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Understanding Cultural Context of Parenting to Define Child Abuse and Validate an Existing Measure on Child Physical and Emotional Abuse in South Indian Parents Living in Georgia

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**UNDERSTANDING CULTURAL CONTEXT OF PARENTING TO DEFINE CHILD
ABUSE AND VALIDATE AN EXISTING MEASURE ON CHILD PHYSICAL AND
EMOTIONAL ABUSE IN SOUTH INDIAN PARENTS LIVING IN GEORGIA**

by

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B.S., GEORGIA STATE UNIVERSITY

**A Thesis Submitted to the Graduate Faculty
of Georgia State University in Partial Fulfillment
of the
Requirements for the Degree**

MASTER OF PUBLIC HEALTH

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APPROVAL PAGE

UNDERSTANDING CULTURAL CONTEXT OF PARENTING TO DEFINE CHILD ABUSE AND VALIDATE AN EXISTING MEASURE ON CHILD PHYSICAL AND EMOTIONAL ABUSE IN SOUTH INDIAN PARENTS LIVING IN GEORGIA

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May 23, 2016

ABSTRACT

Anu Laxmi

Understanding Cultural Context of Parenting to Define Child Abuse and Validate an Existing Measure on Child Physical and Emotional Abuse in South Indian Parents Living in Georgia

(Under the direction of Jenelle Shanley Chatham, Ph.D)

INTRODUCTION: Child maltreatment is a significant public health problem that affects all countries and cultures alike. Child maltreatment, which includes neglect, physical abuse, emotional abuse and sexual abuse, can result in negative consequences that are lifelong and irreversible. Previous studies have shown the prevalence of all forms of child abuse in India, which is also home to one fifth of the world's children. However, adequate resources and efforts are not being made to understand the true scope of this problem.

AIM: The present study utilized an existing measure, the Childhood Trauma Questionnaire (CTQ), to understand how parents from the South Indian culture defined acceptable child rearing practices and physical and emotional child abuse. The items from the physical and emotional abuse subscales on the CTQ were also tested for validity and reliability. It was hypothesized that fathers would report higher scores on the physical abuse subscale and mothers would report higher scores on the emotional abuse subscale. It was also hypothesized that parents would find spanking to be an acceptable form of discipline and note that both child physical and emotional abuse are not prevalent in the South Indian community residing in the United States.

METHODS: This study recruited 41 participants (21 mothers and 20 fathers) to complete the CTQ. Of the total number of participants, ten were randomly assigned to participate in an in-depth interview, which focused on how parents in the South Indian community in Georgia interpreted the items on the CTQ and how parents defined child physical and emotional abuse. Reliability and validity testing was conducted using data analysis software SPSS 23.0. Qualitative analysis of the interviews involved Consensual Qualitative Research, identifying common themes among all ten interviews.

RESULTS: Quantitative analysis revealed low to moderate internal consistency for the emotional abuse scale ($\alpha = 0.65$) and moderate to high internal consistency for the physical abuse scale ($\alpha = 0.88$). Independent t-test results showed that fathers reported higher scores on both the physical and emotional abuse subscale; however, these results were not significant. Using the Consensual Qualitative Research method, six domains were determined from the interviews. These included: (a) parent perspectives on child rearing practices, (b) spanking as a discipline practice, (c) country differences between India and the United States regarding discipline, (d) prevalence of abuse among the South Indian community in the United States, (e) reporting child abuse, and (f) parents' awareness of resources to develop parenting skills. A majority of participants reported spanking as an acceptable form of discipline and believed that neither child physical nor emotional abuse was prevalent in the South Indian community in the United States.

CONCLUSION: This study serves as formative research and encourages further investigation of different forms of child abuse in Indian populations, specifically child physical and emotional abuse. Understanding how a culture views children and child rearing practices is important in determining how abuse is defined within said culture. Societies that are more lenient and accepting of violence in general are at a greater risk for perpetrating the maltreatment of children. Establishing a concise definition of child abuse will aid in the development of valid measures that will determine the actual scope of the problem and create solutions, such as laws and policies that will shift a society's view on appropriate interactions with children.

KEYWORDS: child abuse, child maltreatment, child physical abuse, child emotional abuse, childhood trauma questionnaire, India

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Author's Statement Page

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Anu Laxmi

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Chapter I: Brief Introduction

Child maltreatment is a public health problem that is prevalent throughout the world and pervasive in every culture. As defined by the World Health Organization (WHO), child maltreatment is abuse that occurs to a child before the age of 18 that includes one or more of the following: physical abuse, emotional abuse, sexual abuse, and/or neglect. Abuse during childhood can lead to negative life-long consequences as well as short term issues that may manifest as behavioral, physical or mental problems. Some risk factors for children place them at a greater risk for being abused; these include having special needs or disabilities, being unwanted or being under four years of age (“WHO | Child maltreatment,” 2014). Risk factors for parents that may increase the risk of perpetrating child maltreatment include having been maltreated as a child, lacking awareness of child development, abusing drugs or alcohol and experiencing financial instability (“WHO | Child maltreatment,” 2014). Cultures that struggle with high rates of unemployment and poverty, gender inequality and insufficient policies against child abuse are under greater risk for child maltreatment. Societies that are more accepting of violence, adhere to strict gender roles, or ignore the basic rights of a child may also experience higher rates of child maltreatment.

While research on child maltreatment is available on many developed countries, developing countries are lagging behind considerably. India, home to almost one fifth of the world’s child population, is one such developing country that needs to devote more resources to understanding the scope of this problem. Whereas a nationwide survey was conducted by the Ministry of Women and Child Development (MWCD) in India in 2007 showing the prevalence of all types of child abuse in many parts of the country, further research has been stagnant (Kacker, Varadan, & Kumar, 2007). Especially in a country where corporal punishment is still

prevalent and spanking is a common form of discipline, the distinction between physical abuse and discipline is blurry. The purpose of this study is to use a mix-method approach to understand and define child physical and emotional abuse in Indian populations as these are the least researched forms of child abuse in India and to help inform intervention and prevention programs in the future that target the reduction and eventual eradication of child maltreatment in India.

Chapter II: Literature Review

Types of Child Maltreatment

Child maltreatment takes many forms, including neglect, physical abuse, sexual abuse, and emotional abuse. In general, abuse and neglect involve acts of commission and acts of omission, respectively (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008). Given the focus of this project, only physical abuse and emotional abuse are discussed below.

Physical Abuse. Child physical abuse is the deliberate use of physical force the results or could result in harm to a child's "health, survival, development or dignity" (WHO, 2014). The Fourth National Incidence Study of Child Abuse and Neglect further defines physical force as having been hit with a hand or object or having been kicked, shaken, thrown, burned, stabbed, or choked by a parent or caregiver (Sedlak et al., 2010). Injuries incurred from physical abuse can manifest in many forms, including head trauma and injury to internal organs. The Shaken Baby Syndrome is a prevalent form of physical abuse where children less than 9 months old obtain intracranial hemorrhages from being shaken has an infant (WHO, 2014).

Estimates of child physical abuse vary across the world, largely due to variations in what constitutes neglect, as well as formal reporting criteria. Based on a report by WHO, which asked adults to reference the first 18 years of their lives, one in four adults worldwide report having been physically abused as children (WHO, 2014). Across numerous studies examining physical abuse, several country level studies were used to estimate a global physical abuse prevalence of 22.6% or 226 per 1000 children (Stoltenborgh, Bakermans-Kranenburg, van IJzendoorn, & Alink, 2013).

One of the main issues related to physical abuse is the line between punishment and abuse, that is, when does punishment become an act of physical abuse. This varies widely across

countries, both developed and developing, because different cultures may not equate some acts of discipline to child physical abuse. Parents from Korea, Egypt, India and Philippines, among other countries, have admitted to hitting, kicking or beating their children as a form of punishment (WHO, 2014; Hahm HC & Guterman NB, 2001). As there is no universal definition by which child physical abuse can be determined, it is difficult to distinguish whether a behavior is abuse or an accepted cultural practice.

Emotional Abuse. Child emotional or psychological abuse is an isolated event or a pattern of behavior that overtime negatively affects a child's mental or physical health (WHO, 2014). Psychological maltreatment includes spurning, exploiting/corrupting, terrorizing, denying emotional responsiveness, isolating, and mental health/medical/educational neglect. *Spurning* involves the act of degrading or belittling a child. *Exploiting/corrupting* involves modeling inappropriate behaviors. *Terrorizing* is when a caregiver threatens to inflict physical harm on a child. *Denying emotional responsiveness* often times involves being detached or uninvolved with a child. *Isolating* includes separating a child from any means to socializing with peers.

According to the WHO, psychological abuse receives very little attention globally, especially because many acts of psychological abuse are regarded as a form of discipline (WHO, 2014). In the Philippines, threats of abandonment were reported frequently by mothers as a way of disciplining children (WHO, 2014). Depending on the culture, threatening a child and name calling are behaviors that would not be classified as psychological abuse, but rather a way of punishing misbehaving children (WHO, 2014). Psychological maltreatment leaves children feeling unloved, unwanted, flawed, or threatened (APSAC, 1995). What behaviors classify as psychological abuse should be evaluated and a universal definition needs to be adopted in order to adequately address this form of child maltreatment.

Risk Factors and Causes of Child Maltreatment

The World Health Organization has identified several characteristics of children and caregivers that may increase the risk of a child to experience maltreatment. Age, health and disabilities are major factors that increase a child's vulnerability to abuse (CDC, 2014). Children who are under four years of age are at a higher risk for child maltreatment perhaps due to the constant care and attention they require from caretakers (CDC, 2014; Crouch, Skowronski, Milner, & Harris, 2008; Scannapieco & Connell-Carrick, 2005; WHO, 2014). Children with special needs, including disabilities, mental health issues, behavioral problems, and chronic physical illnesses, also face a greater risk for being abused (CDC, 2014; (Bonkowsky, Guenther, Filloux, & Srivastava, 2008; Hibbard & Desch, 2007; Jaudes & Mackey-Bilaver, 2008; Weaver, Keller, & Loyek, 2005). The WHO reports that children with disabilities are in fact four times more likely to experience abuse as compared to peers (WHO, 2014). Gender may also play a role as many studies in Asia have shown that young boys experience more physical abuse as compared to girls; this may be due to societal perceptions of men being stronger and able to withstand greater physical punishment (Charak & Koot, 2014a; Chen & Wei, 2011; Kacker et al., 2007; Lee & Kim, 2011). Whereas no child is at fault for being a victim to child maltreatment, the likelihood of experiencing abuse increases in the presence of these factors.

