment. The failure to provide adequate nutrition, adult care, education and social skills to a child can be identified as insecure attachment or disorganised attachment [30]. In comparison, comparing maltreated preschool children in foster care to non-maltreated preschoolers, Pears and Fisher found that maltreated children exhibit lower scores on visuospatial, language and general cognitive functioning than peers who were not maltreated [31].

Child maltreatment may negatively impact a child's executive functions, ability to speak fluently, maintain memory and process information [32]. Furthermore, maltreated children are less inclined to engage in academic exploration and, therefore, require external motivation to engage in educational activities [33]. There is a relationship between disability and maltreatment where children's disabilities may be exacerbated by maltreatment [25]. Furthermore, maltreated children in foster care or out-of-home services are more likely to receive special education services [34]. Children with special education may receive services such as counselling, behaviour therapy, art therapy, occupational therapy, and speech therapy to reduce the effects of trauma and adverse childhood experiences [35].

Research associate's childhood maltreatment outcomes with mood and anxiety disorders, post-traumatic stress, antisocial and borderline personality disorders and substance use disorders [36]. Child maltreatment increases a child's probability of unipolar depression, severe depression and syndromal depression, which occurs

4 years into a child's maltreatment history [36]. Science shows that early exposure to circumstances that produce persistent fear and chronic anxiety can have lifelong consequences by disrupting the brain's architecture [36]. Ongoing fear and chronic anxiety prolong the activation of the body's stress system, resulting in long-term physical and psychological problems [36]. According to the World Health Organisation (WHO), child maltreatment can affect the child's cognitive and academic performance and is strongly associated with alcohol and drug abuse, smoking, obesity, unintended pregnancy and violence [17]. Children affected by alcohol and drugs may be at risk of noncommunicable diseases, including cardiovascular diseases and cancer [17]. Children and youth may also experience abuse from being exposed to intimate partner violence between their parents or witnessing or hearing a caregiver hitting another adult [37].

In the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect, researchers tracked child maltreatment investigations in a representative sample of 112 Canadian child welfare agencies during the fall of 2008. Two hundred thirty-five thousand eight hundred forty-two investigations were conducted in Canada (39.16 per thousand 0- to 16-year-olds). 14.19 per 1000 children were exposed to intimate partner violence (34%), neglect (34%), physical abuse (20%), emotional maltreatment (9%), and sexual abuse (3%) [38]. Whereas in 2019, 676,000 children in the United States reported to child protective services as victims of abuse or neglect [39]. However, most abuse and neglect cases are unreported emotional abuse due to child health consequences and adult psychological well-being. For example, several longitudinal studies of Depression and Anxiety found that childhood maltreatment is associated with chronic depression in adulthood [39]. Many adult victims of child abuse are also at higher risk of substance use than an adult without a history of abuse. It is a leading cause of disability-adjusted life years (WHO). Childhood maltreatment increased the risk of recurrent depressive episodes and suicidal ideation by 20%-230% during a 3-year follow-up of 2497 participants diagnosed with major depressive disorder in the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) [40]. Ellis et al. (2017) also highlighted the importance of early prevention from social welfare services and depression treatment for adolescents [41].

Children placed in orphanages may also be victims of maltreatment. Research shows that children in orphanages and shelters typically lack the basic need for appropriate food and shelter [42]. Older children in orphanages often drop out of school to support their younger siblings [43, 44]. In Tanzania, 2.6 million orphans have HIV/AIDS [45]. HIV/AIDS causes significant stressors to children, profoundly affecting their psychosocial well-being and mental health functioning [26]. Research finds that many orphaned or abandoned children fall behind in school or have only a few years of schooling due to poor households, inadequate housing, malnutrition, lack of access to medical care and a higher prevalence of depression and higher morbidity [46]. According to Bronfenbrenner's [43] ecological framework on children's development and functioning, there are five systems critical to a child's development: proximal or distal manner, macrosystem, exosystem, microsystem, mesosystem and ontogenic development [41]. Many parents discipline their children from their cultural beliefs and values, guiding the child's upbringing. A poor macrosystem affects the accessibility to services in society. If a community has unskilled leaders, the macro system loses sustainability in child welfare services and parental opportunities to gain skills in being authoritarian parents. A child's ecosystem includes structures in the community such as neighbourhoods, support groups, services and socioeconomic climate. An unclean community with little structure, soiled houses, unstable running

water and unhygienic pollution contributes to child abuse and neglect. The relationship between the child's parents and their school setting impacts their upbringing and educational achievements [46].

2.1 Impact of childhood trauma

Trauma exposure often begins early in life. Early experiences can shape the brain and give rise to vital developmental competencies such as language; there is an equal potential for adverse exposures, such as trauma-related stress, to cause maladaptive developmental changes [47]. Experiences of adverse events can become biologically consolidated, creating individual vulnerability to various psychological issues later in life. According to research, children exposed to abuse and neglect are most likely to experience a significant risk of long-lasting and intergenerational problems in their development; children may experience low self-esteem, depression and anxiety [4].

Child abuse and neglect are most common among children younger than age 3. Children under 5 are most likely to experience injuries from falls, choking and poising [48]. A body of research explains that children suffer the most severe, long-lasting and harmful effects when trauma exposure alerts. Younger children may experience difficulties forming an attachment to caregivers, excessive fear of strangers or separation anxiety, trouble eating and sleeping and difficulties with developmental milestones 51. School-age children experience aggressive behaviours, are withdrawn from home and parents and exhibit difficulties concentrating in school. In addition to the above implications of trauma and abuse, children will exhibit resilience to childhood trauma when participating in childhood programs and services. Statistically, in Tanzania, only 10% of the population is economically secure (UNDP, 2020), 19% of children live in households below the national poverty line, and 88% live in multidimensional poverty (NBS & UNICEF, 2019) [6]. UNICEF reports that children are undernutrition, mothers face maternal undernutrition (28.8% of women of reproductive age are anaemic), low birth weight and poor infant and young child feeding practices. Only 53.5% of mothers initiate breastfeeding early, 58% excessively breastfeed their infant under six months, and only 30.3% of children aged 6–23 months have a minimum acceptable diet [6]. These are contributing factors to child abuse and neglect and poor academic achievement. The prevalence of stunting is in the lowest income quartiles in Tanzania; both poverty and stunting are more prevalent in rural areas, particularly in the remote areas of Tanzania [6].

Moreover, in a study on child maltreatment and its association with poor education and employment outcomes, children may develop cognitive impairments and behavioural problems that interfere with learning and other skills to succeed in school [6]. In many families placed in disadvantaged homes, children inherit poor primary, secondary and post-education risks with meagre employment opportunities. According to the National Centre for Children in Poverty [49], in 2006, almost 17% of children (approximately 13 million) in the United States were poor [50]. Young children face the highest poverty rates, as 20% of children under age 6 in the United States live in families living below the poverty level. More than 4 in 10 children live in a household struggling to meet basic expenses, and between 7 million and 11 million children live in households where they cannot feed themselves [51]. Due to increased poverty and child maltreatment, neighbourhood violence and student violence impede job-seeking or school attendance. Children and youth face these difficulties because of the lack of resources and services available, extreme suspensions or expulsions resulting from dropping out of school early.

2.2 Lack of parent and family involvement in the child's education

A child's academic performance is the foundation for monitoring scientific rearing and education [49]. A child's display of physical well-being, motor development, emotional health, social knowledge and positive approach to new experiences shows school readiness [52]. Paying attention to a child's ability to succeed academically and socially in a school environment is impertinent. Poor environment and lack of social services and resources disrupt a child's ability to succeed in school. The lack of parental or positive mentoring from parents limits a child's ability to develop competencies and skills to improve their mental health during adolescence and adulthood [53, 54]. The lack of support from childhood also affects an adult's access to social support for anxiety and depression. Family involvement in a child's education looks at parents engaging in literacy activities at home, interactions with school staff and behaviours at school and home [55].

According to research, children face poverty differently. Poverty is also evaluated and measured differently depending on the family history; researchers can evaluate based on the incidence of poverty, the depth of poverty, the duration of poverty, the timing of poverty, community characteristics and the impact it has on the child's world; parents, peers and neighbours [55]. For example, the Institute of Research and Public Policy showed that differences between students from low and high-socioeconomic neighbourhoods were evident by grade 3. Children from low socioeconomic neighbourhoods were less likely to pass a grade 3 standards test [56–58]. Many children do not acquire the competence needed in the school setting due to absence of basic health care and economic security which places many children at risk for academic failure before they enter school, in many similar circumstances, families may lack resources and support to meet school expectation at hand [59, 60]. Given the growing number of young children spending most of their development in early years setting, it is crucial for caregivers and educators to reciprocate and nurture rich experiences that create outdoor opportunities for children to build a solid foundation in learning (NAEYC, [60]). Studies show that school readiness is a major part of a child's social and emotional learning, it reflects on their ability to succeed both academically and socially in safe and secure school environment [61, 62]. A safe and secure environment must ensure all students receive physical well-being and appropriate motor development, emotional health and a positive approach to new experiences, age-appropriate social knowledge and competence, age-appropriate language skills, and age-appropriate general knowledge and cognitive skills [57, 60, 61].

It is essential to recognise the impact a child's home has on their school readiness [63]. Children with minimal connections to their natural world and people to interact with to build language skills are more likely to face difficulties at school. Parental inconsistency with routines and frequent changes with caregivers can contribute to inefficient support for the child.

