

# **Behavioral and Emotional Problems in Abused and Nonabused Children in a Pakistani Cohort**

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The study aimed to elucidate whether the trauma of abuse reflects upon the behavioral and emotional pattern in children. Abused and nonabused children (50 each) were drawn from 5 cities of Punjab. Child Abuse Scale (Malik & Shah, 2007) was used to identify nature and level of abuse. Class teachers rated children's behavior on Comprehensive Behavior Rating Scale (Neeper, Lahey, & Frick, 1990). Univariate ANOVA revealed reliable differences of behavioral problems across abused and nonabused group and gender with a general trend for abused group than nonabused and girls than boys. The data remained even, when differences across groups were controlled by covariance in terms of socio-economic status, maternal education, and family system. The implications of the childhood trauma as a marker for behavioral problems in children are discussed in the context of Pakistani culture.

**Keywords:** child abuse, behavioral problems, family system, Pakistani cohort

Child abuse and neglect is a worldwide problem being widespread in the families around the globe. Children have been considered to be the exclusive property and responsibility of their parents for generations (Powell, 1917). The escalating cycles of child

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abuse and neglect, both in urban and rural communities, is causing many social problems. Generally speaking, it is any parental/caretaker act resulting in death, serious physical or emotional harm, sexual abuse or exploitation of children, or an act or failure to act which presents an imminent risk of serious harm to the child's physical or emotional health and development (National Clearinghouse on Child Abuse and Neglect Information, 2002).

Child abuse may have active and passive forms; active abuse being the violent acts representing the exercise of physical force to cause injury or forcibly interfere with personal freedom while passive abuse referring to neglect, which can only be considered violent in the metaphorical sense, as it does not involve physical force, nevertheless, it can cause both physical and emotional injury like failure to thrive in young children (Browne, 1993). However, victims of child abuse are unlikely to be subjected to only one type of abuse, for example, sexual abuse and physical abuse are always accompanied by emotional abuse, which includes verbal assault, threats of close confinement (such as locking a child in a room), withholding the food, and other aversive treatment. Within each type of abuse there is a continuum of severity ranging from mild to life threatening risk (Browne & Herbert, 1997).

The United Nations International Children Emergency Fund (UNICEF; 2006) studied violence against children worldwide and indicated almost 53,000 children died worldwide in 2002 as a result of homicide; 80% to 98% of children suffered physical punishment in their homes with every third experiencing severe physical punishment; 150 million girls and 73 million boys under 18 experienced forced sexual intercourse or other forms of sexual violence. In 2004, 218 million children were involved in child labor, out of which 126 million in hazardous work. The highest form of abuse was neglect followed by physical abuse (Neddermeyer, March 31, 2006). The picture round the globe is not very different; 3.3 million referrals of alleged child abuse were made to US CPS agencies in 2005; 29833 cases were reported in Australia in 1996 (Broadbent & Bentley, 1997); 12309 in Canada (Trocme, McPhee, Tam, & Hay, 1994); 29300 in England. Child abuse and neglect has been identified as one of the most common causes of death in young children in UK, at least two children less than 16 years die of nonaccidental injury every week with parents and relatives being responsible for three-quarters of the deaths (Department of Health, 2000).

The scenario in Pakistan is not better than any other South Asian country and unluckily no statistics is available from any government agency on the prevailing situation of children in the country. UNICEF

Statistics (2006) has depicted a gloomy picture for Pakistani children where approximately 40% of the total child population under 5 years of age suffers malnutrition, stunted growth, anemic and underweight with infant mortality rate of 81%. Twenty three million children in Pakistan had never been to school and 21% were victims of child marriages. More than 120,000 children are working in factories or other workplaces with the substandard health environment (Human Rights Today, 2005).

Another report indicated 1,549 cases of sexual abuse in the year 2003 representing a rate of 4 cases per day; 1,184 girls were sexually assaulted by the end of 2004. The report also highlighted that Pakistan had the highest maternal and infant mortality rates in South Asia, with an estimated 10 million children working to earn a livelihood (Sreeraman, July 06, 2007). According to Edhi Foundation Sources, there has been a 30% increase over the previous years in the number of children running away from home, most of them left home because of child battering by the parents, domestic violence, and financial problems (Kamran, 2004).

Child maltreatment might have short-term and long-term consequences for children, families, and society at large ranging from head injuries, skin injuries, and skeletal trauma (Gorski, 2000). Psychological impairment that may be less visible but may lead to very serious long term impacts like learning disabilities and mental retardation (Sivit, Taylor, & Eichelberger, 1989). The research points out that maltreated and violence exposed children experience multiple forms of trauma (Cohen, Deblinger, Mannarino, & Steer, 2004). The experience of child abuse during the most critical developmental period, increases a child's risk of developing a number of irreversible health, developmental, behavioral, cognitive, emotional, and psychological problems (Elmer & Gregg, 1967); poor expressive language skills (Elmer, 1977); and more antisocial behavior and cognitive malfunctioning (Cicchetti, Toth, & Maughan, 2000). Some identified clinical effects include anxiety, depression, low self-esteem, negative views about life, and suicidal ideation and especially with early onset of abuse (Briere & Runtz, 1990; Claussen & Crittenden, 1991; Crittenden, Claussen, & Sugarman, 1994; Egeland & Erickson, 1987; Kaplow & Widom, 2007).

The development of behavioral problems in abused children, for both boys and girls, is one of the most crucial consequences comparing to nonabused children with boys having more problems than girls (Kinard, 1995). Gushurst (2003) demonstrated significantly higher internalizing and externalizing behavioral problems in abused children with subscale profiles in the direction consistent with

withdrawal, impairment in social interaction, and sexual problems. Both abused and neglected children behave more aggressively in school than nonabused/maltreated children (Reidy, 1977). Martin and Beezley (1977) developed a list of nine characteristics observed in abused children that included impaired capacity to enjoy life, psychiatric problems like hyperactivity, enuresis, tantrums, low self-esteem, school learning problems, compulsivity, withdrawal, and hyper-vigilance. Hoffman-Plotkin and Twentyman (1984) posed that neglected children interact less with peers than either abused or nonabused children. Such children have been found to be described as having difficult temperaments, angry, under stress, exhibit mild developmental delays (Crittenden & Ainsworth, 1989), and with language delays (Katz, 1992). Proposing a different point of view on abuse, researchers highlighted that disorganized attachment between mother and child may leave abusive and neglected children as fearful and insecure about parents/caregiver and with an increased likelihood of abused and neglected children for smoking, alcohol or drugs use/abuse (Jhonson, 2002; Rostill & Blair, 2006). While comparing clinically referred children with a history of abuse with children without history of abuse, and nonclinical group on the variables of aggression, IQ, and psychopathology; Connor (2003) found clinically referred children scored worse on the measure of aggression, especially, reactive aggression and verbal aggression than clinically referred nonabused control group.