Based on US statistics, 80.3% of perpetrators were parents (DHHS, 2013); these figures may be higher in developing countries such as India where no laws protect a child from being abused at home (CDC, 2014; Singhi et al., 2013). Caregiver risk factors of perpetrating abuse that are commonly cited include income, age, and personal history of abuse (Hildyard & Wolfe, 2002; Scott, 2009; WHO, 2014). Parents or caregivers who have trouble bonding with their newborn, have been maltreated themselves, abuse drugs or alcohol, engage in criminal activity or

experience financial instability are at an increased risk for perpetrating child maltreatment (Flaherty, Stirling, & American Academy of Pediatrics Committee on Child Abuse and Neglect, 2010; Scott, 2009; WHO, 2014). Single parents, especially ones with a history of depression, who have disorganized family dynamics may be at risk for violence in the home thus leading to negative interactions with children (Hildyard & Wolfe, 2002; Jackson, Kissoon, & Greene, 2015).

Community and societal factors also increase the likelihood of child maltreatment taking place. Cultures that are more accepting of violence, such as corporal punishment, are at a greater risk for enabling poor parent-child interaction (Lansford et al., 2015; Levesque, 2000; WHO, 2014). In addition, high unemployment, poverty, social inequality, and lack of programs that offer support to families are all characteristics of societal factors that may increase the likelihood of child maltreatment (Singhi, Saini, & Malhi, 2013). Child maltreatment occurs in the absence of some or all of these factors; however, these child, parent, and societal characteristics can add to the pressures of daily life that may lead to maltreatment. In a developing country like India where poverty, malnutrition, and infectious diseases are all greater problems than in more developed nations, the possibility of child maltreatment occurring is not only more likely, it may also go unnoticed.

Impact of Child Maltreatment

Child maltreatment causes a sequela of negative behavioral and health outcomes. The harmful consequences resulting from childhood maltreatment are numerous and can range across the lifespan and be irreversible (Cicchetti, 2013; United States Department of Health and Human Services, 2013; WHO, 2014). These consequences include but are not limited to socio-emotional, behavioral, and physical problems.

Social-Emotional Consequences. Young infants who experience abuse or neglect are more likely to experience insecure attachment problems with their caretaker (Baer & Martinez, 2006; Compier-de Block et al., 2015; Meadows, Tunstill, George, Dhudwar, & Kurtz, 2011; Schore, 2002; Streeck-Fischer & van der Kolk, 2000). Healthy attachment during infancy is important for a child's early emotional and social development (Compier-de Block et al., 2015; Streeck-Fischer & van der Kolk, 2000). Without the presence of a safe and secure environment, infants may have difficulty trusting others, which eventually results in anxiety and other mental problems (Streeck-Fischer & van der Kolk, 2000). Insecure attachments can affect a child's ability to communicate with others and form healthy relationships (Bacon & Richardson, 2001).

The mental/psychological outcomes result in both short and long-term problems. These outcomes include, nightmares, Post-Traumatic Stress Disorder (PTSD), eating disorders, lower self-esteem and lower life satisfaction (Festinger & Baker, 2010); emotional disorders such as depression, anxiety, feelings of disconnectedness and hopelessness (Casanueva, Dolan, & Smith, 2014; Gratz, Litzman, Tull, Reynolds, & Lejuez, 2011; Mills et al., 2013), and conduct problems such as alcohol and drug abuse, sexual promiscuity, and delinquency (Chandler, Roberts, & Chiodo, 2015; Lewis, McElroy, Harlaar, & Runyan, 2016). The Adverse Childhood Experiences (ACE) study indicated that respondents, with a mean age of 56.6 years, had not only suffered from depressive disorders immediately after abuse but also well into adulthood (Chapman, Dube, & Anda, 2007). In addition, adults with no history of abuse had a lifetime prevalence of having at least one suicide attempt of 1.1% compared to prevalence of peers who experienced seven or more adverse childhood events of 35.2% (Chapman et al., 2007).

Behavioral Consequences. The behavioral effects of child maltreatment include sleep problems, withdrawal, conduct problems, and regression to an earlier stage of development (Greenfield,

Lee, Friedman, & Springer, 2011; Odhayani, Watson, & Watson, 2013; Stirling, Amaya-Jackson, & Amaya-Jackson, 2008). Behavioral problems can manifest as changes in school performance and attendance (Odhayani et al., 2013). Children who have suffered abuse may also exhibit self-destructive behavior, resulting in self-harm and even suicide attempts (Stirling et al., 2008). These behaviors may continue on into adulthood and could result in an adult's inability to form healthy relationships with others or hold a steady job. Adults who grew up experiencing abuse as a child are also more likely to engage in negative interactions with their own children, who in turn repeat the cycle of maltreatment.

Physical Consequences. Children who experience maltreatment may suffer from suppressed immune systems which can lead to more serious illnesses, including asthma, hypertension and obesity (Hagele, 2005). Children may also experience head trauma, visual impairment, motor impairment and other cognitive impairments (CDC, 2014).

Long-term physical effects of child maltreatment are shown by the ACE study, which tested the association between maltreatment at a young age and development of various adverse health outcomes in adulthood, including chronic diseases. Results showed that participants who were victims of many forms child maltreatment were more likely to develop serious health problems, such as lung cancer, heart disease, stroke, diabetes (Brown et al., 2010; Felitti MD et al., 1998; Oates, 2015). The ACE studies also show long lasting effects to neurodevelopment, often changing brain structure and chemistry resulting from repeated exposure to maltreatment (Cicchetti, 2013; Hagele, 2005; Hawley, 2000). Abuse or neglect during early stages in a child's life can cause parts of the brain to form abnormally causing cognitive and language disabilities, stunting socioemotional development and diminishing mental health (CDC, 2014). Compared to those who did not experience childhood maltreatment, adults who reported having experienced

some type of childhood maltreatment show considerably lower levels of overall health-related quality of life (Corso, Edwards, Fang, & Mercy, 2008).

History and Perceptions of Children and Child Maltreatment

Before we can understand how to address this societal problem, there must be a firm understanding of a society's perception of a child's physical and psychological wellbeing. A society's perceptions on the vulnerability of a child play a large role in how the child is protected. Historically speaking, the definition of child maltreatment has been altered countless times as perceptions have shifted from viewing children as property to acknowledging children as having rights of their own (Crosson-Tower, 2010). This perception varies country to country and is affected by cultural norms and traditional practices held by varying cultures (Kempe, 2013).

Dating back to the pre-industrial era in many cultures across the world, children were seen as the property of their parents (Crosson-Tower, 2010; Myers, 2008; Oates, 2015; Patenaude, 2006). Infanticide, the deliberate killing of infants involving cruel acts, was commonly practiced as a means of population control so that valuable resources were kept for the strongest, most capable individuals. Furthermore children were subjected to hard labor and denied education (Crosson-Tower, 2010). For those who were privileged enough to attend school, corporal punishment was used to invoke fear and teach a child to be respectful and obedient (Crosson-Tower, 2010; Lansford et al., 2015). Disobedience at home resulted in serious punishment that occasionally resulted in death (Patenaude, 2006).

During the nineteenth century, despite many advances in the Western world, the child continued to be viewed as property that could be exploited and abused. One of the first attempts at protecting children was the United States' Elizabethan Poor Law in the seventeenth century,

which required communities and churches to play an active role in caring for underprivileged children and impoverished parents (Crosson-Tower, 2010). Voluntary child welfare services began forming in the United States at the same time with emphasis placed on protecting and advocating for children. In 1874, Henry Bergh, the president of the Society for the Prevention of Cruelty to Animals (SPCA) was made aware of a young girl, Mary Ellen, who was suffering abuse from her mother. With the help of other community members, Bergh was able to remove the girl from her abusive home and her mother was sentenced to a year in prison (Crosson-Tower, 2010; Myers, 2008). This case set off a revolution to recognize child maltreatment and protect children. Eventually, SPCA evolved into the Society for the Prevention of Cruelty to Children (SPCC) and opened multiple branches throughout the United States around the late nineteenth century. SPCC paved the way for future child protection agencies by advocating for child protection and intervening where abuse or neglect was occurring (Myers, 2008).

The next major push to address child maltreatment was in 1946 when Dr. John Caffery, a radiology professor, noticed unexplained fractures on the x-rays of infants (Crosson-Tower, 2010; Frasier, Kelly, Al-Eissa, & Otterman, 2014; Oates, 2015) and spontaneous subdural hematoma, blood clots under the skull, which were unexplained yet spontaneous (Brand, 2011; Frasier et al., 2014; Oates, 2015). Numerous physicians came forth in support of how these injurious may have been caused intentionally by parents. Caffey and colleagues fell short of calling these instances abuse and instead noted “the fractures appear to be of traumatic origin but the traumatic episodes and causal mechanism remain obscure” (Brand, 2011; Frasier et al., 2014).

It was not until Dr. C. Henry Kempe’s 1962 landmark article defining the term “The Battered-Child Syndrome” that brought attention and awareness to this phenomenon (Crane,

2015; Kempe, Silverman, Steele, Droegemueller, & Silver, 1985). This term encompassed all cases of young children who suffered severe physical abuse most often by their parents. Kempe collected data from hospitals showing 302 cases of abuse whereby children were clearly abused by parents yet misdiagnosed as having rare brittle bone diseases, unexplained bleeding disorders, or spontaneous cases of subdural hematoma (Crane, 2015; Kempe C, Silverman FN, Steele BF, Droegemueller W, & Silver HK, 1962; Oates, 2015). He showed an overt connection between unexplained injuries and abuse in young children. Kempe emphasized that clinicians need to attend to discrepancies between medical records and historical data provided by parents as indicators of abuse (Kempe C et al., 1962). This set the stage for resources devoted to child protection services and other programs to help protect the rights of children. Around the same time, child welfare programs were on the rise all over the world, including Colombia and India (Kamerman, 2006). These programs all involved protecting a child's rights by promoting early childhood education, access to health care, nutrition and healthy family relationships (Kamerman, 2006).