Studies suggest associations between low-income households and school readiness (Denton & West, 2002) [62]. There are ongoing concerns about children who present with significantly low skills in vocabulary, communication, numeracy, copying and symbol use, concentration, and cooperation with others at school. Furthermore, schools with many underprivileged students have lower readiness than schools with less underprivileged students. In such schools, inadequate staff, resources, water stability and food provision are considered factors that slow the school system (ref needed) [64]. Underprivileged students at school arrive with cognitive and behavioural disadvantages. The research and public policy institute shows that students are less likely to pass a grade 3 standard test due to their socioeconomic status.

2.3 Child marriages

Early marriage is a violation of human rights. Many children are involved in child marriage. Child marriage violates children's rights; four in 10 girls ages 15–18 get married. In many African countries, a quarter of all girls are victims of female genital mutilation and cutting. Child marriage is the world's highest rate of teenage pregnancy [65]. The recognition of a child's right to free and full consent to a marriage took place in the 1948 Universal Declaration of Human Rights. It is inappropriate for boys and girls to be involved in early marriage due to the physical, intellectual, psychological and emotional impacts it sets on young children. Aside from these impacts, early marriages may cut off educational opportunities and personal growth [65]. Premature pregnancy and childbearing leading to domestic and sexual subservience is a cause of neglected young girls [65]. According to the UNICEF report (2001), early marriage extends a woman's reproductive span, contributing to more children without contraceptives. Early marriage also contributes to the health needs of the mother and children; the mother may be affected by HIV/AIDS while the child suffers from chronic health conditions [65]. It is common in Sub-Saharan Africa and South Asia. Specifically in South Asia, marriages earlier than a girl's puberty stage are uncommon.

In contrast, marriages occur in many other parts of the globe, such as Latin America and Eastern Europe, when a girl reaches puberty. According to the World Fertility Survey and DHS data in Kenya, Uganda, Zimbabwe, and Senegal, early marriages continue and negatively affect young girls. Whereas in Cameroon, Cote d'Ivoire, Lesotho, Liberia and Mali, early marriages are under control with advocacy in place [66]. In Asia, girls get married in their teens, such as in Nepal, Afghanistan, Bangladesh, and China. Many girls engage in early marriages to protect their families, be submissive to their husbands, and obtain household responsibilities. For example, in Uganda, girls are married to militia members to protect their families. In Somalia and many Muslim countries, girls are married to protect their dignity and reduce sexual interactions with other males. It helps prevent premarital sex and prevents girls from engaging with male students and teachers. Early marriage inevitably contradicts children's ability to earn quality education. Mostly, girls deny their personal development, preparation for adulthood, and the ability to support their family effectively. Girls who marry early are practically and legally excluded from continuing their education. Girls in Bangladesh, for example, are exempted if a good and wealthy husband is approachable and ready to marry. There are also associations between traditional societies, roles and education. A girl's education is diminished or unlooked because household duties are more important to girls. Poor education also arises when secondary school girls are placed in boarding schools; parents present anxiety and fear of sexual interactions, harassment and insecurity with boys, which discourages and reduces school attendance. Girls involved in early marriages from abuse and neglect earn fewer educational qualifications skills and lower earnings in skilled jobs [65]. **Figures 1** and **2** address unmarried and married youth ages 15–19. In the Middle East and North Africa, 7% are married youth; in sub-Saharan Africa, 9% are married youth; and in South Asia, 14% are married youth. From the diagram below, many children and adolescents from South Asia experience the most child marriages. Early marriages are due to often being forced into early sexual activity and early childbearing. According to UNICEF figures on child marriage in Asia, girls between 15 and 19 are more likely to die from pregnancy and childbirth complications than women between 20 and 24. UNICEF records that 1 in 4 young women in South Asia are married before 18. Poverty in South Asia leads to less education and living in rural

areas among girls due to child marriage. Similarly, child marriage is pervasive in Afghanistan; girls are viewed as an exotic burden on the family, creating room for early marriage. Fifty-seven percent of Afghan girls are married before they turn 16, and 60 to 80 percent were forced into those unions by their families [67].

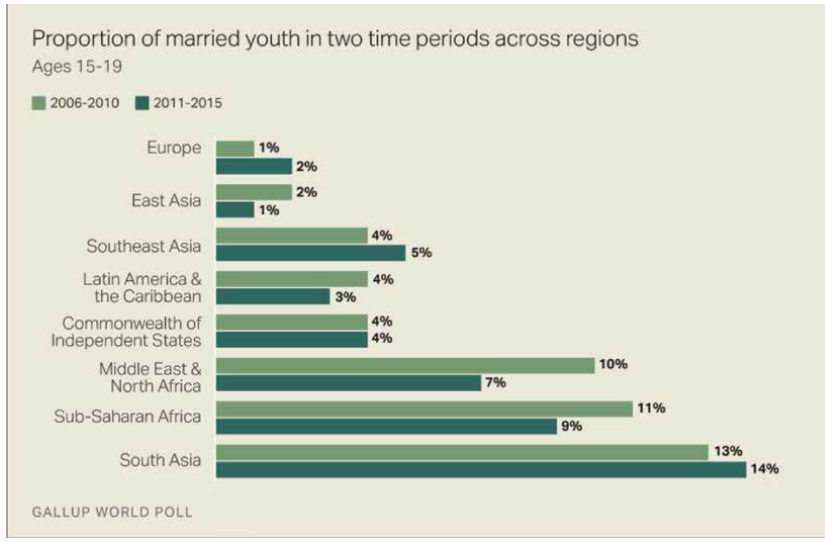

Figure 1.
Evidence of child marriages that occurs across the world for children ages 15–19. South Asia is the leading country with 20% of females in the population are marriage youth compare to 8% of married youth are males from 2006 to 2010 and 2011–2015 (Elsa Steiner et al., 2017).

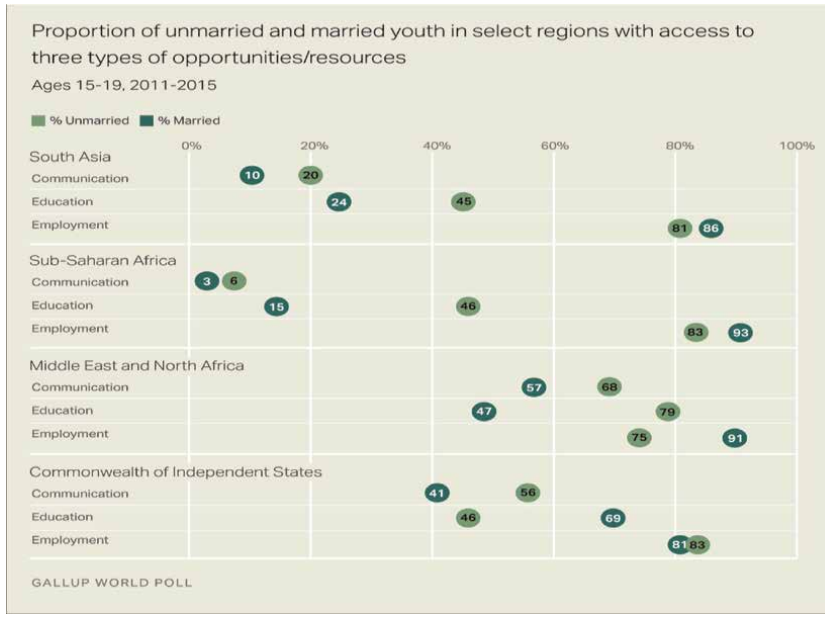

Figure 2.
Proportion of unmarried and married youth in selected regions. From this numeric graph, many youth married have access to employment and educational opportunities but very little youth have communication resources. (Elsa Steiner et al., 2017).

2.4 The impact of poor environment, lack of social services and resources on child's education

A child's physical well-being, appropriate motor development, emotional health, positive approach to new experiences, social knowledge, and competence shows school readiness [68]. A child's ability to succeed academically and socially in a school environment must be paid much attention. Poor environment and lack of social services and resources dominate a child's ability to succeed in school. As mentioned in the chapter, children are primitively withdrawn from school and more likely to demonstrate poor school attendance. For children exposed to child maltreatment, lack of support means not having access to positive mentoring from their parents or adult caregivers. The lack of support limits their opportunities to develop competencies and skills to improve their mental health during adolescence and adulthood as a result of the right to access mental health literacy resources for positive impacts on both individual and population health. The burden of poor mental health intensifies the development of severe anxiety and depression. Research shows children and adolescents with mental health problems may lack knowledge of early symptoms which creates barriers to access helpline centers. Children and adolescents with mental problems need pathways, life-course care and mental health prevention [69, 70].

According to research, children will face poverty differently. Poverty is evaluated and measured differently, depending on the family history. Researchers can evaluate based on the incidence of poverty, the depth of poverty, the duration of poverty, the timing of poverty, community characteristics and the impact it has on the child's world, parents, peers and neighbours. For example, The Institute of Research and Public Policy (Montreal, Quebec) showed that differences between students from low and high-socioeconomic neighbourhoods were evident by grade 3; children from low-socioeconomic neighbourhoods were less likely to pass a grade 3 standards test [71]. It is essential to recognise the impact a child's home has on their school readiness [57]. Children with minimal connections to their natural world and people to interact with to build language skills are more likely to face difficulties at school. Also, significant parental inconsistency with routines and frequent changes with caregivers can build inefficient support for the child.

Canadian studies show associations between low-income households and school readiness. Ongoing concerns about children presenting with significantly low vocabulary, communication skills, knowledge of numbers, copying and symbol use, and the ability to concentrate and cooperate with others at school and home (Thomas, 2007). Furthermore, schools with a high number of underprivileged students have lower school readiness compared to schools with less underprivileged students. In such schools, indications of parental demography, parental and child health conditions play a significant role in school readiness. The home environment of the child, the maturity of the caregiver, inadequate access to breastfeeding and ongoing nutrition, lack of access to physical and mental care of both the child and caregiver are high risk factors to school readiness [72–74].