Ackerman, Newton, McPherson, Jones, and Dykman (1998) indicated a significant comorbidity of PTSD with affective disorders in abused children as assessed by teachers and caregivers. Caregivers rated girls less disturbed than boys, while teachers rated boys more adverse than girls. When parental assessment of problem behaviors among abused children were compared with control group by Gushurt (2003), abused group demonstrated significantly higher total behavioral problems in terms of internalizing and externalizing scores than controls with subscale profiles of withdrawal, impairment in social interaction, and sexual problems.

All children must learn to cope with various degrees of stress in life, especially, in academic settings. The impact of child abuse and neglect has been mostly discussed in terms of physical and psychological consequences, while in reality, it is hard to separate them completely. Physical consequences like damage to a child's growing brain can have psychological implications, such as cognitive delays or emotional difficulties. Consequences may be mild or severe, may disappear after a short period or last a lifetime and affect the child physically, psychologically, behaviorally, cognitively or in some

combination of all three ways. Very rightly pointed out by Korbin (1994), children who lack the basic necessities of life like food, affection, medical care, education, intellectual, and social situations are placed in jeopardy, but different cultural values, community standards, and personal experiences make one person's abuse another person's discipline or education. The research done in Pakistani cultural context has highlighted the fact that child maltreatment is considerable part of discipline training of children in Pakistani society (Malik, 2003) and not enough has yet been done to protect children in our society. Scarce available research indicated that the emotional neglect being the most prevalent kind of child maltreatment in Pakistani families (Malik, 2002; Malik & Rizvi, 2008). Child maltreatment prevalence rate is more than 90% as harsh discipline being considered a crucial mean of disciplining the children by parents, especially fathers (Malik, 2003). Moreover, a family where spouse violence is high, level of child abuse is also high (Malik & Rizvi, 2008). Some western evidence also indicated that violence within the family may have indirect effect on the maltreatment of infants via a higher likelihood of factors detrimental to infant health (McGuigan, 2007).

Therefore, the present research is the first ever effort in Pakistani scenario to explore the detrimental consequences of abuse in children in terms of cognitive resources such as information processing and cognitive deficits as well as behavioral and emotional problems like reading problems, inattention, social competence, etc. The current study covers only one aspect of a broader research project on child abuse, covering the behavioral and emotional problems of abused children in comparison to nonabused children. In Pakistani context no such effort has been made to look into the long term consequences of abuse on the part of the children rather the research done so far is limited to the psychosocial and family factors (Hanif, 1994; Malik, 2002), but child abuse in Pakistan still remains a taboo issue and most of the cases at home go unreported. Therefore, realizing the gravity of issue and the immense consequences of child abuse, the idea for the current dimension of the research was conceived to explore the behavioral and emotional problems of abused children in their academic settings as perceived by their teachers particularly in Pakistani context. In the same context gender discrimination emerges as another important issue, hence gender-wise comparison was another major objective.

In the light of existing western research the assumption formulated was that abused/maltreated children would show greater problems in behavioral pattern than their normal counterparts. Gender

related assumption is that boys would show high level of abuse and behavioral problems than girls. Moreover, with reference to the specific Pakistani socio-culture context some demographic variables like socio-economic class, family size, family system, parental education also seemed important to study as contributing in child abuse and ultimately to behavioral and emotional problems in abused children.

## Method

### Sample

The sample for the study consisted of 50 abused and 50 nonabused children with 50% girls and 50% boys of age range 8-12 years ( $M = 10.38$ ,  $SD = 1.25$ ) belonging to different socio-economic groups, parental education, and family type and size (see Table 1). Child Abuse Scale (CAS) (Malik & Shah, 2007) was used as screening device to identify abused and nonabused children. The data were collected from 5 public and 5 private schools from five major cities in Pakistan including Multan, Lahore, Bahawalpur, Dera Ghazi Khan, and Rawalpindi/Islamabad. The data of at least 20 children (10 abused, 10 nonabused) were drawn from each of the public and private schools of each city for which 20-30 children for each group were administered CAS.

Table 1

*Frequency and Percentages on Demographic Variables (N = 100)*

Variables	Abused n(%)	Nonabused n(%)	Total n(%)
Age (in years)			
8	03(6)	05(10)	08(8)
9	09(18)	10(20)	19(19)
10	12(24)	11(22)	23(23)
11	15(30)	12(24)	27(27)
12	11(22)	12(24)	23(23)
Grade			
4	18(36)	18(36)	36(36)
5	13(26)	13(26)	29(29)
6	08(16)	12(24)	20(20)
7	06(12)	04(8)	10(10)
8	05(10)	03(6)	05(5)

*Continued....*

Variables	Abused n(%)	Nonabused n(%)	Total n(%)
<b>Gender</b>			
Boys	25(50)	25(50)	25(50)
Girls	25(50)	25(50)	25(50)
<b>SES (Family's monthly income in Rs.)</b>			
Upper (51,000-above)	14(28)	14(28)	28(28)
Middle (16000-50,000)	13(26)	28(56)	41(41)
Lower (below-15000)	23(46)	08(16)	31(31)
<b>Family System</b>			
Nuclear	20(40)	28(56)	48(48)
Joint	30(60)	22(44)	52(52)
<b>Family Size (no. of children)</b>			
Small (1-2)	20(40)	14(28)	34(34)
Medium (3-5)	09(18)	13(26)	22(22)
Large (6-above)	21(42)	23(46)	44(44)
<b>Fathers' education</b>			
Illiterate	15(30)	07(14)	22(22)
Less Educated (below-12 <sup>th</sup> grade)	24(48)	24(48)	48(48)
Highly Educated (graduation-above)	11(22)	19(22)	30(30)
<b>Mothers' education</b>			
Illiterate	24(48)	03(06)	27(27)
Less Educated (below-12 <sup>th</sup> grade)	18(36)	24(48)	42(42)
Highly Educated (graduation-above)	08(16)	23(38)	31(31)

## Instruments

**Child Abuse Scale (CAS).** It is an indigenously developed scale (Malik & Shah, 2007) in Urdu language, comprising of 34 items pertaining to four empirically determined subscales through factor analysis, namely Physical abuse (4 items), Emotional abuse (14 items), Physical neglect (4 items), and Emotional neglect (12 items). This scale was used to categorize children into abused and nonabused groups. The responses were recorded on a 4-point rating scale with response categories *Never*, *Sometimes*, *Frequently*, and *Always* (score 1 to 4). CAS contained 14 reverse scoring items and total score was a sum of scores on each item. Score ranged from 34 to 136 which could be categorized into mild abuse (below 54), moderate (55-65), and severe abuse (66-136). The authors (Malik & Shah, 2007) have

reported highly significant validity and internal consistency for total CAS (Cronbach's  $\alpha = .92$ ) and its subscales with Chronbach's  $\alpha$  ranging from .63 to .90 suggesting it a reliable measure to assess intensity and degree of abuse and neglect. The reliability of CAS for the current sample was also high (Cronbach's  $\alpha = .89$ ).