Although child maltreatment was identified initially in Western nations, Kempe fought for the universal recognition of the problem and a collaborative approach to finding solutions (Korbin, 2013). In 1977, Kempe founded the International Society for Prevention of Child Abuse and Neglect (ISPCAN) to gain, in part, a better understanding of cross-cultural perspectives in the field of child abuse and neglect (Kempe, 2013). Although definitions of child maltreatment differ culture to culture, these differences often allude to perceptions of a child's role in society. Sometimes, cultures as a whole tend to accept poor treatment of children based on existing traditional practices without regard for how harmful they may be; Kempe argued that this type of cultural rationalization is inexcusable (Kempe, 2013).

Whereas many Western cultures have made advances in recognizing the individual rights of a child, and developing cultural perceptions and practices that align with protecting each child, many developing countries continue to remain primitive in their approach to protecting children. It is not uncommon for cultures to deny child maltreatment as a significant issue, claiming low incidences of child abuse based on unreliable data (Intebi & Roylance, 2013) or assuming it is a developed country's issue. Kempe argued that Western cultures were forced to change perceptions on how children were treated by parents or guardians due to the large amount of evidence (Intebi & Roylance, 2013). Whether a cultural practice is beneficial or detrimental to a child's wellbeing should be determined by empirical data and not popular opinion (Kempe, 2013). Developing nations should look to Western cultures, such as Norway and Iceland that have made considerable progress in child maltreatment prevention (Merrick, 2013). Norway was the first country to introduce a law protecting children against parental rights to punish their children. Both Norway and Iceland report low levels of violence in society, which is shown to correlate with low levels of death from child maltreatment (Merrick, 2013; UNICEF, 2003). Child rearing methods, parenting practices, traditional perceptions towards child wellbeing and acceptance of violence in society are all factors to consider when determining how a culture defines child maltreatment, and in turn, how that society attends to the needs of its most vulnerable population.

Child Maltreatment and India

As the literature reveals, a great majority of data available on child maltreatment is conducted in western cultures. As one fifth of the world's child population resides in India, protecting the wellbeing of the most vulnerable population is vital. While research is limited on this topic in India, a study on child abuse conducted in 2007 by the Ministry of Women and

Child Development involved the largest Indian survey including 12,447 children from 13 states. In children 15 years of age or younger, over 50% were subjected to at least one form of physical abuse, 26.5% reported emotional abuse in family settings and 50% faced sexual abuse (Kacker et al., 2007). Other studies in India on child abuse including the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) survey reports high rates of harsh physical punishment in 29% of children (Runyan et al., 2010) and self-reports of being beaten as a child according to the Ministry of Women and Child Development Abuse Survey of 56% among South Indian college students (“Childhood Experiences of Physical, Emotional and Sexual Abuse among College Students in South India,” 2015). In addition, other studies note 35% of children report child neglect (Deb & Modak, 2010) and around 20% of adolescents face psychological or sexual abuse in India (Zolotor et al., 2009).

Despite numerous studies showing high prevalence rates worldwide for all forms of child maltreatment, comparability of rates between India and other countries remain undiscovered. Studies in the west using a standardized measure like the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003; Bernstein & Fink, 1998) showed 12% experienced physical abuse, 15% emotional abuse, 49.5% emotional neglect, 48.4% physical neglect and 12.6% sexual abuse among German adolescents (Maurer & Häuser, 2012).

Another study using the CTQ surveyed 433 Canadian students and results showed comparable figures of 19% experienced physical abuse, 33.8% emotional abuse, 41.3% emotional neglect, 15.5% physical neglect and 15.6% sexual abuse (Paivio & Cramer, 2004). One of the only studies done on an Indian population using the CTQ was conducted by Charak and colleagues on adolescents from Jammu, India. Results of the study showed that in adolescents between the ages 13-17, 40.5% experienced PA, 45.7% EA, 60.1% EN, 57.8% PN

and 48% SA (Charak & Koot, 2014a). Further studies need to be conducted to generalize these numbers to other states in India due to differences in cultural practices and perspectives of what constitutes abuse. A meta-analysis involving worldwide childhood maltreatment estimates measured using the CTQ showed a lower mean CTQ score for countries in Asia as compared to countries in North America (Viola et al., 2016). It is important to note that the meta-analysis included 134 studies conducted in North America as compared to the 29 studies conducted throughout Asia, with only one study taken from India (Viola et al., 2016). There is a clear lack of research on Indian populations using standardized measures like the CTQ that would allow for generalizations regarding child maltreatment prevalence. More studies need to be conducted testing the validity and reliability of the CTQ to inform appropriate development of culturally relevant measures in the field of child maltreatment prevention.

Chapter III: Manuscript

Introduction

The burden of child maltreatment is a global problem that when unaddressed leads to various adverse physical and psychological outcomes. The World Health Organization (WHO) is an agency of the United Nations that collaborates with multiple countries in order to enact global change on major public health concerns. The WHO defines child maltreatment as “all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child’s health, development or dignity” (WHO, 2014).

Global estimates of child maltreatment show that 22.6% of adults worldwide experienced physical abuse, 36.3% suffered emotional abuse and 16.3% experienced physical neglect (WHO, 2014). Although physical and sexual abuse have been on the decline globally over the past decade, child neglect still poses a steady threat (Finkelhor, Turner, Shattuck, & Hamby, 2015). Every year, around 41,000 homicide deaths occur in children under the age of 15 years of age (WHO, 2014). The WHO acknowledges that this number may be underestimated as many deaths caused by child maltreatment are falsely equated to falls, burns, drowning and other causes (WHO, 2014). In all types of child maltreatment, the number of cases of actual maltreatment may be higher than what is actually reported, thus the scope of this problem may in fact be larger than what is supported by research (Berliner & Elliott, APSAC, 1995).

Child maltreatment leads to lifelong physical and mental problems for individuals, but the collective impact of maltreatment can ultimately affect the socioeconomic development of a country as a whole (Chapman et al., 2007; Crouch et al., 2008; Deb, Strodl, & Sun, 2015; Mills et al., 2013; WHO, 2014). Child maltreatment does not discriminate based on social class, ethnicity, or gender and no country is immune to its consequences. The WHO (2014) specifically

calls for united international support and investment in evidence-based child maltreatment prevention and intervention programs for all children and families. Despite child maltreatment being a global issue, research available on child maltreatment is primarily from developed nations. Research from nations in North America and Europe can offer the stepping stones necessary to address child maltreatment in developing countries.

Lawmakers in India, a developing nation that is home to about one fifth of the world's child population, lack an understanding that child maltreatment will affect the socioeconomic development of the country and as such allocate very few resources towards research and supportive services that would reduce the burden of child abuse and neglect (Saini, 2014). India faces the added jeopardy of multiple risk factors; for example, poorer economic status combined with the belief that physical punishment is an instrumental tool for child-rearing increases the risk of all types of child abuse (Akmatov, 2011). Further research is needed due to the high prevalence of child abuse present and lack of sufficient focus on diminishing this problem (Saini, 2014; Singhi et al., 2013). The purpose of this project is to begin to understand the cultural perspective of child physical abuse and emotional abuse because these are the two most under-researched forms of child abuse in South India (Kacker et al., 2007). This may be, in part, due to the lack of clear, concise, and universal definitions for physical and emotional child abuse in India.

Present Study

The present study will use a mixed method design to focus on defining child maltreatment from people who classify as Indian (from subcontinent of India) living in the United States. Since there no universal definition of child maltreatment currently existing, this study will delve into the perceptions held by the Indian community on cultural norms involving

parenting practices and acceptable treatment of children in society. In addition, this study will assess the utility of a widely used standardized measure, Childhood Trauma Questionnaire (CTQ), in order to assess how items in this measure are interpreted by members of the Indian community. This project will serve as formative research to ascertain valid development of a measure that is culturally relevant in the field of child maltreatment prevention. Three research questions will guide the thesis: 1) What is the reliability and validity of the emotional and physical abuse forms on the Childhood Trauma Questionnaire? 2) How do South Indian parents in Georgia interpret items on the emotional and physical abuse forms from the Childhood Trauma Questionnaire? 3) How is child maltreatment (notably physical and emotional abuse) culturally defined among South Indian parents living in Georgia? One hypothesis is that fathers will report higher on the physical abuse subscale while mothers report higher on the emotional abuse subscale. Another hypothesis is that participants will report spanking as a normal discipline practice and will not recognize this behavior as physical abuse. The final hypothesis is that parents will have difficulty defining emotional and physical abuse and will note that both are not prevalent in the South Indian community living in the United States.

Methods and Procedures

Procedure/Participants

This cross-sectional research study was approved by the Institutional Review Board at Georgia State University. Participants were eligible for this study if they met the following criteria: United States immigrant from South India (specifically from states of Karnataka, Andhra Pradesh, Kerala or Tamil Nadu), parent to at least one child between the ages 0-12 years, resident of Georgia and able to communicate in English. Flyers were distributed to members in

the community and interested participants were asked to contact the research team. Details of the study were explained by the research team before obtaining informed consent.

Participants involved in the study were often members of the same family; thus, this study contains many married couples as part of the sample. All participants completed the Childhood Trauma Questionnaire. Ten (five males and five females) were randomly selected to complete the interview regarding their interpretation of the questions on the Childhood Trauma Questionnaire and overall perception of child abuse. All data collection took place in the privacy of participants' homes. To ensure confidentiality and privacy, surveys and interviews were completed away from the presence of other adults and children in the household.

In total, forty one parents (49% male) in the age range 28-53 years ($M = 39.95$, $SD = 5.69$) were recruited for the study. Participants were all natives of the Indian state of Kerala, and the age of immigration to the United States ranged from 12 to 36 years ($M = 26.56$, $SD = 5.35$). Most participants had at least a bachelor's degree (95%), were full time employees (80%), and were married (100%) at the time the study was conducted. Most participants also reported a household income of over \$100,000 (90%). Of the demographic data collected on children under the age of 12, 46% were boys. The average number of children was two, and the average age was ten years old. All participants who provided an answer reported no involvement with Division of Family and Children Services (DFCS) or Child Protective Services (CPS).

Measures

Three measures were used to collect both quantitative and qualitative data for this research study.

Demographic Form. A demographic form was prepared inquiring about the participants' age, sex/gender, race/ethnicity, marital status, number of children, education level, and

household income. Participants were asked which part of India they were born and at what age they migrated to the United States. In addition, this form also assessed the age, race/ethnicity, gender, and involvement with DFCS for the participants' child (between ages 0-12).