3. Discussion

This unit focuses on Social Support and services to support parents, children and youth dealing with mild to severe abuse and neglect. Home visits are functional support systems to connect strongly with parents and children to listen to stories to give emotional, academic and financial Support. It is a gathering of primary staff,

health care workers and social workers investigating and interacting with children and caregivers. Home visits are purposeful to understand the environment and identify developmental strengths and weaknesses in children and caregivers. Home visits can be used in rural areas to follow up on the services and status of children in need or respond to urgent family problems. Another strategy that can be useful is social Support, which plays a crucial role in all relationships in education. According to research, it serves as a mediator and explains the effects of childhood maltreatment on mental health outcomes [20, 65]. Social Support refers to informational, emotional, or tangible Support from others [71]. Social Support promotes better physical health, cognitive functioning and psychological health. Children with severe fear and anxiety may benefit from programs that prevent fear-eliciting events [68]. Research on Adolescent and Youth Child Marriage provides effective policies to delay or prevent child marriage [70]. The strategies include empowering girls with information, skills and Support networks and providing economic Support and incentives to girls and their families [70]. Other policies to reduce poverty are Educating and rallying parents and community members, enhancing girls' access to high-quality education and encouraging supportive laws and policies to end child marriages and meet the needs of married children [70]. For access to quality education, conducting advanced, innovative, and evidence-based research for sustainable outcomes is crucial. However, research on South Asian child marriages mentions interventions and research on the rise of child brides, investing in girls' education, economic incentive programs, and awareness educating the public on sexual health are most significant. To pay attention to early marriages, girls must speak up and make decisions that benefit their education, abilities and opportunities. Many organisations provide girls and adolescents with life skills training and sexual health education to reduce the dangers of early marriages. Moreover, enrol girls in sexual health classes to be highly educated about them and how to refrain. In addition, actions to address the underlying causes of child marriages may involve religious leaders as positive shifts in girls' social attitudes. As well as putting value on these causes, families, communities, and parents place a value.

4. Conclusion

In summary, abuse and neglect significantly impact a child's physical and emotional well-being. To make changes, more schools need to be responsive to the needs of children as a contribution to the reeducation of child abuse and neglect. Teachers and educational administrators must be accountable for the physical and emotional well-being of students regardless of their disability, economic status and or gender identity. Signs of abuse and neglect can be a reflection of both caregivers and educators. Greater emphasis must be applied to child-initiated, teacher-supported learning experiences for positive and healthy zones of proximal development. This paper focused on child abuse and neglect in the concept of child maltreatment, childhood trauma, lack of parent involvement, child marriages and the impact of poor environment, lack of social services and resources and its association with poor educational outcomes. Children from abused and neglected homes face difficulties building social relationships and performing well in school. Many children drop out of school before primary school due to a deficiency of parental support. Children from low-income families perform poorly in school compared to middle-income families. Students from low-income families demonstrate literacy and numeracy skills. Abused and neglected

children are more likely to grow and develop ADHD, Autism and other developmental delays. A gathering of research recognised the impact abuse and neglect have on parents; parents grapple to find social services to overcome their barriers. Due to the lack of support, children abused in early marriages contribute to poor education and employment stability. Many girls deny their personal development, preparation for adulthood, and the ability to support their family effectively. Girls who marry early are practically and legally excluded from continuing their education. As a result of the high rate of abuse and neglect, strategies and recommendations to support and reduce poverty, abuse and neglect, and poor education comprise planning home visits to understand the needs of families, providing social support, attending to children's health and well-being and finally supporting parents with parent training to nurture their children properly.

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References

[1] Foster RH, Olson-Dorff D, Reiland HM, Budzak-Garza A. Commitment, confidence, and concerns: Assessing health care professionals' child maltreatment reporting attitudes. Child Abuse and Neglect. 2017;**67**:54-63

[2] Center on the Developing Child. The Science of Neglect. Center on the Developing Child; 2023. pp. 1-3, Available from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://harvardcenter.wpengine powered.com/wp-content/uploads/2015/05/InBrief-The-Science-of-Neglect-3.pdf

[3] Hunter C. Is Resilience Still a Useful Concept When Working with Children and Young People? (CFCA Paper No. 2). Melbourne: Child Family Community Australia, Australian Institute of Family Studies; 2012. Available from: www.aifs.gov.au/cfca/pubs/papers/a141718/index.html

[4] Ivanov I, Yehuda R, Greenblatt E, Davidow J, Makotkine I, Alfi L, et al. The effect of trauma on stress reactivity in aggressive youth. Psychiatry Research. 2011;**189**:396-402. DOI: 10.1016/j.psychres.2011.05.046

[5] Dubowitz H, Bennett S. Physical abuse and neglect in children. The Lancet. 2007;**369**:1891-1899

[6] De Bellis MD, Zisk A. The biological effects of childhood trauma. Child and Adolescent Psychiatric Clinics. 2014;**23**: 185-222. DOI: 10.1016/j.chc.2014.01.002

[7] National Centre for Injury Prevention and Control (2022) Preventing Child Abuse & Neglect Fact Sheet. National Centre for Injury Prevention and Control, 1-2, (PDF) Available from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/; https://www.cdc.gov/violence prevention/pdf/can/CAN-factsheet_2022.pdf

[8] National Children's Alliance. National Statistics on Child Abuse. National Children's Alliance; 2022. Available from: https://www.nationalchildren salliance.org/media-room/national-statistics-on-child-abuse/

[9] Francis D. Poverty and Mistreatment of Children Go Hand in Hand. National Bureau of Economic Research; 2000. Available from: https://www.nber.org/digest/jan00/poverty-and-mis treatment-children-go-hand-hand

[10] Committee on Child Maltreatment Research, Policy, and Practice for the Next Decade: Phase II; Board on Children, Youth, and Families; Committee on Law and Justice; Institute of Medicine; National Research Council. In: Petersen AC, Joseph J, Feit M, editors. New Directions in Child Abuse and Neglect Research. Washington (DC): National Academies Press (US); 2014

[11] Wildeman C, Waldfogel J, et al. The prevalence of confirmed maltreatment among US children, 2004 to 2011. JAMA Pediatrics. 2014;**168**(8): 706-713. DOI: 10.1001/jama pediatrics.2014.410

[12] Putnam-Hornstein E, Needell B. Predictors of child protective service contact between birth and age five: An examination of California's 2002 birth cohort. Children and Youth Services Review. 2011;**33**(11):2400-2407. DOI: 10.1016/j.childyouth.2011.07.010

[13] Visser K, Bolt G, Finkenauer G, Jonker M, Weinberg D, Stevens GWJM. Neighbourhood deprivation effects on

young people's mental health and well-being: A systematic review of the literature. Social Science & Medicine. 2021;**270**:1-14

[14] Court Appointed Special Advocates (CASA). How Child Abuse Affects Academic Achievement. CASA; 2023. Available from: https://casaspeaks4kids.com/child-abuse-affects-academic-achievement/

[15] Cicchetti D, Valentino K. An ecological-transactional perspective on child maltreatment: Failure of the average expectable environment and its influence on child development. In: Cicchetti D, Cohen D, editors. Development and Psychopathology. 2006. p. 2. Available from: https://onlinelibrary.wiley.com/doi/epdf/10.1002/9780470939406.ch4; https://onlinelibrary.wiley.com/doi/10.1002/9780470939406.ch4

[16] Petersen AC, Joseph J, Feit M. In: Committee on Child Maltreatment Research, Policy, and Practice for the Next Decade: Phase II; Board on Children, Youth, and Families; Committee on Law and Justice; Institute of Medicine; National Research Council. Washington (DC): National Academies Press (US); 2014

[17] World Health Organization. Child maltreatment. WHO; 2022. Available from: https://www.who.int/news-room/fact-sheets/detail/child-maltreatment

[18] United Nations Children's Fund. Child Protection. United Nations Children's Fund; n.d. Available from: https://www.unicef.org/wca/what-we-do/child-protection#programme-resources

[19] Child Welfare Information Getway. Long-Term Consequences of Child Abuse and Neglect. Child Welfare Information Getway; 2019. pp. 1-8. Available from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/; https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf

[20] Su Y, Meng X, Yang G, Darcy C. The Relationship between Childhood Maltreatment and Mental Health Problems: Coping Strategies and Social Support Act as Mediators. National Library of Medicine; 2022. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9137127/

[21] Ewing Cobbs L, Kramer L, Prasad M, Canales DN, Louis PT, Fletcher JM, Vollero H, Landry SH, Cheung K. Neuroimaging, Physical, and Developmental Findings after Inflicted and Non-inflicted Traumatic Brain Injury in Young Children; 1998. Available from: https://publications.aap.org/pediatrics/article-abstract/102/2/300/65591/Neuroimaging-Physical-and-Developmental-Findings?redirectedFrom=fulltext

[22] DiScala C, Sege R, Li G, Reece RM. Child abuse and unintentional injuries. A-10 year retrospective. Archives of Pediatrics & Adolescent Medicine. 2000; **154**:16-22. Available from: https://pubmed.ncbi.nlm.nih.gov/10632245/

[23] White S, Halpin BM, Strom GA, Santilli G. Behavioral comparisons of young sexually abused, neglected, and non-referred children. Journal of Clinical Child Psychology. 1988;**17**:53-61

[24] Lyons-Ruth K, Connell DB, Zoll D. Patterns of maternal behavior among infants at risk for abuse: Relations with infant attachment behavior and infant development at 12 months of age. In: Cicchetti D, Carlson V, editors. Child Maltreatment. New York: Cambridge University Press; 1989. pp. 647-684