**Comprehensive Behavior Rating Scale for Children (CBRSC).** The CBRSC (Neeper, Lahey, & Frick, 1990) is a 70 items teacher's rating scale to assess behavioral functioning of children of 6-14 years in which each item describes a particular behavior or cognitive attribute of the child. It is divided into 9 subscales including Inattention-Disorganization (11 items), Reading problems (9 items), Cognitive deficits (9 items), Oppositional-conduct disorders (12 items), Motor-hyperactivity (4 items), Anxiety (12 items), Sluggish tempo (4 items), Daydreaming (3 items), and Social competence (6 items). It is 5-point rating scale with score ranging from 70 to 350 with no reverse scoring items; higher the score higher is the behavioral problems. The authors argue that CBRSC may be taken as a measure of behavioral and emotional problems of children (Neeper et al., 1990) and reported high estimates of internal consistency ( $\alpha = .76$ ) and for its subscales ( $\alpha = .88-.95$ ), and test-retest reliability ranging from .84 to .94. The correlation of CBRSC with Revised Behavior Problem Checklist (Quay & Peterson, 1987) and Conners' Teacher Rating Scales (Conners, 1989) were significantly high indicating strong construct validity of CBRSC.

CBRSC was translated into Urdu by employing standardized back translation procedure. In the first step of translation, 10 bilingual experts with at least an M. Phil. in Psychology (5 men and 5 women) translated the items while keeping in view the grammatical and connotative meanings. These translations were then evaluated and scrutinized by the researchers and suitable translations with the highest frequency were selected. The retained Urdu translated items were then back translated into English by 10 bilingual teachers (5 men and 5 women) from Government College University, Lahore and Islamia University, Bahawalpur with educational qualifications ranging from Master to Ph.D. in English. After comparing the Urdu translation and the back English translation with the original CBRSC, Urdu and English versions were administered to a sample of 10 school teachers and item-to-item correlations were computed which ranged from .53 to .92 ( $p < .0001$ ) suggesting that items in both versions conveyed the same meaning. The internal consistency was determined for the CBRSC Urdu version (Chronbach's  $\alpha = .95$ ), and its subscales which ranged from  $\alpha = .77$  to  $\alpha = .99$ .



## Procedure

The permission for data collection was sought from the schools' administration while briefing them about the objectives and procedures involved in the study and assurance of the information confidentiality. School administration referred the researchers either to the school counselors or class teachers (having at least 1 year contact with the children) of 4th to 8th grades who referred children exhibiting behavioral problems in the classrooms. These children were administered CAS to determine the presence or absence of physical and emotional abuse. The scoring range of 66-136 was considered as an indicator of severe child abuse while the least score of 34 on CAS was considered as an indicator of absence of abuse for the selection of the sample for the current study. Children for comparison group were taken randomly from each grade. Approximately 20-30 children from each school for each group i.e., abused and nonabused were included in the sample of the current study.

The study was approved by Institutional Review Board (IRB) and all the ethical standards were taken into account while planning this study. Subsequently informed consent was taken by the parents/ caretakers of the children through school administrations and class teachers to confirm their voluntary participation in the study. The class teachers were then requested to rate each child's behavior on CBRSC, after taking informed consent.

## Results

### Differences across Groups for Variables

Difference between subjects ANOVAs were computed to determine the differences between abused vs. nonabused across different behavioral and demographic variables, where the groups differed for a particular factor. In each analysis, both groups were included (abused vs. nonabused) and gender (boys vs. girls) as factors. On the measure of behavioral problems, there were reliable main effects of group,  $F(3, 96) = 5933.25, p < .0001$ , gender  $F(3, 96) = 164.23, p < .0001$ ; and a significant interaction effect,  $F(3, 96) = 232.33, p < .0001$ . The abused group showed greater behavioral problems than nonabused group, and this was especially in the case of boys. There were also significant main effects of group,  $F(3, 96) = 4.02, p < .05$ ; and gender,  $F(3, 96) = 5.16, p < .02$ ; for the measure of

social class. The nonabused group tended to have a higher socio-economic status than the abused group, and girls tended to come from families with higher status than boys but there was nonsignificant interaction. Although the groups did not differ in terms of whether they came from a nuclear or joint family set up but ( $F(3, 96) = 2.67, p = \text{ns.}$ ) there was an effect of gender,  $F(3, 96) = 4.18, p < .05$ . Girls tended to be more likely to come from joint (rather than nuclear) families than boys.

### Behavioral and Emotional Problem Differences

CBRSC subscales data were analyzed to determine the differences between groups (abused vs. nonabused) controlling the differences across demographic variables like social class, mothers' education, and family size through covariance in Univariate ANOVA.

Table 2

*F-values Showing Main and Interaction Effects for the Subscales of CBRSC along Group and Gender*

Scales	Groups $F(1, 93)$	Gender $F(1, 93)$	Group x Gender
CBRSC	5463.91**	145.12**	225.15**
ID	4603.67**	52.911**	166.38**
RP	1218.70**	60.15**	121.88**
CD	2274.22**	115.19**	245.43**
OC	3343.11**	273.52**	492.00**
MH	1922.96**	51.94**	36.42**
An	2497.24**	14.61**	32.70**
ST	684.59**	1.15	7.06*
DA	410.57**	2.15	8.92*
SC	356.92**	39.95**	88.52**

*Note.* Groups = Abused vs. Nonabused; Gender = Boys vs. Girls. CBRSC = Comprehensive behavioral; ID = Inattention-disorganization; RP = Reading problems; CD = Cognitive deficits; OC = Oppositional conduct; MH = Motor-hyperactivity; An = Anxiety; ST = Sluggish tempo; DA = Daydreaming; SC = Social competence.

\* $p < .001$ . \*\* $p < .0001$ .

The results showed a highly significant main and interaction effect of total CBRSC scores for group and gender. When nine subscales of CBRSC were analyzed separately, there were significant main effects for gender, group, and mothers' education,  $F(1, 93) = 5.74, p < .01$  on the subscale of Inattention-Disorganization. There was also a highly significant interaction between group and gender. There were significant main effects for group, gender, and interaction effects group x gender for the Reading problems, Cognitive deficits,

Oppositional-conduct disorder, Motor-hyperactivity, Anxiety, and Social competence. On the Sluggish tempo and Daydreaming there was a significant difference for group and group  $\times$  gender, but not for gender.

### Gender Differences

The gender differences across groups were analyzed through independent sample *t*-test on CBRSC and its subscales.