Childhood Trauma Questionnaire. The CTQ is a 28-item retrospective self-report questionnaire measuring five types of childhood experiences, including emotional abuse, physical abuse, sexual abuse, physical neglect, and emotional neglect (Bernstein & Fink, 1998). For the purpose of the present study, a 9-item short version of the CTQ was used to assess childhood experiences with physical abuse and emotional abuse. These two subscales were chosen in particular because in parts of South India, where child abuse is prevalent, a universal definition of physical and emotional abuse is lacking and research is limited. Participants were asked to respond to items on a 5-point Likert scale from "Never true" to "Very often true" (1-5) with the precursor statement being "When you were growing up, during the first 18 years of your life" (Bernstein & Fink, 1998). The CTQ demonstrates reliability with an internal consistency reliability coefficient for physical abuse ranging from 0.81-0.86 and 0.84-0.89 for emotional abuse. Over a 3.5 month period, the test-retest coefficient has been calculated to be approximately 0.80 (Bernstein et al., 2003). Convergent validity has been established by the strong correlations found when comparing scores on the CTQ with other trauma measures (Charak & Koot, 2014b). This measure was administered in English and took approximately 10 minutes to complete.

In-depth Interview. A set of questions for the interview was developed to understand how participants interpreted the items on the Childhood Trauma Questionnaire. The interview consists of 12 open ended questions with additional probing questions aimed at understanding how participants approached each question on the CTQ, their views on parenting, and how they

defined child physical and emotional abuse. Ten participants, 5 mothers and 5 fathers, were randomly selected to complete this 40-minute in-depth interview. Interviews were audio recorded, transcribed, and later reviewed by two researchers for common themes. The purpose of the interview was to ask parents about what types of interactions with children constitute as child abuse (i.e. name calling, spanking, etc.) and how child physical and emotional abuse was defined by individuals from the South Indian community.

Study Design and Data Analysis

Descriptive statistics were obtained using IBM SPSS version 23.0. All data was first entered into excel and then imported to statistical software for analysis. Three main types of analyses were conducted. This included: 1) independent t-test used to determine criterion validity 2) reliability of the CTQ through confirmatory factor analysis (principal component analysis with varimax rotation) and Cronbach's alpha, and 3) translation/face validity of interview questions.

The Consensual Qualitative Research (CQR) approach was utilized to analyze responses from the interviews. The success of CQR involves combining the use of more than one researcher, coming to a consensus as a collective group and determining how representative the results are. Data analysis using the CQR is based on the assumption that complex concepts are easier to comprehend using multiple perspectives as opposed to individual perspectives (Hill, 2012). Thus, consensus among those on the research team is an important part of the process and can help reduce researcher bias (Hill, 2012). The CQR process involves three major steps: (a) develop domains to group data (b) establish core ideas that summarize what participants articulated, and (c) conduct cross-analysis to determine categories that were apparent across participants. Upon transcription of interviews from audio recordings, two researchers met to discuss the domains, core ideas and categories until consensus was reached. A separate third

researcher served as an auditor to verify that the raw data was categorized appropriately and that the core ideas accurately reflected what the participants were trying to convey. The interviews' transcripts were reviewed to find common themes. This helped determine how participants define child physical and emotional abuse and what specific behaviors they consider fall into these categories. The in-depth interviews used a concurrent embedded mixed method, where quantitative and qualitative data that are collected help inform the results obtained from the CTQ (Hill, 2012). In a concurrent embedded mixed method design, either the qualitative or quantitative data plays a supplemental role in the overall design of the study (Hill, 2012).

Results

Quantitative Results

Two different analyses were used to document the reliability of the CTQ. First, internal consistency was assessed by calculating Cronbach's alpha for each subscale. For the 5-item emotional abuse subscale $\alpha = 0.65$, which is considered low. For the 4-item physical abuse subscale $\alpha = 0.88$, which is considered moderate.

Reliability of the CTQ was also examined through Principal Component analysis with varimax rotation to document whether the factor structure of the CTQ subscales was upheld with this sample. The first two factors had Eigen values over one and accounted for 65.03% of the variance. The first factor contains six items, with all four physical abuse items and two emotional abuse items (Question 1 and 5) loading on this factor. The remaining three items, all from the original emotional abuse subscale, loaded on the second factor (see Table 1).

Table 1. Factor Loadings from Principal Component Analysis with Varimax Rotation

	Component	
	Factor 1	Factor 2
People in my family called me things like “stupid”, “lazy”, or “ugly”	0.453*	0.35
I thought that my parents wished I had never been born	-0.196	0.736
I felt that someone in my family hated me	0.221	0.589
People in my family said hurtful or insulting things to me	0.338	0.828
I believe that I was emotionally abused	0.712*	0.475
I got hit so hard by someone in my family that I had to see a doctor or go to the hospital	0.853	0.002
People in my family hit me so hard that it left me with bruises or marks	0.835	0.290
I was punished with a belt, a board, a cord, or some other hard object	0.876	0.143
I believe that I was physically abused	0.854	-0.008

Note. (*) denotes questions that did not load into respectful components

To test the predictive validity of the CTQ, two independent t-tests were conducted to test the hypotheses that fathers will report higher on the physical abuse subscale while mothers will report higher on the emotional abuse subscale. Fathers tended to report higher on the physical abuse subscale; however this was not significant, $t(39) = -1.943$, $p = 0.059$. The hypothesis that females would report higher scores on the emotional abuse subscale was not supported.

Interestingly, fathers tended to report higher scores on the emotional abuse subscale, though this was not a significant difference, $t(39) = -1.410$, $p > 0.05$.

Qualitative Results

The Consensual Qualitative Research produced six domains from the raw interview data. Within each domain, the data was organized into categories, or core ideas. The six domains that emerged from the data from parents of South Indian descent living in Georgia were: (a) parent perspectives of child rearing practices, (b) spanking as a discipline practice, (c) country differences between India and the United States regarding discipline, (d) prevalence of abuse among the South Indian community in the United States, (e) reporting child abuse, and (f) parents' awareness of resources to develop parenting skills. Discussion of results will be organized into these six domains and their respective core ideas.

Perspective on Child Rearing Practices. The core ideas in this domain were organized into what physical and verbal parental behaviors are considered acceptable, unacceptable, and abusive (see Table 2). Half the participants reported that spanking by parents was an acceptable physical child rearing practice. Only two of these participants also approved of grandparents spanking or beating a child as discipline. Two participants were against spanking of any kind, while four out of the ten acknowledged that spanking should be used only when necessary. Many participants (seven out of ten) felt that bruises resulting from spanking are unacceptable. For example, participant 6 stated:

“That is horrible. That is the worst thing a child could have, right? To have a bruise at the age of, whatever, let's say my daughter, she's so tiny. If she has a bruise, you know, just imagine the force you would have used, how brutal you are, right?”

Table 2. Parent Perspectives of Child Rearing Practices

	Acceptable	Not Acceptable	Abuse
Physical	Spanking/beating: -by parents (5) -by grandparents (2) -by teachers (1) -with object (3) -only when necessary (4)	Spanking: -not at all (2) -by teachers (2) -when causes bruise (7) -with object (6)	Hit hard/slap/pinch child (4) Push child (2) Slap face (1) Hold tight (1) Twist arm (1) Spanking: -causes bruise (4) -with object (2) -not at all (2)
Verbal	Call 'lazy' to be corrective/motivating (4) Call 'stupid' (3) Talk to child when done wrong (4) Encourage child/compliment (2)	Name calling (6) Comparing child to others (4) some by extended family Discourage child frequently (7) Ignoring child (3) Humiliating (1) Yelling (2) Saying mean statements (4)	Neglecting/ignoring child persistently (4) Comparing kids (2) Putting extreme pressure on kids to succeed (2) Discouraging child (2) Negative comments about child (4) Hurting child's feelings (4)

Note. Numbers in parenthesis denote the number of participants who responded.

The third core idea within this domain involves how participants defined child physical abuse. Four out of ten defined the term as slapping, pinching or hitting a child harshly. A few others mentioned pushing, twisting arm, or holding a child too tightly. Spanking was mentioned as physical abuse but only if caused bruising or was administered using an object. Only two participants were against spanking of any kind. This would suggest that most participants in this sample were accepting of spanking as a means of discipline.

In regard to acceptable verbal parenting practices, six out of ten participants mentioned name calling as unacceptable; however, four participants believed the word "lazy" could be used in a corrective or motivating manner. Other acceptable verbal practices included talking to a child when he/she does something wrong and providing encouragement and compliments. Among the

list of unacceptable verbal practices, many (seven out of ten) mentioned discouraging children frequently. Four out of ten participants expressed how comparing children to others was harmful or insulting to children. Others mentioned humiliating or ignoring a child as well as yelling at a child. Most participants in the sample agreed that humiliating or comparing children were unacceptable; however, participants were divided on how they perceived name calling. Some believed name calling altogether was unacceptable while others believed certain words could serve to motivate children.

The last core idea in this domain is defining emotional abuse. Similar to physical abuse, responses to what might constitute emotional abuse varied from participant to participant. Four out of the ten participants mentioned that neglecting or ignoring a child and hurting a child's feelings contribute to emotional abuse. A couple of participants stated that comparing children, discouraging or putting extreme pressure on children to succeed were how they would define emotional abuse. A few even said that negative comments about the child would be abuse. Parents, overall, had an easier time determining unacceptable verbal practices; however, when asked to define the term 'emotional abuse', they struggled to be as certain.