[25] King JA, Mandansky D, King S, Fletcher KE, Brewer J. Early sexual abuse and low cortisol. Psychiatry and Clinical Neurosciences. 2001;**55**:71-74. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3100742/

[26] Exavery A, Charles J, Kuhlik E, et al. Understanding the association between caregiver sex and HIV infection among orphans and vulnerable children in Tanzania: Learning from the USAID Kizazi Kipya project. BMC Health Services Research. 2020;**20**:275. DOI: 10.1186/s12913-020-05102-y

[27] Allen RE, Oliver JM. The effects of child maltreatment on language development. Child Abuse & Neglect. 1982;**6**:299-305

[28] Allen DM, Tarnowski KJ. Depressive characteristics of physically abused children. Journal of Abnormal Child Psychology. 1989;**17**:1-11

[29] Erickson MF, Egeland B, Pianta R. The effects of maltreatment on the development of young children. In: Cicchetti D, Carlson V, editors. Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect. Cambridge: Cambridge University Press; 1989. pp. 647-684

[30] Mclean S. Children's attachment needs in the context of out of home care. In: CFCA Practice Resource. Child Family Community Australia. 2016. pp. 1-10. Available from: https://aifs.gov.au/sites/default/files/publication-documents/cfca-practice-attachment_0.pdf

[31] Pears K, Fisher PA. Developmental, cognitive, and neuropsychological functioning in preschool-aged foster children: Associations with prior maltreatment and placement history. Journal of Developmental & Behavioral Pediatrics. 2005;**26**:112-122

[32] Child Welfare Information Getway. Child Maltreatment and Brain Development: A Primer for Child Welfare Professionals. Child Welfare Information Getway; 2019, Available from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/; https://www.childwelfare.gov/pubpdfs/brain_development.pdf

[33] De Bellis MD, Keshavan MS. Sex differences in brain maturation in maltreatment-related pediatric posttraumatic stress disorder. Neuroscience and Biobehavioral Reviews. 2003;**27**:103-117. DOI: 10.1016/S0149-7634(03)00013-7

[34] Bosgraaf L, Spreen M, Pattiselanno K, Hooren VS. Art therapy for psychosocial problems in children and adolescents: A systematic narrative review on art therapeutic means and forms of expression, therapist behavior, and supposed mechanisms of change. Frontiers in Psychology. 2020;**11**: 584685. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7578380/

[35] Quenneville AF, Kalogeropoulou E, Küng AL, Hasler R, Nicastro R, Prada P, et al. Childhood maltreatment, anxiety disorders and outcome in borderline personality disorder. National Library of Medicine. 2020;**284**:112688, Available from: https://pubmed.ncbi.nlm.nih.gov/31784066/

[36] Centre on the Developing Child: Harvard University. Persistent Fear and Anxiety Can Affect Young Children's Learning and Development. National Scientific Council on the Developing Child; 2010. pp. 1-11. Available from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/; https://developingchild.

harvard.edu/wp-content/uploads/2010/05/Persistent-Fear-and-Anxiety-Can-Affect-Young-Childrens-Learning-and-Development.pdf

[37] Romano E, Bachishin L, Marquis R, Fréchette S. Childhood Maltreatment and Educational Outcomes. Ottawa, Ontario, Canada: University of Ottawa; 2015

[38] World Health Organization. Violence against children. WHO; 2022: Available from: https://www.who.int/news-room/fact-sheets/detail/violence-against-children

[39] Center on the Developing Child. The Impact of Early Adversity on Child Development (In Brief). Center on the Developing Child; 2007. Available from: www.developingchild.harvard.edu

[40] Kothapalli J, Munikumar M, et al. Childhood abuse and anxiety, depression – An interprofessional approach to optimize knowledge and awareness among young adult health professions students of Arunachal Pradesh, India. Acta Psychologica. 2023;**233**:1-7

[41] United Nations Children's Fund. Child Protection. United Nations Children's Fund; n.d., Available from: https://www.unicef.org/wca/what-we-do/child-protection#programme-resources

[42] Nelson J, Klumparendt A, Doebler P, Ehring T. Childhood maltreatment and characteristics of adult depression: Meta-analysis. British Journal of Psychiatry. 2017;**201**:96-104. DOI: 10.1192/bjp.bp.115.180752

[43] Bronfendrenner. Bronfenbrenner's Ecological Systems Theory. Simply Psychology; 1979. Available from: https://www.simplypsychology.org/bronfenbrenner.html

[44] Gallo EAG, De Mola CL, Wehrmeister F, Gonçalves H, Kieling C, Murray J. Childhood maltreatment preceding depressive disorder at age 18 years: A prospective Brazilian birth cohort study. Journal of Affective Disorders. 1 Aug 2017;**217**:218-224. DOI: 10.1016/j.jad.2017.03.065. [Epub 2017 Apr 1]. PMID: 28431382; PMCID: PMC5469396

[45] Zhou E, Qiao Z, Cheng Y, et al. Factors associated with depression among HIV/AIDS children in China. International Journal of Mental Health Systems. 2019;**13**:10. DOI: 10.1186/s13033-019-0263-1

[46] Durisic M, Bunijevac M. Parental involvement as a important factor for successful education. CEPS Journal. 2017:137-153

[47] Kaur R, Vinnakota A, Panigrahi S, Manasa RV. A descriptive study on behavioral and emotional problems in orphans and other vulnerable children staying in institutional homes. Indian Journal of Psychological Medicine. 2018; **40**(2):161-168. DOI: 10.4103/IJPSYM.IJPSYM_316_17

[48] Child Welfare Information Gateway. Long-Term Consequences of Child Abuse and Neglect. Child Welfare Information Gateway; 2019. pp. 1-7

[49] National Center for Children in Poverty. Basic Facts About Low-Income Children. National Center for Children in Poverty; 2008. Available from: http://www.nccp.org/publications/pub_678.html

[50] Barlett DJ, Steber K. How to Implement Trauma-Informed Care to Build Resilience to Childhood Trauma. Child Trends; 2019. Available from: https://www.childtrends.org/publications/how-to-implement-

trauma-informed-care-to-build-resilience-to-childhood-trauma

[51] Tanzanian Nutrition Survey. Final Report. Tanzanian Nutrition Survey; 2018. pp. 1-121. Available from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/; https://www.unicef.org/tanzania/media/2141/file/Tanzania%20National%20Nutrition%20Survey%202018.pdf

[52] Sherman A. 4 in 10 Children Live in a Household Struggling to Afford Basics. Center on Budget and Policy Priorities; 2020. Available from: https://www.cbpp.org/blog/4-in-10-children-live-in-a-household-struggling-to-afford-basics

[53] García-Carrión R, Villarejo-Carballido B, Villardón-Gallego L. Children and Adolescents Mental Health: A Systematic Review of Interaction-Based Interventions in Schools and Communities. Frontiers in Psychology. 24 Apr 2019;**10**:918. DOI: 10.3389/fpsyg.2019.00918. PMID: 31068881; PMCID: PMC6491840

[54] Vadivel B, et al. The Impact of Low Socioeconomic Background on a Child's Educational Achievements. 2023. Available from: https://downloads.hindawi.com/journals/edri/2023/6565088.pdf

[55] Weiler LM, Lee SK, Zhang J, Ausherbauer K, Schwartz SEO, Kanchewa SS, et al. Mentoring Children in Foster Care: Examining Relationship Histories as Moderators of Intervention Impact on Children's Mental Health and Trauma Symptoms. National Library of Medicine; 2022. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8789940/

[56] United Nations Children's Funds: Innocenti Research Centre. Early Marriages Child Spouses. United Nations Children's Funds: Innocenti Research Centre; 2001. pp. 1-20

[57] Ferguson H, Bovaird S, Mueller M. The impact of poverty on educational outcomes for children. Paediatrics & Child Health. 2007;**12**(8):701-706. DOI: 10.1093/pch/12.8.701. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528798/

[58] Brownell M, Roos N, Fransoo R, et al. Manitoba Centre for Health Policy Is the class half empty? Choices. 2006;**12**:3. Available from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://deliverypdf.ssrn.com/delivery.php?ID=032102104004099031127067012028064028042048049042095026105086103064086080113096123000043045125052037037114123067068127088080114118061035009009023102001103065083120097042039047125007021121089070099001029093103126089122098073070003029015023101105103072004&EXT=pdf&INDEX=TRUE

[59] The Basic Facts About Children in Poverty. 2021. Available from: https://www.americanprogress.org/article/basic-facts-children-poverty/

[60] National Association for the Education of Young Children. School Readiness. National Association for the Education of Young Children; 1995. pp. 1-4. Available from: https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/PSREADY98.PDF

[61] Voorhis VLF, Epstein LJ, Maier FM. The Impact of Family Involvement on the Education of Children Ages 3 to 8. A Focus on Literacy and Math Achievement Outcomes and Social-Emotional Skills. MDRC; 2013. Available from: https://files.eric.ed.gov/fulltext/ED545474.pdf

[62] Kagan SL. Readiness past, present and future: Shaping the agenda. Young Children. 1992;**48**:48-53

[63] Lee K, Steiner E, Yager N, Handa S. Exploring the Gallup World Poll on Child Marriage around the World. USA: Department of Public Policy, University of North Carolina at Chapel Hill; 2017. Draft. Available from: https://news.gallup.com/opinion/gallup/219434/exploring-child-marriage-around-world.aspx