Table 3

*Gender Differences in Abused and Nonabused Groups*

Scales	Abused Group		<i>t</i> (48)	Nonabused Group		<i>t</i> (48)
	Boys	Girls		Boys	Girls	
	( <i>n</i> = 25)	( <i>n</i> = 25)		( <i>n</i> = 25)	( <i>n</i> = 25)	
	<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )		<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )	
CBRSC	251.2(7.1)	317.3(16.4)	18.5****	105.6(14.0)	99.9(6.1)	1.9
ID	41.9(1.4)	52.2(3.2)	14.4****	14.8(2.8)	12.4(1.8)	3.68***
RP	28.0(1.2)	40.9(5.7)	11.1****	11.9(2.3)	10.0(1.6)	3.26**
CD	30.0(00)	44.4(2.4)	30.0****	12.3(4.0)	10.0(2.3)	2.5**
OC	36.9(1.2)	58.8(3.8)	27.4****	16.1(3.4)	13.2(1.8)	3.8****
MH	19.9(2)	16.0(2.3)	8.4***	5.2(1.19)	4.8(1.2)	1.3
An	50.0(2.0)	56.9(6.0)	5.3****	16.7(2.2)	15.4(2.6)	1.9
ST	16.0(3.2)	17.8(2.4)	2.2**	5.5(1.3)	4.9(1.2)	1.6
DA	11.9(4.0)	13.5(1.9)	1.7	3.9(1.1)	3.2(.5)	3.1***
SC	13.4(.5)	12.0(00)	13.9****	17.7(2.6)	24.7(3.4)	8.2****

*Note.* CBRSC = Comprehensive behavioral; ID = Inattention-disorganization; RP = Reading problems; CD = Cognitive deficits; OC = Oppositional conduct; MH = Motor-hyperactivity; An = Anxiety; ST = Sluggish tempo; DA = Daydreaming; SC = Social competence.

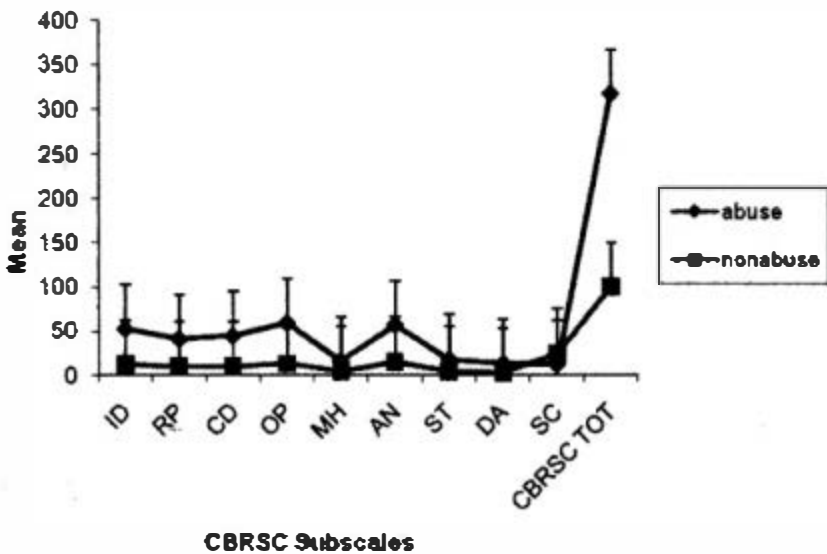
\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . \*\*\*\* $p < .0001$ .

The abused group in Table 3 indicated highly significant gender differences for Inattention-disorganization, Reading problems, Cognitive deficits, Oppositional conduct disorder, Anxiety at  $p < .0001$ , and Sluggish tempo at  $p < .05$  with high mean scores for girls than boys. Whereas the boys showed significantly high mean scores on Motor-hyperactivity and Social competence than girls. The overall behavioral problems score was high for girls than boys.

The results showed opposite trend for the gender differences for nonabused group on Inattention-disorganization, Reading problems,

Cognitive deficits, Oppositional conduct disorder, Day dreaming, and Social competence with the high mean scores for nonabused boys than girls except on one scale of Social competence where girls scored high than boys. The differences across Motor-hyperactivity, Anxiety, and Sluggish tempo were nonsignificant. Overall CBRSC score was also slightly high for boys but not high enough to yield significant difference.

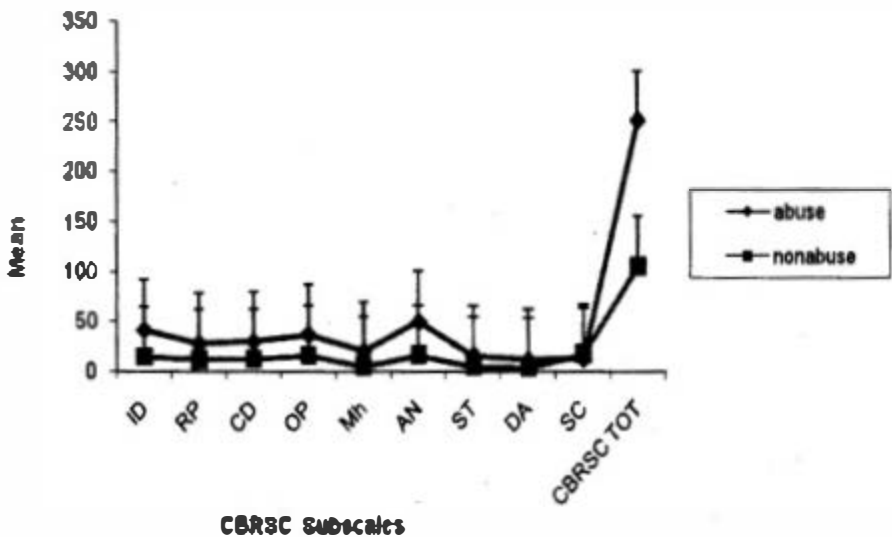
The group differences among boys and girls were explored (see Figure 1 and 2) while computing independent sample *t*-test. Highly significant differences (see Figure 1) appeared at  $p < .0001$  for Inattention-disorganization,  $t(48) = 53.90$ ; Reading problems,  $t(48) = 26.14$ ; Cognitive deficits,  $t(48) = 51.47$ ; Oppositional-conduct disorder,  $t(48) = 54.37$ ; Motor-hyperactivity,  $t(48) = 21.47$ ; Anxiety,  $t(48) = 31.46$ ; Sluggish tempo,  $t(48) = 23.68$ ; and Daydreaming  $t(48) = 26.21$ , with the higher mean scores for girls in abused group than girls in nonabused group. The Social competence scale depicted a reverse trend of higher mean score of girls in nonabused group than abused group directing to the significant difference  $t(48) = 18.85$ ,  $p < .0001$ . The overall CBRSC score was significantly high for girls in abused than nonabused group (for *M* and *SD* see Table 3).