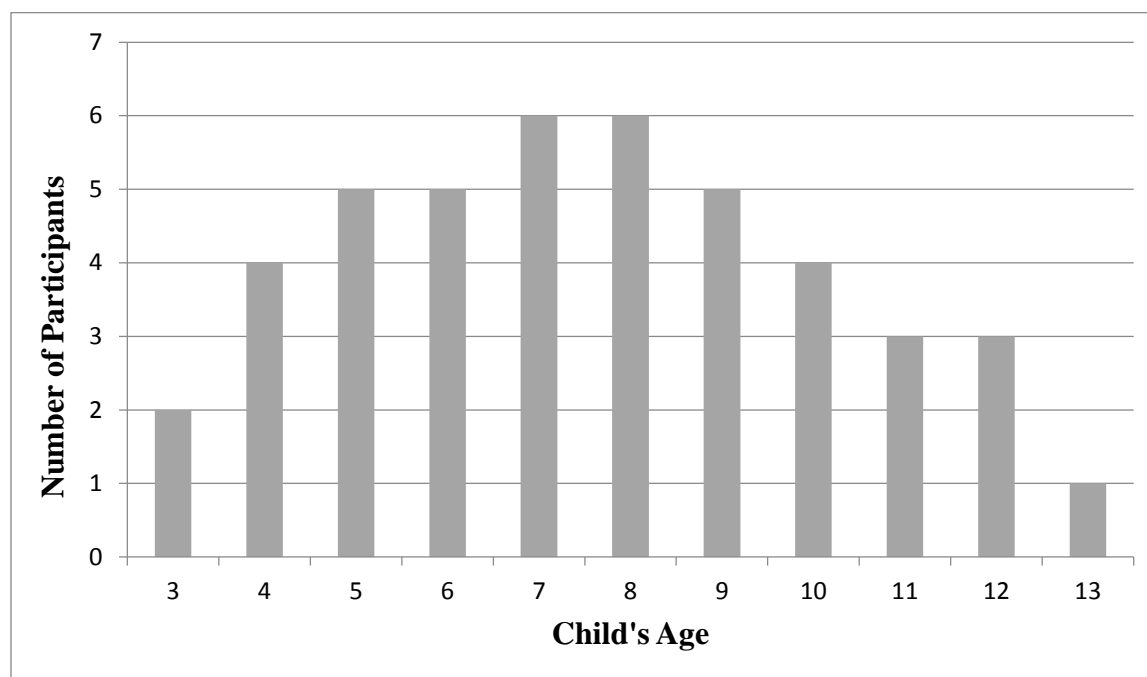
Spanking as a Discipline Practice. Due to the semi-structured nature of the interview, spanking was a major topic of discussion. Participants were asked, if they believed spanking was acceptable, who is allowed to spank a child. Eight out of ten participants said it was acceptable for parents to spank children, and two of the eight believed grandparents also had the right to discipline a child via spanking. Three participants expressed their belief that teachers should be allowed to spank children in school to correct unwanted behaviors. For example, participant 3 stated:

“Because when they hit you, [teachers] are trying to, because they do that when I did something wrong, so they're trying to correct me. So my teachers were good.”

Many of the participants also shared the age range at which spanking was appropriate to use with children. The most commonly stated ages were between 5 and 9 (Figure 1). Participants were also asked to describe how a child could be spanked. Some (four participants) said spanking with hands only, five thought sticks were acceptable and two said spanking was okay as long as it did not result in a bruise. Of all the participants who were interviewed, three participants admitted to being spanked at home while growing up in India. Five more participants remembered being spanked by teachers in schools, which shows that 80% of the interviewees had personal experiences being spanked as children. Many of the participants reported this to be an acceptable form of discipline. Many parents even acknowledged as children growing up in India, they did not find anything abnormal about being spanked. In fact, it was a normal way of life and an acceptable practice in society. When asked about getting spanked in school while growing up in India, participant ten responded:

“Oh, it was very much expected. And after a while, you get used to it. You get immune to it.”

Figure 1. Acceptable Ages for Child to be Spanked



Participants responded differently on questions regarding who is allowed to spank a child, what age it is appropriate to spank a child, and how a child should be spanked; therefore, determining when spanking is discipline and when it has escalated into abuse is unclear.

Country Differences Regarding Discipline. The major difference between the United States and India as described by the participants was the fear of legal action against a parent for physically disciplining their child. A majority of participants admitted that spanking might be less prevalent in the United States due to laws that ensure the safety of children within homes and schools. As such strict laws are lacking in India, parents in India are more likely to not only accept but also take part in spanking a child in the name of discipline. For example, participant 10 stated,

In India, they would accept that [spanking a child] a little better than here. Okay, here, people are little more sensitive. They would call services right away. But in India, they would say a little bit is okay, but they also would draw a line.

Prevalence of Abuse. Six of the participants believed that both emotional and physical child abuse were not prevalent in the South Indian community in the United States. Many attributed this to the high education and high income status of immigrants from South India. Some mentioned that abuse may be occurring behind closed doors due to a fear of the law; however, most participants were confident that physical and emotional abuse was not prevalent in this community in the US.

Reporting Child Abuse. In the event that child abuse is witnessed, participants were asked to describe how they would respond. Most (six out of ten) parents stated that the issue needs to be first addressed with the parent of the child. Only two parents mentioned notifying the authority first. This may allude to the cultural belief that the ultimate authority of a child's wellbeing lies with the child's parents. Many parents explained that a single incident may not be cause for concern and that a repetitive pattern of abusive behavior should be determined before notifying an outside authority.

Parents' Awareness of Resources to Develop Parenting Skills. Eight out of ten participants were unaware of any resources for parents who may need help developing parenting skills. The other two participants mentioned that they may know of resources but have never used them. Moreover, when families have problems with children, most participants (eight out of ten) stated that any issues would be kept within the family and only three participants said they would seek support from the community.

Discussion

The purpose of this study was to use a mixed method approach and utilize an existing measure, the Childhood Trauma Questionnaire (CTQ), to understand how parents from the South Indian culture defined acceptable child rearing practices and physical and emotional child abuse.

In addition, the items from the physical and emotional abuse subscales on the CTQ were tested for reliability and validity. The in-depth interview was used to inform the results obtained from the quantitative tests using a concurrent embedded mixed method. This type of mixed methods design involves the collection of both quantitative and qualitative data, with one playing a supplemental role in the overall design of the study (Hill, 2012).

Utility of the CTQ with Parents from South Indian Culture

Reliability testing revealed low to moderate internal consistency for the items on the emotional abuse scale ($\alpha = 0.65$) and moderate to high internal consistency for items on the physical abuse scale ($\alpha = 0.88$). As only one other study tested the CTQ in an Indian population, alpha values were compared to the existing study. Using a much larger study sample of 702 adolescents, the study conducted in Jammu, India produced a Cronbach's alpha value of 0.59 for the emotional abuse scale and 0.71 for the physical abuse scale (Charak & Koot, 2014). These results are comparable to the ones obtained from the current study.

The confirmatory factor analysis revealed two components; however, the items did not load as expected onto the respective factors. The physical abuse items loaded together, along with two of the emotional abuse items. Taking a look at one of the items with low factor loading, "People in my family called me things like 'stupid', 'lazy', or 'ugly'", suggests that participants may not consider these words offensive and as such, do not consider this emotional abuse. Data from the interviews support this because participants interpreted several of these words as a way to motivate a child. For example, a few participants mentioned the word "lazy" could be used to as a corrective term to help motivate a child to perform better. However, it is unclear why the other item, question 5, loaded into the physical abuse component. The item reads "I believe that I was emotionally abused." Based off the interviews, it can be speculated that participants

interpreted “emotionally abused” as physical abuse because most people equate “abuse” to physical abuse. From the interviews conducted, it was evident that participants did not have a firm grasp of what emotional abuse consists of; this may have caused this factor to load incorrectly. Future research should be mindful of this and seek to understand this anomaly.

The results of the CTQ showed that the physical subscale was reliable while the emotional subscale was not with this population. The interview responses provide insight into possible reasons for these results. Participants during the interview had a much easier time articulating what constitutes as physical abuse as compared to emotional abuse. The translation/face validity of the emotional subscale may not be appropriate for this population; in other words, what the scale seeks to measure may not be accurately measured using the standardized language. Participants may not understand what emotional abuse is and may confuse it for physical abuse. It is interesting that the physical abuse subscale was reliable. The interviews support this by showing that participants are better able to define what behaviors constitute physical abuse.

To test the predictive validity of the CTQ, it was hypothesized that fathers would report higher rates of physical abuse; however no significant difference was found. It is of note that the fathers had a higher mean score than females, showing a trend as expected. Contrarily, mothers were expected to report higher levels of emotional abuse. This hypothesis was not supported; no difference was found between mothers and fathers on the emotional subscale. The small sample size of this study may have influenced these trends. While a few studies conducted in the United States and United Kingdom have shown that boys are more likely to be physically abused and girls are more likely to be emotionally abused, studies conducted on Indian populations are severely lacking (Cawson, Wattam, Brooker, & Kelly, 2000; Kacker et al., 2007; MacMillan,

1997; Scher, Forde, McQuaid, & Stein, 2004). One study that surveyed adolescents from a Northern Indian state supported the trends observed by the present study, with males reporting higher rates of both physical and emotional abuse (Charak & Koot, 2014). Interestingly, a nationwide child abuse survey conducted in India in 2007 reported that female children from the state of Kerala reported higher rates of physical abuse and emotional abuse than male children; it is evident that no uniform trends seem to exist nationally (Kacker et al., 2007). Further studies should obtain larger samples of participants to investigate the role of gender on child abuse in different populations in India in order to identify trends.

The current study revealed that the CTQ was not reliable with the sample of South Indian immigrant parents; however, these results cannot be generalized. The Childhood Trauma Questionnaire (CTQ) uses definitions of child abuse from Western cultures but may not be culturally relevant regarding parenting practices or perspectives on appropriate child rearing practices in other cultures. Modifying the CTQ in accordance with the cultural beliefs of the South Indian culture in addition to sampling a larger population will help determine the true reliability of the CTQ with South Indian populations.

Perceptions of Parenting Practices

How a culture views parenting practices is crucial in the progress of child maltreatment prevention. Analysis from the interviews revealed several discrepancies in what is considered acceptable and unacceptable parenting practices, pointing to challenges in defining what constitutes abuse.

Spanking was a major focus of the interviews. While over half reported some level of acceptance of spanking, particularly by parents, these participants mentioned a threshold after which discipline transforms into abuse (i.e. bruising, spanking with object, etc.), though varied

considerably across participants. Few parents noted spanking with an object was acceptable; most reported leaving a mark was unacceptable. Several parents noted an acceptable age range, mostly five to nine years old. These findings are comparable to previous research in India, in that physical discipline, such as spanking, is perceived as important for a child's socialization into the world and beneficial to the child in the long run (E. T. Gershoff, 2013; Hunter, Jain, Sadowski, & Sanhueza, 2000; Poreddi et al., 2016). However, enough research has surfaced showing that spanking is ineffective and harmful to children; spanking has been shown to increase mental health problems in childhood and adulthood, delinquent behavior in childhood, and negative parent-child relationships (E. T. Gershoff, 2013; Hunter et al., 2000). Moreover, the negative outcomes of spanking are similar across cultures; in one study that measured cultural normativeness, more spanking was associated with more aggression in children, even when mothers and children in the community found spanking acceptable (E. T. . Gershoff et al., 2010). Thus, even in South Indian cultures, where spanking is largely accepted and not considered to be physical abuse, the negative consequences of spanking are undeniable.