[64] Razza RA, Martin A, Brooks-Gunn J. Associations among family environment, sustained attention, and school readiness for low-income children. Developmental Psychology 2010;**46**(6):1528-1542. DOI: 10.1037/a0020389. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3050651/#:~:text=Children%20from%20low%2Dincome%20families%20enter%20school%20with%20poorer%20academic,2004%3B%20Schmitz%2C%202003)

[65] Su Y, Meng X, Yang G, et al. The relationship between childhood maltreatment and mental health problems: Coping strategies and social support act as mediators. BMC Psychiatry. 2022;**22**:359. DOI: 10.1186/s12888-022-04001-2

[66] Westoff Charles F. Age at Marriage, Age at First Birth and Fertility in Africa, World Bank Technical Paper No. 169. Washington DC: The World Bank; 1992

[67] UNICEF. Child marriage [Internet]. Unicef.org. 2000. Available from: https://www.unicef.org/rosa/what-we-do/child-protection/child-marriage; https://asiapacific.unfpa.org/sites/default/files/pub-pdf/Child%20Marriage%20in%20Southern%20Asia.pdf

[68] National Scientific Council on the Developing Child. Persistent Fear and Anxiety Can Affect Young Children's Learning and Development: Working Paper No. 9. National Scientific Council on the Developing Child; 2010. Available from: https://developingchild.harvard.edu/wp-content/uploads/2010/05/Persistent-Fear-and-Anxiety-Can-Affect-Young-Childrens-Learning-and-Development.pdf

[69] Patel V, Flisher A, Hetrick S, McGorry P. Mental Health of Young People: A Global Public-Health Challenge. The Lancet. 2007;**369**(9569):1302-1313. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10579665/#r41"2010

[70] Steinhaus M, Thompson L. No Exceptions: A Synthesis of Evidence on the Prevalence and Impact of Child and Early Marriage in the United States and How this Compares to Existing Global Evidence. Washington, DC: International Center for Research on Women; 2020

[71] Cohen S, Syme SL, editors. Social Support and Health. Academic Press; 1985. Available from: https://www.cmu.edu/dietrich/psychology/stress-immunity-disease-lab/publications/books/symechap85.pdf

[72] Camacho C, Straatmann VS, Day JC, Taylor-Robinson D. Development of a predictive risk model for school readiness at age 3 years using the UK Millennium Cohort Study. BMJ Open. 2019;**9**:e024851. DOI: 10.1136/bmjopen-2018-024851 PMID: 3121344

[73] Hair E, Halle T, Terry-Humen E, Lavelle B, Calkins J. Children's school readiness in the ECLS-K: Predictions to academic, health, and social outcomes in first grade. Early Childhood Research

Quarterly. 2006;**21**:431-454. DOI: 10.1016/j.ecresq.2006.09.005

[74] Lipscomb ST, Miao AJ, Finders JK, Hatfield B, Kothari BH, Pears K. Community-Level Social Determinants and Children's School Readiness. Prevention Science. 2019;**20**:468-477. DOI: 10.1007/s11121-019-01002-8. PMID: 30852712

Chapter 8

Effect of Child Neglect on Psycho-Social Wellbeing and Academic Life of Children in Secondary School: Perception of Teachers in Ethiope East Local Government Area, Delta State, Nigeria

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Abstract

Parents and guiders especially in the developing nation like Nigeria and other under developed nations indulge in child neglect most times unintentionally. Child neglect as a form of child abuse has not been given special attention like other forms of abuse. This study examined the effect of child neglect on the psycho-social wellbeing and academic life of children in secondary school from the perception of teachers in Ethiope East Local Government Area, Delta State, Nigeria. A questionnaire was used to collect data from a sample of 121 teachers selected from 10 schools within the study area. Data obtained was analyzed using descriptive statistic. The study revealed physical, educational, emotional and medical neglect as the common forms of child neglect in our society. Contributing factors to child neglect include disunity among parents, low income/poverty, parents' level of awareness/educational, parents believe about child discipline and the child's behavior. The effect of child neglect on the psycho-social wellbeing of children include that it reduces the emotional closeness between child and parents/guiders, the child development of deviant behavior and having low self esteem. Child neglect affects children academic life as the child find it difficult; to concentrating in class, remember and think straight.

Keywords: child neglect, psycho-social, academic life, secondary school children, perception

1. Introduction

A child can be described as an individual below the age of adulthood. This stage is between the stage of infancy and adolescence which can be between the age of 1–18. At this stage, the individual have little or no matured sense of reasoning and cannot fend for his/her self thus live by the of cater and assistance of parents or caregiver. Children are so paramount and take special position in the continuance of a family and nation. They are the ones that take over from the older generations in a family or society, they are seen as "the leaders of tomorrow." Even the Holy Book of the Christian belief said "children are an heritage of the Lord; and the fruit of the womb is His reward" (Psalms 127:3). Hence the continued existence of any society both human and animal societies depends on the survival of children.

It is the responsibility of every parents/caregiver to cater for the child by proving all material needs and amenities for the child to live, grow and cope in the environment and failure to do so, is termed as abuse & neglect on the child's right to those needs. Child abuse and neglect as described in the Child Welfare Information Gateway [1] include any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm. Child abuse can be in divers forms which according to the World Health Organization includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results 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 [1].

The problem this study seeks to solve includes the problem of ignorance of parents and guiders regarding the welfare of their children. Most parents in Nigeria especially the uneducated ones seem to see their neglecting actions on a child as a normal thing, they assume it's a way of training the child to be strong and independent. This study will open their eyes to the subtle effect this actions have on the child psychologically, socially and academically. Also, the issue of child abuse as received the attention of scholars in recent times and much has been said by authors in regards to child abuse. However, not much empirical literatures have been written regarding child neglect as a unique form of child abuse and its effects on children. This study will therefore look into that aspect by unveiling the ways child neglect as a form of child abuse affects the psychologically, socially and academic.

The study specifically will:

1. Examine some common forms of child neglect in our society from perception of secondary school teachers.

2. Examine the factors contributing to child neglect in our society from perception of secondary school teachers.

3. Examine the ways child neglect affects the child's psycho-social wellbeing.

4. Examine the ways child neglect affects the child's academic life.

The study was guided by the following research question:

1. What are some common forms of child neglect in our society?

2. What factor contribute to child neglect in our society?

3. How do child neglect affect the child's psycho-social wellbeing?

4. How do child neglect affect the child's academic life?

The study covered teachers of public secondary schools in Ethiope East Local Government Area, Delta State, Nigeria.

2. Literature review

2.1 Meaning of a child, neglect and child neglect

A child is an individual that is not matured enough to take some major life decision and he/she is still very much dependents on others for survival. Literarily, the word neglect means the failure to take proper care over something, the state of being uncared for (Oxford Dictionary). In relation to a child's welfare, neglect can be described as the state of a child being uncared for or the situation in which a child is not being properly taken care of. Tingberg and Nilsson see child neglect as the absence of things, an omission of care needed by a child [2].

Child neglect encompasses lack of child's supervision, parents or caregiver ignoring that a child is not being given adequate food, living space, clothes, education, or basic health care, lack of emotional support and love to the child [2]. Child neglect according to Olayode can manifest in unkempt appearance, inappropriate dressing, anger, unbalance diet and non-immunization of children [3].

Child neglect is a common form of child abuse indulged in by parents or caregivers in which they deprive a child from getting basic needs, failing to provide adequate supervision, food, health care, clothing, or housing which ultimately results in physical, emotional and psychological injury of the child.

2.2 Forms of child neglect

But broadly speaking, there are four types of child neglect.

Physical neglect: Physical neglect of a child is the situation in which parents/caregiver's failure to protect the child from situations or objects that can inflict physical harm on the child. It include parents' failure to or not properly catering for the child's basic needs; such as food, clothing appropriate for the weather shelter, adequate rest or sleep or helping the child carry out oral or personal hygiene practices. Some of the characteristics of physical neglect include leaving the children hungry, dirty, unsafe, and unattended to.

Educational neglect: In our contemporary society, education is the right of all citizens both adults and children. Thus ignorantly or intentionally depriving any individual access to education is termed as infringement on the individual's human right. When parents or guardian ignorantly or intentionally fails to cater for their child's educational needs such a parent is negligence of the child's education. Educational neglect includes parents' failure to enroll a school-age children in school or to provide the necessary support financially or make available learning materials to enable the child do well in school. This failure will in a way deprive the child from seating for that exam while his/her mates are seating for it.

Emotional neglect: Damasio described emotion as mental state brought on by neurophysiologic changes, commonly associated with thoughts, feelings, behavioral responses, and a degree of pleasure or displeasure [4]. Emotional neglect is seen as the failure of parents or guiders show proper concern or care about the mental state of their child. It is the failure of parents to provide emotional support, love and affection, depriving the child of a sense of belonging. Examples of emotional neglect include failing to provide the child with human interaction, possibly by locking them away alone, allowing the child to witness violence or severe abuse between parents or adults, ignoring, insulting, or threatening the child.

Medical neglect: Children fall sick easily, as they are still trying to build a strong immune system, at some point they may fall ill. If a parent or caregiver fails to provide necessary health care by taking the child to a hospital or health center for proper treatment, then it may result to disability, long term complications that will affect other aspects of the child's life or even death. It includes parents' failure to notice physical injury, medical illness and ignoring medical recommendations by a physician for the child.

2.3 Factors that causes child neglect in societies

Ordinarily, no parents or guider in their normal sense will intentionally be neglectful to their children or their wards. Combinations of factors are likely to contribute to child neglect in our contemporary society. Some of these factors could be economical, social, and cultural.