Error bars = 1 SE

**Figure 1.** Mean scores for girls from abused vs. non-abused groups for CBRSC and its subscales. ID = Inattention-disorganization; RP = Reading problems; CD = Cognitive deficits; OP = Oppositional conduct disorder; MH = Motor-hyperactivity; AN = Anxiety; ST = Sluggish tempo; DA = Daydreaming; SC = Social competence; CBRSC TOT = Comprehensive Behavioral Total.

When data for boys in abused and nonabused groups (see Figure 2) were analyzed following the same lines, there were significantly high mean score for total CBRSC behavioral problems for the boys in abused than nonabused group with  $t(48) = 46.205$ ,  $p < .0001$ . For the subscales of CBRSC, the differences were highly significant at  $p < .0001$  for the boys in abused group scoring high than their nonabused counterparts for Inattention-disorganization,  $t(48) = 42.89$ ; Reading problems,  $t(48) = 30.39$ ; Cognitive deficits,  $t(48) = 21.83$ ; Oppositional-conduct disorder,  $t(48) = 29.0$ ; Motor-hyperactivity,  $t(48) = 61.14$ ; Anxiety,  $t(48) = 55.60$ ; Sluggish tempo,  $t(48) = 15.48$ ; and Daydreaming  $t(48) = 9.54$ . Social competence was the only subscale where boys in nonabused group had high mean score than boys in abused group yielding a significant difference with  $t(48) = 8.135$ ,  $p < .0001$  (for  $M$  and  $SD$  see Table 3).



Error bars = 1 SE

**Figure 2.** Mean scores for boys from the abused vs. non abused groups for CBRSC and its subscales. ID = Inattention-Disorganization; RP = Reading Problems; CD = Cognitive Deficits; OP = Oppositional Conduct; MH = Motor-Hyperactivity; An = Anxiety; ST = Sluggish Tempo; DA = Daydreaming; SC = Social Competence; CBRSC TOT = Comprehensive Behavioral Total.

The sample was then divided into two groups with low and high behavioral problems as per cut off criteria of CBRSC (211); a highly significant difference was depicted between groups for their CAS scores,  $t(98) = 20.07$ ,  $p < .0001$ , with the high score for the high behavioral problems group while strengthening the assumption of

children being high on abuse also high on behavioral problems or vice versa.

Gender differences compared for the CAS scores for abused group also showed a highly significant difference for the total score,  $t(48) = 2.62, p < .01$ ; and subscale of Emotional neglect,  $t(48) = 5.06, p < .0001$ ; with the abused girls scoring high on overall abuse ( $M = 116.04$ ) than boys ( $M = 98.0$ ) and on Emotional neglect (girls  $M = 38.68$ , boys  $M = 24.12$ ). Differences are depicted in Figure 3.



Error bars  $\approx 1$  SE

*Figure 3.* Mean score differences between boys and girls of abused group on CBS. PA = Physical abuse; PN = Physical neglect; EA = Emotional abuse; EN = Emotional neglect.

### Relationship between Comprehensive Behavior Rating Scale for Children and Child Abuse Scale

To further determine the direction of the trend, correlation was computed between CAS and CBRSC for the abused group. Table 4 depicts a significant positive correlation between the two variables. The significant positive correlation of Emotional neglect with all behavioral problems, including total CAS, appeared except for Sluggish tempo and Daydreaming; and significant negative correlation between Social competence. Significant positive correlation appeared in Sluggish tempo and Physical abuse, but there was a significant negative correlation between the subscale of Anxiety and Physical abuse.

Table 4

*Correlation of CBRSC with CAS for Abused Group (n = 50)*

Scales	CAS	PA	PN	EA	EN
CBRSC	.36**	-.18	-.19	.11	.60****
ID	.43***	-.23	-.22	.21	.62****
RP	.45***	-.11	-.11	.21	.64****
CD	.34*	-.26	-.26	.10	.59****
OC	.37**	-.20	-.21	.13	.59****
MH	-.24	.07	.08	-.09	-.36**
An	.08	-.30**	-.26	-.07	.27*
ST	.11	.33**	.14	-.03	.24
DA	-.08	.22	.14	-.20	.08
SC	-.24	.25	.17	-.01	-.50**

*Note.* ID = Inattention-Disorganization; RP = Reading problems; CD = Cognitive deficits; OC = Oppositional-conduct; MH = Motor-hyperactivity; An = Anxiety; ST = Sluggish Tempo; DA = Daydreaming; SC = Social Competence; PA = Physical abuse; PN = Physical neglect; EA = Emotional abuse; EN = Emotional neglect.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . \*\*\*\* $p < .0001$ .

## Discussion

The results showed very clear patterns of behavioral and emotional problems in the abused children resulting from their trauma of abuse. Teachers' ratings on CBRSC indicated that almost all children belonging to the abused group, both boys and girls were falling into the category of having significant behavioral and emotional problems as their overall mean score was well above the cut off score for CBRSC than nonabused group confirming the major hypothesis of the study that abused children (both boys and girls) being high on behavioral and emotional problems. The study also indicated significant differences across abused and nonabused groups on Inattention-disorganization, Reading problems, Cognitive deficits, Anxiety, Oppositional-conduct disorders, Motor-hyperactivity, and Daydreaming with the high level for the abused group of children than nonabused which are in line with the findings of many researchers like Kinard (1995) who found both boys and girls high on behavioral problems while comparing the mothers' and teachers' ratings of behavior problems of abused and nonabused children; abuse strongly related to problems of inattention-disorganization, academic performance, and anxiety (Colman & Widom, 2004; Dodge, 1989; Hopper, 2003; Moskowitz, 2004) and low academic performance (Brendgen, Wanner, & Vitaro, 2006).

Elmer (1977) found poor expressive language skills in abused children. The Social competence was the only scale where nonabused children showed high score than the abused group suggesting a problem with the social competence in the abused children which had also been highlighted by Hoffinan-Plotkin and Twentyman (1984) that neglected children interacted less with peers than nonabused children. Similarly, Stott (1974) posed that abused children had poor adjustment in school, inability to cope with academic work, less responding to teachers and the various restraints of school system, inability to exercise discipline and control, and to form good relationships with peers. Other researches also posed that psychological and emotional abuse might lead to the problems of emotions, social competency, antisocial functioning, and learning (Crittenden et al., 1994), clinical anxiety, depression, low self-esteem, negative life views, suicidal ideation (Briere & Runtz, 1990; Claussen & Crittenden, 1991; Crittenden et al., 1994; Egeland & Erickson, 1987), and a strong link between the early age onset of maltreatment with higher levels of depression and anxiety in early adulthood (Kaplow & Widom, 2007).