As recently as 2009, corporal punishment was banned in India (Cheruvath & Tripathi, 2015); however, in the year following this ban, many instances of corporal punishment were still reported (Ghosh & Basu, 2010; Morrow, 2015). Dissemination of this policy is likely to take a while to shift the societal perceptions around this practice. To facilitate this process, India can reference other countries that have established policies that protect a child against corporal punishment. Sweden was one of the first countries to ban corporal punishment by the early 1960s. A decade later, public perception of a child's role in society had shifted considerably, partially due to the new laws that protected a child against abuse (Durrant, 1996). It is important to note that these laws placed children in a new light, one where they are seen as individuals who

are deserve to be cared for and treated with respect. India seems to be on the right path to altering its societal views on parenting and protecting children against abuse by banning corporal punishment in schools, however, this is only the tip of the iceberg. As a culture that values greatly a parent's authority in raising a child, it is important to make the distinction that laws implemented at stopping child abuse is intended to acknowledge a child's rights as individuals and not to undermine or punish parents. This is especially relevant as most participants in the study admitted to keeping problems regarding parenting within the family. In order to maintain a good status in society, many families in the South Indian culture are unwilling to seek outside help out of fear of embarrassment or ridicule. Even with the establishment of laws protecting children in homes, enforcement may be difficult if parents maintain secrecy and knowledge of abuse is kept within the family.

Child emotional abuse and physical abuse are defined uniquely by members of different cultures (Nadan, Spilsbury, & Korbin, 2015). The participants in this sample defined emotional abuse as ignoring a child's needs, comparing them to other children, putting extreme pressure on children to succeed, and hurting a child's feelings. Participants mostly defined physical abuse as hitting, slapping or punching a child harshly, spanking using a large object and spanking that leaves a bruise. The Ministry of Women and Child Development (MWCD) conducted a nationwide survey on child abuse in India which defined emotional abuse as humiliation or comparison and physical abuse as pushing, kicking and shaking in addition to slapping and beating with a stick (Kacker et al., 2007). The present study is the first of its kind to ask participants to define the terms child emotional and physical abuse in a South Indian population. And as such, it is difficult to compare responses to other studies that have used existing definitions of emotional and physical abuse.

Cultures differ in the value they place on different child behaviors and in perceptions on which parenting practices will encourage these behaviors. For instance, many Asian countries, including India, place great amounts of pressure on children to succeed in the academic arena, which was noted by a few interviewees in the present study. The rigorous curriculum and high standards in schools make it difficult for Indian children to cope with stress and can even lead to long term mental distress (Deb et al., 2015; Ecks & Kupfer, 2015; Ray, Halder, & Goswami, 2012). Parents are often a major stressor for a child to perform well in school; nearly two thirds of 190 high school children surveyed reported feeling pressure from their parents about academic performance and reported stress due to this pressure (Deb et al., 2015). One study conducted in Kolkata, India notes the rise of mental health problems among children and adolescents due to the overwhelming pressure to succeed academically (Ecks & Kupfer, 2015). In fact, child psychiatrists in this region are puzzled as to why more students do not seek professional help for these mental problems. As noted by participants during the interview, children in this culture are forced to live up to the expectations of the community regarding education and taught to accept this as a normal way of life. However, placing great importance on achieving academic success can not only put a child under a lot of pressure, it may also lead to maltreatment of a child if he or she underperforms.

In the event that child abuse is suspected, most participants in the study revealed that they would report directly to the parent first. This alludes to the notion that, in India, parents hold the ultimate authority over a child. A society that accepts this gives parents the power to abuse a child with little to no consequence. Giving parents this level of authority may be hindering the progress India should be making on enacting laws and policies that protect their children. The amount of abuse that is taking place at home may be underreported or misclassified as no laws

are in currently place to protect children from abuse in homes (Singhi et al., 2013). Unfortunately, due to the way society is structured in India, it is likely that abuse by parents or other family members goes unnoticed because public attention generally revolves around child sexual abuse. Child physical and emotional abuse is just as important as sexual abuse and should be presented on even ground. As children in India are highly dependent on their family for support, many of them remain powerless and obedient to their parents well into adulthood.

As originally hypothesized, most participants reported that both physical and emotional child abuse were not prevalent in the South Indian community in the United States. When asked why this might be, many attributed this to the strict laws in the United States that protect a child against abuse. Fearing legal consequences seems to be a motivating factor for why participants do not physically discipline their children in the United States. Some hinted to the possibility that spanking might occur behind closed doors; however, they trust that a parent knows the line between discipline and abuse and thus do not believe this type of abuse is prevalent. No studies currently exist on the prevalence of child physical and emotional abuse on South Indian children living in the United States; thus, this might be of interest for future studies.

Limitations and Future Directions

Whereas a previous study in India used the CTQ to examine the prevalence of abuse in adolescents, the present study is unique in trying to understand the underlying cultural context and perspectives that affect how child abuse is defined. However, a few limitations should be noted that limit the scope of this project. First, the sample size was relatively small, with 41 total participants taking the CTQ and only ten parents participating in the interview. It would be beneficial to see how the domains would emerge from interviewing a larger sample. It is important to note that because both qualitative and quantitative analyses were conducted as part

of this study, a potential limitation to one may actually be a strength to the other. For example, the sample consisting of affluent, highly educated immigrant parents from Kerala was homogeneous; thus, results cannot be generalized to the population of South Indian parents. This study's sample is not representative of all South Indian parents. While this may be a limitation in quantitative studies, the homogenous sample actually strengthens the qualitative aspect by ensuring the sample accurately represents people from the target culture – in this case, the South Indian culture from Kerala. Even though the homogeneity of the sample may not have been a limitation, the sample being a convenience sample certainly adds to the limitations of this study. Because participants were recruited through this type of non-probability sampling method, it is difficult to generalize the results to the larger population. Third, the semi-structured nature of the interviews may have introduced response bias. Because interviewees were prompted by previously prepared questions, the responses given by participants may have been guided by the questions, thus restricting the answers participants were able to give. In addition, due to the voluntary nature of participation of non-random nature of sampling, responding to issues regarding child abuse may have introduced social desirability as a potential limitation. Although results showed the CTQ was not highly reliable and valid with the present study sample, it is difficult to conclude that the Childhood Trauma Questionnaire would not be reliable and valid with a large study sample consisting of South Indian parents. However, it is obvious from the interviews that participants interpreted a few questions on the CTQ differently than what was intended by the authors of the CTQ. Future studies can focus on modifying the CTQ to better align with the cultural beliefs of the South Indian population. For example, the child abuse survey conducted by the Ministry of Women and Child Development (MWCD) in India defined the term “emotional abuse” as “humiliation and comparison” and physical abuse as “slapping/kicking, beating with stick,

pushing and shaking” (Kacker et al., 2007). This is interesting because some of the participants mentioned humiliation and comparison (of children to siblings or other children) when asked to define emotional abuse. However, neither of these terms is explicitly stated in the CTQ.

Therefore, to make the CTQ more culturally relevant to this population, adding items that define emotional abuse in terms of “humiliation” and “comparison” might be something to consider for future studies. Once an appropriate measure is established, research can focus on understanding the true prevalence and scope of child physical and emotional abuse within Indian populations.

Conclusion

In conclusion, truly understanding the scope of child abuse in India or any other country is difficult because one true definition does not exist. Perceptions of what behaviors constitute abuse vary culture to culture and even person to person. Due to differences in culture, a definition of abuse used in the Western world may not be accepted by those in other parts of the world. Understanding the cultural views on child rearing and parenting practices can help determine how child abuse is defined by members of that culture. This is the first step in understanding the extent of the problem and developing measures to accurately assess it. More resources need to be allocated to researching all forms of child abuse; physical and emotional abuse should get special attention in India as these are the two least researched forms of child maltreatment. Laws and policies need to be established that show children as independent entities who have the right to be safe, secure and respected. Over time, a culture that was previously more accepting of violence towards children will transform into one that values their safety and wellbeing. Despite cultural differences, a world free of child maltreatment can be achieved with the collective effort of all global citizens.

References

- Akmatov, M. K. (2011). Child abuse in 28 developing and transitional countries—results from the Multiple Indicator Cluster Surveys. *International Journal of Epidemiology*, *40*(1), 219–227. <http://doi.org/10.1093/ije/dyq168>
- Bacon, H., & Richardson, S. (2001). Attachment theory and child abuse: an overview of the literature for practitioners. *Child Abuse Review*, *10*(6), 377–397. <http://doi.org/10.1002/car.718>
- Baer, J. C., & Martinez, C. D. (2006). Child maltreatment and insecure attachment: a meta-analysis. *Journal of Reproductive and Infant Psychology*, *24*(3), 187–197. <http://doi.org/10.1080/02646830600821231>
- Bernstein, D. ., & Fink, L. (1998). Childhood trauma questionnaire: a retrospective self-report manual. *San Antonio, TX: The Psychological Corporation.*
- Bernstein, D. ., Stein, J. ., Newcomb, M. ., Walkder, E., Pogge, D., & Ahluvalia, T. (2003). Development and validation of a brief screening version of the childhood trauma questionnaire. *Child Abuse & Neglect*, *27*, 169–190.
- Bonkowsky, J. L., Guenther, E., Filloux, F. M., & Srivastava, R. (2008). Death, child abuse, and adverse neurological outcome of infants after an apparent life-threatening event. *Pediatrics*, *122*(1), 125–131. <http://doi.org/10.1542/peds.2007-3376>
- Brand, R. A. (2011). Biographical sketch: John Caffey, MD (1895-1978). *Clinical Orthopaedics and Related Research*, *469*(3), 753–754. <http://doi.org/10.1007/s11999-010-1665-1>
- Brown, D. W., Anda, R. F., Felitti, V. J., Edwards, V. J., Malarcher, A. M., Croft, J. B., & Giles, W. H. (2010). Adverse childhood experiences are associated with the risk of lung cancer: a prospective cohort study. *BMC Public Health*, *10*, 20–20. <http://doi.org/10.1186/1471-2458-10-20>