Economic factor: The economic status of the family, parents, guider/caregiver can contribute to neglectful attitude of parents towards their children. A parent who is poor or of low economic status can indulge in child neglect by not showing much concern to the child educational needs or skill acquisition needs, they tend be concern about how to get money for other activities like rent and feeding. Some due to the level of their income starve their children of food, proper clothing, medical attentions etc. Poverty is a disease that eats up good and moral behavior of most individuals, an increasing number of parents find themselves unable to cope with the stresses of poverty and low income and their children often bear the brunt of parental frustration through physical abuse and neglect. Reductions in income and other economic meltdown increase the numbers of children being subject to neglect. Unexpected situation like sudden loss of source of income and ill health or sickness can parents who have been so caring and loving to start neglecting and showing less concern about their children due to frustration. According to Olaojo and Oyediran, parents due to economic hardship fail to care for the child, they would rather abandon the child to another family who may be well-to-do. This will likely result to emotional neglect as the child's emotional welfare will likely not be catered for since he/she is not counted as a bonafide member of the family within which he/she lives [5].

Social factor: The social status of the parents contributes to neglectful behavior towards their child's physical, emotional even academic needs and wellbeing. Example of the social factor is educational level of the parent/guider. Education has a way of opening one's eyes and shaping one's behavior. Parents that are highly educated will likely have more exposure and awareness that about the needs of the child and tries to provide all. Unlike the uneducated parents who are ignorant and are not expose to training in any institutions of higher learning, most of them do not value education and thus, show less concern towards and neglect the educational needs of their children.

Another social factor to child neglect in our societies arises from domestic violence single parenthood and marital conflict in form of conflicting ambitions, ideas or interest within parents. When the immediate environment of the child is in disarray, there will be no focus on the child leading to neglect. Just like the saying "when two elephants fights, it the grasses that suffers" when there is conflict in the house between parents, it is the children that suffers because the parents will not be united to cater fully for the child's basic needs.

Cultural factor: Some culture especially in Nigeria some African nations are gender bias, they tend to give preference to one particular gender than the other gender, thus putting one gender in tight corner and favors the other. As posited by Osamiro, Oronsaye, and Ekwukoma, it is a taboo in some culture for parents to have an intimate discussion with their female children on human sexuality [6]. This cultural belief can hinder parents from giving their female children a thorough sexuality education. Also the cultural belief and practice of the place of female child in the home is kitchen and doing house chores. This belief has eaten deep into the society especially rural areas, it has made most female child to suffer neglect in the aspect of education. Parents show less interest and concern about the education of the girl child, they see it as waste of resources to invest in the female education.

Child factor: Child factors such as aggression, attention deficits, difficult temperaments, and behavior problems-or the parental perceptions of such problems can make a child to be neglected. The behavior of children sometimes can in a way lead to them being neglected both physically, emotionally and academically. For instance in the family in which parents or guider provide all the needs of the child, and the child is of the habit of wasting resources especially resources like food and clothing, the parents may be left with no option but to withdraw such full supply of those resources. The then feel neglected as the parents will begin to show less concern towards the child's needs in terms of food and clothing. Also, in the school setting, teachers may abandon the child physically and academically if the child persistently portray some behavior that disrupts learning. Such child may be sent out of the class and even deprived from entering the class.

Some of the warning signs that a child might be going through neglect of any forms as include, Nervousness around adults, aggression towards adults or other children, Inability to stay awake or to concentrate for extended periods, Sudden, dramatic changes in personality or activities, frequent or unexplained bruises or injuries, low self esteem, poor hygiene [7]. Also, poor growth, weight loss or gain, poor hygiene, lack of appropriate clothing or supplies to meet their needs, stuffing themselves at one meal and hiding food for later, or stealing food or money as being noted as some telltale signs that a child is being neglected [8].

2.4 Effects of child neglect

Child neglect which is parent's attitude or action of ignoring and showing little concern towards the child care, being given adequate food, living space, clothes, education have some level of effects on child the child. The effect can be categorized as psycho-social (psychological & social) effect and academic effect. These effects can manifest both in short term i.e. during childhood and in long term i.e. into adulthood.

2.4.1 Effects on psychological wellbeing

Psychological denotes ones mental state as a result of change in perception i.e. ways of thinking and/or behavior. The psychological effect of child neglect manifests

itself on the victims (the neglected child) behavior. Some of these psychological behaviors include distrust, low self esteem, depression and anxiety.

Distrust: Children always have that felling and believe that parents can do anything and can supply all their needs. When you tell your child even as an average economic parent when you tell your child (ren), 'I will buy you a private jet next week' the child will express joy and even start telling friends 'my daddy will buy me a private jet next week' this is as a result of the child's believe and trust for parents. But when parents begin to neglect their children especially physical neglect (failure to provide basic necessities like food, clothing, or shelter) consistently, the child will loss such trust for the parents. This distrust can even translate into lifelong psychological consequences that can manifest as trouble forming and maintaining relationships as they can hardly trust anyone in their immediate environment for anything.

Low self esteem: Physical child neglect especially in the aspect of clothing can make the child develop inferiority complex, they tend to feel inferior among peers because they look tattered look. Also, emotional neglect can make a child develop the a negative impression and set their mind that they are unworthy of love and attention.

Sad mood: Sad feelings and frequent moody look from time to time due to stress and if it occurs more frequently, it could result in depression. A child being neglected in what so ever way does not feel happy, he/she is always moody feel rejected and valueless.

Depression and anxiety: Child neglect of any form can be a factor for a child to develop anxiety and depression. Not receiving the medical care, physical and emotional support needed, a child can develop a feelings of sadness, hopelessness, and chronic worry especially when he/she see other children in the environment enjoying such care and support from their parents. All these mental state of mind of the neglected child surface in his/her social life. In the work of Muela, Elena, Alexander, Larrea, and José, children who were victims of physical neglect were found to be displaying serious social–emotional problems like suffering from personality disorders with high symptoms of anxiety, depression and dissociative disorders in adolescence and adulthood, In the same way, physical neglect and a lack of supervision in childhood is said to be associated with an increase in the risk of producing self-harming behavior and suicidal tendencies [9].

2.4.2 Effects on social wellbeing

Social life of an individual speaks of the different interactions and relationship such individual form with others, such as family, friends, members of their community, and even strangers. Ones social life can be determined by the frequency, the duration and the quality of time such a one spend interacting others whether face-to-face, over the internet. Social effect encompasses all the effects neglect may have on the process of the child's interaction with people and the behavior exhibited in the environment he/she finds his/her self. Some characters a neglected child exhibited include.

Isolation: As a result of the low self esteem and inferior mentality, the child tries to cope by avoiding people. Mostly child (ren) that is physically neglected, they tend to isolate and disconnected from their peers in order to avoid intimidation because they feel they lack the social and emotional capacity to engage in group activities. The aftermath of isolation is loneliness.

Indulging in risky behaviors and criminal activities: The physical neglect of a child can make the child turn out to become problematic and a problem to the society.

By way of trying to cope with lake of some basic needs, the child so neglected children get involve in petty stealing which on the long run they turn out to be big time robbers in the society. Also, an emotionally neglected child trying to cope with depression and other pain may resort to using drugs and other substance leading to drug abuse. Typical example in our environment, you see young teenage individuals taking hard drugs and smoking cigarette, when confronted and asked the reason for their involvement, they use the word "I no get joy oo ... " "I just wan dey high" this is because as very young children their parents might have neglected them emotionally or physically and has led to depression

Vulnerability to bullying: Neglected children due inferiority complex developed as a result of low self esteem might be more vulnerable to peers' bullying.

2.4.3 Effects on academic life

A child academic life is made up of his/her academic portfolio i.e. the child's academic achievements, his/her attendance and attention in class, and general academic performance. A child academic performance describe tells of how well, how smoothly, how skillfully, how intellectually the child can act and response to academic problems in his/her endeavor.

Neglect especially educational neglect which is the failure of parents to provide the necessary support financially or make available learning materials to enable the child do well in school have effect on the academic life of the child in several ways including, That the child will have poor grades in school, more suspensions due to awkward behaviors and more repetition of class. The child is frequently absent from school, begs or steals food or money, is consistently dirty, or lack sufficient clothing for the harsh weather [10].

School dropout of the child: The end point of the inability of the child/students to cope or continue with academic activities as a result of lack of academic requirement due to educational neglect is to drop out of school. Students who may be facing the effect of child neglect in form of depression, may end up dropping out from school due to loss of interest and demotivation. Also, Depression, low self esteem, and other psychological effects of child neglect can make the child who is a student to adopt use of drugs. As observed by Akanbi, Godwin, Anyio, Muhammad, and Ajiboye [11], school going adolescents who use drugs and other substances tends to abuse it and as a result experience mental health problem, either temporarily or for a long period of time, some become insane, maladjusted to school situations and eventually drop out of school. If a student/child drops out of school, it means he/she as stopped participating in academic activities and the academic life has being ruined.

An individual's education is closely linked to his life chances, income and wellbeing [10]. Trauma caused by experience of child neglect can have serious effects on the developing brain increasing the risks of psychological problems [5]. This stunted or slow brain development and other psychological problems on the long run can hinder the child from concentrating in school. According to the U.S. Department of Health and Human Services, abuse and neglect are associated with short- and long-term consequences that may include brain damage, developmental delays, learning disorders, problems forming relationships, aggressive behavior, and depression. Survivors of child abuse and neglect may be at greater risk for problems later in life such as low academic achievement, drug use, teen pregnancy, and criminal behavior that affect not just the child and family, but society as a whole [7].