The current study further focused at the other aspects of abuse, severity, and type of abuse to clearly identify the impact of abuse on the development of behavioral and emotional problems in abused children as it has been suggested by many researchers (Manly, Cicchetti, & Barnett, 1994). The significant correlation between CAS and CBRSC scores for abused children suggested a close association between the phenomena. Similarly, children high on behavioral and emotional problems were also high on abuse level. This finding was consistent with Morrison, Frame, and Larkin's (2003) who found strong positive correlation between child abuse and long-term behavioral impacts in abused children. It is further consistent with many research evidences (Alessandri, 1991; Garbarino, Guttman, & Seeley, 1986; Kelley & Ben-Meir, 1993; Silverman & Treffers, 2001) suggesting child abuse as influential factor to child behavioral and emotional problems including inattention-disorganization, reading problems, cognitive deficits, oppositional-conduct disorder, motor-hyperactivity, anxiety, sluggish tempo, daydreaming, and social competence. The existing research has suggested that almost all forms of abuse result in aggressiveness, anxiety disorders, conduct disorders in abused children; regardless of the type of abuse, there is a tendency of being either withdrawn or aggressive, and they might display school malfunctioning, ongoing pattern of uncooperative, defiant, and hostile behavior, anxiety and fears (Beers & Bellis, 2002; Bolton, O'Ryan, Udwin, Boyle, & Yule, 2000; Crittenden & Ainsworth, 1989).



As far as the relationship of different dimensions of behavioral and emotional problems and types of abuse (physical and emotional abuse, and physical and emotional neglect) was concerned, the results suggested that emotional neglect emerged as the strongest abusive pattern to be associated with the behavioral and emotional problems in children like inattention-disorganization, reading problems, cognitive deficits, oppositional conduct disorders, and anxiety. Social competence had inverse relationship with emotional neglect depicting that child neglect might leave children with low self-confidence and incompetence to establish good social and peer relationships. It had already been pointed out by Crittenden et al. (1994) that psychological abuse might lead to the problems of emotions, social competence antisocial functioning, and learning. The behavioral problems like lack of friends, lack of participation to school activities, frequent absence from school, and depression is also common in abused children (Atkinson & Hornby, 2002) including demonstrating a negativity bias in their emotional development (Shipman & Zeman, 2001) and more aggressive than nonabused children (Macfie et al., 1999). Moreover, some of the behavioral problems like motor activity, anxiety, sluggish tempo, day dreaming were not associated with total CAS score which means that the effect of abuse was more on the behavioral problems related to the cognitive functioning of the children, being the important assumption of the current study as well as in developing tendency of the conduct and deviant behavior in children. It means child abuse might lead to more severe problems in children.

Moreover, findings of the study depicted that physical abuse was related to the sluggish tempo. In abused children, contrary to our assumption, the problem of anxiety in abused children was negatively related to the child physical abuse, whereas, it was positively related to the emotional neglect suggesting a very peculiar context related explanation that children frequently exposed to physical abuse may become insensitive to the physical torture. But when a child is neglected he/she develops insecurity about their relationship with parents and this insecure attachment may lead to be anxious (Rostill & Blair, 2006). Although, this finding of the study is contrary to Denov (2004) who found a strong correlation between child physical abuse and anxiety and emotional abuse with inattention disorganization, and Carlson, McNutt, and Choi (2003) who found high correlation between child abuse and anxiety.

## **Gender Differences**

It was concluded that both boys and girls in abused group showed behavioral problems but the effect was relatively different for gender;

the girls in abused group showed generally more behavioral and emotional problems than boys, whereas, in nonabused group, boys had high CBRSC score than girls. Girls also showed relatively high level of abuse especially emotional neglect than boys contrary to the assumption of the study and the existing research evidence that boys show more behavioral problems than girls. Girls were high on the behavioral and emotional problems like inattention-disorganization, reading problems, cognitive deficits, oppositional-conduct disorders, sluggish tempo, and anxiety, whereas, boys were high on motor-hyperactivity and social competence than girls. Interestingly, the results of the study were contrary to the finding of Kinard's (1995) who postulated that both abused boys and girls show greater behavioral problems than nonabused children, with abused boys having more problems than abused girls. There were significant differences across abused and nonabused groups on the dimensions of behavioral problems including inattention-disorganization, reading problems, cognitive deficits, anxiety, oppositional-conduct disorders, motor-hyperactivity, and daydreaming with the high level for the abused group of children than nonabused.

These results are in line with the findings of some other researchers (Colman & Widom, 2004; Dodge, 1989) in which child abuse was found strongly related to the problems of inattention-disorganization, academic performance, and anxiety. This could also be understood in particular to socio-cultural context of Pakistan where girls have to face discriminatory treatment in the family and in the current sample girls were high on emotional abuse and neglect than their male counterparts, hence being high on abuse might lead to the behavioral problems like inattention-disorganization etc.

Some peculiar issues related to the child abuse in Pakistani socio-cultural context might have direct or indirect impact on the development of behavioral and emotional problems in children especially girls. The results of the current study suggested that since the differences between the abused and nonabused groups remained even when the variance associated with social class, mothers' education, and family size were controlled, but increased behavioral and emotional problems differences here were present for abused group even when differences in socio-economic status and family size were taken into account depicting that poor socio-economic status, less parental education might not be the only precipitating factors of child abuse in Pakistan as it had been suggested in many studies (Browne & Saqi, 1988; Krugman, 1986; MacMillan, 2000).

In the western studies, child abuse and maltreatment has been more common in low economic and disadvantaged class, where

economic deprivation creates an additional stress on families, parents find it difficult to provide suitable child care or safety precautions and often place a high value on obedience and more likely to use physical punishment and criticize their children. Although, the current results are somewhat contrary to the research carried outside Pakistan, but it is in line with researches done in Pakistan that pointed out the prevalence of child abuse in almost all SES groups but with difference in type of abuse (Gelles, 1987; Malik, 2002). This is depicting an overall parental mind set for the disciplinary training of children in Pakistani cultural context where harsh physical punishment is not an unusual scene at homes and schools. Physical abuse is considered the most appropriate way of disciplining a child and unquestioned obedience is demanded by the parents especially fathers (Malik, 2003).

The gender differences in results also implied in patriarchal family system in Pakistan where children face gender based discriminatory treatment; boys have advantageous position over girls while receiving special treatment from parents especially mothers. Boys are given preference over girls even in the basic needs like food, health, and education and most of the emotional and psychological needs of the girls are not taken into account. There is a general acceptance for this discriminatory attitude for gender almost in all social classes but more evident in the lower and middle class families where generally girls' needs are generally neglected due to lack of resources, however, reasonable and probable grounds are there to conclude that emotional neglect results from inappropriate gender related criticism, humiliation, expectations of unquestioned obedience, and rejection. This finding is consistent with Malik's (2002) that larger families are important risk factors for child abuse in Pakistani context and the same has been identified as risk factor for child behavioral problems (Baker, 2003) and existing cultural acceptance of corporal punishment (Schickedanz, Schickedanz, Hansen, & Forsyth, 1993) which results in child behavioral problems (Bronfenbrenner, 1977).