- Casanueva, C., Dolan, M., & Smith, K. . (2014). *Disconnected Youth involved in Child Welfare* (No. OPRE Report#2014-63).
- Cawson, P., Wattam, C., Brooker, S., & Kelly, G. (2000, November). Child Maltreatment in the United Kingdom: a Study of the Prevalence of Abuse and Neglect. Retrieved May 13, 2016, from <https://www.nspcc.org.uk/globalassets/documents/research-reports/child-maltreatment-uk-executive-summary.pdf>
- Centers for Disease Control (CDC). (2014). Child Maltreatment Factsheet. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/childmaltreatment-facts-at-a-glance.pdf>
- Chandler, G. E., Roberts, S. J., & Chiodo, L. (2015). Resilience Intervention for Young Adults With Adverse Childhood Experiences. *Journal of the American Psychiatric Nurses Association, 21*(6), 406–416. <http://doi.org/10.1177/1078390315620609>
- Chapman, D. P., Dube, S. R., & Anda, R. F. (2007). Adverse Childhood Events as Risk Factors for Negative Mental Health Outcomes. *Psychiatric Annals, 37*(5). Retrieved from <http://www.healio.com/journals/psycann/2007-5-37-5/%7Bd7d4048c-dfd4-4921-b877-896c19c66a2e%7D/adverse-childhood-events-as-risk-factors-for-negative-mental-health-outcomes>
- Charak, R., & Koot, H. M. (2014a). Abuse and neglect in adolescents of Jammu, India: the role of gender, family structure, and parental education. *Journal of Anxiety Disorders, 28*(6), 590–598. <http://doi.org/10.1016/j.janxdis.2014.06.006>
- Charak, R., & Koot, H. M. (2014b). Abuse and neglect in adolescents of Jammu, India: The role of gender, family structure, and parental education. *Journal of Anxiety Disorders, 28*, 590–598. <http://doi.org/10.1016/j.janxdis.2014.06.006>

- Chen, J.-K., & Wei, H.-S. (2011). Student victimization by teachers in Taiwan: Prevalence and associations. *Child Abuse & Neglect*, *35*, 382–390.
<http://doi.org/10.1016/j.chiabu.2011.01.009>
- Cheruvalath, R., & Tripathi, M. (2015). Secondary School Teachers' Perception of Corporal Punishment: A Case Study in India. *Clearing House*, *88*(4), 127–132.
<http://doi.org/10.1080/00098655.2015.1045821>
- Childhood Experiences of Physical, Emotional and Sexual Abuse among College Students in South India. (2015). *Journal of Tropical Pediatrics*, *61*(5), 329–338 10p.
<http://doi.org/10.1093/tropej/fmv037>
- Cicchetti, D. (2013). Annual Research Review: Resilient functioning in maltreated children-- past, present, and future perspectives. *Journal Of Child Psychology And Psychiatry, And Allied Disciplines*, *54*(4), 402–422. <http://doi.org/10.1111/j.1469-7610.2012.02608.x>
- Compier-de Block, L. H. C. G., Alink, L. R. A., Reijman, S., Werner, C. D., Maras, A., Rijnberk, C., ... Bakermans-Kranenburg, M. J. (2015). Handgrip force of maltreating mothers in reaction to infant signals. *Child Abuse & Neglect*, *40*, 124–131.
<http://doi.org/10.1016/j.chiabu.2014.03.006>
- Corso PS, Edwards VJ, Fang X, & Mercy JA. (2008). Health-related quality of life among adults who experienced maltreatment during childhood. *American Journal of Public Health*, *98*(6), 1094–1100 7p. <http://doi.org/10.2105/AJPH.2007.119826>
- Crane, J. (2015). “The bones tell a story the child is too young or too frightened to tell”: The Battered Child Syndrome in Post-war Britain and America. *Social History of Medicine*, *28*(4), 767–788. <http://doi.org/10.1093/shm/hkv040>

- Crosson-Tower, C. (2010). The Maltreatment of Children from a Historical Perspective. In *Understanding Child Abuse and Neglect* (8th ed.). Pearson.
- Crouch, J. L., Skowronski, J. J., Milner, J. S., & Harris, B. (2008). Parental responses to infant crying: the influence of child physical abuse risk and hostile priming. *Child Abuse & Neglect*, 32(7), 702–710. <http://doi.org/10.1016/j.chiabu.2007.11.002>
- Deb, S., & Modak, S. (2010). Prevalence of violence against children in families in Tripura and its relationship with socio-economic factors. *Journal Of Injury & Violence Research*, 2(1), 5–18. <http://doi.org/10.5249/jivr.v2i1.31>
- Deb, S., Strodl, E., & Sun, J. (2015). Academic Stress, Parental Pressure, Anxiety and Mental Health among Indian High School Students. *International Journal of Psychology and Behavioral Sciences*, 5(1), 26–34. <http://doi.org/10.5923/j.ijpbs.20150501.04>
- Durrant, J. (1996). The Swedish Ban on Corporal Punishment: Its History and Effects. Retrieved May 9, 2016, from <http://www.nospank.net/durrant.htm>
- Ecks, S., & Kupfer, C. (2015). “What is strange is that we don’t have more children coming to us”: A habitography of child psychiatrists and scholastic pressure in Kolkata, India. *Social Science & Medicine*, 143, 336–342. <http://doi.org/10.1016/j.socscimed.2014.11.048>
- Felitti MD, F. Vincent J, Anda MD, M. Robert F, Nordenberg MD, D., Williamson MS, P. David F, Spitz MS, M. Alison M, Edwards BA, V., ... Marks MD, M. James S. (1998). 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*, 14(4), 245–258. [http://doi.org/10.1016/S0749-3797\(98\)00017-8](http://doi.org/10.1016/S0749-3797(98)00017-8)

- Festinger, T., & Baker, A. (2010). Prevalence of recalled childhood emotional abuse among child welfare staff and related well-being factors. *Children and Youth Services Review*, 32, 520–526. <http://doi.org/10.1016/j.chilyouth.2009.11.004>
- Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of Childhood Exposure to Violence, Crime, and Abuse: Results From the National Survey of Children's Exposure to Violence. *JAMA Pediatrics*, 169(8), 746–754 9p. <http://doi.org/10.1001/jamapediatrics.2015.0676>
- Flaherty, E. G., Stirling, J., & American Academy of Pediatrics. Committee on Child Abuse and Neglect. (2010). Clinical report—the pediatrician's role in child maltreatment prevention. *Pediatrics*, 126(4), 833–841.
- Frasier, L. D., Kelly, P., Al-Eissa, M., & Otterman, G. J. (2014). International issues in abusive head trauma. *Pediatric Radiology*, 44 Suppl 4, S647–653. <http://doi.org/10.1007/s00247-014-3075-0>
- Gershoff, E. T. (2013). Spanking and Child Development: We Know Enough Now To Stop Hitting Our Children. *Child Development Perspectives*, 7(3), 133–137. <http://doi.org/10.1111/cdep.12038>
- Gershoff, E. T. ., Grogan-Kaylor, A., Lansford, J. E. ., Chang, L., Zelli, A., Deater-Deckard, K., & Dodge, K. A. . (2010). Parent Discipline Practices in an International Sample: Associations With Child Behaviors and Moderation by Perceived Normativeness. *Child Development*, 81(2), 487–502. <http://doi.org/10.1111/j.1467-8624.2009.01409.x>
- Ghosh, D., & Basu, I. (2010, July 9). Slapped by teacher, Class VI boy jumps off school building - Times of India. Retrieved May 9, 2016, from

<http://timesofindia.indiatimes.com/city/delhi/Slapped-by-teacher-Class-VI-boy-jumps-off-school-building/articleshow/6144917.cms>

Gratz, K. L., Litzman, R. D., Tull, M. T., Reynolds, E. K., & Lejuez, C. w. (2011). Exploring the Association Between Emotional Abuse and Childhood Borderline Personality Features: The Moderating Role of Personality Traits. *Behavior Therapy*, *42*, 493–508.

<http://doi.org/10.1016/j.beth.2010.11.003>

Greenfield, E. A., Lee, C., Friedman, E. L., & Springer, K. W. (2011). Childhood Abuse as a Risk Factor for Sleep Problems in Adulthood: Evidence from a U.S. National Study. *Annals of Behavioral Medicine : A Publication of the Society of Behavioral Medicine*, *42*(2), 245–256. <http://doi.org/10.1007/s12160-011-9285-x>

Hagele, D. M. (2005). The impact of maltreatment on the developing child. *North Carolina Medical Journal*, *66*(5), 356–9.

Hahm HC, & Guterman NB. (2001). The emerging problem of physical child abuse in South Korea. *Child Maltreatment*, *6*(2), 169–179 11p.

Hawley, T. (2000). *Starting Smart: How Early Experiences Affect Brain Development. Second Edition*. Ounce of Prevention Fund, 122 S. Michigan Ave., Suite 2050, Chicago, IL 60603-6107. Tel: 312-922-3863; Fax: 312-922-3337. For full text:

<http://www.ounceofprevention.org>. Retrieved from <http://eric.ed.gov/?id=ED467552>

Hibbard, R. A., & Desch, L. W. (2007). Maltreatment of children with disabilities. *Pediatrics*, *119*(5), 1018–1025. <http://doi.org/10.1542/peds.2007-0565>

Hildyard, K. L., & Wolfe, D. A. (2002). Child neglect: developmental issues and outcomes. *Child Abuse & Neglect*, *26*(6-7), 679–695.