3. Methodology

Due to the nature of the study, the descriptive survey research design was adopted because the study by way of description seems to assess the perception of secondary school teachers on the issue of child neglect. The population of the study comprised of the twenty three (23) public secondary schools in Ethiope East Local Government Area of Delta State with teachers population of 254 teachers. Adopting the stratified random sampling technique, 10 schools comprising of 121 teachers were sampled to participate in the study.

The sole instrument used for data collection in this study was a close-ended questionnaire designed in a four point Likert scale of Strongly Agree (rating 4), Agree (rating 3), Disagree (rating 2), or Strongly Disagree (rating 1). instrument was duly validated by experts in the field of measurement and evaluation. The Cronbach Alpha statistical tool was employed to test the reliability of the instrument and a coefficient of 0.977 was obtained. The descriptive statistic of frequency, percentage and mean ranking method was used to analyze the data obtained.

4. Data analysis

This section presents the result and findings of the study. Out of the 121 questionnaire distributed, only 120 was returned and used for the analysis in the study.

4.1 Demographic data

In terms of gender, 40 accounting 40% of the respondents are male, while 72 accounting 60% of the respondents are female. This indicates that there are more female than male teachers in the sampled schools. On marital status, 15 representing 12.5% of the respondents are singles, 102 representing 85% are married, one representing 0.8% is a divorcee, two accounting for 1.6% are widowed. The result shows that majority of the teachers are married people who may have children/kids at home.

In terms of work experience of the respondents, 14 representing 12% of the respondents have work experience within 0–5 years, 27 representing 22% of the respondents have work experience within 6–10 years, 25 representing 21% of the respondents have work experience within 11–15 years, 29 representing 24% have work experience within 16–20 years, 19 representing 16% have work experience within 21–25 years and six representing 5% of the respondents have work experience above 26 years. The result implies that majority of the teachers are experience teachers with at least 5 years experience. On the academic qualification of the respondents, 15 representing 13% are NCE holders, 59 representing 49% are BA/BSC/B.Ed degree holders, 45 representing 37% are Master' Degree (M.Sc/M.Ed) degree holders and 1 representing 0.7% have PhD. This indicates that majority of the teachers are Bachelor and masters (B.Sc/B.Ed and M.Sc/M.Ed) degree holders.

4.2 Presentation of result related to the research questions/objectives

A benchmark of 2.50 was set, where the mean for each statement is lower than the benchmark, such statement or item is said to be rejected but if higher than the benchmark, it is accepted. Also, 'SA + A' was judge as agreed and D + SD as disagreed.

S/N	Items	SA Scale 4	A Scale 3	D Scale 2	SD Scale 1	$\sum fx$	$\bar{x}$ Mean	Decision	Social factors rank order
1	Most of the children come to school look tattered, hair not combed with torn uniform and always looking unfed (Physical)	49 41%	53 44%	9 7.5%	9 7.5%	382	3.18	Accepted	1st order 102 (85%)
2	Some children in our school always do not buying books, they lack most of the required textbooks, they barely pay fees(educational)	47 39%	55 46%	13 11%	5 4%	384	3.20	Accepted	1st order 102 (85%)
3	Some parents allow their child to school even in sick/ ill condition, the children appears unhealthy looking (Medical)	30 25%	37 30%	26 22%	27 23%	317	2.64	Slightly Accepted	3rd order 67 (55%)
4	Most parents in our communities do not care about their children's mental health and their emotions (Emotional)	53 44%	44 37%	12 10%	11 9.2%	379	3.15	Accepted	2nd order 97 (81%)

Source: Response to survey questionnaire, August, 2023.

Table 1.
Analysis of data on some common forms of child neglect in our society.

Research question one: what are some common forms of child neglect in our society?

Items 1–4 of the questionnaire in **Table 1** were used to examine the common forms of child neglect in our society from the teachers view. From the analysis of data, it is accepted by 102 accounting for 85% accepted with mean of 3.18 that most children come to school look tattered, hair not combed with torn uniform and always looking unfed this insinuates physical neglect of the children, also, it was accepted with mean of 3.20 agreed by 102 accounting for 85% of the respondents agree that Some children in our school always do not buying books, they lack most of the required textbooks, they barely pay fees indicating that their education are being neglected, however it was slightly accepted by 67 accounting for 55% with mean of 2.64 > 2.50 that some parents allow their child to school even in sick/ill condition, the children appears unhealthy which to some extent indicates medical neglect of their parents or guiders. It was accepted with mean of 3.15 by 97 accounting for 81% of respondents that most parents in their communities do not care about their children's mental health and their emotions.

From the above, all the items were accepted with higher mean of 3.18, 3.20, 2.64 and 3.15 > 2.50 as some form of child neglect observed in our society.

From the result, the most common form is physical neglect ranking as the highest, closely followed by educational neglect, followed by emotional neglect then lastly ranked is medical neglect.

Research question two: what factor contribute to child neglect in our society.

S/N	Items	SA Scale 4	A Scale 3	D Scale 2	SD Scale 1	$\sum fx$	$\bar{x}$ Mean	Decisions	Rank order
5	Economic status (low income/poverty) of the family, parents, guider/ caregiver can contribute to neglecting attitude towards their children	55 45.8%	60 50%	2 1.7%	3 2.5%	407	3.39	Accepted	2nd order 115 (95.8%)
6	Frequent disagreement/ disunity among parents can lead to neglect of the children's needs	82 68%	38 32%	0	0	442	3.68	Accepted	1st order 120 (100%)
7	Most parents/guider/ caregiver in our society believe child neglect as a way of disciplining a child	50 41.7%	50 41.7%	12 10%	8 6.7%	382	3.18	Accepted	4th order 100 (83%)
8	Parents, guider/caregiver low educational level or level of awareness contributes to child neglect in our society	70 58.3%	42 35%	3 2.5%	5 4.2%	417	3.48	Accepted	3rd order 112 (93%)
9	Child's factor such as disobedient, and any deviant behavior that upsets parents/guider/ caregiver result to neglect on the child	49 41%	51 42.5%	15 12.5%	5 4%	384	3.20	Accepted	4th order 100 (83%)

Source: Response to survey questionnaire, August, 2023.

Table 2.
Analysis of data on factor contributing to child neglect.

Item 8–9 of the questionnaire in **Table 2** was used to assess some factors contributing to child neglect in our society. From the table, it was accepted with mean of 3.39 by 115 accounting for 95.8% of the respondents that family, parents, guider/caregiver economic status (low income/poverty) contribute to neglecting attitude towards their children, All the respondents 120 (100%) accepted with mean of 3.68 that frequent disagreement/disunity among parents can lead to neglect of the children's needs, it was accepted with mean of 3.18 by 100 accounting for 83% of the respondents that most parents/guider/caregiver in our society believe child neglect as a way of disciplining a child, it was also agreed by 112 accounting for 93% of the respondents and accepted with mean of 3.48 that parents, guider/caregiver low educational level or level of awareness contributes to child neglect in our society, and 100 accounting for 83% accepted with mean 3.20 that child's factor such as disobedient, and any deviant behavior that upsets parents/guider/caregiver result to neglect on the child.

From the result, the highest ranked factor to child neglect in our society, disagreement/disunity among parents, closely followed by low income/poverty, followed by parents' educational level or level of awareness, followed by parents' believe about child discipline and lastly the child's behavior.

Research question three: how does child neglect affect the child's psycho-social wellbeing?

S/N	Items	SA Scale 4	A Scale 3	D Scale 2	SD Scale 1	Σfx	$\bar{x}$ Mean	Decisions
10	Child neglect can decrease the children's emotional closeness with their mother/guiders	38 (31.6%)	80 (66.7%)	2 (1.7%)	0	396	3.30	Accepted
11	Child neglect can make a child involve in stealing and become a deviant in the society	40 (33%)	75 (63%)	5 (4%)	0	395	3.29	Accepted
12	Trauma from injury, disfigure, deformity as a result of physical neglect of a child make a child develop aggressive behavior towards other children	1 (1%)	9 (7.5%)	57 (47.5%)	53 (44%)	198	1.65	Rejected
13	Neglected children feel rejected, depressed and downcast due to lack of basic need which other children have	48 (40%)	69 (57.5%)	0	3 (2.5%)	402	3.35	Accepted
14	Lack of basic needs make children see themselves as inferior and try to avoid other by isolating themselves	28 (23.3%)	91 (75.8%)	1 (0.8%)	0	387	3.23	Accepted

Source: Response to survey questionnaire, August, 2023.

Table 3.
Analysis of data on effects of child neglect on child's psycho-social wellbeing.

Statements 10–14 of the questionnaire were used to assess ways child neglect affect a child's psycho-social wellbeing. From **Table 3** above, it was accepted with mean of 3.30 by 118 accounting for 98.3% of the respondents that child neglect can decrease the children's emotional closeness with their mother/guiders, it is accepted by 115 accounting for 96% of respondents with mean 3.29 that child neglect can make a child involve in stealing and become a deviant in the society, it was rejected by 110 accounting for 91.5% of the respondents with mean 1.65 that trauma from injury, disfigure, deformity as a result of physical neglect of a child make a child develop aggressive behavior towards other children, this means that injury, disfigure, deformity from physical neglect does not lead to development of aggressive behavior. One hundred seventeen accounting for 97.5% of the respondents with mean 3.35 accepted that neglected children feel rejected, depressed and downcast due to lack of basic need which other children have, and it was accepted with mean 3.23 by 119 accounting for 99.2% lack of basic needs make children see themselves as inferior and try to avoid others by isolating themselves.