## **Limitations**

A limitation of the current research is that the data were collected only from school children in urban areas. Given the heterogeneity of Pakistani society, it is important to assess if similar effects might arise in rural population. It would also be advisable to use a longitudinal design than cross-sectional design, to establish a direct link between child abuse and behavioral and emotional problems. Further, the study

was based on teachers' ratings only that might be extended to the children's behavior ratings by the parents too in future. Moreover, the sample of abused children was limited to the physically and emotionally abused children only; sexually abused children were not taken into account due to its very nature.

## Conclusion

The findings of the study might help in understanding the type of behavioral and emotional problems in abused children in their academic settings that might be taken as the indicator that something is wrong with the child and his/her family environment that needs to be explored by school teachers and counselors to save the child's intellectual potentials. Moreover, the results could be applied to real-life settings, as a possible indicator of physical and emotional trauma in children.

## References

- Ackerman, P. T., Newton, J. E., McPherson, W. B., Jones, J. G., & Dykman, R. A. (1998). Prevalence of posttraumatic stress disorder and other psychiatric diagnoses in three groups of abused children. *Child Abuse and Neglect*, 22(8), 759-774.
- Alessandri, S. (1991). Play and social behavior in maltreated preschoolers. *Development and Psychopathology*, 3, 191-205.
- Atkinson, M., & Homy, C. (2002). *Mental health handbook for schools*. Canada: Taylor & Francis Books Ltd.
- Baker, J. A. H. (2003). Long term responses to childhood sexual abuse: Life histories of Hispanic women in midlife. Doctoral Dissertation, Case Western Reserve University. *Dissertation Abstracts International*, 64(7), 26-46.
- Beers, R. S., & Bellis, D. M. (2002). Neuropsychological functions in children with maltreatment related posttraumatic stress disorder. *American Journal of Psychiatry*, 159, 483-486.
- Bolton, D., O'Ryan, D., Udwin, O., Boyle, S., & Yule, W. (2000). The long term psychological effects of a disaster experienced in adolescence: General psychopathology. *Journal of Child Psychology*, 41, 513-523.
- Brendgen, M., Wanner, B., & Vitaro, F. (2006). Verbal abuse by the teacher and child adjustment from kindergarten through grade 6. *Paediatrics*, 117(5), 1585-1598.
- Briere, J., & Runtz, M. (1990). Differential adult symptomatology associated with three types of child abuse histories. *Child Abuse and Neglect*, 14, 357-364.

- Broadbent, A., & Bentley, R. (1997). Child abuse and neglect in Australia during 1995-1996 (Child Welfare Report, 17). Canberra: Australian Institute of Health and Welfare.
- Bronfenbrenner, U. (1977). *Toward an experimental ecology of human development: Experiments by nature and design*. Cambridge: Harvard University Press.
- Browne, K. D. (1993). Violence in the family and its links to child abuse. *Bailliere's Clinical Paediatrics*, 1(1), 149-164.
- Browne, K. D., & Herbert, M. (1997). *Preventing family violence*. Chichester: Wiley.
- Browne, K. D., & Saqi, S. (1988). Mother-infant interactions and attachment in physically abusing families. *Journal of Reproductive and Infant Psychology*, 6(3), 163-282.
- Carlson, E. B., McNutt, L., & Choi, Y. D. (2003). Childhood and adult abuse among women in primary health care. *Journal of Interpersonal Violence*, 18(8), 924-941.
- Cicchetti, D., Toth, S. L., & Maughan, A. (2000). An ecological - transactional model of child maltreatment. In J. A. Sameroff, M. Lewis, & S. Miller (Eds.), *Handbook of developmental psychopathology* (2<sup>nd</sup> ed., pp. 689-722). NY: Plenum.
- Claussen, A. H., & Crittenden, P. M. (1991). Physical and psychological maltreatment: Relations among types of maltreatment. *Child Abuse and Neglect*, 15, 5-18.
- Cohen, J. A., Deblinger, E., Mannarino, A. P., & Steer, R. A. (2004). A multicenter, randomized controlled trial for children with sexual abuse-related PTSD symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(4), 393-402.
- Colman, R. A., & Widom, C. S. (2004). Childhood abuse and neglect and adult intimate relationships: A prospective study. *Child Abuse and Neglect*, 28(11), 1133-1151.
- Conners, C. K. (1989). *Conners' Teacher Rating Scales*. Toronto, Ontario, Canada: Multi-Health Systems.
- Connor, A. B. (2003). Long-term consequences of childhood physical maltreatment. *Aggressive Behavior*, 18, 171-185.
- Crittenden, P. M., & Ainsworth, M. D. S. (1989). Child maltreatment and attachment theory. In D. Cicchetti & V. Carlson (Eds.), *Handbook of child maltreatment* (pp. 432-463). NY: Cambridge University Press.
- Crittenden, P. M., Claussen, A. H., & Sugarman, D. B. (1994). Physical and psychological maltreatment in middle childhood and adolescence. *Development and Psychopathology*, 10, 145-164.
- Denov, S. M. (2004). The long-term effects of child sexual abuse by female perpetrators. *Journal of Interpersonal Violence*, 19(10), 1137-1156.

- Department of Health. (2000). *Children and young people on child protection registers year ending 31 March 2000-England*. Personal Social Services Local Authority Statistics. National Statistics, London.
- Dodge, K. A. (1989). Problems in social relationships in treatment of childhood disorders. In E. J. Mash & R. A. Barkley (Eds.), *Treatment of childhood disorders* (pp. 222-246). NY: Guilford.
- Egeland, B., & Erickson, M. (1987). Psychologically unavailable caregiving. In M. R. Brassard, R. M., Germain, R., & Hart, N. S. (Eds.). *Psychological maltreatment of children and youth* (pp. 110-120). NY: Pergamon.
- Elmer, E. (1977). *Fragile families, troubled children*. University of Pittsburgh Press.
- Elmer, E., & Gregg, G. S. (1967). Developmental characteristics of abused children. *Journal of Pediatrics*, 40, 596-602.
- Garbarino, J., Guttman, E., & Seeley, J. W. (1986). *The psychologically battered child*. San Francisco: Jossey-Bass.
- Gorski, L. (2000). *Family violence and social control*. NY: John Wiley & Sons.
- Gelles, R. J. (1987). *Family violence* (2<sup>nd</sup> ed.). California: Sage Publications.
- Gushurst, C. A. (2003). Child abuse: Behavioral aspects and other associated problems. *Pediatric Clinics North America*, 50(4), 919-938.
- Hanif, R. (1994). *Behavioral problems of abused and nonabused children*. Unpublished M.Phil Dissertation. National Institute of Psychology, Quaid-i-Azam University, Islamabad, Pakistan.
- Hoffman-Plotkin, D., & Twentyman, C. T. (1984). A multimodal assessment of behavioral and cognitive deficits in abused and neglected preschoolers. *Child Development*, 35, 794-802.
- Hopper, J. (2003). *Sexual abuse of males: Prevalence, possible lasting effects, and resources*. Retrieved from <http://www.jimhopper.com/male/ab>
- Human Rights Today. (2005). *Pakistan: Child abuse news*. Retrieved from [humanrights.einnews.com/news/child-abuse/pakistan](http://humanrights.einnews.com/news/child-abuse/pakistan)
- Jhonson, C. F. (2002). Child maltreatment 2002: Recognition, reporting and risk. *Pediatric International*, 44(5), 554-560.
- Kamran, M. (April 21, 2004). Pakistan: Conditions of Pakistani children the worst in South Asia. *Daily Times*. Retrieved from <http://acr.hrschool.org/mainfile.php/0174/297/>
- Kaplow, J. B., & Widom, C. S. (2007). Age of onset of child maltreatment predicts long-term mental health outcomes. *Journal of Abnormal Psychology*, 116(1), 176-187.
- Katz, K. (1992). Communication problems in maltreated children: A tutorial. *Journal of Childhood Communication Disorders*, 14(2), 147-163.