- Hill, C. E. (2012). *Consensual Qualitative Research : A Practical Resource for Investigating Social Science Phenomena* (Vol. First edition). Washington, District of Columbia: American Psychological Association. Retrieved from <http://ezproxy.gsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=nlbk&AN=991896&site=eds-live>
- Hunter, W. M., Jain, D., Sadowski, L. S., & Sanhueza, A. I. (2000). Risk Factors for Severe Child Discipline Practices in Rural India. *Journal of Pediatric Psychology, 25*(6). Retrieved from <http://ezproxy.gsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=eue&AN=4509456&site=eds-live>
- Intebi, I. V., & Roylance, R. (2013). The Role of ISPCAN: The Uncomfortable Truth of Child Abuse and Neglect Goes Viral. In R. D. Krugman & J. E. Korbin (Eds.), *C. Henry Kempe: A 50 Year Legacy to the Field of Child Abuse and Neglect* (pp. 257–265). Springer Netherlands. Retrieved from http://link.springer.com/chapter/10.1007/978-94-007-4084-6_31
- Jackson, A. M., Kissoon, N., & Greene, C. (2015). Aspects of Abuse: Recognizing and Responding to Child Maltreatment. *Current Problems in Pediatric and Adolescent Health Care, 45*, 58–70. <http://doi.org/10.1016/j.cppeds.2015.02.001>
- Jaudes, P. K., & Mackey-Bilaver, L. (2008). Do chronic conditions increase young children's risk of being maltreated? *Child Abuse & Neglect, 32*(7), 671–681. <http://doi.org/10.1016/j.chiabu.2007.08.007>
- Kacker, L., Varadan, S., & Kumar, P. (2007). *Study on child abuse: India 2007, New Delhi: Ministry of Women and Child Development, Government of India.*

- Kammerman, S. B. (2006). *A Global History of Early Childhood Education and Care*.
- Kempe, C. H. (2013). Cross-Cultural Perspectives in Child Abuse. In R. D. Krugman & J. E. Korbin (Eds.), *C. Henry Kempe: A 50 Year Legacy to the Field of Child Abuse and Neglect* (pp. 219–220). Springer Netherlands. Retrieved from http://link.springer.com/chapter/10.1007/978-94-007-4084-6_26
- Kempe, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W., & Silver, H. K. (1985). The battered-child syndrome. *Child Abuse & Neglect*, 9(2), 143–154. [http://doi.org/10.1016/0145-2134\(85\)90005-5](http://doi.org/10.1016/0145-2134(85)90005-5)
- Kempe C, Silverman FN, Steele BF, Droegemueller W, & Silver HK. (1962). The battered-child syndrome. *JAMA*, 181(1), 17–24. <http://doi.org/10.1001/jama.1962.03050270019004>
- Korbin, J. E. (2013). Introduction and Commentary: Child Abuse as an International Issue. In R. D. Krugman & J. E. Korbin (Eds.), *C. Henry Kempe: A 50 Year Legacy to the Field of Child Abuse and Neglect* (pp. 217–218). Springer Netherlands. Retrieved from http://link.springer.com/chapter/10.1007/978-94-007-4084-6_25
- Lansford, J. E., Godwin, J., Uribe Tirado, L. M., Zelli, A., Al-Hassan, S. M., Bacchini, D., ... Alampay, L. P. (2015). Individual, family, and culture level contributions to child physical abuse and neglect: A longitudinal study in nine countries. *Development and Psychopathology*, 27(4 Pt 2), 1417–1428. <http://doi.org/10.1017/S095457941500084X>
- Leeb, R., Paulozzi, L., Melanson, C., Simon, T., & Arias, I. (2008). Child Maltreatment surveillance: uniform definitions for public health and recommended data elements, version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved from <http://www.cdc.gov/ViolencePrevention/pub/CMP-Surveillance.html>

- Lee, Y., & Kim, S. (2011). Childhood maltreatment in South Korea: Retrospective study. *Child Abuse & Neglect*, 35, 1037–1044. <http://doi.org/10.1016/j.chiabu.2011.09.005>
- Levesque, R. J. (2000). Cultural evidence, child maltreatment, and the law. *Child Maltreatment*, 5(2), 146–160.
- Lewis, T., McElroy, E., Harlaar, N., & Runyan, D. (2016). Does the impact of child sexual abuse differ from maltreated but non-sexually abused children? A prospective examination of the impact of child sexual abuse on internalizing and externalizing behavior problems. *Child Abuse & Neglect*, 51, 31–40. <http://doi.org/10.1016/j.chiabu.2015.11.016>
- MacMillan, H. L. (1997). Prevalence of child physical and sexual abuse in the community. Results from the Ontario Health Supplement. *JAMA: The Journal of the American Medical Association*, 278(2), 131–135. <http://doi.org/10.1001/jama.278.2.131>
- Maurer, M. H., & Häuser, W. (2012). CORRESPONDENCE...Hauser W et al. (2012) Maltreatment in childhood and adolescence: results from a survey of a representative sample of the German population. *Dtsch Arztebl Int* 108, 287-294. *Deutsches Arzteblatt International*, 109(1/2), 14–14 1p.
- Meadows, P., Tunstill, J., George, A., Dhudwar, A., & Kurtz, Z. (2011). The costs and consequences of child maltreatment: Literature review for the NSPCC. *London: NSPCC*.
- Merrick, J. (2013). Child Abuse and Neglect: Experiences from Scandinavia and Israel. In R. D. Krugman & J. E. Korbin (Eds.), *C. Henry Kempe: A 50 Year Legacy to the Field of Child Abuse and Neglect* (pp. 239–246). Springer Netherlands. Retrieved from http://link.springer.com/chapter/10.1007/978-94-007-4084-6_29

- Mills, R., Scott, J., Alati, R., O'Callaghan, M., Najman, J. M., & Strathearn, L. (2013). Child maltreatment and adolescent mental health problems in a large birth cohort. *Child Abuse & Neglect, 37*, 292–302. <http://doi.org/10.1016/j.chiabu.2012.11.008>
- Morrow, V. (2015, May 22). Beatings for asking for help: corporal punishment in India's schools. Retrieved May 9, 2016, from <http://www.theguardian.com/global-development-professionals-network/2015/may/22/tough-boys-and-docile-girls-corporal-punishment-in-indias-schools>
- Myers, J. E. B. (2008). A Short History of Child Protection in America. *Family Law Quarterly, 42*.
- Nadan, Y., Spilsbury, J. C., & Korbin, J. E. (2015). Culture and context in understanding child maltreatment: Contributions of intersectionality and neighborhood-based research. *Child Abuse & Neglect, 41*, 40–48. <http://doi.org/10.1016/j.chiabu.2014.10.021>
- Oates, K. (2015). Some reflections from the past and some ideas for the future: The 2014 Kempe Oration. *Child Abuse & Neglect, 43*, 1–7. <http://doi.org/10.1016/j.chiabu.2015.03.017>
- Odhayani, A. A., Watson, W. J., & Watson, L. (2013). Behavioural consequences of child abuse. *Canadian Family Physician, 59*(8), 831–836.
- Paivio, S. C., & Cramer, K. M. (2004). Factor structure and reliability of the Childhood Trauma Questionnaire in a Canadian undergraduate student sample. *Child Abuse & Neglect, 28*, 889–904. <http://doi.org/10.1016/j.chiabu.2004.01.011>
- Patenaude, A. L. (2006). History of the Treatment of and Attitudes Toward Children., 3–30.
- Poreddi, V., Pashapu, D. R., B. V., K., Gandhi, S., El-Arousy, W., & Math, S. B. (2016). Nursing students' knowledge of child abuse and neglect in India. *British Journal of Nursing, 25*(5), 264–268 5p. <http://doi.org/10.12968/bjon.2016.25.5.264>

- Ray, A., Halder, S. santoshi_halder@yahoo.com, & Goswami, N. (2012). Academic Career Development Stress and Mental Health of Higher Secondary Students - An Indian Perspective. *Estrés Vinculado Al Desarrollo de La Carrera Académica Y Salud Mental de Estudiantes de Educación Secundaria Superior - Una Perspectiva India.*, 1(3), 257–277. <http://doi.org/10.4471/ijep.2012.14>
- Runyan, D. K., Shankar, V., Hassan, F., Hunter, W. M., Jain, D., Paula, C. S., ... Bordin, I. A. (2010). International variations in harsh child discipline. *Pediatrics*, 126(3), e701–e711. <http://doi.org/10.1542/peds.2008-2374>
- Saini, N. (2014). Child Abuse & Neglect in India: Time to Act. *World Medical Journal*, 60(9), 87.
- Scannapieco, M., & Connell-Carrick, K. (2005). *Understanding Child Maltreatment : An Ecological and Developmental Perspective: An Ecological and Developmental Perspective*. Oxford University Press, USA.
- Scher, C. D., Forde, D. R., McQuaid, J. R., & Stein, M. B. (2004). Prevalence and demographic correlates of childhood maltreatment in an adult community sample. *Child Abuse & Neglect*, 28(2), 167–180. <http://doi.org/10.1016/j.chiabu.2003.09.012>
- Schore, A. N. (2002). Dysregulation of the right brain: a fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. *The Australian and New Zealand Journal of Psychiatry*, 36(1), 9–30.
- Scott, D. A. (2009). The landscape of child maltreatment. *Lancet (London, England)*, 373(9658), 101–102. [http://doi.org/10.1016/S0140-6736\(08\)61702-X](http://doi.org/10.1016/S0140-6736(08)61702-X)
- Sedlak, A. ., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to*

Congress. Washington, DC: U.S. Department of Health and Human Services,
Administration of Child and Families.

Singhi, P., Saini, A. G., & Malhi, P. (2013). Child maltreatment in India. *Paediatrics And International Child Health*, 33(4), 292–300.

<http://doi.org/10.1179/2046905513Y.0000000099>

Stirling, J., Amaya-Jackson, L., & Amaya-Jackson, L. (2008). Understanding the Behavioral and Emotional Consequences of Child Abuse. *Pediatrics*, 122(3), 667–673.

<http://doi.org/10.1542/peds.2008-1885>

Stoltenborgh, M., Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., & Alink, L. R. A. (2013). Cultural–geographical differences in the occurrence of child physical abuse? A meta-analysis of global prevalence. *International Journal of Psychology*, 48(2), 81–94.

<http://doi.org/10.1080/00207594.2012.697165>

Streeck-Fischer, A., & van der Kolk, B. A. (2000). Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development. *The Australian and New Zealand Journal of Psychiatry*, 34(6), 903–918.

Viola, T. W., Salum, G. A., Kluwe-Schiavon, B., Sanvicente-Vieira, B., Levandowski, M. L., & Grassi-Oliveira, R. (2016). Research article: The influence of geographical and economic factors in estimates of childhood abuse and neglect using the Childhood Trauma Questionnaire: A worldwide meta-regression analysis. *Child Abuse & Neglect*, 51, 1–11.

<http://doi.org/10.1016/j.chiabu.2015.11.019>

Weaver, C. J., Keller, D., & Loyek, A. (2005). Children with Disabilities in the Child Welfare System. In *Child Welfare for the Twenty-first Century: A Handbook of Practices, Policies, and Programs* (pp. 173–184). Columbia University Press.

WHO | Child maltreatment. (2014). Retrieved May 23, 2016, from
http://www.who.int/topics/child_abuse/en/

Zolotor, A., Runyan, D. ., Dunne, M. ., Jain, D., Peturs, H. ., & Ramirez, C. (2009). ISPCAN child abuse screen tool children's version (ICAST-C): instrument development and multi-national pilot testing. *Child Abuse & Neglect*, 33, 833–841.