From the above, all items except item 12 were accepted with higher mean of 3.30, 3.29, 3.35, 3.23 < 2.50 as the ways child neglect affect a child's psycho-social wellbeing. However, This is to say the effect child neglect have on the psycho-social wellbeing of children includes; reduction in emotional closeness with their mother/guiders, involvement in stealing and become a deviant, feeling rejected, depressed and downcast and isolation due to inferior complex.

Research question four: how do child neglect affect the child's academic life.

Items15–19 of the questionnaire in **Table 4** was used to gather data on the ways child neglect affects academic life of children. From the table above, it was agreed by

S/N	Items	SA	A	D	SD	Σfx	$\bar{x}$ Mean	Decisions
15	Children find it difficult to concentrate in class due to worries and anxiety of lack of learning materials	51 42.5%	59 49%	6 5%	4 3%	397	3.30	**Accepted**
16	Medically neglected children become seriously sick and not being able to concentrate/focus in school(a sick person is a weak person)	31 26%	70 58%	10 8.3%	9 7.8%	372	3.10	**Accepted**
17	Children look disorganized and unable to think straight, find it difficult to remember learnt object due to depression from being neglected	37 31%	73 61%	5 4%	5 4%	382	3.18	**Accepted**
18	Lack of personal learning materials makes most students to skip classes and are not punctual to school	29 24%	53 44%	18 15%	20 17%	331	2.70	Accepted
19	Students with inferiority complex due to lack of required learning materials and their unkempt appearance always not participate in class activities	50 42%	60 50%	3 2.5%	7 5.8%	393	3.28	**Accepted**

Source: Response to survey questionnaire, August, 2023.

Table 4.
Analysis of data on ways child neglect affects academic life of a child.

110 accounting for 92% of the respondents that children find it difficult to concentrate in class due to worries and anxiety of lack of learning materials, 101 accounting for 84% of the respondent said medically neglected children become seriously sick and not being able to concentrate/focus in school because a sick person is a weak person, 110 accounting for 92% said children look disorganized and unable to think straight, find it difficult to remember learnt object due to depression from being neglected, 82 accounting for 68% of the respondents said lack of personal learning materials make most students to skip classes and are not punctual to school, 110 accounting for 92% of the respondents said students with inferiority complex due to lack of required learning materials and their unkempt appearance always not participate in class activities.

From the analysis above, all the items have mean score of 3.30, 3.10, 3.18, 2.7, 3.28 > 2.50 showing acceptance. This indicates that child neglect affect students' academic life because it makes it difficult for students to concentrate in class, unable to think straight, it hinders remembering, makes them skip classes and are not punctual to school.

5. Findings

In the course of this study, literatures were reviewed, data were collected and analyzed and it was revealed that

- Child neglect is a common phenomenon in our society today and many secondary school children in Ethiope East Local Government Area, Delta State, Nigeria suffer one form of neglect or the other.

- Children are intentionally and unintentionally neglected by parents in our societies today and factors responsible are both parent and child related. Some parents' related factors are uncontrollable like economy and child's factor emanate from the child's behavior both in school and at home.

- Child neglect predisposes children to numbers of maladjustment behaviors which are detrimental to their psychological, social and academic endeavors as students.

- Child neglect especially educational neglect is a root cause of child low academic achievement and total dropout from school as it predisposes a child as student to inferiority complex that makes him/her see his/her self as not worthy of being among other children in school.

6. Discussion

In the Nigerian societies till date, most children both in school and at home are being neglected in one way or the other either physically, educationally, emotionally even medically and the most common among secondary school students are physical and educational neglect which are evidence in their lack of required textbooks, tattered look with hair not combed and torn uniform. This is closely related to Olayode [3] who noted that child neglect can manifest in unkempt appearance, inappropriate dressing, anger, unbalance diet and non-immunization of children. All of which are as a result of physical, emotional and medical neglect.

Factors responsible for child neglect are both parent and child related, such factors include disagreement/disunity among parents, low income/poverty, parents' level of awareness/educational, parents believe about child discipline and the child's behavior. Economy crisis which uncontrollably affects income level of parents contributes to parents unintentionally neglecting their child(ren) and child's factor which emanate from the child's behavior both in school and at home contributes to intentional neglect on the child. This is somewhat related to Olaojo and Oyediran's observation that parents due to economic hardship fail to care for the child, they would rather abandon the child to another family who may be well-to-do which will likely result to emotional neglect as the child's emotional welfare will likely not be catered for since he/she is not counted as a bonafide member of the family within which he/she lives [5].

Child neglect predisposes children to numbers of maladjustment behaviors which are detrimental to the psychological, social wellbeing of children. It reduces the emotional closeness with their mother/guiders, result in child's involvement in stealing and become a deviant, they develop a feeling of rejection, depression and isolation due to inferior complex. This is in tandem to Muela, Elena, Alexander, Larrea, and José who noted that children who were victims of physical neglect were found to be displaying serious social-emotional problems like suffering from personality disorders with high symptoms of anxiety, depression and dissociative disorders in adolescence and adulthood [9].

Child neglect mostly educational neglect is a root cause of child low academic achievement, total dropout from school as it predisposes a child as student to difficulty in concentrating in class, inability to think straight due to emotional effect, it hinders their remembering ability, lead to frequent skipping of classes and unpunctual to school. This is not so different from Edinyang, Ekuri, and Ushie who identified the effect of neglect on a child to include, frequent absent from school and begs or steals food or money [10].

7. Conclusion

The study examined the effect of child neglect on psycho-social wellbeing and academic life of children in secondary school. In the course of the study, related literatures were revealed in line with the concept of the topic. From literatures it was shown that child neglect is the failure of parents or guider to give proper care, attention and provision to the basic survival needs of the child such as food, shelter, academic required learning materials, emotional support, proper supervision, proper medical care and so on. Child neglect is very common in our society today and many children both in school and at home experience at least one form of neglect. Children are intentionally and unintentionally neglected by parents in our societies today due to factors which are both parent and child related. Some parents' related factors are uncontrollable like economy and child's factor emanate from the child's behavior both in school and at home.

Child neglect has effect on the psychological, social and academic life as it predisposes children to numbers of maladjustment behaviors which are detrimental to their psychological, social and academic endeavors as students. It is a strong contribution to child low academic achievement and total dropout from school. Children who are physically neglected may suffer immediate physical injuries such as cuts, bruises, or dislocation of bones which puts their health at risk of death if immediate attention not given.

Based on these, it can be concluded without doubt that child neglect is a subtle future destroyer, a missile that can destroy future generation by ruining the destiny of children who are the future generation, it can result to death on the long run as the neglected child especially medically neglected child whose health issues were not given immediate response due to parents' negligence may experience sudden death.

It is recommended based on the findings that parents and guiders should desist from seeing neglecting a child as a way of disciplining or training the child to be strong. Parents should try their possible best to provide the very basic need especially food, shelter, medical and academic related need. This will make the child see his/her self as a valuable asset in the family and society instead of having low self esteem which result in depress feeling and other unruly behaviors.

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Conflict of interest

The authors declare no conflict of interest.

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References

[1] Child Welfare Information Gateway. Definitions of Child Abuse and Neglect. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau 2022; 2019. Available from: https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/

[2] Tingberg B, Nilsson D. Child neglect-still a neglected problem in the global world: A review. Journal of Advanced Pediatrics and Child Health. 2020;**3**: 038-046

[3] Olayode TE. Child Abuse and Neglect; Effects on Social Security: A Case Study of Abeokuta North Local Government Area of Ogun State. Lagos, Nigeria: National Open University of Nigeria; 2015

[4] Damasio AR. Emotion in the perspective of an integrated nervous system. Brain Research. Brain Research Reviews. 1998;**26**(2–3):83-86. S2CID 8504450. DOI: 10.1016/s0165-0173(97)00064-7

[5] Olaojo BO, Oyediran AO. Teachers' perception on effects of child abuse on academic performance of secondary school students'. International Journal of Innovative Education Research. 2020;**8**(2):80-86

[6] Osamiro EO, Oronsaye RO, Ekwukoma V. Influence of religious and cultural beliefs on girl-child educational aspiration in Nigeria. Journal of Educational and Social Research. Rome, Italy: MCSER Publishing; 2015;**5**(2): 165-170

[7] U.S. Department of Health and Human Services. Gateways to Prevention: What Everyone Can Do to Prevent Child Abuse. The Administration for Children and Families; 2004. Available from: www.preventchildabuse.org

[8] Court Appointed Special Advocate [CASA]. Identifying the Different Types of Child Abuse. Child Advocates of Montgomery County; 2015. Available from: https://casaspeaks4kids.com/identifying-different-types-child-abuse/

[9] Muela A, Elena LDA, Alexander B, Larrea I, José RV. Definition, Incidence and Psychopathological Consequences of Child Abuse and Neglect. London, UK: IntechOpen; 2012. DOI: 10.5772/46135

[10] Edinyang SD, Ekuri PG, Ushie DE. Residents perception on child abuse and influence on social studies students' academic achievements. International Journal of Humanities and Social Science. 2019;**9**(8)67-75. DOI: 10.30845/ijhss.v9n8p9

[11] Akanbi MI, Godwin A, Anyio BT, Muhammad M, Ajiboye SA. Impact of substance abuse on academic performance among adolescent students of colleges of education in Kwara state, Nigeria. Journal of Education and Practice. 2015;**6**:28

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Child abuse and neglect is a scourge in our global community. In the United States alone, the nation loses an average of five children a day to child abuse and neglect. The impact of child abuse and neglect is significant. It can affect esteem, health and development, learning outcomes, and more importantly, closeness between a child and their parent. This book highlights the issues associated with child abuse and neglect and captures the nuances of its effect on child development and psychosocial well-being. The authors are from the international community and speak to the dynamics of child abuse and neglect across nations.

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