- Kelley, R. J., & Ben-Meir, S. (1993). Emotional effects. In J. Waterman, R. Kelly, M. K. Oliveri, & J. McCord (Eds.), *Behind the playground walls: Sexual abuse in preschools* (pp. 106-119). NY: Guilford Press.
- Kinard, M. B. (1995). Neuropsychological functioning: Comparison of mothers at high-and low-risk for child physical abuse. *Child Abuse and Neglect*, 22(7), 687-703.
- Korbin, J. (1994). Socio-cultural factors in child maltreatment: A neighborhood approach. In G. Melton and F. Barry (Eds.), *Protecting Children from Abuse and Neglect* (pp. 182-223). NY: Guilford Press.
- Krugman, R. D. (1986). The relationship between unemployment and physical abuse of children. *Child Abuse and Neglect* 10(3), 415-418.
- Macfie, J., Toth, S. L., Rogosch, F. A., Robinson, J., Emde, R. N., & Cicchetti, D. (1999). Effects of maltreatment on preschoolers' narrative representations of responses to relieve distress and role reversal. *Developmental Psychology*, 35, 460-465.
- MacMillan, H. L. (2000). Child maltreatment: What we know in the year 2000. *Canadian Journal of Psychiatry*, 45, 702-709.
- Malik, F. D. (2002). *Home environment, parental acceptance-rejection, and paternal authoritarianism in child abuse*. Unpublished Ph. D. Thesis. National Institute of Psychology, Quaid-i-Azam University, Islamabad.
- Malik, F. D. (2003). Study of relationship of home environment and parental acceptance-rejection. *Pakistan Journal of Social & Clinical Psychology*, 1(1), 54-63.
- Malik, F. D., & Rizvi, F. (2008). Family violence as an antecedent factor to child abuse in Pakistani low socio-economic families. *Pakistan Journal of Psychological Research*, 23(3-4), 1-25.
- Malik, F. D., & Shah, A. A. (2007). Development and initial validation of Child Abuse Scale. *Psychology and Developing Societies*, 19(2), 161-178.
- Manly, J. T., Cicchetti, D., & Barnett, D. (1994). The impact of subtype, frequency, chronicity, and severity of child maltreatment on social competence and behavior problems. *Development and Psychopathology*, 6, 121-143.
- Martin, H. P., & Beezley, P. (1977). Behavioral observations of abused children. *Developmental Medicine and Child Neurology*, 19, 373-387.
- McGuigan, W. M. (2007). The predictive impact of domestic violence on infant health and maltreatment. *American Professional Society on the Abuse of Children Advisor*, 19(1/2), 12-16.
- Moskowitz, A. (2004). Dissociation and violence: A review of the literature. *Journal of Trauma, Violence, and Abuse*, 5, 21-46.
- Morrison, A., Frame, L., & Larkin, W. (2003). Relationship between trauma and psychosis: A review and integration. *British Journal of Clinical Psychology*, 42, 331- 353.
- National Clearinghouse on Child Abuse and Neglect Information. (2002). *What is child maltreatment?* Retrieved from <http://nccanch@calib.com>.

- Neddermeyer, D. M. (March 31, 2006). *April is child abuse prevention month*. Retrieved from <http://www.evliving.com/2006/03/31/454/child-abuse-prevention-month/>
- Neeper, R., Lahey, B. B., & Frick, J. P. (1990). *Comprehensive Behavior Rating Scale Manual*. NY: Psychological Corporation, Harcourt Brace & Co.
- Powell, C. (1917). *English domestic relation, 1487-1653: A study of matrimony and family life in theory and practice as revealed by the literature, and history of the period*. NY: Russell & Russell.
- Quay, H. C., & Peterson, D. R. (1987). *Manual for the Revised Behavior Problem Checklist: Professional manual*. Odessa, FL: Psychological Assessment Resources.
- Reidy, T. J. (1977). Aggressive characteristics of abused and neglected children. *Journal of Clinical Psychology*, 33, 1140-1145.
- Rostill, H., & Blair, M. (2006). *Attachment and trauma*. Paper presented on 27<sup>th</sup> July in a workshop at Department of Psychology, Government College University, Lahore, Pakistan.
- Schickedanz, J., Schickedanz, D., Hansen, K., & Forsyth, P. (1993). *Understanding children* (2nd ed.). California: Mayfield Publishing Co.
- Shipman, K. I., & Zeman, J. (2001). Socialization of children's emotion regulation in mother-child dyads: A developmental psychopathology perspective. *Development*, 71, 181-187.
- Silverman, W. K., & Treffers, P. D. (2001). *Anxiety disorders in children and adolescents*. Cambridge University Press.
- Sivit, C. J., Taylor, G. A., & Eichelberger, M. R. (1989). Visceral injury in battered children: A changing perspective. *Radiology*, 173, 659-661.
- Stott, D. H. (1974). *The social adjustment of children* (5<sup>th</sup> ed.). London: Hodder & Stoughton.
- Sreeraman. (July 06, 2007). Four Pakistan children abused daily: SPARC annual report. Retrieved from <http://www.medindia.net/news/Four-Pakistan-Children-Abused-Daily-SPARC-Report-23154-1.htm>
- Trocme, N., McPhee, D., Tam, K., & Hay, T. (1994). *Ontario incidence study of reported child abuse and neglect*. Toronto: The Institute for the Prevention of Child Abuse.
- United Nations International Children Emergency Fund (UNICEF). (2006). *Statistics for Pakistan*. Retrieved from [http://www.unicef.org/infobycountry/pakistan\\_pakistan\\_newsline.html](http://www.unicef.org/infobycountry/pakistan_pakistan_newsline.html)

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